



LIETUVOS JAUNIMO
ORGANIZACIJŲ TARYBA



PSICHIKOS
SVEIKATOS
PERSPEKTYVOS

JOINT UPR SUBMISSION OF

Lithuanian Forum for Disabled(LNF) (Žemaitės str. 21, LT-03118 Vilnius, Lithuania, +37052691309, info@lnf.lt, www.lnf.lt, President Dovilė Juodkaitė), **Lithuanian Youth Council (LiJOT)** (Didžioji str.8-5, LT-01128 Vilnius, Lithuania, +37065955153, international@lijot.lt, <http://lijot.lt>, Coordinator of International Affairs Rita Jonušaitė) and **Mental Health Perspectives (PSP)** (Olandų str. 19-2, LT-01100 Vilnius, Lithuania, +370 5 2715760, karile.levickaite@perspektyvos.org, <http://www.perspektyvos.org/lt/naujienos.html>, Director Karilė Levickaitė).

LITHUANIA – MARCH 2016

In this submission cooperating NGOs provide information on Lithuania's results implementing recommendations accepted in previous UPR cycle and highlight their concerns about I. State's obligations with regards implementing human rights standards towards persons with disabilities: (1) Right to the highest attainable health care (including mental health); (2) Right to live independently and be included in society (2) Rights of persons with disabilities in employment, mobility and accessibility;

II. Rights of children and young people in general¹ regarding employment and access to efficient health care system, especially focusing on mental health issues.

NGOs make recommendations for action by Lithuanian government to better address areas of concern.

II. RELEVANT International standards and commitments

Besides all the main international human rights standards enshrined in UN conventions and treaties² that Lithuanian has undertaken obligations to implement, there is new international agreement - Agenda for Sustainable Development 2030³ that is grounded in the Universal Declaration of Human Rights. Although 2030 Agenda is a global commitment, accepted by all countries and applicable to all, but the implementation of the SDGs into national planning, policies and strategies will vary in different countries, taking into account different national realities, capacities and levels of development and respecting national policies and priorities. Thus Agenda 2030 brings new implications to Lithuania and its international obligations, trying to achieve full range of targets and linking them with the human rights standards.

III. LITHUANIAN COMPLIANCE WITH ITS INTERNATIONAL HUMAN RIGHTS OBLIGATIONS

¹ According to "Law on Youth Policy Framework" a young person in Lithuania is an individual from 14 to 29 years old.

² Universal Declaration of Human Rights (UNDH)

International Covenant on Civil and Political Rights (ICCPR)

International Covenant on Economic, Social and Cultural Rights (ICESCR)

Convention on the Rights of the Child (CRC)

Convention to Eliminate all Discrimination Against Women (CEDAW)

Convention on the Rights of Persons with Disabilities (CRPD)

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), etc.

³ Agenda 2030 is a historic decision on a comprehensive, far-reaching and people-centred set of universal and transformative Goals and targets (17 Sustainable Development Goals with 169 associated targets).

Right to live independently and be included in community (art. 19 of the Convention)⁴

And

Right to the highest attainable health care (including mental health)

Function of development, organisation and delivery of social care services at municipal level are envisaged in the Municipal Law⁵ where deinstitutionalisation process and development of community-based services are assigned both for central and municipal level. Municipal responsibility is also addressed in Law on the Social Integration of People with Disabilities⁶. Its aim⁷ and content is not completely in coherence with CRDP as does not include adequate provisions on independent living and inclusion in community. One of the basic principles⁸ referring to autonomy and freedom of choice is an example of paternalistic silver line inherent to this Law.

In the Lithuanian multi-fund Operational Programme⁹ 7, 99 % of the OP resources are allocated to facilitate the transition from institutional to community-based care and improve access to social housing and quality of health care services for people at risk of poverty or social exclusion. Nevertheless Lithuanian child rights and disability CSOs do not consider the result and output indicators sufficient in order to achieve a real change and positive progress towards deinstitutionalisation in Lithuania and about 25 percent of people who need social care services, still live in institutions¹⁰.

