

Thematic Conference Mental Health in Youth and Education Organised by European Commission and Swedish Ministry of Health and Social Affairs under the auspices of the Swedish Presidency of the Council of the European Union

PRIORITIES FROM THE CONFERENCE

Priorities for Policy and Action for Addressing Mental Health of Children and Young People

As conclusions for the conference, three to four priorities are identified from each of the conference sub-themes through a tripartite process: taking into account the opinion of the expert writing the conference background paper, the votes of the conference participants and the summaries of the rapporteurs of the session contents and discussions.

1) Parents, families and the early years

Conclusions and priorities in the area of parents, families and the early years are:

- National policies of member states need to support parenting through adequate paid parental leave and benefits packages, for fathers as well as mothers.
- National curricula for relevant professionals (public health nurses, community and social workers, general physicians, school counsellors etc.) should include training in approaches which are empowerment-based and which focus on parents' strengths, as well education in infant mental health and good parenting supporting techniques.
- National policies need to ensure high quality child care for all children including targets on staff to pupil ratios, personnel qualifications and specific training.
- Member states should adopt universal evidence-based approaches to offer advice/skills to support parenting and identify families in need through existing services and via a range of media including TV, DVDs, telephone support, group based support, internet and leaflets.

2) The role of Health Services in promoting mental health and prevention

Conclusions and priorities in the area of promoting mental health and prevention through health services are:

- Functional infrastructures should be developed comprising of multidisciplinary and inter-sectoral teams (including health, social, educational and cultural sectors), working together with families, and allowing for a variety of entry points to a system of combined universal promotion services and targeted high risk preventive interventions (such as via the family, day care and school, online services and help lines or resulting from treatment of a sibling or parent), with special attention to transition periods.
- Health services for adults need to adopt a whole family approach, including early intervention, referral to appropriate services and measures to support family relationships, to promote child development and prevent children's problems when a parent is being treated for mental health and substance abuse disorders or severe somatic illness/disability.

- Member states should provide mental health promotion for children with chronic and/or severe somatic illnesses and disabilities, as well as support for their parents and siblings alongside attention for their physical health problems
- Research projects to monitor and study the effectiveness of promotion and prevention services, interventions implemented through other services and the experience of children and families in these should be encouraged in European member states.

3) The role of the community environment

Conclusions and priorities in the area of communities for mental health are:

- It is a priority to respect young people's opinions on community decisions and action and to develop means for them to voice their opinions.
- Mechanisms for effective coordination and communication between different community actors at the regional and national level should be developed, to carry out promotive action through multiple contexts. These could be platforms and networks of different community professionals and should also include the involvement of young people in the design and implementation of actions to ensure ownership and uptake.
- National and regional policy affecting communities has a responsibility to acquire and use evidence offered by the scientific literature to enhance the effectiveness and sustained implementation of intervention programmes and activities in the family, school, and leisure arenas. In particular, opportunities for structured activities and prevention of alcohol and illicit drug use are important areas for community based action to improve mental health of young people.
- Communities should work to ensure that people in contact with children and young people, such as in youth organisations, the voluntary sector, social workers, churches and their youth organisations, police and judiciary personnel, receive training related to children and young people's mental health.

4) New media technologies and internet

Conclusions and priorities in the area of new media technologies and the internet are:

- Youth ambassadors should be appointed and trained in ICT/media literacy, to empower and involve youth and to reinforce peer learning related to new media technology in the promotion of mental health and wellbeing, as well as to enhance the reach and effectiveness of promotive action.
- Member states should use new media actively in the promotion of mental health, in their own national language and with reference to their specific patterns of ethnic diversity and literacy, with the development of cultural and age-appropriate, interactive and equitable e-mental health promotion sites or programmes, in collaboration with and using the expertise of industry players and service providers.
- Priority should be given to awareness-raising and training initiatives such as public awareness campaigns (through a variety of media and school activities), to increase the knowledge and skills of children and parents in safe media and internet use, in parallel with programmes aimed at health professionals, teachers and professionals in media and internet sectors on the mental health impact of new media/internet technologies and the tools available to them to manage its positive and negative aspects.

- Potential campaigns, training, appointments and sites should be the focus of national and international research, with focus on the significance for young users. More short-term evaluations of usability and popularity should be supported by independent, academic research into the mental health outcomes and implementation factors of the activity.

5) Educational Settings and Learning

Conclusions and priorities in the area of educational settings and learning are:

- The development of national action plans to establish quality mental health promotion in educational settings, which fosters social and emotional well-being and the development of skills.
- Member states should integrate the goals of mental health promotion and prevention of mental disorders in educational policies, mission statements, organisational concepts and curricula at all levels, by acknowledging the central role of well-being in successful learning outcomes, the responsibility of schools to promote mental health and by putting children at the centre of policy and goals.
- Provision of explicit, skills-based universal and targeted mental health promotion activities in educational settings, such as social and emotional learning programmes and life skill education at both pre-school or school level. These should take a whole-setting approach, targeting all relevant actors (learners, teacher, head teachers, parents, counsellors, etc.)
- Psycho-social services and support for pupils, students as well as for teaching staff should be easily accessible and of high standards, to enable early identification and ample support for children, families or staff experiencing difficulties.

“Promotion of Mental Health and Well-being of Children and Young People – Making it happen”

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MINUTES OF THE CONFERENCE

Tuesday 29th September

OPENING SESSION: WELCOME

The Swedish Minister for Elderly Care and Public Health, **Maria LARSSON**, welcomed all to the conference and opened with an anecdotal illustration of the problem of stigma for youth and the difficulty faced by young people in talking about mental health problems. She emphasised that social solidarity and networks, as conditions for mental health, are a prerequisite for a knowledge-based society and healthy economy. The minister gave an account of the public health policy, adopted in Sweden in 2003, with an added emphasis given to health promotion last year. She stressed the importance of links between actors, especially to provide comprehensive health services and involve and inform parents, and the necessity of respecting child and adolescent rights and opinion.

Finally, Ms Larsson encouraged delegates in the goal of the conference: to push forward the implementation process of the pact and to demonstrate the ability of Europe to deal with the challenges posed by mental health problems in youth.

Androulla VASSILIOU, European Commissioner for Health, addressing the conference by video message, reminded participants that children and young people are our most precious assets. The commissioner outlined a specific initiative on youth health, “Be healthy- be yourself”, launched during a conference in Brussels earlier this year (8-10 July), and which the current conference forms a part.

Ms Vassiliou raised the issue of the strain placed upon young people by the changing world in which we live, illustrated by the sad fact that suicide is the second most common cause of death in young people. She welcomed the framework for on promoting mental health and well-being and preventing disorders across member states and across Europe action in the area of youth.

PLENARY SESSION: SETTING THE SCENE

Andrzej RYS, Director for Public Health and Risk Assessment at the European Commission, presented the EU-framework for promoting mental health and well-being in children and young people, within the context of the wider implementation phase of the European pact on mental health and well-being, the 5 implementation phase thematic conferences, and concurrent youth health initiative, “Be healthy- be yourself”. He highlighted the strengthening of the value, self-esteem and resilience of children and young people as priorities to be achieved through four strands of action: the provision of environments and settings which support emotional development; by offering a positive life perspective; by minimising the risk factors to which children and young people are exposed; by promoting young people’s active involvement in decisions which concern them.

Mr Rys outlined the schedule of thematic conferences within the Pact implementation phase and the overall aim of these events: to communicate the results of work on identifying good practices in Europe, success factors for action and to stimulate the development of appropriate recommendations and action plans. To support this from the EC, he presented the EU Compass for Action on Mental Health and Wellbeing, an online tool for the exchange of information on mental health situations and activities, and the conference document (now in draft form), a Framework for Action, comprising rationale and essential actions in 5 key

areas, aimed at providing non-binding but authoritative guidance to policy makers and stakeholders across the EU.

Finally, Mr Rys mentioned the steps to be completed after this conference, and with forthcoming events. These included the revision and dissemination of the action framework, the provision of implementation statements by member states and organisations, the further development of the EU Compass for Action on Mental Health and Well-being, and a final summary in 2011 of all the thematic conferences and other activities under the Pact.

