MENTAL HEALTH PROMOTION
AND
ADOLESCENCE

“TELEMACHUS”

Towards the Acquisition of Mental Health Skills

Maria S. Vassiliadou

Educational Trust for Health Improvement through Cognitive Strategies

London
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Text editor: Katerina Chryssanthopoulou

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Introduction

“There is ample evidence that school-based programmes in elementary, middle and high schools can influence positive mental health and reduce risk factors and emotional and behavioural problems through social-emotional learning and ecological interventions… Mostly these school-based programmes are universal in nature and have targeted successfully a range of generic risk and protective factors. Outcomes have included academic improvement, increased problem-solving skills and social competence as well as reductions in internalizing and externalizing problems such as depressive symptoms, anxiety, bullying, substance use and aggressive and delinquent behaviour”

(WHO, 2004b, p. 30)

According to the World Health Organization (WHO, 2004a; WHO, 2004b) there is evidence that mental health promotion programmes as well psychiatric prevention interventions can enhance resilience and reduce risk behaviours in school environments.

It has been substantiated that most efficient for schools are the so called multicomponent programmes (WHO, 2004b, p. 31). Several successful models of multicomponent programmes that exist today (Wilson and Kolander, 2003; Hosman et al, 2005) aim not only at correcting or improving one isolated factor but
at modifying assortments of multiple factors related to mental health such as health-risk behaviours, school misbehaviour, etc. In the framework of its various actions in the direction of Axiological Promotion of Health the British “Educational Trust for Health Improvement through Cognitive Strategies” (E.T.H.I.C.S) has developed multicomponent programmes, some of which have already been implemented in E.U countries (APH, 2003; Vassiliadou, 2005a). Targeted to the Promotion of Mental Health in adolescence, two educational programmes, the so called “Epictetus” and “Telemachus”, have been concertedly developed (APH-Adolescence, 2003; Vassiliadou, 2005b).
A coordinated composition of educational material and resources deriving from the two latter programmes may comprise a uniform proposal for a multicomponent educational intervention in accord with the standards of international endeavors. Its implementation would have the following objectives:

A. Promotion of personal elements of adolescents’ personality

Constructive factors of the two programmes have been selected on the basis of relevant reports of the World Health Organization regarding the positive and negative parameters that concern mental health (WHO, 2004b, p, 21, 23). The positive factors intended to be unfolded through the programmes are aimed at promoting the necessary skills pertaining to the development of:

1. Identity
2. Adaptation
3. Creativity
In the manual “Epictetus” both the difficulties usually met in the efforts to develop the above skills and the proper strategies for their efficient acquisition and promotion are discussed (Vassiliadou, 2005b).

B. Prevention of problems often emerging during adolescence

Such problems mainly relate to mental disorders, behavioral disorders and substance abuse related disorders (WHO, 2004a). Methodology for an effective function of Mental Health Promotion Services, as unraveled in the pages of the book herewith, may constitute an action plan for implementing the educational guidelines provided by the “Epictetus” theoretical model. The strategies proposed by “Epictetus” for developing the positive factors, that themselves comprise an objective for mental health promotion and psychiatric prevention (WHO, 2004b, p. 21, 23; Kroger, 1996; Patterson, 1993; Nickerson et al, 1985; Elias and Kress, 1994; Place, 2003; Bosma and Jackson, 1990; Tudor, 1999), are based on internationally adopted models such as the evidence based Cognitive Model (Clark and Beck, 1999), and the key messages of the World Health Organization in regard to Mental Health Promotion (WHO, 2004a) and Psychiatric Prevention (WHO, 2004b).

At this point it should be stressed that the proposed programmes, despite the fact that they have been designed on the basis of combinations of syllabi with well documented implementation evidence and repeatability markers (WHO, 2004a, p.18-19; Kolbe, 1989; Kingery et al, 1993; McLeroy et al, 1988; Connell et al, 1985; Rose, 1992; MacKenzie and Jurs, 1993; Errecart et al, 1991; Wilson and Kolander, 2003) would be wisely better be studied and adjusted with reference and in accord with any particular social and cultural attitudes and beliefs of each different society where they are implemented, so as to increase their efficiency (Gibson-Cline, 1996; Thornicroft...
and Tansella, 1999; WHO, 2004a, p.21). This is required since in implementations of mental health promotion programmes in different socio-cultural environments, it seems to be difficult for the parameter of repeatability to procure the evidence which is easily obtained by other medical interventions (WHO, 2004a, p. 19).

