



FINAL CONFERENCE

2016

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Round Table 1

Strengthening the collaboration between health, social, labour and educational policies

Building networks with schools and social policy on youth mental health

R. Guerra
*Director General for Prevention
Chief Medical Officer
Ministry of Health
Italy*

Building networks with schools and social policy on youth mental health

“It is often said that education and training are the keys to the future. They are, but a key can be turned in two directions. Turn it one way and you lock resources away, even from those they belong to. Turn it the otherway and you release resources and give people back to themselves. To realize our true creative potential – in our organisations, in our schools and in our communities – we need to think differently about ourselves and to act differently towards each other”.

Education

Resources

Networking

Sir Ken Robinson

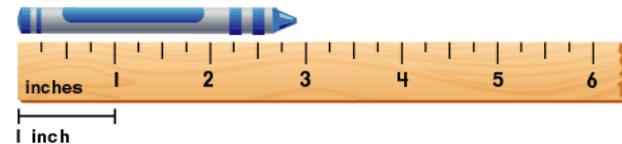
Building networks with schools and social policy on youth mental health

Challenges

- Half of lifetime mental illness has arisen by the age of 14 (Kim-Cohen et al, 2003; Kessler et al, 2005) – **Early detection**;
- **Early school leaving** is related to mental health: despite progresses, this remains a challenge in many EU countries;
- In the prevention efforts, as well as in mental health promotion activities, the variety of training pathways leads to a **variety of approaches**, depending on, eg., settings, social and family culture, educational and economic backgrounds

Challenges

- Although some countries have developed a systematic evaluation of the effectiveness of interventions, **standardized evaluation measures are still missing: this affects the implementation** of comprehensive and targeted prevention and promotion interventions;



Challenges

- **Expenses for treatment:** in Europe a large amount of money is spent on the treatment of child and adolescent mental and behavioural disorders, while **mental well-being promotion and mental disorders prevention** among children and adolescents is rarely funded. Additionally, **the promotion of mental well-being of teachers and other professionals** who are in close contact with them, is generally neglected, **despite the evidence of economic savings on treatment costs**, even in the short term.





The EU Council position

The EU Council of Ministers recognises the importance of an integrated approach to the promotion of mental health, and specifically recommends (2011) to the Member States to:

“Build innovative partnerships between the health and other relevant sectors (e.g. social, education, employment) to analyse policy impact on mental health, to address mental health problems of **vulnerable groups** and the links between **poverty** and mental health problems, to address suicide prevention, to promote mental health and well-being and to prevent mental health disorders in different settings, such as **workplaces** and **educational settings**”.





Mental health as a priority of EU-education policy activities

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The Conclusions of the Vilnius Conference

(October 2013)

...recommend to Member States and the Commission to address mental health as a priority of EU-education policy activities on early child education and care and on school education, by including mental health in future work to strengthen ‘whole school’ approaches and by considering to invite a study on “Mental health, educational attainment, school failure and early school-leaving in the EU”.

Opportunities

- Pupils spend **more than six hours per day in school, totalling more than 180 days per year** (OECD, 2014); therefore school, together with child care services, provides an excellent opportunity to:
 - Promote positive mental health and well-being among children and adolescents;
 - Prevent mental and behavioural problems, by early recognition of mental disorders and appropriate referral for follow-up.



Opportunities

- There is a **growing evidence base in support of the effectiveness of mental health promotion in schools**, in terms of both promoting positive mental health for all and treating those who suffer from poor mental health (Shucksmith et al, 2007).
- Opportunities for involvement in school life, positive reinforcement from academic achievement, identity with a school or need for educational attainment are **protective factors** of a child or an adolescent mental health .

On the other side, **risk factors** are: academic failure, failure of schools to provide an appropriate environment to support attendance and learning, inadequate/inappropriate provision of education (WHO, 2005);



Work package on Mental Health and Schools Policy Recommendations

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1. Strengthen information and research on mental health and well-being among children and adolescents
2. Promote schools as a setting where health promotion and prevention of mental and behavioural disorders and their early identification can reach all children and young people
3. Enhance training on mental health for all school staff
4. Consider schools as part of a wider network with other stakeholders and institutions involved in mental health of children and adolescents in local communities

“School as a part of a wider network”

The need for collaborative practice in mental health promotion is firmly established by the sociopolitical and economic determinants of health. That is, influencing the determinants of health, such as enhancing social connectedness, ensuring freedom from discrimination and violence, and workplace and physical environmental change, will not be achieved by health sector action alone but rather through an intersectoral approach.

