Lithuania: youth mental health – from research to policies, practice and partnerships

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Executive summary

Lithuania is situated on the eastern shore of the Baltic Sea. It was part of the former Soviet Union for 50 years (1940–1990) and followed typical eastern European economic, education, welfare and health care models. Lithuania regained its independence in March 1990, became a Member State of NATO in March 2004 and joined the EU in May 2004.

The country is now in a complex transition phase as it moves from being a centralized economy to a democratic society with a market economy. Lithuanian citizens have basic human rights, there is an independent and strong media sector and many nongovernmental organizations have been established in different fields. But privatization, a perceived lack of transparency in redistributing former state property and other social transformations are causing disagreements and creating social inequalities within the country. These social inequalities may be contributing to the significant health inequalities (which include mental health) found in Lithuania.

In 2006, 21 per 1000 children aged 0–17 years had a disability of some kind, with mental illness-related disability accounting for 56% of the total. The incidence (diagnosed new cases) and prevalence (total number of individuals) of mental illness among children were 118.6 and 1293.5 per 100 000 respectively.

HBSC surveys carried out in Lithuania in 1994, 1998, 2002 and 2006 served as a basis for the development of a dynamic database for the analysis and evaluation of young people's health behaviour. The data demonstrate the wide range of mental health problems young people face, the main ones being: a relatively low rating of subjective health and well-being; growing prevalence of smoking, alcohol and drug use; high prevalence of bullying in schools; and high rate of suicides.

Like many other countries in eastern Europe, Lithuania's system of mental health care is largely based on hospitalization of mentally ill patients in large institutions, backed by significant funding for medication. According to the 2000 statistics, Lithuania had three segregated long-term institutions for intellectually disabled children.

Reforms now aim to bring mental health care closer to communities through the establishment of mental health care centres within municipalities and the creation of an effective community-level network of social psychiatric structures, with NGOs included in service provision. The implementation of the reforms raises many challenges, however, particularly in relation to the younger population.

Most preventive mental health programmes for young people are implemented with the involvement of NGOs. Campaigns such as "Childline" and "Stop bullying" are examples of such successful initiatives. They aim to create safer school environments for children and promote friendly and respectful communication that does not involve humiliation and bullying. Other projects like "Teenagers in action" are aimed at encouraging involvement of youth volunteers to provide crisis interventions and education for peers. "One-day centres against risk behaviour" have been set up to reach the teenagers at greatest risk of self-destructive behaviour. There is no system of state funding, however, to guarantee sustainability of these preventive programmes.

Mental health and well-being status among adolescents

Official statistics on youth mental health

There are no reliable statistics on the population prevalence of mental and behavioural disorders in Lithuania because no epidemiological surveys have been carried out among the young or adult populations. Data collected by the State Mental

Table 1

Trends of several mental health indicators of 10–24-year-old males and females between 1999 and 2005 *(4)*

		Average values per 100 000 of 10–24-year-olds						
		1999	2000	2001	2002	2003	2004	2005
Mortality due to suicides	Males	33.0	34.6	32.2	40.0	31.1	30.6	26.1
	Females	6.2	6.6	5.0	4.2	3.4	5.3	3.2
Incidence of mental disorders	Males	264.0	254.9	185.2	181.5	189.8	175.5	152.0
	Females	188.5	225.4	188.8	165.8	169.7	160.1	126.2
Incidence of disorders related to dependence	Males	103.3	97.5	125.1	91.0	59.9	63.9	54.8
	Females	14.9	15.6	23.2	22.5	13.3	11.6	14.4
Incidence of drug addiction and substance misuse	Males	45.0	66.2	92.4	63.9	39.6	46.2	30.5
	Females	10.7	13.7	19.0	18.5	11.2	10.3	11.5

Health Centre and Lithuanian Health Information Centre are only available on cases registered by the state mental health institutions.

In 2006, according to the report of the Controller for Protection of the Rights of the Child of the Republic *(1)*, 15 667 children aged 0–17 years (2.7% of all children, or 21 per 1000 children) had various kinds of disability. Mental disease-related disability accounted for 56% of all disabilities *(2)*. The State Mental Health Centre of Lithuania claimed that the incidence (diagnosed new cases) and prevalence (total number of diseased individuals) of 0–17-year-old children due to mental disorders were 118.6 and 1293.5 per 100 000 respectively *(3)*.

