



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
Inna Lindre	Health care foundation	Child psychiatrist	Head of department	Tartu University Hospitals	Inna.lindre@kliinikum.ee
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Katrin Pruulmann	Health care Foundation	Clinical child psychologist	specialist	Tartu University hospitals	Katrin.pruulmann@kliinikum.ee
Sirje Bunder	Govt	Nurse	Main specialist	Ministry of Social Affairs	Sirje.bunder@sm.ee
Sirje Saar	NGO	pediatrist	Chief of projects	Tartu Support Center for Abused Children	Sirje.saar.001@mail.ee
Jelena Jedomskihh	NGO	psychologist	Counselor-psychotherapist	The Counselling and Crisis Help Center of Tartu	<a href="mailto:jelena@tnk.tartu.ee">jelena@tnk.tartu.ee</a> ; tnk@tnk.tartu.ee
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Anne Kleinberg	Health care Foundation	Child psychiatrist	Head of Psychiatry Department	Children Hospital of Tallinn	Anne.kleinberg@lastehaigla.ee
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Anu Susi	NGO	Child psychiatrist	Member of the board	Estonian Psychiatry Association	Anu.susi@kliinikum.ee
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## 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
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- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | (i) Poverty and social exclusion  |
| X                        | <input type="checkbox"/> | Parandatud ja täiendatud Euroopa sotsiaalharta ratifitseermise seadus/ Improved and upgraded law of ratification of Europe socialharta<br>[ <a href="http://www.riigiteataja.ee/ert/act.jsp?id=26389">http://www.riigiteataja.ee/ert/act.jsp?id=26389</a> ] ; |
| X                        | <input type="checkbox"/> | Lastekaitse kontseptsioon/ Conception of child protection [ <a href="http://www.valitsus.ee/failid/LASTEKAITSE_20KONTSEPTSIION_20l_plik.pdf">http://www.valitsus.ee/failid/LASTEKAITSE_20KONTSEPTSIION_20l_plik.pdf</a> ]                                     |
|                          |                          | (ii) Social welfare (e.g. benefits and payments for disabled) "   |
| X                        | <input type="checkbox"/> | Sotsiaalhoolekandeseadus/ The Law of social welfare<br>[ <a href="http://www.riigiteataja.ee/ert/act.jsp?id=">http://www.riigiteataja.ee/ert/act.jsp?id=</a> ]  |
| x                        | <input type="checkbox"/> | Puuetega inimeste sotsiaaltoetuste seadus/ The law of social support services and payment for disabled<br>[ <a href="https://www.riigiteataja.ee/ert/act.jsp?id=13065054">https://www.riigiteataja.ee/ert/act.jsp?id=13065054</a> ]                           |
| X                        | <input type="checkbox"/> | Riikliku pensionikindlustuse seadus/The law of state pension insurance<br>[ <a href="https://www.riigiteataja.ee/ert/act.jsp?id=13064984">https://www.riigiteataja.ee/ert/act.jsp?id=13064984</a> ]   |
| X                        | <input type="checkbox"/> | (iii) Child protection<br>Lastekaitse seadus/The law of child protection<br>[ <a href="http://www.riigiteataja.ee/ert/act.jsp?id=12850781">http://www.riigiteataja.ee/ert/act.jsp?id=12850781</a> ]   |
| X                        | <input type="checkbox"/> | Lastekaitse kontseptsioon/ Conception of child protection<br>[ <a href="http://www.valitsus.ee/failid/LASTEKAITSE_20KONTSEPTSIION_20l_plik.pdf">http://www.valitsus.ee/failid/LASTEKAITSE_20KONTSEPTSIION_20l_plik.pdf</a> ]                                  |
|                          |                          | (iv) Education and school programmes (e.g., school age, availability)   |
| X                        | <input type="checkbox"/> | Eesti vabariigi haridusseadus/ The law of education<br>[ <a href="https://www.riigiteataja.ee/ert/act.jsp?id=13000135">https://www.riigiteataja.ee/ert/act.jsp?id=13000135</a> ]  |
| X                        | <input type="checkbox"/> | Põhikooli- ja gümnaasiumiseadus/ Basic- and highschool legislation<br>[ <a href="https://www.riigiteataja.ee/ert/act.jsp?id=12957808">https://www.riigiteataja.ee/ert/act.jsp?id=12957808</a> ]   |
| X                        | <input type="checkbox"/> | Põhikooli ja gümnaasiumi riiklik õppekava/National curriculum of basic- and highschool<br>[ <a href="https://www.riigiteataja.ee/ert/act.jsp?id=12888846">https://www.riigiteataja.ee/ert/act.jsp?id=12888846</a> ]   |
| X                        | <input type="checkbox"/> | Tervisekaitsenõuded kooli päevakavale ja õppekorraldusele / Health protection demands for schools timetable and curriculum<br>[ <a href="https://www.riigiteataja.ee/ert/act.jsp?id=12782669">https://www.riigiteataja.ee/ert/act.jsp?id=12782669</a> ]       |
| <input type="checkbox"/> | <input type="checkbox"/> | (v) Day care legislation/policy for pre-school children   |
| X                        | <input type="checkbox"/> | Koolieelse lasteasutuse seadus/The law of preschool institutions<br>[ <a href="http://www.riigiteataja.ee/ert/act.jsp?id=12957808">http://www.riigiteataja.ee/ert/act.jsp?id=12957808</a> ]   |

