



UNIVERSITY OF
GOTHENBURG

Global Child and Adolescent Mental Health Conference

2024-10-11

Scientific session on the theme Intervene

How can we intervene early and effectively in youth mental health problems? Short presentations to map the area followed by panel discussion also reconnecting to the round-table discussion

Education and Health from Early Years are Intertwined

Global Child and Adolescent Mental Health Conference, October 11, 2024

INGRID PRAMLING SAMUELSSON, UNIVERSITY OF GOTHENBURG

The beginning of life

Awareness of the 1000 first days
of life

Parents as the child's first
teachers

The role ECEC: playing for
development, learning and
wellbeing

Joint actions for health and
wellbeing from early years




Slutrapport – Förstudie
avseende ett nationellt
hälsoprogram för barn
och unga

 Socialstyrelsen

A new national health program for children and youth

- * Aholistic view on health
 - The school and the preschool participate in the work of identifying the needs of children and young
 - Preschool has positive effects on children's health and development
 - School and preschool should participate in the design of the health program – to ensure collaboration between health & education
- However, there seems to be NO representatives from preschool in the working group for ages 0-5
- Child Health Care Centres meet children once a year, preschools see them 5 days a week

 Socialstyrelsen

Hälsoprogram för barn
och unga

Deledövning om förutsättningar för uppföljning
av barns och ungas hälsa och utveckling samt att
följa upp och utvärdera det nationella
hälsoprogrammet

Tillberg: Are you profitable little friend?



What does the world demand from education?

- Individuals that have developed agency and can stand up for human rights, and what is right for the earth and the society
- It calls for an educated and engaged individual
- The foundation for this is laid before school age

Collaboration between ECEC settings and Child Health Care Clinics (2019)



Tuvens förskola, Härmösand

Samarbete förskola – barnavårdscentral
En nationell enkätundersökning

2019

A national questionnaire

OMEP Sweden
Stockholm University
Child Health Care Stockholm Region

- Lack of collaboration
- No regulated responsibility
- No medical training of ECEC Staff – and maybe no pedagogical training of health services

A Pilot Study among ECEC setting staff about toilet training (2021)

The preschool staff is striving for what they judge to be in the best interests of the child

90 % answered YES to responsibility, some with conditions:

- Waiting for the child to start
- Or to be mature enough
- Or waiting for the parents' initiative



EDU_{CARE} – What about potty training for sustainability?

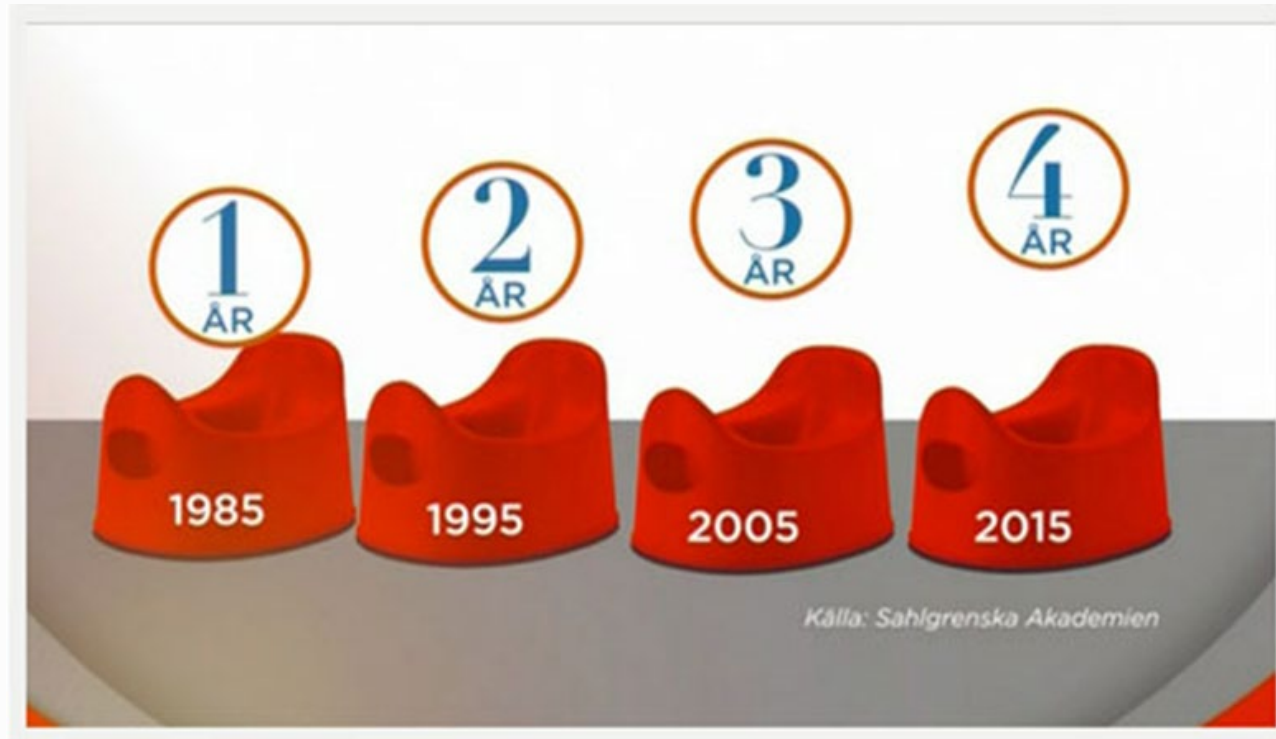


OMEP Sweden started a project (2022) where we focus on young children's health and well-being – the UN Convention on the Rights of the Child

