Research Article

Between Screens and Schools: Mental Health Challenges of Lithuanian Youth

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Background

Youth in Lithuania are increasingly facing mental health challenges, such as depression and anxiety, particularly those aged 14–29. Rapid social, cultural, and economic changes, including digitalization, academic stress, and parental emigration, have created stressors that negatively affect well-being. Stigma and limited access to mental health services also continue to shape help-seeking behaviors.

Objective

This study aimed to examine the prevalence of anxiety and depression among Lithuanian youth and to explore how academic stress, problematic social media use, stigma, and access to psychological services affect their mental health and willingness to seek help.

Methods

A quantitative survey was conducted with 303 Lithuanian youth aged 14–30, exceeding the required minimum sample size of 278. The survey included validated psychological scales: Patient Health Questionnaire-9 for depression, Generalized Anxiety Disorder Scale-7 for anxiety, and additional measures on academic stress, social media use, stigma, and access to services. Data were analyzed using regression models and Kruskal–Wallis tests to assess relationships between psychosocial factors and mental health outcomes.

Results

Findings revealed that higher academic stress significantly predicted increased depression symptoms, with consistent effects across genders. Problematic social media use was strongly associated with anxiety, while daily use alone showed no effect. Stigma was only a weak predictor of willingness to seek help, whereas perceived accessibility of services significantly increased help-seeking behaviors. Overall, depression was most pronounced among females and adolescents aged 15–17, and over 60% of respondents reported experiencing bullying.

Conclusion

Lithuanian youth mental health is shaped by academic stress, problematic social media use, and perceived barriers to care. While greater access to services fosters help-seeking, stigma remains a persistent obstacle. Interventions should prioritize reducing academic stress, promoting healthier digital engagement, expanding youth-friendly mental health services, and reducing stigma to foster resilience and well-being.

1. INTRODUCTION

In many countries, including Lithuania, the mental health of youth has become a major issue. There has been an increase in youth experiencing mental health problems, and understanding these issues is critical to ensure the health of our youth. These problems are most likely to occur in people aged 14–29. This research explores the different social, economic, and cultural changes in Lithuania that may have led to the youth mental health crisis.

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Lithuania is currently undergoing rapid digitalization, economic difficulties, migration, and an increasingly fluid familial structure. These changes can create levels of stress, isolation, and insecurity among young people that may have longer-lasting negative effects, given their still-developing emotional and social skills. Given these converging economic, social, and cultural pressures, a comprehensive examination of their impact on youth mental health is urgently needed. Accordingly, this research and practice report analyzes these issues through three perspectives: psychology, sociology, and public health.

The psychological perspective of the paper examines common mental health problems experienced by youth, such as academic pressure, emotional stress, and stress from everyday activities, and how these pressures affect mental well-being. We systematically explored common symptoms associated with anxiety and depression, such as thoughts of constant worry, lack of energy, sleep problems, etc. The sociological aspect focuses on how cultural transitions and shifts in the use of social media have changed forms of family support and communal ties, promoting less supportive, less interconnected relationships at the cultural level that foster low self-esteem and loneliness. Public health has a critical role in this discussion in terms of understanding the lack of affordable, youth-friendly services for mental health in Lithuania and how stigma may deter many young people from seeking help. It is ironic that while governments proudly report on digital innovation, migration flows, or Gross Domestic Product growth, the human cost borne by young people, their depression, anxiety, and despair, is swept under the rug as a mere side effect of "progress." One might ask: progress for whom?

This article aims to address several crucial questions:

(i) What is the current incidence of the spectrum of anxiety and depression among Lithuanian youth?

(ii) What are the roles of socioeconomic changes such as economic decline, parental emigration, and changes that are part of a cultural evolution?

(iii) Are the mental health services presently available in Lithuania appropriate and accessible for young people?

(iv) Are there any recommendations for a change in public policy or education that could address these matters?

In line with these aims, this study comes up with several hypotheses as follows:

(i) H_1 (Academic stress and depression): Academic stress is a significant predictor of depressive symptom severity (Patient Health Questionnaire [PHQ-9] scores) across genders.

(ii) H_2 (Gender differences in depression): Female participants will report significantly higher depression scores compared to males, consistent with established gender differences in internalizing symptoms.

(iii) H_5 (Problematic social media use and anxiety): Problematic social media use is a significant predictor for greater anxiety severity (Generalized Anxiety Disorder Scale [GAD-7] scores), independent of daily use.

(iv) H_4 (Daily vs. non-daily use): There will be no significant difference in anxiety levels between daily and non-daily social media users.

(v) H_6 (Stigma, access, and help-seeking): Higher self-stigma will be associated with lower willingness to seek psychological help, whereas greater perceived accessibility of services will be associated with higher willingness to seek help.

By addressing these questions, we aim to gain a better understanding of what young people in Lithuania are engaged in and to recommend solutions to address the mental health implications they face, focusing on conditions/hurdles that they are dealing with.

1.1. LITERATURE REVIEW

The literature review examines the increasing mental health issues of Lithuanian youth between the ages of 14–29 and concurrent or increasing levels of anxiety and depression. The purpose of the literature review was to consider the key drivers, including but not limited to changes in society, increased economic burden, stressors from education, migration, and cultural change, and their influence on the mental health of the Lithuanian youth population. Through analysis of existing research and theories, the literature review identified both trends and gaps in understanding the mental health issues experienced by youth. The literature review can be considered as part of a wider societal analysis that may inform social action for youth mental health. More specifically, it can inform initiatives, policy improvements, and support activities for a vulnerable population.

