

# Infrastructure, Policies and Practices in Child and Adolescents' Mental Health

## CAMHEE PROJECT –

### COUNTRY PROFILES QUESTIONNAIRE<sup>1</sup>

#### 1. BACKGROUND INFORMATION

1.1 Details of Project Co-ordinator (person with overall responsibility for co-ordinating the completion of the Country Profile)

Name	BARO Franz		
Country	Belgium		
Area of work	<input type="checkbox"/> Government <input type="checkbox"/> NGO <input checked="" type="checkbox"/> Academic <input type="checkbox"/> Other _____		
Profession	MD, PhD, Professor em. of Psychiatry, Catholic University Leuven (KUL)		
Please specify if your work entails the following (please tick all that apply)	<input checked="" type="checkbox"/> Mental health care	<input checked="" type="checkbox"/> <u>Mental disorders prevention</u>	<input checked="" type="checkbox"/> <u>Mental health promotion</u>
Position and Title	Chair		
Organisation	WHO Collaborating Centre on Health and Psychosocial and Psychobiological Factors (Brussels)		
Contact Address	Schoonzichtlaan 86 B – 3020 Winksele Belgium		
Phone	+ 32 475 76 11 05		
Fax	+ 32 16 482 051		
E-mail	franz.baro@skynet.be		

1.2 Inclusive dates of data entry (dd/mm/yy through dd/mm/yy): 15.10.2008 – 09.02.2009

1.3 Will this questionnaire describe the situation at the national or a regional level?

- National – Go to 1.4  
 Regional only – If regional only, please specify which region or regions are covered?

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<sup>1</sup> This questionnaire is based and adapted mainly from Imhpa + HP-source questionnaire for Prevention and Promotion in Mental Health and the Mental and Neurological Health Policy and Services Development Country Profiles Questionnaire

1.4 Details of members involved in the working group.

Name	Area of work (e.g. Govt, NGO, academic etc)	Profession	Position and Title	Organisation	Contact e-mail Address
Johan DEKLERCK	Academic	Criminology	Professor	CATHOLIC UNIVERSITY LEUVEN (KUL)	Johan.Deklerck@law. kuleuven.be
Dirk DEBOUTTE	Academic	MD Psychiatry	Professor	ANTWERP UNIVERSITY	dirk.deboutte@ua.ac. be
Nicole VETTENBURG	Academic	Social Agogy	Professor	GHENT UNIVERSITY	<a href="mailto:nicole.vettenburg@ugent.be">nicole.vettenburg@u gent.be</a>
Peter ADRIAENSSENS	Academic	MD Psychiatry	Professor	CATHOLIC UNIVERSITY LEUVEN (KUL)	peter.adriaenssens@u z.kuleuven.ac.be
Paul DE BOCK	Federal Government	Psychosocial care	Chief advisor	MINISTRY OF HEALTH	Paul.Debock@health. fgov.be
Emmanuel DETHIER	Flemish Community Education	Health Policy Coordination	Assistant to the director	GO!	emmanuel.dethier@g -o.be
Wilfried VAN ROMPAEY	High Schools Association Leuven	Education	Secretary- general	VVKHO	Wilfried.VanRompae y@vsko.be
Jorge BARUDY	NGO	MD Psychiatry	Director	EXIL	cerditos@hotmail.co m
Anne-Pascale MARCQUE- BREUCQ	NGO	Clinical Psychology	Director	TAMARIS	apmarquebreucq@h otmail.com
Marc VANDE GUCHT	NGO	MBA	Chair	Vzw GO FOR HAPPINESS	yokaconsult@skynet.b e
Marlies VOS	Government of the Flemish Community	Criminology	Advisor to the minister	MINISTRY OF THE BRUSSELS CAPITAL REGION	mvos@vanhengel.irisn et.be
Mieke CRAEYMEERSCH	NGO	Policy development	Director	SIMILES	mieke.craeymeersch @similes.be
Tony VAN LOON	Academic	Law and mediation	Professor	FREE UNIVERSITY BRUSSELS (VUB)	tonyvanloon_2000@y ahoo.com
Franz BARO	Academic	MD, PhD Psychiatry	Professor emeritus	WHO COLLABORATIN G CENTRE BRUSSELS	Franz.baro@skynet.be
Guy DEBOUTTE	Academic	Criminology	Professor	CATHOLIC UNIVERSITY LEUVEN (KUL)	Johan.Deklerck@law. kuleuven.be
Jo LEBEER	Academic	MD, PhD Disability & Family Medicine	Professor	ANTWERP UNIVERSITY	Jo.lebeer@ua.ac.be
Idesbald NICAISE	Academic	PhD Educational Policy	Professor	CATHOLIC UNIVERSITY LEUVEN (KUL)	<a href="mailto:Ides.Nicaise@hiva.kuleuven.be">Ides.Nicaise@hiva.kul euven.be</a>
Jan TOYE	NGO	Engineer	Chair	Foundation GO FOR HAPPINESS	jan.toye@diepenste yn.be

