Background document for the thematic conference:

Promotion of mental health and well-being of children and young people– making it happen

29th-30th September 2009, Stockholm

Swedish National Institute of **Public Health**

BACKGROUND DOCUMENT FOR THE THEMATIC CONFERENCE: PROMOTION OF MENTAL HEALTH AND WELL-BEING OF CHILDREN AND YOUNG PEOPLE– MAKING IT HAPPEN

29TH- 30TH SEPTEMBER 2009, STOCKHOLM

A. INTRODUCTION:

B. BACKGROUND TO SUPPORT A FRAMEWORK FOR ACTION FOR MENTAL HEALTH IN YOUTH AND EDUCATION

1. **Parents, family and the early years**
2. **The role of Health Services in promoting mental health and prevention**
3. **The Community Environment**
4. **The role of new media technologies and the internet**
5. **Educational Settings and Learning**

[1] This background document has been prepared by experts in the five areas of the conference (Parenting - Sarah Stewart Brown; Health services - Tytti Solantaus; Community - Håkan Stattin; Media and internet - Ingunn Hagen; Education - Peter Paulus), in collaboration with Fleur Braddick and Andrea Gabilondo of the Technical Secretariat in the Generalitat de Catalunya (Spain) and the European Commission. The documents have undergone a process of revision through feedback and consensus of various stakeholders.

A. INTRODUCTION:

Many children and young people in Europe enjoy a level of mental health and well-being that allows them to grow, develop, learn, socialise and embark on their working and family lives. However, the mental wellbeing of a significant share of young people is compromised, leaving them without the resilience to reach their full potential in all phases of their lives. The prevalence of overt mental health problems in youth is also unacceptably high: According to some estimations, one fifth of children and young people experience developmental, emotional or behavioural problems, and one in eight suffers from a mental disorder[1]. Furthermore, findings from several epidemiological studies suggest that levels of certain mental disorders could be increasing among young people[2] and that the age of onset of these disorders is decreasing[3].

Mental health problems and disorders deprive children and youth of quality of life, adversely affect their healthy development and can be recurrent or chronic, appearing as important precursors to adult mental disorders. For instance, one third of people suffering from clinical depression as adults, one of the most common European illnesses, will have experienced the first episode before the age of 21[4] and many others will have experienced life events or problems in childhood which increase their risk of depression in adulthood. Poor mental health in childhood and adolescence is also a powerful risk factor for physical disease in adulthood related in particular to the acquisition of unhealthy lifestyles – substance misuse, unhealthy eating, lack of exercise, injury and violence. Mental illnesses impose a huge economic and social burden on European societies, both in health and non-health sectors. They have major indirect costs in terms of the breakdown of families due to mental illness and resultant need for social care, and with educational failure, as well as more obvious indirect costs associated with unemployment and working days lost through death and disability.

Determinants of child and adolescent mental health exist on several different levels in the form of risk and protective factors, many of which can be modified or averted. Risk factors are traits or situations, which are adversely related to mental health (e.g., childhood neglect, family breakdown, and unemployment), whilst protective factors support the development of resilience in the face of stressful or traumatic life events. They include proximal, organic factors (intelligence, physical health and vitality), social/emotional factors (feeling respected, valued and supported) and socio-economic factors, such as quality of parenting, schools and the wider community, employment, housing and financial security. These protective and risk factors interact with one another, influencing children's health through complex causal pathways.

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[1] Jané-Llopis, E. & Braddick, F. (Eds). (2008). Mental Health in Youth and Education. Consensus Paper. Luxembourg: European Communities.

[2] Kestilä, L. (2008). PATHWAYS TO HEALTH. Determinants of health, health behaviour and health inequalities in early adulthood. Publications of the National Public Health Institute, A23/2008

[3] Fombonne, E. (1998). Increased rates of psychosocial disorders in youth. Eur Arch Psychiatry Clin Neurosci (1998) 248 : 14–21

[4] 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.

Societal, political and cultural changes in recent decades have influenced the exposure of European children and adolescents to risk and protective factors. These changes include complex phenomena such as changes in family structure and increases in the number of single-parent families or the economic migration of workers to richer European countries, with the associated risk of social discrimination of these groups. Omnipresent forms of media and new technology, such as television, mobile phones and the internet present new opportunities, but also new risks to European children in the form of expanding and potentially intrusive social domains, and contracting and limited physical domains, which can affect their safety and well-being

On the other hand, the problematic situation of socioeconomic inequalities is set to be exacerbated with the onset of the current economic crisis, as mental problems and disorders tend to be associated with poverty, deprivation, and marginalisation along with attendant problems of crime and addiction. As more families and communities experience an increase in unemployment and a tightening of their financial resources, there is a greater need to protect the mental health of children and young people, the most vulnerable members of the family.

This year, the 20th November will mark the 50th anniversary of the Declaration of the Rights of the Child and the 20th anniversary of the UN Convention on the Rights of the Child (adopted by UN General Assembly resolution 44/25 of 20 November 1989). It is timely that policy and practice across Europe become aligned to the principles of the convention so that children young people can grow up in environments free from violence, bullying, and abuse.

The need to address effective child mental health policies and practices within the EU has increased even more with the EU enlargement process. As has been presented by the CAMHEE project, newer EU member states need to demonstrate political will and invest resources to move to evidence-based ways of promoting children's mental health and well-being and preventing children and families at risk from former patterns of social exclusion, stigmatisation and institutionalisation.

IMPLEMENTATION AND ACTION

Research is highlighting a growing number of evidence-based approaches to achieve better long-term mental health and educational outcomes in children and young people in European member states. The impetus to start and maintain policy and action to promote children's mental health is a shared societal responsibility, which lies with parents, front-line professionals, specialists in several fields, policy-makers and children themselves.

Empowerment, adequate everyday care giving, and building capacity are key principles in the design and implementation of policy and interventions to promote child and adolescent mental health. Adherence to these principles, for example, through policies that support families (fiscally, to attain work-life balance, to have a voice in urban planning, etc.) improves the sustainability of positive outcomes by building the capacity of parents and future parents (their children) to make healthy lifestyle choices and continue the cycle of promoting mental health.

Through these principles, action can also strike an effective balance between enhancing children's freedom (of speech, of movement) and reducing risks.

It is also important to involve young people from all backgrounds and to give due attention to their views in policy decision-making, implementation and research planning. Opportunities for participation need to take into account the capacities of the children and adolescents with regards to their age and means of expressing their opinions. Currently, there are already guidelines available for facilitating child participation, such as the Child-to-Child (CtC) approach, an approach to health promotion and community development that is led by children[5]; some good practices[6] and minimum standards for consulting with children[7]; and reports on consultation with children about key issues for them (i.e., their rights) for dissemination at the policy level[8].

Equity, inclusion and reduction of inequalities are also crucial in successful mental health promotion for children and adolescents. There is a need to focus preventive interventions on specific risk groups as well as to facilitate equal access to universal high-quality support, health and social services in order to ensure early detection of disorders (both in terms of age and aetiology) and provide appropriate and non-stigmatising intervention. On the other hand, interventions should not only aim at preventing the development of the disorder, but also address resultant risk factors as in many cases the developmental and social sequelae of these disorders (along with stigma) are more detrimental than the disorder itself. [9]

Contextual implementation factors of policies and programmes affecting child and adolescent mental health are important in all settings. For example, action to enhance resilience in school must be age/gender-appropriate. Motivators and incentives must be taken into account for all relevant recipients, actors and intermediaries (children, parents, teachers, doctors, and media and industry professionals) as well as logistical considerations, such as transport and timetables, which can act as facilitators or barriers to success.

Finally, evaluation of the process and mental health and well-being outcomes of policies and interventions is essential to effective promotion of mental wellbeing. Research needs to be embedded into the planning and implementation process of policies and programmes and to take into account implementation factors which moderate the magnitude of outcomes (such as the preservation of key programme factors, leadership qualities, motivation of intermediaries), as well as being the cornerstone of the development of new programmes and intervention methodology.

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[5] Morgan, M, Gibbs, S, Maxwell, K & Britten, V (2002) Hearing children's voices: methodological issues in conducting focus groups with children aged 7-11 years. Qualitative Research, Vol. 2, No. 1, 5-20

[6] CPWG, 2003. http://www.unesco.org/most/pla42_intro.htm

[7] Inter-Agency Working Group on Children's Participation (IAWGCP), 2007. http://www.iawgcp.com/download/ms.pdf

[8] Feinstein, C & Lind Haldorsson, O (2007). You could begin by listening to us – A consultation with children on the EC communication "Towards an EU Strategy on the Rights of the Child" Save the Children.

[9] Attention-Deficit/Hyperactivity Disorder (AD/HD), for example, which has long-term adverse consequences such as aggressiveness, literacy problems, addiction, loneliness, unemployment, crime and violence

5 SUB-THEMES

The thematic conference and background paper are structured around five important domains, which exert an influence on the mental health and well-being of youth and in which effective action can be carried out. These sub-themes are represented as the 5 chapters of this document:

1. Parents, family and early years
2. The role of health services in promoting mental health and preventing mental disorders
3. The role of the community environment
4. The role of new media technologies and the internet
5. Educational settings and learning

There is necessarily much interaction and overlap between the five subthemes, in terms of the sharing of responsibility for children and young people's mental health and well-being and approaches for effective implementation, presented in the key messages as essential actions. There is also overlap with other themes relevant to the Commission's European Pact for Mental Health and Well-being. Children and young people's mental wellbeing is an important determinant of mental health and childhood in childhood later life. Childhood and young age is therefore an important phase for the promotion of mental health in the prevention of adult mental illness and adulthood, including mental wellbeing in the workplace.

To enhance the effectiveness of action, we must pay attention to these points of overlap as they often represent the weak links in a policy or programme or highlight the effectiveness of multi-level and multi-sectoral action. For instance, the prevention of mental health problems in children with parents suffering from mental and drug abuse disorders is a matter of importance for makers of family policies and health service providers, as well as for parents themselves, teachers and other professionals in schools. The promotion of mental well-being in childhood can reduce the number of future parents who abuse alcohol and drugs. To take another example, policies that place the responsibility for children's online well-being on schools alone, may fail because of neglecting the role of the family and industry in determining children's online behaviour. Additionally, action to improve the well-being of school-aged youth who do not attend school (early school leavers or those excluded because of their problematic behaviour) must be addressed both at the educational and community sectors. The promotion of children's mental well-being requires development in understanding of the nature of well-being across all age groups and in all sectors. Adult stakeholders and interventions incorporating such insights will better support the development of children's wellbeing and policy makers will be more capable to lead the development of healthy policy and practice.

In light of these interactions between the domains and actors affecting child and adolescent mental health, it is clear that approaches to enhance inter-sectoral cooperation need to be increased. In addition, evidence suggests that the most effective practices intervene in multiple settings, via a variety of stakeholders. Partnership building between multi-sectoral actors and organisations requires specific skills, which form a vital part of successful implementation of policy and practices.

Promoting such interaction across boundaries and promoting the improving the development of networking between the different actors involved is a central intention behind the European Pact for Mental Health and Well-being.

DURING AND AFTER THE THEMATIC CONFERENCE –

In order to achieve concrete outcomes from the Thematic Conference, a process of consultation, discussion, endorsement and commitment to action is proposed:

- This background document presents the rationale, principles of good practice and opportunities for actions in terms of policy and programmes in the 5 sub-themes. The document has undergone revision according to a consultation process involving a variety of stakeholders.

- During the conference sessions, factors which mediate implementation success, barriers and facilitators to implementation, as well as examples of existing good practice at the national and community level will be discussed in response to the presentations by sub-theme scientific advisors.

- The conference represents an opportunity for participants to endorse the thematic rationale and key essential actions.

- After the conference, it is hoped that participants will work to incorporate the principles and actions into future planning and implementation, and to feed back to the organisers on progress.

- Participants will be encouraged to disseminate information on the Pact and its implementation through their own countries and networks.

- After the conference, the European Commission will continue to collect elements to complete the “EU Compass for Action on Mental Health”: activity overviews, recommendations, good practices and policies, announcements /commitments.

- In 2011, after a further 4 thematic conferences on the other Pact priority areas, re-assessment of progress in implementation of the Pact will take place, possibly in the form of another high-level conference on European mental health.

B. BACKGROUND AND TO SUPPORT A FRAMEWORK FOR ACTION FOR MENTAL HEALTH IN YOUTH AND EDUCATION

1. PARENTS, FAMILY AND THE EARLY YEARS. Sarah Stewart-Brown

1.1 INTRODUCTION:

The importance of a healthy start in life is crucial and its positive impact on mental health throughout the life cycle is well documented. Early childhood is the period for which there is strongest scientific basis for mental health promotion activities. Parenting is the single largest variable contributing to positive health outcomes for children including mental health problems[10]. Parents provide for their children's basic needs for food and protection, they also care for them when sick, teach them language and help them master the basic skills of living in the community and society in which they were born. Without such care babies and children do not survive. It is, however, in the more subtle aspects of parenting, including the quality of parent-child relationships and different approaches to socialisation that the origins of mental wellbeing and mental illness lie[11]. The great majority of parents in Europe strive to do their best for their children, many in unpropitious circumstances, but for good reasons including historical patterns of family life, the experience of conflict and past social norms, may parents lack the knowledge and skills that we now know to be important in raising children. Whilst there is no definition of a 'perfect parent' many aspects of parenting common in Europe today have been shown to have a detrimental effect on children's wellbeing; these are predictive of a wide range of negative health and social outcomes including emotional and psychological problems,[2] lack of educational success,[12] limitations to physical health[13] and unhealthy lifestyles.[14] Parenting is a sensitive topic and it is difficult to know how to label suboptimal parenting in a way that makes clear the potential for improvement whilst refraining from attaching blame to parents who are doing what is normal. More significant 'problem' parenting is predictive of more severe child outcomes including delinquency and violence[15], and drug and alcohol abuse.[16]

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[10] Hoghughi, M, Speight, ANP (1998) Good enough parenting for all children and strategy for a healthier society. Arch Dis Child 1998; 78: 293-300
Resnick, MD. et al (1997) Protecting adolescents from harm: Findings from the national longitudinal study on adolescent health. Journal of the American Medical Association. 278(10), 823-832.
[11] Repetti,R.L., Taylor, S.E., & Seeman, T.E. (2002). Risky families: Family social environments and the mental and physical health of offspring. Psychological Bulletin, 128 (2), 330-366.
[12] Desforges C (2003) The Impact of Parental Involvement Parental Support and Family Education on Pupil Achievement and Adjustment. London: DfES
[13] Stewart-Brown SL, Fletcher L, Wadsworth MEJ (2005) Parent child relationships and health problems in adulthood in three national birth cohort studies. European Journal of Public Health 15:640-646.
[14] Kremers SPJ, Brug J, de Vries H, Engels RCME (2003) Parenting style and adolescent fruit consumption. Appetite 41: 43-50.
[15] Farrington DP (1989) Early predictors of adolescent aggression and adult violence. Violence and Victims 4 79-100.
[16] Garnier HE & Stein JA (2002) An 18-Year Model of Family and Peer Effects on Adolescent Drug Use and Delinquency. Journal of Youth and Adolescence 31(1) 45-56.

