

Spain (Autonomous Community of Andalusia): improving responses to the health problems of adolescents and young people

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Executive summary

Young people's mental health has been identified as a health priority nationally and internationally. The Autonomous Community of Andalusia (Spain) case study presents initiatives focused on young people's mental health, in particular the "Forma joven" [Young people's way] programme.

The Health Department, working with the Department of Education and the Department for Social Welfare and Equality, designed "Forma joven" to provide young people with support and training to help them respond positively to risks commonly encountered at this stage of life. The young people receive information and training in their own environment in "Forma joven advisory points".

The case study describes the separate strands of work that have been developed through "Forma joven", with detail of the structures and the interventions, achievements to date, problems encountered and the challenges in overcoming them. The study has a double objective:

1. to convey the value of the association between prevention of mental health problems and early interventions in primary care settings; and
2. to identify the problems which cause young people to be admitted to specialist mental health centres for care and treatment.

In addition, the study describes the policy and social context within which "Forma joven" emerged. The mental health of young people in the Comprehensive Mental Health Plan 2003–2007 is discussed, setting out the mental health service organization and defining its structure and function. Policy advances in organizing a better response to mental health problems in young people in the context of decreasing health inequalities and creating greater social cohesion are briefly described. These include responses to mental health problems among adolescents and young people in Andalusia that have been developed at three levels since 1987:

- first level, in primary care settings;
- second level, in specialist mental health settings within specific health districts (mental health centres); and
- third level, in child and adolescent mental health units of the general hospital (USMI-J); at present, these are directly associated with the first (primary care) level through referral, case follow-up and training.

The population attached to a USMI corresponds to that of a hospital area, and the Hospital Virgen del Rocio of Seville is the reference area of the USMI featured in the case study. The area encompasses the 11 most socially impoverished zones in the capital city of Seville and includes districts characterised by socioeconomic and educational inequalities.

Addressing the mental health problems of young people in the region

Demands for adolescent mental health services have increased significantly in recent years, with higher incidence of conditions such as self-control deficit, behavioural disorder and affective disorder.

The Andalusian public health system (SSPA) has a network of services and specialized units designed to meet the needs of patients with severe mental health and behavioural disorders. All have been developed in the context of a comprehensive mental health plan (1).

The network is arranged in territorial demarcations called Mental Health Areas. There are 15 such areas in Andalusia, each of which has the following centres to provide services to patients with mental disorders: district mental health team (ESMD), day hospital (HD), therapeutic community (CT), mental health unit of the general hospital (USM-HG), and the above-mentioned USMI. All of these are designed as specific support units to the district mental health teams and to manage severe problems in children and adolescents up to the age of 18 years.

The Mental Health Care Network consists of the mental health centres described above, working in partnership with primary health care teams (EBAP), social work units (UTS), specialist social services and paediatric services in the children's hospital of reference.

The Hospital Area Virgen del Rocio is the area of reference for the population described in the case study. It provides services for a population of 800 000, organized into health districts. The district mental health teams belonging to this area are the "gates" of access to the USMI of Virgen del Rocio.

The USMI has three functions. It:

- supports the district mental health team in providing services to children and young people
- provides direct clinical health care in outpatient, day programme and inpatient settings
- develops liaison and support programmes for other health, education and social centres.

The case study aims to emphasize the additional value of implementing an intervention for the early detection of mental health problems, developing collaboration between advisory services and the USMI for the area, and delivering interventions that can be implemented in the areas to reduce inequalities and achieve better social cohesion.

A number of policies aimed at reducing inequalities and achieving better social cohesion already exist, including:

- management policies, usually in the form of intersectoral comprehensive plans;
- policies that take a comprehensive approach to the agenda (generally health plans and programmes that cross social, gender and age lines);
- policies focusing on action in socially impoverished areas in an interterritorial and participative manner; and
- policies relating to specific disadvantaged groups, such as young immigrants, sex workers and people with disabilities.

A range of problems are encountered in trying to progress this agenda. There is, for instance, insufficient intersectoral input to the drafting and development of public policies and ongoing challenges in overcoming cultures that militate against cross-sectoral working. In addition, there are inadequate channels and instruments through which people at local level can participate in the development and implementation of policy.

The "Forma joven" programme

Analysis by consensus takes account of the different views of the mental health sector, primary care professionals, school teachers and young people to develop a synthesis of perceptions. The approach has enabled us to develop appropriate responses to the complex problems of adolescents, devising health promotion and prevention mechanisms that are mediated by young people and organized jointly by the different state services (health, education and social services). If necessary, specialist health services can be asked for advice.