<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

- X       Tervisekaitsenõuded lapsehoiuteenusel/Health protection demands for daycare service  
           [ <https://www.riigiteataja.ee/ert/act.jsp?id=12804040> ]
- (vi) Family friendly workplace policies [Document Reference]
- (vii) Adoption, fostering policies
- X       Perekonnaseadus/ Family law legislation  
           [ <http://www.riigiteataja.ee/ert/act.jsp?id=1011053> ]
- (vii) Divorce and custody policies:
- X       Perekonnaseadus/ Family law legislation  
           [ <http://www.riigiteataja.ee/ert/act.jsp?id=1011053> ]
- (viii) Industrialisation policies (e.g. building & expansion causing displacement)
- (ix) Urbanisation policies (e.g. growth & expansion rates of towns, cities & their infrastructure)
- (x) Housing (e.g. state provided housing for certain groups, etc.)
- X       Psüühiliste erivajadustega inimeste hoolekandeteenustele esitatavad kohustuslikud nõuded ning teenuste osutamise kord/ Regulations and obligations of social care and services for people with mental special needs  
           [ <http://www.riigiteataja.ee/ert/act.jsp?id=681143> ]
- X       Sotsiaalministeeriumi arengukava 2009 – 2012/Developmental plan of Ministry of Social Affairs  
           [http://www.sm.ee/fileadmin/meedia/Dokumendid/APO/Arengukavad/Sotsiaalministeeriumi\\_arengukava\\_2009-2012.pdf](http://www.sm.ee/fileadmin/meedia/Dokumendid/APO/Arengukavad/Sotsiaalministeeriumi_arengukava_2009-2012.pdf)
- (xi) Anti discrimination (e.g., race, gender, disability, etc.)
- X       Psüühiliste erivajadustega inimeste hoolekandeteenustele esitatavad kohustuslikud nõuded ning teenuste osutamise kord/ Regulations and obligations of social care and services for people with mental special needs  
           [ <http://www.riigiteataja.ee/ert/act.jsp?id=681143> ]
- X       Sotsiaalministeeriumi arengukava 2009 – 2012/Developmental plan of Ministry of Social Affairs  
           [http://www.sm.ee/fileadmin/meedia/Dokumendid/APO/Arengukavad/Sotsiaalministeeriumi\\_arengukava\\_2009-2012.pdf](http://www.sm.ee/fileadmin/meedia/Dokumendid/APO/Arengukavad/Sotsiaalministeeriumi_arengukava_2009-2012.pdf)
- X       Lastekaitse kontseptsioon/ Conception of child protection [ [http://www.valitsus.ee/failid/LASTEKAITSE\\_20KONTSEPTSIOON\\_20l\\_plik.pdf](http://www.valitsus.ee/failid/LASTEKAITSE_20KONTSEPTSIOON_20l_plik.pdf) ]
- X       Vähemusrahvuste kaitse raamkonventsiooni ratifitseerimise seadus  
           [ <http://www.riigiteataja.ee/ert/act.jsp?id=738642> ] ;  
           <http://www.riigiteataja.ee/ert/act.jsp?id=25204> ]
- (xii) Other that apply directly or indirectly to CAMH [Document Reference]

