

ENOC

European Network of Ombudspersons for Children

ENOC Report on child and adolescent mental health in Europe

Dublin, 7 June 2018

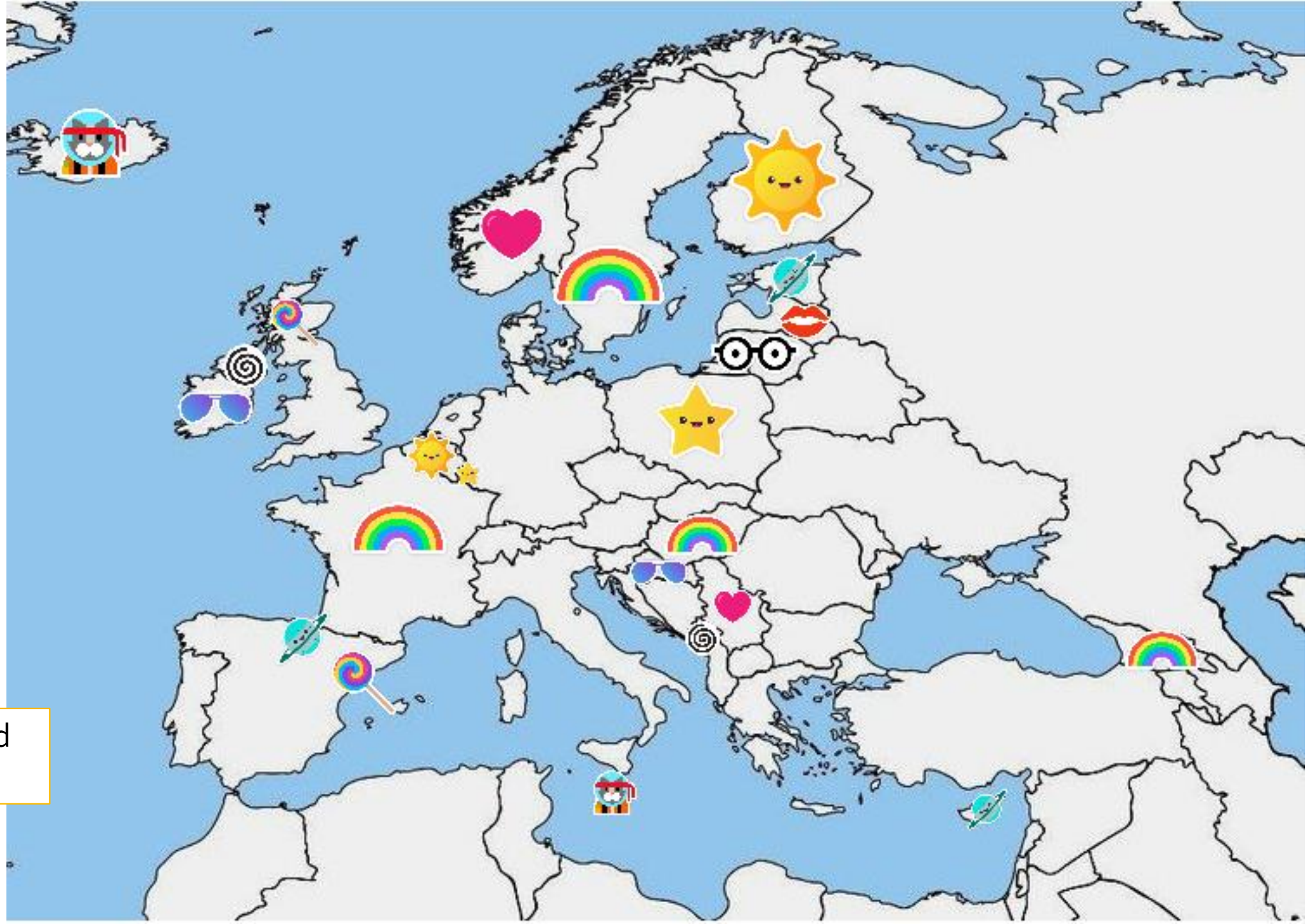
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Défenseur des droits
RÉPUBLIQUE FRANÇAISE

I. Methodology

Objectives of the questionnaire:

- definition of mental health in the different countries;
- organization of public policies and national strategies;
- access to mental health services and respect of the rights of children and adolescents being supported;
- identify good practices;
- gathering information on access to mental health support for vulnerable children and adolescents.