(WHO, 2013)





How the Policy Recommendations on Mental Health and Schools can be implemented?

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- The Policy must be **disseminated** to all involved Governmental bodies of different sectors, at all appropriate levels, to other stakeholders and to key individuals;
- Through an **official Agreement between Ministries** in charge of Health, Social and Educational sectors at national level;
- **Setting Guidelines on management** of mental illness prevention and mental health and well-being promotion, including educational attainment;

Dissemination

Formalise
in a Policy
framework

Operationalise



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- To be implemented by their offices/departments at **Regional/Local level**;
- Through **intersectoral working groups with the task to define, coordinate and monitor** the operational programme at school level;
- The intersectoral perspective should be built also through **joint training, involving stakeholders from different sectors**;
- Set tangible strategies, measurable goals and target;

Multilevel approach

Net – working groups

Joint training

Feasibility

How the Policy Recommendations on Mental Health and Schools can be implemented?

- **Educators/staff are key players in policy implementation;**
- **Hold meetings with educators/staff to discuss changes and amendments to current policies;**
- **Highlight policies within the service and at staff meetings;**



How the Policy Recommendations on Mental Health and Schools can be implemented?

- Establish an **environment that supports consistency of policy implementation**, e.g.:
 - Setting achievable tasks and realistic workloads
 - Ensuring that policies and procedures are unambiguous and are clearly written and disseminated
 - Providing clear roles and responsibilities to make staff accountable

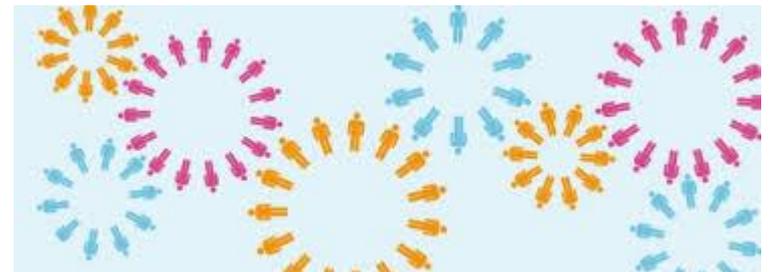


How the Policy Recommendations on Mental Health and Schools can be implemented?

Making people accept new policies is easier if they feel they are part of the decision-making process.

This is why the Policy Recommendations strive to align to the most significant components of an **intersectoral approach** (Rowling & Taylor, 2005) by:

1. Adopting a shared and unifying language/semantics across sectors;
2. Partnering to orient a proper and documented allocation of resources;
3. Strengthening capacities of individuals, organizations and communities.





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From the 2nd Edition of the National Workshop in Italy (October 2014), aiming at collecting proposals for the implementation of the Policy Recommendations on Mental Health and Schools:

The area of Mental Health and Well-Being may be included in the RAV - *Rapporto di Autovalutazione*, a **Self-Assessment Report**, which each school has to compile and publish on the Ministry of Education web portal . The RAV includes 5 sections: context and resources, outcomes, processes, self-evaluation and identification of priorities.

Each section is divided into areas, which include indicators and descriptors to be used for the evaluation.

For each area a number of guiding questions is provided, meant to stimulate reflections on results achieved by the school.

A description of the school's strengths and weaknesses is required, as well as a self-rating on a 7-point Likert scale for each area.

A rationale for the score chosen is required.



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Next steps

- Systematic surveillance on policy formulations, implementations and country specific self-assessments and reporting
- Regular networking to exchange documented good practices and assess failures
- Metanalysis, evidence generation and dissemination
- An Erasmus of educators and teachers
- Regular monitoring of investments, costs incurred and benefits achieved
- A focus on social and new media to reach out children and adolescents with coherent communication and support provision



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Next steps

- Health related issues and topics in school curricula, beyond the project approach, including life skills (individual, social, social resilience) promotion
- A constant dialogue between schools and families, strengthening social networks
- Continuity of practise between family, educational and work settings
- Law enforcement to prevent bullying, abuse and dependence
- Inclusive policies for immigrants and culturally diverse children and adolescents, especially if unaccompanied