



ProWell

Protecting the mental wellbeing of our children during
and after public health emergencies

ProWell Content Template

Module 7: General concepts of referral for mental health issues – including
country specific information

Partner: TU Dresden, Germany



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A. Module description

In Module 7, the participants of the ProWell training program are shown support measures for students with mental health problems. It explains step by step which interventions can be initiated to support the affected children and adolescents. Furthermore, country-specific contact points for children and adolescents with mental health problems are presented to the participants and the corresponding contact addresses are listed. This gives the educational staff the opportunity to pass on this information to affected students or their parents.

B. Learning Objectives

- What options are available to support a student with mental health challenges
- What mental health services and professionals are available in your country?
- What are the requirements to be eligible for these services?

C. Unit 1: General concepts of referral

a. Unit description

In Unit 1, tips and advice are given on what steps teachers can take if they notice psychological problems in a student. These are only suggestions that can be implemented individually.

b. Section 1: Introduction

ProWell's training program does not aim to train teachers as psychologists. Nevertheless, it is useful for educational professionals to acquire knowledge about Mental Health Literacy. This enables them to recognize mental abnormalities in their students in good time and to initiate certain help measures. They can thus act as a kind of "early warning system". Since teachers and other educators are often a very important contact and reference person for children and adolescents, in this position they have the opportunity to promote the mental well-being of their students and to notice changes at an early stage.

c. Section 2: First steps of referral

The typical symptoms of mental problems and burdens in children and adolescents have already been discussed in detail in Module 2. If these symptoms are observed for longer than 2 weeks and there is no apparent improvement, a discussion should be sought with the affected student. It must be clarified whether a certain event has occurred or a problem is



present which burdens the pupil. Furthermore, it can be clarified during this conversation whether the teacher or also the classmates can support or relieve the student. In addition, a responsible school psychologist or liaison teacher can be informed and included in the discussions. Specialized school psychologists are available on request in most countries. If these offers do not lead to an improvement in the student's condition, the teacher should invite the parents to a parent interview. At this meeting, the teacher should report on his or her observations and, if necessary, motivate the student to initiate further support measures. The first steps here could be cooperation with a family counselling center. Depending on the situation, further interventions and diagnostic clarifications may be recommended. Last but not least, a child and adolescent psychologist can also point out support options².

Step by step:

1. Observe student for 1 to 2 weeks: During this time, the teacher can make notes about typical behavioral problems and describe the corresponding situations. These notes help to document the behavioral problems.

With the help of these notes, the teacher can then involve a school psychologist or other experts in this field and ask for an assessment. Further steps can then be planned

3. Seek discussion with student: If the student has reached the age of majority, he/she or his/her parents can be asked for a discussion. Possibly this can also be done by the school psychologist or other professional. The observed symptoms should be addressed and possible offers of help should be discussed. The conversation should be sought only when the teacher is very sure that a mental disorder is present.

4. Always respect the confidentiality!

D. Unit 2: Mental Health Services & Professionals

a. Unit description

This unit lists the contact details of mental health services, professionals and other points of contact. In addition, country-specific information is provided, e.g. what requirements must be met in order to be able to take advantage of the corresponding assistance measures.

² <https://magazin.sofatutor.com/lehrer/psychisch-krank-schueler-was-lehrkraefte-tun-koennen/>

b. Section 2: Greece

Referral from the general practitioner is not mandatory in Greece. Families can make an appointment themselves if they feel they need these services by contacting the service provider. However, in some cases there might be a referral from school (e.g. if they detect the existence of learning difficulties or if a child demonstrates psychological and behavioral problems in the school context).

Access to public mental health institutions is available to all citizens (at a lower cost to insured individuals). However, frequently patients need to register in waiting lists and wait for a long time (up to a month) until they are able to access these services. Urgent problems (e.g. experience of traumatic life events, suicide attempts) are given priority and can constitute an exception to this rule. There are also specialized organizations dealing with emergency situations. In addition, public institutions are the only authorized institutions to perform diagnostic assessments for learning and developmental disorders and issue certificates for use in educational settings.

Alternatively, there are mental health centres that operate in the private sector. Access to private mental health centres can be easier in terms of reducing waiting time but the provision of these services is associated with additional costs. Therefore, this is an option for certain families with a higher socioeconomic status.

Moreover, there are certain NGOs offering services for free. These are responsible to intervene in crisis situations or targeted to assist specific vulnerable population groups (i.e. immigrants, ethnic minorities, homeless families, unaccompanied minors). Access to these services is possible by reaching out to the helpline and reporting the problem.

Contact points that offer support:

Smile of the Child to address incidents of domestic violence, physical and psychological abuse against children, bullying, trafficking

<https://www.hamogelo.gr/gr/el/poioi-eimaste/>

SOS Children's Villages Greece Family Strengthening program to support families meet their everyday life needs and take good care of their children. Services include assessment – diagnosis of children, parents' counselling, psychological support for children

<https://sos-villages.gr/kentra-stirixis/>

Merimna Services to children and adolescents who are experiencing the loss or serious illness of a loved one, or who themselves are suffering from a life-threatening illness, psychosocial intervention after a catastrophic event, parents counseling, teachers online training.

<https://merimna.org.gr/service/psychokoinoniki-stirixi-se-katastrofes/>

Theofilos Assistance to families with many children facing poverty and social exclusion, providing counselling and psychological support

<https://www.theofilos.gr/causes/parohi-ekpaideytikon-drastiriotion-copy>

Κιβωτός του Κόσμου (Kivotos) Psychological support to children and their families, individual and family therapy, educational parent groups

<https://www.kivotostoukosmou.org/en/kivotos-tou-kosmou/to-ergo-mas/merimna-frontida-miteras>

Hellenic Red Cross Psychosocial Support of families at risk in Athens, counselling and psychological support

<http://www.redcross.gr/default.asp?pid=11&la=1>

UNICEF Greece Protection of Children's rights, provision of family community-based care, acting against violence in schools and child cyber bullying

<https://www.unicef.org/greece/en>

ARSIS Youth Support Centers Supports adolescents and children by offering them psychosocial services, supportive teaching and personal development sessions

<https://arsis.gr/drasis-ke-ipesies/kentro-ipostirixis-neon/>

Athens:

Tenedou 21B, Kypseli

Phone: 210-8611132

Thessaloniki:

Ptolemeon 40-42

Phone: 2310-228850, 2311-243058

Spartis 9

Phone: 2310-227311, 2311-242956

IRIS Mental Health Promotion Centre for Children and Adolescents Psychosocial support and psychotherapy services to children and adolescents

<https://www.iris-health.gr/>

Athens

Semitelou 4, 115 28

Phone: 210-7705008, 210-6395200

Public Sector

Association for the Psychosocial Health of Children and Adolescents (A.P.H.C.A.) psychosocial support to children, adolescents and their families

<https://epsype.org/en/home-en/>

Athens:

Pitiountos 4 & Farkadonos, 11142

Children's helpline: 116 111

Parents' helpline: 801 801 1177

Teachers' helpline: 111 30

DI.KE.PS.Y. Interdisciplinary Research & Psychosocial Support for Children and Adults

Mental Health Promotion Services for children and adolescents, Counseling and Psychotherapy for children and their parents, Speech Therapy, Ergotherapy, Treatment of learning disabilities and developmental disorders

<http://www.dikepsy.gr/index.php?lang=en>

Athens

Sof. Venizeou 16 & Rodon, Iraklio Attikis

Phones: 210-2830100

Mobile: 6945558644



Children's Hospital Pentelis - Community Mental Health Centre for Children and Adolescents
Athens

Argyri & Smyrnis 2, Lykovrisi 14123

Phone: 210-2850632, 210-2816598

General Hospital Genimatas – Adolescents Psychiatric Department (14-21 years old)

Athens

L. Mesogeion 154, Xolargos

Phone: 213-2034162, 213-2034163

General Hospital Genimatas - Community Mental Health Centre for Children (7-15 years old)

Athens

Souliou 62, Agia Paraskevi

Phone: 213-2037613

General Hospital Sismanogleio – Children and Adolescents Psychiatric Department

Athens

Sismanogleiou 1, Marousi

Phone: 213-2058298

General Hospital Evangelismos - Mental Health Centre Pagkrati – Child and Adolescent Department

Athens

Ymitou 221-223, Pagkrati

Phone: 210-7519550

PEDY Mental Health Centre

Athens

Ipeirou 17,

Phone: 210-8801400

General Hospital for Children Aglaia Kyriakou, Children and Adolescents Psychiatric Department

