

INTEGRATED SERVICES FOR SUPPORTING CHILDREN'S MENTAL HEALTH: PREVENTION, EARLY DETECTION AND TIMELY INDICATED SERVICES

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SUMMARY (Link to the consolidated concept text: http://www.sm.ee/sites/default/files/content-editors/Lapsed_ja_pered/Lapse_oigused_ja_headolu/)

Mental health is a state of well-being which enables an individual to realize maximally his or her own potential, to cope with the normal stresses of life, to work productively and to contribute to community life (WHO, 1999). Matters related to children's mental health need special attention because nearly 50% of various problems that adult people have started before the age of 14.

In March 2015, Pricewaterhouse Coopers (PWC) completed **the underlying analysis**¹ of the integrated services concept for children's mental health the objective of which was to survey **the current status of the field** of children's mental health, identify **the main problems** and **offer solutions** for developing an effective concept of early detection and integrated services of children's mental health. Since children's mental health depends on **the environment and people surrounding children**, this document focuses both on the needs of children and families with children and describes mental health support services in three fields: **health care, social affairs and education**. The services are described on the basis of a **three level approach**: primary, secondary and tertiary intervention.

Upon referral to children's mental health services, the needs of a family are not assessed beforehand, instead, those who need help are often offered the services which are locally available. By focusing only on providing medical help to a child, the child's versatile well-being is not ensured because **involvement is needed by the whole family** and by other persons who are into contact with the child (teachers, health care professionals and social workers). **Cross-sector integrated cooperation of several specialists** is often need to achieve the results but today this is mainly based on personal network of helpers, wherefore the **system** for carrying out the cooperation of **specialists** does not exist. **The specialists are not sufficiently aware either what kind of information can be shared** and with whom it can be shared, and, due to their lack of knowledge, they think that the Personal Data Protection Act restricts information flow and hinders cooperation between specialists.

¹ PWC (2015). The underlying analysis of the integrated services concept for children's mental health. Ministry of Social Affairs.

The **statistics available are currently insufficient** for implementing several relevant development activities. Information concerning the needs related to children's well-being and mental health and the status of belonging to a risk group is not gathered at the national level on a regular basis; access to mental health services, the number and competence of existing specialists is not known. There are **too many databases** that are being used (Social Services and Benefits Registry, Social Insurance Board Information System, e-Health, Estonian Education Information System, etc.) and these are not interfaced, as a result of which duplicate information is gathered in many databases. A child in need of assistance may easily disappear out of the specialists' sight because the information contained in different databases is not interrelated and case management does not prescribe **a specific responsible party**.

A parent has the obligation to ensure his/her child **the best growth environment, support diversely the child's development and the right to decide on matters related to the child**. At the same time, a parent has **the right to get help** if difficulties have emerged upon bringing up the child, upon understanding the child's behaviour or if there are any conflicts outside the home. Studies have shown that high levels of parenting stress affect quite considerably the child's well-being and development and may cause problems in the child's behaviour and daily coping later in life.

The aim of the concept is to describe the well-being of children and families and mental health support services, and the cooperation between three fields (health care, social affairs and education).

The concept is based on the following principles:

- Family-centred approach which considers the child's needs
- Solution-oriented cooperation between different fields
- Taking into account the existing resources and system and improvement thereof
- Supporting and developing activities by evidence-based and measurable results.

DEVELOPMENT STAGES OF A CHILD AND FAMILY FROM THE ASPECTS OF MENTAL HEALTH APPROACH

Pregnancy

Every child born in Estonia is important for the country and in order to encourage the birth rate, supporting services have to be provided and a safe growth environment has to be created for children. Pregnancy is usually monitored by a midwife or a gynaecologist whose task is to assess the coping of future parents and possible risks for the child about to be born.

As a preventive measure, monitoring of pregnancy is routinely organized today as a health care service and the prenatal parenting education service is provided for more smooth adaptation to life changes following the birth of a child. If misunderstandings occur in the future parents' relationships, it is possible to attend the couple relationship training in order to improve relationship quality and ensure a secure relationship. As a preventive measure, future parents can attend family school to prepare better for the birth of the child. Particular attention has to be paid to mothers who are minors, regularly consume drugs, both before and during pregnancy, and who do not have permanent residence or income. From mental health perspective, attention has to be paid to the mother's mood disorders, excessive anxiety and fear and uncertainty about the impending parental role. These are risk factors which require

awareness and intervention before the child is born. It is recommended to assess the mother's mental health using standardized assessment tools to notice the risks, including the mood, anxiety and consumption of drugs.

