

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

CAMHEE PROJECT –

COUNTRY PROFILES QUESTIONNAIRE¹

1. BACKGROUND INFORMATION

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

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Country	Bulgaria		
Area of work	<input type="checkbox"/> Government <input type="checkbox"/> NGO <input checked="" type="checkbox"/> Academic <input type="checkbox"/> Other _____		
Profession	psychiatrist		
Please specify if your work entails the following (please tick all that apply)	<input checked="" type="checkbox"/> Mental health care	<input type="checkbox"/> <u>Mental disorders prevention</u>	<input type="checkbox"/> <u>Mental health promotion</u>
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1.2 Inclusive dates of data entry (dd/mm/yy through dd/mm/yy): 10/03/2008-10/09/2008

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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¹ 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
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2. POLITICS, POLICIES AND PRIORITIES

Context

Bulgaria is a country in South-Eastern Europe, which is struggling with social transformations in the last 17 year. At present its population is aging and the birth rate though somewhat increased in comparison with 2000, is one of the smallest in Europe. The country is among the top three European countries endangered by a serious demographic crisis. National policy in relation to children does not appear to have any results.

During the last two decades the issue of violence towards children and from children remained an issue which shocks the public but does not bring about specific interventions.

One of the few steps to this end was the Child protection act which was endorsed in 2000 and is already being implemented. However the work on the child protection act is inhibited due to lack of professional experience in the field of child and adolescent mental health.

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**, 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

Please confirm if these are national or regional policies.

All of the policies enlisted are issued on the NATIONAL level but ticking is impossible.

National Regional

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (i) Poverty and social exclusion [National Strategy for Reduction of Poverty and Social Exclusion, 2003] |
| <input type="checkbox"/> | <input type="checkbox"/> | (ii) Social welfare (e.g. benefits and payments for disabled) [The Social Benefits Act; The Act for Integration of People with Disabilities] |
| <input type="checkbox"/> | <input type="checkbox"/> | (iii) Child protection [National Child Protection Policy, Child Protection Act, National Strategy for Children, Convention on the Rights of the Child (endorsed in 1991), the Family Code, European Convention for Parents' Rights, Hague Convention for Rights of Custody] |

² 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

- (iv) Education and school programmes (e.g., school age, availability) [**Act 5 and 6 for integration of children with sensory, motor and mental disabilities**]
- (v) Day care legislation/policy for pre-school children [**Document Reference**] – **Unavailable.**
- (vi) Family friendly workplace policies [**National Programme “In Support to Motherhood”**]
- (vii) Adoption, fostering policies [**Child Protection Act; Family Code; the Act for Foster Families; Act N4 arranging Application for Adoption**]
- (vii) Divorce and custody policies [**Child Protection Act; Family Code**]
- (viii) Industrialisation policies (e.g. building & expansion causing displacement) [**Document Reference**]
- (ix) Urbanisation policies (e.g. growth & expansion rates of towns, cities & their infrastructure) [**Document Reference**]
- (x) Housing (e.g. state provided housing for certain groups, etc.) [**Document Reference**]
- (xi) Anti discrimination (e.g., race, gender, disability, etc.) [**The Antidiscrimination Law**]
- (xii) Other that apply directly or indirectly to CAMH [**Document Reference**]

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.

All of these policies are issued at the NATIONAL level. The policies where no document reference is mentioned are not available in Bulgaria.

National	Regional	Budgeted + Implemented	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Programmes for infants and toddlers [Mother and Baby Programme (Prevention of abandonment)]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ii) Parenting support provision [The Social Benefits Act; The Criteria and Standards for Provision of Social Services Act]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iii) To improve life skills (education in life skills, socio emotional learning, etc.) [The Child Protection Act (includes the social skills training for children who are about to leave institutions)]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iv) To prevent depression and anxiety [Document Reference]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(v) To prevent suicide and self-harm/mutilation [Document Reference]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(vi) To prevent violence and aggression towards children/adolescents [Child Protection Act, The Family Violence Act]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(vii) To prevent violence and aggression perpetrated by children/adolescents [Document Reference]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(viii) To prevent criminal detention [The Law against Antisocial Behaviour of Youngsters and Under aged; Committees for coping with the antisocial behaviour; Pedagogical Rooms for Children]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ix) To reduce stigma and discrimination (racism, bullying, homophobia) [The Law against Discrimination]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(x) To prevent disorders in children associated with parental mental health problems [Document Reference]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(xi) To prevent disorders in children associated with parental alcohol and drug problems [Document Reference]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To support implementation [National state requirements for the university programmes in Social Work, Psychology, Pedagogic]

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.
The child protection act and the social assistance act are an	2000	There have been several main difficulties in organizing the

attempt to cope with one of the most difficult problems in Bulgaria – the large number of abandoned children who are placed in institutional care with devastating effect on their intellectual and emotional development and to their chances to adapt to independent life in their mature years.