23 institutions replied to the questionnaire



II. Comparative analysis of the situation in Europe

2.1 A broad approach to mental health

2.2 A lack of homogeneous data

2.3 Taking mental health into account in public policy

2.4 Members facing similar difficulties

II. Comparative analysis

2.1 A broad approach to mental health

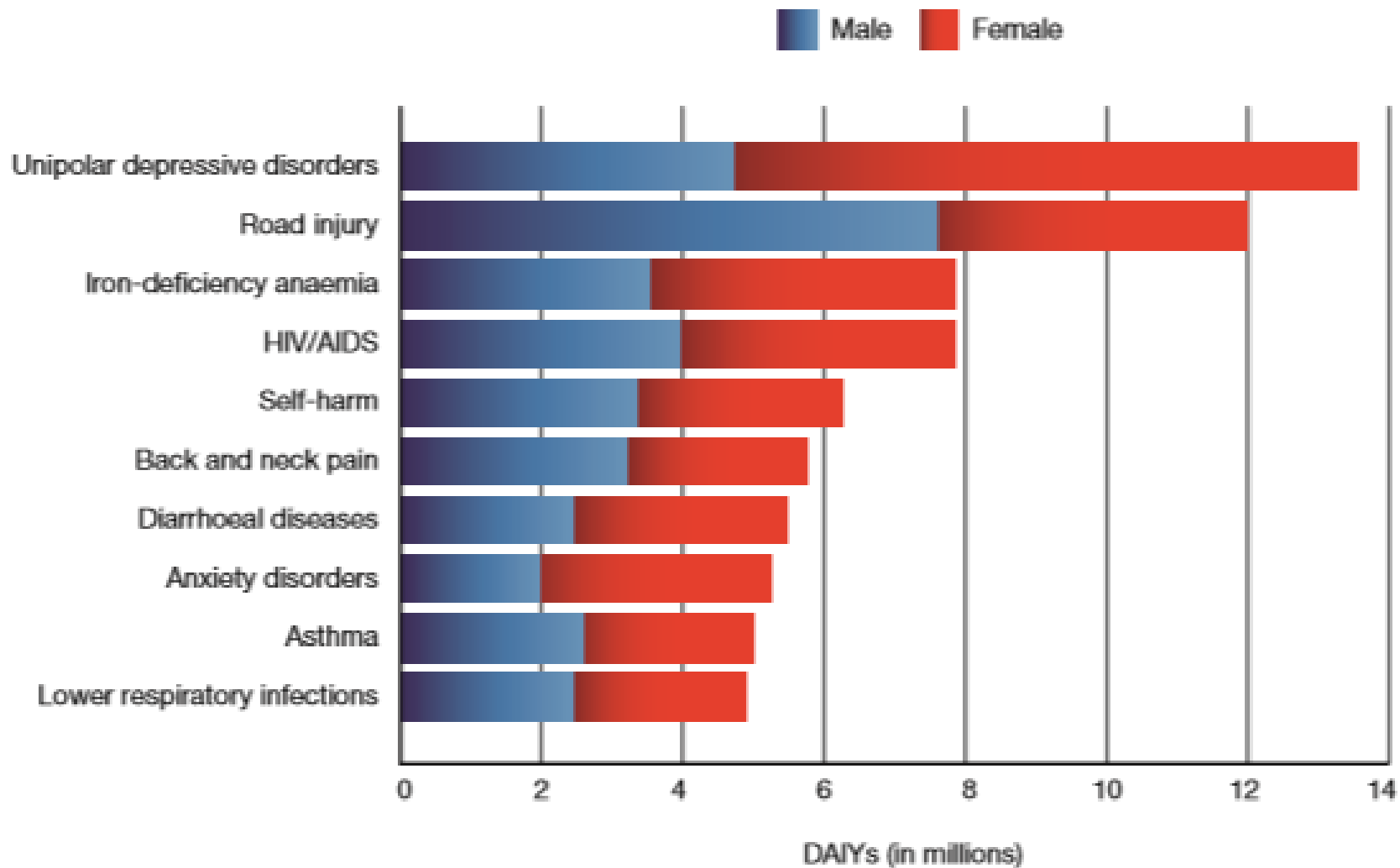
Definition of the World Health Organization (WHO):