KEY NOTES – PROMOTING MENTAL HEALTH AND WELL-BEING IN CHILDREN AND YOUNG PEOPLE: KEY ISSUES AND PRIORITIES FOR ACTION

Poul NYRUP RASMUSSEN, President of the Party of European Socialist and former Prime Minister of Denmark, gave an uplifting talk drawing out several key cultural factors which underlie mental health in young people, by comparing past and present European societal priorities and putting forward the perspective of young people today. In particular, he highlighted the need to reinforce the value of all (young) people in societies, not only the elite few who achieve the top academic positions or fame, and to dispel unrealistic expectations in young people about the nature of happiness by emphasising its transient nature in life and building up their resilience. He identified the problems of stigma and parental guilt in preventing the correct and early identification of mental health problems. He also pointed to the fragmented provision of health and social services (especially when unequally divided between the regional and municipal levels) in many member states as problematic. Finally, as key principles of implementation, he highlighted mentoring, as in the Danish Opus teams, the integration of children and parents into the solution of their mental health issues and the need to find and use the strengths of all those children in a society, including those with severe mental disorders such as autism.

Kadri VANEM, member of the Board of the European Youth Forum, welcomed the consensus paper on youth and thanked the Swedish EU presidency for its role in the event. She emphasised the importance of involving young people as equal partners in implementation of policy and practice as well as a need to involve the whole of society, as stated in the working plan of the European Youth Forum. She also stressed that we should be taking a holistic view of development, with attention given to non-formal as well as formal education opportunities, as these are essential in shaping attitudes and breaking taboos. Finally, she called for more training offered to professionals in contact with young people, increased support for parents and protection from abuse and violence and a joint effort throughout society, embodied as more research, public awareness, and a commitment from stakeholders to young people's mental health.

PARALLEL SESSION 1: PARENTS, FAMILY AND EARLY YEARS

As session chair, **Shona ROBISON**, Minister for Public Health and Sport of Scotland, highlighted the importance of parental employment and a healthy family environment, free from substance abuse on developmental outcomes for children. She outlined the ongoing Scottish pilot of the Olds programme, which is widely implemented in the USA and based on an early years framework, valuing parents and improving access to support. The minister emphasised caring for children with mental health problems as a priority in Scotland, and access to mental health care as especially important in times of economic crisis. She stated the intention to provide an integrated and evidence-based approach to child and young people's mental health with promotion, prevention, treatment and care.

PRESENTATION: The role of parents, family and early years in promotion of mental health and prevention of mental disorders - key messages and framework for action

Sarah STEWART-BROWN presented the key messages and framework for action for the role of parents, family and early years in promotion of mental health and prevention of mental disorders. She stressed the breadth of the subject, its importance for mental health and the need to implement effective policy and practice addressing subtle aspects of parenting in. She mentioned support for families (financial and social) as an essential backdrop to more specific action directed at parenting. Based in a large part on the work undertaken by the DataPrev project, she outlined some of the many evidence-based approaches in four areas: i) parental sensitivity and attunement; ii) the quality of parent-child relationships; iii) behaviour management and positive discipline, and; prevention of abuse and neglect. Her presentation highlighted the wide variety of benefits to be gained by improved parenting, including health and educational gains as well as improved mental health of future generations. Finally, she stressed that, although several key implementation principles have been identified – using a positive framework, development of staff skills and attitudes (non judgemental, strengths based, empathetic, respectful, genuine, group work skills, attention to process, realistic expectations and personal wellbeing), interventions to be ecologically based – more could be achieved with greater investment in research in this area.

REACTIONS AND PRESENTATIONS OF POLICIES AND INITIATIVES:

Marjaana PELKONEN, from the Finnish Ministry of Health and Social Affairs, responded by expressing how welcome the key messages and statement for action are. However, she raised some issues with the section of the paper dealing with issues of day-care, principally that she thought the evidence on which the key messages and action points are based to be incomplete and not to have taken into account studies which demonstrate beneficial results for high quality day care or kindergarten. She highlighted that in Finland, there is a subjective right for every child to day care but that in spite of this, not all children go to day care, with more going as they get older. The personnel in kindergartens are usually well educated and for every child a personal early education plan will be prepared. She acknowledged, however, that the structures for day care vary across different EU countries.

She suggested two revisions of the action points:

Action 1: National policies which support parenting through paid parental leave and benefits packages, for fathers as well as mothers *and through policies that provide possibilities for parents of young children to take leave of absence from work with safe return OR to adjust working hours to reconcile work family and life successfully.*

Action 8: to ensure high quality day care with long-term adult interactions and responsiveness to the child's needs, as well as support to parenting as needed, to all those in need, starting at the point when parental leave ends.

Dr Pelkonen presented two effective evidence-based practices:

- The European Early Promotion Project (VAVU), a method of working with families to promote the psychosocial well-being of children and to prevent the development of psychological and social problems, implemented widely across Europe as well as in Finland; and

- The Effective Family Project, which aims at providing methods to health care system to promote child development and prevent children's disorders in families with mentally ill parents and is implemented at the national level in Finland.

Finally she stressed the importance of focussing on the science of implementation and highlighted factors which facilitated implementation of the 2 interventions mentioned.

Vincent MAGOS, Directeur général adjoint of the Ministère de la Communauté française and Coordination de l'aide aux victimes de maltraitances, in Belgium, stressed the importance of leading by positive example, both as parents and as authority figures to the public of parents.

He presented several parenting support and public participatory initiatives from Belgium, including:

- Être parent, c'est...(being a parent is...): written material aimed at both parents and children, presenting advice on common issues (such as separation, teenage malaise)
- Advice or support for children available on www.yapaka.be: blog spots, downloads.
- L'exemple c'est nous (we are the model): A campaign raising awareness of about positive parenting and leading by example including written and mass media material such as short high-impact video clips shown as publicity, a participative website, slogan contests, flash mob events and tools for parents.

Finally, Vincent Magos strongly expressed his opinion that, within action point 2 on measures to protect children from harsh discipline practices and physical punishment, legislation against hitting and smacking should not be encouraged. Instead he argued for more ecological or positive approaches such as reducing TV viewing by under-3s.

Vibeke BING, founder of Föreningen for Familjecentralers Främjande (Organisation for Promotion of Family Centres), Sweden, presented the organisation as a resource for professionals interested in inter-sectoral work and a model to provide low-threshold parenting support under a single roof. The family centres represent a traditional service which contributes to mental health promotion by improving access to social support. These are places where networks can be created, parenting groups held or counselling services provided. They also host open nursery schools, which acts as a meeting place for parents, social services and perinatal support. Professionals to be found in the family centres include: district- or paediatric nurses; midwives; psychologists; preschool teachers; paediatricians; and in some cases librarians and dentists. The parents themselves are also actively involved.

The objectives of family centres are:

- To offer a meeting place in the neighbourhood
- To strengthening the social network of parents
- Providing ways of learning and developing skills
- Offering social support
- Serving as a centre of knowledge and information

Geoff LINDSAY, Director of CEDAR (Centre for Educational Development, Appraisal and Research), UK, described initiatives to offer parenting support through schools within the English school system. He discussed barriers faced by those implementing such action, such as the lack of economic and political priority given to children's mental health; a bias towards describing achievement in terms of cognitive attainment (illustrated by the existence of league tables); the ideological tension existing between the state and families and fear of the creation of a "nanny state"; the need to cater for a diversity of cultures, and; a variable quality of evidence within the field.

Dr Lindsay also outlined several opportunities for implementation in UK. He presented three examples of evidence based good policy/practice from the UK which follow an eco-systemic approach, which had built on these opportunities:

- Every child matters: strategy for children's and young people's (0-19 years) well-being in the UK, involving professionals (hospitals, schools, police, voluntary groups) teaming up in new ways. It includes a commitment to parent involvement/support and input from children and young people themselves.