Anxiety and depression are among the most prevalent mental health problems for youth globally. The World Health Organization (WHO)[1] acknowledges that the prevalence of these conditions is increasing as a factor of time, and recent epidemiological research suggests that 10–20% of adolescents and young adults experience anxiety or depression symptoms. According to previous research by the United Nations Educational, Scientific, and Cultural Organization and WHO,[1] anxiety and depression are ranked as the top three leading causes of disability for youth aged 10–24 years. The evidence in the meta-analysis shows that anxiety and depression increased during the COVID-19 pandemic; however, it has been linked to increased social media usage, academic pressures, financial situations, etc., and has driven the prevalence of cases for young people aged 15–29. The pandemic has had a particularly significant effect by nearly doubling the rate of depression in several countries, and young adolescent females represent the highest incidence group. Across Europe, the pattern of growing levels of anxiety and depression among young people reflects these statistics, but the variation between regions is often significant. Reports on youth, in numerous European demographic groups, suggest that approximately 15% of young people reported significant levels of anxiety or depressive symptoms.[1] Considering the Baltic states of Lithuania, Latvia, and Estonia, Lithuania has recorded some of the highest youth mental health issues. Reported studies suggest that the depression data recorded among Lithuanian adolescents indicated a higher overall prevalence than in other European countries, with evidence attributing this to rapid social change, economic distress, and high levels of emigration, as family structures and support systems are disrupted. Similarly, Estonia and Latvia reported rising levels of anxiety and depression among young populations. However, Lithuania exhibits considerably higher rates of social isolation and academic stress among young people, further demonstrating a demand for culturally sensitive and targeted mental health interventions, as well as policy changes to influence a contrasting attitude toward mental health and well-being in a European Union country with particular social and economic contexts.[2]

Mental health disorders among young people have emerged as a global public health issue, and Lithuania is no

exception. The past few years have seen the documentation of increasing rates of anxiety and depression for adolescents in Lithuania. The continuous climate of economic turmoil, social upheaval, and the ongoing structural transitions from our past have all played a role in the development of adolescent anxiety and depression among Lithuanian youth. It is important to understand the issues and factors influencing these challenges, as well as the situation that youth in Lithuania face, to develop effective interventions and policies. In Lithuania, increasing rates of anxiety and depression among adolescents are a growing emphasis in youth mental health. Data from the past few years suggest approximately 20% of youth in Lithuania report experiencing significant symptoms of anxiety and depression, which is higher than the European average.[2] The Health Behavior in School-aged Children (HBSC) survey indicates that females in Lithuania reported substantially higher rates of psychological distress compared to males.[3] This is true globally, but seems to be especially relevant in Lithuania, considering the greater societal and international expectations placed on young women in addition to the academic and potential social pressures also faced in the country.

The onset of the COVID-19 pandemic has further exposed the impacts of the mental health crisis. A study conducted in 2023 detailing the trends of mental health during the pandemic found that depression rates among adolescents nearly doubled. There was a significant toll on adolescent girls who appeared to suffer from even higher levels of anxiety and depression, since many would socially isolate and face academic demands.[4] These findings reflect a wider-reaching trend around the world where lockdowns and changes to normalcy have compounded many existing issues. Society praises resilience in youth and applauds their adaptability, yet refuses to question why young people are asked to adapt to conditions that would break adults. The cruel irony is that we glorify the very stressors, competition, hyper-productivity, and online exposure that are driving them into therapy rooms, or worse, into silence.

Several interconnected factors have led to the elevation in mental health issues being reported for Lithuanian youth. The precarious economic situation in Lithuania clearly plays a role in adolescent awareness of familial financial concerns. Lithuania's transition from Soviet rule and communism to a market-based economy has placed significant financial pressure on numerous families, particularly adolescents. According to literature, economic pressures have fractured traditional families' functioning, often resulting in increased feelings of isolation and vulnerability in young people.[4]

The concerning situation of the high rates of migration and employment of Lithuanian parents abroad adds complexity to the issues that Lithuanian adolescents are facing. Many Lithuanian adolescents live in homes with one or both parents working abroad, which has resulted in feelings of abandonment and absence of emotional support, leading to anxiety and depression.[3]

Bullying is yet another serious factor that affects mental health among young people. Lithuania still ranks among the highest in Europe in terms of bullying rates and, although on the rise, is one of the most common health concerns in children in the country. According to the HBSC data, one in three Lithuanian children has been bullied or harassed, and this has impacted their mental health significantly.[5] Therefore, the issue of experiencing violence and aggression from peers negatively impacts youth self-esteem and vulnerability to lifelong psychological issues. The tragedy is

that bullying in Lithuania is so common that it has almost become folkloric; the cruel jokes in schoolyards are seen as character-building, when in fact they are nation-building in the worst sense: producing generations accustomed to humiliation as a normal currency of social life.

