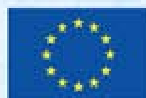
CAMHEE Project:
the General Overview of Preliminary Conclusions and Recommendations



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Editor – Dainius Puras
Technical editor – Jurgita Sajeviciene

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Project scientific leader

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Project scientific leader

The "Child and Adolescent Mental Health in Enlarged EU: Development of Effective Policies and Practices" (CAMHEE) project, funded by the EU Public Health programme, launched in January, 2007 and is set to run until the end of 2009.

The project aims to provide a set of recommendations and guidelines for effective child and adolescent mental health (CAMH) policies and practices in the European Union, with special emphasis on new EU countries and in light of the Declaration and Action Plan endorsed by the WHO European Ministerial Conference on Mental Health. To achieve this, the project is aimed at developing four main objectives:

1. To create a network of partners within the European Union for adopting and implementing modern and effective public health approaches in new and applicant EU countries.

2. To develop guidelines and recommendations for national and municipal (regional) policies in participating countries in the field of CAMH, based on evidence obtained through the independent analysis of situations in the countries, including studies of context, resources, processes and outcomes.

3. To initiate and support activities in new and applicant Member States in the field of CAMH, with a particular focus on the implementation of effective and evidence-based policies and practices based on the involvement and participation of children, families and communities.

4. On a basis of information, shared experiences through networking and knowledge received through the joint activities of all project partners, to advise the European Union and Member States on mental health promotion and mental disorder prevention among children and adolescents, with a particular focus on management of the changes needed in new Member States in order to move from inherited patterns of institutionalization and medicalization to modern public health approaches based on the involvement of children, youth, parents and communities.

The idea to apply to the EU Public Health programme with this project proposal is an ideal example of the positive effects of EU enlargement and European mental health agenda. Immediately after the WHO European Ministerial Conference on Mental Health "Facing the Challenges, Building Solutions", all main stakeholders and interest groups in the field of CAMH in Lithuania, supported by the Lithuanian Ministry of Health and a

group of interested partners representing governmental agencies, universities, NGOs and professional groups, decided to use this unique momentum and invite other EU and applicant countries to join their efforts in the attempt to contribute to the improvement of mental health in children and adolescents in Europe, with special emphasis on the enlargement process and the CAMH situation in new EU countries. Many partners in the EU and applicant countries at the present time reacted with enthusiasm and agreed to join in this initiative. It is noteworthy that the self-confidence of Lithuania's network of partners increased after the Ministry of Health of Lithuania promised to contribute by co-financing the project. The commitment was later shared by the Vilnius municipality. This was a sign of emerging understanding by national and municipal authorities concerning their responsibility to recognise new priorities in public health, such as child mental health, and to facilitate the implementation of modern public health intervention in this field.

Lithuania is a new EU Member State which has made significant improvement in economic development and the establishment of democracy and rule of law, during what is now nearly 20 years of change. However, in the field of CAMH, many indicators (i.e. the prevalence of suicides, bullying and number of children living in state institutions) are persistently among the highest in Europe. There has been increased awareness that child mental health has become a public health priority and that EU accession must be used for effective decision-making and change in the field. Focusing on countries like Lithuania, the project is geared towards facilitating and implementing new approaches in policy and practice to give new EU Members, such as Lithuania, Bulgaria and Romania, a chance to implement modern public health approaches in the field of CAMH in a systematic and evidence-based manner, grounded on principles of health promotion, social inclusion, tolerance for vulnerable groups, deinstitutionalization, support for protective factors, resilience, autonomy, and civic participation. The project's design was based on the assumption that, with financial support for joint European activities and an exchange of experiences and knowledge between new and old Member States, basic changes can take place in child mental health systems, resulting in a move away from political and professional isolation towards integration in general public health, and in social and educational policy and practices.

It is important to stress that the main purpose of this project was not to produce new scientific evidence or to document the best practice. Instead, it was designed to share experiences among EU Member States in addressing challenges and identifying emerging new opportunities for increased action for the improved promotion of mental health and well-being of children. The significance of both the process of networking within the CAMHEE project and the results was growing with new developments in the EU mental health agenda, especially with the launch and implementation of the European Pact on Mental Health and Well-being. As was expected when the Pact entered its implementation phase, since its beginning the CAMHEE project has identified those crucial components of the CAMH field which had been later chosen as the cornerstones for one of the Pact's five thematic priority areas: Youth, Education and Mental Health. This increases hope that activities initiated by the CAMHEE project will continue successfully throughout EU Member States in coming years.

WP4: Country Profiles and National Policies in the Field of CAMH

CAMHEE Work Package 4 (WP4) was the main umbrella package of the project. WP4 was developed with the intention of analysing the situation regarding CAMH in participating countries and identifying obstacles and opportunities to develop evidence-based and multi-sector national CAMH policies within the enlarged EU. The work package aimed to contribute to the improvement of information and knowledge in the mental health field and to the development of a comprehensive approach to mental health promotion (MHP) and mental disorder prevention (MDP) in children and adolescents.

All fifteen countries participating in the CAMHEE project have been involved in this core work package. As will be shown, the results of an analysis of existing CAMH policies throughout EU countries revealed challenges, obstacles and gaps of different scopes and natures.

In addition to the main theme of the project, Analysis of Child Mental Health Policies in EU Countries, three specific topics were selected for more in-depth analysis. Each of these topics is represented by a separate work package in the CAMHEE project:

1. Development of modern approaches in parent training, with special emphasis on parents with mental disorder or who represent other risk groups (Work Package 5).

2. Prevention of destructive and self-destructive patterns of behaviour in school settings (Work Package 6).

3. Development of effective community-based activities in the field of CAMH as alternatives to the tradition of institutionalization and social exclusion, as well as the procurement of instruments for the economic assessment of this process (Work Package 7).

WP5: Parenting and Caring for Children of the Mentally Ill

Most mental health disorders in adults have their origins in childhood, and parental mental health problems are a major risk factor to children's adverse development. Furthermore, social marginalization and exclusion go hand in hand with generations of mental health problems. The overall aim of WP5 was to tackle this central point in adverse child development and

subsequent social exclusion. It represents a European-level initiative to change the political, legislative, health and social services systems to acknowledge and attend to the needs of children and families with parental mental health issues. Some of the countries which participated in Work Package 5 activities also addressed more general issues in parenting practices. It became evident that in new EU Member States, such as Lithuania, there was no tradition of investing in programmes to improve the parenting competence of families at risk of different social or mental health problems. The identification of this gap leads to the conclusion that it is obligatory to develop and fund programmes for parental training in order to prevent high institutionalization rates of children in new EU member countries. The most critical situation lies with mentally ill parents who have children - in some EU countries, parents are often still deprived of an opportunity to raise their children because they are declared legally incapable. We view the conclusions and recommendations resulting from this work package (presented in a separate chapter below) as an essential component for the development of effective CAMH policies throughout the EU and in each EU Member State.