## 2. POLITICS, POLICIES AND PRIORITIES

*This covers public policy and judicial enactments, which may impact on children's and adolescents' mental health (CAMH) in either a positive or negative way, including general public health measures, taxation, general legislation, equity and human rights. Please indicate the presence or absence of each policy and the year it was made.*

- 2.1 Have **national (or regional) level**<sup>2</sup>, governmental policy documents for children and adolescents' mental health been published (available in paper or electronic format) in any of the following areas?

Please tick  if any policies available, even if not all in a category are available, and give specifications of each policy as a separate document reference.

**Please specify** if all or some of these are at regional level rather than national level:

### 2.1.1. GENERAL POLICIES related to CAMH

National	Regional	
<input type="checkbox"/>	<input type="checkbox"/>	(i) Poverty and social exclusion [Document Reference] 2.1.1(i)-camhee-belgium-baro-09.02.09.doc
<input type="checkbox"/>	<input checked="" type="checkbox"/>	(ii) Social welfare (e.g. benefits and payments for disabled) [Document Reference] 2.1.1(ii)-camhee-belgium-baro-09.02.09.doc
<input type="checkbox"/>	<input type="checkbox"/>	(iii) Child protection [Document Reference] 2.1.1(iii)-camhee-belgium-baro-09.02.09.doc
	<input checked="" type="checkbox"/>	(iv) Education and school programmes (e.g., school age, availability) [Document Reference] 2.1.1(iv)-camhee-belgium-baro-09.02.09.doc
<input type="checkbox"/>	<input checked="" type="checkbox"/>	(v) Day care legislation/policy for pre-school children [Document Reference] 2.1.1(v)-camhee-belgium-baro-09.02.09.doc
<input type="checkbox"/>	<input type="checkbox"/>	(vi) Family friendly workplace policies [Document Reference] 2.1.1(vi)-camhee-belgium-baro-09.02.09.doc
<input type="checkbox"/>	<input type="checkbox"/>	(vii) Adoption, fostering policies [Document Reference] 2.1.1(vii)-camhee-belgium-baro-09.02.09.doc
<input type="checkbox"/>	<input type="checkbox"/>	(vii) Divorce and custody policies [Document Reference] 2.1.1(vii)-camhee-belgium-baro-09.02.09.doc
<input type="checkbox"/>	<input checked="" type="checkbox"/>	(viii) Industrialisation policies (e.g. building & expansion causing displacement) [Document Reference]

<sup>2</sup> If you are answering the questionnaire for a region rather than at the national level, please indicate for which region on p.1 of the questionnaire