Although new social services for people with disabilities were introduced in the Catalogue of Social Services¹¹: group living homes¹², community centres¹³, day-care centres¹⁴, and independent living homes¹⁵, there is no clear distinction of community-based character of those.

⁴ Related recommendation: 89.19. Look at how to reduce its dependence on institution-based care for children (Ireland)

⁵ Municipal Law of the Republic of Lithuania, 1994 July 7, amended 2000 October 12, available at: <http://www3.lrs.lt/pls/inter3/oldsearch.preps2?Condition1=240620&Condition2=> (last accessed at 11.06.2015)

⁶ Law on the Social Integration of People with Disabilities of the Republic of Lithuania, November 29, 1991, last revision 18 October, 2005, available at: http://www3.lrs.lt/pls/inter2/dokpaieska.showdoc_l?p_id=264550&p_query=&p_tr2= (last accessed at 06.08.2015)

⁷ The aim of the law is to ensure equal rights of people with disabilities and their opportunities in society, to establish social integration principles, to define the social integration system and its preconditions and conditions, as well as social integration implementing institutions, to define disability level and work capacity level, provision of vocational rehabilitation services, determination of special needs and principles and addressing them.

⁸ Basic principles of social integration of people with disabilities. Principle 3.5. Autonomy and freedom of choice: people with disabilities constantly encouraged to be self-sufficient.

⁹ Operational Programme for EU Structural Funds Investments for 2014-2020, available at: http://ec.europa.eu/regional_policy/en/atlas/programmes/2014-2020/lithuania/2014lt16maop001 (last accessed at 11.06.2015)

¹⁰ Opening Doors for Europe's Children. An assessment of the attention for deinstitutionalisation for children and the involvement of children's organisations in the ESIF implementation process across eight EU Member States, 2015, available at: <http://www.openingdoors.eu/wp-content/uploads/2015/03/Opening-Doors-Esif-Report-lowres-.pdf> (last accessed at 11.06.2015). Data by the Ministry of Social Affairs and Labour.

¹¹ Order on Approval of Catalogue of Social Services, 5 April 2006, A1-93, available at: <https://www.e-tar.lt/portal/lt/legalAct/TAR.51F78AE58AC5/USdbjNTqLO> (last accessed at 06.08.2015)

¹² Group living homes are social care institutions providing short-term and long-term social care for community up to 10 people living community in separate rooms (house, apartment) for self-sufficient or partially self-sufficient people with

After 8 years after adoption of Mental Health Strategy¹⁶, there are substantial critics from NGOs on its poor implementation results¹⁷. Also recently published Vilnius University scientific study by concludes, that main principles of the Mental Health Strategy are not implemented and many EU European Structural Funds opportunities were missed^{18,19}.

New human rights standards with regards persons with disabilities²⁰

In 2010 Lithuania has ratified the Convention on the rights of persons with disabilities and undertaken new obligations with regards to safeguarding and promoting rights of persons with disabilities²¹. Nevertheless, there is not much progress in accepting new human rights approach and standards to PwD. National program for social integration of Persons with Disabilities was taken as the basis for the strategy on Convention implementation²². The Program is not an overall strategy of the Convention implementation, rather related only to area of social integration of PwD²³, and does not include innovative measures to ensure the implementation of the

disabilities. Group living home residents have access to day care, education and other necessary services in the community.

¹³ Community centres - institutions of social services providing sociocultural and other general social services.

¹⁴ Day-care centres are institutions providing social services of social supervision.

¹⁵ Independent living homes are social care institutions providing social services, where people live in the home environment enabling them to self-manage their personal (family) life. In independent living homes persons (families) are managing their household with partially assistance of the social worker.