- Parenting early intervention programme: this combination of 3 manualised parenting programmes with evidence for effectiveness is being progressively rolled out. After an initial pilot over 18 local authorities (2006-8) it will now be implemented nationwide. The programmes focused on parents of children aged 8-13 years, identified as a policy gap, and evaluation showed improvement on all parenting measures and child behaviour.
- Parent support advisors: professionals operating through schools to support parenting in tackling problems. The evaluation study found high satisfaction amongst parents, teachers and head teachers leading to a national roll-out in 2008.

Finally, Dr Lindsay highlighted three principles for successful implementation at the national level: i) involve/engage parents by giving them voice and enhancing confidence in parenting; ii) implement evidence-based practice (using manualised programmes, with phased implementation research); iii) engage schools and the community.

Joy Ladurner, youth representative of HPE (Hilfe für Angehörige psychisch Erkrankter) and EUFAMI (European Federation of Associations of Families of People with Mental Illness), from Austria, responded to the background paper, commenting on the need to address synergies and gaps between the 5 sub-themes. With reference specifically to the section on parenting and family, she found a stronger reference to other family members (grand-parents and siblings) to be missing. She also asked for more attention to be given to families and parenting of older children and adolescents and to consider the cultural and religious backgrounds of families. With regards to implementation, she stressed the importance of pursuing a cross-sectoral and multidisciplinary approach as well as emphasising aspects such as the definition of an overall framework, the creation of the evidence base and the development of practical solutions.

Ms Ladurner highlighted several good practices from Austria:

- Mother-child-pass EXAMINATION programme
- Healthy schools project
- Austrian league for child- and adolescent health
- Pro mente youth/Fund for a Healthy Austria (FGÖ): Gehsteig project: Youth health promotion in the city
- Psycho-social interventions for pregnant women and mothers
- S.I.N.N. (Social Innovative Network)
- Self-help movement: e.g. HPE: Assistance for families of individuals with a mental illness

Finally, Ms Ladurner emphasized the importance of healthy parenting from the viewpoint of children and their rights and need to be protected and supported as well as proactively involved. She called for greater cross sectoral co-operation and involvement of all stakeholders, targeted support for high-risk families/children and long-term programmes alongside systematic data collection, research and capacity building.

DISCUSSION

In the short discussion following presentations, several points were raised:

- Day-care – while longer maternity leave should be offered in some member states, the priority should be on enhancing the quality of day-care, for example by strengthening requirements for early years workers.
- It was strongly hoped that the wording of the action point referring to day care provision would be softened in revision of the background paper.
- Toys, commercial pressure and consumerism are more and more the main playthings of children in today's societies. Initiatives need to focus on reversing this trend and enhancing adult-child interaction instead.
- Adult commissioners need to be on board in member states, alongside their counterparts working for children.
- Greater emphasis should be placed on links within the community, especially to promote the physical health of families, which has knock on effects on mental health.

SESSION 2: THE ROLE OF HEALTH SERVICES IN PROMOTING MENTAL HEALTH AND PREVENTING MENTAL DISORDERS

Melinda MEDGYASZAI, Secretary of State, Ministry of Health, Hungary, chair of the session, introduced the presentations.

PRESENTATION: HEALTH SERVICES AS ACTOR AND SETTING FOR PROMOTING MENTAL HEALTH AND PREVENTING MENTAL DISORDERS IN CHILDREN AND YOUNG PEOPLE

Tytti SOLANTAUS, Research Professor, National Institute for Health and Welfare, Finland, started by stating that health services have an opportunity and a responsibility as well as the knowledge and means to promote child development and mental health, and to prevent developmental problems. The level of prevention and promotion should be universal and targeted (both selective and indicated) and should not be viewed as competing for resources.

Promotion and prevention need an infrastructure (services, research and training) backed up by legislation and policy. Child mental health prevention and promotion services need to be legislated as treatment services are and health sector has the responsibility to ensure that child mental health is taken into account in non-health legislation and policies (social welfare, education, etc.). Moreover, a move from a re-active to a pro-active approach in legislation is proposed.

Three areas are proposed for the services infrastructure: I. Universal prevention and promotion services in child mental health: we need universal mental health prevention and promotion oriented health services, starting with family planning and pregnancy, with equal access for all population groups. A change is also needed to expand the focus to mental health and socio-emotional development (not only on physical growth and health). The tasks should include: information and new knowledge for children and families; to monitor child development and mental health and family situations; to detect early problems; and to refer them to specialized services when needed. The need to move beyond early detection was also noted, as well as enhancing family strengths and proactive measures. The services should function in close cooperation with children and families (agency of children and parents); and collaborate across sectors (ecological approach, with multi professional teams). II. Paediatric services for children: Promotion of socio-emotional development and mental health of children with chronic and/or severe somatic illness or disabilities, which are a risk for the child's well being and mental health, as well as support for their siblings and parents. III. Health services treating adults: Mental health and drug abuse services as well as somatic health services for adults need to take a whole family approach, and promote their patients' parenting, family relationship and child mental health and provide/make referrals for appropriate preventive interventions.

In relation to research, it should increase the scientific bases and effectiveness (including users' experiences) for prevention and promotion. The education and training should operate at different levels (school system, universities, media and others).

REACTIONS AND PRESENTATIONS OF POLICIES AND INITIATIVES

Lars HELLGREN, Leader of the Centre for Child Mental Health at Socialstyrelsen, Sweden, commented on some of the key messages of the background paper on services. In relation to the message that "services should have the capacity and means to also support the mental health of families and children", he stated that collaboration is the cornerstone in order to succeed in ambitions of prevention.

He presented the project "Attend the children", from the Centre for Child Mental Health in Socialstyrelsen, as an illustration of giving the decision making levels of politicians and chief executives in the municipalities and county councils necessary knowledge for such long term planning of collaboration.

In response to the key message number 9 ("there is a gap between what is known and what is really put into practice), he raised the questions: Which methods to use? In which areas? - highlighting the necessity of deciding what level of evidence is good enough.

In response to the key message number 5 ("Health services should respect the agency and expertise of children and parents") and action point 3 (community based and prevention and promotion oriented health

services), he noted that the EU Compass raised issues of universal versus targeted prevention and presented the Swedish National strategy for a developed parental support as an example of good policy in the area of universal prevention. However he noted that targeted prevention also is a very important tool in order to reach the most vulnerable children and youth.

Finally, he advocated the development of high quality research, including cost effectiveness studies, on culturally sensitive preventative and promotion methods / interventions for child mental health.

Jan DE MAESENEER, Professor at Ghent University, The Network Towards Unity for Health in Ghent Belgium, presented himself as a family physician in the community. He started by differentiating the federal, regional and local levels for action in Belgium. He presented data indicating the serious nature of the European problem of suicide and also the positive link between financial resources and children's mental health. Therefore, he stated that we can not look at mental prevention without looking at social determinants and have to design services to address mental health problems by contributing to equitable care. He introduced the idea of primary health care as a strategy to promote mental health, that can only be effective in a contextual approach (including education, work, economy, house, etc.) and stressed the need for community oriented primary care.

Following this, Dr de Maeseneer presented his own approach of a community health centre as a response to the current epidemic of teenage pregnancies. He explained the mode of working through focus groups and qualitative research leading to intervention with support-networks, skill-trainings, group meetings, and cooperation with primary care and public health. He also introduced a website (« Fit in je hoofd, wel in je vel ») which focuses on mental health promotion for youth. He emphasized that the health system should be based on people's need. He presented a diagram of the Flemish Health Council (comprehensive health care system), and the intersectoral action for health at the local and community levels. At the local level, intersectoral action for health in the framework of the local social policy puts emphasis on mental health. At the community level, a platform of stakeholders that exchanges information in order to make a "community diagnosis" is of utmost importance. At the federal level, investment in manpower (child and youth psychiatry; psycho-therapy) and quality assurance is needed.

Finally, he pointed to the lessons learned: 1) investment in community mental health; 2) investment in primary health care; 3) intersectoral action for health; and 4) increasing social mental capital.

