



## **Child and Adolescent Mental Health in Enlarged EU – development of effective policies and practices**

### **Preliminary Recommendations**

#### **Background, rationale and problem definition**

The foundation for good mental health is laid in the early years and society as a whole benefits from investing in children and families.

Fortunately, the majority of young people in the EU enjoy good mental health. However, on average, one in every 5 children and adolescents suffer from developmental, emotional or behavioural problems and approximately 1/8 have a clinically diagnosed mental disorder. Unfortunately, new and applicant countries are facing larger problems in the field of children and adolescents mental health (CAMH), revealed by strikingly high rates of ill-mental health among children and young people. Therefore, there is a clear and urgent need for development of effective CAMH policies and practices in enlarged Europe and for a creative process of interaction and a proactive exchange of information between European countries.

In response to this need, the CAMHEE project aims to provide a set of recommendations and guidelines for the effective CAMH policies and practices in the European Union, with particular emphasis on new EU countries, attention to three concrete problem areas and in the light of Declaration and Action Plan endorsed by WHO European Ministerial Conference on Mental Health. The project, led by Vilnius State Mental Health Centre in Lithuania, comprises a network of partners across 16 European member states, dedicated to disseminating, adopting and implementing modern effective public health approaches to CAMH.

#### **Work Package 4: A Snapshot of Child and Adolescent Mental Health in Europe: Infrastructures, Policy and Programmes**

CAMHEE WP4 is the main, umbrella work package of the project. WP4 has been developed with the intention of analysing the situation regarding CAMH in participating countries and identifying obstacles and opportunities to develop evidence based and multi-sector national CAMH policies within the enlarged EU. The work package aims to contribute to the improvement of information and knowledge in mental health and to the development of a comprehensive approach to mental health promotion (MHP) and mental disorder prevention (MDP) in children and adolescents.

A Questionnaire on “Infrastructure, Policies and Practices in Child and Adolescents’ Mental Health” was designed to collect key national or regional data, in a standardised format, from a variety of different European countries on indicators for infrastructures. Fifteen completed questionnaires (13

at the member state level and 2 at regional level<sup>1</sup>) have been received and analysed to provide a European overview or 'snapshot' of the situation in Europe. In parallel, using the information collected in the questionnaire, the CAMHEE country partners have developed their country profiles, giving more detailed descriptions of the situation in each participating country.

#### **Objectives of WP4**

- to monitor and map available infrastructures, policies and programmes for CAMH across the 15 partner countries involved in the CAMHEE network;
- to analyse these aspects of CAMH at the European level in order to identify gaps and support recommendations for policy and infrastructure development for CAMH;
- to develop and produce detailed Country Profiles for 15 European countries.

#### **Objectives of CAMHEE WP5, WP6 and WP7**

Complementary to the aims of WP4, three critical issues for effective development of CAMH policies and practices throughout an enlarged EU have been identified, and CAMHEE work packages were developed with the goal of deeper analysis of those issues and making recommendations for policies and practices in the following fields:

##### *WP5 – Parenting and caring for the children of the mentally ill*

Most mental health disorders in adulthood have origins in childhood, and parental mental health problems are a major risk factor for children's adverse development. Furthermore, social marginalization and exclusion come hand in hand with the generational chain of mental health problems. The overall aim of the WP5 is to tackle this nodal point in adverse child development and the development of social exclusion. This represents an initiative on the European level to change the political, legislative and health and social service system to acknowledge and attend to the needs of children and families with parental mental health issues.

##### *WP6 – Prevention of (self) destructive behaviour patterns in school settings*

Destructive and self-destructive behaviour could be regarded as one of the indicator of the children mental health. It includes violence perpetrated by pupils and by school staff, suicidal tendencies, smoking, use of alcohol and other substances. WP6 aims to assess the magnitude of problem and the means by which participating countries address destructive and self-destructive behaviour in schools. Existing policies, programmes and actions in the participating countries will be analysed and three types of recommendations developed: for the European Commission, for national governments and for educational authorities/schools.

