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Framework for Action on Promotion of Mental Health and Well-Being of Children and Young People

Key messages, Statements and Actions



**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 IN CHILDREN AND YOUNG PEOPLE–
MAKING IT HAPPEN**

29TH - 30TH SEPTEMBER STOCKHOLM

FRAMEWORK FOR ACTION ON PROMOTION OF MENTAL HEALTH AND WELL-BEING
OF CHILDREN AND YOUNG PEOPLE
KEY MESSAGES, STATEMENTS AND ACTIONSⁱ

ⁱ These key messages, statements and actions have 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 at the Technical Secretariat in the Generalitat de Catalunya (Spain) and the European Commission, and have undergone a process of revision through feedback and consensus of various stakeholders.

"Parents, Family and the early years"
Parallel Focus Session 1

1. Rationale and Key messages

- In general, parents are the **primary source of child care** and it is they who enable children's development, health and well-being.
- Although parenting is first of all the **private responsibility** of parents and families, the state is responsible for the well-being of all of its citizens, including children. Therefore, the **society as a whole has a role and responsibility in:**
 - Raising general public awareness of positive parenting and its implications for child development and family life
 - Supporting parenting in all families
 - Protecting the well-being of children, where parents are unable to achieve this;
 - Providing specific targeted parenting support for parents in need.
- Parents **are crucial** for child development:
 - The parenting of infants is particularly important because brain development is most active and therefore at its most vulnerable in children under four (0-3).
 - The quality of parenting of older children and adolescents is important in preventing antisocial behaviour, depression, criminality, violence, drug and alcohol misuse, teenage pregnancy and obesity and suicidal behaviour.
 - The contribution mothers and fathers make to parenting is equally important.
- Family relationships beyond parent-child relationships are also relevant. Other relatives including step parents, grandparents, uncles, aunts and siblings, comprise the family and can support child and adolescent development.
- **Parental mental health and parenting are inextricably linked:** Parents' mental wellbeing, or lack of it, enables, or constrains, their capacity to parent in a way that determines children's development. However, parents' mental wellbeing is heavily influenced by the way they were parented. Where a cycle of disadvantage exists, interventions need to support parents' mental wellbeing as well as enabling them to parent more effectively. The quality of primary attachment relationships and early interaction can be supported and effectively treated, where needed.
- **Parents suffering from mental disorders**, substance dependency, seriously stressful situations or severe physical disorders can find parenting especially challenging.
- **Having a parent with a mental disorder can be significant risk factor for familial poverty and/or social exclusion**, which, in turn, negatively influence the mental and physical health of children.
- Investments in **positive parenting and specific services offering psychosocial support to families at risk** could reduce rates of institutionalisation, which remain high in EU, especially in newer EU Member states.

- **Improvements in parenting across the population** would have beneficial effects on the mental health of the population. Low cost universal population approaches are an important component of parenting support initiatives.
- Evidence shows that the **best results** are achieved by not only addressing parents, but by **involving entire communities**.
- **Parenting that is abusive is the most damaging**. The majority of parents who abuse their children have themselves suffered abuse in their families of origin. Intensive support for these parents and their children is necessary to improve parenting.
- **Children who lose their parents** need particularly skilled parenting by substitute parents, as well as support from other key adults (such as (pre-) school staff), if their emotional and social development is not to be compromised. Babies and young children cannot be reared in institutional settings without compromise to their development.
- Children's mental health problems (internalising and externalising) are known to be linked to **family transitions**, such as separation or remarriage, while parenting style has been shown to mediate the effect of such transitions.
- **Parenting quality is linked with**, but not determined by, **social inequalities**. However, variation in parenting is greater within social groups than between them.
- Initiatives to **reduce family poverty and to empower vulnerable and excluded families** can be an important prerequisite to improving parenting.
- **Many EU Member States have implemented policies and evidence based programmes** to promote mental health through parenting interventions. However, in some newer EU Member states there is still a lack of sustainable and evidence-based action.