The main focus of the Child Protection Act, which was endorsed in 2000, is prevention of child abuse and neglect as well as prevention of child abandonment and institutionalisation.

services for children and their families in relation to the child protection act. Children who suffer abuse or neglect have diverse needs, which cannot be met by a single institution. Hence, working with their cases requires collaboration of more than one organization, which at present is difficult to take place. Along with that, there is still scarce resource to offer case management to these children, regarding of the clear needs for introducing this service.

The organization and management of the services which provide care for children and their families (like the child protection departments) is based on the emergency principle and it does not provide the setting needed for individual case work.

An important finding in the course of studying the policies available was that the whole issue of deinstitutionalization is not openly connected to the issue of mental health. The practice of recruiting child mental health specialists in working on the issue of deinstitutionalization is not developed. There are no procedures or standards to this end.

Among the obstacles is the lack of policy for human resources development. The service organization does not provide for the emotional needs of the personnel and they quickly develop burnt out syndrome and leave the service. For example, most of the professionals who have started working in the child protection departments in 2000 have now left the system thus wasting lot of resources allocated for their training.

Another difficulty is that the process of service development takes place as a result of external pressure and does not follow a natural course. Hence, many of the services developed are not tailored to the local needs and would not thrive if there is no external funding.

<p>The social assistance law is an attempt to introduce the practice to offer specific community social services, which are expected to provide an alternative to the institutionalization of children. They are expected to work at the level of the individual family and community level.</p> <p>Services are decentralized and are provided through state delegated activities, entrusted to different organizations, including NGOs. The municipalities also have taken over part of the service provision. The practical implementation of these services takes place through several provider organizations: the Child Protection Departments, the Complex for Social Services for Children and Families, the Municipality Centres for Support, short term projects centres around specific tasks and needs, private counseling services.</p>	<p>1998</p>	<p>A major obstacle is the lack of proper training for professionals who implement the law.</p>

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.

	Non-governmental bodies	Content area of policy document	Document reference
(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	N/C				
3.3.2 Homeless children	N/C				
3.3.3 <u>Early school leavers</u>  (Please specify age range)	N/C				
3.3.4 Children experiencing bullying	N/C				
3.3.5 Youth unemployment	N/C				
3.3.6 Children in care (living in any residential places other than families)	N/Spec				
3.3.7 Asylum seeker children	N/C				
3.3.8 <u>Traveller children</u> 	N/C				
3.3.9 Juvenile offenders (cautioned or prosecuted)	N/Spec				
3.3.10 Children abandoned due to parental migration for employment	N/C				
3.3.11 Other Vulnerable populations: _____ _____	N/K				

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): __NC__ - 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:

Child Psychiatry – three services in child psychiatry are available in the country. They are situated in Sofia, Varna and Rousse. The number of child psychiatrists, who have officially recognised speciality, in the country are about 20 people.

Child Protection Departments – the CPDs are available throughout the country. They are targeted at children who are victims of child abuse and/or neglect.

Social Welfare Department – provide information, consultations and referrals to families at risk.

Centre for Public Support – Offers services for children and families in risk.

4.1.2. Mental health promotion and mental disorder prevention:

There are no bodies which are expected to offer mental health promotion and mental health 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 ↓				Widely available ↓	Quant. or D/K ↓
4.2.1 Child Psychiatric appointments	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.2 Psychologist appointments	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.3 Social service appointments for children (e.g. child protection)	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.4 Family therapy/counselling appointments	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.5 Infant-specific services (e.g. early intervention services)	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.6 Adolescent-specific services (e.g. outpatient centres)	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.7 Group therapy	0%	1-25%	26-50%	51-75%	76-100%	D/K

4.2.8 School counselling	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.9 Pharmacological treatment	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.10 Psychosocial rehabilitation centres for adolescents	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.11 in-patient beds on general psychiatric ward	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.12 in-patient beds on child psychiatric ward	0%	1-25%	26-50%	51-75%	76-100%	D/K
Other (please specify):						
4.2.13 _____	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.14 _____	0%	1-25%	26-50%	51-75%	76-100%	D/K

- 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%	D/K
4.3.2 Home-based for children	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.3 Parenting programmes (general population)	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.4 Parenting programmes (specified at risk population)	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.5 School mental health promotion (e.g. teaching well-being life skills)	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.6 School targeted preventive programmes (e.g. anti-bullying)	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.7 Drug and alcohol abuse prevention	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.8 Promotion/prevention at hospital/clinic	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.9 In Churches, clubs, recreation centres	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.10 Promotion/prevention via Internet	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.11 Protective services	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.12 Custodial settings (detention centres)	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.13 Community settings	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.14 telephone counselling	0%	1-25%	26-50%	51-75%	76-100%	D/K
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?³

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%	D/K
4.4.2 Migrant populations	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.3 Orphans	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.4 Children living in poverty	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.5 Runaways/homeless	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.6 Refugees/disaster-affected populations	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.7 "Seriously emotionally disturbed"	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.8 Victims of bullying	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.9 Early school leavers	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.10 Unemployed youth	0%	1-25%	26-50%	51-75%	76-100%	D/K
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%	_____

³ 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.