Policies and programmes to support parenting both in the general population and amongst those at greatest risk have an important contribution to make to society beyond the prevention of mental illness and promotion of mental wellbeing.

Parenting at different stages in childhood

Recent research from a range of disciplines (including neurodevelopment, developmental psychology and genetics)[17] has pointed to the particular importance of the first few years of life in terms of the quality of the parent-infant/child relationship. Excessive levels of stress from abusive or neglectful parenting during this time can seriously disrupt the child's developing nervous system and stress hormone regulatory systems, damaging the child's developing brain architecture and chemistry[18]. But whilst the very early years are particularly important, other studies have documented the influence of parenting in older children and young people. Intervention studies in all age groups have shown that if parenting can be influenced for the better, outcomes for children improve, but programmes that are able to influence parenting for the better in the very early years are likely to be the most cost effective.

Patterns of parenting

The aspects of parenting which have been researched in this context include maternal sensitivity in infancy and patterns of 'attachment' of infants to their carer. They also include the quality of parent-child relationships throughout childhood and the adolescent years and aspects of behaviour management (boundary setting, positive discipline, and consistency). These have variously been labelled as parenting practices and parenting styles. Around 40% of infants are found not to be securely attached[19] and a large number of children experience negligent or abusive parenting in mid-childhood[20]. Father-child relationships have been less studied than mother-child relationships, but the existing research points to a potential influence on child development at least as great as mothers[21]. Abusive and neglectful parent-child relationships represent the most damaging end of the spectrum and have the most profound effects on future outcomes[22].

Risk and protective factors

Poverty and social exclusion: Whilst there is good evidence that positive parenting is more common among the affluent, variation within social groups is greater than between them[23]. In addition, studies have suggested that children whose parents are able to maintain good parenting in the face of social deprivation are protected from many of the deleterious effects on

[17] From Neighborhoods to Neurons Shonkoff

[18] Schore AN (2004) Affect regulation and the origin of the self: The neurobiology of emotional development. Hillsdale NJ: Lawrence Erlbaum Associates.

[19] C A Rees (2005). Thinking about children's attachments. *Arch. Dis. Child*. 2005;90;1058-1065

[20] Waylen, A., N. Stallard, and S. Stewart-Brown, Parenting and social inequalities in health in mid-childhood: a longitudinal study. European Journal of Public Health 2008;18(3):300-305; doi:10.1093/eurpub/ckm131

[21] (ref in Magill Evans)

[22] Sroufe LA, Egeland B, Carlson E, Collins AW (2005) The Development of the Person: The Minnesota Study of risk and adaptation from birth to adulthood. New York: The Guilford Press.

Scott Weich, Jacoby Patterson, Richard Shaw, Sarah Stewart-Brown Family Relationships in Childhood and Common Psychiatric Disorders in Later Life: Systematic Review of Prospective Studies, British Journal of Psychiatry. 2009:194, 392-398.

[23] Hart B and Risley TR Meaningful difference in the everyday experience of young American children. Baltimore, USA PH Brookes Publishing Co.

health of poverty and economic depression[24]. Thus, in times of recession, whilst parenting becomes more stressful, it also becomes especially important. Social policies that reduce childhood poverty are important for a wide range of child outcomes, but protective factors can overcome socioeconomic adversity in terms of parenting. To improve outcomes for children, parenting and poverty both need to be tackled in their own right; programmes to improve family income are unlikely on their own to improve parenting. [25]

Parenting also varies by family structure. Whilst there is some research to show that children fare better after separation in families where there is great conflict, and that separated parents can parent well,[26] parenting is more of a challenge in unsupported single parent families. Teenage mothers particularly single teenage mother's are considered a high risk group on the grounds of numerous research studies.

Parenting is heavily influenced by cultural norms and varies amongst different minority ethnic groups to a greater or lesser extent depending on how much such families have adopted the social norms and patterns of their new countries. These differences do influence child outcomes – children from East Asian cultures grow up to be adults who favour social affiliation over autonomy, and children from violent communities are more likely to be violent as adults.

Social, health and community services can provide support to parents in these groups. Social services can help to alleviate difficult economic circumstances; alongside the less stigmatising health and community services they can also provide parenting skills courses and counselling. In cases where parents cannot look after their children properly, social services have the power and capacity to arrange alternative care in foster families.

Parental mental health: Poor parental mental health is another critically important risk factor for problem parenting[27]. This topic has been most researched in the context of the influence of post-natal depression on parenting and child outcomes, but many studies also attest to the negative impact of parental mental disorders on older children. A parent's mental health is determined in part by the parenting they received as children and many aspects of parenting are passed down from one generation to another, both through learnt behaviour and genetic transmission. Although parents with mental health problems care deeply about their children, they are often more challenged in providing positive parenting and need help and support to gain such skills. From the children's mental health point of the quality of family relationships and functioning is key issue. Drug and alcohol misuse are also potent interrupters of parenting and are strongly related to parental mental health problems.

Protective factors: A small body of research has focused on protective factors. Those that most clearly protect children from the negative effects of poor parenting include educational achievement and a positive relationship with at least one adult during childhood[28].

[24a] Conger Conger, R. D., Conger, K., Elder, G., Lorenz, F., Simmons, S., & Whitbeck, L. (1992). A family process model of economic hardship and adjustment of early adolescent boys. *Child Development, 63*, 526-541.

[24b] Conger, R. D., Ge, X. J., Elder, G. H., Lorenz, F. O., & Simons, R. L. (1994). Economic-stress, coercive family process, and developmental problems of adolescents. *Child Development, 65*(2), 541-561.

[25] Waylen A Stewart-Brown S Factors influencing parenting in early childhood: a prospective longitudinal study focusing on change Child Care Health and Development in press 2009

[26] Family conflict

[27] William R. Beardslee, Clemens Hosman, Tytti Solantaus,, Karin van Doesum., and Vickie Cowling. Supporting children and families of mentally ill parents: preventing transgenerational transfer of mental disorders in WHO 2009

[28] Werner EE Risk, resilience and recovery: perspectives from the Kauai longitudinal study Development and Psychopathology 1993;5:503-513

Parenting and society

The needs of children, parents and societies sometimes conflict. Babies and young children do best when cared for by a very small number of adults who are able to provide warm sensitive care throughout childhood. As well as financial necessity, parents often find fulfilment through work outside the home and societies benefit from self supporting employed adults who contribute to the countries economy.

European countries vary in the provision they make for the role of parenting. Paid or unpaid leave with rights to return to work is now offered to mothers in many European countries and to fathers in some, although the length of time is variable. Variation also exists in the provision of day care for babies and young children and the extent to which social and fiscal policy supports such care. Several European countries promote day care for babies and very young children as a way of supporting the development of deprived children and reducing family poverty by getting women back into the workplace [29]

The benefits and problems associated with day care for 0-2 year olds are a contentious subject. Early evidence from US studies of very high quality day care for very disadvantaged families showed gains in cognitive functioning and language development.[30]As a result centre based care has been strongly advocated particularly for children living in deprived socio-economic circumstances. These outcomes are also encouraging for families where both parents need to put their children in centre based care because they want or need to work outside the home.

However very little provision of day care is of high quality in the US or Europe, and subsequent studies have shown that these cognitive outcomes are dependent on the quality of care.[31] Further research has also revealed worrying evidence that time spent in day care (of any quality) is a determinant of emotional and social development which has proved robust to adjustment for many potentially confounding factors. [30] High quality research studies in the US and UK [32 33 34] have shown that long hours in day care , increase children's aggressive and oppositional behaviour and impair peer relationships[35] Several studies including those in European toddlers [36 37] have shown that centre based care increases children's cortisol levels indicating that such care is stressful in young children , and also that secure attachment patterns do not buffer them against such stress.

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[29] (Swedish National Institute of Public Health: Child day care for children 12-40 months of age: What is best for the child? (Dearing, E, McCartney K, Taylor BA,

[30] Belsky J Early child care and early child development: Major findings of the NICHD study of early child care. European Journal of Developmental Psychology 2006;3:95-110

[31] a NICHD Early Child Care Research Network Child-care effect sizes for the NICHD study of early child care and youth development American Psychologist 2006;61:99-116

[32] Melhuish E, C. Quinn L Sylva K Sammons P et al Cognitive and socio/behavioural development at 3 /4 years in relation to family background. Belfast UK 2001 Stramillis University press

[33] Melhuish E, C. Quinn L Sylva K Sammons P et al Preschool experience and social/behavioural development a the start of primary school Belfast UK 2002 Stramillis University press

[34] Melhuish E C Sylva k, Sammons P et al The effective provision of preschool education project. Technical Paper 7:socio/behavioural and cognitive development at 3 4 years of age in relation to family background London: Institute of Education DfES 2001

[35] NICHD Early Child care Research Network. Social competence with peers in the third grade: associations with earlier peer experiences in child care. Soc Dec 2008;17:419-453

[36] Dettling A,Parker S, Lane S. et al. Quality of care and temperament determine changes in cortisol levels over the day for young children in child care Psycohneuroimmunology 2000;25:819-36

[37] Ahnert L, Gunnar MR, Lamb ME and Barthel M (2004) Child Development 75 (3) 639-650

Whilst many still argue that the benefits of early day car outweigh potential harms, it t could also be argued that cognitive outcomes have been given precedence in the policy making over the softer outcomes of emotional and social development because society values cognitive skills for economic reasons. s. In considering policies relating to mental wellbeing socio-emotional and behavioural outcomes are more important than cognitive outcomes. Socio-economic status and income (above the severe poverty threshold) are not correlated with wellbeing whereas socio-emotional outcomes are highly correlated. Policy relating to mental wellbeing may need to take a different stance to that which has previously been adopted.

Whatever the outcome of the policy debates about centre based care for the 0-2s, there is no doubt that poor quality centre based day care (which is the norm in many European countries) is damaging and that there is a need for improved standards. Institutional care is profoundly damaging for this age group and indeed for children of all ages. As demonstrated by recent research [38] institutional care is still overused in Europe.

Parenting interventions

Many parenting programmes have been developed in the context of the prevention of behavioural disorders or violence. These programmes aim to treat or prevent the emergence of conduct disorder in children aged 2 -12 years. They cover behaviour management principles with or without a range of other topics including relationships education and emotional literacy.

More recently programmes are emerging to promote *parent-infant* interaction in the first year of life. Programmes for parents of young people tend to focus on prevention of problem lifestyles – drug and alcohol misuse, promiscuous sex. These programmes can cover topics like parent-teenager communication and problem solving. Many programmes incorporate a range of topics and some also address issues unrelated to parenting.

The literature suggests that parenting programmes influence parenting for the better[39] and that parents receiving interventions value them and the impact they have on their families[40]. However, deeply ingrained patterns of parenting are not easy to change and certain factors make a difference. Working with parents to improve parenting is a skilled and sensitive job and the development of a workforce capable of effective intervention can take time. [40]

This task can be particularly challenging in the case of children of immigrants or asylum seekers, as children may find challenging adapting to a new society and they may come from a culture with a family model different to that of their host country[41].

Parents who feel supported and valued find change easier than those who do not, so empowering, strengths-based approaches are important. Programmes also need to take account of the wider context and may need to offer other practical, instrumental and social

[38] Browne K., et al, Overuse of institutional care for children in Europe; BMJ, 2006; 332:485-487), institutional care is still overused in European region, including EU member states, for young children – both with and without disabilities

[39] Stewart-Brown S Schrader Macmillan A. 2009. DataPrev. Report of Workpackage 2.

[40] Kane GA, Wood VA, Barlow J. (2007) Parenting programmes: A systematic review and synthesis of qualitative research. Child: Care, Health and Development 33(6): 784-793.

[41] Promoting Inclusion for Unaccompanied Minor Asylum-Seeking Children and Immigrants: http://www.esn-eu.org/get-document/index.htm?id=123

support. Programmes that aim to support parents (as opposed to changing their parenting) including volunteer programmes like home start where parents receive one to one support from a peer, and toddler groups, which increase social networks and reduce isolation provide an important backdrop. Parents who have experienced very damaging childhoods themselves, who are parenting at a very young age or coping with mental illness or drug an alcohol misuse problems may need very skilled and consistent support from a single practitioner over a prolonged period to effect change. School based mental health promotion programmes can effectively provide parenting support either alone or alongside programmes that aim to promote the mental wellbeing of children and support those with signs of mental health problems (eg behaviour problems, anxiety and depression) Parenting programs, when used in effective, targeted and sustainable ways, could help to solve the problem of excessive institutionalisation of children.