Athens

Thivon & Livadeias 1, Goudi

Phone: 213-2009402

General Hospital for Children Aglaia Kyriakou, Day Centre “To Litharaki” psychological support, developmental disorders for children 2,5 to 8 years old

Athens

Andrianou 21 & Kodrou

Phone: 210-6514865

General Hospital Agia Sofia, Psychiatric Clinic

Athens

Thivon & Papadimantopoulou 115 27, Goudi

Phone: 213-2013298, 213-2013392

General Hospital Agia Sofia, 1st Pediatric Clinic, Special Centre Adolescent Medicine (EKEI)

diagnosis and mental health services for children /adolescents 11-17 years old

Athens

Thivon & Livadeias 115 27, Goudi

Phone: 210-7467468



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Aeginitio Hospital 1st Psychiatric Clinic - Community Mental Health Centre Children and Adolescents Department Vyrone – Kaisarianis (for children 6-17 years old)

Athens

Dilou 14, Kaisarianis

Phone: 210-7640111, 210-7644705, 210-7600100

General Hospital “Sotiria”, Mental Health Centre (children / adolescents 6-18 years old)

Athens

Neroutsou 24 & Menestheos

Phone: 210-8310130, 210-8310135

Mental Health Centre Athens, Child and Adolescent Department for children / adolescents up to 16 years old

Athens

Notara 58

Phone: 210-3844733

Mental Health Centre Athens Aigaleo, Child and Adolescent Department for children / adolescents up to 16 years old

Athens

Soutsou 4, Aigaleo

Phone: 210-5919065, 210-5910066

Mental Health Centre Piraeus, Child and Adolescent Department

Athens

Notara 77, Piraeus

Phone: 210-4118748, 210-41705000

Mental Health Centre Crete, Child and Adolescent Department for children / adolescents up to 16 years old

Heraklion, Crete

Xrusostomou 25

Phone: 2810-244409, 2810-285819

Papanikolaou Hospital, Children Psychiatric Clinic

<https://gpapanikolaou.gr/iatrikh-yphresia/psychiatriko-tmima-paidion-efivon/>

Thessaloniki

Phone: 2313-307573, 2313-307572

Papanikolaou Hospital, Community Mental Health Centre for Children and Adolescents

<https://gpapanikolaou.gr/iatrikh-yphresia/psychiatriko-tmima-paidion-efivon/>

Thessaloniki

Mavili 11, Democracy Square 546 30

Phone: 2310-535537, 2310-515655

Papanikolaou Hospital - Psychiatric Hospital of Thessaloniki, Community Mental Health Centre for Children and Adolescents

Thessaloniki

Giannitswn 52, 546 27

Phone: 2310-554031, 2310-554033



Community Mental Health Centre western district, Child and Adolescent Department
Thessaloniki
Patriarchou Grigoriou E' 41, Ampelokipoi
Phone: 2313-310600

Community Mental Health Centre central district, Child and Adolescent Department
Thessaloniki
Karaoli & Dimitriou 1
Phone: 2313-310700

Community Mental Health and Research Centre Thessaloniki eastern district – Child and Adolescent Department for children / adolescents up to 16 years old
<http://www.ekepsye.gr/web/guest/thessaloniki>
Thessaloniki
Kaftantzoglou & Papafi 36
Phone: 2310-848108

Community Mental Health Centre Thessaloniki north-western district – Child and Adolescent Department
Thessaloniki
St. Papadopoulou 20, Sykies
Phone: 2313-310100

1st Psychiatric Clinic Papageorgiou Hospital, Counseling Centre for Adolescents and Parents
Thessaloniki
N.Efkarpia
Phone: 2313-323908

3rd Psychiatric Clinic AHEPA Hospital - Adolescent Unit
Thessaloniki
Alexandrou Svolou 41 & Ippodromiou
Phone: 2310-249400

Psychiatric Clinic for Children and Adolescents Ippokrateio Hospital
Thessaloniki
Konstantinouplews 49
Phone: 2313-312420

PEDY Centre for Children and Adolescents' Mental Health
Thessaloniki
Eleftherias 48, Ambelokipoi
Phone: 231 0 556583

General Hospital of Katerini Mental Health Centre – Children Psychiatric Service
Katerini
Feidiou & Vyzantiou 60100
Phone: 2351 3 50740

University Psychiatric Clinic for Children and Adolescents
Alexandroupoli
Kavyri 6
Phone: 2551 0 21200, 2551 0 80777

Alexandroupoli
Dragana 681 00
Phone: 2551 3 51748 -9



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Mental Health Centre Serres, Child and Adolescent Department

https://hospser.gr/child_psychiatry/

Ippokratous 9, Agios Ioannis

Phone: 23210-58385, 23210-51230

Mental Health Centre Corfu, Child and Adolescent Department

Moustoksydou 4

Phone: 26610-44309, 26610-48871

Mental Health Centre Larisa

Dimokratias 119, Neapoli

Phone: 2410-611002, 2410-669221

Mental Health Centre Kavala

https://kavalahospital.gr/other-Services/diatomeaka_tmimata/psychikis-ygeias

25th Martiou 10

Phone: 2510243992

Mental Health Centre Drama

<https://www.dramahospital.gr/>

Ethnomartyron Pontou 57

Phone: 25210-48050

Mental Health Centre Samos

Grigoriou Auksentiou Square, 83100 Samos

Phone: 2273080060

Mental Health Centre Volos – Axilopouleio Hospital

<http://www.ghv.gr/domes-ygeias/kentro-psychikis-ygeias/>

Nikotsara 20

Phone: 24213-50500

Mental Health Centre Karpenisi

Prousiotissis 10

Phone: 22370-24698

Mental Health Centre Agrinio

Votsi 9

Phone: 26410-22363

Psychiatric Department Mesologi – Outpatient Service

Nafpaktou 302 00

Phone: 26313-60108, 26313-60109

Psychiatric Clinic for Children and Adolescents

Patras

Rio 265 04

Phone: 2613-603245

Community Mental Health Centre Patras for Children and Adolescents – Karamandanio General Hospital for Children

Patras

Koryllon 2

Phone: 2610-240535

Mental Health Centre Ioannina, Child and Adolescent Department - General Hospital Chatzikosta

Valaoritou 35

Phone: 26510-74227, 26510-38919



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Community Mental Health Ioannina, Centre for Children and Adolescents

3rd klm EO Ioanninon-Athinwn, Koptolivado Anatolis 45500

Phone: 26510-67388, 26510-68185

Mental Health Centre Kefallonia

Soudias 28, Argostoli

Phone: 26713-61108

Psychiatric Clinic of Argos for Children and Adolescents

Korinthou 191

Phone: 27513-60350, 27513-60351

Mental Health Centre Nafplio, Child and Adolescent Department

<http://www.gnn.gov.gr/node/26>

Asklipiou & Kolokotroni, 21100 Nafplio

Phone: 2752-361100

Community Mental Health Centre Chania

Chania, Crete

Krokkida 25

Phone: 28213-40500

Mental Health Centre Rethymno

<http://www.cepsyre.gr/archiki.html>

Rethymno, Crete

Papanikolaou 23

Phone: 28310-20799

Mental Health Centre Tripoli - Hospital Evangelistria, Psychiatric Clinic for Children and Adolescents

<https://www.panarkadiko.eu/ns/index.php/2013-08-09-06-17-55/2019-01-30-10-41-32>

Erythrou Stavrou, Tripoli 22131

Phone: 2713-601700

c. Section 3: Cyprus

With regards to the School Psychologist support services there are multiple ways to be referred, depending on the nature of the issue. In any case, students are allowed to request that support is provided from their school who will then assess the case and make the appropriate actions for referral. Usually, the intervention of a GP, an independent school psychologist, social workers, child psychiatrists etc. who will work alongside the School Counsellor and School Principal. Both the Counsellor and Principal complete the referral process by filing in the paperwork, with the consent of both parents/custodians except from the case of child abuse or sexual abuse where the intervention of the School body is enough for the referral.

Finally for the referral of Mental Health services (Ministry of Health) the referral of the school – Principal, or the School Psychologist assigned to that school.

There are various Mental health Services that are available for the general public. Firstly there is a Mental health services available for the public, that is available to be booked via the general practitioner referral. Some services are supported and available to patients for free



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(with some limitations). Alternatively, there are clinical, counselling and school Psychologists who operate publicly and are available to the general public on a private basis. (<https://www.cypsa.org.cy/english/>)

Moreover, there are various helplines dedicated to a variety of issues, such as domestic abuse for underage children helpline (<https://domviolence.org.cy/en/116111-2/>), ONEK counselling helpline (<https://onek.org.cy/en/programmata-ypiresies/symvouleftikes-ypiresies/grammi-1410/>), children's welfare helpline (<https://www.uncrcpc.org.cy/en/1466-helpline-by-hope-for-children-crc-policy-center-for-the-children-of-cyprus/>).

