

Mental Health Promotion of Adolescents and Young People

Directory of Projects in Europe

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Mental Health Europe (MHE) is the representative of the European Regional Council of the World Federation for Mental Health. It represents associations and organisations in the field of mental health and psychiatry, including consumers, volunteers and professionals of many disciplines.

Mental Health Europe, as an advocacy and educational non-governmental organisation, promotes the mental health of people in a social, educational, medical and biological aspect.

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We would also like to acknowledge the work of governmental and non governmental organisations, universities, hospitals, youth centres, charities, social services, etc., which co-operated with our national partners in completing the questionnaire and providing them with information. We hope that this Directory will support and encourage all of you to continue your work on promoting the mental health of adolescents and young people and preventing mental illness.

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We welcome any comments or feedback on this document.

John Henderson
Policy Director
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Foreword

I am delighted to write the foreword to this report. I was privileged to attend a meeting in Brussels in May 2001 at which the projects included here were presented, and I and my fellow ‘experts’ were very impressed by their energy, diversity, imagination and commitment. It was clear that participants learned a great deal from one another – a fine example of European cross fertilisation.

On the whole the prospects for the development of effective mental health programmes under the EC action programmes look bright. Many years of effective practice, research, publication and conferences across Europe have produced a sound set of principles on which we can build. These principles include the realisation that mental health is central to the pursuit of health: as the Tampere conference ‘From Ripples to Waves’ said, ‘there is no health without mental health’. Mental health is also central to the pursuit of good education, and evidence is growing that people learn better if they have high self esteem, and feel valued and understood. We know that ‘whole school’ approaches, as exemplified in the joint EC/ WHO/ Council of Europe initiative ‘the European Network of Health Promoting Schools’, which see the school as a holistic and inter-dependent organism, are more effective than ‘single issue’ approaches to promoting both health and sound learning. Mental health promotion needs too to be based in a positive approach, which includes the enhancement of mental wellbeing and happiness for all. Of course this positive framework must include not preclude a concern with prevention and treatment: the principles of inclusion, equity and social justice that underpin so many EC activities remind us of the needs of the many vulnerable people who so need help and who are so often overlooked. We must also ‘care for the carers’, and help those who work with young people to look after their own mental health and improve their own emotional and social competencies. The role of education and training are especially vital here.

There are many challenges ahead for us in ‘putting mental health on the European agenda’. Mental health is still very much marginalised and underfunded, linked with the tendency in some circles to equate ‘mental health’ simply with mental illness and mental problems. In order to move towards more positive and inclusive models of mental health that can be developed in sustainable ways, we need to explore ways in which mental health can be promoted through everyday settings such as schools, neighbourhoods and workplaces as well as through the health service. This demands that we help these sectors work together effectively, and to stop thinking in compartmentalised ways at whatever level we work, including those of us who work at a high level within the EC, where exchange and collaborative working between programmes is strongly indicated.

Looking to the future, we need too to look forwards and outwards, extending our gaze to EEA and Accession countries. The exchange will by no means be all one way: as I know well, having worked in eastern and central Europe and Russia these countries have as much to teach Western Europe as they have to learn from it, and are particularly strong on social and holistic approaches to health and mental health.

Finally we need to do more to find ways to collect and publicise appropriate evidence for ‘what works’. The comment that was most often made by the ‘experts’ on the projects presented here when the meeting was held in Brussels was that they needed to do more to develop ways of evaluating their success that go beyond participation and enjoyment, and include more hard edged approaches. To their credit some of these projects have done just that, with some good ‘before and after’ studies, while a few even include measures of control. But it is clear that those of us involved in mental health projects across Europe need to emulate our US cousins and do more to define our goals clearly, work to jointly agreed criteria and evaluate our work more rigorously.

We also need to publicise these findings widely. Only thus will we start to build a sound evidence base, avoid re-inventing the wheel each time, and be able to persuade others of the importance and efficacy of our work. It would be useful if practitioners would join forces more often with researchers, in Universities and elsewhere, who have the kind of expertise that can demystify the sometimes frightening world of evaluation and come up with some practical and useful strategies to help them.

However we must not get obsessed with a narrow minded view of what constitutes evidence, which rejects any results that do not emanate from a controlled trial. Those responsible for decision making and funding need to be aware what a complex issue mental health is, and not demand over simplified approaches, or expect answers before the questions are fully defined. All of us need to devote a greater percentage of the funding of our projects to evaluation, and funding bodies need to allow us to do so. We need to use the kind of sensitive multi-methods that are appropriate in this area. Only thus will we foster the kind of variety, innovation and multi-sectoral work exemplified by these projects in the pages that follow here, while at the same time beginning to gather which approaches are the most effective.

Katherine Weare
September 2001

1. Introduction

Having completed a two-year EU Action Project in December 1999 on “Mental Health Promotion for Children up to 6 Years”, Mental Health Europe-Santé Mentale Europe felt there was an opportunity, in terms of prioritising the work of the European Conference on Promotion of Mental Health and Social Inclusion (10-13 October 1999), held in Tampere, Finland, to expand and extend similar methods of information exchange among EU Member States in the development of the state-of-the-art of mental health promotion of adolescents and young people.

Subsequently, an Action Project proposal “Mental Health Promotion of Adolescents and Young People” was submitted to the European Commission (DG Health and Consumer Protection - SANCO), the co-ordination to be undertaken by Mental Health Europe-Santé Mentale Europe.

Preparatory work on the project began in March 2000. The project was completed in September 2001.

The project was organised in the framework of the EU Community Action Plan for Health Promotion, Information, Education and Training, a four-year programme started in 1996.

This Directory should be read as a continuation and in conjunction with its predecessor “Mental Health Promotion for Children up to 6 Years”¹ published in January 2000, keeping in mind that due to resource limitations, imposed by the contract, this is a scaled-down version and not an in-depth research project. It became an information-gathering inquiry about projects, which exist in the EU Member States, including EEA-countries Norway and Iceland. These projects produced interesting and important information gathered with the help of our national partners using an agreed questionnaire (see appendix 3).

This Directory contains a wide range of initiatives collected by the National Partners of the project. However, it is by no means an exhaustive collection. It is inevitable that some relevant projects might not have been included, either because of the limited timeframe, lack of information and documentation or because many good local and regional projects remain unknown. By cataloguing the selected initiatives, we hope to encourage greater collaboration between parties working in the same field throughout Europe.

We hope that these projects, detailed accounts of which will follow on page 32, will inspire and encourage a range of governmental and non-governmental organisations to develop projects which will improve the mental health of adolescents and young people, who are the adults of tomorrow.

We also hope that those working to promote the positive mental health of adolescents will use the Directory to contact the project officers in the other member States to exchange information and expertise.

As Katherine Weare, expert of the project, pointed out: “Before you can implement and adapt any project to other cultures, you have to be sure and be able to prove that it works in your own country.”

¹ The Directory “Mental Health Promotion for Children up to 6 Years” is available at the MHE-secretariat upon request.

We therefore wish to encourage those working on projects to make use of the information and research already available in Europe but also in other parts of the world, to put a greater emphasis on documentation and evaluation demonstrating evidence of effectiveness.

2. Mental Health of Adolescents and Young People

Throughout Europe, in recent years, the mental health issues of adolescents and young people have been receiving considerable attention. Efforts have been made not only to identify and to prevent mental disorders, but also to promote a positive psychosocial development among youth.

A Report from the European Commission on the State of Young People's Health in the European Union, a Commission Services Working Paper, February 2000, states that "adolescence usually refers to the psychological and physiological processes of maturation between the ages of about 12 to 18. In sociological contexts the term *youth* is mainly used to cover the period from mid-teens to mid-twenties." The target groups for the Action Project were adolescents and young people and the age range was 14-25 years.

The mental health of adolescents and young people is affected by a variety of environmental factors, including family environment, school and continuing education, social and economic status, as well as poverty and deprivation. Other factors that constitute a threat to young people's mental health include exposure to violence, abuse, stress related to poverty, drug or alcohol abuse, discrimination or other hardships, as well as the loss of important people in the lives of young people, whether through death or divorce. Very often however, the problems encountered in adolescence are the result of an interaction of several factors and cannot be determined by one single factor alone.

Mental Health Promotion in this age range can be viewed as a complex and dynamic process, which is dependent on a broad spectrum of policies and practices implemented in schools, other educational centres, in families, among peer groups, and in public health and social settings.

Problems in adolescence vary considerably and can range from minor behavioural problems to severely disabling illnesses (depression, schizophrenia, anxiety disorders, eating disorders, etc.). Teenagers and young people are under a lot of pressure to fit in. When the problems that seem less severe do not go away with maturation and are left untreated, they can have long-lasting effects on the social life and the interpersonal relations that the young person will have in his/her adult life.

The mental health of adolescents and young people therefore is a crucial issue, as it has an impact not only on the health of this generation currently in this age group but also for them in their future adult years. The mental health problems that adolescents and young people might encounter interfere with the way they think, feel, and act. These problems limit young people's ability to be productive and can affect their academic achievement, cause family conflicts, lead to substance abuse, violence, eating disorders, and sometimes even suicide. In addition to the distress they cause, they can also be very costly not only to families, but also to the community and the health and social systems as a whole.

It is therefore of utmost importance that young people have the opportunity to develop emotionally, intellectually and spiritually and that an environment is created which helps them to deal with stressful situations such as, domestic violence or abuse, parental divorce or separation, school transfer, academic failure, bullying or other stress from peers. A secure family life, keeping

active, getting involved, learning new skills and relaxing are all factors that have a positive impact on the mental well being of a young person.

It is important to understand that mental disorders and mental health problems can affect anyone and appear in families of all social classes and of all backgrounds. Mental health promotion is therefore relevant to everyone. **There is no health without mental health!**

3. Objectives

The objectives of the project were the following:

1. To raise public awareness for mental health promotion and prevention for adolescents and young people;
2. To initiate and support activities in mental health promotion addressing issues of specific concern in adolescents and young people;
3. To identify, clarify and categorise examples of good initiatives in member states;
4. To organise the exchange of information and experience in mental health promotion in the member states;
5. To encourage the general dissemination of projects and experiences for transnational use;
6. To advise the European Union on matters relating to the promotion of mental health among adolescents and young people.

4. Network of National Partners and Experts

Building networks between national partners and co-ordinating their initiatives to improve mental health promotion was one of the central objectives of this project. In order to carry out the Action Project, Mental Health Europe created a network of national partners from institutes, organisations, and centres in the field of mental health with an interest in mental health promotion of adolescents and young people, in 14 member states (all except Luxembourg) and the EEA-countries Iceland and Norway.

To identify and recruit the partners, MHE contacted its national member organisations and others to ask them to propose potential partners.

The following organisations and institutions became the national partners of this project:

Austria	Gesellschaft für Psychische Gesundheit Tirol
Belgium	Vlaamse Vereniging voor Geestelijke Gezondheidszorg
Denmark	Danish Cancer Society
Finland	The Finnish Association for Mental Health
France	PHARE Enfants-Parents
Germany	Institut für Psychologie/Universität Lüneburg
Greece	Association for the Psychosocial Health of Children and Adolescents
Iceland	Gedraekt, the Icelandic MH Promotion project
Ireland	The Mental Health Association of Ireland
Italy	Associazione Difesa Malati Psicici Gravi
The Netherlands	Trimbos-instituut
Norway	Voksne for Barn/Adults for Children
Portugal	PUERI
Spain	Asociacion Española de Neuropsiquiatria (AEN)
Sweden	The Swedish National Organisation for Mental Health
United Kingdom	Penumbra, Scotland

Three experts were appointed to the project with expertise and experience in global mental health promotion, psychiatry and mental health promotion of adolescents.

See Annex 1 for contact details of national partners and experts.

5. Methodology

It was agreed that the projects selected by each participating country would be initiatives carried out at a national, regional or local level and their aim would be the mental health promotion of young people between the age of 14 and 25 years of age. It was a primary requirement that the main focus of the projects selected would be young people in their adolescence and in the transition period to early adulthood.

There is no universal agreement of the concept of mental health promotion but for the sake of a common understanding by the partners, the operational definition of Mental Health Promotion in the context of this Action Project was that used in the preceding project and adjusted for the age-range of adolescents and young people:

Mental Health Promotion for adolescents and young people is part of a broader mental health promotion strategy defined as an interdisciplinary and socio-cultural endeavour geared to the achievement of conditions which enhance the wellbeing of individuals, groups and communities.

Mental health promotion for children, adolescents and young people is a lifelong process which has its focus especially during the early stages of life; from prenatal through childbirth and infancy, childhood and adolescence, to enhance their mental well being and prepare them for a mentally healthier adulthood. Mental health promotion for children, adolescents and young people implies the creation of individual, social and environmental conditions, which enable optimal psycho-sociological and psycho-physiological development.

At the individual level it is especially focused at increasing the feelings of security, self-awareness, autonomy, ability to cope with stressors, self-confidence and self-esteem. It is also focused to enhance the social abilities of children, adolescents and young people by focusing at forming and sustaining intimate relationships, developing concern for others, social skills, social responsibility and tolerance. Prevention of mental disorders could be considered as one of its goals and outcomes.

Mental Health Europe did not impose any strict **selection criteria** for the projects.

However, the submitted projects were expected:

- a) to be of **European benefit**, i.e. not culture- or language-bound but to offer the possibility of transferability throughout Europe.
In order to meet this criterion, it was important that the information collected was presented in an understandable, clear and culturally sensitive way, using appropriate language;
- b) to include information on **positive and negative aspects** so as to know which elements of the projects were vital for maintaining its effectiveness and which could be adapted to local needs, thus providing guidelines for replication;
- c) to offer clearly defined **short or long-term goals** relevant to adolescents' and young people's mental health and well being.

The goal of mental health promotion is to help the target group reach a health mental equilibrium and maintain this stability. This project focuses both on the general healthy population of adolescents and those who might be "at risk". Our overall objective is to help well-adjusted

adolescents and young people function in society in a mentally healthy way as well as to provide them with strategies on how to cope with life crises.

Although there is a controversy among professionals whether preventive interventions can improve the mental health status of a population, Mental Health Europe and its partners believe strongly that supportive programmes can indeed have a positive impact on the life of young people and prevent them from developing mental disorders.

One of the main challenges that emerged from this project was to define the parameters of mental health promotion and this clearly influenced the decision of which initiatives could be accepted by the partners in the framework of the European project.

It is important to mention that for example the alcohol and drug prevention programme is a separate entity in the current programme structure of the European Community. However, there are many substance prevention programmes for adolescents that teach skills with a broad applicability. In order to lower the incidence of substance abuse, many of these programmes focus on mental health aspects, on the improvement of life-skills and techniques encouraging behavioural changes. This is an innovative approach with a clear link to the relationship between drug and alcohol abuse and mental health problems, which made Mental Health Europe decide to include projects on the prevention of substance abuse.

The projects selected eventually were abundant in variety and innovation. It is important to note here that the national partners themselves did not necessarily have the responsibility for the management and conduct of the projects that they submitted.

The projects selected showed that the settings, agents, strategies and methods used aiming at promoting adolescents' and young people's mental health were varied. The settings included schools, community agencies and youth centres, counselling services, mental health settings, primary health care settings, clubs and social settings, juvenile justice settings, centres for drug use prevention, and local authorities.

The target groups included mainly the general population of adolescents and young, but also specifically adolescents in loss and grief, young people with risky behaviour, parents of adolescents, teachers, difficult students, young offenders, young people trying to leave racist or other extreme groups, adolescent mothers as well as adolescents and young people with parents affected by mental health problems.

6. Collection of Information

Towards the end of the project, Mental Health Europe asked its partners to reflect on their work within the project and to comment on the way they proceeded and the problems they encountered while collecting information at national level, as well as to give advice on what they would do differently in the future, should the opportunity arise again to participate in a European project.

At the beginning of the project, the partners informed mental health associations, user associations, childcare associations and national agencies working in the field of mental health of young people about the project and its objectives. Some partners translated the questionnaire and the project description into their own language and sent it either by e-mail or post to potentially interested contacts and/or by posting this information on the web site of their organisation. One partner also translated all the material in relation to the project into his language, created a web

site just for this purpose and used his mailing list to circulate a call for projects, a procedure that worked well.

The common problem that many partners reported was the **lack of understanding of the concept of mental health promotion**. Many organisations working with children, adolescents and young people did not realise that their work might also be seen as mental health promotion. It appeared a common experience that many people associate the term mental health more or mostly with mental illness, thus focusing on negative trends and problem behaviours.

The second problem was the **language barrier**. About half of the partners mentioned that they would have liked help with translations. It was particularly difficult to get the project managers to fill in the questionnaires in English. Some of the partners eventually did the translations from their mother tongue into English themselves.

Two partners also admitted that they thought their countries did **not have enough of an identification with Europe** and probably did not fully recognise the value of exchange projects like this and the impact they can make at a transnational level.

The **timeframe of the project** was also commented as being too tight, which meant for the partners sourcing and submitting information close to final deadlines. However, once the extension of the project had been granted, the majority of partners were able to submit their projects in due time.

The majority of partners said they would have liked to have had the time to widen their search and, for example, to advertise the project search in the media and in professional journals. Another suggestion was to offer some **incentive for projects** being considered, for example an award or a prize.

Finally, the possibility to meet with project managers and to discuss the projects in details was felt a necessity in many cases but was not always possible to achieve.

Overall, the partners' feedback on the project was very positive – they enjoyed the experience of meeting different people and exchanging experiences and ideas and are now looking forward to adopting, adapting and perhaps reinventing some of the concepts they exchanged with their colleagues from other European countries.

7. Intervention Methods

Our definition of mental health promotion points out that mental health promotion is a large concept and encompasses more than just the prevention of mental illness. It is clear that the absence of psychopathology in a young person does not necessarily imply that she or he has a positive mental health status. It is therefore essential to not only have mental health promotion for adolescents and young people at risk but also for the general population of this age range.

Given that the terms of reference in the EC protocol for the project do not permit reference to tertiary prevention aspects of public health practice, the projects selected by the partners have been subdivided into promotional, primary and secondary preventive actions:

1. Promotion (interventions aiming at promoting positive mental health by creating conditions that will favour an optimal psycho-sociological and psycho-physiological development);

2. Primary prevention (actions designed to promote positive mental health and reduce the incidence of problems in the first place or, if the risks are there, to help adolescents and young people as well as their parents build up resilience);
3. Secondary prevention (interventions aiming at the early detection and the treatment of problems in their early stages in order to reduce their prevalence).

Primary and secondary prevention programmes can help:

- the general population of adolescents and young people to take control over their lives and teach them coping skills for life crises;
- to detect young people who are at risk of developing a mental illness due to socio-economic circumstances in their lives.

As a consequence, primary and secondary prevention programmes may themselves reduce the long-term costs of the treatment and rehabilitation of a person with a chronic mental illness.

Of particular importance for promotion and prevention programmes are culture, social class and gender. These issues need to be taken into consideration and reflected both in the development of mental health programmes and in the training of staff.