1. 2 PRINCIPLES OF WHAT WORKS

- An ecological perspective, addressing contextual factors, family policy, operating in a multi-sectoral context with links to the community.
- A combination of universal and targeted approaches.
- Start early, ideally before birth.
- A skilled workforce of practitioners, trained in relevant hard and soft skills.
- Strengths-based / empowering approaches which support for parents mental wellbeing
- For high-risk families, especially those who are hard to reach - long term and intensive multi-component interventions, combining multiple delivery formats.
- For enhancing maternal sensitivity and attunement infancy and reducing risk for abuse interaction guidance with or without video
- For prevention and management of behaviour problems, evidenced based parenting programmes with manuals.

1. 3 POLICIES FOR ACTION:

Across European Member States, national, regional and organisational policy can contribute both directly and indirectly to positive parenting. “Family Policy Packages” are multi-agency groups of policies related to the family.

- Programmes which address family poverty
    - Financial assistance for families through cash benefits or tax rebates to prevent family poverty and enable genuine choice about childcare. .
    - Income Transfers
    - Training and work experience with child care support for parents who lack qualifications or skills.
    - Employment support for families where neither parent is in gainful employment

- Work / life balance for parenting:

- Parental Leave Policies: Access to parental leave, including prolonged maternity leave option, and combined paternity leave.
- Child Care Services: Provision of affordable and accessible quality child care:- home based and part time for children under two and centre or home based in two years and over , near to workplace,
- Employment Policies:, flexibility in work arrangements, parental leave to care for sick children for children of all ages.

- Healthy Child Care Services
  - Midwife home visits: new parents are visited in the home by a midwife to offer support and advice
  - Provision of well-baby clinics for regular health check-ups
  - Community based Children and Family Centres
  - Training for child care and child health practitioners, and social workers which covers strengths based empowering approaches, infant and child mental health, intercultural communication skills and detection of mental health problems.
  - Home visiting services: longer term visiting by nurses or paraprofessionals for high risk families
  - Manualised parenting programmes for all families especially those where mental health is compromised
  - Information and advice on parenting and parenting support for all families.

1. 4 PROGRAMMES FOR ACTION

It should be noted that the programmes mentioned by name in this section should not be considered recommendations specifically, but are included here as illustrative examples of the types of programmes available or generic models for intervention in this area.

- Low cost universal approaches at birth :
  - Promotion of bonding and parental sensitivity
  - Information and guidance on infant capabilities e.g. Neonatal Brazelton Assessment Scale[42]; (there are newer and better ones)
  - Infant Massage[43];
    - Skin to skin contact at birth for full term and premature babies
    - Kangaroo care

- Pre- and postnatal Depression
  - Prevention for at risk families: one to one home visiting in post natal period provided by professional, paraprofessional or trained lay support worker[44]
  - Treatment for established post natal depression: Non-Directive Counselling, Cognitive Behavioural Therapy, Interpersonal Therapy, Psychodynamic Therapy to

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[42] Das Eiden R and Reifman (1996) A Effects of Brazelton Demonstrations on Later Parenting: A Meta-Analysis. Journal of Pediatric Psychology 21(6) 857-868.

[43] Underdown, A, Barlow, J, Chung, V, Stewart-Brown, S (2006) Massage intervention for promoting mental and physical health in infants aged under six months. Cochrane Database of Systematic Reviews 2007

[44] NICE (2007) Antenatal and Postnatal Mental Health. London: National Institute for Health and Clinical Excellence.

improve maternal depression; interaction guidance with or without video;, and Parent -Infant Psychotherapy to improve parenting and infant outcomes[20]

- Early Life Parenting in High Risk Families especially teenage parents and families at risk of abuse
    - Long term multi-component, strengths-based, home visiting programmes with or without centre based care starting early and taking an ecological approach[45]
    - Interaction guidance with or without video; delivered at home or centre based to enhance maternal sensitivity and attunement [46].
    - Parent infant psychotherapy-Infant Psychotherapy

- Parenting of children 3+ years especially at risk of or with established behaviour problems
    - Structured, manualised group based parenting programmes lasting 10-12 weeks with parental home work (can also be delivered one to one or media based)[47],[48]. These programmes can be useful in some families where parents have a mental illness[49] or are at risk of abuse, where effectiveness is enhanced by additional of one to one and home visiting sessions[50].

- Families with children less than 1 year old where parents suffer from mental illness or drug an alcohol misuse

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[45]MacLeod, J. and Nelson, G. (2000). Programs for the prevention of family wellness and the prevention of child maltreatment: a meta-analytic review. *Child Abuse and Neglect* 24: 1127-49;

Elkan, R., Kendrick, D., Hewitt, M., Robinson, J. J. A., Tolley, K., Blair, M., Dewey, M., Williams, D. and Brummell, K. (2000). The effectiveness of domiciliary health visiting: a systematic review of international studies and a selective review of the British literature. *Health Technology Assessment* 4 (13);

Guterman, N. B. (1999). Enrolment strategies in early home visitation to prevent child abuse and neglect and the 'universal versus targeted' debate: a meta-analysis of population-based and screening-based programs. *Child Abuse and Neglect* 23: 9 863-90;

[46] Bakermans-Kranenburg MJ van IJzendoorn MH Juffer F (2003) Less is more: meta-analyses of sensitivity and attachment interventions in early childhood. Psychol Bull;129:195-215;

Doughty C (2007) Effective strategies for promoting attachment between young children and infants. Christchurch New Zealand: New Zealand Health Technology Assessment (NZHTA)

[47] Lundha; b Risser HK, Lovejoy C. A meta-analysis of parent training: moderators and follow up effects. Clincal Psychoogy review 2006;26:86-104

[48] Barlow, J, Coren E S (2004) Parent-training programmes for improving maternal psychosocial health. Cochrane Database of Systematic Reviews 2007 (4)

Barlow J, Shaw R & Stewart-Brown S (2004) Parenting programmes and minority ethnic families: Experiences and outcomes. London: National Children's Bureau.

Nowak C and Heinrichs, N (2008). A Comprehensive Meta-Analysis of Triple P-Positive Parenting Program Using Hierarchical Linear Modeling: Effectiveness and Moderating Variables. Clinical Child and Family Psychology Review, 11(3), 114-144

Montgomery P (2001) Media-based behavioural treatments for behavioural disorders in children. Cochrane Database of Systematic Reviews 2007(4).

Dretzke J, et al. (2005) The effectiveness and cost-effectiveness of parent training/education programmes for the treatment of conduct disorder, including oppositional defiant disorder, in children. Health Technology Assessment 2005;9:No 50

[49] Sanders MR and McFarland M The treatment of depressed mothers with disruptive children. A comparison of parent training and cognitive behavioural family interventions *Behav. Ther*. 2000;31:98-112

[50] Lundhal BW Nimer J, Parsons B. Preventing child abuse:a meta-aanalysis of parent training programmes/ Research on Social work Practice 2006;16:251-262)

- Preventive family intervention[51]
- Structured manualised parenting programmes, group based or one to one[24]
- Parenting Under Pressure programme[52]

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[51] Beardslee WR et al. A family based approach to the prevention of depressive symptoms in children at risk: evidence of parental and child change Pediatrics 2003;112:119-131

[52] Dawe S, Harnett P. Reducing potential for child abuse among methadone –maintained parents: results from a randomized controlled trial. Substance Abuse Treatment 2007;32:381-390

2. THE ROLE OF HEALTH SERVICES IN PROMOTING MENTAL HEALTH AND PREVENTING MENTAL DISORDERS. Tytti Solantaus.

2.1 INTRODUCTION*

The health sector presents a unique setting to foster child mental health and development as it allows a developmental perspective from family planning and pregnancy through to adolescence. Health services also offer a family and community-oriented approach to individuals throughout the life span. Child development and mental health are determined by multilevel interactions between nature and nurture including the biological and genetic make-up of the child, and factors in the family, day care, school, peers and the media and internet. Therefore, the responsibilities of the health sector are not restricted to the health of individual children and families, but extend to collaboration with other sectors to ensure the societal provisions necessary for positive child development.

Research on approaches for the promotion of good child development and mental health and prevention of mental health problems is accumulating. There is growing knowledge about functional infrastructures and evidence-based methods to support parents, children and families as well as day care and school teachers. These interventions are ready to be implemented in health and social services. However, there is a gap between what is known and what is practiced.

Given that mental health of children is crucial for the long term well being of the population and society, prevention and promotion in child mental health are a challenge to be taken up by the health sectors in all European Union member states. The latest research findings and knowledge about childhood mental disorders including their impact on educational outcomes and on life trajectories in adulthood, and about the possibilities for prevention and promotion should encourage all countries to consider how existing services can promote and prevent children's mental health and to work towards building up their prevention and promotion services. However, the actual situation is that prevention and promotion services for child and adolescent mental health are currently extremely scarce across the European Union.

Sustainable infrastructure for promotion and prevention services

Service provision in prevention and promotion for mental health is as important as that for treatment and care. New approaches and services in prevention and promotion are often introduced through specialised research projects or programmes, which allow development of an intervention and service, and provide test experiences of the new approach. These projects are, however, often not sustained, being limited in terms of time and geographical scope and dependent on project grant money.

A community-based infrastructure is needed to ensure that preventive and promotion services cover and are accessible to the whole population, regardless of geographical location, ethnicity and level of income, comparable to treatment services. It is also necessary to ensure the

* In this section, 'children' refers to all under-aged individuals, including adolescents and young people.

continuous development and improvement of services and implementation and the institutionalisation of new preventive and promotion methods/interventions. Promotion, prevention and treatment services should form an integrated whole.

Positive legislation and policy

Health legislation and policy have historically focused on physical health and treatment, while mental health, and in particular, prevention and promotion in mental health are more recent developments. Promotion and prevention services in child mental health, and the necessary supporting infrastructure, need to be included in health legislation and their implementation ensured through inclusion in policy documents in the same way that treatment and care services are described and legislated.

Health legislation and policies should emphasise proactive rather reactive approach. For example, health legislation and policy should include early and supportive measures for parenting and child development in families with difficult parental situations, rather than being limited to restrictive measures for child protection, such as taking children into out of home care.

In order to participate fully in promotion and prevention, the health sector has the responsibility to ensure that child mental health is taken into account in other non-health legislation and policy, for instance, in laws and national and local policies concerning social welfare, education, culture, and community planning as well as immigration and migratory workers and their families.

Universal and targeted prevention and promotion

Preventive and promotion health services for children have a long history in Europe, with examples found as far back as the 1860s, with the British "Ladies Sanitary Reform Association"[53]. These initiatives and others developed gradually into home visits for all families with newborn babies, i.e. universal prevention and promotion.

There has been much recent debate concerning the effectiveness of universal versus targeted prevention and promotion. Targeted prevention and promotion interventions have been proven to be effective, and it has been suggested that limited resources should be focused on those with the greatest needs, i.e. on high risk groups, leading some countries to dismantle existing universal services. However, limiting prevention to risk groups implies foregoing opportunities to prevent the development of risk situations, i.e. promotion. In addition, targeted interventions may become outdated in light of new research findings or socio-demographic changes and challenges. Universal services also play an important role in supporting equality and avoiding further social exclusion or discrimination of risk groups, being non stigmatising as well as informing and giving guidance on issues of child development for parents and professionals in day care and school, and acting as an effective and equalising infrastructure for dissemination, all tasks which cannot be fulfilled by needs based services.

However, there are also special risk situations, where children, families, day care centres and schools need additional support or interventions of greater intensity. The universal services present an opportunity to identify the emerging risks and recommend targeted interventions. For instance, parental depression during pregnancy and in the perinatal period can and should be identified in healthy child services. Special support including prevention and promotion

[53] Elkan R, Robinson J, Williams D, Blair M. (2001) Universal vs. Selected services: the case of British health visiting. J Advanced Nursing, 33:113-119

intervention focusing on parent-child interaction should then be offered in addition to treatment services for the parent[54],[55],[56].

Adolescence is especially a high risk period for severe mental and behavioural disorders in particular, anxiety, depression, and eating disorders as well as behavioural problems and alcohol and drug abuse, often accompanied by undiagnosed Attention Deficit/Hyperactivity Disorder (AD/HD). These can be identified in universal services and addressed through targeted approach. In general, a combination of universal and targeted prevention and promotion services is the best way to provide for the needs of a population. Evidence based preventive programmes can be found on several web pages[57].

From physical to mental health, from a reactive to proactive approach

Historically, child health promotion focused on nutrition and hygiene in an effort to prevent maternal and infant mortality. However, societies change and so do the challenges for child development and respective services. Children's mental health and harmonious socio-emotional and cognitive development have come to the fore. We have also learned to understand the developmental demands of different ages and how different developmental environments impact on the child.

Healthy child services including early childhood, preschool and school health services often still capitalise on physical development and lack focus and expertise on mental health and socio-emotional development. It is a major challenge in all European Union countries to include up-to-date information on promotion and prevention in child mental health, monitoring child development and mental health and early detection of problems in these services.

A further challenge is to move prevention and promotion from exclusively monitoring children's development and detection of problems to include the proactive promotion of positive development. For instance, all parents with mental health problems should be given information about child resilience and protective factors so that parents can themselves support their children before any problems arise[58]. Monitoring the children and detecting early signs of problems in order to provide preventive support is important but not enough. Furthermore, focusing only on detecting risk factors and problems instead of enhancing protective factors and strengths may increase stigmatisation and social exclusion of vulnerable groups of children and families

Multi-professional and intersectoral services

Services for children and families are often divided into health, social, educational and cultural sectors. Collaboration across sectors and between different personnel is often difficult as the sectors have their own organisational structures, financial responsibilities and action guidelines, resulting in different sectoral interests and ways of working. This also refers to specialised and

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[54] Aronen E. (1993) The effect of family counselling on the mental health of 10-11 year-old children in low and high-risk families: A longitudinal approach. J Child Psychol Psychiat 34:155-165.