## 2.1.1(viii)-camhee-belgium-baro-09.02.09.doc

National

Regional

- |                          |                                     |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | (ix) Urbanisation policies (e.g. growth & expansion rates of towns, cities & their infrastructure)<br><b>[Document Reference]</b><br><b>2.1.1(ix)-camhee-belgium-baro-09.02.09.doc</b> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | (x) Housing (e.g. state provided housing for certain groups, etc.)<br><b>[Document Reference]</b><br><b>2.1.1(x)-camhee-belgium-baro-09.02.09.doc</b>                                  |
| <input type="checkbox"/> | <input type="checkbox"/>            | (xi) Anti discrimination (e.g., race, gender, disability, etc.)<br><b>[Document Reference]</b><br><b>2.1.1(xi)-camhee-belgium-baro-09.02.09.doc</b>                                    |
| <input type="checkbox"/> | <input type="checkbox"/>            | (xii) Other that apply directly or indirectly to CAMH<br><b>[Document Reference]</b><br><b>2.1.1(xii)-camhee-belgium-baro-09.02.09.doc</b>   |

## 2.1.2. SPECIFIC POLICIES and LARGE-SCALE PROGRAMMES for CAMH

Please tick  as appropriate to indicate the scale of the policies/programmes and whether the action has gone beyond the stage of approval to be allocated a budget and implemented.

National	Regional	Budgeted + Implemented	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(i) Programmes for <u>infants and toddlers</u> [Document Reference] <b>2.1.2(i)-camhee-belgium-baro-09.02.09.doc</b>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(ii) Parenting support provision (Document Reference) <b>2.1.2(ii)-camhee-belgium-baro-09.02.09.doc</b>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(iii) To improve life skills (education in life skills, socio emotional learning, etc.) [Document Reference] <b>2.1.2(iii)-camhee-belgium-baro-09.02.09.doc</b>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(iv) To prevent depression and anxiety [Document Reference] <b>2.1.2(iv)-camhee-belgium-baro-09.02.09.doc</b>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(v) To prevent suicide and self-harm/mutilation (Document Reference) <b>2.1.2(v)-camhee-belgium-baro-09.02.09.doc</b>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(vi) To prevent violence and aggression towards children/adolescent [Document Reference] <b>2.1.2(vi)-camhee-belgium-baro-09.02.09.doc</b>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(vii) To prevent violence and aggression perpetrated by children/adolescents [Document Reference] <b>2.1.2(vii)-camhee-belgium-baro-09.02.09.doc</b>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(viii) To prevent criminal detention (Document Reference) <b>2.1.2(viii)-camhee-belgium-baro-09.02.09.doc</b>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ix) To reduce stigma and discrimination (racism, bullying, homophobia) [Document Reference] <b>2.1.2(ix)-camhee-belgium-baro-09.02.09.doc</b>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(x) To prevent disorders in children associated with parental mental health problems (Document Reference) <b>2.1.2(x)-camhee-belgium-baro-09.02.09.doc</b>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(xi) To prevent disorders in children associated with parental alcohol and drug problems [Document Reference] <b>2.1.2(xi)-camhee-belgium-baro-09.02.09.doc</b>

2.2. Please summarise the key points of the most important mental health policies for the improvement of mental health of children and adolescents and when they were enacted (put into action). Describe briefly how implementation has proceeded, and any problems/obstacles that have emerged in the course of implementation

Most important mental health policies etc	When enacted (put into action)	Key points of implementation process and obstacles to implementation.

2.3. Have non-governmental (private enterprise, research institute, NGO, etc) policy documents on child and adolescents' mental health been published?

- Yes – if yes, please specify below: (a)
- No – Go to 2.4
- Don't Know/Unsure – Go to 2.4

(a) Please provide the origin, content area and **[Document Reference]** for of the policy document.

	<b>Non-governmental bodies</b>	<b>Content area of policy document</b>	<b>Document reference</b>
(i)			
(ii)			
(iii)			
(iv)			

2.4. Is there an ombudsman  for children's rights in your country/region?

- Yes – Please give details as an **[Organisational Reference(s)]**
- No – please state here which department/body is responsible for children's rights, if any

### 3. MONITORING, SURVEILLANCE AND EVALUATION

This section covers the monitoring and assessment of trends in children's and adolescents' mental health (CAMH) – both positive and negative – and the evaluation of policies and action aimed at improving or maintaining CAMH.

