

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)

Name	MĀRIS GRĀVIS		
Country	LATVIA		
Area of work	<input type="checkbox"/> Government <input checked="" type="checkbox"/> NGO <input type="checkbox"/> Academic <input type="checkbox"/> Other _____		
Profession			
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>
Position and Title	Director		
Organisation	Riga city "Child of care"		
Contact Address	Riga, Balvu street 11, LV-1009 Latvia		
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1.2 Inclusive dates of data entry (dd/mm/yy through dd/mm/yy): 25.07.2008. - 31.007.2008.

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
Rinalds Muciņš	Government	Lawyer	Under-Secretary of State	Ministry of Health	rinalds.mucins@vm.gov.lv Brivibas street 72, Riga, LV-1011, Latvia
Elvira Grabovska	Government		Senior task manager at Social Care division of Social Services and Social Assistance department	Ministry of Welfare	Elvira.grabovska@lm.gov.lv Skolas street 28, Riga, LV-1331, Latvia
Māris Taube	Governmental agency subordinated to Ministry of Health	Psychiatrist	Deputy Director-Science and Research	Public Health Agency	maris.taube@sva.gov.lv Klijanu street 7, Riga, LV-1012, Latvia
Daina Upīte	Governmental inspection subordinated to Ministry of Children and Family Affairs		Chief of Monitoring department	The State Inspectorate for Protection of Children's Rights	daina.upite@bti.gov.lv Teatra street 3, Riga LV-1050, Latvia
Gunārs Sētiņš		Psychiatrist	Chief of out-patient department Also Board member of Latvian Child Psychiatrists' Association	Psychiatry clinic of Children hospital "Gaiļezers"	Juglas street 20, Riga, LV-1079, Latvia
Ilona Balode		Pediatrician	Chief of the Board	Mental hospital for children "Ainaži"	ailona@tvnet.lv Valdemara street 46, Ainazi, LV-4035, Latvia
Dace Miškina	NGO		Portage specialist	Latvian Portage Association	ikursiete@inbox.lv Ciekurkalna 4. Skerslinija 24D, Riga, LV-1026, Latvia

Name	Area of work (e.g. Govt, NGO, academic etc)	Profession	Position and Title	Organisation	Contact e-mail Address
Ināra Kovaļevska	NGO	Family member		Day care centre "Island of Light"	Balvu street 11, Riga, LV-1003, Latvia
Māris Grāvis	NGO	Politic science	Executive director	Riga city "Child of care"	lpb@inbox.lv Balvu street 11, Riga, LV-1003, Latvia
Ieva Leimane-Veldemeijere	NGO	Researcher	Director	Resource Centre for People with Mental Disability "ZELDA"	zelda@europe.com Nometnu 32-14, Riga, LV-1002, Latvia
Liene Šulce	NGO	Lawyer	Staff lawyer	Resource centre for People with Mental Disability "ZELDA"	sulce.liene@inbox.lv Nometnu 32-14, Riga, LV-1002, Latvia

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**², 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

- ✓ **(i) Poverty and social exclusion** [Joint Memorandum of Social Exclusion of LATVIA, http://www.lm.gov.lv/upload/sociala_aizsardziba/sociala_ieklausana/jim_latvi_a_final_11_12_03.pdf; Latvian National Action Plan *for Reduction of Poverty and Social Exclusion (2004-2006)*, <http://www.lm.gov.lv/text/549>, **National Report on Strategy for Social Protection and Social Inclusion 2006-2008**, <http://www.lm.gov.lv/text/549>]
- ✓ **(ii) Social welfare (e.g. benefits and payments for disabled) [Framework document and Action Plan on Reducing Disability and its consequences for period of 2005 -2015, <http://www.lm.gov.lv/text/596> (available in Latvian); White Book – Latvia: Project of Social Welfare System's Reform, Management of**