Aiming to achieve efficient outcomes in mental health promotion and psychiatric prevention educational programmes, a systematic methodology based on relevant data by the World Health Organization and the international literature has been developed in chapters 1, 2, 3, 4, and 5 of the present book.

On the one hand particular actions are suggested concerning both the constitution of interrelated educational programmes, that can be efficiently and economically implemented, and also the provision of support in the fields of mental health education and primary care mental health services in order to deal with the most frequent problems of adolescents. On the other hand, specific methods are proposed to assess efficiency against the cost of the respective services provided.

In the present book the desired operation mode of the primary care health services when addressed to adolescents are examined. It is supported that mental health professionals par excellence dealing with adolescents’ mental health, more than any other colleague of theirs, should be in a position not only to treat psycho-pathological conditions but to also educate adolescents to develop the positive elements of their personality and the proper skills that may protect them against factors that are related to mental vulnerability.

In the perspective of the extensively documented necessity to internationally implement mental health promotion and psychiatric prevention programmes (WHO, 2004a; WHO, 2004b), essential guidelines for evaluation of efficiency against financial cost of the provision of the suggested services are presented in the last part of this book.
PART ONE

MENTAL HEALTH PROMOTION EDUCATIONAL SERVICES
Chapter 1
Education of adolescents on mental health skills: Fundamental Issues
Chapter I
Education of adolescents on mental health skills:
Fundamental issues

“Despite variation in the amount of time that children spend in schools, they are the primary institution for socialization in many societies. For this reason, and because of the convenience of conducting interventions in a setting where young people spend much of their time, schools have become one of the most important settings for health promotion and prevention among children and youth”

(WHO, 2004b, p.30)

In view of the WHO’s guidelines (WHO, 2004a) mental health promotion training of adolescents should preferably focus on topics related to:

A. Development of self awareness  
B. Development of self esteem  
C. Dealing with life difficulties  
D. Exploitation of the experience gained from dealing with life difficulties  
E. Development of skills facilitating normal process of socialization and helping the achievement of harmonious relations of coexisting and collaborating with others  
F. Acquisition of flexibility with the purpose to further develop positive personality elements
G. Development of creative skills for the achievement of adaptive autonomy

The “Epictetus” programme incorporates fundamental educational strategies for the development of such mental health skills as the above. Selection and classification of the mental health skills referred herewith have been based on corresponding mental health promotion literature (Tudor, 1999, WHO, 2004b, p. 21, 23). Adaptation of suggested strategies to different cultural environments can be easily achieved with reference to the cultural determinants of each particular community (Berrien, 1970; Lazarus and Launier, 1978; Sue, 1981; McGoldrick et al, 1982; Broman, 1987; WHO, 2004b, p. 53-59).

Mental health promotion training of adolescents may take place within schools or any other properly configured facilities and can be delivered by specialized scientists of the mental health promotion sector. It is necessary that the group of health professionals who will deliver the adolescents’ training is adequately educated in order to have previously formed common conceptualization of all education topics and to have adopted common educational principles (WHO, 2004b, p. 55).

A further requirement for the lege artis education of adolescents is to arrange mental health promotion training for the parents or guardians and especially educators, since more or less consciously they contribute to the formulation of perceptions, beliefs and attitudes of the adolescents on matters of mental health (Cottrell and Boston, 2002; Place, 2003; Emler, 1998).

In view of the above, and particularly regarding adolescent school students, it is suggested that the purpose of mostly integrated and effective training may be facilitated if engagement in mental health educational courses is ensured and if the following actions are deployed along with the courses:
A. Information on mental health promotion and psychiatric prevention matters by use of specialized material that may be presented on a welcoming virtual site easily accessible by all interested students from the school’s computers.

B. Provision of information and counseling services via a telephone line operating at least during 12 hours on a daily basis assessment of the students’ training programme may be realized via questionnaires before and after delivery of training.

Evaluation of the students’ training may be accomplished concurrently to the overall assessment of the educational programme delivered, since their familiarization to mental health skills configures the purpose of educating also adults who are in close contact with students, namely, parents or guardians, educators, specialized scientists, etc (WHO, 2004a, p. 37-39). During the first stages of implementing a multi-component mental health promotion educational programme, the training or support services may not concern a personal but rather a group level (Table 1).

In other words it is suggested that initially adolescents, parents and educators are informed on the benefits resulting from the protection of adolescents’ mental health, both for adolescents themselves and for their family, school and social environments.

