

# Policy Brief

## Child and Adolescent Mental Health in Romania

### - RECOMMENDATIONS TO IMPROVE THEIR QUALITY OF LIFE -

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The views expressed in this paper are those of the authors and do not necessarily reflect the position of UNICEF.

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## I. Adolescents in Romania - prone to risk behaviors, anxiety and depression

Mental health is crucial for the harmonious growth and development of children and adolescents. The foundations of mental health are laid in the early childhood, and this investment in the health of children and families benefits society as a whole<sup>1</sup>.

Mental health means physical, mental and social well-being, not merely the absence of disease. The World Health Organization (WHO) defines mental health as a state of emotional and psychological well-being that enables people to use their cognitive and emotional capacities, function in society, cope with the stresses of life, create fulfilling and mature relationships with others, participate constructively in social change and adapt to external conditions and internal conflicts. A mentally healthy adolescent understands and manages his/her emotions and those of others, has positive relationships, empathizes with others, copes with stress, adapts to change, is able to apply cognitive skills, to develop new skills, thinks about his/her own mental well-being and that of others. Although mental health needs are quite significant, responses to such needs are insufficient and inadequate<sup>2</sup>.

The mental health problems of children and adolescents have an impact on many aspects of their lives; besides social stigma and discrimination, in some cases they are at risk of unhealthy, risky behaviors such as smoking, alcohol and drug use or risky sexual behaviors. Academic performance can also be affected, for example, a child with a conduct disorder who does not receive specialist intervention is twice as likely to drop out of school than a typically developing child, compared to other children<sup>3</sup>.

According to WHO data<sup>4</sup>, about 15% of children and adolescents are affected by mental health disorders, mostly with the onset around the age of 14 years of age, often going undiagnosed and therefore untreated. Anxiety, depression and behavioral disorders are among the main causes of disease and distress among adolescents. In Romania, about **22,000 children and adolescents** are living with a mental illness diagnosis<sup>5</sup>, and many others are facing various developmental, emotional or cognitive disorders.

Worldwide, an estimated **80 million children** aged 10-14 and 86 million adolescents aged 15-19 years old have a mental disorder diagnosis. Boys in both age groups are more prone to risk related to mental disorders and therefore more likely to develop a mental disorder. On the other hand, girls go through adolescence facing chronic stress and a lack of life satisfaction and a sense of joy, which increases the risk of developing emotional disorders (depression and anxiety) in adulthood<sup>6</sup>.

Longitudinal studies of child and adolescent mental health demonstrate a strong link between mental health impairment in adolescence and adulthood; about 50% of mental illnesses have their onset in adolescence and 25% occur between 20 to 25 years of age<sup>7</sup>. A study conducted in Germany which included 3,492 participants aged over 11 years old found mental health impairment 6 years later and 11 years later. Moreover, the authors reported that one in four children diagnosed with a mental disorder did not receive treatment<sup>8</sup>. Epidemiological studies show that less than 25%-35% of the people diagnosed

<sup>1</sup> Policy briefs – Improving Mental Health in the Population, European Commission, 2008

<sup>2</sup> World mental health report: transforming mental health for all. Executive summary. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO, p. 3

<sup>3</sup> Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing, NHS England 2015

<sup>4</sup> World Health Organization: [World Mental Health Day 2021](#)

<sup>5</sup> Strategia Națională privind Sănătatea Mintală a Copiilor și Adolescenților din România 2016-2020.

<sup>6</sup> State of World's Children Report 2021: On my mind: promoting, protecting and caring for children's mental health, UNICEF 2021.

<sup>7</sup> Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustün, T. B. (2007). Age of onset of mental disorders: A review of recent literature. *Current Opinion in Psychiatry*, 20(4), 359-364. <https://doi.org/10.1097/YCO.0b013e32816ebc8c>

<sup>8</sup> Otto C, Reiss F, Voss C, Wüstner A, Meyrose AK, Hölling H, Ravens-Sieberer U. Mental health and well-being from childhood to adulthood: design, methods and results of the 11-year follow-up of the BELLA study. *Eur Child Adolesc Psychiatry*. 2021 Oct;30(10):1559-1577. doi: 10.1007/s00787-020-01630-4. Epub 2020 Sep 12. PMID: 32918625; PMCID: PMC8505294.

receive specialist support<sup>9</sup>. To conclude, it is estimated that a much higher number of people with psycho-emotional needs are undiagnosed and consequently do not receive any appropriate mental health treatment and care.