## 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	
x	x		(i) Programmes for <u>infants and toddlers</u>
<input type="checkbox"/>	<b>X</b>	<b>x</b>	"Project "For Better Future" Child Support Center of Tartu [ <a href="http://www.tugikeskus.org.ee/projects.html">http://www.tugikeskus.org.ee/projects.html</a> ]
<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	Rahvastiku tervise arengukava 2009–2020" rakendusplaan aastateks 2009–2012/Application strategy of developmental plan of public health for 2009-2020 [ <a href="http://www.sm.ee/fileadmin/meedia/Dokumendid/APO/Arengukavad/Rahvastiku_tervise_arengukava_rakendusplaan_2009-2012.xls">http://www.sm.ee/fileadmin/meedia/Dokumendid/APO/Arengukavad/Rahvastiku_tervise_arengukava_rakendusplaan_2009-2012.xls</a> ]
x	<input type="checkbox"/>	<input type="checkbox"/>	Lastekaitse kontseptsioon/ Conception of child protection [ <a href="http://www.valitsus.ee/failid/LASTEKAITSE_20KONTSEPTSIOON_20I_plik.pdf">http://www.valitsus.ee/failid/LASTEKAITSE_20KONTSEPTSIOON_20I_plik.pdf</a> ]
x	x		(ii) Parenting support provision
<input type="checkbox"/>	<b>X</b>	<b>x</b>	X Riskiperede nõustamine/Counselling of families in risk, Tartu Counselling and Crisis Help Center  [ <a href="http://www.tnk.tartu.ee/index.html">http://www.tnk.tartu.ee/index.html</a> ]
<input type="checkbox"/>	<b>X</b>	<b>x</b>	"Project "For Better Future" Child Support Center of Tartu [ <a href="http://www.tugikeskus.org.ee/projects.html">http://www.tugikeskus.org.ee/projects.html</a> ]
			(iii) To improve life skills (education in life skills, socio emotional learning, etc.)
<input type="checkbox"/>	x	x	System of Folk High Schools [ <a href="http://www.rahvaylikool.ee/?nodeid=46&amp;lang=et&amp;PHPSESSID=44b7ec02af11b1423bcd5a2755acb3ef">http://www.rahvaylikool.ee/?nodeid=46&amp;lang=et&amp;PHPSESSID=44b7ec02af11b1423bcd5a2755acb3ef</a> ]
x	<input type="checkbox"/>	<input type="checkbox"/>	Lastekaitse kontseptsioon/ Conception of child protection [ <a href="http://www.valitsus.ee/failid/LASTEKAITSE_20KONTSEPTSIOON_20I_plik.pdf">http://www.valitsus.ee/failid/LASTEKAITSE_20KONTSEPTSIOON_20I_plik.pdf</a> ]
x	<input type="checkbox"/>	<input type="checkbox"/>	(iv) To prevent depression and anxiety
<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	Sotsiaalministeeriumi arengukava 2009 – 2012/Developmental plan of Ministry of Social Affairs <a href="http://www.sm.ee/fileadmin/meedia/Dokumendid/APO/Arengukavad/Sotsiaalministeeriumi_arengukava_2009-2012.pdf">http://www.sm.ee/fileadmin/meedia/Dokumendid/APO/Arengukavad/Sotsiaalministeeriumi_arengukava_2009-2012.pdf</a>
<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	Rahvastiku tervise arengukava 2009–2020" rakendusplaan aastateks 2009–2012/Application strategy of developmental plan of public health for 2009-2020 [ <a href="http://www.sm.ee/fileadmin/meedia/Dokumendid/APO/Arengukavad/Rahvastiku_tervise_arengukava_rakendusplaan_2009-2012.xls">http://www.sm.ee/fileadmin/meedia/Dokumendid/APO/Arengukavad/Rahvastiku_tervise_arengukava_rakendusplaan_2009-2012.xls</a> ]
x	<input type="checkbox"/>	<input type="checkbox"/>	Lastekaitse kontseptsioon/ Conception of child protection [ <a href="http://www.valitsus.ee/failid/LASTEKAITSE_20KONTSEPTSIOON_20I_plik.pdf">http://www.valitsus.ee/failid/LASTEKAITSE_20KONTSEPTSIOON_20I_plik.pdf</a> ]

