

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

## CAMHEE PROJECT –

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

#### 1. BACKGROUND INFORMATION

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

Name	Ana Petrovic		
Country	Slovenia		
Area of work	<input type="checkbox"/> Government	<input type="checkbox"/> NGO	<input checked="" type="checkbox"/> Academic <input checked="" type="checkbox"/> Other : Health-Rehabilitation
Profession	Psychologist		
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	Researcher; (Psychologist and head of the evaluating process in vocational rehabilitation)		
Organisation	PINT, University of Primorska; (Institute for Rehabilitation, Republic of Slovenia)		
Contact Address	Univerza na Primorskem PINT Muzejski trg 2 6000 Koper Slovenia		
Phone	+386 31 329 681		
Fax			
E-mail	petroviciana@gmail.com		

1.2 Inclusive dates of data entry (dd/mm/yy through dd/mm/yy): 20.09. 2008 through 15.12.2008

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?

.....

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

1.4 Details of members involved in the working group.

Name	Area of work (e.g. Govt, NGO, academic etc)	Profession	Position and Title	Organisation	Contact e-mail Address
Mojca Zvezdana Dernovsek	Mental health care	Psychiatrist	PhD Psychiatrist- team leader; The head of research group	Psychiatric hospital Ljubljana; Educational- research institute "Ozara"	<a href="mailto:mojca-zvezdana.dernovsek@guest.arnes.si">mojca- zvezdana.dernovsek @guest.arnes.si</a>
Nusa Konec Juričič	Public health	Medical doctor	Head of departm ent for social medicine and health promotio n	Regional Institute for Health Care Celje	<a href="mailto:nusa.konec@zzv-ce.si">nusa.konec@zzv- ce.si</a>
Aco Prosnik	Mental health care	Clinical Psychologist	The former director of the Counsell ing Centre for children, adolesce nts and parents	Counselling Centre for children, adolescents and parents	<a href="mailto:aco.prosnik@guest.arnes.si">aco.prosnik@guest.ar nes.si</a>
Dejan Kozel	Public health	Psychologist	Research er	Countrywide Integrated Non- communicable Diseases Intervention – "CINDI"	<a href="mailto:dejan.kozel@gmail.com">dejan.kozel@gmail.co m</a>
Nadja Cobal	Government		Secretary of Ministry of Health (Mental health field)	Ministry of Health; Sector for risk groups of population	<a href="mailto:nadja.cobal@gov.si">nadja.cobal@gov.si</a>

## 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**, governmental policy documents for children and adolescents' mental health been published (available in paper or electronic format) in any of the following areas?

