

Promotion of Mental Health and well-being of children and young people - making it happen

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Stockholm, 29.09.09



The role of (mental) health services at:

- Federal
- Regional
- Local level

Global patterns of mortality in young people: a systematic analysis of population health data

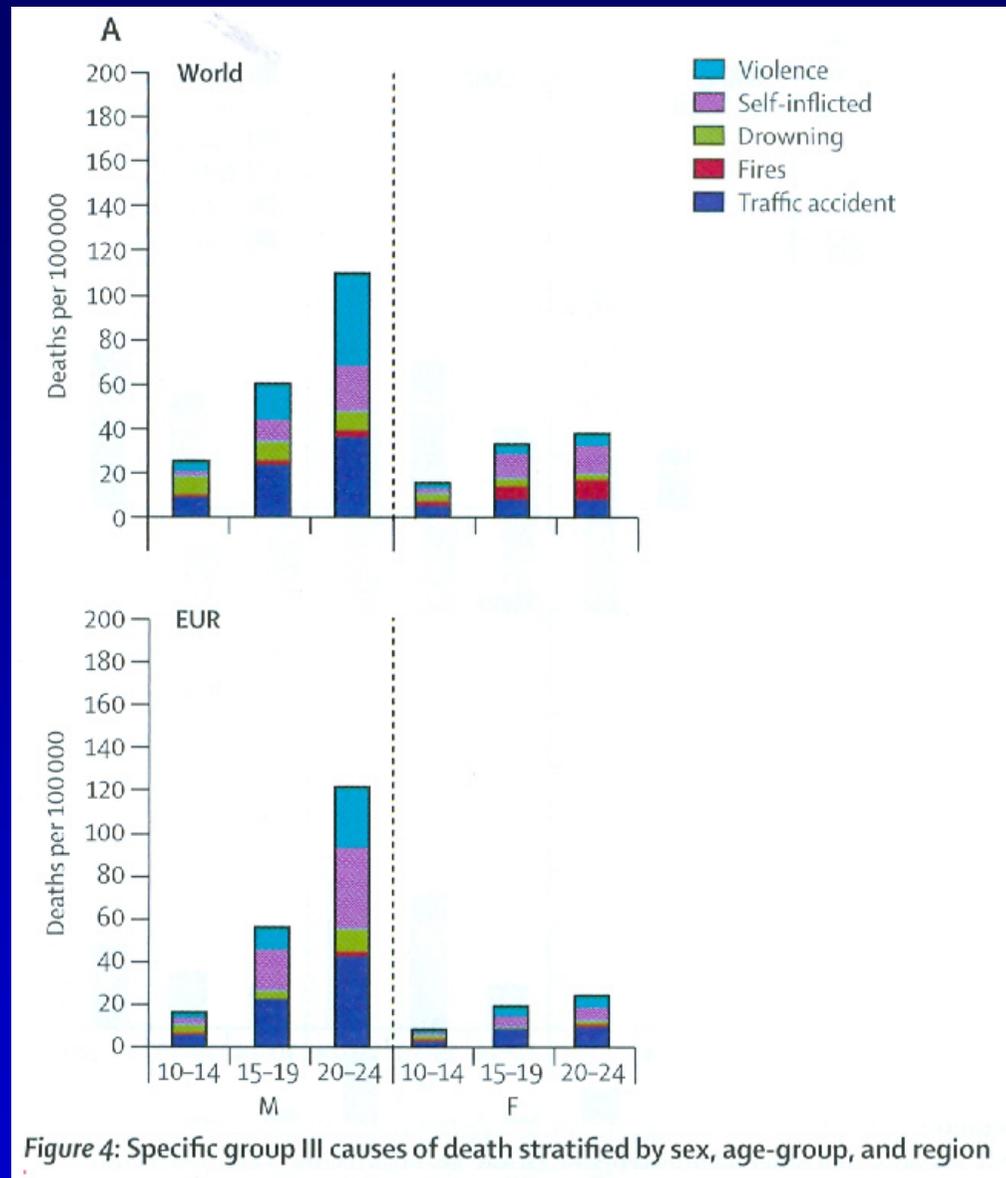
George C Patton, Carolyn Coffey, Susan M Sawyer, Russell M Viner, Dagmar M Haller, Krishna Bose, Theo Vos, Jane Ferguson, Colin D Mathers

