

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	Marian Ådnanes		
Country	Norway		
Area of work	<input type="checkbox"/> Government <input type="checkbox"/> NGO <input checked="" 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 checked="" type="checkbox"/> <u>Mental disorders prevention</u>	<input checked="" type="checkbox"/> <u>Mental health promotion</u>
Position and Title	PhD (psychology), Senior Researcher		
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1.2 Inclusive dates of data entry (dd/mm/yy through dd/mm/yy): __01/05/08 -07/08/08__

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
Sonja Heyerdahl	Academic/ National centre	Medical doctor	Dr med/ senior researcher	RBUP / Regional Centre for Child and Adolescent Mental Health	sonja.heyerdahl@r- bup.no
Randi Talseth	NGO		General Secretary	Voksne for Barn(Adults for children)	randitalseth@vfb.no
<p>* SINTEF Health Research has not organised a working group in order to collect the necessary data. The reason for this is that most of the questions are fact-questions that we are able to reply with reference to either data that we have (SINTEF being the biggest and most important institute for research on mental health services in Norway), through contacting other researchers that we know have done research on specific topics, review of existing literature as well as policy documents. For questions 3.1 and 3.2, Dr Sonja Heyerdahl from the Regional Centre for Child and Adolescent Mental Health (RBUP) has filled out the answers, and in questions concerning NGO's, general secretary Randi Talseth in one of the most marked NGOs for children and adolescents in Norway (Voksne for Barn/Adults for Children) have filled out. I have also been in contact with persons at the Norwegian Directorate for Health and The Ministry of Health and Care Services. The Directorate have formally responded that they did not want to participate in a working group as they already had participated in the Atlas. The Ministry helped me identify important policy documents that were relevant to refer to.</p> <p>In questions 8.3, a group of researcher within SINTEF Health Research have discussed and formulated the answers (Names: Marit Sitter, Researcher, Trond Hatling, Senior Researcher, Helle Wessel Andersson, Senior Researcher).</p>					

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 | NB! All references are national policy (white papers/ reports to the Storting) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | (i) Poverty and social exclusion [2.1.1(i)a-camhee-norway-adnanes-05.07.08.doc, 2.1.1(i)b-camhee-norway-adnanes-05.07.08.doc, 2.1.1(i)c-camhee-norway-adnanes-05.07.08.doc] |
| <input type="checkbox"/> | <input type="checkbox"/> | (ii) Social welfare (e.g. benefits and payments for disabled) [2.1.1(ii)-camhee-norway-adnanes-05.07.08.doc] |
| <input type="checkbox"/> | <input type="checkbox"/> | (iii) Child protection [2.1.1(iii)-camhee-norway-adnanes-06.07.08.doc] |
| <input type="checkbox"/> | <input type="checkbox"/> | (iv) Education and school programmes (e.g., school age, availability) [2.1.1(iv)-camhee-norway-adnanes-07.07.08.doc] |
| <input type="checkbox"/> | <input type="checkbox"/> | (v) Day care legislation/policy for pre-school children [2.1.1(v)-camhee-norway-adnanes-07.07.08.doc] |
| <input type="checkbox"/> | <input type="checkbox"/> | (vi) Family friendly workplace policies [2.1.1(vi)-camhee-norway-adnanes-08.07.08.doc, 2.1.1(vi)b-camhee-norway-adnanes-07.07.08.doc] |
| <input type="checkbox"/> | <input type="checkbox"/> | (vii) Adoption, fostering policies [2.1.1(vii)-camhee-norway-adnanes-08.07.08.doc] |
| <input type="checkbox"/> | <input type="checkbox"/> | (vii) Divorce and custody policies [2.1.1(viii divorce custody)-camhee-norway-adnanes-08.07.08.doc] |
| <input type="checkbox"/> | <input type="checkbox"/> | (viii) Industrialisation policies (e.g. building & expansion causing displacement) [Document Reference] |
| <input type="checkbox"/> | <input type="checkbox"/> | (ix) Urbanisation policies (e.g. growth & expansion rates of towns, cities & their infrastructure) [2.1.1(x Urbanisation)-camhee-norway-adnanes.08.07.08.doc, 2.1.1(x Urbanisation)-camhee-norway-adnanes.08.07.08.doc] |
| <input type="checkbox"/> | <input type="checkbox"/> | (x) Housing (e.g. state provided housing for certain groups, etc.) [2.1.1(xi Housing)-camhee-norway-adnanes-08.07.08.doc] |
| <input type="checkbox"/> | <input type="checkbox"/> | (xi) Anti discrimination (e.g., race, gender, disability, etc.) [this topic is included in several of the above mentioned reports, mostly under the topic of "inclusion"] |
| <input type="checkbox"/> | <input type="checkbox"/> | (xii) Other that apply directly or indirectly to CAMH [Document Reference] |

