

EXECUTIVE SUMMARY SPEAKERS UK

GENERAL INTRODUCTION

15 November 2012

Dear Madam,
Dear Sir,

15 to 20% of adolescents in Europe suffer from mental or behavioural problems: anxiety, food disorders, suicide.

Our adolescents' sufferings has become a real social and economic problem.

This is why Action for Teens aisbl was created in 2009 at Marcel Rufo's and our Brussels doctors team's behest. Its aim has been to gather the European specialists of adolescence in order to convince the political actors and the persons in charge of health to create reception facilities for adolescents in crisis.

By organising this day at the European Parliament, we have chosen specialists who will tell you in a first place about the uneasiness of adolescents sometimes faced with school failure, violence, drugs, delinquency, all symptoms of our modern society.

In the afternoon, for the second part of that day, Action for Teens aisbl will attempt to convince the decision-makers in Europe of the emergency of the adolescent distress problem.

According to the specialists, **the creation of networks and reception facilities** constitutes one of the most appropriate answers to this challenge with particular training, an exchange and a constant evaluation of all the good practices in that matter.

Mental health must become a priority and include the care of those adolescents .

At the European Parliament, beyond the political alliances, as this Colloquium demonstrates, we have already aroused interest and support.

Now we must go further to realise all these objectives, we count on you and your will to contribute to a society that gives all its chances to the youth.

Dr. Marc Derely
Chairman
Action for Teens aisbl

Prof. Marcel Rufo
President of the scientific committee
Action for Teens aisbl

RISK BEHAVIOURS AND ADOLESCENT SUFFERINGS

By Professor David Le Breton

Risk behaviours are ambivalent ways to appeal to one's closest relatives, to those who matter. They constitute an ultimate way to make sense and value; they bear witness to the young person's active resilience and his attempt to leave itself to the world. They are different from the much more incisive risk of depression or of the sense of total collapse. Despite the sufferings they bring about, they have thus a positive side, despite everything, they favour the young person's self-reliance, allow him to find his feet, they open the young person's mind to a better image of himself; they are a way to build one's own identity. They are not less painful in their consequences through the wounds or the deaths they bring about, the dependencies. But anyway, let us not forget that the suffering is early, perpetuated by a complex conjunction between a society, a family structure, a life history.

TODAY'S ADOLESCENTS: HOW DIFFERENT ARE THEY FROM YESTERDAY'S ADOLESCENTS

By Professor van Meerbeeck.

Adolescence has always been a time organised by society because it corresponds to the passage from childhood to adulthood.

It has been compared, as a passage, to that of birth and that of death.

In every tradition, adolescence was characterised by a separation, an initiation and an approval time period.

Since 1993, the advent of the web, an anthropological mutation, unlike anything in the past, is in progress and it very deeply transforms mankind.

Contemporary adolescents have "fallen into it" at birth.

This presentation will aim at describing the effects of this mutation on the psychic work of young people, always invited to split and initiate themselves and to feel approved, capable of becoming adults.

THE ADOLESCENTS HOUSES

By Professor Marcel Rufo

Adolescents make us rethink the approach, care and hospitalisation modalities. They ask for homogeneity: that teenagers in the waiting room, even a pre-consultation through the Internet but support very well the heterogeneity of pathologies in the particular units which receive them: thus, one can mingle personality disorders with food disorders and a diabetic person... They also push us to rethink the occupational time, to maintain their education and particularly their friendly relationships. Cultural care allow us to respond to their requests. They serve for us as an example of the care of the patient based on its age group rather than on diseases. This model transforms the practice in a positive way.

SPECIFIC TRAINING IN ADOLESCENTOLOGY: AN INESCAPABLE NECESSITY

By Professor Pierre-André Michaud

Over recent decades, the main health problems of adolescents have greatly changed: transmissible diseases are decreasing and one can witness a substantial increase in what is called the “*new morbidities*”: mental health problems, manifestations of an uncontrolled sexual life, obesity, marginalisation related to chronic disabling diseases, etc. To those problems, there is no answer in terms of vaccination or antibiotics. Decision-makers, the persons in charge of public health and the health professional must realise that the response must be in terms of appropriate structures and *very well prepared trained personnel* .

