



ADOCARE

Plenary discussion on key questions

Chantal Van Audenhove, Jean-Paul Matot,
& the Adocare consortium

First high level conference at the European parliament


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- 4/10 countries collect national data
 - Have a good view on the prevalence

Prevalence rates are important:

**For development of effective policies
and action plans,
tailored to the needs of the
population.**


- Mental health needs are best measured via national surveying at a population level
- In the second place, administrative data of service and care users can be indicative
 - In most countries administrative data are available
 - Quality is often unreliable
 - The data are incomplete
 - Poor overview



One **generic data system** across
sectors and for patients of all
age groups


is necessary to assure
administrative data of high
quality.

- Most governments have no overall vision on adolescent mental health care
 - No priority
 - No specific funding identifiable
 - Legislation lacking
- Some countries do have policies to improve adolescent mental health care
 - Implementation hampered
 - No program evaluation



**Governments should install the
right political climate, youth
oriented policies, and adequate
legal frameworks in order to
improve AMHC.**


- Adolescent psychiatrist not recognized as a separate health profession in most countries
- Adolescent psychologist and adolescent psychiatric nurse in none of the countries



High quality mental health care for adolescents is not possible without **competent, well-trained** professionals, very **familiar** with the world of adolescents.



Core concepts	
Central goal	<ul style="list-style-type: none"> • Full citizenship
Cooperation with other services	<ul style="list-style-type: none"> • School and educational services • Social services • Youth welfare services • Employment services • MHC services
Multiprofessional team, if possible under 1 roof	<ul style="list-style-type: none"> • Psychiatrist • Psychologist • Teachers • Social workers
Addressing different needs	<ul style="list-style-type: none"> • Psychiatric and psychological needs • Vocational needs • Educational needs • Recreational needs
Target group	<ul style="list-style-type: none"> • Adolescents • Their family



Integrated MHCA is **recovery oriented and pursues **full citizenship**. Care should be provided by a **multidisciplinary team** of professionals within a broader **network of services**.**

**Compared to traditional care,
integrated mental health care for
adolescents has no clear
advantages.**

It's just a **new hype.
Who agrees?**

- Adolescents with mental health problems do not only have psychological and psychiatric needs
 - Educational needs
 - Vocational needs
 - Recreational needs
 - Relational needs
 - Existential needs
- These require a adapted approach
- The family also has needs



Offering good AMHC means that the provided care and care environment is **empowering** and **stimulating for a good working alliance.**

- Availability of services AMHC varies widely across countries
 - Overall rather poor
- 8/10 countries: no services exclusively for adolescents
- Quality of services varies across countries
 - Overall rather good



High quality AMHC services are specifically dedicated to this age group and easily accessible (in time, geographically, financially).

- Write it down in the booklet
- Post it on the Adocare forum:

www.adocare.eu

- Adocare:
info@adocare.eu
- Website:
www.adocare.eu