WP6: Prevention of (Self-)Destructive Behaviour Patterns in School Settings

The prevalence of destructive and self-destructive behaviour can be regarded as one of the main indicators of public mental health in general, as well as of mental health among children and adolescents. This includes violence perpetrated by pupils and by school staff, suicidal tendencies, smoking, and the use of alcohol

and other substances. The goal of WP6 was to assess the magnitude of the problems and the means by which participating countries address destructive and self-destructive behaviour in schools. Existing policies, programmes and actions in the participating countries were analysed, and three sets of recommendations (for the European Commission, for national governments, and for education authorities/schools) were developed.

It is important to stress that the prevention of destructive and self-destructive behaviour in schools was targeted in designing the CAMHEE project because of the very special role this problem plays when raising the field of CAMH higher on the political agenda in EU Member States. Violence, among children and against them, remains one of most painful problems both globally and in Europe. If this issue is not addressed adequately (for example, public reaction to school shootings and other tragic events involving children and teachers killed in schools), there is a danger of regressing to policies which emphasize repressive approaches to stop violence. This is why the conclusions and recommendations developed by the network of partners in WP6 of the CAMHEE project are of particular importance in strengthening a tradition of healthy and non-violent relationships at various levels (individual, group, societal) across the EU.

Work Package 6 activities of the CAMHEE project resulted in significant policy changes in some EU countries. In Lithuania, for example, the concerted efforts of all stakeholders have led to an increased awareness of the issue of bullying, and have prompted a decision by the Government to fund and implement systematic anti-bullying programmes in schools throughout the country. This is a remarkable example of how things can change if all the necessary components of policy development are in place: grass-roots movement of the citizens, involvement of children and youth, collection of data, the search for the best international practices, and the political will to invest in evidence-based intervention.

WP7: Best Practices and Economic Evaluation of CAMH Community-Based Activities to Promote Alternatives to Traditional Practices of Institutionalization and Social Exclusion

In Central and Eastern European countries, it has long been a tradition to solve problems of high-risk children and families through the existing network of residential institutions for children with a variety of problems (developmental, mental and social). Additionally, the balance in the bio-psycho-social paradigm has been distorted: the biomedical component has historically dominated the spectrum of therapeutic modalities, while effective psychosocial intervention and public health approaches in the promotion of mental health have been neglected. This has lead to serious gaps in the spectrum of interventions in the field of CAMH, to worsening of children's conditions with negative implications for their well-being, and to poor outcomes for society. By networking and exchanging best practices among partners of the project, WP7 sought to share experiences among the different countries on how to implement the most effective means to target the promotion of mental

health, as well as on the involvement of primary care and high-standard specialist child mental health services for children and adolescents in need.

WP7 activities have been a successful and unique opportunity for new EU Member countries to learn from the experiences of other EU Member States as to how evidence-based CAMH systems are designed and developed. For example, it appears that most new EU countries have no tradition of evaluating the results of preventive and curative services. Instead, for many years too much focus has been placed on an evaluation of the process (e.g. number of beds, hospitalizations, out-patient visits) and too much emphasis on quantity rather than quality. Also, the need to prioritize and establish levels (tiers) as filters for securing the cost-effectiveness of services so that common (mild cases) are managed at a non-specialised level, while severe cases are managed by specialised teams, still needs to be introduced in the CAMH policies of most of the newer EU Member countries.

These and other lessons, learned in the process of networking between CAMHEE project partners in 15 countries, indicate that many challenges are to be faced in the coming years on the road to improving mental health of children in the EU. Due to the results of the CAMHEE projects, national and local authorities will now be much better equipped with new evidence on how to develop and monitor effective CAMH policies and practices.

As became evident during the process of attaining CAMHEE project goals, the main challenges and obstacles in the effective promotion of mental health and well-being of children have been identified in four crucial areas, represented by Work Packages 4, 5, 6 and 7. The lack of political determination to invest in modern CAMH policies and practices results in the persistence of a vicious circle of social exclusion, stigma, institutionalization and failure of socialisation in a large portion of children and adolescents across EU Member States. In the absence of evidence-based CAMH policies, there is a danger that, during the current global financial crisis, resources may be once again invested in ineffective residential institutions for children, instead of giving the priority to modern, community-based and family focused intervention.

The results of the four specific work packages will be discussed in separate chapters. It is important to emphasize here (and this was convincingly demonstrated by the CAMHEE project) that specific issues of the afore-mentioned work packages are interrelated, and that unsolved problems in one area lead to failures in another. This finding supports the fact that only a broad inter-sectoral and systematic approach can make a real difference in the development and implementation of effective CAMH policies and practices, and thus significantly improve the mental health of children in the European Union. For example, in the absence of evidence-based national CAMH policies, resources are

being used inefficiently for the urgent need to combat the severe consequences of failure of socialisation (and usually this is done in an ineffective manner). If there is no sustainable investment in positive parenting programmes, institutionalization rates will remain high and most resources will be used to sustain an ineffective system of residential institutionalization.

Numerous vicious circles, identified by CAMHEE project partners in most EU Member States, indicate that there is a huge margin for improvement in all areas: legislation, policy development and implementation, public involvement (communities, families and children), research, evaluation and monitoring, and development of services tailored to the needs of children and families.

As was hoped during the preparation stage of the project, partners from both old and new EU countries formed effective networks within the significant field of CAMH policy and practice. It is expected that these networks will continue to function and that the recommendations developed by CAMHEE project partners will be useful to politicians, professionals, parents and children in the European Union.

WP4: A Snapshot of Child and Adolescent Mental Health in Europe: Infrastructure, Policy and Programmes

Vanesa Carral and Fleur Braddick,
on behalf of WP leaders Eva Jané-Llopis
and Rachel Jenkins

INTRODUCTION

CAMHEE WP4 was developed with the intention of studying the situation regarding child and adolescent mental health (CAMH) in participating countries, and identifying obstacles to and opportunities for developing evidence-based and multi-sector national CAMH policies within the enlarged EU. The work package aims to contribute to the improvement of information and knowledge in mental health, as well as to the development of a comprehensive approach to mental health promotion (MHP) and mental disorder prevention (MDP) in children and adolescents.

TASKS AND GOALS:

To monitor and map available infrastructures, policies and programmes for CAMH within the 15 partner countries involved in the CAMHEE network;

To analyse aspects of CAMH at a European level in order to identify gaps and support recommendations on the development of policy and infrastructure for CAMH;

To develop and produce detailed Country Profiles for the 15 European countries.

MAIN ACTIVITIES UNDERTAKEN DURING THE PROJECT

A CAMHEE country profiles questionnaire on Infrastructure, Policies and Practices in Children and Adolescents' Mental Health was developed. The questionnaire consists of 8 sections designed to collect key national or regional data on indicators of infrastructure and action for mental health treatment, care, prevention and promotion for children and adolescents. It was specifically developed to collect standardised data from a variety of European countries, and included instructions and a glossary of terms.