Among the methods used in the selected programmes around Europe to promote the positive mental health of adolescents and young people, the following intervention methods were identified:

- **Creation and distribution of resource packs and guidelines**
 These packs, often accompanied by videos or CD Roms, were aimed at pupils, parents and/or teachers. They often address “facts” and “fictions” in relation to mental health in general and tips on what young people can do to help themselves or others. They are particularly effective and bound to meet young people’s needs and expectations if designed and developed by young people themselves.
 Guidelines have also been developed in many countries either for parents or teachers to help them understand and cope with adolescents, their feelings and problems.
- **Group and individual counselling sessions**
 Sessions differ according to the target group. Interventions can be effective in primary, secondary and tertiary prevention and include counselling for teenage mothers, especially during the 3rd trimester of pregnancy and the first three months postpartum, parental, individual and group therapies, family therapy, dramatherapy, art therapy, psycho-educational activities for adolescents and young people at risk, along with support for the family. These sessions sometimes involve drawing, watching films, talking, performing in a play, creating web pages, writing short stories/poems, playing music, etc.
- **Group work, tutoring and coaching by peers**
 Peers play an important factor in young people’s lives and cannot be replaced by parents or other adults. Peer relationships are very dominant and influential during adolescence and young people can learn formally and informally from each other. It is important to train and supervise young people when they start working with peers in the community. This type of approach normally includes interpersonal communication, problem solving skills, conflict management, social skills, skills to resist peer pressure, anger control, etc. In a counselling

service, young people can strengthen each other on issues concerning daily life, as well as guide each other on how and where to look for further help and support.

- **Seminars in schools**

Depending on the situation and the age group, such sessions may include an exchange of information and experiences on psychosocial development, emotional and learning difficulties, behavioural problems, group dynamics, anti-bullying measures, information-gathering about mental health topics, etc. The sessions may be led by teachers, mental health professionals, psychologists, and lay volunteers.

Ideally, training for these seminars would cover areas such as how to promote a positive and supportive environment and how to detect early signs of distress or problem behaviour in pupils.

Interactive programmes have also proven to change pupils' attitudes towards people affected by a mental illness. The personal contact as well as the positive experience in the interaction with mentally ill people helps to reduce the fear and de-stigmatise mental illness. Such projects are geared at changing prevailing attitudes regarding mental illness as well as eliminating tenacious prejudice about the mentally ill and their families, which in turn is a contribution to social inclusion.

- **School contests**

In a number of countries school contests are organised as a way to promote the understanding of mental health among pupils. Often, these contests include a presentation of a mental health topic by the students, either through media, theatre, music or simply by giving a presentation in front of an audience. The aim of these contests is mostly to get to know the origins and consequences of mental illness and to underline the importance of maintaining a good state of mental health. Another objective is to change prevailing attitudes regarding mental illness as well as to eliminate tenacious prejudice about the mentally ill and their families.

Some contests also include activities that involve pupils and (ex-) users of mental health services thereby creating a platform, which helps to establish contacts between pupils and patients and helps break down barriers and prejudice.

There is usually the incentive of winning a prize or an award.

- **Programmes preparing for parenthood**

Adolescent motherhood is considered a high-risk condition for mothers' and infants' psychological well being. The birth of a baby to an adolescent affects the whole family and has economic, social and psychological consequences for everyone involved. Teenage mothers are often at risk of dropping out of school, developing depression, suffering from financial difficulties and may need more support in their transition to adulthood. They are at risk of postpartum depression and other psychological difficulties, of establishing inadequate care and interaction with the baby and often neglect their child.

The projects suggest that some prevention programmes take place during the 3rd trimester of pregnancy and the first three months of postpartum and include different areas and strategies of intervention according to the different needs of the adolescent mothers. Group discussions as well as interventions at home are also common.

More research should be conducted in this area and there should be more programmes preparing adolescent mothers for motherhood.

This list is by no means exhaustive. In describing the methods of interventions in the selected initiatives in the framework of this project, we find that some of the projects included in this Directory use more than just one method. Adolescent and young people's mental health promotion programmes can sometimes be more effective if they include a combination of different approaches rather than relying only on one approach.

However, it is important to keep in mind that different sources of stress also require different strategies.

A combination of approaches could include for example: a) school-based social skills and personal development programme to promote positive mental health, b) a life-skills programme for young people "at risk" for developing a mental disorder in order to build their coping competence, and c) a group session with parents, pupils and teachers.

Whereas some interventions require the training and supervision of volunteers, others may need to involve professionals. In spite of their differences, all these intervention methods have the common goal of increasing young people's knowledge and coping skills and of decreasing the risk of developing a mental illness.

8. Schools – the most common setting for mental health promotion activities

"An effective school health programme...can be one of the most cost-effective investments a nation can make to simultaneously improve education and health" said Dr Gro Harlem Brundtland, Director General of the World Health Organisation in an address in April 2000.

In approximately 70% of our projects, schools were identified as the preferred location for the implementation of mental health promotion programmes for adolescents and young people and have proven to offer a number of advantages:

- Firstly, there is the daily contact between the school staff and the pupils, which offers the perfect opportunity to teach children, even those without apparent mental health problems, how to manage stress, make decisions and improve their social competence. In most cases, teachers and school staff can identify pupils at risk and those already in crisis.
- School is the first place where pupils develop other relationships with adults and peers outside of the family. Consequently, teachers must not underestimate their responsibilities as role models and in promoting the mental health of adolescents and young people in schools. This responsibility implies the essential need for substantial training and mental health education of not only teachers but for all those who are in daily contact with adolescents and young people. Teachers need to be supported at all stages, need to have a voice in all aspects of school management and organisation and should be able to benefit personally from the training.

There needs to be a clear understanding of the full range of factors and the symptoms, which may lead to mental health problems at this age. The training needs to be adequate and careful, as teachers might have to be confronted with sensitive topics in the classroom (divorce, death, eating disorders, etc.).

Mental Health Promotion in schools tries to create an overall context conducive to health, where the physical environment on the one hand and the relationships on the other provide a supportive atmosphere. The programmes in schools should be integrated across the school curriculum throughout all subjects, showing the importance of the development of both academic and

interpersonal skills. In this context, all aspects of school life (management, physical environment, etc.) should be considered relevant and interrelated.

Seminars and classes around the topic of mental health should be initiated as early as possible in schools as it might be more difficult to reach older adolescents who might have already developed negative feelings towards people with a mental illness or have developed a mental health problem themselves.

For more information on the concept of mental health promotion in schools, please see our selected classified bibliography (page 90).

9. Community Dimension and Community Added Value

The European Union Council Resolution of 18 November 1999 on the Promotion of Mental Health makes explicit reference to the “need for enhancing the value and visibility of mental health and to promote good mental health, in particular among children, young people, elderly people and at work” and invites the Commission “to consider incorporating activities on the theme of mental health in the future action programme for public health, such as exchange of information and good practices, networking”.

The European Commission Report on the State of Young People’s Health in the European Union carries convincing evidence of the mental health problems encountered in adolescence and effective interventions are available to counteract these. Much can be achieved in the prevention and avoidance of these problems of adolescence by an investment in mental health promotion activities at community level, in educational, social, leisure and recreational settings.

The experience of this project has proven that the concept and practice of mental health promotion is more advanced in some European countries and is developing faster than in others. The exchange of innovative approaches between member states regarding the development of positive mental health of adolescents and young people afforded by the project has been a major contribution towards the improvement of knowledge and the transfer of knowledge within Europe.

A European approach of mental health promotion carries a number of advantages. While acknowledging the availability of a great deal of expertise among practitioners, researchers, NGOs, etc. at national level, this knowledge appears to be dispersed unevenly between countries. A European Network therefore provides benefits in terms of introducing and sharing approaches and strategies that can be of importance to everyone. Effective mental health promotion requires a combination of disciplines, expertise and skills that is difficult to find within a single European country. The project “Mental Health Promotion of Adolescents and Young People” addresses issues of both European and global interest and the results and aims to contribute to the development of EU policies in this field.

It acknowledges the rich diversity of models frameworks and projects employed by each Member State, identifies common objectives and tries to provide common measures.

The project co-ordinator experienced difficulties in identifying partners in some Member States (e.g. France, Denmark, Luxembourg). Indeed within some Member States the national partners themselves reported having problems locating mental health promotion projects and information about them at national level (e.g. Germany, Netherlands).

Once again, the advantage of having co-ordination networks in the mental health field became apparent. Mental Health Europe has members in every European member state and ensures a platform to enable access to information and facilitates the exchange of experiences and expertise. With an efficient infrastructure and a well-run secretariat that will collect and disseminate the contributions and actions of the network, a network can become a link between civil society and government institutions, thus enabling citizens to be heard at the policy-making level.

Networks are open structures and will play an important role in helping the accession countries with the “acquis communautaire” to enable them to adapt to the legislation of the European Union. Networks will no doubt learn from the experience and knowledge of the accession countries. They will in turn have the advantage of entering an already established structure, which might also be able to help complement the initiatives and policies at national level.

The final publication of this project, “The Directory on European projects in the field of mental health promotion of adolescents and young people”, is intended to serve as a tool for shared knowledge and enlightenment in this field. New and innovative ideas for interventions in mental health promotion are required and must be disseminated widely.

10. Evaluation and Sustainability of Mental Health Promotion Projects

One essential feature of mental health promotion is an emphasis on effectiveness. It is crucial to present the evidence that programmes implemented across countries really work in promoting the mental health of children and adolescents. To justify the investments for mental health promotion by communities, individuals and governments, it is vital that we are able to show the evidence of a programme’s positive outcome. Such evidence is available and there is a large range of different types of micro, meso and macro interventions (see reference list) that have been proven to work in increasing mental health and well being and preventing mental disorder in children and adolescents. However it is recognised that providing such evidence is a complex process and requires long term investment in itself.

This latter problem was recognised by some partners who argued that it was very difficult to check the real effectiveness of mental health promotion programmes for adolescents and young people, since the changes were not immediate but evident only in the medium and long term.

Looking at the projects that were selected, only about 50% had been subjected to any evaluation. 16% had been the object of a cogent evaluation, 12% of a pre-post evaluation, 46% of a process evaluation and 26% had not been evaluated at all.

The experts pointed out that an evaluation procedure should be included from the very beginning of a project and not as an afterthought. Evaluation procedures have to prove that the results obtained are from the intervention itself and not due to other factors. The evaluation of a programme is essential so that the programme can be refined and further developed.

To guarantee a proper evaluation, evaluators must be methodical and analytical and have appropriate training and experience in research and the type of work being evaluated.

However when project workers are not experienced in evaluation techniques, they can benefit from working together in partnership with research institutes or university teams. These teams can bring to the projects an expertise, such as what types of tools are most appropriate to use to achieve most reliable data and so, to describe programme results. In this way outcome indicators

and efficacy associated with the programmes could be provided and ensured on the short and long term.

Another way to ensure programme efficacy could be by reference to the available information on already effective practices. Efficacy could be strengthened by the availability of an international information system of effective practices across countries. Such a system would provide the evidence of available effective programmes, their outcomes and what types of evaluation methods are possible and appropriate for similar projects. Such information could provide a useful background for project workers to start thinking, developing and applying evaluation methods.

Sharing experiences through such a system and having the evidence whether a certain programme has worked previously could help project workers to improve their existing programmes by adding new components or revising its intervention methods. This would also help programme developers to decide implementing already existing effective practices instead of starting to develop a completely new programme from scratch. Although implementing existing programmes would require effective cultural adaptation by the programme developers, this strategy would avoid the ineffective practice of re-inventing the wheel again and again. As was stressed throughout the project, when transferring a programme to a different community or country, a programme must be adapted to the culture, needs and resources. Cross-country information availability on what works can improve this process and ultimately increase a programme's efficacy.

Mental Health Projects should be planned with long-term thinking, clear objectives, and research with an evaluation component from the very beginning in order to guarantee their sustainability. As long as a clearly-defined, long-term goal is set, the steps leading to it can be small.

“Sustainability is a topic of increasing interest and importance to those involved in health promotion. In the literature, sustainability is often referred to as ‘institutionalisation’. The term is not intended to refer to the bureaucratisation of initiatives. Rather, it implies that the initiative will move from being a project to becoming a core service. This often occurs when the host agency integrates the project into its ongoing work” (Centre for Health Promotion, University of Toronto [1996]. Sustainability of Health Promotion).

It is preferable when implementing preventive initiatives to think further in time and to focus not only on short-term results or make use of interventions for a limited period of time but to advocate to the community that interventions must be sustained. While some of the projects selected unfortunately seemed to have this aim as a secondary goal only, some others clearly expanded from a local or regional level to a national programme.

A mental health promotion programme for adolescents and young people should be innovative and inspire others in the future. It should take into account the rapid technological development and make use of the possibilities of the new media. The new communication technology will undoubtedly continue to have major implications on health and education. The Internet and chat-rooms have to be exploited in a way that they can be beneficial and helpful to young people, keeping in mind also that excessive use or harmful information can have negative effects on young people's mental health.

Effectiveness can be enhanced in several ways. It is important that evaluation techniques and outcomes are available and provided. The possibility of partnerships with research institutes would provide a useful and valuable way forward when facing difficulties with programme evaluation. Special evaluation efforts should be invested on innovative programmes and the use of modern technologies which appear to be promising.

When investing in mental health promotion and mental disease prevention, we should be able to ensure that programmes to be implemented will work. For that, it might be more economic to implement already effective practices which could be adapted to each country's situation instead of repeating the mistake of re-inventing the wheel.

However the crucial development of mental health promotion for children and adolescents lies not only on the provision of effective practices but on ensuring a programme's sustainability. Mental health promotion strategies should optimally integrate tackling communities, health related institutions and local or national authorities regional governments so that, in the long term, responsibilities for the undertaking can be shared.

11. Key Principles

In conclusion, the partners of the project “Mental Health Promotion of Adolescents and Young People” adopted the following key principles as strategic components of a plan for implementation of a programme for mental health promotion of adolescents and young people:

1. In order to be effective and to make sure that the needs of the target groups are met, the planning of a mental health promotion programme for adolescents and young people should involve consultation and participation with representatives of this age group. These representatives should be chosen by young people themselves. They should be given a voice from the implementation stage to the evaluation, thereby facilitating the empowerment of young people in decision-making and encouraging them to act in responsible ways.
2. When trying to tackle a problem, too often the target group is seen as the victim. In order to make a mental health promotion programme successful, it is important to involve the target group, to have – in the case of our project – young people choose the issues that most concern them. Prevention programmes therefore must address the factors that they see as being the cause of their problems. It is a good way to meet the needs and demands of the target group, to empower them and to give them a sense of ownership.
3. A mental health promotion programme for adolescents and young people will aim to promote mental well being and will have positive effects on physical, social and spiritual health. It may also target groups of adolescents and young people with specific vulnerabilities with the aim of preventing mental illness as well as promoting well being.
4. In the implementation of a mental health promotion plan for adolescents and young people, the collaboration of the education as well as the social work sector is essential. It should involve teachers, parents, and school staff and ensure also that the programme is part of the curriculum.
5. A mental health promotion programme for adolescents and young people needs to take the age, cultural background, gender, social inequalities and the different stages of the target groups into consideration. The flexibility of a programme is therefore essential.
6. A mental health promotion programme for young people can only be successful if it is centred on their needs and is relevant, accessible and available in the settings that young people usually frequent (schools, youth centres, etc.) and that these settings are set up to facilitate the fulfilment of their needs, wishes and aspirations.
7. A mental health promotion programme should be initiated with an awareness of what has been done in the field beforehand, including, when appropriate, a review of evidence-based scientific books, journals and clinical research in this area. There seemed to be little information available on similar programmes implemented in other countries. There is a clear need to share whether a certain programme has worked or not and to look at the possibilities for improvement. It is also of importance to stimulate partnerships with research teams and universities and to include the knowledge and use of already effective practices. This is an area that clearly needs to be improved so that future programmes can be designed accordingly.
8. The efficiency and effectiveness of a mental health programme for adolescents and young people should always be assessed. Once evaluated, such a mental health promotion programme may be adapted and transferred to another country and culture. All projects therefore should be evaluated. Different approaches require different types of evaluation. The

more rigorous and appropriate an evaluation is, the more confident one can be in recommending transfer.

9. An evaluation relates to the fact of proving whether an intervention has reached the targeted aims. If the aims and the expectations of the outcome are specific and easy to measure, it is more likely that its real impact will become clear.
10. General goals in mental health promotion are usually more difficult to achieve than specific goals. It might be a good idea to disentangle the general goals of promoting mental health into more specific goals that are measurable.