At a second step services may be provided either at a group or at a personal level, whenever necessary and following request by the requesters, namely students, parents or educators (Table 2).
### Mental health promotion services at group level

<table>
<thead>
<tr>
<th>Stages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Information of adolescents, parents and educators on benefits of mental health education</td>
</tr>
<tr>
<td>• Training of adolescents aiming at promoting and protecting their mental health and at developing special skills</td>
</tr>
<tr>
<td>• Training of parents and educators aiming at their contribution in the adolescents’ developing necessary skills</td>
</tr>
<tr>
<td>• Information of adolescents, parents and educators regarding the quality and the extent of the support services provided</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Informing employers in cases that adolescents are employed is also required.</td>
</tr>
<tr>
<td>• Information for employers of adolescents may be provided via internet at individual or general level</td>
</tr>
</tbody>
</table>

Table 1
### Mental health promotion services at a personal level

<table>
<thead>
<tr>
<th>Stages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provision of information to all requesters, students or educators, via an electronic virtual site accessible from school computers</td>
</tr>
<tr>
<td>• Provision of information and consultation to all requesters, students, parents or educators, via telephone support line operated by specialized scientists</td>
</tr>
<tr>
<td>• Provision of support and therapeutic intervention services aiming at dealing with specific problems of the adolescents</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In the cases where persons from the environment of an adolescent seek help from the services regarding an adolescent’s problem then the law on medical confidentiality and personal data protection should necessarily be complied with</td>
</tr>
<tr>
<td>• Extraordinary cases of exceptions from confidentiality are absolutely determined by the law</td>
</tr>
</tbody>
</table>

Table 2
Chapter II
Electronic information and the promotion of mental health skills
Chapter II
Electronic information and the promotion of mental health skills

Ottawa Charter of Health Promotion
(WHO, 1986)

Action strategies identified

Healthy public policy
Supportive environments
Community action
Personal skills development
Reorientation of health services

The above action strategies have become a cornerstone for the development of effective health promotion programmes in many parts of the world (WHO, 2004a). Technology may be particularly effective in developing action strategies such as the above, since electronic media have been frequently identified as sources of social influences and children often derive ways of thinking or acting from media representations (Crook, 1998).

Many educational institutions or public welfare organizations, dealing with matters of mental health, utilize the internet in order to help interested users become familiarized with modern views and to satisfy their expectations for further and deeper understanding of mental processes. An essential option of achieving this level of comprehension is to deal with the continuously growing impacts of mental disorders on the general public (WHO, 2001).
It has been supported that provision of knowledge regarding mental disorders and current therapeutic methods may extensively contribute to the achievement of mental health promotion goals as well as to the prevention of stigmatization (Mrazek and Haggerty, 1994). Usually information accessible on the internet aims at helping the requester understand that various instances of inexplicable thoughts or unenviable behaviours (Table 3) might be symptoms of a mental problem that, though, can be treated successfully.

<table>
<thead>
<tr>
<th>Examples of undesirable conditions that may usually urge a person to seek specialized information</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Persisting unpleasant feelings</td>
</tr>
<tr>
<td>• Exaggerated, inexplicable or unaccountable fears, or persisting sentiments of agony</td>
</tr>
<tr>
<td>• Inexplicable panic attacks leading to thoughts that the person’s own life is in imminent danger</td>
</tr>
<tr>
<td>• Obsessive thoughts, incomprehensible to others, that may disturb daily activities</td>
</tr>
<tr>
<td>• Etc.</td>
</tr>
</tbody>
</table>

Table 3

It is necessary to clarify from the beginning to the requester that information alone is not enough to provide solution to any problem (Wilson and Kolander, 2003, p. 136). From the very first moment, and repeatedly onwards, it should be stressed that any data have informative character only and that by no means can they substitute special support services and opinions of mental health professionals.
Specifically regarding the needs of adolescent school students, the creation of a properly configured virtual site is proposed that may be accessible from the school’s computers. Interested students and professors should preferably have access to this virtual site via the school’s computers by use of passwords kept by the administrators responsible for the particular service. At least two administrator educators per school should care for facilitating access of interested students and professors to the virtual site.