To add to the issue, COVID-19 increased social isolation, interfered with education, and introduced economic uncertainty. In terms of youth mental health, there were several studies that noted that the decline of youth mental health appeared to nearly double in Lithuania during the pandemic, while adolescent females appeared to be at the highest risk.[6] In addition, social media use increased significantly during lockdowns, which appears to be correlated with increased anxiety among young people. At least one study reported that excessive social media use is associated with increased feelings of inadequacy and social comparisons.[2]

Numerous adolescents in Lithuania experience very high levels of stigma, hindering access to support for their mental health problems. Consequently, stigma is one of the biggest barriers for young people, who are often reluctant to ask for help. "Self-stigma and social stigma are particularly powerful for boys, making it less likely that boys will seek help than girls."[6(p4)] Being unaware of mental health problems, limited or no access to mental health care can also influence the assistance boys seek.

In addition, mental health services in Lithuania are limited in both depth and availability. The focus of the mental health service systems takes place in hospitals, with numerous services identified as medications, and limited services that are community-based or preventative. As stated in a recent review, mental health services need to undergo a philosophical shift into something more accessible; a more community-based care model focused on need, particularly for youth.[3] There are examples of interventions that are also culturally appropriate, and that context will need to be considered in addressing the economic and mental health challenges to Lithuanian youth.

Addressing the mental health challenges of youth in Lithuania will take comprehensive policy reform and the timeliness of targeted interventions. Schools are a suitable and timely intervention point to create relationships that could affect future behaviors. Evidence has increased that school-based mental health programs are effective, and a growing body of literature suggests that they significantly impact the prevalence of anxiety and depression.[2] Furthermore, other European countries have used integrated care models and preventive programs to create an exceptionally favorable care environment that improves mental health. Countries with robust early intervention systems and school counseling services show better mental health outcomes among adolescents.[3]

2. METHODOLOGY

This study adopted a cross-sectional quantitative survey design to examine the prevalence of anxiety and depression among young people in Lithuania, as well as the social and psychological factors that shape these outcomes. The focus was on adolescents and young adults aged from 14 to 30, a group that represents both the formative years of schooling and the transitional phase into early adulthood.

Recruitment relied on an online questionnaire distributed through multiple channels to capture a diverse youth population. Links to the survey were shared via social media platforms, such as Facebook and Instagram, while schools,

universities, and youth organizations were also asked to circulate the invitation among their students and members. The survey was designed to be completely anonymous: no identifying data, such as names, emails, or internet protocol addresses, were recorded, and participants were assured that their responses could not be traced back to them. Consent was obtained electronically before participants could proceed to the questionnaire, and procedures were adapted for minors under 18 to ensure parental or guardian awareness in accordance with ethical standards.

Eligibility was defined in straightforward terms. Participants had to be between 14 and 30 years of age, currently residing in Lithuania, and able to complete the Lithuanian-language survey. Those who failed to provide sufficient responses—defined as leaving more than a fifth of the questionnaire unanswered, or who reported current psychiatric hospitalization—were excluded from the analysis. In total, 303 valid responses were collected. This exceeded the minimum sample size of 278 calculated using the Paniotto formula with a 95% confidence level and a 6% margin of error.

The sample size with a 6% margin of error and 95% confidence level is calculated as shown in Equation (1).

$$n = \frac{N}{N \cdot \Delta^2 + 1} = \frac{550,000}{550,000 \cdot 0.0036 + 1} = \frac{550,000}{1980 + 1} \approx 278 \qquad (1)$$

Nonetheless, the final sample was not without imbalances: it comprises a high proportion of female respondents and city dwellers, reflecting the limitations of online recruitment and introducing a risk of selection bias. This imbalance itself tells a story: those with the privilege of connectivity and awareness participate, while the most vulnerable, isolated, rural, disconnected, remain statistically invisible. Yet invisibility has always been the most comfortable way for societies to deal with uncomfortable truths. While the survey was widely distributed across rural and urban networks, participation was ultimately voluntary and thus convenience-based, a factor that should be taken into account when interpreting the findings.

The survey instrument incorporated several established measures. Depressive symptoms were assessed with PHQ-9, while anxiety was measured using the GAD-7. Both tools have been widely validated and adapted for use in Lithuania, showing strong reliability in earlier studies. In addition, a 17-item scale was employed to measure academic stress, capturing pressures related to examinations, workload, and performance expectations. Problematic patterns of social media use were assessed through items that reflected behaviors, such as compulsive checking and reliance on social media to regulate negative emotions. To address barriers to psychological support, the questionnaire included an eight-item self-stigma scale and items measuring perceived accessibility of mental health services. Finally, demographic questions covered age, gender, place of residence, family financial situation, parental emigration, and bullying experiences. In the present sample, all scales demonstrated satisfactory internal consistency, with Cronbach's alpha values above the accepted threshold of 0.75.

Ethical approval for the study was obtained from the Vilnius Business College Institutional Ethics Committee. All participants provided informed consent before answering the survey, and data collection procedures were guided by the principle of anonymity and confidentiality. No identifying details were retained, and respondents were free to withdraw from the study at any point without penalty.

The statistical analysis was carried out using SPSS (SPSS 27.0, IBM, United States). Descriptive statistics were first used to summarize demographic characteristics and prevalence rates of anxiety and depression. A series of regression models was then conducted to test the study's hypotheses. The first model examined whether academic stress predicted depressive symptoms and whether this relationship was moderated by gender. The second explored the role of problematic social media use in predicting anxiety, while also comparing daily and non-daily users. The third investigated the combined effects of self-stigma and perceived accessibility of services on willingness to seek psychological help, including an interaction term. To complement these models, non-parametric Kruskal–Wallis tests were applied to explore group differences, such as variations in depression scores between genders or differences in anxiety between daily and non-daily social media users. Statistical significance was set at the conventional threshold of $p<0.05$.