Classification of Projects by Country and Title

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	Children of Mentally Ill Parents	38
Denmark	A Practical Founded School-based Intervention towards Children in Loss and Grief	39
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Country	Name of Project	Page
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	Experiential Sensitisation Seminars on Mental Health and Psychosocial Development of Children and Adolescents for Teachers of a) Primary Education and b) Secondary Education	51
	Health Education Programme to Prevent the Use of Psychotropic Substances (Tobacco, Alcohol, Drugs) in High School Students	52
Iceland	Friends Do not Bully	53
	Nutrition and Mental Well Being in Schools (Research Project)	54
	Prevention of Depression among Adolescents in Iceland	55
Ireland	Mental Health Matters – A Mental Health Resource Pack for 14-18 year Olds	56
	Personal Development Programme for Students in Transition Year in Post-Primary Schools	57
	“Audyssey” 2001	58
	National Public Speaking Project	59
	A School Journal	60
Italy	Educational Project on Health and Training Achievements	61
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	Prevention of Young People’s Mental Distress in the Italian Air Force	63
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Country	Name of Project	Page
Norway	Exit – The Way out of Violent Youth Gangs	65
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	Establishing Chat-rooms for Young People	67
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	I Am a Teenage Mother	70
	Social Adventure and Community	71
	Social Adventure and Health	72
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	Psychological Intervention in Pregnant Teenagers – Impact Evaluation	74
Spain	Child Abuse Care Programme in the Health Area	75
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	Prevention of Eating Disorders in Adolescence: Zarima-Prevention	77
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Classification of Projects by Theme

Promoting Awareness of Mental Health Issues

For Ages Title Setting Country Page

General Education

14-18	Mental Health Matters addresses issues of mental health ■ challenges attitudes regarding mental illness	Youth clubs	Ireland	56
15-18	A School Journal students produce a journal ■ promotes positive health messages	Schools	Ireland	60
15-18	Crazy? So What! It's Normal to Be Different Project days in schools ■ Opportunities to meet people with a mental illness	Schools	Germany	48
14-16	Open to a Mentally Healthy Life teaches self-responsibility ■ strengthens acceptance of different types of people	Schools	Spain	79

Specific Problems

10-18	The Various Faces of Schizophrenia promotes understanding of schizophrenia & general mental illness topics	Health organisations	Austria	34
12-18	EXIT - The Way Out of Violent Youth Gangs Strategies and help for members to leave nationalistic and extreme groups	Communities	Norway	65

Peer Education

15-21	Schools Peer Education Project students educate their peers via videos, newsletters, dramas, debates & other methods	Schools	U.K.	82
10-20	Social Adventure and the Community Personal and Social Competence Programme ■ training young people to be able to tutor and coach their peers	Local authority, centre for drug use prevention	Portugal	71
15-25	Step - Youth Helping Youth Counselling service for young people run by young people	Youth Centres, schools, etc.	Norway	66
14-18	Anti-Stigma Group reintegration into society of adolescents and young people with emotional and psychological disturbances and mental illnesses	Schools, Psychiatric hospitals	Germany	49

Material & Booklets

14-17	HEADstuff colourful material covers schizophrenia, depression, self-harm & eating disorders	Schools	U.K.	84
12-16	Cool Heads booklet designed with the help of young people ■ covers basic mental health issues	Schools	U.K.	85
0-18	Children of Mentally Ill Parents prevents problems in the development of children and adolescents whose parents have mental illnesses ■ brochures and discussion groups	Mental Health Centre	Belgium	38
0-21	Children of Mentally Ill Parents Brochures developed to inform children and young people on how to deal with their parents' problems	Various (schools, mental health centres, etc.)	The Netherlands	64

Contests

15-16	National Public Speaking Project Students research a mental health topic and represent their school in the Public Speaking Events.	Schools	Ireland	59
13-18	"Audyssey" 2001 students submit 10-minute audio tapes on mental health ■ prizes awarded to finalists	Schools	Ireland	58
16-19	How Different is Different? inspired by the Irish Public Speaking Project ■ provides youths the opportunity to stay in a mental health institution	Schools	Belgium	36
14-25	Design for Life Creative competition ■ Young People reflect upon their concerns and possible coping mechanisms	Schools	U.K.	83

Improving Social Competence & Conflict Resolution Skills

For Ages Title Setting Country Page

Conflict Resolution

14–20	Difficult Adolescence Guidelines for parents, educators and teachers	Counselling services	France	45
6–15	Friends Do Not Bully Bullying Prevention Project	Schools	Iceland	53
7–18	Connect fi-Combating Violent Behaviour of Girls & Boys International Project ■ Mental Health Promotion and combating violent behaviour in schools	Schools	Finland	40

Improving Social Competence

7–22	Project for Young People Supports the integration of immigrant youth into Finnish society.	Mental Health Association, Schools	Finland	43
12–16	Relay Classes Helps difficult youth to return to their schools ■ elaborates methods of prevention	Schools	France	44
12–18	EXIT – The Way Out of Violent Youth Gangs Strategies and help for members to leave nationalistic and extreme groups	Communities	Norway	65

Coping Skills

For Ages Title Setting Country Page

0–18	Children of Mentally Ill Parents prevents problems in the development of children and adolescents whose parents have mental illnesses ■ brochures and discussion groups	Community Mental Health Centre	Belgium	38
4–18	Children in Loss & Grief School-based intervention for children and young people in loss and grief ■ supports teachers	Schools	Denmark	39
6–14	A Coping Family helps parents to cope and understand the situation of their adolescents and the family	Hospitals	Finland	42
7–18	The Source Counselling for children and adolescents who have a parent suffering from a mental disorder	Own office	Sweden	81

Teacher Training

For Ages Title Setting Country Page

6–18	Step by Step Prevention of drug problems of young people in schools who might be at risk ■ Empowers teachers to react early to signals of students	Schools	Austria	35
4–18	Children in Loss & Grief School-based intervention for children and young people in loss and grief ■ supports teachers	Schools	Denmark	39
7–18	Connect fi – Combating Violent Behaviour of Girls & Boys International Project ■ Mental Health Promotion and combating violent behaviour in schools	Schools	Finland	40
6–15	Experiential Sensitisation Seminars Development of Seminars for teachers on issues of mental health of children and adolescents	Schools	Greece	51

Mental Health Promotion of Young People at Risk

For Ages Title Setting Country Page

Children of Mentally Ill Parents

0-18	Children of Mentally Ill Parents prevents problems in the development of children and adolescents whose parents have mental illnesses ■ brochures and discussion groups	Mental Health Centre	Belgium	38
0-21	Children of Mentally Ill Parents Brochures developed to inform children and young people on how to deal with their parents' problems	Various (schools, mental health centres)	The Netherlands	64

Counselling Centres & Programmes

14-24	Refuelling in Flight Counselling for adolescents who experience discomfort or crisis but are not real "patients"	Schools	Italy	62
18-27	Prevention of Young People's Mental Distress in the Italian Air Force Helps to reduce the suicide rate, drug addictive behaviour or bullying	Military Training Centre	Italy	63
15-25	Step - Youth Helping Youth Counselling service for young people run by young people	Youth Centres, schools, etc.	Norway	66
15-25	Establishing Internet Chat Rooms for Young People Promotes positive mental health through established chat-rooms	Youth Centres	Norway	67
10-20	Social Adventure and Community Personal and Social Competence Promotion Programme ■ Prevents personal and social maladjustment of Young People in Lisbon.	Local authorities, Centre for Drug Use Prevention	Portugal	71

Prevention of Depression

14-15	Prevention of Depression among Adolescents in Iceland To prevent the occurrence of the first depressive episode of MDD	Schools	Iceland	55
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Juvenile Offenders

13-20	Counselling Centre in the Juvenile Court of Athens Assessment and motivation for change of adolescent substance users ■ Support to their families	Juvenile Court	Greece	50
14-16	Social Adventure and Risk Promotes mental health of adolescents under supervision of the Juvenile Court ■ Community-based Programme	Youth Associations, Schools	Portugal	73

Substance Abuse

6-18	Step by Step Prevention of drug problems of young people in schools who might be at risk ■ Empowers teachers to react early to signals of students	Schools	Austria	35
14-15	Preventing Use of Psychotropic Substances Prevents students from experimenting with substances and motivates users to stop	Schools	Greece	52
14-17	Keep Your Partying Under Control Increases awareness of the risks of alcohol and other drugs ■ Special times of the year	Schools, street work	Spain	78
6-20	The Cohort Study Project - from Drug Use to Abuse traces the course of drug use and other risk behaviours □ screening of risks and protective mechanisms which can influence the progression, the stabilisation or regression of this problem behaviour	Schools	Portugal	69

Young People in Child Care

15-25	Consult the Experts young people are given the possibility to influence the development of the child care system ■ young people are consulted on issues related to their own care and well being	Schools, youth clubs	Norway	68
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Prevention of Child Abuse

0-18	Child Abuse Care Programme in the Health Area The Programme was launched to respond to the demand of health professionals for training in clinical aspects and in intervention in risk situations and in child abuse	Hospitals, Mental Health services	Spain	75
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Teen Pregnancy

For Ages	Title	Setting	Country	Page
13–18	<i>I Am a Teenage Mother</i> helps adolescent mothers during & after childbirth	Hospitals	Portugal	70
13–19	<i>Psychological Intervention in Pregnant Teenagers</i> aims at improving the baby's development and the well being of the mother	Hospitals	Portugal	74

Preventing Eating Disorders

For Ages	Title	Setting	Country	Page
15–18	<i>Prevention of Disordered Eating and Eating Disorders</i> focuses on healthy behaviour ■ idea of self-acceptance and positive body image	Schools	Belgium	37
12–16	<i>Prevention of Eating Disorders in Adolescence</i> weekly session during school hours ■ pupils, parents and teachers involved	Hospitals	Spain	77

Self Esteem & Personal Development

For Ages	Title	Setting	Country	Page
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Self Esteem

13–18	<i>Crisis Intervention among Young People</i> Improves young people's coping skills in different life crises ■ preventive approach	Schools	Finland	41
11–14	<i>Educational Project on Health and Training Achievements</i> helps adolescents to improve their ability to talk about themselves	Schools	Italy	61
14–25	<i>Get Your Ideas Together!</i> Prevention of mental illnesses among young people ■ method based on interaction, participation, fun and education	Schools	Spain	76
9–30	<i>The Freeze House</i> helps young people develop by improving their social competence and raising their self-esteem	Youth Club	Sweden	80

Personal Development

15–19	<i>Personal Development Programme</i> Workshop in schools on issues relevant to mental health	Schools	Ireland	57
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Health & Well Being

For Ages	Title	Setting	Country	Page
14–25	<i>Feel Good in Your Body, Good in Your Head</i> 10-minute film for educational purposes	Schools	France	46
15	<i>Enhancing Well Being and Self Esteem in Young People</i> Suicide prevention programme	Schools	France	47
14–16	<i>Nutrition & Mental Well Being in Schools</i> Research project ■ influence of hot meals on students' mental well being and academic achievement	Schools	Iceland	54

Project Summaries

Austria

The Various Faces of Schizophrenia

1. Project Description

Within the scope of the nation-wide antistigma-campaign in Austria, this project aims at a better understanding of schizophrenia among pupils. Including a widespread public relation campaign and co-operation with teachers, the programme "The Various Faces of Schizophrenia" consists of seminars in schools towards a better understanding of schizophrenia and mental illnesses in general.

2. Project Aims

The aim of this prevention project is to raise awareness of schizophrenia and other mental disorders. It is an information programme against stigma and discrimination of those affected by mental disorders.

3. Method of Intervention

The seminars are always performed by two people, an expert and a user of psychiatric services. The most innovative aspect is the platform of contact between pupils and users.

The pilot-project aimed at answering two questions: 1) To what extent do lessons about psychiatric topics change the general attitude of the students towards these issues, and 2) would including affected people result in changes about the attitude of the students?

4. Duration of the Project

March 2000 – March 2002.

5. Target Group

Pupils between 15-19 years of age.

6. Evaluation/Random Controlled Trial (RCT)

An evaluation of the pilot-project in 1999 and the project 2000 (600 pupils) gave clear evidence of increase in knowledge, acceptance and change in attitudes (80-95%)

7. Involvement of Adolescents and Young People in the Project

The students evaluated the project by means of a questionnaire after each session.

8. Strengths and Weaknesses of the Project:

The strongest points are the participation of users and the interest of teachers and pupils.

The pilot-project showed that the participation of users in mental health programmes made a far greater impact on the students than the sessions held by professionals only. Through the personal and direct contact with a person affected by the illness, they could relate to the complex matter of stigma and eliminate fears and prejudices. For this reason, further promotion activities run by "GPG Tirol" will involve the participation of users.

The weakest points were the availability of users and the difficulty of providing them with enough support.

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Step by Step

1. Project Description

Step by Step is a package of measures for secondary prevention in schools. It deals with early recognition and intervention of pupils, who might be in trouble and might be developing a real drug problem.

2. Project Aims

Secondary prevention: the main target of the project is to encourage and empower teachers to react early on signals of pupils who might be in trouble. They should be able to act within their educational possibilities and make the right connection to intern and extern experts, who would be able to help. Schools should use a common model of practice for the management of problems, which is known and transparent to all involved.

3. Method of Intervention

The package consists of a) training for school-teams (teachers), b) CD-Rom plus manual, c) school-line (service-telephone for clearing and case-management), d) networking with social services to establish standards for consultation, e) further information via newsletter and web site, and d) parents-information as an optional element.

4. Duration of the Project

The project started in October 1998 as a pilot-programme in 9 schools. The project will become an implemented programme in autumn 2001.

5. Target Group

Secondary schools – general population of adolescents and young people and young people with health vulnerabilities; teams of teachers.

6. Evaluation/Random Controlled Trial (RCT)

The CD-Rom (older version) has been evaluated by the German BZGA (Federal Centre for Health Information). The work with the school-teams is evaluated by short questionnaires, and the need for a school-line as a specialised service has also been developed based on a questionnaire.

7. Involvement of Young People in the Project

Teachers are the primary target group as contact-persons for pupils.

8. Strengths and Weaknesses of the Project

The strongest feature of the programme is that it reacts to a concrete need. All schools involved until now said that “step by step” was quite useful for them and encouraged the project to continue. However, the success depends on the co-operation between many different people and organisations. The co-ordination and networking costs time, good will and sometimes also the willingness and flexibility to change one’s own method of thinking.

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Belgium

How Different is Different?

1. Project Description

Inspired by the Irish National Public Speaking Project (see p. 58), this project was introduced in 1990. It is a project concerned with imaging, with and for youth and with large societal reach thanks to the internal multiplication effect that includes family members and social contacts of participants.

2. Project Aims

The main objective is to familiarise youth aged between 16 and 19 with mental health care by means of a contest. The contest has a dual objective: 1) a socio-pedagogical contribution to the balanced development of youth and 2) breaking the isolation of psychologically vulnerable people.

3. Method of Intervention

Phase I: introductory learning experience where participants have free access to the contest book that helps them understand the world of mental health care, phase 2: students are encouraged to create meaningful links with (ex-) patients. The project leader acts as intermediary to make sure students' wishes and patients' expectations are maximised, phase 3: with or without the help of patients, the participants record their insights and experiences by means of text, theatre, music, plastic arts. Participants keep an up-to-date group diary with a short description of the growing process that took place.

4. Duration of the Project

The project was launched in Flanders in the academic year 1991-92. In 1997, the Walloon Mental Health Organisation also adhered to the project and organised their first contest for the academic year 1998-99. Since 1992-93, the National Queen Fabiola Foundation for Mental Health has added its support to the project.

5. Target Group

General population of adolescents and young people.

6. Evaluation/Random Controlled Trial (RCT)

As often as possible, the project collaborator does an evaluation with the teachers in charge and the contacts within the various institutions where students have been involved. Not one single negative experience was noticed during the evaluation. Representatives and patients were very satisfied in general so institutions are looking forward to a continued collaboration in the near future. There is also a long-term research project going on at the University of Gent, which will study the impact of participating in the VVGG project, comparing it to a control group of adolescents who did not participate. It will take a few years before significant results will be known.

7. Strengths and Weaknesses of the Project

It is a non-academic way to learn. Students have fun participating. It is a project with a high multiplication factor: Each student has a family and friends who get involved in the project. However, it can be very hard to convince teachers to participate and mental health professionals to open their doors.

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Belgium

Prevention of Disordered Eating and Eating Disorders

1. Project Description

Disordered eating is a serious (health) problem. As adolescents grow into adults, they experience substantial physical changes (height, weight gains, etc). These changes are often accompanied by negative feelings. The prevalence of dieting and eating disorders and related problems (alcohol use, tobacco use and drug use, delinquency, unprotected sexual activity and suicide attempts) is quite dramatic. The project aims at preventing disordered eating by focusing on healthy behaviour.

2. Project Aims

Prevention of eating disorders: helping students feel comfortable with their body.

4. Method of Intervention

There are two programmes within this project. The “Coach the student programme” consists of a lesson of two hours/class (4 classes a day) in school. Its main purpose is to discuss with students what pressure they are experiencing concerning their appearance and provide possible positive coping strategies.

The ‘Teach the teacher-programme’ helps teachers by providing them with basic information and skills on how to promote good health among their students (information on sexual maturation, height increases, and variable weight gains that occur during puberty), on how to promote a healthy school environment (harassment, teasing, etc.) and finally how eating disorders can be detected very early.

5. Duration of the Project

After having been asked by schools as an expert on eating disorders to talk about eating disorders (both for teachers and students), An Vandeputte, a social worker, clinical psychologist and psychotherapist, developed a training and teaching programme for students and teachers in 1995. On January 1, 2001 she started a professional centre for the prevention of eating disorders (eetstoornis.be). “Coach the student” and “teach the teacher” are two programmes of eetstoornis.be.

6. Target Group

General population of adolescents and young people.

7. Evaluation/Random Controlled Trial (RCT)

After the training sessions, there is a standard evaluation. Evaluations show that participants are satisfied with the content, and develop a more positive attitude towards (their own and others) normally shaped bodies.

8. Involvement of Young People in the Project

Adolescents are approached in an active, experience-oriented way. Based on their own experiences, a positive body image is promoted.

9. Strengths and Weaknesses of the Project

The project can easily be duplicated by professionally coached social workers and therapists and is feasible for other countries. The strongest feature is its potentially very great impact on mental health among young people. Its main weakness is that it is financed by the schools.

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Children of Mentally Ill Parents

1. Project Description

Numerous studies have reported increased rates of psychiatric disorders in children of mentally ill parents. Both genetic and psychosocial influences are involved in the transmission of disorders from parent to child. This highlights the need for psychiatrists treating adult patients to be aware that the children of their patients constitute a psychiatric 'at risk' group.

2. Project Aims

Prevent/reduce problems in the development of children and adolescents whose parents have mental illnesses, through prevention and support. To reach this aim, different groups must be reached: a) young people, b) parents (mentally ill and non-ill parent), c) family and friends, and d) professionals (for example psychiatric hospitals, general hospitals, doctors, schools, etc.).

3. Method of Intervention

- ◆ Brochures were developed to inform children and young people on how to deal with their parents' problems;
- ◆ Questionnaires were created and can be used by professionals to screen children, to determine whether these children already have problems;
- ◆ Sensitisation of the professionals;
- ◆ Discussion groups for children and young people.

4. Duration of the Project

The project started in February 1999 and will not be completed as long as these children need help.

5. Target Group

Young people with vulnerable parents (substance abuse, psychiatric problems, etc.).

6. Evaluation/Random Controlled Trial (RCT)

None.

7. Involvement of Young People in the Project

A total of 100 brochures were distributed amongst adolescents and young people as a 'test'. After reading the brochures, these young people were asked to evaluate the brochures by filling in a 'questionnaire' about the contents and layout.

8. Strengths and Weaknesses of the Project

The strongest feature of this project is the fact that the problems of these children can easier be tackled with prevention and attention.

The weakest feature of the project is the fact that it is very difficult to sensitise the professionals.

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Denmark

A Practical Founded School-based Intervention towards Children in Loss and Grief

1. Project Description

This project is a practical founded school-based intervention towards children in loss and grief, which aims to inspire and support teachers in attending these difficult issues. This is achieved by offering useful free-to-copy educational materials and giving lectures, consultation and courses.

2. Project Aims

Experience shows that the more engaged the teachers feel in acting upon their worries, the better the help that they provide to the children in need. Therefore, one of the main objectives has been to encourage the teachers to establish action plans for when they meet children in loss and grief. Another target is to stress the awareness of the Danish School life in broader terms in order to make teachers aware of their responsibility towards bereaved children.

3. Method of Intervention

One of the basic conditions for bereaved children in getting through their grief is that the surroundings – school and after-school settings – are prepared to help these children.

When the project was launched in 1996, the main task was to produce relevant educational material on the topic “children, loss and grief”. But at a very early stage, the teachers’ need for further knowledge lead to lectures, courses, consultations and political work.

4. Duration of the Project

The project started in June 1995 and is still ongoing.

5. Target Group

The main target group are the teachers – they are the gatekeepers. The teacher is a relatively neutral person, who is not directly involved in the extremely sad incident, which has taken place at home. This gives the child the opportunity to bring up subjects in the classroom. Another target group are of course the children and young people in school, but also decision-makers.

