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Mental health of young people and the role of schools

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These Recommendations result from the review and analysis carried out by 9 European Countries (Croatia, England, Estonia, Finland, Italy, Iceland, Malta, Norway, Slovak Republic), one Region (Galicia Region, Spain) and one Municipality based in Sweden (Botkyrka) in the area of the mental health and well-being of children and adolescents.

- Data on mental health among children and adolescents are lacking or not homogeneous
- Percentages of school dropout are still too high
- Frontline professionals may not always be fully equipped
- Identification of mental and behavioural disorders is fragmented in Europe
- Service provision and case management is complicated by the absence of a shared budget between sectors
- The promotion of mental well-being and prevention of mental disorders among children and adolescents are rarely funded
- Data on workforce and financing specifically dedicated to the mental health of children and adolescents from the health, education and social sector is not available
- Data comparability and compatibility is difficult and outcomes are frequently expressed in terms of self-evaluation; follow-up is executed only in the short term or does not exist at all
- Inter-sectoral collaboration between the health, education, social and other relevant sectors with regard to the mental health of children and adolescents is generally lacking

1. Strengthen information and research on mental health and well-being among children and adolescents.

a. Establish a solid information base so as to have a detailed epidemiological frame of the mental health among children and adolescents and evidence on interventions.

Strategic planning has to rely on an evidence base in order to allow the definition of mental health priorities according to the level of wellbeing and prevalence of mental and behavioural disorders among children and adolescents (Conclusions of the Vilnius conference, 2013), including higher risk groups, such as Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) or children and adolescents who are bullied or living in poverty conditions.

1. Strengthen information and research on mental health and well-being among children and adolescents.

b. Provide information on coverage and outcomes of interventions, including for groups at higher risk as well as on the size, impact, cost and potential economic savings of appropriate interventions.

Identification of up to date information about costs-impact ratio of interventions and systematic estimation of the potential savings resulting from opportune mental health promotion interventions enable a more efficient allocation of resources and consequently reduce the public mental health intervention gap concerning children's and adolescents' mental health (Campion & Fitch, 2012).

1. Strengthen information and research on mental health and well-being among children and adolescents.

c. Carry out a mapping and analysis of existing screening tools for early identification, from the first developmental stages, of mental health disorders and poor well-being among children and school populations.

Considering the recent findings on the effectiveness of screening to reduce the burden of disease from depression in children and adolescents (Williams, 2013), obtaining a comprehensive understanding of the different practices in place in Europe concerning screening for mental health, including an evaluation of the efficacy or adverse effects of each practice, will allow to identify the best tools to be used in the school context (Kaess et al., 2013).

1. Strengthen information and research on mental health and well-being among children and adolescents.

d. Examine the potential to increase the access to information and to services through the use of web-based technologies (e-mental health) for the promotion of mental well-being and the prevention of mental and behavioural disorders.

Negligence of mental health disorders is mainly due to stigma which, according to research results, is one of the main factors preventing people from seeking help and making them avoid face to face therapies (Klein, Mitchell et al. 2009). Internet use is increasing, especially among youth. The great potential of eHealth for the improvement of the quality of care, also in terms of access to services and reduction of expenses, has been recognised (Lal & Adair, 2014; Thonnet et al., 2010) and a number of studies focusing on development of Internet-based mental health interventions is available (Ritterband, Andersson et al. 2006), *but their efficacy and cost-effectiveness should be carefully assessed.*

2. Promote schools as a setting where health promotion and prevention of mental and behavioural disorders and early identification can reach all children and young people.

a.Recognise the role of early childhood education, school and peer education as having a core function for creating opportunities for collaboration among children, parents, care-givers, teachers, school staff and staff of school medical services, according to a whole school approach – WSA.

The importance of the school as an elective setting for socialisation and health promotion activities is widely recognised (WHO, 1998) and the WSA (Weare, 2000) contemplates all the actors which play a relevant role in this. The early years of life have a major influence on mental health and cognitive functioning, as during the first stages of life, development in mental, social, and physical functioning is at its peak. Recent studies (Zachrisson and Dearing, 2014) on the early learning environment have pointed to the health promoting effects and mental disorders preventing effects, particularly among underprivileged children.

2. Promote schools as a setting where health promotion and prevention of mental and behavioural disorders and early identification can reach all children and young people.

b. Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying.

The provision of knowledge, education for health and life skills supports personal and social development (WHO, Ottawa Charter, 1986), increasing the options available to people to exercise more control over their own health and well-being and over their environments. Opportunities to promote the health and well-being of children and adolescents should permeate all aspects of school life. Therefore, schools must embed in their national education curricula the teaching of mental health development, encouraging a health promoting culture to combat stigma through the combined implementation of universal and focused programmes on the management of emotional, behaviour and relationship skills.

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c. Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account, particularly in the definition of objectives and quality criteria.

Needs assessment is a crucial phase for the proper planning and implementation of an intervention, and a careful definition of the parties to be consulted is to be made. In order to create a health promoting environment, the perspectives of all the relevant actors of the "whole school community" should be carefully integrated (Weare & Markham, 2005). Therefore children, adolescents and their carers should always be actively involved.

