



NATIONAL INSTITUTE FOR HEALTH AND WELFARE

Health services as actor and setting for promoting mental health and preventing mental disorder in children and young people

Tytti Solantaus

Research professor, Child psychiatry

Tytti.Solantaus@thl.fi

Health care and health services

- are there for the individual throughout the life span
- starting from family planning and pregnancy extending through childhood years, and onwards
- Research on health and development has provided knowledge on
 - Risk and protective factors and processes
 - Developmental processes and trajectories
 - Accumulating evidence base for preventive and promotive interventions
- We have the setting, the knowledge and the means



- **Health services have an opportunity and a responsibility to promote child development and mental health and prevent developmental problems and mental health symptoms and disorders**

In this presentation

- Mental health =mh
- Prevention and promotion = Prev & Prom
- 'children' and 'childhood' refer also to adolescents
- References are in the background document



Concepts 1

- **Promotion of mental health** in childhood
 - Promotion of child development and mental health
 - Promotion of societal provisions necessary for healthy child development (foundations for good family life, high quality kindergarten and school, opportunities for constructive leisure time and peer life, access to culture as well as different services)
 - Promotion of healthy processes in child development



Concepts 2

- **Prevention of mental health disorders**
 - Prevention of developmental problems
 - Prevention of emotional, behavioral and mental problems, disorders, psychiatric illness
 - Preventive interventions and actions



Concepts 3 : Levels of prevention and promotion

- **Universal prevention and promotion**
 - targeted at the whole population
- **Targeted prevention**
 - **Selective prevention**
 - targeted at a risk group
 - prevention of disorder /symptoms which are likely to develop
 - **Indicated prevention**
 - Targeted at high risk groups and individuals who already have some symptoms
 - Prevention of more severe symptoms and full blown disorder

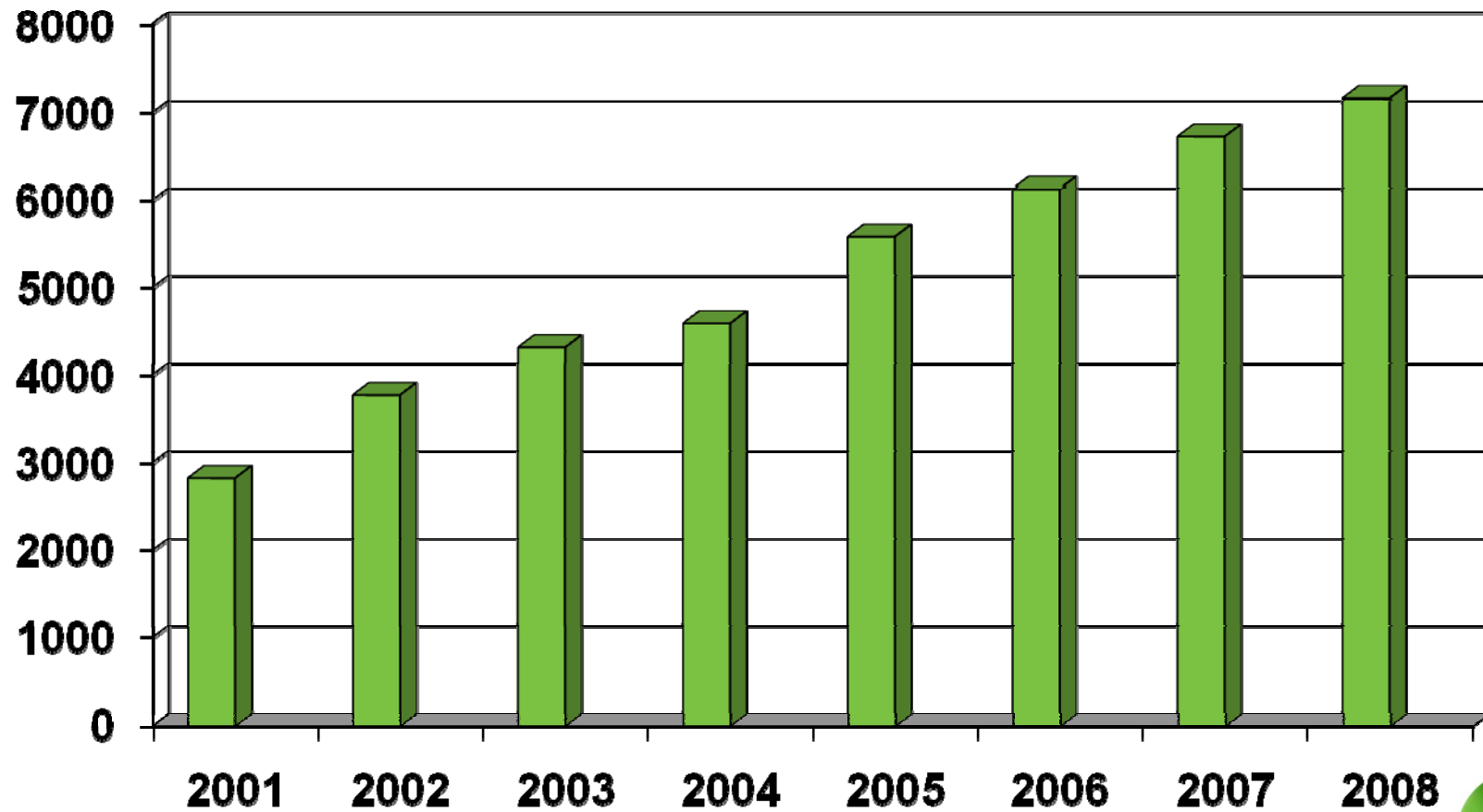


Prev&prom and treatment are a unity

- They overlap and complement each other
- They should not be seen as adversaries competing for resources
- If prev&prom are seen as secondary to treatment, it will lead to distorted services
 - rising use and costs for specialized services vs. community based services with prev&prom
 - Often in times of economic hardship and recession
 - E.g. the development in Finland since the 1990s recession