[55] Van Doesum, KTM., Riksen-Walraven JM, Hosman, CMH., Hoefnagels C. (2008) A randomised controlled trial of a home visiting intervention aimed at preventing relationship problems in depressed mothers and their infants. Child Development, 79;547-561

[56] Olds, D, Robinson J, O'Brian R et al. (2002) Home visiting by paraprofessionals and by nurses: a randomized, controlled trial. Pediatrics, 110:486-496

[57] Such as: www.casel.org; www.colorado.edu/cspv/blueprints/modelprograms.html ; http://www.nrepp.samhsa.gov

[58] Solantaus T, Toikka S. (2006) The Effective Family Programme. Preventative Services for the Children of Mentally Ill Parents in Finland. International Journal of Mental Health Promotion 8:37-44

community based health services in many countries. Sectorised services result in problems in service delivery and effectiveness from the point the child and family and tax cost effectiveness.

Integration of, networking with and building multi-sectoral services are a challenge for all European Union countries. This refers to health, social, educational, cultural services and specialised and community based services. In particular, school health services need to be geared towards multi-professional inter-sectoral work to support the young people, their parents, peers and teachers. Collaboration also with police is important in prevention of violence in youth.

A holistic approach to services

Research has now shown that the development in childhood of physical and mental health, and associated behaviours, form a inseparable unity, which is determined by multilevel, interlinked processes including influences originating in the individual, family, day care and school, peers, media and internet. Promotion and prevention approaches in child mental health have to cut across all these domains of influence.

This is particularly important in cases of children with somatic conditions. Chronic or recurrent somatic diseases and disabilities are challenging for the child and can result in mental health problems, especially depression and anxiety. There is also strain on parents and siblings. Support for socio-emotional well-being of children with somatic illnesses and disabilities, as well as their parents and siblings alongside attention for their physical health problem should be part of the child's treatment plan. Mental health services for children should be organized in connection with other health services, which allows for the integration and collaboration of somatic and mental health services.

Participation of children and families

Being able to be an actor in one's life, to participate in decision making and having a sense of belonging are crucial for mental health of children and adults. During recent years, the importance of the contribution users of all ages can make to service and method development has become evident. Working together with users ensures the comprehensiveness and feasibility of services in different cultural settings. Indeed, the development of effective services and interventions takes the expertise of both the users and the professionals.
This is particularly true of children's prevention and promotion services given the need to build trust and a productive cooperation with parents (especially given a history of blaming parents), the necessary duration of participation in such services and the voluntary, non-urgent nature of preventive service access and use.
The right of the child to be heard is one of fundamental principles, enshrined in the UN Convention on the Rights of the child (article 12 of the Convention). This right includes involvement of children in the process of decision making at all possible levels on matters concerning children. Recently published General Comment N.12 of the UN Committee on the Rights of the Child (2009) highlights the ways children's right to be heard and the principle of participation should be promoted/secured.

Intergenerational transfer of parental problems

Mental health and drug abuse problems in parents are known to carry a high risk for offspring psychiatric disorders, alcohol and drug abuse and adjustment and educational problems. Likewise, severe chronic or life threatening illness in a parent affects the whole family. It has

been estimated that around 20-25% of under-aged children live with parents who have mental health and/or drug abuse problems, while there is no knowledge or estimation concerning the number children and families with sever somatic condition in parents.

The intergenerational transfer of mental health and alcohol and drug abuse problems comprise the main risk factor for social exclusion in society. Therefore children of parents with mental disorders, alcohol and drug problems represent a high risk child population warranting indicated and selective prevention. However, there are very few countries where health and alcohol and drug abuse services pay any attention to their patients' children and families. An opportunity for prevention is lost, even though there are evidence-based interventions available. This at-risk population exists in all sectors of society.

Economic hardship, financial constraint and recession

Economic hardship, financial constraint and recession are European and global realities. During times of crisis, economic efforts are often targeted at the nearest future and the allocation of resources tends to stay in or shift towards physical health services and treatment, while initiatives on prevention and promotion in child mental health usually bear fruit in the years to come, often in the distant future. It takes foresightedness and determination to preserve these services across years of economic recession and other turmoil.

Lessons learnt from more localised economic depressions, such as that in Finland in the 1990s, where family functioning was seen to be compromised[59], resulting in increased child mental health problems in parallel with cuts to schools and support services, are relevant. It needs to be ensured that supportive services for children and families are not reduced at the time when family functioning is challenged and children and families need even more support than before. Investing in children is essential in order to ensure sustainable economic and demographic growth.

Training of service personnel

There is a lack of awareness and knowledge about the existence and variety of methods for prevention and promotion in child mental health across Europe, as reported in the CAMHEE programme60. The curricula in polytechnics and universities do not include sufficient information on child mental health and prevention and promotion. Therefore, the implementation of such interventions has been dependent on repeated training programmes offered for the current service personnel, which not cost-effective in the long run. Basic educational curricula of all health professionals should include a knowledge base, which ensures that prevention and promotion are integrated into the primary professionals' know-how, approaches and orientation. Furthermore, community-based interventions should be included as part of the health services repertoire.

Training methods should be developed, especially those using the internet with access across different countries. Educational material available in the different European languages is also needed.

[59] Heikkilä M, Uusitalo H. The Cost of Cuts. Studies on cutbacks in social security and their effects in the Finland of the 1990s. National Research and Development Centre for Welfare and Health, STAKES. Gummerus, Saarijärvi, 1997.
Solantaus T, Leinonen J, Punamäki R-L. (2004) Children's mental health in times of economic recession: replication and extension of the family economic stress model in Finland. Developmental Psychology 40:412-429.
[60] CAMHEE Project summary and reccommendations to be provided in the conference packs. www.camhee.eu

Research and communication

Research is needed to monitor and study the effectiveness of preventive and promotion services in health and non-health sectors, and to document families' and children's experiences of these services. More knowledge is also needed about factors leading to effective implementation. Special attention should also be paid to making interactions more efficient between policy, science and practice. This might mean building networks or institutions with responsibilities in the interlinked and necessary areas, the development and research of methods and services, policy and implementation and sustainability of methods.

Although there are interventions available, we still need new developments and research. Societies change, new knowledge is accumulating and interventions need to keep up with the changes. In particular, interventions suitable for community based services are lacking. Furthermore, internet based services, help lines via phones and the internet, bibliotherapy and other means that can be accessed easily by children, families, and professionals should be developed and studied.

Prevention and promotion research is costly and demanding and not all European Union member states have the expertise and resources to carry out large research programmes. Therefore, European Institutions have an invaluable role in supporting high quality research on prevention and promotion including the development and effectiveness of culturally sensitive preventative and promotion methods and infrastructures and their cost effectiveness.

2.2 PRINCIPLES OF WHAT WORKS

- Community based sustainable infrastructures providing accessible services for promotion and prevention in child mental health across childhood years.
- Participation of children and families in the design and implementation of interventions and services.
- Provision of multi professional and intersectoral health services with a family orientation
- Integration of prevention and promotion of child and family mental health in somatic health services for children with chronic or severe illnesses /disabilities.
- A combination of targeted and universal prevention and promotion interventions, delivered through healthy child clinics and school health services in cooperation with other sectors.
- Inclusion of child mental health promotion and prevention as well as the necessary supporting infrastructure in health legislation, with an emphasis in proactive approaches.
- Family oriented approaches and programmes in mental health services for adults.
- Inclusion of a knowledge base of prevention and promotion in mental health in the basic educational curricula of child health professionals.

2. 3 POLICIES FOR ACTION:

The societal and cultural foundations for child development and mental health are laid down, on one hand, in cultural belief systems and practices concerning children and their needs, and, on the other hand, through legislation and policy to ensure children's rights and provide services

and developmental environments to meet children's needs. Cultural beliefs and practices underlie the development of legislation and policy, while legislation and policy are the society's means of influencing attitudes and practices. There are a variety of ways that European policy can promote child and adolescent mental health through services.

- Provision of prevention and promotion services
    - Legislation for infrastructure/provisions for prevention and promotion in child mental health.
    - Early and supportive measures for parenting and child development in families with parental adversities, rather than only restrictive measures, such as losing custody of children.
- Policies/legislation which promote intersectoral collaboration and communication
    - Establishment of structures which promote intersectoral collaboration and communication on national and local level i.e. between
        - Ministries (e.g. of health, social and educational affairs)
        - Service organizations
        - Service actors /professional

2. 4 PROGRAMMES FOR ACTION

It should be noted that the programmes mentioned by name in this section should not be considered recommendations specifically, but are included here as illustrative examples of the types of programmes available or generic models for intervention in this area.

- Universal programmes for prevention and promotion
    - Home visiting services from community based child health clinics to promote early childhood development.
    - Universal non-stigmatising programmes for school age children and adolescents run by school health services (whole school approach)
    - Training of public health nurses and other professionals to expand focus in community based healthy child clinics from physical health to mental health in order to support healthy child development and early interaction between child and parent and to recognise psychosocial risks at an early stage in (Early Promotion Project, EEPP[12])
    - Universal programmes to combat stigma and discrimination in health services and to improve the vocabulary and openness of discussions about mental health and illness (e.g., see me, Scotland[61], Greek programme[62])

- Targeted preventive interventions should be offered to high risk groups:
    - Early interaction programmes in the perinatal period for families with depression (postnatal or chronic) in mothers or fathers [63], The Olds programme[64].

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[61] www.seemescotland.org.uk
[62] www.epipsi.gr

- Parenting support for parents with challenging children [65].
- Parenting support for parents who suffer from mental disorders and/or alcohol and drug abuse to prevent intergenerational transfer (several evidence-based interventions available[66],[67],[68], [69] and larger, country wide programmes The Effective Family Programme, Finland[70]. The KOPP programme, The Netherlands[71]).
- Parenting support for parents who suffer severe somatic conditions (Interventions[72], The Effective Family Programme[22])
- Children and young people with early symptoms of mental disorder should be offered evidence-based indicated preventive interventions[73], Psycho-educational cognitive behavioural group intervention[74].

2. 5 TOOLS TO FURTHER SUPPORT IMPLEMENTATION

- Collaboration across very different countries can be fruitful.
  - Countries in the process of building their community-based services have the opportunity to include a preventive family approach into the system[75]
  - Support for high quality research, including cost effectiveness studies, on prevention and promotion and the development of culturally sensitive and effective preventative and promotion methods and infrastructures.

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[63] Van Doesum, KTM., Riksen-Walraven JM, Hosman, CMH., Hoefnagels C. (2008) A randomised controlled trial of a home visiting intervention aimed at preventing relationship problems in depressed mothers and their infants. Child Development, 79;547-561 imhpa.net

[64] Olds, D, Robinson J, O'Brian R et al. (2002) Home visiting by paraprofessionals and by nurses:a randomized, controlled trial. Pediatrics, 110:486-496

[65] www.casel.org; www.colorado.edu/cspv/blueprints/modelprograms.html

[66] Beardslee WR, Wright EJ, Gladstone TRG, Forbes P. Long-term effects from a randomized trial of two public health preventive interventions for parental depression. *J Family Psychol*. 2008;21:703-713.

[67] Garber J, Clarke G N, Weersing VR, et al. prevention of depression in at-risk adolescents. A randomized controlled trial. JAMA 2009; 301:2215-2224.

[68] Fraser, C., James, E.L., Anderson K., Lloyd, D. & Judd F. (2006) Intervention programs for children of parents with mental illness: a critical review. International Journal of Mental Health Promotion 8 9–20.

[69] Solantaus T, Toikka S, Alasuutari M et al (2009) Safety and feasibility and family experiences of preventive interventions for children and families with parental depression. (2009) International Journal of Mental Health Promotion.In press.

[70] Solantaus T, Toikka S. (2006) The Effective Family Programme. Preventative Services for the Children of Mentally Ill Parents in Finland. International Journal of Mental Health Promotion 8:37-44.

[71] The KOPP Programme. www.trimbos.nl

[72] Niemelä M, Hakko H, Räsänen S. (2009) A systematic narrative review of the studies on structured child-centered interventions for families with a parent with cancer. Journal of Psycho-Oncology. DOI 10.1002/pon 1620:

[73] Arnarson, E. O., & Craighead, W. E. (2009). Prevention of depression among Icelandic adolescents. Behaviour Research and Therapy, 47 (7), 577-585. doi:10.1016/j.brat.2009.03.011

[74] Garber J, Clarke GN, Weersing VR et al. (2009) Prevention of depression in at-risk adolescents. A randomized controlled trial. Journal of American Medical Association, 301:2215-2224.

[75] CAMHEE WP5 – www.camhee.eu

3. THE ROLE OF COMMUNITY ENVIRONMENT.

Håkan Stattin, Margaret Kerr and Charli Eriksson

3.1 INTRODUCTION

Young people's behaviour is always embedded in a context. Family, day-care, school, and leisure activities are the primary contexts in which children and youth spend time, and these contexts make up the community environment that young people experience. The community environment can be seen from the point of view of the community as a whole, the neighbourhood, and the concrete settings where young people spend their time.

Community

The community environment in which children and young people grow up influences their well-being and social behaviour. Communities bear responsibility for the safety and well-being of all inhabitants, young and old. The community environment is both social and physical.

The social environment

Social capital refers to the quality of social relationships within societies or communities, including community networks, civic engagement, sense of belonging, and norms of cooperation and trust. It has been argued that there are relationships between physical health, mental health, and social capital[76]. Children living in environments high in social capital have better mental health, fewer behavioural problems, are less likely to drop out of school[77]. In addition, high social capital improves developmental and behavioural outcomes among children at risk of child abuse and neglect[78].

