WHO policies: Needs of Children in Europe and Provision Of Services Venice 17 Dec. 2014

Matt Muijen, Programme Manager Mental Health and Neuro-Degenerative disorders



HIGH LEVEL MEETING WITH SELECTED MEMBER STATES BEFORE THE REGIONAL COMMITTEE

WHO Regional Office for Europe



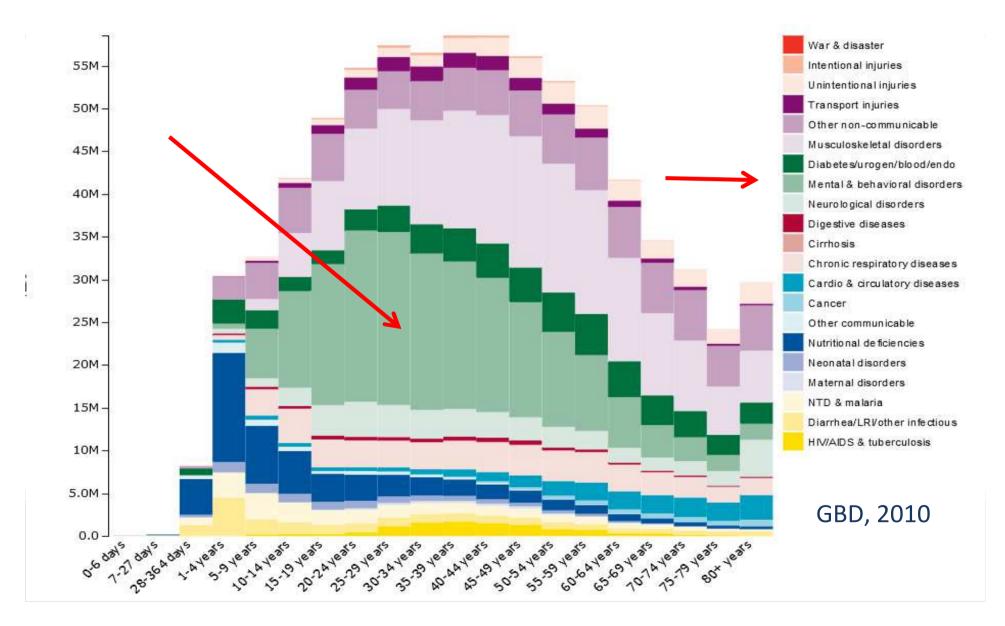
WHO mandate

- 1. Give worldwide guidance in the field of health.
- 2. Set global standards for health.
- 3. Cooperate with governments in strengthening national health programmes.
- 4. Develop and transfer appropriate health technology, information and standards.



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Comparative Disease Burden



Binding International legislation

- Univ. Dec. of Human Rights
- Int. Cov. Civil & Political Rights
- Int. Cov. Economic, Social & Cultural Rights
- Convention on the Rights of the Child
- Convention on Prevention of Torture
- Convention Rights Persons Disabilities



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WHO mental health and disability resolutions: 2001-2014

- 2001, WHO World Mental Health Report
- 2010 Bucharest Declaration
- 2013, Global Mental Health Action Plan
- 2013, European Mental Health Action Plan
- 2014, WHA Resolution on Autism



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WHO-UNICEF Bucharest Declaration: Better Health, Better Lives





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children with disabilities in institutional care

(Data from Innocenti Insight, Children and Disability in CEE/CIS and Baltic States)

CEE	Rates per 10,000 of relevant population		CIS	Rates per relevant p	Rates per 10,000 of relevant population	
	1990	2002		1990	2002	
Slovenia	23	20	Belarus	68	60	
Czech Republic	31	42	Ukraine	28	18	
Hungary	11	10	Russia	64	65	
Croatia	19	22	Georgia	12	19	
Poland	19	21	Moldova	103	58	
Slovakia	20	20	Armenia	1.5	4.5	
Lithuania	80	47	Kyrgyzstan	15	15	
Estonia	15	36	Uzbekistan	14	15	
Latvia	7	16	Tajikistan	1	6	
Bulgaria	67	82	Kazakhstan	-	6	
Romania	10	2	Azerbaijan	21	16	
FYR Macedonia	19	11				
Serbia and	38	-				
Wontenegro World Health Organization	ню		IG WITH SELECTED			

REGIONAL OFFICE FOR Europe

Challenge: services

- Neglect, abuse and discrimination
 - Instances in institutions and the community
- Overreliance on long stay residential institutions
 - poor living conditions, low quality care, lack of educational opportunities
 - national de-institutionalization strategies variable
- Lack of community services
 - number of children with ID in community increasing
 - No adequate increase in community support services



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Challenge: Workforce

- Under-serving the health needs of CID:
 - Poor knowledge and training of health staff on disability issues (prevailing medical model of disability)
 - Communication difficulties
 - Negative attitudes
 - Poor intersectoral collaboration



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Challenge: Information

• Lack of reliable health monitoring data.