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

Social Assistance System, <http://www.lm.gov.lv/text/61>, (available only in Latvian)]

- ✓ (iii) Child protection [**Framework document “Latvia- Suitable for Children”, adopted by Cabinet of Ministers on 31.03.2004, http://www.bm.gov.lv/lat/normative_akti/politikas_dokumenti/?doc=1556 (available in Latvian); Programme “Latvia –Suitable for Children for period of 2004-2007), adopted by Cabinet of Ministers on 22.09.2004, http://www.bm.gov.lv/lat/bernu_fiesibu_aizsardziba/politikas_planosanas_dokumenti/programma/ (available only in Latvian); State Program for Improvement of Situation of Child and Family for 2008, adopted by Cabinet of Ministers on 27.12.2007., http://www.bm.gov.lv/lat/projekti_valsts_programmas/?doc=10139, (available only in Latvian)]**
- ✓ (iv) Education and school programmes (e.g., school age, availability) [**Framework document for the development of Education for period of 2007-2013, adopted by Cabinet of Ministers on 27.09.2006, <http://izm.izm.gov.lv/normative-akti/politikas-planosana/1016.html>, (available only in Latvian)]**
- ✓ (v) Day care legislation/policy for pre-school children [**“Equal Opportunities for All” 1998-2010, <http://www.lm.gov.lv/text/61>, (available only in Latvian)]**
- ✓ (vi) Family friendly workplace policies [**Conception on State Policy on Family and Action Plan for 2004-2013, http://www.bm.gov.lv/lat/gimenes_valsts_politika/politikas_dokumenti/koncepcija/, (available only in Latvian)]**
- ✓ (vii) Adoption, fostering policies [**Conception on Foster families, adopted by the Cabinet of Ministers on 10.12.2003, http://www.bm.gov.lv/lat/arpusgimenes_aprupe/politikas_dokumenti/?doc=1048, (available only in Latvian)]**
- ✓ (vii) Divorce and custody policies [**Program for Reducing Domestic Violence for period of 2008-2011, adopted by the Cabinet of Ministers on 17.06.2008, http://www.bm.gov.lv/lat/gimenes_valsts_politika/vardarbiba_gimene/?doc=9791, (available only in Latvian)]**
- (viii) Industrialisation policies (e.g. building & expansion causing displacement) [**Document Reference**]
- ✓ (ix) Urbanisation policies (e.g. growth & expansion rates of towns, cities & their infrastructure) [**Framework document on Regional development, adopted by the Cabinet of Ministers on 02.04.2004, http://www.rapl.gov.lv/lat/regionala_attistiba/, (available only in Latvian)]**
- ✓ (x) Housing (e.g. state provided housing for certain groups, etc.) [**Housing Policy Conception, adopted by Cabinet of Ministers on 30.07.1996, <http://www.em.gov.lv/em/2nd/?cat=48#9>, (available only in Latvian)]**
- ✓ (xi) Anti discrimination (e.g., race, gender, disability, etc.) [**National Program for Promoting of Tolerance, adopted by the Cabinet of Ministers on 24.08.2004, http://www.integracija.gov.lv/doc_upl/programma-iecietiba.pdf (available only in Latvian); National Program “Social Integration in Latvia”, adopted by the Cabinet of Ministers on 2001, http://www.integracija.gov.lv/doc_upl/VP_SIL.pdf, (available only in Latvian)]**
- ✓ (xii) Other that apply directly or indirectly to CAMH [**Framework document “Development of Human Resources in Health Care”, adopted by the Cabinet of Ministers on 18.05.2005,**