The World Health Organization and UNICEF have developed, with the participation of various countries, the concept of “youth friendly services”, whose criteria correspond closely to those of adolescent houses. One of the conditions that is most frequently mentioned by young people is the welcoming aspect and the level of professional skills involved. Indeed, it is not only by creating structures that we will improve the youth situation but also, and even more so, by making the personnel aware of young people’s special needs.

Several principles have to inspire such formation programmes:

* *Interdisciplinarity*: no discipline or profession can claim to respond on its own to crisis situations which are often characterised by a multiplicity of measures to consider, at a medical, psychiatric, family, social and financial, school or professional level. Several programmes have demonstrated the usefulness of bringing together professionals from diverse backgrounds in training sessions, as has been the case at the Summer University of Besançon, the training of the International Childhood Centre or the Foundation Euteach in Lausanne (www.euteach.com).

* *Emphasis put on the skills* and not only on knowledge: new approaches such as those of the motivational interview, the investigation of life habits or working in networks provide solutions more adequately to the needs of the troubled adolescent, but also require the setting up of appropriate training.

* *Multiple places of intervention*: the principles and philosophy of youth friendly services can be applied in any kind of contexts, whether in general or psychiatric hospitals, medical polyclinics, primary health centres, school health services, adolescent houses, foster homes, etc. This underlines the importance of developing, at regional or country level, regulations, procedures and incentives which support the setting up of such structures.

* The training of professionals must also be centred on the possibilities of *preventive intervention and health promotion strategies*. Currently, there is scientific literature that demonstrates the efficiency of different environmental, educative and health measures in the domain of the fight against accidents, the prevention of substance abuse, obesity, or the promotion of a sexual activity that is mutually respectful.

* Finally, it is essential to promote an active participation of young people in the conception and evaluation of the centre and services which are intended for them, and in particular the quality and relevance of the services provided by the professionals presenting them. Besides, several programmes, including those offered in Lausanne within the multidisciplinary adolescent health Unit (www.umsa.ch), wish to recruit adolescents as teaching tutors.

Accordingly, the training of professionals in charge of adolescent cares is thus to be piloted by transdisciplinary platforms, combining pedagogic, educative, cultural, health and social approaches. In that regard, training high schools and universities have an important responsibility. In the area of adolescent development and health, Europe lags behind the American continent, Australia, and even China, but a certain number of professionals,

such as *Actions for Teens*, do act to have the particular needs of a part of the population which constitutes the future of every nation recognised.

THE ADOLESCENT IN EUROPE
By Doctor Roberto Bertolini

The HBSC research network is an international alliance of researchers under the auspices of WHO Europe that collaborate on the cross-national survey of school students: Health Behaviour in School-aged Children (HBSC). The HBSC collects data every four years on 11-, 13- and 15-year-old boys' and girls' health and well-being, social environments and health behaviours. These years mark a period of increased autonomy that can influence how their health and health-related behaviour develop.

The research venture dates back to 1982, when researchers from England, Finland and Norway agreed to develop and implement a shared research protocol to survey school children. By 1983 the HBSC study was adopted by the WHO Regional Office for Europe as a collaborative study. HBSC now includes 43 countries and regions across Europe and North America.

This research collaboration brings in individuals with a wide range of expertise and therefore involves cross-fertilization of a range of perspectives.

During the presentation the main characteristics of adolescent in Europe will be reviewed over time, posing particular attention to behaviors which constitute a risk for the current and future health.

THE ECONOMIC IMPACT
By Professor Martin Knapp

The primary concern of everyone coming to this important Colloquium should be the wellbeing of adolescents and their families. However, we cannot escape the economic realities of the context in which adolescents are growing up, particularly given the challenging state of many national economies in Europe today. Martin Knapp will summarise some evidence on the economic consequences of adolescents in distress: for health, social care, education, criminal justice systems; for national economies; for families and communities; and most importantly for the adolescents themselves. Those economic impacts are felt during adolescence and – if there is inadequate attention to the underlying problems – potentially throughout the life course. He will then summarise evidence which shows the strong economic case for doing something urgently to address the distress that is experienced, and highlight some of the actions that could be taken, particularly in the mental health field. It simply does not make economic sense to allow such distress to continue.