##### *WP7 – Best practices and economic evaluation of CAMH community-based activities to promote alternatives to traditional practices of institutionalisation and social exclusion*

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<sup>1</sup> Countries involved are: Belgium, Bulgaria, England, Estonia, Finland, Germany (region: Heidelberg), Greece, Hungary, Latvia, Lithuania, Norway, Poland, Romania, Slovenia and Spain (region: Catalonia)

There has been a long tradition in Countries of Central and Eastern Europe to solve problems of children and families at risk through the network of residential institutions for children with a variety of different kinds of problems (developmental, mental, physical and social). Additionally, the balance in the bio-psycho-social paradigm has been distorted, as, historically, a biomedical component dominated the spectrum of therapeutic modalities, while effective psychosocial interventions and public health approaches in mental health promotion have been neglected. This has led to serious gaps in the spectrum of interventions in the field of CAMH and to worsening of children's condition with negative implications for children's well-being and poor outcomes for society. The aim of this WP7 is to share experience between different countries on how to implement the most effective activities focused on mental health promotion, involvement of primary care and high quality specialist child mental health services for children and adolescents in need.

## Results and key messages

Preliminary analyses across work packages highlight several disparities at the European level:

- **Policy and legislation:** There was the general lack of emphasis on child mental health in legislation and policy papers in all countries, and particularly no provisions for support for the children of parents with mental health needs (with the exception of Norway and Finland).
- **Policy evaluation:** Whilst some evaluation of service and care policies are documented in the European countries included, the majority of countries report no evaluation of relevant policy and programmes aimed at preventing mental disorders or promoting mental health among children.
- **Positive indicators:** Only about 50% of countries reported prevalence rates on positive mental health in children. More specifically, 13/15 countries reported the existence of information about the prevalence of mental disorders, whereas just 8/15 reported collecting the prevalence of some indicator of positive mental health (e.g. wellbeing, self-esteem, quality of life, resilience).
- **Youth involvement:** Children are not often involved in the decision-making processes affecting practices in CAMH in European member states (6/15 report some example of this), especially those decisions behind policy development (only 3/15 report some positive example).
- **Training and Capacity:** There is a clear lack of CAMH issues in relevant higher education degrees. In particular, many relevant professionals are not trained in skills to prevent destructive behaviour.
- **Mental health understanding and awareness:** there is a gap in knowledge about the determinants of CAMH among stakeholders and the general public. In particular, there seems to be a lack of awareness and knowledge surrounding the importance of parenting and child development in families with parental mental issues.
- **Budgets for CAMH:** budgets dedicated to CAMH issues are rarely clearly identifiable, and generally they are mixed with other funds.

## Recommendations

Based on the preliminary project outcomes, and in line with the European Pact on Mental Health and Well-being (2008), several recommendations are put forward; for future research, to improve programme implementation in CAMH and for effective policy-making.

Several recommendations arise from the analysis of the **CAMHEE Country Profiles (WP4)**:

- ***There is a need for systematic evaluation of programmes and, more notably, of policies aimed at preventing mental disorders and promoting mental health among children and adolescents.***

The low level of systematic evaluation of programmes and policy is often linked to scarce resources (human, financial and organisational) for this type of evaluation, especially in some of the new EU member states, but above all to a lack of evaluation culture in the political arena of many member states. This would require that existing appropriate methodologies for evaluation and cost-effectiveness research be refined and disseminated through targeted publicity to raise political awareness of the importance and feasibility of evaluation for evidence-based policy; there is also a need to encourage the incorporation of basic evaluation designs into the planning and budgets of actions to be implemented, for example, through specification of this in calls for proposals from funding bodies (national and international).

- ***There is a need to widen the focus of the CAMH field to include positive mental health (not only mental disorders)***

There is still a preference for a disorder-orientated approach over a health-orientated perspective concerning practices, policies and infrastructures for CAMH. Both sides of the coin should be considered equally in order to provide the required services and infrastructures necessary to alleviate the burden of disease, and to design programmes and policy for promotion and prevention in mental health.