3.1 Is there information on the prevalence of mental disorders among children and young people (e.g. MH disorder prevalence rates) in your country?

- Yes – go to part (a)
- No – go to section 3.3

(a) Is the information available at a nation or regional level?

- National – go to part (b)
- Regional (specify) \_\_\_\_\_ - go to part (b)

(b) What are the sources of data of prevalence rates of childhood mental disorders? (Please tick  all that apply)

- National surveys carried out for the National office of statistics or National Statistical Institutes (NSIs)
- Administrative data (GP records, Hospital records, registries)

3.2 Using what you regard as the best source of data, please give prevalence rates for the following child/adolescent mental disorders:

Where data is not available, please use the following codes to specify:

- The data is not collected – N/C
- The data is available but not in the detail or categories specified here – N/Spec
- The data is available but you do not have access to it – N/Acc
- The data is available but there are concerns over its quality – C/Q
- You do not know if the data is collected – N/K



Disorder	Prevalence (%) to 1 decimal place (or not available code)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.2.1 <u>Anxiety disorders</u>					
3.2.2 Depression (moderate to severe diagnosis)					
3.2.3 Bipolar disorder (Manic-depressive)					
3.2.4 Attention-Deficit/Hyperactivity Disorder (ADHD)					
3.2.5 <u>Learning disorders</u>					
3.2.6 Conduct disorder (act out their feelings or impulses in destructive ways)					
3.2.7 Eating disorders					
3.2.8 Autism and pervasive developmental disorders					
3.2.9 Schizophrenia					
3.2.10 Self-mutilation or self harm					

Disorder	Prevalence (%) to 1 decimal place (or not available code)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.2.11 Childhood/Adolescent suicide attempt					
3.2.12 Childhood/Adolescent Suicide					
3.2.13 Other common disorder in your country (please specify): _____					

3.3 Please give the percentage of the following child population (if available).

Where data is not available, please use the following codes to specify:

- The data is not collected – N/C
- The data is available but not in the detail or categories specified here – N/Spec
- The data is available but you do not have access to it – N/Acc
- The data is available but there are concerns over its quality – C/Q
- You do not know if the data is collected – N/K

Vulnerable child populations	% of child population (or not available code)	Age-range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Description of the data given (e.g. region/ city data applies to, qualitative explanatory information, Year, accurate reflection? etc.)
3.3.1 Children living in poverty					
3.3.2 Homeless children					
3.3.3 <u>Early school leavers</u>  (Please specify age range)					
3.3.4 Children experiencing bullying					
3.3.5 Youth unemployment					
3.3.6 Children in care (living in any residential places other than families)					
3.3.7 Asylum seeker children					
3.3.8 <u>Traveller children</u> 					
3.3.9 Juvenile offenders (cautioned or prosecuted)					
3.3.10 Children abandoned due to parental migration for employment					
3.3.11 Other Vulnerable populations: _____ _____					

3.4 Is there information on national or regional child and adolescents' positive mental health (e.g. children's wellbeing, self-esteem, quality of life, resilience, etc) collected through monitoring and/or surveillance activities (tick  one)?

- Yes – please provide **[Document Reference]** for the most recent report
- No – Please use coding for not available as above (NC, N/Acc etc): \_\_\_\_\_ - Go to 3.6

3.5 Using what you regard as the best source of data, please give prevalence rates for the following aspects monitored for positive CAMH:

Positive child and adolescent mental health	Prevalence (%) to 1 decimal place or N/A (not available)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.5.1 Wellbeing/self-esteem (please specify) _____ _____					
3.5.2 Quality of Life _____ _____					
3.5.3 Resilience _____ _____					
3.5.4 Other (please specify) _____ _____					

3.6 Are policies for children and adolescents evaluated and reported in the following areas (tick  all that apply)?

- (i) Mental health service and care policies **[Document Reference]**
- (ii) Mental health promotion policies (evaluation and/or reporting) **[Document Reference]**
- (iii) Mental disorder prevention (evaluation and/or reporting) **[Document Reference]**
- None of the above

Where applicable comment on evaluation and/or reporting process, methods, variables, etc using the table below.