Data from Table 1 show trends of several mental health indicators among 10–24-year-old males and females from 1999 to 2005. It seems that mental health problems occur more often among males than females in the studied age group. Over the six years of monitoring, several mental health-related problems (such as incidence of mental disorders among people of both genders, incidence of diseases related to dependence and incidence of drug addictions and substance misuse among males) have shown a tendency to decrease, while others have remained static *(4)*.

General health and well-being

The HBSC surveys in 1994 (n = 5428), 1998 (n = 4513), 2002 (n = 5645) and 2006 (n = 5632) in Lithuania have created a valuable dynamic database for the analysis and evaluation of young people's health behaviour. Country representative samples of 11-, 13- and 15-year-old schoolchildren were questioned using an anonymized questionnaire. The database enables increased analysis of the lifestyle and habits of Lithuanian young people *(5–9)*.

The HBSC study cross-national comparisons in 1993/1994 and in later survey years placed Lithuanian schoolchildren in the lowest position in terms of happiness. Levels of reported happiness have, however, increased in both boys and girls since 1994. A significantly higher proportion of Lithuanian boys than girls reported that they are happy (Fig. 1), and happiness declined significantly for both genders with age.

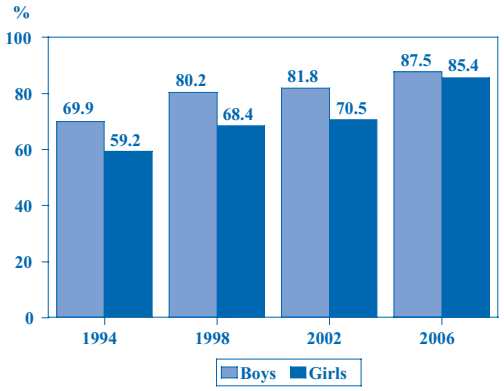
Feeling low or depressed, irritable or bad tempered and nervous were the main complaints in all four surveys. Girls suffered from these and other complaints more often than boys. Frequent irritability or bad temper among Lithuanian students has significantly decreased during the last 12 years (Fig. 2). Otherwise, the number of Lithuanian students who felt low or depressed once a week or more has significantly increased (Fig. 3). The prevalence of other subjective health complaints has no noticeable changes over the study period.

Addiction and risk behaviour

The prevalence of smoking among Lithuanian students has increased significantly from 1994 to 2002, but in 2006 it was noticeably lower than in 2002. Currently, 34.7% of boys and 27.4% of girls aged 15 years consider themselves as smokers (Fig. 4).

Fig. 1

Happiness of Lithuanian students: proportion of 11–15-year-olds who felt very happy or quite happy, 1994–2006



According to the HBSC survey, almost all 15-year-old boys and girls had experimented with alcohol (more than a small amount). Consumption of beer has become more popular during recent years. In 1994, 13% of boys drank beer at least once a week, but by 2006, the percentage of boys drinking beer once a week had increased to 18%. The most recent survey has also demonstrated that beverages with low concentrations of alcohol (alcopops) are popular among adolescents: 14% of boys and 16% of girls reported drinking these beverages at least weekly.

Fig. 2

Lithuanian students who were irritable or bad tempered once a week or more, 1994–2006

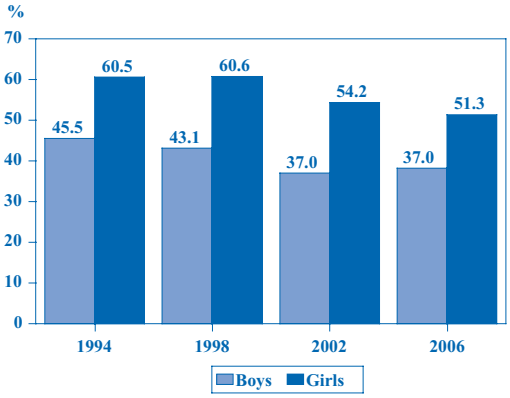
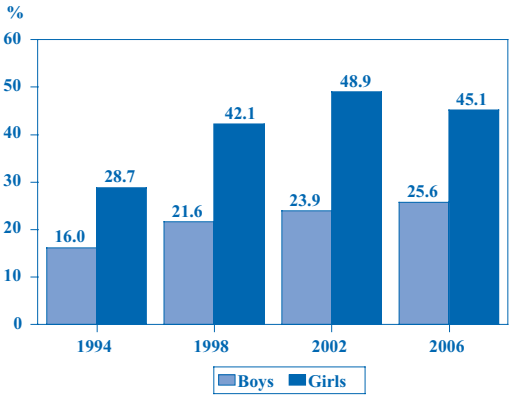


Fig. 3

Lithuanian students who felt low or depressed once a week or more, 1994–2006



The proportion of students who have been drunk two, three or more times increased significantly between 1994 and 2006 (Fig. 5). It can be concluded that Lithuanian students now drink more frequently than they did twelve years ago.