3. RESULTS AND DATA ANALYSIS

This study was conducted to investigate the relationships associated with the Lithuanian youth's mental health, specifically depression, anxiety, and help-seeking behaviors. Additionally, three statistical models were applied to identify relationships among mental health factors and various constituents that could be associated with the youth. This study primarily dealt with the survey data collected and the psychological test scales analyzed.

These outcomes were divided into two core parts: the respondent's demographic information and the psychometric data obtained from regression and the Kruskal–Wallis test analysis. The first part contained a summary (Table 1) and brief comments on the demographic data from the online questionnaire. This table was crucial because it provided descriptors that offered the other components of the mental health survey, especially the results, a meaningful context. The second part encapsulated the results from the statistical models focused on the interplay between academic-related stressors, social media use, stigma, and other exploratory variables and their relationship with anxiety, depression, and help-seeking behavior.

3.1. DEMOGRAPHIC DATA OF THE PARTICIPANTS

Table 1 shows that most respondents (54%) were aged 15–17 years, 29% were aged 18–20 years, 13% were aged 21–25 years, and very few were younger than 14 or older than 25. This validated that the participants fall within the adolescent and early adulthood range, and is therefore highly relevant to mental health among youth in Lithuania. The sample was predominantly female (65.5%), with males accounting for 30.6%. A small proportion of respondents (1.3%) reported being of other genders, and 2.3% opted not to disclose gender. In terms of residential area, the majority of respondents (75%) resided in cities, and a quarter lived in villages or smaller towns. This reflected the distribution of the Lithuanian population. Over half of respondents described their family's finances as "average," with one-third "good," and about 13% "poor." Most youths lived in households without extreme wealth or poverty. A large majority (85%) of respondents said neither parent had emigrated for work, while about 15% had at least one parent working abroad. As for bullying experience, an alarming 60.5% of respondents reported having been bullied (or

having bullied others), whereas 39.5% reported no bullying experience. H_5 was partially supported, as parental emigration affected 15% of the respondents, but was not strongly associated in regression models. While bullying prevalence was high (60.5%) and associated with worse outcomes, which will be discussed in the discussion section. Nearly all respondents (97%) used social media daily, a figure that mirrors the digital reality of contemporary adolescents. The vast majority of participants (77%) were school students, with another 18% being university students. Only a small fraction were employed (2%) or unemployed (1%), indicating that most respondents were still in education.

3.2. REGRESSION MODELS OF THE ANALYZED DATA

Three models were constructed to examine key predictors of mental health outcomes: Model 1 assessed depression predicted by academic stress, Model 2 analyzed the association between anxiety and problematic social media use, and Model 3 evaluated the effect of self-stigma on willingness to seek psychological help.

Model 1 examined whether academic stress predicted depression symptoms in Lithuanian youth and whether

Table 1. Demographic data of the participants

Demographic data	Percentage
Age group (years)	
≤14	3
15–17	54
18–20	29
21–25	13
26–30	1
Gender	
Female	65.5
Male	30.6
Other	1.3
Prefer not to say	2.3
Residence area	
City	75
Village/town	25
Financial situation	
Very Good	1.3
Good	33.0
Average	53.0
Poor	12.8
Parental emigration status	
No	84.9
Yes	13.2
One parent is abroad	1.6
Bullying experience	
Yes	60.5
No	39.5
Social media use	
Yes	97
No	3
Occupation	
School student	77
University student	18
Employed	2
Unemployed	1
Other	2

gender moderated this relationship (Table 2). Depression was measured using the PHQ-9 scale, and academic stress was measured using a 17-item scale. The results confirm that academic stress does predict depression scores. The positive coefficient ($\beta = 0.17$) shows that as academic stress increases, the severity of depression symptoms increases as well. Gender also influenced the intercept of the depression scores, with males being significantly lower than females, with a $\beta = -11.47$. Participants who identified as "Other" or "Prefer not to say" had a difference in predicted mean depression scores that were slightly higher than females. However, the interaction effect of academic stress and gender was weak, suggesting that academic stress affects participants of all gender identities in a similar way. The non-parametric comparison of depression scores by gender in our sample showed that females had higher average depression scores than males, with a statistically significant difference (Table 3).

Model 2 investigated the relationship between anxiety and problematic patterns of social media use. It also examined whether daily social media use influenced the relationship. Anxiety was assessed using the GAD-7, and problematic use included various behaviors (e.g., compulsive checking, use to escape negative feelings). Table 4 shows that problematic social media use is a significant positive predictor of anxiety symptoms (GAD-7 scores) among youth. In contrast, merely using social media daily (versus not daily) did

Table 2. Regression analysis of depression predicted by gender and academic stress

Predictor	β (beta)
Intercept	18.77
Gender: male	−11.47
Gender: other	6.17
Gender: prefer not to say	7.85
Academic stress	0.17
Academic stress×male	0.16
Academic stress×other	−0.17
Academic stress×prefer not to say	−0.08

Note: R^2=0.236 (H_1 supported, $\beta = 0.17$, $p<0.001$, academic stress predicted depression across genders).