The need for cooperation with other specialist depends on the nature of the problem, whether to involve a local social worker and/or a mental health provider in helping the family. Services in need of development are the topics addressed in the family school which concern attachment and wholesome relationships, the methodology for assessing risks related to the future mother's mental health and well-being, and organizing subsequent assistance. Ensuring versatile need-based counselling for expectant families in every region of Estonia, dealing with risks before the child is born and notifying the family doctor of risks which have become evident during pregnancy are bottlenecks that require systematic solutions.

Early years, 0-3

Providing a safe growing environment is crucial during the child's first year of life, so that a healthy parent-child attachment relationship could evolve; baby's needs are adequately responded to, age-appropriate development is supported and a support network from the close ones has been formed. Non-formal parenting education or group counselling is common as a preventive action which includes supporting parental skills, as well as breastfeeding counselling and peer counselling.

Serious risks in infancy and early childhood are the occurrence of mother's postpartum depression and other factors that hinder coping. Attention deficit, long-term exposure to a stressful situation and poor economic conditions affect necessary stimulations in early childhood and disturb thereby normal brain development of a child. At the same time, preventive programmes for empowering parenthood² can be implemented to improve social and emotional well-being in order to preserve the infant's mental health.

It is recommended to use standardized assessment tools for universal screening for finding out parenting satisfaction and early detection of autism spectrum disorder. By intervening into the family coping, it is useful to assess the existing resources of a family, in addition to noticing the problems, and deal with the empowerment of a family. If risks occur, it is important to cooperate with a family doctor, family nurse, child protection official, mental health provider and specialists who support parenting skills. There is an evidence-based prevention programme for strengthening of affection relationship called "Circle of Security" the long-term impacts of which after completing the programme have been described the child's ability to cope better with emotions and increased school readiness compared with children whose sense of security has been disturbed and in case of whom no intervention has occurred at an early age.

The possibilities for participating in baby schools for all families and the establishment of competence criteria for the organizers of baby schools and the structure of activities have to be developed. The modernization of the guidelines for children's preventive health visits has been initiated in order to agree on and explain the importance of initial home visit and the role of health care in supporting families.

Pre-school age, 4-7

93.5% of 4-6 year old children in Estonia are covered by kindergarten places which provides an opportunity to be in a safe and developing growth environment at a time when the parents are at work. There are three determining components upon ensuring well-being in the kindergarten environment: the adult-to-child ratio, the microclimate of the institution, and the awareness and skills of specialists in creating an environment which supports mental health. The child's social skills are improved and the

² Barry, M., Jenkins, R. (2007). Implementing Mental Health Promotion. Elsevier, Oxford

child emotional development occurs in kindergarten. A preschool teacher possesses the competence to take into consideration the child's individual and socio-cultural peculiarities and notice risk factors in the child's behaviour or development. The National Institute for Health Development has prepared a web-based tool for pre-school child care institutions for assessing the environment which provides an opportunity for regular assessment of psychosocial environment involving both the staff and parents.

Evidence-based prevention programmes can be appropriately used to cover interventions supporting parenting skills (for example, "Incredible Years") and preventing bullying ("Bullying Free Kindergarten") which increase the children's well-being, tolerance and social skills.

In terms of risks, the following should be noticed: peculiarities related to a child's development or behaviour or non-conformity with age, parental behaviour that damages the child, for example, warning signs referring to abuse and the child's problem behaviour in a collective. In terms of evaluation tools, the tests that are suitable for evaluating the hyperactivity disorder and the attention deficit disorder need adjustment.

The need for cooperation exists primarily between parents and kindergarten staff in order to jointly support the development of a child. It is particularly important to support the child's adaptation to kindergarten and upon going to school. If necessary, a family doctor, a child protection official or a support specialist, like a speech therapist or a psychologist, can be involved.

