



Report on the 2nd Edition of the National Workshops

MENTAL HEALTH AND SCHOOLS



Co-funded by
the Health Programme
of the European Union

Table of Contents

1	Introduction	1
1.1	The EU Joint Action on Mental Health and Well-being.....	1
1.2	The Work Package on Mental Health and Schools	2
1.3	National Workshops.....	2
2	The 2nd Edition of National Workshops for the dissemination of the Policy Recommendations.....	3
2.1	Objectives of the 2 nd Editions of National WS.....	3
2.2	Methods	3
2.3	Timing and Participants.....	3
3	Findings.....	4
3.1	Proposals for the implementation of the Policy Recommendations from the participating Countries .	4
3.1.1	Croatia	5
3.1.2	Estonia	8
3.1.3	Iceland	12
3.1.4	Italy	13
3.1.5	Slovak Republic.....	17
3.2	Proposals for the dissemination of the Policy Recommendations from the participating Countries ..	23
3.3	Feedback and comments on the Policy Recommendations from the participating Countries	27
3.3.1	Croatia	27
3.3.2	Estonia	27
3.3.3	Iceland	28
3.3.4	Italy	29
3.3.5	Slovak Republic.....	30
4	Norwegian and Finnish contributions	32
4.1	Norwegian strategies for the promotion of mental health among children and adolescents	32
4.2	Report on the 2 nd Edition of the National Workshop in Finland	33

The Work Package 7 leader is particularly grateful to Work Package 7 partners who contributed in the preparation of the present report.

1 Introduction

This report has been prepared in the framework of the Joint Action on Mental Health and Well-being funded under the second programme for Community Action for Health 2008-2013.

More specifically, it presents the findings of the 2nd editions of the National Workshops¹, which aimed at disseminating the Policy Recommendations (PRs) that have been prepared under the thematic Work Package (WP) “Mental health and Schools” (which is the WP n.7 of the JA).

The Workshops were carried out in 5 European Countries (Croatia, Estonia, Iceland, Italy, Slovak Republic).

Norway contributed to the report with an overview of the most important policies and relevant legislation already in place.

Finland carried out a workshop in March 2015, when only a preliminary version of the PRs was available for discussion. For this reason the Finnish contribution to this report has a different structure and is included, together with the Norwegian one, in a separate section of this document.

This thematic Work Package (WP) “Mental health and Schools” and the related activities were coordinated by the “Mental Health Sector, Health Programmes Implementation Unit, Veneto Region” through the Veneto Region Coordination Centre for European Project Management (CREMPE-AOUI Verona), hereinafter WP7 Coordinator.

1.1 The EU Joint Action on Mental Health and Well-being

The EU Joint Action on Mental Health and Well-being is a direct and concrete follow-up to a process of reflection and collaboration between MSs which started in 2005 with a consultation process when, as a first response to the WHO mental health declaration for Europe, the Commission published the Green Paper “Promoting the Mental Health of the Population. Towards a mental health strategy for the EU”. The Green Paper aimed at launching a debate with a wide range of relevant actors.

The Joint Action is therefore built on the work done under the European Pact for Mental Health and Well-being and is meant to give follow-up to the 2011 Council's Conclusions. The action brings together 50 associated and collaborating partners representing 27 EU Member States and associated countries.

In particular, the Joint Action addresses:

- Promoting mental health at the work place and in schools
- Promoting action against depression and suicide
- Developing community mental health care and
- Promoting the integration of mental health in all policies

The overall aim of the Joint Action is to contribute to the promotion of mental health and well-being, the prevention of mental disorders and the improvement of care and social inclusion of people with mental disorders in Europe. The expected result is a more rigorous and comprehensive knowledge of mental health and well-being situation in the EU and the development of an endorsed framework for action.

¹ The 1st editions took place in 2014 and aimed at the revision of the first draft of the Policy Recommendations “Mental Health and Schools”.

1.2 The Work Package on Mental Health and Schools

The overall objective of the thematic Work Package “Mental health and Schools” of the Joint Action was to develop an action framework for cooperation between sectors, including health, social care and the education regarding the promotion of mental well-being, prevention of mental and behavioural disorders of children and adolescents, with a specific focus on the interventions carried out in the school setting. As explained above, such an action framework was developed as a component of a broader and commonly endorsed action framework on mental health and well-being in Europe.

With this in mind, the specific objective of the Work Package was to produce **a report documenting the analysis of the situation in the European countries involved in this topic**, and to build on the findings of this analysis **in order to produce recommendations for policy makers at regional, national and European level** (this report can be retrieved at www.mentalhealthandwellbeing.eu).

Several activities were carried out in order to reach this objective, i.e. an evidence review in collaboration with all the project partners, frequent consultations with national and local experts, elaboration and revision of different drafts of the final products, in parallel with the discussion and dissemination activities which involved local and national stakeholders.

1.3 National Workshops

Two National Workshops in each involved country were also foreseen.

A 1st edition of the National Workshops was organised in the period July – September 2014, with the aim to collect input from national stakeholders for the revision of the first draft of the Policy Recommendations. Their input was documented and incorporated into the Policy Recommendations.

From January to August 2015, at the request of the DG Santé of the EC, the document underwent a number of further revisions with the involvement of external experts, with the aim to better align to the approach of the other Work Packages of the Joint Action.

By September 2015, a new version of the document was produced for presentation by partner organisations at the 2nd Editions of the National Workshops.

The 2nd editions of the workshops took place in 2015 and were focused on gathering proposals for implementing and disseminating the Policy Recommendations as described in section 2 below.

2 The 2nd Edition of National Workshops for the dissemination of the Policy Recommendations

2.1 Objectives of the 2nd Editions of National WS

At the request of the JA Coordinator and of the European Commission, the objectives of the 2nd National Workshops were set as follows:

- To put emphasis on dissemination (to participants and through participants);
- To collect comments on PRs;
- To collect proposals for their implementation.

These objectives were discussed and agreed with the partners during the 4th National Coordinators Meeting (Verona, September 8th-9th 2015).

2.2 Methods

The same categories of stakeholders which participated in the first editions were contacted and invited to participate in the 2nd editions.

When planning their National Workshops, the Partners were requested to take into consideration the following aspects:

1. Given the specific focus of the Work Package, it was recommended that the Education sector be represented in a higher percentage.
2. Compared to the first edition, it was also recommended that a larger number of stakeholders be involved for dissemination purposes.

The WP7 coordinator circulated among the partners a set of Guidelines for the organisation of the **workshops**. The **guidelines** included the suggested steps for the implementation of this activity, an indicative timeline and tools to collect the feedback to be then sent to the WP7 Coordinator.

In addition, the guidelines contained the recommended topics to be included in the Agenda of the event, instructions on the number of participants, and specific suggestions on the composition of the Working groups, including a definition of roles and responsibilities to be assigned per each group.

The event was arranged as a workshop, since this is a method that facilitates and stimulates participants to share their experiences and ideas.

The partners were equipped also with the last version of the Policy Recommendations, specific templates for the management of the Workshop and for reporting back to WP7 coordinator.

2.3 Timing and Participants

The involved countries organised the 2nd Editions of the National Workshops in the period from mid-October to the end of November 2015.

The table below includes some general information on the workshops in the different countries:

	Date	Location and venue	Participants from different sectors (%)
Croatia	November 12 th 2015	Zagreb - Ministry of Health of the Republic of Croatia	<ul style="list-style-type: none"> • Education Sector: n.1 • Health Sector: n. 10
Estonia	November 10 th 2015	Tallinn - Estonian Ministry of Social Affairs	<ul style="list-style-type: none"> • Education Sector: n.6 • Social Sector: n. 3 • Health Sector: n.11
Finland	March 3 rd 2015	Helsinki - National Institute for Health and Welfare	<ul style="list-style-type: none"> • Education Sector: n. 11 • Social Sector: n. 10 • Health Sector: n. 12 • Adolescents: n. 1
Iceland	November 19 th 2015	Reykjavik - Icelandic Sports and Olympic Association	<ul style="list-style-type: none"> • Education Sector: n. 18 • Social Sector: n. 9 • Health Sector: n. 7
Italy	October 14 th 2015	Venice – Palazzo della Regione	<ul style="list-style-type: none"> • Education Sector: n. 37 • Social Sector: n. 6 • Health Sector: n. 8 • Justice: n. 4
Slovak Republic	October 28 th 2015	Bratislava - Ministry of Health of the Slovak Republic	<ul style="list-style-type: none"> • Education Sector: n. 7 • Social Sector: n. 2 • Health Sector: n. 5 • Justice: n. 2 • NGO sector: n. 2 • WHO Slovakia in cooperation with MoH SR: n. 1

3 Findings

3.1 Proposals for the implementation of the Policy Recommendations from the participating Countries

Policy Recommendations

- 1. Strengthen information and research on mental health and well-being among children and adolescents.*
- 2. Promote schools as a setting where health promotion and prevention of mental and behavioural disorders and early identification can reach all children and young people.*
- 3. Enhance training for all school staff on mental health.*
- 4. Consider schools as part of a wider network with other stakeholders and institutions involved in mental health of children and adolescents in local communities.*

The above Policy Recommendations have been created with the intention of being as comprehensive as possible in terms of their potential concrete application in the different countries of the EU.