There is a lack of collaboration between professionals in the child health care and ECEC sectors

ECEC settings and families need to develop an understanding that it is in the child's best interest to be able to get rid of the nappy earlier than today

Using nappies longer and longer...



The average age to be nappy free in Sweden is 3.5/4 years (day/night), an increase by almost two years in the last decades.

The same biology!

Potty training in Vietnam

- 3 - 6 months

A common starting time

- 12 months

Most children without nappy during daytime

- 24 months

98% without nappies

(Duong, Jansson & Hellström, 2013)

Potty training in Sweden

- 24 months

5% have started the training

- 3,5 years

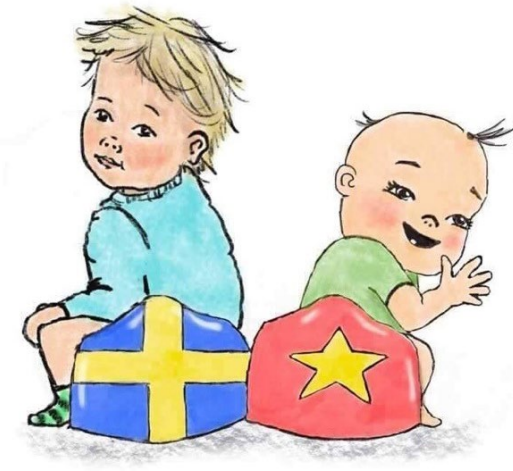
Most children without nappy during daytime

- 4 years

Most children without nappy

Conclusion:

Social and cultural constructions



Three main reasons to change this:



Pictures by Maria Lyberg

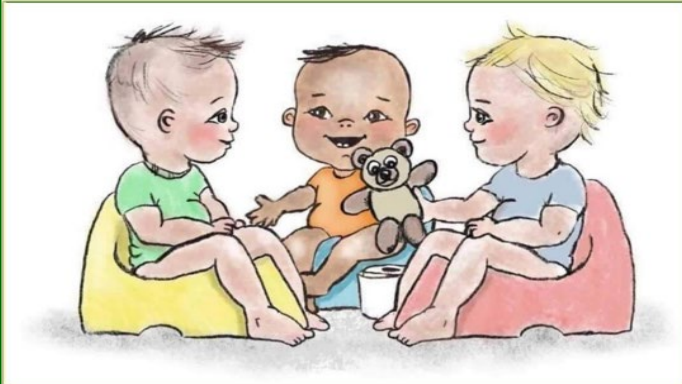
A child perspective: Self-esteem integrity and a health and development issue
(Constipation a major problem)

An economic perspective: Very expensive for parents and ECEC settings

A sustainable perspective: The nappies are not compostable

Pamphlets, posters, videos, talks

Nappy free children earlier!



Supporting toilet training at home and in preschool

Ingrid Engdahl, Margareta Blennow and Therése Saksø
OMEP Sweden with support from the Swedish Enuresis Academy



أطفال من دون حفاضات في وقت ابكر!



دعم الفطام من الحفاضات في المنزل والحضانة

نحن نعمل من أجل أن يصبح الأطفال خاليين من الحفاضات في وقت مبكر عن اليوم.
إنجريد إنغدال ومارجريتا بلينو وتريز ساكسو
أوميب السويدية بدعم من أكاديمية إنوريس السويدية

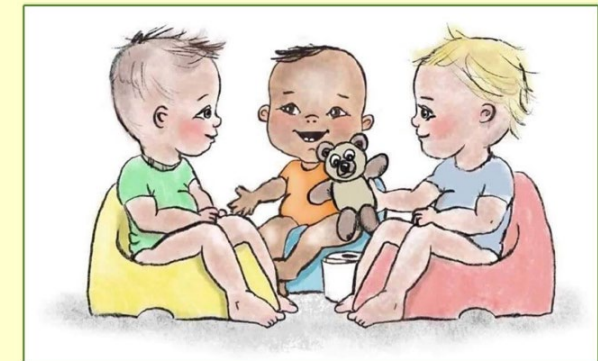
Xafaayadda ka jooji ilmaha xilli hore!



Caawinaad sidaad xafaayadda uga goyn laheyd ilamaha guriga iyo xannaanada

Waxan ku dadaaleynaa in ilmuha xafaayad la'aan noqdaan
xilli ka horreeya midka maanta.

¡Libera antes a los niños de pañales!