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

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.

NB! Most of the programmes referred to are among 100 actions planned- or already implemented through "The Government's strategy-plan for children and adolescents' mental health...together on mental health" (2003)

http://www.regjeringen.no/en/dep/hod/Documents/veiledninger_og_brosjyrer/2003/--sammen-om-psykisk-helse---.html?id=87979

These 100 actions are national programmes (mostly) executed/ performed at different levels of the services, school, municipalities etc.

National	Regional	Budgeted + Implemented	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(i) Programmes for <u>infants and toddlers</u> [2.1.2 (i)-camhee-norway-adnanes-08.07.08.doc]
			(ii) Parenting support provision [2.1.2 (ii)-camhee-norway-adnanes-08.07.08.doc]
			(iii) To improve life skills (education in life skills, socio emotional learning, etc.) [2.1.2 (iii)-camhee-norway-09.07.08.doc]
			(iv) To prevent depression and anxiety [2.1.2(iv)-camhee-adnanes-08.07.08]
			(v) To prevent suicide and self-harm/mutilation [2.1.2 (v)-camhee-norway-adnanes-09.07.08.doc]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(vi) To prevent violence and aggression towards children/adolescents [2.1.2 (vi)-camhee-norway-adnanes-09.07.08.doc]
			(vii) To prevent violence and aggression perpetrated by children/adolescents [2.1.2 (vii)-camhee-norway-adnanes-09.07.08.doc]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(viii) To prevent criminal detention [2.1.2 (viii)-camhee-norway-adnanes-09.07.08.doc]
<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"/>		(x) To prevent disorders in children associated with parental mental health problems [2.1.2 (x and xi)-camhee-norway-adnanes-09.07.08.doc]
<input type="checkbox"/>	<input type="checkbox"/>		(xi) To prevent disorders in children associated with parental alcohol and drug problems [2.1.2 (x and xi)-camhee-norway-adnanes-09.07.08.doc]

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.
Plan for escalation in mental health services (1999-2008) (White paper)	1999-2008	See description of reform in: [2.2.-camhee-norway-adnanes-09.07.08.doc]
The Government's strategy-plan for children and adolescents' mental health...together on mental health" (2003)	2003-2008 (a new plan will be published in 2008)	See 2.1.2 document references for description of programmes/interventions within the plan.

2.3. Have non-governmental (private enterprise, research institute, NGO, etc) policy documents on child and adolescents' mental health been published? (Reply by the Norwegian NGO "Adults for Children")

- 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 [2.4-camhee-norway-adnanes-30.06.08.doc]
- No – please state here which department/body is responsible for children's rights, if any

3. MONITORING, SURVEILLANCE AND EVALUATION

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

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)
- Epidemiological studies, by research institutions

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

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



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

Disorder	Prevalence (%) to 1 decimal place (or not available code)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.2.1 <u>Anxiety disorders</u>	3.8	7-9	Month	DAWBA	2003
3.2.2 Depression (moderate to severe diagnosis)	0.2 2.6 /6.1 MDD (DSM IV)	7-9 14-16	Month Present/lifetime	DAWBA Kiddie SADS	2003 1999/2000
3.2.3 Bipolar disorder (Manic-depressive)	N/K				
3.2.4 Attention-Deficit/Hyperactivity Disorder (ADHD)	1.7	7-9	Month	DAWBA	2003
3.2.5 <u>Learning disorders</u>	N/K				
3.2.6 Conduct disorder (act out their feelings or impulses in destructive ways)	CD 0.5 Other disruptive 0.3 ODD 2.5	7-9	Month	DAWBA	2003
3.2.7 Eating disorders	AN 0.1	7-9	Month	DAWBA	2003
3.2.8 Autism and pervasive developmental disorders	0.5	7-9	Month	DAWBA	2003

