

Comments of UEMS/CAP to Green Paper: Improving the mental health of the population: Towards a strategy on mental health for the European Union.

Introduction:

The UEMS/CAP Section and Board do support the intentions of the *Green Paper: Improving the mental health of the population: Towards a strategy on mental health for the European Union*, but would like to express concerns, that the topic of mental health in children and adolescents is not sufficiently addressed.

We would like to make the suggestion, that the whole initiative should be designed according to age epochs and shall put a specific focus on children, adolescents and their social context. An early psychic stabilization and the timely treatment of psychological troubles and/or disorders in childhood and adolescents is a necessary prerequisite to achieve developmental goals in later development and well being.

This age specific approach is in accordance with a life span orientation and would also be of benefit for other age groups.

Contribution and the role of child and adolescent psychiatry:

Child and adolescent psychiatry is a core discipline and the essential partner in mental health endouvres and can foster substantially this initiative. Child and adolescent psychiatry is a consumer oriented discipline, the group of users or consumers and their families should be seen as partners and collaborators of mental health professionals, policy makers and administrators, health planers and should be consulted in the development of appropriate policies and laws regarding the rights of the patients.

Child and adolescent psychiatry is devoted to the biopsychosocial model, stresses evidence based approaches, does value interdisciplinary and takes responsibility to set up community based services as well as centralized ones where by service delivery in more often occurring problems should be provided on a community basis. Mobile and ambulant service delivery should if possible be delivered prior to partial or full day inpatient facilities. Evaluation and implementing best practice models are basic principles of this learning discipline.

Service delivery:

Actions have to be provided in the field of health promotion, prevention, early intervention, treatment and rehabilitation, where by age specific approaches and/or problem specific approaches should be integrated. The service delivery should be coordinated with all medical and non medical disciplines devoted the children and adolescents and their families.

Regarding health promotion and prevention especially important are actions to support bonding and good parenting, because of their long lasting effects on the further development. Prevention should start with early information before and during pregnancy, should be followed by coaching and support of bonding and good parenting. In the very early life of babies too program of joint efforts with birth clinics and midwives are needed.

Further more all transition stages in development should be considered as targets for intervention: Transition to pre school period/kindergarten, transition to school period and especially adolescence and/or the period of emerging adulthood.

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It is a matter of fact, that specific risk groups should be addressed specifically. For instance specific vulnerable emergence, refugees, poor children, those affected by local wars, pregnant adolescents, those with sexually transmitted diseases, sexually and physically abused children as well as children with parents who are mentally and somatically ill.

Beside this developmental disorders in the different domains especially in the social domain should be of major importance for therapeutic actions.

To prevent mental disorders the current preventive medical check ups for young children are insufficient. Earlier than at present screening devices should be introduced in order to detect children with neuro/psychiatric psychological and or developmental disorders. It would be essential to agree on standards of such screenings EU-wide.

It is self evident that interventions need structural and organizational backgrounds. In different countries different service models have been develop and should be comparatively evaluated to find out specific benefits. The ultimate goal would be comprehensive service evaluation and developing standards Europe-wide. Quality assurance is a necessity which should be beyond discussions.

Social inclusion and rights of children and adolescents:

It seems as if there are increasingly more cases of violation of rights of children and adolescents in different ways within their own families, in school settings, in society i.e. child trafficking, sexual exploitation, pornography, through media (TV, internet and generally cyber bullying). The role of the media should be discussed as they could become supporters and allies for children's rights instead of undermining these rights.

Due to increasing percentages of divorces and intrafamilial/violence, quite often children become engaged in their parents' conflicts and court fights which might lead to their rights being violated. The judicial systems across Europe are different depending on several factors including cultural.

Special policies and measures should be developed to prevent and to care for the children and adolescents by educating the public and children/adolescents themselves. At the same time effective measures should be taken to protect individuals involving collaboration with professionals in new technology and computer science and the legal framework.

In several countries independent authorities and organizations exist for the monitoring and protection of children's rights and it seems that these bodies could play a role in safeguarding the rights and needs of children and adolescents.

Research and training:

Research activities should be promoted regarding all the mentioned fields of actions, where by methodologically high standard proposals should be supported which are directly relevant clinically or regarding service delivery.

Training and information exchange is a critical and core feature. Regarding the instance that CAP is devoted to interdisciplinary this training program should be devoted to foster this attitude.

Especially for our field the inauguration of university chairs and the support of continuing medical education are of crucial importance.

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Conclusion

The UEMS/CAP strongly supports the initiative: Improving the mental health of the population: Towards a strategy on mental health for the European Union. We focused on our comment on the necessity of tailoring such an initiative to specific age epochs and considering a life long perspective.

Concluding we would like to state with all this aspects mentioned in this document should be developed in an interrelated fashion. Crucial for this would be the development of a highly sophisticated information system.

Regarding service delivery we would like to propose investments in the development of the community services in collaboration with primary health care. Further more we would like to draw attention to health promotion and prevention especially in pregnancy and postnatally and in transition stages of development. A crucial time period in this aspect is also adolescence and emerging adulthood. But on the other hand treatment and rehabilitation should not be forgotten. To identify as early as possible risk situations is crucial for the long term outcome. This endouves should be based on clinically relevant research and the gap between research and clinical practice should be bridged. It goes without saying that all services should be standard oriented and evaluated to assure the intended outcome.

Beside this destigmatisation should be a major goal.

We hope that this initiative is the starting point of a formalized EU-wide collaboration in the mental health field. To begin with a sophisticated information system should be set up to power all this.

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President

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