"Forma joven" is an interinstitutional programme designed to promote healthy lifestyles. It was started in 2001/2002 by the Andalusian Regional Council in collaboration with the regional health departments, Department of Education, Department for Social Welfare and Equality, Department for Drug Dependence and Addictions, the Andalusian Women's Institute and the Andalusian Youth Institute/the Youth Committee for Andalusia. These collaborating organizations offer the necessary support and resources to ensure the programme's implementation and ongoing development within the Autonomous Community.

“Forma joven advisory points” are places where adolescents and young people can go for advice or help. In general, implementation is focused around group activities rather than individual consultations. The vast majority of “Forma joven” points – 98% – are currently located in secondary schools throughout the Autonomous Community, although it is proposed to also open them in other meeting places that are easily accessible and regularly visited by young people, such as youth clubs and town halls. There are currently more than 500 “Forma joven” points across the Andalusian provinces.

It should be noted that the establishment of “Forma joven” points is prioritized for areas requiring social transformation due to adverse socioeconomic conditions. Disadvantaged young people are exposed to greater risk factors for health and typically have less access to services. “Forma joven” points, however, are only part of an integrated strategy designed to increase social cohesion and improve access to public services in socially disadvantaged areas. The overarching strategy for disadvantaged areas includes:

- intersectoral social inclusion plans;
- health policies, plans and programmes designed to overcome social, economic, gender and age barriers to services; and
- policies and interventions targeting specific disadvantaged groups such as young immigrants and sex workers.

“Forma joven” is an important component of this strategy in that it targets young people in disadvantaged areas while involving them proactively in programme implementation. It also links young people to other relevant social services.

On being set up, a “Forma joven” point is supplied with a set of basic materials consisting of a range of support materials for different activities for professionals, young people and mediators. The advisory centres at the “Forma joven” points are attended by professionals from all branches of health care (doctors and nurses), teaching services (secondary school guidance counsellors) and social services.

Training is offered for professionals and mediators. Professionals are given: a basic module at the start of the programme; specialist courses with specific modules in sexuality, social habits and mental health; and courses on prevention of violence at school, prevention of gender violence and prevention of addictions. Courses are taught by specialists in mental health and workers from addiction prevention centres. Training for youth mediators consists of a specific course in health mediation in which five young people are chosen from each centre to attend a 20-hour training course, and a course on how to mediate.

Specific objectives of the various lines of work developed are to:

- promote young people’s developmental skills to facilitate psychosocial balance and good adjustment at this stage of life;
- promote a healthy and safe approach to sexuality;
- encourage effective contraception policy;
- inform young people about the consequences of behaviours consequent to consumption of alcohol or other substances;
- prevent road traffic accidents;
- detect and refer food-related and other disorders;
- promote healthy living habits with peers, developing negotiation skills and positive responses to offset issues such as facing violence or suffering from low self-esteem;
- implement the “Forma joven” programme in socially impoverished areas; and
- include a gender perspective in actions.

The programme has focused on promoting health and avoiding risk behaviours in young people through three main areas of intervention:

- affective–sexual
- addictions
- mental health.

The affective–sexual area is the one which traditionally generates the highest demand from young people, both individuals and groups, but consultations about mental health seem to have become increasingly important for young people over the past few years. The most common mental health issues raised in individual sessions and in workshops include eating disorders, violence among peers and gender violence, self-esteem, social skills, depression and suicide. Table 1 presents a list of mental health issues raised by young people attending a “Forma joven” point in one school.

Table 1

Mental health issues raised by young people attending a “Forma joven advisory point” in one school

Forma Joven Seville	
Profile of mental health demands	
Total number of consultations = 216, of which 166 addressed mental health	
Shyness, low self-esteem	30
Family problems	28
Violence between peers	20
Anxiety and phobias	12
Depression and grief	15
Lack of school integration	10
Gender violence	6
Attempted suicide	2
Schizophrenia	2
Hyperactivity	2
Aggression	2
Lack of supervision	2
Isolation	2
Anorexia	1
Not specified	20

Almost 500 “Forma joven” points were in place throughout Andalusia during the school year 2006/2007, representing rapid expansion since 2002/2003 (Table 2).

Table 2

Year-by-year numbers of Forma joven points

2002/2003	2003/2004	2004/2005	2005/2006	2006/2007
176	286	367	435	491

Around 35% of all secondary schools in the region are now covered, including 57% of schools in the state sector.

“Forma joven” now intends to expand into other kinds of centres. There are already a few points in non-school settings, such as in the university, in Poligono Norte (a socially impoverished area of Seville) and in a municipal school workshop in Cordoba. Further expansion is a priority objective for this year.

The complete data on the numbers of young people who have attended the points, group activities or workshops for the whole Autonomous Community or the provinces are not available yet. The available data suggest that the attendance rate is

around 20%, which is much lower than the potential number of students who could benefit from the service. The found range of attendance rates varies from 18.84% (Jaen), to 10.53% (Huelva), through to 5.46% (Cordoba); Seville, however, has an exceptionally high participation rate for group activities and workshops, with a figure of 52%.