¹⁶ In 2007 Lithuanian Parliament has adopted a National Mental Health Strategy that covers a wide range of modern mental health principles, which should embed community-based services and deinstitutionalisation. Principles of Mental Health Strategy

- A special focus on the human rights of people with mental health conditions;
- Deinstitutionalisation and modern services that meet client's needs;
- An equilibrium in the development of the bio-psycho-social model;
- Promoting autonomy and participation;
- Shifting the treatment of some mental health conditions to the primary and other non-specialist care sectors;
- Mental health promotion and prevention of mental illness should become an integrated part in the implementation of general health, education and social welfare policies;
- Strengthening the role of service users and non-governmental organisations in providing of services

¹⁷ Appeal on mental health system care Lithuania, 7 May, 2013, available at:

http://perspektyvos.org/photos/2013/05/Kreipimasis_20130507.pdf (last accessed at 06.08.2015)

¹⁸ Puras D. et al. Challenges Implementing Lithuanian Mental Health Policy, Vilnius University, 2013, p. 137-138, available

at:http://www.perspektyvos.org/xinha/plugins/ExtendedFileManager/demo_images/MOKSLO_STUDIJA_issukiai_igyven_dinant_Lietuvos_psichikos_sveikatos_politik_.pdf (last accessed at 06.08.2015)

¹⁹ Nevertheless State Mental Health Care Centre provides information to the European report on institutional and community care in the mental health field in Europe, that EU Structural Funds used for developing new community-based services are developed within the Lithuanian healthcare system, in particular the establishment of five crisis intervention centres, psychiatric centres for children and their families, and 27 day care centres.

²⁰ Related recommendations: 89.25. Continue to implement specific measures to raise awareness of human rights standards, particularly as regards antidiscrimination, and educate the society and train professionals working in this field (Republic of Moldova);

²¹ Ratification of the Convention requires Lithuania to make sure it is compliant to the Convention, and show its progress in shift in paradigm from medical disability model towards social model, and human rights approach to PwD.

²² That is required to have under the Law on social integration of persons with disabilities, 1991. This program was adopted in 2012 for the period of 2013-2019.

²³ Since this program is under the coordination of the Ministry of Social security and labour (Social Ministry), there are mainly measures foreseen and implemented by the Social Ministry (more concretely Department of Disability affairs).

Convention. No specific financial support was provided for implementation of Convention, neither for the Social Ministry, nor for the DPOs²⁴. Opposite, the austerity measures have reduced the financing of the Program.

The Convention requires establishment of national implementation and monitoring mechanism. Established mechanism in Lithuania²⁵ does not comply with international requirements and is ineffective. The coordination level attributed to Social Ministry is not powerful enough to perform the functions delegated to it. The designated main monitoring body within the framework fails to meet the criteria of independence²⁶. Equal Opportunities Ombudsperson, to whom it was recommended to perform monitoring of the Convention in an area of equal opportunities, is not being legitimated to perform this function²⁷. As well, neither Office, nor Disability Council has received any funds to perform this monitoring function.

Recommendations:

1. Develop an overall strategy for the implementation of the Convention and the social and human rights model of disability, in all areas of legislation and public policy.

Other authorities (such as Ministry of agriculture, Ministry of economy, Ministry of culture, Ministry of interior, etc) are not being involved in the implementation of Convention.

²⁴ The Plan does not specify how DPOs will participate in the activities to implement the Convention, nor how the State will improve the competences of the DPOs' that are necessary for efficient participation in encouraging, protecting and monitoring the implementation of the Convention.

²⁵ The Ministry of Social security and labor was designated as the coordinating institution of the mechanism for the implementation of the Convention. Other institutions were designated to implement the provisions of the Convention within their respective spheres of competence: the Ministry of Environment, the Ministry of Transport and Communications, the Ministry of the Interior, the Ministry of Economy, the Ministry of Justice, the Ministry of Foreign Affairs, the Ministry of Culture. Other institutions are as follows: the Department of Physical Education and Sports, Statistics Lithuania, the Information Society Development Committee. The monitoring of the Convention is delegated to the Council for the Affairs of persons with disabilities under the Social Ministry, and the control is recommended to be carried out by the Office of Equal Opportunities Ombudsperson.