In Romania, among the most common mental disorders diagnosed in recent years we mention: conduct disorders (24.19%), attention deficit hyperactivity disorder (22.65%), anxiety disorders (19.23%), autism spectrum disorders (14.47%), depressive episode (9.14%), attachment disorders (4.3%), school phobia (3.10%) and eating disorders (2.88%). It is noteworthy that 69% of depressive episodes were reported in the age group over 15 years old, a was much higher share compared to the depressive episode reported in younger ages<sup>10</sup>.

Also worrying are the rising rates of other adolescence-specific psychological disorders such as sleep disorders, attention and concentration disorders, internet, video games and social media addiction. Among girls, we note increasing rates of disorders such as anorexia and bulimia.

Romania ranks top in Europe in terms of mental health impairment in specific contexts: teenage pregnancy (the birth rate among Romanian girls aged 10-14 is 8.5 times higher than the EU average)<sup>11</sup>, underage smoking (in 2019, 49.5% of pupils smoked, compared to the EU average of 41.1%)<sup>12</sup>, suicide under 15 years of age (2.3 times higher<sup>13</sup>) or child exposure to domestic violence.

## II. Pressing challenges and recommendations

### 1. Insufficient statistical data

Epidemiological data on child and adolescent mental health in Romania are limited. Existing statistics do not yet enable us to measure the prevalence of developmental, emotional and behavioral disorders faced by children and adolescents in Romania. Various public policy documents note and recognize there are insufficient longitudinal population studies with a focus on child and adolescent populations<sup>14</sup>. Reports from both public institutions and non-governmental organizations present different estimates of the incidence and prevalence of mental disorders in children and adolescents, as well as different estimates of the number of children in vulnerable situations.

The absence of reliable information on **children's access to specialist healthcare services (pediatric psychiatry), but also to psychotherapy, psychological counselling, educational support services or social services**, makes it difficult to tailor interventions aimed to reduce the complexity of mental impairment and foster a positive and productive health status<sup>15</sup>.

The lack of explicit information and inconsistency in reporting up-to-date statistical data on adolescent mental health in Romania also makes it difficult to design cross-sectoral public policies.

For mental health services providers, this lack of information makes it difficult to calibrate their services according to the actual needs of children and adolescents.

<sup>9</sup> Green H, McGinnity A, Meltzer H, Ford T, Goodman R (2005). Mental health of children and young people in Great Britain, 2004. A survey carried out by the Office for National Statistics on behalf of the Department of Health and the Scottish Executive. Basingstoke: Palgrave Macmillan.

<sup>10</sup> National Strategy for Mental Health of Children and Adolescents 2016-2020.

<sup>11</sup> Policy Brief- Prevention of teenage pregnancy and its consequences, UNICEF January 2022.

<sup>12</sup> European school survey project on alcohol and other drugs, 2019. <https://data.espad.org/>.

<sup>13</sup> Magdalena Dumitru & Aurel Papari & Andra Seceleanu & Irina Sunda, 2019. "Suicide In Romania Compared To The Eu-28 Countries," Social Sciences and Education Research Review, Department of Communication, Journalism and Education Sciences, University of Craiova, vol. 6(2), pages 131-148, November.

<sup>14</sup> The Open Minds project, implemented by the National Centre for Mental Health and Drug Abuse Control, includes such a prevalence study, to be completed in 2022.

<sup>15</sup> Ombudsman (2021), Special report on the impact of the COVID-19 pandemic on children's mental health - recommended actions to improve children's access to specialist psychiatric and psychological health services.

## Recommendations:

- 1 Conduct prevalence studies on child and adolescent mental health impairment by age groups;
- 2 Design a set of indicators for monitoring child and adolescent mental health and publish regularly such indicators (annually); present such indicators, disaggregated by at least the following: age groups, gender, area of origin;
- 3 The design of these monitoring indicators will include both mental health indicators (provided by psychotherapy and counselling) and other indicators from related fields such as education and social work;
- 4 Measure child and adolescent well-being in order to design public policies promoting child and adolescent mental health and well-being, which target not only the absence of mental disease, but also the child and adolescent life satisfaction;
- 5 Foster open conversations on child and adolescent mental health, and public dialogue (in educational or cultural settings), so that this topic should no longer be considered taboo and children and adolescents can freely express their thoughts and emotions, using age-appropriate language, and have their voice heard<sup>16</sup>.