“a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

II. Comparative analysis

2.2 A lack of homogeneous data

- According to the WHO, **depression is the third leading cause of illness and disability** among adolescents
- **Suicide is the third leading cause of death** among 15-19 year olds
- Half of all adult mental health disorders appear before the age of 14, but **only 10 to 15%** of mentally ill youth would benefit from professional help.



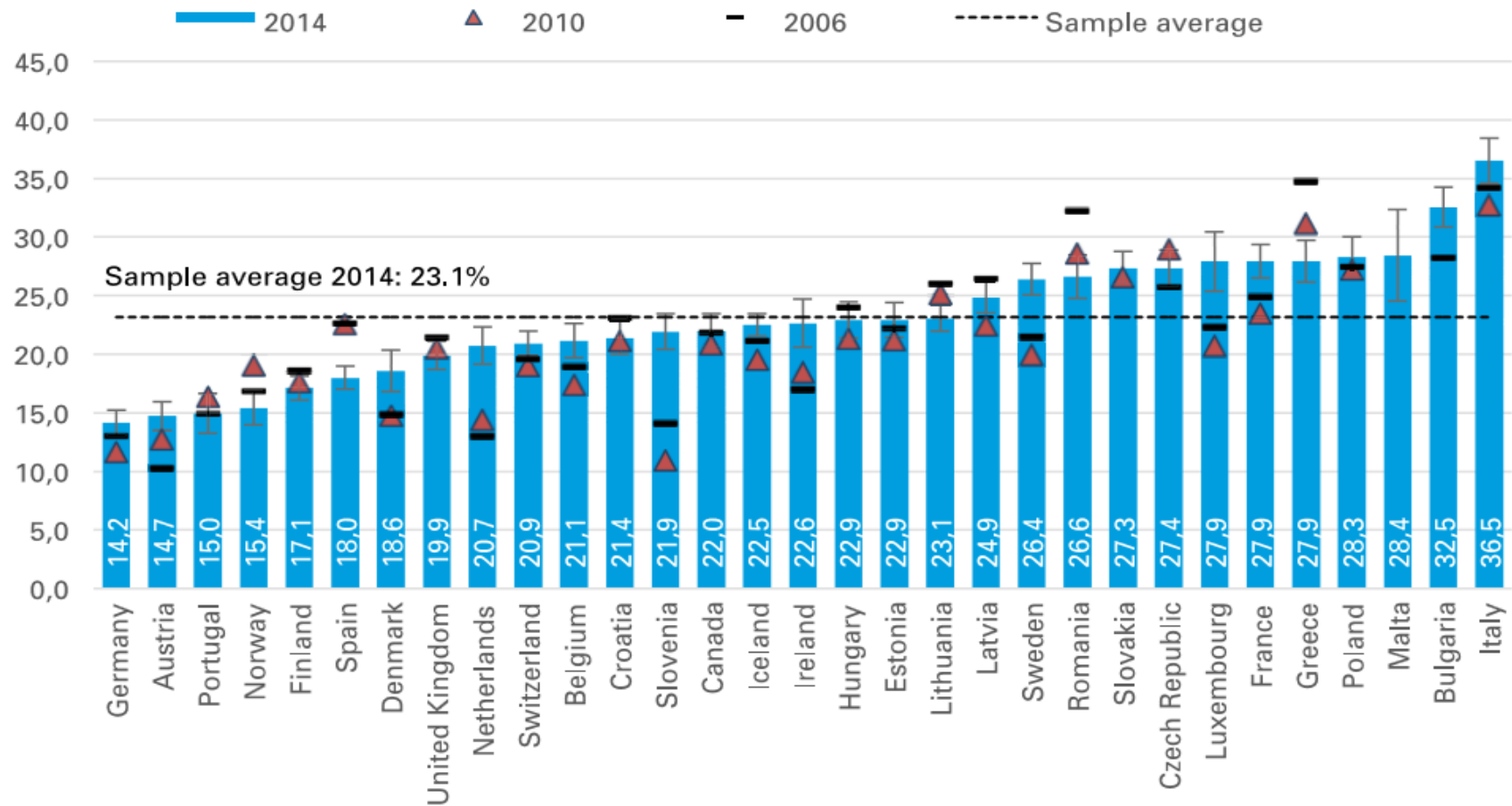
DALY (Disability adjusted life years), represents the number of years lost (because passed in bad health or related to an early death)