**Educational content of the virtual site**

General questions regarding mental health (see examples, Table 4) as well as corresponding answers should comprise the content of the virtual site, designed with the aim of eliminating stigmatization and fighting against fears and prejudices. This way the requesters may be encouraged to look for further information. Proficiently coupled questions and answers regarding particular mental problems (see examples, Table 5) can be structured on the basis of validated psychiatric diagnostic tools. Such tools might preferably be selected among the ones being also validated locally in the country that the programme is to be implemented. If the technical possibility for adding questions by students or educators is provided it might prove beneficial for the aims of the programme, since this could further facilitate its adaptation to the needs of the particular community. It is suggested that information should be preferably provided in such a way so as to attract requesters to the mental health skills development (Lethem, 2002) and to provide categorized guidance according to the type of questions selected (namely, classified in terms of identity, adaptation and creativity skills).
### General questions on mental health

<table>
<thead>
<tr>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What does the term mental disorder mean?</td>
</tr>
<tr>
<td>2. Can a person suffering from a mental disorder be cured?</td>
</tr>
<tr>
<td>3. What is the cause of a mental disease?</td>
</tr>
<tr>
<td>4. Are the persons suffering from mental problems dangerous?</td>
</tr>
<tr>
<td>5. If I suffer from a mental disorder this means that I am crazy?</td>
</tr>
<tr>
<td>6. Who might help someone who suffers or believes that suffers from a mental problem?</td>
</tr>
<tr>
<td>7. Should the patient use medication necessarily?</td>
</tr>
<tr>
<td>8. Can the medicine medication have negative impacts?</td>
</tr>
<tr>
<td>9. How can a person alternatively be helped if he or she is not under a pharmaceutical treatment?</td>
</tr>
<tr>
<td>10. How can a person realize that he or she suffers from a mental disorder?</td>
</tr>
<tr>
<td>11. What does suffering from a mental disorder mean for a person’s personal or professional life?</td>
</tr>
<tr>
<td>12. Can strong people ever suffer from any mental problem?</td>
</tr>
</tbody>
</table>

Table 4
### Specialized questions regarding mental health issues

<table>
<thead>
<tr>
<th>Mental disorders</th>
<th>Examples of questions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What may happen if:</td>
</tr>
<tr>
<td></td>
<td>1. Lately I feel uneasy even without any particular reason</td>
</tr>
<tr>
<td></td>
<td>2. I feel tired even if I have not done anything tiresome</td>
</tr>
<tr>
<td></td>
<td>3. I feel too exhausted in the morning</td>
</tr>
<tr>
<td></td>
<td>4. I am so anxious that I cannot think properly</td>
</tr>
<tr>
<td></td>
<td>5. Lately I lived through a very sad incident and I cannot take it out of my mind even for a moment</td>
</tr>
<tr>
<td></td>
<td>6. Lately I lived through a very sad incident but I did not feel as distressed as I would had expected</td>
</tr>
<tr>
<td></td>
<td>7. I feel sick every too often</td>
</tr>
<tr>
<td></td>
<td>8. I have frequent pains at various parts of my body</td>
</tr>
<tr>
<td></td>
<td>9. I easily burst into tears</td>
</tr>
<tr>
<td></td>
<td>10. I do not get easily happy with things that I used to enjoy in the past</td>
</tr>
<tr>
<td></td>
<td>11. I can not easily focus my attention</td>
</tr>
<tr>
<td></td>
<td>12. I forget very easily</td>
</tr>
</tbody>
</table>

Table 5a
<table>
<thead>
<tr>
<th>Specialized questions regarding mental health issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural disorders</td>
</tr>
<tr>
<td>Examples of questions</td>
</tr>
<tr>
<td>What does it mean if:</td>
</tr>
<tr>
<td>1. I am ashamed to say my opinion in front of other people</td>
</tr>
<tr>
<td>2. I feel bad when others concentrate their attention on me</td>
</tr>
<tr>
<td>3. I think that others have no value at all in comparison to me</td>
</tr>
<tr>
<td>4. I think that I have no value at all in comparison to the others</td>
</tr>
<tr>
<td>5. I can not stand it if it is proven that I am mistaken</td>
</tr>
<tr>
<td>6. I feel well only when I am alone</td>
</tr>
<tr>
<td>7. I think that even my friends wish me evil</td>
</tr>
<tr>
<td>8. I usually have the urge to do things that make others worry</td>
</tr>
<tr>
<td>9. I can not easily build or maintain friendships</td>
</tr>
<tr>
<td>10. Hurting others does not affect me</td>
</tr>
<tr>
<td>11. My disposition changes very quickly, in a nick of time</td>
</tr>
<tr>
<td>12. I cannot easily finish what I start</td>
</tr>
</tbody>
</table>

Table 5b
### Substance abuse

**Examples of questions**

What does it mean if

**Note**

The question “what does it mean if” is utilized instead of “what do I do if” since it may possibly psychologically encourage or make the current or probable future substance user curious enough so as to seek for an answer.