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	2,6 % (26306)	0-17	2001	Statistics Norway (SSB)	Statistics Norway's events database
3.3.2 Homeless children	0				
3.3.3 <u>Early school leavers</u>  (Please specify age range)	15 %	15-18	2002-2007	Own survey	Followed a group of 9749 college-students in 7 regions
3.3.4 Children experiencing bullying	23%	11-18	"last month" 2007	National survey	Definition of bullying according to Olweus (1992)
3.3.5 Youth unemployment	7,2%	15-24	Jan-March 2008	Statistics Norway (SSB)	National data
3.3.6 Children in care (living in any residential places other than families)	1,4% (15970)	0-17	2006	Statistics Norway	National data
3.3.7 Asylum seeker children	0,02% (222)	0-17	2007	Statistics Norway	National data
3.3.8 <u>Traveller children</u> 	N/C				
3.3.9 Juvenile offenders (cautioned or prosecuted)	0,5% (5650)	15-17	2006	Statistics Norway	National data
3.3.10 Children abandoned due to parental migration for employment	0				
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 [3.4–camhee–norway–adnanes–01.07.08.doc; 3.4 for the most recent report

No – Please use coding for not available as above (NC, N/Acc etc): _____ - Go to 3.6

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

Positive child and adolescent mental health	Prevalence (%) to 1 decimal place or N/A (not available)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.5.1 Wellbeing/self-esteem (please specify) _____ _____	60 %	8-16	Sør-Trøndelag County	KINDL Helseth, S.; Jozefiak, T. The Norwegian version of the KINDL. http://www.kindl.org/	Published May 2008
3.5.2 Quality of Life _____ _____	72 %	8-16	Sør-Trøndelag County	KINDL Helseth, S.; Jozefiak, T. The Norwegian version of the KINDL. http://www.kindl.org/	Published May 2008
3.5.3 Resilience _____ _____	No data				
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 [3.6-camhee-norway-adnanes-09.07.08.doc]

(ii) Mental health promotion policies (evaluation and/or reporting) [3.6-camhee-norway-adnanes-09.07.08.doc]

(iii) Mental disorder prevention (evaluation and/or reporting) [3.6-camhee-norway-adnanes-09.07.08.doc]

None of the above

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

Policy	Evaluation methodology	Reporting process including Document Reference
(i) Mental health service and care policies	Please see doc ref:3.6-camhee-norway-adnanes-09.07.08.doc	3.6-camhee-norway-adnanes-09.07.08.doc SINTEF have the reports in Norwegian
(ii) Mental health promotion policies (evaluation and/or reporting)	Some projects in the reference above	
(iii) Mental disorder prevention (evaluation and/or reporting)	Some projects in the reference above	

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 [4.1-camhee-norway-adnanes-10.07.07.doc] 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: Norwegian directorate of Health

4.1.2. Mental health promotion and mental disorder prevention: Norwegian Directorate of Health

- 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 ↓	Quant. or D/K ↓
4.2.1 Child Psychiatric appointments	0%	1-25%	26-50%	51-75%	76-100%	58573 per 100000 (58%)
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%	3686 per 100000 (3%)
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%	1277 per 100000/
1% (ADHD)						
4.2.10 Psychosocial rehabilitation centres for adolescents (not centres, but services)	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%	_____
4.2.12 in-patient beds on child psychiatric ward 30 per 100000		0%	1-25%	26-50%	51-75%	76-100%
Other (please specify):						
4.2.13 _____	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.14 _____	0%	1-25%	26-50%	51-75%	76-100%	_____

