

## APPENDIX 1

### MAPPING SURVEY COUNTRY RESPONDENTS AND AFFILIATIONS

COUNTRY	CONTACT P.	AFFILIATION
<b>AUSTRIA</b>	Eva Pollak	University Clinic for Child and Adolescent Psychiatry, Medical University Vienna
	Nestor Kapusta	University Clinic for Psychoanalysis and Psychotherapy, Medical University Vienna
<b>BELGIUM</b>	Sabine Tremmery	Child and Adolescent Psychiatry department, Katholieke Universiteit Leuven, Leuven
	Véronique De Roeck	Child and Adolescent Psychiatry department, Katholieke Universiteit Leuven, Leuven
	Katrien Moens	Child and Adolescent Psychiatry department, Katholieke Universiteit Leuven, Leuven
<b>BULGARIA</b>	Vaska Stancheva-Popkostadinova	Head of Department of Medical-Social Sciences, Faculty of Public Health and Sport South-West University "Neofit Rilski"
<b>CROATIA</b>	Katarina Dodig Ćurković	Unit of Child and Adolescent Psychiatry, University Health Center Osijek, Croatia
	Tomislav Franic	Department of Child and Adolescent Psychiatry, School of Medicine, University of Split
	Vlatka Boricevic	Inpatient Department, Psychiatric Hospital for Children and Youth Zagreb
<b>CYPRUS</b>	Kallistheni Pantelidou	Cyprus Child and Adolescent Psychiatric Society
<b>CZECH REPUBLIC</b>	Michal Goetz	Department of Child Psychiatry, Charles University Second Faculty of Medicine University Hospital Motol, Prague
	Petra Uhlikova	Department of Psychiatry, General Teaching Hospital, 1st faculty of medicine, Charles University in Prague; Member of the board of the section of child psychiatry of the Psychiatric society of the Czech medical society
	Jaroslav Matys	Association Child and Adolescent Psychiatry Czech Republic; Psychiatric society of the Czech medical society, section of child psychiatry
<b>DENMARK</b>	Niels Bilenberg	Child and Adolescent Psychiatric Dept., Odense; Mental Health Hospital and University Clinic, Region of Southern Denmark; University of Southern Denmark
	Marianne Kryger	Department of Clinic Child and Adolescent Psychiatry, Northern Region, Denmark and Chairman, Child and Adolescent Psychiatry Society in DK

	Alexandrina A. Grosen	Clinic Child and Adolescent Psychiatry, Northern Region, Denmark
<b>ESTONIA</b>	Anne Kleinberg	Estonian Psychiatric Association, Child and Adolescent Psychiatry Section; Tartu University Psychiatry Clinic
<b>FINLAND</b>	Matti Joukamaa	Finnish Psychiatric Association; Child Psychiatry Department, University of Turku
	Andre Sourander	Child Psychiatry Department, University of Turku
<b>FRANCE</b>	Diane Purper-Ouakil	Département de Médecine Psychologique Enfants et Adolescents (MPEA) St Eloi (Children and Adolescent Psychiatry Unit), Centre Hospitalier Régional Universitaire (CHU) de Montpellier
	Frédéric Russet	Département de Médecine Psychologique Enfants et Adolescents (MPEA) St Eloi (Children and Adolescent Psychiatry Unit), Centre Hospitalier Régional Universitaire (CHU) de Montpellier
	Aurelie Schandrin	Département de Médecine Psychologique Enfants et Adolescents (MPEA) St Eloi (Children and Adolescent Psychiatry Unit), Centre Hospitalier Régional Universitaire (CHU) de Montpellier
<b>GERMANY</b>	Ulrike Schulze	Department of Child and Adolescent Psychiatry/Psychotherapy, University of Ulm
<b>GREECE</b>	Gerasimos Kolaitis	Department of Child Psychiatry Athens University Medical School "Aghia Sophia" Children's Hospital
	George Giannakopoulos	Department of Child Psychiatry, National and Kapodistrian University of Athens, School of Medicine; Aghia Sophia Children's Hospital, Athens
<b>HUNGARY</b>	Roberta Dochnal	Hungarian Society for Child and Adolescent Psychiatry; Department of Psychiatry, University of Szeged
	Agnes Vetrò	Associate Professor, Head of Child and Adolescent Psychiatry Department, University of Szeged
<b>IRELAND</b>	Fiona McNicholas	-Department of Child and Adolescent Psychiatry, School of Medicine and Medical Science Health Sciences Centre, University College Dublin -Geary Institute, University College Dublin, Belfield, Dublin 4 -Department of Child Psychiatry, Our Lady's Hospital for Sick Children, Crumlin, Dublin 12 -Lucena Clinic SJOG, Rathgar, Dublin 6
	Lesley O'Hara	Department of Child and Adolescent Psychiatry, School of Medicine and Medical Science Health Sciences Centre, University College Dublin
<b>ITALY</b>	Antonella Costantino	Italian Society for Child and Adolescent Neuropsychiatry; Child and Adolescent Neuropsychiatric Unit, IRCSS Foundation Ca' Granda, Ospedale Maggiore Policlinico, Milan
<b>LATVIA</b>	Nikita Bezborodovs	Latvian Psychiatric Association; Child Psychiatry Clinic, Children's Clinical University Hospital, Riga
<b>LITHUANIA</b>	Sigita Lesinskiene	Clinic of Psychiatry, Vilnius University, Vilnius; Psychiatry Clinic, School of Medicine, University of Vilnius, Vilnius, Lithuania