Christa KUYPER, GGD Rotterdam-Rijnmond, The Netherlands, presented a programme for the prevention of emotional problems in Rotterdam, and the Youth Health Care in the Netherlands. Their objective is to protect, to promote and to monitor the health and the physical, emotional and (psycho) social development of Dutch youth from 0-19 years old. It is the only organisation that has direct contact with all children and (preventively) screens and identifies somatic and psychosocial problems. Children undergo routine health examinations, and questionnaires are completed by parents, teachers and adolescents, in order to identifying individual at risk and collect data.

Christa Kuyper presented the Rotterdam Youth Monitor and emotional problems and a programme for prevention of emotional problems. It included the training of school nurses and teachers, and implementation of school theatre (orientated towards the prevention of depression and suicide). Moreover, in primary and secondary education settings, the programmes "zippy's friends" "friends" and training "head up", were implemented. She addressed both the barriers (time; funds; schools have limited time and capacity to cooperate) and also the opportunities (implementation in other municipalities, focus more on practically oriented secondary education, focus more on youth of non-western origin).

Finally, two key messages were outlined: 1). Promotion and prevention in mental health are an integral activity of health care; 2). Mental health problems in childhood are the strongest predictors of mental health disorders in adulthood. High-functioning, effective mental health services for children of all ages are needed to prevent life long problems and disorders.

Stanislas FILLIOL, Representative of UNAFAM, "Les GEM" (Groupe d'Entraide Mutuelle): self-governed support groups (France), presented the GEM - mutual health groups. He first presented the mission of UNAFAM, a careers' organisation. He pointed out that prevention is extremely important in mental health, because the demand for care is not usually expressed. There is a difficulty in accepting care, and a care

plan in 6 points was proposed: The person, the person's close relations and environment, the health professionals, the community social workers, and the community's elected representatives, must cooperate in implementing the care plan. Following this, the mutual help groups/GEM, a friendly club offering a supporting service, was explained. Their aims are: mutual respect, mutual help, encouraging, sharing, etc. Each GEM is asked to pass an agreement ("convention") with the local psychiatric service; this creates a link with the health service. The GEM clubs also bring out a strong message to the community about discovering the people they help and reducing stigma. The French government spends 20/25 million Euros/year on the GEMs; 75 000/year for each GEM. He highlighted the importance of this financial commitment to "making it happen".

Anthia ZAMMIT, Youth representative (Malta), pointed out that poverty, social exclusion, bullying, family breakdown, domestic violence, alcohol abuse, drug abuse, academic pressure and diminishing physical relationships all contribute to the growing problem of mental illness in our society.

She noted that mental Health cannot be severed from an individual's overall physical health and this must be adequately reflected in legislation and policies related to the provision of health care. Health Services must be centred on their holistic role of ensuring that mental health patients lead healthy and fulfilling lives. An enlarged scope of mental health services is required, promoting the inclusion of young people with mental health problems in society by improving their access to appropriate employment and educational opportunities and their participation in culture and sport.

Ms Zammit pointed to the stigma attached to mental health issues and the consequent negative impact on service use. Mental health services for children and young people should not be segregated to separate clinics and organisations, but should form an intrinsic part of general health services. This should be initiated through serious Primary Health Care Reform that would provide for the set-up easily-accessible community services which would be the first stop or first place of referral for young people suffering from mental health challenges and their families. She also advocated "mentor" who had previously been through such experiences to reduce the amount of stigma.

Finally, she emphasised the need for highly-trained professional staff specialized in youth health to care for those with severe behavioural difficulties and promote their well-being.

She finalized it with the assertive and clear statement that "it is now time for action and implementation" and added that the repercussions for failing to address child mental health are severe, and that it is imperative that young people are involved in policy-making and in implementing a European framework for Youth Mental Health, if practices and policies are to be successful.

DISCUSSION

In the short discussion following presentations, several points were raised:

- Sustainable outcomes are needed: "We are very good at treating people, very bad at maintaining mental health".
- Strong collaboration among GPs and psychologist in primary care, working door by door, is suggested as an excellent model with strong examples.
- The problem of stigmatization related to screening programmes.
- Legislation is very important, but funding is even more important.
- Patients and citizens, children, parents need to be involved by asking what they really want.
- There is a need for evidence research ("we can do harm even with good will").
- There is a need for cooperation, collaboration and coordination.

PLENARY SESSION – REPORTING BACK FROM FOCUS SESSIONS 1-2

Geoff HUGGINS, Head of Mental Health, Scottish Government, Scotland, UK, summarised session 1 on **parents, family and the early years**, giving an account of responses to the expert statement and European good practices presented in this area. He identified the following action priorities from the session:

1. Need for mechanisms to ensure high quality childcare, but also
2. Means of safeguarding time and places for parents to be parents
3. Ongoing support arrangements – such as family nurses – are important ways of working to be encouraged
4. Legal framework, standards and quality are essential

Dainius PURAS, Associate Professor and Head of Vilnius University Centre of Child Psychiatry and Social Paediatrics, Lithuania, summarised session 2 on **the role of health services**, presenting an overview of the responses and discussion surrounding the conference background document and outlining areas on which consensus could be reached. He gave a concise account of the practices presented in the five session presentations and identified key action points in 4 areas:

- Policies for supportive rather than restrictive measures when family is in crisis or parents lack competence
- Integrated promotion, prevention and treatment services which are family oriented to promote well-being, both in good health and in illness
- Training to enhance mental health literacy for children and promotion of mental health should be included in school curricula for all children
- Research projects to monitor and study the effectiveness of promotion and prevention services, interventions implemented through other services and the experience of children and families in these

Finally he pointed to the way forward: for practitioners and researchers to communicate more fully with the aim of raising awareness, to inform general public and policy makers; to continue the exchange of practices between Member States.

PLENARY SESSION – KEY NOTE ADDRESSES

SETTING THE SCENE – THE IMPORTANCE OF THE COMMUNITY DIMENSION, INTERNET/MEDIA AND PROMOTION OF MENTAL HEALTH IN SCHOOL SETTINGS

Gregor HENDERSON, an Advisor to Mental Health Europe and Chair of Young Scotland in Mind, opened the second day of the conference by raising several fundamental questions about the current context and underlying issues in the next parallel sessions on Community, new media and education. He asked the conference delegates to consider whether policies predominately focused on and driven by economic growth were sustainable, especially in terms of knock on effects on inequalities and mental health and well-being. In particular, and in relation to the session on schools, he emphasised the importance of reframing success in not strictly academic and cognitive terms, for example by also emphasising qualities such as social and emotional competencies, life skills, resilience, enterprise/innovation, creativity and discipline/perseverance. He also asked whether the global economic downturn might not also present an opportunity to recalibrate our focus in education and community in terms of our attitudes, goals and priorities and laying a greater emphasis on social growth, relationships and resilience.

Mr Henderson also drew attention to the interaction between discriminatory policies, stigma and mental health problems, and expressed concern, also on behalf of Mental Health Europe, with regards to recent Lithuanian policy developments banning the discussion of issues relating to homosexuality in schools. He highlighted the need to allow children and young people visibility in our communities and on our streets, to encourage their participation and to respect their point of view. He also stressed the need to use ICT and new media to positive ends as one powerful example of the new 'word of mouth' (WOM) for children and a powerful tool for promotion of mental health.

Finally, Mr Henderson outlined key principles for policy: taking a life-stage approach; supporting the mainstream and developing integrative and multi-disciplinary partnerships, also between the public, NGOs and government.

MENTAL HEALTH AND WELL-BEING IN CHILDREN AND YOUNG PEOPLE IN THE EU AND THE PREVALENCE OF MENTAL HEALTH PROBLEMS AND DISORDERS

Ulrike RAVENS SIEBERER, Head of Research and Professor for Child Public Health University Clinic Hamburg-Eppendorf, Germany, gave an engaging account of the current state of research on the prevalence of positive mental health indicators in the EU. She stressed the importance of a good understanding of the prevalence of mental well-being for effective policy, but pointed out the difficulty in quantifying well-being and the burden of mental disorders in children and adolescents in Europe. She pointed to the existence of a European indicator for monitoring child well-being and drew on results published from three key European projects: Health Behaviour in School-aged Children (HBSC), KIDSCREEN and Eurobarometer. In general these showed a positive response from European children to questions regarding their mental well-being. However, some disparities exist, such as a gendered gap in mental health, with girls less likely to experience high life-satisfaction and more likely to report low mental well-being than boys in almost every European country. Social and economic inequalities are also key in determining differences in mental health across and within European member states.