## 2. Prevention and psycho-education that children understand

Children spend a significant amount of their time in school. A school's mission is to provide a healthy developmental environment for each child according to his/her needs, abilities and limitations, at each level of study, regardless the background and other personal characteristics. Schools and communities can work together to improve the quality of children's lives by focusing on the well-being, mental health, academic performance and healthy adaptive behaviors of children. The monitoring and child mental health improvement component is all the more important as Romania is facing early school leaving issues.

Research in the USA identified links between mental health and poor academic performance, absenteeism or school dropout<sup>17</sup>. Although the school dropout rate has increased in Romania in recent years, reaching 2.1% of all students in 2018-2019 (35,000 students), and compared to other European countries Romania ranked first with 15.6% in 2020 in terms of early school leaving rate (young people aged 18-24), there is no research to examine the link between mental health problems and school dropout.

Unfortunately, Romanian schools do not have mental health promotion programs (either formal classes or informal activities) and are often faced with a lack of specialists in this field, both within the school and in the community; most interventions concerning students' mental health are late and remedial, often following incidents (violence, bullying, substance abuse). **Preventive measures** are limited to presentations for information purposes delivered by professionals occasionally invited by schools. These interventions are infrequent and there is no assessment of their effectiveness.

While in the UK the vast majority of secondary schools implement mental health promotion programs, with 93% of schools mentioning the subject of Personal, Social, Health and Economic Education (PSHE), the school curriculum in Romania allows for mental health topics to be approached in optional subjects that are poorly accessed by children, such as Education for Health<sup>18</sup> for the high school cycle, while younger children do not benefit from such study subjects, or from mental health promotion programs.

<sup>16</sup> ON MY MIND How adolescents experience and perceive mental health around the world A companion report to The State of the World's Children 2021, p 69

<sup>17</sup> Eisenberg, D., Golberstein, E., & Hunt, J. B. (2009). Mental health and academic success in college. The BE Journal of Economic Analysis & Policy, 9(1), Article 40. <https://doi.org/10.2202/1935-1682.2191>

<sup>18</sup> According to CRJ 2020- Nediscriminarea în educație. O analiză a situației actuale din perspectiva nediscriminării în mai multe sectoare ale sistemului educațional românesc [https://www.crj.ro/wp-content/uploads/2020/03/Studiu-nediscriminarea-in-educatie\\_final2020.pdf](https://www.crj.ro/wp-content/uploads/2020/03/Studiu-nediscriminarea-in-educatie_final2020.pdf)

**Mental health has a significant educational component, and the development and implementation of psycho-education programs for children and adolescents can have a transformative potential for the whole community.** Psychoeducation for adolescents also involves increasing mental health knowledge among teachers and parents.

It is worth pointing out the need to adapt psycho-educational content to children's needs and understanding; children's engagement in the development of educational activities can generate viable and effective content.

**Both children and parents need psychoeducation and the development of mental health knowledge and skills.** Recent studies involving parents and children indicated a lack of knowledge on child and adolescent mental health issues and a lack of access to information, education, guidance, counselling and support. Almost 40% of Romanian parents do not feel capable to talk to their children about drugs and 71.9% need more information on how to talk to their child about topics such as alcohol and drug use<sup>19</sup>. Psycho-education programs for adults can have positive effects on children's mental health.

## Recommendations

- 1 Introduce psycho-educational content at each educational level and develop such content so as to include non-formal methods, to be child-friendly and in line with children's current needs;
- 2 Actively engage children and adolescents as well as mental health professionals in the development of such contents;
- 3 Provide regular monitoring and evaluation of the effectiveness of such programs, including by monitoring the indicators proposed at section 1 on child mental health and well-being;
- 4 Conduct targeted information campaigns to promote mental health among children and adolescents;
- 5 Facilitate direct contacts between children and adolescents and mental health professionals during such campaigns, including by the use of online platforms; Campaigns may include messages related to mental health, avoidance of risky behaviors, promotion of emotional self-care techniques, mental well-being;
- 6 Identify funding resources for these campaigns so that such messages reach all children in Romania; make sure such messages are tailored to local needs;
- 7 Identify and engage community leaders, this may increase the attractiveness and success of such campaigns;
- 8 Develop in-service training programs for teachers and school counsellors to acquire specific skills to enable them to easily recognize physical, emotional and behavioral signs of mental health impairment;
- 9 Train teachers to disseminate psycho-educational content in schools;
- 10 Establish local working protocols between schools and mental health professionals to address the needs identified in the school population;
- 11 Develop a new mental health strategy for children and adolescents and operationalize this document including through local action plans;