In the context of Schools the School Psychology services of Ministry of Education is available to students, educators and parents for the purposes of counselling, evaluation and diagnosis, conducting reports and suggestions for the welfare of children. This service is available to school children from the early stages of Nursery up to Secondary Education. This service works alongside the adolescence Mental health services of Ministry of Health who interfere when needed either with a therapeutic or counselling approach in some cases.

d. Section 4: Croatia

If children and adolescents show mental abnormalities, the attending pediatrician should be contacted for an initial diagnosis. From there, referral to a psychologist or psychiatrist or to a clinic for child and adolescent psychiatry is made.

Depending on the place of residence, there are different Mental Health Services and Professionals available to children and adolescents. The list provided here is sorted according to different counties in Croatia.

Contact points that offer support:

BJELOVARSKO-BILOGORSKA ŽUPANIJA

Zavod za javno zdravstvo Bjelovarsko-bilogorske županije, Odjel za zaštitu mentalnog zdravlja i prevenciju ovisnosti, Matice hrvatske 15, 43 000 Bjelovar, uprava@zzjz-bjelovar.hr

BRODSKO-POSAVSKA ŽUPANIJA

Zavod za javno zdravstvo Brodsko-posavske županije, Služba za zaštitu mentalnog zdravlja, prevenciju i izvanbolničko liječenje ovisnosti, Augusta Cesarca 71, 35 000 Slavonski Brod, ovisnosti@zzjzbpz.hr; savjetovaliste@zzjzbpz.hr

DUBROVAČKO-NERETVANSKA ŽUPANIJA

Zavod za javno zdravstvo Dubrovačko-neretvanske županije, Odjel za mentalno zdravlje, Dr. A. Šercera 4a, p.p. 58, 20 001 Dubrovnik, prevencija.ovisnosti@zzjzdnz.hr; mentalno.zdravlje@zzjzdnz.hr

GRAD ZAGREB

- a) Zavod za javno zdravstvo "Dr. Andrija Štampar", Zagreb; Služba za mentalno zdravlje i prevenciju ovisnosti, Mirogojska 16, 10000 Zagreb, mentalno-zdravlje@stampar.hr;
- b) Savjetovalište za mlade, Remetinečki gaj 14, 10 000 Zagreb;
- c) Poliklinika za zaštitu djece grada Zagreba, Đorđićeva 26, Telefon: (01) 34 575 18, info@poliklinika-djeca.hr;
- d) Psihijatrijska bolnica za djecu i mladež Zagreb, Ivana Kukuljevića 11, tel. (01) 4862-503; e) Centar za zdravlje mladih Zagreb, Heinzelova 62, (01) 6468 333

ISTARSKA ŽUPANIJA

Služba za prevenciju ovisnosti i zaštitu mentalnog zdravlja, Sv. Mihovil 2, 52 100 Pula, ovisnost@zzjiz.hr; mentalno.zdravlje@zzjiz.hr

KARLOVAČKA ŽUPANIJA

Služba za prevenciju ovisnosti, Trg hrvatskih branitelja 2/1, 47 000 Karlovac, prevencija.ovisnosti1@zjzka.hr; prevencija.ovisnosti@zjzka.hr

KOPRIVNIČKO-KRIŽEVAČKA ŽUPANIJA

Služba za prevenciju i liječenje ovisnosti, Služba za javno zdravstvo i socijalnu medicinu, Centar za zaštitu mentalnog zdravlja i prevenciju ovisnosti, Trg dr. Tomislava Bardeka 10/10, 48 000 Koprivnica, prevencija.ovisnosti@zzjz-kkz.hr

KRAPINSKO-ZAGORSKA ŽUPANIJA

Zavod za javno zdravstvo Krapinsko-zagorske županije, Odjel za socijalnu medicinu i javno zdravstvo, Centar za prevenciju i izvanbolničko liječenje ovisnosti, Zivtov trg 3, 49 210 Zabok, prevencijakrapina@zzjkzz.hr

LIČKO-SENJSKA ŽUPANIJA

Služba za prevenciju i liječenje ovisnosti, Odjel za javno zdravstvo, organizirano promicanje zdravlja, prevenciju ovisnosti i zaštitu mentalnog zdravlja, Senjskih žrtava 2, 53 000 Gospić, prevencija@zzjzlsz.hr

MEĐIMURSKA ŽUPANIJA

Služba za prevenciju ovisnosti, Djelatnost za zaštitu mentalnog zdravlja, prevenciju i izvanbolničko liječenje ovisnosti, Ivana Gorana Kovačića 1e, 40 000 Čakovec, diana.djuric-uvodic@zzjz-ck.hr; berta.bacinger-klobucaric@zzjz-ck.hr; bernarda.pekaric@zzjz-ck.hr

OSJEČKO-BARANJSKA ŽUPANIJA

Služba za prevenciju i liječenje ovisnosti, Centar za zdravstvenu zaštitu mentalnog zdravlja, prevencije i izvanbolničko liječenje prevencije ovisnosti, Drinska 8, 31 000 Osijek, zzjz-os@os.htnet.hr

POŽEŠKO-SLAVONSKA ŽUPANIJA

Služba za prevenciju i izvanbolničko liječenje ovisnosti, Služba za javno zdravstvo, Odjel za prevenciju i izvanbolničko liječenje, Odjel za zaštitu mentalnog zdravlja, Županijska 9, 34 000 Požega, prevencija.ovisnosti@zjz-pozega.hr

PRIMORSKO-GORANSKA ŽUPANIJA

Služba za prevenciju i liječenje ovisnosti, Odjel za prevenciju i izvanbolničko liječenje bolesti ovisnosti, Kalvarija 8, 51 000 Rijeka, karmen.juresko@zzjzpgz.hr

SISAČKO-MOSLAVAČKA ŽUPANIJA

Služba za prevenciju i liječenje ovisnosti, Odsjek za mentalno zdravlje, prevenciju i izvanbolničko liječenje ovisnosti, SISAČ, Ulica kralja Tomislava 1, savjetovaliste@zzjz-sk.hr

SPLITSKO-DALMATINSKA ŽUPANIJA

Služba za zaštitu mentalnog zdravlja, prevenciju i liječenje ovisnosti, Vukovarska 46, 21 000 Split, zeljko.kljucevic@nzjz-split.hr; mentalno.zdravlje@nzjz-split.hr

ŠIBENSKO-KNINSKA ŽUPANIJA

Služba za mentalno zdravlje, prevenciju i izvanbolničko liječenje ovisnosti, Ivana Meštrovića 11c, 22 000 Šibenik, ovisnosti.sibenik@email.t-com.hr

VARAŽDINSKA ŽUPANIJA

Služba za prevenciju i liječenje ovisnosti, Djelatnost za javno zdravstvene programe, zdravstvenu statistiku i prevenciju ovisnosti, I. Meštrovića bb, Varaždin; Odjel za zaštitu mentalnog zdravlja, prevenciju i izvanbolničko liječenje ovisnosti, F. Galinca 4, Varaždin, javno-zdravstvo@zzjzvv.hr; irena.stipesevic@zzjzvv.hr

VIROVITIČKO-PODRAVSKA ŽUPANIJA

Zavod za javno zdravstvo "Sveti Rok" Virovitičko-podravske županije, Služba za prevenciju i liječenje ovisnosti, Djelatnost za prevenciju i izvanbolničko liječenje ovisnosti sa zaštitom mentalnog zdravlja, Ljudevita Gaja 21, 33 000 Virovitica, ovisnostimentalnozdravlje@zzjzvpz.hr

VUKOVARSKO-SRIJEMSKA ŽUPANIJA

Služba prevenciju ovisnosti i zaštitu mentalnog zdravlja, Zvonarska 57e, 32 000 Vinkovci, info@zzjz-vs.hr

ZADARSKA ŽUPANIJA

Zavod za javno zdravstvo Zadar, Služba prevenciju ovisnosti i zaštitu mentalnog zdravlja, Ravnice b.b. (1. kat), 23 000 Zadar, sluzba.ovisnosti.zadar@zjz.t-com.hr; sluzba.ovisnosti.zadar@zjz.htnet.hr

ZAGREBAČKA ŽUPANIJA

Služba za zaštitu mentalnog zdravlja te prevenciju ovisnosti, Savjetovalište ZAPREŠIĆ, Zdravstveni centar Zaprešić sjever; Mokrička 54, 10 290 Zaprešić, tvrtko.pervan@zzjz-zz.hr; mentalno.zdravlje@zzjz-zz.hr;

Savjetovalište SAMOBOR, Dom zdravlja Samobor, Gajeva 37, 10 430 Samobor; Savjetovalište VELIKA GORICA, Dom zdravlja Velika Gorica – prostorije Službe za epidemiologiju ZZJZ, Matice Hrvatske bb, 10 410 Velika Gorica;

Savjetovalište DUGO SELO, Dom zdravlja Dugo Selo, Domjanićeva 12a, 10 370 Dugo Selo;

Savjetovalište JASTREBARSKO, (tel.6272-745);

Savjetovalište VRBOVEC (tel. 2793-163)

e. Section 5: Italy

School psychologist:

The School Psychologist was introduced as a strategy to promote psychological well-being in schools due to the health emergency of COVID-19 (Art.3 of the MI-CNOP Protocol of October 2020; D.D. 87 of August 6, 2020). Interventions for psychological support, are coordinated by the Regional School Offices and the Regional Boards of Psychologists.

