



SA TALLINNA LASTEHAIGLA



Children's mental health in Estonia

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1.10. 2013

Introduction

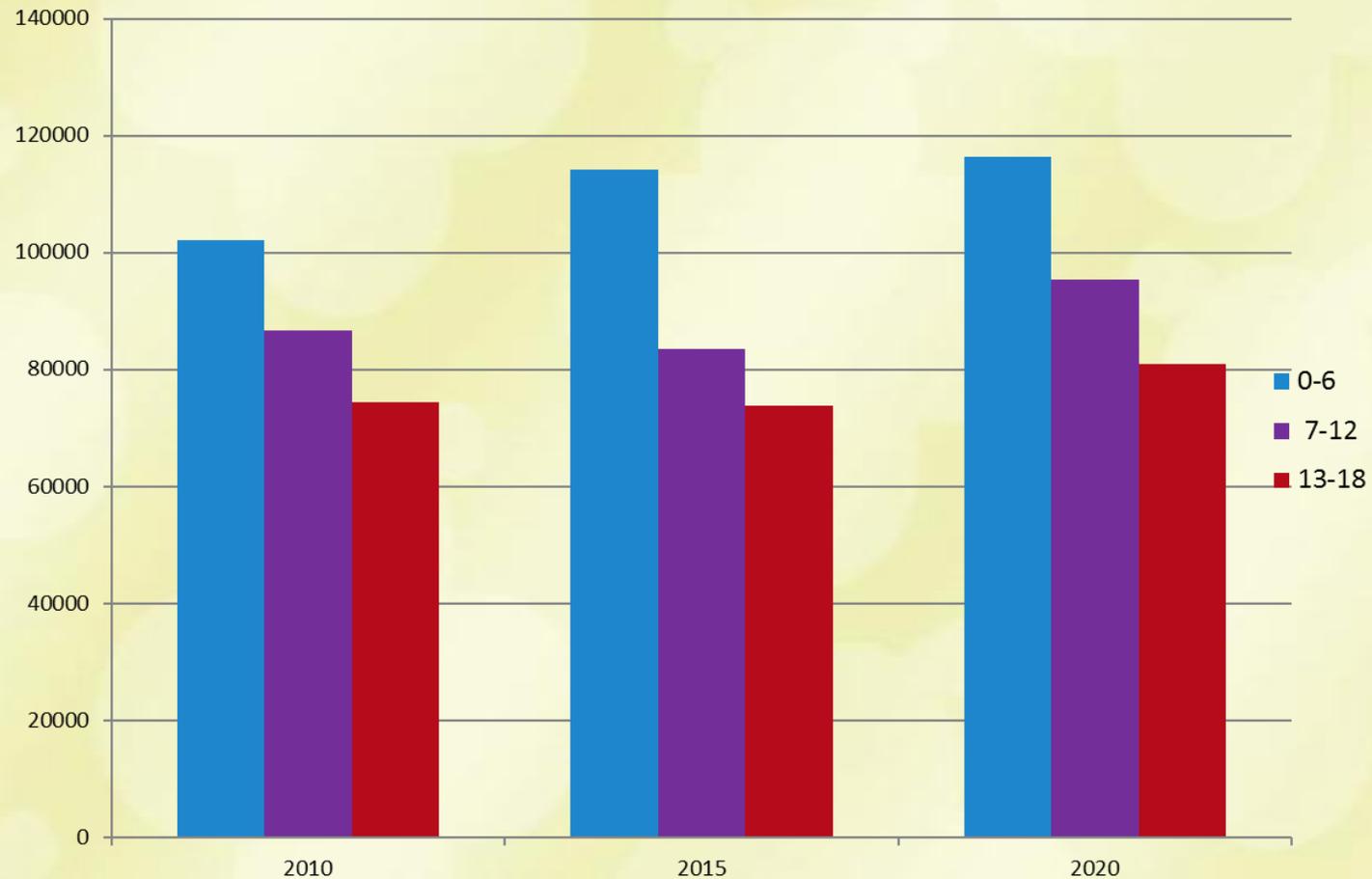
- Estonian children
- Mental health of Estonian children
- Child and adolescent psychiatry in Estonia

Definitions

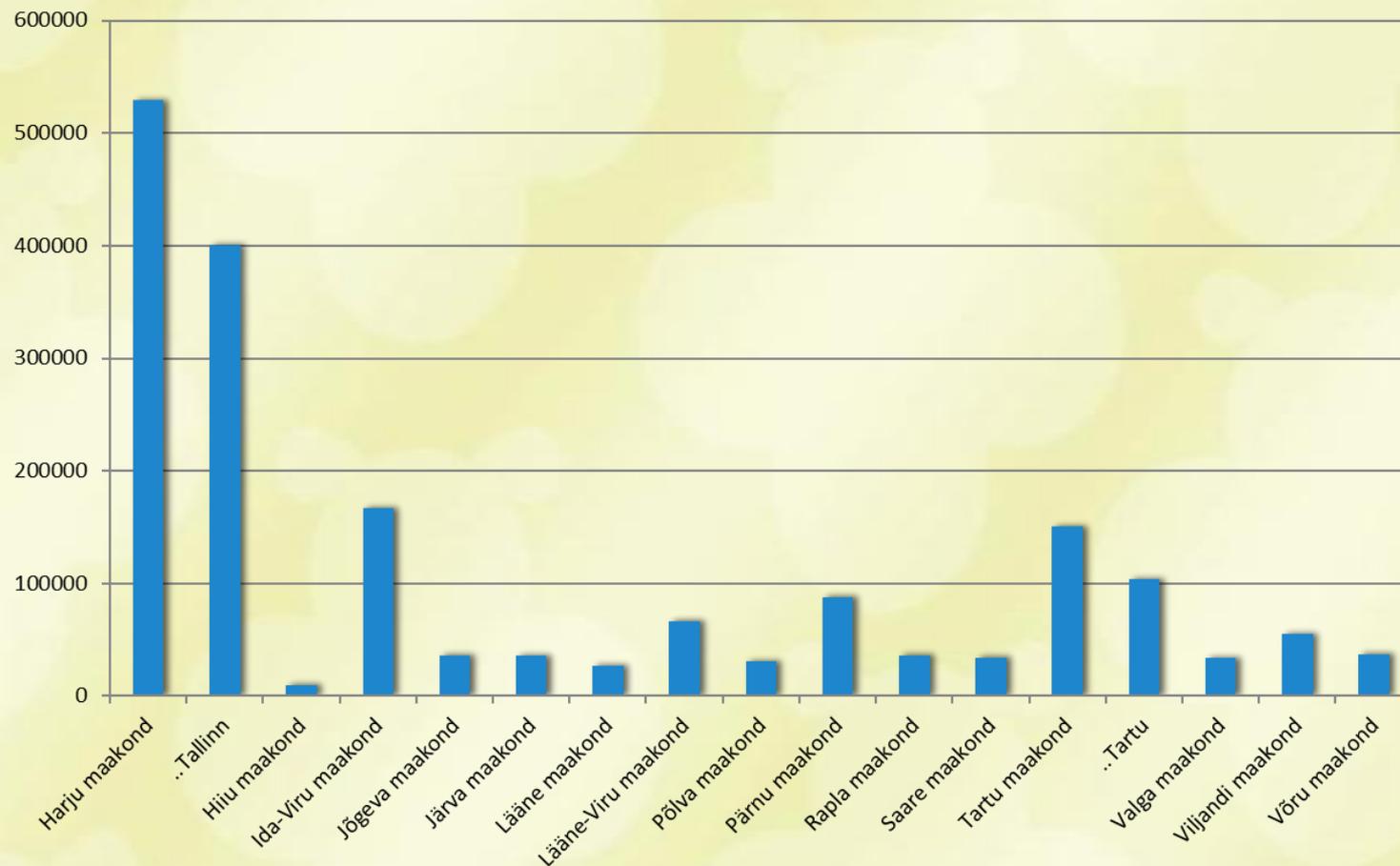
- Mental health is an essential component of general health, which includes both psychological wellbeing and mental health problems.
- Positive mental health refers to mental health as a capacity to perceive, comprehend and interpret our surroundings, to adapt to them and to change them if necessary, to think and speak, and to communicate with each other.
- Mental ill-health (negative mental health) encompasses a continuum, which extends from the most severe mental disorders to a variety of symptoms of different intensity and duration, resulting in a variety of consequences.
- Psychiatric disorders in ICD-10

Population prognosis in agegroup 0-18 years

(Statistikaamet, 2011)



Estonian children by counties at year 2011 (TAI 2012)



Framework to think about children mental health

- Children and family's place and the living conditions in society
- Understanding the different types of behavior
- Understanding the psychopathology