<sup>19</sup> Copăceanu, M. (2020), Sex, alcool, marijuana și depresie în rândul tinerilor din Romania. National survey including over 10,000 young people and 1,200 parents, Ed. Universitară.

- 12 Foster the involvement of other important stakeholders in mental health promotion and improvement, such as the Ministry of Education, the National Authority for Child Protection and Adoption, the Romanian College of Psychologists.

### 3. Diversification of mental health services provision

In underprivileged areas, the incidence of mental health disease is higher and the increased burden of mental health disorders is compounded by poor access to specialist services. This is why there is an urgent need to develop community-based mental health services for children covering both prevention and intervention/care. In 2019, more than 40% of newly diagnosed cases of autism spectrum disorders were children from rural areas<sup>20</sup>, while the majority of therapy services for these children are concentrated in large cities.

For rural children, the chance of benefiting from diagnosis and then therapeutic intervention depends on their access to pediatric psychiatry clinics and professionals. It is not only rural children and adolescents who are facing barriers to accessing mental health services, although they represent the largest socio-demographic category, but also teenage dropouts, institutionalized children, children who have broken the law or adolescents who are part of the LGBTQI community.

Refugee children and adolescents also have urgent and specific mental health needs, and the existing system is difficult to access and poorly equipped for them. The lack of access to mental health services has a long-term impact on children's harmonious development, school or career opportunities.

On the other hand, there are too few socio-educational alternatives or non-psychiatric centers for child and adolescent health in Romania. The stigma associated with mental disease is another barrier to accessing mental health services. Non-psychiatric alternatives can provide appropriate solutions to the needs of some communities and to the management of behavioral, emotional or learning disorders, especially in children.

In order to increase mental health services accessibility, professionals developed online self-help tools. These take a variety of forms from websites, games and computer-assisted programs, apps, text messaging, to robots and digital devices or virtual reality<sup>21</sup>. Studies have demonstrated the effectiveness of using online technology, for example the strongest evidence highlighted the use of games and virtual reality to treat depressive symptoms in adolescents<sup>22</sup>.

Systematic studies have assessed adolescents' experience in accessing online services and tools and have shown that they rate apps as engaging, useful and trustworthy<sup>23 24</sup>. In Romania, we note an acute lack of mobile apps for improving mental health; in some cases, adolescents interested in psycho-emotional aspects use English language apps.

### Recommendations

- 1 Ensure access to mental health services for children and adolescents from rural, disadvantaged or marginalized communities by funding e-medicine, e-counselling, e-therapy services or mobile mental health clinics;

<sup>20</sup> <https://rohealthreview.ro/asociatia-help-autism-lipsa-serviciilor-specializate-integrate-una-dintre-principalele-probleme-cu-care-se-confrunta-pacientii-cu-tulburari-de-spectru-autist/>

<sup>21</sup> Liverpool S, Mota CP, Sales CMD, Čuš A, Carletto S, Hancheva C, Sousa S, Cerón SC, Moreno-Peral P, Pietrabissa G, Moltrecht B, Ulberg R, Ferreira N, Edbrooke-Childs J. Engaging Children and Young People in Digital Mental Health Interventions: Systematic Review of Modes of Delivery, Facilitators, and Barriers. *J Med Internet Res*. 2020 Jun 23;22(6):e16317. doi: 10.2196/16317. PMID: 32442160; PMCID: PMC7381028.

<sup>22</sup> Halldórsson B, Hill C, Waite P, Partridge K, Freeman D, Creswell C. Annual Research Review: Immersive virtual reality and digital applied gaming interventions for the treatment of mental health problems in children and young people: the need for rigorous treatment development and clinical evaluation. *J Child Psychol Psychiatry*. 2021 May;62(5):584-605. doi: 10.1111/jcpp.13400. Epub 2021 Mar 2. PMID: 33655534.