6. Evaluation/Random Controlled Trial (RCT)

A pre-study among 4-5 classes was carried out to make sure that the material was educational and useful for the present target group. A quantitative survey among 600 subscribers who received the manual in 1996 was done as well as an RCT among 300 schools. The strongest aspect is the change of awareness among the teachers who work with the material and on the many schools, which have established action-plans.

7. Feasibility and Adaptability for Other Countries

At present, the educational materials are being translated into English. The next step will be to find an English publisher to make the material available in the course of next year. Sweden, Norway, Finland and Iceland have also shown great interest in having the material translated into their language.

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Connect fi-Mental Health Promotion of Children and Young People and Combating Violent Behaviour of Girls and Boys

1. Project Description

Supported by the European Parliament and the Commission of the European Communities (Directorate General Education and Culture), the CONNECT-initiative was launched in 1999 with the aim to promote synergy and links in the area of education, training and culture by combining innovation, research and new technologies. Among the six CONNECT-projects combating violence in schools, co-financed by DG Education and Culture, the CONNECT-fi project (2000-2001) specifically focuses on the promotion of mental health in schools. Both education and health sectors at the national level have agreed to combine their efforts in this undertaking, where a proposal for an European Action Plan to Combat Violence in Schools is being elaborated along with practical work in schools.

2. Project Aims

The aims of the project are a) an increased visibility of the mental health promotion of children and young people as well as combating violent behaviour of girls and boys; b) the dissemination of best practices, and c) the horizontal co-operation between sectors and Networks within education, culture and health.

3. Method of Intervention

The types of activities are a) the exchange of knowledge and experience at conferences, seminars, meetings and via internet, b) European training courses, c) media and communication technologies: internet, TV-work and other media, and d) work on political level.

4. Duration of the Project

The project started on 15.12.1999 and will be completed on 31.12.2001.

5. Target Group

The target group consists primarily of children and young people especially at school, but also teachers and other school staff, broadcasters, media as well as decision-makers.

6. Evaluation/Random Controlled Trial (RCT)

The project was submitted to a self-evaluation.

7. Feasibility and Adaptability for Other Countries

The methods and types of activities as well as the results are adaptable, especially the framework for Action in the Proposal for an Action Plan to Combat Violence in Schools. The most innovative aspect is the collaboration of health, education and media sectors to combat violence by promoting mental health.

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Crisis Intervention among Young People

1. Project Description

The main purpose of this project is to improve young people's coping skills with different life crises. As a secondary means of prevention, assistance is given to those in crisis state. Another aim is to implement its working parts permanently within the local service net.

2. Project Aims

The project aims to improve the general well being in high school students by means of a preventive approach. The project aims at enhancing their interactive skills, giving information and help for handling life crises.

3. Method of Intervention

The Crisis Centre of Kuopio has been working with high school students since the beginning of the year 2000. Its predecessor "Mobile Support Centre" operated with them between 1996-1999. During that period, various methods were used such as a crisis hotline, lessons with emphasis on interaction and coping skills, work with students who need extra tutoring, presentations and discussions with parents, student groups discussing various themes (i.e. responsibility), discussions with teachers about crisis situations and parent group discussions. The crisis hotline service and discussions about various themes together with students, teachers and parents were the most effective.

4. Duration of the Project

The project began in January 2001.

5. Target Group

High school students aged between 13 and 18, their parents, teachers and the other personnel in the schools.

6. Evaluation/Random Controlled Trial (RCT)

The project will be evaluated through questionnaires given to selected samples of high school students, interviews and statistics made when students visit the crisis worker on duty. The University of Kuopio is helping with the evaluation.

7. Involvement of Young People in the Project

Two representatives of Kuopio's Youth Parliament are a member of the guidance and evaluation group for the project. They are between 13-18 years of age.

8. Strengths and Weaknesses of the Project

The pilot work was started at schools prior to the actual launch of the project. The work was planned beforehand and was well organised from the start. The principals, teachers and students were informed of the project at the outset and the project was discussed with the other pupil services and different bodies present at schools. The open dissemination of information, the flexible working methods and facilities, and the enthusiasm and support from co-workers were also very positive points. As far as weak points are concerned, pupils may fear that their friends start to bully them if they go and talk to someone about their problems. They might also be afraid that the teachers will be informed about the discussions and that this might affect their grades. The motivation of schools and teachers to co-operate might also be difficult at times.

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A Coping Family

1. Project Description

The working group set in the psychiatric unit for children and youth of the Halikko hospital developed the idea of "a coping family" course aimed at parents and their children or adolescents who suffer from psychiatric disorders.

2. Project Aims

Information, support and experiences for parents of children/adolescents with symptoms of psychiatric disorders. Helping parents to cope and understand their child/adolescent's and the family's situation.

3. Method of Intervention

Positive experiences for parents together with the whole family in the form of positive sharing were provided: good food, accommodation, physical activities, adventures and hiking. Parent groups were organised, which provided an opportunity to share experiences and receive support during their child's illness. Weekend camps and parent groups, which included presentations and self-expression exercises, were also organised.

4. Duration of the Project

The project started in September 1998 with a weekend course for the whole family. Parent groups were organised, 10 times every other Wednesday. From 19-21 February 1999, another weekend camp was organised for the whole family. In addition to the courses and in line with the wishes of the participants, a follow-up day in June 1998 was organised in a cottage, and a continuation course in October 1998.

5. Target Group

Parents and their children or adolescents who have symptoms of psychiatric disorders.

6. Evaluation/Random Controlled Trial (RCT)

Students from Salo City College of Nursing carried out a research and evaluation project as part of their diploma thesis. The quality working group conducted a quality project on the course: A Coping Family project of the child and youth unit of Halikko hospital. The work contained participants' and workers' evaluations of the success of the course. The evaluations of the working group members were also recorded.

7. Involvement of Young People in the Project

Young people evaluated the course. After each weekend course, the whole family assessed how well the course had succeeded.

8. Strengths and Weaknesses of the Project

The strengths consisted in the sharing of positive experiences, the humour and good times together. It was also positive to swap perspectives and to look at the family through the eyes of the parent(s). One of the weakest points is that such a project requires commitment throughout the whole process. If the treatment of a child/adolescent is just beginning and the symptoms are severe and long-term in nature, parents may find it difficult to be with other parents. Also, addressing the needs of single parents may be inadequate.

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Project for Young People

1. Project Description

The project is organised by the Mental Health Association of southwestern Finland. The target group consists of immigrant children and youth of which most have a refugee background. The aim of the project is to support their integration into Finnish society.

2. Project Aims

The aims of the project are a) to support the integration of immigrant children and youth into Finnish society, b) to prevent mental health problems and difficulties in adapting, c) to help those children and adolescents who already face problems for example at school or at home, d) to develop new models to support children and youth and e) to encourage local people to become more tolerant by means of informing them and by organising groups for both immigrant and Finnish adolescents.

3. Method of Intervention

The methods of the project consist in individual and family assistance/support and group work.

4. Duration of the Project

The project started in February 2000 and will end in January 2003.

5. Target Group

Young people with socio-cultural vulnerabilities (immigrants including refugees and asylum seekers).

6. Evaluation/Random Controlled Trial (RCT)

A model of the evaluation will be planned later. The evaluation will be carried out during the last year of the project.

7. Involvement of Young People in the Project

When developing group-working models of the project, adolescents are asked for their comments and opinions. Their comments will probably also be taken into account when carrying out the evaluation.

8. Feasibility and Adaptability for Other Countries

The project is feasible and adaptable for other countries. The idea is to develop new models to support immigrant children and youth, which are suitable for both local and immigrant communities.

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Relay Classes

1. Project Description

This project tried to consider the growing problems of the particular region in France: unemployment, poverty (measured by the number of people receiving minimum wage benefits), illegal immigration, etc. The schools were confronted with young people with less acquired knowledge and more aggressiveness. Sometimes, normal school structures are no longer suitable since they can neither make it possible for the rest of the students to study in good conditions nor help young people with their violence. The "Relay classes" are held outside the school grounds, although the principal is responsible for them and the students involved continue to be enrolled in their school of origin.

2. Project Aims

The aims of the project are to prepare the return of the students after the relay class term and to elaborate methods of prevention. Taking advantage of the experience of the relay classes, teachers can innovate and set up procedures and practices to prevent the breakdown of the relationship between the student and the school and prevent violence.

3. Method of Intervention

The selection of students for relay-classes is carried out by their school, based on a dossier, which states what has already been done for the student and how the reintegration into the school is planned. The relay class team gives their opinion and the final decision is made by a departmental commission. Each class then includes 8 to 10 students from 2 to 5 different schools. Classes can last from 15 days to 6 months, and occasionally, the entire school year. They have different educational projects, depending on the specificity of the area that the pupils come from, but the objective is the same: to enable them to return to their schools of origin or, in some cases, to enter a professional training programme.

4. Duration of the Project

The project was first implemented in 1986 in the Montpellier-region. In 1996, this experience was extended to the whole of the Hérault Department. In 1998, the Minister of Education proposed such classes at national level. No final date of the project is foreseen.

5. Target Group

Difficult students aged between 11 and 16.

6. Evaluation/Random Controlled Trial (RCT)

There has been no official evaluation so far other than the statistics showing that 60% of the pupils involved in the programme were able to return to their schools. A national evaluation is planned.

7. Strengths and Weaknesses of the Project

The value of partnership is very important for this project. The flexibility of the programme is also a strong point: a rigid framework cannot be imposed on the teams. They must first adapt to the young people, but they must also be able to adapt to local conditions, even if the objectives and educational practices of a common project allows them to feel reassured and that their action is legitimate.

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France

Difficult Adolescence

1. Project Description

Guidelines for parents, educators, and teachers widely distributed (sales in bookshops, free distribution by the French Committee for Health Education, the Ministry of National Education and by the Family Allowances National Fund).

2. Project Aims

The aims are to provide those facing adolescent difficulties by 1) giving information and basic knowledge concerning adolescence and signs of discomfort; 2) giving advice; and 3) reminding the behaviour to adopt and the behaviour to avoid.

3. Method of Intervention

Everyday, parents are worried about their children facing depression, running away from home or being drug addicted, and do not know how to handle the situation.

The first draft of the handbook was made by a journalist in July 1998. It was redrafted by volunteers from October 1998 to December 2000. Between January and March 2001, it was read by professionals (psychiatrists, physicians, psychologists, etc.) and parents whose children are facing difficulties. It will be launched at a national level by the end of 2001.

4. Duration of the Project

The project started in 1998. The handbook will be printed by the end of 2001 but the project itself will last for an unlimited period of time, as the distribution will regularly be announced at conferences, on the radio, etc.

5. Target Group

- Very large target group concerned by young people with risky behaviour
- Parents of adolescents

6. Evaluation/Random Controlled Trial (RCT)

No evaluation yet.

7. Feasibility and Adaptability for Other Countries

This project is adaptable and feasible for other countries. Its language is simple and easy to understand, thus making the book widely accessible. The thematic presentation allows different ways of reading: linear or according to the questioning of the reader on a special theme.

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Feel Good in Your Body, Good in Your Head

1. Project Description

This project is an awareness raising campaign for adolescents and young people on the issue of overall well being through the well being of the body and the aspects of clothing and personal hygiene. It is a 14-minute film of professional quality for educational purposes, which will help young people reflect on the issue of well being.

2. Project Aims

This project aims to raise awareness, to inform and prevent with the aim of enabling young people to be actors of their overall or holistic health by including the adolescents themselves in the implementation and the carrying out of the project. The project also aims at creating discussions with young people in the classroom on the issues of health and well being.

3. Method of Intervention

This project was carried out by students who are training to become nurses. Their classes include the training to the methodology of projects and to the setting up of techniques or educational health initiatives. Based on the concept that “the quality of life of each individual depends on a lifestyle, which promotes physical and mental well being”, the students started to carry out a research on which actions to take in 1998. The film is one of the initiatives.

4. Duration of the Project

The project started in 1998. The presentation of the completed film is planned for June 2001 and the broadcasting for September 2001.

5. Target Group

Adolescents and young adults aged between 14–25 years of age, whether they are in middle school, secondary school or at university.

6. Evaluation/Random Controlled Trial (RCT)

The evaluation will take place one year after the release of the film (September 2002).

7. Involvement of Adolescents and Young People in the Project

The distribution of the film will be carried out by the people responsible for the project at the Training School for Nurses and by the students who will by then have completed their training and have their diplomas.

8. Strengths and Weaknesses of the Project

The strong points of the project is that it is the realisation of an action in the field of public health by young people for young people. It is also a partnership between the Training School for nursing care and the secondary school. The weak points are the difficulties in finding the funding and the setting up of the promotion of the film.

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France

Enhancing Well Being and Self Esteem in Young People

1. Project Description

Normandy being a region in France with a high rate of suicide, this programme was developed to address this issue, especially in young people.

2. Project Aims

The aims of this project are 1) to analyse with young people their definition of well being; 2) to define external requirements (weather, clothes, etc.) and internal requirements (self-esteem, values, family and friends, etc.); 3) to reinforce their individual abilities, qualities, attitudes, etc. and to create tools to reinforce the well being and self esteem in young people.

3. Method of Intervention

In each school involved in the programme, volunteers (teachers, scholar nurses, social workers, etc.) were asked to participate and support the project. They were offered four days of training on self-esteem and regular update meetings on the evolution of the behaviour of the students. Students were asked to consider the question "what do I need to feel good?" rather than "when do I feel good?" in order to obtain a structural definition. Self-esteem seemed to be an important point to successfully reach a state of well being. The team decided to design a research programme using this concept.

4. Duration of the Project

The project started in June 1999 and finished in September 2000.

5. Target Group

Adolescents around the age of 15.

6. Evaluation/Random Controlled Trial (RCT)

The project was evaluated. A pre- and post-test were carried out with each young person. In the latter, the evolution of the definition of well being (from environmental to structural) was assessed.

7. Involvement of Adolescents and Young People in the Project

No direct involvement.

8. Strengths and Weaknesses of the Project

The strongest feature of the project is the mandatory individual and personal signing-up to the programme, which in turn conditions its highest chances of success.

One weak point is that the attendance can be difficult as some students may be reluctant to analyse themselves.

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Germany

Crazy? So What! It's Normal to be Different.

1. Project Description

This project is part of a wider project called "human like crazy" ("irrsinnig menschlich") aiming at enabling people with a mental illness and their families to talk about their illness with their friends and relatives, neighbours and teachers, colleagues and bosses just as openly as others can speak about diabetes or heart disease. The project "Crazy? So what! It's normal to be different" is a service for students and teachers and includes training seminars, provision of teaching materials and opportunities to meet people with a mental illness.

2. Project Aims

The aims are to a) reduce stereotypes towards people with schizophrenia and other mental illnesses, b) mental health promotion, c) developing the ability to deal with the complexity of human behaviour, d) respect for people who are different and e) openness, understanding and fairness in the interaction with other people.

3. Method of Intervention

This school project provides the opportunity not only to talk about mental illnesses and to be informed but also to meet people with a mental illness. It helps to break down barriers and prejudices associated with mental illness and to show pupils where to look for help and how to handle a crisis situation.

4. Duration of the Project

The project started in January 2001.

5. Target Group

Adolescents between 14 and 18 years of age.

6. Evaluation/Random Controlled Trial (RCT)

A questionnaire was developed to assess the students' social distance towards people with schizophrenia as well as the presence of stereotypes surrounding the illness before and after the project. Relationships' situations to be included were defined through focus groups with secondary school students. At the same time, a control group of students who did not participate was questioned. The survey was repeated one month and three months after the project. Attitude changes were analysed by means of comparing the relative frequencies of cases in the response categories (agree/unsure/disagree) at the different points of measurement.

7. Involvement of Adolescents and Young People in the Project

Adolescents and young people were involved in the development of the questionnaire for the project evaluation (Social Distance Scale for Young People).

8. Strengths and Weaknesses of the Project

Strengths: 1) contact and discussion with people who have a mental illness (experience rather than pure information), and 2) partnership between people with a mental illness and different types of professionals in project development and implementation.

Weaknesses: 1) no access to the internet/new media in some schools, and 2) future of project not guaranteed (funding, staff, etc.).

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Anti-Stigma Group

1. Project Description

This project aims to “build a bridge” between the “inside and the outside”, between young people who have managed to cope with everyday life and those who are in a psychiatric hospital and in the process of learning how to reintegrate and cope with life. It aims to reduce the stigma and prejudices associated with mental health problems.

2. Project Aims

The aim of the project is the reintegration into society of adolescents and young people with emotional and psychological disturbances and mental illnesses.

3. Method of Intervention

The initiative for this project came from pupils of a secondary school (Marie-Curie-Gymnasium) in Düsseldorf, who became interested in the problems associated with the stigmatisation of mentally ill young people. They were eventually invited to come to a psychiatric hospital for children and young people. During the first year of the project, the appointments were after school, which meant that the pupils had to show real motivation. Pupils and teachers realised that they all had to some extent a degree of prejudice against mentally ill people. They were impressed by the openness of the young people talking about their experiences and problems. After this first meeting, the young people continued to meet, either in school or at the hospital, organised lectures for parents, pupils and teachers. Stories were read that young people had written during or after their stay at the hospital. This project spread to a few other schools in Germany. The “anti-stigma group” composed of pupils from the Marie-Curie school attended all these events.

4. Duration of the Project

The project started in 1999 and will last until approx. 2003. It will then be part of an organisation which will be registered then and called “butterfly” (“Schmetterling”).

5. Target Group

Adolescents and young people with and without psychological problems and mental illnesses.

6. Evaluation/Random Controlled Trial (RCT)

The project is submitted to an internal monthly review and has obtained satisfactory results.

7. Involvement of Adolescents and Young People in the Project

Adolescents and young people are involved as team members of the project group.

8. Strengths and Weaknesses of the Project

The strength of the project lies in the interest and the motivation of the team members. One weak aspect is the co-ordination of members (time) for participation in national events.

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Counselling Centre in the Juvenile Court of Athens

1. Project Description

The Centre is situated inside the Juvenile Court of Justice in Athens. Its main activities are 1) intake, 2) screening and assessment, 3) health education, 4) referral, 5) initial support to the rest of the family and 6) a training programme with psycho-educational activities for 20 adolescents who were school dropouts.

2. Project Aims

Assessment and motivation for change of adolescent substance users with delinquent behaviour. Initial support to their family. Cessation of drug use and of illegal activities.

3. Method of Intervention

It is the young person's own decision whether to choose treatment and make the difficult effort that is required. Several structured interviews are given to the adolescent, thus obtaining information about the parameters of drug-use and associated patterns. The adolescent is asked to describe his/her life before and after his/her engagement in drug-related problems. The same task is given to both his/her parents in order to obtain details about the way the family views its function. By the time youngsters are medically examined a number of seminars are being introduced to them on health and drug use related issues. Special individual, couple, group or family sessions are organised by the staff of the Centre to inform parents and siblings of the adolescent about drug use and related health issues.

4. Duration of the Project

Starting date: October 1998. End date for the first phase: 31 December 2000.

After the end of the first phase, the project will be incorporated into "STROFI", KETHEA's special programme for adolescent drug abusers and dependants.