The services in need of development which have to be made available in the form of universal prevention are parenting supporting programmes; the role and responsibility of kindergarten staff has to be increased upon the child's adaptation to kindergarten and assessing school readiness, and cooperation with parents has to be promoted. And also the pre-school educational support services have to be made accessible according to the child's needs.

Younger school age, 8-12

Adaptation to school is facilitated by preliminary information received from a pre-school child care institution and by close cooperation with the family. Most frequent risks upon starting school are adaptation difficulties, formation of digital addiction and issues related to insufficient physical activity and sufficient sleep.

In terms of prevention programmes, "PAX Good Behaviour Game" programme has been adapted in Estonia which prevents behavioural problems and is aimed namely at the first class pupils. The programme aims to create a positive learning atmosphere in a class and to recognize the pupils' positive behaviour. Programme "Against Bullying" is successfully implemented to prevent school bullying which helps to increase the coping skills in the school environment, includes activities for affecting group norms and shaping children's behaviour in case of bullying.

In terms of evaluation tools, tests intended for individual screening of pupils' well-being, physical activity and mental health risks are suitable. These tools can be integrated by a school nurse to form a part of a pupil's health visit and/or they can be included among other tools of school support specialists. The whole school environment and its impact on children's mental health should also be assessed.

The need for cooperation is vital between the school and the home, and specialists outside of school are involved, if necessary, who can assist in ensuring the welfare of a child or who have already been engaged in covering the specific needs of a child. It is also important to support teachers by regular employment counselling, e.g. under the leadership of a school psychologist. This helps to reduce the lack of knowledge and burnout of the staff, and increases their intervention skills upon resolving

complex cases. Implementation regular co-visibility of school staff and family-oriented cross-sector cooperation needs to be developed.

Older school age, 13-18

In this age children become independent and attach importance to their relationships with peers. Conflictual family relationships encourage risk behaviour to which drug use, non-attendance at school and vagrancy is often added. Exclusion, failed friendships and the lack of contact with a supporting adult cause mood disorders, self-mutilation and suicidal behaviour. Anxiety disorders may be caused by too high demands or expectations which the child is unable to meet. Both family members and the school staff must be able to notice the child's disturbed well-being and risks in behaviour.

In terms of prevention programmes, intervention is suitable for this age which increases the pupils' self-awareness and helps to prevent mental health disorders and recognize the problems that friends have. For this purpose, "AVARENESS" programme has been conducted in Estonia and "EFEKT", alcohol and other drug prevention programme, is aimed at parents in order to postpone primary use of alcohol and other drugs, and reduce further risks. Drug use screening and tools suitable for screening of depression and anxiety disorders are added to the assessment tools described in the previous age group.

Cooperation with other specialists does not differ from the activities related to younger school age. Services and prevention programmes for adolescents have to be developed and made accessible so that the awareness about mental health maintenance and early detection of problems would increase, labelling would decrease, and tolerance at school and in the community would increase.

Second level need-based services

Upon noticing the need for help, there has to be a possibility to refer the family and the child, in order to get help, to services which help to change the situation which has evolved, solve problems and improve the coping skills of the family. Referral to services should be made a specialist who identified the problem, who has the right to receive feedback on how the case was solved and what are the specialist's possibilities in supporting the family and the child in the future. The services organized for those who need help by three different fields have been described below:

Health care services – mental health services have to be accessible in all counties which include the identification of initial problem or exclusion of health disorder, psychological help and case management, as different parties are often involved in helping the child. The services are provided by a mental health nurse, a social worker and a clinical psychologist.

Educational support services – there are three service providers upon supporting educational special needs: a school psychologist, a consultant in special education and a social pedagogue. It is important to involve the family, to instruct and support the teachers, provide co-visibility, if necessary, and involve the community upon ensuring the well-being of a child.

Family services – parental counselling enables to prevent the situation that the child is in a stressful growth environment and forms an integral part of assisting the families with children. Family therapy is a method of psychotherapy used to solve systematically the problems that people have in relationships

with their close ones and other important people. Family therapy focuses on the communication of family members and the quality of their relationship, various developmental crises in the family and the ways how the family copes with complex situations and emotions. Family conciliation service has to be accessible to solve the conflicts related to divorce. Its aim is that the parties to the dispute would reach a solution in the matter of dispute that suits both the parents and the child. Crisis intervention in case of unexpected events has to be organized near the residence of the family, it has to be provided professionally by involving appropriate parties and assessing the remote effects.