Summary

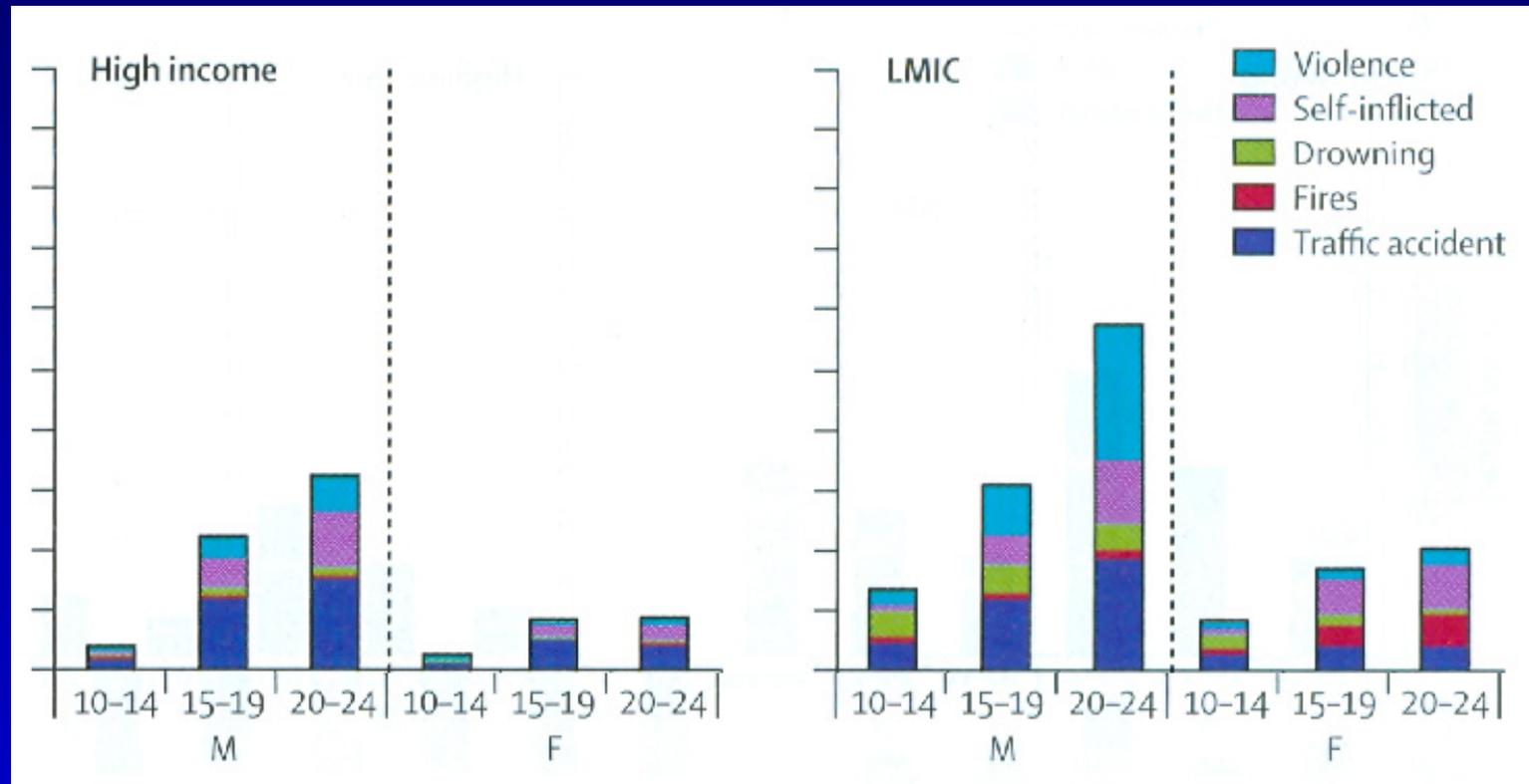
Background Pronounced changes in patterns of health take place in adolescence and young adulthood, but the effects on mortality patterns worldwide have not been reported. We analysed worldwide rates and patterns of mortality between early adolescence and young adulthood.

Methods We obtained data from the 2004 Global Burden of Disease Study, and used all-cause mortality estimates developed for the 2006 *World Health Report*, with adjustments for revisions in death from HIV/AIDS and from war and natural disasters. Data for cause of death were derived from national vital registration when available; for other countries we used sample registration data, verbal autopsy, and disease surveillance data to model causes of death. Worldwide rates and patterns of mortality were investigated by WHO region, income status, and cause in age-groups of 10–14 years, 15–19 years, and 20–24 years.

Findings 2·6 million deaths occurred in people aged 10–24 years in 2004. 2·56 million (97%) of these deaths were in low-income and middle-income countries, and almost two thirds (1·67 million) were in sub-Saharan Africa and southeast Asia. Pronounced rises in mortality rates were recorded from early adolescence (10–14 years) to young adulthood (20–24 years), but reasons varied by region and sex. Maternal conditions were a leading cause of female deaths at 15%. HIV/AIDS and tuberculosis contributed to 11% of deaths. Traffic accidents were the largest cause and accounted for 14% of male and 5% of female deaths. Other prominent causes included violence (12% of male deaths) and suicide (6% of all deaths).