Nevertheless the specific features of each Country will have an impact on the concrete implementation of the recommended actions.

Following on from the above, during the 2nd edition of the workshops, each country identified a number of implementation opportunities, according to the specific actions and they are listed in the next paragraphs.

3.1.1 Croatia

In Croatia a number of specific actions was identified as more likely to be implemented according to the national/local situation. For each specific action, proposals for concrete implementation are provided.

Policy Recommendation 1

Action: a. Establish a solid information base so as to have a detailed epidemiological frame of the mental health among children and adolescents and evidence on interventions.

Proposals for implementation:

- through Eurostat, Eurobarometer or similar on the EU level (e.g., EU compass).

Action: b. Provide information on coverage and outcomes of interventions, including for groups at higher risk as well as on the size, impact, cost and potential economic savings of appropriate interventions.

Proposals for implementation:

- through Eurostat, Eurobarometer or similar on the EU level (e.g., EU compass).

Action: c. Carry out a mapping and analysis of existing screening tools for early identification, from the first developmental stages, of mental health disorders and poor well-being among children and school populations.

Proposals for implementation:

- through Eurostat, Eurobarometer or similar on the EU level (e.g., EU compass).

Action: d. Examine the potential to increase the access to information and to services through the use of web-based technologies (e-mental health) for the promotion of mental well-being and the prevention of mental and behavioural disorders.

Proposals for implementation:

- already being implemented, especially in terms of access to care and services. In terms of efficacy and cost-effectiveness, it could be linked to the suggestion for action a, b and c.

Policy Recommendation 2

Action: a. Recognise the role of early childhood education, school and peer education as having a core function for creating opportunities for collaboration among children, parents, care-givers, teachers, school staff and staff of school medical services, according to a whole school approach – WSA.

Proposals for implementation:

- This action has been already implemented (e.g. as described under PR1: In Croatia, screening is carried out in some counties in schools but by medical personnel; the same medical personnel (school medicine specialists) collaborates on mental health promotion and prevention with children, parents, and teachers (during regular check-ups, workshops organized for teachers, workshops organized with teachers for children or parents etc.)

Action: b. Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying.

Proposals for implementation:

- This action is already included in the national education curriculum; however, its implementation is unsatisfactory (tools/programs for teachers are underdeveloped).

Action: c. Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account, particularly in the definition of objectives and quality criteria

Proposals for implementation:

- An active participation is already implemented in school settings. Caution was raised by participants concerning quality criteria being assessed by non-professionals.

Action: d. Put in place evidence based interventions to combat early school leaving, since education is a protective factor for mental health and well-being of children and adolescents.

Proposals for implementation:

- through Eurostat, Eurobarometer or similar on the EU level (e.g., EU compass).

Policy Recommendation 3

Action: a. Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs, tailored to the local context, for all school staff interacting with children and adolescents.

Proposals for implementation:

- This action will be addressed by the “Ensuring optimal health care for people with mental health disorders” project (Twinning project to be launched in March 2016, it includes a promotion/prevention part; twinning partner to Croatian Ministry of Health and National Public Health Institute – Trymbos Institute, Netherlands).

Action: b. Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources.

Proposals for implementation:

- This action will be addressed by the “Ensuring optimal health care for people with mental health disorders” project (Twinning project to be launched in March 2016, it includes a promotion/prevention part; twinning partner to Croatian Ministry of Health and National Public Health Institute – Trymbos Institute, Netherlands).

Action: c. Ensure that training is also made available to the members of the families and caregivers of children and adolescents. Provide opportunities for meeting and training sessions involving both teachers and families, according to a community level approach.

Proposals for implementation:

- This action will be addressed by the “*Ensuring optimal health care for people with mental health disorders*” project (Twinning project to be launched in March 2016, it includes a promotion/prevention part; twinning partner to Croatian Ministry of Health and National Public Health Institute – Trymbos Institute, Netherlands).

Action: d. Ensure that particular attention is paid also to the positive mental health and well-being of teachers and school staff via continuous support and mentoring. Relevant guidelines for mental health and well-being promotion in schools should be jointly prepared and shared among sectors, including the youth organisations, under the coordination of the education sector.

Proposals for implementation:

- Interventions and possibilities do exist, although funding is low (solution depends also on the priorities of the future government).

Policy Recommendation 4

Action: a. Ensure that the mental health and well-being of children and adolescents is considered when defining and implementing policy in different sectors, including (but not limited to) the health, education and social sector as well as the youth organisations.

Proposals for implementation:

- (This action has been already implemented)

Action: b. Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors, also with a view to facilitating cross-sectoral budgeting and to defining the responsibilities of the different sectors.

Proposals for implementation:

- Specific actions will be formulated when new government is formed.

Action: c. Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors. This also includes aligning budget timetables and approval mechanisms to ensure timely and coordinated interventions, selected on the basis of their effectiveness.

Proposals for implementation:

- Specific actions will be formulated when new government is formed.

Action: d. Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors.

Proposals for implementation:

- Trough EU Compass and organizing training on adequate project evaluation methods for health and non-health professionals;
- Organize training on adequate project evaluation methods for health and non-health professionals.

3.1.2 Estonia

In Estonia a number of specific actions was identified as more likely to be implemented according to the national/local situation. For each specific action, observations and proposals for concrete implementation are provided.

Policy Recommendation 1

Action: a. Establish a solid information base so as to have a detailed epidemiological frame of the mental health among children and adolescents and evidence on interventions.

Proposals for implementation:

- This is a very relevant issue for Estonia and it is a well-known that this field needs improvement.
- There is a big difference in approach – whether to collect these data for Estonia only or also for the other MSs, for comparative purposes at a European level.
- There are two different methods – surveys and studies versus routine data collection (surveillance).
- In Estonian schools health checks are made routinely, and the data collected is forwarded to Estonian Health Information database. Perhaps there is a possibility for European comparison?
- Regular data collection is urgently needed also for service needs assessment purposes.

Action: b. Provide information on coverage and outcomes of interventions, including for groups at higher risk as well as on the size, impact, cost and potential economic savings of appropriate interventions.

Proposals for implementation:

- When adapting other countries' intervention programs to the Estonian context, it is essential to evaluate first if these programs are relevant and applicable in the Estonian educational system.
- A lot of data are already collected and available, we should ensure and make mandatory (not only enable) that all this data will be used for evaluation of interventions.

Action: c. Carry out a mapping and analysis of existing screening tools for early identification, from the first developmental stages, of mental health disorders and poor well-being among children and school populations.

Proposals for implementation:

- University curricula for teachers in Estonia nowadays already include recognition of the signs of mental health problems in children, which means that next generations of teachers are already better prepared for this.
- Teachers are primary level specialists – gatekeepers. Their responsibility is to be able to recognise early signs, define the problem and describe it to support service providers at school (e.g., psychologist, social worker, social pedagogue).
- In Estonia the concept of integrated services for mental health in children and youth has been developed in 2014-2015. For this purpose, a total of 40 screening instruments were selected, out of which 20 were considered as appropriate for implementation.
Currently 4 screening instruments have been selected for adaptation and validation in Estonia, including KID-SCREEN that is a non-stigmatising well-being screening tool based on self-assessment.
- There are not enough support service providers at schools, who could manage all the workload related to screening. In Estonia there is a gap between the need and the availability of services. The limited cooperation between different sectors (health and education) also constitutes an important barrier.
- According to regulations in Estonia the schools with the number of pupils below 200 are not obliged to provide health services on site, which means that only bigger schools can afford it.

- Screening should be performed only if mental health care services to treat the diagnosed disease are available

Action: d. Examine the potential to increase the access to information and to services through the use of web-based technologies (e-mental health) for the promotion of mental well-being and the prevention of mental and behavioural disorders.

Proposals for implementation:

- E-services for youth mental health in Estonia are quite well-developed already. Good examples peaasi.ee, enesetunne.ee, lahendus.net etc.
- The challenge is still how to make useful and reliable websites easy to find.