With the support of the EC, CAMHEE partners put together national expert groups, or country coalitions, whose tasks were to confer and complete the questionnaire for their country or region. The partners were encouraged to include a variety of professionals and stakeholders from various sectors in the country coalitions. The make-up of these groups varies across countries; however, the following is a sample list of various stakeholders included in country coalitions:

Policy makers
Mental health specialists
Social services
Educators
Traditional/alternative healers
Consumers (children and adolescents) and their representatives (ombudsmen, child/youth ministers)
Families and care-givers
NGOs
Academics – psychiatry, public health, anthropology, social sciences.

A variety of methods were used, including document analysis, secondary data analysis, and critical discussions within the expert group. The data was then synthesised and analysed using SPSS and qualitative appraisal to arrive at a European overview. Simultaneously, country partners developed their country profiles according to a standard model.

RESULTS, CONCLUSIONS AND RECOMMENDATIONS

Fifteen complete questionnaires were received and analysed: 13 consisted of data on a national level and 2 consisted of regional data.

Analyses highlighted several disparities at the European level:

Policy evaluation: While some evaluation of services and care policies is documented in the European countries included, the majority of countries reported no evaluation of relevant policy and programmes aimed at preventing mental disorders or promoting mental health among children.

Positive indicators: Only about 50% of the countries reported prevalence rates on positive mental health in children. More specifically, 13 of the 15 countries reported the existence of information about the prevalence of mental disorders, whereas only 8 of 15 reported collecting information on the prevalence of some indicators of positive mental health (e.g. well-being, self-esteem, quality of life, resilience).

Youth involvement: Children are not often involved in the decision-making processes affecting CAMH practices in European Member States (6 out of 15 cited some examples), especially the decisions concerning policy development (only 3 of 15 reported some positive examples).

Training and capacity: There is a clear lack of CAMH issues covered in relevant higher education degrees.

Mental health comprehension: There is a knowledge gap among stakeholders and the general public on the determinants of CAMH.

CAMH budgets: Budgets dedicated to CAMH issues are rarely clearly detectable, and they are generally grouped with other funding.

Recommendations

Based on the results of this work and in line with the European Pact on Mental Health and Well-being (2008), several recommendations have been presented on future research, improving programme implementation in CAMH, and effective policy-making.

There is a need for systematic evaluation of programmes and, more notably, of policies aimed at preventing mental disorders and promoting mental health among children and adolescents:

The low level of systematic evaluation of programmes and policy is often linked to the scarce availability of resources (human, financial and organisational) for this type of evaluation, especially in some of the new EU Member States, but above all it stems from a lack of assessment traditions in the political arenas of many Member States. This would require that the existing appropriate methodologies for evaluation and cost-effectiveness research be refined and disseminated through targeted publicity to raise political awareness of the importance and feasibility of evaluation for evidence-based policy. There is also a need to encourage the incorporation of basic evaluation in the planning and budgeting of actions to be implemented, for example, by specifying this in calls for proposals from funding bodies (both national and international).

There is a need to broaden the focus of the CAMH field to include positive mental health (not only mental disorders):

There is still a preference for a disorder-orientated approach over a health-orientated perspective concerning practices, policies and infrastructures for CAMH. Both sides of the coin should be considered equally in order to provide the required services and infrastructure necessary to alleviate the burden of disease, and to design programmes and policy for promotion and prevention in mental health.

There is a need to increase child and youth involvement:

While there are some commendable examples, though not yet widespread, of children consulted on a practical level to contribute to programme designs and even be involved as implementers (through peer-led initiatives), there is a great need to include the voice of children and adolescents in the development of policies that affect their health and well-being. Mental health is directly related to policy and the implementation of children's rights. In order to enact children's rights, the participation and involvement of children is crucial. Means of enhancing youth involvement in decision-making policy include input from child populations through surveys or focus groups, as well as the use of this information by children's ombudsmen or commissioners. A more direct approach would be the introduction and participation of youth representatives in parliamentary question time sessions.

There is a need to introduce training in prevention and promotion for CAMH in relevant higher education degrees and to include CAMH issues in the training of diverse and relevant professionals such as teachers and public health specialists:

It is important that units on CAMH issues are included in the national curricula for relevant higher education degrees, e.g. medical undergraduate degrees and the specialist training of primary care physicians, public health professionals, paediatricians, psychologists, teachers and juvenile detention centre staff. It is important that such training covers childhood mental disorders, risk and protective factors, and also includes training in practical skills (such as communication and consulting) for approaching and dealing with issues of relevance to children's mental health and well-being.

There is a need to raise awareness about childhood mental health determinants, especially among diverse stakeholder groups:

One of the key challenges of mental health promotion and mental disorder prevention for children and young people is its interdisciplinary nature. There is a need to raise awareness in childhood mental health determinants (and impact), especially the awareness that good mental health is the responsibility of not only mental health professionals, but also of a wide variety of professionals in different sectors (for example, social services, education, leisure, etc.).

There is a need to designate specific funding for CAMH issues, rather than grouping the funds together with those allocated to adults:

Budgets should be transparent and publicly available. Earmarking specific budgets for CAMH issues would likely increase the amount of money allocated to CAMH. Alternatively, the funds can just as easily be spent on other areas that have been traditionally funded (e.g. adult mental health), and which are sometimes not as easily justifiable in terms of population health.

WP5: Parenting and Caring for Children of the Mentally Ill

Tytti Solantaus and Sirpa Kaakinen
WP leader and co-leader

Introduction

During the past 10-20 years we have learned to understand the interrelationship of child and adult mental health and the importance of parenting in child development. Parental mental health problems are a major risk factor for children's adverse development. The generational chain of parental mental health and substance abuse problems comprise the main risk process for social exclusion in society. It has been estimated that about 20-25% of under-aged children live with parents who have mental health and/or substance abuse problems. However, there are very few countries in Europe with systematic preventive and promotion activities for these children and families, even though expertise on resilience and preventive intervention in adverse situations is available.

WP5 was a European-level initiative to initiate a change in the health and social sector, including legislation, policy and practice; to acknowledge the importance of parenting; and to attend to the needs of children and families with parental mental health issues. The aims of WP5 ranged from analysing and influencing policy and legislation, to training and implementing practical methods in services for families.

WP5 only ran for 18 months. It served to highlight the necessary steps, provided a pilot effort, and proposed further action.

WP5 included partners from six countries: Bulgaria, Lithuania and Romania from Eastern Europe, Austria from Central Europe, and Finland and Norway from Northern Europe. The partner organisations themselves ranged from a state institution to university departments and clinical centres to NGOs and a private enterprise. Bulgaria, Lithuania and Romania represented countries with a lack of infrastructure for child mental health; Austria represented European countries with stable infrastructure but no (or very little) systematic action for families with parental mental illness; the two Nordic welfare states - both infrastructure and activities for prevention and promotion.