According to the HBSC data in 2002 and 2006, the use of cannabis and other illegal substances is becoming more prevalent.

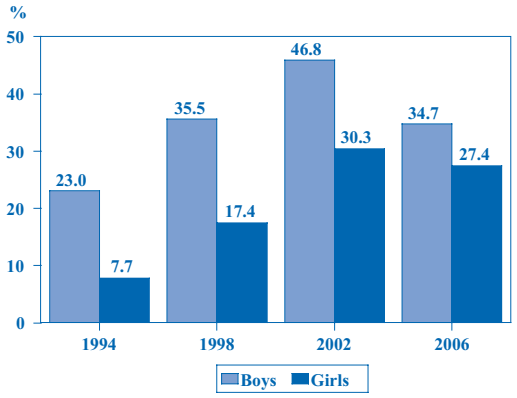


Fig. 4

Smoking prevalence among Lithuanian students aged 15 years, 1994–2006

For instance, the rates of ever having used cannabis among 15-year-olds have almost doubled during the last four years (from 11.2% to 19.7% among boys and 4.5% to 9.7% among girls).

Violence, abuse and bullying

Violence, abuse and bullying rates are also mental health indicators of the population. According to data from the Children Support Centre *(10)*, one in three children in Lithuania has experienced abuse. The HBSC survey revealed a high rate of bullying in Lithuanian schools. In 2006, 27.2% of 11–15-year-old students reported that they had been bullied by others at least 2–3 times in the past couple of months. Approximately the same proportion of students reported bullying outside school. There is positive news in that the rate of bullying in Lithuanian schools seems to be decreasing (Fig. 6), but a cross-national comparison shows that the prevalence of bullying at school in Lithuania remains the highest *(11)*. This fact might be the leading cause for 13% of students reporting that they do not feel safe at school.

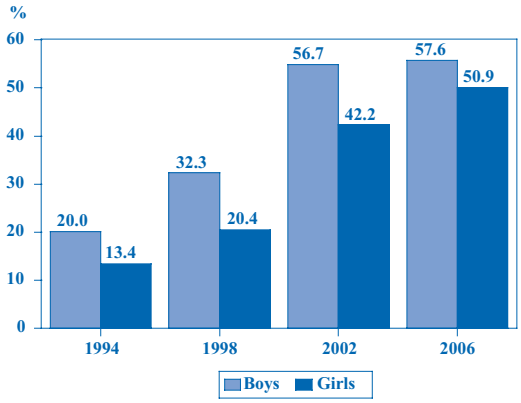


Fig. 5

Lithuanian students aged 15 years who have been drunk two or more times, 1994–2006

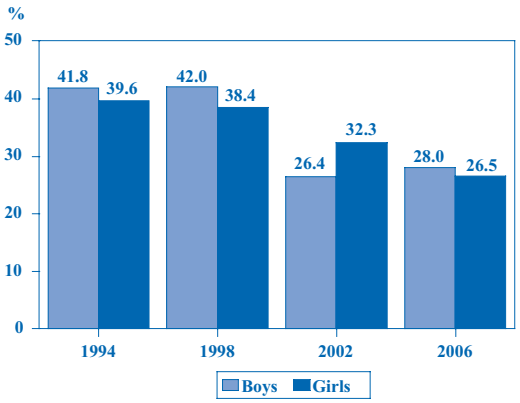
Suicidal behaviour

Suicidal behaviour is increasingly becoming a phenomenon associated with young people. The rise in overall suicide rates in many countries is, to a large extent, due to the increase in suicides in younger age groups. Lithuania has been among the countries with higher suicide rates for more than ten years. It is extremely disturbing that this problem is becoming increasingly associated with the youngest inhabitants of the country.

Over the last 10 years, mortality due to suicide in the youngest age group (0–19 years) has increased by more than 55%, with suicide sitting in third place of external causes of death *(12)*. According to recent statistical data, about 15–25 young people aged 10–24 years die because of suicides annually. Suicide mortality in this age group in 2005 was 14.9 per 100 000 of the population (26.1 in males and 3.2 in females) (Table 1). The incidence rate of young people's suicides is less in neighbouring countries.