<b>LUXEMBOURG</b>	Marianne Schilling	Service de Pédopsychiatrie, Centre Hospitalier de Luxembourg
	Jean-Francois Vervier	Child Psychiatric Unit, Departement of Pediatrician, Centre hospitalier de Luxembourg
	Nora Wurth	Service de Pédopsychiatrie, Centre Hospitalier de Luxembourg
<b>MALTA</b>	Nigel Camilleri	Mount Carmel Hospital, Malta; Institute of Health and Society , Newcastle University, UK; Tees, Esk and Wear Valley NHS Foundation Trust, Darlington, UK
<b>NETHERLANDS</b>	Frank Verhulst	Department of Child and Adolescent Psychiatry, Erasmus Medical Centre, Rotterdam
	Suzanne E. Gerritsen	Department of Child and Adolescent Psychiatry, Erasmus Medical Centre, Rotterdam
	Gwen Dieleman	Department Child and Adolescent Psychiatry, Erasmus Medical Centre, Rotterdam
	Athanasios Maras	Yulius Academy, Rotterdam
	Therese van Amelsvoort	Department of Psychiatry and Psychology, Maastricht University
<b>POLAND</b>	Barbara Remberk	Department of Child and Adolescent Psychiatry, Institute of Psychiatry and Neurology, Warsaw
<b>PORTUGAL</b>	Bernardo Barahona-Corrêa	Portuguese Society of Psychiatry and Mental Health; Dept. of Psychiatry and Mental Health, Hospital Egas Moniz - Centro Hospitalar de Lisboa Ocidental, Lisbon; CEDOC, Nova Medical School/Faculdade de Ciências Médicas da Universidade Nova de Lisboa, Lisbon; Champalimaud Foundation Center for the Unknown, Lisbon.
<b>ROMANIA</b>	Laura Mateescu	Child and Adolescent Psychiatry Department ,“Carol Davila” University of Medicine and Pharmacy; “Prof. Dr. Alexandru Obregia” Hospital of Psychiatry Child and Adolescent Psychiatry, Bucharest
<b>SLOVAKIA</b>	Igor Skodacek	Department of Paediatric Psychiatry, Children’s Faculty Hospital and Clinic, Comenius University, Faculty of Medicine, Bratislava
<b>SLOVENIA</b>	Maja Zorko	Slovenian Psychologists Association; National Institute of Public Health, Ljubljana
	Agata Zupančič	Slovenian Ministry of Health
<b>SPAIN</b>	Rosa Calvo	Spanish Society of Child and Adolescent Psychiatry; Hospital Clínic de Barcelona, Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM); Department of Child and Adolescent Psychiatry and Psychology, Institute of Neuroscience, Hospital Clínic of Barcelona;
<b>SWEDEN</b>	Lars Joelsson	Swedish Assoc of Child and Adolescent Psychiatry
	Per-Anders Rydelius	Karolinska Institutet, Stockholm; Center for Research on Child and Adolescent Mental Health, Karlstad University, Karlstad
<b>UNITED KINGDOM</b>	Moli Paul	Division of Mental Health and Wellbeing, Warwick Medical School, The University of Warwick

	Cathy Street	Division of Mental Health and Wellbeing, Warwick Medical School, The University of Warwick
--	--------------	--

## **APPENDIX 2**

### **SURVEY QUESTIONNAIRE: EUROPEAN CAMHS MAPPING QUESTIONNAIRE (ECM-Q)**

#### **ECM\_Q development procedure:**

GdG and GS extracted questions from WHO Child and Adolescent Mental Health Atlas and the European Service Mapping Schedule. After producing a first draft questionnaire was circulated for revisions.

Revisions of the questionnaire were made by the members of MILESTONE team (all Country PIs) and external experts.

External experts were:

- Dr. Myron Belfer (WHO Child and Adolescent Mental Health Atlas)
- Dr. Matt Muijen (WHO Regional Office of Europe)
- Dr. Brendan Dooley (collaborating with the MILESTONE PI in the Republic of Ireland, Dr. Fiona McNicholas)

Once finalized, the ECMQ has been uploaded on a dedicated web domain by Kema SNC. GdG and GS made the quality check of the electronic questionnaire before sending out invitations to identified respondents.