Frames of analysing mental health situation

- Prevention
- Research
- Services
- Resources
- Systemic challenges

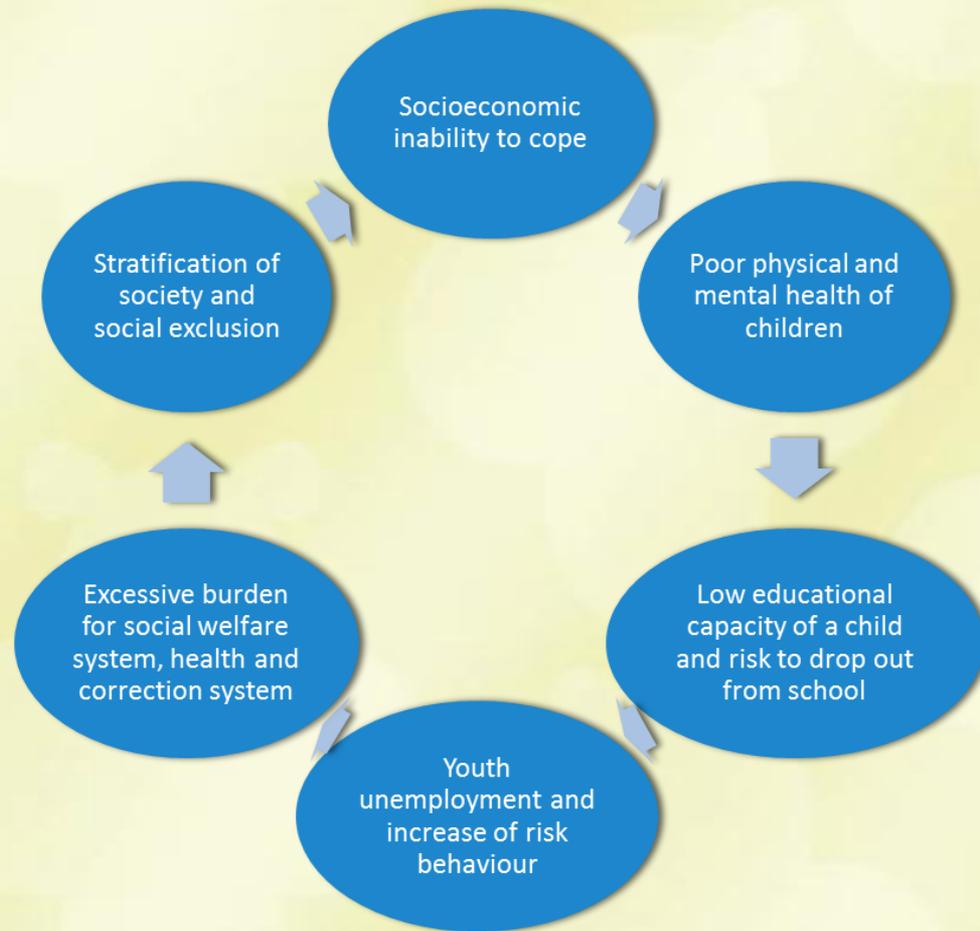
Setting up basis for mental health

- Enhancing mental health through comprehensive mental health policy
- Building mentally healthy communities
- Developing the physical environment
- Providing opportunities for leisure activities
- Enhancing the mental health of young children
- Fostering the development of mentally healthy schools
- Enhancing a mentally healthy work life
- Enhancing the mental health of older people

Lehtinen (2008). Building Up Good Mental Health

Possible coping risks of children and families

(Development plan of children and families 2012-2020)



Aims of development plan of children and families 2012-2020

- Evidence based and integrated policy of children and families
- Positive parenting
- Children's rights and protective environment
- Combined system to support socioeconomical coping
- Equal rights for men and women to integrate family and work life

Children's mental health risks

- Children and their parents long separations
- Physical or sexual abuse
- Poverty
- Marital problems
- Parental psychopathology
- Instability of family environment
- Violence in family, school or society
- Parenting skills
- Security of parents while integrating family and work life

When the planned actions will produce the health and well-being in optimal ratio with existing and relatively slowly increasing help possibilities?

Research of children mental health

- To study
- How the changes in contemporary society are reflected in the prevalence and incidence of mental disorders
- How different childrearing methods affect normal and deviant behavioural and emotional development
- The design and delivery of mental health services

Services and resources

- How many people are in need of help?
- How many different target groups?
- How much those groups are overlapping?
- Need of services?
- Services overlap?
- Overview of existing data?
- ...

Mental health problems, coping and help

Estonian children and adolescents 0-19 years
n=278 680 (aastakeskmine rahvaarv 2011)

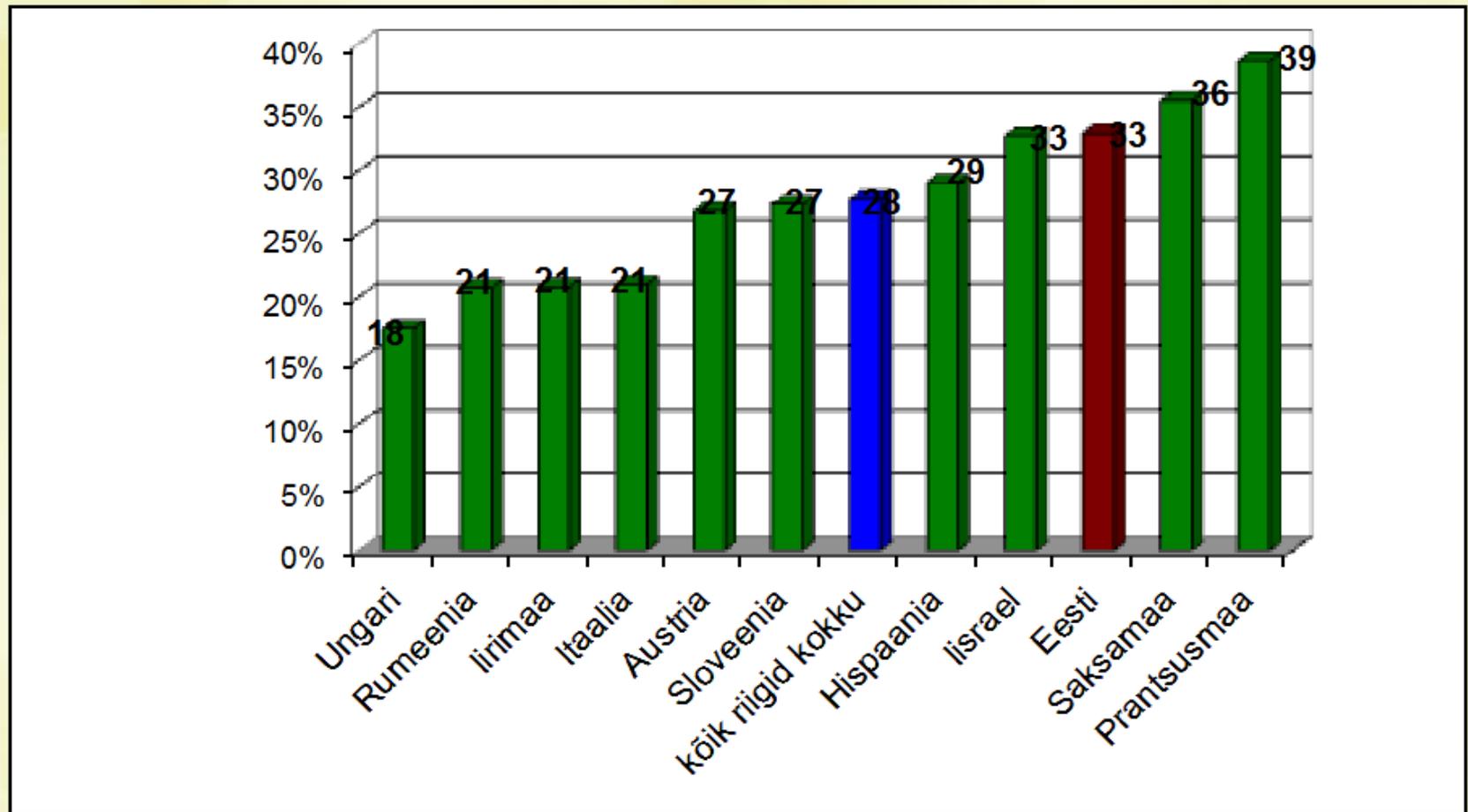
Children at risk –teenage pregnancy, drugs, drop-out from school
etc.
n=?

At least 12% -20% from under 18 years old children has
diagnosable mental health disorder
n=55736

9-13% from them has everyday coping problems
n=7245

From 0-14 years old children were consulted by psychiatrist in
out-patient setting 262 (3.5%) at year 2011.

Students who have been intentionally self-injuring at least once (Jushkin, 2011)



Adolescent subthreshold-depression and anxiety: psychopathology, functional impairment and increased suicide risk

(Balazs et al., 2013)

- The Saving and Empowering Young Lives in Europe (SEYLE) study (11 countries incl. Estonia)
- n= 12 395, age 14-16 a.
- 32% subthreshold-anxious ja 5.8% anxious
- 29% subthreshold-depressed ja 10.5 % depressed
- Risk of functional impairment is increasing 21.9% with every year and girls have higher risk.
- Risk of suicidality is increasing 17.4% with every year.