WP5 worked via workshops, email networking, the CAMHEE web page, and national action plans. Partner countries/participants prepared their action plans according to the needs of their countries and their own organisational mandates. The work began by studying children in families with parental mental disorder and choosing a focal point, then proceeding to the plan of action.

Results and Conclusions

The participating countries differed in many ways, but a striking finding was that there were more commonalities than expected. All countries, including

both old and new EU members, shared a lack of systematic attention to these children and families, stigma of mental illness, and adverse outcomes for children with mentally ill parents. They were all building or restructuring their mental health services with an emphasis on community based open care, and all faced problems in carrying out inter-sectoral work.

Policy, Legislation and Human Rights

There was a general lack of emphasis on child mental health in legislation and policies, and in particular, no provisions for support for children of parents with mental health needs, especially in Eastern European countries. Legislation has generally been more focused on restrictive measures for families in adversity (i.e. out-of home custody of children) than on providing supportive measures for parenting and keeping families intact. This presents a risk of violating the rights of children to their parents and the parents' rights to their children.

The two Nordic welfare countries had relevant legislation in place to support families with parental mental disorder, but despite progressive legislation, their ongoing efforts of more than ten years have been and are still necessary in implementing a change towards prevention and promotion in health and social services.

Our partners were successful in influencing policy. The Bulgarian partner helped to integrate child development, well-being and mental health into the first-ever Bulgarian National Strategy for Children. The Finnish partner contributed her expertise to the 2009 National Mental Health and Drug Abuse Plan, which now emphasizes the prevention of the inter-generational cycle of parental mental health and substance abuse problems as one of the focal points for action.

Services

A general finding was that there is no systematic response to families and children with parental mental disorder. The only exceptions were Finland and Norway, which have only recently initiated preventive and promotion support for these families.

It is important to map the situation of these families in every country. Institutionalization breaks families apart, as was shown in the Lithuanian study. Stigma of mental illness also extends to the children of mentally ill parents. The Bulgarian study further showed that many families faced severe problems, with basic needs for a home, food, and support.

Raising Awareness, Material and Training

There was a lack of public and professional awareness concerning the importance of parenting and the plight of children with parental mental health problems across countries. There was also a lack of evidence-based interventions/methods of how to support families with parental mental issues. Furthermore, all partners concluded that the subjects of child mental health and especially prevention and promotion are not featured enough in the training of health care professionals. Many partners devised training programmes for educational bodies.

All partners took initiatives to raise public and professional awareness, organised training sessions, and produced material for professionals and families. The participants evaluated the training very favourably, signifying a readiness to starting a new way of working.

Future Action

The WP5 studies and experiences served to emphasize that it is important for every country to learn what the legal rights, human rights and practical situations are for children and families with parental mental health disorder or alcohol and substance problems. Focused efforts and programmes with governmental support are needed to implement training, promotion and prevention in these services. The most significant promotion intervention for parenting, children and families is, however, to address the families' basic needs for home, food, clothing, work, and sustainable income.

All partners planned to continue the work after the conclusion of WP5, but the short duration of WP5 was also recognised as a problem. Eighteen months is a very limited time to introduce a new topic to legislative, political and service organisations, practitioners and the public. It can only provide a start. However, a start is always needed and 18 months can make a meaningful change if the time is ripe for action and partners are ready to grasp the opportunity. The level of activity and the achievements of the WP5 partners were striking. WP5 is a good example of what working together in Europe can bring and what opportunities a mixture of partners and countries can provide.

Recommendations for Action on National and European levels

Legislation and policy documents are to include provisions for child mental health and provisions for the needs and rights of children and parents in families with parental mental health and substance abuse issues.

Relevant resources for family life and parenting (housing, nutritious food, income, work, a safe neighbourhood, access to health and social services, day care, school and social life) must be put in place.

Every Member State should map existing practices related to parents and their families when a parent has mental health or substance abuse issues.

There must be community-based mental health centres in place with outreach, multidisciplinary and inter-sectoral teams extending their focus to prevention, promotion, and the well-being of all family members.

Evidence-based methods and intervention, including parenting support, must be used.

Promotion of child mental health and prevention of disorders in basic and further education of professionals in health and social services must be in place.

Effective anti-stigma programmes, which also include reduction of stigma attached to children and parents in families with parental mental health and substance abuse problems, must be carried out.

Programmes and efforts to combat possible cultural patterns of coercive parenting, child abuse and neglect, and the institutionalization of children and patients with mental illness must be in place.

National and cross-cultural studies on implementation, development and effectiveness of preventive and promotion intervention, as well as families' experiences with these, must be conducted.

Introduction

The work package focused on destructive and self-destructive behaviour in schools. The concept of destructive and self-destructive behaviour covers various behaviour patterns in young people that are harmful to either themselves or to others. The concept includes behaviour such as violence perpetrated by pupils against other pupils, violence perpetrated by teachers and other school staff, violence perpetrated by pupils against teachers and other school staff, deliberate self-harm, suicidal tendencies, smoking cigarettes, use of alcohol and other substances.

WP 6: Prevention of Destructive and Self-destructive Behaviour in Schools

Robertas Povilaitis, Laima Bulotaite, Czeslaw Czabala, Migle Dovydaitiene, Ivona Suchodolska
WP leader and co-leaders

The prevalence of destructive and self-destructive behaviour could be regarded as an indicator of mental health.

The school is one the most important settings for socialisation of children. The possibility to reach all children (and, in part, their families) provides a unique opportunity for effective intervention. Preventive measures for school-aged children could help break the vicious cycle of violence as a major public health issue.

Objectives of WP6

WP6 aims to assess the magnitude of the problem of destructive and self-destructive behaviour in schools of the participating WP6 countries, to assess how the participating countries address the destructive and self-destructive behaviour in schools in terms of existing policies, programmes and actions, and to develop recommendations for the prevention of destructive and self-destructive behaviour at European and national levels.

Partners and Methods

WP included partners from six countries: Belgium, Estonia, Lithuania, Poland, Romania and Slovenia. The partner organisations included university departments and clinical centres. WP6 organised three workshops for the partners and one international conference for a broader audience.

There was a questionnaire developed for the purpose of describing the actions of WP6 countries to address the destructive and self-destructive behaviour, and data has been collected from the participating countries. Analysis of the existing policies, programmes and actions in the participating countries, addressing destructive and self-destructive behaviour in schools, was conducted and recommendations were made concerning the prevention of destructive and self-destructive behaviour.

Dissemination of the results includes presentations in both national and international conferences and training workshops.

The WP6 Process

This work package focused on various destructive issues among young people. Usually these issues (alcohol and substance use, suicide, violence) are analysed individually. This project attempted to view these problems as a whole and not isolate them from one another.