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

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

### 2.1.1. GENERAL POLICIES related to CAMH

National	Regional
----------	----------

- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> (i) Poverty and social exclusion [ <a href="#">National Report on Strategies for Social Protection and Social Inclusion 2008–2010</a> ; <a href="#">Social Security Act (official consolidated text) (ZSV-UPB2)</a> ]   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> (ii) Social welfare (e.g. benefits and payments for disabled) [ <a href="#">Act Concerning Social Care of Mentally and Physically Handicapped Persons</a> ; <a href="http://www.uradni-list.si/1/objava.jsp?urlid=2007122&amp;stevilka=6200">http://www.uradni-list.si/1/objava.jsp?urlid=2007122&amp;stevilka=6200</a> ; <a href="#">Action Programme for persons with disabilities 2007-2013</a> ; <a href="#">Social Security Act (official consolidated text) (ZSV-UPB2)</a> , National program for children and adolescents 2006-2016, <a href="http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/pom2006_2016_splet_241006.pdf">http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/pom2006_2016_splet_241006.pdf</a> , Health Care and Health Insurance Act, <a href="http://www2.gov.si/zak/zak_vel.nsf/zakposop/1992-01-0459?OpenDocument">http://www2.gov.si/zak/zak_vel.nsf/zakposop/1992-01-0459?OpenDocument</a> ] |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> (iii) Child protection [ <a href="#">Law on marriages and family relations (Act Nr. 69/2004)</a> , <a href="#">Zakon o zakonski zvezi in družinskih razmerjih (Uradni list RS, št. 69/2004)</a> ; <a href="#">Programme For Children and Youth 2006-2016</a> ; <a href="#">Family violence Prevention Act</a> ; Resolution on the grounds for the formation of family policy, <a href="http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/resolucija_druzina.pdf">http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/resolucija_druzina.pdf</a> ; National program for children and adolescents 2006-2016, <a href="http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/pom2006_2016_splet_241006.pdf">http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/pom2006_2016_splet_241006.pdf</a> ]  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> (iv) Education and school programmes (e.g., school age, availability) [ <a href="#">Elementary School Act</a> , <a href="http://www.uradni-list.si/1/objava.jsp?urlid=199612&amp;stevilka=570">http://www.uradni-list.si/1/objava.jsp?urlid=199612&amp;stevilka=570</a> ; Resolution on the grounds for the formation of family policy, <a href="http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/resolucija_druzina.pdf">http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/resolucija_druzina.pdf</a> ; National program for children and adolescents 2006-2016, <a href="http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/pom2006_2016_splet_241006.pdf">http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/pom2006_2016_splet_241006.pdf</a> ]  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> (v) Day care legislation/policy for pre-school children [ <a href="#">Kindergarten Act</a> , <a href="http://www.uradni-list.si/1/objava.jsp?urlid=199612&amp;stevilka=569">http://www.uradni-list.si/1/objava.jsp?urlid=199612&amp;stevilka=569</a> ]  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> (vi) Family friendly workplace policies [ <a href="#">Project for Certificate Family friendly workplace</a> , <a href="http://www.certifikatdpp.si/english/">http://www.certifikatdpp.si/english/</a> ]   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> (vii) Adoption, fostering policies [ <a href="#">Provision of foster care Act</a> , <a href="#">Law on marriages and family relations (Act Nr. 69/2004)</a> , <a href="#">Zakon o zakonski zvezi in družinskih razmerjih (Uradni list RS, št. 69/2004)</a> ]  |

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

- ✓  (vii) Divorce and custody policies [Law on marriages and family relations (Act Nr. 69/2004), [Zakon o zakonski zvezi in družinskih razmerjih \(Uradni list RS, št. 69/2004\)](#)]
- (viii) Industrialisation policies (e.g. building & expansion causing displacement)[**Document Reference**]
- ✓  (ix) Urbanisation policies (e.g. growth & expansion rates of towns, cities & their infrastructure) [**Spatial Planning Act**, <http://www.uradni-list.si/1/objava.jsp?urlid=2002110&stevilka=5386>, Resolution on the grounds for the formation of family policy, [http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti\\_pdf/resolucija\\_druzina.pdf](http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/resolucija_druzina.pdf) ]
- ✓  (x) Housing (e.g. state provided housing for certain groups, etc.) [Housing law- Stanovanjski zakon, <http://www.uradni-list.si/1/objava.jsp?urlid=200369&stevilka=3312>, Resolution on the grounds for the formation of family policy, [http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti\\_pdf/resolucija\\_druzina.pdf](http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/resolucija_druzina.pdf) ]
- ✓  (xi) Anti discrimination (e.g., race, gender, disability, etc.) [Constitution of the Republic of Slovenia: Human Rights and Fundamental Freedoms, <http://www.varuh-rs.si/index.php?id=113&L=6#c874>; [National Report on Strategies for Social Protection and Social Inclusion 2008–2010](#); [Action Programme for persons with disabilities 2007-2013](#); National program for children and adolescents 2006-2016, [http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti\\_pdf/pom2006\\_2016\\_splet\\_241006.pdf...](http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/pom2006_2016_splet_241006.pdf...) ]
- (xii) Other that apply directly or indirectly to CAMH [**Document Reference**]