The Guidelines for the Promotion of Psychological Wellbeing in Schools suggest:

- the strengthening of sharing spaces and alliance between School and Family, even at distance;
- the use of psychological support actions capable of managing listening desks and assisting the activities of school staff in the application of innovative teaching methodologies (in presence and at distance) and in the management of pupils with disabilities and those with DSA or specific developmental disorders or other special educational needs, for whom there are no specialized support teachers.

There are four areas of intervention identified and considered:

- 1) Organizational support to the educational institution
- 2) Support to school staff
- 3) Support to students
- 4) Support to families

1) **Organizational support to the educational institution:** the school can make use of communication and decision-making experts who can properly calibrate messages and decisions so as to make them more incisive and effective.

- Support for evaluation and educational experimentation;
- Monitoring of "organizational climate.»

2) **Support to school staff:** the health and well-being of the teaching staff and collaborators is another indispensable element for the smooth functioning of the school. The psychologist can ensure effective action with respect to the personal well-being of the teacher or staff member, the acquisition of psycho-educational classroom management strategies, and enhance strategies for working with students.

- Support for the acquisition of psycho-educational classroom management strategies;
- Support in building functional learning environments;
- Support in promoting student resources: the psychologist can support teachers in implementing strategies and best practices aimed at fostering students' resilience and resources;
- Supporting the teacher in daily practice and possibly offering counseling moments on the most complex cases.



3) **Support to the students:** the role of the school psychologist cannot but include support for those individuals who most face the ongoing transformations within the school structure.

- Psychological support for the emotional dimension;
- Sending students to external services for additional support;
- Creating a space (in presence or at distance) for listening and welcoming any difficulties encountered by pupils, in order to contain and accompany students in the recovery of well-being in the school environment;
- Interventions aimed at the class group and shared with teachers in order to deepen and improve knowledge of emotions;
- Supporting the monitoring of pupils' learning levels and supporting any criticisms of pupils with DSAP or neurodivergent (ADHD, BES Special Educational Needs legislation).

4) **Support to families:** the intervention of the school psychologist also includes support for families, who are involved in the important changes that the school undergoes and acts upon. Numerous changes have involved pupils' families, and these changes will continue to affect students' parents in the coming years.

- Supporting the coordination of school/student/family actions.
- Enabling meeting spaces with parents to welcome and contain doubts and difficulties and give back useful and specific strategies and directions with respect to the needs reported by the subjects themselves
- Advising parents on issues such as student mental health support
- Management of meetings with parents to discuss students' needs and provide them with information on how to continue to support their children in their school experience

Art. 31 od D. L. March 22, 2021, No.41 "so-called Supports Decree"- "Measures to promote the educational activity and the recovery of skills and sociality of students in the Covid-19 emergency" has established the extension of the School Psychologist on the basis of the subjective choice of each Institute.

The presence of the psychologist in the Italian school, beyond specific situations regulated by law, is not defined by a norm that sees its stable inclusion aimed at all requesting users, but leaves full autonomy to schools that may or may not avail themselves of the possibility of such a service, through agreements with local health authorities, regional school offices, students and their families upon resolution of the collegiate bodies, with the contribution of institutions, banking institutions, associations, parents, or through the Institute Fund.

With the Covid-19 emergency from April 27 to June 30, 2020, was operative the toll-free **psychological support number** 800.833.833, activated by the Ministry of Health and Civil Defense, with technological support offered free of charge aimed at the entire population. Every day from 8 a.m. to 12 a.m., specialized professionals, psychologists, psychotherapists and psychoanalysts responded to requests for help. The initiative - safe and free of charge - aimed to complement all psychological care services guaranteed by the NHS during the phase of social isolation.

The **Italian Association of Psychoanalytic Psychotherapy for Child, Adolescent and Family** offered a FREE PSYCHOLOGICAL LISTENING aimed at families with children and adolescents, pregnant mothers and young adults with a range of professionals visible at this page

<https://www.aippiweb.it/coronavirus/ascolto-psicologico-gratuito-per-amiglie-con-bambini-e-adolescenti-per-mamme-in-gravidanza-e-per-giovani-adulti>.

The **Free Entry service** is a free listening and counseling desk aimed at girls and boys aged 14 to 24, offering support for growth in adolescence. The service is promoted by the Youth Policy Departments of the municipalities of the Unione delle Terre d'Argine, in collaboration with the AUSL of Modena. freentry.terredargine@aliantecoopsociale.it

The **Youth Counseling Center Service**, ages 14 to 24, is the "main place" for adolescent and youth issues. It is staffed by professionals qualified to welcome, listen, understand and respond to the needs of this developmental stage

<https://www.uslcentro.toscana.it/index.php/servizi-e-attivita/diagnosi-e-cura/619-il-consultorio/12953-consultori-giovani>

OTB Foundation and Alice Onlus Association created the project "**Only The Brave calls Alice**," a free helpline for young people from all over Italy aged 12 to 20 in distress because they are affected by anxiety, depression and lack of self-esteem. Access is free by reservation by writing to info@aliceonlus.org - indicating the skype username, the secretary will indicate time and day of the interview - or by connecting to skype and initiating the call;

The **Blue Telephone** with the 1.96.96 Listening Line, for children, adolescents and adults, is a free service and welcomes help requests from the national territory 24/7. Specifically, it offers: listening, support, and concrete help to children and adolescents up to 18 years of age, regarding all the problems and needs that concern them, both in reference to situations of distress and emergency; also offers counseling and support to families and adults who, for various reasons, wish to confront the problems of childhood and adolescence;

Meyer Children's Hospital has activated a service through the psychologists and psychotherapists of the Meyer Pediatric Hospital Psychology Service who will respond to families to help them manage, at home, relationships and communication with their children during such a stressful time. The service will be available Monday through Friday from 9:30 a.m. to 12:30 p.m., at 055 5662547. Mail: supportopsicologico@meyer.it.

f. Section 6: France

There is no referral from a general practitioner necessary but referral from the teachers and directors of schools.

The school nurse is the first point of contact for students and can make the link with the school doctor and the National Education system if necessary. The school's principal educational advisor can be contacted by the student or parents.

The Social Service Assistant is responsible for listening, advising and supporting students in order to promote their individual and social success.

The school psychologists' goal is to create the conditions for a psychological balance of the students that will favor their success and their commitment to school.



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The school doctor carries out individual and collective prevention and health promotion activities, carries out compulsory health check-ups and develops health programs for schools. To make the link with the local school doctor: www.education.gouv.fr/pid167/les-academies-lesinspections-academiques.html

INPES

For health professionals: INPES provides documentation and brochures useful for public health prevention. www.inpes.sante.fr
For young people: INPES provides them with a website about their health. www.portail-sante-jeunes.fr

The **youth health spaces** are reception, listening, prevention and orientation places in terms of global health prevention that welcome young people from 11 to 25 years old.

www.fesj.org

Tel : 06 35 13 14 29

The "**Point Accueil Ecoute Jeunes**" (**PAEJ**) are small local structures intended for young people aged 16 to 25 in distress due to social, psychological, educational, family, school or professional difficulties. They welcome, listen to, support, raise awareness, provide guidance and mediation.

<http://anpaej.fr/>

The **School of Parents and Educators** accompanies parents and young people in their daily worries, schooling, couple problems, relationship with a teenager via telephone listening, conferences, consultations, discussion groups.

<http://www.ecoledesparents.org/>

UDAF (Union Départementale des Associations Familiales): In each department, UDAF's mission is to promote, defend and represent the interests of all families living in the department. In its institutional mission, the UDAF gathers the family associations of the department and ensures the coordination and the animation of the family movement on its territory.