2. How to make it happen - Compass for Action

Policy, Legislation and management

Action 1:

National policies which support parenting through paid parental leave and benefits packages, for fathers as well as mothers.

Action 2:

Measures to protect children from harsh discipline practices and physical punishment (such as hitting/smacking) within the family, such as legislation in line with the protection afforded to adults by law.

Action 3:

Legislation to support community-based services for families at risk as cost-effective alternatives to institutionalisation of children.

Action 4:

Local policies to finance peer and volunteer family support schemes, toddler groups and playgroups.

Action 5:

Policy and infrastructure to favour collaboration between home, school and kindergarten, in particular where family-structure is being radically changed because of e.g. bereavement, mental illness or divorce.

*Parenting and family programmes, practices and services***Action 6:**

Universal approaches to offer advice/skills to support parenting and identify families in need. These approaches should use existing services, involve a wide range of actors (public health nurses, community and social workers, general physicians, etc.) and be provided via a range of media including TV, DVDs, telephone support, group based support, internet and leaflets.

Action 7:

Targeted and age-appropriate approaches to parenting support for families at high risk including:

- Interventions to increase parents' mental wellbeing and their parenting skills, sensitivity and attunement towards infants and children in teen parents, those with post natal depression, those with a past history of abuse, or in 'care'.
- Support of adequate intensity for families with early signs of critical parenting problems.
- Group or individual behaviour management programmes where children or adolescents are at risk of behaviour problems.

Action 8:

Provision of high quality alternative home-based care ((open) adoption or short term and long term foster care) for *babies* less than 2 years old who are orphans or whose parents are unable to provide a safe and nurturing environment or perform their parenting role adequately.

Action 9:

Provision of high quality daytime care as well as home-based care ((open) adoption or short term and long term foster care) for children age over 2 years whose parents are unable to provide a safe and nurturing environment or perform their parenting role adequately. Provision of high quality (open) adoption and short and long term foster care services for children age over 2 years who are orphans or whose parents give up their parental rights.

*Training, education and research***Action 10:**

Relevant professionals should receive training and supervision in approaches which are empowerment-based and which focus on parents' strengths, as well education in infant mental health and good parenting supporting techniques.

Action 11:

Research, training and development of services to improve parenting and family functioning in families

- where parents have a mental illness or abuse drugs (legal and illegal) or alcohol
- where parenting is abusive or negligent
- and other parents experiencing difficulties in performing their parenting role

“The role of Health Services in promoting mental health and prevention”
Parallel Focus Session 2

1. Rationale and Key messages

- **The health sector presents a unique setting to foster mental health and positive child development** as it allows a developmental perspective (from family planning and pregnancy through adolescence) and a family- and community-oriented approach to individuals.
- **Promotion and prevention in mental health are an integral activity of health care.** Health services should build and promote multidisciplinary and inter-sectoral cooperation and infrastructures, collaborating with the social, cultural and educational sectors, and most importantly with families themselves.
- **Positive psychological development and good mental health are an inseparable part of children’s health.** Therefore, all health services for children should include as a relevant outcome the good mental health and wellbeing of children.
- Mental health problems in childhood are the strongest predictors of mental health disorders in adulthood. Well-functioning, **effective mental health services for children of all ages** are needed to prevent life-long problems and disorders.
- Agency and participation in decision making are crucial for mental health in children and adults. **Health services should respect the agency and expertise of children and parents** and enhance their capacities to take initiatives concerning their own health, family life and services, by involving children and parents in planning, decision-making and the implementation of preventive and promotion actions.
- **In times of economic hardship, recession,** and financial constraint allocation of resources tends to focus on physical health and treatment. **Health services should have the capacity and means to also support the mental health of families and children,** especially in such situations, which are known to compromise family functioning.
- The **inter-generational transfer of problems,** especially from parents with psychiatric disorders and alcohol or drug abuse problems **presents a high risk for children’s development and is also the main risk factor for social exclusion.** Psychiatric and alcohol and drug abuse services for adults are in a key position to identify families in need and give first-hand support and to refer families and children for specific interventions and services when needed.
- **The stigma attached to mental health problems affects children and their parents and has an impact on service use.** Mental health services for children, including prevention and promotion, should be part of general health services rather than organised in separate organisations or institutions.
- There is a **gap between what is known and what is really put into practice in terms of** promoting child development and the prevention of mental problems through services. Major

advances have been made during the past fifteen years, although there is still a need of greater implementation of effective interventions.

