



**WHO/HBSC FORUM 2007:
Social Cohesion for Mental Well-being among Adolescents**

VIAREGGIO, ITALY, 5–6 OCTOBER 2007

AGENDA

Friday, 5 October

Welcome by Chair (first day): Clive Needle, Director, EuroHealthNet

Opening statements:

- Enrico Rossi, Regional Minister of Right to Health, General Direction of Right to Health, Tuscany Region, Italy
- Gudjón Magnússon, Director, Division of Health Programmes, WHO Regional Office for Europe

The Forum 2007 journey thus far – Emma Witney, Head of Healthy Settings, NHS Health Scotland, United Kingdom

Session I: The evidence base

Adolescent mental well-being and follow-up to the 2005 European Ministerial Conference on Mental Health

- Matthijs Muijen, Regional Adviser for Mental Health, WHO Regional Office for Europe

Adolescent mental well-being and the new *European Strategy for Mental Health*

- Jürgen Scheftlein, Policy Administrator, DG Health and Consumer Protection, European Commission

Panel: Resources, tools and know-how for adolescent mental health promotion

Introduction (“The Evidence”) and Monitor: Eva Janè-Llopis, WHO Temporary Adviser on Mental Health Promotion and Mental Disorder Prevention

- Dainius Puras, Head and Associate Professor, Centre of Child Psychiatry and Social Paediatrics, Vilnius University, Lithuania: representing CAMHEE (Child and Adolescent Mental Health in an Enlarged European Union)
- Peter Paulus, Head of Unit, Centre of Applied Sciences of Health, Leuphana University of Lueneburg, Germany
- Sarah Stewart-Brown, Director of Health Sciences Research Institute, Chair of Public Health, Warwick Medical School, University of Warwick, United Kingdom

Discussion with the audience

Session II: From data to policies to action

The scientific context: what is the HBSC telling us about adolescent mental well-being in Europe?

- Candace Currie, HBSC International Coordinator and Chair, Director, Child & Adolescent Health Research Unit, The Moray House School of Education, University of Edinburgh, Scotland, United Kingdom
- Antony Morgan, Associate Director, Centre for Public Health Excellence (NICE), England, United Kingdom

Questions and answers

Interview round: using data in policy-making contexts

Monitor: Valentina Baltag, Technical Officer, Child and Adolescent Health and Development, WHO Regional Office for Europe

- Armenia – Sergey Sargsyan, Head of Centre for Child Health Care Organization and Methodology, Institute of Child and Adolescent Health
- Lithuania – Rita Pazdrazdyte, Head, Public Health Strategy Division, Ministry of Health
- Republic of Moldova – Aurelia Vomisescu, Deputy Head, International Relations and External Assistance Department, Ministry of Health and Social Protection
- England (United Kingdom) – Deborah Michel, Senior Adviser, Programme Lead, Social and Emotional Aspects of Learning (SEAL), Primary and Secondary National Strategies

Questions and answers

Session III: Addressing inequities

Child and adolescent poverty in the European Region

- Eva Jespersen, Chief, Social Policy and Economic Analysis, UNICEF Innocenti Research Centre

Socioeconomic inequities in mental health among adolescents in Europe

- Ulrike Ravens-Sieberer, Director, WHO collaborating centre for child and adolescent health promotion, Bielefeld School of Public Health, University of Bielefeld, Germany

Questions and answers

Panel: inequities in mental well-being and levels of social capital among adolescents

- Hungary – Dóra Eszter Várnai, Psychologist, Researcher, National Institute of Child Health
- Iceland – Stefán Hrafn Jónsson, Division Director, Research and Development, Public Health Institute of Iceland
- Slovenia – Helena Jeriček, Senior Researcher, Health Promotion Centre, National Institute of Public Health

Discussion with the audience and introduction to breakout roundtable discussions

Session IV: Breakout roundtable discussions

Breakout roundtable discussions

Interview with Facilitators: report on discussion outcomes

First day wrap-up: Reflections and announcements

Saturday, 6 October

Welcome by Chair (second day): Richard Parish, Chief Executive, The Royal Society for the Promotion of Health, United Kingdom