Third level or the highest level services

Four regional children's mental health centres have been established in Estonia³. The main task of centres is organization of diagnostics and treatment of mental health disorders by complying with modern principles of treatment and evidence-based practice. Inpatient and outpatient treatment is provided in Tallinn, Tartu and Viljandi, only outpatient treatment is provided in Pärnu and Ida-Viru county. During the project period, the staff training has been contributed to and the services provided in the centres are being developed pursuant to the principle of integrated services. Specialists working with children in primary care have been trained to increase the skills for detecting most common problems and for early detection. In the future, the role of the mental health centre is seen as a leader of development and research. To ensure the quality, quality assessment system for the mental health services intended for children and adolescents is being adjusted on the basis of methodology created in the United Kingdom. The continuity of quality assessment and extension on the outpatient level, i.e. on the secondary level is important.

Child protection units of the Social Insurance Board have been founded in four regions of Estonia to perform the functions assigned for the state by the Child Protection Act. Most relevant functions are organisation of employment counselling of local child protection officials and exercise of supervision to ensure the rights and well-being of children. Profiling the well-being of children and families has been initiated as a development activity which will be a starting point for every local government in planning the services and prevention activities related to children and families, and creating a basis for organising need-based interventions. Regional child protection units offer support through employment counselling in order to improve the competence of local government child protection officials and provide support to solving complex situations which results in finding effective solutions to problems which occur in practice and quality assurance in child protection.

The development activities set out in the concept require a **competence centre** which administers the compilation of statistical data and through this helps to plan the services provided by the state. The purpose and tasks of the research and development unit have been outlined in more detail in the source document "The starting points for developing cross-sector system of children and adolescents"⁴. A separate issue arises which is related to creating a database of standardized assessment tools, administering the use thereof and offering training which also requires stable implementation of research. The development and assessment of prevention programmes requires unbiased scientists who will assess the efficiency and correctness of intervention, and have an overview of implementation

³ Four projects financed through the Norway grants in the framework of the Programme „Public Health Initiatives” for building mental health centres in Tallinn, Tartu, Ida-Viru county and Pärnu.

⁴ http://www.sm.ee/sites/default/files/content-editors/Lapsed_ja_pered/Riskilaste_programm/tugisusteemi_lahtalused_tervikodikumend.pdf

processes. A competence centre may include a training centre that organizes in-service training for service providers according to the aforementioned developments.

The highest body that can take responsibility and organize the development and assurance of services aimed at children and families can be the **Government Committee of Child Protection**.

The third sector has a key role in noticing and developing the shortcomings in the society. Non-profit associations (hereinafter: NPA) have played a crucial role in providing mental health services to families, by providing both professional services and demonstrating voluntary initiative in helping families. The role of NPA is to represent stakeholders, support professional development and provide voluntary assistance. Supporting the child's safe development and timely counselling has to be nationally regulated and guaranteed for all parents and those who need help on the basis of uniform principles. Thus, the provision, regulation and surveillance of services should transfer to the national system and be nationally guaranteed to all families needing help.

Main proposals and development trends for implementing the concept of integrated services:

- To determine cross-sector responsibilities, e.g. as the activities of the Government Committee of Child Protection to implement the proposals made in the concept and set the priorities;
- To create multidisciplinary cooperation opportunities through legislation, job descriptions and harmonization of databases;
- To implement various prevention programmes based on scientific evidence to reduce risks and organize in-service training for specialists working with children;
- To compile service standards and competence requirements for service providers to harmonize the content of services and ensure high quality help for families;
- To adapt and implement into practice standardized assessment tools for early detection of the child's mental health problems that are accessible to all specialists working with children;
- To establish a register of mental health service providers who have appropriate training, certified qualifications and competence in helping the families by implementing evidence-based practices;
- To organize the collection of data on the basis of which it would be possible to plan prevention activities and assess long-term need for services;
- To found a competence centre in order to ensure consistent improvement and monitoring of mental health services and a database for standardized assessment tools.