It became very clear that there are huge differences between the participating countries in terms of the amount of attention given to the problems, ranging from the researchers analysing the problems to the politicians initiating the actions. The number of countries participating could be considered to be 5+1: 5 newer EU Member States (Estonia, Lithuania, Poland, Romania, and Slovenia) and one older EU country, Belgium. Newer EU countries only began focusing more of their attention on destructive behaviour and its prevention in recent years or during the last decade, while Belgium has been tackling the issue for much longer through research, prevention activities and legislation.

In studying the responses from countries addressing destructive and self-destructive problems among young people, it became apparent that there were many initiatives in the legislation, development and implementation of national programmes, the development or adaptation of preventive programmes in schools, and that various agencies from different sectors (e.g. police, health care, social care, education) were involved in addressing issues of destructiveness. The coordination of prevention activities at the European level, establishment of guidelines for legislation, national action plans and preventive programmes in schools could facilitate the process of addressing issues of destructiveness and lead to a more effective and systematic means of addressing this crucially important problem.

Results and Conclusions

The following conclusions were formulated through analysis of the existing policies and practices in participating countries:

Public Awareness

No standard terminology on destructive and self-destructive behaviour exists. Researchers, mental health professionals and policy makers use various concepts to describe similar behaviour: violence, aggression, bullying,

victimization, abuse, anti-social behaviour, risk-taking, unhealthy behaviour, problematic behaviour, self-inflicted injurious behaviour, self-harm, etc. Most of the research in this field is epidemiological. There is a lack of research revealing the psychological and social determinants of destructive and self-destructive behaviour.

There is insufficient public awareness about the causes and consequences of destructive and self-destructive behaviour in relation to mental health problems. Extreme forms of this type of behaviour, such as extreme violence, alcohol and substance abuse when they relate to accidents and violence, and suicides receive more attention. Milder forms of behaviour, such as bullying and self-harm, are not as noticeable and were only acknowledged as problems needing to be addressed during the last several years.

While there is a clear understanding that the prevention of violence and bullying in schools is an important issue for the protection and promotion of children's rights, prominent gaps between linking the problem of children's rights with the need to invest in the field of child and adolescent mental health remain.

Prevalence of Problems

International surveys show a prevalence of different forms of destructive and self-destructive behaviour among school-age children. In the prevalence data of HBSC (Health Behaviour inSchool-aged Children) 2005/2006 and ESPAD (European School Survey Project on Alcohol and Other Drugs) 2003 studies, countries were divided into three groups of high (H), medium (M) and low (L) prevalence.

Some forms of destructive and self-destructive behaviour are systematically monitored through the international HBSC (violence among pupils) and ESPAD (alcohol and substance use, cigarette smoking) studies. However, there is an obvious lack of information about suicidal behaviour, self-harm, and violence between adults and pupils in schools.

Policy, Legislation and Action Plans

The European Pact on Mental Health and Well-being (European Commission, 2008) and the Resolution on Mental Health (European Parliament, 2009) are very important EU-level documents, which identify priorities and draw guidelines for mental health promotion and prevention of mental health problems. Although these documents are of the highest EU level, there is as yet no legislation binding EU Member States to address destructive and self-destructive behaviour in schools.

National legislation in EU Member States addresses destructive and self-destructive behaviour in schools, but there is not always sufficient political will to implement it.

The new EU Member States among the participants revealed a lack of cooperation between policy makers and researchers and showed that available research data does not often influence policy. The policies and action plans of these countries are not necessarily based on an analysis of the requirements or on international surveys. Some examples show national policies to emphasize the prevention of some problems which are not so prevalent, while other problems are not targeted.

Prevention

Many programmes for various age groups and various forms of destructive and self-destructive behaviour available in the countries. However, prevention activities in educational settings are usually not implemented steadily from pre-school age to adolescence. The effectiveness of many of the existing programmes is not known.

Many preventive programmes have been developed and implemented in WP6 countries, but most of the programmes have not been assessed, therefore, their effectiveness is usually unknown.

Implementation of prevention programmes is not

	B	B	EE	LT	PL	RO	SL
Being bullied (boys, 13 yrs.)	L	M	H	H	M	M	L
Being bullied (girls, 13 yrs.)	L	L	M	H	L	M	L
Bullying others (boys, 13 yrs.)	L	M	H	H	M	H	L
Bullying others (girls, 13 yrs.)	L	M	M	H	L	H	L
Cigarette smoking (boys, once per week, 13 yrs.)	L	L	M	M	L	L	L
Cigarette smoking (girls, once per week, 13 yrs.)	L	L	L	M	M	L	L
Alcohol use (boys, once per week, 13 yrs.)	L	M	L	L	L	M	L
Alcohol use (girls, once per week, 13 yrs.)	L	M	L	L	L	L	L
Illegal substance use (lifetime use, 15-16 yrs.)	M		H	M	M	L	M
Illegal substance use (excluding marihuana and hashish, lifetime use, 15-16 yrs.)	M		H	M	M	L	M

coordinated at a national level. This leads to unsystematic and chaotic activity.

Most often, preventive programmes are implemented in schools by the teachers. Many teachers do not receive the necessary skills and are not trained in mental health promotion and prevention during undergraduate level training. Usually teacher training in the prevention of destructive and self-destructive behaviour takes place at the post-graduate level. Therefore, there is a need for more in-depth and systematic teacher education.

Parents are not sufficiently involved in preventive activities in schools. They are not always informed about the programmes being implemented in schools, and usually become involved only when the problems become very serious. In most countries there is an obvious lack of positive parenting training in the school setting.

Recommendations

Monitoring of prevalence

There is a need for further research into certain aspects of destructive behaviour.

While certain forms of destructive behaviour are well-documented, the existing gap of knowledge about suicidal behaviour, self-harm, and violence between adults and pupils in schools could be filled by the introduction of international studies in these areas.

Policy, Legislation and Action plans

There is a need for European-wide implementation of action plans that address destructive and self-destructive behaviour in schools.

A binding legislative EU-level document would be an effective stimulus for national authorities to improve their policies and action plans which address child mental health problems and bring focus on the prevention of destructive and self-destructive behaviour in schools.

Prevention

Most project participant countries need evidence-based, effective and early warning prevention programmes that are started at an early age and have secured sustainability.

Identification of programmes which meet high standards of effectiveness at the EU level, as well as the adaptability of these programmes to different settings and cultural contexts, would provide an opportunity for policy makers, governments, foundations and other organisations to make properly informed decisions about investments required for the prevention of mental health (and other) problems, as well as for the effective reduction of violence, suicidal behaviour, self-harm, and substance use. There is a need for new strategies in teacher and parent training.

An increased amount of information and skills development on destructive and self-destructive behaviour should be integrated into teacher training, especially at the undergraduate level, to facilitate on-the-ground implementation of preventive programmes.

Parent training should involve early, positive and systematic (in some cases obligatory) parental education using various modern training methods.