²⁶ The monitoring of the Convention has been delegated to the Council for the Affairs of persons with disabilities under the Ministry of social security and labor, which is an institution that is completely dependent on the Ministry. The Council is composed according to the principle of parity of 7 representatives of the association of persons with disabilities and 7 vice-ministers of key ministries. The Council lacks business continuity, vice-ministers change frequently, a quorum is often absent; urgent topics remain within the framework of the national programme of social integration of persons with disabilities or at the level of very specific individual questions. The functions and powers set out in the provisions on the Council for the Affairs of persons with disabilities fail to ensure effective implementation of the monitoring function of the Convention. The following articles in the provisions on the Council for the Affairs of persons with disabilities prove that the Council is incapable of effectively carrying out the monitoring of the Convention: Art. 4: the Council is not a legal person. Art. 6: members of the Council are not paid for their work. Art. 7: the decisions of the Council are of advisory nature to the Minister of Social Security and Labour. The task of the Council is to examine the most important issues of social integration of persons with disabilities and to help the Minister of Social Security and Labour and ministers in charge of other spheres to implement the policy of social integration of persons with disabilities that meets the needs of persons with disabilities. Art. 9, 10: the Council carries out the monitoring of the implementation of the UN Convention on the Rights of Persons with Disabilities and of the Optional Protocol, and submits recommendations to the minister. Art. 20: the Department for the Affairs of persons with disabilities under the Ministry of Social Security and Labour renders technical services to the Council.

²⁷ The Office of Equal Opportunities Ombudsperson investigates complaints on the discrimination cases against persons with disabilities while performing the functions assigned to it by the Law on Equal Treatment of the Republic of Lithuania. The monitoring function was not included in the legislation applicable to the activities of this Office.

2. Modify the structure of the current mechanism for the implementation of the Convention and to enhance coordination of the implementation of the Convention (at the level of the Government)
3. Appoint and create an independent monitoring mechanism in order to comply with the criteria of the Convention and Paris Principles, ensuring sufficient financial and human resources to perform the monitoring function for the whole monitoring mechanism²⁸.

Equality before the law (Art. 12 of the Convention) – one of the major paradigm shifts and new standard for full pledge realisation of equality and realisation of all the rights of persons with disabilities²⁹.

On 27 March, 2015 the new law on amendment of civil code and the code of civil procedure was adopted in order to bring Lithuanian legislation into the compliance with the Art. 12 of the Convention. However, the law provides the possibility of restriction or denial of legal capacity for persons due to their psychosocial disability. NGOs and DPOs fear that following the longstanding history of declaring persons with psychosocial disabilities incapable, there will remain the same tendency that courts will continue with the easiest way of defining all the areas of life that the person is not able to function independently and declaring him incapable in all those areas.

With respect to the personal rights it is inscribed in the Constitution of the Lithuania that persons being declared as incapable cannot vote, cannot become parliamentarians (art. 34, 56). The above mentioned law is related to the Civil Code, Code of Civil procedure and some other laws, but does not relate to the Constitutional provisions. Thus, even if changing the legislative framework of legal capacity in Lithuania, there still remain Constitutional provisions prohibiting particular group of persons to exercise their fundamental rights (participate in elections).

Recommendations:

1. Repeal the provisions of the Civil Code (art. 2.10, 2.11) and change the Constitution (Articles 34, 56 and 63) of the Republic of Lithuania, removing restrictions to the legal capacity of persons with disabilities as contrary to Article 12 of the Convention, and promote and implement alternative measures for supported decision making as well as training programmes for the empowerment of persons with disabilities for decision making³⁰.

Right to liberty and security (art. 14 of the Convention)³¹

²⁸ These recommendations correspond with SDG target 10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard;

SDG 16.10 Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements.

