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Conclusions from Pre-conference “The Mental Health of Children and Adolescents”, organised by European Commission, WHO European region and the Ministry of Health of Luxembourg on 20-21 September 2004 in Luxembourg

I. Preamble

The general context: The growth of mental disorders and problems in Europe

Mental disorders and problems are the number one public health problem facing Europe today. They are widespread and the incidence and prevalence of some of them, particularly those that affect children and young people, has grown or become more visible in recent years. The growth of the challenges is predicted to continue or even accelerate.

Mental health problems and disorders deprive individuals from quality of life and happiness, but also impose a huge economic and social burden on societies. They have direct costs through health and social services that work with those with a defined mental illness or condition. They have major indirect costs in terms of unemployment and working days lost through death and disability. Psychiatric illness is the third most common cause for long spells of sick leave. Other indirect costs include those associated with the breakdown of families and resultant need for social care, with crime, vandalism and social disruption, and with educational failure. Mental problems and disorders tend to be associated with poverty, deprivation, and marginalisation and therefore hit hardest those with the least personal and social resources to tackle them. Other risk factors are the confrontation with violence or, for girls, early sexual initiation and teenage pregnancy.

In the European Union it has been estimated that at least three to four percent of the gross national product is spent directly on mental problems and disorders: this figure is not including the real but hidden costs, and is set to rise. Mental health problems also have a massive personal and social impact on individuals, families and communities in terms of missed educational, job and personal opportunities, broken relationships, stigma and discrimination, and general human unhappiness.

The situation: the mental health of children and adolescents

In Europe, around 80% of young people in general report a high level of mental well being. But one fifth of children and adolescents suffer from developmental, emotional or behavioural problems, and one in eight have a mental disorder. This means that mental health problems are more common than usually thought. Many of these disorders are recurrent or chronic. Four percent of 12-17-year-olds and nine percent of 18-year-olds suffer from depression, one of the most prevalent disorders. Disorders in childhood are important precursors of adult mental disorders: One third of people who



are clinically depressed as adults experienced the first episode before the age of 21. Mental disorders affect one person in four during their lifetime, and can be found in 10 percent of the adult population. They constitute half of the causes of disability and premature death and greatly increase the risk of physical illness. It has been estimated that mental disorders and problems will increase by 50% by the year 2020.

There are particular problems associated with the use of alcohol, drugs and tobacco. Children and adolescents who drink, smoke or use drugs are more likely to develop mental health disorders, have poorer physical health and enjoy in general a poorer quality of life. Alcohol and drug dependence are often part of a co-morbidity with other mental disorders, and in this case both need to be treated. Furthermore, research has shown that alcohol and drug use can increase the risk of suicidal behaviour, of violence and of road deaths.

The case for investing in the mental health of children and adolescents

Investing in the mental health of children and adolescents is the most cost-effective action that can be done to prevent the continuous increase of mental health problems in all age groups, with the associated heavy losses at individual and population level. A focus on the early detection of and early intervention in psychosocial disturbances and substance use or dependence of children and adolescents is needed, together with efforts to raise awareness, decrease misconceptions and optimise therapy. Mental disorders need to be tackled at all levels, with urgency and commitment, using the most effective and up to date evidence and approaches available.

This preamble will briefly set out some basic frameworks and principles which have evolved over the last few decades and which need to underlie work in this area if we are to build effectively on the explosion of reports, policy statements and initiatives which have emerged over in recent years.

Placing interventions within a broad framework of understanding

Any strategy must begin by locating itself within current frameworks of understanding about health, mental health, health promotion, prevention, diagnosis and treatment.

The WHO's definition of health as 'a complete state of physical, mental and social well being', and 'not merely the absence of disease or infirmity' provides an important foundation. This positive view of mental health focuses on people's capacities and strengths as well as their problems, and sees mental health promotion as 'everyone's business', not just the province of experts. Linking mental health with physical health is helpful - there is strong evidence that mental disorders increase the risk of physical illness and vice versa.