5. Target Group

Young offenders (13-20 years old) engaged in the Justice System who either use, abuse or are dependent on psychotropic substances.

6. Evaluation/Random Controlled Trial (RCT)

An evaluation study was performed by the Department of Psychology, Panteion University of Athens for the first 2 years of operation of the project. The report, which is in Greek and available on demand, is very positive with regard to the operation of the Counselling Centre as well as to the Training Programme for delinquent drug using adolescents.

7. Involvement of Young People in the Project

The adolescents and their parents have been involved in the evaluation of the project by participating in the evaluation study.

8. Strengths and Weaknesses of the Project

The strongest feature of the project is the time and place of intervention and the prevention, most of the times, of the imprisonment of the delinquent drug-using adolescent. The collaboration with the people of the Juvenile Court is very helpful for the adolescents and their families.

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Experiential Sensitisation Seminars on Mental Health and Psychosocial Development of Children and Adolescents for Teachers of a) Primary Education and b) Secondary Education

1. Project Description

This project includes the development, implementation and evaluation of 6 Experiential Sensitisation Seminars: 3 Seminars for elementary school teachers, and 3 for high school teachers. The seminars cover a range of issues of mental health and psychosocial development issues of children and adolescents, including: normal psychosocial development, emotional difficulties, learning difficulties, behavioural problems, students cultural differences, co-ordination of classroom group dynamics, co-operation with family and mental health services.

2. Project Aims

To increase teachers' awareness, sensitivity and capacity for timely recognition and appropriate response to child and adolescent mental health difficulties in collaboration with colleagues, parents and mental health professionals.

3. Method of Intervention

The seminars are conducted in small groups of 10-15 teachers with the use of experiential role-plays and group discussions of representative student cases as well as with brief lectures. Groups are co-ordinated by two experienced mental health professionals.

4. Duration of the Project

Starting date: January 1999. Completion date: December 1999. Starting date of re-implementation: January 2001. Expected completion date: December 2001. Duration of Seminars: 12 three-hour meetings. Total: 36 hours.

5. Target Group

Elementary and high school teachers, as agents of change and prevention of mental health difficulties in school age children and adolescents.

6. Evaluation/Random Controlled Trial (RCT)

The evaluation of the seminars was conducted with two Evaluation Instruments (i.e., Quantitative Evaluation Questionnaire of Teachers Satisfaction with the Seminar; Qualitative Evaluation Vignettes of Seminar's Effectiveness), completed immediately after the seminar attendance. The Qualitative Evaluation Vignettes were also completed prior to the beginning of the seminars to produce comparative results. The Programme was initially implemented in one pilot experiential seminar for primary education teachers and one pilot experiential seminar for secondary education teachers. Based on the evaluation results of these two pilot seminars the seminar programme was extended by two days and enriched by more issues for discussion.

7. Strengths and Weaknesses of the Project

There are no expensive costs for the development of advanced technology necessary for the development of the project. The project can be implemented flexibly within the school as well as be part of an extra-curricular activity.

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Health Education Programme to Prevent the Use of Psychotropic Substances (Tobacco, Alcohol, Drugs) in High School Students

1. Project Description

The Counselling Centre for the Fight Against Drugs of the Prefecture of Ioannina has planned and is now materialising a Health Education programme for the prevention of the use of psychotropic substances (tobacco, alcohol, illegal drugs) among high school students living in the city of Ioannina.

2. Project Aims

To decrease the demand for addictive substances through the development of basic skills, which help to deal with difficult situations that usually precede the use of substances. Specific objectives are: 1) to prevent students from experimenting with substances and to motivate those who are already users to seriously consider to stop, 2) to decrease the self-reported intention for future use of tobacco, alcohol and drugs, independently from the fact that they are currently users or not, and 3) to support social skills with particular emphasis on the “say no” skills (to deal with peer pressure for substance use).

3. Method of Intervention

The programme takes place within the regular schooling hours and is based on the use of experiential, behavioural and cognitive skill techniques within groups.

4. Duration of the Project

The programme started in 1995 and is still in progress.

5. Target Group

The main target group of the programme consists of high school students of the 2nd and 3rd grade. While most of the adolescents approached by the particular programme belong to the general population of adolescents, some are experimenting or regular users of addictive substances. Also, as a secondary target group, the programme approaches teachers and parents of students.

6. Evaluation/Random Controlled Trial (RCT)

An evaluation of the methodology, the process and the results/outcomes of the programme has been conducted. The basic evaluation criteria were the percentages of tobacco/alcohol/drug consumption, the percentages of the self-reported intention for future use and the percentages of coping skills during peer pressure for use. Results were evaluated a year after the implementation of the programme (pre and post-test). A process evaluation was conducted regularly throughout the project's duration through an open and closed-ended type questionnaire. There was an experimental group (of 350 students) who attended the programme and a control group (of 340 students) who did not attend it.

8. Strengths and Weaknesses of the Project

The evaluation shows that the programme has succeeded in its main objective, i.e. prevent students from experimenting with substances and motivating those who are already users to stop. However, it is difficult to judge the duration of the positive effects of the programme in the target population and the best time for additional interventions. No additional measures were taken to study the effects of the programme across time.

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Friends Do Not Bully

1. Project Description

The project is being carried out in a primary school and lower secondary school (age range 6 – 15 years of age), which is one of the Health Promoting Schools in Iceland. The Educational adviser and the school authorities started this bullying prevention project after a special quality programme carried out in all schools aimed at ethics and moral issues.

2. Project Aims

The main objective is a school policy stating that bullying is not accepted in any way. By preventing bullying in school, the project aims at promoting the well being among children and adolescents.

3. Target Group

Pupils between 6 – 15 years of age.

4. Method of Intervention

The school staff, parents and pupils are informed about bullying, how to prevent it and what to do if someone is bullying or being bullied.

5. Duration of the Project

Starting date: September 2000.
The Project is still ongoing.

6. Target Group

Pupils between 6 and 15 years of age and the school community as a whole.

7. Evaluation/Random Controlled Trial (RCT)

There will be an annual survey on the pupils' well being in school.
No RCT has been carried out.

8. Involvement of Adolescents and Young People in the Project

They will be able to express their views in the annual survey.

9. Feasibility and Adaptability for Other Countries

The project is still in a beginning stage so it is too early to judge.

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Nutrition and Mental Well Being in Schools

1. Project Description

The project is a research project. It is a comparative study on mental well being and academic achievement of students who have hot meals for lunch and those who do not. The comparison is made on a school level and individual level.

2. Project Aims

The aim of the project is to measure how nutrition can affect mental well being and academic achievement of young people in Iceland.

3. Method of Intervention

Hot lunch is gradually being introduced in Reykjavik following a referendum by the school board to this effect. It offers a unique opportunity to follow possible effects of this initiative on the well being of the students and their academic achievements.

4. Duration of the Project

The project started in April 2000 and is still ongoing.

5. Target Group

All students aged between 14 – 16 years of age attending the compulsory ninth and tenth grade of the Icelandic secondary school.

6. Evaluation/Random Controlled Trial (RCT)

The project has been submitted to RCT.

8. Strengths and Weaknesses of the Project

The use of the state-of-the-art assessment of MDD and related measures; the manual-based prevention approach that takes advantage of the CBT proven to be highly effective in treatment of MDD; the implementation of the intervention programme in a practical way that will allow it to be implemented on a wide-spread basis; and the availability of a large percentage of participants for the five-year period during which the highest rates of first episodes of MDD occur.

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Prevention of Depression Among Adolescents in Iceland

1. Project Description

The project aims at students “at risk”, meaning students who have never met the criteria for a MDD, but who exhibit two or more symptoms of MDD and the presence of a depressogenic cognitive style. The participants will be randomly assigned to the programme.

2. Project Aims

The aims of the project are:

- to prevent the occurrence of the first depressive episode among adolescents exhibiting several depressive symptoms and a depressogenic cognitive style and the associated problems of anxiety, substance abuse and suicide
- to reduce the number of depressive symptoms among the participants
- reduce the tendency to keep anger in, reduce behaviour disruption and improve social competence

3. Target Group

Students aged 14-15 years old at risk of developing MDD.

4. Method of Intervention

The participants take part in a 15-session CBT programme conducted by School Psychologists. 6-7 students meet twice a week in a group at school for three weeks and once a week for the remaining 9 sessions.

5. Duration of the Project

The project started in 1998 and is still ongoing.

6. Evaluation/Random Controlled Trial (RCT)

An evaluation takes place 1) after the completion of 8 sessions; 2) at the completion of the programme; 3) 6 months after the completion of the programme, and 4) 12 months after the completion. Results of the pilot studies have demonstrated the feasibility of the programme. It has been well received by participants as reflected in a change in the predicted direction on dependent variables in the experimental group. The programme was submitted to a random controlled trial.

7. Strengths and Weaknesses of the Project

The strongest features are the use of state-of-the-art assessment of MDD and related measures, the manual based prevention approach and the implementation of the intervention programme in a practical way that will allow it to be implemented on a widespread basis.

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Mental Health Matters

1. Project Description

Mental Health Matters is a mental health resource pack for 14 – 18 year olds which can be used within a school or community setting.

2. Project Aims

Mental Health Matters is a national project which aims to: 1) present mental health as a distinct concept integral to our daily lives, the maintenance of which is vital to physical health, 2) address the issue of mental health in a realistic and relevant manner appropriate to the age group, 3) challenge young people's attitudes and misconceptions as regards mental illness, 4) look critically at society's attitude to mental illness and the factors which influence such attitudes, 5) make young people aware of the services and facilities available should they, a member of their family, or a friend require to avail of same, and 6) provide resource material which in its methodology and content is informative for any school or youth group which intends to introduce a module on mental health.

3. Method of Intervention

Materials will include a booklet of six modular based units and will be supported by an accompanying video. While Mental Health Matters is primarily designed to be teacher delivered to Transition Year students, the materials can be adopted for use in any classroom setting such as a an element of the Leaving Certificate Applied Programme; a component of Social, Personal and Health Education (SPHE), a unit in a particular subject area e.g. Religious Education, Home Economics (Social and Scientific), Media Studies, etc. It can also be used effectively with any community group working with young people.

4. Duration of the Project

Mental Health Matters will be launched in April, 2001 and will be available to all schools throughout the country from that date.

5. Target Group

While the overall aim is to target the general population of adolescents and young people through school and community settings, as a starting point the Transition Year (4th year of post primary school) students in Post Primary schools have been identified initially but not exclusively.

6. Evaluation/Random Controlled Trial (RCT)

An evaluative component is included to assess the impact of the project on participants.

7. Involvement of Young People in the Project

Young people have been involved in the development stage through participation in the pilot phase and also through a discussion group which will form the core basis of the video. Young people will be involved in an interactive way with the programme in a classroom and community setting.

8. Feasibility and Adaptability for Other Countries

The project could be adapted and replicated in other countries. As the materials have already been developed, scripted and produced, it could easily be either used in its current format through English or alternatively translated into other languages for use throughout Europe.

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Personal Development Programme for Students in Transition Year (4th) in Post Primary Schools

1. Project Description

In addressing the promotion of Mental Health, the Cork Mental Health Association is involved in a variety of mental health projects including the Personal Development Programme for students in Transition Year in Post Primary Schools. It is run as a one-day workshop from 9.30 a.m. – 4 p.m. with appropriate breaks.

2. Project Aims

The aims of the project are to a) educate students on issues relevant to mental health, b) encourage students to explore personal development issues with a mental health context, c) promote positive mental health, and d) encourage young people to explore the subject of mental health with a view to improving their own awareness of their own mental health and making them aware of the services and facilities available.

3. Method of Intervention

During the workshop, issues such as self-esteem and self-concept; stress and stress management; communication; and group dynamics are addressed through an experiential learning format including discussion; role-play and group exercises with various handouts for students.

The Programme is delivered by trained facilitators, who are all experienced mental health professionals. The maximum size of each group of students is 15, with 2 facilitators per group. 4 facilitators are available to each school, catering for up to 30 students.

4. Duration of the Project

This project was introduced to schools in 1997 and has run continually since then.

5. Target Group

This project is aimed at students in Transition Year (4th Year) in Post Primary Schools in Cork City and County (15-16 years old).

6. Evaluation/Random Controlled Trial (RCT)

At the end of each term, the facilitators meet to discuss the project. Any findings are incorporated into the programme for the next term.

7. Involvement of Young People in the Project

The participation of the students is the core principle of the project. Their views expressed, both written and verbal, form the basis of valuable feedback.

8. Feasibility and Adaptability for Other Countries

This project could be replicated in other countries. The strongest feature of this project is the direct involvement of students in mental health issues, which are relevant to them. This has the potential to benefit the students directly in improving their own self-esteem and also to contribute in a positive way to their school environment through awareness and education. However, there is no standardisation or formal evaluation of the project. This will be introduced next term.

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“Audyssey” 2001

1. Project Description

“AUDYSSEY” 2001 is a cross border schools initiative linking schools in Northern Ireland and the Republic of Ireland by inviting students to make a media presentation on a mental health topic through radio drama, sound and music bites, voice overlays, interviews, special effects etc. Students who participate submit an audiotape of 10 minutes duration on a mental health topic of their choice.

2. Project Aims

“AUDYSSEY” aims to a) promote positive mental health by fostering cross border links between students in schools in the border counties of Fermanagh, Tyrone, Armagh (Northern Ireland) and Monaghan and Cavan (Republic of Ireland), b) to develop an awareness of mental health through media skills by making a media presentation project of a radio drama, sound bites, music bites, voice overlays, interviews, special effects etc. on a mental health topic, and c) encourage young people to explore the subject of mental health with a view to improving their own awareness of their own mental health and making them aware of the services and facilities available. The topic for 2001 is “Life is a Rollercoaster”.

3. Method of Intervention

“AUDYSSEY” was introduced as a cross border schools initiative in 2000 and is being repeated in 2001. Schools meet at a final where a synopsis of the material is played and a verbal presentation made by the students in front of an invited audience. Prizes are awarded to finalists with a perpetual trophy for the overall winning entry.

4. Duration of the Project

“AUDYSSEY” was introduced in 2000 and will be repeated in 2001. Information outlining details of the project is forwarded to all eligible schools in January of the project year. Entries must be submitted by early March and the final is held in early May.

5. Target Group

This project is aimed at all students attending Post Primary Schools & Colleges in the border counties of Fermanagh, Tyrone and Armagh (Northern Ireland) + Monaghan and Cavan (Republic of Ireland).

6. Evaluation/Random Controlled Trial (RCT)

At the end of “Audyssey” 2000, the organisers met to evaluate the impact of participation on students. Changes were incorporated into the rules for participation.

7. Involvement of Young People in the Project

Students were asked verbally for their comments on many aspects of the project. They were also involved in the feedback.

8. Feasibility and Adaptability for Other Countries

This type of inter-active project could be replicated in other countries. A strong feature of this project is the involvement of young people in delivering their view of mental health through a media presentation, which is an attractive method of use and of delivery for young people. The tapes can then be used through local radio, which increases the audience capacity.

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National Public Speaking Project

1. Project Description

Students research a mental health topic in an innovative and enjoyable way with their findings presented and communicated through Public Speaking. It encourages students to share ideas with classmates and teachers and is an effective means of collating facts, gathering information and preparing a coherent presentation on mental health. Schools are encouraged to organise an internal Public Speaking Project and then to select a team of three students who will represent the school in the Public Speaking Project events.

2. Project Aims

It aims to a) introduce young people to an awareness and understanding of mental illness and of positive mental health, b) encourage research among students who would otherwise not be aware of the subject, c) increase visits to mental health services by students who might never visit otherwise, d) dispel some of the myths about mental illness, e) create a greater understanding of the stresses and problems of everyday life, and f) spread knowledge gained to a wider audience as students and teachers support fellow classmates in the various rounds.

3. Method of Intervention

This Project attracts approximately 300 teams from Post Primary Schools and Colleges throughout the country each year. Teams participate in preliminary rounds (where three teams meet) and the successful team progresses to the next round. This process continues through to County, Regional, National Semi-Final and National Final stages. Each team consists of three members and is allocated marks as follows – 65% content and 35% presentation.

4. Duration of the Project

This project was introduced nationally in 1981 and has run continuously since then. The project starts in September of the project year, with the launch of promotional material and concludes with a national final in March/April.

5. Target Group

It is designed for senior students who in a year or two will be leaving for careers or third level education.

6. Evaluation/Random Controlled Trial (RCT)

An independent evaluation was carried out.

7. Involvement of Young People in the Project

On average every year, 900 students participate directly but the number involved increases greatly when the ripple effect of classmates, school friends, teachers, parents, and audiences are calculated. Not only are the students teaching themselves through their research, but they in turn are passing on their knowledge to a wider audience.

8. Strengths and Weaknesses of the Project

Participation will, hopefully, improve the self-confidence of the senior students in relationships and interviews and increase their awareness of social values and the importance of mental health. It requires voluntary effort to sustain activity from local level through to national level.

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A School Journal

1. Project Description

The School Journal is a project, which was developed by a group of 13 young people and 3 health professionals in Co. Donegal, Ireland. The journal aims to promote the positive mental health of teenagers through exploring mental health issues. It identifies positive coping tips and lists a range of local and national services available to young people. It is a universal diary with a life span of 3 years. It is practical and useful as it can be used throughout the school year to record homework and make notes.

2. Project Aims

1) To produce a school journal with positive mental health messages for young people, 2) to work in partnership with young people to do this and 3) to evaluate the effectiveness of the journal.

3. Method of Intervention

Thirteen young people volunteered to take part in this project (8 young women, five young men). They knew each other but they did not know the health professionals involved. The initial working sessions focused on group building and creating an atmosphere to help everyone work well together. Attitudes and beliefs about mental health were explored and the group spent time identifying the issues that they felt young people would want information on. Themes explored in the journal include minding self, family, alcohol and drugs, depression, stress, parental separation, disability, discrimination, bullying, exams etc. The young people were keen that the journal should also have some "light-hearted" input and decided to include a horoscope and to write to a number of Irish stars to find out what they do when they're stressed out. They also advised a graphic design team on the design. In July 2000, the final editing meeting took place and the Journal went to print in August. Schools placed journal orders before the end of the academic year and the Journals arrived in the schools before the start of the new term.

4. Duration of the Project

March 1999 - August 2000 when the Journal was printed. Evaluation will be completed in April 2001.

5. Target Group

General population of young people from 15-18 years in schools in the North West of Ireland, which is a region classified as Disadvantaged.

6. Evaluation/Random Controlled Trial (RCT)

A full evaluation of the project is currently underway. The working process of the project from the point of view of the young people and the professionals will be evaluated. A number of focus groups with young people who received the Journal will be conducted and a questionnaire will be distributed to all current Journal users.

7. Involvement of Young People in the Project

They were involved in the conception and development of the project at every level. Young people are the users of the Journal and will be the target for the evaluation.

8. Strengths and Weaknesses of the Project

The strongest feature of the project is that young people were engaged in the complete process from beginning to end.