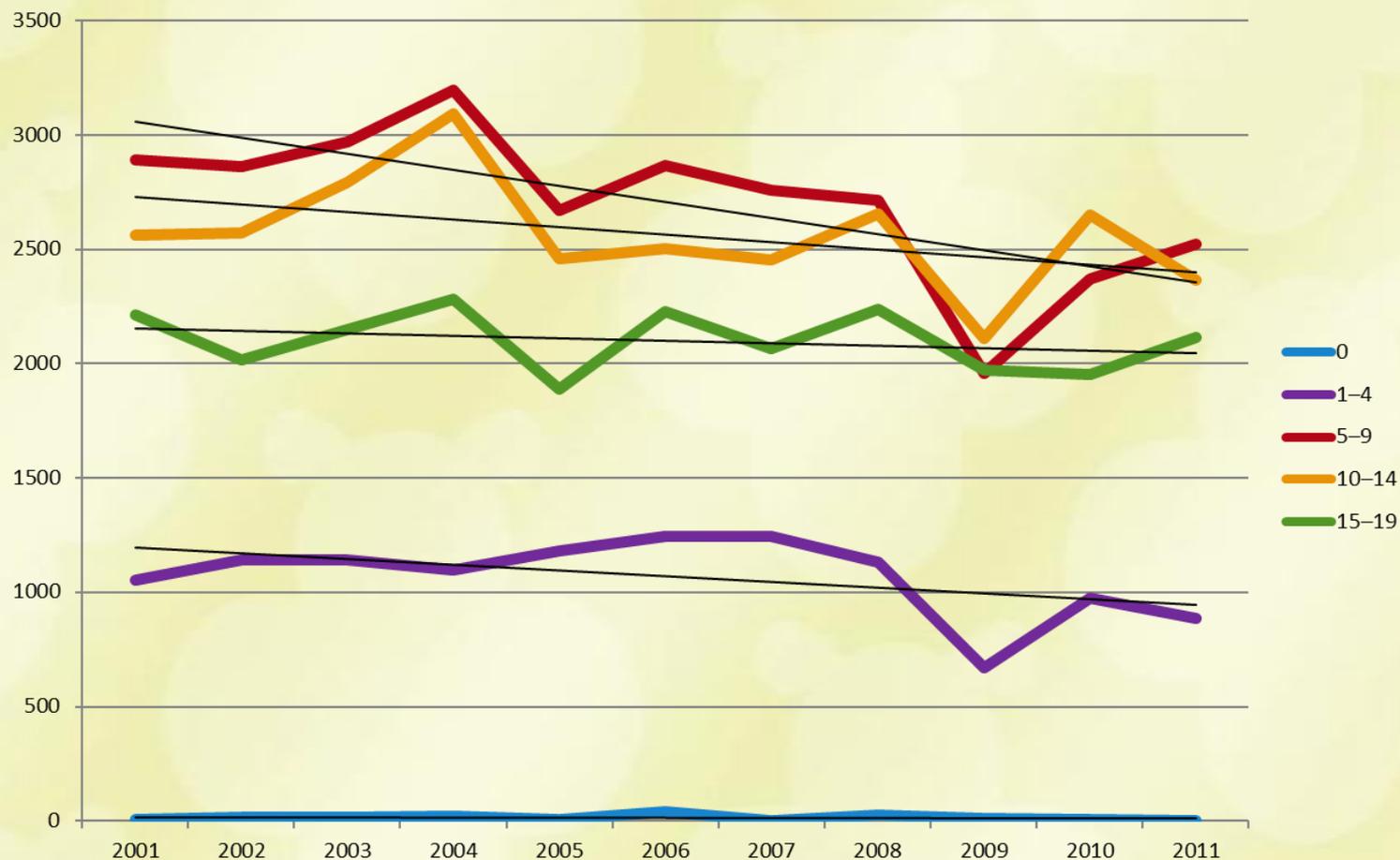
Sexual behavior, depressive feelings, and suicidality among Estonian school children aged 13 to 15 years (Heidmets et al., 2010)

- WHO Collaborative Cross-National Study "Health Behavior in School-Aged Children (HBSC)."
- N = 3,055
- 15.2% of school children reported being nonvirgin.
- The likelihood of depressive feelings and suicidal ideation increased significantly in both genders with loss of virginity
- The earlier sexual intercourse was initiated, the greater were the odds of lower mental well-being.

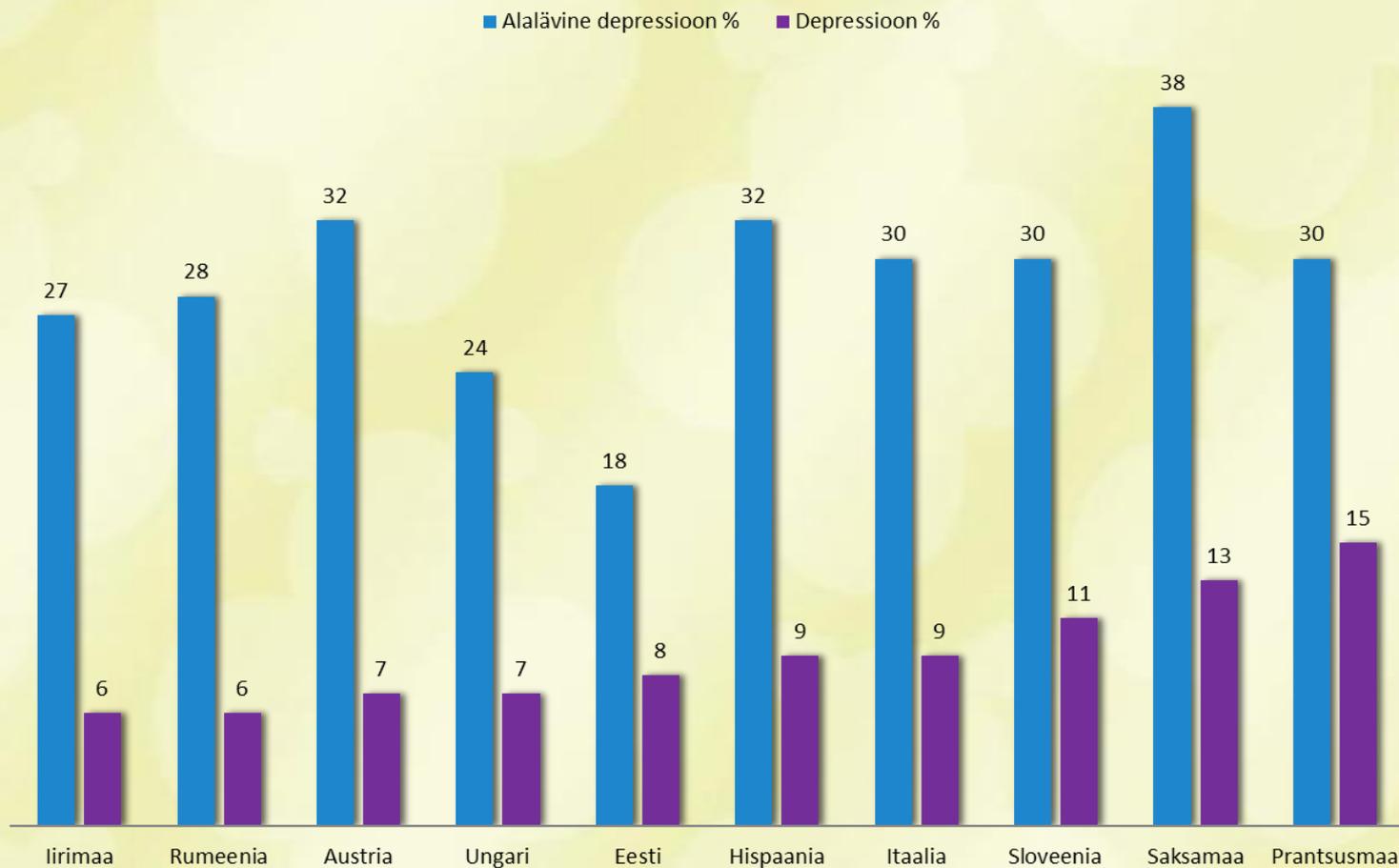
Number of children with mental disorder?

- If considered to be similar to European level, then based to meta-analysis of Wittchen et al.(2011) children with
- attention deficit and hyperactivity disorder (ADHD) appr. 13 300 (prevalence 5%),
- autism spectrum disorder appr. 1600 (0.6%),
- behavioural disorder appr. 8000 (3%),
- opiate addiction (15-19 years old) appr. 300 (0.4%)
- cannabinoid addiction appr. 1400 (1.8%).