[http://phoebe.vm.gov.lv/misc_db/web.nsf/bf25ab0f47ba5dd785256499006b15a4/17cb8c1218bf81cdc2257313001f391a/\\$FILE/cilvekresursi.pdf](http://phoebe.vm.gov.lv/misc_db/web.nsf/bf25ab0f47ba5dd785256499006b15a4/17cb8c1218bf81cdc2257313001f391a/$FILE/cilvekresursi.pdf) (available only in Latvian); Development Program of Providers of Outpatient and Inpatient Health Care Services, adopted by the Cabinet of Ministers on 20.12.2004, [http://phoebe.vm.gov.lv/misc_db/web.nsf/bf25ab0f47ba5dd785256499006b15a4/17cb8c1218bf81cdc2257313001f391a/\\$FILE/strukturplans.pdf](http://phoebe.vm.gov.lv/misc_db/web.nsf/bf25ab0f47ba5dd785256499006b15a4/17cb8c1218bf81cdc2257313001f391a/$FILE/strukturplans.pdf), (available only in Latvian); Public Health Strategy, adopted on 2001, [http://phoebe.vm.gov.lv/misc_db/web.nsf/bf25ab0f47ba5dd785256499006b15a4/17cb8c1218bf81cdc2257313001f391a/\\$FILE/sab_ves_strategija.pdf](http://phoebe.vm.gov.lv/misc_db/web.nsf/bf25ab0f47ba5dd785256499006b15a4/17cb8c1218bf81cdc2257313001f391a/$FILE/sab_ves_strategija.pdf), (available only in Latvian); Strategy for Mother and Child Health Care in Latvia, [http://phoebe.vm.gov.lv/misc_db/web.nsf/bf25ab0f47ba5dd785256499006b15a4/17cb8c1218bf81cdc2257313001f391a/\\$FILE/mate_berns_strategija.pdf](http://phoebe.vm.gov.lv/misc_db/web.nsf/bf25ab0f47ba5dd785256499006b15a4/17cb8c1218bf81cdc2257313001f391a/$FILE/mate_berns_strategija.pdf), (available only in Latvian); Framework document "On the Improvement of Mental Health of the Population at 2009-2014", adopted by Committee of Cabinet of Ministers on 14.07.2008, <http://www.mk.gov.lv/lv/mk/tap/?pid=30294863&mode=mkk&date=2008-07-14>, (available only in Latvian)]

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Programmes for <u>infants and toddlers</u> <input checked="" type="checkbox"/> [Document Reference]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ii) Parenting support provision [Document Reference]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iii) To improve life skills (education in life skills, socio emotional learning, etc.) [Document Reference]
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(vi) To prevent violence and aggression towards children/adolescents [Program for Reducing Domestic Violence for period of 2008-2011] , adopted by the Cabinet of Ministers on 17.06.2008, http://www.bm.gov.lv/lat/gimenes_valsts_poliitika/vardarbiba_gimene/?doc=9791 , (available only in Latvian)]
<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 [Document Reference]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ix) To reduce stigma and discrimination (racism, bullying, homophobia) [Document Reference]
<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]

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.
Framework document "On the Improvement of Mental Health of the Population at 2009-2014",	Adopted by Committee of Cabinet of Ministers on 14.07.2008, expected to be adopted by the Cabinet of Ministers by September 2008. By 1 March, 2009 Action Plan has to be adopted.	This will be the main strategic document regulating: prevention and promotion in mental health care; development of modern community based mental health care services. This document also provides guidelines for training of general practitioners and other public health specialists on mental health care issues.
Program for Reduction of Domestic Violence for period of 2008-2011	Adopted by the Cabinet of Ministers on 17 June, 2008	Program plans to improve legislation, to carry out preventive activities- to raise public awareness; to inform, where to turn for assistance. Program also will develop assistance and rehabilitation system for victims, as well for violent family members.
Public Health Strategy	The Action Plan for period of 2004-2010 adopted by Cabinet of Ministers on 09.03.2004.	Action Plan includes informational activities at schools – training of teachers on public health issues; research activities on mental health of children and adolescents; provision of assistance of psychologist at schools
Equal Opportunities for All	This policy document is enacted since 1998	The document includes broad program for improvement of situation of disabled people in various sectors (e.g. health, social care, education, accessibility, etc.) It is planned to create day care centres for people with mental health problems and for people with intellectual disabilities; to develop programs for early integration in mainstream school of children with special needs; to develop health care and rehabilitation programs, etc.