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Educational Project on Health and Training Achievements

1. Project Description

It is acknowledged that adolescents have difficulties in communicating through language and other ways the different aspects of their inner life: their feelings, affections, emotions, as well as their fears and needs. The aim of this project is to help adolescents to improve their ability to talk about themselves in a relational environment such as school.

2. Project Aims

To help adolescents to explore their inner life and to communicate it within the classroom environment, thus establishing stronger and effective relationships among themselves.

3. Method of Intervention

Implementation strategy: planning of interventions with school agents (director and teachers, meetings with classes, meetings with parents).

4. Duration of the Project

The project started on 15 October 1999 and finished on June 30, 2000.

5. Target Group

The target group consists of adolescents aged between 11 and 14 years.

6. Evaluation/Random Controlled Trial (RCT)

Teachers fill in a form to assess the experience they have carried out, taking into account also advice from the other teachers, who are not directly involved in the project but who can express their impressions from everyday class-life, as well as the students participation in school activities (including recovery from drop-out and irregular attendance). No random controlled trial has been carried out.

7. Involvement of Young People in the Project

Young People were involved through direct participation in class meetings.

8. Feasibility and Adaptability for Other Countries

This project is feasible for other countries. Its plus lies in the growing of a better understanding among school, families, mental health services and local authority, whereas its weakness is in the difficulty to reach out to parents who are distant from the school and, somehow, from their children, too.

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Refuelling in Flight

1. Project Description

The project is meant as an answer to the "submerged" mental distress of those adolescents who experience a sort of curiosity, an existential discomfort, or some crisis, but who don't emerge as real patients and, consequently, don't have access for cure to the appropriate local services. These young people disappear from school without giving any news; then, some years later, they come to the attention of institutions like the Tribunal for Minors, the SERT (Service for Drug Addicted Recovery) or Emergency wards for fatal car accidents.

2. Project Aims

The aim of the project is to propose a service as a valid link between social and health services, but also between operators "on the road" (who meet still unexpressed needs and offer, together with concrete answers, a first non-comprehensive elaboration) and specialist counsellors, who offer complex and technical interventions on more formalised and clear demands.

3. Method of Intervention

The service is mainly based on prevention, carried out at different levels. There is a listening centre near the University of Rome. The centre is open in the morning and in the afternoon, either to adolescents who choose to come alone, or to their families who come for counselling. They do not need an appointment; two counsellors are always available. At another level, meetings are being organised within the co-operative offices, for the evaluation of the problem and the possible therapeutic course. It is mainly addressed to the adolescents, but parents can be important interlocutors and supporters of the possible evaluation and therapeutic approach for their children. The co-operative carries out its work also through workshops held every two weeks and addressed to adolescents of the same age groups.

4. Duration of the Project

Starting date: 01/10/1966.

5. Target Group

All adolescents, among whom first of all those at risk of social alienation or of cultural and psychological disadvantage. Besides them, their parents are also objects of intermediate work, as well as anybody who takes care of adolescents, such as teachers, social assistants, nurses, etc.

6. Evaluation/Random Controlled Trial (RCT)

An evaluation is done through forms filled out by the operators who receive and treat the adolescents. Every six months these forms are processed by means of a statistical package that examines the work done both in terms of quality and quantity.

7. Strengths and Weaknesses of the Project

The strongest feature of the project is the opportunity to reach troubled adolescents who would otherwise be unable to ask for help from medically-oriented institutions.

Because of the high costs, the weakest element of the project lies in the difficulty of gaining a proper diffusion in the territory through advertising on a larger scale.

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Prevention of Young People Mental Distress in the Italian Air Force

1. Brief Description and Aim of the Project

The project includes two types of interventions performed by the Italian Air Force to reduce the suicide rate, drug addictive behaviour or bullying among young people enrolled for the military compulsory service and among the military personnel in general.

2. Method of Intervention

The first kind of intervention is the institution of regular courses for permanent Air Force personnel on psychology, sociology, group psychology, young people mental distress and drug addiction at all the headquarters, all the military training centres, and all the operational centres of the Air Force. The second kind of intervention is the implementation of 13 Psychological Counselling Centres at every regional nursery, military training centre and at the main operational centres. The counselling activity is co-ordinated and linked to the regular courses described above and it is performed by civil professionals, with adequate clinical training and with experience among public institutions and possibly in military settings. The interventions of the counselling centres are of two kinds: small group settings, in which the individual's psychologically distressing topics are elicited and managed by means of the group's resources; and individual support to people with clear mental distress, drug addictive behaviour, or at risk of suicide, by cognitive-behavioural psychological treatments, with the aim to make them learn new coping strategies.

3. Duration of the Project

The programme started in 1991 and is still ongoing.

4. Target Group

Permanent personnel of Italian Air Forces and young people enrolled in military service.

5. Evaluation/Random Controlled Trial (RCT)

The mental distress changes were evaluated indirectly through the evaluation of behavioural changes as the detected rate of addiction, suicide and bullying.

6. Feasibility and Adaptability for Other Countries

The strongest and weakest feature at the same time is the issue of activating the local resources. For the training, the Faculty of the local University was contacted and for counselling, local specialists were engaged upon an agreement. So the feasibility is linked to the availability of local resources.

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The Netherlands

Children of Mentally Ill Parents

1. Project Description

In the Netherlands, there is an established regional structure for prevention. There are 55 Regional Institutes for Mental Health Care (mental health institutes), each servicing about 250,000 people. The regions of mental health institutes together cover the whole country. Each mental health institute has departments for children, juveniles, adults, elderly people and prevention. The prevention department has several prevention projects. One of them focuses on children of mentally ill parents.

2. Project Aims

The aim is to prevent/reduce problems in the development of children and adolescents whose parents have mental illnesses, through prevention and support. To reach the goals of the project, the following groups must be reached: children and adolescents (between 0 – 21), parents (mentally ill and non-ill parent), family and friends and professionals (e.g. psychiatric hospitals, general hospitals, doctors, schools, foster care).

3. Method of Intervention

Brochures were developed to inform children and young people on how to deal with their parents' problems. Brochures also recommend that parents talk about their psychiatric problems with their children. There are questionnaires that can be used by the professionals to screen children, to determine whether these children already have problems. For the sensitisation of the professionals, videos, protocols and training programmes were developed. There are also discussion groups for children and young people as well as training programme for parents. In two areas the Bearslee method (a family intervention) was implemented.

4. Duration of the Project

The national network started in 1990 and will not be completed as long as these children need help.

5. Target Group

Young people with vulnerable parents (mentally ill parents).

6. Evaluation/Random Controlled Trial (RCT)

The project has not been evaluated. However, in September 2001, the University of Nijmegen, the Trimbos-institute and the national network will start a large national effects study.

7. Strengths and Weaknesses of the Project

The strongest feature of this project is that the problems of these children can easier be tackled with prevention and attention. The weakest feature of the project is the fact that it is very difficult to sensitise the professionals.

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Norway

EXIT - The Way Out of Violent Youth Gangs

1. Project Description

The project focused on youths who want to leave racist or other extreme and violent groups, parents of children in such extreme groups and authorities and professionals working with young people (police, school authorities, child care authorities etc.).

2. Project Aims

- Carry out local initiatives that will enable juveniles connected with racist and other extreme groups to leave as quickly as possible.
- Development of methods to prevent recruitment to these environments.

3. Method of Intervention

The main approach in the project was to develop strategies and measures to get the participants to leave a nationalistic group as quickly as possible. Focus was also on rehabilitation of the young people when returning to the normal social settings. Measures meant to stop young people from joining nationalistic groups were also included in the project.

Local initiatives focussed on: rehabilitation for people wishing to leave extreme groups (“defectors”), establishing networks and educating professionals and volunteers.

4. Duration of the Project

The project started in December 1997 and ended in January 2000. It has since developed into a programme. Various additional initiatives have been taken, such as a discussion forum on the Internet, lectures and seminars held on the topic, telephone hotlines and a network has been created to support families.

5. Target Group

Young people who wish to leave racist or other extreme groups

Parents of children in such extreme groups

Authorities and professionals working with young people: police, school

Authorities, child – care authorities etc.

6. Evaluation/Random Controlled Trial (RCT)

The processes in the project have been evaluated.

7. Strengths and Weaknesses of the Project

The project offers professionals a way of handling problems concerning extreme racist or violent groups. This “way of thinking” can best be seen as a model involving all parts or sectors concerning adolescents and children on a community level. In this respect, the parent network is a very innovative aspect.

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Step – Youth Helping Youth

1. Project Description

This project is a counselling service for young people, run by young people.

2. Project Aims

The aim of the project is to empower young people to master their own lives, by increasing their knowledge and insight through active participation.

3. Method of Intervention

STEP is based on the concept that children and youth with severe problems will choose to turn to people of the same age rather than adults. Thus by organising a drop-in counselling service run by peers, it is made easier for young people to focus on issues or problems that otherwise would be perceived as difficult to discuss with adults. Through counselling, young people can strengthen each other on issues concerning daily life, as well as guide each other on where to look for further help and support. The young people volunteering for the counselling service will be trained and guided by professionals.

4. Duration of the Project

The project started in 1997 and will end in 2001.

5. Target Group

General population of adolescents and young people aged between 15 and 25.

6. Evaluation/Random Controlled Trial (RCT)

The project received money from the Department of Family Affairs for an evaluation, which is about to be carried out.

7. Involvement of Adolescents and Young People in the Project

STEP emphasises the participation of young people throughout training as well as through the design of the counselling service.

8. Feasibility and Adaptability for Other Countries

STEP is based on experiences from Ireland, where the NGO ISPPC has been running a similar project for several years. Adults for children started a pilot-project in 1997 in order to try out a Norwegian concept. The most important experience so far is to be visible and accessible to young people in their environment.

The STEP project is also one way to realise political aims on co-operation between the public sector and non-governmental organisations.

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Establishing Chat-Rooms for Young People

1. Project Description

The project will establish a chat forum for young people. The chat forum will be supervised by trained and experienced “chatters”.

2. Project Aims

The aim is 1) to promote mental health through established chat-rooms; 2) to create a “drop-in” service for young people through the Internet; and 3) to provide knowledge on how to evaluate Internet mediated services.

3. Method of Intervention

The project focuses on the need of services directed at the mental health of young people while using new information and communication technologies. The idea anticipates that there is a need for an interactive and anonymous service both administered and promoted by young people on behalf of adults. The idea was to create a model similar to how young people usually communicate through the Internet. The main difference would be the content. Experienced “chatters” will be recruited as volunteers at Internet cafés and youth centres and will be offered courses on how to communicate or raise issues in relation to other people’s well being through the Internet. To create a “drop-in” atmosphere is very important. The first step is to create a chat room. Adults will also be recruited from the local social care and welfare system to assist young chatters when guidance is needed.

4. Duration of the Project

The project started at a local level in October 2000 and will be carried out at a national level at the end of 2001.

5. Target Group

General population of adolescents and young people aged between 15 and 25.

6. Evaluation/Random Controlled Trial (RCT)

One of the aims of the project will be to develop methods for evaluation in relation to services mediated through the Internet.

7. Involvement of Adolescents and Young People in the Project

The idea of the service is that it is both administered and promoted by young people.

8. Feasibility and Adaptability for Other Countries

The project is both adaptable and feasible for other countries. The strongest feature of the project is the low cost level when carried out in established youth centres. Necessary equipment however has to be available.

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Consult the Experts

1. Project Description

The project started out as an answer for developing the childcare system on the one hand, and the need of young people under the protection of the child care system to communicate their experiences on the other. For the first time, young people were given the possibility to influence the development of the child care system. They were considered the true experts in this field.

2. Project Aims

The aim is to raise the voice of young people who have been put under care by the official authorities. It is of crucial importance to make the service accessible and attractive to this group of youth. The aim is to create an environment where young people can share common experiences and where they are met with respect and understanding.

3. Method of Intervention

It was decided to create a “drop-in” atmosphere, where professionals may provide guidelines and consultation, but where the content is articulated by young people. Moreover, the “experts” in this context are the actual group who utilises this service. Their knowledge and experience when discussing strategies and the visibility of their needs is taken into consideration. Young people are constantly consulted on issues related to their own care and well being. These may be identified through dialogue between authorities, professionals and the youth and by mutual exchange of perspectives and experiences.

4. Duration of the Project

The project started in June 1998 and was completed in June 2000.

5. Target Group

Young people aged 15 – 25 who were put under care by the official authorities.

6. Evaluation/Random Controlled Trial (RCT)

No evaluation or RCT have been carried out.

7. Involvement of Adolescents and Young People in the Project

The service is run by trained professionals together with affected young people. To include young people’s views in planning and developing preventive service initiative is absolutely necessary.

8. Feasibility and Adaptability for Other Countries

The project is both adaptable and feasible for other countries. Young people have to be considered experts for areas that concern their own health and well being.

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Portugal

The Cohort Study Project – From Drug Use to Abuse

1. Project Description and Aims

This project is an epidemiological cohort study of a pragmatic multifactorial nature. It aims not only to trace the “natural history” (course) of drug use and other risk behaviours and psychosomatic troubles which are normally associated with this conduct, but also to screen the risk and protective mechanisms that can influence the progression, the stabilisation, or even the regression of such a problem behaviour. The interest of this project lies precisely in its multidisciplinary design – the Portuguese research team being composed of a Pedopsychiatrist (Epidemiologist), Paediatrician, Psychologist, Economist and Sociologist – but also in its open multifactorial orientation. As a consequence of such an orientation, a large co-operative technical and scientific network is already collaborating in the preliminary study (referred above) as well as in the preparation of the next phases of the project.

2. Method of Intervention

Each one of the cohorts will be followed during a 10 (ten) year period in a systematic manner (boys and girls of the first cohort will be followed, on a yearly basis, from age 6 to 15, whereas those of the second cohort will be followed during the 11-20 year old period of time). However, only the second population (the 11-year-old) will be studied by all the national research teams involved in the project in order to achieve comparable data for its historical evolution and outcome in each one the countries concerned by the study.

3. Duration of the Project

The previewed starting date of this project for the 6-year-old cohort is the beginning of 2002. The 11-year-olds will be screened for the first time in the beginning of 2003. The first preliminary study is actually in the phase of field research (collection of data) and began in July 2000.

4. Target Group

A large and representative sample of children and adolescents randomly selected from the total population of pupils attending the public and private primary schools and colleges of O’Porto metropolitan area.

5. Evaluation/Random Controlled Trial (RCT)

A Scientific Consulting Committee and an Impact Committee will evaluate the project. It will also be submitted to a random controlled trial that will be co-ordinated with the other national research teams involved in it.

6. Involvement of Adolescents and Young People in the Project

No direct involvement.

7. Feasibility and Adaptability for Other Countries

It is adaptable and this is precisely one of the most important and stronger features of this project since the beginning of its preparation. The most difficult aspect is the complexity of its preparation along with the technical, material and financial burden involved in the fulfilment of all its aims.

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Portugal

I Am a Teenage Mother

1. Project Description

Adolescent motherhood is considered a high-risk condition for mothers' and infants' psychological well being. Taking this into account, a programme for adolescent mothers was developed and assessed.

2. Project Aims

This study aimed to answer the three following questions: 1) can a preventive intervention effectively reduce postpartum depression in adolescents mothers (results)? 2) can a preventive intervention effectively reduce the developmental risk of adolescent mothers and their infants (results)? and 3) what are the mechanisms related to the changes in adolescent mothers and their infants submitted to the preventive intervention (process)?

3. Method of Intervention

The prevention programme took place during the 3rd trimester of pregnancy and the first three months of postpartum and included different areas and strategies of intervention according to the different needs of the adolescent mothers. Group discussions as well as interventions at home were conducted. This programme was designed for adolescent mothers considering that adolescent mothers are at great risk of postpartum depression and other psychological difficulties and for establishing inadequate care and interaction with the baby and for maltreatment and neglect of the child. The programme gives particular attention to delivery and the time around it and continues during the first months of postpartum.

4. Duration of the Project

The project started in 1997 and is still ongoing.

5. Target Group

Adolescent mothers (until age 18).

6. Evaluation/Random Controlled Trial (RCT)

A group of 15 adolescent mothers attending the programme were compared to a group of 18 adolescent mothers who were assigned to a control group. Differences between control and intervention groups were examined 3 months after childbirth in terms of mothers' and infants' psychological well being. The prevention programme reduced the developmental risk of adolescent mothers and their infants. One interesting result is that the adequate mother-infant interaction, implemented on the mothers who attended the programme, accounts for the increasing development and well being observed in the infants of those mothers.

7. Involvement of Adolescents and Young People in the Project

Adolescents and young people were involved (individual assessment).

8. Strengths and Weaknesses of the Project

One of the strengths is that the project has positive effects on the mother's breastfeeding of the child. However, it is very difficult to involve some mothers at high risk.

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Portugal

Social Adventure and Community

1. Project Description

The project trains young community volunteers (peers) in order to implement a Personal and Social Competence Promotion Programme within the structures of a community (Lisbon City). The project advocates three key concepts: promoting competencies, participation, access to facilitating structures, in the community.

2. Project Aims

The main objective of this project is to promote adolescents' positive mental health and to prevent personal and social maladjustment.

3. Method of Intervention

The project emerged from the need to train young people to be able to tutor and coach their peers. During the process of adapting, implementing and evaluating this programme, a group of young volunteers is trained, who will then be supervised while working with peers in the community. The programme includes areas such as interpersonal communication, problem solving, conflict management, social skills and assertiveness promotion. The programme uses dynamic methodologies such as role-plays, games, group discussions and was already largely described and evaluated.

4. Duration of the Project

The project began in 1997 and is still ongoing.

5. Target Group

Young people, aged between 10 and 20, living in the neighbourhoods of Lisbon. Young immigrants from Portuguese speaking African countries. Young people with vulnerability to drug use and delinquency, due to neighbourhood characteristics.

6. Evaluation/Random Controlled Trial (RCT)

The programme has been extensively implemented and evaluated since 1987 (Matos, 1993, Matos, 1995, Matos, 1998, Matos, Simões & Carvalhosa, 2000). The aim is to evaluate the impact, implementation characteristics and effectiveness within the structures of a local community. The volunteers involved in the project as well as the adolescents were given questionnaires to assess the impact of the project. Another evaluation procedure was the checklists where the volunteers evaluated the work of the adolescents.

7. Involvement of Young People in the Project

Adolescents were involved in the evaluation of impact and effectiveness. Some of the youngsters were included as peer trainers; suggestions and recommendations were recorded.

8. Feasibility and Adaptability for Other Countries

Both adaptable and feasible. After a period of training and supervised work (two years), the team can work on adapting this programme, which is published (Matos, 1997a; Matos et al., 2000), to their target population, following the same set of strategies. The main strength is the multiplicative effect, the increased access that adolescents have to this intervention, and their active participation.