Policy	Evaluation methodology	Reporting process including Document Reference
(i) Mental health service and care policies		
(ii) Mental health promotion policies (evaluation and/or reporting)		
(iii) Mental disorder prevention (evaluation and/or reporting)		

#### 4. IMPLEMENTATION

*This covers initiatives and capacity for public health action aimed at improving, maintaining or promoting CAMH. Providers of services and programmes should be included in this section. Please indicate the availability of services and programmes as the percentage of the relevant child population with access to the specified action (whether it is universal, targeted or indicated).*

- 4.1. Please provide names and **[Organisational Reference(s)]** for the principal bodies (main providers) that are involved in implementing programmes and other action (such as helpline initiatives, services and legislation affecting MH) for children and adolescents:

4.1.1. Mental health care and services: \_\_\_\_\_

4.1.2. Mental health promotion and mental disorder prevention: \_\_\_\_\_

- 4.2 How available are services for child and adolescents' mental health care and treatment? (Please circle the category that best applies).

If you circle "1-25%" or higher, please provide quantification in the column "quant", such as % service provision per 100,000 population (if available). If you do not know the approximate availability, please write D/K in the quantification column.

Where service availability varies in different parts of your country, please try to take the country or region as a whole. The term "appointment" also includes telephone consultations.

Services	Not available ↓	1-25%	26-50%	51-75%	76-100% ↓	Quant. or D/K ↓
4.2.1 Child Psychiatric appointments	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.2 Psychologist appointments	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.3 Social service appointments for children (e.g. child protection)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.4 Family therapy/counselling appointments	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.5 Infant-specific services (e.g. early intervention services)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.6 Adolescent-specific services (e.g. outpatient centres)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.7 Group therapy	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.8 School counselling	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.9 Pharmacological treatment	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.10 Psychosocial rehabilitation centres for adolescents	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.11 in-patient beds on general psychiatric ward	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.12 in-patient beds on child psychiatric ward	0%	1-25%	26-50%	51-75%	76-100%	_____
Other (please specify):						
4.2.13 _____	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.14 _____	0%	1-25%	26-50%	51-75%	76-100%	_____

- 4.3. How available are programmes for child and adolescents' mental health promotion and mental disorder prevention? (Please circle the category that best applies).

If you circle "1-25%" or higher, please provide quantification in the column "quant", such as % service provision per 100,000 population (if available). Please also provide **[Document Reference(s)]** and include a few lines describing some of the key programmes that exemplify high quality in your country of region.

If you do not know the approximate availability, please write D/K in the quantification column

Programmes	Not available		Widely available			Quant. or D/K
	↓				↓	
4.3.1 Home-based for infants	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.2 Home-based for children	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.3 Parenting programmes (general population)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.4 Parenting programmes (specified at risk population)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.5 School mental health promotion (e.g. teaching well-being life skills)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.6 School targeted preventive programmes (e.g. anti-bullying)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.7 Drug and alcohol abuse prevention	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.8 Promotion/prevention at hospital/clinic	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.9 In Churches, clubs, recreation centres	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.10 Promotion/prevention via Internet	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.11 Protective services	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.12 Custodial settings (detention centres)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.13 Community settings	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.14 telephone counselling	0%	1-25%	26-50%	51-75%	76-100%	_____
Other (please specify):						
4.3.15 _____	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.16 _____	0%	1-25%	26-50%	51-75%	76-100%	_____

- 4.4. In addition, are there specific subgroups of children and adolescents that have access to specially designated mental health services or promotion/preventive action, tailored to the subgroup's unique needs?<sup>3</sup>

If you circle "1-25%" or higher, please provide quantification in the column "quant", such as % service provision per 100,000 population (if available). Please also provide **[Document Reference(s)]** and include a few lines describing some of the key programmes that exemplify high quality in your country of region.