## SPECIFIC POLICIES and LARGE-SCALE PROGRAMMES for CAMH

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

National	Regional	Budgeted + Implemented	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(i) Programmes for infants and toddlers [Preventive screenings at the age of 1, 3, 6 and 9 months and further at the age of 1 and 3 - Instructions for the implementation of preventive health protection at the primary level, <a href="http://www.uradni-list.si/1/objava.jsp?urlid=199819&amp;stevilka=807">http://www.uradni-list.si/1/objava.jsp?urlid=199819&amp;stevilka=807</a> ]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(ii) Parenting support provision [ <a href="#">Parental Protection and Family Benefits Act (official consolidated text)</a> ]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(iii) To improve life skills (education in life skills, socio emotional learning, etc.) [ <i>Learning disability</i> : Organisation "Bravo" - <a href="http://www.drustvo-bravo.si/web/index.php?page=Domov">http://www.drustvo-bravo.si/web/index.php?page=Domov</a> , Programme of Ministry of education and sport - <a href="http://www.mss.gov.si/si/delovna_podrocja/razvoj_solstva/projekti/ucne_tezave/">http://www.mss.gov.si/si/delovna_podrocja/razvoj_solstva/projekti/ucne_tezave/</a> ; <i>Autistic children</i> : Guidelines for autistic children, <a href="http://www.avtizem.org/">http://www.avtizem.org/</a> ; <i>Guidance of children with special needs</i> : Placement of Children with Special Needs Act - <a href="http://www.uradni-list.si/1/objava.jsp?urlid=200054&amp;stevilka=2496">http://www.uradni-list.si/1/objava.jsp?urlid=200054&amp;stevilka=2496</a> ]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iv) To prevent depression and anxiety [ <b>Document Reference</b> ]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(v) To prevent suicide and self-harm/mutilation [ <b>Document Reference</b> ]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(vi) To prevent violence and aggression towards children/adolescents [Law on family violence prevention, <a href="http://www.uradni-list.si/1/objava.jsp?urlid=200816&amp;stevilka=487">http://www.uradni-list.si/1/objava.jsp?urlid=200816&amp;stevilka=487</a> ; Law on Social Security and Resolution on national programme of social security for the period from 2006 to 2010, <a href="http://www.uradni-list.si/1/objava.jsp?urlid=200639&amp;stevilka=1683">http://www.uradni-list.si/1/objava.jsp?urlid=200639&amp;stevilka=1683</a> ; National program for children and adolescents 2006-2016, <a href="http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/pom2006_2016_splet_241006.pdf">http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/pom2006_2016_splet_241006.pdf</a> ]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(vii) To prevent violence and aggression perpetrated by children/adolescents [ <b>Document Reference</b> ]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(viii) To prevent criminal detention [ <b>Document Reference</b> ]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ix) To reduce stigma and discrimination (racism, bullying, homophobia) [National program for children and adolescents 2006-2016, <a href="http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/pom2006_2016_splet_241006.pdf">http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/pom2006_2016_splet_241006.pdf</a> ]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(x) To prevent disorders in children associated with parental mental health problems [ <b>Document Reference</b> ]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(xi) To prevent disorders in children associated with parental alcohol and drug problems [ <b>Document Reference</b> ]

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

Most important mental health policies etc	When enacted (put into action)	Key points of implementation process and obstacles to implementation.
Screenings at the age of 3, before primary school and after primary school		Financed programmes, obligatory for all children; integrated screening of mental and physical development Obstacle: after directing the child to a certain facility there is lack of support and follow up

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

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

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

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

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

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

At the moment there is an ombudsman for all citizens – adult and children.

### 3. MONITORING, SURVEILLANCE AND EVALUATION

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

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

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

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

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

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

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

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

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

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

Disorder	Prevalence (%) to 1 decimal place (or not available code)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.2.1 <u>Anxiety disorders</u>	N/Spec				2007
3.2.2 Depression (moderate to severe diagnosis)	N/Spec				2007
3.2.3 Bipolar disorder (Manic-depressive)	N/Spec				2007
3.2.4 Attention-Deficit/Hyperactivity Disorder (ADHD)	N/Spec				2007
3.2.5 <u>Learning disorders</u>	N/Spec				2007
3.2.6 Conduct disorder (act out their feelings or impulses in destructive ways)	N/Spec				2007
3.2.7 Eating disorders	N/Spec				2007
3.2.8 Autism and pervasive developmental disorders	N/Spec				2007