Patton GC, et al. Lancet 2009;374:881-92



Patton GC, et al. Lancet 2009;374:881-92

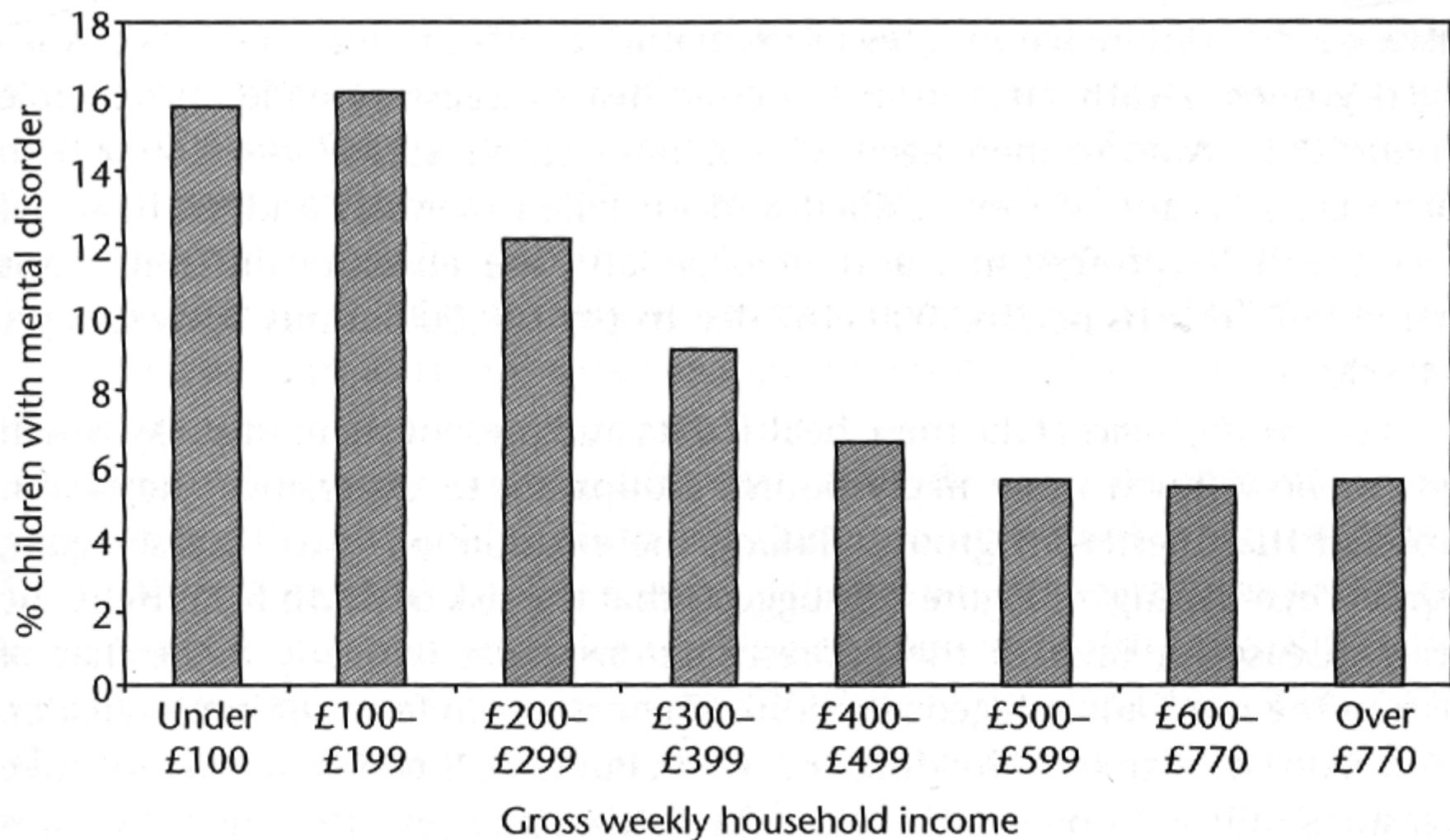


Figure 2.4 Prevalence of mental disorder in children aged 5-15 by gross weekly household income, Britain, 1999

Source: adapted from Melzer and Gatwood, 2000, table 4.8

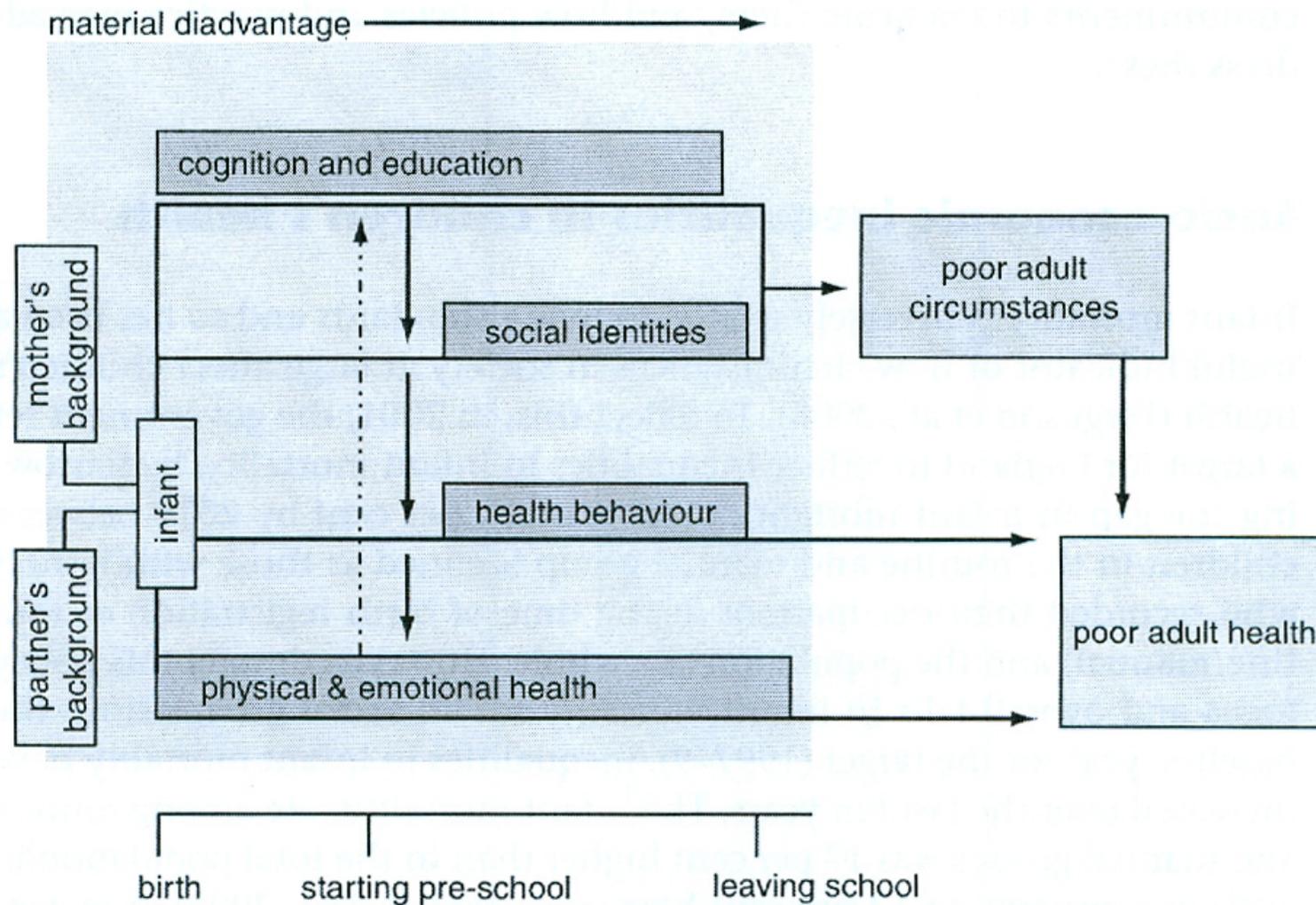


Figure 1.1.1 Life-course framework linking childhood disadvantage to poor adult health.

Source: Graham and Power (2004: figure 7), reproduced with permission from the publishers.