"It is essential that we understand that this statistical neglect is indicative of a major failure to recognize and support this group that has led to a massive hidden population of children and adults with ID who are unknown to the official systems." (Background Paper)



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Better Health better Lives: Purpose

- promoting and supporting good physical and mental health and well-being;
- eliminating health and other inequalities and preventing other forms of discrimination, neglect and abuse;
- providing support that prevents family separation and allow parents to care for and protect children and young people with intellectual disabilities;
- supporting children and young people in the development of their potential and the successful transitions through life.



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WHO Global and European Mental Health Action Plan 2013-2020

- WHO Global Mental Health Action Plan adopted at WHA in May 2013
- WHO European Mental Health Action Plan adopted at RC in September 2013





The European Mental Health Action Plan



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Dealing with stress, building hope





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Equality and inclusion





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Respectful, safe and effective care and treatment





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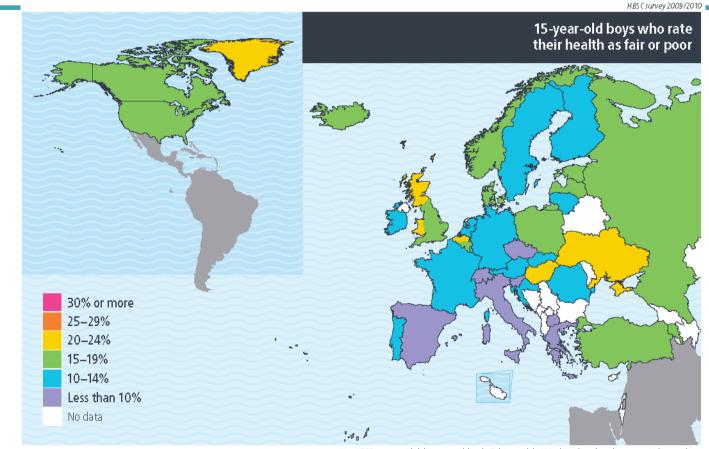
Everyone has an equal opportunity to realize mental wellbeing throughout their lifespan, particularly those who are most vulnerable





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15 year old boys rating health fair or poor

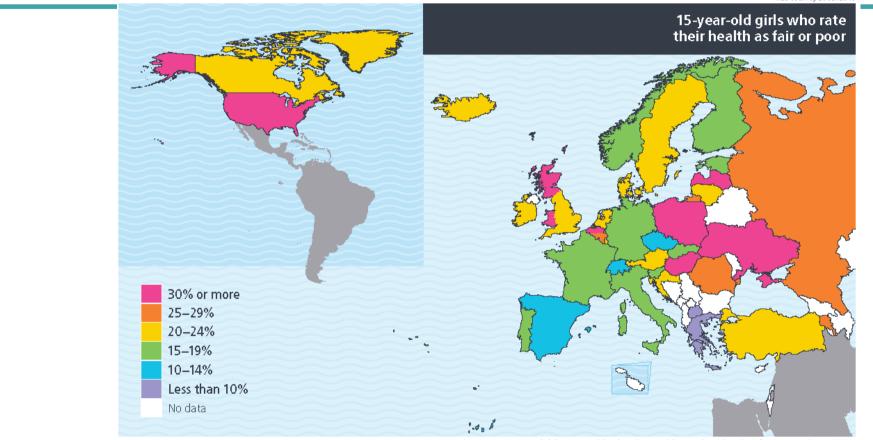


Note. HBSC teams provided disaggregated data for Belgium and the United Kingdom; these data appear in the map above



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15 year old girls rating health fair or poor



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Health Determinants

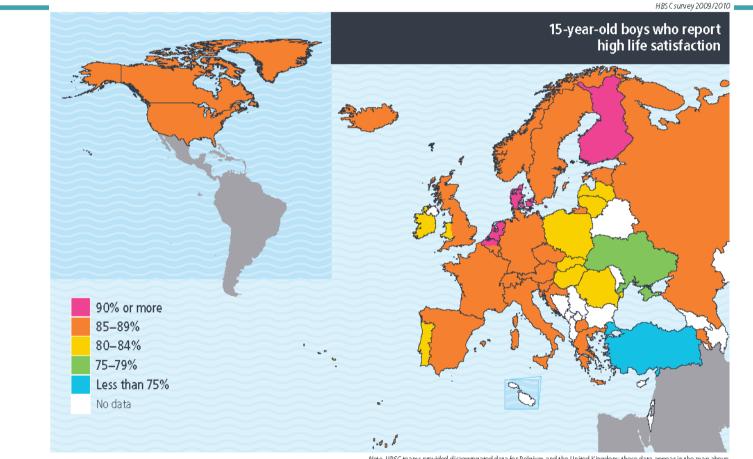
Social gradient:

- Smoking
- Alcohol
- Diet
- Obesity
- Exercise



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15 year old boys with high life satisfaction

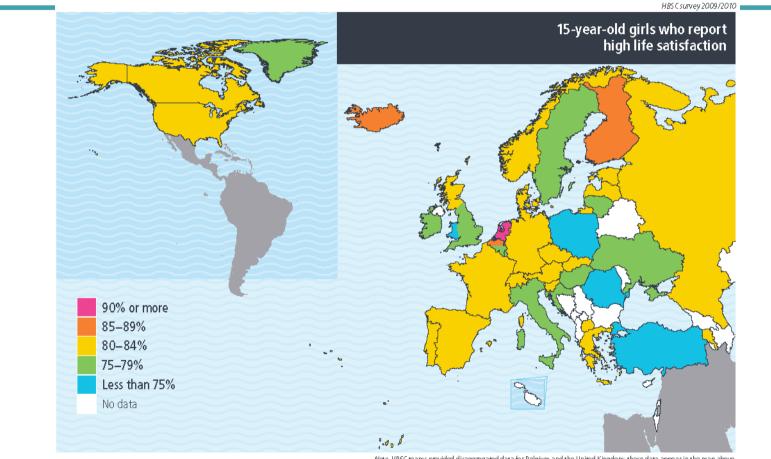


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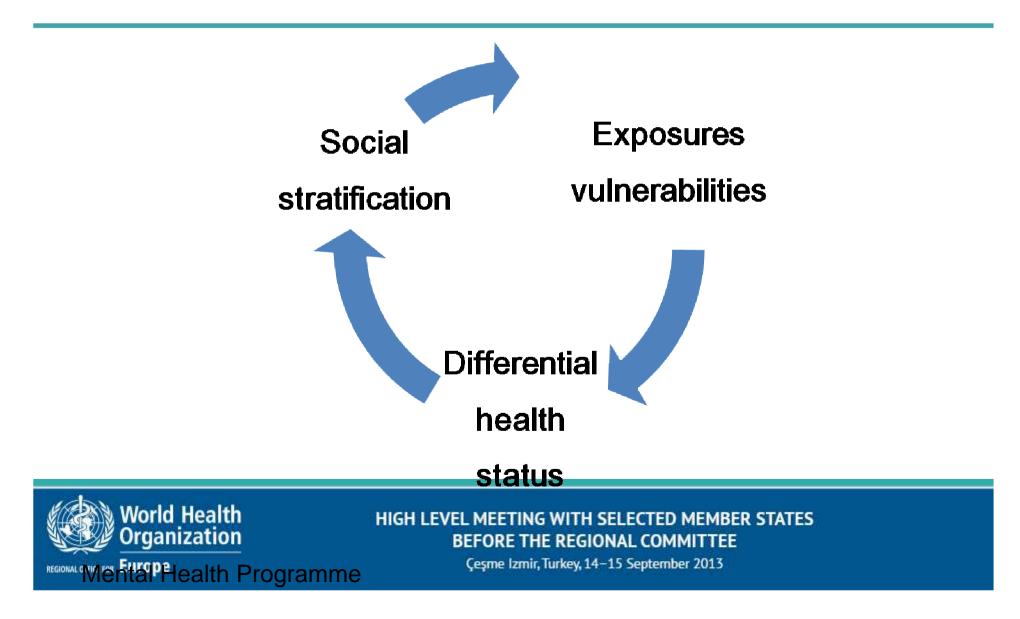
Determinants of wellbeing

- Early years
- School
- Relationships
- Parental Income
- Social status
- Minority



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Social Determinants of Health