Finally, Prof. Ravens Sieberer highlighted the implications of this data for policy decisions and stressed that programmes and policies devised to improve young people's health need to take into account the existing inequalities (in gender, age, geography and affluence/SES) and avoid making the gaps even wider.

Viviane KOVESS-MASFETY, Adjunct Professor of Psychiatry at McGill and Director of the Paris University Research Centre in Epidemiology and Policy Design in Mental Health, France, continued with an account of European mental health status from a complimentary viewpoint: that of the prevalence of mental disorders among European children and youth. She started by pointing out the uncertainties surrounding childhood diagnoses of mental disorders and the variable outcomes in adulthood. Difficulties arise due to

the adaptation of adult diagnostic tools and the lack of European-wide norms for use. Furthermore, the prevalence figures rely on a number of different informants (parents, teachers, and children) whose accounts are not regularly in concordance.

Prof. Kovess-Masfety summarised results from surveys using the Strengths and Difficulties Questionnaires (SDQ), which are the most widely used and translated throughout Europe. She noted that, in seeming contradiction to the previous talk, boys were more often reported as having mental health problems than girls. In conclusion, more work is needed to be able to measure and monitor problems in young people across the EU. She added that it is safer to monitor the prevalence of risk factors and trends than diagnoses and important to monitor over time.

She stated that in order to maximise scarce child psychiatric resources, there is a necessity to transform epidemiological data into planning tool (by defining conditions for referral) to organise the system of care. It is also critical to monitor and assess need and use of care, as there is a danger that those children receiving care may not be those with the greatest need.

SESSION 3: THE ROLE OF THE COMMUNITY ENVIRONMENT

As session chair, **Francesco AMADDEO**, Associate Professor, Department of Psychiatry and Clinical Psychology, University of Verona, Italy, introduced speakers to the public and opened the session.

PRESENTATION: THE ROLE OF THE COMMUNITY ENVIRONMENT IN PROMOTION OF MENTAL HEALTH AND PREVENTION OF MENTAL DISORDERS IN CHILDREN AND YOUNG PEOPLE - KEY MESSAGES AND FRAMEWORK FOR ACTION

Håkan STATTIN Research Professor in Psychology, Örebro University (Sweden) presented the key messages and framework for action in the community environment. In an introductory section, the role of the social and physical context where children grow was stressed, as well as the need to address all levels within communities. The importance of everyday life settings, which include the school, family, day-care and leisure arenas was also mentioned. These were described as the main targets and actors in community action, and the relevance of mutual awareness and of collaboration between these was stressed. The role of structured leisure-time activities was also discussed as a growing body of evidence suggests this can be beneficial for positive development.

REACTIONS AND PRESENTATIONS OF POLICIES AND INITIATIVES:

John SVENSSON, Representative of Building Healthy Communities' project, a network of 10 European cities, explained the aims of the project which are to create opportunities for cities to shape and implement healthy policies for their citizens, aiming at promoting healthy and sustainable lifestyles as well as urban development. The concrete experience of the city of Lidingö, in Sweden, was presented. Results of local health & lifestyles surveys have described a reduction in teenagers' mental health and physical activity as they grow older and work is in process to counteract this trend. An ongoing strategy and action was described, which includes:

- Having health as a primary goal. Physical, mental and social health.
- Acknowledging older adolescents as an important group. Seeing them as citizens and partners
- Make contact, and aim to reach both genders and all socioeconomic groups
- Involve and include them in the city's ongoing plans and development
- Offer young people resources to initiate and create their leisure activities.
- Support physical activities in all forms

The importance of structured leisure activities was also stressed, and described as a shortcut to the labour market and a key complement to the formal education.

Anne Marie LE CLAIRE from the European Commission, DG Education and Culture, Youth Policy-Unit, presented the European Union's new 9 year "EU Strategy for Youth: Investing and Empowering". Young people are considered a priority of the EU social agenda and this strategy aims at promoting the potential of young people through mobilizing key policies and increasing resources in all Member States.

The strategy aims at:

1. Creating more opportunities for youth in education and employment
2. Improving access and participation of young people in society
3. Fostering mutual solidarity between society and youth

Some examples of possible actions were described such as:

- Promoting training opportunities on health for youth workers
- Encouraging youth fitness and sport
- Mobilising all stakeholders at local level to detect and help young people at risk

The importance of encouraging talent, creativity and entrepreneurship in youth people was stressed, through concrete actions such as increasing the recognition of junior expertise or the widening of access to creative tools.

Some funding opportunities for new initiatives were listed, including the Youth in Action Programme, and some others such as PROGRESS, MEDIA, Lifelong Learning, Competitiveness & Innovation Programme or Erasmus for Young Entrepreneurs.

Håkan LEIFMAN, Director of STAD (Stockholm prevents Alcohol and Drug problems), Stockholm, presented some of their activities within the alcohol and drug prevention field. They include, the “RBS Programme”, a systematic preventive work aimed at reducing problems related to licensed premises by reducing alcohol service to intoxicated patrons and to under-aged; the “Clubs Against Drugs” programme addressed at reducing drug use and drug related problems in night clubs in Stockholm or the “Gym against steroid use” a new started community intervention project aimed at reducing the use of steroids and growth hormone among users of gym/fitness centres.

Key elements for success in implementation of community actions were proposed, including:

- Focus on demand and supply with a combination of “soft” and “tough” measures
- Engagement of all important actors in community
- Reduction of the availability at the local level, e.g. on restaurants. This was described as one of the most relevant measures.
- Adequate documentation and evaluation of interventions
- Patience, it takes time to develop local prevention
- Local decision makers’ Support
- Good structure and organization of the work

Additional elements include:

- Multi-component approaches.
- Research in prevention action. The coordination and communication between prevention workers and researchers should be facilitated.

Jana HAINSWORTH Secretary General of Eurochild, stressed the need to challenge negative stereotypes of children and youth through policies that incorporate adequate values.

Several examples of good practice were mentioned, such as:

- Respect Campaign – www.thesite.org
- Young Voices/ Kids Count
- Voices from Care / Powe4Youth...

The importance of street work for children and youth was also highlighted.

She described elements for success in implementation, including gaining the trust and increasing the knowledge of young people of available resources and activities, respecting young people’s views as well as understanding that participation must be voluntarily undertaken.

She made the following proposal for the compass for action:

- Raise awareness of the UNCRC
- Support changes to parental behaviour and attitudes
- Ensure professionals have appropriate training to understand and implement principles of participation
- Ensure children & young people have access to information about matters that concern them in an easy and understandable form
- Consult with children and young people on a much more regular basis on what is important to them in their day-to-day lives

Kristiina LEPA *Youth representative, Estonia*

The importance of safe environments for a healthy development of children and youth was stressed, as well as the role of adults in creating such environment through their decisions and also through being the adequate role models for youth. Potential environmental risks include alcohol and drug use, and they’re also intertwined with many other community problems such as violence or criminality. A call was made to take evidence-based actions aimed at reducing harm related to drug and alcohol use in youth, such as pricing through taxation, limiting availability, reinforcing existing laws, or banning of alcohol advertisement.

DISCUSSION

In the discussion, the importance the training of social service community personnel in early detection of mental disorders was stressed and it was suggested that these topics should be included in curricula for community personnel.

SESSION 4: THE ROLE OF NEW MEDIA TECHNOLOGIES AND THE INTERNET

Tuula TAMMINEN, session chair, introduced herself as Professor of Child Psychiatry and current President of the European Society for Child and Adolescent Psychiatry (ESCAP) and welcomed the audience. She highlighted the importance of including this new topic in the conference and invited contributions from the presenters and other session participants in the discussion time.