World Health
Organization



Commission on
Social Determinants of Health

Closing the gap in a generation

Health equity through action on
the social determinants of health



Primary health care as a strategy for achieving equitable care:

a literature review commissioned by the Health Systems Knowledge Network

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[http://www.who.int/social_determinants/resources/csdh
_media/primary_health_care_2007_en.pdf](http://www.who.int/social_determinants/resources/csdh_media/primary_health_care_2007_en.pdf)

Figure 3: Primary health care as a strategy for promoting health equity and intersectoral action

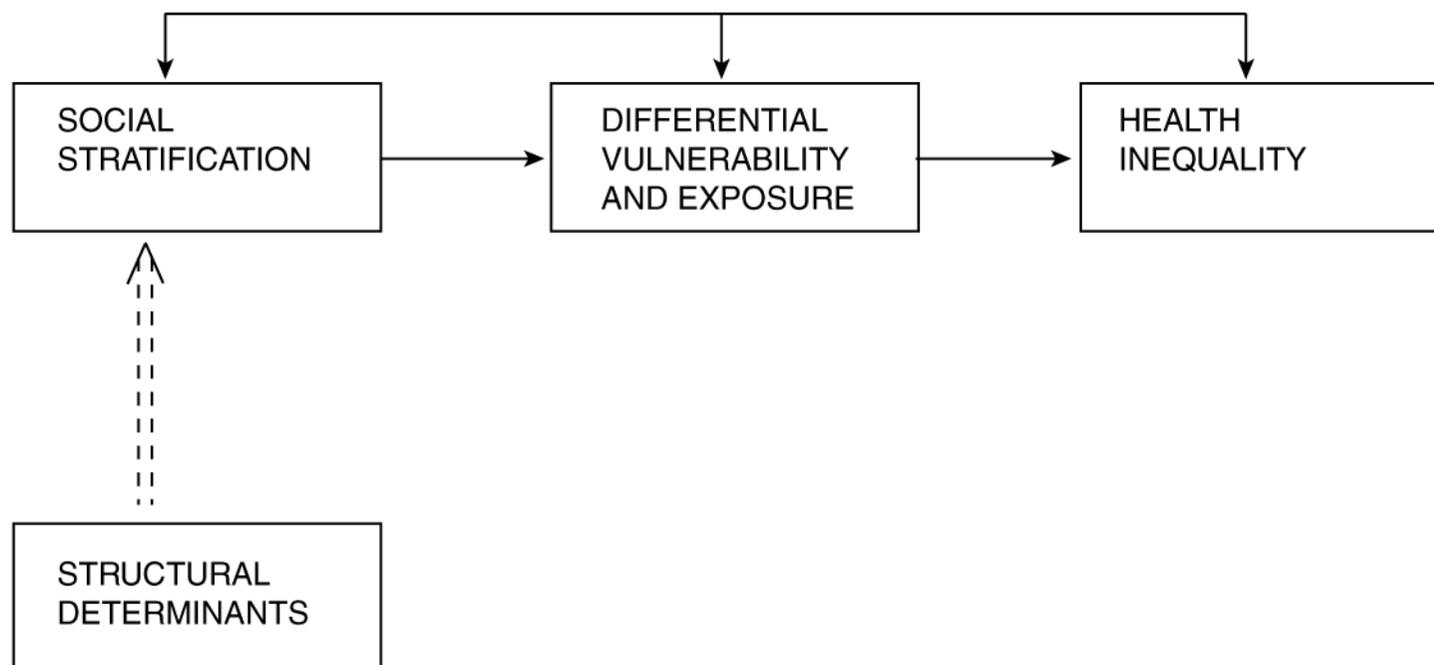
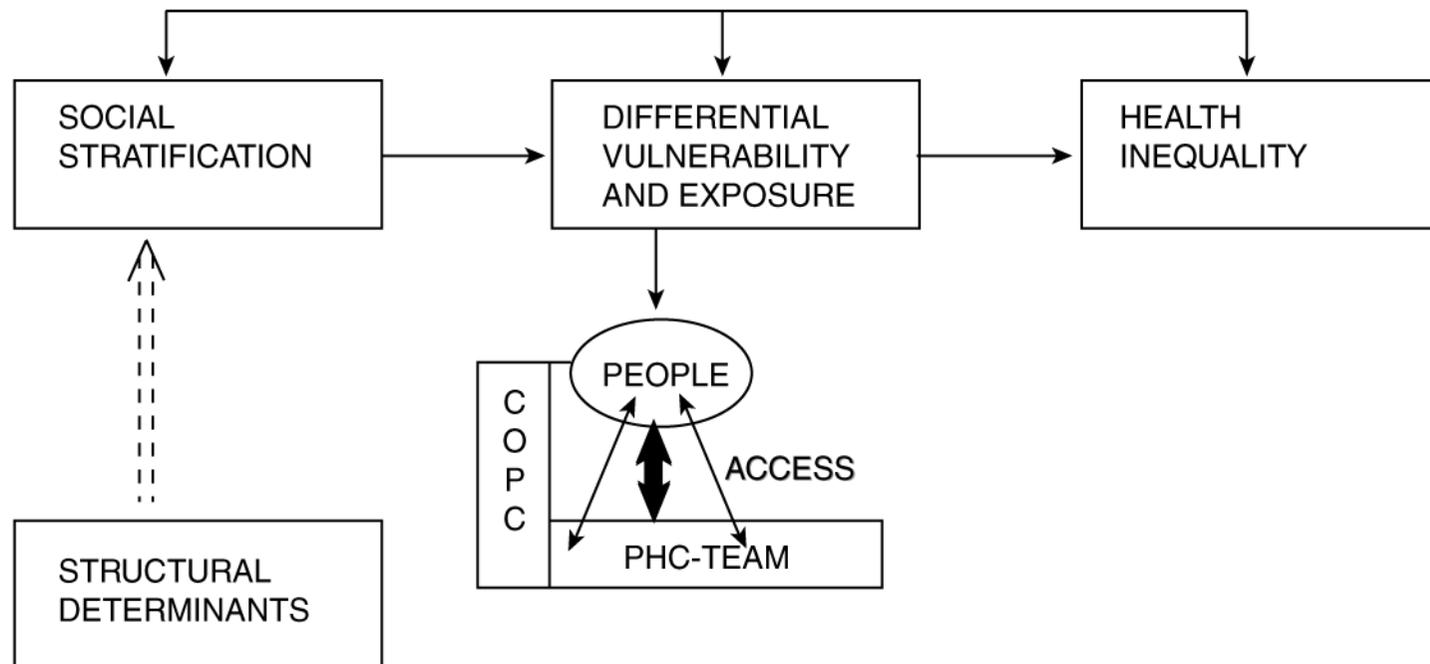
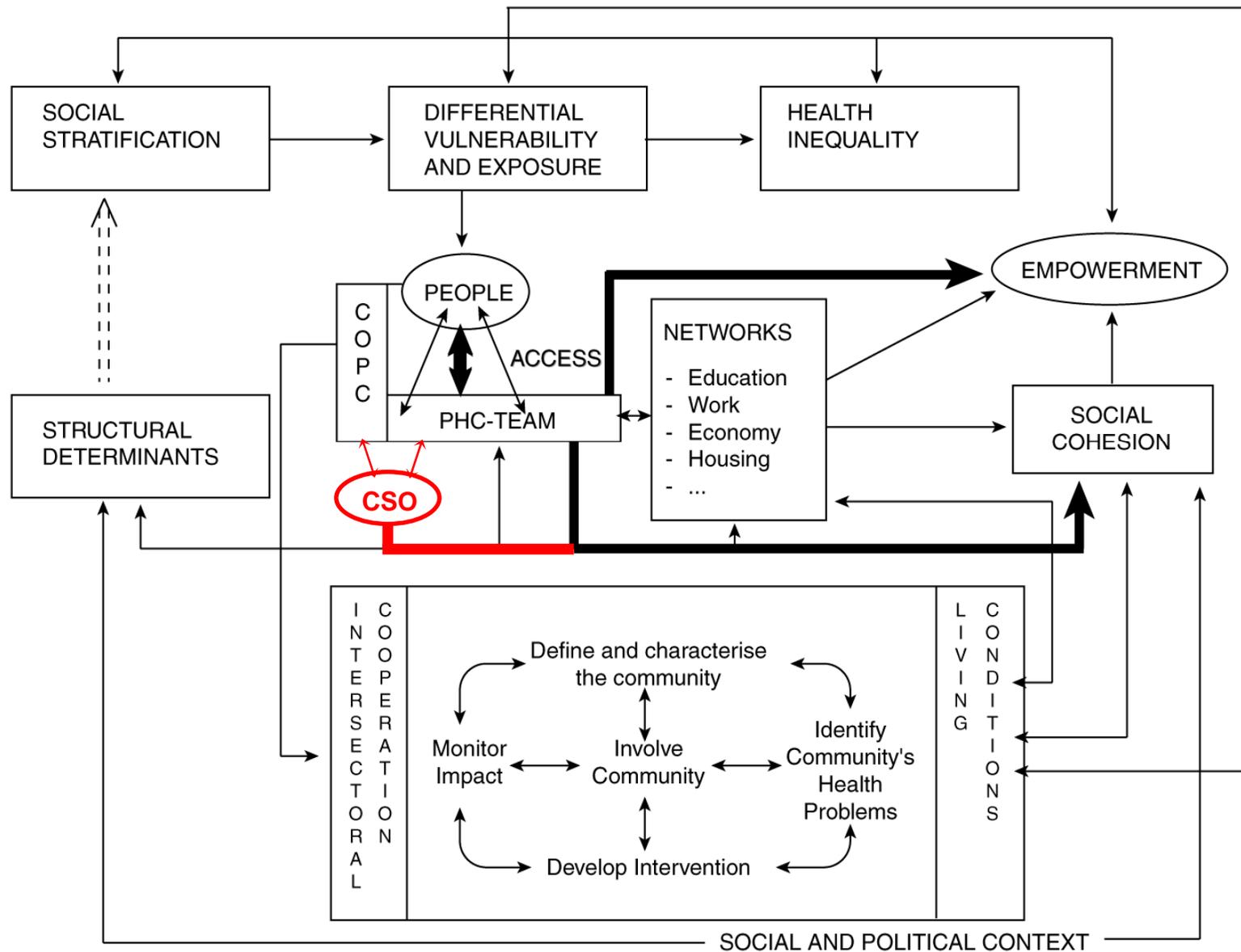
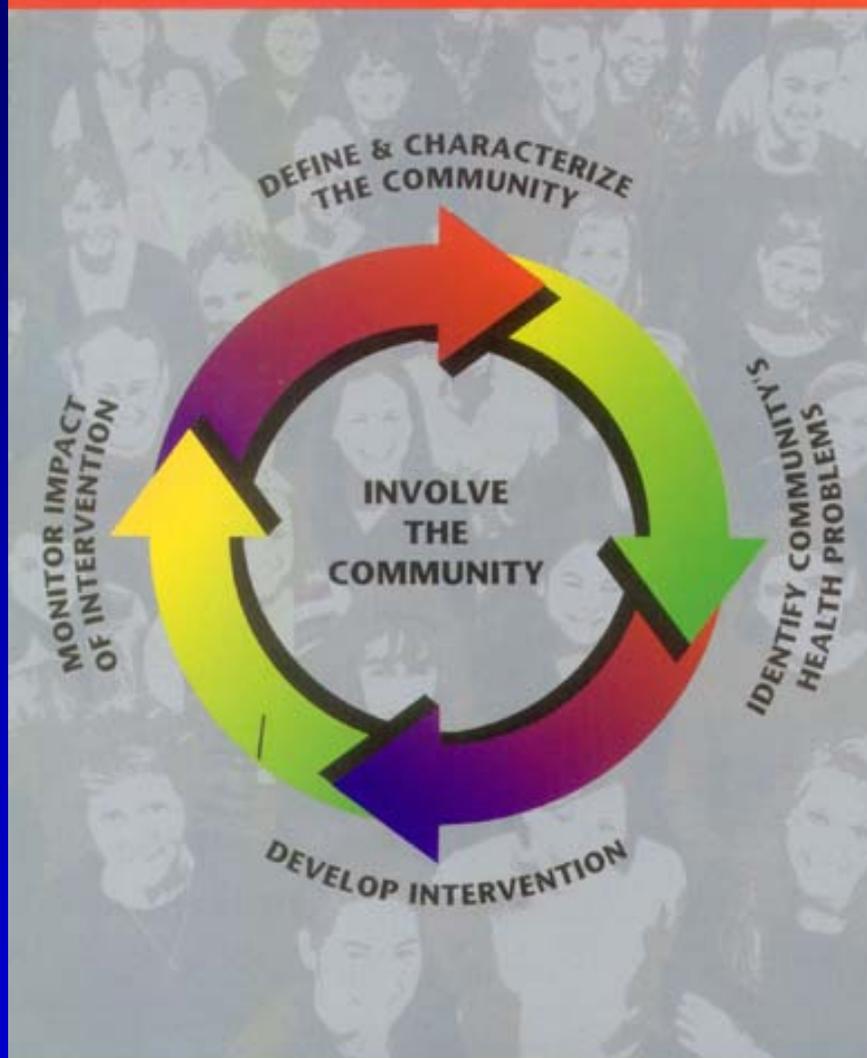