# MILESTONE

## European CAMHS Mapping Questionnaire ECM-Q

Name of country:

Date of Form Completion: Month \_\_\_\_\_ Year \_\_\_\_\_

*Contact Details of Person Responsible for Answering Questionnaire*

Name:

Title:

Position:

Mailing Address:

Telephone: Fax:

E-mail:

*Please provide an estimate if official data is unavailable.*

Country population:

Country population under the age of 18 (or the age of majority):

### *Instructions:*

*This questionnaire has been developed to provide information about the current state of organization of Youth Mental Health Care Services across all Europe, especially for the delicate process of transition from Child and Adolescent Mental Health Services and Adult Services. As part of the Milestone project (<http://milestone-transitionstudy.eu/>) the aim of this instrument is to collect country specific information on transitional care and map strengths and weaknesses of it at a European level.*

*Please provide responsibly an answer for all the items referring to what typically happens in your country and feel free to consult with other experts, where necessary.*

*Many questions have a choice of multiple answers: please select appropriate responses or write in the space provided, where required. You can also write specific comments in the section NOTES in the case you feel more details need to be provided.*

*You can always monitor / review your answers and check the percentage of completion. Every time you log out your answers will be automatically saved at the last completed page so you will not have to worry about filling the questionnaire in one access. Once the questionnaire is completed you can submit it by clicking on the SAVE AND SEND button and following the instructions.*

*In case you need any further clarification please do not hesitate to contact:*

[gdegirolamo@fatebenefratelli.it](mailto:gdegirolamo@fatebenefratelli.it) and [gsignorini@fatebenefratelli.it](mailto:gsignorini@fatebenefratelli.it)

Tel: 00390303501509 - 00390303501742

## 1. Policy and Legislation

**1.1 Does your country have an official national *child and adolescent* mental health policy?**

1. Yes
2. No

**1.1.1** If yes, what are the age-ranges included in this policy? \_\_\_\_\_

**1.2 What are the components of this policy?**

- |   |        |       |
|---|--------|-------|
| <b>1.2.1</b> Regulations on type of care provided   | 1. Yes | 2. No |
| <b>1.2.2</b> Regulations on competency of care providers  | 1. Yes | 2. No |
| <b>1.2.3</b> Specific, written standards of service provision<br>(i.e., outpatient and inpatient facilities per 100,000 inhabitants, number of psychiatrists/psychologists per 100,000 inhabitants, other service provisions) | 1. Yes | 2. No |
| <b>1.2.4</b> Guidelines regarding access to services  | 1. Yes | 2. No |
| <b>1.2.5</b> Other (please specify) _____   | 1. Yes | 2. No |

**1.3 In which type of policy is it addressed?** (Please *check all that apply*)

1. Mental Health
2. Health
3. Human Rights
4. Child Protection
5. Health Social Welfare
6. Other (please specify) : \_\_\_\_\_

Please enclose a copy of the relevant policy section(s).

**1.4 Does any law protect children & adolescents in terms of:**

- |  |        |       |
|--|--------|-------|
| <b>1.4.1</b> Abuse or exploitation by adults                         | 1. Yes | 2. No |
| <b>1.4.2</b> Confidentiality of health care services and records     | 1. Yes | 2. No |
| <b>1.4.3</b> Informed consent (direct or via primary caregiver)      | 1. Yes | 2. No |
| <b>1.4.4</b> Prescription of medications or other medical treatments | 1. Yes | 2. No |
| <b>1.4.5</b> Participating in experimental trials                    | 1. Yes | 2. No |
| <b>1.4.6</b> Other (please specify) : _____                          | 1. Yes | 2. No |

**1.5 Are there national minimal standards of care expected from psychiatrists working in child and adolescent mental health services?**

1. Yes
2. No

**1.5.1 How are standards maintained?** (Please *check all that apply*)

1. Professional certification and maintenance of competency
2. In-service training
3. Clinical supervision
4. Clinical practice guidelines
5. Other (please specify): \_\_\_\_\_

**1.6 Are there national minimal standards of care expected from psychologists working in child and adolescent mental health services?**

1. Yes
2. No

**1.6.1 How are standards maintained?** *(Please check all that apply).*

1. Professional certification and maintenance of competency
2. In-service training
3. Clinical supervision
4. Clinical practice guidelines
5. Other *(please specify)*: \_\_\_\_\_

**1.7 Are there national minimal standards of care expected from nurses working in child and adolescent mental health services?**

1. Yes
2. No

**1.7.1 How are standards maintained?** *(Please check all that apply).*

1. Professional certification and maintenance of competency
2. In-service training
3. Clinical supervision
4. Clinical practice guidelines
5. Other *(please specify)*: \_\_\_\_\_