If you do not know the approximate availability, please write D/K in the quantification column

Subgroups	<u>Specially designed services</u>					Quant. or D/K ↓
	Not available ↓	1-25%	26-50%	51-75%	Widely available ↓	
4.4.1 Minority groups	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.2 Migrant populations	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.3 Orphans	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.4 Children living in poverty	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.5 Runaways/homeless	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.6 Refugees/disaster-affected populations	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.7 "Seriously emotionally disturbed"	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.8 Victims of bullying	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.9 Early school leavers	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.10 Unemployed youth	0%	1-25%	26-50%	51-75%	76-100%	_____
Other (Please specify):						
4.4.11 _____	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.12 _____	0%	1-25%	26-50%	51-75%	76-100%	_____

<sup>3</sup> Question adapted from WHO MH Atlas on children and adolescents (2005)

## 5. KNOWLEDGE DEVELOPMENT, RESEARCH AND INFORMATION DISSEMINATION

*This section covers country or regional initiatives to develop the knowledge base and disseminate knowledge in the area of children's and adolescents' mental health.*

*Please indicate and give details in an accompanying reference sheet for key research and dissemination activities and the organisations which carry this out.*

5.1 Provide **[Document or Organisational Reference(s)]** of up to 3 key research projects being conducted in your country into:

5.1.1 Child and adolescent psychiatric disorders

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

5.1.2 Care related issues

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

5.1.3 Prevention of mental disorders

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

5.1.4 Promotion of mental health

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

5.2 What are the principal bodies involved in information dissemination to keep health care professionals informed about children's and adolescents':

5.2.1 Mental health care and services provision? Please provide **[Organisational Reference(s)]** and include a few lines describing the organisation's dissemination activities.

\_\_\_\_\_

\_\_\_\_\_

5.2.2 Mental health promotion and mental disorder prevention? Please provide **[Organisational Reference(s)]** and include a few lines describing the organisation's dissemination activities.

\_\_\_\_\_

\_\_\_\_\_

## 6. YOUTH INVOLVEMENT

*Here, we are interested in how children and adolescents are included in the process of policy decision-making and programme planning and implementation, which aims to affect their mental health and well being. This includes means by which children are consulted, through surveys or focus groups for opinion and information as well as their involvement as active agents in programme implementation (e.g. in peer-led initiatives).*

6.1 Are children and adolescents involved in:

6.1.1 Implementing national, regional and municipal programmes in the field of CAMH and related fields?

Yes – provide **[Document Reference]** and briefly describe

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No

6.1.2 Programme design and implementation of mental health promotion and/or mental disorder prevention programmes?

Yes – provide **[Document Reference]** and briefly describe

---

---

No

6.1.3 Decision-making processes?

Yes – provide **[Document Reference]** and briefly describe

---

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No

6.1.4 Development of CAMH policies?

Yes – provide **[Document Reference]** and briefly describe

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No

6.2 In your opinion, what could be done in your country to increase participation of children and adolescents in the development of action for mental health?

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## 7. HUMAN AND FINANCIAL RESOURCES

*This section asks about professional resources and financial resources, looking at the provision mechanisms, distribution and availability as well as the quality of human resources (specialisation and training) in the field of CAMH in your country.*

### Professional Workforce

7.1 Is higher education specifically in children and adolescents' mental health promotion and/or mental disorder prevention available from at least one institution of higher education (tick one)?