Apoyo para el destete de pañales en el hogar y preescolar

To decide - to agree

- You vote
- You can do what others want next time
- Each child can choose for her/himself what s/he wants to do
- The cradle of democracy is already here with the 4-6 years old - but also an individual desire to decide what they want to do



Picture: Anna-Karin Engberg



Language learning and development

- Children's language skills when starting primary school can vary between 2000 to 8000 word in various social areas
- Being able to develop a healthy life and wellbeing is strongly related to language and agency – play is central
 - Express their feelings
 - Express their thoughts
 - Play with reality and fantasy

Never underestimate children's abilities!

- It however demands skilled staff both in health services and in preschool
- Health services and preschool need to be sustainable, whatever that means!

- *Thanks for listening!*
- Ingrid.Pramling@ped.gu.se



Picture: Anna-Karin Engberg

Early and Coordinated Interventions: Addressing Youth Mental Health Challenges in Complex Systems

Christian Gadolin

Addressing Systemic Challenges through Prevention

- **Key Challenges in Healthcare**
 - Changing demographics
 - Resource scarcity
- **Need for Systemic Transformation**
 - Focus on equality, accessibility, and patient involvement
 - Shift towards preventive and health-promoting interventions
- **Preventive Focus on Children and Youth**
 - Mental health disorders doubled among Swedish youth
 - Early and coordinated interventions crucial to long-term mental health
- **Benefits of Early Interventions**
 - Improves immediate well-being
 - Reduces healthcare needs and societal costs

Early and Coordinated Interventions (TSI) in Sweden

- **National Initiative (2018–2023)**
 - Initiated by Skolverket & Socialstyrelsen
 - Support for children at risk of unfavorable development
- **TSI as a Framework**
 - Structured collaboration between schools, healthcare, and social services
 - Focus on early and preventive support
- **Key Challenges**
 - Identified by oversight authorities
 - Unclear responsibilities & long waits for help
- **Holistic Perspective Needed**
 - Coordinated efforts must account for children's multifaceted needs
 - Structures need to endure and maintain quality over time

Targeted Support for At-Risk Children and Youth

- **Focus**
 - Selective support for children and youth at risk of adverse development
 - Differs from broad or complex-problem-focused interventions
- **Methods and Focus Areas**
 - TSI in Sweden covers a wide range of areas and tools to support children's needs
 - Focuses on issues like school absenteeism as a protective factor
 - **Wellbeing Wheel**: Mapping children's needs through collaborative conversations
 - **SDQ, ORS & SRS**: Tools to assess emotional/behavioral needs, track progress, and measure support quality
- **Goal**
 - Create lasting collaborative structures within existing systems to ensure timely and appropriate support for children and youth

Early Insights on Strengthening TSI in Sweden

- **Study Overview**
 - Part of the Horizon research program Invest4Health
 - Focused on a Swedish region collaborating with municipalities to strengthen the TSI framework
- **Key Challenges Identified**
 - **Active Involvement:** Lack of strategic engagement from the region
 - **Political Commitment:** Short-term focus, with fluctuating priorities over time
 - **Local Collaboration:** Reliance on individual champions, risking sustainability
 - **Long-term Financing:** Difficulty securing stable funding for preventive work
- **Financial Innovations**
 - Exploring new models like outcome-based contracts and smart capacitating investments (SCI)
- **Conclusion**
 - Stability is the key missing element for sustainable and successful TSI efforts

Understanding and Strengthening TSI for the Future

- **TSI as a Systems-Level Intervention**
 - Establishes new, structured collaboration within existing healthcare systems
 - Must integrate with established norms, structures, and routines, not as isolated changes
- **Challenges with Competing Interventions**
 - Efficiency-driven or issue-specific interventions may conflict with TSI's goals of sustainable collaboration
 - Fragmentation can occur when interventions pull the system in different directions
- **Key Takeaways**
 - Early coordinated interventions are essential for addressing youth mental health challenges
 - A broad, system-wide understanding is crucial for aligning interventions and ensuring long-term success

**Feel free to reach out for further
discussions!**

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YOUTH MENTAL HEALTH: THE ROLE OF PREVENTIVE AND DIGITAL EARLY INTERVENTIONS