3.2.9	Schizophrenia	N/Spec				2007
3.2.10	Self-mutilation or self harm	N/Spec				2007
	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	44 % suicidal ideation, 11 % suicidal attempt	14-19	lifetime	Used Questionnaire was constructed especially for this study: 117 variables included, first part of the Questionnaire is an instrument of international research (Kienhorst, I., de Wilde, E.J. and van den Bout, J.) and include general questions (family, school...) and some questions about suicidal behaviour. In the second part are mainly questions about risk factors in adolescence (sexual behaviour, unhealthy habits, drugs...), values and standpoints. In the Questionnaire are also Zung's Self-rating Depression Scale and Rosenberg's Self-esteem Scale included.	1998
3.2.12	Childhood/Adolescent Suicide	12,09 per 100 000	15-20		WHO mortality base	2006
3.2.13	Other common disorder in your country (please specify):					



\* Data available in the form of causes of help seeking in primary and secondary medical care.

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)	Age-range	Reference period (week, month, year,	Instrument and version used to measure	Description of the data given (e.g. region/ city data applies to,
------------------------------	--	-----------	--------------------------------------	--	---

	code)		lifetime		qualitative explanatory information, Year, accurate reflection? etc.)
3.3.1	Children living in poverty	N/Spec			
3.3.2	Homeless children	N/C			
3.3.3	<u>Early school leavers</u>  (Please specify age range)	N/Spec			
3.3.4	Children experiencing bullying	15-20%; 5% at daily basis	6-14 y	School year	The Olweus Bully/Victim Questionnaire, Sociometric Questionnaire, Rosenberg Self-Esteem Scale, OL-OS Scale for school children, Questionnaire for the parents; 7 questions based on similar topics like those in Olweus Questionnaire  Representative sample of 1934 Slovene pupils; 2001; data on percentage of bullied pupils, bullies, cooperation in bullying...  Dekleva, B., Razpotnik Š. (2002). Čefurji so bili rojeni tu : življenje mladih priseljencev druge generacije v Ljubljani. Ljubljana: Pedagoška fakulteta: Inštitut za kriminologijo pri Pravni fakulteti.
3.3.5	Youth unemployment	15,5 %	Up to 26 years of age	December 2008	Statistic data of Employment Service of Slovenia
3.3.6	Children in care (living in any residential places other than families)	Available only Numerous – 1156 children	Up to 18 years of age	December 2008	Statistic data of Ministry of Labour, Family and Social Affairs
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)	9 % (cautioned)	14-17 y	2007	Police statistic data

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 [HBSC study for Slovenia, <http://www.hbsc.org/> , [Poročilo Z zdravjem povezano vedenje v šolskem obdobju, HBSC Slovenija 2006](#) ] 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) Wellbeing, health satisfaction _____	39 % of girls, 53 % of boys (excellent health)	11-15 y	year	HBSC study instruments	2006
3.5.2 Quality of Life Life satisfaction _____	84 % of girls and 84 % of boys	11-15 y	year	HBSC study instruments (Cantrill scale)	2006
3.5.3 Resilience _____ _____					
3.5.4 Other (please specify) _____ _____					

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

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

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

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

#### 4. IMPLEMENTATION

*This covers initiatives and capacity for public health action aimed at improving, maintaining or promoting CAMH. Providers of services and programmes should be included in this section. Please*

indicate the availability of services and programmes as the percentage of the relevant child population with access to the specified action (whether it is universal, targeted or indicated).