<http://www.unaf.fr/spip.php?rubrique12>

Outpatient consultation places concerning mental health:

The **CMP (Centre Médico Psychologique)** or CMPado are centers attached to a hospital in cities with more than 20,000 inhabitants, provide medical-psychological and social consultations for any person in psychological suffering and organize their eventual referral to appropriate structures. Requests for emergency interventions are not recommended.

<http://www.psycom.org/Glossaire-des-structures/Centre-medico-psychologique-CMP>

The **CMPP (Centre Médicaux Psycho-Pédagogiques)** are centers managed by associations. They organize multidisciplinary care for children and adolescents from 0 to 20 years old. Their role is more concerned with school or learning difficulties. The possibilities of emergency interventions are very limited.

<http://www.fdcmp.fr/>

The **Maisons des adolescents** are places where adolescents are welcomed, whatever their questions or concerns (medical, sexual, psychological, academic, legal, social...) they do not really provide structured care.

<http://www.anmda.fr/index.php>

The **Youth Information and Documentation Center (CIDJ)** provides information about young people's professional future (training, employment, jobs) and the management of their daily lives (rights, housing, leisure, vacations).

<http://www.cidj.com/>

The **local mission** provides answers to questions from young people aged 16 to 25 about employment, training, housing and health. It offers free health check-ups as well as medical assistance for people without health coverage.

<http://www.mission-locale.fr/>

g. Section 7: Spain

1. Are there any rules or regulations in Spain on issues that teachers are not allowed to discuss with their students' parents?

In Spain there are no rules or regulations regarding the topics that should or should not be discussed; freedom of expression prevails. However, in some schools (especially private schools) the school management advises against discussing certain sensitive topics that may cause disagreement or discomfort with the children's parents.

2. Are there any rules or regulations in Spain on the frequency of meetings between teachers and parents?

In Spain, meetings between teachers and parents are part of a programme called **tutorial action**. **Tutorial action** is a task carried out by the teaching team of a group of pupils. Each group will have a teacher tutor who will coordinate the teaching and the **tutorial action** of the corresponding teaching team. The tutor performs similar functions in both primary and secondary education.

In Spain, although there is a central government, each autonomous community has its own rules or regulations on certain matters. In the case of the Valencian Community, according to Article 25 of Decree 108/2014 on tutorial action in primary education:

- Tutorial action will guide the individual and collective educational process of the pupils. The tutor will coordinate the educational intervention of all the teaching staff of the pupils being tutored in accordance with what is established by the Regional Ministry of Education, and will maintain a permanent relationship with the family.
- The tutor will facilitate the access of the pupils' legal representatives to the school dynamics through the activation of mutual information and collaboration processes.
- The pupils' legal representatives shall collaborate and provide the necessary information about the pupils for the appropriate guidance and decision-making about their educational process.

The resolution of July 2021 (DOGV 9134, 23.07.2021) on the **tutorial action plan** states:

- 1) The tutorial action plan (hereinafter TAP), coordinated by the Directorate of Studies, will be drawn up by the pedagogical coordination committee, based on the General Plan for educational and vocational guidance and tutorial action established by the Directorate General for Educational Inclusion, with the advice of the educational guidance team or the authorised school psycho-pedagogical office, and will establish the general criteria that should guide the work of all teacher tutors throughout the school year.



- 2) It must take into account the characteristics and personal situation of the pupils and the specific educational support needs, for which it will provide the criteria for the coordination of the tutors with all the support professionals of the school psycho-pedagogical service, or authorised psycho-pedagogical cabinet.
- 3) The TAP should take into account the following aspects:
 - a) Contemplate the necessary measures to contribute to reducing the problems derived from the extraordinary situation caused by COVID-19 during the 2019-2020 and 2020-2021 academic years and pay special attention to the development of the individual reinforcement plan for students who have not been promoted to the next academic year.
 - b) Incorporate activities that promote the promotion of reading and the pedagogical value of the book bank.
 - c) To plan actions based on the characteristics and personal situation of the pupils and the specific educational support needs, with the aim of personalising the teaching-learning process.
 - d) To strengthen the role of tutoring in prevention and mediation for the peaceful resolution of conflicts and in the improvement of school coexistence and equal opportunities.
 - e) In the planning of activities, provision should also be made for those that make possible the necessary coordination between the parents and/or legal representatives of the pupils and the tutor.
 - f) Include a sex education programme, sequenced by stages and courses, developed from a rational, scientific and non-doctrinal point of view, and which incorporates respect for sexual, family and gender diversity. For this purpose, the guides and materials found on the REICO portal (repository of web resources for equality and coexistence) can be used: <https://ceice.gva.es/es/web/inclusioeducativa/guia-educacio-sexual>
 - g) Incorporate awareness-raising activities of a co-educational nature, planned from a gender perspective and towards any type of diversity existing in the centre and in society.
 - h) Include the actions of the tutor teaching staff and the activities aimed at pupils planned for transition times.
 - i) To plan the activities of information and academic counselling for students, especially those that favour the maximum adaptation and participation of students in the centre, particularly those coming from another educational level or new students, as well as those that facilitate the personal development of students and their integration in the class group.



j) Provide for the necessary coordination of the teaching staff with the educational team, the specialised inclusion support staff, the staff of the educational guidance team and, if applicable, the authorised school psycho-pedagogical office that intervenes in the centre and the families or legal representatives of the pupils.

4) The PAT of the centres that have incorporated the 2-3 year-old educational level must include a specific section for the two-year-old classroom, in accordance with the characteristics of the age group. The Directorate General responsible for planning will provide a model that will serve as a guideline for the teaching team of the 2-3 year old classroom.

Regarding **tutoring**, the resolution of July 2021 (DOGV 9134, 23.07.2021) establishes:

1. The purpose of tutorial action is to contribute, in collaboration with families, to the personal and social development and support of students, both academically and personally and socially, and to carry out individual and collective monitoring of students by the teaching staff, in the intellectual and emotional aspects, in accordance with the characteristics of their age. The tutoring and guidance of students should form part of the teaching function. Each group of students should have a tutor.

2. For the allocation of tutorials, the following aspects shall apply:

- The tutor must be appointed by the school head, at the proposal of the head of studies, in accordance with the pedagogical criteria previously established by the teaching staff and in order to provide the best educational response to the pupils at the school; however, the care, support and individual and collective monitoring of all the pupils is the responsibility of all the teaching staff.
- The assignment of tutors for the different groups will be carried out in such a way that, for all purposes, in the Primary Education groups, the tutor occupies a post in the centre for the primary speciality (generalist).
- In the first year of Primary Education, the tutors will be, whenever possible, teachers with a permanent post at the school. Exceptionally, the school management may appoint teachers without a permanent post at the school and will inform the Education Inspectorate, by means of a reasoned proposal, as established in article 40.4 of Decree 253/2019.

3. As a general rule, schools should avoid, when assigning tutorials or subjects, teachers who are legal representatives of the pupils in the same school, acting as teachers and/or tutors of the pupils. Teaching in general and tutoring in particular, as they are associated with the student assessment process, entail, in the aforementioned circumstances, a conflict of interests, which schools should avoid in their organisation. Nevertheless, in those cases in

which, due to the lack of other teaching staff in the speciality or for any other justifiable exceptional reason, this cannot be guaranteed, it will be necessary for mechanisms to be specially determined for objective assessment by the school management or the person delegated by them.

4. The functions to be carried out by tutors are those indicated in article 41 of Decree 253/2019, of 29 November, of the Consell, regulating the organisation and operation of public centres that teach Infant Education or Primary Education (DOGV 8689, 02.12.2019). The functions of the persons exercising the tutoring role are as follows:

- a) Participate in the development of tutorial action under the coordination of the Director of Studies.
- b) Carry out the actions established in the school's educational project and in the action plan for the improvement of tutoring.
- c) To watch over the educational processes of pupils and promote their involvement in their educational process.
- d) Ensuring the coexistence of the group of students and their participation in the school's activities.
- e) Coordinate the teaching staff and the rest of the professionals involved in their group in all matters relating to the educational process of the pupils.
- f) Guiding students in their educational process.
- g) Facilitate the inclusion of students and encourage the development of participative and positive attitudes that consolidate good group relations.
- h) Coordinate the assessment process of the pupils in their group and, at the end of each year of Primary Education, adopt the appropriate decision on the promotion of the pupils, in a collegiate manner, with the teaching team.
- i) Coordinate the teaching team in the planning, development and evaluation of the inclusion response measures proposed for the students in their class group, as a consequence of the evaluation of the educational and learning process of the students.
- j) Draw up and develop, in coordination with the professional staff of the school psychopedagogical service and the therapeutic pedagogy teacher, the curricular adaptations (significant and non-significant) and the educational intervention measures for pupils with specific educational support needs and coordinate the development and evaluation of the personalised action plans.
- k) Inform the parents or legal representatives, the teaching staff and the pupils of the group, by the means, preferably telematic, that the Administration makes available to them, of everything that concerns them in relation to the teaching activities and the educational process of their pupils.