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 **[<http://www.bti.gov.lv/>] and [<http://www.tiesibsargs.lv/>]**
- No – please state here which department/body is responsible for children's rights, if any

Latvia has two main organizations, which are working in the area for children's rights protection - State inspectorate for Protection of Children's Rights, working under Ministry for Children and Family Affairs of the Republic of Latvia and the Ombudsman Bureau.

The State Inspectorate for Protection of Children's Rights supervises and controls compliance with regulatory enactments in the field of protection of the rights of the child.

The Children' Rights Department of Ombudsman Bureau:

- 1) informs the public regarding rights of the child;
- 2) examines complaints regarding violations of the rights of the child, paying particular attention to violations committed by State or local government institutions and the employees thereof; and
- 3) submits proposals, which promote the observance of the rights of the child.

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 young 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> 	9.42 16.82	0-14 15-17	year	Data collected by Public Health Agency	2006 2006
3.2.2 Depression (moderate to severe diagnosis)	5.97 38.58	0-14 15-17	year	Data collected by Public Health Agency	2006 2006
3.2.3 Bipolar disorder (Manic-depressive)	N/Spec				
3.2.4 Attention-Deficit/Hyperactivity Disorder (ADHD)	N/Spec				
3.2.5 <u>Learning disorders</u> 	N/Spec				
3.2.6 Conduct disorder (act out their feelings or impulses in destructive ways)	N/Spec				
3.2.7 Eating disorders	0.63 8.9	0-14 15-17	Year	Data collected by Public Health Agency	2006 2006
3.2.8 Autism and <u>pervasive developmental disorders</u>	531.0 461.43	0-14 15-17	Year	Data collected by Public Health Agency	2006 2006
3.2.9 Schizophrenia	56.21 178.05	0-14 15-17	Year	Data collected by Public Health Agency	2006 2006
3.2.10 Self-mutilation or self harm	N/Spec				
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	N/Spec				
3.2.12 Childhood/Adolescent Suicide	N/Spec				
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	14 %	15-18	2006	STATE EMPLOYMENT AGENCY DATA	National data of 2006
3.3.6 Children in care (living in any residential places other than families)	2357 person 0,6 %	0-18	2006		National data of 2006 Age 0-2 = 75 % of all Age 3-6 = 15 % Age – 6-18= 10%
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/C				
3.3.10 Children abandoned due to parental migration for employment	N/C				
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/A 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

Framework document "On the Improvement of Mental Health of the Population at 2009-2014" will enter into force only from 2009 and only after then and approval of Action Plan one can start to plan evaluation and reporting.

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:

Hospitals – service providers:

Ainazi Children Mental hospital – Valdemara street 46, Ainazi, Limbazu rajons, LV-4035, Latvia, ailona@tvent.lv

Daugavpils Mental hospital (Children department) – Liela Darza street 60/62, Daugavpils, LV-5417, Latvia, dpns@dpns.gov.lv

Hospital “Gintermuiza” (Children department) in Jelgava – Filozofu street 69, Jelgava, LV-3008, Latvia, filozofu@apollo.lv

Piejuras hospital in Liepaja (Children department) - Dargas street 31, Liepaja, LV-3401, slimnica@lps.gov.lv

Psychiatry clinic of Children hospital “Gaiļezers” – Juglas street 20, Riga, LV-1079, Latvia, bsg@bsg.lv, www.bkus.lv

Children and Youth trust helpline – www.bernutalrunis.lv, Struktoru street 14a, Riga, LV-1039

Crisis Centre “Skalbes” – phone helpline – www.skalbes.lv, Kungu street 34, Riga, LV-1050, Latvia

Educational programmes/services – Latvian Portage Association (early intervention) Ciekurkalna 4. Skerslinija 24D, Riga, LV-1026, Latvia, ikursiete@inbox.lv, www.portage.lv

4.1.2. Mental health promotion and mental disorder prevention: Public Health Agency, Klijanu street 7, Riga, LV-1012, Latvia, www.sva.lv

- 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%	_____
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%	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 ↓				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%	_____

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.