THE DISTRESS OF THE ADOLESCENTS

By Professor Beate Herpertz-Dahlmann

Adolescence is marked by dramatic physiological, neurobiological and cognitive changes. During this period of life the individual has to develop a specific self-concept, increased independence from parents, satisfying relationships outside the family and to go through first vocational experiences. With the exception of old age, adolescence is the period in human life with the highest incidence of mental disorders. About 10% of adolescents suffer from a full-blown mental disorder, another 5 to 10 % complain of psychiatric symptoms not yet fulfilling all diagnostic criteria. About 50% of mental disorders prominent in adulthood emerge during late childhood and adolescence. In addition, there is a remarkable change in relationship to gender: while mental disorders of childhood are more prevalent in males, they increase significantly in females by the onset of puberty and become more frequent in adolescent girls than in males.

There are several psychiatric disorders that have their peak of onset during this life period: adolescence sees a marked increase in affective disorders, especially depression; the prevalence rate rises from 1-2% in childhood to 4-8% in adolescence. Girls are especially prone to depressive disorders. The etiology of increasing rates around puberty is multifactorial ranging from significant hormonal changes to more reported negative life events and less quality of life.

In addition, eating disorders, especially anorexia and bulimia nervosa, are on the rise in adolescence. In contrast to adult anorexia nervosa with quite stable prevalence rates since the beginning of the 90th adolescent anorexia nervosa still increased till the beginning of the 2000s and now stabilized on a rather high level. Recent research has demonstrated that longer starvation periods associated with anorexia nervosa during adolescence have a severe impact on brain development resulting in "biological scars" which might explain the high vulnerability for mental disorders in later life of anorectic patients.

Another important group of mental disorders emerging in adolescence are anxiety disorders, especially social phobia, which is also more prevalent in girls. Individuals with social phobia are concerned about embarrassment, rejection and negative evaluation by teachers and peers. Untreated social phobia in adolescence may result in premature termination of education and occupational failure.

Today school absenteeism becomes an emerging problem in youth all over Europe. About 10 to 20% of all German pupils refuse school during some time of adolescence, 25% of those suffer from a modest to severe mental illness.

There is also a high prevalence of non-suicidal self-injurious behavior in adolescent non-clinical populations: about 18% of adolescents regularly practice deliberate self-harm and use self-injurious behavior for emotion regulation and conflict-solving (Plener and Fegert 2012). Moreover, deliberate self-harm may be a precursor of adolescent suicide which underlines the necessity of research in etiology and treatment as well as of early diagnosis of this emerging phenomenon.

The prevalence of antisocial behavior such as conduct disorder in epidemiological samples has been reported to be up to 11%. In recent years there has been a tendency towards more aggressive and severe delinquent acts. According to longitudinal research findings there is a convention on discriminating two distinct trajectories leading to antisocial behavior in adulthood: the "early starter type" beginning in childhood and the "late starter type" beginning in adolescence. While the adolescent onset type was formerly judged as being less severe than the childhood-onset type, latest research has demonstrated that also the subtype beginning in adolescence showed continued offending behavior and experienced severe mental and physical health problems in young and middle adulthood.

Several findings suggest that high-quality treatments may have a considerable impact on improvement of mental health in adolescence and can prevent youth from becoming chronically ill and/or delinquent. However, many adolescents in Europe do not seek treatment, and treatment offers for this age group are insufficient. In addition, research funding for diagnosis and treatment of adolescent mental disorders is scarce although there has been made some progress during the last years. Understanding the importance of mental health in adolescence and its impact on adulthood may facilitate the development of proactive prevention and the establishment of early intervention strategies rather than treatment in response to symptoms later in life.