PRESENTATION: THE ROLE OF NEW MEDIA TECHNOLOGIES AND THE INTERNET: COPING WITH RISKS, MAXIMIZING OPPORTUNITIES AND PROMOTING MENTAL HEALTH AND WELL-BEING

Ingunn HAGEN, Professor in Media and Communication Psychology at the Norwegian University of Science and Technology (NTNU), Norway, presented the expert statement in this area. She noted the increasing use of the internet by children and young people in Europe and the existence of a “digital divide”, although this is diminishing for gender. Prof Hagen highlighted the use of current research for policy and the differences in focus and language used. In particular, she mentioned the different opportunities for learning, communication and e-health programmes which could be identified through academic work in this field. She stressed that most ICT use was friendship-driven although the internet and other new media can also be valuable and low-threshold sources of information on mental health and well-being, and thus attention must be given that information appearing is reliable and relevant. ICT holds further potential threats to children’s mental health, such as exposure to distressing content and contact (including extending the arena of bullying or sexual harassment).

Prof. Hagen urged respect for the young people’s prerogative to impose their own limits on use and to use ICT to enhance their autonomy (which is often limited in physical terms by parents and other authority figures). She also pointed to empowerment through digital literacy as the most viable course to promoting mental health through protective factors.

Prof Hagen outlined a couple of examples of good practice in Europe:

- “use your head” – a Norwegian governmental programme aimed at raising awareness of cyberbullying
- UK New Horizon initiative
- the Safer Internet Programme – activities raising awareness of supportive discussion sites, help lines and processes for reporting harmful content or contact

Finally, she gave her personal priorities for action:

- Appointment of youth ambassadors to empower and involve youth and to reinforce peer learning
- Training and education for youth ambassadors to enable them to recognize risky media and ICT use
- Research on the positive and negative health-related behaviour and effects of the use of media and internet
- Awareness raising initiatives such as public awareness campaigns, carried out through a variety of media and public schools
- Use new media actively in the promotion of mental health, for example by government and (mental) health departments

REACTIONS AND PRESENTATIONS OF POLICIES AND INITIATIVES

Uwe SCHÄFER, Office of the Federal Drug Commissioner, Federal Ministry of Health of Germany, gave the first response to the expert statement. He pointed out that public critical debate has only just begun on internet and communication technologies and that more research is needed to define problematic use and gaming addiction. This is especially important given that experimentation and exploration are important aspects of childhood which offset the fear of addiction to new media.

On a practical level, in Germany treatment for gaming addiction is not covered by the national insurance scheme as internet addictions are not included in DSM, presenting a financial strain on sufferers. Problems of excessive use (5-10% of German 14-16 year-olds) and with symptoms of addiction (3%) are nine times

more common amongst boys than girls. It was also pointed out that gaming addiction is also by no means exclusively a problem in youth.

Mr Schaefer outlined future policy plans and the current reality related to this issue in Germany. The Bundestag agreed to support research, prevention and therapy of media and online addiction on June 17th, 2009, but without committing to additional funding. Current priorities at the federal level included: blocking and banning harmful contents, raising the age limit for offline sales for multi-user online role-playing games (WoW)

In conclusion, he highlighted the need for further research into the causes and effects of internet and video game addiction, a gender-sensitive approach to prevention and media education for adults as a key for successful prevention of internet and video game addiction.

Pia K. LANG, from the eContent and Safer Internet Unit, DG INFSO, presented the activities under the European Commission's Safer Internet Programme (2009-2013) which aims to empower and protect children and young people online through a number of different projects and involvement with industry. She outlined the risks to mental health that these projects addressed but also stressed that the internet presented a great many opportunities for promotion and prevention or support for those with mental disorders.

She presented several examples of approaches to offer support online to young people under the Programme, both directly and via concerned adults:

- BRIS – a Swedish site with both static (information giving) and interactive elements (chat sites and moderated fora), for young people and adults
- Netsvar - provides assistance to children of 8-16 years (but also parents and other concerned adults) on issues related to educational, social and psychological aspects of the use of the Internet and other new media, as well as issues concerning legal and technical aspects
- Safer internet helplines (many European countries) – aims to offer the necessary support and guidance to children, teens, parents or educators and to reduce confusion or anxiety regarding negative occurrences related to internet issues.
- Cyberhus.dk – a hugely successful virtual online house or club offering online counselling for vulnerable children and teens – anonymously if they want.
- Protegeles.com – a Spanish initiative to use the internet to combat pro-anorexic, pro-bulimia and pro-self-harm sites and forums, including a fake pro-anorexia site giving healthy and correct information.

Rachel O'CONNELL from Bebo.com, UK and **Leon CLOWES**, Youthnet, UK, presented a successful partnership between an internet service provider and mental health NGO to reach young people in need. Rachel O'Connell highlighted the need for mental health experts to get online and work on their internet presence. She argued for e-mental health promoting sites to be strengthened and modernised in terms of marketing, accessibility and image. She presented several sites which had been renovated and provided through bebo.com, such as BEAT – a support site for recovering sufferers of anorexia. She emphasised the advantages of adopting a web 2.0 format and linking through Bebo which provides a number of useful sites in one place online. She also outlined her own role identifying potential risks for misunderstanding or harmful consequences. To this end a set of *good practice guidelines for the technology of well-being* has been produced which could be invaluable to future projects.

Leon Clowes presented the youth oriented website, Youthnet, which is aimed at 16-25 year olds and provides an interactive online community shaped and used by young people. The site includes a support service for self-harmers (42nd street) in response to need identified through a research report in 2006. He noted that young self-harmers often do not approach the available services and thus there is an important need for high quality advice and help online. The site also connects with a homeless organisation and provides fact sheets and video content, which appeal to young people.

Finally, he presented five key points for effective online implementation:

1. Young people are the best advocates
2. Think about *where* and *how* to be present online
3. Respect privacy and anonymity
4. Be interactive and engaging

5. Content is extremely important

Maria Soares LINDBERG, Project Manager of Fryshuset Web Coaches (Fryshusets Nätvandrare), Sweden, presented this project which is supported by the Swedish inheritance fund. The objective of the project is to be an adult presence in young people's lives, and to bridge gaps between professionals and children, which it achieves through the provision of anonymous discussion fora with trained moderators. Ms Soares Lindberg highlighted the fact that children in need of support for mental health or emotional problems often prefer the internet to face-to-face contact with professionals and attributed the success of Fryshuset Web Coaches to this fact.

Pauline ÖSTNER, Youth representative, from Sweden is the vice-chairperson of the National Association of Youth for Social and Mental Health, RUS, a Swedish NGO which gives support and is run by individuals who also have first-hand experience of problems themselves. She discussed the ways that young people currently use ICT and highlighted from personal experience the lack of education at schools about risks or ethical issues related to online behaviour. To illustrate this she gave an anecdotal account of mobile phone technology being used for the transmission of violent images, the reactions evoked by this and the difficulty in knowing how best to intercede. In connection with this, and the lack of education adults received during their past school days, she noted the need to improve adult media literacy and provide guidelines for preventing or dealing with problematic situations involving ICT.

Ms Östner also commented on the deleterious effects that an over-reliance on communication through technology can have on friendships of young people – real contact being replaced by a more superficial virtual form of friendship. She also pointed to the possibilities provided by technology for those experiencing mental health difficulties, such as being able to limit the impact of problems in real life by keeping them in the online domain.

Finally, she raised the important issue of costs and affordability of online counselling and therapy, making it a possibility where it otherwise might not be. She also urged better legislative control to combat pro-anorexia fora sites and those supplying potentially harmful substances through the internet.

DISCUSSION

The session discussion focused on the multifaceted issue of supplying and guaranteeing reliable information online. To this end it was suggested that an EU-level code was needed, providing guidelines along with a symbol to vouch for the standard of online content. It was pointed out that DGINFSO provides such vouches for sites.

However, it was also raised that young people themselves do not want to visit sites that had been visibly condoned by the government and with an official stamp of approval, preferring peer support and recommendations. Therefore, it might be counter productive to include a stamp of authority.