Policy Recommendation 2

Action: a. Recognise the role of early childhood education, school and peer education as having a core function for creating opportunities for collaboration among children, parents, care-givers, teachers, school staff and staff of school medical services, according to a whole school approach – WSA.

Proposals for implementation:

- Schools in Estonia are more and more becoming settings where learning social competences, and not only focused to academic achievement.
- Support service providers (psychologist, social worker or social pedagogue) should be available on site in every school. Referral should be necessary only in case the problem is too serious to cope on site.

Action: b. Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying.

Proposals for implementation:

- Not only the school principal should be obliged to do it, but also the owner of the school (e.g., municipality), because the resources available for interventions depend on the owner.
- General culture and ethos of the school depend more on school principal (and administration). If additional resources are needed (e.g., for recruiting support service providers), the owner of the school is the key decision maker.

Action: c. Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account, particularly in the definition of objectives and quality criteria

Proposals for implementation:

- It remains unclear who is expected to implement these programmes – school itself or will they be provided from outside? The term “Programme” is not appropriate, “interventions” (or “activities”) would be clearer.
- Inclusion is very important, but in Estonia we have a long way to go, because the awareness about the importance of inclusion is still low (both among youth and parents, especially among parents of children with problems).
- It is equally important to consider the needs of teachers along with the needs of children, youth and families. Teachers should always be included, especially when the programmes are outsourced.

- One of the most important things at school is to develop life skills among children and youth. This can be done at school, without implementing any special programmes, i.e., universally. In Estonia this is part of the regular curriculum, but how well it is concretely put into practice remains unclear.

Action: d. Put in place evidence based interventions to combat early school leaving, since education is a protective factor for mental health and well-being of children and adolescents.

Proposals for implementation:

- We should not “combat” early school leaving, but prevent it. The wording should be targeted to positive outcome. Early school leaving is usually a consequence, and not a reason.
- Early school leaving per se is not always a tragic event, because certain educational levels can be obtained in other ways (e.g., schools for adults). A critical aspect is to prevent youth from breaking up the education before getting to a certain level.
- Here the evidence-based interventions targeting the promotion of positive factors should be emphasized (e.g., safe environment, good cooperation between school and parents). Protective factors that influence positively continuous education should be increased.
- Early school leaving is not always school’s “fault”. Very often, familial factors (e.g., divorce of parents) play a key role in developing mental health and behavioural problems in children that can eventually lead to early school leaving.

Policy Recommendation 3

Action: a. Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs, tailored to the local context, for all school staff interacting with children and adolescents.

Proposals for implementation:

- There is a need for research about mental health status of teachers and about resources that are available for them.
- Support service providers at schools should serve also teachers – possibilities for counseling, supervision, co-vision.
- It is important that mental health issues are included both in basic curriculum of teachers and also afterwards, in further training programmes (when they have already some work experience). Professional standards of teachers should include this competence as an assessment measure. The number of teachers at school who have this professional standard could be an indicator of quality level.

Action: b. Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources.

Proposals for implementation:

- Nobody has doubts about the importance of cooperation and networking. The main question is how the responsibilities of different parties and obligations to provide necessary resources are regulated.
- Support service providers from different fields should be available at schools.
- Services (support service providers at schools) should be based on needs. First we have to find out what are the needs in a specific school. In Estonia there is the Education Information System (EHIS), where several relevant indicators at school level can be found already, but currently the dimension of mental health is missing.
- In Estonia we have already the results of different studies available that provide evidence about risk behaviours’ prevalence among schoolchildren. These results can be used for needs assessment.

Action: c. Ensure that training is also made available to the members of the families and caregivers of children and adolescents. Provide opportunities for meeting and training sessions involving both teachers and families, according to a community level approach.

Proposals for implementation:

- In Estonia we have secondary level (i.e. county level) counseling centres (Rajaleidja), but these services are meant not so much for counseling families, but for counseling organisations.
- The moment/period when children go to kindergarten or to pre-school should be used effectively, because parents of children in that age are more open for participation and inclusion.
- The schools would like to have such joint events and trainings (both teachers and families included), but very often this does not work. Perhaps such joint actions should be initiated not by schools themselves, but by outsiders.
- Events organised by local governments/municipalities are the examples of best practices in Estonia (e.g., days dedicated to families).

Action: d. Ensure that particular attention is paid also to the positive mental health and well-being of teachers and school staff via continuous support and mentoring. Relevant guidelines for mental health and well-being promotion in schools should be jointly prepared and shared among sectors, including the youth organisations, under the coordination of the education sector.

Proposals for implementation:

- It is not clear who is responsible for this and who should ensure it. Cooperation is the most important (national level, municipality, professional unions etc.).
- Awareness of school administration should be increased about teachers' need for supervision and mentoring (in addition to regular annual leave). Also awareness about the fact that it is normal for teachers as well to have crises should be increased.
- Existence of guidelines seems less important than the availability of a system of support service providers' for the teachers.
- "The first aid package" for recognising mental health problems at schools is necessary.

Policy Recommendation 4

Action: a. Ensure that the mental health and well-being of children and adolescents is considered when defining and implementing policy in different sectors, including (but not limited to) the health, education and social sector as well as the youth organisations.

Proposals for implementation:

- It is essential.

Action: b. Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors, also with a view to facilitating cross-sectoral budgeting and to defining the responsibilities of the different sectors.

Proposals for implementation:

- Cross-sectional budgeting seems unrealistic to be achieved in Estonia.
- There is no need for joint (cross-sectional) budgeting, but instead for coordinated actions that are financed from budgets of different sectors.

Action: c. Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the

different sectors. This also includes aligning budget timetables and approval mechanisms to ensure timely and coordinated interventions, selected on the basis of their effectiveness.

Proposals for implementation:

- At present in Estonia it is impossible to estimate the amount of financial resources that each sector provides for the mental health of children and youth. But as a policy recommendation it seems very relevant and would be useful to have this information.
- This action consists of two different parts that should be separated – first, data about workforce/financing and second, interventions' selection.

Action: d. Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors.

Proposals for implementation:

- This part overlaps with policy recommendation No 1 – overlap should be avoided.
- This should be done at national level, because for the schools the evaluation of effectiveness of programmes is a too ambitious and complicated thing to do. Evaluation needs competence and considerable financial resources.
- It is not clear enough what is meant by effectiveness, what kind of indicators should be considered – costs-effectiveness or something else as well.

3.1.3 Iceland

In Iceland a number of specific actions was identified as more likely to be implemented according to the national/local situation. For each specific action, proposals for concrete implementation are provided.

Policy Recommendation 1

Action: a. Establish a solid information base so as to have a detailed epidemiological frame of the mental health among children and adolescents and evidence on interventions.

Proposals for implementation:

- DOHI would be responsible for setting up a national data base for information collection for the most relevant epidemiological information about children's and adolescent's mental health that could be analysed either for the entire country or particular municipalities, perhaps in collaboration with the Directorate of Education and the Icelandic universities. Use the data available from screening among adolescents, school health care and infant health services. Also create a system where psychiatrists, pediatricians and psychologists can record clinical diagnoses for children and adolescents directly into a national data base. Statistics Iceland could be responsible for storing, maintaining and presenting the data.

Policy Recommendation 2

Action: b. Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying.

Proposals for implementation:

- Use the Health Promoting Schools model, which already exists at the DOHI, as a model for implementing this. Create a joint working group from the Ministry of Health and Ministry of Education to analyse the

current situation and ensure enough financial and human resources to make schools truly health promoting in a holistic way, including mandatory social and emotional learning for children and support teams of school mental health professionals (nurses, psychologists, social workers) to guide teachers and parents and assist children when needed.

Policy Recommendation 3

Action: a. Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs, tailored to the local context, for all school staff interacting with children and adolescents.

Proposals for implementation:

- Create a committee within the Ministry of Education that will analyse and review the current status of mental health education in teacher training in collaboration with universities that offer M.Ed degrees, teachers, newly graduated teachers, teaching students, and school administrators. Do a needs analysis on what skills and training are needed among teachers in order to meet the needs of students. Both look at primary training for teaching students and continuing education for teachers already practicing.
- Examine possibilities for psychologists to work within schools in order to provide continuing guidance for teachers and staff, work with teachers within classrooms, either for particular students' problems or for class management, teasing, bullying, social skills training etc. Teachers are not mental health professionals and should not need to be, basic training is needed on children's mental health and healthy development and then continued assistance/collaboration with school mental health professionals.

Policy Recommendation 4

Action: b. Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors, also with a view to facilitating cross-sectoral budgeting and to defining the responsibilities of the different sectors.