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

There are no specific research projects for each of these themes in children's mental health, but wider documents and statistics of mental health where you can find smaller sections on these issues. On 2006 "A report of the assessment of the mental health system in Latvia using the World Health Organization - Assessment Instrument for Mental Health Systems (WHO-AIMS)" was published. However it does not specifically concern children mental health care.

5.1.1 Child and adolescent psychiatric disorders

- (i) Ministry of Health of Latvia, Mental Health Government Agency
Mental health care in Latvia, Statistics Yearbook, Chapter "Mental health care for children",
http://www.sva.lv/dokumenti/SVA_psihiatrijaEN.pdf

5.1.2 Care related issues

- (i) Monitoring on Closed Institutions in Latvia, Latvian Centre for Human Rights – includes information on visits to children mental hospital and social care homes for children and adolescents, Riga, 2006,
<http://www.humanrights.org.lv/html/news/publications/29031.html>

5.1.3 Prevention of mental disorders

- (i) N/C

5.1.4 Promotion of mental health

- (i) N/C

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 Health – www.vm.gov.lv - Development of policy documents and legislation – e.g. Framework document "On the Improvement of Mental Health of the Population at 2009-2014", Patients' Rights Law, Law on Medical Treatment etc.

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.

State Agency "Public Health Agency" – www.sva.lv

Main objectives of the Agency are:

- a. to ensure surveillance, investigation and assessment of the health status of the population and health risk factors;

- b. to coordinate implementation of the public health strategy;
- c. to establish standards for effective methodology and public health practice, as well as to facilitate their implementation.

Public Health Agency also regularly informs border public on various public health issues (also mental health) through informative journal and video-clips.

Riga Centre of Psychiatry and Addiction Disorders – www.narcomania.lv

Centre disseminates informative booklets, video-clips etc. on addiction issues.

The objectives are:

1. to provide patients with high quality and specialized professional psychiatric aid in mental and behavioral disorder diagnostics, therapy prevention and psychiatric rehabilitation;
2. to ensure use of medical compulsory treatment in specialized guarded psychiatric ward;
3. **to provide informative and consultative support for state and local administration authorities on mental health care issues;**
4. **to provide consultations to other medical institutions in the area of mental health care;**
5. to provide psychiatric rehabilitation services to patients;
6. to provide forensic psychiatric and psychological examinations;
7. to provide the basis of clinical education for accomplishment of state and local authorities orders for preparing professionals;
8. to carry out psychotropic substances and alcohol intoxication tests;

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:

There is no specific document for CAMH, but legislation of Latvia obligates ministries to include NGO sector. But participation in decision making is weak because NGO don't have enough resources – knowledge, time, money, and people.

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

There is no specific document for CAMH, but legislation of Latvia obligates ministries to include NGO sector. But participation in decision making is weak because NGO don't have enough resources – knowledge, time, money, and people.

No

6.1.3 Decision-making processes?

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

There is no specific document for CAMH, but legislation of Latvia obligates ministries to include NGO sector. But participation in decision making is weak because NGO don't have enough resources – knowledge, time, money, and people.

No

6.1.4 Development of CAMH policies?

Yes – provide **[Document Reference]** and briefly describe There is no specific document for CAMH, but legislation of Latvia obligates ministries to include NGO sector. But participation in decision making is weak because NGO don't have enough resources – knowledge, time, money, and people.

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?

NGOs, working in mental health care advocacy should be supported more (also financially). The process of exchange of information should be improved.