DALYs = disability-adjusted live years lost

Figure. 2. Top 10 causes of DALYs lost among adolescents by sex

WHO report, "Health for the world's adolescents", 2014

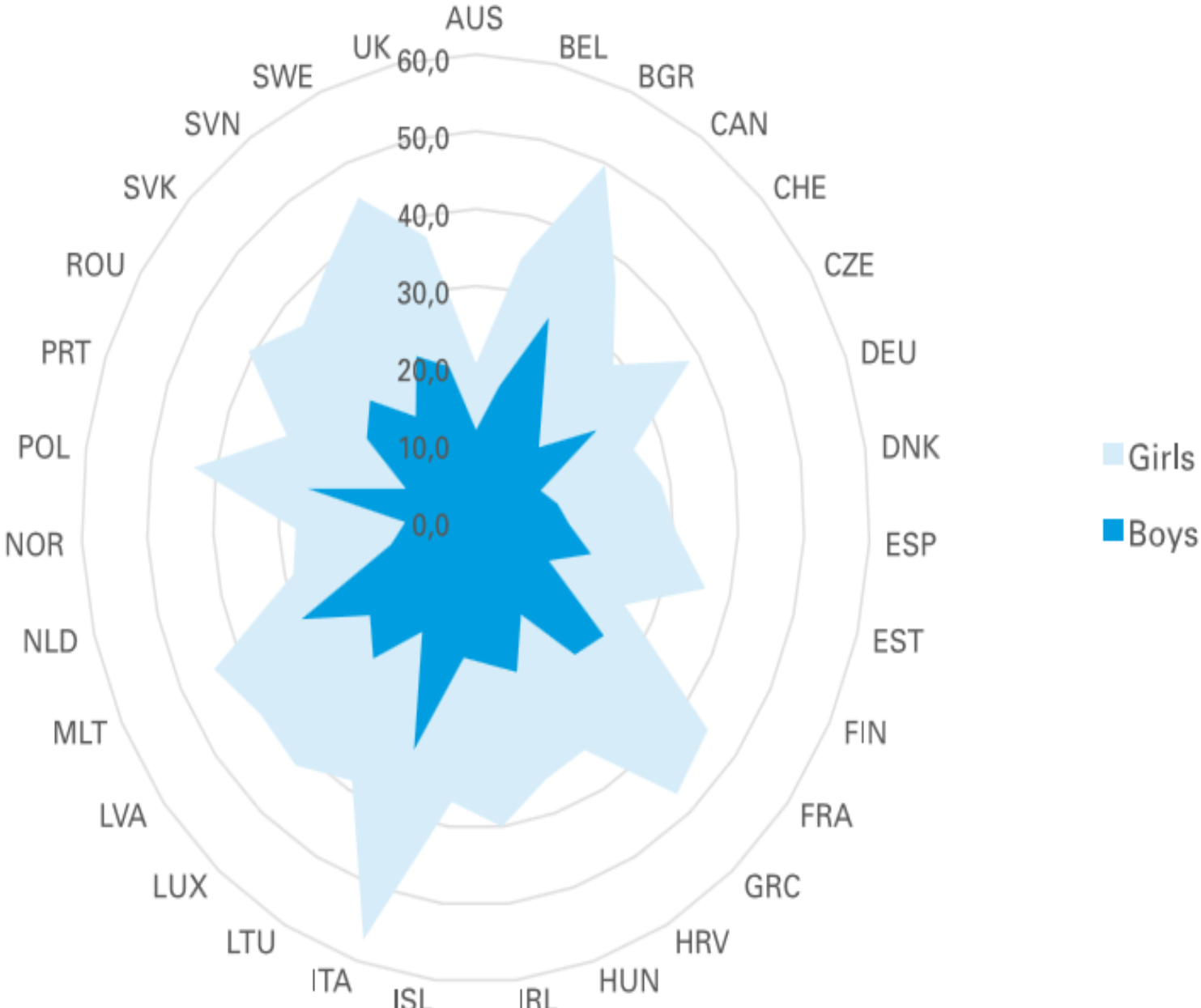
Figure 1. Share of adolescents reporting two or more psychological symptoms (feeling low, feeling irritable, nervous, having sleeping difficulties) more than once a week.