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

4.1.1. Mental health care and services:

- Out-patient clinic for children and youth, <http://www.psih-klinika.si/index.php?id=121> ; Child and adolescent psychiatric departments in general

- The Counselling Centre for Children, Adolescents and Parents Ljubljana: state institution with focus in child and adolescent mental health; helping children, adolescents and parents in cases of learning dysfunctions, emotional, behavioural, psychosocial and psychiatric disorders and difficulties. [www.scoms-lj.si](http://www.scoms-lj.si)

4.1.2. Mental health promotion and mental disorder prevention:

- Project "That is me": Nusa Konec Jurcic, GP and the coordinator: a project developed at Regional Institute for Health Care Celje, the main goal of the project is to develop positive adolescents self-esteem and social skills. There are two main approaches: communication with young people on the web (web counselling service) and preventive workshops in schools. [www.tosemjaz.net](http://www.tosemjaz.net)

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%	<b>26-50%</b>	51-75%	76-100%	D/K*	
4.2.2 Psychologist appointments	0%	1-25%	<b>26-50%</b>	51-75%	76-100%	D/K	
4.2.3 Social service appointments for children (e.g. child protection)	0%	1-25%	<b>26-50%</b>	51-75%	76-100%	D/K	
4.2.4 Family therapy/counselling appointments	0%	1-25%	<b>26-50%</b>	51-75%	76-100%	D/K	
4.2.5 Infant-specific services (e.g. early intervention services)	0%	<b>1-25%</b>	26-50%	51-75%	76-100%	D/K	
4.2.6 Adolescent-specific services (e.g. outpatient centres)	0%	<b>1-25%</b>	26-50%	51-75%	76-100%	D/K	
4.2.7 Group therapy	0%	<b>1-25%</b>	26-50%	51-75%	76-100%	D/K	
4.2.8 School counselling	0%	1-25%	<b>26-50%</b>	51-75%	76-100%	D/K	
4.2.9 Pharmacological treatment	0%	1-25%	26-50%	<b>51-75%</b>	76-100%	D/K	
4.2.10 Psychosocial rehabilitation centres for adolescents	0%	<b>1-25%</b>	26-50%	51-75%	76-100%	D/K	
4.2.11 in-patient beds on general psychiatric ward	<b>0%</b>	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%    \_\_\_\_\_

\* Available: statistic data of out-patient specialist attenders in general-for children and adults together

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

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

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

Programmes	Not available ↓				Widely available ↓	Quant. or D/K ↓
4.3.1 Home-based for infants	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.2 Home-based for children	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.3 Parenting programmes (general population)	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.4 Parenting programmes (specified at risk population)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.5 School mental health promotion (e.g. teaching well-being life skills)	0%	1-25%	26-50%	51-75%	76-100%	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%	_____
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%	<b>51-75%</b>	76-100%	
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%	<b>76-100%</b>	
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%	_____

Society „Project Human“ <http://www.projektclovek.si/>: aim: To prevent and decrease the use of drugs and related school violence

Program for school violence prevention - Pusnik, M. (2003) The role of school in decreasing violence. Ljubljana: Zavod Republike Slovenije za solstvo.: aims: Decreasing school violence on the basis of holistic, system steps and arrangements for specific schools – inclusion of all participants in educational process – school, parents, pupils

1. consciousness of violence
2. recognizing different forms
3. learning how to react
4. improvement of interpersonal relationships
5. cooperation encouragement
6. implementation of active approaches

Society for Non-violent Communication in cooperation with Biro of the Republic of Slovenia for adolescents <http://www.drustvo-dnk.si/>: aims: Helping children and adolescents with information and

forming their own values and attitudes towards important life topics (violence, communication, personal limits)

- establishing non-endangering dynamics in group
- building commitment feeling and feeling of one's own worth
- motivate towards thinking, discussing one's own opinion in relaxed atmosphere and expressing agreement or disagreement with other people's ideas,
- enabling evaluation of one's own way of communicating and coping, learning how to solve conflicts

Project "That is me": a project developed at Regional Institute for Health Care Celje, the main goal of the project is to develop positive adolescents self-esteem and social skills. There are two main approaches: communication with young people on the web (web counselling service) and preventive workshops in schools. [www.tosemjaz.net](http://www.tosemjaz.net)

Promotion of mental health in schools (Institute of public health of the Republic of Slovenia): <http://www.ivz.si/index.php?akcija=novica&n=558>

Aims: Intention of program Mental health promotion is to mediate information, knowledge, opinions, skills and strategies for mental health improvement. By educating the whole pedagogical chamber by means of that seminar, they wish to influence improvement of interpersonal relationships between teachers and pupils at school.