**1.8 Are there any standardized evaluation procedures to assess the functioning of services?**

- |   |        |       |
|---|--------|-------|
| <b>1.8.1</b> Outcomes (individual health, individual functioning) | 1. Yes | 2. No |
| <b>1.8.2</b> Patient satisfaction                                 | 1. Yes | 2. No |
| <b>1.8.3</b> Family satisfaction                                  | 1. Yes | 2. No |
| <b>1.8.4</b> Other <i>(please specify)</i>                        | 1. Yes | 2. No |
-



## 2. Health Financing

**2.1 How are child and adolescent mental health services funded (excluding specialized services for children with mental retardation)?** Tick all that apply, and indicate the percentage of child/adolescent mental health funding covered by each source, if this information is available:

FUNDING SOURCE	AVAILABLE (Yes/No)	% ON THE TOTAL OF CHILD/ADOLESCENT MENTAL HEALTH FUNDING
Consumer/ Patient/ Family		
Private insurance		
Tax-based Government Funding		
Social insurance		
International Grants		
Non-Governmental Organization		
Other:		

**2.2 Are there other sources of funding for child and adolescent mental health services?**

1. Yes (Please list here below the top three other sources and percentages):

2. No

1. \_\_\_\_\_ %
2. \_\_\_\_\_ %
3. \_\_\_\_\_ %

**2.3 What subsidized or free government ancillary benefits are provided to a family who has a child or adolescent with a disabling mental disease?** (Please indicate each condition which is available)

1. No benefits are provided
2. Disability Pension (\_\_\_\_\_ /month)
3. Specialized Education Programmes
4. Respite/Practical Help for Caregiver
5. Medical (including Psychiatric) Care
6. Institutional Care
7. Parental Training or Education
8. Other (please specify): \_\_\_\_\_

### **3. Child and Adolescent Mental Health Services (CAMHS)\***

*\*the term "CAMHS" refers to specialist, community-based, multidisciplinary, mental health services delivering medical and psycho-social interventions for children and adolescents with mental health problems and disorders and/or neuropsychiatric/developmental disorders*

**3.1 How many public CAMHS do you have in your country?** *We mean any organized CAMHS providing care to a specified catchment area with one Director/Consultant.*

\_\_\_\_\_

**3.2 Is there a juvenile justice system for delinquent children and adolescents?**

1. Yes

2. No

**3.2.1 If yes, does this system have access to a specialist/dedicated/forensic child and adolescent mental health service?**

1. Yes

2. No

**3.3 Are there specialized educational services available for children and adolescents with:**

*(1. No areas, 2. Few areas, 3. Many areas, 4. Most areas, 5. All areas)*

<b>3.3.1</b> Behavioural problems	1	2	3	4	5
<b>3.3.2</b> Learning disabilities	1	2	3	4	5
<b>3.3.3</b> Speech and language delay	1	2	3	4	5
<b>3.3.4</b> Deaf/blind children	1	2	3	4	5
<b>3.3.5</b> Mental retardation	1	2	3	4	5
<b>3.3.6</b> Children with physical and mental disabilities	1	2	3	4	5
<b>3.3.7</b> Other (please specify): _____	1	2	3	4	5

**3.4 Is there a system of providing community-based outpatient care for children and adolescents with mental disorders or severe behavioural problems?** *(please check all that apply choosing among 1. No services/absent – 2. Insufficient services – 3. Sufficient services with medium/low quality – 4. Sufficient services available with good quality– 5. Excellent/comprehensive service available)*

<b>3.4.1</b> Outpatient departments in hospitals	1	2	3	4	5
<b>3.4.2</b> Private offices of specialists	1	2	3	4	5
<b>3.4.3</b> Public health/primary care clinics	1	2	3	4	5
<b>3.4.4</b> Outpatient clinics	1	2	3	4	5
<b>3.4.5</b> Day patient programmes	1	2	3	4	5
<b>3.4.6</b> Group homes	1	2	3	4	5
<b>3.4.7</b> Foster care placements	1	2	3	4	5
<b>3.4.8</b> Respite care placements	1	2	3	4	5
<b>3.4.9</b> Other (please specify): _____	1	2	3	4	5

**3.5 Is there a provision of inpatient mental health care for mentally ill children and adolescents?** *Please indicate the total number of inpatient beds in specific child/adolescent*

*inpatient units in the entire country (general hospital/adult psychiatric hospital), if available.*

**3.5.1** Total paediatric beds allocated to *children/adolescents*: \_\_\_\_\_

**3.5.2** Total beds allocated to *children/adolescents with mental disorders (child/adolescent psychiatric inpatient units)*: \_\_\_\_\_