Societies are increasingly multi-ethnic and multi-cultural although people with similar backgrounds tend to aggregate in different areas. This has consequences for mental health promotion and it must be recognised understood and acknowledged in developing mental health promotion activities that the conceptions of mental health differ in different groups[79].

However, the prime social policy goal in Europe is inclusion. Social inclusion and participation means enabling people from other countries and of different ages to take part in their community

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[76] Halpern D. (2005). *Social Capital*. Cambridge: Polity.

[77] Earls F, & Carlson M (2001) The social ecology of child health and well-being. *Annual Review of Public Health* 22: 143-66.

Parcel TL, & Menaghan EG. (1993) Family social capital and children's behaviour problems. *Social Psychology Quarterly 56*: 143-166.

Teachmann J, Paasch K, & Carver K. (1996) Social capital and dropping out of school early. *Journal of Marriage and Family* 56: 120-135.

[78] Ruyan D, Hunter WM, Socolar RR, Amaya-Jacksson L, & Englich D. (1998) Children who prosper in unfavorable environments: The relationship to social capital. *Pediatrics* 101, 12-19.

[79] Tilford S. (2006) Infancy and childhood (0-5 years and 6-12 years) In Cattan M, & Tilford S (eds) *Mental Health Promotion. A Lifespan Approach*. Berkshire: Open University Press, pp100-136.

and society from early on in life. This can reduce or prevent social exclusion later in life. For example, the young people who leave school early or face difficulties with their entry into vocational training and the labor market are at higher risk of experiencing social exclusion throughout their lives. These kinds of issues – combating segregation and discrimination and making sure people have equal opportunities to take in part society – are critical when it comes to the social aspect of the community environment.

The physical environment.
Concerning the physical aspect of the community environment, urban planning is a key issue. The building environment can be a source of stress or enjoyment and has an impact on social capital and, consequently, on mental health outcomes. Building parks and other green spaces, providing playgrounds for children and sports facilities for youth, reducing noise and crowdedness, and securing public safety allow young citizens to enjoy and feel good about their every-day lives and free-time settings. Designing and building healthy places is not a new concept; for centuries, those who care about health, across professions, have turned their attention to the man-made physical environment[80]. Research suggests that communities can construct physical environments that promote social interaction and participation, and that support the development of social networks, social support, sense of community, community competence and a sense of place, all of which are important determinants of well-being.

Neighbourhood
The neighbourhood and area where families live and children grow up has consequences for social behaviour, health, and well-being.
Some neighbourhoods are run down. They may have high unemployment and economic hardship, violence, assaults, deteriorated houses, graffiti and littering, residential mobility, and low quality childcare and schools. Poor neighbourhoods can also undermine parenting and youths' educational aspirations and school connectedness. All this is intimately linked to the normative climate, social cohesion, and informal social control in a neighbourhood, and these are aspects that affect young peoples' attitudes and norms.
Neighbourhoods differ in terms of safety and stressful events. Young people in some neighbourhoods more than others will hear about, witness, or be victims of violence, fights, and harassment. Neighbourhoods also differ with respect to levels of social organisation, cohesion, segregation and discrimination, social contacts between neighbours, willingness to intervene, and trust of police and legal authorities[81]. These problematic features of neighbourhoods are linked to the ways young people view their present and future lives: stress, hostility, view of school and education, opportunities for positive leisure contexts, job opportunities, own family, and a prosperous future[82].

Both contextual and compositional explanations have been offered for neighbourhood differences in mental health. A contextual explanation would be that there are some features of the neighbourhood that influence health. In support of this, there is much research on how

[80] Frumlin H, Frank L, & Jackson R (2004) Urban Sprawl and Public Health. Designing, planning and building for healthy communities. Washington: Island Press.
[81] Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighbodhoods and violent crime: A multilevel study of collective efficacy. *Science, 277*, 918-924.
[82] Caspi, A., Bolger, N., & Eckenrode, J. (1987). Linking person and context in the daily process. *Journal of Personality and Social Psychology, 52*: 184-195.

characteristics of neighbourhoods affect child and adolescent behaviour, and a common conclusion is that the opportunities to engage in pro-social activities, develop positive views of the future, and experience achievement are lower for youth growing up in disadvantaged neighbourhoods than for those in affluent neighbourhoods. A compositional explanation is that people with poor health tend to live in certain regions and the environment itself has little or no effect on their health[83]. It is possible that the distinction between "composition" and "context" may be more apparent than real, and that features of both material infrastructure and collective social functioning influence health[84.] Whatever the reasons for area differences, it is clear that disadvantaged areas where vulnerable populations tend to live must be prioritised for action.

Poor mental health and social exclusion are mutually reinforcing. People with mental health problems face barriers and prejudices when it comes to finding a job, accommodation or to integrate in society. Conversely, people experiencing financial problems or at risk of social exclusion are more likely to suffer from stress, anxiety or more severe mental disorders.

Concrete settings: structured and un-structured activities

Young people select their free-time activities within the constraints of their broader neighbourhood and community setting. They spend time in different leisure settings and take part in different activities, and their experiences in those settings may change their behaviours short-term or long-term. Two main types of social contexts have been considered in the literature: structured, adult-controlled contexts and unstructured, peer-controlled contexts.

Structured activities.

Structured activities occur in settings where adults are present as leaders, where there are scheduled meeting times, the activities are goal directed, and there is an emphasis on skill building[85]. Examples include organised sports, hobbies, voluntary work, religious activities, music, theatre, art, and politics, Participation in structured activities seems to be beneficial for positive development. Participation in these kind of activities has been found to be linked to better academic achievement, lower rates of school dropout, lower delinquency and externalizing problems, less alcohol and drug use, lower rates of depression, and generally good adjustment for active and participatory later adult life [86].

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[83] Diez- Roux AV. (2001) Investigating neighbourhood and area effects in health. *American Journal of Public Health*, 91: 1783-89.

Blackman T. (2006) *Placing health. Neighbourhood renewal, health improvement and complexity*. London:Polity.

Soares JA. (2005). Urban sociology and research methods on neighborhoods and health. In Galea S, Vlahov D (eds) *Handbook of Urban Health*. Populations, Methods, and Practice. New York: Springer, pp. 361-78.

Galea, V. (2005) Handbook of Urban Health. Population, Methods and Practice, New York, Springer.

[84] Macintyre S, Ellaway A, & Cummins S. (2002) Place effects on health: how can we conceptualise, operationalise and measue them? *Social Science and Medicine*, 55: 125-139.

[85] Eccles, J. S., & Gootman, J. A. (Eds.),(2002). *Community programs to promote youth development*. Washington, DC: National Academy Press.

Mahoney, J. L. & Stattin, H. (2000). Leisure time activities and adolescent antisocial behaviour: The role of structure and social context. *Journal of Adolescence, 23*, 113-127.

[86] Darling, N. (2005). Participation in extracurricular activities and adolescent adjustment: Cross-sectional and longitudinal findings. *Journal of Youth and Adolescence, 34*, 493-505.

Fredricks, J. A., & Eccles, J. S. (2006). Is extracurricular participation associated with beneficial outcomes? Concurrent and longitudinal relations. *Developmental Psychology, 42*, 698-713.

Barber, B. L., Eccles, J. S., & Stone, M. R. (2001). Whatever happened to the jock, the brain, and the princess? Young adult pathways linked to adolescent involvement and social identity. *Journal of Adolescent Research, 16*, 429-455.

There is one exception to this general picture of beneficial consequences of after-school activities. Participants in team sports often report drinking alcohol more frequently than other youths[87].

The beneficial effects of adult controlled settings may be due to strengthened ties with school, imposing structure on young people's daily lives, linking them to competent adults and peers, building their skills and interests, and creating opportunities for them to feel competent and accepted within a social system[88]. Taking part in structured activities may also change the social network composition – encouraging friendships with well-adjusted peers –, and may facilitate the development of an intrinsic motivation to plan, carry through, and achieve valued goals. In sum, there is a wealth of evidence that youths involved in structured, adult-led activities are better adjusted in a number of respects than those who are not involved. In part, this is because better adjusted youths choose these activities, but the activities also seem to contribute to good adjustment.

Unstructured Activities.

Peer associations in certain kinds of neighbourhood contexts have been viewed as posing a risk for the development of problem behaviours. Specifically, the argument is that when peer groups gather and engage in unstructured activities without adult leadership, such as hanging out on the streets, shopping malls, arcades, and public drinking places the lack of control allows deviant behaviours to emerge in the group. Participation in unstructured, unsupervised activities has been associated with antisocial behaviour and substance use[89]. Research into the mechanism of this association indicates that unstructured contexts allow social relationships with high-risk peers, reinforcing and resulting in the development of problem behaviours, such as substance abuse, delinquency and violence[90]. The lack of social control and structure increases the opportunities for deviance. However, not all youths engaging in unstructured activity develop such problems, and it can be argued that unstructured activities can provide greater opportunities for young people to develop coping skills in risk situations. It seems that individual differences in resilience, as well as the strength of these peer relationships can moderate this association[91].

Mahoney, J. L., Schweder, A. E., & Stattin, H. (2002). Structured after-school activities as a moderator of depressed mood for adolescents with detached relations to their parents. *Journal of Community Psychology, 30*, 69-86.

Darling, N., Caldwell, L. I., & Smith, R. (2005). Participation in school-based extracurricular activities and adolescent adjustment. *Journal of Leisure Research, 37*, 51-76.

[87] Fredricks, J. A., & Eccles, J. S. (2004). Developmental benefits of extracurricular involvement: Do peer characteristics mediate the link between activities and youth outcomes? *Journal of Youth and Adolescence, 34*, 507-520.

[88] Mahoney, J. L. & Stattin, H. (2000). Leisure time activities and adolescent antisocial behavior: The role of structure and social context. *Journal of Adolescence, 23*, 113-127.

[89] Larson, R. W. (2000). Toward a psychology of positive youth development. *American Psychologist, 55*, 170-183.

Stattin, H., Kerr, M., Mahoney, J., Persson, A. & Magnusson, D. (2005). Explaining why a leisure context is bad for some girls and not for others. In J. L. Mahoney, R. W. Larson, & J. S. Eccles (Eds.), *Organized activities as contexts of development: Extracurricular activities, after-school and community programs*. (pp. 211 – 244). Mahwah, NJ: Erlbaum.

[90] Dishion, T. J., Eddy, J. M., Hass, E., Li, F., & Spracklen, K. (1997). Friendships and violent behavior during adolescence. *Social Development, 6*, 207 – 223.

[91] Persson, A., Kerr, M., & Stattin, H. (2004). Why a Leisure Context is Linked to Normbreaking for Some Girls and not Others: Personality Characteristics and Parent-Child Relations as Explanations. *Journal of Adolescence, 27,* 583 - 598.

Silbereisen, R. K., Noack, P., and von Eye, A. (1992). Adolescents' development of romantic friendship and change in favorite leisure contexts. *Journal of Adolescent Research, 7*, 80 – 93.

The provision of structured activities and reduction of unstructured activities or the harmful factors they entail, represents an important opportunity for promotion of mental health and well-being in the community setting. Coordinated efforts should be most effective if they involve school leaders, teachers, community leaders, young people and their families, leisure activity workers, vocational training providers and employers, and justice system officials. Involvement of stakeholders, community ownership, and continued availability of resources are necessary. It is important that interventions that are known to work be implemented and evaluated in culturally appropriate ways.

Evidence-based prevention and intervention

Preventing mental health problems is a central issue for communities to deal with. The scientific literature offers evidence for community promotion and prevention programmes and activities involving the family, school, and leisure arenas. Communities have a responsibility to acquire and use this evidence. Competence enhancing programmes and activities carried out in collaboration with families, day-care centres, schools and the wider communities, and delivered through in different contexts, have the potential to impact on multiple positive outcomes across social and personal health domains.

Evidence-based practice involves using scientific evidence, clinical expertise, and the results of process evaluations. These are the building blocks for intervention and prevention efforts.

Mental health problems are both a precursor and an outcome of problems at home, in school, and in community leisure contexts and any given community programme will be implemented in a complex system of effects that are not completely understood or obvious. Because of this, community policies should address children's and youth's mental health as both precursors and outcomes of problems at home, in school, and in community leisure contexts. Community policies and actions that are not based on scientific evidence, even those that are intuitively appealing, can potentially cause harm. For example, programmes for high risk or already delinquent youths which involve bringing them together in one way or another, are likely to result in negative outcomes through the reinforcing of anti-social behaviour[92].

Alcohol and substance abuse

The abuse of alcohol and the use of illicit drugs are some of the most import risks when young people are growing up. The community environment offers opportunities for managing these risks at the level of the community, the neighbourhood, and in different concrete settings. Together with the relevant actors, communities can take action to reduce the risk of alcohol abuse by children and young people and to reduce their access to illicit drugs. Evidence-based programmes exist to reduce these problems. There is a strong body of research linking alcohol and substance abuse in adolescents to undiagnosed AD/HD. Adolescents who suffer from AD/HD are more likely to become addicted than their non-AD/HD peers. Being diagnosed at a

Stattin, H., & Kerr, M. (2009). Neighbourhood contexts of peer relationships and groups. In K. H. Rubin, W. Bukowski, & B. Laursen (Eds). *Handbook of peer interactions, relationships, and groups*. (pp. 414-431). New York: Guilford Press.

[92] Dodge, K. A., Dishion, T. J., & Lansford, J. E. (2006). Deviant peer influences in intervention and public policy for youth. *Social Policy Report: Giving Child and Youth Development Knowledge Away, XX,* 3 – 19.

young age and the accompanying therapy and protective measures that are part of this would remove this risk.