Figure 3: Primary health care as a strategy for promoting health equity and intersectoral action





Community-Oriented Primary Care: Health Care for the 21st Century



Edited by Robert Rhyne, M.D., Richard Bogue, Ph.D.,
Gary Kukulka, Ph.D., Hugh Fulmer, M.D.

The World Health Report 2008

Primary Health Care



Now More Than Ever





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Inschrijven in het WGC

Voor onze patiënten

Community Health Centre:

- Family Physicians; nurses; dieticians; health promoters; dentists; social workers; ...
- 5400 patients; 55 nationalities
- Capitation; no co-payment
- COPC-strategy



Hundelgemsesteenweg 145, 9050 Ledeberg | tel. 09/232 32 33 | fax 09/230 51 89 | info@wgcbotermarkt.be | ma-vr 8.00 - 19.00

Teenager-pregnancy-epidemic

- The consultation
- The epidemic
- The context
- The analysis: a knowledge problem?
- Focus-groups and qualitative research
- The second analysis: the existential meaning of motherhood

Intervention

- Support-networks
- Skills-training
- Group-meetings
- Cooperation: primary health care and public health

Integration of personal and community health care

The promotion of primary health care since 1978¹ has had a profound political impact: it forced medical educators around the world to address the health needs of all people and it spurred the global recognition of family doctors as the primary medical providers of health care in the community. Yet, on the 30th anniversary of the Alma-Ata Declaration,² disillusionment with and failure to appreciate primary care's contribution to health persist. The missing link in the translation of the principles of Alma-Ata from idealism to practical,

at the expense of population health. The challenge of this balancing act is illustrated in the interchanged use of the terms "primary care", which usually means care directed at individuals in the community, and "primary health care", which usually means a population-directed approach to health. To simplify this discussion and to reduce confusion, we will use the term "personal care" instead of "primary care" and "community-oriented primary care" (panel) instead of "primary health care".

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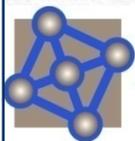
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The Lancet 2008;372:871-2