Costs for child and family specialized services in a town of 30 000 inhabitants. (x 1000€)



Promotion and prevention need an infrastructure

- (A) Services, (B) Research and (C) Training
- Backed up by legislation and policy



Legislation and policy 1

- Child mental health prev&prom services need to be legislated as treatment services are
- Health sector has the responsibility to ensure that child mental health is taken into account in non-health legislation and policies (social welfare, education, culture, community planning, immigration etc.)
- Implementation is ensured through national, regional and local policy



Legislation and policy 2

- A move from re-active to pro-active approach in legislation
 - From restrictive to supportive measures
 - E.g. to mandate support for families with parental problems rather than only restrictive measures such as taking their children to custody
 - Child Welfare Act in Finland provides that, if a parent receives mental health or drug abuse services, the service organizer is also to take care of needs for care and support of the patient's dependent children
 - Similar provisions in other Nordic countries



A. Health services

- I. Universal prev&prom services
- II. Pediatric health services
- III. Health services for adults



I Universal prev&prom services in child mental health

- **Universal, developmentally appropriate, high quality community based mental health prevention and promotion oriented health services, starting with family planning and pregnancy, extending through childhood years**
- Equal access for all population groups, regardless of gender, age, social class, ethnic group, family constellation, geographical location
- Universal maternity/family and healthy child clinics and school health services
 - In Finland, 99% of families use these services, but...



A need to change focus

- Healthy child clinics and school health services are traditionally focused on physical growth and health
- Mental health and developmental approaches are lacking
- A change is needed to expand the focus to mental health and socioemotional development
 - European Early Promotion Project: training for health nurses in healthy child clinics to extend the focus towards child mental health



Tasks of universal prev&prom services

- To offer developmentally appropriate prom&prev information and new knowledge for children and families
 - Societies change as well as challenges for child development
 - New research finding come to the fore
 - All (also mainstream) parents and children need and are entitled to this information
 - Infrastructure of services is needed to distribute the information across the population



Tasks of universal prev&prom services -2

- To monitor child development and mental health and family situations in order to prevent risk situations to develop and
- To detect early problems in order to offer or refer children/families to preventive interventions
- To refer them to specialized services including psychiatric and child protection services when needed



To move beyond early detection

- From early detection of problems to enhancing family and child strengths i.e. promotion of healthy development and resilience
- To extend prevention efforts to proactive measures



Agency of children and parents

- **The services function in close cooperation with children and families**
- respect for children's and parents' agency
 - A great challenge especially to psychiatry and child protection services
 - A move from stigma and parent blaming to respect and collaboration
- (later presentations)



Collaboration across sectors

- Child development is determined by multilevel interactions between biological makeup of the child, the family, kindergarten, school, peers & internet
- Earlier:
 - Psychological problems – mental health services
 - Social problems – social services
 - Cognitive problems – special education services
- Now: emotional, cognitive and social development are intertwined
- Monosectoral model of services is outdated



Collaboration across sectors -2

- A change from monosectoral to ecological approach means working in multiprofessional teams across sectoral lines and integration of specialized and community based services
 - Working across sectors is a challenge for all European Union countries (The CAMHEE programme)



Combination of universal and targeted preventive interventions

- Targeted evidence based interventions are needed for high risk groups
- Universal services monitor the family and school situations for the child, and identify needs for targeted preventive interventions
 - Parental mental health and drug abuse problems, especially during pregnancy and postnatal period
 - Children with early symptoms of emotional, behavioural and mental problems



II Pediatric services for children

- Promotion of socio-emotional development and mental health of children with chronic and/or severe somatic illness or disabilities, as well as support for their siblings and parents are in place alongside the treatment of the physical problem.
 - Severe somatic illnesses in children are a risk for the child's well being and mental health. They tax family resources and have an impact also on siblings.



III Health services treating adults

- Parental life threatening illness (e.g.cancer), severe chronic diseases and disabilities and death of parent present stressfull challenges for all family members, including children
- Parents' mental health and drug abuse problems are a major risk factor for child adjustment, educational, psychiatric and drug problems



- About 20-25% of children live in families parental mental disorder or/and substance use
- About 40% children with parental depression are likely to suffer from psychiatric disorder by age 20, and 60% by age 25 (Beardslee et al. JAACAP 1998)
- Parental substance use and mental disorder are the main reason for taking children into out-of home custody.
- Intergenerational transfer of psychiatric disorder and alcohol and drug use is the main pathway to social exclusion and marginalization



- **Mental health and drug abuse services as well as somatic health services for adults are to take a whole family approach, and promote their patients' parenting, family relationship and child mental health and provide/make referrals for appropriate preventive interventions and other services**
 - Examples of countrywide programmes and evidence based methods
 - The KOPP programme in the Netherlands
 - Effective Family Programme in Finland



II Research

- To increase the scientific base for prev&prom
- Preventive interventions for community based services need to be developed and studied
- As well as programmes which can be accessed directly by children and parents (help lines, internet, etc)
- Effectiveness of prev&prom services
- Users' experiences of the services and interventions



III Education and Training

- School system: Mental health literacy
- Universities and polytechnics: child development, prev and prom knowledge base for all professionals in health, social and educational sectors
- Media and others: Awareness and antistigma campaigns



Three main action points

1. Universal prev&prom services combined with targeted high risk interventions

2. Mental health prev&prom in pediatric services

3. Prev&prom in child mental health in health services for adults





Thank you!



This paper was produced for a meeting organized by Health & Consumers DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumers DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.