Linking mental health with social progress is also helpful, as there is robust evidence pointing to associations between mental health and social conditions. Mental health promotion attempts to enhance the well-being individuals, groups and communities by creating the individual, social, societal and environmental conditions that shape mental

health. The aim is to increase positive mental health and to reduce disorders, as well as enhancing quality of life, reducing inequalities, increasing social capital, and narrowing the health gap between countries and social groups.

Appropriate actions can take place at many levels and include strategies to promote mental well-being of those who are not at risk, those who are at increased risk, and those who are suffering or recovering from an illness or problem. Primary prevention is directed at reducing the number of new cases by reducing risk and vulnerability factors and strengthening protective factors, and by enhancing the coping abilities of people who are not suffering from a mental disorder in order to attempt to protect them from developing one. Secondary prevention attempts to reduce the prevalence of a disorder through early detection and effective treatment, and is aimed at people who show early signs and symptoms of a disorder. It attempts to reduce the length and severity of the episode. Treatment (sometimes called 'tertiary prevention') is concerned with ensuring effective interventions for those with an established disorder, with the aim of returning them to as full a function as possible, and enhancing the quality of their life whether or not they recover from their illness. In prevention as well as in treatment, it is highly important to address, involve and support the families in need.

All of levels of intervention have an important part to play in a cost effective strategy, and all need proper resource and commitment. It can be expected that more resource being committed to promotion and prevention would help to reduce mental health problems, but there will always be a need for proper and effective treatment for those with the most severe problems. Obtaining essential services when in need is a fundamental right, but at present there are considerable qualitative and quantitative differences in the mere existence and in the level of services across the European region.

A multi-sectoral activity

Using an inclusive framework for understanding mental health of children and adolescents leads to the inevitable recognition that it has to be a holistic, multi-sectoral activity in which a wide range of agencies, professions and lay people have an appropriate role to play, from health professionals to children and adolescents themselves, their families and grandparents, teachers, youth workers, social services, youth justice systems, etc. This does not mean that everyone is involved in every action, and it is important to identify the most effective, humane and cost efficient way to tackle any particular problem. Addressing mental disorders and promoting mental health is an activity that is affected by, and has to be integrated into wider political, social, educational and legislative processes, including the policy decisions that shape the climate in which mental health is created or undermined.

A human rights issue

Addressing mental disorder and promoting mental health in Europe has to be seen within the framework for the respect for human rights including the rights of children and adolescents that lies at the heart of a democratic Europe and which is reflected in the European Social Charter. Actions which tackle issues such as child abuse, physical or sexual, violence, war trauma, discrimination and poverty help address human rights

issues and also help reduce the mental disorders that are the consequence of these issues.

It is important too, that any action taken to improve mental health respects the human rights of those involved. Action need to be planned in consultation with end users, and take place with the consent and participation of those at whom they are directed. Children and adolescents need to be consulted and participate in ways appropriate to their age and development in the development of mechanisms that should promote and protect their mental health.

Listen to what children and adolescents say

Mental health promotion in children and adolescents needs to be carried out in a way which is culturally sensitive to the different age, social and ethnic groups which make up the countries of Europe, and put children and adolescents with their needs at the heart of the process. Mental health cannot be imposed on them – they should be able to participate in the design and implementation of mental health promotion and ideally be moving it.

A European dimension

All Member states in the European Union and the WHO European Region are confronted with major and in many ways similar challenges in the field of mental health of children and adolescents, in spite of the significant socio-economic and cultural differences between them. Therefore, exchange and co-operation between them on many related issues is needed to make more and more equitable progress.

II. Recommendations

General recommendations

1. Give the mental health of infants, children and adolescents a greater priority and allocate appropriate funding resources to it, according to the existing needs in each country and the availability of the existing services.