Proposals for implementation:

- Use the current National Mental Health Policy that is being presented before congress to push for a joint regulation, legal frames and more detailed procedures for collaboration between sectors. The different sectors need to agree on frames for the specific roles and responsibilities of each sector/institutions, e.g. as done in Scotland, Finland and USA, as well as when, how and who is responsible for initiating collaboration.

Action: d. Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors.

Proposals for implementation:

- Mandate the Directorate of Education, in collaboration with the universities, to evaluate the effectiveness of the school-based mental health promotion programs that are in widespread use in Iceland. Create a database for effective, empirically evaluated programs available in Iceland, similar to the one in Norway

3.1.4 Italy

In Italy a number of specific actions was identified as more likely to be implemented according to the national/local situation. For each specific action, proposals for concrete implementation are provided.

Policy Recommendation 1

Action: a. Establish a solid information base so as to have a detailed epidemiological frame of the mental health among children and adolescents and evidence on interventions.

Proposals for implementation:

- Continuity of care would favour the establishment of a solid information base: in case of students who have been diagnosed with a mental disorder, this should be indicated in the student record, in order to inform the following educational level and ensure the continuity of care.

Action: c. Carry out a mapping and analysis of existing screening tools for early identification, from the first developmental stages, of mental health disorders and poor well-being among children and school populations.

Proposals for implementation:

- Mapping should include not only national screening programmes but also regional and local initiatives. For instance, the school based Tulip project (Tutti Uniti Lavoriamo per Intervenire Precocemente - Working all together for an early intervention) was launched in 2008 and carried out in Milan with the collaboration of the Childhood and Adolescence Neuropsychiatry division of the Niguarda Hospital. Targeting small groups of high school teachers, the project aims at providing information and tools for a correct identification of prodromal manifestations of serious mental diseases.
- Alternatives to screening tools should also be included in the mapping. For instance, a set of structured observational instruments could be provided to teachers, in order to support them to detect students at risk for mental disorders from the early developmental stages. Structured observational instruments, in fact, are less expensive than specific screening tools in the school setting, since they do not require the presence of a health-professional to be applied. A protocol for early detection of students at risk might be developed using as an example the one already existing for Specific Learning Disorders;
- The analysis should examine the efficacy of the intervention and its potential for wider implementation: for example, the ERIRAOS (Early Recognition Inventory based on IRAOS), developed as a comprehensive assessment of both psychotic and cognitive symptoms of schizophrenia, has proven to be a highly sensitive instrument for the assessment of At Risk Mental States (ARMS) and could be adapted for screening purposes.

Action: d. Examine the potential to increase the access to information and to services through the use of web-based technologies (e-mental health) for the promotion of mental well-being and the prevention of mental and behavioural disorders.

Proposals for implementation:

- The MIUR (Italian Ministry of Education) should be in charge of evaluating and certifying the quality and the reliability of the contents of a website (e.g., by adding a specific logo in the homepage).

Policy Recommendation 2

Action: b. Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying.

Proposals for implementation:

- At least at regional level, schools should play a key role in promoting the acknowledgement and acceptance of students' personal traits, and in avoiding that families, peers and teachers overburden students with their expectations. To this end, strong cooperation between teachers is necessary;
- The Piano Annuale per l'Inclusione (PAI, i.e., Annual Plan for the Inclusion) could be an effective channel to promote a positive mental health culture in the schools. Each institute is asked by the Ministry of Education to write its PAI at the end of the academic year. The PAI should contain information on the ongoing/carried out activities aiming at promoting an inclusive school environment. It should describe, moreover, a global projection of improvement that the school aims to carry out through all the available resources;
- Several projects are funded by the Ministry of Education in collaboration with the Parliament and the Regional School Offices under the program "Cittadinanza e Costituzione" ("Citizenship and Charter"). In this frame, also projects for the creation of a mental health promotion culture should be defined.
- School counseling services should be established in collaboration with the local health services;
- Cultural and experiential activities aiming at stimulating the social and emotional well-being of students should be promoted. (e.g., Teatro delle Emozioni – Theatre of Emotions).

Action: c. Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account, particularly in the definition of objectives and quality criteria

Proposals for implementation:

- Periodic meetings with teachers, students and their families should be planned in order to foster the dialogue between these actors and to reach an agreement on the educational plan (Piano dell'Offerta Formativa), taking into account the perspectives of different generations.
- Students could be involved via peer education which should mainly aim at the promotion of social skills; the Students' Council should be considered as a crucial part of the network involving the other boards of the school.

Action: d. Put in place evidence based interventions to combat early school leaving, since education is a protective factor for mental health and well-being of children and adolescents.

Proposals for implementation:

- The school counseling services should be monitored in order to collect useful information for the creation of evidence based interventions to combat early school leaving.

Policy Recommendation 3

Action: a. Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs, tailored to the local context, for all school staff interacting with children and adolescents.

Proposals for implementation:

- Training courses on communication and relational skills with parents and children should be encouraged. The "La Buona Scuola" reform (Law 107/2015) foresees that each teacher will have 500€/years to be used for professional and continuing education training: priorities should be identified by the National Ministry for Education. Stricter selection criteria for the activities which can be included in professional training should be defined. "Interest groups" sharing budget might be created in order to enable teachers to access more expensive training opportunities.
- The need to bridge the gap between different generations of teachers should be taken into account when planning the continuing professional development.

Action: b. Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources.

Proposals for implementation:

- A network aiming at both, the identification of the training needs and the training delivery should be established at local level (Local health trusts). The network should include public and private institutions, such as Municipalities, Schools, Welfare services, youth and sport associations.

Action: d. Ensure that particular attention is paid also to the positive mental health and well-being of teachers and school staff via continuous support and mentoring. Relevant guidelines for mental health and well-being promotion in schools should be jointly prepared and shared among sectors, including the youth organisations, under the coordination of the education sector.

Proposals for implementation:

- National guidelines should be drawn up to clarify the trainings targets, also in terms of Mental Health.
- In order to promote the positive mental health of teachers, the following methods should be considered: a sabbatical year for training purposes only, online webinars, mentoring and evaluation sessions, regular meetings between school administrations and local health trusts (as is the case in the Veneto Region). . The relevance of a positive mental health for all the school members (i.e., for students but also for teachers, assistants, janitors, etc.) should be highlighted e.g., by including in the courses on safety at work a module on the work-related stress issue.
- The lack of psycho-educationalists in the school setting should be addressed. They should be part of the school staff on a permanent basis, since they are able to bridge the gap between different professionals.

Policy Recommendation 4

Action: a. Ensure that the mental health and well-being of children and adolescents is considered when defining and implementing policy in different sectors, including (but not limited to) the health, education and social sector as well as the youth organisations.

Proposals for implementation:

- Intersectoral meetings should be planned regularly, in order to foster the dialogue between schools and local health and welfare services, in order to favour the mutual understanding of the respective working principles and mechanisms.

Action: b. Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors, also with a view to facilitating cross-sectoral budgeting and to defining the responsibilities of the different sectors.

Proposals for implementation:

- National guidelines/legislation should be created on the basis of identified best practice, i.e. systematise procedures and activities which have proven to be effective in mental health promotion (e.g., Law 104/1992 and Law 170/2011).
- Each sector should define a portion of budget to be allocated for the cooperation, the fund eligibility criteria and the indicator for the evaluation of the effectiveness of the interventions.
- Law n. 285/1997: “Provisions for the promotion of rights and opportunities for childhood and adolescence” should be re-financed.

Action: d. Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors.

Proposals for implementation:

- The area of Mental Health and Well-Being could be included in the RAV - Rapporto di Autovalutazione, a Self-Assessment Report which each school has to compile on a web portal of the Ministry of Education. The RAV includes 5 sections: context and resources, outcomes, processes, self-evaluation and identification of priorities. Each section is divided into areas which include indicators and descriptors to be used for the evaluation. For each area a number of guiding questions is provided, meant to stimulate reflection on the results achieved by the school in that specific sector. A description of the strengths and weaknesses of the school is required, as well as a self-rating on a 7-point Likert scale for each area. A rationale for the score chosen is required.

3.1.5 Slovak Republic

In Slovak Republic a number of specific actions was identified as more likely to be implemented according to the national/local situation. For each specific action, observations and proposals for concrete implementation are provided.

Policy Recommendation 1

Action: a. Establish a solid information base so as to have a detailed epidemiological frame of the mental health among children and adolescents and evidence on interventions.

In Slovakia, there is no epidemiological study about children's mental disorders. In the area of "adult psychiatry," there are two - EPID study (Heretik, et al., 2003) about depression and EPIA on the epidemiology of anxiety disorders (2007).