Social cohesion and mobilisation
Community interventions can facilitate social cohesion and better mental health of the community members. Some examples of effective intervention strategies to achieve this end are community mobilisation, (i.e., bringing people within a community or neighbourhood together to act in service of a common goal) and providing opportunities for young people to make meaningful personal and social connections[93].

There is much evidence in the literature that the ways communities organise youth free-time settings have profound implications for young people's adjustment and development. Creating community and neighbourhood settings that facilitate inclusion of people from other countries and allow them to take part in society at the local level is on the agenda in many countries. Building parks and other green spaces, providing playgrounds for children, reducing nose and crowdedness, and securing public safety, are means to structure the physical landscape so as to provide opportunities for young citizens to enjoy and feel good about their every-day life and free-time settings. These are all ways in which the physical environment can be made to improve social relationships, increase social capital, and improve health.

3.2 PRINCIPLES OF WHAT WORKS (some examples)

- Assure a mentally healthy physical environment and basic needs in the community are met, including adequate housing conditions, levels of noise or crowdedness and safety in neighbourhoods.
- Ensure opportunities for active participation and involvement of youth in the community. Provide meeting and/or association facilities for youth organisations and develop other community programmes that enhance co-operation and mutual responsibility.
- Provide accessible support systems for youth and for vulnerable groups such as families at risk of social exclusion.
- Enhance healthy active leisure: Provide accessible sporting facilities. Provide opportunities to participate in cultural activities making them more accessible and attractive to young people. Offer informal social control and structured activities
- Promote equity and social justice, through measures against youth discrimination related to social status, ethnic background, religion or sexual orientation.
- Implement evidence-based approaches in multiple contexts.

[93] Ferrer-Wreder, L., Stattin, H., Lorente, C. C., Tubman, J. G., & Adamson, L. (2004). *Successful Prevention and Youth Development Programs*. New York: Kluwer Academic / Plenum Publishers.

3.3 POLICIES FOR ACTION:

- Policies to address regional and local inequalities:
  - Neighbourhood regeneration
  - Green spaces/urban planning
  - Provision of and access to services and benefits
  - Grant programmes for neighbourhood improvement

- Policies to promote structured youth activity
  - Full-day schooling
  - Provision of community and leisure centres
  - Encouraging youth employment opportunities (e.g., internships and apprenticeships)

- Policies which facilitate social inclusion and mobilisation
  - Mechanisms for community and youth participation in local policy making, local governance, community meetings
  - Anti-discrimination policy – to protect ethnic minorities and other minority groups
  - Locally maintained parks, playgrounds, sports and leisure facilities

- Coordination and communication between different community actors
  - Platforms and networks of different community professionals.
  - Intersectoral policy

- Safe living environments
  - Crime reduction and policing
  - Environmental safety, hazards and pollution
  - Noise levels and crowdedness

3.4 PROGRAMMES FOR ACTION:

It should be noted that the programmes mentioned by name in this section should not be considered recommendations specifically, but are included here as illustrative examples of the types of programmes available or generic models for intervention in this area.

- Neighbourhood regeneration:
  - Demonstrate commitment to health and sustainable development (Healthy Cities Project[94])
  - Incorporate aspects of mental health promotion into urban planning (Designing Healthy Communities: Raising Healthy Kids[95])

[94] Healthy Cities and urban governance (WHO) http://www.euro.who.int/Healthy-cities
[95] Designing Healthy Communities: Raising Healthy Kids Toolkit. 2006. American Public Health Association.Web: http://206.3.202.152/2006/index.htm

  - "Community Diagnosis "approach. O. Dalgard, Norway.

- Active participation and leisure activities:
  - After-school extra-curricular activity (sports, music, homework clubs)
  - Adult-led structured recreation activity in the community (e.g., volunteering, clubs, politics)
  - Physical activity (e.g., martial arts for prevention of behavioural problems)
  - Leisure activities accessible to all young people

- Support services for youth and for vulnerable groups such as families at risk of social exclusion,
  - Befriending programmes
  - Easy to access community services
  - Screening, outreach and early intervention measures for high risk families
  - Competence enhancing programmes and activities carried out in collaboration with families, schools and the wider community
  - Help lines
  - Public awareness campaigns to reduce discrimination

- Action to reduce the risk of alcohol and drug abuse
  - Training of key community actors
  - Peer-learning programmes

- Programmes linking multiple youth contexts (school, families, leisure):
  - Programmes to promote school attendance (e.g., "Safe Routes to Schools program"[96])
  - Programmes and support groups for interested parents of young people
  - Training programmes for key professionals – in youth organisations, the voluntary sector, social workers, churches and their youth organisations, police and judiciary personnel.

[96] http://www.sustrans.org.uk/what-we-do/safe-routes-to-schools

4. THE ROLE OF NEW MEDIA TECHNOLOGIES AND THE INTERNET IN THE PROMOTION OF MENTAL HEALTH OF CHILDREN.

Ingunn Hagen.

4.1 INTRODUCTION

The internet and other new media technologies, such as mobile phones, are becoming integrated in the everyday lives of today's children and young people, in Europe and elsewhere.[97] The expression "the Media Generation" is often used to capture the idea that today's children and young people live in media savvy environments[98]. In many countries, access is an important concern, especially as ICT and Internet are regarded as important resources for the future. At the same time, parents and other stakeholders are concerned about the potential negative aspects of media use, from potentially harmful content to the risk of screen media leading to less physical activity, and newer phenomenon such as cyber-bullying and "sexting".

Children as competent or vulnerable

When it comes to children and new media, the tendency is often to either romanticise children as pioneers with "natural gifts" for media use or to perceive them as particularly vulnerable[99]. However, studies suggest that neither of these views is strictly accurate and that children are both more cautious and conservative than adults perceive and also possess a certain resilience to or at least are able to cope with many of the posited risks online or via new media[100]. It is important both to acknowledge children and young people's immersion and experience with Internet and other new media technologies, as well as their need for both empowerment and guidance[101].

Contextualisation

Children and young people's media use needs to be contextualised if this practice is to be understood properly.[102] First of all, children's everyday lives provide a context, including their

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[97] Livingstone, Sonia og Moira Bovill (Eds., 2001): *Children and Their Changing Media Environment. A European Comparative Study.* London: Lawrence Erlbaum Associates
Livingstone, Sonia (2002): Young People, New Media. Childhood and the Changing Media Environment. London: Sage

[98] Hagen, Ingunn & Thomas Wold (2009): *Mediegenerasjonen. Barn og Unge i det nye medielandskapet (The Media Generation. Children and Young People in the New Media Landscape).* Oslo: Samlaget.
Rideout, Victoria, Donald F. Roberts, Ulla G. Foehr (2005): *Generation M: Media in t he Lives of 8–18 Year Olds.* A Kaiser Family Foundation Study, March 2005. Tilgjengeleg på: http://www.kaiserfamilyfoundation.org/entmedia/7250.cfm

[99] Hagen, Ingunn & Thomas Wold (2009): Mediegenerasjonen. Barn og Unge i det nye medielandskapet (The Media Generation. Children and Young People in the New Media Landscape). Oslo: Samlaget.

[100] Livingstone, Sonia & Leslie Haddon (2009): *EUKidsOnline: Final Report.* (www.eukidonline.net)

[101] Dunkels, E. (2007) *Bridging the distance: children's strategies on the internet* [Unpublished PhD Dissertation].

[102] Hagen, Ingunn (2004/1998): *Medias publikum. Frå mottakar til brukar?* (Media's audience. From receiver to

home situation, their school, and their leisure activities. Media use also has to be related to children and young people' social context, such as family and friends or peer group. The media landscape and the more traditional media are also contexts for how new ICT are appropriated.
The different cultures with their norms, and the established ways of doing things are also contexts to consider when trying to understand the role of new media and ICT in children's lives[103]. Children's use and reception will mediate the potential impact of media exposure. The consequences of media use can be extensive, and may affect how children use their time, socialise and even view the world. Thus, children and young people's media use can be a factor in how they experience themselves and their lives.

New media technologies and (mental) health

The massive presence of media and the amount of time spent on media technologies, especially in front of (TV and PC) screens, make these central in children and young people's lives and lifestyles. The integration of new media in young people's lives, make them valuable resources to promote mental health for children. However, there are also mental health risks related to the use of media. The intense use of media has led to questions about the consequences from this use for children and young people's health. For example, is there a relationship between media-intensive lifestyles and obesity ? To find a balance between media use and other activities can be important for children and young people's well-being and health. The same goes for being able to use media in such a way that young people feel a sense of well-being and control over their own lives.

The "always on" generation

New media have permeated young lives and youth culture to an extent that one almost forgets that their identity and autonomy exist in a situation where they are "always on"; in constant contact with their friends via SMS, instant messaging, mobile phones and Internet connection[104]. These new media allow children and young people to extend their friendships and interests, and also facilitates new forms of self-directed, peer-based learning.

Researchers emphasise that when young people "hang out" online – use media in social and recreational ways (for friendship-driven and interest-driven activities) – they also pick up essential social and technological skills necessary for their full participation in society[5]. Authors claim that new media forms have changed the ways young people socialize and learn, something that needs to be taken on board and addressed by educators, parents and policy makers.

Availability, regulation and addiction

New media technologies have become cheaper and more mobile, and are thus more widely distributed in populations in Europe, especially among children and young people.[105] Thus, it is not surprising that children's use of internet continues to grow and mobile phone users are

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user). Oslo: Ad Notam Gyldendal; Hagen, Ingunn & Thomas Wold (2009): *Mediegenerasjonen. Barn og Unge i det nye medielandskapet (The Media Generation. Children and Young People in the New Media Landscape).*

[103] Livingstone, Sonia og Moira Bovill (Eds., 2001): *Children and Their Changing Media Environment. A European Comparative Study.* London: Lawrence Erlbaum Associates
[104] Itu, M. et al (2008): Living and Learning with New Media: Summary of Findings from the Digital Youth Project. (www.macfound.org)
[105] Livingstone, Sonia og Moira Bovill (Eds., 2001): *Children and Their Changing Media Environment. A European Comparative Study.* London: Lawrence Erlbaum Associates

becoming younger and younger. TV with its increasing number of channels also have a central place in the life of children and young people.[106]

The increased availability and ease of access to media makes it more challenging for parents to regulate children's media consumption habits[107]. Moreover, the rise of a "bedroom culture" – where children consume media in their own very media-equipped bedrooms – also make parental guidance of media use more difficult[108]. Use of new media is closely related to young people's sense of autonomy, and with increasing age they are expecting greater freedom in their media use.

Extensive use can be a problem as is may result in sedentary lifestyles or even addiction. However, addictions related to internet for example, are not extensively researched (see Hagen and Wold, 2009). Where for example, does one draw the line between heavy use and addiction? Extensive use of for example internet will also lead to more extensive exposure to online risks.[109]

New media as a resource and as a risk

It has been pointed out that new media technologies like internet and mobile phones for example, should be regarded both as important resources for children and young people. Still it is important to remember, related to children's mental health and wellbeing, that use of these media also expose the young generation to new forms of risk and harm. [110]

However, since the Internet is both a resource and risk for children, the challenges are to simultaneously maximize children's opportunities for access and use, while also minimising the potential risks[111]. Policies to achieve this balance between providing media access opportunities whilst minimizing risks require an evidence-based approach. Such evidence in form of research is unevenly distributed across Europe. Thus, there is a need for more research on how they use new media as resources in their lives, what children perceive as online risks, and what strategies they develop to cope with such risks.

Children's internet use continues to grow, also among the younger age-groups[112]. With this growth there will also be an increased exposure to risks, such as giving out personal information, encountering online pornography, violent or hateful content, being bullied or experiencing sexual harassment, at an earlier age. Indeed, cyber-bullying is an emerging threat to children in Europe, and needs to be combated.[113]

There is a positive correlation between children's internet use and the level of online risk experienced, and certain European countries may be characterised as "high risk"[114], although these are not always those with the highest level of use. The question is how positive use can be

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[106] Hagen, Ingunn & Thomas Wold (2009): Mediegenerasjonen. Barn og Unge i det nye medielandskapet (The Media Generation. Children and Young People in the New Media Landscape). Oslo: Samlaget.

[107] Hagen, Ingunn (2007):"We cannot just sit the whole day and watch TV." Negotiations about Media Use Among Youngsters and their Parents". *Young*, No. 4. S. 369–393

[108] cf. Livingstone, Sonia og Moira Bovill (Eds., 2001): *Children and Their Changing Media Environment. A European Comparative Study.* London: Lawrence Erlbaum Associates

[109] Livingstone, Sonia & Leslie Haddon (2009): *EUKidsOnline: Final Report.* (www.eukidonline.net)

[110] cf. Livingstone, Sonia & Leslie Haddon (2009): *EUKidsOnline: Final Report.* (www.eukidonline.net)

[111] Livingstone & Haddon, 2009

[112] Staksrud, E.; S. Livingstone and L. Haddon, and K. Olavsson (2009); *What Do We Know About Children's Use of Online Technologies. A Report on Data Availability and Research Gaps in Europe.* Second Edition (www.eukidsonline.net).

[113] Brandtzæg, P. Bae; Staksrud, E.: Hagen, I. and Wold, T. (forthcoming) "Children's Experiences of cyberbullying and harassment when using different technological platforms," *Journal of Children and Media.*

[114] Hasebrink, U., Livingstone, S., & Haddon, L. (2008). Comparing children's online opportunities and risks across Europe: Cross-national comparisons for EU Kids Online. London: EU Kids Online (Deliverable 3.2.).

facilitated, and how one may empower children to deal with the problematic and risky media and online use.

Empowerment through digital media literacy

If new media is to be used in healthy and balanced ways, and to function as resources to promote mental health, children and young people need to develop digital media literacy[115].Digital media literacy means "the ability to access, understand and create communications in a variety of contexts", including the computer and ICT society.[116] Adolescents need to learn about ICT risks and safe use, how to cope with online risk and to reflect about their own lifestyles.