X  X National Health Programme for Children and Youth - start for the future  
 [ <http://tai.ee/?id=4078> ]

(v) To prevent suicide and self-harm/mutilation  
 [Document Reference]

(vi) To prevent violence and aggression towards children/adolescents

x   Lastekaitse kontseptsioon/ Conception of child protection [ [http://www.valitsus.ee/failid/LASTEKAITSE\\_20KONTSEPTSIOON\\_20I\\_plik.pdf](http://www.valitsus.ee/failid/LASTEKAITSE_20KONTSEPTSIOON_20I_plik.pdf) ]

(vii) To prevent violence and aggression perpetrated by children/adolescents

(viii) To prevent criminal detention

x   Lastekaitse kontseptsioon/ Conception of child protection [ [http://www.valitsus.ee/failid/LASTEKAITSE\\_20KONTSEPTSIOON\\_20I\\_plik.pdf](http://www.valitsus.ee/failid/LASTEKAITSE_20KONTSEPTSIOON_20I_plik.pdf) ]

X  x Noorsootöö strateegia 2006 –2013/Youth work strategy 2006-2013  
 [ <http://www.entk.ee/noorsootoo%20strateegia.pdf> ]

(ix) To reduce stigma and discrimination (racism, bullying, homophobia)

x   Lastekaitse kontseptsioon/ Conception of child protection [ [http://www.valitsus.ee/failid/LASTEKAITSE\\_20KONTSEPTSIOON\\_20I\\_plik.pdf](http://www.valitsus.ee/failid/LASTEKAITSE_20KONTSEPTSIOON_20I_plik.pdf) ]

(x) To prevent disorders in children associated with parental mental health problems

[Document Reference]

(xi) To prevent disorders in children associated with parental alcohol and drug problems [Document Reference]

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.
Law of Child protection	1993 (last modification 2007)	Lack of resources
Youth work strategy 2006-2013	2005	Big differences between regions
Conception of child protection	2005	Lack of continuity
National Drug Prevention Strategy (2005-) 2012	2005	

These obstacles are common for every action.

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

**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**

Chancellor of Justice of the Republic of Estonia

[ <http://www.oiguskantsler.ee/?menuID=52> ]

### 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)**

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

**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)

**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 <i>Anxiety disorders</i>	N/C				
3.2.2 Depression (moderate to severe diagnosis)	N/C				
3.2.3 Bipolar disorder (Manic-depressive)	N/C				
3.2.4 Attention-Deficit/Hyperactivity Disorder (ADHD)	N/C				
3.2.5 <i>Learning disorders</i>	N/C				
3.2.6 Conduct disorder (act out their feelings or impulses in destructive ways)	N/C				
3.2.7 Eating disorders	N/C				
3.2.8 Autism and pervasive developmental disorders	N/C				
3.2.9 Schizophrenia	N/C				
3.2.10 Self-mutilation or self harm	N/C				
Disorder	Prevalence (%) to 1 decimal	Age range	Reference period	Instrument and	Year of most

	place (or not available code)		(week, month, year, lifetime)	version used to measure	recent data collection
3.2.11 Childhood/Adolescent suicide attempt	N/C				
3.2.12 Childhood/Adolescent Suicide	6,01 of all population	0-19	year		2007
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	17,3% in this age group	0-15	year		2006
3.3.2 Homeless children	N/C				
3.3.3 <u>Early school leavers</u>  (Please specify age range)	1790		year		2003
3.3.4 Children experiencing bullying	C/Q				
3.3.5 Youth unemployment	10% in this age group	15-24	year		2007
3.3.6 Children in care (living in any residential places other than families)	1621	0-18	year		2006
3.3.7 Asylum seeker children	N/Spec				
3.3.8 <u>Traveller children</u> 	N/K				
3.3.9 Juvenile offenders (cautioned or prosecuted)	304 (cautioned) 31 (in prison)	13-17 15-17	Year year		2007 2007
3.3.10 Children abandoned due to parental migration for employment	N/C				
3.3.11 Other Vulnerable populations: _children, who's parents are working far from home, in other countries_____	N/C				