The Research Institute for Child Psychology and Pathopsychology (VÚDPaP) is the only workplace in the Slovak Republic that is focused on the complex research of psychological aspects of child and youth development and on the research of conditions that influence this development. **VÚDPaP's Child Center** delivers complex multidisciplinary care for children with special needs and for their families including counseling recommendations to schools and school facilities that work with these children.

Partial VÚDPaP surveys (2001, 2002, 2005) showed the practical importance and relevance of active search - screening of problematic behavior of students in different regions in Slovakia. The findings showed that the actual incidence of problematic pupils in primary and secondary schools ranges from 6 to 14%, which is 10% of children from the monitored population.

Proposals for implementation:

- Continue the screening activity under the responsibility of VÚDPaP and Pedagogical – psychological guidance and prevention centers by using digital psycho-diagnostic tools:
 - KOMPOSYT (www.komposyt.sk) is public portal for counseling services
<http://konferencia.komposyt.sk/komposyt-in-short#ciele>
 - EVUPP system records of clients and activities of CPPPaP.
- Support active screening of alcohol problems among children by using screening tools for pediatricians.

Action: b. Provide information on coverage and outcomes of interventions, including for groups at higher risk as well as on the size, impact, cost and potential economic savings of appropriate interventions.

Proposals for implementation:

- In the new draft of the National Programme for Mental Health, incorporate a possible activity of creating space for defining the task - to prepare information about coverage of detections/interventions at higher

risk groups and their impact and cost savings (for example: cost savings achieved from interventions carried out by street workers/social workers).

- Follow up on outcomes from KOMPOSYT data.

Komposyt is a digitized application platform that makes the key processes of the guidance. The work with the clientele is not just a multidisciplinary but long-termed and has a preventative dimension. Objective of the national project is to support the social inclusion of the people with special educational needs (ŠVVP) through making the approach to gaining skills they need in the labour market easier and to support the continuous education of people working in the field of their integration into the society.

<http://konferencia.komposyt.sk/komposyt-in-short#siet>

<http://konferencia.komposyt.sk/video#reports>

Nationwide data collection



Figure 1 illustrates all the subjects of the educational and psychological counseling and prevention system who enter data and at the same time also draw from it information. Komposyt (www.komposyt.sk) is public portal for counseling services. It serves as a platform for sharing theoretical contributions and good practices within the educational counseling. All important information is available in one place (scientific articles, legislation concerning counseling and psychodiagnostic methods). Expert content is primarily divided by target groups (psychologists, special educators, educational counselors) and cross-cutting themes such as services for pupils with special needs, career guidance and labor market information. The experts have access to different professional methodologies. It also contributed to networking of the system of educational and psychological counseling and prevention (schools, school facilities, parents, pupils).

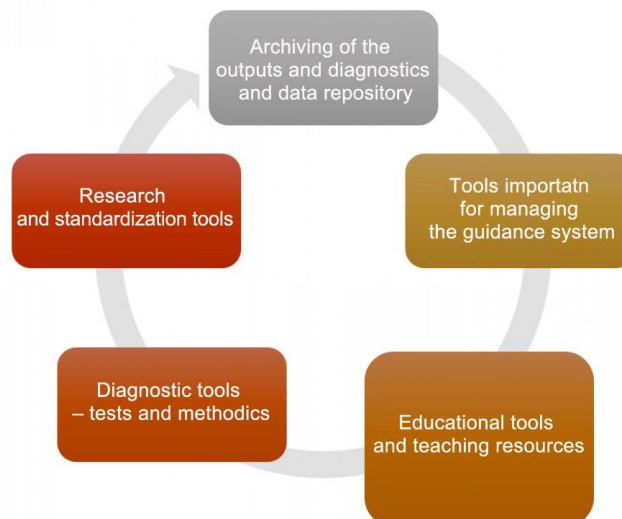


Figure 2 shows the processes occurring in the public portal Komposyt. By archiving data, counseling tools and methodologies enabling optimized interventions, resources of scientific articles and good practice contributions for system of educational and psychological counseling and prevention, namely e-versions of the diagnostic tools for assessment of children with special needs and finally data unit enabling the standardization and normalization of data of diagnostic/assessment methods. Improvement/optimization of comprehensive counseling system within Komposyt portal enables effective impact on group of high-risk children with special needs (prevention, assessment and intervention)

Action: c. Carry out a mapping and analysis of existing screening tools for early identification, from the first developmental stages, of mental health disorders and poor well-being among children and school populations.

Proposals for implementation:

- Implement an instrument created and developed by the Section of early diagnostics and early detection of mental health and developmental disorders. The author is Dr. Matušková (DFNsP Bratislava). Examinations of psychomotor development in the general care of children and adolescents - supplement by screening of the emotional and cognitive development of the child in an appropriate range, respectively via psychological examinations indicated by pediatrician.
- Implement a simple screening tool which assesses and evaluates alcohol problems of children. This tool is used at this time by paediatricians and it will be helpful to modify it for helping disciplines professionals, teachers and other social professionals.

As reported among the good practices in Iceland, also in Slovakia there is a network of CPPPaP (Pedagogical – psychological guidance and prevention centers), where parents can bring their children to be examined, and where screening of school readiness is implemented.

CPPPaP provides diagnostics, counseling and therapy in psychology, special-pedagogy, social pedagogy as well as preventive interventions for children and parents and for the schools system organisations.

Action: d. Examine the potential to increase the access to information and to services through the use of web-based technologies (e-mental health) for the promotion of mental well-being and the prevention of mental and behavioural disorders.

Proposals for implementation:

- Engage a professional groups: the Slovak Medical Chamber, the Slovak Chamber of Psychologists, the Slovak Psychiatric Association, and the League for Mental Health in the process of creation of new National Programme for Mental Health – with the aim of increasing the access to prevention programs and promotion of well-being for all school children.

Expand audiences for existing educational activities in the field of mental health, for example electronic (e-learning) degree program in lifelong learning, entitled: “Examination of psychomotor development in the general care of children and adolescents”.

Degree program was accredited in year 2012 by the Ministry of Health of Slovak Republic and at the moment is designed for general practitioners. After content modification, it can be also offered to other specialists, not only health professionals working with children under the age of 4 years but also to departments of social affairs and education sector.

Policy Recommendation 2

Action: a. Recognise the role of early childhood education, school and peer education as having a core function for creating opportunities for collaboration among children, parents, care-givers, teachers, school staff and staff of school medical services, according to a whole school approach – WSA.

Proposals for implementation:

- Implement the psychology courses focused on early developmental disorders, attachment, deprivation in terms of psychological and psychiatric in undergraduate and postgraduate education for teachers and helping professions completely. Broaden and deepen the information on psychiatric disorders in childhood and adolescence.
- Increase the representation of the school psychologists and helping professions in schools. Certainly at primary school it is important to focus also on the parents, because the smaller a child is, the higher is the need of intensive work with parents. But all this is influenced by the lack of money in schools budgets. Increased number of problematic families and problematic relationships demands more work and collaboration with parents. This all should be integrated in the legislation.

It is recommended continuously monitor the behavior of the children/pupils and changes in cases, when it is presumed or observed neglecting and the child is not able of healthy personality development. The target is to ensure their protection and promptly solve problems in cooperation with the school and the child's legal guardian/ curator. We also recommend cooperation with the school psychologist, professional employee of the CPPPpP, as appropriate, with the relevant pediatrician, probation officer or police officer.

The findings from problem solvings should be regularly incorporated to the “Pedagogical and organizational instructions of the school”.

Action: b. Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying.

Pedagogical and organizational guidelines are updated and published each year and are incorporated into school plans. They represent the main problem areas, recommend interventions programs and training activities for teachers. Prevention programs are realised by CPPPpP or by school psychologists. At this point we could only recommend to continue in realisation.

Proposals for implementation:

- The Slovak educational project: “The second step”, that helps in the school environment with the aim to solve aggression, violence, bullying, hyperactivity, introversion and develops empathy between children, communication skills, moral behavior, good social relationships, solidarity in the classroom and school collaboration with family.

www.druhykrok.eu

www.detstvobeznasila.gov.sk

www.prevenciasikanovania.sk

Action: c. Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account, particularly in the definition of objectives and quality criteria

Proposals for implementation:

- Creation and incorporation of "Project of Children and School Ombudsman" according to the concept developed by assoc. Prof. Škodáček. The aim of the project is to sensitize the society to numerous demonstrations of intolerance or violence and to regulate activities of the minors so that they can behave in socially adequate ways. The role of the child ombudsmen is to protect the rights of their fellow students, by supporting open-hearted and respectful view to possible disorders of a minor. The pilot project was carried out in 2008 but was not implemented.