1. I feel the need for something that will make me feel stronger
2. I feel the need for something that will make me feel free
3. I feel the need for something that will make me feel very happy
4. I feel the need to do something that will prove to everybody that nothing can stop me
5. I do not care about consequences of my acts
6. I am not afraid of anything that other people consider dangerous
7. I feel the need to share dangerous experiences with other people
8. I feel the need to prove that I do not value my life
9. I feel the need to have strange experiences even if they are dangerous
10. I feel the need for something that will easily make me forget my problems
11. I think that it is worth to test my strength through dangerous acts
12. I think that I can avoid any danger if I want so

Table 5c
Based on the hierarchical and associative data structure accommodated from the content of “Epictetus” educational manual, the organization of questions and answers should permit the flexible presentation of information so that each answer might turn into a new question. Further, even final answers may initiate new questions, for example, “is it possible that an alternative solution be more efficient than the ones herewith considered?”

**Note**
Some answers to specialized questions may lead to other questions that may assume or approach a certain provisional diagnosis. In such cases, the final answer accessible by the programme user should by no means provide any information whatsoever on any particular diagnosis but rather refer the user to the special support services for more information.
Chapter III
The roles of parents and educators
Chapter III
The roles of parents and educators

“Prevention programmes that take a holistic school approach and focus simultaneously on different levels such as changing the school ecology as well as improving individual skills in the students and involving parents are more effective than those that intervene on solely one level”

(WHO, 2004b, p.31)

Appropriately provided information and training of parents and educators (Table 6) is of a great practical importance for the creation of a proper environment where the aims of training and supporting adolescents in acquiring mental health skills could be achieved (Held and Bellows, 1983; Fondacaro et al, 1984). Acquisition of mental health skills by parents and educators may be an optimum achievement for realizing the aims of mental health promotion programmes for adolescents (Wilson and Kolander, 2003, p. 133-136; Ottens et al, 1988; Place et al, 1990). The importance of such an attainment is great due, on the one hand, to the fact that acquiring mental health skills may personally benefit the parents and educators themselves and, on the other hand, to the fact that the adolescents would receive a much more efficient training if such important others did not provide them with just theoretical data but with an example to imitate and reproduce (WHO, 2004b, p. 31; Thompson, 1988, Wilson and Kolander, 2003).
### Educational objectives of training parents and educators

- Their own acquisition of mental health skills
- Comprehension of the difficulties that adolescents face when trying to acquire mental health skills
- Development of their own abilities to timely recognize particular problems that adolescents might face
- Development of necessary communication skills for the proper provision of support to adolescents
- Development of skills to provide consultation to adolescents facing problems
- Development of skills to timely and discretely refer adolescents facing special problems to special support services

(Tables 6)

Adolescence problems that cannot be easily managed by parents or educators alone, but should rather be referred to psychiatric support, are mental disorders, offensive, anti-social or other severe misbehavior and substance abuse related disorders (Elliott and Place, 2004; Wilson and Kolander, 2003; Farrington, 1998; Rutter and Smith, 1995).

It is suggested that, in order to achieve the aims of mental health promotion in adolescence the correspondingly oriented psychiatric prevention services should function not only supportively but they should rather train adolescents to develop mental positive skills. Moreover, such services should act supportively and also educate, as much as possible, the surrounding persons that are important to an adolescent so that they themselves become capable to properly support him or her.
in coordination with the special support services (Leventhal et al, 1976; Sprinkle and Mattheus, 1984)

In order to train educators in skills necessary for the proposed mental health promotion programmes, at least 25 to 28 hour courses are considered to be necessary that can be arranged during 5 to 7 meetings.

Evaluation of training is considered to be an essential part of the intervention process, since assessment of the effectiveness of training parents and educators is considered as of great importance for the overall evaluation of the programme. It could be practiced on the basis of questionnaires administered to the trainees at the beginning and the end of the meetings.

Formulation of proper criteria to select educators for participating in the programme as well as preparation of their adequate and documented introduction to the subject matter is also considered to be necessary. This way, participants will be selected able to most easily acquire the knowledge provided to them and transfer it to the students in the most adequate way, either in the form of information or in the form of consultation.

Design, preparation and dispatch of printed material assisting the aims of mental health promotion and psychiatric prevention is considered to be very helpful since it might be used by the educators as a reminder or a guide for properly supporting students.

Educational material for training parents and educators on mental health issues may be adopted from the “Epictetus” mental health educational programme guidelines. It would be helpful if the printed material included conclusion summaries and references to the basic points of the conferences’ content as well as basic principles from the subject matter of the “Epictetus” programme.