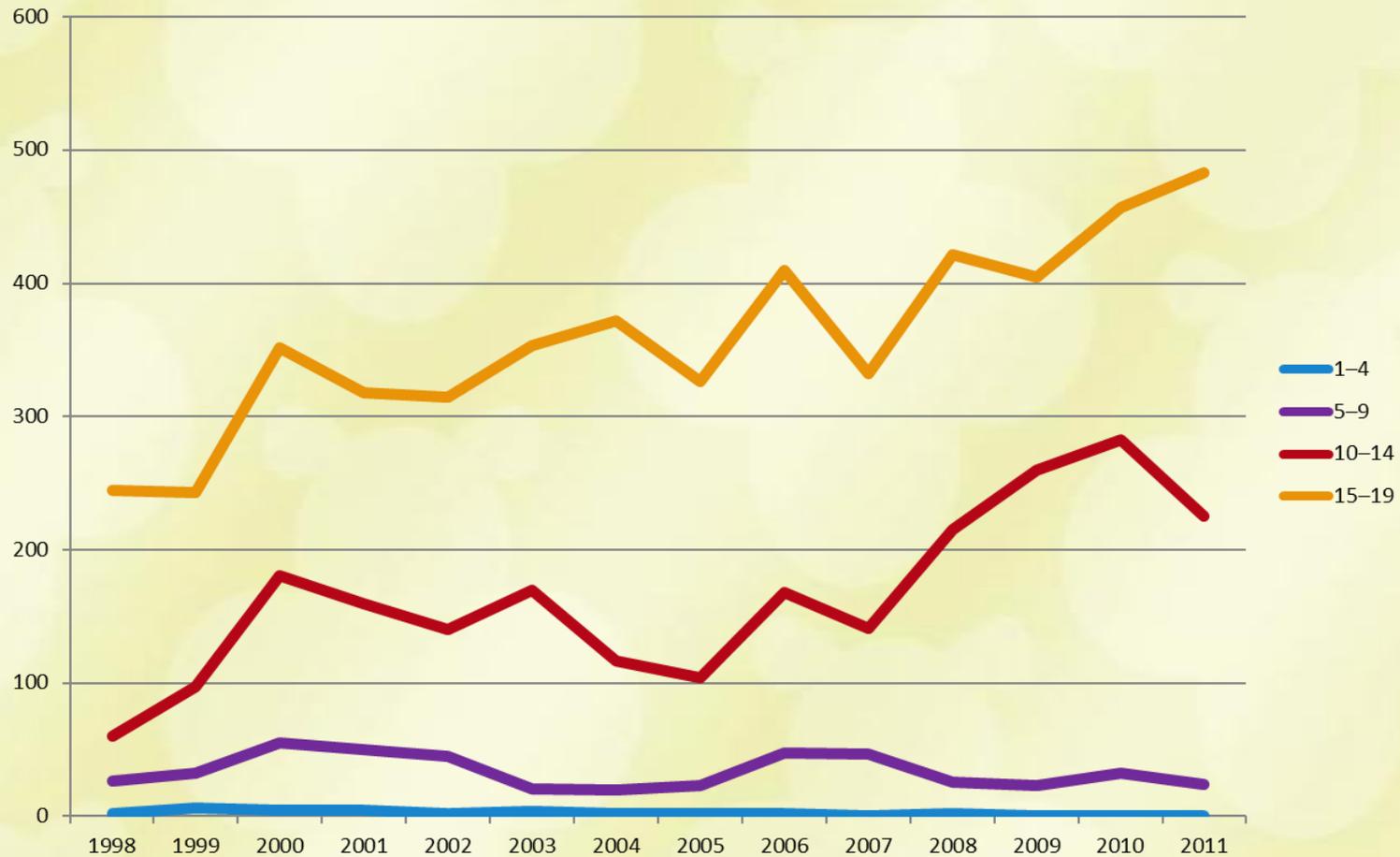
Incidence of psychiatric disorders per 100 000 inhabitants by gender and age group (TAI, 2013)



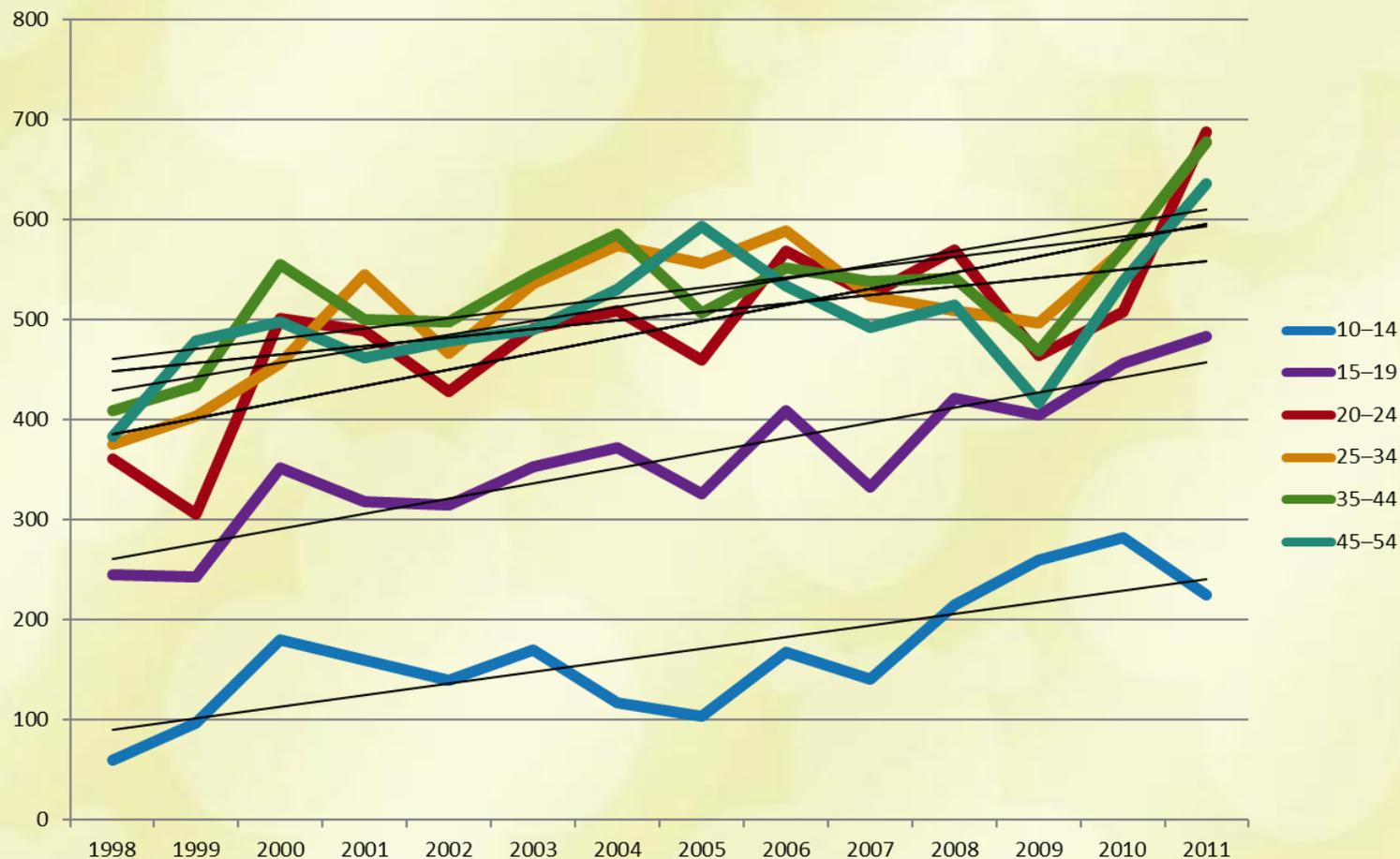
Prevalence of depression 14-16 years (Jurjev, 2011)



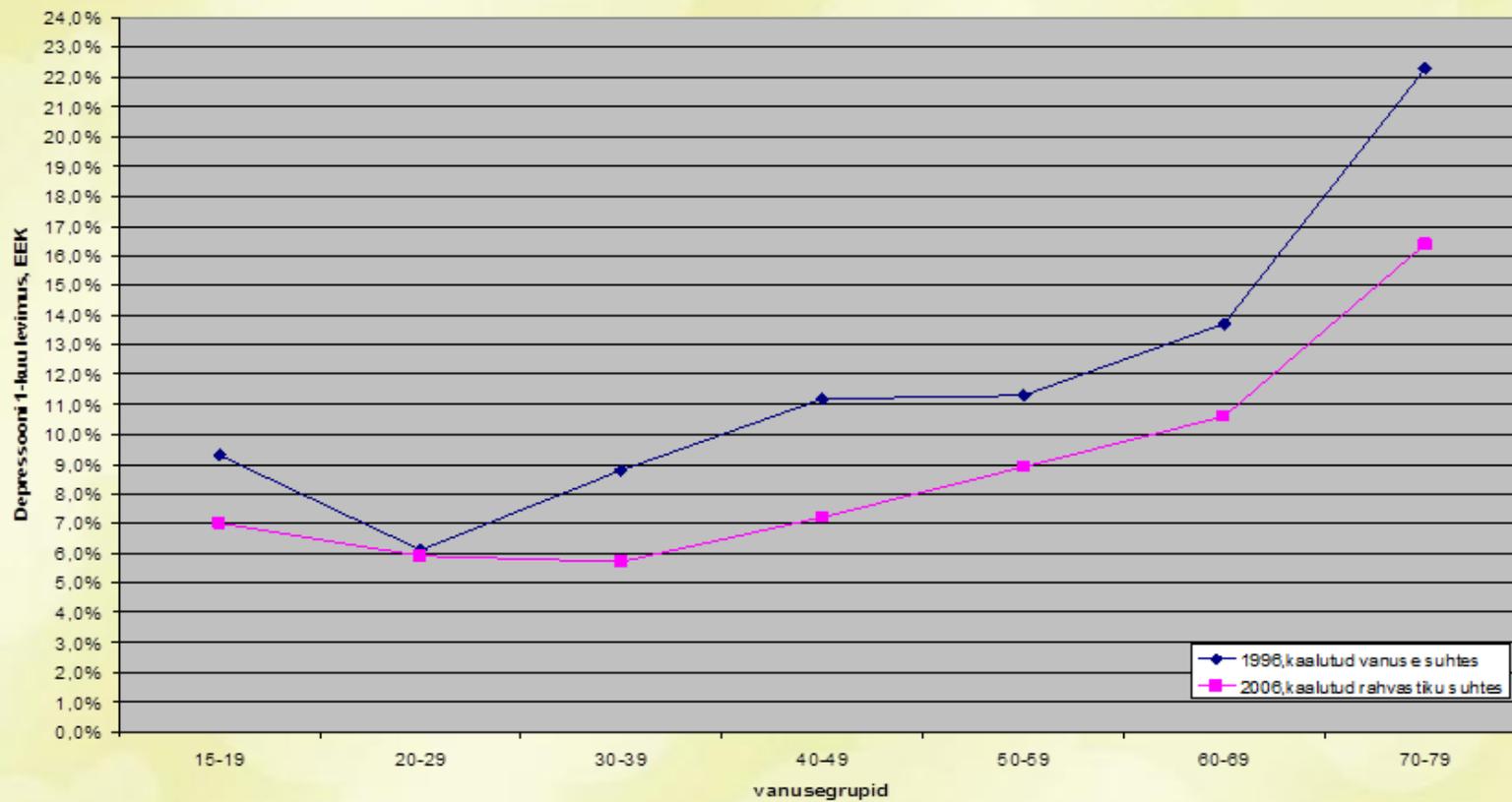
Incidence of psychiatric disorders per 100 000 inhabitants, mood disorders (F30-F39), 0-19 years (TAI, 2013)