_____					
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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)?

**X 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) _____ _____	N/K				
3.5.2 Quality of Life _____ _____	N/K				
3.5.3 Resilience _____ _____	N/K				
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  
sotsiaalvaldkonna arengud/developments in social area  
[\[http://www.sm.ee/fileadmin/meedia/Dokumendid/Sotsiaalvaldkond/kogumik/Trendid2007-mai\\_1\\_.pdf\]](http://www.sm.ee/fileadmin/meedia/Dokumendid/Sotsiaalvaldkond/kogumik/Trendid2007-mai_1_.pdf)
- (ii) Mental health promotion policies (evaluation and/or reporting)  
sotsiaalvaldkonna arengud/developments in social area  
[\[http://www.sm.ee/fileadmin/meedia/Dokumendid/Sotsiaalvaldkond/kogumik/Trendid2007-mai\\_1\\_.pdf\]](http://www.sm.ee/fileadmin/meedia/Dokumendid/Sotsiaalvaldkond/kogumik/Trendid2007-mai_1_.pdf)
- (iii) Mental disorder prevention (evaluation and/or reporting)  
There are some policies about drug and alcohol abuse prevention:  
Narkomaania ennetamise riiklik strateegia aastani 2012 <http://www.tai.ee/?id=1272>
- 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	There are continual collecting	Editions of Ministry of Social

care policies	on state level of some general data on this field	Affairs
(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:

SM Tervishoiu osakond, \_

4.1.1. Mental health care and services: **Department of Health Care in the Ministry of Social Affairs, Social – and Health Care offices in local governments and projects financed by them, health care services offering institutions, which are financed by health insurance**

4.1.2. Mental health promotion and mental disorder prevention: **Department of Public Health in the Ministry of Social Affairs, Social – and Health Care offices in local governments and projects financed by them**

- 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%	Widely available ↓	76-100%	Quant. or D/K ↓
4.2.1 Child Psychiatric appointments	0%	1-25%	<b>26-50%</b>	51-75%	76-100%		D/K
4.2.2 Psychologist appointments	0%	1-25%	<b>26-50%</b>	51-75%	76-100%		D/K
4.2.3 Social service appointments for children (e.g. child protection)	0%	1-25%	26-50%	<b>51-75%</b>	76-100%		D/K
4.2.4 Family therapy/counselling appointments	0%	<b>1-25%</b>	26-50%	51-75%	76-100%		D/K
4.2.5 Infant-specific services (e.g. early intervention services)	0%	<b>1-25%</b>	26-50%	51-75%	76-100%		D/K
4.2.6 Adolescent-specific services (e.g. outpatient centres)	0%	1-25%	26-50%	<b>51-75%</b>	76-100%		D/K
4.2.7 Group therapy	0%	<b>1-25%</b>	26-50%	51-75%	76-100%		D/K
4.2.8 School counselling	0%	1-25%	26-50%	<b>51-75%</b>	76-100%		D/K
4.2.9 Pharmacological treatment	0%	1-25%	<b>26-50%</b>	51-75%	76-100%		D/K
4.2.10 Psychosocial rehabilitation centres for adolescents	0%	<b>1-25%</b>	26-50%	51-75%	76-100%		D/K
4.2.11 in-patient beds on general psychiatric ward	0%	<b>1-25%</b>	26-50%	51-75%	76-100%		D/K
4.2.12 in-patient beds on child psychiatric ward	0%	1-25%	<b>26-50%</b>	51-75%	76-100%		D/K
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	<b>0%</b>	1-25%	26-50%	51-75%	76-100%	D/K
4.3.2 Home-based for children	<b>0%</b>	1-25%	26-50%	51-75%	76-100%	D/K
4.3.3 Parenting programmes (general population)	0%	<b>1-25%</b>	26-50%	51-75%	76-100%	D/K
4.3.4 Parenting programmes (specified at risk population)	0%	<b>1-25%</b>	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%	<b>76-100%</b>	D/K
4.3.6 School targeted preventive programmes (e.g. anti-bullying)	0%	1-25%	<b>26-50%</b>	51-75%	76-100%	D/K
4.3.7 Drug and alcohol abuse prevention	0%	1-25%	26-50%	<b>51-75%</b>	76-100%	D/K
4.3.8 Promotion/prevention at hospital/clinic	0%	1-25%	<b>26-50%</b>	51-75%	76-100%	D/K
4.3.9 In Churches, clubs, recreation	0%	<b>1-25%</b>	26-50%	51-75%	76-100%	D/K
4.3.10 Promotion/prevention via Internet	0%	1-25%	<b>26-50%</b>	51-75%	76-100%	D/K
4.3.11 Protective services	0%	<b>1-25%</b>	26-50%	51-75%	76-100%	D/K
4.3.12 Custodial settings (detention centres)	0%	1-25%	<b>26-50%</b>	51-75%	76-100%	D/K
4.3.13 Community settings	0%	<b>1-25%</b>	26-50%	51-75%	76-100%	D/K
4.3.14 telephone counselling	0%	1-25%	<b>26-50%</b>	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?<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%	76-100%	
4.4.1 Minority groups	<b>0%</b>	1-25%	26-50%	51-75%	76-100%	D/K
4.4.2 Migrant populations	<b>0%</b>	1-25%	26-50%	51-75%	76-100%	D/K
4.4.3 Orphans	0%	<b>1-25%</b>	26-50%	51-75%	76-100%	D/K
4.4.4 Children living in poverty	0%	<b>1-25%</b>	26-50%	51-75%	76-100%	D/K
4.4.5 Runaways/homeless	0%	<b>1-25%</b>	26-50%	51-75%	76-100%	D/K
4.4.6 Refugees/disaster-affected populations	0%	<b>1-25%</b>	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%	<b>26-50%</b>	51-75%	76-100%	D/K
4.4.9 Early school leavers	0%	1-25%	<b>26-50%</b>	51-75%	76-100%	D/K
4.4.10 Unemployed youth	<b>0%</b>	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%	_____

