

Background sheet: Building mental health in infants, children and adolescents

Problem statement

The mental health of people is strongly determined during the first years of life. However, mental health and related problems such as conduct or eating disorders are diagnosed increasingly often in infants, children and adolescents. Suicide is a major cause of death in young people.

Indicators

Suicide is the third leading cause of death in children (WHO briefing paper). The rate of suicide among 15-19 year old adolescents (per 100,000) was lowest in Greece (1.1) and Spain (2.6), whereas it was highest in Finland (11), Austria (10.4) and Estonia (11.2) (Eurostat, 2003 figures). Life satisfaction of children is an indicator of their positive mental wellbeing. In a survey of 2003, values measured varied between a share of ca. 69 % of 15 year olds in Estonia and ca. 90% in the Netherlands (HBSC study 2004). Violence and bullying can trigger mental health problems. In Sweden, 13.6 % of 25 year old boys reported that they were bullied at least once in the previous couple of months, but in Lithuania these were 63.1% (ibid.). Alcohol consumption by children and adolescents can be related to mental health problems. A study found the highest lifetime consumption of alcohol (40 times of more) in Denmark, Austria, the Czech Republic, Netherlands and United Kingdom, whereas Turkey, Iceland, Norway and Portugal reported the lowest figures (EMCDDA Annual Report 2005). Lifetime consumption rates of cannabis among 15-16 year old students were found to be highest in Czech Republic (44%), Ireland (39%), the United Kingdom and France (both 38%), and they were lowest in Romania (3%), Cyprus and Turkey (4%)(EMCDDA 2005). The KIDSCREEN index developed under the 5th Framework Programme for Research is an example for standardised screening of children's quality of life¹.

Objectives

- Provide conditions and environments for a good start for children into life.
- Strengthen protective factors in children and adolescents such as through improving resilience and coping skills and reduce risk-taking behaviour.
- Reduce social risk factors such as lack of education, poverty, access to drugs and alcohol.

Possible Actions (examples developed from Commission Green paper, WHO Action Plan on Mental Health and IMHPA-Action Plan):

- Define and identify high risk groups
- Screening and brief intervention programmes for pregnant women

¹ <http://kidscreen.diehauptstadt.de/>

- Early detection and treatment of postnatal depression in mothers in combination with parenting interaction to support depressed mothers in developing parenting skills
- Programmes to improve parenting skills and developing a child-parent relationship, starting during pregnancy
- Development of tool kits for evidence based parenting interventions
- Support increased access to pre-school education, especially for children of families at risk
- Engage with the education sector to implement a holistic school approach that includes mental health promotion through skill building strategies and preventive interventions
- Involve children and adolescents as much as possible into decision-making
- Develop and offer evidence-based programmes that foster skills, provide information and focus on resilience, emotional intelligence and psychosocial functioning in children and adolescents
- Screen and identify children and adolescents at risk of mental and behavioural disorders
- Integrate mental health promotion components into initiatives such as the European Network of Health Promoting Schools
- Establish and improve the capacity for specialised intervention in childhood and adolescence
- Improve coordination between organisations and networks involved in drugs and alcohol programmes and in mental health promotion in children and adolescents
- Ensure parity of financing in relation to comparable health services

Some activities in Member States (source: IMHPA-country stories report)

- Several: European Early Promotion Programme
- Several: Olweus Anti-bullying programme
- Austria: National curricula demand that school education shall, amongst other things, support students in the development of so-called “dynamic” skills, i.e. the ability to take over responsibility, to cooperate with others, etc. School psychology is offered as an integrated part of the Austrian schools system to children, teachers and parents.
- Bulgaria: School mental health is subject to a national programme purporting to evolve a network of schools, which cater for the social and emotional development of children. Counselling programmes for children and their families.
- Croatia: Most of the mental health promotion and mental disorder prevention programmes are school-based programmes and programmes in the field of primary health care.
- Estonia: The National Institute for Health development coordinates the activities of health promoting kindergartens, schools and hospitals, and the operation of county health councils.
- Finland: Specific programmes are available for children.

- France: A national violence plan is being developed
A national institute of prevention has been commissioned to publish guidelines for suicide prevention in youths
A national institute for education and prevention as been created with mental health as part of its mandate
- Ireland: The Social Personal and Health Education (SPHE) curriculum is now compulsory in post-primary schools
- Latvia The prevention of early acquired mental disorders is included in the *Mother's and Child's Health Strategy in Latvia* and a corresponding Action Plan.
- Lithuania: Child mental health should be regarded as the major priority in national public health policy. A Child Development Centre has been established. A model for community based therapeutic and preventive services for children and families at risk ("Vilnius-model") has been developed.
- Luxembourg Considerable efforts have been made to increase awareness of mental problems in schools, in particular concerning drug abuse. Different agencies have been involved in this endeavour. Health promotion programmes in schools include projects against violence, initiatives promoting healthy life styles and peer interventions.
- Malta: Mental Health Promotion is catered for in national educational curricula. All children aged 11-15 years have a minimum of one hour per week of lessons in Personal Social Development.
- Netherlands: Local mental health services provide youth-directed programmes and prevention for children and parenting programmes. Public health services support schools. The Ministry of Health and the Ministry of Justice collaborate on policies and action for parenting support. Statistics Netherlands has provided a national report on social and mental health problems in children. The Netherlands Institute for Care and Welfare published in 2001 a review of ongoing preventive programmes or parenting support.
- Romania: The Ministry of health prioritises prevention modules, programmes and actions targeted at children and adolescents' mental health through a variety of actions. A number programmes are implemented by organisations such as UNICEF, ILO-IPEC and the Step by Step Foundation.
- Slovenia: A project "THAT IS ME-health promotion among youth" was launched in 2000 and includes a website primarily for adolescents.
- Sweden: Comprehensive life skills programmes have been developed in schools.
- Spain (Catalonia) There are not many programmes for mental health promotion an mental disorder prevention already running in Catalonia and those which exist are not widely available. Examples: The Seguiment del Nen Sa (Mental Health Protocol) Programme for children and Programa Salut I Escola (Health and School Programme) for Adolescents.
- Turkey: The plan "Health fore All, Turkey's Targets and Strategies" includes actions addressing children, parents and teachers. Prevention and promotional mental health policies and programmes are available across different groups in Turkey for risk groups including children and adolescents.

- United Kingdom: The Sure Start programme has been a large investment; Early Years Development and Childcare Partnerships supported by the Children's Fund and Children's Commissioner. In schools: Health Schools programmes and connexion services supporting young people through transitions; Every Child Matters policy.

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