THE NETWORK
TOWARDS UNITY FOR HEALTH

PARTNERSHIP PENTAGON

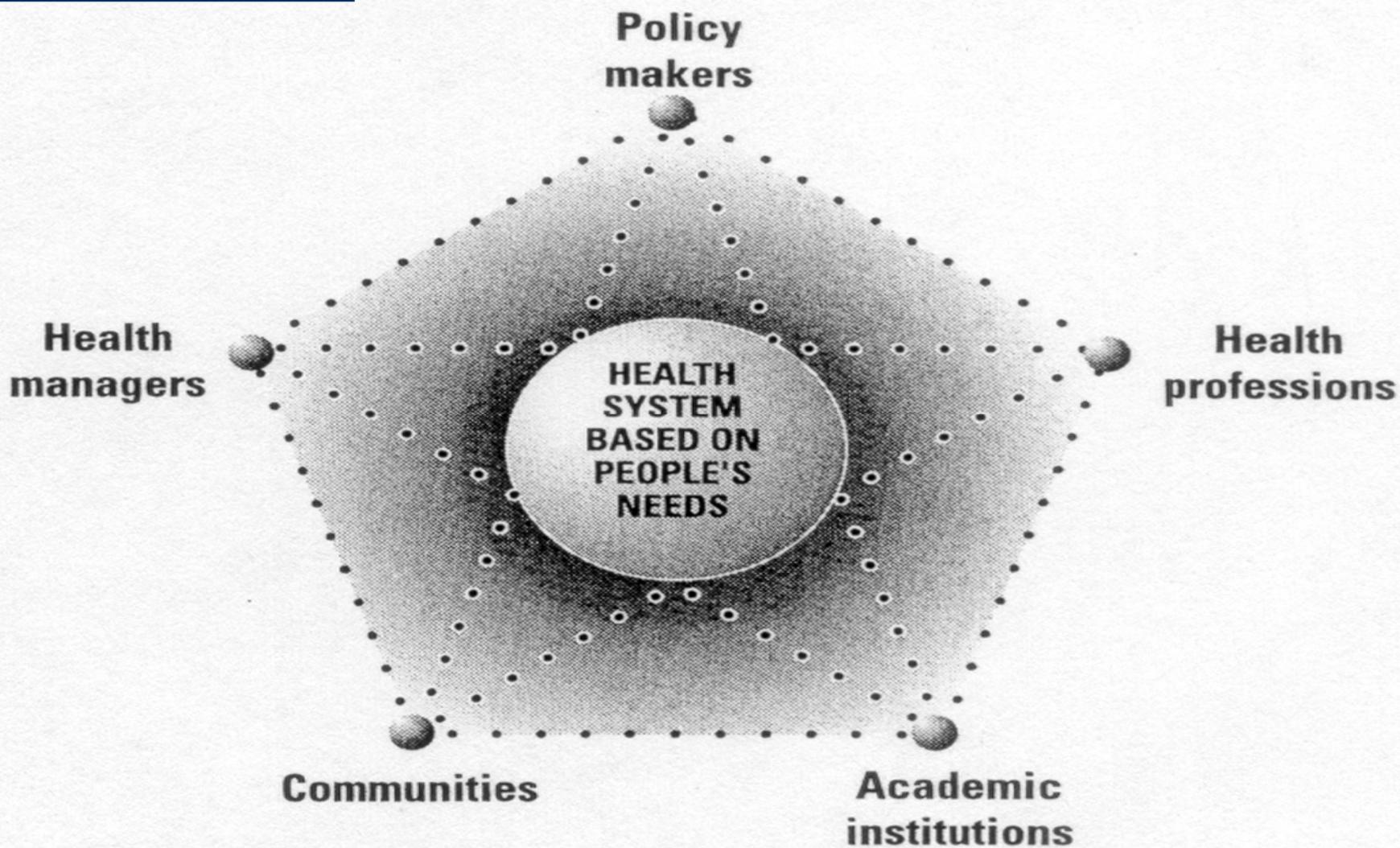


Figure 20. The partnership pentagon

Mental health services at the regional level

- Health promotion
- Intersectoral action for health
- Accessible, comprehensive, integrated community based care

Website « *Fit in je hoofd, wel in je vel* »

- <http://www.fitinjehoofd.be>



- Flemish Agency for Care and Health
- New website within the framework of the Flemish action plan prevention of suicide (2006 - 2010)

What?

- Website to train your mental health (16+)
- List and summary of several mental complaints
- Tips to improve your mental well-being (10 steps)
- Test of “how is your mental fitness?”
- Personal recommendations and advice to cope with mental problems
- In case of severe mental problems: contact professional care worker or register for a treatment program via internet (e-mental health).

Principles

- Self-education and self-care
- Online test = valid and reliable
- Individual advice and recommendations
- E-mental health
- 10 steps based on protective factors of depression
- Website based on international campaign 'Positive steps for mental health', literature and research on 'protective factors' of mental health

More reading on the 10 steps: Guy Van Gestel (2006). *Fit zijn in je hoofd - geestelijk gezond in 10 stappen*. Davidsfonds, Leuven, 188 p.

Online self-assessment test

- Gives a view on your mental health, strengths and weaknesses
- Consists of small questionnaires
- Motivates you to monitor your mental health
- Print outs of personal recommendation on how to cope
- Gives no diagnosis, but indicates how well your mental health is
- Results can be discussed with someone, f.eg. family doctor
- Can be filled in anonymously
- Takes approximately 15 minutes

Suicide after bullying on Facebook

Brits meisje pleegt zelfmoord na pesterijen op Facebook

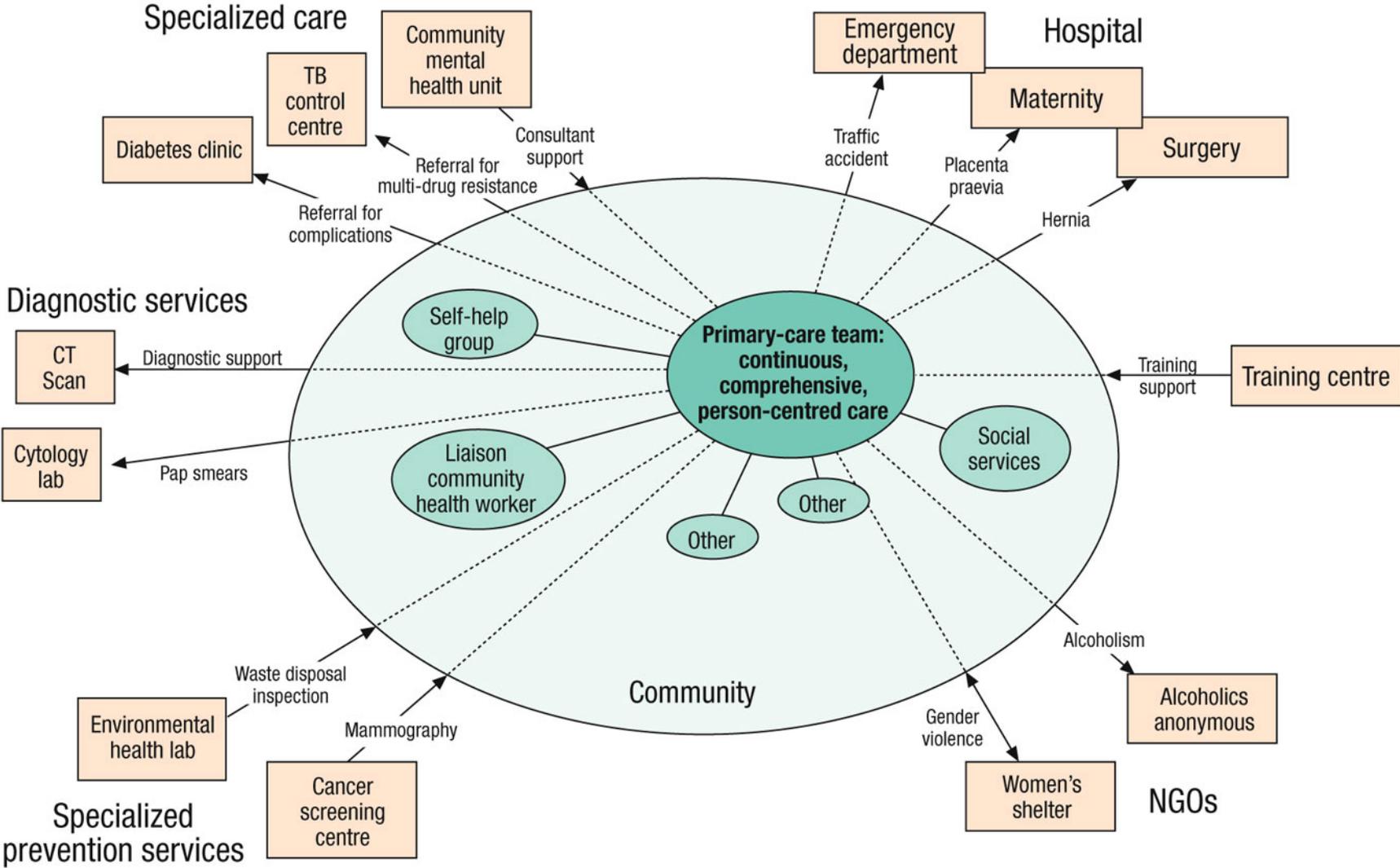


LONDEN ● Een Brits tienermeisje dat regelmatig gepest werd op sociale netwerksites als Facebook, heeft vorige week zelfmoord gepleegd. Dat meldde de Britse krant *The Times* gisteren. 22.09.09