- ***There is a need to increase child and youth involvement***

While there are some commendable examples, although still not widespread, of children consulted on a practical level to contribute to programme designs and even be involved as implementers (through peer-led initiatives), there is a great need to include the voice of children and adolescents in the development of policies that affect their health and well-being. Mental health is directly related to policy and implementation supporting children's rights, and in order to enact children's rights, children's participation and involvement is crucial. The means of enhancing youth involvement in policy decision making include, among others, the consultation of child populations – through surveys or focus groups – and the use of this information by children's ombudsmen or commissioners. A more direct approach could be the introduction and participation of young people's representatives in parliamentary question time sessions.

- ***There is a need to introduce training in prevention and promotion for CAMH in relevant higher education degrees and to include CAMH issues in the training of diverse and relevant professions such as teachers and public health professionals.***

It is important that units on CAMH issues are included in the national curricula for relevant higher education degrees, such as medical undergraduate degrees, specialist training of primary care

doctors, public health professionals, paediatricians, psychologists, teachers and juvenile detention centre staff. It is important that such training covers childhood mental disorders, risk and protective factors and also includes training in practical skills (such as communication and consulting) for approaching and dealing with issues of relevance to children's mental health and well-being. It is also important that professionals are trained to define and explain the terminology of mental disorders to children and families of those who suffer from them as well as how to support such families.

- ***There is a need to raise awareness about childhood mental health determinants, especially among diverse stakeholder groups.***

One of the key challenges of mental health promotion and mental disorder prevention for children and young people is its interdisciplinary nature. There is need to raise awareness of childhood mental health determinants (and impacts), especially that good mental health is a responsibility not only of mental health professionals, but also of a wide variety of professionals in different sectors (for example, social services, education, leisure, etc.).

- ***There is a need to earmark specific funding for CAMH issues, rather than these funds being mixed in with those allocated for adults' mental health.***

Budgets should be transparent and available as public information. Earmarking specific budgets for CAMH issues would be likely to increase the amount of money allocated for CAMH. Otherwise, the funds can easily be spent on to other areas that have been traditionally funded (e.g. adult mental health) and that are sometimes not as justifiable as a priority in population health terms.

In specific work packages – **WP5, WP6, and WP7** – several issues have been identified as critically important for development of effective CAMH policies and practices across enlarged EU. These have given rise to the following recommendations in the areas of parenting, prevention of destructive and self-destructive behaviour in schools, and strengthening (especially in new member states) of the culture of evidence-based policy formulation and evaluation in developing an effective spectrum of CAMH services.

In the field of **parenting (WP5)**:

- ***There is a need for legislation to protect the rights of mentally ill and drug using parents and their children.***

It is necessary to ensure, through legislation, the human rights of persons /parents with mental illness and drug abuse problems and the rights of their children to good mental health whilst living with their families, so that the vicious circle of stigma, social exclusion and institutionalisation of children can be broken. In particular, in new EU member states, new policies and practices need to be introduced, as alternatives to existing practices in which children are not allowed to be raised by parents who have mental health disorders. A clear line of responsibility in the case of mentally ill parents is also needed, with the provision of services being expanded to include the care of children as well as care of mentally ill parents.

- ***There is a need to develop better parenting programmes.***

Societal and family level programmes for promoting good quality of parenting, with special focus on families with parents who have mental health and/ or alcohol and drug abuse problems and disorders must be developed. These should be made available in both universal settings

(especially for infancy, adolescence and for first time parents) and targeted at risk groups (where either parents or children have health or other stressful issues which compromise their emotional and social capacities).

- ***There is a need to prioritise stable family life in policy decisions.***

The foundations for stable family life and parenting (such as work and an acceptable level of income vs. child poverty, child health, social services and schools) should be made a priority, especially in times of economic recession, in order to support parenting and child development.