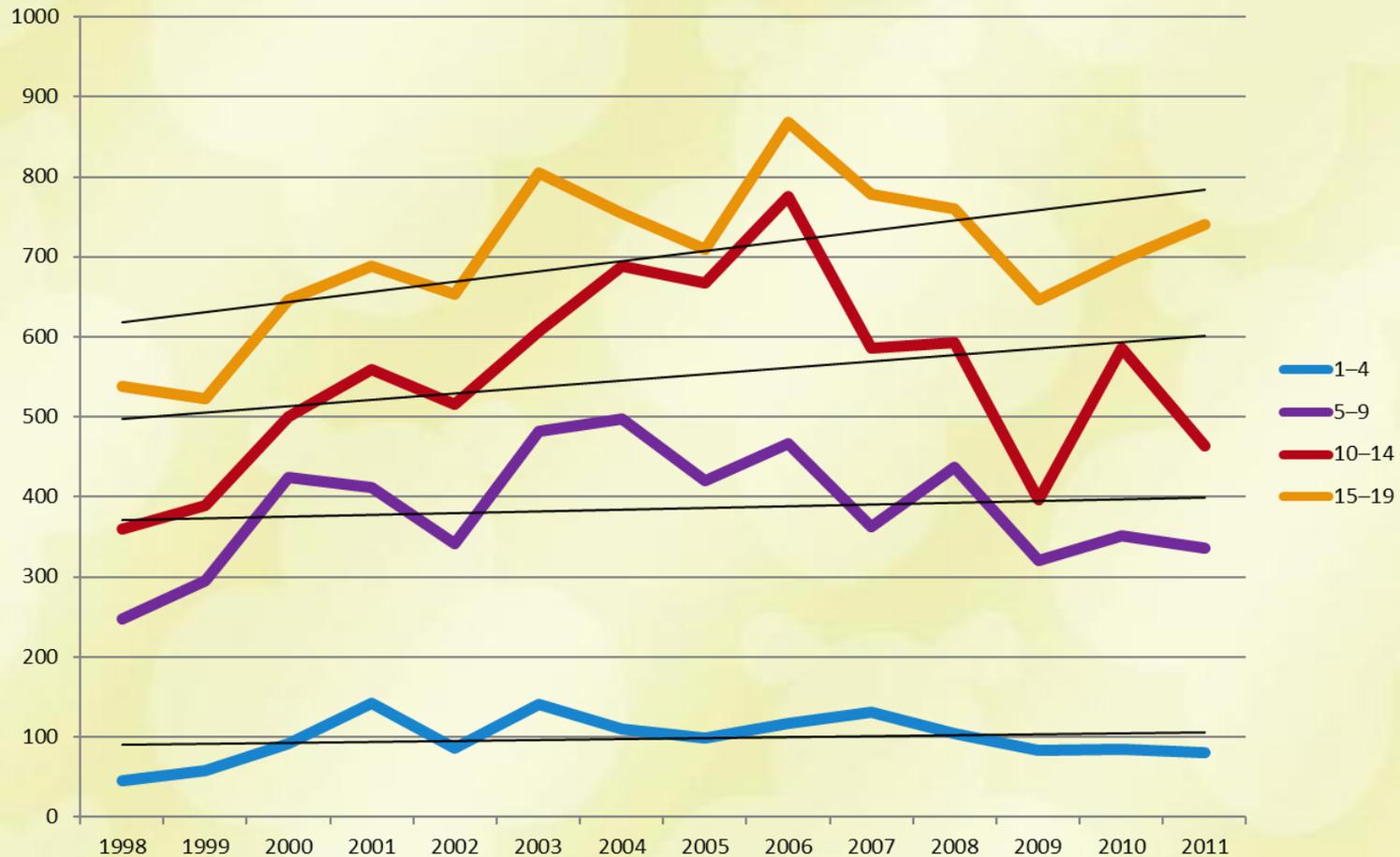
Incidence of psychiatric disorders per 100 000 inhabitants, mood disorders (F30-F39), “parents and children” (TAI, 2013)



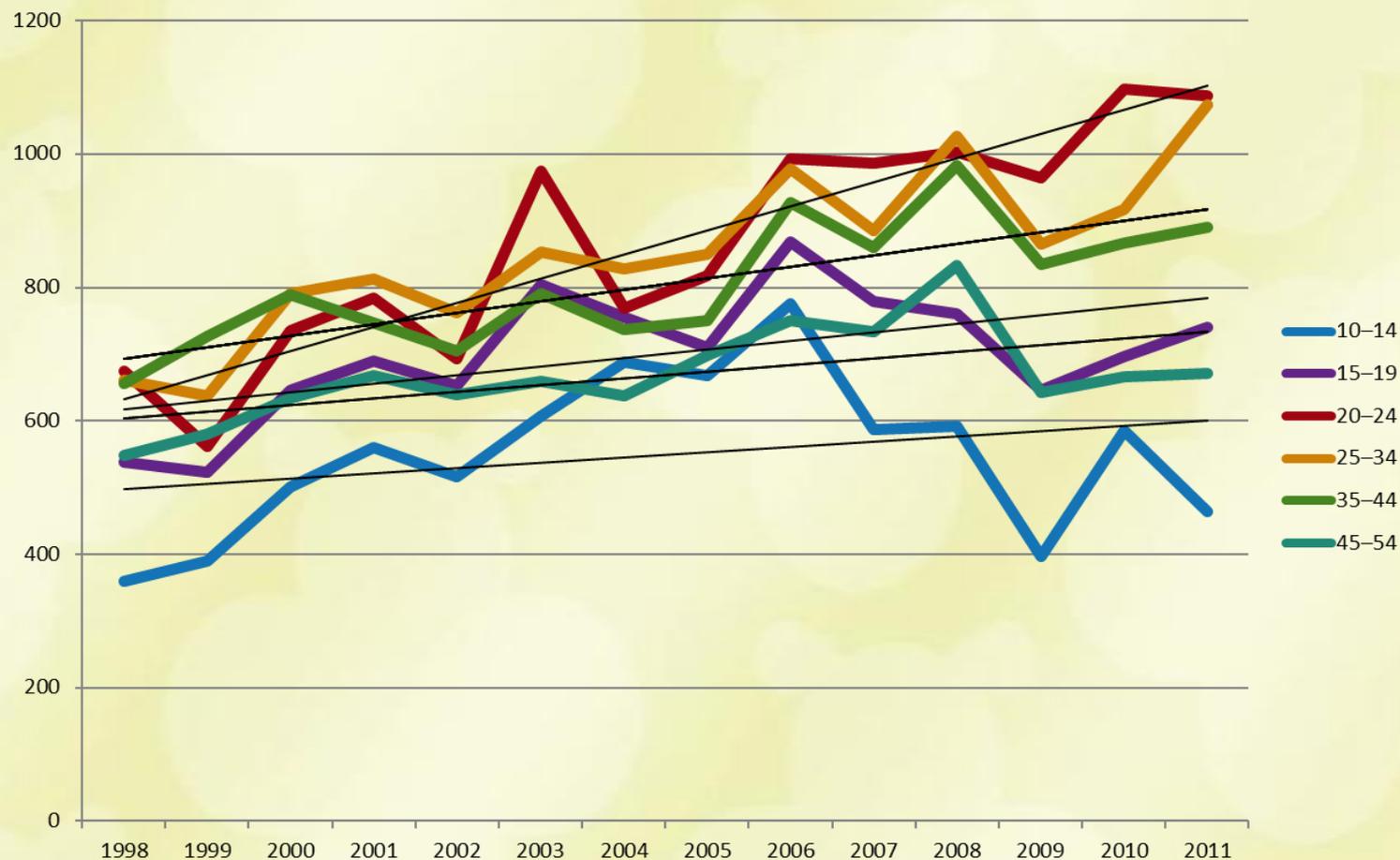
Depression prevalence in Estonia 1996-2006



Incidence of psychiatric disorders per 100 000 inhabitants, anxiety disorders (F40-F49), 0-19 years (TAI, 2013)