²⁹ There are around 7000 persons under plenary guardianship in Lithuania meaning that they are deprived of all of their fundamental rights and freedoms. They constitute 1/5 of all persons with intellectual disabilities and psychosocial disabilities (mental health) according to an official statistics those are 30 500 persons from the total 253 689 disabled).

³⁰ This recommendation corresponds with SDG target 16.7 to ensure responsive, inclusive, participatory and representative decision-making at all levels.

³¹ Related recommendations: 89.33. Pay greater attention to the situation of persons with disabilities, with more facilities in public buildings, housing, transports, telephone helplines, improvement in care centres, review of proceedings of involuntary hospitalisation and protection of the exercise of fundamental rights, such as the rights to vote (Spain); 89.35. Implement the recommendations made by

Both CPT³², and CAT monitoring reports not once recommended Lithuania to strengthen and guarantee effective legal safeguards for all persons with mental and psychosocial disabilities concerning civil involuntary hospitalization. Nevertheless, most recommendations have remained unimplemented³³.

The practice to ensure patient's right to be heard in person by the judge ordering the hospitalization is not being advanced³⁴, neither the obligation for the court to always seek the opinion of a psychiatrist who is not attached to the psychiatric institution admitting the patient. Moreover Ministry of Health is reluctant to apply the human rights standards to the mental health system in Lithuania. New draft of Mental health care act still include provisions on involuntary hospitalisation and treatment of PwD. Even more, it includes new provisions on possible limitation of freedom of movement for hospitalized person with psychosocial disabilities using means of physical restraints, that contradict art. 15 and art. 16 of the Convention.

Recommendations:

1. Repeal legal provisions that allow for deprivation of liberty on the basis of impairments and ensure that any legislation adopted complies with Articles 14 and 19 of the Convention and provides for the protection against torture or cruel, inhuman or degrading, treatment or punishment, and from exploitation, violence and abuse.

Accessibility for persons with disabilities (art. 9 of the Convention)³⁵

Disabled people organisations' data shows that over 50% of the buildings that are the most important for persons with disabilities – healthcare institutions, educational institutions, public

the European Committee against torture and other inhuman and degrading treatment or punishment at its visit in the country (Sweden).

³² In 2004, 2008 and 2014 CPT reports.

³³ In 2015 was drafted the new project of Mental healthcare Act. It does not comply with the Convention, since it continues to permit involuntary hospitalisation and treatment of persons with "mental illnesses". Even more, cases and criteria for involuntary hospitalisation and treatment are expanded to those who are "suspected to have mental health and behavioural problems due to abuse of psychoactive substances". As well the new draft law indicate that freedom of movement can be limited for hospitalized person with mental health problems using means of physical restraints. The law indicates that physical restraints measures can be prescribed by the psychiatrist. In exceptional cases mental health nurse can prescribe those measures as well. There are criteria and basis set in the law for using physical restraints measures. As well draft law indicates that Ministry of health care should adopt further regulations for using physical restraints measures.

³⁴ Patient's right to be heard and to participate in court, when dealing his/her involuntary hospitalization and involuntary treatment questions, a mechanism to implement this right is not provided for: the administration of psychiatric institutions. They do not inform the patient about this right, do not ask the opinion of the patient whether he/she would like to participate, do not state what and how to deliver patient to judge (or, that a discussion take place at the court).

³⁵ Related recommendations: 89.33. Pay greater attention to the situation of persons with disabilities, with more facilities in public buildings, housing, transports, telephone helplines, improvement in care centres, review of proceedings of involuntary hospitalisation and protection of the exercise of fundamental rights, such as the rights to vote (Spain); 89.34. Continue to work to improve mobility and accessibility for persons with disabilities, in line with existing Lithuanian and EU regulations, and the Convention on the Rights of Persons with Disabilities (Canada).

buildings – are inaccessible to them³⁶. Current data shows that at least 34000 of public buildings are not accessible³⁷.

There are over 37000 public buildings in Lithuania that **have not been evaluated** if they comply with accessibility requirements. Furthermore, the State does not enforce the obligation to make fully accessible public buildings when they are reconstructed or overhauled. Requirements on accessibility only apply to the parts of the building that are reconstructed or overhauled.