<sup>23</sup> Pretorius C, Chambers D, Coyle D. Young People's Online Help-Seeking and Mental Health Difficulties: Systematic Narrative Review. *J Med Internet Res*. 2019 Nov 19;21(11):e13873. doi: 10.2196/13873. PMID: 31742562; PMCID: PMC6891826.

<sup>24</sup> Ridout B, Campbell A. The Use of Social Networking Sites in Mental Health Interventions for Young People: Systematic Review. *J Med Internet Res*. 2018 Dec 18;20(12):e12244. doi: 10.2196/12244. PMID: 30563811; PMCID: PMC6315265.

- 2 Children and adolescents need access to affordable (or free), confidential and friendly psychosocial and mental health support services. There is an urgent need to extend public mental health services to meet the real mental healthcare needs of children and adolescents in geographical areas and settings where such services are insufficient, if any;
- 3 Extend the provision of child mental health services by involving other sectors and other forms of support such as education, social assistance or community care;
- 4 Provide a wide range of mental health services (including non-psychiatric services) on an equitable basis to all children who are facing emotional difficulties, including those struggling with addictions or those who identify as belonging to the LGBTQI community so that they can benefit from counselling and support;
- 5 Develop community-based socio-educational, non-psychiatric services to foster the recovery and integration of children with learning difficulties, coping difficulties, social difficulties, etc.;
- 6 Develop professional skills and competences of mental health specialists to enable them to work with vulnerable groups of children, including adolescents with specific needs related to their sexual orientation and gender identity, conflict-related posttraumatic stress disorder, pandemic-related anxiety disorders, addictions, emotional stress related to bullying or separation from parents working abroad, etc.;
- 7 Include pediatric psychiatry training for family physicians, community nurses and other healthcare professionals working with populations in underprivileged areas without access to complex healthcare services.

#### 4. Quality and affordable mental health services for all children

Perhaps more than other public health sectors/subfields, **mental health requires cross-sectoral co-ordination**, a multidisciplinary approach involving many stakeholders, from mental health policy development to service delivery<sup>25</sup>. Dezvoltarea cognitiv-emoțională a copiilor necesită atât sprijinul familiei, cât și sprijinul comunității prin instituții precum școala sau serviciile de sănătate.

The right to health is a constitutional right. **Child and adolescent mental health services are free of charge for all children, pursuant to law.** However, parents and children report that any healthcare service for children includes hidden costs and actually impacts the family budget<sup>26</sup>. Poor access to public recovery and rehabilitation therapy services (insufficient services, lack of professionals, long waiting lists) pushes parents to turn to private mental health services, which entails considerable direct costs (therapy sessions, counselling, speech therapy, physiotherapy, etc.), but also indirect costs such as travel costs, time, parents' lack of productivity.

Although certain types of non-psychiatric mental health services can be paid for through the National Health Insurance House (NHIH), such services remain difficult to access free of charge, also due to the low number of psychotherapists under contract with NHIH. The high costs of psychotherapy, recovery and rehabilitation therapy services prevent children's families from effectively benefiting from long-term services (children diagnosed with autism, developmental disorders).

<sup>25</sup> McDaid, David, Policy brief, Mental Health, Key issues in the development of policy and practice across Europe, World Health Organization 2005, on behalf of the European Observatory on Health Systems and Policies

<sup>26</sup> Save the Children, hidden costs



From a systemic perspective, one of the much debated challenges relates to mental health costs, the lack of vision and expertise in assessing, planning and implementing reimbursement formulas under the national health insurance system, adapted to mental health therapy. The existing reimbursement system is not reliable enough to properly cover the practice of specialists, leaving the burden of costs to the family who needs to access services provided by private clinics. Estimates of the economic impact of mental health disease show significant losses, which are difficult to appraise due to the different methods of calculation in many countries and to the impact of mental health problems in areas beyond the healthcare sector<sup>27</sup>. In Germany, the cost of mental health disease was estimated at €22.44 billion, with an average cost per capita of €270. In the UK, the cost per capita reached €309.2. For children, the costs are much higher in the long term. Thus, a child diagnosed with conduct issues at age 10 will require costs of €29,000 between the age 10 to 27 years old and a clear conduct disorder diagnosis will lead to further expenses in amount of €109,000<sup>28</sup>. Unfortunately, in Romania **such surveys and estimates of economic losses** due to mental health disorders are not disseminated or conducted to inform public policy or program interventions.