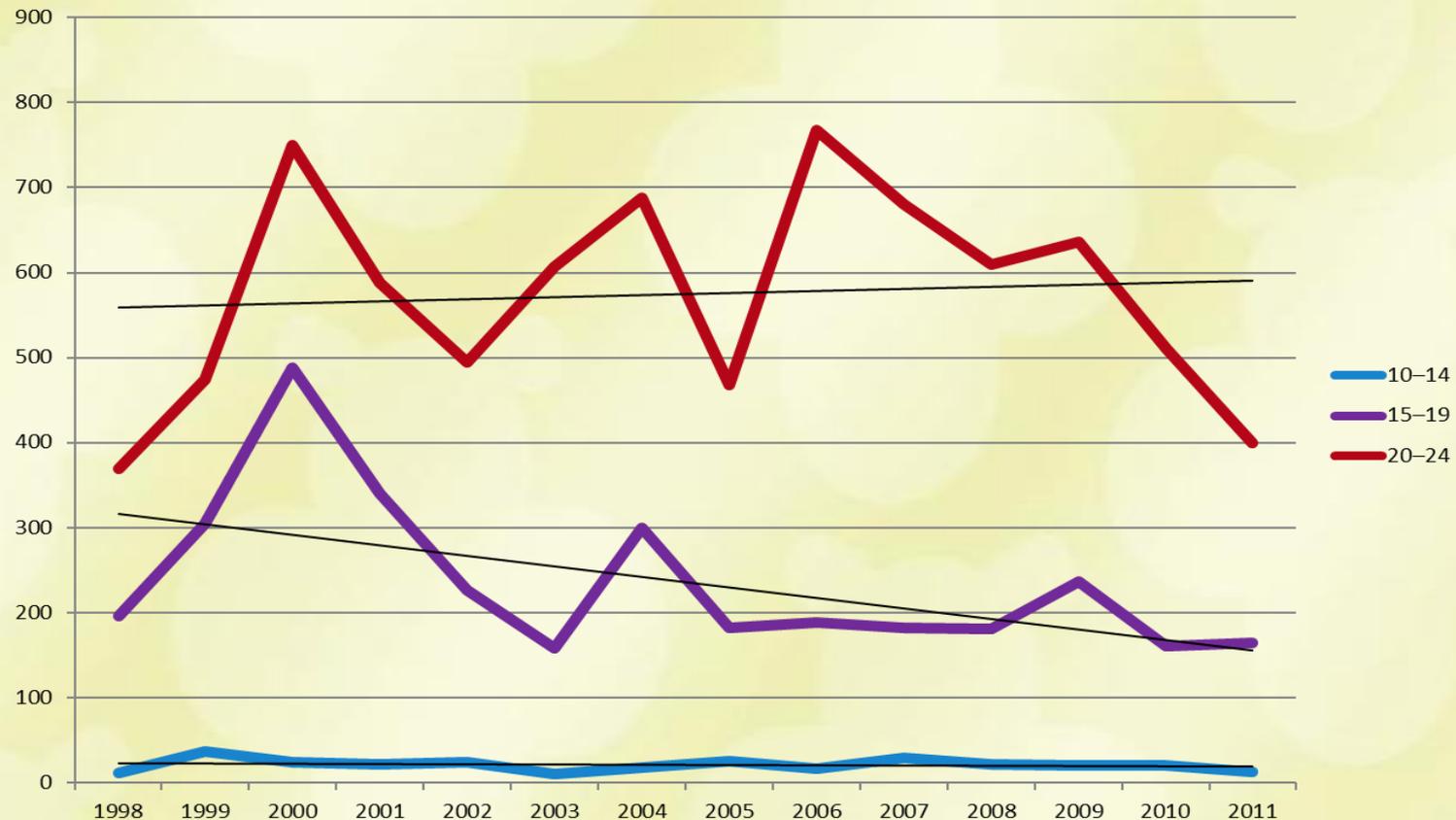
Incidence of psychiatric disorders per 100 000 inhabitants, anxiety disorders F40-49 “parents and children” (TAI, 2013)



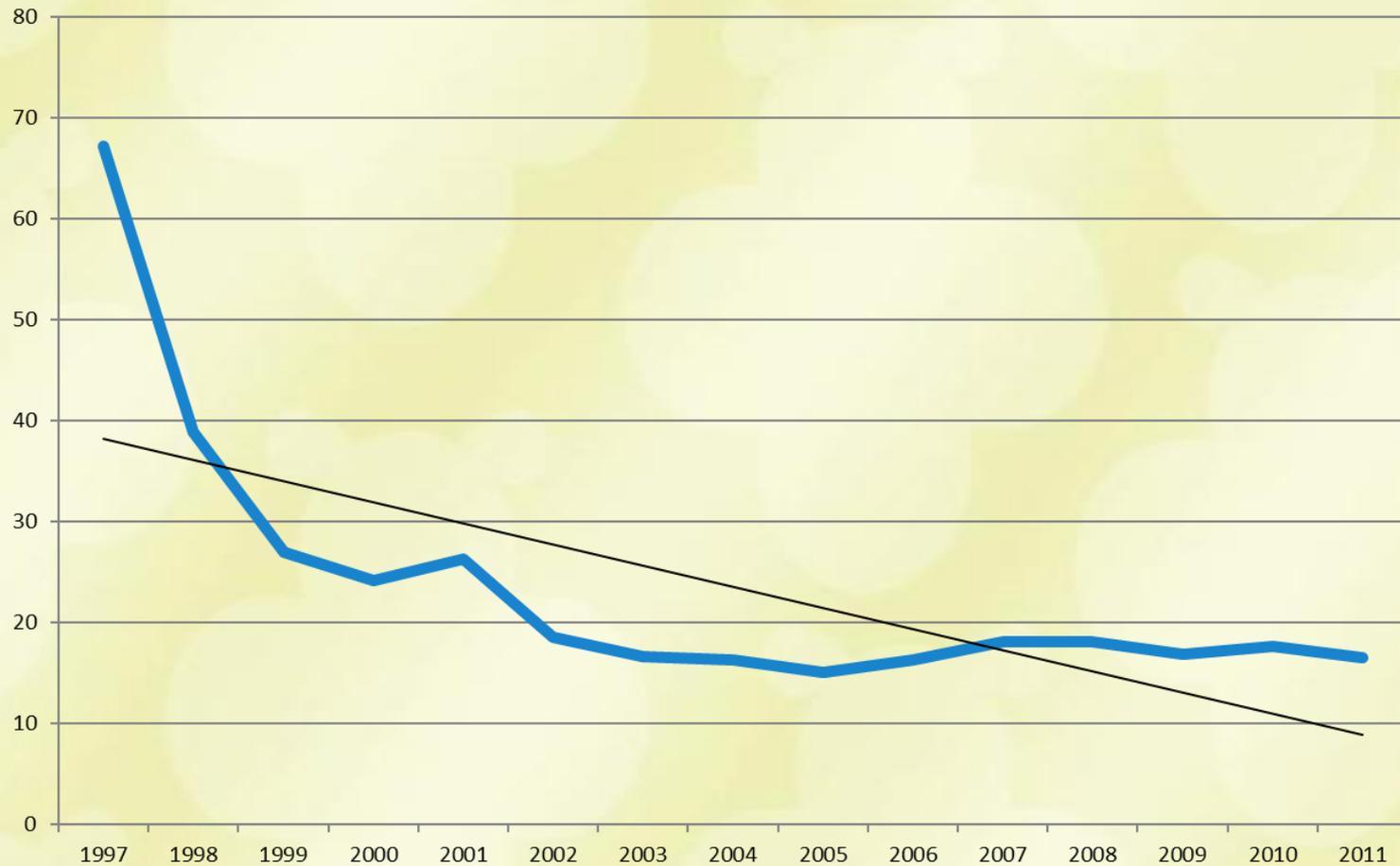
Drug misuse and addiction

- Considering trends of Health Behaviour in School-aged Children study (HBSC) and ESPAD, one could assume that the level of mental and behavioural disorders due to psychoactive substance use in Estonia is higher than in Europe average.