**3.6** Are CAMHS able to offer a language interpreter if needed when a child/adolescent has high needs for diagnostic assessment and/or care and is unable to speak the national language? (1. No areas, 2. Few areas, 3. Many areas, 4. Most areas, 5. All areas)

<b>3.6.1</b> diagnostic assessment	1	2	3	4	5
<b>3.6.2.</b> care	1	2	3	4	5

**3.7** On average for how many hours per day are CAMHS treating outpatients open in the usual working days (Monday-Friady) ? \_\_\_\_\_

**3.8** Is there a mobile emergency CAMHS team (i.e. outside of hours CAMHS services are available)? (1. No areas, 2. Few areas, 3. Many areas, 4. Most areas, 5. All areas)  
\_\_\_\_\_

**3.9** Is there a publication or reference providing information about the organization of CAMHS, or about the epidemiology of child/adolescent mental disorders in your country?  
\_\_\_\_\_

Please give the reference and/or attach a copy of the publication(s) \_\_\_\_\_

#### **4. Child and Adolescent Mental Health: Human Resources**

**4.1** How many child/adolescent *psychiatrists (who have a formal specialization in child/adolescent psychiatry)* practice child and adolescent psychiatry in your country?  
\_\_\_\_\_

**4.1.1** Do you have a national child and adolescent psychiatry training programme?

1. Yes Please specify \_\_\_\_\_

2. No

**4.1.2** What is the duration of this training programme at a national level?  
\_\_\_\_\_

**4.1.3** Does the programme lead to a certificate of specialization?

1. Yes Please specify \_\_\_\_\_

2. No

**4.1.4** Is child and adolescent psychiatry recognized as an official sub-speciality?

1. Yes Please specify \_\_\_\_\_

2. No

**4.1.5** Is there a compulsory Continuing Medical Education programme for

**child/adolescent psychiatrists?**

1. Yes *Please specify* \_\_\_\_\_
2. No

**4.2 How many *clinical psychologists* specialized in the area of child/adolescent mental health are there in your country? \_\_\_\_\_**

**4.2.1 Do you have a national training programme for clinical psychologists working with children and adolescents?**

1. Yes *Please specify* \_\_\_\_\_
2. No

**4.2.2 What is the duration of this training programme at a national level?**

**4.2.3 Does the programme lead to a certificate of specialization?**

1. Yes *Please specify* \_\_\_\_\_
2. No

**4.2.4 Is there a compulsory Continuing Education programme for child/adolescent clinical psychologists?**

1. Yes *Please specify* \_\_\_\_\_
2. No

**4.3 Which other professionals work with *children and adolescents with mental disorders*?**

*(Please check all that apply)*

- |   |        |       |
|---|--------|-------|
| <b>4.3.1</b> Psychiatric nurses                             | 1. Yes | 2. No |
| <b>4.3.2</b> Social workers                                 | 1. Yes | 2. No |
| <b>4.3.3</b> Speech and language therapists                 | 1. Yes | 2. No |
| <b>4.3.4</b> Other professionals ( <i>please specify</i> ): | 1. Yes | 2. No |

\_\_\_\_\_

## 5. Collaboration with Other Services

**5.1 Is there any protocol or agreement between schools and health services at the national level to refer a child with suspected learning disabilities to a CAMHS?**

1. Yes
2. No

**5.2 Is there any protocol or agreement between schools and health services at the community/state/regional level to refer a child with suspected learning disabilities to a CAMHS? (1. No areas, 2. Few areas, 3. Many areas, 4. Most areas, 5. All areas) \_\_\_\_\_**

**5.3 Is there any specific protocol to let schools, social services, other public and private agencies, etc. signal severe cases of abuse or neglect to mental health care providers? (1. No areas, 2. Few areas, 3. Many areas, 4. Most areas, 5. All areas) \_\_\_\_\_**

**5.4 Are there any established relationships between CAMHS and services for the protection of children and adolescents from abuse and neglect?** (1. No areas, 2. Few areas, 3. Many areas, 4. Most areas, 5. All areas)\_\_\_\_\_

**5.5 Do official referral procedures at a national level from primary care to secondary/tertiary care exist?**

1. Yes
2. No
3. Unknown

**5.6 At least one service users' association is present in the country**

1. Yes
2. No
3. Unknown

**5.7 At least one family/carers' association is present in the country**

1. Yes
2. No
3. Unknown

**5.8 Are service users' associations/organizations involved in the formulation or implementation of mental health policies, plans or legislation at national level in the last two years?** (Consider the presence of at least one representative member of a user association/organization during the meetings for the last revision of the mental health policy/plan or legislation -mark only one item)