Session V: Intersectoral collaboration

The economics (within and beyond the health sector) of mental health among adolescents

- Marc Suhrcke, Scientist, Socioeconomic Determinants of Health, WHO European Office for Investment for Health and Development

Interview round on country experiences in mental health promotion in schools

Monitor: Goof Buijs, Coordinator School Programme, Netherlands Institute for Health Promotion and Disease Prevention (NIGZ)

- Belgium – Christine De Coninck, Adviser Ministry of Education, Flemish Community, Ministry of Education
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- the former Yugoslav Republic of Macedonia – Suzana Velkovska, Head of the Unit for Social Inclusion, Ministry of Labour and Social Policy

Questions and answers

Session VI: Involving youth

The *WHO European Strategy for Child and Adolescent Health and Development* and the principle of youth involvement

- Vivian Barnekow, Technical Officer, Child and Adolescent Health and Development, WHO Regional Office for Europe

Interview round: Involving youth in mental health promotion and the prevention of mental disorders

Monitor: Sarah Stewart-Brown, Director of Health Sciences Research Institute, Chair of Public Health, University of Warwick, United Kingdom

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Short film and statement by youth from Alcalá de Henares

Questions and answers, and introduction to breakout roundtable discussions

Session VII: Breakout roundtable discussions

Breakout roundtable discussions

Interview with Facilitators: report on discussion outcomes

Closing

Fabrizio Simonelli, Head, WHO collaborating centre for health promotion capacity building in child and adolescent health, Health Promotion Programme, A. Meyer University Children's Hospital

Erio Ziglio, Head, WHO European Office for Investment for Health and Development

Short film "Write your own story"

"Escribe su propia historia", by the Directorate General for Drug Addiction Attention, Government of the Canary Islands, Spain

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Advice offered to case study authors

Proposed structure of a case study

It is suggested that the case study be approximately 5500 words in length and contain the following five sections:

- executive summary
- mental health and well-being status among adolescents
- social and policy context
- policy or intervention (describing a specific policy or intervention aiming to build social cohesion for mental well-being among adolescents)
- lessons learned.

Executive summary

This section should contain a succinct synopsis of the main issues covered in the case study. Please limit the word count of the summary to 500 words (included within the 5500).

Mental health and well-being status among adolescents

This section should highlight evidence related to mental well-being and mental ill health and disorders among adolescents in the country or region. Particular attention should be given to socioeconomic and gender inequalities in risk factors, health behaviours and health outcomes.

As the Forum focuses on mental well-being (including the prevention of mental disorders), it is suggested that this section look at evidence on positive health (such as life satisfaction), protection from mental ill health (self-esteem), and assets for health (such as resilience and positive family and peer communication). If the case study is at the region level, comparisons to national data could be considered.

For countries involved in the HBSC study, this section should look at how HBSC data cover issues related to mental well-being, in addition to considering other data sources. It could include analyses of the following elements of the study, as applicable:

- self-reported health
- health complaints
- life satisfaction
- Mental Health Index
- Strengths and Difficulties questionnaire
- relationships with peers, family and school
- bullying.

Crosses between the above elements, as well as with SES/FAS and gender variables, are requested. It may also be appropriate – depending on the social and policy context in the country and the policy/intervention reviewed in the study – to cross the above variables with those related to risk behaviours. For countries where HBSC data are not available, authors are encouraged to draw from other data sources.

Authors are requested to include a short description of how the evidence sources listed above have been used to inform policy-making processes.

Social and policy context

The aim of this section is to provide the case study reader with an understanding of the social and policy context within which the specific policy/intervention discussed in the next section is being implemented.

It is proposed that this section briefly highlight relevant current and recent-history social, economic and cultural factors that influence:

- the socioeconomic status of the population, with special attention to child poverty rates
- levels of social cohesion, particularly for youth
- mental well-being and mental ill health and disorders, particularly among youth.