There is no data available for specific bodies involved in developing knowledge for child and adolescent mental health care.

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) "School Children Mental Health in Europe", International study of common mental health disorders in primary school children. Financed by the Commission of EC, Public Health Executive Agency; Organisation responsible for project delivery in Bulgaria is "Foundation for Human Relations".

5.1.2 Care related issues

- (i) There is no available information for projects in this field.

5.1.3 Prevention of mental disorders

- (i) There is no available information for projects focused on prevention.

5.1.4 Promotion of mental health

- (i) Public lectures on child mental health, Center for Cultural Debate "The Red House", Sofia; funded by different NGOs.
- (ii) Project "The more, the better", project founded by Foundation "Help for Charity". The organisation responsible for the project is "Association Autism"

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.

No specific body is entrusted this task.

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.

No specific body is entrusted this task.

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

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

No

6.1.4 Development of CAMH policies?

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

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?

Programmes and initiatives should be encouraged, which involve the schools in mental health care.

Note: Children are involved in Providing mental health services for children, adolescents and families [**“Children Assist Children” Project of the “Step by Step” Association**]

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)	No	<input type="checkbox"/>		<input type="checkbox"/>		
Primary care doctors/GPs	No	<input type="checkbox"/>		<input type="checkbox"/>		
Paediatricians	No	<input type="checkbox"/>		<input type="checkbox"/>		
Public health professionals	No	<input type="checkbox"/>		<input type="checkbox"/>		
Primary care nurses	yes	<input type="checkbox"/>		<input type="checkbox"/>		30 hours_(A course on Child Psychology)_____.
Psychiatric nurses	No specific training for psychiatric nurses exists in the country.	<input type="checkbox"/>		<input type="checkbox"/>		
Psychologists	Yes	<input type="checkbox"/>		<input type="checkbox"/>		10 hours (as a part of the general psychopathology course)
General psychiatrists	Yes	<input type="checkbox"/>		<input type="checkbox"/>		The curriculum for specialisation in psychiatry includes a course in child psychiatry and 4

							months practical experience in a child and adolescent mental health service.
Staff of juvenile detention centres	No	<input type="checkbox"/>		<input type="checkbox"/>			
Teachers	No	<input type="checkbox"/>		<input type="checkbox"/>			
Social workers	No	<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"/>			

- 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).

None of the experts approached had a clear idea about budgets related to child mental health services and their development through the years.

- 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

Evidence-based services have not been introduced in Bulgaria since there is no practice of introducing structured care protocols. The history of these services is also quite small and no evidence for their cost-effectiveness has been produced.

So, although there is increased resource allocation to community oriented services, we cannot state that there is any research on their effectiveness.

Hence, ticking the boxes the way the questionnaire expects us to do is not possible.

- 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 – this is the reply. Ticking the box is technically impossible in the questionnaire.

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

How do we go to 7.7 when there is no such an option?

- Don't know

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

No data was found on this question.

- 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)	€

7.6 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)?
- European funds;
 - State budget (through the state delegated activities).

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 <u>care</u>	Date	Additional comments
1. After endorsement of the Child protection Act in 2000 children at risk can be offered social care and community services in relation to prevention of abandonment, neglect or abuse. The Child protection Department have been built as the structural foundation of the law.	2000	The child protection services set up in relation to this act have problems with their staff qualification. It is not equal in the different regions and in most places it is not sufficient.
2. Professionals have better access to training and qualification, although there are no quality standards followed in providing training in this field.	1989	The quality of these training events is however unclear.
3. The approach to mental health has been to some extent de-medicalised and has become more holistic. There is more attention to the importance of the early age, as well as to issues related to integration of children with special needs, disabilities or children coming from different ethnical and cultural backgrounds.	Gradually in the last 19 years since 1989.	NC
4. Conditions have been developed for offering community health and social services.	Gradually, after 1989	NC
5. A process of decentralisation of health and social services and their funding has started resulting in depriving the state of its monopoly over mental health and social services provision.	Gradually, after 1989	NC

- 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 promotion/prevention	Date	Additional comments
In terms of mental health promotion the better access to internet, which results in more information has been a good development in the recent years.	After 1994	This development is due to purely technological reasons.
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:

No – impossible to tick this.