National Telephone Helpline - TOM (Children and Youth Telephone), [http://en.zpms.si/index.php?menu\\_item=item\\_1638](http://en.zpms.si/index.php?menu_item=item_1638) : the helpline provides psychosocial help for children and young people through conversation with trained counsellors.

Youth-to-Youth Phone: [http://www.miss.org/eng/kdo\\_smo.php#4](http://www.miss.org/eng/kdo_smo.php#4) : for youngsters in the age of growing up. Youngsters on the phone-line are trained to answer their peers either to solve their problems or simply to talk to them when they need conversation with a person of their own age.

Preventive programmes in Counselling centre "PU": <http://www.svetovalnica-pu.org/> : for healthy self-esteem, self-respect and life quality; programmes for prevention of eating disorders...

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

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

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

Subgroups	<u>Specially designed services</u>					Quant. or D/K ↓
	Not available ↓	1-25%	26-50%	51-75%	76-100%	
4.4.1 Minority groups	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%	_____
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%	_____
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%	_____

Project learning for younger adults:

<http://www.ess.gov.si/slo/Dejavnost/KnjigelnZlozenke/Zlozenke/ESSPUM.htm> : vocational programmes for early school leavers and also unemployed youth.

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

## 5. KNOWLEDGE DEVELOPMENT, RESEARCH AND INFORMATION DISSEMINATION

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

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

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

5.1.1 Child and adolescent psychiatric disorders

(i) Risk factors in Slovene high school population: Tomori, M., Stergar, E., Pinter, B., Rus-Makovec, M., Stikovič Sinisa (1998). Dejavniki tveganja pri slovenskih srednješolcih. Ljubljana: Littera picta.

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

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

5.1.2 Care related issues

(i) Serbec, K., Mravlje, G. Presentation of Slovenian model of eating disorder treatment, Eating disorders 2005; The 7th London international eating disorders conference. - London : The Huntercombe hospital, 2005. - 1-2.

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

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

5.1.3 Prevention of mental disorders

(i) Research about preventive/ promotional programme »To sem jaz«: Erzen, I., Lekic, K., Konec Juricic, N. (2006). Razvoj programa promocije zdravja med mladimi To sem jaz : nadgradnja pristopa krepitve pozitivne samopodobe mladostnikov. Celje: Zavod za zdravstveno varstvo.

(ii) Groleger, U., Radobuljac, M., Konec Juricic, N. Assessment and prevention of suicide risk in Adolescents, Suicide as premature mortality / 3<sup>rd</sup> International Meeting Suicide: Interplay of Genes and Environment, Portorož, Slovenia, EU, 13-15 May, 2004. - Ljubljana : Institute of Public Health of the Republic of Slovenia, 2004. – 92.

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

5.1.4 Promotion of mental health

(iv) Research about preventive/ promotional programme »To sem jaz«: Erzen, I., Lekic, K., Konec Juricic, N. (2006). Razvoj programa promocije zdravja med mladimi To sem jaz : nadgradnja pristopa krepitve pozitivne samopodobe mladostnikov. Celje: Zavod za zdravstveno varstvo.

(v) \_\_\_\_\_

(vi) \_\_\_\_\_

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 Health Insurance Institute of Slovenia (<http://www.zzs.si/>) provides financing for public health service; private sector has a contract with insurance company. It is free

of charge services for users. In the contract the type of consultations is determined. The medical chamber (<http://www.zzs-mcs.si/english.asp?FolderId=508>) controls financing and quality of service.

- 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.
- There are only early obligatory preventive screenings (up to primary school), later prevention is fragmented and widely financed (social care, health care, education...). For providing further actions in this field enthusiastic individuals and groups are responsible.