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Portugal

Social Adventure and Health

1. Project Description

The HBSC (Health Behaviour in School-aged Children) study was initiated in 1982 by researchers from England, Finland and Norway. It is a collaborative project of the World Health Organisation Regional Office for Europe. Portugal was included as associated member in 1995 and as full member in 1998. This research project aims to increase our understanding of health behaviours, lifestyles in adolescents' populations. The study findings are then used in the development of health promotion policy, programmes and practices that promote the health of young people at national and local level.

2. Project Aims

The key objectives of the study are: a) to collect data on and monitor over time, the health and health behaviour of school-aged children in member countries; b) to increase understanding of young people's health, c) to gain insights into the influences that school, family and other social contexts have on young people's lifestyles; d) to support and influence the development of policies, programmes, and practices which promote the health of young people at the international, national and local level; e) to disseminate findings from the study to all relevant audiences, f) to promote cross-disciplinary research into young people's health and life styles and the social conditions/contexts of health through national and international networking of health researchers; g) to initiate international research on health behaviours and social conditions/context of health in school-aged children.

3. Method of Intervention

The study focuses on the cultural context in which young people live, within different countries. Comprehensive surveys of 11, 13, and 15 years olds are carried out every four years. The study findings are then used in the development of health promotion policy, programmes and practices that promote the health of young people at national and local level.

4. Duration of the Project

In Portugal, this project began in 1994 and is ongoing. The next survey will be in 2002.

5. Target Group

General population of adolescents. Young people with socio-cultural vulnerabilities (immigrants). Young people with vulnerable contexts (substance abuse).

6. Evaluation/Random Controlled Trial (RCT)

The results of the survey were published in an international, national and a regional report. Results were disseminated in regional meetings, and public presentations, and attracted the interest of newspapers and National TV. A copy of the national report was distributed to all Portuguese schools and health centres.

7. Involvement of Young People in the Project

Adolescents participated in data collection and then in the discussion of the results in Portuguese schools. It is important to know how the adolescents view their health and then discuss with them what they think about national results and what actions they would think of.

8. Feasibility and Adaptability for Other Countries

The data can be compared over time to monitor societal changes. The questionnaire has been standardised and checked for validity and reliability. Following the protocol assures valid, reliable and confidential data collection and processing. Comparisons with national and international data are possible.

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Social Adventure and Risk

1. Project Description

The project consists in implementing a Personal and Social Competence Promotion Programme with adolescents that were under supervision of the Portuguese Juvenile Court.

2. Project Aims

The aim of this project is to adapt, implement and evaluate a personal and social competencies programme in a population of juvenile offenders within the structure of a community-based programme. In a second step, the aim is to train professionals and to supervise their implementation of the programme at a national level. The main objective of this project is to promote the positive mental health of those adolescents, and to prevent personal and social maladjustment in the future.

3. Method of Intervention

The team from FMH worked since 1997 with juvenile offenders in Special Rehabilitation Institutions, implementing social competence promotion programmes adapted to the needs of those populations (anger control, lack of motivation, aggressiveness, lack of de-centration and empathetic skills, lack of planning skills, lack of problem solving skills, lack of skills to resist peer pressure...). The programme includes areas such as interpersonal communication, problem solving, conflict management, social skills and assertiveness promotion. The programme uses dynamic methodologies such as role playing, games, group discussions and was already extensively described and evaluated (Matos, 1995; Matos, 1997, 1998; Matos & Simões, 1994). The project advocates three key concepts: promoting competencies, participation, access to facilitating structures, in the community.

4. Duration of the Project

The project began in 1998 and is still on.

5. Target Group

Juvenile offenders: Mostly young people with socio-cultural vulnerabilities (immigrants, unemployed parents), young people with vulnerable family structure (divorced parents, single parents), young people with vulnerable parents and contexts (substance abuse, violence etc.).

6. Evaluation/Random Controlled Trial (RCT)

An evaluation was carried out on the pilot study.

The programme was also submitted to a random controlled trial. During the national implementation of the project, the 90 adolescents included in the interventions groups were randomly chosen (to be part of the intervention group or be in the waiting list).

7. Involvement of Young People in the Project

Adolescents were involved in the evaluation. Suggestions and recommendations from the in-depth, follow-up interviews were recorded.

8. Feasibility and Adaptability for Other Countries

The project advocates three key concepts: promoting competencies, participation, access to facilitating structures in the community. The strongest feature of the project is the increased possibility that juvenile offenders can be helped to cope with an alternative pro-social lifestyle, in the community, thereby avoiding their placement in a Special Rehabilitation Institution.

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Portugal

Psychological Intervention in Pregnant Teenagers – Impact Evaluation

1. Project Description

This project aims at evaluating the impact of psychological intervention in a group of teenagers of the female gender between 13 and 20 years of age who came to the "pregnant-teenager's obstetrician-interview" at the Dr Alfredo da Costa Maternity-Hospital. As pregnancy in adolescence can be considered a risk situation and a period of crisis, we gave them psychological intervention during their pregnancy and puerperium.

2. Project Aims

The aim is to evaluate the impact of psychological intervention on a group of adolescents' mothers compared to a control group who did not go to the Hospital (see question 1).

3. Method of Intervention

The impact of this psychological intervention will be evaluated using some instruments such as an individual structured interview, a general self-esteem scale, a maternal self-esteem scale, a social support scale and a baby's developmental scale in order to do a correlation between the baby's development and the well being of the mother.

4. Duration of the Project

From January 2002 until December 2003.

5. Target Group

Female adolescents between 13 and 19 years of age and their child born during 2000 and 2001.

6. Evaluation/Random Controlled Trial (RCT)

This project might be evaluated by external evaluators belonging to the Applied Psychology Superior Institute (ISPA) in order to become more credible. Its final result may be a starting point to some other forwarded studies and/or to remodel/adjust the intervention plan in this institution as well as starting it in some other public or private health institutions at a national level.

7. Involvement of Young People in the Project

They were the individuals of the intervention and of the research themselves.

8. Feasibility and Adaptability for Other Countries

The project is certainly feasible and adaptable and it would be very interesting to compare our results with those found in other countries in order to get some strategies to prevent the pregnancy in this population of young people.

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Child Abuse Care Programme in the Health Area

1. Project Description

The Child Abuse Care Programme in the Health Area is undertaken in the areas of Primary and Hospital Care, and includes the following specific programmes: Child Abuse Care Programme in mental health; Child Sex Abuse Care Programme; Detection of social risk in pregnant women and prevention of child abuse; and the detection of social risk in neonatology.

2. Project Aims

The aims of the project are: a) professional training, b) to set up a Case Register, c) to enable social services to intervene in cases identified by the health care system, in accordance with Spanish Law, and d) to improve care of cases using the different areas of care.

3. Method of Intervention

The programme was launched to respond to the demand of health professionals for training in clinical aspects and in intervention in risk situations and in child abuse. A case register was set up in order to be able to notify social services of cases and to obtain epidemiological data to improve detection, treatment and prevention of cases. The specific programmes are carried out in all public and private health care areas (Primary Care, Hospital, Mental Health, Local Councils) in the Community of Madrid. Through the health care system, situations are detected which occur in other settings, such as peer violence at school, social risk situations in pregnant women (adolescents, immaturity), etc.

4. Duration of the Project

The project started in 1998 and ended in 2002 (initially for evaluation, and it will then be continued).

5. Target Group

The targeted age group is the 0-18 year olds. Besides targeting the general population of adolescents and young people, it is also aimed at young people with socio-cultural vulnerabilities (immigrants, refugees, unemployed parents), with a vulnerable family structure (divorced parents, single parents, adoptive/foster children), with vulnerable parents (substance abuse, etc.) and health vulnerabilities (illnesses, disabilities, etc.).

6. Evaluation/Random Controlled Trial (RCT)

There are follow-up meetings every six months /evaluation of the Programme. The criteria are laid down beforehand, according to programme objectives and activities.

7. Feasibility and Adaptability for Other Countries

The Programme seems feasible and adaptable for other countries.

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Get Your Ideas Together

1. Project Description

This programme is an integral information and prevention programme for young people, who may be at risk of developing mental health problems. The methodology used in launching each action in this programme for education in health and promotion of healthy habits can be defined according to the following concepts: interaction, participation, enjoyment, education, and prevention.

2. Project Aims

The objectives range from general information on the most common disorders of this age group, to behavioural education adapted to the society in which adolescents and young people live, and in particular, the best form of action for teachers who work with young people in the area of informal education.

3. Method of Intervention

1) Initial phase: documentation period and revision of the same, with the objective of research, in order to subsequently write educational material adapted to the target age groups, and particularly to draw up the Guide to mental health promotion in children and young people, "GET YOUR IDEAS TOGETHER", with a broad and well documented bibliographical source, 2) free distribution of educational material, in different social areas (Youth Associations, Secondary Schools, Parents' Associations, State Institutions, etc.), 3) educational action "Health Education Course (Mental Health Area)", mainly addressed to teachers and monitors working with adolescents and young people. 4) Planning and Implementation of Social Awareness Programme, 5) a series of Evaluation Reports will be drawn up to record whether the objectives set at the beginning of the programme were achieved, and to evaluate the overall development process of the programme.

4. Duration of the Project

January-December 2000.

5. Target Group

This Programme was initially aimed to benefit adolescents and young people (aged 14 to 25) attending primary and secondary education schools in Extremadura. The aim was to reach the maximum number of adolescents and young people through the educational material published, and distribution of the same in schools and other youth centres (secondary schools, youth associations, leisure centres, youth centres, etc.)

6. Evaluation/Random Controlled Trial (RCT)

The project has not been concluded yet; it is still at the evaluation stage.

7. Involvement of Young People in the Project

Adolescents and young people played a leading role in the informal talks held at schools in Extremadura. They became aware of their interest in learning about certain psycho-pathologies which are common in this young age group, and this concern was then reflected in the writing of the psychopathologies section of the Guide to mental health promotion in children and young people.

8. Feasibility and Adaptability for Other Countries

The project may be applied in practice to any other country in Europe equipped with health and teaching systems, and adapted to the social needs and demands of the target population of this type of integral action.

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Prevention of Eating Disorders in Adolescence: Zarima-Prevention

1. Project Description

The ZARIMA-PREVENTION Group multi-disciplinary team, which works on eating disorders (ED), has developed a community action programme to promote mental health through primary and secondary prevention. The decision was made due to the prevalence of these disorders observed in this age group.

2. Project Aims

The aims of the project are to achieve primary and secondary prevention of eating disorders in adolescents at school and in youth associations, NGOs, leisure clubs, and informal education.

3. Method of Intervention

An experimental design was set up with a control group and two other groups to be followed up over a one to three year period in ten schools in Zaragoza, Spain, with pupils from Secondary School year 1, through weekly sessions during school hours, group work, involvement techniques in eating nutrition, body image, sexuality, self-esteem/self-concept, and social skills in the intervention group. Work was effected with pupils, parents and teachers. One year later a booster session was given on nutrition and body image for pupils, and another for parents. Having confirmed the effectiveness of the programme after the first follow-up year, training courses are to be organised for teachers and social-health workers, at teaching and resource centres. In the area of informal education, courses have been offered to increase awareness and training for youth workers, in order to implement the programme in youth associations, leisure clubs and camps, and a theoretical/practical Guide has been published for the prevention of bulimia and anorexia and is distributed free of charge.

4. Duration of the Project

The project started in 1998 and the end is planned for 2002.

5. Target Group

General population of adolescents and young people.

6. Evaluation/Random Controlled Trial (RCT)

With regards to the experimental programme: Quantitative evaluation with pre- and post-intervention measurements, using self-completed questionnaires, and a structured diagnostic interview. Applied to intervention and control group. Qualitative evaluation with adolescents, parents. The teachers actively participate in the evaluation of the methodology (external observation). Quantitative and qualitative evaluation of the training courses, educational material for the youth workers, teachers and social-health workers. The project was also submitted to a random controlled trial.

7. Involvement of Young People in the Project

When the programme was designed, adolescents participated to evaluate the acceptance and adaptation of the language used in the material. After the first year, an evaluation was made with the adolescents who participated in order to design the booster session for the second year.

8. Feasibility and Adaptability for Other Countries

The positive aspects are the multi-disciplinary approach, and the involvement of adolescents, parents, schoolteachers and informal teachers. The programme is relatively economical (costs, time and human resources) and it has proved to be effective when evaluated scientifically at the one year follow-up, using standardised methods. Costs would be reduced if the programme was applied by the students' own teachers, and not by teachers who do not work with the students.

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Keep Your Partying Under Control

1. Project Description

The purpose of this project is to launch different campaigns directed at the young people of Jaca. The Campaigns will be held at times which are considered as being of particular risk (end of Christmas Term/Christmas holidays, Easter half-term holiday/Carnival time, First Friday in May, St. Orosia and St. Pedro Saints days).

2. Project Aims

The general objective is to increase the awareness and conscience of the public in general and young people in particular regarding the risks of the abuse of alcohol and other drugs, particularly at weekends and during holidays when there is a greater possibility of intake or abuse. The more specific objectives are a) to inform on the negative consequences of the abuse of alcohol and other drugs, b) to inform on guidelines in order to reduce these consequences, and c) to promote self-controlled behaviour in periods of particular risk.

3. Method of Intervention

In order to design and launch the campaigns, a group of youth mediators who will form the principal human resources of the project will be set up. It should also be mentioned that although the campaigns will be the central activity of the project (apart from setting up the mediator groups themselves), other complementary activities will also be developed, i.e. actions with teachers and parents, actions in pubs in the "zone". Indeed, it will be these actions which will differentiate this project: the campaigns in the media will be backed up and complemented with actions in the educational setting, involving students, teachers and parents.

4. Duration of the Project

September 2000 to August 2001

5. Target Group

The target population will be the adolescents and young people of Jaca, particularly those who spend their free time at weekends "going out in the zone". They may drink or take drugs (occasionally, sporadically or habitually), or they may not. In addition, this project is also directed at the adult population, particularly parents and teachers. Their relation with young people makes them frontline prevention agents. The effect of this project will also be extended to the general public through the use of the media during the campaigns.

6. Evaluation/Random Controlled Trial (RCT)

It is planned to evaluate the efficiency of the project, with reference to the action effected, and the degree of satisfaction on the part of the different groups involved.

7. Involvement of Young People in the Project

A working group was set up which consisted of young people who have participated in the project since the very beginning, i.e. in the project design and in launching the same.

8. Feasibility and Adaptability for Other Countries

The principal aspect that should be respected is the formation of a group of young people as the project working group. Teaching representatives should also participate in the Project design.

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Open to a Mentally Healthy Life

1. Project Description

The project arose from the interest of a group of volunteers from the Ramón Rey Ardid Foundation. Their interest was in increasing adolescents' knowledge of mental health, with the aim of demythologising mental illness and increasing awareness of the importance of healthy living habits.

2. Project Aims

The objectives set at the beginning of the projects were: 1) self-responsibility on the part of adolescents regarding their mental health, and motivation to adopt more appropriate attitudes and behaviour in order to improve the same, 2) the involvement of young people, their families, teachers and social health workers, to join together in health promotion, 3) social-health support of the education process in adolescents, and 4) the strengthening of values such as solidarity and acceptance of different types of people. These objectives are inter-related. Each objective serves as a vehicle in achieving the others, i.e., the development of one directly promotes the achievement of the others, which is why they must all be promoted together.

3. Method of Intervention

Professionals and volunteers from the Foundation have collaborated in the project, including young voluntary workers, patients, patients' families, and social health and educational professionals. The project aims at the prevention of mental illness, the strengthening of social values and acceptance of adolescents who are different, through an educational method involving the adolescents themselves. The young people are very receptive and eager to acquire knowledge and habits in a school setting and it is therefore the ideal place for mental health education.

4. Duration of the Project

The project has been repeated three times (1999, 2000, 2001) with different groups of Secondary school classes (14 – 16 year olds) in Zaragoza.

5. Target Group

General population of adolescents and young people.

6. Evaluation/Random Controlled Trial (RCT)

First developed as a pilot-project, it gave the opportunity to evaluate the most appropriate methodology and conditions for optimum development of the process. An evaluation of the content of the programme was also carried out through a questionnaire on mental illness, which was given to all young people who took part in the project at the beginning and the end of the course.

7. Involvement of Young People in the Project

The volunteers are young people who have participated in the planning, realisation and evaluation of the programme, under the supervision of professionals.

8. Feasibility and Adaptability for Other Countries

The project is feasible for other countries because it is low in cost and also because of the importance of the subject. To improve the project, it is suggested that young people from the target country should participate in the adaptation of the programme to the target group and country, involving the young people themselves to whom the project is addressed in the planning of the same.

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The Freeze House

1. Project Description

In 1984 the KFUM (YMCA) organisation of southern central Stockholm was looking for somewhere to play basketball. They found an abandoned storage building for frozen food with room to spare for other activities, therefore the name of the project: Fryshuset – “The Freeze House”. Soon many rooms were let to groups for rehearsing music, sports and rock-concerts to take place. New ideas were realised: skateboard, the use of multimedia, graffiti schools and many others. In 1997 they moved to an even bigger house in the inner city of Stockholm. New types of education were introduced, and Fryshuset worked to become a melting pot regarding gender, age, social origin and ethnic background.

2. Project Aims

The aim of the project is to help young people develop through good leadership, improving their social competence, raising their self-esteem and their well being.

3. Method of Intervention

Activities that take place within the project are a) concerts, rock clubs, gospel concerts and courses in music history; b) several dancing-classes addressing youth between 12-20; c) basketball gymnasium and secondary education for adults; a completed education gives the student the right to apply for university studies; d) design programming, and 3D modelling; e) social projects: “Calm Street”, an anti-crime, social integration project with the aim of creating a safer neighbourhood and reducing unemployment at the same time; target group for this project is the 15-18 years olds, f) the “Bridge Builders” is for boys 15-16 years old; grown men introduce them to the adult world through constructive activities and a network of other adult men, g) “United Sister” tries to provide role models for young girls; the aim is to raise their self-esteem, learn how to talk in front of a group, to lead a group, etc.; h) the “Culture School”: Project for destructive youth to turn their energy towards positive activities: music, theatre, video and images etc.; and i) “Exit”: help for youth involved in racist or nazi movements to find their way out.

4. Duration of the Project

The project started in 1984 and has been evolving ever since.

5. Target Group

General population of adolescents and young people, age 9-30 years, but 80% of the visitors are 16-20 years old, which therefore can be considered the main target group. Every young person, with or without problems, is welcome to the house. Since Fryshuset wants to be a melting pot, it is important that there are not only adolescents with problems who visit the house and engage in the activities.

6. Evaluation/Random Controlled Trial (RCT)

No evaluation has been carried out. However, the rate of dropout from schools and classes is very low, and many young people achieve to get employment afterwards.

7. Feasibility and Adaptability for Other Countries

The project can be applied to other countries, since there are not any typically Swedish assets involved in the project. A strong feature of the project is that young people become involved in different projects and activities that can enhance their self-esteem and satisfaction. They also get a lot of knowledge and contacts through the teachers and the staff, that can be used later in life. Another strong feature is the constant change, which contributes to the attraction of Fryshuset. Young people do not want to engage in something that is “out of style” and not up-to-date.