Instead, strong educational support from schools, giving children the tools to identify the markers of reliability on sites (some simple ones being language used, presentation and spelling) should be provided. On interactive sites, the high qualifications or training for moderators is essential.

SESSION 5: EDUCATIONAL SETTINGS AND LEARNING

Gintaras STEPONAVICIUS, Minister of Education and Science, Lithuania, and session chair welcomed the participants and highlighted the importance of discussing curricular and school environment/climate issues, but equally important is involving children in the process. He urged participants to use the opportunity of this session to speak about best practices, and also about failed practices in order to move the field forward.

PRESENTATION: KEY MESSAGES AND FRAMEWORK FOR ACTION FOR ADDRESSING MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE IN EDUCATIONAL SETTINGS AND LEARNING

Peter PAULUS, Professor of Psychology, Leuphana Universität Lüneburg, Germany, first clarified the age range addressed in the session (0-30 years), including university. He stressed that intersectoral and inter-level cooperation should increase, alongside action in multiple settings.

Prof. Paulus explained the key messages and actions: 1) Mental health, well-being and education are closely linked and support each other; 2) Whole setting approaches have the best evidence of effect in mental health promotion in school settings. 3) Curricular programmes which explicitly teach socio-emotional skills to students and school staff are essential within the whole school approach; 4) Active involvement of school heads or leadership teams is crucial; 5) Participation and empowerment of children and young people and their parents and families is essential; 6) Linking educational settings with the family, welfare and health systems and community development creates opportunities; and 7) Implementation factors are important in ensuring effective interventions.

Finally, he presented his view of priorities for policy and action:

- Educational policies, mission statements, organisational concepts and curricula should integrate the goals of mental health promotion;
- Development of a national action plan to establish quality mental health promotion in educational settings;
- Democratic participatory rules and regulations, at all levels of the educational setting (students, staff, leadership team) and in cooperation with external partners (parents, communities, other services);
- Provision of easily accessible psycho-social services for students whenever needed within the educational setting; and
- Provision of psycho-social support and in-service training and consultation for professionals in educational settings.

REACTIONS AND PRESENTATIONS OF POLICIES AND INITIATIVES

Robertas POVILAITIS, President of Lithuanian Psychological Association, presented Modern approaches in prevention of school violence in Lithuanian schools. He gave an overview of the problem of bullying in Lithuania, which is amongst those countries with the highest prevalence of children experiencing bullying (HBSC 2005/2006; Zaborskis & Vareikiene, 2008). He explained that Lithuania has a level 30 times higher than the threshold for epidemics, and concludes that the problem is extremely serious. During 1994-2006 (HBSC 2005/2006), some positive changes in reduction of bullying occurred.

In the second part of the presentation, he explained the response to the problem. The model used for prevention of violence in Lithuanian schools is an ecological approach (where actions are addressed on all levels: society, community, family and child). Dr Povilaitis summarised the changes on each level: 1) a higher increase in awareness on the part of society (2007: special address in parliament; action plan for prevention of school violence); 2) implementation of 3 evidenced-based national programmes (the Olweus bullying prevention programme; the "Second step" violence prevention programme; and ZIPPY'S friends); 3) "anti bullying campaign" helping parents to address the problem of bullying at the family level.

As a conclusion, Robertas Povilaitis stated that "We cannot be satisfied with the situation, but we can be satisfied with the serious response to it".

Cor J.W. MEIJER, Director of the European Agency for Development in Special Needs Education, presented an international perspective on policies and practices for inclusive education in the 27 countries of the agency, nearly all the EU countries (plus Norway, Switzerland and Iceland). The focus of the agency work is to improve education policy and practices in the special needs education (SNE). The policy context relevant to this field is the Salamanca statement (1994) and the UN Convention on the rights of persons with disabilities (2006).

The priority themes at the moment are teaching education for inclusion, the organization and provision for SNE, and vocational education. He addressed the fact that only 45 out of 142 countries have ratified the protocol under the convention on the rights of persons with disabilities (2006; art 24.). Following this, he presented the World Map of signatures and ratification, the percentage of pupils recognised as having SEN in 2008, and the percentage of pupils with SEN in segregated settings.

Recent progress in Europe includes a greater coherence of services, reflection on funding, and special schools being transformed into resource centres. On the other hand, there are challenges, such as the tension between the pressure for higher academic outputs in education settings and the impact of this on SNE, the lack of inclusive practices in secondary education, and the fact that 2% are still in separate settings.

In conclusion, priority issues in this area are:

- that the type of interventions that benefit students with special needs, are in fact good for all the students;
- cooperative teaching: (inclusion is a matter of the school team as a whole);
- co-operative learning (students who help each other);
- the need for heterogeneous groups

As a final message, he emphasised that it was important to deal with differences in education.

Chris HARRISON, President, European School Head's Association (ESHA), first explained that educational achievement is related to self esteem, to children's ability to cope with school life and to social and emotional development. Therefore, education and mental health must support each other in 'positive cycle'. Moreover, a child has to learn to cope with school, community and family.

He addressed the issue of social disadvantage, presenting some data from the Kansas City research, showing that the level of language acquired by 4 years is related to social class. A likely mechanism is the amount of encouragement received by the children in different families, amounting to an established deficit for some children already before starting school. Following this, he explained the philosophy of the SEAL programme (social and emotional aspects of learning): enhancing a values-based school experience, recognising that emotional development plays a key role, above cognitive outcomes and the programme's benefits.

In order to integrate policy into practice mental health promotion needs to be integrated into the life of the school, including the curriculum; the 'Healthy Schools' programmes should be encouraged, schools need incentives and equity in professional workforce development; and identification and sharing of policy and practice between schools.

Finally, he concluded by noting what works well: 1) mental health, well-being and education supporting each other; 2) whole settings and whole system approaches; 3) development of socio-emotional skills; 4) active involvement of school leadership; 5) participation and empowerment of children and young people; 6) linking (schools) with the family, welfare and health systems and the community.

Anders BJURSTRÖM, Managing director of the Arbetslinjen Klippan 7-TJUGO programme in Sweden, presented the programme "7-TWENTY". This is a combination of two things: an approach (method of relating) for teaching people who in work different ways with young people coming into adulthood; and also provide the (methodological) material to use in this work which supports the supervisor (mentor) to use the approach. It includes four parts: 1) Existential point of view (all people are of equal value); 2) Method of involvement (or involvement education); 3) Consequence reasoning (or impact education); and 4) a Solution focused approach. The programmes is inspired by the Klippan approach which aims to encourage

workers “to remain curiously unknowing and curiously invaluable and to be prepared to use ourselves as a tool in our relating with young people, in order to provide a frame of reference and support for them when making choices”. Finally, the programme also includes two phases: the first is about looking inwards (emotional competence); and the second is about relating the outside world (outwards, social competence). The 7-TWENTY approach was tested with a project in a school in Dalarna, working with students who, at the outset did not have good enough grades or the motivation to continue onto higher education. The project outcomes were a 73% return to study and graduation from 9th grade and “Life skills at school” was awarded the Allmänna Arvsfondens Guldorn prize, in 2008, as the best project in the youth category. 7-TWENTY is now being rolled out across the country and there are between 250-300 educated supervisors using the approach and methods in a variety of different businesses/activities/avenues.

Ana AGUIAR, youth representative from Portugal, gave an overview of her view of mental health in her school. She first addressed the question “what is going on with my own generation?” She explained that her peers don’t communicate, they easily get depressed, are not as happy as they should be, have lack of motivation to study, exhibit violent/incorrect behaviour, and they feel lonely. She reflected on causes for this and highlighted that there is a lack of values and attention given to them when growing up, stating that “we should get them from our parents, but they are too busy” but that these values should also come from schools: how to live in society.

