WHO European Ministerial Conference on Mental Health

Facing the Challenges, Building Solutions

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Mental health of children and adolescents

"The international health community is concerned about the mental health status of our young… it is a time bomb that is ticking and, without the right action now, millions of our children growing up will feel the effects."
(Dr Hans Troedsson, former WHO Director for Child and Adolescent Health)

Facing the challenges

Some two million young people in the European Region of the World Health Organization (WHO) suffer from mental disorders ranging from depression to schizophrenia, and many of them receive no care or treatment. Yet child and adolescent mental health is essential for the building and maintenance of stable societies. Europe has a long tradition of leadership in the development of programmes to support the mental health of children and adolescents, but new challenges require enhanced efforts to meet the needs of the twenty-first century. Immigration, migration, changes in family structure, alterations in future opportunities for employment and the continuing stresses of conflict all impact on child and adolescent mental health and, ultimately, on the health of nations and the Region.

It is now recognized that many mental disorders seen in adulthood have their beginnings in childhood. The prevalence of many psychiatric problems such as depression and suicidal behaviour increases markedly in adolescence *(1,2)*.

Worldwide, up to 20% of children and adolescents suffer from disabling mental health problems *(3)*. Data suggest that the overall rate of children's psychiatric problems has not increased over recent decades *(4)*. However, self-reporting of depression has increased and new diagnoses have become prominent. Many of the disorders are recurrent or chronic.

Four per cent of 12- to 17-year-olds and 9% of 18-year-olds suffer from depression, making it one of the most prevalent disorders with wide-ranging consequences *(5)*. Young girls are now diagnosed more frequently than in the past with mental disorders and particularly with depressive symptoms. Depression is associated with youth suicide, which is a major problem in many countries and the third leading cause of death in young people *(3)*. Geller *(6)* reports that pre-pubertal major depressive disorder is associated with the diagnosis of bipolar disorder, major depressive disorder, substance use disorder and suicide in adulthood. The use of alcohol and drugs among adolescents has many consequences but prominent among these is an association with suicide, other life-threatening behaviours such as violence, and road deaths. Rates for comorbidity, that is, the diagnosis of alcohol or drug use and a psychiatric disorder, appear to be increasing. The premorbid or prodromal phase of schizophrenia often starts in adolescence, and early detection and treatment may lead to a better prognosis *(7)*.

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Some disorders

Two of the more common and widely discussed diagnoses are post-traumatic stress disorder (PTSD) and hyperkinetic disorder or attention-deficit hyperactivity disorder (ADHD). In some areas of Europe, notably the Balkans, the diagnosis of PTSD is now common. The elements associated with making this diagnosis illustrate the complexity of understanding childhood disorders and their consequences. It is likely that the context of conflict and stress fosters the manifestation of the disorder, but family factors, the ability of communities to respond, and past psychiatric illness all have an impact. Likewise, the diagnosis of hyperkinetic disorder or ADHD is now prominent in many clinical settings, but it remains a controversial diagnosis surrounded with concerns about context. The use of standardized diagnostic criteria lapses in the absence of adequately trained personnel, and the diagnosis can be symptomatic of family dysfunction, rather than individual psychopathology, and may reflect inadequacies in the educational system. Leibson *(8)* shows that the nine-year median medical costs for children with a diagnosis of ADHD were US$ 4306 compared with US$ 1944 for those without this disorder, owing to higher rates of emergency health care and visits for outpatient care to primary care clinicians. These costs did not include those for psychiatric or other mental health professional care.

Conduct disorder has been studied in a number of settings. It is one of the most common diagnoses of mental disorder made in young people. In the United Kingdom, the prevalence of conduct disorders is reported to be 7.4% in boys and 3.2% in girls. The rates are higher in poorer areas, in single-parent families and in unemployed households *(9)*. The prevalence of the disorder has increased five-fold over the past 70 years in western countries *(10)*. The importance of this diagnosis, which can be made at an early age, is in its implications for the development of later psychopathology and, in particular, delinquency. The diagnosis is associated with adult criminality, marital problems, poor employee relations, unemployment and poor physical health *(11)*. Conduct disorder can predict educational underachievement, substance use and dependence, anxiety, depression and suicide. Between 25% and 40% of children diagnosed go on to develop dissocial personality disorder in adulthood.

Eating disorders have also gained prominence in recent years. They have been diagnosed in 1% of the population in the United Kingdom. Anorexia nervosa and bulimia nervosa are commonly thought to be related to western attitudes towards body shape, weight, and dieting behaviour. In fact, studies support this assumption but also note that, when exposed to western attitudes, individuals from diverse backgrounds develop eating disorders at rates comparable to their western contemporaries *(12,13)*. Eating disorders must be seen as disorders with lifelong consequences. A study of college students found that 21.6% of females with eating disorders still met the clinical criteria 10 years later *(14)*.

