

Status for peer support in Lithuania

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Introduction

Despite increasing public and professional discussions about the value of lived experience in mental health recovery, Lithuania has yet to formally employ or officially recognize Peer Support Workers (PSWs) within its state-run mental health care or social support systems. At present, no positions for PSWs exist in governmental institutions, nor are there regulatory frameworks or funding structures to support such roles.

Efforts to introduce peer support are emerging—often driven by non-governmental organizations, grassroots advocacy groups, and international partnerships—through small-scale pilot programs, training initiatives, and cross-border knowledge exchange. However, these initiatives remain project-based and dependent on external funding, meaning that PSWs are not yet integrated into the formal workforce. As a result, the potential benefits of peer support, such as reducing stigma, improving service user engagement, and fostering recovery-oriented care, have not been fully realized within Lithuania's institutional systems.

The status of Peer Support Workers/Peer Supporters in Lithuania

How are PSW viewed in said country?

At present, there are no established best practices or officially recognized frameworks for peer support in Lithuania, which makes it difficult to predict how Peer Support Workers (PSWs) will ultimately be perceived within the national mental health and social care systems. Nevertheless, a number of grassroots organizations and NGOs have begun taking steps to fill this gap. These initiatives focus on developing training programs, advocating for the integration of peer supporters into healthcare services, and raising awareness of the value of peer support among key decision-makers.

One of the leading organizations in this area, NGO Mental Health Perspectives, has been actively involved in four projects aimed at advancing peer support implementation in Lithuania. Through these projects, the organization has provided Intentional Peer Support (IPS) training courses to individuals with lived experience, enabling them to acquire the skills and knowledge needed to support others in recovery. In addition, the NGO has led an advocacy campaign targeting major stakeholders—including the Ministry of Health and mental healthcare providers—highlighting the importance and benefits of peer support.

One notable initiative involved bringing experts and experienced peer supporters from Iceland to Lithuania. This exchange created opportunities for dialogue with high-level stakeholders, including representatives from the Ministry of Health and the Vilnius City

Municipality. These meetings served both to share successful international practices and to inspire local institutions to consider how peer support could be adapted and implemented within Lithuania's context.

Any changes in the near future?

At present, there are emerging plans to introduce peer support into Lithuania's mental health care system. Encouragingly, these plans are backed by the **national government**, which has identified peer support as one of the strategic priorities for strengthening mental health services. This political recognition marks an important turning point, as it creates an opening for the formal inclusion of lived experience as a valued component of care. Such a shift is essential for advancing the development of Peer Support Workers (PSWs) and for embedding recovery-oriented principles within existing service structures.

However, while the commitment at the policy level is promising, there is currently **no concrete roadmap** outlining how peer support will be implemented in practice. Key questions remain unanswered: What qualifications will be required for PSWs? How will they be employed and funded? How will their roles integrate with existing professional teams?

Given these uncertainties, it is particularly important to draw on **good practices from countries where peer support is already established**. Learning from international models can help Lithuania design an approach that balances global evidence with local cultural and institutional realities. This process will require close collaboration between government bodies, NGOs, mental health professionals, and people with lived experience to ensure that peer support is not only implemented, but implemented effectively and sustainably.

Conclusion

In sum, while peer support in Lithuania is still at a formative stage, the growing interest from both grassroots actors and the national government signals a pivotal moment for change. The absence of formal structures, recognized roles, and tested implementation strategies presents significant challenges, but it also offers an opportunity to shape a model tailored to Lithuania's needs from the ground up. By building on the initiatives already undertaken by NGOs, learning from established international practices, and ensuring the meaningful involvement of people with lived experience at every stage, Lithuania has the potential to create a peer support system that not only strengthens mental health services, but also fosters a more inclusive, recovery-oriented, and compassionate approach to care.