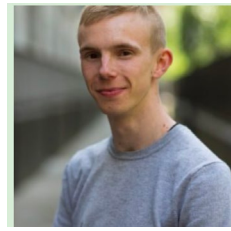
Professor Domenico Giacco

Social and Digital Psychiatry Research Group lead

Warwick Applied Health, Warwick Medical School



Social and digital psychiatry



Social and community MH

- Peer support, social coaching, best practices for MH in the absence of consent

Youth MH

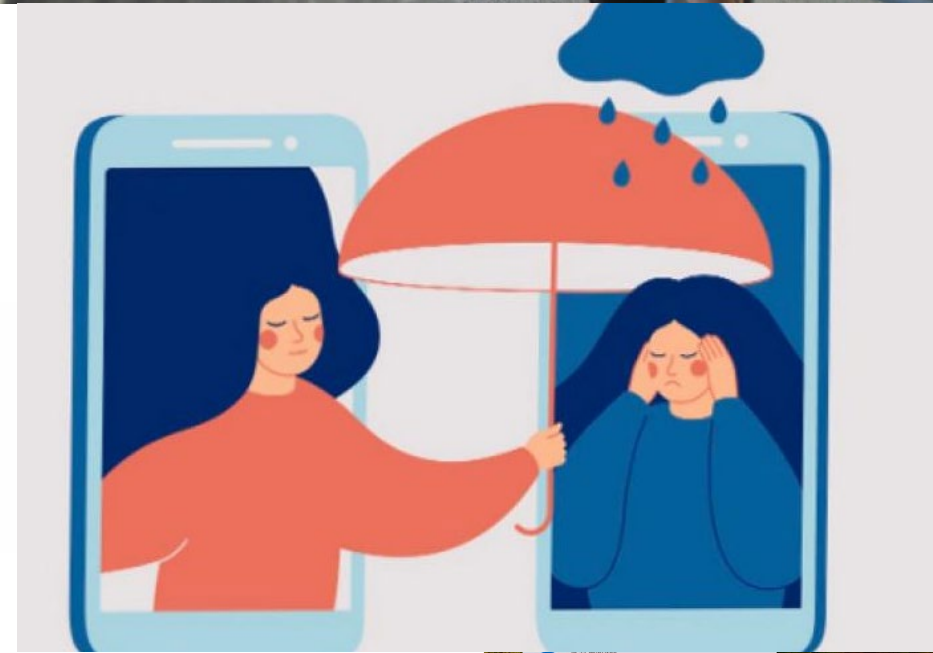
- School, university and community projects

Digital MH

- Digital micro-interventions and AI-assisted interventions



WARWICK
MEDICAL SCHOOL



Disclaimer

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The views expressed in this presentation are those of the author(s), and not necessarily those of the Funders

The 'early intervention' paradigm



Psychosocial interventions for people with a first episode psychosis: between tradition and innovation

Swaran P. Singh^{a,b}, Mohapradeep Mohan^a, and Domenico Giacco^{a,b}

Purpose of review

Critical period: first 5 years from symptom onset

INTRODUCTION

The initial five years after the onset of a psychotic disorder have been identified as a 'critical period' [1], during which most of the clinical and psychosocial deterioration occurs [2,3]. Providing appropriate treatment during this critical period is more likely to achieve good outcomes, both in terms of symptoms and of prevention or reduction of disability [4^{''},5]. In the last two decades, early intervention in psychosis (EIP) teams have been established across several countries, supported by robust evidence of their clinical and cost effectiveness [6].

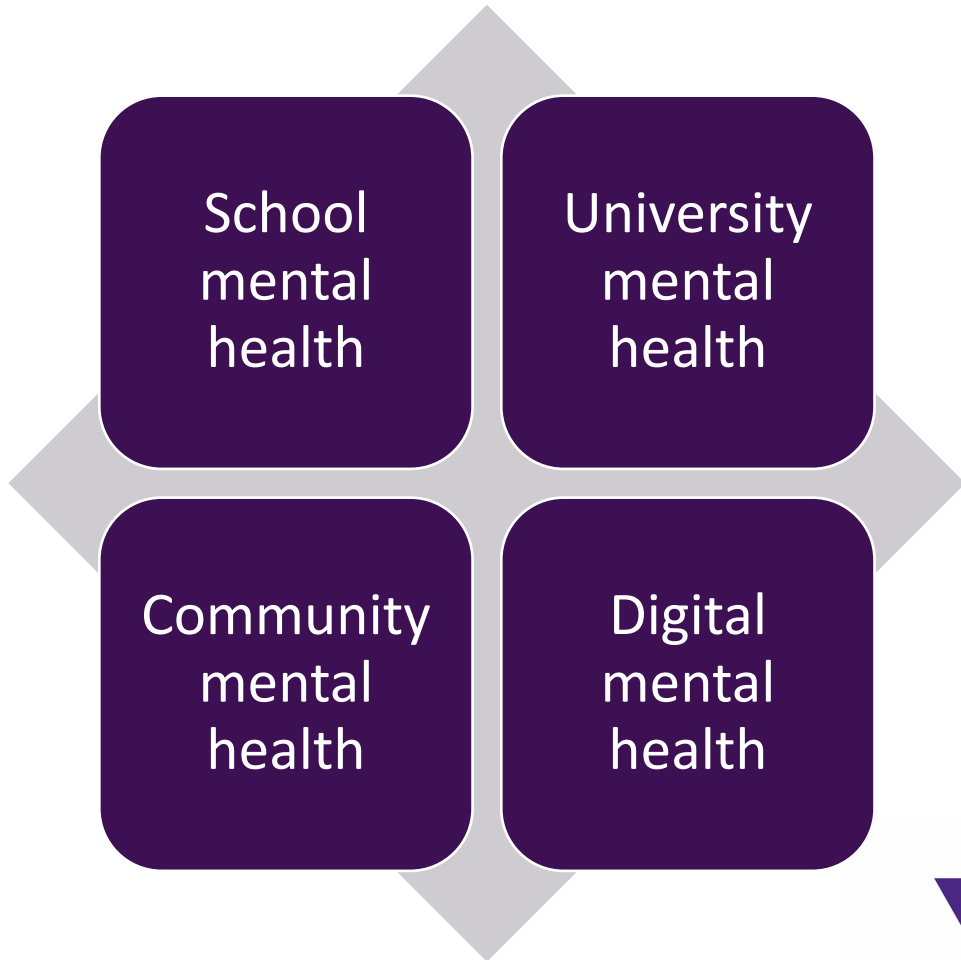
Early intervention in MH: new challenges