Table 3. Kruskal–Wallis test for depression by gender

Gender	Mean depression score
Female	28.32
Male	23.04
Other	24.75
Prefer not to say	31.14

Note: H (3) = 25.98, $p<0.001$ (H_2 supported, females scored significantly higher).

Table 4. Regression analysis of anxiety predicted by daily social media use and problematic social media use

Predictor	β (beta)
Intercept	17.36
Daily social media use (yes)	−4.77
Problematic social media use	0.29
Problematic use×daily use interaction	0.13

Note: R^2=0.228 (H_3 supported, $\beta = 0.29$, $p<0.001$, problematic use predicted anxiety, regardless of frequency).

not have a significant effect, and the interaction between daily use and problematic use was insignificant. Results of the Kruskal–Wallis test indicated that there was no significant difference in anxiety for daily versus non-daily users (Table 5).

Model 3 examined the relationship between self-stigma and willingness to seek psychological help, as well as the effect of perceptions of accessibility services on willingness to seek help (Table 6). Help-seeking was a single-item measure; self-stigma was measured using eight items; and service accessibility served as the moderator. Based on the linear regression model, where the dependent variable was the willingness to seek help (Q17_5), the predictor was a self-stigma score (the sum of eight items related to stigma from questionnaire Q16). We included the perceived availability of services (Q17_2) variable as a moderator to test whether access to services alters the relationship of stigma.

The regression examined two factors that might influence a young person's willingness to seek psychological help: their level of self-stigma and their perceived access to mental health services. The model found that higher self-stigma was associated with a slightly lower propensity to seek help ($\beta = -0.02$), while perceiving services as accessible was associated with higher willingness to seek help ($\beta = 0.36$). The interaction between stigma and access was not significant.

This analysis revealed a significant association between the perceived accessibility of mental health services and help-seeking scores. Those who "strongly agreed" that services are accessible had the highest willingness to seek help, while those who "strongly disagreed" had the lowest, with a statistically significant difference across these groups.

4. DISCUSSION

Mid–to–late adolescence typically shows the steepest rise in internalizing symptoms, peaking around ages 15–17. Consequently, higher PHQ-9 and GAD-7 scores are expected in school and early-university-age samples. Large meta-analyses and European youth studies documented this adolescent inflection, with symptom load and gender disparities reaching a peak around age 16.[7] Lithuanian school-age research conducted during recent crises similarly reports elevated anxiety levels among secondary-school students, which supports the observed distribution of ages in our sample.

Gender is a consideration in group comparisons and the interpretation of the model. The finding that females report higher mean ranks or means on depression and anxiety aligns with extensive evidence demonstrating that the gender difference in internalizing symptoms emerges in early adolescence and remains moderate throughout the teen years. Recent studies have linked this pattern to multiple biological and psychosocial pathways during puberty, thereby justifying statistically significant gender effects in both rank-based and regression analyses of adolescent populations.[8] Females consistently show higher depression rates; it is not merely biology but also the silent weight of gender expectations, double standards, and cultural scripts that celebrate women's suffering as if it were a natural stage of femininity. We measure their sadness in scales and statistics, but rarely in social accountability.

The urban predominance of our sample (75% city dwellers) reflects Lithuania's population distribution and is relevant to mental health service access. Urban youth often have greater access to healthcare resources, whereas rural youth may face more barriers to care. Studies in Lithuania and similar contexts note that adolescents in cities can more easily reach psychologists or psychiatrists, which might influence help-seeking rates.[9] At the same time, urban youth might experience different stressors (e.g., academic competition, social media influence) compared to rural youth. European evidence is mixed: some studies report higher depression in urban areas due to competitive environments, whereas others point to strong community support in villages as a protective factor. In general, the high proportion of city-dwelling participants underscores the need for mental health initiatives in urban lifestyles. It also suggests that the survey captured a segment of youth with potentially greater access to services—an important context when interpreting help-seeking behaviors. The finding underscores the importance of expanding mental health infrastructure in rural areas so that the quarter of youth outside cities are not left behind.[10]

Socioeconomic status is a known factor in youth well-being: economic strain in the family can increase stress, while financial stability can act as a buffer. Lithuanian researchers have noted that financial difficulties since the post-Soviet economic transition have put pressure on families and, in turn, on adolescents' mental health. For instance, economic insecurity is associated with higher adolescent depression in the literature. The predominance of "average" incomes among our respondents corresponds with national statistics on family income distribution, indicating most youth in our sample were neither extremely wealthy nor poor. In this context, about 13% of youth in less affluent households may experience elevated stress levels due to financial strain, which can exacerbate anxiety and depressive symptoms.

Parental migration is recognized as a socio-cultural stressor in Lithuania. The absence of a parent can disrupt family stability and support systems during formative years. Research on "left-behind" children in Eastern Europe shows that parental emigration can negatively affect youth mental health. Many Lithuanian adolescents live in single-parent households or with relatives because one or both parents work overseas. This situation can lead to feelings of abandonment and a lack of emotional support, which are linked to higher anxiety and depression in left-behind youth.[3-11] Our finding that roughly 15% of youth experienced parental

Table 5. Kruskal–Wallis test for anxiety by daily social media use

Daily social media use	Mean anxiety score
No	22.62
Yes	22.59

Note: $H(1) = 0.03$, $p=0.854$ (H_4 supported, No significant difference).