Following this, she outlined action in her school:

- diversified curricula that allow the integration of students with different aspirations;
- development of projects and activities for the students;
- a sporting culture;
- every class has a class coordinator;
- a school psychologist; and
- students with special needs have special support

She presented her own version of a pyramid of mental health, starting with: 1) Self realisation: Young people must be helped (by parents, psychologists, schools) to feel what they want and that they are doing it in the right way. 2) Self esteem. People must feel good about themselves, especially when they haven’t discovered who they are. 3) Need for affection. Children must be educated in humanity and young people must be encouraged to share emotions without hurting other people, including programmes to improve our ability to communicate. 4) Need for safety: children with unusual behaviour, supervised by tutor/guardian. School is young people’s second home, it has to be a place where they feel safe. 5) Biological needs: eating, breathing, and sleeping. Food should be offered for people with difficulties for getting it. More free time, to rest and recuperate.

Finally, she presented some proposals, including:

- parents should be advised by a psychologist before and after a child is born;
- children must be taught values and how to live in society from kindergarten onwards;
- prevent isolation of children by teaching teachers how to identify possible children at risk

DISCUSSION

Several points were made by session participants. These dealt with issues such as:

- The importance of understanding the whole approach and students’ participation;
- reflection on goals;
- the need to consider carefully group size
- the importance of showing learning as an attractive process;
- schools have to be able to adapt to the student;
- mental health promotion should be the main goal of schools and school policy;
- children should be given space and help to achieve restful or recuperative “still” states of mind (such as meditation, mindfulness and tai-chi) as well as active states

PLENARY SESSION: REPORTING BACK FROM FOCUS SESSIONS 3-5

Ville LETHINEN, Professor (emer.) at the National Institute for Health and Welfare, Finland, summarised the key messages from the framework for action for session 3 on **the community environment** and listed the most important environmental determinants of mental health:

He stressed the importance of mentally healthy communities and stated that the key to these is a high level of social capital. Key areas for action are those affecting the physical environment and the provision of structured and active leisure activities.

He also highlighted the need to challenge negative stereotypes of children and young people in the community and to ensure that children and young people have easy access to relevant information.

Prof Lehtinen then outlined four action priorities arising from the session:

- Teenagers must be seen as important citizens and partners, contacted, included in activities, and offered resources
- Focus more on creativity and entrepreneurship in youth work
- Listen to children and young people more
- Restrict alcohol availability

Finally, he gave 3 key points for future work and successful implementation: i) Sustainability and longevity of programmes (and their organisation); ii) Provide cost-benefit studies to convince the decision makers; iii) Take young people seriously.

Mari FRESU, Health policy advisor, Mental Health Europe, acted as rapporteur for session 4 on **new media technologies and the internet**. She summarised the key messages from the expert presentation, responses to the paper and the good practices presented.

Finally, she presented action priorities from the session:

- Advisory mechanisms to support policy and facilitate collaboration and network activities;
- Engagement in partnerships with the ICT and media industries on mental health work
- Appointment of youth ambassadors to empower and involve youth
- Awareness raising initiatives carried out through a variety of media and public schools
- All actors should use new media actively in the promotion of mental health, in their own national language
- Development of age-appropriate and interactive e-mental health promotion sites or programmes

Goof BUIJS, Coordinator of SHE, European network for health promoting schools, reported to the conference on presentations and discussions in session 6 on **educational settings and learning**. He opened by stating that there is no education without mental health and well-being and there is no mental health without education. He stressed that the *whole school approach* has shown to be effective, especially in the school setting.

He summarised the responses to the action framework, in particular noting the importance of actively involving children, parents and school heads and the primacy of mental health promoting curricular programmes.

In summary, he gave four principles for implementation:

- The pupil must be in the centre, not the schools.
- Start with their needs: the school has to adapt to the child.
- Don't look only at results, but also at processes!
- Message: health promotion supports you as a school, by putting wellbeing at the centre of the decision

PLENARY SESSION: HIGH LEVEL ROUND TABLE AND DISCUSSION ON THEME: “THE FUTURE”

Vappu TAIPALE from the National Institute for Health and Welfare (THL), Finland, chaired the round table discussion and stressed the process forward after the conference. In particular, she urged participants to contribute to the follow-up process after returning home. Towards these take-home messages, the round table speakers were each asked to give their three priorities for action.

Viveca MISSLER, youth representative, pointed out the need to help children immediately and urged the conference to action. Her 3 points were:

- Children are not “the future” - we need to act now.
- Children and young people should be seen as active partners, not passive victims.
- Children and young people need to be involved as such in every step and measure.

Tuula TAMMINEN, Professor of Child Psychiatry, President, European Society for Child and Adolescent Psychiatry (ESCAP), focused on a comprehensive and cohesive service:

- Look at the whole spectrum of children and mental health status
- Link up promotion, prevention, identification and treatment
- Focus on early intervention as the best way to reduce stigmatisation

Chris HARRISON, president of ESHA, gave three key points related to schools and their ethos:

- Identify and define “well-being”
- Make promotion a central priority of schools
- Focus on leadership – school heads need to be involved to champion mental health promotion

Anja Esther BAUMANN, WHO Regional Office for Europe, stressed the need for continuing cross-partnership between the WHO Regional Office for Europe and the EC. Her 3 points were:

- The need to protect the human rights and improve services for children with intellectual disabilities
- The need to increase public awareness and conduct of target-group specific activities as a means of reducing stigma and discrimination
- Empowerment of mental health service users and their families must be strengthened; a joint statement of the WHO Regional Office for Europe and the EC is being developed for release in 2010 in the framework of the WHO-EC Partnership Project on User Empowerment in Mental Health

Veronique BERNARD, DG Research, European Commission, noted that the largest amount of funding from the Framework Programmes (FP6&7) has been awarded to cooperative activities. The current work programme, which is the result of a consultation process, will identify research priorities.

- She urged the participants to be proactive in getting involved in EU research.
- There is a need for cross-sectoral work
- And inter-disciplinary collaboration

Jana HAINSWORTH, Secretary General, Eurochild, made 3 challenges to the EU:

- How can we make the leadership agenda more visible in this area?
- How can we hold governments accountable to EC commitments?
- How can we ensure young people’s voices are heard?

She noted that 2010 has been designated European year against poverty and social exclusion and called for a readdressing of priorities: putting employment and economies at the service of human populations, rather than the other way round in politicians’ priorities. She also reminded the audience of the Barcelona target for improved provision of child care, which needs to be driven by the need for good child development and not the need to send mothers back to work.

Finally she encouraged training of professionals in techniques to involve children and stressed the necessity of adequate resources invested in the younger generations, stating the existence of ample evidence in future returns.

DISCUSSION

In the discussion time, a strong case was made for the amendment of the action point on child-care in the parenting section of the framework for action. It was asked that the provision of good quality of child care should be stressed as an important factor in promoting good development for children over 18 months.

SUMMARY SESSION: CONCLUDING WORDS

Andrzej RYS, Director for Public Health and Risk Assessment at the European Commission, responded to the roundtable comments by reiterating the need to carry on with research at the European level in this area and to learn from previous economic crises in coping with the current one. He noted the advent of a new commission in the coming year and expressed his hope that the work would be taken up and continue. To this end, he urged the further exchange of information on good practice and policy through the EU Compass database after the conference and for the subsequent EC Thematic Conferences. In conclusion, he highlighted the following steps in the process forward:

- developing documents and the action plans for pact implementation
- completing and analysing the questionnaire/voting of the priorities
- Inclusion of implementation statements and examples in the Compass for mental health and future discussions in the website.

Irene NILSSON CARLSSON, Deputy Director General, Ministry of Health and Social Affairs, Division for Public Health, SE, brought the conference to a close with her final presentation in which she highlighted the need for adequate treatment and prevention in the field and stressed the need to break down taboos surrounding mental health problems.

She thanked the organisers from the EC, Jürgen Schefflein and Andrej Rys, and those from the Swedish presidency committee, Lena Ericsson, Ullalena Haegman and Lovisa Strongberg. She also thanked the participants and noted that the objectives of the conference had been achieved.

Finally, she reminded participants of the forth coming thematic conferences in mental health and of the importance of submitting good practices, plans for action and statements in support of the Pact to the EC Compass via the technical secretariat (EC-MentalHealthProcess@gencat.cat)