



# Social cohesion for mental well-being among adolescents



Tuscany Region, Italy



Health Behaviour in School-aged Children

A World Health Organization Cross-national Study



Health Promotion Programme  
A. Meyer University Children's Hospital  
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Capacity Building in Child and Adolescent Health



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WHO/HBSC FORUM 2007

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# **Social cohesion for mental well-being among adolescents**



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This report is a compilation of background papers and case studies presented by partners taking part in the WHO/HBSC Forum 2007 process. It does not necessarily represent the views of the process coorganizers or other participants at the WHO/HBSC Forum 2007 event (5–6 October in Viareggio, Tuscany Region, Italy) or the case study review meeting on 30–31 March 2007 in Las Palmas, Canary Islands, Spain.

The WHO European Office for Investment for Health and Development was set up by the WHO Regional Office for Europe, with cooperation and support from the Ministry of Health and the Veneto Region of Italy. Its key responsibility is to provide evidence on, and support Member States in acting upon, the socioeconomic determinants of health. For more information regarding the contents of this report and the WHO/HBSC Forum series, please write to [info@ihd.euro.who.int](mailto:info@ihd.euro.who.int).

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WHO/HBSC FORUM 2007

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**EUROPE**

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## Abbreviations and acronyms

ACPP	Association of Child Psychiatrists and Psychologists (case study from Armenia)
ADHD	attention deficit hyperactivity disorder
ADHS	attention deficit hyperactivity syndrome
BELLA study	Befragung Seelisches Wohlbefinden und Verhalten (mental health module; case study from Germany)
BMBF	Bundesministerium für Bildung und Forschung (German Federal Ministry of Education and Research; case study from Germany)
BZgA	Bundeszentrale für gesundheitliche Aufklärung (Federal Centre for Health Education; case study from Germany)
CAHRU	Child & Adolescent Health Research Unit (University of Edinburgh)
CAJE	Colectivo de Acción para el Juego y la Educación (games and education action group; case study from Alcalá de Henares, Spain)
CAMHC	Child and Adolescent Mental Health Care (case study from Armenia)
CAMHEE	EU project “Child and Adolescent Mental Health in Enlarged European Union – development of effective policies and practices”
CASEL	Collaborative for Academic, Social and Emotional Learning (case study from England, United Kingdom)
CAWT	Cooperation and Working Together (case study from Ireland)
CBT	cognitive behavioural therapy
CCMH	Community centres for mental health (case study from the Republic of Moldova)
CDI	child depression inventory
CEMH	Centre for the Economics of Mental Health (from the background paper “Economic aspects of mental health in children and adolescents”)
CHEF	Canada–Hungary Educational Foundation (case study from Hungary)
CI	confidence interval
CoE	Council of Europe
COI	cost of illness
CPI	Consumer Price Index
CPLP	community of Portuguese language countries (case study from Portugal)
CSRI	Client Service Receipt Inventory (from the background paper “Economic aspects of mental health in children and adolescents”)
CT	Comunidad Terapéutica (therapeutic community; case study from Andalusia, Spain)
CUA	cost–utility analysis
d	Cohen’s d, measure for effect size

DADA	tobacco smoking, alcohol, drug, HIV prevention programme (case study from Hungary)
DfES	Department for Education and Skills (from the background paper “Mental well-being in school-aged children in Europe: associations with social cohesion and socioeconomic circumstances”)
DG	discussion group (case study from Alcalá de Henares, Spain)
DGIDC	Direcção-Geral de Inovação e de Desenvolvimento Curricular (Director-General of Innovation and Curricular Development; case study from Portugal)
DSM-III-R	Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised
DSM-IV-TR	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision
EBAP	primary health care teams (case study from Andalusia, Spain)
EC	European Commission
ENCORE	Hungarian Conflict-pedagogy Foundation (case study from Hungary)
ENHPS	European Network of Health Promoting Schools
ESMD	Equipo de Salud Mental de Distrito (district mental health team; case study from Andalusia, Spain)
EU	European Union
F	F-probe, feature to determine the validity and significance of the statistical analysis
FAS	Family Affluence Scale
FMH	Faculdade de Motricidade Humana (Faculty of Human Motor Activity, case study from Portugal)
GDP	gross domestic product
GIASE	Gabinete de Informação e Avaliação do Sistema Educativo (Bureau for Information and Evaluation of the Education System; case study from Portugal)
GTES	Grupo de Trabalho para a Educação Sexual/Educação para a Saúde (Working Group on Sexual Education and Health Education; case study from Portugal)
HBSC	Health Behaviour in School-aged Children (study)
HD	Hospital de Día (day hospital; case study from Andalusia, Spain)
HLM coefficient	hierarchical linear model
HRQOL	health-related quality of life
IACAPAP	International Association for Child and Adolescent Psychiatry and Allied Professions (case study from Armenia)
IAP	Investigación - Acción – Participación (participative action research group; case study from Alcalá de Henares, Spain)
ICD-10	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision