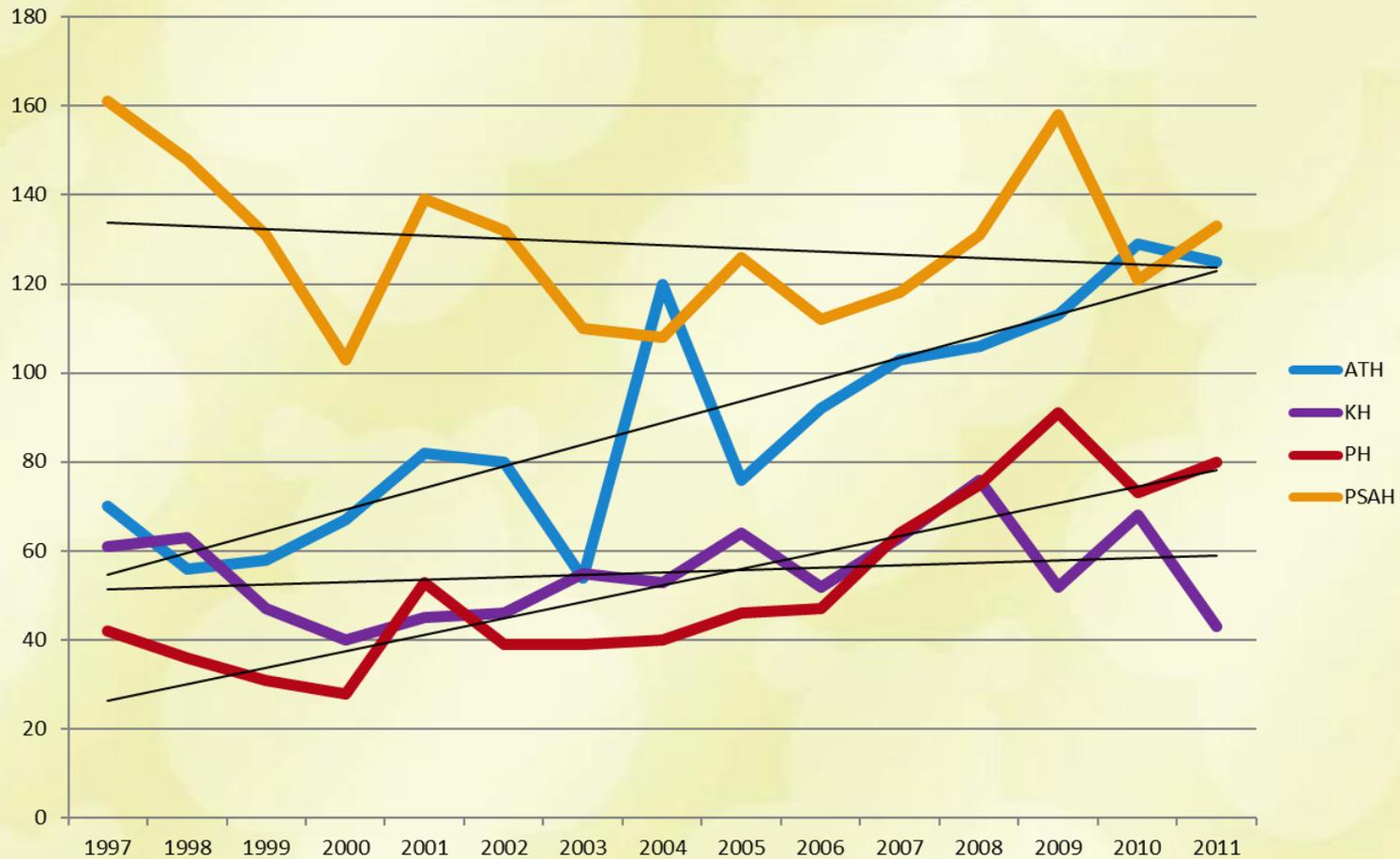
Incidence of psychiatric disorders per 100 000 inhabitants, mental and behavioural disorders due to psychoactive substance use (F10-F19), 10-24 years (TAI, 2013)



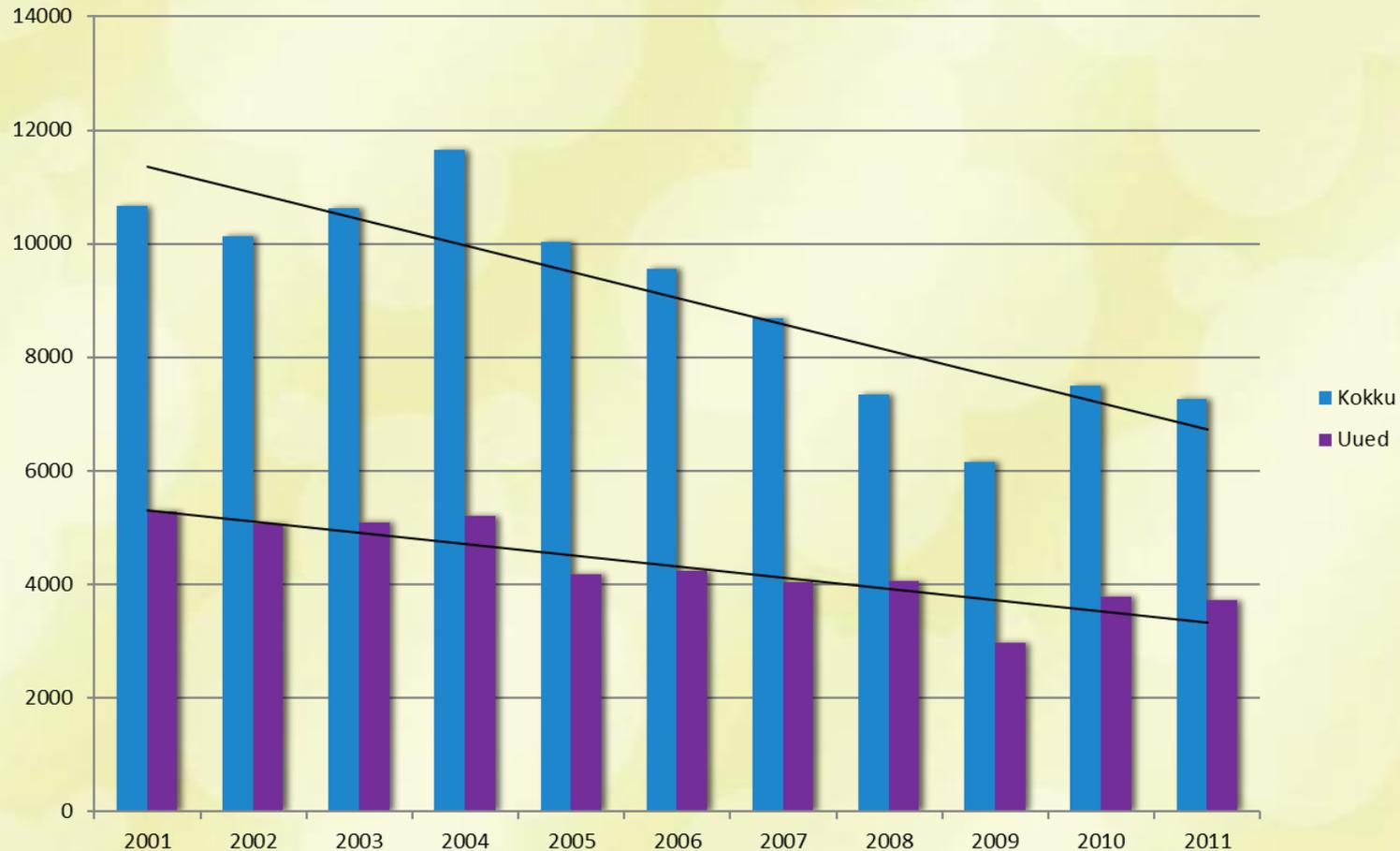
The average duration of treatment, in-patient treatment, F00-98, all age-groups (TAI, 2013)



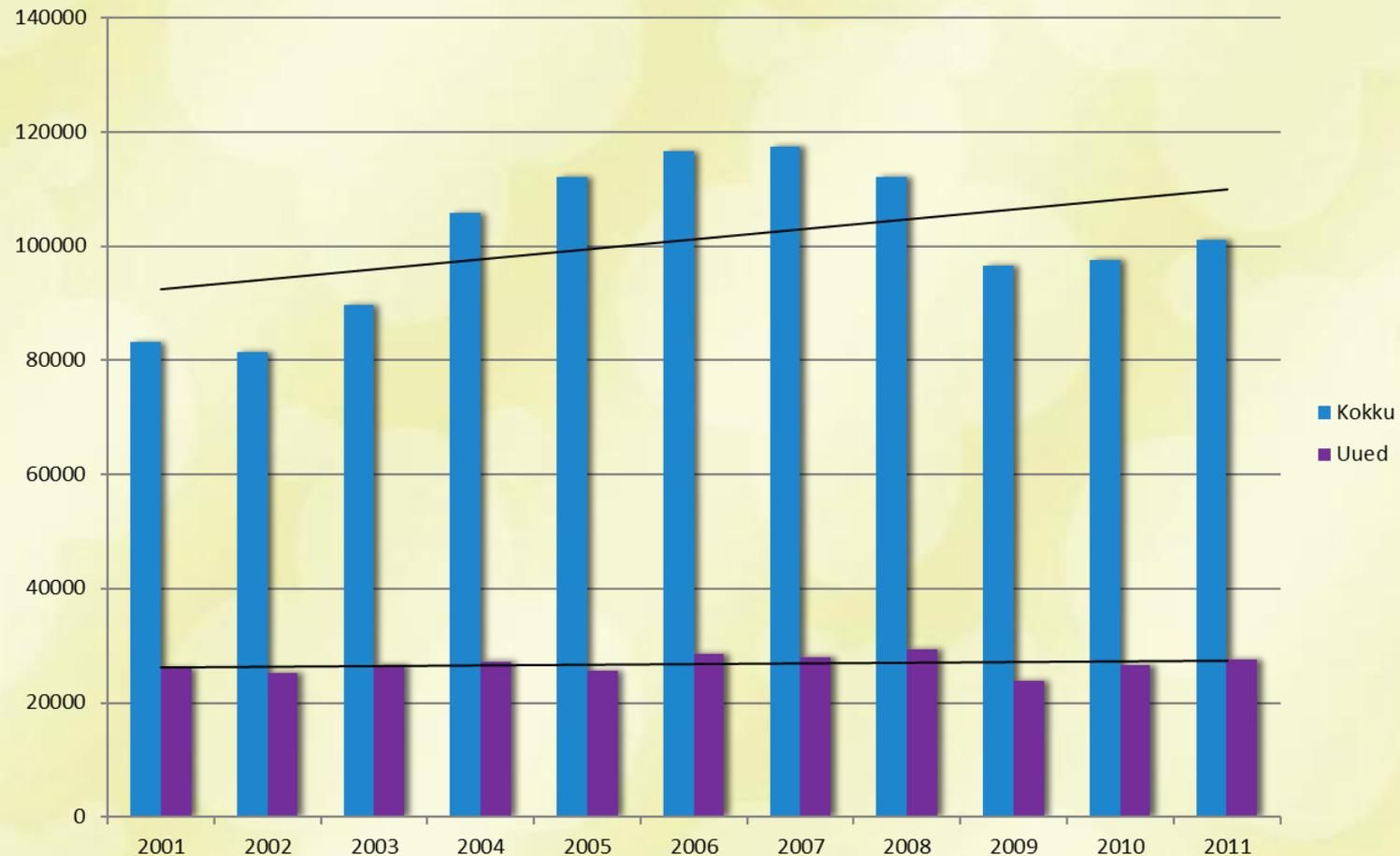
Children psychiatric in-patient treatment (TAI, 2013)