Across all Europe, and especially in new member states, the concept of investing in better parenting by improving the competence of parents (generally, and specifically – for parents having different risk factors) needs to be supported by Governments as a priority

In the field of **prevention of destructive and self-destructive behaviour (WP6):**

- ***There is a need for Europe wide implementation of action plans to address (self-) destructive behaviour in schools.***

A binding legislative document at the EU level is needed to stimulate countries to improve their policies and action plans addressing destructive and self-destructive behaviour in schools.

- ***There is a need for more evaluation and dissemination of information around effective programmes to prevent destructive behaviour.***

Identification of programmes meeting high standard of effectiveness at the EU level, as well as the transferability of these programmes to different settings and the cultural contextual issues which moderate their success, would provide the possibility for policy makers, governments, foundations and other organisations to make properly informed decisions about the investments needed for the prevention of mental health (and other) problems and associated with violence, suicides, self-harm and drug use.

- ***There is a need to fund existing programmes of proven effectiveness.***

The resources at EU level or EU member states level should be directed towards the implementation of evidence-based preventive programmes, targeting destructive and self-destructive behaviour in schools, and not for the development of new programmes.

- ***There is a need for further research into certain aspects of destructive behaviour.***

While certain forms of destructive behaviour are well-documented, the existing gap of knowledge about suicidal behaviour, self-harm and violence between adults and pupils in schools could be filled by the initiation of international studies in these areas.

- ***There is a need for training in this area.***

Teacher training, especially at the undergraduate level, should integrate more knowledge and skills development around destructive and self-destructive behaviour to facilitate implementation, on the ground, of preventive programmes.

In the area of searching for **optimal balance in the spectrum of CAMH activities – promotion, prevention, primary care and specialised services (WP7)**:

- ***There is a need to move away from institutionalisation in national CAMH policies.***

Especially in new member states, it is of great urgency to shift resources when developing and implementing national CAMH policies towards activities aimed at promotion and prevention, primary care and flexible community based services for families at risk. This must be done in an effort to avoid the unnecessary institutionalisation of children and to work towards breaking the vicious circle of stigma, social exclusion and helplessness. A multi-sectoral approach and the development of effective tiers in CAMH services needs to be strengthened. Also, gaps in the system of service provision should be filled, so that services can be both cost-effective and successfully meet the needs of children and youth, with specialised services being used only in severe and complicated cases that cannot be managed in primary care.

- ***There is a need to address problems of socialisation among adolescents in a comprehensive way.***

Modern public health approaches and implementation of the main principles of the Convention on the Rights of the Child offer new opportunities to better meet the needs of adolescents who have problems in social and emotional development. Adolescent-friendly culture, with an emphasis on principles of participation, autonomy and empowerment, needs to be introduced in all activities and interventions regarding adolescents. Better coordination between health, education and social welfare sectors must be secured, and adolescents should be involved in decision making in all levels, so that their views are taken into account.

- ***There is a need to prioritise the economic evaluation of CAMH policies.***

There is an urgent need to prioritise the evaluation and monitoring of outcomes for CAMH policies and services at all levels, with special focus on economic evaluation to assess the cost-effectiveness of CAMH activities.

### **A concluding word**

These recommendations are relevant for all EU member states. However, it is of utmost importance to demonstrate political will and to invest with good quality, quantity and direction of resources in the aforementioned areas in new EU member states. In most new EU countries, there is still a lack of political will and good governance to invest in modern policies and practices in the field of children's mental health. New challenges – such as the migration of adults to older European countries, when parents often leave their children, and the current economic crisis – create an unstable situation in which issues of parenting, the prevention of destructive behaviour and reduction of institutionalisation through development of effective community-based services for children and families at risk, become of enormous importance for the future social cohesion of these countries. Governments need to receive a clear signal that it is an absolute priority to invest in the good mental health and emotional well-being of their nations' children through evidence-based policies and practices.