The economic costs of mental health disease are high, 75% of mental health problems in adult life (excluding dementia) start before the age of 18. Failure to support children and young people with mental health needs means loss of lives and money. Early intervention saves subsequent costs in the medium- and long-term. The costs of conduct disorder diagnosed at age 10 are estimated to be 6 times higher for the education system and 20 times higher for the social justice system than for the health system at age 18<sup>29</sup>. WHO evaluated the cost-effectiveness of universal school-based social-emotional learning, mental health improvement and suicide prevention interventions for adolescents, and demonstrated health impacts<sup>30</sup>.

## Recommendations

- 1 Provide financial support for vulnerable families with children with mental health problems to access mental health services on a regular basis;
- 2 Full reimbursement of therapies for children with autism spectrum disorders;
- 3 Ensure reimbursement of counselling and psychotherapy services for all children with behavioral or developmental disorders;
- 4 Model a mental health services reimbursement system adapted to the type of intervention that is specific to this area of specialization so as to encourage mental health professionals to work in partnership with NHIH;
- 5 Carry out regular cost-benefit estimates of investments in child and adolescent mental health;
- 6 Provide funding for the development of telemedicine/e-mental health systems to enable low-cost and nationwide assessment or first contact with professionals;
- 7 Develop digital health tools/technologies (smartphone apps) attractive to children and adolescents that facilitate mental healthcare and equip children with self-help skills.

<sup>27</sup> McDaid, David, Policy brief, Mental Health, Key issues in the development of policy and practice across Europe, World Health Organization 2005, on behalf of the European Observatory on Health Systems and Policies

<sup>28</sup> Scott S et al. (2001). Financial cost of social exclusion: follow-up study of antisocial children into adulthood. British Medical Journal, 323:191–196

<sup>29</sup> Policy briefs – Improving Mental Health in the Population, European Communities, 2008

<sup>30</sup> n. WHO menu of cost-effective interventions for mental health. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO

## 5. Fostering child and adolescent engagement in all actions aimed at their mental and emotional health

Currently, any access to mental health services for adolescents under the age of 18 requires parental consent, and the legislation in force makes it difficult for them to access essential emotional health services. Many adolescents in Romania feel alienated, estranged from their families or live with one or both parents abroad, lacking the chance to have a protective parent around who understands their emotional needs and their desire to see a psychologist or psychiatrist.

Lowering the age for mandatory parental consent for mental health services coupled with the introduction of robust protocols to determine the appropriate age for decision-making and obtaining informed consent and establishing channels for adolescents to approach professionals directly in confidence can encourage their help and recovery. Obviously, the therapeutic process for children, including adolescents, remains more effective when parents also actively participate in the process.

**Prevention** is another area where children's participation is important. The suggestions for primary prevention and psycho-education programs underline to have them developed as much as possible by professionals and children and adolescents in Romania, as part of a participatory process.

Collaboration between professionals and adolescents has the potential to identify messages and communication channels used by them, and to increase the educational and healthy behavior-shaping effect of such targeted and consistent campaigns. Such participatory campaigns can also lead to increased training and familiarity with terminology and practices aimed at improving emotional health.

### Recommendations:

- 1 Promote and constantly fund information campaigns in disadvantaged communities on the emotional health of children and especially adolescents;
- 2 Facilitate direct contacts between children and adolescents and mental health professionals. Promote mental health through face-to-face or online meetings with various mental health professionals or other non-formal education activities;
- 3 Facilitate access for adolescents under 18 to specialist support for mental health needs and remove any barriers, including parental opposition;
- 4 Involve children in psycho-education programs, build on children's interests and needs in determining learning content.

## 6. Mental health professionals training

There is a shortage of staff (physicians, nurses, psychologists, social workers, etc.) in all specializations dealing with children's mental health and well-being.

Official statistics provided by the National Institute of Public Health in the Ombudsman Report show that in 2020 there were **260 physicians specializing in pediatric psychiatry**. Information on the number of psychologists performing counselling and psychotherapy sessions is unknown and not centralized.

With regard to school counsellors, first and foremost we should note that since, pursuant to law, only one such specialist should serve a **minimum of 800 pupils (or 400 preschoolers)** the level of needs coverage is extremely low, especially as there are cases where the number of 800 pupils allocated to one counsellor is exceeded.

