

DEVELOPMENT OF CHILD AND PARENT SUPPORTING SERVICES IN EUROPE

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European experience in supporting children and families at risk

- Child protection services
- Child mental health services (Child and adolescent psychiatry)
- Child guidance clinics
- Parent training
- Special programs for mentally ill parents
- Early intervention services
- Social (developmental) pediatrics

European experience in supporting children and families at risk – basic principles

- Investing in good training with focus on developmental issues of human relations
- Large number of social workers with clinical training working with families at risk
- Teamwork
- Parents and children involved in therapeutic process as partners – empowerment
- Focus on strengthening resilience and protective factors in individuals, families and communities

European experience in supporting children and families at risk – basic principles

- Protection and promotion of human rights priority. The right to live in least restrictive environment
- Political will: Community based and family focused services have to be strengthened – as effective alternatives to institutional care
- Institutional care is the last resort. Huge amount of evidence that their are not (cost)-effective and violate human rights

EU enlargement – problems of new EU countries and CEE region

- Huge gaps in spectrum of psychosocial interventions
- Huge gaps in spectrum of community based services
- Tradition of institutionalisation and social exclusion
- Tradition of blaming and moralizing “bad” families
- Existing services ineffective – no “filters”, complex cases fall between the cracks, poor governance and intersectoral cooperation

EU enlargement – problems of new EU countries and CEE region

- Many innovative services have been established during 1990's. Many of them were funded by foreign donors.
- Most of them did not succeed to become sustainable and obligatory part of a system
- Governments are reluctant to fund new psychosocial interventions and keep supporting institutional care as a priority
- Economic crisis threatens to regress to monopoly of institutional care
- In most CEE countries mental health reforms have failed (Saraceno B. et al., Lancet, 2007)

CAMHEE project and European Mental Pact on Mental Health and Well-being

- All main priorities of the Pact in the field of CAMH have been foreseen when designing CAMHEE in 2005:
 - the need to increase competence of parents
 - the need to use school as most important setting for MH promotion/prevention
 - search for optimal balance within spectrum of MH services
 - **THE NEED TO DEVELOP AND IMPLEMENT EFFECTIVE CAMH POLICIES**

CAMHEE: WORKPACKAGES

- WP1 – COORDINATION
- WP2 – DISSEMINATION
- WP3 - EVALUATION
- **WP4 - CAMH COUNTRY PROFILES/POLICIES. Analysis of contextual factors, resources invested in CAMH, processes and outcomes**
- **WP5 – PARENTING**
- **WP6 – PREVENTION OF (SELF) DESTRUCTIVE BEHAVIOUR IN SCHOOLS**
- **WP7 – BEST PRACTICES. BALANCING BETWEEN PROMOTION/PREVENTION AND CLINICAL SERVICES. ECONOMIC EVALUATION**

Specific contribution of CAMHEE project

- Special focus on EU enlargement and what “new” and “old” EU member states can learn from each other
- Special mix of partners: governmental agencies, NGO's, academic and clinical centres
- Special focus on gaps and need to fill them with joint efforts of all stakeholders
- Special focus on contextual factors and need for qualitative approaches in analysis of the systems

CAMHEE WP5 (children in families with mentally ill parents) – differences between “new” and “old” EU countries

Lithuania, Bulgaria, Romania, vs. Finland.
Norway, Austria.

In “new” EU countries:

- Lack of infrastructure for community care and family support services
- Institution-based thinking and practices (both for parents and children)
- Strong biomedical view on the human being prevails in psychiatry

CAMHEE WP5 (children in families with mentally ill parents) – similarities in “new” and “old” EU countries

- Children are easily neglected in policy and strategy papers and in legislation no matter if you are “old” or a “new” EU country
- Cooperation across sectors in health and social services is problematic
- Gaps between activities of NGOs and state run health and social services
- Movement towards community care in mental health field

Most important finding - identification of existing gaps and vicious circles

- Lack of evidence based national CAMH policies
- Weak culture of evaluation of outcomes
- Lack of involvement of children, youth and families in decision making – participation and empowerment principles challenged
- Lack of trust between main actors (government, civil society, professional groups). Lack of self-critical analysis by governmental sector
- Weak intersectorial coordination. Lack of managerial skills in all levels (policy, services, individual cases)

COMBINATION OF THESE GAPS LEADS TO INEFFECTIVE ALLOCATION OF RESOURCES AND SYSTEMIC FAILURES IN CAMH FIELD

The need to break vicious circles – opportunities and challenges

- Think globally, act locally – how can this principle be applied to CAMH in the context of EU enlargement?
- How to translate messages from modern research into everyday practice of policy makers and service providers?
- How to make arguments based on evidence prevail over arguments based on lobby of interest groups and “historical” principle of resource allocations?
- How can be issues of mental health of children and adolescents raised higher in political agenda?
- How to form a strong coalition of stakeholders on the side of mental health reform? How to motivate stakeholders?
- Economic crisis – how it will affect the mental health field?

It is of crucial importance for EU that new EU countries break a vicious circle of stigma, helplessness and social exclusion and develop effective and humane (child) mental health services