There is a need to fund existing programmes of proven effectiveness.

The resources at the EU level or EU Member States level should be directed towards the implementation of evidence-based preventive programmes which target destructive and self-destructive behaviour in schools, not for the development of new programmes.

Social and Psychological Assistance (Services)

There is a need of co-operation between educational, health care, law enforcement, social welfare and non-governmental sectors.

WP7: Best Practices and Economic Evaluation of CAMH Community-Based Activities for the Promotion of Alternatives to Traditional Practices of Institutionalization and Social Exclusion

Dana Migaliova and Iben Shrier Van Den Berg
WP leader and co-leader

Short Description of WP7: Main Problems and Topics Covered

One of the essential aspects for effective policy and practice in the field of child and adolescent mental health in an enlarged European Union is the development of balanced and cost-effective child and adolescent mental health promotion and prevention activities, as well as primary care and specialised services at a community level. Approaching this core issue and identification of the gaps, challenges and opportunities in the field have been the core goals of Work Package 7.

The need to develop preventive measures and mental health promotion activities into a publicly deliberated topic of concern are now clearly evident. National, regional and local commitment in providing the appropriate services needed is key to the development of all mental health services, especially child and adolescent mental health services. This commitment is demonstrated through policy, legislation and governance. Despite all the legislative and policy changes in place, there still remains a lack of clear accountability in addressing the psychological and mental health requirements of children and adolescents.

Community-based services are crucially important alternatives to traditional patterns of social exclusion, institutionalization and stigmatization of children, youth, and parents at risk. Many Central and Eastern European countries inherited an absence of effective community-based services for children and families at risk from their former political systems. There has been a long-standing tradition of solving socialisation problems in children and families at risk by investing financial and human resources into the existing network of residential institutions for children with different kinds of problems (including severe, moderate and even mild cases). Although attempts have been made to develop alternatives to medicalized and institutionalized approaches in Eastern and Central European countries, the new EU countries are now realizing they must endure a complicated transition to a system based on principles of participation, family and community involvement, strong primary care, an emphasis on mental health promotion, and the concept of society as a basic prerequisite for achieving good mental health of children and adolescents.

The development of modern approaches, beyond their significance to child and adolescent mental health, may also have a substantial economic impact

on society. Consideration of this economic impact is a necessary step in the process of planning the allocation of future health care resources. Currently, the empirical evidence for addressing these outcomes in mental health promotion for children and adolescents is weak, since no common basis for the comparative economic assessment of mental health promotion programmes for children and adolescents exists in the international or European context. Therefore, the development of standardised systematic research strategies and methodological tools in the European context is needed.

Tasks and Goals

The aim of this work package was to share experience among the countries (old and new members of the EU and Norway) on the main issues faced by community-level services and CAMH policy. The task of WP7 was to study the implementation of the most effective community-based activities that focus on prevention and mental health promotion and the involvement of primary care and specialised care in the field of child and adolescent mental health services; and to develop recommendations for minimal standards of community-level care and guidelines for community-based intervention for specific risk groups (children and youth with developmental disabilities children and youth with emotional, behavioural and conduct problems). The main objectives of the health economic section of the project were to develop guidelines for the application of established health economic methods in the economic evaluation of programmes for children and adolescent mental health promotion programmes.

Main Activities Undertaken

In addressing the main objectives, work has been implemented in several directions and using different methods.

A questionnaire, Best Practices Examples in the Field of Mental Health in Europe, was developed in order to analyse good practices in the field of community-based care. It was disseminated among various health care, social and educational organisations. Information about the best practices was collected via project partners using the snowball sampling method. The data collected was valuable for qualitative analysis. Criteria applied for the selection of best practices were simplified (taking into account that an approach involving consideration of the practices by applying a comprehensive set of criteria was not feasible under project arrangements):

- The best practices were selected according to majority opinion by the participating experts.
- It was acknowledged that the use of sustainability criteria was required for the selection of best practices in institutions.

The experience which was gained revealed a low awareness about the practices, even on a national level. Since relevant information could not easily be reached, experts were only able to collect information within quite limited sub-sectors.

An extensive review of published papers and documents was conducted and a series of focal group discussions with experts in the field were organised for the elaboration of minimal standards and guidelines. Workshops were held to address the issues: the exchange of experiences in the field of community-based CAMH programmes in Vilnius and the primary CAMH care involvement in Oslo. Representatives of governmental and non-governmental bodies were invited to these workshops and discussions; the partners studied how well the local practice meets international principles and standards. An assessment of the National reports was conducted to study what international standards are included in local and national policy documents. The work on guidelines for community-based services for children and adolescents also suggested a qualitative analysis of the data from the questionnaire Best Practices Examples in the Field of Mental Health in Europe. Particular emphasis was placed on questions regarding the philosophy and structure of the service, as well as the main challenges the services are faced with.

Health economic issues of WP7 were addressed in the workshop on methods of health economic evaluation in the field of CAMH services. Following the workshop, published relevant research conducted in the field was reviewed; available instruments for the assessment of CAMH services costs and outcome assessment in health economic evaluation studies were compared; and recommendations for the use of cost and outcome assessment were formulated. One of the conclusions of this analysis was that a specificinstrument was needed to help measure resource use and costs in a European context; this led to initial development of the Children and Adolescent Mental Health Services Receipt Inventory- European Version

In summary, all results achieved through this work package are intended to enable mental health service experts and policy makers in the enlarged European Union to better understand the role of economics to help make well-founded and reliable decisions regarding children and adolescent mental health services and respective resource allocation

Results, Conclusions and Recommendations

MINIMAL STANDARDS FOR COMMUNITY-BASED CARE

There is a need for in-depth, systematic exploration of the changes that occur in local communities in terms of the specific mental health needs of children and adolescents living there and the presence of local

resources available to them. This would provide a basis for the development of evidence-based policy, now a relevant issue, especially in new Member States of the EU. Thus, the first part of the proposed recommendations could be used as a basis for the development of policy level standards. These standards would assure a secure framework for the development of quality-based and effective CAMH community services.

The transformation from institutional care to community-based care for children also raises many practical issues, especially among new EU Member States. The transition of the care of children from institutions to family and community requires specific support in terms of knowledge, technologies, management and financial resources. Community-based services are challenged to provide sufficiently secure space for these children and their families to overcome the developmental deficits and mental disorders from which this group of children suffers. This and other risks that children in EU are faced with in their communities must be prevented or overcome by community services. The service level recommendations that were developed can be used as a starting point for discussion, as well as an exchange of good practices and standards between professionals from the different countries. In this way a vital learning community of stakeholders in the EU can be developed.