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- l) Helping to resolve the demands and concerns of the students and mediating with the rest of the teaching staff and the management team.
- m) To make it easier for parents or legal representatives to exercise their right and duty to participate and be involved in the educational process of their children.
- n) Encourage educational cooperation between teachers and parents or legal representatives of pupils.
- o) Any other that the education administration determines within its sphere of competence.

5. The head of studies at the centre must coordinate the work of the tutors, and to do so, must hold the necessary periodic meetings during the academic year, as well as those required for the proper development of this function. Tutorial action may be complemented by the use of electronic platforms provided by the Generalitat or duly authorised. At the beginning of the academic year, the tutor will inform the parents and/or legal guardians of the pupils about the criteria for assessment, marking and promotion of the pupils. The tutor will inform them of the student's educational process, in writing or by the telematic means made available by the Administration, after each assessment session. The school management will guarantee a quarterly informative meeting between the group tutor and the parents and/or legal guardians of the pupils. At their request, and for other reasons that make it advisable, the school management will facilitate a meeting between them and the group tutor. These meetings may be attended, if necessary, by the teachers who teach the group.

6. The tutors will be advised by the educational guidance team and, if applicable, by the authorised psycho-pedagogical office, in accordance with the centre's tutorial action plan and in collaboration with the cycle coordinator or teaching team, under the direction of the head of studies. The latter must call at least three joint meetings during the academic year and as many as necessary to carry out this function properly. In accordance with the provisions of section 4 of article 5 of Decree 108/2014, the staff in charge of tutoring must include, within the timetable they share with their group of students, a weekly time to carry out their own tutoring tasks.

7. Article 24 of Decree 39/2008 establishes the students' duty to study and attend class. Pupils' absences will be communicated to the parents and/or legal guardians of the pupils by the class teacher on a weekly basis. In the event of unjustified repeated absences, the tutor must inform the Head of Studies in order to implement the actions determined, which must be coordinated with the educational guidance team and, if applicable, with the authorised psycho-pedagogical office or whoever has been assigned its functions. Tutors are obliged to register absences in ITACA, so that both warnings and absenteeism indicators can be managed.

3. What mental health services and professionals (especially for children and adolescents) are available in Spain?

In Spain, there are different public and private mental health care services.

The National Health System (NHS) offers mental health care services free of charge to children and adolescents of working parents and other conditions (see next section). The network is established by levels of specialisation: level 1 is primary care together with the educational and social spheres; level 2 includes child and adolescent mental health centres; and level 3 includes highly complex or high intensity services, such as day hospitals, inpatient units and medium-stay units.

Within the NHS, mental health care services offer: 1) outpatient care and 2) inpatient care.

1) Outpatient care:

- **Primary Care Centres (CAP)**

Primary Care Teams (EAP): Health Centres and surgeries.

They constitute the initial access to the health system.

Services: Prevention and promotion of mental health. Health care on demand, scheduled and urgent, both in the consultation room and at the patient's home. Detection, diagnosis, treatment and referral, if necessary, to mental health units or the most appropriate resource.

- **Mental Health Units (MHUs)**

Description: The Mental Health Units are considered as support units according to Decree 74/2007 of 18 May 2007 of the Consell, which approves the Regulations on the structure, organisation and operation of health care in the Valencian Community. Their territorial scope of action goes beyond the basic health area and they act in an integrated and coordinated manner with other specialised resources of the department. The Mental Health Units will offer a comprehensive psychotherapeutic approach, focusing on the patient and main caregiver, using psychopharmacological therapy and psychotherapeutic techniques, both individual and group, based on scientific evidence (hypnosis and psychoanalysis are excluded). The USM must have at least the following psychotherapeutic programmes:

- Care Programme for People with Common Disorders: Therapeutic Contract
- Care programme for people with Severe Mental Disorder: Comprehensive Care Plan.
- Care programme for the family/primary caregiver.
- Coordination programme: primary care team and mental health unit
- Others.

Services: Assessment, diagnosis, treatment, rehabilitation, guidance and home care. Emergency care, consultation with other medical specialities, coordination with other

healthcare and non-healthcare resources. Prevention and awareness, psychoeducation and promotion of mental health.

- **Child and Adolescent Mental Health Units (USMI or USMI-A)**

Description: The characteristics of this population support the need for differentiated and specific programmes and interventions. The Child and Adolescent Mental Health Units will be coordinated with the Mental Health Unit, Primary Care Teams and others to guarantee the corresponding continuity of care.

Services: Assessment, diagnosis, treatment, rehabilitation and home care. Emergency care, interconsultation with other specialities, coordination with other care and non-care resources (Social Welfare, Education, Justice and others). Prevention, psychoeducation and promotion of mental health. It is important that they have a programme for parents and/or relatives.

2) Hospital care:

Depending on the characteristics and degree of complexity of the care required, it will be provided through the different health centres or units existing in each department.

- General/acute hospital: Accident and Emergency Department. Psychiatric hospitalisation units. Home hospitalisation units.
- Medium/long stay hospital
- Day Hospital

- **Urgent hospital care**

Description: Hospital care for psychiatric emergencies is incorporated into the emergency services of the hospitals in the Valencia Region's healthcare network.

Services: Reception, assessment, diagnosis, treatment, treatment, observation, discharge with referral to their USM or admission if appropriate to the psychiatric hospitalisation unit. Care in the crisis situation will be guaranteed from an ethical point of view and with respect for the patient's dignity (involuntary transfer, mechanical restraint, etc.).

- **Psychiatric Hospitalisation Units (UHP)**

Description: It is a care device for intensive treatment on an inpatient basis and continuous care (24 hours). For those cases that, due to the severity of the acute symptoms, cannot continue to receive care in their community environment. The average stay will be appropriate for the stabilisation of the acute phase or crisis presented and will be adapted to the needs of each patient. The usual location is a general hospital and its care coverage refers to a defined geographical area. Admission can be considered from the care point of view: programmed (mental health unit) or urgent; and from the legal point of view: voluntary or involuntary.

Services: Reception, assessment, diagnosis, treatment, rehabilitation, referral with discharge report and appointment to the corresponding Mental Health Unit. Prevention and promotion of mental health. Hospital interconsultation. Collaboration with other hospital specialities. Training and research. The patient will be involved in the therapeutic process.

- **Hospital at Home Units (HHU)**

Description: The Hospital at Home Unit (HHU) provides hospital care in the patient's home, for those processes where the patient's own home is considered to be the best therapeutic location. This resource will be activated when there is a simultaneous positive assessment by the doctor and the patient's family or care environment. The care will be integrated with the home care provided by the mental health units and primary care centres.

Services: Assessment, diagnosis, treatment, rehabilitation, referral with discharge report and appointment to the corresponding Mental Health Unit. Prevention and promotion of mental health.

- **Day Hospitals (HD)**

Description: The day hospital is a health, therapeutic and rehabilitative resource, of a temporary nature, with specific indications for patients with severe mental disorders. It is a partial hospitalisation regime, without overnight stay. The therapeutic period will vary according to the process. At no time will the patient lose the link with the therapeutic team of the mental health unit. The programmes for each patient will be agreed with the patient and family.

Services: Assessment, diagnosis, treatment and rehabilitation. With the existence of programmes for each case according to needs: adherence to treatment, social skills, cognitive rehabilitation, coping with stress, etc. Family programme.

- **Medium Stay Units (MSU)**

Description: It is a health resource for those patients who require hospital admission for refractory pathology or worsening, which goes beyond the possibilities of care in the outpatient setting or that after a period of admission to the acute hospitalisation unit, would benefit from a longer stay, normally between four and six months to implement individualised integral programmes. In some cases, patients with a psychiatric pathology refractory to treatment of long evolution, with strong personal, family and social unstructured, may require, in order to obtain a comprehensive psychotherapeutic benefit, admissions of more than six months. Contact with the therapeutic team of the mental health unit will be encouraged.

Services: Reception, assessment, diagnosis, treatment, rehabilitation. Prevention and promotion of mental health. Comprehensive psychotherapeutic assistance with a comprehensive care plan (PAI) with psychopharmacological and psychotherapeutic treatment aimed at facilitating the maximum autonomy of patients and their reintegration into the community. Family care programme. When appropriate, referral with discharge report and appointment to the corresponding Mental Health Unit.