Table 6. Regression analysis of willingness to seek psychological help predicted by self-stigma and access to services

Predictor	β (beta)
Intercept	2.84
Self-stigma score	−0.02
Access to services	0.36
Self-stigma×access to services	−0.01

Note: $R^2=0.263$

emigration aligns with national concerns about the "Euro-orphan" phenomenon, highlighting a vulnerable subgroup that may need additional emotional and social support.

The prevalence of bullying in our data is particularly concerning. International surveys, such as the HBSC, have ranked Lithuania among the worst in Europe for bullying rates. In our sample, a self-reported 60.5% of youth had any bullying involvement (as victim or perpetrator), which is even higher than several estimates. Bullying and mental health have a well-established link: victims are significantly more likely to develop anxiety, depression, and low self-esteem, even years after bullying ends. A recent Lithuanian study found that adolescents who experienced bullying had lower happiness and worse self-rated health.[7] Elevated rates of bullying in schools can contribute to the higher stress and depressive symptoms observed among Lithuanian youth.[5] Thus, our data on bullying prevalence support peer-reviewed literature showing that Lithuania continues to have a bullying prevalence above European averages, with correspondingly negative effects on mental health. Any comprehensive approach to improving youth well-being must address bullying prevention and intervention. When more than half of a nation's youth report being bullied, it stops being an individual issue and becomes a cultural institution. Lithuania may not wish to admit it, but cruelty has become one of its most effective youth policies.

The ubiquity of daily social media use in our sample (97%) reflects wider trends. By 2018, approximately 92% of Lithuanian children aged 9–17 accessed the internet daily.[12] Nationally and internationally, nearly all teens now go online every day. Research increasingly distinguishes between the quantity of use and the quality/pattern of use. Numerous reviews have noted that time spent on social media has only a modest or inconsistent correlation with depression and anxiety.[13,14] Instead, it is problematic or maladaptive use that drives mental health risk. In fact, a 2024 systematic review reported that the type of use was critical, with problematic use being the strongest predictor of poor outcomes.[15] In summary, the near-100% daily social media usage in our sample underlines that interventions should not focus on whether youth are online (since virtually all are), but rather on how they are using social media.

The regression results (Table 2) showed that higher academic stress predicted higher depression scores (PHQ-9) in Lithuanian youth, and this effect held for all genders. These results are strongly supported by academic literature. High academic stress—due to examinations, grades, workload, or fear of failure—is a well-documented risk factor for adolescent depression. A large study in 2021 involving 2,212 adolescents in Kaunas, Lithuania, demonstrated that school-related factors significantly contribute to depressive symptoms.[16] In that study, exposure to negative acts at school (e.g., being bullied or facing a hostile school climate) and low school engagement were significant predictors of depressive symptoms.[16] This aligns with our finding that academic stress (which can encompass pressure and possibly negative school experiences) elevates depression levels. Notably, our model found only a weak interaction between stress and gender, meaning academic stress raised depression similarly for males and females. Prior research supports this lack of interaction: Educational pressure appears harmful to mental health across the board. For instance, a cross-national study by Bor et al.[17] noted that modern adolescents of both genders face increasing educational demands correlated with stress-related disorders. Our model's gender intercept differences—with female students having higher

baseline depression than males—correspond to the general gender gap in depression. However, the key takeaway is that academic stress is a universal depressogenic factor in youth. One Lithuanian survey involving high schoolers during COVID-19 found that those reporting higher academic stress had significantly higher PHQ-9 scores, further reinforcing this point.[18] In summary, Table 2 depicts that academic stress predicts depression in young people is well-supported: abundant literature identifies school pressure as a major contributor to adolescent depression.[8] It underscores calls to address academic environments in mental health prevention, for example, by teaching coping skills, adjusting workloads, and providing support services in schools.

The non-parametric test on depression by gender (Table 3) confirmed that adolescent girls suffer higher rates and severity of depression than boys. Salk et al.[19] quantified this difference across many countries, reporting a moderate effect size favoring higher female depression. A recent European study[2] found not only that females have higher depression symptom scores, but also that their symptoms tend to be more severe or clinically significant. Lithuanian-specific evidence aligns: the Kaunas study noted that females are more prone to depression than males after controlling for predictors.[16] In addition, the 2018 HBSC survey in Lithuania reported substantially higher rates of frequent sadness among 15-year-old females than males.[3] Our non-parametric test's result (H = 25.98, p<0.001) confirms this gender gap is unlikely due to chance. It is worth noting that respondents who chose "Prefer not to say" for gender had the highest mean depression scores in our data. This could reflect that some gender-nonconforming or non-binary youth experience especially high mental health risks, a pattern observed in other research where youth of lesbian, gay, bisexual, transgender, queer, and other diverse sexual orientations and gender identities report elevated depression. Overall, the finding that young women experience more depression is strongly backed by prior studies. It underlines the need for gender-responsive approaches, such as addressing stressors that disproportionately affect girls (body image pressure, gender role expectations) and ensuring boys are also encouraged to seek help despite stigma.