Policy level recommendations on community mental health care for children and adolescents include the development of:

- good governance areas that allow for the participation of all groups represented in the specific communities related to the issues of concern;
- a work group of various stakeholders with an aim to explore the existing mental health needs of children and adolescents living in specific areas;
- political documents which state the mission and detailed concept for meeting certain mental health needs of children and adolescents;
- an action plan for implementing the chosen priorities with an estimate of human and financial resources;
- well-developed argumentation of the chosen priorities;
- public and parliamentary debate of the draft version of the new policy;
- wide-spread dissemination of information to the public about the chosen and accountable priorities, as well as on the requirements of children and adolescents resulting from the new policy;
- legal and technological opportunities to satisfy the requirements for alternative sources that have not been met by existing policy;
- public debate among political parties at election time concerning community mental health of children and adolescents;
- pilot experiments to test the relevance of the new policy for specific communities or groups;
- monitoring based on contemporary theory in the field, as well as on reliable scientific data and technology;
- a final analysis of the outcomes of the completed political cycle;
- a revision of the existing normative basis in relation to the changed environment.

Recommendations on the service management and provision level of community mental health care for children and adolescents include:

- the development of service programmes based on an assessment of the needs and problems of local children in regard to their age-specific physical, emotional and social development;
- the use of contemporary theoretical and research-based knowledge in the process of programme development;
- an introduction of individualized case work approaches in working with children in the community;
- assessment of the capability of services in meeting CAMH needs through mental health care programmes: physical environment, available structures and role, professional education of the staff, financial capacity, internal forms of emotional support of the staff during the change, support from the community, local authorities and other organisations in the field;
- outreach work to target specific types of issues concerning CAMH that have still not been recognised by the community;
- the development of a network of community structures responsible for children and their families in order to provide sustainable, continuing care and support for child and family;
- the development and transformation of professional education curricula in all fields related to the work and care for children and adolescent MH in relation to new information and effective approaches to locally represented issues;
- implementation of specific programmes for the adaptation of the institutionalized children and their families to community life;
- broad inclusion of the different stakeholders in the process of planning and evaluation of the service policy and programmes;
- steady accumulation of information about the effectiveness of service provisions in regard to policy priorities;
- the development of an evidence-based system of management of the service provision process, and constant development of expert staff.

GUIDELINES FOR COMMUNITY-BASED SERVICES

Community-based services for children and adolescents should revolve around child and family, and should be based on needs. The community should take an active role as both a participant and an enabler for delivery of service. Emphasis should be placed not only on designing short-term services and programmes, but also on assessing and evaluating those programmes and their effectiveness.

Preliminary Recommendations on Services, Programmes, Research and Evaluation

Legislation and Policy:

- Service users should be involved in the decision-making process. Users could also be part of the governing body of the organisation/agency (when applicable).
- Collaboration and liaising with services should be an integral part of the service and the clinical work.
- Local authorities should be able to allocate the budget according to specific needs, since not all areas face the same issues.
- Services should be evaluated by external auditors.
- Legislation and policy should be publicised to the community.

Programmes and Services:

- Programmes and services should focus on training, education, outreach work, primary prevention and promotion.
- Programmes should be developed according to the particular needs of the community.
- Organisations working with special groups of clients should be organised in a wraparound fashion.
- Multidisciplinary teamwork with specialists should be an important factor in the quality of services.
- Services should be integrated into the community.

Research and Evaluation:

- Practices should be evidence-based in order to evaluate the service and the intervention.
- Short term and long term outcome studies should be conducted.
- Follow-up care should be given higher priority.
- Staff should be evaluated by external and internal auditors.
- Services should be evaluated by service users on a regular basis.

HEALTH ECONOMIC EVALUATION OF COMMUNITY-BASED CAMH ACTIVITIES

The Cost of Mental Illness in Children and Adolescents and the Health Economic Evaluation of Children and Adolescents Mental Health Prevention and Treatment Programmes

There is a major gap in knowledge of cost effectiveness mental disorder prevention, mental health promotion, and treatment programmes. Nonetheless what information is available indicates that the costs of poor child mental health are substantial, impact on many sectors and persist into adulthood; moreover some highly cost effective interventions e.g. for group parenting can be identified. Routine use of economic studies, particularly in the new EU Member states where economic circumstances are very different, is recommended.

Prevalence-based cost of illness studies from a societal perspective are needed to assess the economic impact of mental health problems that were not prevented or were inadequately treated, and to estimate the cost offset in respect to the net benefit of investment in the CAMH sector. High quality cost-effectiveness studies, based on primary data, are needed to provide policy makers with a basis for making decisions on resource allocation, particularly under conditions of underdeveloped CAMH care systems.

Given the lack of existing primary economic evaluations and the understandable short duration of most randomized clinical trials, high quality simulation model studies can be used to help support short-term decision-making needs, and to also provide a rational basis for long term decision-making.

Cost and Outcome Assessment in the Economic Evaluation of Programmes for Children and Adolescent Mental Health Promotion Programmes

Cost assessment

For cost assessment at the cross-European level, a new instrument should be developed on the basis of existing approaches. As the most important characteristic, the instrument should provide unique categories for CAMH services, including prevention and promotion interventions, in targeting different CAMH service systems across the enlarged Europe. A draft version of a basis instrument was developed for this purpose (Children and Adolescent Mental Health Services Receipt Inventory- European Version, CAMHSRI-EU; Parent – Carer Version) and distributed to project partners with the intent to receive feedback on the comprehensiveness and the names of service categories.

Outcome assessment

Outcome assessment should be conducted by means of generic Health Related Quality of Life (HRQOL) instruments. Ideally, HRQOL should be assessed with an internationally standardised multidimensional HRQOL questionnaire and a preference-based approach. The Child Health Questionnaire (CHQ) or the KIDSCREEN are both available in most European languages, and the psychometric properties of both instruments have been tested at an international level. For preference-based HRQOL assessment, the EuroQol (EQ-5D) instrument is the most widespread internationally standardised instrument.

A Final Word

The preliminary recommendations of the CAMHEE project are relevant for all EU Member States. However, it is crucial to demonstrate political will and bear in mind quality, quantity and direction when investing in resources within the identified areas in the new EU Member States. In most new EU countries, where changes in the field of CAMH appeared to be of a paradigmatic nature, there is still an insufficient amount of political will and good governance to invest in modern policies and practices in the field of children's mental health. New challenges (such as the migration of adults to older European countries, parents often leaving their children, and the current economic crisis) create an unstable situation in which issues of parenting, prevention of destructive behaviour, and reduction of institutionalization through development of effective community-based services for children and families at risk, become of enormous importance for the future of social cohesion and social inclusion in these countries. It is obvious that the health and well-being of future society in these countries will, to a large extent, depend on whether the vicious circles revealed will be successfully broken by the concerted efforts of policy makers and civil society. Governments in newer EU countries need to receive a clear signal from the European Commission that it is an absolute priority to invest in the good mental health and emotional well-being of their nations' children through evidence-based policies and practices.