ICER	Incremental Cost-effectiveness
ISCED	International Standard Classification of Education
JAMPA	Jóvenes Agentes en Mediación y Prevención de la Agresión (Advanced Young Partners in Mediation and Prevention of Violence; case study from Alcalá de Henares, Spain)
KIDSCREEN	the European project “Screening for and promotion of health-related well-being in children and adolescents: a European public health perspective”
LOGO	local health organizations (case study from Flanders, Belgium)
m	mean
MPH	long-acting methylphenidate
MPH-IR	immediate-release methylphenidate
NATO	North Atlantic Treaty Organization
NGO	nongovernmental organization
NHS	National Health Service (case study from Scotland, United Kingdom)
NICHP	National Infant and Child Health Programme (case study from Hungary)
OCD	obsessive compulsive disorder
OECD	Organisation for Economic Co-operation and Development
OR	odds ratio
ORFK	Országos Rendőr Főkapitányság (National Police Department; case study from Hungary)
PACS	Parent Account of Child Symptom
PATHS	Promoting Alternative THinking Strategies (case study from England, United Kingdom)
PISA	Programme for International Student Assessment
QALY	quality-adjusted life-years
R <sup>2</sup>	R-squared, standard notation for explained variance
SD	standard deviation
SDQ	Strengths and Difficulties Questionnaire
SEAL	Social and Emotional Aspects of Learning (case study from England, United Kingdom)
SENSOA	Flemish expert organization on sexual health and HIV (case study from Flanders, Belgium)
SES	socioeconomic status
SMD	standardized mean difference
SNASA	Salford Needs Assessment Schedule for Adolescents
SNHPS	Slovenian Network of Health Promoting Schools (case study from Slovenia)
SPHE	Social Personal and Health Education (case study from Ireland)
SSPA	Sistema Sanitario Público Andaluz (Andalusian public health system; case study from Andalusia, Spain)

STI	sexually transmitted infections
t	t-probe, feature to determine the validity and significance of the statistical analysis
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNICRI	United Nations Interregional Crime and Justice Research Institute
USAID	United States Agency for International Development
USM-HG	Unidad de Salud Mental de Hospital General (mental health unit of the general hospital; case study from Andalusia, Spain)
USMI	child and adolescent mental health unit of the general hospital (case study from Andalusia, Spain)
UTS	Unidad de Trabajo Social (social work unit; case study from Andalusia, Spain)
WPA	World Psychiatric Association

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## Foreword

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At the WHO European Ministerial Conference on Mental Health (Helsinki, 2005), ministers of health endorsed the Mental Health Action Plan for Europe and Mental Health Declaration for Europe. “We believe that the primary aim of mental health activity is to enhance people’s well-being and functioning by focusing on their strengths and resources, reinforcing resilience and enhancing protective external factors”, confirmed the Declaration. To meet this aim, the Action Plan delineated activities that included, but were not limited to, promoting mental well-being for all, being sensitive to vulnerable life stages (including childhood and adolescence), ensuring access to good primary care, creating a sufficient and competent workforce, and establishing partnerships across sectors.

Central to delivery on the commitments outlined in the Mental Health Action Plan for Europe and Mental Health Declaration for Europe are strong health systems. In a region in which neuropsychiatric disorders are the second greatest cause of the burden of disease after cardiovascular diseases, health systems need to be particularly equipped to address these challenges. Curbing this burden of disease will require increased capacity in all health system functions – within service delivery, resource generation, financing and stewardship – in each Member State.

The WHO/Health Behaviour in School-aged Children (HBSC) Forum process contributes to follow-up to the Ministerial Conference, as well as the WHO European strategy for child and adolescent health and development, through its focus on social cohesion for mental well-being among adolescents. The rationale for selection of this topic for the 2007 process is perhaps best presented by the statistics: an estimated 10–20% of adolescents have one or more mental or behavioural problems, and suicide is the second leading cause of death among those aged 15–35 years in the WHO European Region.

In addition to engaging interdisciplinary teams from Member States in the drafting of case studies on policies and interventions responding to this challenge, the Forum process also included the preparation of background papers on: cross-national HBSC data on mental well-being in school-aged children in Europe; socioeconomic inequalities in mental health among adolescents in Europe; and economic aspects of mental health in children and adolescents.

In reading this final report, it is clear that countries have much to learn from each other on how health systems can be strengthened to promote the mental well-being of young people and prevent mental disorders among this age group. The case studies describe services delivered through schools and in communities, including through strengthened primary care. They convey how data on adolescent mental well-being, mental health and social capital can be used for the design of policies and interventions. They depict the integration of mental health promotion in other services to meet young people’s needs, and specific measures to overcome barriers to access. They define challenges in acquiring sufficient human resources for implementing programmes and explain how training of personnel within and beyond the health sector has helped overcome these. The studies underline the importance of sufficient financing for sustainability, and consistently emphasize the need for supportive legislation and governance mechanisms (including those of an intersectoral nature) that enable action on the wider determinants of child and adolescent mental health. The call for protecting the mental well-being of socially disadvantaged young people underpins all studies.