Supporting the mental health of these groups should be seen as a strategic investment which creates many long term benefits for individuals, societies and health systems. Throughout the development of mental health programmes in Europe, the attention given them has not reflected this strategic dimension and has not been commensurate with that dedicated to adults and older people.

2. Ensure that National Action Plans on Mental Health include the mental health of children and adolescents as one of their priorities. These Action Plans should cover the promotion of good mental health and the prevention of mental disorders as well as the provision of high-quality mental health services. They should be drawn up in close co-operation between the relevant policy departments, in particular the Ministries for Health and Education as well as those for Social Affairs.

Evidence shows that actions for children and adolescents will be more effective when they are integrated into a strategic public health policy framework with mental health, including that of children and adolescents as one of its strands. At present, this is far from being everywhere the case. Mental health strategies should be based on epidemiological data and an analysis of the situation and needs of children and adolescents. They should take into account the sustainability of the actions and their dissemination into all regions.

3. Policies and funding should bridge the gap which exists between community needs, policy making and programme implementation. Barriers to the wide integration of effective programmes into routine community practices should be removed. Successful practices should be disseminated to other European countries.
4. Countries in transition with their particular situation, such as a lack of available funding resources or effects of war and violence, should get support in their efforts to redirect investments, to take up modern approaches to comprehensive child and adolescent mental health.

Institutional approaches for care and treatment of children and adolescents, which engender social exclusion, are no longer appropriate. Funding should be directed towards community-based initiatives with a proven effectiveness.

5. Governments should develop their knowledge base on mental health promotion and prevention of mental disorders taking into account evidence based approaches and the knowledge developed in other European countries.
6. International organisations such as the European Union and the WHO European Region should support the exchange of knowledge and promote co-operation between practitioners, governments and researchers in order to promote the development of adequate responses to the challenges with which all countries are confronted.

Mental health services for children and adolescents

7. Service development should be steered by policy

- Mental health policy should be established and promoted to steer and to create incentives for the development of services for children and adolescents. The WHO Module on Child and Adolescents Mental Health Policy provides guidance for policy development at national or other levels of government.
- Mental health legislation should incorporate international rights of children and adolescents
- There should be parity of funding in relation to comparable health services, for example general paediatric services and/or adult mental health services.

8. Structure of services

- Mental health of children and adolescents should constitute a specific area of training and expertise in all European countries, regardless of health care systems based on differing traditions and levels of resources.
- In medicine, child and adolescent psychiatry and psychology should be a speciality among other clinical specialties; each country should have at least one academic chair for these disciplines with a training and research programme, or should have access to such training and research.
- Professions in mental health such as psychologists, psychiatric nurses and social workers, should receive special training to address the need for appropriate knowledge and skills.
- Mental health services for children and adolescents should be developed and operated in close collaboration with the family, the school, day care centres, neighbours, extended family, friends, etc.
- Mental health services for children and adolescents should be provided by both primary care and specialised services; stand-alone services, in separation from other health services for children are insufficient and inefficient.
- Each health system should aim at making its own designs of services and establish norms for staffing. Health care solutions are difficult to copy from one country to another, but there are certain core lessons to be learned from the experiences of others. The Child and Adolescent Mental Health Atlas (currently being developed by WHO) as well as other international databases, could serve as valuable sources of information.

9. *Quality of services*

- The collaboration of different specialists in European Union and WHO European Region contexts helps to ensure the necessary quality standards across the different countries.
- Intervention should be based on reliable evidence and should include an evaluation component; research findings should be used in practice to a larger extent; if the intervention scheme is proved effective, this should be further promoted.
- Research including on psychosocial and family factors should be further supported by appropriate funding to fill the gaps in the body of evidence for mental health work
- The quality of specialised services should be improved by establishing the Child and adolescent speciality and providing training to an adequate number of specialists
- Related core professions (doctors of other specialities, especially in general/family practice, nurses working in primary care, schools, maternity care) should benefit from adequate training in children and adolescents mental health, to ensure the quality of the services provided.
- Single-theory approaches should be avoided; good practice should be based on a mix of skills and approaches.
- There is a need for a widely-accepted formulary for the use of psycho-pharmacological drugs with children and adolescents.