0 UN - unknown

1. NA: service users' associations/organizations do not exist or there is no policy/plan/legislation present in the country
2. never or rarely: service users' associations/organizations did not or rarely participated in the meetings for the formulation/implementation of the policy/plan/legislation
3. not routinely: service users' associations/organizations participated but not routinely in the meetings for the formulation/implementation of the policy/plan/legislation
4. frequently service users' associations/organizations participated routinely in the meetings for the formulation/implementation of the policy/plan/legislation

**5.9 Are family/carers' associations/organizations involved in formulation or implementation of mental health policies, plans or legislation at national level in the last two years ?** (Consider the presence of at least one representative member of a user association/organization during the meetings for the last revision of the mental health policy/plan or legislation -mark only one item )

0 UN - unknown

1. NA: family/carers' associations/organizations do not exist or there is no policy/plan/legislation present in the country
2. never or rarely: family/carers' associations/organizations did not or rarely participated in the meetings for the formulation/implementation of the policy/plan/legislation

3. not routinely: *family/carers'* associations/organizations participated but not routinely in the meetings for the formulation/implementation of the policy/plan /legislation
4. frequently *family/carers'* associations/organizations participated routinely in the meetings for the formulation/implementation of the policy/plan /legislation

## 6. Activity Data

### 6.1 Does the national health care system require any periodic activity report from CAMHS?

1. Yes
2. No

### 6.2 How many patients have been treated in all CAMHS operating in your Country in the latest year available? ( "treated" meaning those patients with at least one contact with service in the last 3 months, new patients included)

No.: \_\_\_\_\_

### 6.3 In the latest year how many of them were females and how many males?

Females: \_\_\_\_\_ Males: \_\_\_\_\_

### 6.4 What is the age distribution in ranges? (please specify the age ranges available in your country)

	No. all patients	No. males	No. females
.....years			
.....years			
.....years			
.....years			
.....years			

### 6.5 What is the distribution according to DSM-V or to the ICD-10 diagnostic categories? (Please in case of multiple diagnosis consider the main diagnosis; insert 0 if there are no users in a certain category; if possible, please try to adapt diagnostic categories different from DSM-IV to the current DSM-V system; otherwise use ICD-10 categories)

<b>DSM-V CATEGORIES</b>			
	Total No.	No. males	No. females
Neurodevelopmental disorders ( <i>please specify</i> )			
- Intellectual disabilities			
- Communication disorders			
- Autism spectrum disorders			
- Attention deficit/hyperactivity disorder			
- Specific learning disorders			
- Motor disorders			
- Other neurodevelopmental disorders			
Schizophrenia spectrum and other psychotic disorders			
Bipolar and related disorders			

Depressive disorders			
Anxiety disorders			
Obsessive compulsive-related disorders			
Trauma-Stress related disorders			
Dissociative disorders			
Somatic symptoms and related disorders			
Feeding and Eating disorders			
Elimination disorders			
Sleep-wake disorders			
Sexual dysfunctions			
Gender dysphoria			
Disruptive, impulse control, and conduct disorders			
Substance-related and addictive disorders			
Neurocognitive disorders			
Personality disorders			
Paraphilic disorders			
Other mental disorder			
Medication-induced movement disorders and other adverse effects of medication			

ICD-10 CATEGORIES			
	Total No.	No. males	No. females
F00-F09 Organic, including symptomatic, mental disorders			
F10-F19 Mental and behavioural disorders due to psychoactive substance use			
F20-F29 Schizophrenia, schizotypal and delusional disorders			
F30-F39 Mood [affective] disorders			
F40-F48 Neurotic, stress-related and somatoform disorders			
F50-F59 Behavioural syndromes associated with physiological disturbances and physical factors			
F60-F69 Disorders of adult personality and behaviour			
F70-F79 Mental retardation			
F80-F89 Disorders of psychological development ( <i>please specify</i> ) F80 Specific developmental disorders of speech and language F81 Specific developmental disorders of scholastic skills F82 Specific developmental disorder of motor function F83 Mixed specific developmental disorder F84 Pervasive developmental disorders F88 Other disorders of psychological development F89 Unspecified disorder of psychological development			
F90-F98 Behavioural and emotional disorders with onset usually occurring in childhood and adolescence			
F99 Unspecified mental disorder			

**6.6 In the latest year available how many new cases (total no.) have been recorded in all CAMHS active at national level? (do not consider patients who were discharged and then came back to services, even after a long time, include only first-ever contacts, if this information is available)**

No. new accesses: \_\_\_\_\_

## 7. Data Collection and Quality Assurance

**7.1 Is there any *epidemiological* data collection system for *child and adolescent mental health disorders*? (i.e., *psychiatric case registers, hospital information systems, etc*)**

1. Yes
2. No

**7.1.1 If yes, please supply reference details of 3 - 4 English-language articles that provide epidemiological data on child/adolescent mental health in your country** (*prevalence and incidence studies, service utilization studies, suicide rate studies, psychotropic drug utilization studies*)