<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) In 1997 – 1999 there was done epidemiological research mainly in one district of Estonia by Tartu University Psychiatric Clinic – “Child and adolescent psychiatric disorders and their connections with social circumstances” . Main method of data collection was Achenbach's (for 7- 18) years. These data are not completely available \_\_\_\_\_
- (ii) \_\_\_\_\_

5.1.2 Care related issues

- (i) **Liivamägi J. Child and adolescent psychiatry in Estonia.** Child and Adolescent Psychiatry in Europe. Darmstadt, Steinkopff Verlag, 1999, 81-91. \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_

5.1.3 Prevention of mental disorders

- (i) no \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_

5.1.4 Promotion of mental health

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_ no \_\_\_\_\_
- (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.

Ministry of Social Affairs, [www.sm.ee](http://www.sm.ee); development of policy documents and legislation

\_\_\_\_\_

\_\_\_\_\_

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.

Departments of Social welfare and Health Care Departments of local governments

\_\_\_\_\_

\_\_\_\_\_

## 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** and briefly describe \_\_\_\_

Tervist edendav kool/\_ Estonian Network of Health Promoting Schools\_\_[  
<http://tai.ee/?id=2549> ]\_ \_

**The Estonian Network of Health Promoting Schools (NHPS) has been co-ordinated by several institutions. In the beginning of its development (1993-2002) it was co-ordinated by Ministry of Social Affairs (MoSA) and by the Management Board, which consisted of people from Ministry of Science and Education (MSE) and HP schools. Since 2003 Estonian Network of Health Promoting Schools is co-ordinated by National Institute for Health Development (NIHD).**

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

**Yes** and briefly describe \_\_\_\_

Eesti Noorteühenduste Liit/ Estonian National Youth Council  
[\[http://www.enl.ee/1956\]](http://www.enl.ee/1956)\_\_\_\_\_

**Estonian National Youth Council promotes the cooperation of youth associations and active participation of young people in society, and works for the recognition of their participation.**

6.1.3 Decision-making processes?

**Yes –** Eesti Noorteühenduste Liit/ Estonian National Youth Council

[\[http://www.enl.ee/1956\]](http://www.enl.ee/1956)\_\_\_\_\_

**Estonian National Youth Council promotes the cooperation of youth associations and active participation of young people in society, and works for the recognition of their participation.**

6.1.4 Development of CAMH policies?

**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?

**To involve youth organisations more into special discussions**

## 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 for each institution

(i) \_\_\_\_\_Tartu University Medical faculty [<http://www.med.ut.ee>]