Promoting mental health and preventing mental disorder

10. Mental health of children and adolescents requires a community-based approach towards prevention and promotion in mental health that incorporates multi-sectoral and multi-disciplinary approaches and all relevant actors.

Young people themselves and parents and must be actively involved. Health, education, environment, social and justice are among the policy areas which should be engaged to make a contribution to promotion and prevention practices. The involvement of professionals will include health personnel at primary, secondary and tertiary levels, educational professionals, social, welfare, sports and many others.

11. Health promoting settings should be supported, including families at home and grandparents, well-baby clinics, kindergarten, pre-school and schools as well as day care, community and leisure facilities.

Governments shall offer programmes for parenting support and education, starting during pregnancy. Pregnant women should be encouraged to stop the use of harmful addictive substances. Governments including education policies should support a holistic and integrative school approach that combines evidence-based mental health promotion components with preventive interventions for children and adolescents at risk. The network of Health Promoting Schools in WHO European region countries provides a framework for implementation and the evidence of the benefits from a settings approach to successful mental health promotion.

12. Adopt a targeted approach focussing on life skills for all children in all age groups beginning in pregnancy / infancy. Vulnerable groups at all ages including migrant children and adolescents will require special attention.

Among the protective factors which support children and adolescents in their healthy development are: self-reliance, emotional and social competences, these facilitate good human relationships, which are the most important protective factor. The promotion of proper language capacities, a precondition to a healthy cognitive and social development, is also important, especially among populations at risk (e.g., migrants).

13. The problems of stigma and discrimination surrounding mental health problems should be a target for preventive action with children and adolescents.

Mental health promotion provides scope and opportunity for preventing the problems of stigma, discrimination and social exclusion of children and adolescents with mental health problems and those who are out of school or marginalised.

14. Build policies on the evidence base acquired from the systematic evaluation of interventions at regional, national and transnational levels.

Policies should make better use of the evidence-base, which exists already in Europe for mental health promotion and prevention of mental disorder, and should support its further development and dissemination. At the same time, soundly based innovative approaches should be encouraged and supported.

15. Strengthen the links between research and practice in mental health promotion and prevention of mental disorder. Professionals in the field should engage in lifelong training which should be made widely available.

The integration of new evidence, for example on social risk factors, brain imaging and attachment theory in mental health practice will allow for more focused intervention. New research findings should be communicated widely to practitioners. Practice and research institutions should be encouraged to work in partnership in the evaluation of implemented practices.

Alcohol and drugs and adolescents

16. Countries should make an effort to implement already-existing declarations, decisions, recommendations, guidelines, etc.
17. Organisations involved in alcohol and drugs programmes, children's and adolescents' health and mental health should improve coordination at national and international levels as well as collaboration between their respective networks.
18. International institutions (including WHO and EU) should take an active role in promoting substance-related policies which address the population as a whole (e.g. taxes, price policies, marketing policies).
19. Health impact assessment, reviewing mental health and well-being as well as quality of life should be introduced in all policy development at local, national and international level.
20. Educational interventions should be long term and sustainable and provided in combination with other effective policy measures. Adequate resources should be allocated for this purpose.
21. There should be an increased focus on capacity building for families that should be encouraged to assume a greater role in the education of young people.
22. Youth-friendly services in youth-friendly community settings should be developed for young people in general and for young people at risk in particular.
23. Direct and indirect advertising for alcohol should be restricted by adopting regulations that limit direct advertising in child friendly broadcasting hours and restricting sponsorship for sport events by alcohol industry for sports with high youth participation.
24. Young people should be involved to the extent possible in the decision making process.