Due to many systemic gaps in the legal acts, hundreds of public buildings that were renovated using the EU structural funds were not adjusted to the needs of PwD³⁸.

The legal acts in Lithuania do not oblige to adjust current buildings to accessibility standards if the owner or the user of the object does not see a need to renovate or to overhaul the building.

The situation with public spaces and transport objects is not much better. Due to inaccessibility of courtyards, streets and access to public transport points, PwD remain imprisoned in their homes and have no opportunities to be included in the society. The big cities and the district centres have some buses accessible to PwD. However, they do not have enough of them, as these buses run seldom and only on the most popular routes.

Currently persons with disabilities in Lithuania do not have opportunities to travel around the Lithuania, since there is not a single long distance or international travel bus accessible to PwD, and the infrastructure of stops and stations isn't also accessible.

Informational websites are not adjusted for PwD because the legal acts on the adjustment of websites do not oblige private information providers to take any action on the issue.

Access to information through public and private broadcasters is one of the gravest issues that remain unresolved for more than 20 years. The informational environment of the National Television is minimally adjusted to deaf and hard of hearing persons.³⁹ In addition, there are very few broadcasts with subtitles⁴⁰.

Recommendations:

³⁶ A study “Be slenkščių” (No Doorsteps) by The Lithuanian Association of People with Disabilities.

³⁷ A study “Pasiūlyme dėl Europos Tarybos direktyvos, kuria įgyvendinamas vienodo požiūrio į asmenis, nepaisant jų religijos ar tikėjimo, negalios, amžiaus arba seksualinės orientacijos, principas, nuostatų, reglamentuojančių naujų, renovuojamų ir visų kitų esamų visuomeninės paskirties pastatų pritaikymą neįgaliųjų poreikiams Lietuvoje ekonominių kaštų analizė”. 2012 m., Vilnius.

³⁸ For example, according to the Ministry of Science and Education, EU structural funds were used to renovate 280 schools that were not obliged to adjust the object to the needs of persons with disabilities.

³⁹ To this day only the news (25 minutes) are interpreted to sign language; the adjustment is of poor quality – the interpreter is poorly visible, the interpretation is of low quality. A study by the the Lithuanian Deaf Association and the Lithuanian Deaf Youth Association “Lietuvos nacionalinės televizijos informacinė aplinkos pritaikymas asmenims turintiems klausos negalią”. Vilnius, 2015.

⁴⁰ In Lithuanian only 2.6% while in the EU this indicator reaches 60-80% . The majority of private broadcasters show no intention to subtitle the shows, citing a lack of funding, with the only exception of channel TV3 which is the only one to subtitle the evening news and Friday films.

1. Review existing legislations and regulations to ensure and enforce accessibility of the physical environment, including all public and private buildings, transport, communication and information⁴¹.

The right to work (art. 27 of the Convention)⁴²

There is no adequate state employment policy to motivate and facilitate persons with disabilities to be employed in the open labour market; employment programmes for PwD in Lithuania have significant shortcomings. The existing regulation on working capacity levels hampers people with severe disabilities to actively participate in the labour market⁴³. If person's working capacity is rated at 0-25%, the person is regarded as incapable of work⁴⁴⁴⁵. This level of working capacity is prescribed even to those PwD who can work full-time, for example, people in wheelchairs or people with a total visual impairment⁴⁶. Only people regarded as unemployed can be registered with a labour exchange⁴⁷.

It is known that 92 per cent of the support granted to social enterprises includes subsidies for wages and contributions to the State Social Insurance Fund⁴⁸. While receiving the major part of the state's financial allocations, social enterprises does not respond to the overall purpose of supporting persons with disabilities⁴⁹. People employed in social enterprises are only rotating from one social enterprise to another since subsidies are allocated for employing a PwD for the limited time.

II. Children and youth⁵⁰

⁴¹ 11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, and children, persons with disabilities and older persons.