The section could then delineate the overarching policy responses by the health sector and by other sectors. Examples include:

- mental health strategies
- child and adolescent health strategies that include a focus on mental well-being
- child poverty strategies or social cohesion policies impacting disadvantaged youth
- health promotion strategies that mainstream measures for young people's mental well-being.

Special attention could be given to intersectoral governance mechanisms that promote action and awareness on mental well-being among youth.

Policy or intervention

This section describes one national or subnational policy or intervention that promotes adolescents' mental well-being. The description should cover partners – specifying the role of the health sector – and the setting(s) where the policy or intervention works. It should explain the link to the overarching policy responses highlighted in the previous section. It should report on key elements of the design, implementation and evaluation phases, indicating if methods used have been evaluated for their effectiveness. As appropriate, it should explore how the policy or intervention addresses health inequities by reaching marginalized/vulnerable groups and describe the approach for engaging these groups.

In addition, authors may wish to explain how the policy or intervention:

- reinforces resilience
- enhances protective external factors (such as positive psychosocial environments in schools)
- involves programme beneficiaries in design/implementation phases
- is funded
- uses intersectoral (such as health–education–welfare) governance mechanisms;
- results in data/analysis that show the impact of the activity undertaken
- is followed up in the long term
- if applicable, is part of another health promotion strategy in which mental well-being is relevant.

Authors are requested to include a brief statement on how the policy or intervention relates to the following European policy frameworks:

- *Mental Health Action Plan for Europe* and *Mental Health Declaration for Europe*, both launched at the WHO European Ministerial Conference on Mental Health, Helsinki, January 2005;
- *WHO European strategy for child and adolescent health and development*, approved by the WHO Regional Committee for Europe in September 2005; and
- the Green Paper *Improving the mental health of the population: towards a strategy on mental health for the European Union*.

Lessons learned

This section should highlight challenges, successes and lessons learned identified through the planning, implementation and evaluation processes for the policy or intervention examined in the previous section.

Authors are requested to dedicate at least 700 words to this section.

The following (optional) probes may assist in drafting this section.

- What were barriers to successful implementation and what were experiences in overcoming these barriers?
- What are preconditions for establishing this type of policy or intervention elsewhere?
- To what extent is there evidence that this intervention improves mental health and/or prevents mental health problems among adolescents?
- How does the policy or intervention help build local human resource capacity?
- How can financing mechanisms be improved?
- How can beneficiaries be involved to a greater extent in policy or intervention design and implementation?
- How can the evidence base for mental well-being be strengthened?
- How can existing evidence be used to a greater extent in policy development?
- How can health inequities be addressed to a greater extent?
- Which other policies impacting adolescents could benefit from the mainstreaming of measures to protect mental health?
- What are good advocacy tools for engaging sectors other than health to address this issue?

Safeguarding the mental health and wellbeing of young people in the WHO European Region requires addressing socially determined risk factors for mental disorders and creating social environments that foster protective factors for mental well-being. The Mental Health Action Plan and Declaration for Europe highlight action in these areas. For the 2007 WHO/Health Behaviour in School-Aged Children (HBSC) Forum, countries throughout the Region analysed mechanisms for intersectoral action to promote adolescents' mental well-being, address health inequities, ensure young people's participation in the design, implementation and evaluation of policy and interventions, and translate research on young people's health into policies and action. This publication describes the Forum and presents the case studies and reviews produced for it. Representatives from the following Member States prepared case studies: Armenia, Belgium (Flanders), Finland, Germany, Hungary, Iceland, Ireland, Lithuania, Portugal, the Republic of Moldova, Romania, Slovenia, Spain (Andalusia and Alcalá de Henares), and United Kingdom (England and Scotland). Evidence reviews covered cross-national HBSC data on mental well-being in school-aged children in the Region, socioeconomic inequalities in adolescents' mental health and economic aspects of mental health in children and adolescents. The 2007 Forum was the second in a series dedicated to increasing action on the socioeconomic determinants of adolescent health.

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The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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