Appointment of child ombudsmen at schools means improved chances to detect negative phenomena related to children and their families. We expect the child ombudsmen act as mediators between their peers and the Public Defender of Rights in solving their everyday problems. Very important is the cooperation with managements of schools and other institutions for children, with psychologists, educational counselors and other educators, employees and parents.

The cooperation of the child ombudsmen with the Public Defender of Rights and with child psychiatrists contributes to locating children with problems and to healing of their surroundings

Action: d. Put in place evidence based interventions to combat early school leaving, since education is a protective factor for mental health and well-being of children and adolescents.

The truancy and neglecting is covered by national legislation. If the child's parent cares not about the proper schooling of child, the Director of the school or school facility informs the competent state authority and the municipality, in which the parent is residing.

Neglecting of compulsory education attendance is characterized by:

- not registering the child for compulsory school attendance
- unexcused absence more than 15 hours in a month.

Proposals for implementation:

- Create conditions (financial and personal resources) for research on interventions for preventing early school leaving.

Policy Recommendation 3

Action: a. Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs, tailored to the local context, for all school staff interacting with children and adolescents.

Proposals for implementation:

- Create and supplement training for teachers and helping professions on early developmental disorders, attachment, deprivation in terms of psychological and psychiatric, etc. professional guaranteed, supervised and managed by professional societies/associations (The Slovak Medical Chamber, The Slovak Chamber of Psychologists, The Slovak Psychiatric Association, The League for Mental Health). Continuation of professional education, trainings for teaching and other professional staff - Credit System – realised by the Methodological and Pedagogical Center.

Action: b. Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources.

Proposals for implementation:

- Incorporate to the new draft National Programme for Mental Health a new activity focused on specific approach to children (police, courts) during law enforcement proceedings processes.
- Extend the target groups of the already existing educational activities in the field of mental health. For example, the (e-learning) degree program in lifelong learning, entitled: “Examination of psychomotor development in the general care of children and adolescents”, accredited by Ministry of Health, at this time is only for GPs, paediatricians. After the content modification, this course could be offered to other professionals, not just to health care professionals working with children under the age of 4 years – also to the department of social affairs and education sector.

Action: c. Ensure that training is also made available to the members of the families and caregivers of children and adolescents. Provide opportunities for meeting and training sessions involving both teachers and families, according to a community level approach.

Proposals for implementation:

- Raise awareness of families, educators and helping discipline professionals about impact of alcohol abuse.
- Increase efficiency of preventive health care in area of healthy development of children in early childhood with recommendations how to identify children with risk development and how to actively involve parents by using parent questionnaire during health checks. Evaluation will be done by specialists.

Action: d. Ensure that particular attention is paid also to the positive mental health and well-being of teachers and school staff via continuous support and mentoring. Relevant guidelines for mental health and well-being promotion in schools should be jointly prepared and shared among sectors, including the youth organizations, under the coordination of the education sector.

Teachers training is mandatory and is in responsibility of the school heads. In accordance with the Act § 55 of 317/2009: the Director delivers and enables education and counseling for school staff teachers and specialists in working time, which includes preventive psychological counseling at least once a year and allow them to attend training aimed at preventing and coping with aggression, self-knowledge and to resolve conflicts and preventing burnout.

Proposals for implementation:

- Increase the representation of the school psychologists and helping professions in schools.

Policy Recommendation 4

No comments were provided on this Policy Recommendation.

3.2 Proposals for the dissemination of the Policy Recommendations from the participating Countries

During the National Workshops, all the stakeholders were invited to provide a list of events/activities that can be suitable for the dissemination of the Policy Recommendations on Mental Health and Schools in different contexts.

The table below displays the different opportunities which can be exploited in the involved Countries.

Dissemination opportunities					
CROATIA					
Event/Activity	Event/activity organiser	Channel (radio, newspaper, meeting, presentation, etc.)	Date (or time-frame)	Target audience	Additional notes (if any)
Translation of PRs in Croatian	Ministry of Health	Official web pages, press release	End of JA (January 2016)	Education Sector Social Sector Health Sector Families NGOs and private sector Other interested	Link will be available on the official pages of institutions whose members were involved in the National working group.
Training under “Ensuring optimal health care for people with mental health disorders” (Twinning project; see page 6)	Ministry of Health National Institute for Public Health, Trymbos Institute (Netherlands)	presentation	One-year project; to be launched in March 2016	Education Sector Social Sector Health Sector NGOs and private sector	
ESTONIA					
Event/Activity	Event/activity organiser	Channel (radio, newspaper, meeting, presentation, etc.)	Date (or time-frame)	Target audience	Additional notes (if any)
Cooperation seminar “Current status and future directions of the field of mental health in Estonia”	Estonian Union for Mental Health (Eesti Vaimse Tervise Ühing) and Mental Health Europe (MHE)	One-day meeting in Tallinn (Estonia)	13.11.2015	Social Sector Health Sector NGOs and private sector	Presentation by Merike Sisask (ERSI): “Joint Action on Mental Health and Well-being project in Estonia”

ICELAND					
Event/Activity	Event/activity organiser	Channel (radio, newspaper, meeting, presentation, etc.)	Date (or time-frame)	Target audience	Additional notes (if any)
Present PRs to Ministries of Welfare, Education and Finance	DOHI	Meeting	Not specified	Education Sector Social Sector Health Sector	
Present PRs to Icelandic Teachers' Autumn Meeting and on their website	DOHI	Meeting, website	Not specified	Education Sector	
Present PRs to the School Administrators' Annual Meeting	DOHI	Meeting	Not specified	Education Sector	
Present PRs to the Icelandic Welfare Watch	DOHI	Meeting	Not specified	Education Sector Social Sector Health Sector Families NGOs and private sector	
Present PRs to the steering committee for the development of the Icelandic Family Policy	DOHI	Meeting	Not specified	Social Sector	
Present PRs to the Icelandic Association of Local Authorities	DOHI	Meeting	Not specified	Social Sector	
Present PRs at an ongoing workshop on children's wellbeing ("Náum áttum")	DOHI In collaboration with experts in the respective fields	Workshop	Not specified	Education Sector Social Sector Health Sector Families NGOs and private sector	
Present PRs to the National Parent's Association and on their website	DOHI	Meeting, website	Not specified	Education Sector Families	

Present PRs to the Ministerial Committee on Public Health	DOHI	Meeting	Not specified	Health Sector	
ITALY					
Event/Activity	Event/activity organiser	Channel (radio, newspaper, meeting, presentation, etc.)	Date (or time-frame)	Target audience	Additional notes (if any)
Welcome week	School	Meeting		Families NGOs and private sector Other: students	
Teachers board	School	Meeting		Education Sector	
Facebook profile	CRemPE - Regional Coordination Centre for European Project Management Veneto Region	Web		Education Sector Social Sector Health Sector Families Other: NGOs and private sector	
Mental wellbeing Expo	Veneto Region Regional School Office	Fair		Education Sector Social Sector Health Sector Families NGOs and private sector Other: Public Guardian of Children	
Page dedicated to Mental Health on institutional websites	Regional School Office	Regional School Office website Local School Office website		Education Sector Families	
	Municipality	Website of the Municipality			
Conference Service for School Heads	Regional School Office Local School Office	Conference / webinar		Education Sector	
InterInstitutional Conferences	Regional School Office; Local School Office; Territorial Centers for Integration (i.e., Centro			Education Sector Social Sector Health Sector Families	

	Territoriale per l'Integrazione); Students and Youth Tourism Center; Thematic working group for integration			NGOs and private sector Other: students	
	Local School Office	Forum on facebook		Education Sector	Self-help group
		Networks for academic guidance		Education Sector Families	
		Local operational plans (i.e., Piani di zona)		Education Sector Social Sector Health Sector NGOs and private sector	
	Regional School Office	E-training		Education Sector	
	Veneto Region; Regional School Office	Territorial workshops	By 2016	Education Sector Social Sector Health Sector Families NGOs and private sector	
SLOVAK REPUBLIC					
Event/Activity	Event/activity organiser	Channel (radio, newspaper, meeting, presentation, etc.)	Date (or time-frame)	Target audience	Additional notes (if any)
At the moment of the 2 nd National Workshop, no opportunities for future dissemination were envisaged.					

3.3 Feedback and comments on the Policy Recommendations from the participating Countries

3.3.1 Croatia

Concerning the structure of the document, the Croatian stakeholders considered it as adequate for an effective communication of the Policies content.

With regard to the content, the document was considered as written in a clear manner and easy to understand by the majority of participants.

During the Workshop, the stakeholders could provide also comments on the content of each specific Policy Recommendation. Comments from Croatia are listed in the table below.