Note: Estimates for Belgium and the United Kingdom are based on population weights for regional samples (excluding the Brussels region for Belgium and Northern Ireland in the case of the United Kingdom). The country average is unweighted. Source: HBSC Study 2013/2014, 2009/2010, 2005/2006.

95% confidence intervals are represented by error bars.

at age 15



Innocenti Research, 2017 *Adolescents' Mental Health: Out of the shadows*

II. Comparative analysis

2.3 Taking mental health into account in public policy

- **General mental health public policies** aimed at promoting, preventing, managing and integrating mental health without however, making a distinction of age
- Or **youth policies** putting mental health as one of the main priorities

II. Comparative analysis

2.4 Members facing similar difficulties

- **Insufficient coordination of stakeholders**

Silo, different professional practices, but some mobilization of resources at school

- **Territorial and social inequalities that tend to worsen**

Unequal distribution of specialists, inequalities linked to families' financial situations

- **Complex mental health organization**

Unreadable organisation especially for precarious families, lack of training in identifying signs of suffering

- **Services saturated with a changing demand**

Full hospitalization services are saturated, waiting periods up to 18 months, more public awareness on some troubles, increase in medication use

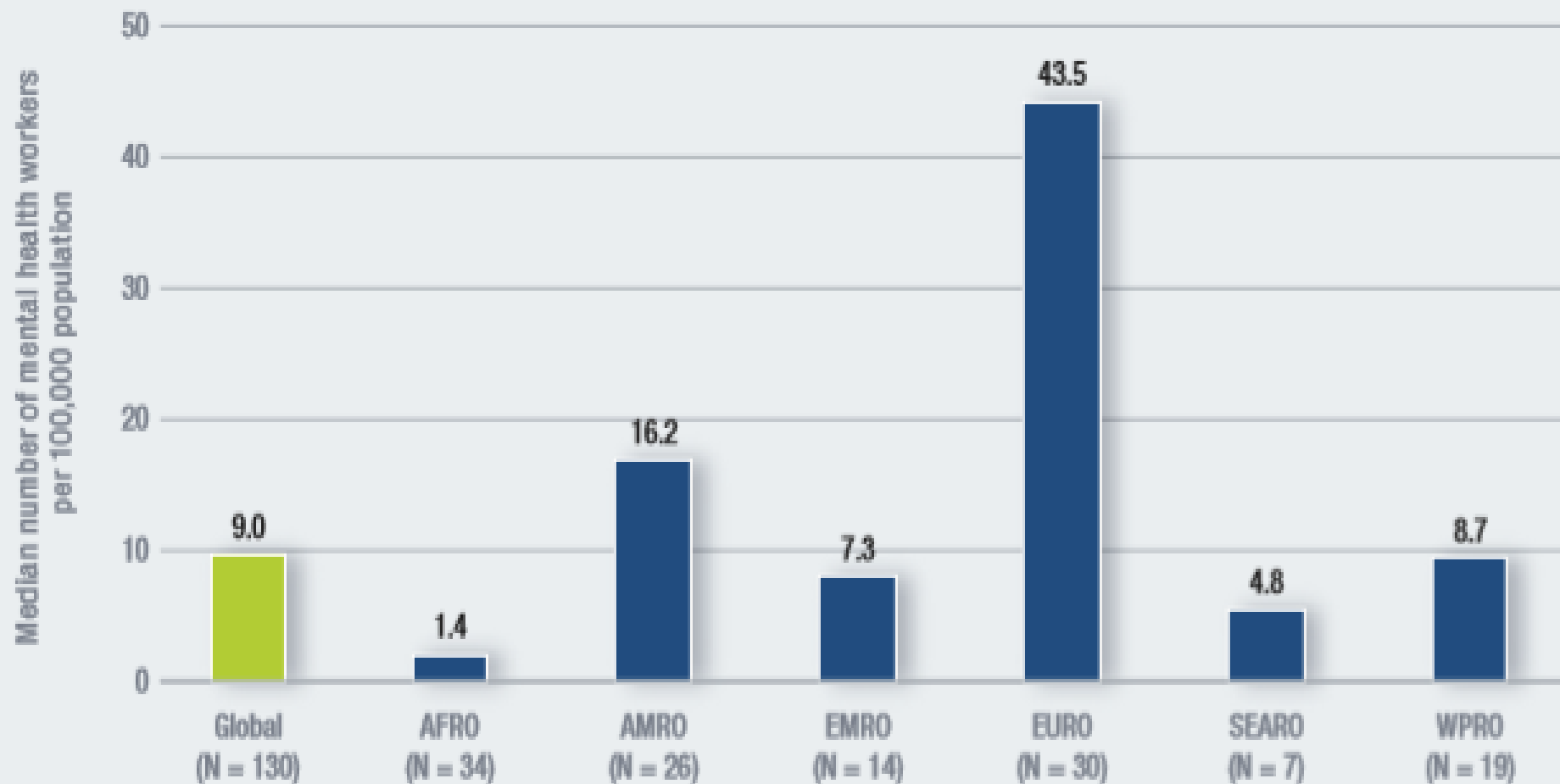
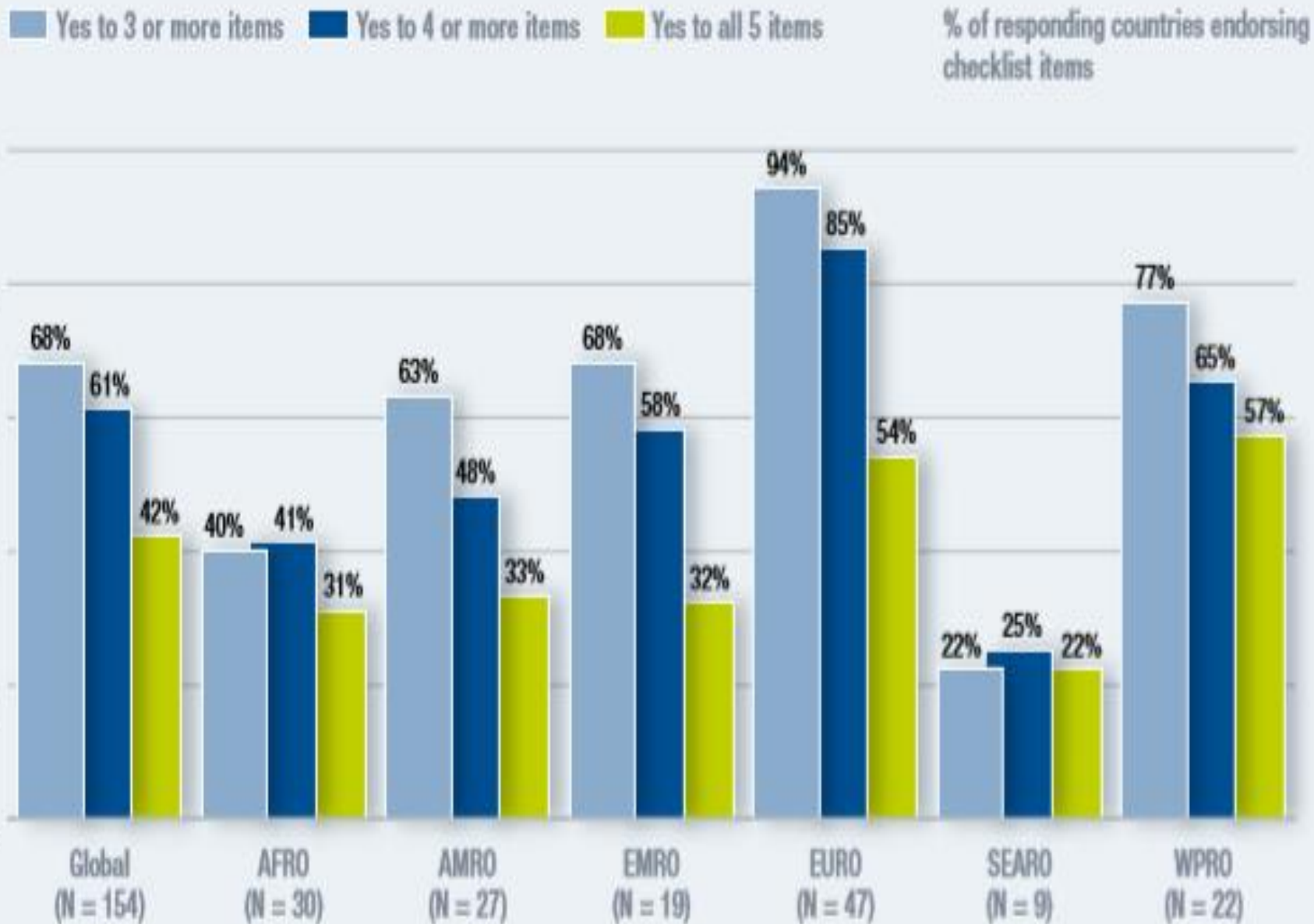