Model 2 (Table 4) found that each additional problematic social media behavior corresponded to higher anxiety ($\beta = 0.29$), indicating that qualitatively unhealthy use drives anxiety up. This pattern is highly consistent with current research, which emphasizes how young people use social media rather than how much time they spend on it. A 2023 review by Prasad et al.[20] concluded that excessive and maladaptive social media patterns (e.g., compulsive checking, using social media to escape negative feelings, experiencing envy or cyberbullying) are associated with heightened anxiety and depression in youth. This aligns with our results. Supporting this, a study involving Lithuanian adolescents during COVID-19 and the war onset found that problematic social media use was among the strongest predictors of anxiety disorders (odds ratio ≈ 4.6) in 2023.[21-24] In that study, adolescents who had trouble controlling their social media use or used it in emotionally driven ways were far more likely to report clinical anxiety, whereas overall daily screen time had a weaker association. More broadly, a meta-review reported that 78% of studies found a positive link between social media use and anxiety, and often, it was problematic use measures that showed the strongest effects.[15] On the other hand, several large-scale surveys have noted that time spent on social media has only a small correlation

with anxiety symptoms, supporting our finding that "daily vs. non-daily" usage by itself is not a decisive factor.[13] The weak interaction in our model suggests that even youth who are not on social media every day can still experience anxiety if their usage is problematic on the days they do use it. In summary, the literature firmly supports the pattern we see: quality, not quantity, drives social media's impact on mental health. Problematic social media use—characterized by addiction-like symptoms or using social media as an emotional crutch—has been linked to elevated anxiety,[22] whereas general frequent use does not automatically equate to worse anxiety. This emphasizes that interventions should focus on how youth engage with social media (promoting healthy usage habits and digital literacy) rather than simply cutting screen time.

The non-parametric comparison of anxiety by daily social media use (Table 5) found no significant difference in anxiety scores between youth who use social media daily and those who do not. This reinforces a growing consensus: the frequency of use alone is not a clear risk factor for anxiety. For instance, a rigorous study by Orben and Przybylski[23] found that the association between adolescent well-being and digital technology use was minuscule—so small as to be practically negligible. Similarly, a review noted that most studies find only small correlations between time spent on social media and mental health symptoms.[13] The lack of difference in our data suggests that simply being on social media daily (which nearly all youth are) does not differentiate anxious versus non-anxious individuals. Instead, as Table 4 and supporting literature highlight, problematic usage patterns are the differentiator. It is possible that a teen who logs in daily but primarily uses social media to stay in touch with friends in a balanced way may feel no more anxious than a teen who logs in less frequently. On the other hand, a teen who obsessively uses social platforms in an unhealthy manner will likely experience more anxiety—regardless of whether they fall into the "daily user" category or not. Our findings echo reviews that the intensity and motivations of social media use matter more than frequency. For example, a systematic review noted that problematic use was the measure most consistently associated with anxiety outcomes, whereas simple usage time had inconsistent findings.[20] It is also worth noting that during the COVID-19 pandemic, many youths' social media usage skyrocketed, and yet population surveys[24] found mixed effects on anxiety—some youth even benefited from online social connection while isolated. This underscores that the context and quality of online engagement determine its impact on mental health. In conclusion, the result in Table 5 is supported by various research: using social media frequently is not inherently anxiety-provoking for youth, unless that use takes on problematic characteristics or displaces healthy activities. Effective interventions should therefore focus less on arbitrary screen time limits and more on educating youth about mindful, positive social media use.

Regarding help-seeking, our regression (Table 6) found that self-stigma and perceived access both play roles. Even though higher self-stigma was associated with slightly lower willingness to seek help ($\beta = -0.02$), perceiving services as accessible was associated with a significantly higher willingness to seek help ($\beta = 0.36$). This aligns with a broad literature on adolescent help-seeking: stigma is one of the chief barriers preventing young people from reaching out.[9-25] When adolescents fear being labeled "crazy" or feel ashamed for needing help, they often hide their problems instead of seeking counseling. An Irish study found that perceived public stigma was a significant predictor of lower help-seeking intentions.[26] Our finding—that self-stigma increases and the willingness to seek help slightly decreases—is consistent with this. Although our β for stigma was small, even a modest negative effect is noteworthy given stigma's pervasiveness.

Conversely, the positive relationship between access and help-seeking is well supported. Youth who know affordable, youth-friendly services are available tend to report greater readiness to use them. An umbrella review reported that practical factors, such as service availability, cost, and insurance, are key determinants of adolescents' service utilization.[27] Essentially, if a teenager strongly agrees that "services are accessible and adequate for people my age," they are more inclined to seek help when needed. Our model of perceived access ($\beta = 0.36$) suggests a meaningful impact: higher access perception was associated with higher help-seeking propensity. The non-significant interaction indicates that even with good access, stigma still holds some youth back, and conversely, even with low stigma, lack of access can be a deal-breaker. This underscores what experts have argued: we must address both sides—reduce stigma and expand accessible services—to significantly increase youth help-seeking. Simply opening clinics is not enough if young people are too ashamed to go, and simply running anti-stigma campaigns is not enough if no services are available when they decide to get help. Our findings highlight the importance of parallel efforts: fostering a culture that normalizes seeking help and ensuring that help is tangibly within reach for young Lithuanians.