2. How to make it happen - Compass for Action

2.1. Essential actions for Member States

Legislation and policy issues

Action 1:

Legislation concerning health services to include infrastructure/provisions for prevention and promotion in child mental health.

Action 2:

Early and Supportive measures for parenting and child development in families with parental adversities (mental disorders, alcohol and drug abuse, severe somatic illness/disabilities) should be incorporated into policies, rather than being limited to restrictive measures such as losing custody or institutionalisation of children.

Preventive and promotion services

Action 3:

Universal, developmentally appropriate, high quality community based and prevention and promotion oriented health services, starting with family planning and pregnancy extending through childhood years with special attention to transition periods.

Action 4:

Integrated preventive, promotion and treatment services which are family-oriented to promote well-being in both periods of good mental health and illness.

Action 5:

Functional infrastructures comprised of multidisciplinary and inter-sectoral teams (including health, social, educational and cultural sectors), working together with families, and allowing for a variety of entry points to promotion and prevention services (such as via the family, day care and school, online services and help lines or resulting from treatment of a sibling or parent).

Action 6:

Support for socio-emotional development and mental health of children with chronic and severe somatic illnesses and disabilities, as well as support for their parents and siblings alongside attention for their physical health problem.

Action 7:

Good practice guidelines and methods on providing support for family relationships and child development through the health services for adults, especially mental health and drug abuse services and services for life threatening illnesses (e.g., cancer clinics). In particular, support and monitoring during pregnancy and the postnatal period in mothers and fathers should be considered.

Action 8:

Evidence-based interventions for high risk groups, e.g., families with parental stressors including psychiatric disorder, drug abuse and chronic or severe somatic illness/disabilities; families with demanding or bereaved children; children with early symptoms of disorders (with special attention to adolescence, a high risk period for major psychiatric disorders).

Action 9:

Procedures for health services including preventive, promotion and treatment services in risk situations and in cases of suspected child abuse and neglect. These plans must include multi-sectoral collaboration for family and child support and involve child protection services.

Action 10:

Child and adolescent mental health services should take a role in supporting other, non-health services in promotion healthy mental development.

Training, education and research

Action 11:

Mental health literacy for children and the promotion of mental health through ICTs should be included in school curricula for all children.

Action 12

Education for the public about child mental health and prevention and promotion via mass media internet, awareness campaigns and via universal prevention and promotion services.

Action 13:

Inclusion of child development and prevention/promotion intervention methods including modules on online services for child mental health in the training of all health, social and educational professionals, and provision of further education programmes.

Action 14:

Research projects/programmes to monitor and study the effectiveness of preventive and promotion services, promotion interventions within other services, and families' and children's experiences of these.

Action 15:

Research programmes to develop interventions suitable for community based services, and also interventions, which can be accessed independently by children, parents and professionals, i.e. help lines, biblio-therapy, internet-based services and others.