Data about child and adolescent mental health issues is only collected for administrative purposes but not for the purpose of needs assessment and service management. The validity of most of the data gathered is compromised and it cannot be used for decision making.

At present an epidemiological study “School Mental health in Europe” has been initiated and Bulgaria is a member of the research team. This is the first epidemiological country targeted at identifying the prevalence of mental health illness among school children from the 1-st to the 4-th grade. No results have yet been obtained.

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:

No – impossible to tick it.

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

Child and adolescent mental health care are very much connected with the family setting. This is why organisations which have close interaction with both the children and their families are in a good position to offer mental health promotion and prevention to children at risk. Such organisations could be the kinder garden, the school, the child general practitioner, all of which have a close contact with the family.

At present, regardless of the difficulties encountered, the Child Protection Services and the Centres for Social Support are pointed as one of the most successful models for inter-sectoral collaboration.

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:

The child protection services which are expected to collaborate with the school, the police, the court and a number of NGOs offering mental health and social services have been pointed as a successful model for intersectoral collaboration.

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:

There is a long tradition in the country of non-involvement with the professional roles, which even now remains unchallenged by the professional's training, nor by the organisational culture or procedures.

One of the difficulties which affect services for children and adolescents is that having not introduced the case management system, there is no clear responsibility for the case as a whole and no clarity about the contributions which each of the services and professionals are expected to have to the overall work on the case. Introducing the case management model would contribute to a more team based approach and to the better involvement of the professionals as well as to the more effective resource utilisation.


Another difficulty is that while some of the providers (like the social services) work with state or municipal funding, other providers are NGOs, private services or services funded by the health insurance companies.

A specific obstacle in collaborating with the police lies in the legal limits to sharing information.

Professionals, who are involved in the child protection services quickly develop burnt out or their motivation drops and the fluidity of personnel is high. One important step to be taken is to reduce the fluidity and thus preserve that expertise within the child protection services.

The intersectoral collaboration is also hindered by the lack of clear profile and care programmes in the services. Child protection professionals are expected to take on enormous amount of signals for a limited time and to decide if special action is needed. The amount of work and its urgency prevents the professionals from developing relationships of collaboration with those working on the same case in other professional settings. Collaboration turns out to be time consuming and this time has not been calculated in any of the job descriptions child protection specialists are guided by in their everyday work.

Developing of a relevant capacity for service management becomes of major importance to improve the structure and design of services and improve intersectoral collaboration.

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:

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

(b) Professionals?:

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

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

(c) The general public?:

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

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

No, there is no clear understanding of the wider determinants of children and adolescent mental health among policy makers, professionals and general public.

During the interviews three have been the obstacles which have been identifies by the experts. The first obstacle is seen in the culture of survival, which has been typical for Bulgaria in the last few centuries and which endorses the values of survival rather than development, thus sacrificing development for the sake of existence.

The second obstacle is the closeness of the Bulgarian family which does not easily open up its boundaries to reveal the problems inside, even when help is needed. As a result of this there is lacking research in the field of child and adolescent mental health.

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 care	Date	Additional comments
Child and adolescent mental health is not a stated priority for any of the governmental institutions.	Not applicable	
No trained professionals are available in the field of child and adolescent mental health.	Not applicable	
Mental health is considered to be a personal problem of the individual or of his/her family and not a problem of public concern.	Not applicable	
Stigma related to mental illness prevents pressure from the families who are interested in developing care programmes, policies and services.	Not applicable	

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 MHP and MDP	Date	Additional comments
Mental health is not a priority value for any of the national organisations.	Not applicable	
There is no continuity both within and between the institutions and no long term strategies are followed in any health related field.	Not applicable	
Bulgaria has developed a mental health policy which has included specific steps for severe mental illness and for common mental illness.	2000	

In this document there is no long term vision and strategy in relation to child and adolescent mental health.		
Lacking perspective in life is a general problem which devalues human life and mental health.	Not applicable	

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

Specific assistance will be needed to stir up interest in relation to child and adolescent mental health. Training of professionals in child and adolescent development and mental health would also be of assistance. Specific assistance will be needed to develop managerial capacity for the innovative mental health services.

Additional pressure from the European structure to introduce care protocols and standards and to implement these in reality will be needed.

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?

Specific assistance will be needed to stir up interest in relation to child and adolescent mental health. Understanding about the role of mental health for the mature individual's wellbeing needs to be built and the role of child and adolescent experiences has to be made clear.

The recognition of these services through including them in the remuneration package funded by the health insurance will mobilise the resources needed for developing promotion and preventive programmes.

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

No further comments have been made.

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