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The Source

1. Project Description

Children of parents who suffer from mental disorders live in an unstable environment. Many of them are not noticed enough by their parents, and their childhood is often characterised by confusion, fright and anxiety. Research shows that this group of young people is at risk of becoming the victim of a mental disease. Whether or not this is likely to happen depends of the presence of “sheltering factors”, which are the psychosocial factors in the life of the child. They need to talk to somebody about their situation at home, and about the often-shameful fact that mum or dad is or behaves “weird”, and why this happens.

2. Project Aims

The aims of the project are 1) to promote mental health among children and adolescents who have a parent suffering from a mental disorder; 2) to give support to the different groups in the project and to enhance the communication in the family as well as 3) to increase the knowledge about mental disorders and how this influences the parent.

3. Method of Intervention

Each age group will meet approximately 15 times, about 1,5 to 2 hours per session, once a week. It is important that that the participants feel that they do not need to "show off" anything, that they can relax and can show their true self. Each group has two leaders (adults, usually one man and one woman), and there are about 8-15 participants in each group (among the older groups). During the sessions, the participants talk, play or make drawings, watch films around a particular weekly theme. The methods used are fitted to the age group. One other important aspect is to increase the knowledge about mental disorders, why the parents act a certain way, and to share these experiences.

4. Duration of the Project

The project started in year 1996 and is still ongoing.

5. Target Group

The main target group consists of children and adolescents aged 7 to 18, who have parents that suffer from a severe or long-term mental disorder. This target group is divided into subgroups related to age. About 25 percent of the target group are between 16-18 years of age.

6. Evaluation/Random Controlled Trial (RCT)

The project has been evaluated but the results are not yet available.

7. Involvement of Young People in the Project

The children and adolescents have participated through interviews. The National Board of Health and Welfare has also made an evaluation by collecting information and material where the young people of the project had been involved.

8. Feasibility and Adaptability for Other Countries

The project is feasible and adaptable for other countries. However, it is important to know what kind of support there is to relatives of persons with diseases/disorders.

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Schools Peer Education Project

1. Project Description

Since 1994, Penumbra has developed community-based services for young people 16 – 21 years of age, which includes a Mental Health Peer Education Programme in Secondary Schools. Penumbra's youth project was set up against a background of growing numbers of young people being admitted to psychiatric hospital and a recognition that adult services were not catering for the needs of young people. Early work indicated that young people were not seeking help for their problems until they were very ill and those who did enter the psychiatric system were experiencing great stigma as a result of having a mental health problems. This Peer Education Programme was then developed in secondary schools making use of the concept that peer relationships are very dominant and influential during adolescence and that peers can formally and informally learn from each other.

2. Project Aims

The main aim of the Peer Education Project is to: "Raise awareness of mental health issues by means of a working group targeting its own gaps in knowledge and information, educating itself through shared group training and finally resulting in the education of fellow peers in an interesting and innovative way".

3. Method of Intervention

Penumbra recognised the importance of mental health education as a way of 1) educating young people with a view to improving their well being, and 2) reducing the stigma surrounding mental health by encouraging young people to seek help at an earlier point.

Pupils were encouraged to define the key issues of interest to them in order to find out the gaps in their knowledge and information. They then go on to deliver what they have learned to other pupils through Videos, Newsletters, Quizzes, Dramas, Debates and other methods chosen by themselves.

4. Duration of the Project

The Peer Education Programme began in 1998 and has run continually since then.

5. Target Group

Young people between the age of 15 and 21.

6. Evaluation/Random Controlled Trial (RCT)

An external evaluation was carried out. The outcomes have been very positive; all those involved, including young people, teachers, and parents, commented the work highly and recognised its benefits.

7. Involvement of Young People in the Project

The project has involvement of young people as its core principle in both implementation and evaluation. The evaluation included interviews, questionnaires and comments from young people on many aspects of the project.

8. Feasibility and Adaptability for Other Countries

The project could certainly be adapted and copied in other countries. The strongest features are the involvement of young people in identifying and delivering messages on mental health to other young people and the subsequent benefit to both themselves and the future culture of the school.

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Design for Life

1. Project Description

“Design for Life” is a creative competition that encouraged young people to reflect upon their concerns/worries in life and also what coping mechanisms they could use to deal with their worries. The competition encouraged the use of creative mediums including art, web page design, short stories/poems and music. Over 90 entries were received with written communication being the preferred method of expression.

2. Project Aims

The aims are 1) to make mental health issues accessible to young people through use of an interesting and refreshing format. 2) to encourage young people to reflect upon threats to their mental health and ways in which they can protect their mental health – in other words to develop a “design for life” which involves positive ways of dealing with stress, life changes, etc.; 3) to gain insights to how young people feel about their life, in particular what issues worry them, and how they deal with challenges to their mental health, to demonstrate to teachers, youth workers and other professionals approaches to mental health promotion, and 4) to work in partnership with other agencies and to develop new and innovative work in relation to mental health promotion amongst young people.

3. Method of Intervention

A key benefit of “Design for Life” is that it can be approached in a number of settings. For example, web page design could be carried out by a computer group/class, music can be of any format and art and writing can be done in groups or by individuals. A number of entries came from groups with physical disabilities, therefore highlighting the accessibility of the “Design for Life” format.

4. Duration of the Project

The project was launched in February 2000 and is due to close with certificate and prize ceremonies held before the end of March 2001.

5. Target Group

The General Population of Adolescents and young people.

6. Evaluation/Random Controlled Trial (RCT)

There was an informal evaluation where the working group identified the key successes of the project and also highlighted areas for future development.

7. Involvement of Young People in the Project

Young people were involved in the judging of the competition, which formed part of the informal evaluation process.

8. Feasibility and Adaptability for Other Countries

The project is considered feasible and adaptable for other countries. The informal evaluation indicated certain insights that would have to be taken into consideration: the need for research into differences between 14-16 age group and 16-25 age group in their approach to mental health. The older age group entries were depressive and “bleak”; possibly indicating a “loss of hope” as well as the need for more support for teachers/youth workers in approaching mental health issues. Many professionals wanted to tackle this issue but felt insecure about their own knowledge of mental health issues.

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HEADstuff

1. Project Description

HEADstuff is an innovative and colourful resource for young people aged 14-17. It provides information about: schizophrenia, depression, deliberate self-harm and eating disorders. It addresses the “facts” and the “fictions” in relation to mental health in general, and offers practical tips on what young people can do to help themselves or others.

2. Project Aims

It aims to a) challenge their perceptions of mental health problems, b) increase their knowledge of mental health problems and the myths surrounding mental illness and c) provide help on what to do if they are worried about themselves or a friend.

3. Method of Intervention

The material has been produced by the Royal College of Psychiatrists’ “Changing Minds Campaign”, who commissioned Mentality to research and write it. Mentality is a national charity dedicated to promoting mental health. The material was then distributed free of charge to schools, colleges, youth centres etc., but also via cinema foyers to accompany the film “1 in 4” shown in Warner Brothers’ cinemas throughout the UK. The material has an innovative “can” design to attract young people’s interest, graphics and language appropriate to young people as well as a provocative approach in order to challenge attitudes.

4. Duration of the Project

The project was launched 10th October 2000 and is still ongoing.

5. Target Group

Adolescents and young people from a variety of different backgrounds, including those with socio-cultural vulnerabilities or with a vulnerable family structure.

6. Evaluation/Random Controlled Trial (RCT)

HEADstuff is currently being evaluated by a project working in secondary schools. The results are not yet known.

7. Involvement of Young People in the Project

The campaign commissioned research into the design of a resource to interest and inform young people aged 14-17. Focus groups were held to establish the sort of language, information and imagery that was relevant to this age group. HEADstuff was piloted with groups of teenagers from different backgrounds prior to production.

8. Feasibility and Adaptability for Other Countries

The project is most probably adaptable and feasible for other countries, although HEADstuff has been designed specifically for the British youth culture. It would need to be considered on an individual basis for other countries to see whether it was appropriate for them.

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Cool Heads

1. Project Description

“Cool Heads” is a comprehensive booklet aimed at 12-16 year olds with the aim of providing help and information to support young people in maintaining their mental health. It evolved out of the work of Scottish Mental Health Week (SMHW) 2000, which was focusing on young people. During the planning for SMHW it became apparent there was a real lack of information for 12-16 year olds addressing the issues young people felt important to their mental health. As a result two stages of in-depth research were carried out with young people in Scotland to decide on the content, style and format of the resource which has become ‘Cool Heads’.

2. Project Aims

The aim of the project is to provide young people with an interactive resource to help and support young people maintain their mental health.

3. Method of Intervention

The publication can be used in a number of ways and through a variety of settings including schools, youth centres etc. While the resource is aimed at the individual it can and has formed the basis for work in schools and youth groups to raise the issue of mental health and the factors that impact on individual mental health. The resource has been produced and distributed at a national level. However, the distribution has been through local networks and follow up work is carried out at a local level.

4. Duration of the Project

The project came out of some concept research completed early May 2000 and was completed on publication of the booklet “Cool Heads” during SMHW ‘00, 9 – 16th October 2000.

5. Target Group

The target group for the publication is the general population of adolescents and young people, particularly those aged between 12-16 years.

6. Evaluation/Random Controlled Trial (RCT)

No formal evaluation has been carried out. Informal feedback suggests that “Cool Heads” has been very well received by the target audience and the information provided is useful and relevant.

7. Involvement of Young People in the Project

Young people were heavily involved in the development of the resource providing input particularly relating to the content, tone, format and design of the booklet.

8. Feasibility and Adaptability for Other Countries

The resource could be easily adapted for use in other countries with proper consultation with young people to ensure the cultural context, language used etc. was appropriate.

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Appendix 2: Selected Classified Bibliography

During the course of this research study, we discovered or were referred to many reports and resources. We feel that many of these references, materials and documents would be very enriching for those involved at all levels of mental health promotion of adolescents and young people.

Please note that this is not an exhaustive list. The references were collected by the project coordinator in collaboration with contacts that were developed during the course of the project with universities, practitioners and professionals working in the field, as well as through consultation with the national partners of the project.

It can be expected that other relevant material does exist.

The resources are summarised as follows:

- General adolescent and young people mental health or mental health promotion/ prevention issues
- Delinquency, violence and aggression
- Depression
- Eating disorders
- Substance abuse
- Suicide Prevention
- Young people with vulnerable family structure or vulnerable parents
- Mental Health Promotion in Schools
- Project Implementation and Evaluation issues
- Web sites

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Children of Parents with Mental Illness, American Academy of Child and Adolescent Psychiatry: <http://www.aacap.org/factsfam/parentmi.htm>

Focus; promoting effective practice in Child and Adolescent mental health.
<http://www.repsych.ac.uk/eru/focus>

Appendix 3: Standard Reporting Questionnaire

MENTAL HEALTH EUROPE – SANTE MENTALE EUROPE
European Regional Council of the World Federation for Mental Health
Boulevard Clovis 7, B-1000 Bruxelles
Tel *32-2-280.04.68 – Fax *32-2-280.16.04
e-mail : info@mhe-sme.org

**REPORTING DOCUMENT
FOR EXAMPLES OF PROJECTS
IN
"MENTAL HEALTH PROMOTION OF ADOLESCENTS
AND YOUNG PEOPLE"**

NAME OF THE PROJECT:

CO-ORDINATING ORGANISATION:

CONTACT PERSON:

ADDRESS:

TEL:

FAX:

E-MAIL:

WEB SITE:

Please use one page max. for each question.

1. Description of the project (who, where, why, how, etc.)
2. History of the development of the project
3. Starting date of the project and end date (if completed)
4. Target group
 - e.g. General population of adolescents and young people
 - Young people with socio-cultural vulnerabilities (immigrants, refugees, unemployed parents)
 - Young people with vulnerable family structure (divorced parents, single parents, adoptive/foster children)
 - Young people with vulnerable parents (substance abuse, etc.)
 - Young people with health vulnerabilities (illnesses, disabilities, etc.)
 - Others (please specify):
5. Aims of the project
6. Settings of the project (schools, youth centres, etc.)
7. Is the project carried out on a national, regional or local level?
8. Number of employed staff involved in the project and their professional backgrounds
9. Number of volunteers and other resource workers. Please describe.
10. Project collaborators
 - e.g. Local authorities
 - Youth centres
 - Churches
 - Schools
 - Social services
 - Justice
 - Others (please specify):
11. Annual budget of the project (in Euro)
12. How was the project financed?
13. Was there an evaluation of the project?
 - If yes, please describe the evaluation as well as the results (e.g. any evidence of satisfaction, attitude change, behaviour change, etc.)
14. Was the project submitted to a randomised controlled trial (RCT)?
15. Were Adolescents and Young people involved in the implementation and evaluation of the project? How?
16. What are considered the most innovative aspects of this project?
17. Does this type of project already exist in other countries?
18. Is the project considered adaptable and feasible for other countries? If yes, can you describe the strongest and weakest features of the project?
19. What use was made of media and information technology?

Appendix 4 :
Titles of Projects
in their Original Language

Austria	<p>Schizophrenie hat viele Gesichter <i>The Various Faces of Schizophrenia</i></p> <p>Step by Step <i>Step by Step</i></p>
<hr/>	
Belgium	<p>Hoe anders is anders? <i>How Different is Different?</i></p> <p>Eetstoornis <i>Prevention of Disordered Eating and Eating Disorders</i></p> <p>K.O.P.P - Kinderen van Ouders met Psychiatrische Problemen <i>Children of Mentally Ill Parents</i></p>
<hr/>	
Denmark	<p>OmSorg <i>A Practical Founded School-based Intervention towards Children in Loss and Grief</i></p>
<hr/>	
Finland	<p>Connect fi-Mental Health Promotion of Children and Young People and Combating Violent Behaviour of Girls and Boys <i>idem</i></p> <p>Nuorten kanssa tehtävän kriisityön projekti 2001-2003 <i>Crisis Intervention among Young People</i></p> <p>Pärjäävä perhe <i>A Coping Family</i></p> <p>Jangsteri-Projekti <i>Project for Young People</i></p>
<hr/>	
France	<p>Classes Relais <i>Relay Classes</i></p> <p>Difficile Adolescence <i>Difficult Adolescence</i></p> <p>Bien dans son corps, bien dans sa tête <i>Feel Good in your Body, Good in Your Head</i></p> <p>Valorisation du bien-être et de l'estime de soi chez les jeunes <i>Enhancing Well Being and Self Esteem in Young People</i></p>
<hr/>	
Germany	<p>Verrückt – na und? Es ist normal, verschieden zu sein. <i>Crazy – So What? It's Normal to be Different</i></p> <p>Die Anti-Stigma-Gruppe <i>The Anti-Stigma Group</i></p>

Greece	<p>Συμβουλευτικός Σταθμός Εφήβων στα Δικαστήρια Ανηλίκων Αθηνών <i>Counselling Centre in the Juvenile Court of Athens</i></p> <p>Πρόγραμμα Πρόληψης Ψυχικής Υγείας Παιδιών και Εφήβων: Βιωματικά Σεμινάρια Ευαισθητοποίησης στην Ψυχική Υγεία και την Ψυχοκοινωνική Ανάπτυξη Παιδιών και Εφήβων σε Εκπαιδευτικούς: α) Α' βάθμιας Εκπαίδευσης, β) Β' βάθμιας Εκπαίδευσης <i>Experiential Sensitisation Seminars on Mental Health and Psychosocial Development of Children and Adolescents for Teachers of a) Primary Education and b) Secondary Education</i></p> <p>Πρόγραμμα Αγωγής Υγείας για την Πρόληψη Χρήσης Ψυχοτρόπων Ουσιών (Καπνού, Αλκοόλ, Ναρκωτικών) σε Μαθητές Γυμνασίου <i>Health Education Programme to Prevent the Use of Psychotropic Substances (Tobacco, Alcohol, Drugs) in High School Students</i></p>
Iceland	<p>Einelti í skólum <i>Friends do not Bully</i></p> <p>Áhrif mataræðis í skólum á andlega heilsu <i>Nutrition and Mental Well being in Schools</i></p> <p>Forvörn þunglyndis meðal unglunga <i>Prevention of Depression among Adolescents in Iceland</i></p>
Italy	<p>Progetto Di Educazione alla salute e al successo formativo <i>Educational Project on Health and Training Achievements</i></p> <p>Reforimento in volo <i>Refuelling in Flight</i></p> <p>Prevenzione del DSiagio Giovanile in Aeronautica Militare <i>Prevention of Young People's Mental Distress in the Italian Air Force</i></p>
Netherlands	<p>'KOPP' = Kinderen van Ouders met Psychiatrische Problemen <i>Children of Mentally Ill Parents</i></p>
Norway	<p>Veien ut av voldelige ungdomsgjenger <i>Exit – The Way Out of Violent Youth Gangs</i></p> <p>STEP - ungdom hjelper ungdom <i>Step – Youth Helping Youth</i></p> <p>Etablering av "chatte" rom for ungdom <i>Establishing Chat-Rooms for Young People</i></p> <p>Snakk med ekspertene <i>Consult the Experts</i></p>

Portugal	<p>Do uso ao abuso da droga-os mecanismos do "risco adictivo" da infância à idade adulta <i>The Cohort Study Project - From Drug Use to Abuse – The Mechanisms of "Addictive Risk" from Childhood to Adulthood</i></p> <p>Ser Jovem e Ser Mãe <i>I am a Teenage Mother</i></p> <p>Aventura Social na Comunidade <i>Social Adventure and the Community</i></p> <p>Aventura Social & Saúde <i>Social Adventure and Health</i></p> <p>Aventura Social & RISCO <i>Social Adventure and Risk</i></p> <p>Intervenção psicológica em grávidas adolescentes-avaliação do impacto <i>Psychological Intervention in Pregnant Teenagers-Impact Evaluation</i></p>
<hr/>	
Spain	<p>Programme de atencion al maltrato infantil desde el ambito sanitario <i>Child Abuse Care Programme in the Health Area</i></p> <p>Programa de fomento de la salud mental infantil y juvenil en Extremadura “Ordena tus ideas” <i>Programme for Mental Health Promotion in Children and Young People in Extremadura “Get your ideas together”</i></p> <p>Prevencion de trastornos de la conducta alimentaria en la adolescencia : Zarima-Prevencion <i>Prevention of Eating Disorders in Adolescence: Zarima-Prevention</i></p> <p>Controla tu fiesta <i>Keep Your Partying under Control</i></p> <p>Sensibles a una vida mentalmente sana <i>Open to a Mentally Healthy Lifestyle</i></p>
<hr/>	
Sweden	<p>Fryshuset <i>The Freeze House</i></p> <p>Kallan <i>The Source</i></p>

This report was produced by a contractor for Health & Consumer Protection Directorate General and represents the views of the contractor or author. These views have not been adopted or in any way approved by the Commission and do not necessarily represent the view of the Commission or the Directorate General for Health and Consumer Protection. The European Commission does not guarantee the accuracy of the data included in this study, nor does it accept responsibility for any use made thereof.