Fig. 6

Lithuanian students who have been bullied by others 2–3 times or more in the past couple of months, 1994–2006



The HBSC survey, which started in Lithuania in 1994, represented one of the first attempts to estimate prevalence of suicidal tendencies among Lithuanian adolescents, which is now an ongoing activity *(13)*. Over the study period of 12 years, the percentage of adolescents who reported occasional suicidal ideation has decreased, but the percentage of adolescents who presented serious suicidal behaviour remained at the same high level (Fig. 7).

These data show that suicidal ideation is closely related with the student's attitude towards suicide. Suicide appears to be a more acceptable option in 2006 than it was in 1994; more and more respondents have answered that they agree with a person's freedom to make a choice between life and suicide (Fig. 8).

Fig. 7

The rate of high risk for suicide among Lithuanian adolescents aged 11–15 years, 1994–2006

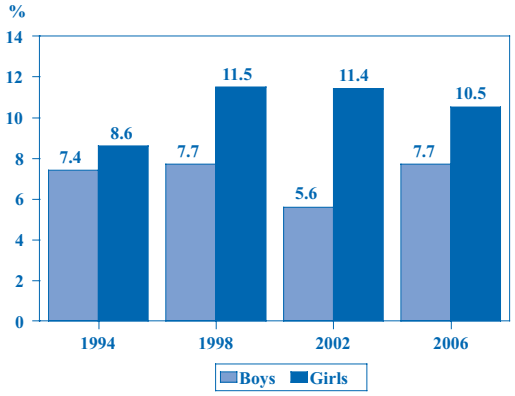
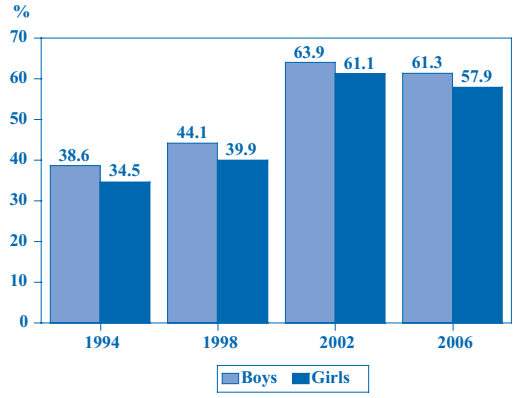


Fig. 8

Approval towards suicide among Lithuanian adolescents aged 11–15 years, 1994–2006



Social and policy context

Lithuania is located on the eastern shore of the Baltic Sea. It has a population of 3.4 million, with 828 000 below the age of 18 years (2002 figures). According to census data from 2001, 87.5% of children were Lithuanian, almost 6% were Poles, 4% were Russians and 2.5% were other nationalities *(14)*.

The country was part of the former Soviet Union for 50 years (1940–1990) and followed typical eastern European economic, education, welfare and health care models. Lithuania regained its independence in March 1990, became a Member State of NATO in March 2004 and joined the EU in May 2004.

The country is now in a complex transition phase as it moves from being a centralized economy to a democratic society with a market economy. Lithuanian citizens have basic human rights, there is an independent and strong media sector and many (NGOs have been established in different fields. But privatization, a perceived lack of transparency in redistributing former state property and other social transformations are causing disagreements and creating social inequalities within the country. These social inequalities may be contributing to the significant health inequalities (which include mental health) found in Lithuania.

A poverty analysis completed by the Statistics Department of Lithuania *(14)* discovered that 16.4% of households in the country live in poverty. The percentage of such households was strongly associated with the number of minors in the family:

- households with one child had a 15.2% poverty rate
- households with two children had a 17.2% poverty rate
- households with two, three or more children had a 32.5% poverty rate (average 16.4%).

There is therefore clear evidence that families with many children are at greatest risk of falling into poverty.

The age composition of the population of Lithuania has changed over the past decade. From 1990 to 2005, the proportion of children (aged 0–14) decreased from 22.6% to 16.4%. The birth rate decreased almost twofold – from 15.2 live births per 1000 in 1990 to 9.94 in 2005 – and the natural increment of the population has become negative since 1994. The family model that has been developed for many years under strong Catholic Church traditions is now changing to a model more typical of western countries. Between 1992 and 2005, the proportion of extramarital births increased more than threefold, from 7% to 25.4%, and there is evidence of growing sexual activity outside marriage among young people.