Psychiatric and/or psychological care for children and adolescents is not homogenised in all the Autonomous Communities (AC). In the province of Valencia, the clinical area of mental health is divided into:

1) Community resources

- Miguel Servet Infant-Juvenile Mental Health Unit.
- Catarroja Child and Adolescent Mental Health Unit

2) Hospital resources

- Adolescent Psychiatry Unit (APSI)
- Child Psychiatry Hospitalisation
- Child Liaison and Interconsultation Psychiatry
- Clinical Psychology of Child Health
- UTCA (Eating Disorders Unit)

In addition, in Spain, there are other *free* psychological care *resources/services*, such as those listed below:

Serenmind: Start up Valencian company that offers an app of self-guided psychological programmes, which includes both paid and completely free content.

Doctoralia: Website where you can ask questions about the symptoms you are suffering from in the Ask the Expert section, as well as other health problems that cause concern or anxiety.

Psychologists without borders: Non-profit organisation for humanitarian action. Free and detached from partisan and economic interests. It brings together professionals and students of psychology, as well as related professions interested in lending their knowledge and help disinterestedly. It has a telephone counselling service. This foundation helps people who are experiencing financial difficulties and do not have enough money to pay for private psychotherapy, such as some students or families of pupils. Patients who, for various reasons, have been referred to social security psychological assistance, but the system has failed or they are dissatisfied, can also be treated by free psychologists.

Prevensuic: Website and an app of contents of the Spanish Foundation for Suicide Prevention that provide tools for potential suicidal people, people who survived a suicide attempt, family members and professionals to prevent suicidal behaviour of all kinds. Emergency advice, what to do if I suspect that a friend or relative is going to attempt suicide, help for professionals.

Social Security school insurance: Students between the ages of 14 and 28 can benefit from free psychological therapy through the school insurance paid at the beginning of each academic year. The medical assistance includes neuropsychiatric and psychological treatments, provided that a series of requirements are met: having paid one year's insurance, having Spanish nationality or being a foreigner with legal residence in the country and having paid the corresponding fee. Applications can be made online or in person at a Social Security Attention and Information Centre.

ASCASAM: The Cantabrian Association for Mental Health has made available to all citizens a free telephone service for psychological care, attended by psychology professionals.



ANAR Foundation: Non-profit organisation that helps children and adolescents at risk, which is dedicated to the promotion and defence of the rights of children and adolescents in situations of risk and neglect, through the development of projects both in Spain and Latin America, within the framework of the United Nations Convention on the Rights of the Child. Among the multiple lines of help of this organisation, there is one dedicated to families and schools. This is a free service for adults who need guidance on issues related to children and adolescents. In addition, it can be used by students when they are in a problem or risk situation, and support teachers who need guidance on how to help a minor under their responsibility.

AESPPU: The Spanish Association of University Psychological and Psychopedagogical Services is a space for the exchange of experiences and dissemination of the activities carried out by the psychological units of Spanish universities. On its website you can find a list of higher education centres, divided by communities, which have this type of services.

Telephone of hope: The well-known free telephone service provides instant assistance and maintains the anonymity of the caller. Although it is not specifically aimed at the educational community, it has specialists in family counselling with a focus on conflict resolution in this area who can be of help to students. It operates all day and all year round.

Below is a table with all the services mentioned above and their contact details.

Organisatio n/service	Contact
Primary and specialised care (online or face-to-face appointment)	http://www.san.gva.es/cita_previa/citaprevia_general_cas.html
Mental health clinical area in Valencia	http://www.lafe.san.gva.es/AreasyServicios/es/salud-mental/infanto-juvenil.html
Mental Health Office of the Valencian Region	<ul style="list-style-type: none"> • http://www.san.gva.es/web/dgas/red-de-recursos • http://www.san.gva.es/web/dgas/salud-mental1
School insurance	https://www.seg-social.es/wps/portal/wss/internet/InformacionUtil/44539/45073
Prevensuic	www.prevensuic.org
ASCASAM	https://www.ascasam.org/
Serenmind	https://serenmind.com/para-psicologos/
Doctoralia	https://www.doctoralia.es/preguntas-respuestas
ANAR Foundation	https://www.anar.org/colegios-e-institutos/
Psychologis ts without borders	<ul style="list-style-type: none"> • https://www.psicologossinfronteras.org/ • Telephone: 960 450 230
AESPPU	https://blogs.ua.es/aesppu/presentacion/quienes-somos/
Telephone helpline/crisi s intervention	<ul style="list-style-type: none"> • https://telefonodelaesperanza.org/ • Telephone: 717 003 717 (operates 24 hours a day)



Suicide helplines	<ul style="list-style-type: none">• La Barandilla Association: 911 385 385 (works 24 hours a day).• Telephone of hope: 717 003 717 (works 24 hours a day).• National: 024 (completely free of charge).• Help can also be found on the 112 emergency telephone number.
Mental Health Strategy of the National Health System 2022-2026	https://www.sanidad.gob.es/organizacion/sns/planCalidadSNS/docs/saludmental/Mi_nisterio_Sanidad_Estrategia_Salud_Mental_SNS_2022_2026.pdf
Mental Health Action Plan 2022- 2024	https://www.sanidad.gob.es/organizacion/sns/planCalidadSNS/docs/saludmental/PLAN_ACCION_SALUD_MENTAL_2022-2024.pdf

In terms of fee-paying services, private health insurers offer psychiatry and psychology services.

There are three types of health insurance where psychological coverage can be found:

1. With co-payments: the insured assumes a percentage part of the bill for the service he/she enjoys. It works in exactly the same way as the excess in car insurance, for example.
2. No co-payments: no limits within the medical directory and agreed specialities.
3. Reimbursement: the insured person chooses freely and without limitations the doctor he/she wants to go to, pays for the service and then, the company reimburses him/her the totality or a proportional part, according to what is foreseen in his/her policy.

Finally, within the fee-paying sphere, there are clinics/centres or private consultations to which one can go directly and where a session with a psychologist/psychiatrist costs between €50 and €100. In particular, there are psycho-pedagogical centres, where comprehensive care is provided to children and adolescents offering psychology, speech therapy, pedagogy, neuropsychology and psychopedagogy services.

4. How do you access these services? For example, a referral from the general practitioner is necessary.

1) To access psychiatry and clinical psychology services within the National Health System, children and adolescents up to 14 years of age must go to the paediatrician (primary care), who will make an initial assessment and refer (if appropriate) to the mental health area (psychiatry and/or clinical psychology). In the case of adolescents over 14 years of age, they should go to the general practitioner, who will assess whether or not they need to be referred to a specialised mental health area. In both cases, the assignment of the mental health professional is random and after the referral, the treatment and follow-up of the patient is done directly from the mental health area.

In Spain, public health care is a right to:

- Workers (current employee).
- Social Security pensioners.
- Beneficiaries of periodic benefits, including persons receiving unemployment benefit or allowance.
- Persons who have exhausted their unemployment benefit and subsidy, are unemployed and reside in Spain.
- Those who sign a Special Agreement.
- Minors under the guardianship of the Administration.
- The beneficiaries of all of the above:
 - ✓ The spouse or person with an analogous relationship of affectivity.
 - ✓ The former dependent spouse of the insured person, entitled to a compensatory pension.
 - ✓ Descendants and assimilated persons (guardianship, legal foster care, and siblings), under 26 years of age or who have a disability of 65% or more.
- Foreigners who are in Spain but are not legally resident in Spain are also entitled to health care.

On the other hand, access to psychiatry and/or psychology services offered by private insurances is different. In this case, the parents of the child must select which professional to see (psychiatrists and/or psychologists) from a list of professionals offered by these insurances. The person has to decide which professional he/she wants to see and make an appointment. In this case, the contact with the mental health professional is direct.

At regional level, there is an action model for the early detection and care of students who may present a mental health problem (Regional Mental Health Strategy 2016-2020) which was established in a joint Resolution of 11 December 2017, by the Regional Ministry of Education, Research, Culture and Sport and the Regional Ministry of Universal Health and Public Health.

The purpose of this protocol is to describe the procedure to be followed by educational centres, primary care centres and child and adolescent mental health units (USMIA) to attend to students in a comprehensive and coordinated manner from the first moment that suspicion is detected that the student may have a mental health problem.

The addressees of this protocol are all pupils attending schools and who may present a suspicion of mental disorder or significant symptoms of these, even if the pupil has not yet been diagnosed.

The procedure is mainly divided into 4 phases:

1) Phase of detection and identification of educational needs.