"The Community Environment" Parallel Focus Session 3

1. Rationale and Key messages

- Young people's behaviour is always embedded in a **social context**. The community environment in which children and adolescents 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 **family, school, neighbourhood and leisure arenas are the primary contexts** in which children and youth spend time, and therefore they should be the target groups as well as the main actors in community action.
- **Socioeconomic inequalities** in the EU leave children in disadvantaged neighbourhoods at increased risk of developing mental health problems. These vulnerable groups include children and young people from low socio-economic groups and ethnic minorities, early school-leavers, children experiencing neglect, abuse, bullying or violence, and those who face difficulties in the transition into working life.
- The **normative climate, relationship atmosphere, social cohesion, and informal social control** in a neighbourhood or community all affect young peoples' mental development. Both empowering children in their everyday functions and setting age-appropriate limits in community environments promote healthy development.
- Policy and actions at the community level to promote well-being and to prevent mental disorders in children build the basis for lifelong health and well-being of citizens, and help to **avoid high costs associated with mental health problems** across a range of sectors such as education, social affairs, and criminal/justice sectors.
- **Commitment to social inclusion** is essential to create a mentally healthy community as the experience of a relative social disadvantage is one of the key factors that underpins the occurrence of mental disorders.
- **Community mobilization**, 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, are examples of community interventions that facilitate social cohesion and better mental health of the community members.
- Societies are increasingly **multi-ethnic** and **multi-cultural**. Conceptions of mental health will differ in different groups and these differences must be understood and acknowledged in developing mental health promotion activities.
- **Urban planning** is associated with mental health of children and youth. The building environment can be a source of stress or enjoyment and can affect people's social networks and support systems positively and negatively.

- There are growing concerns that **unsafe environments, as well as lack of green environments**, reduce opportunities for children to play outside the home, enjoy pleasurable physical activity and reduce opportunities for them to learn to cope with risks. Housing interventions and provision of green spaces may improve mental health, perceptions of safety, and social participation.
- The **scientific literature offers evidence** for existing promotion, prevention and intervention programmes and activities in the family, school, and leisure arenas, at the local and regional levels. Communities have a responsibility to acquire and use this evidence.
- A particular evidence-based approach will be most effective if carried out through multiple contexts. This makes **mutual awareness** and **collaboration** between actors within the community a key element of success.
- In the leisure arena, participation in **structured activities** has been linked to positive development of children and young people. These include activities with adult leaders, mentors or facilitators, scheduled meeting times, goal directed activities, and an emphasis on skill building and can be focused on sports, music, arts as well as digital and media literacy.
- The **abuse of alcohol and the use of illicit drugs** are some of the most important risks encountered by young people growing up. The community environment offers opportunities for managing these risks.
- Public authorities in a range of sectors, together with health and social professionals, kindergartens and schools, the criminal and justice sector, youth organisations and potential employers should work together to and to offer **easily accessible support to those with difficulties in school and family**, facing or which are exposed to risks such as , bullying difficulties in school and family

2. How to make it happen – Compass for action

Policy, Legislation and management

Action 1:

The concept of healthy communities should be incorporated into local policies and plans with the need for action on determinants of mental health for children, such as social integration, participation, and access to services, clearly specified.

Action 2:

Mechanisms for effective coordination and communication between different community actors should be developed, such as platforms and networks of different community professionals. These should also include the involvement of young people in the design and implementation of actions to ensure ownership and uptake.

Community environment

Action 3:

Settings that promote social interaction and participation, such as parks and other green spaces, playgrounds for children, sports facilities or youth centres, should be easily available in the community as well as programmes that enhance co-operation and mutual responsibility.

Action 4:

Communities should **secure public safety and reduced levels of noise and crowdedness**, with the aim to provide opportunities for young citizens to enjoy and feel good about their everyday lives and free-time settings.

Programmes and practices

Action 5:

High-quality structured leisure activities and opportunities for non-formal and informal learning for children and adolescents should be provided in the community, as well as concrete plans to make such activities accessible to all children and adolescents.

Action 6:

Activities and support systems **for youth or families at risk of social exclusion** should be provided, such as practical assistance, befriending programmes or easy to access community services, as well as measures against youth discrimination related to social status, ethnic background, religion or sexual orientation, such as local awareness-raising campaigns.