The transition process presents huge challenges and reforms for education of young people *(15)*. Upon successful completion of the 10 grades of basic education, young people in Lithuania now have two ways to continue schooling. They can either enter:

- general secondary schools or gymnasia (gymnasia streams begin upon completion of the eighth grade of basic education) – these schools provide the main route to higher education; or
- vocational schools, providing training for employment in specialized occupations.

Higher or tertiary education beyond secondary school includes programmes leading to a diploma or first university degree (bachelors), or a diploma of non-university higher education granted by colleges.

There are many promising signs of greater awareness among young people of the importance of education. This is particularly relevant for both secondary and tertiary enrolments, which have risen in Lithuania and are now approaching average levels in the EU *(16)*.

The quality of education young people receive is important for their future as well as for their current well-being. Many schools are trying to respond to this by, for instance, striving to put computers and the Internet into classrooms, although there is a "digital divide" among schools.

Schools also have a function in ensuring that young people are able to protect their present and future health. This role involves creating safe and healthy environments for students and imparting knowledge and skills that promote healthy lifestyles. The ENHPS is an innovative WHO initiative that was implemented in 18 schools in Lithuania. National networks of "Healthy schools" and "Healthy kindergartens" have also been developed *(18)*.

Policy

Resources

Lithuania, as many other countries in eastern Europe, has a system of mental health care that is dependent on hospitalization of mentally ill patients in large institutions and increasing funding for medication *(18)*. Statistics for 2000 recorded that Lithuania had three segregated long-term institutions for intellectually disabled children, housing a total of 638 residents. Analysis of existing data about resources invested in the mental health care system raises questions for policy-makers about the effectiveness of this traditional route of investment.

Community-based child mental health services are not yet developed in Lithuania *(19)*. Consequently, only a small number of services are provided at community level. There is, however, a system of pedagogical–psychological centres under the Ministry of Education which serve children with pre-clinical mental health problems. Most preventive mental health programmes for the young population are implemented by NGOs, but there is no system of state funding to underpin preventive mental health services for children and sustainability and reimbursement mechanisms for NGO ventures have not been defined, with apparent lack of agreement between the health, social welfare and education sectors about which of them will cover the costs of these services. Intersectoral collaboration is encouraged by the above-mentioned state programmes, but no single institution has defined responsibility for mental health care development for Lithuanian young people.

Strategies

The data demonstrate that the young people of Lithuania are at particular risk of developing mental health problems. This challenge requires new understanding and innovative approaches towards youth mental health care and promotion.

The concept of public mental health as an integrated component of public health is rather new to Lithuania. This is nevertheless being achieved through innovative mental health promotion/prevention activities implemented through several state programmes *(19)*:

- National Health Programme, 1996
- State Programme on the Prevention of Mental Disorders, 1999
- National Drug Control and Drug Addiction Prevention Programme, 1999
- National Alcohol Control Programme, 1999
- National Suicide Prevention Strategy, 2002.

The key factors as stated in these programmes are community involvement and multidisciplinary approaches. Young people have been recognized as trustworthy partners in youth-orientated preventive activities. Mental health policy covers all components of mental health care, including promotion, prevention, treatment and rehabilitation.

The Lithuanian mental health programmes set out a goal of decreasing disabilities due to mental illness, reducing the number of suicides and reducing substance misuse and alcohol consumption. Prevention strategies target children and adolescents and/or their caregivers. Using youth-orientated approaches, they support a range of initiatives aimed at:

- promoting young people's well-being;
- preventing mental health problems;
- intervening early when young people develop mental health problems;
- supporting young people in crisis;
- providing a framework for secondary schools to assist with mental health promotion and suicide prevention; and
- supporting the ongoing management of young people with mental health problems.

Intervention

The State Programme on the Prevention of Mental Disorders aims to bring mental health care closer to communities through the establishment of mental health care centres within municipalities and to create an effective community-level network of social psychiatric structures by including NGOs in service provision.

The programme emphasizes that these reform steps should be evaluated using scientifically based methods, but it does not set out any mechanisms for assessment of efficacy or quality. Consequently, modern assessment of outcomes of services, programmes and policies, especially in the young population, are lacking. The experience gathered by several NGOs in developing and implementing modern mental health promotion approaches in young Lithuanians are nevertheless noteworthy and may be very useful in informing the development of modern mental health policies in the countries of eastern and central Europe.