Early detection of disorders will help us to initiate the most appropriate intervention as soon as possible and prevent possible associated problems (poor school performance, difficulties in social relations, low self-esteem, behavioural disorders, etc.).

When a pupil with a suspected mental health problem is detected in the educational centre:

1. Suspected mental health problems

The tutor, together with the guidance counsellor, will summon the mother, father, guardians or legal representatives or, where appropriate, the guardian, to inform them of the situation detected and of the advisability of:

- Conduct a psycho-pedagogical assessment.
- Make a referral, if appropriate, to the corresponding health specialists (Child Mental Health, Neuropaediatrics) through the primary care (PC) physician.

2. Authorisation and informed consent

The exchange of information with healthcare professionals shall require the family's authorisation.

In the event that the mother, father, guardians or legal representatives do not authorise the psycho-pedagogical assessment, nor the interventions derived, depending on the situation and the seriousness of the situation, the educational centre must comply with the provisions of the current regulations on the protection of children and adolescents, informing the municipal social services of the situation in order to assess a possible situation of risk.

3. Psycho-pedagogical assessment

The counsellor (from the School Psychopedagogical Service, the Guidance Department or the authorised Psychopedagogical Office) will carry out, if appropriate, the psycho-pedagogical assessment, identifying both the specific educational support needs of the pupil with a suspected mental disorder and those contextual factors that favour or hinder their learning, in order to determine the most appropriate educational measures. In order to carry out the assessment, prior authorisation from the family for the psycho-pedagogical assessment will be required (appendix IV).

Whenever the student's conditions allow it, he/she will be involved in the different phases of the process and will be informed of the actions to be carried out at different times.

4. After the evaluation: educational report

The counsellor will draw up an educational report of coordination between services (Annex VI) in which he/she will reflect his/her psycho-pedagogical assessment and his/her proposal as to whether or not the pupil should be referred to the corresponding health services.

The counsellor will call a meeting with the mother, father, tutors/guardians or legal representatives, in which he/she will inform them of the result of the assessment, giving them a copy of the aforementioned report.

5. Referral proposal

If a proposal for referral to health services is made:

- The educational report of coordination between services (Annex VI), accompanied by a referral letter, will be sent to paediatrics or primary care through the mother, father, guardians or legal representatives. With this information, the medical practitioner will assess the referral to the corresponding specialist (USMIA, Neuropaediatrics or others).

6. Information on the detection and identification process

The tutor will be informed of the process carried out. Both the teaching staff and the counsellor will have the obligation to keep the corresponding confidentiality of the subjects dealt with and the duty of secrecy.

2) Diagnostic phase

The school management will include the USMIA report on coordination between services (appendix VIII) in the student's file, informing the guidance counsellor of the same. Once the content of the document sent by the USMIA is known, in any case, the guidance counsellor of the educational centre, or whoever performs his/her functions, will communicate to the tutor and the teaching staff the corresponding information, sufficient and necessary for the educational intervention. This will be included in a proposal for a personalised action plan, if appropriate. The Head of Studies will supervise this process.

3) Intervention phase

Intervention should be cross-cutting and include: school intervention, clinical intervention, family counselling and pharmacological intervention if the doctor considers it necessary. The care required by the pupil, in accordance with the clinical and psycho-pedagogical assessment, will be set out in a Therapeutic Plan (Annex IX) which will indicate the specific educational, health and social needs (where applicable) that the pupil presents, the proposed objectives, the interventions and the professionals responsible for the support that will be provided to cover them (clinical treatment, measures for attention to diversity), family participation, timing, monitoring record, assessment and, where appropriate, revision of the objectives.

This intervention will be interdisciplinary in nature as it will cover all the areas that the child needs: health, educational and social, highlighting the importance of family collaboration. This therapeutic plan will be adjusted and completed by those in charge of the USMIA and the educational centre, and if necessary by the corresponding social services, depending on the evolution of the child or adolescent.



The educational centre, when the clinical problem also has significant repercussions in the school context, with the advice of the centre or whoever performs its functions and in coordination with the mental health services, will carry out or propose the relevant actions at the centre level, which will be included in the psycho-pedagogical report (and documentation from the centre) and will be communicated to the families for their knowledge and participation. The educational intervention may include aspects of access, participation, the teaching-learning process, methodological, behavioural, emotional, social, ordinary, extraordinary and complementary measures of attention to diversity, as well as complementary personnel involved and material resources. This intervention may include pharmacological treatment and the supervision of medication at the school (in accordance with current regulations), educational and psycho-pedagogical intervention.

4) Follow-up phase of the therapeutic plan

In order to ensure an effective and operative monitoring of students, different channels for the exchange of information and interprofessional communication will be articulated in accordance with the established plan. The content of the coordination meetings between services will be recorded in the minutes (Annex X. Minutes of the coordination meeting between services). Whenever there is a relevant change in the school and/or health evolution of the pupil, the parties involved in this protocol must be informed.

The full protocol together with all annexes can be found at the following links:

- https://dogv.gva.es/datos/2017/12/22/pdf/2017_11874.pdf
- <https://ceice.gva.es/es/web/inclusioeducativa/protocols>

2) Access to private psychiatric and clinical psychological services

People who have taken out private health insurance access the service by choosing the professional from a specific list of professionals (psychiatrists and psychologists). The person has to decide which professional he/she wants to see and make an appointment. Some insurances have restrictions on the provision of this service (e.g. maximum number of sessions).

People who do not have private health insurance can also access private professionals. In Spain there are numerous centres and professionals who work on their own account. In these cases, any person can contact them directly to make an appointment.

h. Section 8: Germany

The following points of contact offer children, adolescents and parents (or other caregivers) personal crisis talks and, if necessary, also arrange for further support options. These counselling services are free of charge. A referral from the treating pediatrician to a child and adolescent psychologist or psychiatrist is not necessary.

Child and youth emergency service: supports children aged 0 to 17 and their families in solving various conflicts and problems.

Available in most German communities;

Berlin: <https://www.berliner-notdienst-kinderschutz.de/index.html>

Dresden: <https://www.dresden.de/de/rathaus/dienstleistungen/kinder-jugend-notdienst.php>

Hamburg: <https://www.hamburg.de/leb/kjnd/>

München: https://stadt.muenchen.de/infos/familiaere_notlagen.html

Köln: <https://www.stadt-koeln.de/leben-in-koeln/familie-kinder/hilfe-beratung/notfallnummern-fuer-kinder-und-jugendliche?kontrast=Schwarz>

Stuttgart: <https://www.kisz-stuttgart.de/home-107.html>

Youth psychiatric service: offers short-term assistance in crisis situations; offers preventive care, diagnostics and treatment for developmental delays and disabilities.

Contact possible via responsible district administration

Berlin: <https://www.berlin.de/lb/psychiatrie/in-den-bezirken/kinder-und-jugendpsychiatrischer-dienst/>

Dresden: https://www.dresden.de/de/rathaus/aemter-und-einrichtungen/oe/dborg/stadt_dresden_6604.php

Hamburg: <https://www.hamburg.de/altona/jugendpsychiatrischer-dienst/>

München: <https://stadt.muenchen.de/service/info/sg-seelische-gesundheit/10181444/>

Köln: <https://www.stadt-koeln.de/service/adressen/kinder-und-jugendpsychiatrische-beratungsstelle?schriftgroesse=normal>

Youth Psychology Service: supports young people with psychosocial and psychological problems who are receiving inpatient or day-care help with upbringing or for whom the Youth Welfare Office has provided the corresponding help, and their caregivers

- Direct search for suitable psychotherapists www.bptk.de/service/therapeutensuche/

Clinic for Child and Adolescent Psychiatry: day-care and inpatient treatment; emergency treatments, child and adolescent psychiatric diagnostics

- Direct search for child and adolescent psychiatry and psychotherapy clinics at: <https://www.dgkjp.de/>

Counselling centers: Child, youth and family counselling centers <https://familienportal.de/>

- <https://www.bke.de/virtual/ratsuchende/beratungsstellen.html?SID=034-403-538-6AA>
- <https://www.caritas.de/hilfeundberatung/onlineberatung/kinder-jugendliche/start>

Children and youth telephone

- 0800 – 111 0 333 www.nummergegenkummer.de

Parental counselling: counselling for parents who want to talk about difficulties with their children or parenting issues

- 0800 – 111 0 550 www.nummergegenkummer.de

Overview of all contact points for supporting children and young people with mental health problems:

<https://www.psychenet.de/de/hilfe-finden/schnelle-hilfe/krisenanlaufstellen-kj.html#beratungsstellen>

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