PR4 Consider schools as part of a wider network with other stakeholders and institutions involved in mental health of children and adolescents in local communities.	Caution was raised concerning quality criteria being assessed by non-professionals.
---	---

3.3.2 Estonia

Concerning the **structure** of the document, the majority of Estonian stakeholders considered the structure of the document as adequate. Nevertheless they pointed out that there is an overlap between PR1 and PR4 (making reference to the two topics: evaluation of intervention programmes and evidence-based programmes)

With regard to the **content**, participants to the 2nd edition of the Estonian Workshop considered the PRs written in a clear manner and easy to understand. A comment was reported on the title of the document, which was considered not adequate. More specifically: *“Mental health and schools” should be replaced by “Mental health and educational settings”*. *It can be a culture-specific aspect, in Estonia children go to school at age 7 or 8, but several interventions proposed in policy proposals are targeted to earlier age. Pre-school is not considered as a school in Estonia, but both are considered as educational settings”*.

During the Workshop, the stakeholders could provide also comments on the content of each specific Policy Recommendation. Comments from Estonia are listed in the table below.

PR1 Strengthen information and research on mental health and well-being among children and adolescents.	The part of PR1 that is about evaluation of intervention programs should be transferred to PR4 in order to avoid overlap. Under PR1 only data and research should be described. Actions are targeted to “high risk groups”, but this term should be replaced by “risk groups”. Even more – universal
--	---

	interventions that are targeted to all schoolchildren are essential, because these are interventions in an early stage and therefore prevent schoolchildren to become a “risk group”.
PR3 Enhance training for all school staff on mental health.	It remains unclear who is responsible and for what? Who should revise? Who should ensure?
PR4 Consider schools as part of a wider network with other stakeholders and institutions involved in mental health of children and adolescents in local communities.	There is overlap with PR1

3.3.3 Iceland

Concerning the **structure** of the document, the majority of Estonian stakeholders considered the structure of the document as not adequate and suggested the following changes:

- The overall organization of the document is not appealing/user-friendly enough;
- It should begin with a very short abstract and summary of the main PRs;
- Index needed;
- Don't have the background and rationale in bullet points;
- Examples should not be in the PRs themselves but in appendixes at the back (organized for each PR);
- Have the PRs themselves in a box or have the font bigger to highlight that they are the main thing. Best practice examples in bullet points below or in appendixes at the back of the document.

With regard to the **content**, participants to the second edition of the Icelandic Workshop considered that the content of the PRs needs to be revised to ease the comprehension. For this purpose, the following changes were proposed:

- Clarify that the PRs pertain to all educational levels: the feeling one gets from reading the document is that it is intended for primary and lower secondary school, not for preschool or upper secondary.

During the Workshop, the stakeholders could provide also comments on the content of each specific Policy Recommendation. The most relevant are enlisted in the table below:

PR1 Strengthen information and research on mental health and well-being among children and adolescents.	The meaning of section D could be clarified further. What is meant by “Examine the potential”?
--	--

<p>PR2</p> <p>Promote schools as a setting where health promotion and prevention of mental and behavioural disorders and early identification can reach all children and young people.</p>	<p>This PR could also do with some clarification. What is being referred to here? School principals? Or school authorities (including school boards within municipalities, etc.)? And what is meant by the word “mandate”? Make it obligatory for school administrations to develop and formalise a mental health promoting culture? Or give them the power and resources to do so/allow them to do so? Also, include in this PR the role of parents and after-school programs.</p>
<p>PR3</p> <p>Enhance training for all school staff on mental health.</p>	<p>Again, this PR could be worded in a clearer manner. What is meant by “practices”? The teaching in the school? The status/situation within a particular school? The education of teachers? Also there were criticisms of the word “training” for teachers, some preferred the term “education”, “guidance” or “skills enhancement”.</p>
<p>PR4</p> <p>Consider schools as part of a wider network with other stakeholders and institutions involved in mental health of children and adolescents in local communities.</p>	<p>It is unclear what is meant by “reducing cost”. Should perhaps rather emphasize the better allocation and use of available resources rather than cost reductions because savings are not immediate and it will also cost money in the beginning to set up a functioning mental health promotion strategy within the school system.</p>

3.3.4 Italy

Concerning the structure of the document, the Italian stakeholders considered it as adequate for an effective communication of the Policies content.

However, in order to improve the effectiveness of the communication, the following changes were proposed:

- Clearly state practical guidelines for action;
- Provide more examples of local best practices;
- In case this document has to be spread among families, it shall be revised and adjusted in order to ensure that it is easily understood by the general population.

With regard to the content, the document was considered as written in a clear manner and easy to understand by the majority of participants. However, the following suggestions were made in order to ease the comprehension:

- Summarize the document;
- Change the layout;
- Adapt the language in order to favour the comprehension by persons coming from different sectors;
- Strengthen as a basic principle the Convention on the Rights of the Childs (signed in New York in 1989).

During the Workshop, the stakeholders could provide also comments on the content of each specific Policy Recommendation. Comments from Italy are listed in the table below.

<p>PR1</p> <p>Strengthen information and research on mental health and well-being among children and adolescents.</p>	<p>Make a distinction between the promotion of positive mental health and the prevention of risk factors.</p>
<p>PR4</p> <p>Consider schools as part of a wider network with other stakeholders and institutions involved in mental health of children and adolescents in local communities.</p>	<p>Underline the importance of the continuity of funding.</p> <p>Projects might become best practices and these might be converted into laws.</p>

3.3.5 Slovak Republic

Concerning the **structure** of the document, the Slovak stakeholders considered it as inadequate. To support this position, they outlined the following aspects:

The opinion of the majority of stakeholders is regret that the recommendations do not sufficiently take into account a life cycle approach to mental health. The early years of life are crucial in influencing a range of health, mental health and social outcomes across the life. Children’s mental health is strongly affected by family, friends and neighbourhood environment. In this context the schools fulfil only a supporting role.

The early child period is the most important period of life with an impact on development of mental disorders in adulthood, which means that it should be put the greatest emphasis on prevention and interventions during this period. It is proven almost half reduce the prevalence of mental disorders, which in later periods - preschool and school age falls short.

Therefore we conclude, that the early child period as a specific period and part of mental health prevention would require a separate part of this document with specific policy recommendations.

With regard to the content, the following request and suggestion were made:

“The early child period as a specific part of mental health prevention would require a separate part of this document with specific policy recommendations.

If this argument will be not accepted, we ask to insert, at the beginning of the document, the following statement:

This document is not intended to be comprehensive in terms of recommendations and actions to be taken.

“The authors of this document are aware that the recommendations do not sufficiently take into account a life cycle approach to mental health. The early years of life are crucial in influencing a range of health, mental health and social outcomes across the life. Children’s mental health is strongly affected by family, friends and neighbourhood environment. In this context the schools fulfil only a supporting role. Therefore the early child period as a specific part of mental health would require a separate document of policy recommendations.”

During the Workshop, the stakeholders could provide also comments on the content of each specific Policy Recommendation. In this case, comments were made only on the first Policy Recommendation, and are reported in the below table.

<p>PR1 Strengthen information and research on mental health and well-being among children and adolescents.</p>	<p>On page nr. 6 Policy Recommendations; point 1. – insert words: "non-discriminatory approach to all groups of children and youth" <i>Policy Recommendations</i></p> <p>1. Strengthen information and research on mental health and well-being among children and adolescents.</p> <p>a. Establish a solid information base so as to have a detailed epidemiological frame of the mental health among children and adolescents and evidence on interventions. <i>Strategic planning has to rely on an evidence base in order to allow the definition of mental health priorities according to the level of wellbeing and prevalence of mental and behavioural disorders among children and adolescents (Conclusions of the Vilnius conference, 2013), including "non-discriminatory approach to all groups of children and youth" who are bullied or living in poverty conditions or Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ).</i></p>
---	--

4 Norwegian and Finnish contributions

4.1 Norwegian strategies for the promotion of mental health among children and adolescents

Norwegian attitude is that investment in children and their welfare will have a major influence on children's welfare, on the general health of the population, and on the economic prosperity of the country. A fundamental rule for policy development in Norway is the general recognition that, when an Act with amendments and action plans has been approved, implementation will follow. This also applies to child mental health policies.

The political emphasis on children has resulted in the establishment of a value based, strong and unique legislation regarding children's rights in all aspects. Also the comprehensive work organized by a wide range of voluntary organizations related to children and children's welfare is unique and has an extensive impact on children's social life and welfare in Norway. The independent Ombudsman for Children, being both an independent body and an important person for the children, is obligated to ensure that the Acts and the authorities in Norway comply with the UN Convention on the Rights of the Child, which is enshrined in Norwegian Law. However, any Act in favor of children will take precedence over the UN Convention on the Rights of the Child.