Yes – provide [**Organisational Reference(s)**] for each institution

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

No

7.2 Is training in CAMH issues included in the curricula of relevant higher education qualifications?

Yes – if yes, please fill in table (a)

No – go to 7.3

(a) Please specify what training in children and adolescents' mental health issues forms a part of the higher education national curriculum (as a specific course or part of a general course) of different relevant professionals and the number of credits/hours this entails

	Undergraduate	CAMH-specific course?	Post graduate/ Master level	CAMH-specific course?	Num credits		Num hours
Medical doctors (basic undergraduate training)		<input type="checkbox"/>		<input type="checkbox"/>			
Primary care doctors/GPs		<input type="checkbox"/>		<input type="checkbox"/>			
Paediatricians		<input type="checkbox"/>		<input type="checkbox"/>			
Public health professionals		<input type="checkbox"/>		<input type="checkbox"/>			
Primary care nurses		<input type="checkbox"/>		<input type="checkbox"/>			
Psychiatric nurses		<input type="checkbox"/>		<input type="checkbox"/>			
Psychologists		<input type="checkbox"/>		<input type="checkbox"/>			
General psychiatrists		<input type="checkbox"/>		<input type="checkbox"/>			
Staff of juvenile detention centres		<input type="checkbox"/>		<input type="checkbox"/>			
Teachers		<input type="checkbox"/>		<input type="checkbox"/>			
Social workers		<input type="checkbox"/>		<input type="checkbox"/>			
Other relevant professional (please specify)		<input type="checkbox"/>		<input type="checkbox"/>			
_____		<input type="checkbox"/>		<input type="checkbox"/>			
_____		<input type="checkbox"/>		<input type="checkbox"/>			
_____		<input type="checkbox"/>		<input type="checkbox"/>			

- 7.3 Do medical professions specialised exclusively in CAMH exist in your country?
- Yes – go to part (a)
  - No – go to 7.4
- (a) Please give the number of practitioners registered and the number of these in private practice:
- 7.3.1 Number of child or adolescent psychologists? \_\_\_\_\_ in private practice? \_\_\_\_\_.
- 7.3.2 Number of child or adolescent psychiatrists? \_\_\_\_\_ in private practice? \_\_\_\_\_.

### **Funding**

- 7.4 In the past 5 years, how has resource allocation to child and adolescents' mental health in general changed? (Please tick )
- Large increase in resources
  - Small increase in resources
  - No or little change in resources
  - Small decrease in resources
  - Large decrease in resources

- 7.5 In the past 5 years, how has resource allocation to specific areas of child and adolescents' mental health changed?

Please refer to real (proportional) change in resources, not to change due to economic growth, inflation or currency change. (For example, because of a general increase in a country's economic growth, resources may appear to increase, while their proportional allocation does not increase – do not record this as an increase).

- 7.5.1 Evidence-based and community-oriented / family-focused services (please tick ):
- Large increase in resources
  - Small increase in resources
  - No or little change in resources
  - Small decrease in resources
  - Large decrease in resources

- 7.5.2 Evidence-based MH promotion activities (please tick ):
- Large increase in resources
  - Small increase in resources
  - No or little change in resources
  - Small decrease in resources
  - Large decrease in resources

- 7.5.3 Treatment and care in residential institutions (please tick ):
- Large increase in resources
  - Small increase in resources
  - No or little change in resources
  - Small decrease in resources
  - Large decrease in resources

7.6 Are funds dedicated to children and adolescents' mental health clearly identifiable in the most recent national budget? (please tick )

- Yes – If yes, please specify the amount \_\_\_\_\_€ - then give details in part (a)
- No – go to 7.7
- Don't know

(a) How are the clearly identifiable funds distributed across CAMH services?

- Distributed for specific areas – please provide the amounts, if available:

Area	amount
Mental health care	€
Mental health promotion	€
Mental disorder prevention	€
Other (specify)	€

- Distributed for relevant activities (e.g., parent training programmes, school suicide and violence prevention, screening and early detection, drug and alcohol abuse prevention, etc.) – please provide the amounts, if available:

Activity (please specify)	amount
(i)	€
(ii)	€
(iii)	€
(iv)	€

7.7 Are funds used for CAMH **not** clearly identified but rather mixed in with other funds in the most recent national budget?