Intersectoral action for health: regional

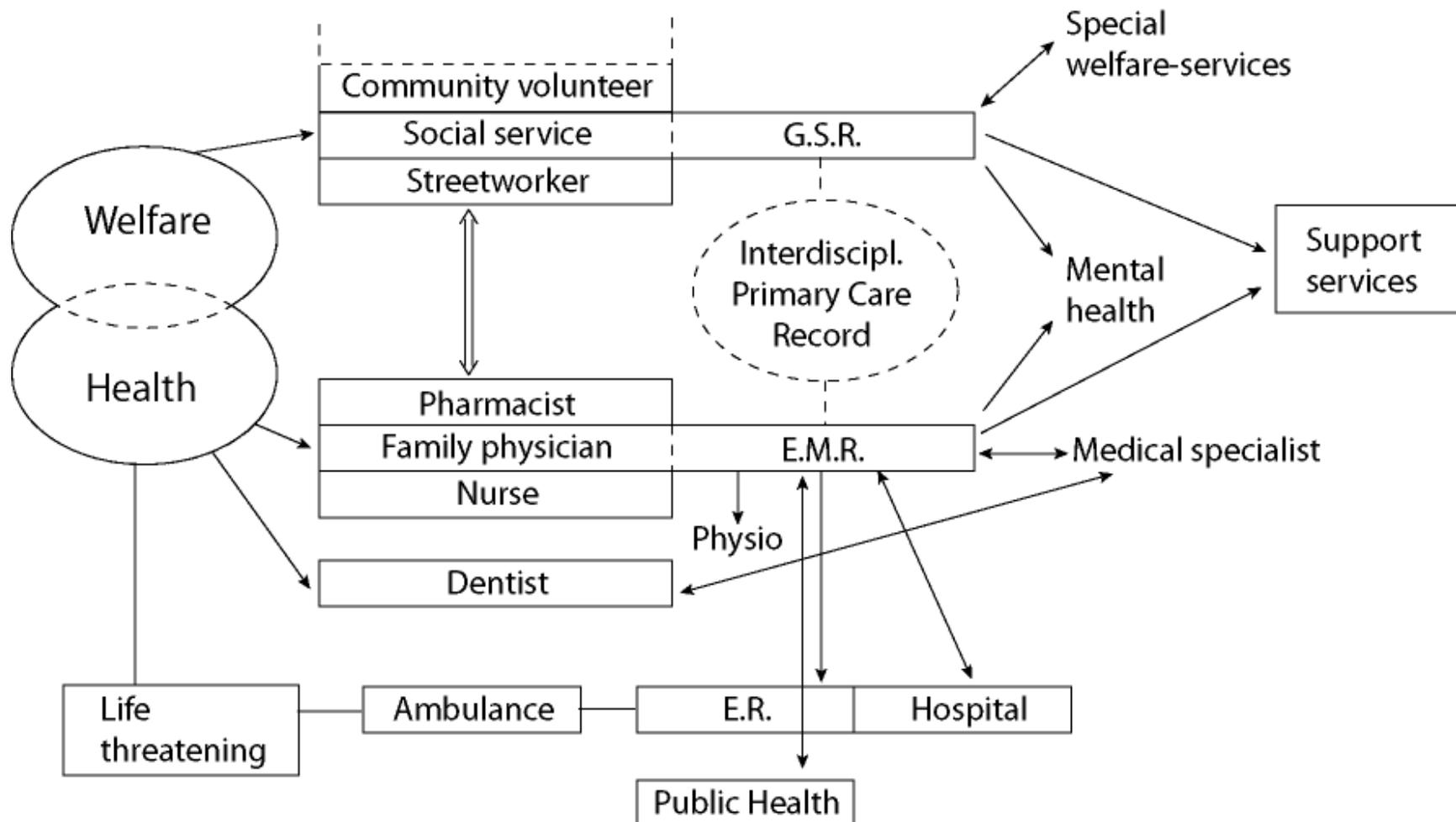
- **Local social policy framework:**
 - Access to social rights
 - “Social house”
- **Flemish Health Council: comprehensive health care system**

Figure 3.5 Primary care as a hub of coordination: networking within the community served and with outside partners^{173,174}



Flemish Health Council (2006)

Health and welfare: comprehensive approach



Intersectoral action for health: local

- **City of Ghent (225.000 inh.)**
 - Implementation Local Social Policy:
11 clusters:
 - Work
 - Interculturality
 - Youth
 - Elderly
 - ...
 - Health
- **Top-priorities:**
 - Living conditions (housing)
 - Access to health promotion and care: mental health

Intersectoral action for health: the community

Ledeberg (8.700 inh.)

- Platform of stakeholders: schools, health care, welfare, police, mental health, ...
- Implementing COPC-strategy, taking different sectors on board

Platform of stakeholders:



- 40 to 50 people
- 3 monthly
- Exchange of information
- “Community diagnosis”

Intersectoral action for health: lessons learned

- COPC- strategy embedded in a strong primary care system
- Education of professionals in mental health care and welfare
- Including mental health in PHC: primary care psychologist
- A multilevel process: decentralisation incorporates local context and increases local ownership
- Complementarity of top-down and bottom-up
- Stimulate community participation

Federal level: mental health

- Facilities: increase in hospital bed for youth psychiatry
- Manpower: child and youth psychiatry
- ? Access to psychotherapy?
- Quality assurance

Lessons learned

- Investment in community mental health
- Investment in primary health care
- Intersectoral action for health
- Increasing social and mental capital

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.