### Recommendations:

- 1 Design professional integration and motivation programs for young mental health professionals so as to increase the number of professionals in the field, including nurses specializing in pediatric psychiatry;
- 2 Develop professional competences on child and adolescent mental health among school counsellors, social workers, early childhood development educators, teachers, pedagogues, etc. working with vulnerable children;
- 3 Include new continuing professional development programs for psychologists and psychotherapists aimed at increasing professional interest and skills in child and adolescent counselling and psychotherapy, especially for vulnerable children and children affected by conflict (including migrant and refugee children);
- 4 Foster the development of psychotherapy skills, knowledge and competences of resident physicians who specialize in psychiatry and pediatric psychiatry during their residency training so that they become familiar with psychotherapy approaches and techniques, the impact on mental health and can make individualized recommendations for psychotherapy.

## 7. Strengthening collaboration between professionals building on the best interest of the child

One of the most pressing shortcomings related to child and adolescent mental health is the difficult collaboration between professionals and between the different institutions responsible for children's well-being. Mental health requires a **cross-sectoral approach**, both in the healthcare and education systems, as well as in the welfare and social protection system. We note major gaps in terms of accountability for intervention and communication between professionals. Consequently, the burden of improving and integrating children with mental health needs falls exclusively on the family, which is often unprepared to meet these challenges. Despite the existence of formal mechanisms for inter-institutional collaboration, practice shows that there is little collaboration between the professionals involved in the management of specific cases. **Coordination between professionals** is rather infrequent, based on the goodwill, interest and motivation of some professionals, and is the exception rather than the rule.

Child mental health means not only effective disease management, but also support for cognitive, emotional, social, and educational skills, integration into a peer group, participation in extra-curricular activities. This positive and inclusive approach to child mental health can only be implemented through effective coordination between specialists.

### Recommendations:

- 1 More efficient collaboration between mental health professionals through joint training activities;
- 2 Develop models of interdisciplinary mental health centers for children and adolescents with integrated services and a family-centered approach;
- 3 Develop common working protocols for medical, psychotherapy and education specialists reflecting the interdisciplinary nature of intervention in the management of children's mental disorders.

## 8. Engaging the local community

The intervention strategies of **UNICEF's Mental Health and Social Support Model** are implemented using a socio-ecological model, which places the child at the center of interventions that require family/guardian, community and society engagement. This model illustrates the importance of networks and structures around children that ensure their well-being and support their optimal development.

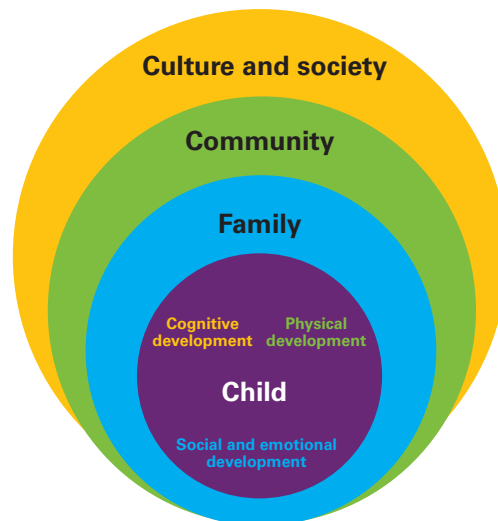


Figure 1. Socio-ecological model of mental health

The model emphasizes physical, cognitive, social, emotional and spiritual development. Interventions focused on the child, guardian, family, community and society aim to strengthen coping mechanisms by engaging and strengthening the family and community support system.

Local authorities can support the protection and preservation of mental health through prevention campaigns, by attracting professionals and developing specialist services according to local needs. Particularly in rural areas, in small communities where there is a good knowledge of at-risk cases on the part of the authorities, cross-sectoral local interventions can be a successful model as long as there are specialists in the community.

## Recommendations

- 1 To improve the efficiency of local social assistance services and to optimize existing resources to reduce risks to children's health, education and safety (neglect, domestic abuse, violence and school dropout);
- 2 To implement and fund socio-educational alternatives to pediatric psychiatric services, non-psychiatric child and adolescent mental health centers, community-based life skills development centers, as close as possible to children and adolescents who need these services.