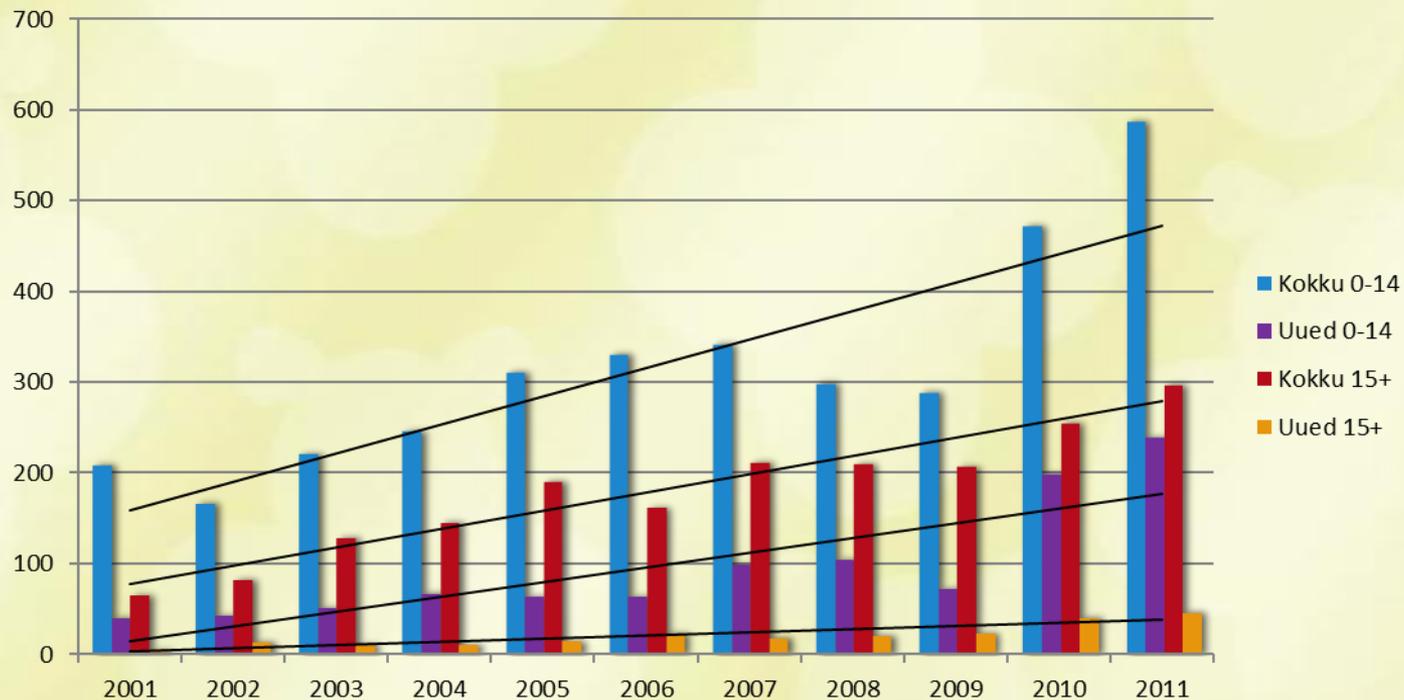
Psychiatric out-patient consultations, 0-14 years



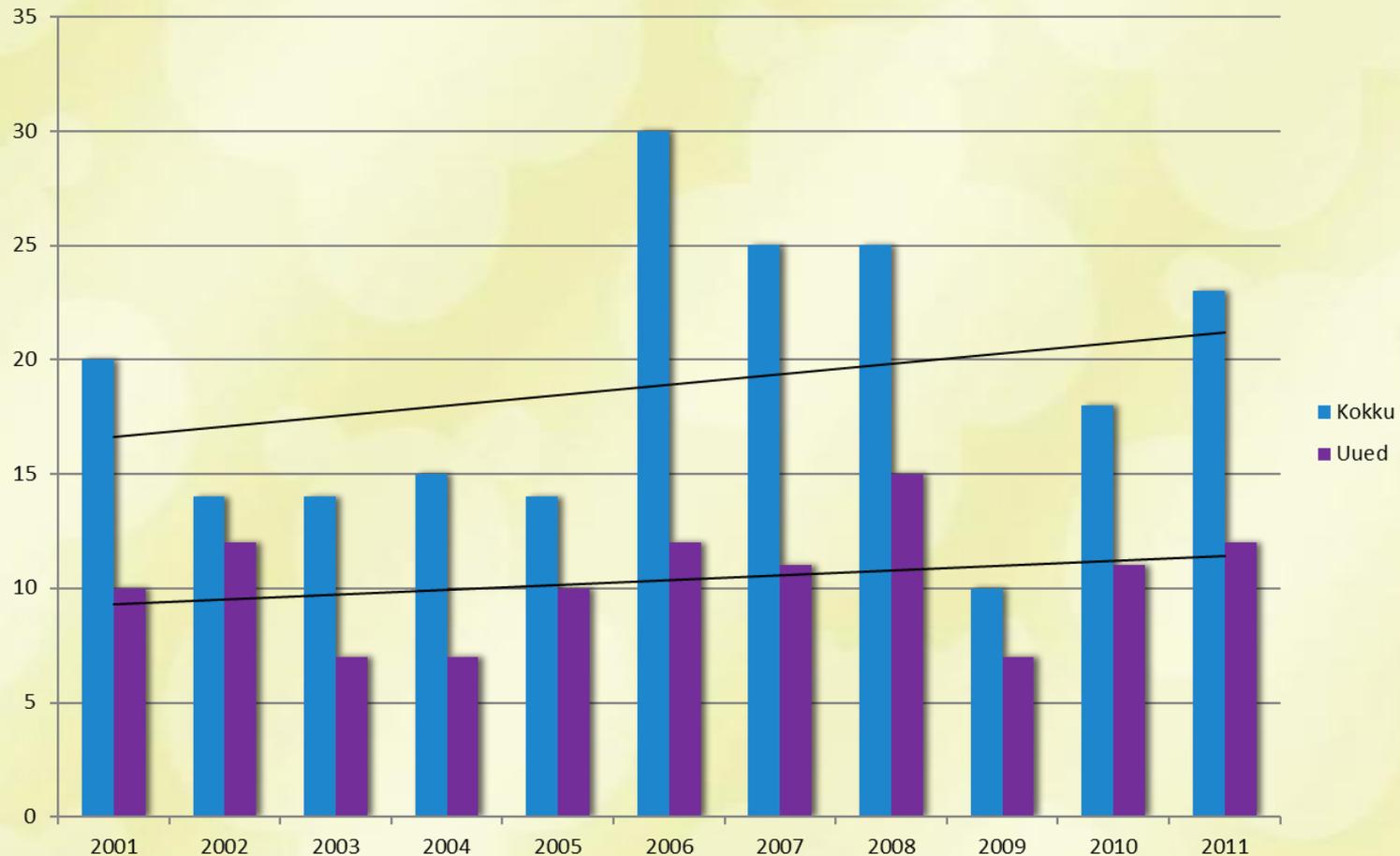
Out-patient consultations, all population



Out-patient diagnostics of autism spectrum disorders, treatment cases (TAI, 2012)



Psychiatric out-patient consultations, eating disorders 0-14 years (TAI, 2013)



Mental health services

- Prognosis of child psychiatric services can not be based only on past experience or present moment treatment need because number of helpers and services has been clearly insufficient
- Additionally to prevalence levels and number of treatment cases there should be considered rates of:
 - Divorced or single parents
 - Number of children in children welfare or orphanages
 - Number of children with special educational needs
 - Level of suicides
 - Number of children who has contact with police
 - Number of school drop-outs
 - Somatic morbidity

Network of helpers

- Health service
- Social welfare
- Education system
- Justice system

- Parents
- Society

Challenges of Estonian child and adolescent psychiatry

- Lack of specialists
- Help is available only for limited amount of patients
- Etc. ...

Systemic challenges

- Interaction between science, clinical knowledge and policy development
- Resource-efficient good-quality regionally equally accessible help network
- International co-operation

Long way to go...