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

If you circle "1-25%" or higher, please provide quantification in the column "quant", such as % service provision per 100,000 population (if available). Please also provide **[Please see references made for actions/programmes under 2.1.2]** 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 ↓
	0%	1-25%	26-50%	51-75%	76-100%	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%	__?_____
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>					
	Not available ↓	1-25%	26-50%	51-75%	Widely available ↓	76-100%
4.4.1 Minority groups	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.2 Migrant populations	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.3 Orphans	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.4 Children living in poverty	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.5 Runaways/homeless	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.6 Refugees/disaster-affected populations	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.7 "Seriously emotionally disturbed"	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.8 Victims of bullying	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.9 Early school leavers	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.10 Unemployed youth	0%	1-25%	26-50%	51-75%	76-100%	D/K
Other (Please specify):						
4.4.11 _____	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.12 _____	0%	1-25%	26-50%	51-75%	76-100%	_____

³ Question adapted from WHO MH Atlas on children and adolescents (2005)

5. KNOWLEDGE DEVELOPMENT, RESEARCH AND INFORMATION DISSEMINATION

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

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

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) Barn i Bergen (Children in Bergen)
<http://www.unifobhelse.no/index.php?Gruppe=3&Lang=eng&counter=11&ID=Prosjektsider> (in English)
- (ii) Tidlig Trygg i Trondheim (Early safe in Trondheim) **(5.1.1(ii)-camhee-norway-adnanes-22.08.08.doc)**
- (iii) The ADHD study (Norwegian Institute of Public Health) **(5.1.1(i)-camhee-norway-adnanes-07.08.08.doc)**

5.1.2 Care related issues

- (i) The SAMDATA project (yearly monitor of all specialist mental health services) **(5.1.2(i)-camhee-norway-adnanes-22.08.08.doc)**
- (ii) _____
- (iii) _____

5.1.3 Prevention of mental disorders

- (i) Tidlig Trygg i Trondheim (Early safe in Trondheim) **(5.1.1(ii)-camhee-norway-adnanes-22.08.08.doc)**
- (ii) Barn i Bergen (Children in Bergen)
<http://www.unifobhelse.no/index.php?Gruppe=3&Lang=eng&counter=11&ID=Prosjektsider> (in English)
- (iii) Psykisk helse i skolen (Mental Health in School) **(5.1.4(i)-camhee-norway-adnanes-22.08.08.doc)**

5.1.4 Promotion of mental health

- (i) Psykisk helse i skolen (Mental Health in School) **(5.1.4(i)-camhee-norway-adnanes-22.08.08.doc)**
- (ii) _____
- (iii) _____

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

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

The Norwegian directorate of health_ (English home page)

http://www.shdir.no/portal/page?_pageid=134,112387&_dad=portal&_schema=PORTAL&_language=english

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.

The Regional Centre for Child and Adolescent Mental Health (RBUP) _ [http://www.r-bup.no/CMS/cmspublish.nsf/\\$all/227D68D34B9C33FDC125708C002C8B21?open&mcp=0&mc=9&mcl=2](http://www.r-bup.no/CMS/cmspublish.nsf/$all/227D68D34B9C33FDC125708C002C8B21?open&mcp=0&mc=9&mcl=2)

(about RBUP in English)

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).

Adnanes: User involvement are present to a large extent in surveys where mental health services are being evaluated – please look at overview of reference projects (3.6-camhee-norway-adnanes-09.07.08.doc). In the on-going programme “Mental health in the school” (which also is shortly described in the document reference above) we find example of peer-led initiative.

6.1 Are children and adolescents involved in:

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

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

No

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

Yes – provide **[see comment above]** and briefly describe

No

6.1.3 Decision-making processes?

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

No

6.1.4 Development of CAMH policies?

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

No

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

Reply made by General Secretary, Randi Talseth in the very influential Norwegian NGO: Adults for Children (Voksne for Barn – Participant in WP5 of CAMHEE):

“It is necessary to develop adapted process tools to voice children’s needs and experiences. In addition it must be planned on all levels – both individual, service and system level. Adults for Children has been given the task to develop such a plan during 2008.”