Such empowerment is also needed by parents and teachers, who cannot be less literate about ICT technologies than heir children if they are to guide children and young people in this fast changing ICT and media environment. Educational institutions as well as other actors in the community and media industries themselves need to play a central role in promoting such digital media literacy and promoting child mental health and well-being. Children's media experiences, competencies and expressed needs should be taken into consideration when developing digital media competencies and health related programs.

4.2 PRINCIPLES OF WHAT WORKS

- Address inequalities in access and skills
- Create special interest advisory groups for media and children
- Balance empowerment and protection by increasing media and internet literacy
- Support parents to mediate and encourage safe use of internet and consumption of media
- Combat cybe-rbullying, as part of a larger programme or campaign to reduce bullying.
- Multi-setting literacy and mental health promotion strategies (school, home, community)
- Low threshold support via media and new technology (help lines, Q & A text services and websites)
- Strengthen age guidelines for violent computer games and games where dependency problems may occur (develop PEGI further).
- Develop programs to help youth with dependency problems. Develop definition, diagnostic testing and research in this area.

[115] O'Neill, B. & Hagen , I. (forthcoming): "Media Literacy". In: Livingstone, S. & L. Haddon (Eds.) Kids Online: Opportunities and Risks for Children. London: Policy Press.

[116] Livingstone, S. (2008) 'Engaging with media – a matter of literacy?' *Communication, Culture & Critique,* vol 1, no 1, pp 51-62.

Livingstone, S. (2004) 'Media Literacy and the Challenge of New Information and Communication Technologies', *The Communication Review,* vol 7, pp 3-14;

Buckingham, David (2007): *Beyond Techonology. Children`s learning in the age of digital culture*. Cambridge: Polity press

4.3 POLICIES FOR ACTION

- National advisory expertise for media and children
    - Establish/support e.g. national advisory expertise and organisations who take an interest in the role of media in children's healthy development and wellbeing, and in child and adolescents' safety (like the Safer Internet Centres established by the European Union Safer Internet Programme, Save the children and the Norwegian SAFT and "Familie & Medier" - http://www.fom.no/)

- E-inclusion policies,
    - Target countries with low use and less well-off households
    - Address gender and socio-economic inequalities in access
    - Balance empowerment and protection, related to Internet access and use
    - Provide schools with updated ICT infrastructures and empowerment campaigns

- Policies for positive online content and websites
    - focus on mental health and lifestyle issues
    - Focus on protective factors of health

- Develop national policies for the promotion of digital media literacy and safety
    - Make media and ICT education an element of national school curricula
    - Develop school policies and guidelines, for acceptable ICT use among staff and pupils (e.g., http://www.emu.org.uk/new/eSafetyAUPs.htm)
    - Literacy campaigns in the community (Family safe use packages – insafe; Child Internet Safety groups – UK)
    - Development of Regulation on Public Internet access points

- Media-related policy to prevent suicide
    - Reporting guidelines for newspapers, television and news websites
    - Legislation to control online content relating to suicide and self-harm
    - Helplines (like samaritans.org, befrienders.org, nhs24.com, nhsdirect.com & ung.no)

- National "watchdogs" for children related to media
    - Websites who are "watchdogs" in the field of children and new media (like Save the Children, the Norwegian "Child Watchers", www.Barnevakten.no)
    - Could be strengthened in National media authorities, like Ofcom or Medietilsynet.

- Strengthen regulatory frameworks across Europe
    - Extend the rating for video game content – e.g., The PEGI (Pan European Game Information) system

4.4 PROGRAMMES FOR ACTION

It should be noted that the programmes mentioned by name in this section should not be considered recommendations specifically, but are included here as illustrative examples of the types of programmes available or generic models for intervention in this area.

- Programmes to improve media literacy, especially as this relates to mental health
  - digital media literacy promotion programmes for teachers, editors, journalists and parents (like the EPICT - European Pedagogical ICT Licence - programme)
  - Improve media literacy among school pupils, with children as active participants, a similar licence programme to EPICT could also be developed for children
  - Realize the European Commission's new information society challenge that all citizens, including youth, should become literate in new media. Specify potential health consequences

- Programmes to increase online safety and reduce risks
  - Communication strategies to involve parents in safe and healthy ICT use education (like EPICT and SAFT)

- Programmes providing support
  - Mental health support programmes for schools
  - Support websites for parents, as parents often lack communication and knowledge about children's media and online habits (e.g., www.foreldrepraten.no)
  - For children online: chat, e-mail, discussion fora, write poems, share their pleasures and worries etc. (e.g., BRIS - the Swedish organisation for children's rights in society www.bris.se)

- Provide/support online help services related to children/youth and media
  - Information pages on mental health and lifestyle issues (like the UK New Horizon)
  - Information on safe internet use (like the Safer Internet Programmes Awareness centres and helpline, organised in the pan-European network INSAFE).
  - Hotlines to get rid of illegal or damaging content (like the Safer Internet Programmes Hotline, organized in INHOPE).

- Programmes promoting mental health
  - Technology Wellbeing groups (like the Irish www.technologyforwellbeing.ie)
  - Websites to facilitate consultation (like the Greek www.youth-health.gr/en/index.php)
  - Websites to facilitate talk about problems, stress and emotional health (like the UK based www.samaritans.org, which also exist in Ireland)
  - Preventing suicide among young people (like the international www.befrienders.org/)

- Programmes to prevent cyber-bullying
  - internet or mobile filters, or technology to stop calls or SMS from certain numbers
  - police involvement in cases

- campaigns, where government cooperate with industry, and involve schools and children and parents themselves (see http://www.cyberbullying.us/, and the Norwegian "Use Your Head campaign" - http://barnevakten.no/sider/tekst.asp?side=26339)

- Research programmes
  - Explore children's risky online behaviour (e.g., EU Kids Online II, NGOs such as Save the Children)
  - Explore protective factors
  - Continuous monitoring of children's safe internet use (e.g., EUKidsOnline e, Eurobarometer, SAFT)
  - Study the relationship between media and ICT use, wellbeing and mental health for children and young people
  - Study means of parental/adult regulation and guidance

4.5 TOOLS FOR FURTHER SUPPORT IMPLEMENTATION

- Information
  - National help lines (like the help lines established by the Safer Internet Programme, and also the Norwegian www.ung.no)
  - Websites (like www.thesite.org, run by YouthNet, UK)

- Networks
  - For research and policy (like EUKidsOnline, funded by the Safer Internet Programme)

5. EDUCATIONAL SETTINGS AND LEARNING. Peter Paulus.

5.1 INTRODUCTION

Kindergarten, schools and institutions of higher education exert an important influence on the mental health of children and young people, their educational achievements and vice versa. That is, school achievements are related to self-esteem and the self-efficacy of students; and the ability of students to cope successfully with transitions in their lives and to become resilient is closely linked with positive school experiences. The psycho-social school and classroom climate as well as school culture is related to children's feelings of connectedness with the school and their further social and emotional development. Depending on the concrete educational setting, education and mental health support each other in a positive cycle of good and mentally healthy development or collude in a negative cycle. Factors such as socio-economic and/or minority status of the family, or gender of the student may interact and result in schools reinforce, instead of reducing inequalities and contributing to poor academic achievement, poor social relationships and increase the risk of mental health problems with reduced emotional and social well-being. In summary, in educational settings there is no education without mental health as well as there is no mental health without education. Educational settings play a significant role in promoting the mental health and well-being of children and young people.

A multifaceted approach

A setting based approach provides the framework for mental health promotion and mental disorder prevention not only in schools but in educational settings in general. The setting in its organisational structures and processes, its cultural and climate features, its staff, students, parents and other stakeholders' relationships, is seen as a complex interrelated developing system aimed at creating positive educational process and outcomes. Mental health promotion and mental disorder prevention is included as part of health education and/or promotion and as a cross sectoral theme integrated in all other teaching, learning and organisational structures and processes of that educational setting. This makes it possible to promote mental health and prevent mental disorders simultaneously on different levels of these educational settings, e.g. changing the ecology of that setting whilst also improving individual skills of students. This multifaceted approach is reflected in other principles, which have shown to be effective, so far mainly for schools.

A holistic preparation for life

At the core of this comprehensive approach are social and emotional well-being and competence of the child or young adult. "Social and emotional learning" (SEL), "Skills for Life" (SFL) or "Positive Youth development" (PYD) initiatives are therefore of utmost importance and should be supported by all the other characteristics of the setting approach[117]. Implemented in

[117] Durlak, J. & Wells, A. (1997) 'Primary prevention mental health programs for children and adolescents: a meta-

the (pre-)school curriculum and as part of (pre-)school ethos (rather than as a single project), programmes that promote resilience can reach their full potential. Evaluation research strongly support this position, showing that SEL/SFL programmes significantly enhance the social and emotional skills of children and youngsters, promote positive attitudes and behaviours towards self, others and school, such as self concept, pro-social behaviour, school compliance and service orientation and significantly reduce or prevent behaviour and mental problems or disorders, such as violent, aggressive and antisocial behaviour, drug(ab)use, anxiety and depressive symptoms and disorders. Such programmes have also been shown to significantly enhance school grades and/or academic achievement"[118]

In educational settings SEL/SFL programmes are found to be most effective when they have a sound theoretical basis, are highly interactive, use a variety of didactic forms, cover both general and domain-specific skills, are of considerable duration or intensity (several months up to a year) and are set within supporting community or environmental strategies[119]

Combating bullying

Bullying at schools is a major problem in schools across European member states[120]. For example, Lithuania 65% of girls and 77% of boys reporting bullying (physical, verbal, emotional, sexual, racial) at least once in the previous couple of months. Experience of bullying has direct adverse influence on the mental health and well-being of students and affects their learning processes and outcomes. Fortunately, effective interventions to combat bullying exist, which tackle the problem at many levels simultaneously. Therefore, anti-bullying policy and programmes covering all levels of school and educational administration is of great importance. Yet, while many European member states address general issues of violence at school and have produced anti-bullying materials, only a few European countries have nation-wide policy, legislation and nationally circulated materials against school bullying[121]. A few European countries still have no anti-bullying actions at a national level[122].

Anti-bullying policies should be supported by the entire school community and should include guidelines to help the schools to identify, prevent, and deal with bullying incidents[123].

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analytic review.' American Journal of Community Psychology, 25 (2): 115-152.

Greenberg, M. T., Weissberg, R.P., O'Brien, M.U., Zins, J. E., Fredericks, L., Resnik, H., & Elias, M. J. (2003). 'School-based prevention: Promoting positive social development through social and emotional learning'. American Psychologist, 58(6/7), 466-474.

Collaborative for Academic, Social and Emotional Learning & National Center for Mental Health Promotion and Youth Violence Prevention(2008). Connecting social and emotional learning with mental health. Boston: EDC

[118] Review of 19 meta-analyses published between 1997 and 2008 on SEL/SFL programme effects Diekstra, R. F.W. (2008). Effectiveness of School-Based Social and Emotional Education Programmes Worldwide. Fundacion Marcelino Botin (Ed.). Social and Emotional Education: An International Analysis. Santander: Fundacion Marcelino Botini

[119] Catalano, R.F., Berglund, L., Ryan, A.M., Lonczak, H.S. & Hawkins, J. (2002) 'Positive youth development in the United States: Research finding on evaluations of positive youth development programmes.' Prevention and Treatment, 5(15) (http://aspe.hhs.gov/hsp/PositiveYouthDev99/ Accessed 30 July 2009)Shucksmith, J., Summerbell, C., Jones, S. &Whittaker, V. (2007). Mental Wellbeing of Children in Primary Education (targeted/indicated activities). London: National Institute of Clinical Excellence.

Weare, K. (2009). Promoting mental health through schools (in Press)

[120] Currie, C.; Gabhainn, S.N.; Godeau, E.; Roberts, Ch.; Smith, R.; Currie, D.; Picket, W.; Richter, M.; Morgan, A & Barnekow, V. (Eds.) (2008). Inequalities in young people's health. HBSC international report from 2005/2006 survey. Copenhagen: WHO

[121] Ananiadou, K. & Smith, P.K. (2002). Legal requirements and nationally circulated materials against school bullying in European countries. Criminology and Criminal Justice, 2 (4), 471-491

[122] Smith, P. K. (Ed.) (2003). Violence in schools. The response in Europe. Oxford: Routledge.

[123] Rigby, K. (2006). What can we learn from evaluated studies of school based programmes to reduce bullying in schools. In Jimerson, S.R. & Furlong, M.J. (Eds.). The handbook of school Legal requirements and nationally

Professional training and capacity to promote mental health: part of education

Up until now, it is still a common practice that subject-related competence building is at the centre of teachers' initial training. But teachers and early childhood staff can clearly play a significant role in creating safe and supporting learning environments and promoting positive social and emotional development. Educators also have a role in identifying early on those children and young people who need further assessment or support and can play a vital part in helping them to access this support and other health or social services. Many European member states have programmes for the early detection and treatment of mental ill health (e.g., AD/HD, Aspergers' Syndrome, eating disorders, anxiety disorders and depression) and addiction problems across school settings[124].

It should be mentioned that mental health promotion in educational settings need mentally healthy professional staff as well. As an example that seems to be true for most of the teachers in Europe, recent research with more than 7500 teachers in Germany revealed that more than 60 % belong to either an over-taxing, exhaustion prone working type or exhaustion, burn-out prone type. They are at not only at high risk to develop health problems and especially mental health problems, such as depression, but are also unlikely to fully develop their potential as teachers supporting the learning processes of pupils in the classroom[125]. Programmes, initiatives etc. targeting mental health promotion of teachers and head of schools (e.g. stress- and/or time management) or focussing more on changing the working conditions of teachers, especially rearranging their working hours schemes to strengthen their mental health capacities can also have positive implications for their students.

