

## THE ACCESS TO THE MENTAL HEALTH CARE SERVICES FOR CHILDREN WITH MENTAL, BEHAVIORAL AND EMOTIONAL DISORDERS

**Project implementation period:** 2016–2017

**Aim.** To estimate the access to the mental health care services provided for children with mental, behavioural and emotional disorders in Lithuania.

**Objectives:**

1. To assess the human resources providing primary mental health care services for children (0-17 years old) with mental, emotional and behavioural disorders in the counties and municipalities according to morbidity and disability level and the number of visits.
2. To estimate the access to the services in the country's Mental Health Centres (MHCs) and the specialized Child Development Centre (CDC) in Vilnius according to the parents/guardians point of view and the objective criteria.

**Methodology.** The indicators of morbidity, disability, specialists' posts occupied and their workload were calculated in order to assess the human resources. The access to the mental health care services in the MHCs and CDS in 2015 was assessed by carrying out the quantitative (questionnaire survey) and qualitative research (semi-structured interview and secret client's telephone survey) methods. 350 parents/guardians whose children received the services were interviewed, in 20 selected MHCs, and 6 parents/guardians participated in the interview, whose children received the services in the department of Child Psychiatry of the CDS. The informants were asked to tell about the history of the search for assistance help, the opinion about the provided assistance and the assistance needs. The secret client's telephone survey was conducted twice – in May and September. The telephone calls were made to all MHCs selected for the questionnaire survey in order to determine the objective waiting time from the date of registration until the visit to the doctor (psychiatrist/child and adolescent psychiatrist (CAP) and medical psychologist (MP)).

**Results.** The most of specialists, who provide services for children with mental and behavioural disorders, in 2014 were in Alytus, Kaunas and Vilnius counties, and the most of children with mental and behavioural disorders and disabled children were registered in Panevėžys, Šiauliai and Telšiai counties, which shows the disparities between the number of specialists, morbidity and disability indicators. It was determined that the number of CAPs was insufficient not only in the country in general, but also in more than half of the counties.

The greater lack of information about the services was observed in MHCs than in CDC, respectively for every second and every fifth respondent. Only every second MHC participated in the research had the opportunity to register online. It was found that part of the MHCs is guided by their own rules of registration to specialists, which causes additional obstacles. It takes about a week to wait for the visit to the MHC, to the CDC – more than a month, but more than one-fifth of respondents who visited the MHC and almost half of the respondents who visited CDC were not satisfied with this waiting time. During the visit, CAP mostly devoted up to 40 minutes of time. In general, every second respondent assessed the access to the mental health services in Lithuania satisfactory, and this was due to the gaps of the work organization of the institutions, but not due to the quality of the services provided by the specialists that was assessed as effective.

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