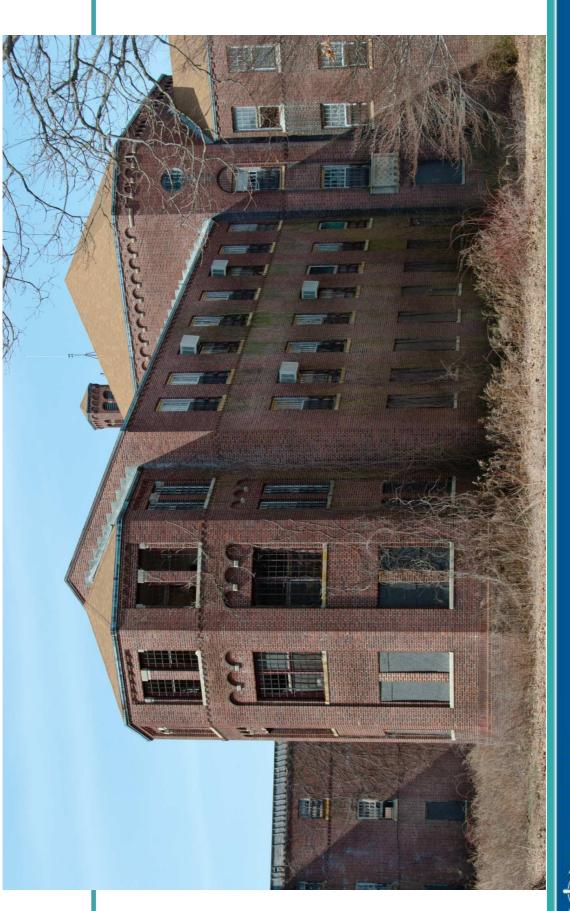


Mental health services are accessible, competent, affordable and available in the community according to need





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HIGH LEVEL MEETING WITH SELECTED MEMBER STATES BEFORE THE REGIONAL COMMITTEE (eşme Izmir, Turkey, 14–15 September 2013



Stage of mental health services in Europe Community services Good services Emerging Basic European Region 15.98 HIGH LEVEL MEETING WITH SELECTED MEMBER STATES World Health Organization BEFORE THE REGIONAL COMMITTEE Cesme Izmir, Turkey, 14–15 September 2013 REGIONAL OFFICE FOR Europe Health

WHO baseline questionnaire Services for young people

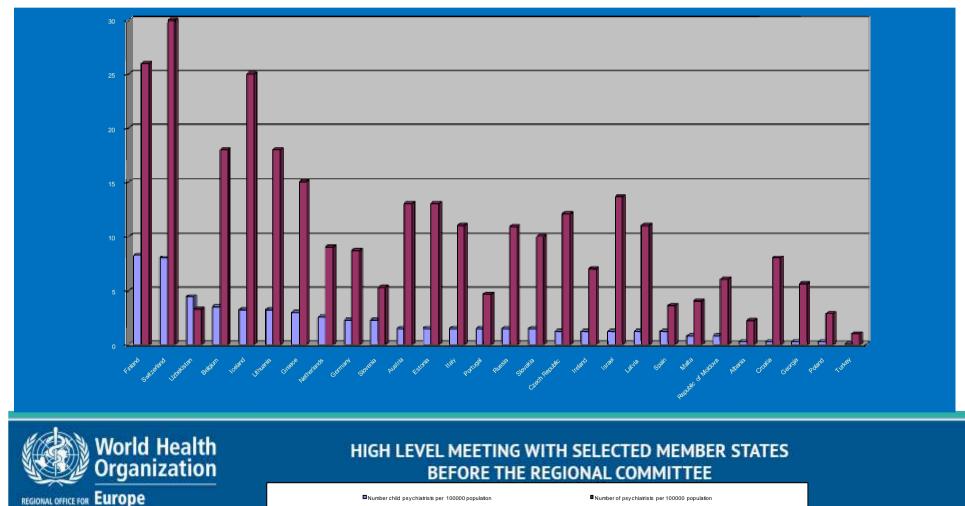
Availability:

- day treatment facilities 74% of countries
- community-based psychiatric inpatient units and units in district general hospitals – 60% of countries
- residential facilities (social institutions) 70% of countries



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Child and all psychiatrists



Number child psychiatrists per 100000 population

Number of psychiatrists per 100000 population

Specialist training programs in Child and Adolescent mental health

- Available for psychiatrists in 90% of countries
- Available for psychologists in 63% of countries



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Clinical Service Challenges

- Understaffed
- Mix of children with mental disorders and learning disabilities
- Children and adolescents still receive treatment in adult services
- Lack of capacity of all staff groups



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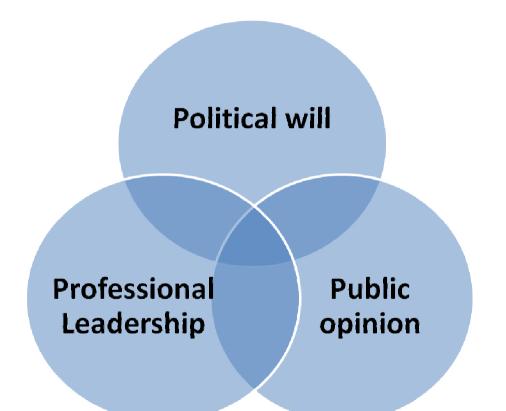
Political challenges

- Low priority
- Lack of consensus
- Lack of perceived evidence
- Lack of leadership
- Lack of information



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When progress?





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