## 6. YOUTH INVOLVEMENT

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

### 6.1 Are children and adolescents involved in:

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

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

---

---

- No

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

- Yes – provide **[Document Reference]** and briefly describe “  
“To sem jaz” ([www.tosemjaz.net](http://www.tosemjaz.net)) – the adolescents selected fields of mental field and pointed out where is the need for prevention, support programmes.

- No

6.1.3 Decision-making processes?

- Yes – provide **[Document Reference]** and briefly describe [National Report on Strategies for Social Protection and Social Inclusion 2008–2010](#) – greater involvement in decision-making process in general – in social, health programmes...

- 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?

Selection of the ombudsman for the children

---

---

---

## 7. HUMAN AND FINANCIAL RESOURCES

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

### Professional Workforce

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

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

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

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

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

No

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

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

No – go to 7.3

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

	Undergraduate	CAMH-specific course?	Post graduate/ Master level	CAMH-specific course?	Num credits	Num hours
Medical doctors (basic undergraduate training)	Yes	<input type="checkbox"/>		<input type="checkbox"/>		2
Primary care doctors/GPs	*	<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Paediatricians		<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>		
Public health professionals		<input type="checkbox"/>	No	<input type="checkbox"/>		
Primary care nurses		<input type="checkbox"/>	No	<input type="checkbox"/>		
Psychiatric nurses	*	<input type="checkbox"/>		<input type="checkbox"/>		
Psychologists	Yes	<input type="checkbox"/>		<input type="checkbox"/>		
General psychiatrists		<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>		
Staff of juvenile detention centres	No	<input type="checkbox"/>		<input type="checkbox"/>		
Teachers	No	<input type="checkbox"/>		<input type="checkbox"/>		
Social workers	Yes	<input type="checkbox"/>		<input type="checkbox"/>		
Other relevant professional (please specify)	Yes					
Special pedagogues		<input type="checkbox"/>		<input type="checkbox"/>		
_____		<input type="checkbox"/>		<input type="checkbox"/>		
_____		<input type="checkbox"/>		<input type="checkbox"/>		

\*differences in educational programmes

- 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? 15 in private practice? 2.  
 7.3.2 Number of child or adolescent psychiatrists? 15 in private practice? 2.

### **Funding**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

State budget and regional/municipal budgets.

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

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

### Recent advances

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

Key recent advances in CAMH <b>care</b>	Date	Additional comments
1. Founding of the department for youth with eating disorders	1999	
2. "That is me" project-E-counselling	2003	
3.		
4.		
5.		

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

Key recent advances in CAMH <b>promotion/prevention</b>	Date	Additional comments
1. "That is me" project-prootion/pervention	2003	
2.		
3.		
4.		
5.		

### Tackling inequalities

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

Yes – Please provide an example of appropriate data collection:

\_\_\_\_\_

✓ No

- 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?

Positive metal health

\_\_\_\_\_

\_\_\_\_\_

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:

---

---

---

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:

Preventive screenings at the age of 3 and preschool screenings are not followed by appropriate care across the sectors for children in need (poor cooperation between sectors, financing... )

Suggestion of how these barriers might be overcome:

Forming of the national programme for children mental health; informing of different sectors about the importance of integrative approach to mental health....

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:  
Policies of others EU countries

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:  
CAMH care is not integrated as it could be.

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:  
Some groups of civil society are creative – for example parents of autistic children. There are needs, but there is lack of suitable programmes-general public "take the things in their own hands".

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

Some parts of general public might be stronger, more active – there must be a balance between the different groups interest.

### 8.3 Further development

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

Most important barriers to action in CAMH <b>care</b>	Date	Additional comments
i. Stockholders-professional organisation of psychiatrists		
ii. Financing		
iii.		
iv.		
v.		

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

Most important barriers to action in CA <b>MHP and MDP</b>	Date	Additional comments
i. Lack of legislations in this field		
ii. Financing		
iii.		
iv.		
v.		

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

Data on cost effective interventions for children; guidelines for professionals, policy makers, general public; a national programme for CAMH (in the process of creating)...

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?

-II-

---



---



---



---

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**

NB - Words and phrases marked like this appear in the glossary