FIG. 3.3.1 Mental health workforce per 100,000 population, by WHO region

III. Rights and participation of children and adolescents

- 3.1 The low consideration of the consent of minor patients
- 3.2 A limited right to information
- 3.3 The presence of minors in adult services



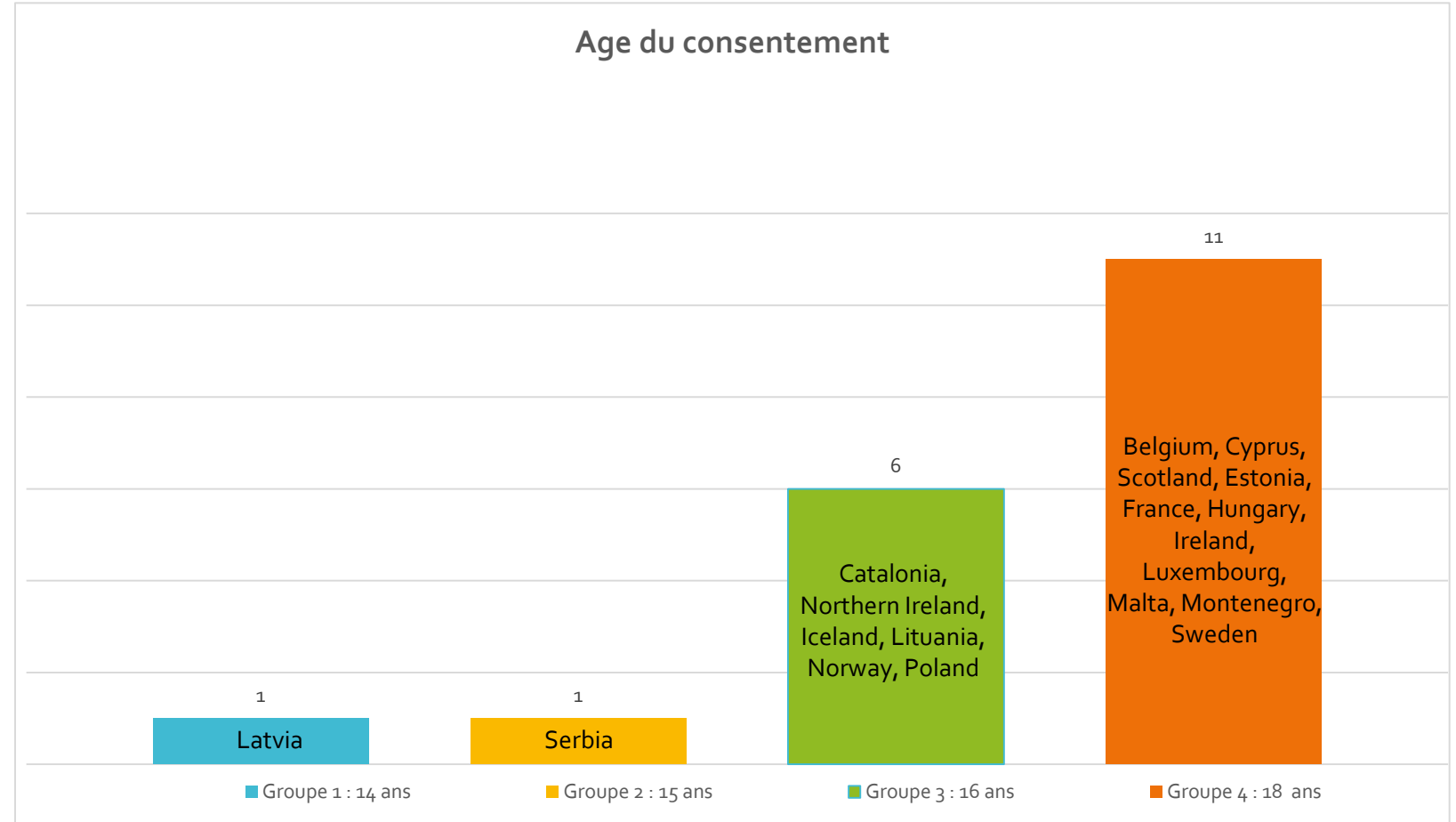
Mental health legislation check list:

- ✓ Transition to community based services
- ✓ Exercise of legal capacity
- ✓ Alternatives to coercive practices
- ✓ Complaint procedures
- ✓ Regular inspections

FIG. 2.2.3 Mental health legislation and human rights: checklist score

III. Rights and participation of children

3.1 Low consideration of minors' consent



III. Rights and participation of children

3.2 A limited right to information

- Enable patients to make **free and informed choices**
- Encourages their **involvement in their own health**
- **Insufficiently implemented** and most often addressed to legal representatives

III. Rights and participation of children

3.3 The presence of minors in adult services

- **Causes:** Absence of appropriate structures, shortage of beds, young people approaching majority
- Individual rooms to ensure their safety but sometimes isolated rooms
- **Complaints procedures are limited or unknown** to young patients

IV. Stigma and mental illness

4.1 Awareness campaigns to combat stigma

4.2 Children and adolescents particularly vulnerable to stigmatization

4.3 Good practices of awareness raising and inclusion in society



IT'S OKAY

time to change

let's end mental health discrimination

This can feel
like not being...

listened
to...

taken
seriously...

respected.

IV. Stigma and mental illness

4.1 Awareness campaigns to combat stigma



- **WHO European Ministerial Conference** focused on combating the stigmatization of people with mental disorders. It recognizes the need "to respond to the needs of the population, groups at risk (including children/adolescents), and individuals with particularly diverse mental health problems"
- **European Action Plan on Mental Health 2013-2020** reaffirms the principle of equal welfare for all and encourages measures to change the way we look at people with mental disorders
- **Objectives:** to ensure better inclusion, to change care practices and to disseminate information to users

IV. Stigma and mental illness

4.2 Children and adolescents particularly vulnerable to stigmatization

YP with disabilities, young migrants, precarious YP, LGBTI+, children in care or in conflict with the law... are overexposed to stigmatization and accumulate situations of particular vulnerability, exclusion and difficulties to access their rights

- **Children and adolescents with disabilities**

Lack of professionals, long waiting times

- **Children and adolescents in care**

No health related training for professionals, changes in placement make long term support difficult

- **Unaccompanied minors**

Face post-traumatic disorder, high degrees of anxiety and depression

IV. Stigma and mental illness

4.3 Good practices of awareness raising and inclusion in society

- Preventive measures
- Networks for care adapted to minors
- Support legal representatives in parenting



Managing what's on your mind

Try keeping a diary, notebook or blog on how you are feeling

Listen to music, draw, scribble or colour in

Spend time with friends

Ask for help

Try and eat regular, healthy meals and get plenty of sleep

Be realistic, it's okay not to be perfect

Stay active, go for a run, jog or walk