Regarding participation of adolescents in educational programmes aiming at mental health promotion and psychiatric prevention it is necessary, due to ethical reasons, that their
parents provide their consensus, after proper and adequate information of the latter. Integrated information of the parents may be facilitated through the educational meetings mentioned above where suitably informative printed material could be also provided. Information of parents or guardians of students should better consist of:

A. Information regarding the aims of the program
B. Explanation of the expected benefits
C. Demonstration of the procedures to be followed
D. Clarification regarding the means to be used
E. Determination of the stages of realization of the programme
F. Description of the measures to be taken in order to protect personal data of the students
PART TWO

MENTAL HEALTH PROMOTION
SUPPORTIVE SERVICES
Chapter IV
Telephone support services: their contribution on mental health skills acquisition
Chapter IV
Telephone support services: their contribution on mental health skills acquisition

The operation of a telephone support line regards mainly the provision of consultation to the interested adolescents, parents or educators on matters of behavioural and mental disorders and substance abuse as well as on the ways of referral to the special services (Tucker et al, 1970; Hill and Harmon, 1976; Thurman et al, 1979; Capuzzi and Golden, 1988). This is a first stage for the proposed step-wise supportive services towards achievement of the objectives of the “Telemachus” mental health promotion programme.

The scientists operating the telephone line should provide services to the adolescents and any persons directly interested in the mental health of the latter, namely their parents or educators in schools operating mental health promotion services.

The basic aims are:
A. Provision of information on mental health issues
B. Provision of consultation support
C. Referral, if judged necessary, to the special primary care health services that are described in chapter 5
D. Record of proceedings regarding the operation of the telephone support line
E. Record of the questions submitted
F. Record of a special file including aspects of the particular problems and difficulties mentioned by the persons using the telephone support line
G. Record of the cases referred for further support to the special services
Telephone support services should necessarily be staffed by specially trained psychologists or psychiatrists that, according to the nature of the question or the importance of the problem, will either provide an immediate answer or will refer the person to more specialized support services. Preconditions for the most efficient operation of the telephone support line are the following:

- Adaptation of the material to be used by the scientists operating the line to the needs of the local community where implementation of services is taking place, based on the matter requirements of “Epictetus”
- Special training and instructions regarding the operation of the support line, such as basic consulting principles as well as indications for referral
Chapter V
Primary care mental health services: towards a synthesis of treating and training
Chapter V
Primary care mental health promotion services: towards a synthesis of treating and training

Mental health promotion and psychiatric prevention services can be classified in services providing either education or therapeutic support. The two latter categories of services are considered to be dependent on each other since their goals and methods are interrelated and interconnected.

Via education on matters of mental health promotion as well as through proper consultation and support interventions (Smith et al, 2003) adolescents may develop their natural abilities (Coleman and Hendry, 1999) and become as possibly optimally prepared for their adult life and adaptive socialization (Campbell and Muncer, 1998).

Provision of special mental health services, apart from a purely consulting, supportive or therapeutic role, should at the same time aim at educating adolescents on how to set the objective to further develop proper skills that can protect them from future threats against their mental health and can enhance their quality of life.

In other words, and according to the axiological cognitive model of education (Vassiliadou, 2005a), mental health professionals should be at the same time adequate educators so as to achieve optimum possible outcomes in their therapeutic interventions.

Their contribution may be very important for the development and strengthening of young people’s self-esteem, necessary for
beneficial and proper coping with life events (Bosma and Jackson, 1990) as well as for their harmoniously co-operating with other people within a social environment.

In view of the above, design of proper consultation and mental health support services should aim not only at therapeutic dealing with problems but also at educating adolescents. Nevertheless, educators should similarly become able to undertake a supportive role (Durlak, 1979), in the same way that professional therapists of the support services should develop skills to undertake educational roles. As mentioned in chapter 3, educators may acquire skills for the provision of efficient support through proper training.

A basic precondition for the beneficial achievement of the above aims is the clear determination and outline of each role. For example, in cases of mental health promotion programmes addressed to representatives of various professional fields, even more than instilling special skills to different professionals, the programme design aimed at clarifying each professional sector’s differentiated roles and at definitively outlining the limits of each role (Vassiliadou et al, 2004; Vassiliadou, 2004). Thus, aiming at mental health promotion, and prevention or management of adolescents’ particular problems, most frequently related to mental or behavioural or substance related disorders, it is considered to be appropriate that both mental health promotion educational services and primary care mental health services collaborate, determine common goals, and pursue them on the basis of joint interrelated actions.