National Acts and cross sectorial cooperation

A life course perspective on children's welfare is promoted across sectors: this requires close collaboration at local level between primary health care services, child protection services, family counseling, kindergarten, school, school health services, pedagogical services, local mental health services and other authorities that deal with children's welfare.

A comprehensive network of national acts forms the framework of public mental health and specifically children's mental health. The fundament of this network is the "Public Health Act" which is based on the principle of Health in All Policies, and places responsibility of surveillance, prevention and promotion directly on the municipality/local government. In the Public Health Act it is explicitly mentioned that public mental health prevention and promotion mainly happens outside the health services, including in schools. Other Acts of significant importance are the "Mental Health Care Act", the "Norwegian Child Welfare Act", the "Education Act" and the "Kindergarten Act".

In the latest "White paper on Public Health" presented by the Norwegian Government (2015), it is stated that mental health is an integrated part of, and equally important as physical health. One of the goals is to further strengthen the cooperation among sectors to develop a society promoting health and well-being, and to give higher priority to public health in the community development.

In a previous White Paper on Public Health (2013), significant emphasis was given to mental health of children. Strengthening the school health services is one important outcome of this focus.

The White paper states that Public Health work comprises both actions to reduce illness and actions to promote quality of life and well-being, for example through the participation in social activities to experience a sense of belonging and mastery. In this perspective, the voluntary organisations constitute a cornerstone of Norwegian culture and society, and serve as an arena for socialization and creation of a sense of belonging

to the community at the individual level. Especially, there are a lot of activities contributing to children's and adolescents' life and welfare.

All the municipalities have a local health station which provides free services, including mental health services, to all pregnant women, newly become parents and their infants until the child begins school. In addition, every municipality will be required to have a local health team with a municipality psychologist.

The child protection services practice no-tolerance of violence against children or of violation of children's rights, nor of depriving children of their basic needs, independently of biological bonds.

The "Kindergarten Act" gives every child the right to attend an affordable, available, accessible high quality kindergarten, from one year of age until school starts: 80% of 1-2 years old attend, 97% of 3-5 years old attend.

The "Act on Ombudsman for Children" was adopted in 1981, and the world's first Ombudsman was appointed the same year. The Ombudsman for Children is a strong advocate for children and young people with the aim to ensure that the opinions of children and young people are heard and that their rights are upheld. The Ombudsman can act on its own initiative or at the request of others and is required to monitor that the Norwegian Acts and administrative practice is in compliance with the UN Convention on Rights of the Child.

A new comprehensive White Paper on means for a safe psychosocial school environment has been created by a representative, cross sectoral commission on particularly challenging areas, such as bullying in schools. One of the proposals is to legislate specifically on the school's obligations if bullying is revealed. Another proposal is to develop special programs for employees to improve skills in preventing and dealing with bullying. It is also proposed to give The Ombudsman for Children an expanded role, by giving children and parents the opportunity to complain directly to The Ombudsman for Children if the school or the municipality is not doing enough to stop bullying.

In addition to these examples, Norway has comprehensive family support systems, including a wide set of childhood policies, a progressive social welfare system and one year payed parental leave from birth to age 1 - including 10 weeks payed father's leave. Economically disadvantaged families are allowed housing subsidies and means-tested temporary social benefits.

The recognition of the mutual dependency for success regarding Children and Mental Health has resulted in a close and routinely collaboration also on the top political level, i.e. the Minister of Health and Care Services, the Minister of Education and Research and the Minister of Children, Equality and Social Inclusion.

4.2 Report on the 2nd Edition of the National Workshop in Finland

The purpose of the Finnish 2nd Edition of National Workshop was not only to comment the Policy Recommendations but also to support implementation of needed actions in order to further support mental health at schools and day care.

The workshop lasted 5 hours and had the following structure:

1. Opening: What new about adolescents' mental health? Prof. Mauri Marttunen (Professor of Adolescents Psychiatry, THL and University of Helsinki)
2. The EU Joint Action: general overview and summary of Finnish situation analysis. Päivi Santalahti and Taina Huurre (THL)

3. Children's views of mental health and how to promote good mental wellbeing at preschool and school. Drawings and answers of children and adolescents in pre-school, at 2nd and 8th grades and at upper secondary school. Paula Alasuvanto (elementary school teacher and researcher, town of Ylöjärvi)
4. Panel discussion: What is mental health and how to promote it at day care and schools. Views from the grass root level.
 - Annarilla Ahtola, special psychologist (PhD on school and mental health issues), The Finnish Psychological Association and the University of Turku;
 - Pasi Majasaari, principal, City of Vantaa;
 - Hanna Pösö, social worker, head of the unit for adolescent's psychosocial services, City of Vantaa;
 - Eva Autio, school nurse, City of Helsinki;
 - Otso Salvi, The Union of Upper Secondary School Students in Finland, expert on social policy issues;
 - Ulla Sirviö-Hyttinen, head trainer for Lions Quest method, Lions Club Finland.
5. Panel discussion: Mental health promotion at day care and schools, possibilities in Finland.
 - Meri Larivaara, Ministerial adviser, Ministry of Social Affairs and Health;
 - Jussi Pihkala, Counsellor of Education, Ministry of Education and Culture;
 - Elisa Poskiparta, Expert, University of Turku (Kiva-school antibullying program);
 - Marie Rautava, Director, Mannerheim League for Child Welfare;
 - Päivi Lindberg, Early childhood development support expert, THL;
 - Tarja Heino, Senior researcher, Child protection issues, THL.

About **30 experts from school, day care or preschool** participated to the workshop.

The discussion was very constructive: below are summarizes **the key-themes which emerged.**

- Mental health as a resource, school providing positive environment, school focusing on positive aspects
 - For all children and adolescents succeeding at school is important, and it gives resources;
 - Children and adolescents with less resources for learning should be supported so that they can use their resources optimally and get positive learning experiences;
 - For children and adolescents having difficulties at home the school is especially important providing safe and supporting environment.
- For mental health and wellbeing, the ways of interacting in everyday setting with children, colleagues and parents is essential. This requires most of all change of attitude;
- Children and adolescents should be met, listened and given time at school and day care. Children, adolescents and parents should be empowered to participate more in school planning. Also this requires change of attitude;
- Overflow of new programs to schools. The wheel is invented again and again. Cooperation between program developers and trainers is needed (meeting for autumn 2015 was planned). Money provided for development of new programs but not for implementation. Interacting positively should not be a program which ends;
- Mental health carries still stigma. Why mental health issues are included at schools by special programs, not belonging to core curricula? Something should be left out if new subjects like mental health is brought in;
- Mental health is like room with space and fresh breeze, not overcrowded with all sort of mess.
- **Physical environment is also important for mental health! It should be considered when planning day care centres and school;**

- New law (Pupil and Student Welfare Act, came into force 1.8.2014) was discussed. Some grass root professionals expressed the challenges of implementation of the law in everyday life at schools. The law requires that:
 - The emphasis of student welfare work is shifted more from individual level work to whole school approach, to wellbeing of whole school community;
 - Children's and their parents and adolescents own participation is emphasized;
 - Student welfare services (services of nurses, psychologists and social workers) should be arranged from preschool to upper secondary school. It has to be noted that even if in south Finland there are lots of professionals many areas have difficulties of getting psychologists and social workers);
 - To enhance cooperation of different sectors shared training/education of child developmental issues should be arranged for students of social, health and educational sector.

Concerning the children's drawings and descriptions, please find below the main points of interest:

Playing and **being outside** was often mentioned. Real interaction (not only virtual) was wished for. Allowing everybody to participate games and play is important. Learning and achieving new things. Possibility to fail safely. Roleplay was mentioned, Football and **forest** was mentioned several times. For older children: getting support from psychologist, nurse or social worker when needed.

Dissemination of the Policy Recommendations

The PRs were disseminated in the events listed below:

- **School health day** (22nd and 23rd September 2015): a two-days conference dealing with the welfare of young people from many perspectives. The program consisted of presentations of experts, shared reflections and the results of a school health survey. A session on mental health at schools was foreseen;
- **National Child Psychiatric and applied professionals meeting** (9th October 2015): the presentation of the work carried out and of the outcomes of the WP on Mental Health and schools;
- **Network meeting on research on school interventions** (29th January 2015).

Report in Finnish will be published in early February 2016 on the basis of the work done in Finland: it will include the local situation analysis, literature and best practices. The Policy Recommendations (translated in Finnish) will be included in the report. Finally, at the moment of report writing, a press release is under preparation together with the other Finnish partners involved in the Joint Action.