---



---



---



---

**7.2 Is there any *service* data collection system at national level for *child and adolescent mental health disorders*?**

1. Yes
2. No

**7.2.1 If yes, is there a regular monitoring of treatment outcomes?**

1. Yes
2. No

## 8. Care for Special Populations

**8.1 Which subgroups of *children and adolescents* have access to specially designated mental health services, tailored to the subgroup's unique needs? (Please check all that apply)**

1. None
2. Minority groups
3. Indigenous people
4. Orphans
5. Runaways/homeless
6. Refugees
7. Children affected by natural or man-made disasters
8. "Seriously emotionally disturbed"
9. Other (*please specify*): \_\_\_\_\_



## 9. Medications and Other Treatment Modalities

**9.1 Which of the following pharmaceutical drug categories are available to the primary health care system for use in children and adolescents? Please check all that apply; answer the additional questions where applicable.**

	Available Yes/No	Generic name of the 2 most prescribed drugs
<u>Psychostimulants</u>		
<u>Second Generation Antidepressants</u>		
<u>First Generation Antipsychotics</u>		
<u>Second Generation Antipsychotics</u>		
<u>Anxiolytics/sedatives</u>		
<u>Mood stabilizers</u>		

**9.2 What other treatment methods are widely used in child and adolescent mental health care? (Please check all that apply)**

1. Cognitive-Behavioural Therapy
2. Behavioural modification training
3. Family psycho-education
4. Systemic therapy
5. Social skills training
6. Learning assistance/educational supports
7. Parental training/guidance
8. Home support
9. Speech/language training
10. Other psychotherapies (please specify): \_\_\_\_\_
11. Other (please specify): \_\_\_\_\_

## 10. Source

**10.1 What source of information did you use to fill in the questionnaire? (Please specify all that apply)**

\_\_\_\_\_

\_\_\_\_\_



© 2014 MILESTONE • *The research leading to these results has received funding from the European Community's Seventh Framework Programme (FP7/2007– 2013) under grant agreement n° 602442*

### APPENDIX 3

## AVAILABILITY OF SPECIALIZED EDUCATIONAL SERVICES FOR CHILDREN AND ADOLESCENT

	Behavioral problems	Learning disabilities	Speech and language	Deaf/blind children	Mental retardation	Children with physical and mental disabilities
Austria	1	3	2	3	3	3
Belgium	4	5	4	4	4	4
Bulgaria	3	5	5	3	5	3
Croatia	4	4	3	4	3	2
Cyprus	5	5	5	2	3	4
Czech Rep	5	5	5	5	5	5
Denmark	5	5	5	5	5	5
Estonia	2	5	4	3	4	3
Finland	5	5	5	2	5	4
France	4	5	3	3	4	2
Germany	3	5	4	3	5	4
Greece	2	2	2	2	2	2
Hungary	3	3	3	2	3	3
Ireland	2	2	2	2	4	3
Italy	2	2	2	2	2	2
Latvia	4	4	4	2	4	3
Lithuania	4	5	5	5	5	5
Luxemburg	2	4	2	2	4	4
Malta	1	4	1	1	1	4
Netherlands (the)	5	5	5	5	5	5
Poland	2	5	2	2	3	4
Portugal	2	3	3	2	3	3
Romania	3	4	4	4	4	4
Slovakia	4	3	3	2	3	2
Slovenia	5	5	5	5	5	5
Spain	2	2	5	5	4	4
Sweden	5	5	5	5	5	5
UK	4	4	4	4	4	4
Total available*	18	25	21	16	25	23

Legend of ratings: 1. No areas, 2. Few areas, 3. Many areas, 4. Most areas, 5. All areas

\*To be counted as 'available' services must have been rated at least with 3

## APPENDIX 4

### AVAILABILITY OF SERVICES PROVIDING COMMUNITY-BASED OUTPATIENT CARE FOR CHILDREN AND ADOLESCENTS WITH MENTAL DISORDERS OR SEVERE BEHAVIOURAL PROBLEMS