Action 7:

Communities should implement and maintain **evidence-based programmes** to provide:

- **early intervention measures** to prevent the neglect or abuse of infants, children and young people (such as home visits to new parents and widely advertised telephone help-lines for children)
- **parenting support for** key ages of transition (such as support groups for parents of adolescents)
- **action to reduce the risk of alcohol abuse** by children and young people and to reduce their access to illicit drugs through relevant community actors.

Action 8:

Communities should facilitate the **transition of all young people into employment** through measures such as vocational training, apprenticeship and links with local employers in public and private sectors

Training, education and research

Action 9:

Communities should work to ensure that people in contact with children and young people, such as in youth organisations, the voluntary sector, social workers, churches and their youth organisations, police and judiciary personnel, receive training related to children and young people's mental health.

**“The role of new media technologies and the internet
in the promotion of mental health of children”**
Parallel Focus Session 4

1. Rationale and Key messages

- **New media technologies (often abbreviated as ICT – information and Communication Technologies), such as the internet and mobile phones, are becoming more and more integrated** in the lives of Europeans. Among our populations, the younger generations receive far greater exposure to these arenas, and increasingly interact, play and learn through such means, as well as from television, electronic games and other forms of media. Young people nowadays move seamlessly between online and real worlds.
- At the same time, **inequalities in access to new media technology exist across Europe** - depending on region, socio-economic class and gender – and this results in a “digital divide” different levels of use and opportunities for learning, communication and e-health programmes both between and *within* households (for example between parents and children, or mothers and fathers).
- The media, internet and other forms of new ICT can be **valuable and far reaching resources to promote mental health**, enabling different forms of autonomous conversation, learning and play which appeals to children’s and young people’s desire for independence in development, communication and gaining knowledge.
 - ICT offers the opportunity for connecting and networking with peers. Today they play an important role in socialising of young people. In addition to friendship driven use, ICT also offer possibilities for interest driven meeting points.
 - The internet can be a valuable and low-threshold source for information on mental health. Further the internet holds the opportunity in fora for exchange and connecting with other persons experiencing mental health problems in a self-help group manner.
 - ICT can be used as flexible, low-threshold and pro-active therapy sources, such as through internet and telephone psychotherapy.
- At the same time, **ICT hold potential threats to children and young people's mental health:**
 - There appears to be a substantive risk of excessive use of ICT, in particular the internet and games. Excessive use can lead to sedentary lifestyles and sometimes addictive behaviour. However, research into health-related effects of media and internet use, such as addiction, and the effects in particular on vulnerable children is inconclusive.
 - Another risk is exposure to age-inappropriate content when using ICT. Other content that may pose a risk include commercial content, violent or hateful content, pornographic content, racist or biased content.
 - The Internet and mobile phones can be used for bullying and sexual harassment or “sexting”. When experienced, cyber-bullying and sexual harassment may have an additional negative impact on children and young people’s wellbeing and mental health, added to that of off-line bullying or sexual harassment.

- The concentration capacity of young people may be undermined through the task-switching (multi-tasking) which is a feature of digital media.
 - The internet may also be a source of misleading information about health, including mental health, and user-generated online content may include pro-self-harm, pro-anorexia or pro-suicide information.
- **Opinions on the existence of positive and harmful developmental or psychological effects of media and internet exposure are varied** and usually subjective as research in this area leads to contradictory conclusions.
 - **The empowerment of children and young people** through increased digital media competence is crucial to keep themselves safe, as current blocking and banning approaches, which merely aim to reduce exposure, are insufficient and not widely used.
 - **Parents and teachers are often less literate in new ICT technologies than their children** and need also to be supported in the responsibility to guide their children and to manage the fast changing ICT and media environment. They also need to be supported in understanding human rights issues as they feature in this arena.
 - **Education**, both formal and informal, has a role to play in enhancing the access and responsible use of the internet and other media technologies. Strategies for promoting digital media literacy – to enable children and adolescents to use ICT safely and to be able cope with online risks – are needed from educational institutions.
 - Since new media are so ubiquitous in the everyday lives of children and young people, there is a need to **use ICT actively in promoting good mental health** for children and young people. Additionally, the risks posed by ICT to children and young people's wellbeing and mental health require action to be taken in the European context.