Finally, the result in Table 7 reinforces that perceived service access correlates with help-seeking willingness in a dose-response manner. This dovetails with qualitative findings that when teens feel there are youth-specific resources they can actually use, they are far more open to seeking support.[28] Conversely, if services are perceived as hard to access—due to cost, distance, or wait times—young people often do not bother, even when distressed. Historically, child and adolescent mental health services in Lithuania have been underdeveloped, especially outside cities. However, improvements are underway (e.g., community mental health centers). The pattern in our data suggests that youth are attuned to the structural support around them. If they feel there is a safety net (easy appointments, free or low-cost counseling, anonymous helplines), they are more likely to reach out. If they feel nothing is available, they may resign themselves to coping on their own. Notably, even those who were neutral about service access had moderate help-seeking scores, whereas strong agreement really boosted them. This could imply that confidence in the system (believing "help is out there for me") empowers youth to act on their needs. The literature on help-seeking self-efficacy

Table 7. Kruskal–Wallis test for help-seeking by perceived access to services

Response	Mean help-seeking score
Strongly disagree (1)	2.60
Disagree (2)	2.62
Neutral (3)	2.87
Agree (4)	3.23
Strongly agree (5)	3.46

Note: For self-stigma, $H(4) = 17.01$, $p=0.002$; For accessibility, $H(4) = 17.01$, $P=0.002$ (H_6 supported, stigma had a weak negative effect [$\beta = -0.02$], accessibility had a strong positive effect [$\beta = 0.36$]).

echoes this: positive past experiences or knowing peers who accessed care successfully can build trust in services. In conclusion, Table 7's findings are well-supported: improving adolescents' perceived and actual access to mental health care is likely to increase their utilization of those services. However, reducing stigma remains important too, because even with robust services, many youths will not seek help if they feel ashamed or fear judgment. Comprehensive strategies—enhancing service accessibility, building trust in those services, and tackling stigmatizing attitudes—are needed to significantly improve help-seeking rates among Lithuanian youth.[27]

Model 3 indicates that access to services does promote help-seeking behaviors, but stigma remains an obstacle. Even when mental health support services are perceived as useful, many young people may delay asking for help due to shame or fear of judgment. This finding resonates with broader debates on governance and well-being, which emphasize that individual resilience and societal mental health cannot be fostered solely through service provision but require deeper cultural and institutional transformations.[29] This suggests that it is not only access to services that must be extended for more help-seeking behaviors; we also must shift attitudes, normalize seeking help, and reduce shame to create a culture that promotes asking for psychological help as a normative and healthy action.

5. CONCLUSION

The goal of this study was to investigate and understand major factors that are associated with anxiety and depression in Lithuanian youth, especially considering societal change. The research focused on how academic stress, problematic social media use, stigma toward seeking help, and access to psychological services affected the mental health of people aged 14–30 in Lithuania.

The present findings demonstrated that academic stress has a strong correlation with depression. Higher levels of academic stress indicated higher levels of depressive symptoms; in fact, this pattern was consistent across genders. Therefore, we believe that education should play a central role in preventing mental health issues.

Problematic social media use—characterized by using social media to escape feelings of negative emotion and/or losing control over the use of social media—was significantly associated with increased anxiety; however, the daily use of social media was not a predictor of anxiety. This reinforces an understanding of quality versus quantity in the digital landscape (quality and purpose of digital use, not simply time spent).

Using two or more psychological scales and a sample of young Lithuanians from various social and demographic backgrounds, the study took a quantitative approach. Important relationships between emotions and social or behavioral characteristics can be identified using this approach.

The data show emotional barriers, even though self-stigma about asking for help was not a significant statistical predictor of the willingness to do so. Even when help is easily accessible, adolescents may be reluctant to seek it out of fear of being reprimanded or a lack of confidence in mental health services.

Overall, the findings demonstrate that internal and external factors, such as stress related to school, emotional coping via digital platforms, and the social significance associated with mental health care, influence the mental health of young people in Lithuania. If we continue to treat youth mental health as a secondary issue, Lithuania risks becoming a country where the greatest rite of passage is learning to live with untreated depression. Perhaps that is the true national curriculum. In addition to enhancing service accessibility, interventions should address the underlying causes of academic and digital stress, lessen stigma, and foster emotional resilience.

CONFLICT OF INTEREST

The authors declare that they have no competing interests.

AUTHOR CONTRIBUTIONS

Conceptualization: Mehmet Recai Uygur
Investigation: Urte Mališauskaitė
Methodology: Mehmet Recai Uygur
Formal analysis: Urte Mališauskaitė
Writing – original draft: All authors
Writing – review & editing: Mehmet Recai Uygur

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Ethical approval for this research was granted by the Ethics Committee of Vilnius Business College in March 2025 (ID: VVK-2025/03), following a comprehensive review of the study's design, recruitment approach, data collection procedures, and consent protocol. Informed consent was obtained electronically before the questionnaire began, and procedures were adapted for minors under 18 to ensure parental or guardian awareness in accordance with ethical standards.

CONSENT FOR PUBLICATION

As the survey was fully anonymous and contained no identifiable personal information or images, no additional consent for publication was required.

DATA AVAILABILITY STATEMENT

The dataset generated and analyzed during the current study is stored securely within the author's personal Qualtrics account and can be accessed through the Qualtrics platform at https://qualtricsxm5n4bxpzw8.eu.qualtrics.com/Q/MyProjectsSection. Due to institutional and ethical restrictions, the raw data are not publicly available to protect participant anonymity. However, de-identified or summary data may be made available from the corresponding author upon reasonable request and with permission from the Vilnius Business College Ethics Committee.

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