The current attendance data are summarized in Table 3.

Table 3

Attendance at “Forma joven” points and events, 2006/2007

Students attending “Forma joven”		Total secondary school students		Percentage participation rate	
State	State-assisted	State	State-assisted	State	State-assisted
200 986	2 562	446 513	114 706	45.01	2.23

From these data it can be deduced that there is a need to promote and advertise the programme to the target population, since many young people do not use the points because they do not know about them. Also the benefits of “Forma joven” need to be promoted in the education sector to alert teaching staff about how they can support and promote the initiative.

An average user of the service is around 15 years old, with twice as many boys as girls attending individual consultations. There is a greater demand by both sexes in the affective–sexual area, while girls are more likely to seek advice on mental health.

The programme currently has a paper-based information and recording system but, from next year, information will be recorded in electronic format. Each “Forma joven” point must complete activity sheets and draft a report at the end of a course. Reports are sent to the regional authorities, who in turn send them to the State Health Department.

The commissioning of an external evaluation to estimate not only the number of users, but also the impact the programme is having on young people’s health and lifestyles, was identified as a priority. In response, an opinions and satisfaction survey carried out in Seville in 2005 drew responses from 71% of active “Forma joven” points. The following results emerged.

- Professionals and young people expressed a high degree of satisfaction with the programme.
- Young people received information in 73% of cases and 50% considered their problems to have been solved.
- Young people highly valued the presence of a medical professional in the secondary school.
- Professionals and young people recognized the important work of the youth mediators, but only 39% of young people had met them (not all secondary schools had mediators).
- The average time dedicated to the programme was two hours per week (70% of professionals believed it would be better to dedicate at least five hours per week to the points).
- The biggest identified problem was that health care staff had little available time.
- Eighty per cent of professionals considered the resource materials to be good.

It is now intended to screen for young people who attend the children’s mental health unit with diverse symptoms and who attend schools in which there is potential to implement the “Forma joven” programme. The secondary school population (12–16 years) has been selected as the target. A preliminary study was carried out in 2006 looking at diagnosis and reason for consultation. The preliminary study showed:

- a high prevalence of problems related to lack of control and impulse control;
- difficulty for young people in accepting their own limits and those of their environment, resulting (in the most severe cases) in antisocial disorder and severe behavioural disorders;
- limited family restraint and few social, education or health resources to resolve conflicts;

- higher prevalence of behavioural disorders in males and more emotional and eating disorders in females;
- little participation of young people already receiving mental health treatment in the consultations; and
- a demand for better coordination between institutions.

In the second phase, it was mapped the availability of the programme in the schools the young people attended.

Findings of the mapping exercise showed a high incidence of young people from state-assisted centres attending the USMI who had no access to the “Forma joven” programme due to the limited implementation of the programme in state schools. Difficulties in implementing the programme in this sector are related to infrastructure issues and insufficient provision of health care staff. Schools not currently using the programme will be put in touch with “Forma joven” advisory services already operating in schools.

Lessons learned

At the current time, it is possible to identify the following strengths of the programme:

- increased intersectoral and interdisciplinary working
- positive contributions from youth mediators
- young people’s positive involvement in the points
- development of cross-level training
- creation of resource material for the programme
- technical support and development of a web page
- positive perceptions of the programme by professionals.

The following challenges can also be identified:

- difficulties in intersectoral working
- insufficient time to coordinate professionals and the temporary nature of professionals’ involvement
- inadequate information and evaluation systems
- achieving genuine integration of mediators
- standardizing procedures
- involving teaching staff and parents’ associations
- introducing “Forma joven” to community spaces outside schools
- including new areas and strategies for health promotion for young people in the programme.

Despite the advances made, there is still a long way to go. Strategic lines of work have now been developed to focus on:

- reorganization of health policy for young people, based on intersectoral sharing of resources, time and personnel;
- coordination of planning, organization and provision of services, to define a single line of action;
- balancing of actions to promote health, prevent illness and provide interventions, to ensure a comprehensive approach to care;
- cooperative working between specialist and primary care levels on patient cases, work patterns, training and study programmes and service planning;
- alliances with other state sectors, especially education and social services;

- territorial policies in which interventions can be focused on specific areas or populations;
- increased resources resulting in more available time for service planning and delivery;
- identification of priorities related to high-risk and problematic situations; and
- taking young people's views into account, working with young people rather than for them.

Opportunities can also be identified to:

- engage individuals and groups in debates on the shape of future policy;
- engage with the education and social sectors, especially on health promotion and illness prevention;
- engage with young people on responding to risk factors they face;
- develop resources to change professionals' ways of working to better meet the needs of young people;
- provide training across levels and sectors to promote policy cohesion; and
- research the "action-reflection" model of working, with direct application to task planning.

References

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