This section describes several exemplary interventions that focus on enhancing mental health and preventing behaviour problems and mental disorders among the young population.

Campaigns – "Childline" and "Stop bullying" (Box 1)

Box 1. Campaigns – "Childline" and "Stop bullying"

The main goal is to facilitate the creation of safer schools for children and promote friendly and respectful communication without humiliation and bullying.

Objectives are:

- raising awareness in society about the problem of bullying;
- teaching basic principles of effective bullying prevention to school staff;
- publishing educational material about bullying for parents, children, teachers and broader society;
- striving for higher political recognition of the bullying problem to ensure it is tackled with modern and effective preventive approaches; and
- striving to transfer internationally recognized and proven methods of preventing bullying and antisocial behaviour to the Lithuanian context.

"Childline" *(20)* started operating in 1997 in Vilnius, offering anonymous and confidential counselling and psychological support to children and adolescents via telephone. It has now expanded its service to offer three forms of help – support by telephone, by Internet and by post – nationally and toll-free, with three centres in Vilnius, Kaunas and Klaipeda.

The current demand for the service unfortunately exceeds the supply. In 2004, there were approximately 1.2 million attempts to reach the service by phone, and only approximately 49 000 calls were answered. The number of attempted calls reached almost 4 million in 2006 and the answered calls increased to 87 000, but the proportion of answered calls is only 3–4%.[1]

Besides offering direct support to children and adolescents, "Childline" raises important children's issues for public debate. Childline launched the campaign "Stop bullying" in 2004 *(21)*. This bullying-prevention programme is being implemented in three schools in Vilnius and is based on modern principles to create a school environment that will not permit bullying to take place. The programme includes assessment of the prevalence of bullying, sensitizing all school staff (including non-teaching staff) through seminars, training on appropriate responses to bullying situations, periodical sessions for pupils about

[1] "Childline" periodically issues press releases and raises the issue of unmet need to policy-makers, professionals and the general community. Currently, the Ministry of Social Welfare and Labour is looking at ways of increasing funding to services provided by telephone.

bullying and related behaviour, development of the school's anti-bullying strategy, organization of a school conference on bullying, and involvement of the whole school community in preventive activities – administration, teachers, non-teaching staff, parents and pupils.

The main achievements have been the following:

- close cooperation with the mass media: many well known and popular celebrities take part in campaign activity and several shows have been organized to raise awareness about bullying and to dissipate myths about the "normality" of bullying behaviour;
- training seminars for school communities (school administration, teachers, parents and children) about the prevention of bullying in schools;
- the first book in Lithuanian about bullying prevention published in 2006 *(22)*;
- a special seminar at the Parliament of Lithuania held on 31 January 2007 and at the President's House on 17 April 2007 (the Prime Minister of Lithuania formed a task force to prepare an action plan for prevention of school violence in May 2007. Representatives of foreign institutions – the Nordic Council of Ministers Office in Lithuania and embassies of the United Kingdom and the Netherlands – and socially responsible corporations have been supporting the bullying prevention initiative); and
- agreement from the Ministry of Education and Science to start implementation of the Olweus Bullying Prevention Program *(23)*. This was developed in Norway and has become recognized as one of the 12 model programmes for prevention of violence used by the Center for the Study and Prevention of Violence, University of Colorado at Boulder, United States, after a review of over 600 violence-prevention programmes. Preparatory activities, including planning activities and adaptation of the educational material, are under way.

Child Abuse Prevention Programme (Box 2)

Box 2. Child Abuse Prevention Programme

The aim of the programme is to offer a range of services to ensure effective and professional assistance for children who have experienced abuse and families at risk. This is achieved by implementing psychological aid, training and prevention programmes.

Objectives are:

- increasing public awareness about child abuse, its causes and consequences;
- providing information about child abuse and methods and opportunities for prevention to intervention specialists of various professions who work with children;
- helping children overcome psychological crises and consequences of abuse; and
- implementing principles of effective family cooperation and child rearing

This programme was initiated by the NGO Children Support Centre in 2001 *(10)*. The main activities of the programme involve training and psychological counselling.