Obtaining essential services is a fundamental right highlighted in the European Social Charter *(15)*, yet recent surveys on services for children and adolescents report considerable qualitative and quantitative differences in the existence and level of services across the European Region. A survey of 31 European countries concluded that the provision of services and the number of child psychiatrists varied widely across the Region *(16*), the latter ranging from one per 5300 people under the age of 20 to one per 51 800 for the same population group. It is apparent that the presence of clinical personnel to provide child psychiatric services varies in relation to income level *(17,16)*. The WHO Atlas project has documented that 23% of countries have no programmes for children. Only between 10% and 15% of young people with mental health problems receive help from the existing child mental health services. The provision of specialist help varies widely: for example, Finland and France have one specialist in child psychiatry for every 10 000 people under the age of 20, while the United Kingdom has one for every 30 000 and Serbia and Montenegro one for every 50 000 or more.

Social impact

The presence in society of children and adolescents who are “at risk” or manifest mental disorders leads to destabilizing conditions in society as a whole. The diagnosis of conduct disorder and the presence of mental disorders, coupled with the use and abuse of alcohol and illicit drugs, are associated with violence, criminality, other antisocial behaviours and the inability of the individuals concerned to develop into productive citizens of nations and communities.

Funding

Funding for mental health services, and for child and adolescent mental health services in particular, has varied throughout Europe. In the past, with strong economies in the Nordic region and western Europe, there was relatively easy access to high quality services in those countries, with few restrictions. In the communist era, eastern European countries had services that were relatively easy to access, although their quality could not always be verified. Now, with moves towards privatization and a downturn in some economies, access to services has become much more of a problem. The introduction of "managed care" and various insurance schemes, often based on experiences from western Europe, have distorted previously functioning, albeit more costly, services.

The WHO Atlas survey has shown that "self pay" is too often the only way for families to get the care needed for their children or adolescents with mental disorders. This obviously limits access. Countries have quite variable schemes for the provision of needed services, with some moving away from state-supported universal care. Access to medication, particularly newer medications with potentially more benefit, is limited when the payment must be made by those who often can least afford to do so.

Building solutions

Some far-reaching recommendations were made at the pre-conference meeting on the mental health of children and adolescents held in Luxembourg (September, 2004). The meeting was organized jointly by the European Commission, the Ministry of Health of Luxembourg and the WHO Regional Office for Europe, and the conclusions stressed the importance of giving greater priority and allocating appropriate funding to the mental health of infants, children and adolescents, including it in national plans as part of national public health policy. They also stressed the use of community-based initiatives, training and user involvement. The meeting's recommendations are reflected in the Mental Health Action Plan for Europe, to be agreed at the WHO European Ministerial conference on Mental Health (Helsinki, January 2005).

Europe must move away from the vestiges of outdated modes of care, wherever they exist. Where possible, children and adolescents should be treated in the least restrictive and least stigmatizing environments. Mental health systems need to be tailored to the conditions of the particular country. The goal must be to develop a continuum of care that includes adequate inpatient services and accessible, appropriate outpatient programmes.

Addressing mental disorders and promoting mental health for children and adolescents in Europe has to be seen within the framework of respect for the human rights of those affected, as reflected in the European Social Charter.

Further, to prevent the development of disorders, educational initiatives should be undertaken to inform parents, educators, health care providers and others about child and adolescent mental health issues.

With newer diagnostic techniques, more standardization in the processes of diagnosis, and a better appreciation of environmental, biological and family factors, relevant diagnoses can be made that lead to appropriate treatment options. To bring child and adolescent mental health services to a level where they can meet the documented need for diagnosis and treatment, capacity must be enhanced. The development of training programmes and support for educational initiatives will be fostered by drawing up appropriate policies for child mental health in the European Region. To this end, WHO has recently published *Child and adolescent mental health policies and plans (18)*, a manual that provides guidance on needs assessment, the provision of rational services and the development of accountable and sustainable governance. Child and adolescent mental health should be explicitly included in national action plans for mental health, and the relevant sections drawn up in collaboration with the ministries responsible for education, insurance and social affairs in order to ensure an adequate multisectoral response.

Prevention is a key element of child and adolescent mental health services. It is evident that the prevention of disorders is both cost-saving and in the best interests of the child, the family and the community. Much has been achieved in the way of

developing preventive programming but the resultant programmes are not yet widely disseminated and supported. Prevention and promotion in relation to child mental health is essential. They form part of a more holistic approach to the care of children that needs to incorporate mental health concerns.

While child and adolescent mental health issues receive a great deal of media attention and are often the focus of discussion in relation to education and the criminal justice system, financial and legislative support for child and adolescent mental health services and training has lagged significantly behind in the European Region. Current efforts in economic and health care reform threaten relatively well developed services and training functions in high-income countries. In low-income countries, the safety net of services for those in need has been eroded in the course of economic and political reforms. A way must be found to support adequate services; if this is not done, societies will be hit by the adult consequences of unrecognized and untreated child and adolescent mental disorders.