2. Promote schools as a setting where health promotion and prevention of mental and behavioural disorders and early identification can reach all children and young people.

d. Put in place evidence based interventions to combat early school leaving, since education is a protective factor for mental health and well-being of children and adolescents.

Education has a clear impact on the mental health of individuals by offering access to health information, helping them acquire social support and mitigating the effect of social stressors (Ross & Wu, 1995). School based interventions which can reduce the dropout rates should therefore be of particular interest. Research from the US identifies the school based types of interventions that have the potential in reducing dropout rates (Freudenberg & Ruglis, 2007), as those which address school climate, substance abuse prevention and treatment, violence prevention, mental health, HIV and sexual health.

3. Enhance training for all school staff on mental health.

a. Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs, tailored to the local context, for all school staff interacting with children and adolescents.

The content of the training to promote mental health and well-being of children and adolescents should always be in line with international literature and standards, and at the same time take into account the specific background and societal values of the local community. Therefore an accurate analysis of what is already in place in each school, in order to identify the gaps to be filled through school staff training, is always necessary (DES, 2013).

3. Enhance training for all school staff on mental health.

b. Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources.

Mental health is influenced by a broad range of determinants pertaining to different sectors (WHO, 2003). The integrated involvement of all relevant sectors is crucial to exploit the full potential of a mental health promotion intervention (Stahl et al., 2006). Inter-professional training can improve the quality of inter-sectoral daily work (Hean et al., 2011) and ultimately have an impact on the mental health of children and adolescents. In order to put this into practice, European governments should ensure political commitment, coherent planning and foresee adequate funding.

3. Enhance training for all school staff on mental health.

c. Ensure that training is also made available to the members of the families and caregivers of children and adolescents. Provide opportunities for meeting and training sessions involving both teachers and families, according to a community level approach.

Family is the primary and the most influential system to which a child belongs and the dialogue between families and the educational context should always be encouraged. Parents can benefit from training so as to gain key competencies on how to play a more active role in the promotion of the mental well-being of their children and adolescents (Jané-Llopis, 2005). Parents-teachers combined training has demonstrated to be effective for the promotion of social competencies in children and adolescents (Webster – Stratton et al, 2001).

3. Enhance training for all school staff on mental health.

d. Ensure that particular attention is paid also to the positive mental health and well-being of teachers and school staff via continuous support and mentoring. Relevant guidelines for mental health and well-being promotion in schools should be jointly prepared and shared among sectors, including the youth organisations, under the coordination of the education sector.

Continuous education for teachers is foreseen in most European countries on curricular subjects: continuous professional development should apply also for mental health and well-being, involving all the sectors which have a stake in it. Educators have to face a number of emotions when they relate to pupils (Chang & Davis, 2009), therefore the positive mental health of teachers and other school staff should be supported by ensuring continuous access to the most recent materials and resources that can improve the understanding of their own mental health.

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.

a. Ensure that the mental health and well-being of children and adolescents is considered when defining and implementing policy in different sectors, including (but not limited to) the health, education and social sector as well as the youth organisations.

The 2005 Commission Green Paper on mental health stressed the relevance of policy areas other than health for the promotion of the mental health of the population. The Vilnius Conference (2013) highlighted that the inter-sectoral dimension still remains one of the main challenges to be addressed in the promotion of mental health. Given the multiplicity of factors associated with early school leaving, the Education sector needs to cooperate with external bodies to contrast it, both at community and at political level (European Commission/EACEA/Eurydice, 2013).

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.

b. Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors, also with a view to facilitating cross-sectoral budgeting and to defining the responsibilities of the different sectors.

Mental health policy and legislation are the foundation on which to develop action and services (WHO and EU policies and practices for MH in Europe, 2008). Policies are necessary to define the values, direction, responsibilities, structure, functioning and outcomes of services and to regulate the responsibilities of different sectors with regard to the promotion of mental well-being. As a broad range of factors affects mental health, different policy areas administering resources have an impact on it. Therefore the cross-sectoral and coordinated budgeting is essential to optimise the use of resources.

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.

c. Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors. This also includes aligning budget timetables and approval mechanisms to ensure timely and coordinated interventions, selected on the basis of their effectiveness.

WHO guidelines on mental health policy and services (2008) underline that the definition of quantity and quality of human resources should be part of a comprehensive mental health policy: this would favour continuity, complementarity, efficient use of resources and long-term planning. Data on the status quo is the basis for the identification of gaps in services provision, for the appropriate allocation of investments and for the sound planning of interventions.

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.

d. Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors.

At international level there are thousands of school mental health interventions: nevertheless just a small number has been evaluated in terms of effectiveness (Weare & Nind, 2011). Research shows that in European countries there is a lack of knowledge about which programmes for mental health promotion, disorders prevention, or treatment in children and adolescents provide the greatest societal benefit for the invested money (Kilian et al., 2011). The financial crisis puts the public sector budgets under substantial pressure, making it even more critical to highlight whether investment in the promotion of mental health and well-being might represent good value for money and help avoid future costs of poor mental health (McDaid and Knapp, 2010).