Training includes the following:

- "School without violence" – seminars for teachers and juvenile police officers, with the goal of decreasing the occurrence of aggressive behaviour and violence in school and society by providing teachers with information about the causes of violence in schools and its manifestation, helping teachers become conscious of their own attitudes to violence, and promoting active school participation in the prevention movement;

- "Building psychological resilience" – seminars for teachers and parents to provide teachers and parents with knowledge about children's psychological safety and effective ways of building resilience, understanding adolescents and helping them to overcome psychological crises;
- "Family in social psychological crises" – seminars for psychologists and social workers that analyse characteristics of the development of relationships between the caregiver and child;
- "Parenting school" – courses for parents who want to understand their child's behaviour and psychological condition better and to find effective ways to deal with problems that arise; and
- "A safe child" – an activity to teach children personal safety if abusive or violent situations are encountered, how to recognize inappropriate behaviour and effectively take advantage of accessible assistance in instances of abuse, bullying and ridiculing.

Psychological counselling looks at:

- psychological activity groups for adolescents experiencing psychological crises;
- play therapy groups for children age 6–8 with behavioural and emotional problems;
- therapy groups for children age 10–12 with psychological problems;
- individual therapy for children and adults who have experienced abuse and/or are in psychological crisis; and
- family counselling.

Youth health centres (Box 3)

Box 3. Kaunas Youth Health Centre

The general aim of the programme is to promote youth health by organizing and coordinating preventive and educational activities involving the community and networking institutions and providing professional and volunteer services for young people.

Objectives are:

- providing free-of-charge psychological, social and medical help for young people;
- involving youth volunteers to provide crisis intervention and education among peers;
- reaching teenagers at great risk of self-destructive behaviour (suicide prevention and postvention programmes); and
- spreading a net of community collaboration orientated towards the most vulnerable young people, encouraging them to participate in preventive activity.

NGOs are taking an active part in youth health promotion activities. They provide psychological, social and medical help free of charge for young inhabitants of Lithuania. The first youth health centre was established in 1998 in Kaunas. Since its establishment, it has implemented lots of successful projects and initiatives at local and national levels, including "Teenagers in action", which aimed to involve youth volunteers in providing crisis interventions and education to peers, and "One-day centres against youth risk behaviour", which targeted teenagers at great risk of self-destructive behaviour.

The youth health centre started integrating postvention activities into the complex youth-suicide prevention approach in schools in 2000. The established multiprofessional youth suicide postvention response team:

- prepared and published guidelines for postvention activities in schools after a case of suicide
- established and trained crisis management groups in all secondary schools of Kaunas
- provided (and are still providing) professional help for schools communities after suicide.

With the aim of broadening youth suicide prevention and postvention possibilities by implementing new training approaches, professionals at the youth health centre presented the first visual training material for youth suicide prevention in 2005. The film "Choose life!" aims to increase young people's abilities in evaluating suicidal intent, providing adequate personal support and using professional help resources. The new training experience was discussed and evaluated by mental health professionals, researchers and representatives of schools.

The youth health centre is now focusing on empowering schools to deal with suicide risk among young people by training schools crisis management groups, organizing suicide prevention training sessions for members of school communities and spreading best practice in the different regions of Lithuania.

The "One-day centres against youth risk behaviour" project stands as a good example of community networking activity in youth health centres. The aim of the project was to spread a net of community collaboration orientated towards the most vulnerable young people, encouraging them to participate in preventive activity.

Implementation of the project started with the establishment of five multiprofessional teams from community institutions in district police departments, consisting of an inspector of district adolescent problems, psychologists, teachers, parents and social workers. They primarily asked the question: "Why have the police departments been chosen as a place for one-day centres?" There are three main answers to this question:

- the police are well informed and in close contact with adolescents at risk
- they have a lot of experience in different prevention activities
- they will promote a picture of themselves as providers of help.

Adolescent risk-takers often have contacts with district police departments, which they see as institutions of punishment. Naturally, many such adolescents have a negative attitude towards the police. This project therefore aimed not only to promote health among risk-taking teenagers, but also tried to emphasize the education role of the police.

The establishment of one-day centres in police departments passed several stages:

- establishing multiprofessional teams of youth moderators
- setting up training circles for team members
- preparing guidelines for preventive activities and action planning
- promoting independent activities with supervision.

The training provided for teams highlighted adolescents' risk behaviours from psychological, social and medical points of view and underlined the necessity of networking within community agencies. Experience showed that multidisciplinary teams acted more effectively when they were supported by continuing training sessions based on the academic background and qualification of participants. A second training cycle for multiprofessional team members focused on leadership, group dynamics, preventive and recreational methods and conflict-resolution strategies.

