



REVIEW

Advocacy for youth mental health in Europe: a policy analysis

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Abstract

Background: According to both the WHO Europe and the European Commission, youth mental health is a key area of concern in Europe. Fifty-two European countries signed a declaration and action plan for mental health at the Helsinki Conference in January 2005, with youth mental health a top priority.

Methods: This paper reviews the theory, research, and practice on the topic in the WHO European Region and presents important implications for policy, research, and practice. It states problems related to youth mental health and then discusses different ways of solving them with policy.

Results: Mental illness, especially emotional and conduct problems, as well as learning disabilities, is growing among European children and adolescents. However, stigma continues to be a significant barrier to effective promotion of youth mental health. Stigma can be related to others' perceptions of youth with mental distress, perceptions of mental health workers, perceptions of mental health treatment, and perceptions of mental health/illness itself.

Conclusion: Advocacy to reduce stigma in health service settings, schools, and policy arenas can be an effective means by which to effect cultural change regarding mental health issues.

Keywords: Children and adolescents, Mental health, Promotion, De-stigmatization, Advocacy, Policy analysis.

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Background

In January 2005, fifty-two countries of the WHO Europe signed a declaration and action plan for mental health at the Helsinki Conference. Each country pledged to make mental health, and in particular that of children and young people, a top priority in their country. Underlying issues and viable solutions were discussed and deadlines were set to improve mental health promotion, prevention, care, and treatment. Between 2005 and 2010, all member states were committed to face twelve challenges related to achievement of healthy societies and alleviation of the burden of mental health problems. Some examples of these challenges are: increasing the level of social inclusion of people with mental health problems; ensuring that mental health national action plans have prioritized services for children, adolescents, and elderly, operated in close collaboration with families, schools, day-care centers, neighbors, extended families, and friends. The measures proposed by the Action Plan to overcome these challenges refer to: the involvement of the community in local mental health programs; supporting initiatives of non-governmental organizations (NGOs); providing mental health care in other primary care services and in easily accessible settings, such as, community centers and general hospitals; introducing or scrutinizing disability rights legislation to ensure that it covers mental health equally and equitably [1].

In this paper, we assess the situation nine years after the declaration, by reviewing advances and trends in theory, research, and practice on the topic in the WHO European Region and by presenting implications for policy, new research, and practice. The paper first provides background on the prevalence of mental illness in the European Region and the associations between sociocultural and economic factors and mental illness. The paper is then divided into three main topics concerning youth mental health: 1) promotion, 2) de-stigmatization, and 3) advocacy.

Prevalence of youth mental illness in Europe

In the WHO European Region, mental illness accounts for approximately 20% of burden disease and the countries with the highest rates of suicide in the world are part of the European Region [2]. Lithuania is among the countries with the highest rates of suicide in Europe and in the world. According to Puras [3] suicide in Lithuania is an epidemic caused by people's incapacity to deal with economic, social, and cultural change. The author and his colleagues [4] mention high levels of social pathology including violence, suicide, and other self-destructive behavior with mental health stigmatizing attitudes.

Youth mental health continues to be a key area of concern in Europe [5, 6]. Mental illness, especially emotional and conduct problems as well as learning disabilities, is growing among European youth [5]. In the European region, it is estimated that 10 to 22% of children and adolescents suffer from mental health problems [1]. More

precisely, the prevalence of mental disorders among youth varies across European countries, ranging from 9.5 % in United Kingdom to 22% in Denmark [7]. Several studies concluded that the rates of treatment are likely to be very low given that most prevalence estimates were determined by clinician-diagnosed illness, and many youth with mental health problems do not have access to adequate diagnosis and treatment services [8, 9]. Underdiagnosis and inadequate treatment can have a negative impact on child development and consequently on adulthood [10].

Association between sociocultural and economic changes and mental illness

Young people face new pressures and challenges in their daily lives as a result of socio-cultural and economic transformations in Europe, including poor progress in a number of areas that are negatively linked to mental health: a higher rate of divorce, a lower rate of marriage, limited employment, increased mobility and competition, faster daily rhythm, more difficulties in interpersonal relations, more passive leisure activities, higher rates of obesity, among others. These constitute risk factors for mental illness at individual, family, and community/societal level [11]. The associated distress can compromise actual and future development [10] or in rare cases, be an underlying mechanism leading to suicide, one of the three leading causes of youth death [5]. According to a study of Ribakoviene and Puras [12] on suicidal attempts of adolescent girls, the authors concluded that most of the attempters lived in incomplete or step-families, and families with more conflicts and arguments between children and parents.

Youth mental health promotion

Youth mental health promotion is an investment for the present and future, being recognized by the WHO Europe [5] as an important factor for the prosperity as well as social and economic stability of the WHO European Region.

Youth mental health promotion programs involve multiple interventions, with multiple stakeholders in multiple settings, with a focus on schools, specifically on skill building, empowerment, self-efficacy, and individual resilience and respect.

Promotion programs address and modify risk and protective factors, provide comprehensive support systems that focus on peer and parent-child relations, and academic performance and ensure that information and services provided are culturally appropriate, equitable, and holistic. By training non-professionals to establish caring and trusting relationships, promotion programs demonstrate a long-term commitment to program planning, development, and evaluation, addressing opportunities for organizational change, policy development, and advocacy. Prior studies have demonstrated positive mental health effects and financial benefits of youth mental health promotion programs [13,14].

The consequences of mental health promotion can result in healthier lifestyles, better physical health, higher educational attainment, greater productivity, better relationships, improved quality of life, more social cohesion, and individual resources [15].

Youth mental health promotion can occur at the individual, family, and community/societal level [11,16]. At the level of the individual, there have been identified successful mental health promotion interventions that improve self-efficacy, positive self-evaluation, self-esteem, optimism, autonomy, proactivity, internal control, coping strategies to deal with adversity, and interpersonal skills to begin, develop, and maintain positive relationships. At the family level, mental health promotion has been shown to improve stable and engaged relationships, positive social orientation, cohesion, absence of constant disagreement, support, and positive parenting style. At the community/societal level, mental health promotion can support engagement opportunities, support systems, recreational activities, academic achievement, positive models at school, and social support.

Description and success of current efforts

Successful mental health policy, on the one hand, defines the vision, values, principles, and aims for improving mental health and, on the other, establishes a model to achieve that vision. To be effective, policies have a plan with detailed activities and strategies that align with the needs and context of the country and the sub-groups that will be impacted. Both policy and plans have to be carefully evaluated taking into consideration the expected results, the aims, and the indicators, as well as possible adjustments. According to the study described above, there has been far too little epidemiological research on the prevalence and risk of youth mental health disorders, with only the UK, Norway, and Belgium conducting sufficient evaluation. The authors propose a systematic data collection at each level of the health system, including: 1) general prevalence of youth mental health problems and youth at risk for mental health problems; 2) number of youth in primary health care; 3) number of youth in primary health care with mental health problem diagnosis; 4) number of youth in secondary health care; 5) number of youth in secondary health care with mental health problem diagnosis. Bielsa et al. [17] add that children and adolescents themselves are rarely involved in decision-making processes affecting practices and that child and adolescent mental health issues are not included in all relevant higher education qualifications.

Evaluation of youth mental health policies

Although there are online platforms of good practices, tools, policies, and effective interventions in Europe on youth mental health promotion, such as EU-Compass for Action on Mental Health and Well-being and ProMenPol, in 2009, Braddick et al. [18] presented a snapshot of child and adolescent mental health in Europe concerning 15

countries (Belgium, Bulgaria, Estonia, Finland, Germany, Greece, Hungary, Latvia, Lithuania, Norway, Poland, Romania, Slovenia, Spain, and UK). The aim was that new EU Member States would move towards evidence-based policies and activities for the management and evaluation of child and adolescent mental health. The design brought together state agencies, academic centers and NGOs from old and new EU Member States. The results revealed many gaps, such as lack of evidence-based policies, lack of political will to implement existing policies and programs, low level of investment in policies and services evaluation and monitoring, and lack of sustainable preventive programs.

What needs to be done

The review of the European reality concerning theory, research, and practice on youth mental health presents important implications for policy. There is a need of more coordination of policy with practice and research, as well as between health, education, and social welfare policies. Zaborskis et al. [19] give the example of Lithuania where youth preventive mental health programs are implemented by NGOs with no state funding system or sustainability and reimbursement mechanisms, and with a lack of agreement between the health, social welfare and education sectors about which of them will cover the costs of these services. According to the authors, intersectoral collaboration is encouraged though no single institution has defined responsibility for mental health care development for Lithuanian youth. Motivation to implement with evaluation and monitoring evidence-based policies and sustainable promotion and de-stigmatization programs is crucial. Besides this, family incentive policies across Europe are urgent. A structured family is extremely influential on youth mental health. For example, Ribakoviene & Puras [12] found that most young suicide attempters lived in incomplete families with more conflicts within it. The three major policy themes for the 20th Anniversary of the International Year of the Family, celebrated in 2014, are confronting family poverty, ensuring work-family balance, and intergenerational solidarity [20]. We need to invest in programs that promote family cohesion and decrease intergenerational conflict, in order to improve youth mental health.

De-stigmatization

Besides promotion, mental health de-stigmatisation seems urgent. In 2010, a thematic conference on stigma was held in Lisbon, under the European Pact for Mental Health and Well-being. The conference was organized by the European Commission and the Portuguese Ministry of Health. Conclusions of the conference included three key principles and two proposed ways in which the EU could expand their role. The key principles were social inclusion of mental health services through high quality community-based and comprehensive mental health services; direct contact between general population and

mental health clients through mental health placement in social and local development; and the empowerment and rights protection of mental health clients. The EU could expand its role in the promotion of reform and leadership in Member States, the exchange and coordination between Member States, and funding.

Definitions of stigma

Stigma is associated with mental health care in general. Stigma is related to youth with mental distress, to the mental health worker, to the mental health treatment, and to mental health/illness itself still exists. Related to the youth him/herself, children, youth and their parents still think that only “crazy” people use mental health care and that “peers” make fun of those who use mental health care [21]. Such prejudice often leads to bad discriminatory consequences. Corrigan [22] cites that people often choose not to get health care to avoid the perception of carrying a mental illness, which can be stigmatizing. This stigma can do harm through lowering self-esteem, by depriving people of social opportunities, such as, employment or housing, and through social-cognitive processes precipitated by negative cues, stereotypes, prejudice, and finally discrimination. One latent explanation to this discriminatory behavior might be the fear of dangerousness. Corrigan et al. [23] note that this sense of dangerousness directs one to fear, and consequently that someone will probably avoid and/or promote avoidance of the source of dangerousness (the one with a mental health serious problem). In a study eliciting perceived stigma among adolescents and parents, higher self-stigma was found in adolescents perceiving their mental health problems to be life-long, and parent’s attitudes were found to significantly influence the adolescents’ self-stigma [24].

Calls by various bodies to improve de-stigmatization

Since 2006, every 4 years, there is a survey on stigma passed through a patient association in 23 European countries by the Global Alliance of Mental Illness Advocacy Networks (GAMIAN-Europe), a patient-driven pan-European organization. Simultaneously the Eurobarometer survey has an international dataset on public stigma.

Evans-Lacko et al. [25] explored the association between public stigma and individual reports of self-stigma, perceived discrimination and empowerment among persons with mental illness in 14 European countries (Belgium, Czech Republic, Estonia, Greece, Spain, France, Italy, Lithuania, Malta, Poland, Romania, Slovenia, Finland, and Sweden) by Eurobarometer survey and the GAMIAN study. The authors concluded that mass anti-stigma interventions that facilitate disclosure and positive social contact may be the most effective intervention for reducing public stigma and self-stigma.

One possible mass anti-stigma intervention could be a network of mental health arts festival on a European level, as mentioned by the director of the Scottish Mental Health

Arts and Film Festival at the Lisbon Conference [26]. Three of the six examples of mental health arts festivals in the world are European: Scottish Mental Health Arts & Film Festival (Scotland), Mental Health Film Festival (England), One of Us Film Festival (Austria). The others in the world are Frame of Mind – Film Festival on Mental Health (India), NYC Mental Health Film Festival, Frames of Mind (Canada). Though most European countries still do not have any. Gonçalves [18] is now launching one in Portugal.

Description and success of current efforts

According to Sartorius [27], short lived campaigns are not enough to reduce stigma; they have to be a permanent fixture of health and social services. Between 2009 and 2011 there was also The Anti-Stigma Program European Network (ASPEN), funded by the European Commission’s Directorate General of Health and Consumers, with the aim of reducing stigma and discrimination of people with depression in the 27 EU member states [28]. The project consisted in a consortium of 20 EU partner sites in 18 European countries and a multitude of stakeholders from across Europe including universities, governmental agencies, public health bodies, human rights groups, NGOs, charities, and mental health service user groups.

Beldie et al. [29] tried also to make a description of anti-stigma activities in 14 countries in Europe (Austria, Belgium, Croatia, Czech Republic, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Sweden, Switzerland, and Turkey), regardless of the language in which they were published and whether they were previously published. Experts from each country were invited to elaborate a detailed description of all anti-stigma activities in their countries, including time period, duration, indicators, funding, territory covered, targeted disorders, publication, evaluation, and effectiveness. There is currently an ongoing transnational study, including six European countries (Germany, England, Italy, Romania, Portugal, and Turkey) among young adults on attitudes towards psychological help seeking including self and public stigma.

Barriers to de-stigmatization

Youth mental health de-stigmatization strategies can be education, contact, and protest. Though the one which seems to have the greatest long-term effect is contact between the general population and mental health clients [30]. There are not many evidence-based youth mental health contact de-stigmatization programs. The ones we found in a literature review are Pinto-Foltz et al. [31] in US, Chan et al. [32] in Hong Kong, Pinfold et al. [33] in UK, Schulze et al. [34] in Germany, and Gonçalves [18] in Portugal. Regarding measures to evaluate youth mental health contact de-stigmatization programs we have only found the Attribution Questionnaire Children (AQ-8-C) of Corrigan et al. [35] and the adapted version of the Social Distance Scale of Coleman et al. [36]. Most are used with adult population. In Portugal was, though, used with

adolescents aged 12-16 [18] besides Corrigan's measure, the Self Stigma of Seeking Help Scale (SSOSH) of Vogel et al. [37] and the Social Stigma for Receiving Psychological Help Scale (SSRPH) of Komiya et al. [38].

What needs to be done

Besides a pan-European study on youth mental health stigma among the general population, transnational research on stigma related to the mental health worker, treatment, and health itself is needed. Along with this, action research and community based participatory research [39-41] can both play a significant role by proposing and evaluating promotion and de-stigmatization strategies/programs for youth mental health in Europe (e.g. in the European school setting). Researchers should be more active in networking with policymakers, planners, community professionals, youth [19], and the general public. Thematic streams such as advocacy, promotion, de-stigmatization, and cooperative partnerships in youth mental health should be a top priority also for the European scientific agenda. An investment in transnational studies on youth mental health in Europe is needed. Enhancing evidence-based intervention capability through research and effective translation of best available evidence is the key.

Youth Mental Advocacy

Besides promotion and de-stigmatization, advocacy can achieve a cultural change regarding mental health issues. Advocacy by definition is built on the integration of theory, research, and practice. International professional and nonprofessional associations can play a crucial role in integrating these three areas, with the aim of promoting mental health and controlling mental disorders. This high potential is not always realized, often due to leaders' high positive or negative impact. In order to avoid the leader's negative impact, as a result of a weak leadership, associations should be structured in a way that will ensure their stability and continuous contributions.

What it is and what has been done

In 2005, Remschmidt and Belfer [42], stated youth mental health advocacy as a duty not only of mental health professionals and clients but also of health, social service, juvenile justice, and education sectors. In 2012, we could add civil society. Youth mental health advocacy seeks to keep the needs of all of us on the agenda of nations and communities. Mental health is a human right. The work on child rights by Danius Puras and colleagues [3, 4, 12, 17, 19], from Lithuania, has provided a new level of advocacy not only for child rights but specifically child mental health. Advocacy for youth mental health in whole Europe is of extreme importance, so that the population becomes aware of mental health issues and stigma and that the government maintain it as national priority. It has societal, political, legal and care benefits, and can also raise further questions for research.

Barriers

Practice needs to partner more with universities and research centers who can do project consultancy and evaluation. To build a European psychosocial network on advocacy of youth mental health, with special focus to promotion and de-stigmatization in the European setting (e.g. school) could be of great relevance. A common understanding of concepts and requirements for youth mental health could lead to a better match between needs and supply in Europe. The members of this network could act as agents of social change, initiating, and supporting efforts to promote mental health and reduce stigma. They could form collaborative partnerships with policymakers, planners, researchers, consumers, state and non-governmental organizations, and other stakeholders in efforts to change attitudes and reduce stigma. Evidence-based de-stigmatization programs could be added to the already existent online platforms of good practices, tools, policies, and effective interventions in Europe on youth mental health promotion.

Youth volunteers have demonstrated to be extremely relevant in school-based preventive programs. To promote youth health we have to integrate the state, parents, school, NGOs, youth organizations, mass media, and others. In Lithuania, state funding does not guarantee sustainability of preventive programs, run by NGO's, etc. [19]. For example, the decision for seeking professional help could be enhanced by having someone with positive past experiences suggesting it [43]. According to the authors promoting more connections within the adolescents' social circles and the mental health professionals is one good way to promote the access and openness to the professional help seeking behavior.

What needs to be done

Besides enhancing youth mental health care capacity and competencies in primary care and school setting, there is a continuous need to promote youth leisure activities with aims, outdoor activity, interpersonal cooperation, and values, such as, sacrifice, patience (e.g. scouts, sport team, music band).

Newman and Hatton-Yeo [44] point to the need to create a new paradigm of intergenerational learning in contemporary society. The new intergenerational learning paradigm emphasizes the importance of intergroup contact between generations where each group can learn from and teach the other simultaneously. Older people have a fundamental role as educators, leaders, models, and training of young people. First, the aging of the population leads to a global recognition of the need to see the elderly as learning resources and as active people in their communities; therefore, policies that provide structure and promote active aging should be created. Second, there are benefits for both generations if the elderly support and provide mentorship to younger individuals in the workplace. This strategy provides opportunities for active aging while promoting an effective and sustainable economy. Third, the

growing concern about the importance of education (and school failure) for economic success, provides the role of mentor to older people as transmitters of knowledge and additional resources in the education system, to increase the success and self-esteem of students. Fourth, culture is an important part of our identity and our seniors have an important role in its transmission; with the rise of multicultural communities, intergenerational learning helps to build cultural understanding. Fifth, intergenerational learning can greatly contribute to the political debate about building communities with high social capital, to support the development of communities based on civic values, involvement, voluntarism, and participation.

Abbreviations

AQ-8-C: Attribution Questionnaire Children; ASPEN: Anti-Stigma Program European Network; GAMIAN: Global Alliance of Mental Illness Advocacy Networks; NGO: Non-governmental organization; SSOSH: Self Stigma of Seeking Help; SSRPH: Scale Social Stigma for Receiving Psychological Help Scale.

Competing interests

The authors declare no conflict of interest.

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