Integrating anti-stigmatisation into the culture of educational

Stigma and discrimination in schools exacerbate mental health problems. Anti-stigma can be supported with programmes that target pupils at risk, with pre-clinical symptoms or who are returning from a psychiatric clinic to school. But this is not enough. In a whole setting approach, anti-stigmatization is an integral part. All members of the setting are addressed. Ideally initiatives involve users or young people with psychiatric experiences as "experts on their own behalf", e.g. in schools.[126]

A more powerful approach would be anti-stigmatization education and legislation applied to staff and students that encompasses aspects of knowledge (ignorance), attitudes (prejudice) and behaviour (discrimination). In the European Union anti discrimination laws are now mandatory under the Article 13 Directive[127]. Such laws must make illegal all discrimination in educational settings on grounds that include disability, and also set up institutions to enforce these laws. The Ministers of Health of the EU have signed a "Mental Health Declaration" and an "Action Plan" which encompass "tackle stigma, discrimination and inequality" as one of the priorities.

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circulated materials against school bullying in European countries violence and school safety. From research to practice (pp. 325-338) . Oxord: Routledge.

[124] Jané-Llopis, E. & Anderson, P. (Eds). (2006). Mental health promotion and mental disorder prevention across European Member States: a collection of country stories. Luxembourg: European Communities.

[125] Schaarschmidt, U. & Kieschke, U. (Eds.) (2008). Gerüstet für den Schulalltag. Psychologische Unterstützungsangebote für Lehrerinnen und Lehrer. Weinheim: Beltz.

[126] Conrad, I.; Dietrich, S., Heider, D., Blume, A., Angermeyer, M.C. & Riedel-Heller, S. (2009). Crazy? So what!.: a school programme to promote mental health and to reduce stigma – results of a pilot study. Health Education, 109,4, 314-328

[127] Bartlett, P., Lewis, O. & Thorold, O. (2006). Mental Disability and the European Convention on Human Rights. Leiden:Martinus Nijhoff

Intersectoral approach to mental health promotion in educational settings.
To enhance social connectedness, ensuring freedom of discrimination and violence, creating safe physical environments are not achieved by the health, education and youth welfare policies alone. Determinants of mental health are much broader. Comprehensive socio-political and economic policies have to be linked with mental health promotion in educational settings. Intersectoral also means to cooperate across institutes, e.g. link EU mental health initiatives with the current WHO-Europe strategy for child and adolescent health and development[128]

Mental health promotion in educational settings as part of public health policy.
Some countries have integrated school mental health promotion into more general strategies created for the whole population. As part of such a comprehensive approach, school mental health promotion gets more support, resources and visibility.

A voice for children and young people
Mental health promotion is not only done for children but, first and foremost, with them. Age appropriate involvement of students is in itself an investment in their mental health. Participation "fosters the development of young people's identity and competence; contributes to the development of a sense of self-efficacy, ownership and empowerment; fosters better educational outcomes; and is conducive to positive health outcomes"[129]. Therefore policy makers and stakeholders are invited by the Mental Health Pact to take action with regards to promoting the participation of young people in education, culture, sport and employment. Several states have committed themselves to support children and young people's participation in line with the communication from the commission on "Promoting young people's full participation in education, employment and society"[130].

5.2 PRINCIPLES OF WHAT WORKS

- Multi-faceted approaches
- Promotion of positive mental health and prevention of mental illness (e.g. resiliency, hardiness, life skills, capability, sense of coherence)
- Participation and empowerment (e.g. involvement in decisions as part of developing and maintaining a democratic school community; creating a sense of ownership)
- Diverse learning and teaching (e.g. implementing a diversity of learning and teaching strategies which promote the sense of coherence; relating mental health and wellbeing issues to students lives and an their community)
- Approaches which improve socio-emotional competence (e.g. self-awareness; self-management; social awareness; relationship skills; responsible decision-making)
- Duration and intensity (e.g. continuous implementation for more than one year)
- Supportive social and wider environmental context (e.g. creating positive school and classroom climate)

[128] www.euro.who.int/childhealtdev/strategy/
[129] Simovska, V. & Bruun Jensen, B. (2009). Conceptualizing participation - the health of children and young people. Copenhagen: WHO.
[130] Com (2007) 498 from 4.09.2007; see also Eurydice European Unit 2005

- Supportive school ethos (e.g. mental health promotion and mental disorder prevention as part of school culture; fostering open and honest relationships within the school community; high but achievable expectations of students in their social interactions and educational attainments)
- School leadership and management (e.g. mental health management as part of school health management as a responsibility of the principal of the school or the school leadership team)
- Involve parents and local community (e.g. parents evenings or workshops on mental health and education)
- Partnership between education and health policy makers (e.g. collaborative working groups)
- Capacity and competence building (e.g. in service training for the whole school staff)

5. 3 POLICIES FOR ACTION

Policies define rules, regulations and contexts of mental health promotion in educational settings. To make mental health promotion happen and to support sustainability in these settings, supporting policy needs to be in place at all different levels of decision making, e.g. in the classroom, the school, school administration, local, regional an/or national government. The following policy frameworks are fundamental for mental health promotion in educational settings and are therefore important in first place. Examples from Member States illustrate this.

- Policies which integrate mental health in the life, ethos and curricula of educational settings
    - Mental health promotion integrated in the national education curriculum and delivered by trained teachers (e.g., Malta, national mental health strategy; Scotland "Curriculum for Excellence"[131].)
    - Social and emotional learning materials in curricular classes and school assemblies and (e.g., "Social and emotional aspects of learning' (SEAL) for primary and for secondary schools, UK[132])
    - Accreditation of "Healthy Schools" including mental health related components (e.g., Healthy school programme[133], UK; "Health Promoting School" certificates, Hessia, Germany)
    - Incentives for good healthy school development (e.g., by the statuary accident insurance of Northrhine-Westfalia, Germany)
    - Development of a nationwide set of indicators for improving quality of school through mental health interventions (e.g. Germany[134])

- National policies to prevent bullying
    - Large-scale implementation of multi-level bullying prevention programmes (e.g. Olweus programme, Norway[135])

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[131] Learning and Teaching Scotland (2009) Curriculum for Excellence (www.ltscotland.org.uk/curriculumforexcellence. Accessed 30th July 2009).
[132] Department for Children, Schools and Families (2009) Social and Emotional Aspects of Learning. (http://nationalstrategies.standards.dcsf.gov.uk/inclusion/behaviourattendanceandseal. Accessed 30th July 2009.
[133] http://www.healthyschools.gov.uk/Themes/
[134] Paulus, P. & Michaelsen-Gärtner, B. (2009): Referenzrahmen schulischer Gesundheitsförderung.

- Policy to support teachers' capacity to promote mental health and prevent mental disorders
  - Legislation to limit child: educator ratio in primary and secondary schools (e.g. ?
  - Training of teachers and early childhood workers in mental health promotion, the prevention of mental disorders, and early intervention. (e.g., Response Ability, Australia[136])

- Combat stigma of mental disorders as part of the culture of the educational setting
  - Anti-discrimination legislation applied to teachers and pupils
  - Support pupils at risk or with pre-clinical mental health problems (e.g. Mind Matters Plus[137])
  - Involvement of (ex-) users in anti-stigma interventions as integral part of a whole setting approach

- Policy to facilitate intersectoral approaches
  - Link socio-political, economic and educational policy (E.g. Romanian inter-ministerial mental health strategy for children and young people, under the coordination of the prime minister's chancellery. Contributions from National Authority for Child Protection, the National Centre for Mental Health, the General Direction for Policies, Strategies and Health Quality Management of the Ministry of Health)
  - Cross-institutional cooperation
  - Integrated school mental health promotion as part of whole population policy (e.g. various member states[138])

- Policies increasing youth/student involvement and participation
  - Commitment to the EC communication "Promoting young people's full participation in education, employment and society"
  - Children's parliament or ombudsmen involved in political decisions,

5. 4 PROGRAMMES FOR ACTION

Looking at programmes for action it is important to distinguish between different target groups in mental health promotion and mental disorder prevention in educational settings. Not only between students, staff, parents and stakeholders, or between themes such as, e.g., life skills, socio-emotional learning and bullying, but also between universal, selective and targeted approaches. Universal interventions are aimed at all groups in the setting (i.e. whole school approach), whereas selective and targeted intervention focuses on either high risk groups or

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[135] Olweus, D. (2001b). Olweus' core program against bullying and antisocial behavior: A teacher handbook. Research Center for Health Promotion, University of Bergen, Bergen, Norway.
[136] Australian Government Department of Health and Ageing (www.responseability.org)
[137] Anderson, S. & Doyle, M. (2005). Student and Staff Mental Health Literacy and MindMatters Plus. Australian Journal of Guidance & Counselling, 15(2), 209–213 http://mmplus.agca.com.au/index.php
[138] Bulgaria ("National Action Plan for Implementation of the Mental Health Policy of the Republic of Bulgaria, 2004-2012"), Finland ("National Action Plan to reduce Health Inequalities, 2008-2011"), Scotland ("Toward a mentally flourishing Scotland. Policy and Action Plan 2009-2011"), Spain ("Strategy in Mental Health of the National Health System", 2008) and the region of Catalonia ("Master Plan on Mental Health and Addictions", 2007).

children with pre-clinical symptoms of mental health problems. In addition, programmes exist to help those with more severe mental disorders, who need targeted therapeutic interventions.

It should be noted that the programmes mentioned by name in this section should not be considered recommendations specifically, but are included here as illustrative examples of the types of programmes available or generic models for intervention in this area.

- Whole school approach:
    - "Schools for Health in Europe Network" (SHE)[139]
    - MindMatters[140].
    - Lion's quest[141]
    - SEAL[142]

- Classroom based socio-emotional learning and life skills training:
    - PATHS.
    - Second Step Violence Prevention Programme[143]

- Bullying Prevention:
    - Olweus Bully Prevention Programme[144]
    - Anti-bullying programmes reaching outside the school to include journey to and from school.

- Peer-to-peer action:
    - Children and youth become the implementers of promotion programmes, leading by example

- School collaborating with family and community:
    - School and families (e.g., link: FAST – Families and Schools Together[145]).

- Pre-school Programmes:
    - High/Scope Perry Preschool Programme[146].

[139] www.schoolsforhealth.eu. Formerly known as "European Network of Health Promoting Schools (ENHPS)",
[140] www.mindmatter-schule.de; Franze, M. & Paulus, P. (2009). MindMatters – a programme for the promotion of mental health in primary and secondary schools: Results of an evaluation of the German language adaptation. Health Education, 109(4), 369 – 379
Wyn, J., Cahill, H., Holdsworth, R., Rowling, L., & Carson, S. (2000). MindMatters, a whole-school approach promoting mental health and wellbeing. Australian and New Zealand Journal of Psychiatry, 34(4), 594-601
Mind Matters (2009) Online. (www.mindmatters.edu.au. Accessed 30th Julyl 2009).
[141] http://www.lions-quest.org/downloads/LCIF_303_SFC_Brochure.pdf
[142] Barry, M. & Jenkins, R. (2007). Implementing mental health promotion. London: Churchill Livingstone Elsevier
[143] http://www.cfchildren.org/programs/ssp/overview/
[144] http://www.clemson.edu/olweus/
[145] http://familiesandschools.org/
[146] Schweinhart & Weikart 1998; Schweinhart et al 2005

5. 5 TOOLS TO FURTHER SUPPORT IMPLEMENTATION

There are many tools aimed at supporting educational settings in mental health promotion activities. These include universally applicable processes, decision making tools or models, databases of programmes and guidelines for effective implementation. Here, some are listed:

- For teachers:
  - classroom management strategy (e.g. Good Behaviour Game, GBG[147])

- For schools/head teachers:
  - To identify mental health status ("School Mental Health Questionnaire"[148])
  - To improve school environment (e.g. healthy schools, UK – step by step guide for self-evaluation and checklist for getting on the healthy schools register[149])
  - Choosing school based programmes ("School Beat Quality Check List", Netherlands)
  - Databases of programmes (DataPrev, Evidence based programmes; NREPP register[150] Centre for School Mental Health's National Survey of Expanded School Mental Health Programmes[151])
  - Database of implementation tools (ProMenPol[152]; "Implementing Research-Based Prevention Programmes in Schools"[153])

- For policy makers
  - All of the above.
  - Support for implementation (literature on implementation[154])
  - Support at the European level ("Schools for Health in Europe Network" "SHE")
  - Recommendations for prevention of violence (CAMHEE[155]

- For children:
  - Online educational resources
  - Students' unions and interest groups
  - Students' support groups
  - Help lines (e.g. European Child-line)

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[147] http://www.colorado.edu/cspv/blueprints/promising/programs/BPP06.html
[148] Weist, M.D., Stephan, S., Lever, N., Moore, E.& Lewis, K. (2005). School mental health quality assessment questionnaire. (www.schoolmentalhealth.org and http://csmh.umaryland.edu); Accessed 30st July 2009).
[149] http://www.healthyschools.gov.uk/
[150] National Registry of Evidence-based programmes and practices; SAMHSA 2009
[151] www.schoolmentalhealth.org and http://csmh.umaryland.edu
[152] www.mentalhealthpromotion.net
[153] www.ed.gov/admins/lead/safety/training/implementing/index.html
[154] Barry, M., Domitrovich, C. & Lara, M.A. (2005). The implementation of mental health promotion programmes. Promotion & Education, Suppl. 2, 30-36
Barry, M. & Jenkins, R. (2007). Implementing mental health promotion. London: Churchill Livingstone Elsevier
[155] "Child and adolescent mental health in Enlarged European Union: development of effective policies and practices", CAMHEE, WP6. www.camhee.eu