Adaptation to
non-psychotic
disorders

Secondary vs
primary
prevention

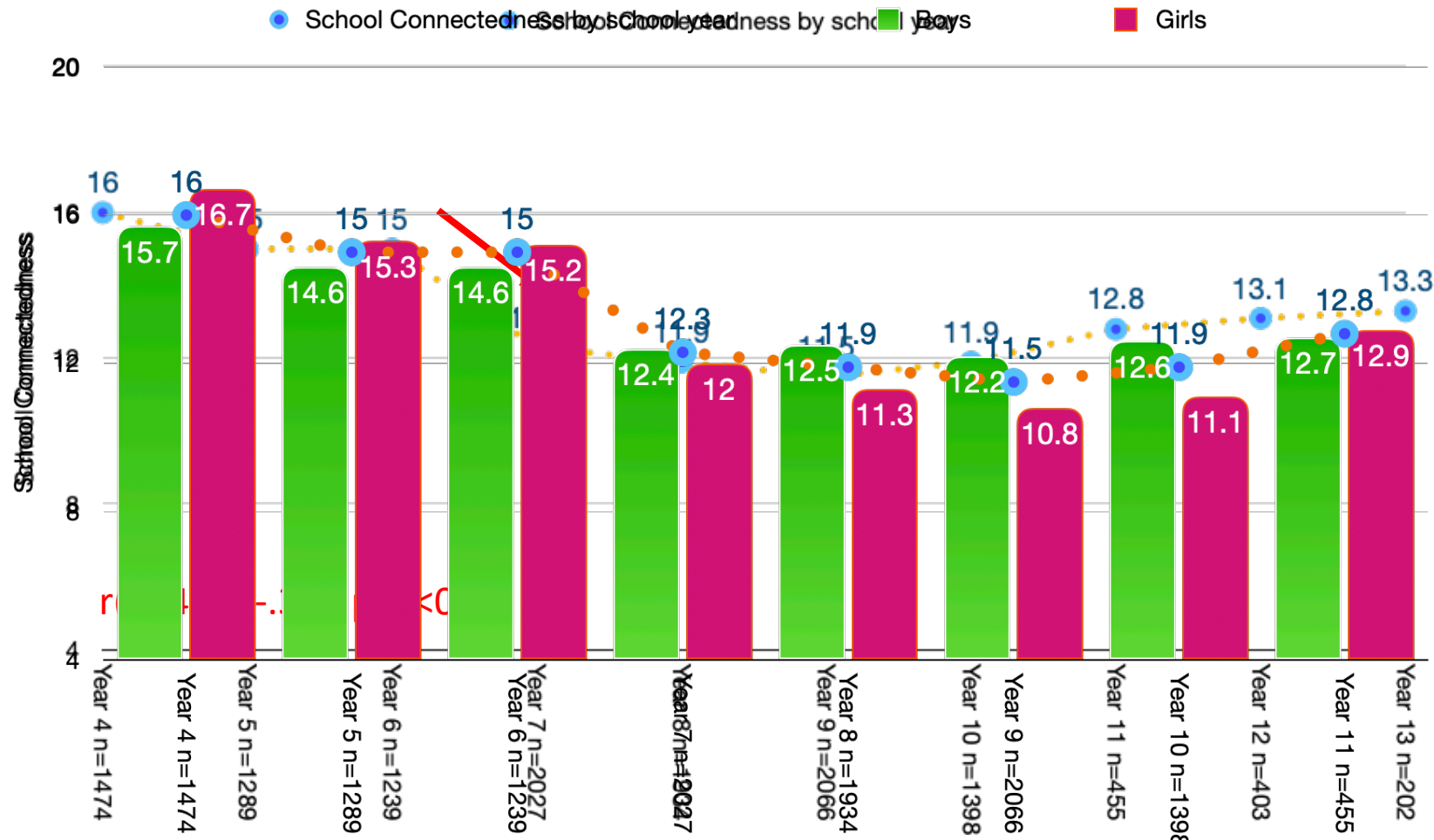
Use of new
technologies

Early intervention and prevention



What is the ‘critical period’?