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 (Adnanes: please see home-pages)
- (i) Post graduate education in health promotion and prevention (http://student.hib.no/fagplaner/ahs/helsefremmende_og_forebyggende_arbeid/ (in Norwegian – one of four modules are directed at children/youth)
 - (ii) Approximately 20 colleges offer postgraduate studies in Mental Health Work with a strong focus on promotion at the primary care level – several of these are now developing special courses focusing only on children and youth
 - (iii) Multicultural Preventative Care with Children and Adolescents, master <http://www.hit.no/nxceng/content/view/full/12067> (in english)
 - (iv) _Psychosocial Work with children and youth <http://student.hib.no/fagplaner/ahs/fagplan.asp?kode=VPABU> (in Norwegian)
- (etc)
- 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)	Adnanes' comment: It is simply too time consuming (compared to the size of this project) to contact all educational institutions to cheque these questions. All together we are talking about approx 30 universities and colleges who may choose to run their own courses in CAMH, so we would have to contact each institution or go through each institutions' home-pages, and study all the different curriculum. As a general rule however, camh are included, but more indirectly through other main topics.					
Primary care doctors/GPs		<input type="checkbox"/>		<input type="checkbox"/>		
Paediatricians		<input type="checkbox"/>		<input type="checkbox"/>		
Public health professionals		<input type="checkbox"/>		<input type="checkbox"/>		
Primary care nurses		<input type="checkbox"/>		<input type="checkbox"/>		
Psychiatric nurses		<input type="checkbox"/>		<input type="checkbox"/>		
Psychologists		<input type="checkbox"/>		<input type="checkbox"/>		
General psychiatrists		<input type="checkbox"/>		<input type="checkbox"/>		
Staff of juvenile detention centres		<input type="checkbox"/>		<input type="checkbox"/>		
Teachers		<input type="checkbox"/>		<input type="checkbox"/>		
Social workers		<input type="checkbox"/>		<input type="checkbox"/>		
Other relevant professional (please specify)		<input type="checkbox"/>		<input type="checkbox"/>		

		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>			
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- 7.3 Do medical professions specialised exclusively in CAMH exist in your country?
 Yes – go to part (a)
 No – go to 7.4

- (a) Please give the number of practitioners registered and the number of these in private practice:
7.3.1 Number of child or adolescent psychologists? 494 in private practice? ?
7.3.2 Number of child or adolescent psychiatrists? 278 in private practice? 20

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 (through the National escalation Plan 1998-2008)
 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 (through the National escalation Plan 1998-2008)
 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 (through the National escalation Plan 1998-2008)
 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 (through the National escalation Plan 1998-2008)
 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 1875000€ - 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	1875000 €
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) Intervention towards children with mentally ill parents, or parents with addiction	1875000€
(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 Health budget
- 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)?

State-budget (reply by General secretary in the NGO Adults for Children in Norway)

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. Amount of children in treatment increased up to goal of 10 year action plan (1999 – 2008) – 5% of the children's population in some regions	2008	Still big differences from region to region. The National escalation Plan's goal was to reach 5 % within 2008. This is within reach.
2. Reached the national escalation plan's (1999-2008) goal of increasing the number of professionals within day-care with 400	2003	An further upward adjustment of professionals is suggested
3. Reached the goal of increasing productivity in clinics with 50 %	2006	
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 promotion/prevention	Date	Additional comments
1. The increased role of services in the municipalities in enhancing mental health with c/a with the establishment of low threshold services and Family centers and more public health nurses	1999-2008	As an important part of the national escalation plan.
2. Big research projects on prevention/promotion in Bergen and Trondheim	ongoing	
3. Big school project on prevention/promotion ("mental health in School")	Ongoing	
4. Mental health promotion is on the agenda and partnership are established in counties	2008	Comment by general secretary Randi Talseth in the Norwegian NGO Adults for Children

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:

SAMDATA: since 1991, SINTEF Health Research in cooperation with Statistics Norway, has produced and develop statistics for the specialised mental health services in Norway. The purpose has been to develop performance indicators that monitor the development and functioning of services according to central government policy guidelines.

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:

The SAMDATA mapping is used at all levels of mental health services: The directorate of Health, the regional health Authorities (5), and the mental health service institutions

No

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

Schools and Kindergardens (the country have now almost reached full cover of need for kindergardens) in addition to a more defined/ planned promotion strategy within existing mental health services at municipal level.