European countries have rich experience in developing both population-based and individual interventions aimed at improving the mental health of children and adolescents. However, in the 21st century, there is a need to address problems of child mental health with a new standard and with the concerted efforts of governments and civil society. The European Union has a unique opportunity to implement a new standard by using its resources, values and existing evidence, and it can develop CAMH policies and practices in a progressive manner to secure the development of a healthy Europe. The CAMHEE project contributed to this goal, with special focus on the enlargement process after the EU was joined by countries that, up until now, did not have a historical opportunity to develop CAMH services based on modern principles of human rights and scientific evidence.

Although the CAMHEE project specifically focused on EU enlargement and status of the field of CAMH in newer EU Member States, the recommendations made, based on the results of the CAMHEE project, are relevant to all EU Member States. When the European Pact for Mental Health and Well-being was launched in 2008, it became obvious that the most of the relevant themes chosen for the CAMHEE project were crucial for the improvement of mental health of children and adolescents across the EU. Resolute political will and results-oriented resource investment are of the utmost importance in the crucially important areas targeted by the CAMHEE project throughout the entire EU, particularly within the new EU Member States.

We also need to keep in mind, with regard to the EU Neighbourhood Policy, that many countries in Europe, which are not part of the EU, have even greater problems and challenges in developing effective CAMH policies and practices. Membership of new countries in to the EU needs to be effectively utilised for the successful implementation of modern public health approaches in the field of CAMH by filling the systemic gaps identified by the CAMHEE project in newer EU Member States. This could serve as an example to other countries in Eastern Europe.

One of main results of the CAMHEE project has been the identification of serious gaps in the most important components of CAMH policies and practices:

- a lack of evidence-based CAMH policies and, if such policies are adopted, the lack of political will to implement them in a systematic and sustainable way;
- a lack of sustainable programmes aimed at mental health promotion and prevention of common mental health problems in children and adolescents;
- a low level of investment in a modern culture of evaluation and monitoring of policies, services and programmes in the field of CAMH

These gaps, if not addressed seriously, create a dangerous vicious circle of ineffective investment and result in reinforcing a culture of helplessness, stigma and social exclusion when it comes to the concrete decisions made by national and local authorities on issues of children and families at risk. Paradoxically, these gaps are significantly greater in new EU Member States, which need to invest more in modern public health approaches to prevent high rates of destructive and self-destructive behaviour and institutionalization.

The best practices of family-focused and community-based services, as well as evidence-based programmes aimed at the promotion and prevention of mental health, must be implemented in a sustainable and systematic way as an obligatory component of national health and social policies in order to break the vicious circles created by a culture of social exclusion and a dependency on ineffective practices. The CAMHEE project has identified a large number of such practices in all countries, both in old and in new EU Member States. Now they must be supported and disseminated in a sustainable way. The EC must make it clear to all governments throughout the EU that progressive investment into the mental health and emotional well-being of children and adolescents is not a luxury – it is a mandatory condition for the development of a healthy 21st century society.

Dainius Puras
Project scientific leader

Project leader

State Mental Health Center (Lithuania)

Project partners

S.I.N.N. Social Innovative Network (Austria)

Mental Health Europe a.i.s.b.l. (Belgium)

W.H.O Collaborating Center on Health, Psychosocial and Psychological factors (Belgium)

Bulgarian Foundation for Human Relations (Bulgaria)

Universitätsklinikum Heideberg (Psychiatric Department of the University of Heidelberg) (Germany)

Universitätsklinikum Ulm (University Clinical Center of Ulm, Department of Psychiatry) (Germany)

Tartu University Psychiatric Clinic (Estonia)

Generalitat de Catalunya, Departament de Salut (Ministry of health of the Government of Catalonia) (Spain)

Universidad de Deusto (University of Deusto) (Spain)

Yliopisto Turun (University of Turku, Child Psychiatry Clinic) (Finland)

Terveyden Ja Hyvinvoinnin Laitos (National Institute for Health and Welfare) (Finland)

King's College London, Institute of Psychiatry (United Kingdom)

The London School of Economics and Political Science (United Kingdom)

National and Kapodistrian University of Athens, Centre for Research (Greece)

Center for Research and Prevention of Injuries (CEREPRI) University of Athens (Greece)

Semmelweis Medical University, Institute of Behavioural Sciences (Hungary)

Antakalnis Policlinic Mental Health Center (Lithuania)

Paramos vaikams centras (Children Support Center) (Lithuania)

Globali Iniciatyva Psichiatrijoje (Global Initiative on Psychiatry) (Lithuania)

Šeimos Santykių Institutas (Institute of Family Relations) (Lithuania)

"Viltis", Lithuanian Welfare Society for Persons with Mental Disability (Lithuania)

MTVC, Training, Research and Development Center (Lithuania)

Vaiko Labui (Lithuania)

Vilnius University (Lithuania)

Vilnius University Child Hospital Department Child Development Center (Lithuania)

Youth Psychological Aid Center (Lithuania)

Briedrība Rīgas pilsētas "Rūpju bērns" (Riga City "Child of care") (Latvia)

Bydel Sagene (Sagene district) (Norway)

SINTEF Health Research (Norway)

Voksne for Barn (Norway)

Akademija Pedagogikj Specjalnej Im. Marii Grzegorzewskiej
(Maria Grzegorzewska Academy of Special Education) (Poland)

Babes-Bolay University, Center for Psychological Counseling and Vocational Guidance Expert (Romania)

Universutatea de Medicina si Farmacie "Caro Davila", Catedra de psichiatrie si psichologie a copilului si adolescentului (University of medicine and Pharmacy "Caro Davila", Child and Adolescents department) (Romania)

Universitetà del Litorale, Univerza na Primorskem (University of Primorska) (Slovenia)

A project, funded by EU Public Health program – "Child and adolescent mental health in enlarged EU - development of effective policies and practices" (CAMHEE) has started from January 2007 and is finishing by the end of 2009.

The project aimed to provide a set of recommendations and guidelines for the effective child and adolescent mental health (CAMH) policies and practices in European Union, with special emphasis on new EU countries and in the light of Declaration and Action Plan endorsed by WHO European Ministerial Conference on Mental Health. To achieve this, the project aimed to develop four main objectives:

1. To create the network of partners within European Union for the adopting and implementing modern effective public health approaches in the new and applicant EU countries.

2. To develop guidelines and recommendations for the country national and municipal (regional) policies in participating countries in the field of CAMH based on the evidence obtained through the independent analysis of country situations, including the analysis of context, resources, processes and outcomes.

3. To initiate and support activities in new and applicant member states in the field of CAMH, with special focus on implementation of effective and evidence-based policies and practices based on involvement and participations of children , families and communities.

4. On the basis of information, share experience by networking and knowledge received by joint activities of all the project partners, to advise the European Union and member states on mental health promotion and mental disorder prevention among children and adolescents, with special focus on management of changes needed in new member states to move from inherited patterns of institutionalization and medicalization to modern public health approaches based on involvement of children, youth, parents and communities.

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