Critical period? Wellbeing census in Birmingham schools



We found a medium negative correlation between school year and school connectedness

Big drop from primary to secondary school for school connectedness

>10,000 school pupils

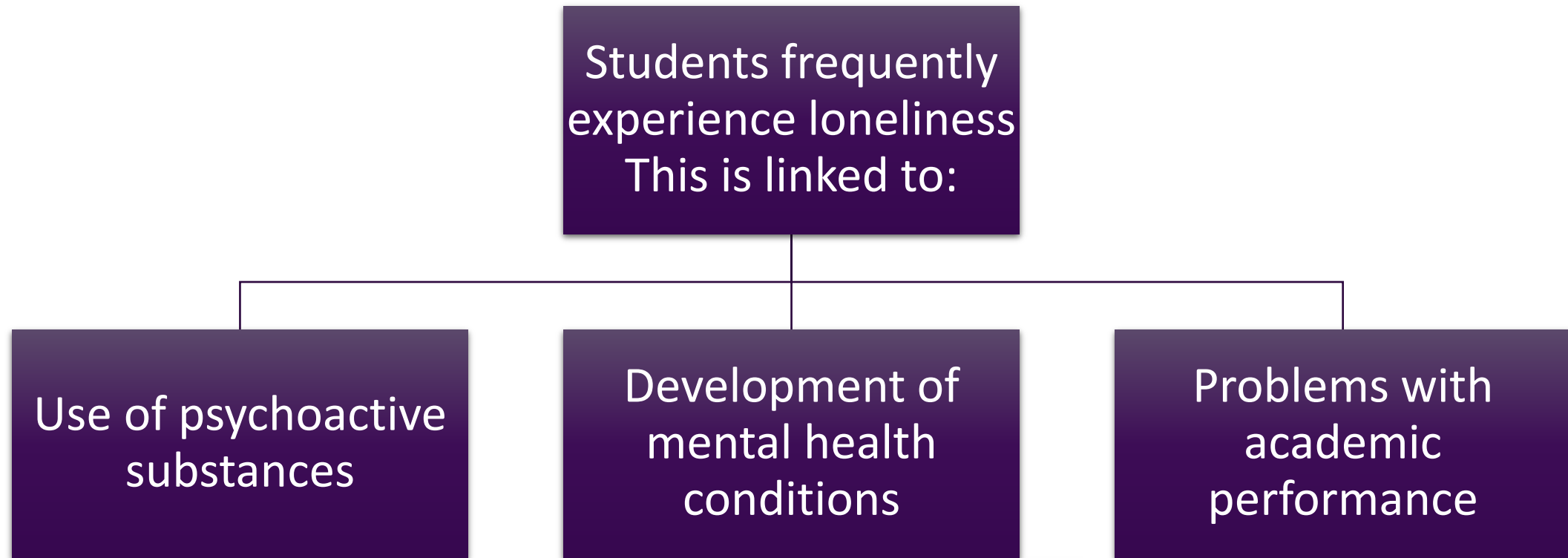
Palmer et al., in prep.

Wellbeing had a large positive correlation with school connectedness at primary $r(4002) = .615$ $p = <.000$ and secondary $r(8485) = .598$ $p = <.000$