2. How to make it happen - Compass for Action

Policy and Legislation

Action 1:

Establishment of advisory mechanisms to support policy and facilitate collaboration and network activities between researchers, educational and policy actors on mental health and new media in the European and national contexts.

Action 2:

Engagement in partnerships with the ICT and media industries (hardware producers, software developers, internet and media providers) on mental health opportunities and risks, including marketing and economic arguments.

Action 3:

Appointment of youth ambassadors to empower and involve youth and to reinforce peer learning related to new media technology in the promotion of mental health and wellbeing.

*Large-scale programmes and measures***Action 4:**

Awareness raising initiatives such as public awareness campaigns, carried out through a variety of media and public schools, which increase the knowledge of children and young people on responsible and safe use of media, games and the internet, including support resources for those in need (supportive discussion sites, help lines and processes for reporting harmful content or contact, such as the awareness raising activities of the Safer Internet Programme),

Action 5:

Use new media actively in the promotion of mental health, for example by government and (mental) health departments using web sites, social networking sites, blogs, and video clippings to involve young users in discussions about their lifestyle and mental health related topics (stress, coping, anxiety, depression, anorexia, suicide, emotions, loneliness, love, hate, fear, joy etc, like the UK New Horizon initiative). Such programmes should be available in national languages.

Action 6:

Development of age-appropriate e-mental health promotion sites or programmes, with young people as front-line partners. This should include moderated discussion sites and fora where young people can find reliable health information on issues of risk to their mental health, such as self-harm, depression, suicide, pro-anorexia, drugs, hate/racism, bullying, gambling and addiction. National language is especially important in mental health promotion sites for younger children.

Action 7:

Initiatives, including strengthening of regulatory or self-regulatory frameworks in Europe, to prevent and report misleading mental health information online or through other media, to prevent harmful effects from the use or excessive use of new media technologies, games and the internet, and to report websites addressing children and young people with potentially harmful content.

*Research and training***Action 8:**

Research on the positive and negative health-related behaviour and effects of the use of media and internet (e.g. help-seeking, bullying, addiction) and on high-risk groups.

Action 9:

Training and awareness-raising among health professionals, teachers and professionals in media and internet sectors on the mental health impact of new media/internet technologies and the tools available to them to manage its positive and negative aspects.

Action 10:

Training and education for youth ambassadors to enable them to recognise risky media and ICT use, risky lifestyles and mental health problems, initiate self-help groups, and to motivate other young people.

“Educational Settings and Learning”

Parallel Focus Session 5

1. Rationale and Key messages

- **Mental health, well-being and education support each other on different levels.** Linking them promotes health and learning efficiency as constitutive factors of positive child and youth development in good and healthy educational settings.
- The occupational health of staff and wellbeing, health and safety of all students are the responsibility of education authorities, as European legislation reflects. This **responsibility to ensure well-being is part of their core business** of care, education and learning and not an extra burden for professionals in educational settings, as often perceived.
- Resources should be directed towards **both promoting positive mental health** through the strengthening of protective factors **and minimising the effects of potential risk factors** in order to prevent mental health problems and disorders.
- **Whole setting approaches**, based on sound theory, which are inclusive, respectful, participatory and have multiple health outcomes, **have the best evidence of effect in mental health promotion in school settings.** These successes are promising for initiatives in other educational settings.
- In addition, there is clear evidence that well-designed **curricular programmes** which explicitly **teach the development of socio-emotional skills** (such as managing feelings, motivation, social skills and empathy) to students and school staff have an essential part to play within the whole school approach.
- **The active involvement of school heads or leadership teams is crucial** in supporting an educational environment that promotes mental health. They are key in creating a positive psycho-social climate, combating stigma, implementing social and emotional learning programmes, including mental health literacy and fostering values such as equity, sustainability, inclusion, empowerment and democracy.
- **Participation and empowerment of children and young people** and their parents and families **is essential**, including those with disabilities, with greater need, particularly in school mental health promotion. This is supported by the UN Convention for the Rights of Children.
- **Non-formal and informal education opportunities for promoting mental health** should be fostered inside and outside educational settings. Protective factors, such as self-