Europe has initiated and needs to continue with or expand collaborative efforts in training. The guidelines for professional training produced by the European Union of Medical Specialists clearly encourage high quality responsive care. These guidelines need to be universally supported to ensure common standards and approaches to clinical care. The European Commission's Tempus programme provides a model for collaborative training efforts between more developed programmes and programmes being established.

Some examples

In Marburg in Germany, a mobile child mental health service was used to provide follow-up for patients who had been previously hospitalized, new child psychiatric consultations on site, and supervision of institutions for children. The mobile team consisted of three professionals: a child psychiatrist, a psychologist and a social worker. The mobile team was able to reach individuals unable or unwilling to come to a major referral centre. The mobile team made it possible to deliver quality care in an effective and efficient manner where it would not otherwise have been available *(19)*.

The Effective Family Programme in Finland is a preventive intervention that provides health and social services to support families in order to prevent children's disorders. It seeks to build bridges between child and adult psychiatry and social work. Methods used include an intervention to support the development of resilience in children by helping them to understand parental disorder. "Let's talk about children" adopts a psychoeducational approach that involves parents in a discussion of relevant clinical issues. The programme trains professionals to master the methods and to become trainers.

www.stakes.fi[1]

Telefono Azzurro is a national telephone helpline for the prevention of child abuse in Italy. It gives children and adolescents the possibility of speaking anonymously when they have been exposed to violence. The caller receives immediate telephone support and referral to an appropriate resource for further care. If a child is deemed to be in immediate danger, the case is reported, with consent, to the appropriate authority. The programme is now being replicated in many countries.

A group therapy programme at Timisoara Clinic in Romania has for many years used myth as a catalyst for therapeutic interventions with adolescents. Myth incorporates themes about the meaning of life, which is a core issue for many young people showing signs of depression and suicidal ideation. The groups bring individuals together to foster therapeutic interaction but also serve as a forum for confrontation regarding the symbolism of myth. A psychotherapist monitors the group interaction, but the main leader is an adolescent trained to serve as an "opening catalyser". Groups are held throughout the school year with a mix of teenagers identified as symptomatic. The core activity involves the use of psychodrama and analysis of the young people's own "scripts" *(20)*.

The Psychological Education Service Centre in Norway serves children diagnosed with autism spectrum disorders (ASD). This counselling service examines the needs of the child and advises kindergartens and schools. In Norway, every child with a disability or learning disorder is entitled to a special education programme. The programme is designed in cooperation with parents, teachers and

experts from the Centre. Children with ASD receive early intervention and special education in kindergartens and nursery schools. Older children receive individualized interventions based on the desire to promote inclusion. People with ASD often have several other medical and psychiatric problems. The National Autism Network of Norway has established centres to provide services to people with ASD and severe psychiatric problems.

Stakeholder involvement

There is a high level of stakeholder involvement in issues related to child and adolescent mental health. The trend has been for stakeholder involvement with regard to specific conditions or diagnoses. While this approach helps to disseminate information on specific disorders and to enhance advocacy efforts, it may detract from efforts to support the more general need for services and training in the field of child and adolescent mental health.

Autism Europe is a nongovernmental organization that is a prime example of a disorder-specific group composed primarily of parent organizations. Its individual members include many professionals and it collaborates with professional organizations. Autism Europe has become an authoritative source of information. It is also a very effective advocacy group, using both legal challenges and media publicity to highlight the needs of young autistic people and their families.

www.autismeurope.org[1]

Partnership for Children was established in 2001 to promote the mental and emotional health of children and young people. The Partnership took over the Zippy's Friends programme, pioneered in Denmark and Lithuania by Befrienders International. It teaches six- and seven-year-olds how to cope with difficulties and is built around a set of stories associated with activities that lead to the enhancement of coping skills. The aim is to reinforce the mental and emotional health of all children.

www.partnershipforchildren.org.uk[1]

The European Society for Child and Adolescent Psychiatry (ESCAP) brings together professionals throughout Europe to promote professional development, information dissemination and advocacy. ESCAP congresses provide a forum for professionals from the different mental health disciplines to exchange new knowledge. ESCAP sponsors professional training.

www.action.mi.it/escap/[1]

FOCUS is a project that promotes effective practice in child and adolescent mental health. Its main emphasis is on the dissemination of information to support an evidence-based approach to practice for all professional groups and in all service settings.

www.focusproject.org.uk[1]

The International Association for Child and Adolescent Psychiatry and Allied Professions is an umbrella organization for national child psychiatry and allied professional organizations. This nongovernmental organization, which is in official relations with WHO, has promoted the development of child mental health services in eastern Europe, fostered child mental health as a human right, and established programmes to promote the development of child mental health research through a variety of training initiatives.

www.iacapap.org[1]

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Further reading[1]

Report of the pre-conference meeting on the mental health of children and adolescents (Luxembourg, September 2004) (http://europa.eu.int/comm/health/ph_determinants/life_style/mental/ev_20040921_en.htm).

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[1] All web sites accessed 10 December 2004

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