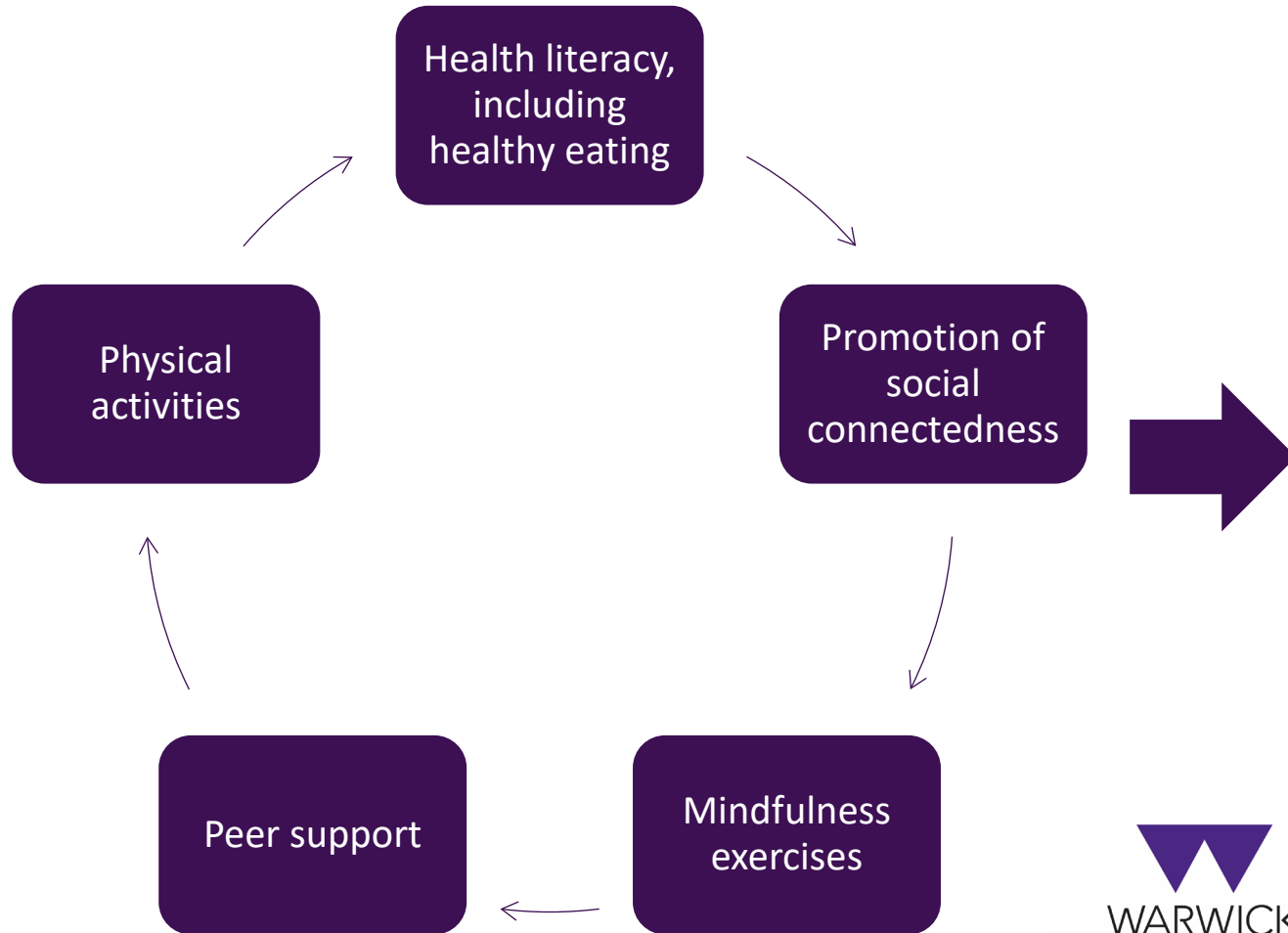
School mental health

- A critical period for pupil wellbeing is the transition between primary and secondary school
- School connectedness is linked with wellbeing
- Preventive intervention likely multimodal but need to target school connectedness
- The relationships within a school and a healthy social 'climate' make a difference to young people wellbeing

A second critical period?



University MH interventions



Connect-Eat!



- App to arrange meetings over meals
- Gamification
- Peer support

Are we forgetting something?

- Interventions in the community




Open access

Original research

BMJ
Mental
Health

EQUALITY, DIVERSITY AND INCLUSION

Improving mental healthcare access and experience for people from minority ethnic groups: an England-wide multisite experience-based codesign (EBCD) study

Catherine Winsper,¹ Rahul Bhattacharya,² Kamaldeep Bhui,^{3,4} Graeme Currie,⁵ Dawn Edge,⁶ David R Ellard,^{7,8} Donna Franklin,⁹ Paramjit S Gill ,¹⁰ Steve Gilbert,¹¹ Robin Miller,¹² Zahra Motala,¹³ Vanessa Pinfold ,¹⁴ Harbinder Sandhu,⁷ Swaran P Singh,¹⁰ Scott Weich,¹⁵ Domenico Giacco ¹⁰

NIHR | National Institute for
Health and Care Research

Key areas

- (1) reaching out to communities and collaborating with third sector organisations;
- (2) diversifying the mental healthcare offer to provide culturally appropriate therapeutic approaches and
- (3) enabling open discussions about ethnicity, culture and racism.

Winsper et al., 2023

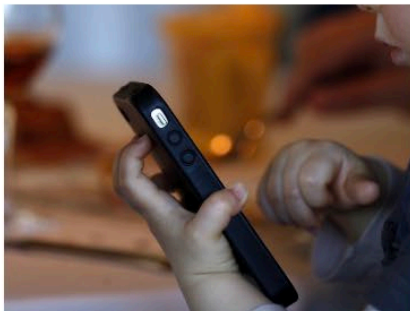
Are we forgetting something?

- Childhood behavioural and emotional disorders predict poor long term MH outcomes
- Very early intervention: Role of parenting programmes and supporting parents

The PAUSE App: digital micro-intervention to support parents

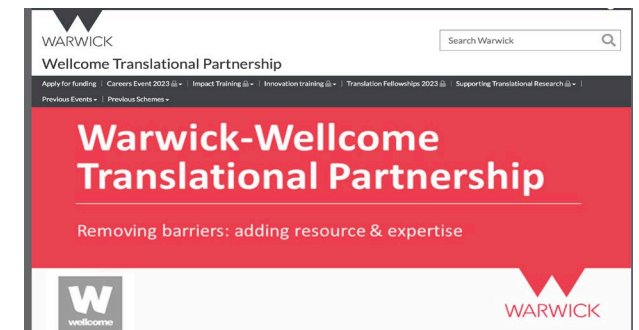
Published on 5.9.2024 in **Vol 7 (2024)**

📌 Preprints (earlier versions) of this paper are available at <https://preprints.jmir.org/preprint/53907>, first published October 26, 2023.