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

No – go to 8.2.5

Yes – Please give descriptions of successes:

The conclusion from the evaluation of the so-called Family-center-model is that the goals for this project were reached. The participating municipalities manages to create an arena for interdisciplinary, and also inter-sectoral psycho-social work with children, adolescents and their families.

(<http://web.fm.uit.no/rbup/publications/evaluation.pdf> (the report in Norwegian)

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

No – go to 8.2.6

Yes – Please give:

Example of a barrier to intersectoral work in your country: _____

According to a knowledge-status (all research done on this area in Norway) of CAMH in the municipalities (Andersson et al., 2005 Knowledge status in CAMH, Norway), the following barriers were concluded:

- lack of routines, not good enough organised collaboration and vague responsibility and distribution of tasks respectively between different municipal services and between municipal and specialist services. Furthermore: not clear definition of each actor's role and responsibility, lack of economic resources, and to some extent also declaration of confidentiality, and different perception of the problem.

Suggestion of how these barriers might be overcome: _____

(Andersson et al, 2005: Knowledge status in CAMH, Norway) Cultivate the roles of professionals working with c/a, new ways to organise services involved in promotion/prevention: teamwork in core groups, and also specific groups with a formal organisation for interdisciplinary collaboration in the municipality, building of competence (positive results for collaboration), bigger unities for c/a-services in small municipalities, complementary and equivalent competence with members of same team/org, common culture and a clear leader. Furthermore, low threshold services in family centers.

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: **Close contact between policy and research/ policymakers and research-institutes** _____

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 Centre for Child and Adolescent Mental Health, Eastern and Southern Norway (RBUP) is one important reason. The centre was established in 1998 by the Ministry of Health and Care Services, among other things to ensure that the clinical activities in the child and adolescent mental health field build upon research-based knowledge. [http://www.rbup.no/CMS/cmspublish.nsf/\\$all/227D68D34B9C33FDC125708C002C8B21?open&mcp=0&mc=9&mcl=2](http://www.rbup.no/CMS/cmspublish.nsf/$all/227D68D34B9C33FDC125708C002C8B21?open&mcp=0&mc=9&mcl=2)

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

(c) The general public?:

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

Increased openness about mental health - in general this openness is very much a result of well-known persons who have come forth with their own histories of mental health problems or illnesses. One very dramatic example was our own former prime minister Kjell Magne Bondevik.

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

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:
(These questions are answered by a group of 4 researchers at SINTEF Health Services who do research/evaluations within the area of CAMH)

Most important barriers to action in CAMH care	Date	Additional comments
i. Responsibility for policy spread on several ministries as well as two administrative levels (municipal and regional)	2008	
ii. Responsibility for action not clearly defined, for example the municipalities are given more responsibility/ resources, but the division of responsibility between primary and secondary care is not clearly defined.	2008	
iii. Lack of implementation of good methods for coherent services	2008	
iv.		
v.		

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

Most important barriers to action in CA MHP and MDP	Date	Additional comments
i. Responsibility for MHP and MDP in municipal services are not clearly enough defined – lack of superior policy and also lack of evidence based research (hence, knowledge) are important reasons	2008	
ii. MHP/MDP are more, but not enough, at the agenda despite resources through the National escalation plan, and there is a lack of coherence between primary and secondary care on these issues	2008	
iii.		
iv.		
v.		

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

The Municipalities should have a specified responsibility for *treatment* of children/adolescents in addition to responsibility prevention. The Municipalities should have more clinicians; especially there is a need for psychologists. There is need for more competence among GPs and more specialists in specialist care. There should be more focus on psychosocial problems within mental health services, for example more low threshold services. Finally, the services should be supported with good systems for collaboration between service levels (primary-secondary).

- 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?

A strategic action plan with 100 measures that is being implemented at different levels and arenas of mental health in Norway (please see description in reference 2.12.) will finish autumn 2008, and a new strategic plan will be published in short time – defining new measures that will support the needs. We think that there is a need for more knowledge – a knowledgebase for developing services in the direction of more promotion and prevention.

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