\_\_\_\_\_ ]

(ii) \_\_\_\_\_ Tallinn Health College

[ <http://www.ttk.ee> ]

(iii) \_\_\_\_\_ Tartu School of Health Care

[<http://www.nooruse.ee/?lang=est>]

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)

(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)	28 hours	<b>x</b>	6 months	<input type="checkbox"/>			
Primary care doctors/GPs		<input type="checkbox"/>		<b>x</b>			
Paediatricians		<input type="checkbox"/>	1 month	<b>x</b>			
Public health professionals		<input type="checkbox"/>		<input type="checkbox"/>			
Primary care nurses		<input type="checkbox"/>		<b>x</b>			
Psychiatric nurses		<input type="checkbox"/>		<b>x</b>			
Psychologists		<input type="checkbox"/>	24 hours	<b>x</b>			
General psychiatrists		<input type="checkbox"/>		<b>x</b>			
Staff of juvenile detention centres		<input type="checkbox"/>		<input type="checkbox"/>			
Teachers		<b>x</b>		<input type="checkbox"/>			
Social workers		<b>x</b>		<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?

- No – go to 7.4 Comment: it was so in Soviet time and some individual possibilities are still**

(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? 15 in private practice? \_\_\_\_\_.

7.3.2 Number of child or adolescent psychiatrists? 22 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 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)

**X 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?

**X 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

\_\_\_\_\_ **Health care, Social services, education** \_\_\_\_\_

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 )

**X Yes**

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

\_\_\_\_\_ **international organisations/foundations (EU; PHARE, UNISEF etc.) and regional/municipal budgets, state budget** \_\_\_\_\_

## 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. increase of activity of the child psychiatrists		Working to get back speciality of child psychiatry
2. Continuing development of the Psychiatry Department of the Children Hospital of Tallinn	2004-2008	
3. System of rehabilitation services		
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. ESPAD research on the regular basis		
2. Application strategy of developmental plan of public health for 2009-2020	2009-2020	
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?

**No** (collecting data in this area is not systematic enough)

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

**No**

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

\_\_Main purpose is to restore child psychiatry as separate profession. It was so in the soviet time, but now has included into general psychiatry.

The most important sectors in Estonia are early diagnosing and treatment of the psychiatric disorders in children and adolescents, and also education of families about child's psychological development and raising issues.

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

**X Yes** – Please give descriptions of successes:

**\_\_\_\_\_ National Institute for Health Development has initiated some collaborations projects, also there are some cooperation in municipal level in different places\_\_\_\_\_**

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


**X Yes** – Please give:

Example of a barrier to intersectoral work in your country:

**\_ Lack or weakness of parts in some sectors because they don't have specialists with adequate education\_\_\_\_\_**

Suggestion of how these barriers might be overcome:

**\_\_\_training of CAMH specialists keeping in mind that criteria of this training must base on comparable principles across the sectors.\_\_\_\_\_**

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

(a) Policymakers?:

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

**\_\_\_The policy makers tend to focus strictly to the one particular subject – it is drug using. But in the light of that wider attention to the children mental health problems is not sufficient. Deeper and broad-based approach to the mental health problems is needed, included better understanding of the connection between mental disorders, environmental risk factors and helping possibilities both in policymakers and also specialist's levels.\_\_\_\_\_**

(b) Professionals?:

**X Yes** – please suggest at least 1 example of a factor which have contributed to this:  
**\_\_\_\_\_ education\_\_\_\_\_**

(c) The general public?:

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

**\_There is not enough public discussion in this area and mental disorders are stigmatised. More public discussions, distributing of adequate information are needed.\_\_\_\_\_**

### 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. There is no systematic approach, i.e. policy of the children mental health		
ii. lack of prepared specialists		
iii. services of the health care are not properly developed		
iv. limited change of information		
v. lack of financial resources		

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. There is no systematic approach		
ii. Limited knowledge about mental health		
iii. Governmental responsibility is fragmented		
iv.		
v.		

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

**Resources of the European Union Structural Funds could be used to build centres of the children`s mental health in the different regions in Estonia, also to educate specialists**

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?

**Support to the education programs of the specialists of the mental health** \_\_\_\_\_

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**