confidence, a sense of belonging, and health or media literacy can also be developed via non-formal and informal learning, which take place during out-of-school activities, youth work, socialising and volunteering.

- **Linking educational settings with the family, welfare and health systems and community development** creates opportunities to build active networks to enhance social capital. This supports the mental health development of the community as well as its education institutions.
- **Implementation factors are important** in ensuring effective interventions in educational settings. Such factors include age- and cultural- appropriateness of the intervention delivery, fidelity of programme delivery, engagement of students, staff and the wider community, starting early, and monitoring and evaluation of clear targets.
- It is **essential that interventions to promote mental health are well-coordinated and integrated into the policy of the educational setting** to ensure that they are sustainable, for example, as part of a school development plan.
- **Mental health promotion for children and young people in educational settings is cost-effective**, when considered in a wider societal context. Early universal or targeted interventions which promote mental health and prevent mental disorders reduce costs at a later stage in the social, health and employment sector.

2. How to make it happen - Compass for Action

Policy, Legislation and management

Action 1:

Educational policies, mission statements, organisational concepts and curricula should integrate the goals of mental health promotion. This requires a conceptual shift to view the development of a good and mentally healthy educational setting as in line with educational goals rather than competing for resources.

Action 2:

A national action plan to establish quality mental health promotion in educational settings, which fosters social and emotional well-being and the development of skills.

Action 3:

Democratic participatory rules and regulations, fostering teamwork and networking at all levels of the educational setting and in cooperation with external partners, to ensure that all stakeholders, and especially the students themselves, have a say in relevant matters pertaining to their education, wellbeing and mental health.

*School programmes, practices and services***Action 4:**

Provision of explicit universal and targeted mental health promotion activities in educational settings, such as social and emotional learning programmes and life skill education at both pre-school or school level, which complement both the academic curriculum and other health promoting behaviour, such as healthy eating, physical activity and drug prevention initiatives

Action 5:

Provision of easily accessible psycho-social services, professionals and support (e.g. help lines) for children and students whenever needed within the educational setting. Early access and interventions should be offered for those at higher risk (e.g. early school leavers) or those who are at the onset of developing a mental health problem.

Action 6:

Provision of psycho-social support (such as, school psychologists, 'social teachers' or school social workers) and in-service training and consultation for professionals in educational settings. In particular, staff should be supported to create a healthy and supportive environment, to identify early signs of possible development of mental health problems, and to cope more effectively with behavioural and emotional problems of children and young people (e.g. self-harm, bereavement and eating disorders), to provide support when mental health problems arise.

Action 7:

Measures to involve parents and assure cooperation between families, communities and educational institutions. These can be active parents' councils, regular parent-teacher meetings or interviews, low threshold accessibility for parents to school psychologists and social workers, local, regional or national agreements between parents' associations and education or school authorities concerning the priorities in promoting mental health of children and staff.

Action 8:

Non-formal and informal learning opportunities should be developed within, around and outside educational settings, with links between formal and non-formal settings. These might include after-school clubs or activities, school-led community action and youth work placements.

Action 9:

For children and young people who are unable to attend kindergarten or school due to (mental) health problems, opportunities for formal education should be provided (e.g., through a hospital school).

*Training, education and research***Action 10:**

Research on innovative approaches for mental health promotion in educational as well as on effective implementation should be initiated and funded by governments, foundations and other authorities.

Action 11:

Training which qualifies professionals to create mentally healthy learning environments, supporting educational processes and outcomes, should be provided.