The purpose of this report is not to document best practice. Rather, it is to share Member States’ concrete experiences in addressing challenges and identifying opportunities for increased focus and action for safeguarding the mental health and well-being of young people. The emerging lessons synergize with work being advanced by partnering intergovernmental bodies such as the European Commission and by different parts of WHO (such as the WHO European Office for Investment for Health and Development and the units for Mental Health and Child and Adolescent Health and Development).

It is our hope that by providing a platform to bridge research and policy-making and to activate interdisciplinary and country-to-country exchange, the WHO/HBSC Forum 2007 process contributes to improving the capacity of European Member States to invest in what is possibly our Region’s most valuable resource for the future: the complete physical, mental and social well-being of our young people.

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## About the WHO/HBSC Forum 2007 process

The WHO/Health Behaviour in School-aged Children (HBSC) Forum series is dedicated to increasing action on the socioeconomic determinants of adolescent health. It aims to support Member States in:

- translating research on young people's health into policies and action within and beyond the health sector;
- scaling up intersectoral policies and interventions to promote adolescent health;
- reducing health inequities among young people; and
- involving young people in the design, implementation and evaluation of policies and interventions.

The WHO/HBSC Forum 2007 process engaged policy-makers, researchers and practitioners from throughout the WHO European Region in an evidence-review process dedicated to "Social cohesion for mental well-being among adolescents", supporting follow-up to the European Ministerial Conference on Mental Health in 2005. The process entailed: analysis of data on adolescent mental well-being, mental health and social capital; review of policies and interventions to improve adolescent mental health and well-being; and identification of lessons learned through these initiatives.

At the core of the Forum 2007 process were case studies, whose production was undertaken by 93 co-authors representing diverse disciplines and sectors at national and subnational levels. A case study drafting workshop was held on 30–31 March 2007 in Las Palmas, Canary Islands, Spain to support co-authors in the elaboration of the studies. A European Forum was then held on 5–6 October 2007 in Viareggio, Tuscany Region, Italy to present and debate the final studies and accompanying background papers among interdisciplinary and intersectoral delegations from each country involved. Interview rounds at the Forum facilitated the examination of data, policies and interventions. Panel discussions and breakout groups synthesized emerging lessons and implications for policy and practice, which were later documented in an outcomes statement. The European Forum was preceded by a "Giornata Italiana" (Italian day), which was dedicated to the same topic, organized by national partners, and attended by more than 100 representatives.

Representatives from the following Member States prepared case studies: Armenia, Belgium (Flanders), Finland, Germany, Hungary, Iceland, Ireland, Lithuania, Republic of Moldova, Portugal, Romania, Slovenia, Spain (Andalusia and Alcalá de Henares), and United Kingdom (England and Scotland). Representatives from the following countries also participated in the 2007 process: Italy, Netherlands, Slovakia, and the former Yugoslav Republic of Macedonia.

It should be noted that many Member State case-study teams held drafting meetings during the production of their studies, and some subsequently presented the studies in national fora or used the analysis for informing national work. The important contribution of more than 70 young people at the Manuel Merino Health Centre in Alcalá de Henares (Madrid, Spain) to the Forum process should also be highlighted; their film "With and for youth" and their Forum Manifesto (page 224) provided valuable insights and knowledge.

The WHO/HBSC Forum 2007 process was coorganized by: the WHO Regional Office for Europe; the HBSC Network; the Tuscany Region (Italy), in partnership with the Local Health Unit ASL12 Viareggio; the WHO collaborating centre for health promotion capacity building in child and adolescent health (Health Promotion Programme, A. Meyer University Children's Hospital, Florence, Italy); the Directorate General of Public Health of the Government of the Canary Islands (Spain); the WHO collaborating centre for health promotion and public health development (National Health Service (NHS) Health Scotland); and the WHO collaborating centre for child and adolescent health promotion (School of Public Health, University of Bielefeld, Germany). The series is an activity within "The Framework Cooperation Programme between the World Health Organization Regional Office for Europe and the Tuscany Region".

The WHO European Office for Investment for Health and Development in Venice, Italy coordinated the 2007 Forum process in conjunction with a dedicated Task Force (see Annex 3). Additional technical input was provided by the WHO Regional Office for Europe units for mental health and child and adolescent health and development.

The 2007 process was the second in the series to promote adolescent health through action on the social determinants of health. The first process (in 2006) addressed the "Socioeconomic determinants of healthy eating habits and physical activity levels among adolescents", and contributed to the WHO European Ministerial Conference on Counteracting Obesity in 2006.