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) University of Latvia, Medical Faculty

<http://www.lu.lv/eng/studies/english/medical.html>

(ii) Riga Stradins University, Medical Faculty, Public health

<http://www.rsu.lv/index.php?setlang=en>

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)	Just psychiatry	<input type="checkbox"/>		<input type="checkbox"/>	2		
Primary care doctors/GPs	Just psychiatry	<input type="checkbox"/>		<input type="checkbox"/>	2		
Paediatricians	Just psychiatry	<input type="checkbox"/>		<input type="checkbox"/>	2		
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"/>	4	4	
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) – **Child psychiatrists**

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? _____51_____ 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: Mental health budget; Social care budget (social care institutions); Education budget (special schools)
- 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)?

For NGOs working exclusively on advocacy issues the main donor still are international organisations and foundations. For NGOs providing social services, e.g. day care, residential services, etc. the main donor is region/municipal budget, in several cases also state budget as co-funder.

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 care	Date	Additional comments
1. Access to compensated medicine, additional diagnoses included in the list of compensated medicines.	Since 2005-2006	There was additional resources allocated for this purpose
2. New mental hospital for children has been started to build in Ainazi	Since June 2008. Has to be finished by May 2009	

- 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
1. Program for Reduction of Domestic Violence for period of 2008-2011	Adopted on 17 June 2008	
2. Activities in the prevention of drugs and alcohol addiction by Riga Addiction Prevention Centre		www.narcomania.lv

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

- 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

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

The most important sectors for the promotion of children and adolescents' mental health care are:

- Health sector – preparing of human resources – currently Latvia lacks qualitative specialists in children mental health care – more emphasis should be made on preparing Child psychiatrists; the capacity and competence of general practitioners should be raised.

- Education sector – it is important to work with families through schools/education system.

- Social/non-medical sector – it is important to raise capacity regards children mental health care of non-medical professionals – social workers, psychotherapists, etc.

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:

Cooperation models between local municipalities, e.g. the work of Salacgriva Social agency; Internet portal www.draugiem.lv – cooperates in raising awareness on issues of addictions (drugs, alcohol).


8.6 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: _____

Suggestion of how these barriers might be overcome: _____

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:

Program for Reduction of Domestic Violence for period of 2008-2011, adopted on 17 June, 2008

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:

The building of new hospital for Ainazi Children mental hospital is under way (since the current premises are in very bad condition) and new hospital will be opened in May 2009. It is planned not only to invest in building, but to offer also new therapies. In future hospital plans to provide not only inpatient services, but also out-patient services for Vidzeme (Central part of Latvia) region.

There is also new day care centre "Island of Light" for children with mental health care problems under way.

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

Unfortunately general public still is very negatively minded towards persons with mental disabilities.

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
i. Stigma		Stigmatization still is the major barrier in Latvia
ii. Access to information		Parents, families and users lack information on their rights, available services, etc.
iii. Lack of services and developed structure of mental health and social care services		Day centres, Services provided by NGOs, home care
iv. Lack of qualified human resources		
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 MHP and MDP	Date	Additional comments
i. Lack of funding for the prevention		There are no independent, distinct funding for prevention. All health care sector together would need 2% of its budget for prevention matters- it would be around 8 million lats (around 11 million Euros) (out of total budget of 400 million lats (around 569 million Euros)) per year for all the health care fields together.
ii. Lack of insight		Until now all the efforts have been

		directed to treatment and not to prevention in Latvia. Therefore the best practice from the other countries would be very useful for Latvia – e.g. how to develop mental; health care system and how to use more effectively existing resources.
iii. Lack of resorces		

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

1. Best practice regards development of community mental health care services – care at home, centres for leisure activities, information posts, homepages, phone help-lines, support groups, etc.
2. Funding

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?

1. Best practice examples from other countries regards effective promotion and prevention programmes;
2. Funding

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