- Yes – If yes, please identify the areas which hold funds used for CAMH (e.g. mental health budget, education budget allowance, housing etc.) and where available, indicate the proportions \_\_\_\_\_
- No – go to question 7.8
- Don't know

7.8 Are funds dedicated to children and adolescents' mental health clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, associations, etc)? (Please tick )

- Yes
- No – go to Section 8
- Don't know

7.9 Which are main donors of funds to NGOs (state budget, regional/municipal budgets, international organisations/foundations, private for-profit sector, etc)?

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## 8. PERSONAL EVALUATION OF THE STATE OF THE FIELD

Here we would like to hear your opinion of the state of the field of CAMH in your country. Please try to reach a level of agreement in your coalition group. If this is not possible, please indicate with the phrase: "difference of opinions".

### Recent advances

- 8.1 What have been the key recent advances in your country related to children and adolescents' mental health care? Please list up to 5 and include their dates:

Key recent advances in CAMH <b>care</b>	Date	Additional comments
1.		
2.		
3.		
4.		
5.		

- 8.2 What have been the key recent advances in your country related to children and adolescents' mental health promotion or mental disorder prevention? Please list up to 5 and include their dates:

Key recent advances in CAMH <b>promotion/prevention</b>	Date	Additional comments
1.		
2.		
3.		
4.		
5.		

### Tackling inequalities

- 8.3 In your view, is the data routinely being collected on CAMH issues in your country the right data?

Yes – Please provide an example of appropriate data collection:

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No

- 8.4 In your view, is the data routinely being collected on CAMH issues in your country used in an effective way?

Yes – Please provide an example of appropriate data use:

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No

- 8.5 In your view, which are the most important sectors for the promotion of children and adolescents' mental health in your country?

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8.6 Are there any examples of successes in intersectoral work? (E.g. involvement of social welfare, the school systems, media, employment sector)?

- No – go to 8.2.5
- Yes – Please give descriptions of successes:

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8.7 Are there examples in your country of barriers or obstacles in working across sectors for children and adolescents?

- No – go to 8.2.6
- Yes – Please give:


Example of a barrier to intersectoral work in your country: \_\_\_\_\_

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Suggestion of how these barriers might be overcome: \_\_\_\_\_

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8.8 Is there a clear understanding of the wider determinants  for children and adolescents' mental health among:

(a) Policymakers?:

- Yes – please suggest at least 1 example of a factor which have contributed to this:

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- No – Please give an example of a main obstacle and suggest how it might be overcome \_\_\_\_\_

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(b) Professionals?:

- Yes – please suggest at least 1 example of a factor which have contributed to this:

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- No – Please give an example of a main obstacle and suggest how it might be overcome \_\_\_\_\_

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(c) The general public?:

- Yes – please suggest at least 1 example of a factor which have contributed to this:

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- No – Please give an example of a main obstacle and suggest how it might be overcome \_\_\_\_\_

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### 8.3 Further development

8.3.1 In your view what have been/are the most important barriers or issues that impede action on children and adolescents' mental health care in your country? Please list up to 5:

Most important barriers to action in CAMH <b>care</b>	Date	Additional comments
i.		
ii.		
iii.		
iv.		
v.		

8.3.2 In your view what are the most important barriers or issues that impede action on children and adolescents' mental health promotion or mental disorder prevention in your country? Please list up to 5:

Most important barriers to action in CA <b>MHP and MDP</b>	Date	Additional comments
i.		
ii.		
iii.		
iv.		
v.		

8.3.3 What support would be needed in your country to increase action to improve child/adolescent mental health services?

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8.3.4 What support would be needed in your country to increase action to improve child/adolescent mental health promotion and prevention of mental health problems/disorders?

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9. ***Any further comments on CAMH infrastructures, policies and practice in your country not addressed in this form:***

**THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE**