

FLORENCE DECLARATION

Mental wellbeing of children in Europe

Plans and perspectives

XIII ESCAP Congress

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1. Preamble

This Declaration was adopted during the XIII European Society for Child and Adolescent Psychiatry (ESCAP) congress, held in Florence, Italy, August 2007, attended by the leading experts in the field. The conference discussed the current state of European child psychiatry and put forward recommendations as how to improve children' mental health; strengthen the effectiveness and the efficiency of treatments; ameliorate the accessibility and the quality of services; and finally, overcome stigma and protect children human rights.

It is consistent with the UN Declaration of the Rights of the Child, the Geneva Declaration of the Rights of the Child, the UN Convention on the Rights of the Child, the WHO Mental Health Declaration For Europe and Mental Health Action Plan for Europe, and the EC Green Paper on Mental Health. By adopting these documents, Member States have committed themselves to promote the mental health of all children and adolescents and ensure that mental health policies include as priorities the mental health and wellbeing of children and adolescents. Member States have committed themselves to develop and make available and accessible mental health services that are sensitive to the particular needs and human rights of children and adolescents, operated in close collaboration with families, schools, day-care centres, neighbours, extended families and friends. They recognise the right of children with disabilities and/or mental health problems to enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community, as well as grant effective protection from abuse and neglect.

2. Roots of child and adolescent psychiatry in Europe

European child psychiatry arises from a dynamic coexistence of different theoretical models and approaches. A common basis is the culture of human rights: child and adolescent psychiatry in Europe is inspired by the deep respect of children's rights. By valuing these approaches and building on their strengths, while sharing a strong commitment to a shared value system, it has proved possible to develop a versatile model of child psychiatry, able to provide the means to prevent and cope with psychological and psychiatric difficulties by offering interactive and holistic interventions at community, family and individual levels.

The European tradition also involves the social and public field, aiming at creating networks of many agencies which all contribute to the support of young people on the basis of their needs, irrespective of age, gender, social or cultural background. In Europe, child psychiatrists respect individual differences, not

only in the therapeutic realm, but also in the areas of public mental health addressing promotion and prevention.

Child and adolescent psychiatry is strongly linked to other neighboring disciplines such as pediatrics, neurology, psychiatry and psychology and to many other activities targeted at the child's physical and mental health, such as pedagogy, rehabilitation, speech therapy and physiotherapy. This interdisciplinary work is fundamental for prevention, treatment and research in the field of developmental age.

The 3rd Millennium Europe wants to be more and more open to new and different cultures. Migration from neighboring as well as from more distant countries requires our systems to be more flexible in order to respond to new cultures and habits. The aim of European child psychiatry is to integrate harmoniously these populations and to enrich their cultures.

3. The scale of the problem

Europe is facing massive challenges in child and adolescent mental health. Fortunately most people in Europe enjoy a high quality of life: according to the World Health Organization (WHO, 2001), 80% of young people report a good psychological well-being. However, one adolescent out of five has cognitive, emotional and behavioral difficulties and one adolescent out of eight suffers from a diagnosable mental disorder, and the prevalence is increasing decade by decade. Suicide associated with depression, substance abuse, eating disorders, conduct disorders, attention deficit hyperactivity disorders (ADHD) and post traumatic stress disorder (PTSD) in children are all deserving concerted action. Developmental psychiatric disorders rarely have a spontaneous remission and may cause difficult social adaptation or mental disorder in adult life if not early diagnosed and treated.

Child mental health is important in its own right, but it has also to be considered in the context of a lifespan approach: most adult mental disorders find their origin in childhood and adolescence and require early intervention and treatment. Mental disorders prevented in childhood are mental disorders prevented for life.

4. The treatment Gap

Provision of services and the number of child psychiatrists varies very widely across European countries, ranging from one per 5,300 people under the age of 20 to one per 51,800 for the same population group. Countries of the European Union markedly differ in the organization of children and adolescents mental health services and in the content and organization of child psychiatry training. Little information is available about health and social investment into child and adolescent mental well being, but all indicators strongly suggest that child and adolescent mental health in most European countries is receiving a relatively small proportion of funding within mental health, which in turn receives a low investment from general health investment, on average only 5.6%. Investing in the mental health of children and adolescents is the most cost-effective intervention, aiming at preventing the burden of mental health problems in all age groups, and lowering the personal suffering and loss of productivity at individual, family and population level throughout the lifespan.

5. Developing responses

Recognizing the needs of children, adolescents, families and communities of Europe, and backed up by the evidence developed by European experts, the signatories of this declaration believe that European countries, regions and municipalities, supported and advised by intergovernmental agencies such as the

Council of Europe, the European Commission and the World Health Organization, in partnership with NGOs including ESCAP, should all endorse the following actions that will assure the optimal mental well-being of young people:

Services and pathways to care

The core of our commitment is a reduction of the institutional approaches of care, which engender social exclusion. On the contrary it is essential to improve the quality of life of people with mental ill health or disability through social inclusion and the protection of their rights and dignity. The availability of services, mostly at the community-based level, helps patients and their families have an immediate and individualized answer to their needs. We believe that social and medical systems need to integrate their specific fields of action, with the well-being of the person as their central objective. This requires:

Planning adequate community mental health services for all ages, adequately staffed by well trained professionals working as multidisciplinary teams and integrated in primary health care.

Developing community mental health services for the whole lifespan ensuring comprehensiveness and continuity of care, especially for the severely mentally ill, monitoring the patient's transition from child psychiatric care to adult psychiatric care.

Monitoring and evaluating the utilization, the quality and the effectiveness of existing services.

Interventions

We want to offer effective and timely interventions, accessible to everyone on the basis of his/her need, balanced by the investment of evidence-based primary and secondary prevention by:

Applying interventions, both preventive and therapeutic, grounded on reliable and valid evidence; research findings should be implemented in clinical practice.

Basing good practice on a mix of skills and approaches. Single-theory approaches should be avoided.

Creating a European-wide formulary for the use of psychopharmacological medications with children and adolescents.

Prevention

We believe that the essential first step for addressing mental ill health is prevention. Promotion of mental health and well being relies primarily on prevention strategies, which should focus on individual, family, community and social determinants of mental health, both by strengthening protective factors (e.g., resilience) and reducing risk factors (primary prevention). This can be achieved by:

Developing programmes in school settings, where children spend large parts of their time. Examples include school approaches targeting psychological well-being life skills and bullying prevention.

Identifying mothers at risk of post-natal depression through nurses' home visits.

Teaching parenting skills to at risk families in order to improve child development.

Supporting anti-stigma programmes that target social awareness and support the social inclusion of the patient and his/her family.

Allocating appropriate funding, according to the needs and resources in each country.

Human rights

We believe that services, intervention and prevention have all to be placed within a general framework which gives primary value to the respect for human rights and for diversity, including the rights of children and adolescents. Mental health cannot be imposed. It requires:

Planning and developing actions with the active involvement of parents or legal tutors.

Empowering children and adolescents in ways appropriate to their age and development.

Assessing needs in a way which is sensitive to the cultural background and diversity of children, families and communities.

Training

We believe that the training of young child psychiatrists and researchers represents a fundamental element for the growth of our discipline, and that greater partnership across Europe will benefit the quality of research and practice. Research funding should increasingly cross boundaries thereby achieving Added Value for Europe. We support this by:

Achieving a greater cohesion in training goals and methods for Child and Adolescent Psychiatry in Europe as the knowledge in the field of children and adolescents mental health is constantly evolving and international activities are increasing.

Stimulating the implementation of best practices and the application of latest scientific data by regular professional update.

Encouraging multi-disciplinary practice by shared training.

Research and Information

We believe that the common values of European child and adolescent psychiatry demand greater coordination of information and research, providing benefit to all participants. Experiences of one country increasingly are of value elsewhere. This requires:

The harmonization of existing national and international indicators on child and adolescent mental health and disability, in order to create a comparable dataset across Europe.

The stimulus of international research by committing research funding to multi-centre studies.

The setting up of a mechanism for applying international studies to local circumstances.

The undersigned commit themselves to working in partnership towards the development of an Action Plan for Child Mental Health in Europe that will put in effect the recommendations that are contained in this Declaration.

References

1 Declaration of the Rights of the Child, Proclaimed by General Assembly resolution 1386(XIV) of 20 November 1959, <http://www.unhchr.ch/html/menu3/b/25.htm>

2 Geneva Declaration of the Rights of the Child, Adopted 26 September, 1924, League of Nations, <http://www.un-documents.net/gdrc1924.htm>

3 Convention on the Rights of the Child, UN Document Series Symbol: ST/HR/UN Issuing Body: Secretariat Centre for Human Rights, Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989

ENTRY INTO FORCE: 2 September 1990, in accordance with article 49

4 Mental Health Declaration for Europe. WHO European Ministerial Conference on Mental Health: Facing the Challenges, Building Solution., Helsinki, Finland, 12–15 January 2005 (<http://www.euro.who.int/document/mnh/edoc06.pdf>, accessed 20 December 2006).

5 Mental Health Action Plan for Europe. WHO European Ministerial Conference on Mental Health: Facing the Challenges, Building Solution., Helsinki, Finland, 12–15 January 2005 (<http://www.euro.who.int/document/mnh/edoc07.pdf>, accessed 20 December 2006).

6 Green Paper. Improving the mental health of the population: Towards a strategy on mental health for the European Union. European Commission, Health and Consumer Protection Directorate-General, Brussels, 2005, COM(2005)484 (http://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf, accessed 20 December 2006).