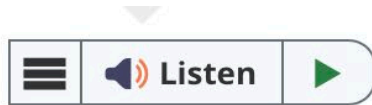


Evaluating a Mobile App Supporting Evidence-Based Parenting Skills: Thematic Analysis of Parent Experience

Nathan Hodson^{1, 2} ; Peter Woods² ; Juan Luque Solano³ ; Charlotte Talbot⁴ ;
Domenico Giacco² 



The next steps: digital phenotyping



Editorial

Digital phenotyping: how it could change mental health care and why we should all keep up

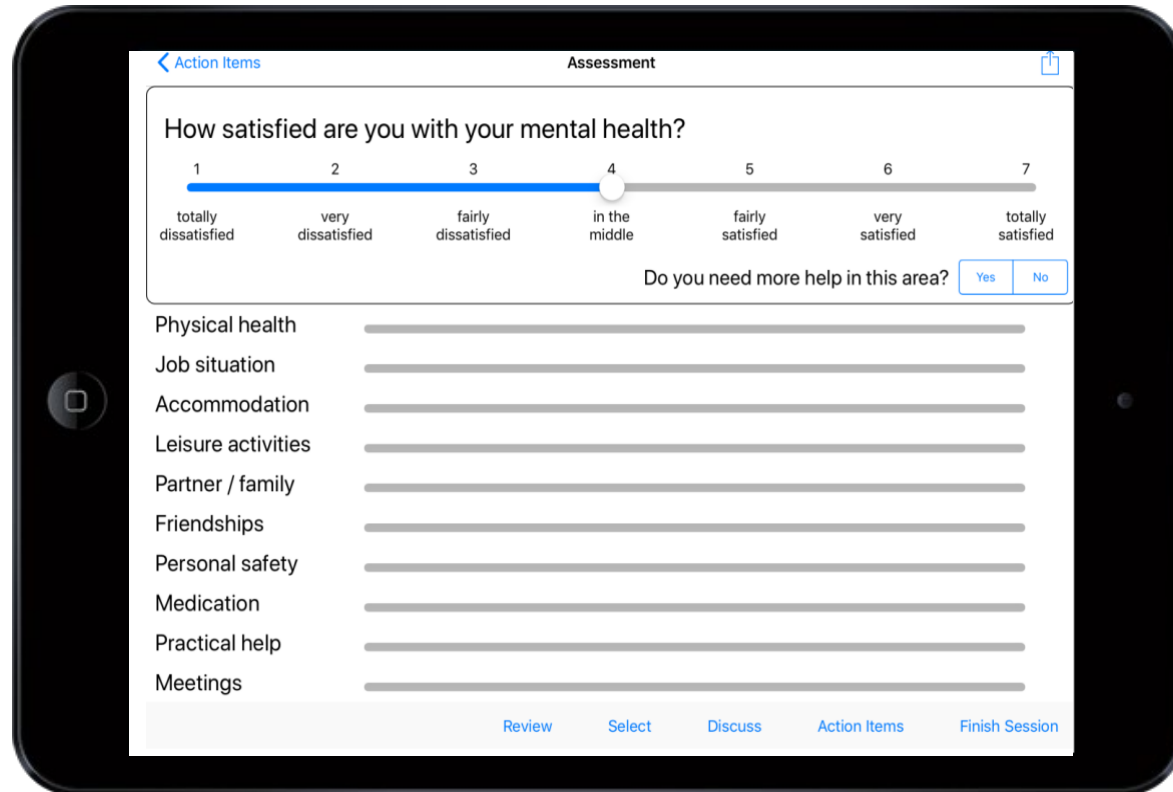
Sagar Jilka   & Domenico Giacco 

Pages 439-442 | Received 14 Aug 2024, Accepted 19 Aug 2024, Published online: 20 Sep 2024

 Cite this article  <https://doi.org/10.1080/09638237.2024.2395537>



The next steps: evidence-based AI-assisted interventions



The screenshot shows a mobile app interface titled "Assessment". At the top, there is a navigation bar with a back arrow and the text "Action Items". Below this, a question asks "How satisfied are you with your mental health?". A horizontal slider scale from 1 to 7 is shown, with labels: 1 (totally dissatisfied), 2 (very dissatisfied), 3 (fairly dissatisfied), 4 (in the middle), 5 (fairly satisfied), 6 (very satisfied), and 7 (totally satisfied). The slider is currently set to 4. Below the slider, there is a question "Do you need more help in this area?" with "Yes" and "No" buttons. Underneath, there is a list of categories: Physical health, Job situation, Accommodation, Leisure activities, Partner / family, Friendships, Personal safety, Medication, Practical help, and Meetings. Each category has a corresponding horizontal line for input. At the bottom, there is a navigation bar with buttons: Review, Select, Discuss, Action Items, and Finish Session.

- AI-assisted coaching
- AI-assisted care planning

The future and what is important

- ‘Critical periods’ for prevention and early intervention
- The new technologies: scalability and rapid technological progress, which evaluation methods have to match
- More than ever focus should be on equity, co-production, accessibility and value for users
- We should not leave anyone behind!



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