⁴² Related recommendations: 89.31. Take concrete measures aimed at facilitating access to the labour market to persons with disabilities, notably the adoption of a law in this regard (France); 89.32. Promote necessary actions in order to guarantee the integration of persons with disabilities in the employment market, in line with the Convention on the rights of Persons with disabilities (Mexico).

⁴³ Art. 20 (7) of the Law on the Social Integration of the Disabled (*Valstybės žinios* (Official Gazette), No. 83-2983, 2004). Working capacity of a person will be assessed in per cents and rated at 5-point intervals.

⁴⁴ Such regulation precludes the disabled capable for work from finding even a job corresponding to their skills because employers rarely choose to employ a person who is recognized incapable of work in his/her records.

⁴⁵ In this case, a person cannot work or can work only in a workplace adjusted to the nature of the disability, or in adjusted working conditions.

⁴⁶ A person in a wheelchair can do sedentary work, whereas blind people can work only as masseurs without any additional constraints.

⁴⁷ Art. 2 (3) of the Law on Support for Employment (*Valstybės žinios* (Official Gazette), No 86-3638 2009), "unemployed persons of working age capable of work, <...> who are registered with a local labour exchange office as job-seekers and, who are ready to participate in active labour market policy measures in accordance with the procedure set forth by legal acts" .

⁴⁸ Whereas for adapting jobs and employment measures – 0,044 per cent, and for the assistant – 0,49 per cent. The least financial support is provided for the target group training – only 0,003 per cent

⁴⁹ Directors of the social enterprises search for persons with not so severe disabilities or high support needs, and those with the highest support needs are not covered and are left outside (at home, in the day care).

⁵⁰ Related to recommendation 88.10. Reinforce the Ombudsman on Equal Opportunities, including through providing this office with adequate funding in order to ensure its compliance with international standards in this regard (Algeria).

Law on Equal Treatment in Lithuania requires governmental institutions to draft and implement the programs and measures, designated for ensuring equal treatment regardless of age, sexual orientation, disability, racial or ethnic origin, religion or beliefs⁵¹. However, young people in Lithuania still experience age based discrimination while looking for a job. Some job advertisements indicate age criteria as one of the requirements which close the door for younger people to apply for the position even though the position itself might not require years of experience, especially entry level jobs⁵². Age is not an indicator for certain skills- while still being in school or university young people start various activities in youth organizations, youth centres, and extra-curricular classes and have a range of valuable experiences. Even though Lithuania took steps in order to strengthen institution of the Ombudsman on Equal Opportunities it still has neither capacity nor authority in Lithuania in terms of examining and preventing age based discrimination of young people in the labour market.

According to Universal Declaration of Human Rights Article 23 “Everyone, without any discrimination, has the right to equal pay for equal work (2)”⁵³. In Lithuania it is still common that young people are not always paid equally for the same job as their older colleagues. Because of struggle to find a job young people are more eager to work for a lower salary than the position would normally require. There are no smoothly working mechanisms to ensure that young people would not be underpaid.

Lithuania has yet to sign and ratify the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights. This was recommended during the review in 2011, by Spain and Lithuania took it into consideration. It could motivate the state to strengthen national monitoring as more attention should be given to ensuring fair access to the labour market, avoiding any forms of discrimination, but especially age-based discrimination which so often applies to the cases of young people in Lithuania.

Recommendations:

1. Review the evaluation and categorizing system of persons with disabilities based on the concept of “working capacity” and harmonise with the Convention, repealing the concept of “incapacity of work”.
2. Proactively implement strategies to increase the employment rate of persons with disabilities in the open labour market, in particular those most excluded such as blind, deaf

⁵¹ Law on Equal Treatment, Nr. IX – 1826/2003 (in force since 2005) (amended by Law Nr. X-1602/2008 07 05), Article 3, <http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_127927.pdf>, [Accessed 2016 03 06].