The mental health promotion supportive services have to be staffed by expert scientists having received appropriate education on matters of mental health promotion. This education is judged necessary since, as mentioned above and according to the organization principles of mental health promotion programmes, such scientists must not confine themselves to classical therapeutic interventions; they should
further provide appropriate educational and consultation services to the requesters. The support services provided should rather be prioritized according to the severity of the problem dealt with. Development of supportive services should be realized under surveillance of specialized scientific bodies and by employment of especially trained and scientifically equipped personnel. In order to achieve the above objectives it is necessary that the scientists who provide the services of informing, educating, consulting and therapeutically supporting the final users are especially trained (Moorman et al, 1984).

Regarding achievement of the goals of the proposed programmes it is judged that at least 25 to 28 hours of training are required for both the scientists, who will undertake the task to provide educational services, and the health professionals who will provide therapeutic support and consultation. Dispatch of printed educational material stressing the basic principles for the provision of appropriate services is necessary so that mental health promotion objectives are clarified. Evaluation of training may be realized via questionnaires to be filled in by the trainees in the beginning and in the end of the training programme.

Specialized support provided by health professionals, as proposed by the “Epictetus” and “Telemachus” programmes, regards the provision of special support services to students, professors or parents in specially configured spaces, after referral from the telephone support service. Referral to special services should take place only in the cases that problems of the interested persons cannot be resolved through the services of the telephone support line. In the event that for very exceptional reasons local provision of support services is deemed absolutely necessary, then this may take place in the form of scheduling extraordinary visits by
health professionals to schools, in cases that this is judged as imperative.
Further, a group of specialized personnel is required, consisting of psychiatric nurses and especially trained school educators who may act as a link among schools and the mental health promotion support services.
It is necessary to administer specialized tests to the student referred to the special support services in order to assess the therapeutic and consulting procedure followed.
It is further required to provide scientific surveillance and to keep the history of the mental health promotion services offered so as to assure that such services are always provided according to the valid scientific methodology and within the framework and the terms of proper function of the mental health promotion and psychiatric prevention programmes. Ordinary reports on the scientific methodology applied and on the operation of the special support groups are also imperative in order to facilitate surveillance of their correct function.
Moreover it is indispensable to keep full medical history records of the persons addressing the services as well as of the services provided in each case. All data will be taken into consideration during overall assessment of the efficiency results of the services provided.
PART THREE

EVALUATION OF MENTAL HEALTH PROMOTION SERVICES
Chapter VI
The cost-effectiveness ratio
Chapter VI
The cost-effectiveness ratio

“Further efforts are needed to expand the spectrum of effective preventive interventions, to improve their effectiveness and cost-effectiveness in varied settings and to strengthen the evidence base. This requires a process of repeated evaluation of programmes and policies and their implementation.

Knowledge of strategies, programme characteristics and other conditions that have a positive impact on effectiveness should be translated into guidelines for programme improvement. Such guidelines should be disseminated and implemented systematically”

( WHO, 2004b, p.14)

Implementation of mental health promotion programmes should be better evidence documented in terms of its efficiency and repeatability.

A first step is the selection of the proper population for the implementation of the programme. The sample should be representative and randomly chosen. Following the appropriate statistical methodology, candidates should be divided in control and target groups.

At a second step, identification methods to determine the parameters aimed to be evaluated by the programme should be selected and designed (Weisz and Jensen, 2001)

Regarding the case of adolescents, it is preferable to select and design methodology and tools, which would properly identify
possibilities of existence of mental, behavioural or abuse related disorders.
Assessment of possible correlations among behavioural and mental disorders and substance abuse is also considered vital mainly for practical and secondly for research reasons (Bukstein et al, 1989; Henggeler et al, 2002). Practical reasons regard the design of effective therapeutic interventions for all parameters relating to the onset of a disorder (WHO, 2002; WHO, 2004c). Supportive services should have access to personal data in order for any interrelations among underlying psychopathology and substance related disorders or any other less or more severe problems to be defined. Such interrelated data could be used in order for the most effective interventions to be designed.
In such cases the law on medical confidentiality and personal data protection should be strictly complied with. Nonetheless, it is proper to assure the written consensus of the students’ parents or guardians.
A written permission should be also provided by the personal data protection authorities. In order for the permission to be provided, submission of both a clear proposal regarding the desired evaluation procedures as well as a documented report presenting the reasons on the basis of which the particular evaluation methods have been selected is required.
In order to assure confidentiality and protection of personal data of the students the competent authority should undertake suitable responsibility to keep all data codified. Destruction of the codification key is indispensable and absolutely necessary after termination and final evaluation of the programme.
The reason to keep the codification key during the provision of the programme’s services is to maintain the possibility to access data deriving from the utilization of the diagnostic tools, in cases that it is judged necessary for treatment planning and only if terms and legal procedures described above are complied with.
Statistical analyses should take under consideration any demographic data of the participants’ population as well as any cultural characteristics of the communities where the programme is implemented (Thornicroft and Tansella, 1999).