People attending the centres comprised not only young people at risk but also youth health centre volunteers who were strong, positive leaders for their peers. The majority of centres' participants were 11–16-year-old teenagers. Each centre was free to include different elements in their schedule and to define their own criteria for success, but the common and key issue was health promotion. All the centres networked among themselves and with other community institutions. This approach was essential in connecting hard-to-reach young people with the health education and social support they needed.

The effectiveness of the programme was evaluated using qualitative and quantitative methods. Outcomes demonstrated positive impacts on adolescents who were having family difficulties and social problems. The evaluation showed that:

- one-day centres satisfied adolescents' needs fully or partly;
- leisure and training activities and group experiences were evaluated positively;

- young people at risk were becoming better integrated, with more than 85% finding new friends in the centres; and
- one third of young people questioned (32.5%) stated that they preferred centre friends to their courtyard mates.

At the beginning of the project, adolescents attending one-day centres lacked initiative and tended to wait for suggestions for discussions or other activities. The majority of them had low self-esteem and were passive. In most cases, they were among the outsiders at school. At the end of the project, police departments were recognized as a suitable place for preventive activities by two thirds of respondents. Their main arguments were:

- the police department environment encourages adolescents to be more responsible and disciplined
- common activities and close communication diminishes adolescents' fear of the police
- teenagers learn to communicate with adults on equal terms
- preventive activities involve wider strata of the community and are not concentrated just in schools.

The police officers claimed this work was an enjoyable activity that allowed them to acquire a better understanding of adolescents.

Lessons learned

Youth-oriented approaches positively addressed the most challenging issue – keeping adolescents' motivation strong. It is important to note that to keep young people motivated, the results of their activities must be evident as soon as possible. Above all, it is necessary to make results available to significant adults (parents, teachers and community representatives, for instance).

The experience of running school-based preventive programmes has demonstrated that groups of youth volunteers can make a positive impact on the common psychological "atmosphere" at schools. In addition to providing positive role models, youth volunteers allowed teenagers to gain self-confidence and to feel safe through peer-group experiences. As a result, they became able to work out comprehensive and reasonable action plans and to find the most youth-appropriate solutions.

To sum up, the main advantages were:

- financial sustainability – the main activities were performed by volunteers
- accessibility to the wide strata of the community.

This experience could be particularly useful for schools located in rural areas. These schools are often left out of health promotion activities, as most initiatives are run in cities.

Public and political awareness about violence in schools has become very strong. Actions taken by the President, parliament members, the Ministry of Education and Science and the Prime Minister clearly indicate that the problem of violence is acknowledged and that there is an increasing understanding that serious responses are needed. Results of the HBSC study were one of the strongest arguments in the process of raising awareness about the violence and bullying among children.

The above-mentioned experience produced several valuable lessons and highlighted the main guidelines for developing youth health promotion within the community. It became evident that:

- the initiative must be "given back" to implementers
- the team should be formed with local resources
- the key role should be devolved to the team
- team members should be well prepared and have wide experience.

Research findings have indicated a strong relationship between student attitudes (self-esteem, locus of control) and education behaviours (school attendance, participation in school activities, disciplinary issues) *(24)*. Attendance at the "One-day centres

against youth risk behaviour" helped teenagers to become more open, friendly, active and self-confident. Specialists also commented that these adolescents had become more disciplined and caused less crimes and disturbance. Police officers claimed the work was a pleasant activity which let them acquire a better understanding of adolescents.

The initiatives showed that adolescents are trustworthy partners in youth-orientated preventive activities and are potentially able to solve youth health problems even more successfully than adults. Programmes prepared and performed by youngsters are more attractive to peers. Community involvement and multidisciplinary approaches are the key factors in the effectiveness of youth health promotion. Consolidation of different resources enables communities to deal with youth health problems more effectively, increases public spirit and develops active communities.

In conclusion, the Lithuanian experience clearly demonstrates that child and youth health must remain high on the political agenda. A comprehensive approach that integrates the state, parents, school, NGOs, youth organizations, mass media and various initiatives to promote child and youth health is the way to address the problem. Data from various studies carried out in Lithuania over the past two decades point to the necessity of more intensive international collaboration for a country in transition. Due to increases in access to risky information through the fast expansion of information technologies, there is a need to develop carefully planned education programmes tailored to the interests of children and young people which are supported by the entire social, economic, political and educational environment.

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