⁵² “we are looking to hire an education manager assistant, not younger than 24 years old”, “required clothing seller, not younger than 30 years old”, or “in Vilnius city looking for people in removal field. Desired age is from 23 to 45” in European Foundation of human rights, 2014<<http://en.efhr.eu/2014/09/24/discrimination-in-advertised-vacancies/>>, [Accessed 2016 01 28], report of Equal Opportunities Ombudsman, 2014, <<http://www.lygybe.lt/data/public/uploads/2016/01/lgkt-ataskaita-2014.pdf>>,[Accessed 2016 02 15].

⁵³ The Universal Declaration of Human Rights, <<http://www.un.org/en/universal-declaration-human-rights/>>, [Accessed 2016 02 03].

- and persons with intellectual disabilities; and prevent discrimination in employment, including the denial of reasonable accommodation.
3. Develop support schemes, including personal assistance schemes, allocating the necessary funding, to enable persons with disabilities to be included in the open labour market.
 4. Accept and implement the recommendation to sign and ratify the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights, as recommended Lithuania's 1st UPR Cycle Review by Spain.
 5. Ensure sufficient financial and human resources to perform the monitoring function to the Ombudsman on Equal Opportunities⁵⁴.

Mental health care: children and young people.

Each year in Lithuania approximately 150 young people commit suicide⁵⁵, among them almost 30 are children under 18 years old. The number is several times higher than the average statistics within the European Union⁵⁶. Even though the number outlines a dramatic situation in Lithuania, there is still no coherent, theory and good practices based nationwide suicide prevention strategy, no ensured psychological services for the ones belonging to risk groups, and the ones available are not put into one system. The infrastructure of mental health of children and youth is fragmented, human and financial resources are not sufficient and the treatment is too much based on medicaments. The only case when mental health centres have full-time specialists working with children is only when there are more than 100 000 people registered in a centre⁵⁷. Therefore, in smaller communities a person working on a part-time basis cannot efficiently satisfy the needs of that community. Even though the United Nations Convention on the Rights of the Child of which Lithuania is a party recognize the right to access to public services⁵⁸ is not fully ensured for young people in Lithuania given that the number of qualified professionals working with children and youth depends not on the existing need but rather on the general number of registered people.

Recommendations:

1. Support access of children and young people to mental healthcare services by, inter alia, ensuring that the number of mental health specialists capable of working with children and young people in specialised centres is calculated not according the general number of patients but according to actual need and number of children and young people in the area.

⁵⁴ Those recommendations corresponds with SDG target 8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value

⁵⁵ The Institute of Hygiene, „Death reasons“, < http://stat.hi.lt/default.aspx?report_id=193>, [Accessed 2016 03 07]. According to the Hygiene institute, in 2014 in Lithuania 156 young people committed suicide (in 2013-186, in 2012-126, under 18 were 27 in 2014, 39 in 2013, 29 in 2012 and 18 in 2011).

⁵⁶ Ministry of education and science, „Jaunimo psichinė sveikata ir savižudybės“. Vilnius, 2013. <<http://www.nmva.smm.lt/wp-content/uploads/2012/12/Jaunimo-psichin%C4%97-sveikata-irsavi%C5%BEudyb%C4%97s>>, [Accessed 2016 01 29].

⁵⁷ Mental health perspectives, „Lietuvos psichikos sveikatos strategijos ir savižudybių prevencijos alternatyvų priemonių planas 2016-2018 m.“, 2015, Vilnius, <http://www.perspektyvos.org/xinha/plugins/ExtendedFileManager/demo_images/AlternatyvusPlanas.pdf>. [Accessed 2016 03 07].

⁵⁸The United Nations Convention on the Rights of the Child Article 24 “recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health”.

2. Ensure that young people with mental health problems have access to professional consultancies and treatment methods that comply with European standards⁵⁹.
3. Ensure stable and continuous funding for non-profit organizations working with mental health issues in relation to young people and children.

⁵⁹ These recommendations correspond with SDG target 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.