As mentioned by the World Health Organization (WHO, 2001; WHO, 2004b) mental health promotion interventions in adolescence as well as prevention of adolescence common problems may be considered as the most important efforts to upgrade education and its role in the formulation of modern societies.

Designing effective mental health promotion and psychiatric prevention programmes, or adapting well documented analogous programmes to the sociocultural tradition of each society, demands evaluation of the intervention’s efficiency versus its financial cost via pilot implementations in small and larger, afterwards samples of the targeted population.

Efficiency overall assessment of a programme should be carried out via follow up examination of the population after provision of services. At this stage it is necessary to record any differences in findings that may be identified when the same diagnostic tools are re-administered at the end of provision of services to the particular population and then compared against findings of the same follow-up study to corresponding number of control subjects, to which no similar services have been provided.

Concerning the “Epictetus” and “Telemachus” programmes the next procedure may be followed:

A. Selection of representative target and control samples
B. Application of reliable evaluation tools to both groups (target and control)
C. Provision of mental health education and support services to both groups (target and control)
D. Follow-up application of the same evaluation tools to both groups (target and control)
E. Comparison of the findings of the target group against the ones of the control group between first and second applications.

Assessment of the cost / efficiency ratio of the programme implementation is usually undertaken by specialized scientists or companies providing financial statistical services. Cost / efficiency ratio can be computed via comparison against analogous programmes with similar targets that have already been implemented on budgets well documented in reliable studies, as for example studies based on international data derived from the World Health Organization.

Assessment of the financial cost should include only the cost for provision of the necessary services while it should exclude any evaluation cost.

In the framework of evaluating the efficiency of multi-component mental health promotion programmes, it is necessary to carry out partial assessments of the training services provided to all groups of participants, namely:
(a) Students
(b) Parents or guardians
(c) Educators
(d) Mental health professionals

Moreover, it is necessary to evaluate the efficiency of any interventions provided by the therapeutic support services. According to previous announcements of the World Health Organization (WHO, 2001) the cost of the services provided to deal with mental health disorders in modern societies is huge and is expected to further grow in the years to come, if measures to promote mental health and prevent mental disorders are not conveniently planned. It had been later supported (WHO, 2004b) that early diagnosis and management
of mental problems as well as of substance related disorders may importantly decrease the levels of their onset in the communities where proper mental health promotion educational and supportive services have been provided. Nevertheless it is worth mentioning that the cost of mental health promotion programmes, as estimated from international studies (WHO, 2004a) is very low in comparison to the huge cost that may burden societies that lack efficient programmes and services.
Chapter VII
Repeatability of implementation of mental health promotion services
Chapter VII
Repeatability of mental health promotion services

“It is unlikely that the effectiveness of a health promotion intervention can be guaranteed beforehand; hence, evaluation research needs to be combined with health promotion practice”

(WHO, 2004a, p.19)

According to the World Health Organization (WHO, 2004b, p.18-19) gathering evidence on Mental Health Promotion (MHP) programmes is not as easy as in the randomized controlled trials (RCT) of other medical research. In the four-level scale of evidence for medical research (Tang et al, 2003) mental health promotion and psychiatric prevention programmes usually strive for Type B evidence (WHO, 2004a, p. 19). This means that it is not easy to document the repeatability of such programmes, although what exactly has functioned positively in the application of the programme and in what exact way may often be shown. Difficulties in documenting repeatability in mental health promotion and psychiatric prevention programmes are often arise due to the fact that there are numerous factors that influence implementation of mental health promotion policies in different geographical environments. Such factors usually are of financial, social, cultural and political nature (WHO, 2004a, p 19). Thus, a precondition for the successful adaptation of already existing mental health promotion and psychiatric prevention
programmes as well for the design of initiative interventions, is considered to be the careful study of particular determinant characteristics of the socio-cultural environments where these interventions are to be implemented as well as consideration of the way that members of a particular community conceptualize the parameters and factors that determine or influence mental health (WHO, 2004a, p. 21).

In epilogue

“Those who can do something to promote mental health, and who have something to gain, include individuals, families, communities, commercial organizations, and health professionals. Particularly important are the decision-makers in governments at local and national levels whose actions affect mental health in ways that they may not realize. International bodies can ensure that countries at all stages of economic development are aware of the importance of mental health to community development. They can also encourage them to assess the possibilities and evidence for intervening to improve the mental health of their population”

(WHO, 2004a, p.11)
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