	Outpatient departments in hospitals	Private offices of specialists	Public health/primary care	Outpatient clinics	Day patient programmes	Group homes	Foster care placements	Respite care placements	Other**
<b>Austria</b>	2	2	1	2	2	2	2	1	
<b>Belgium</b>	2	3	2	2	2	1	1	1	
<b>Bulgaria</b>	2	2	1	1	2	2	1	1	1
<b>Croatia</b>	3	2	1	2	3	2	3	3	3
<b>Cyprus</b>	4	4	4	4	2	2	2	1	
<b>Czech Rep</b>	2	2	**	2	2	4	2	2	
<b>Denmark</b>	5	5	1	5	5	5	5	5	
<b>Estonia</b>	4	3	1	2	2	2	3	2	
<b>Finland</b>	4	2	3	3	2	1	4	1	
<b>France</b>	2	3	3	3	3	2	3	2	
<b>Germany</b>	4	4	1	4	4	4	4	4	
<b>Greece</b>	2	2	1	2	2	2	1	1	
<b>Hungary</b>	2	2	2	2	2	2	2	2	
<b>Ireland</b>	2	2	2	2	2	1	2	2	
<b>Italy</b>	2	2	2	2	2	2	3	2	
<b>Latvia</b>	2	3	3	2	2	1	2	2	
<b>Lithuania</b>	3	4	4	4	2	2	2	2	
<b>Luxemburg</b>	4	3	2	2	2	2	3	2	
<b>Malta</b>	3	4	4	3	3	4	4	4	
<b>Netherlands</b>	5	5	1	1	1	1	5	1	5
<b>Poland</b>	2	2	3	2	2	2	3	3	2
<b>Portugal</b>	2	2	4	2	2	2	2	1	
<b>Romania</b>	2	2	1	2	2	1	3	2	
<b>Slovakia</b>	5	2	3	5	2	2	5	5	
<b>Slovenia</b>	4	3	4	4	3	3	4	2	
<b>Spain</b>	2	2	3	4	2	2	2	2	
<b>Sweden</b>	5	5	5	5	5	5	5	5	
<b>UK</b>	2	**	1	2	2	1	1	1	

\*Assertive community treatment, parenting support in specialised 'centre for youth and family', primary care in infant welfare centres that have a screening-function; NGO activities

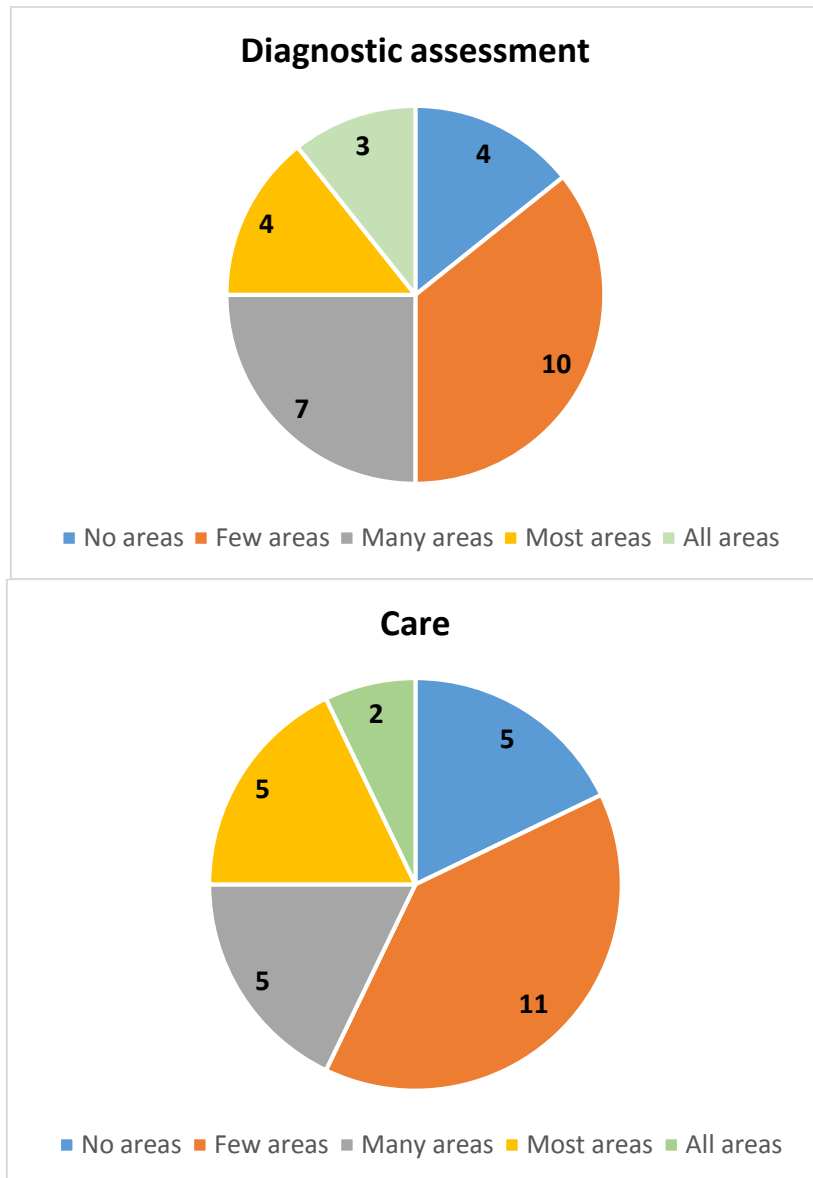
\*\* Data not provided for this category

Legend of ratings: 1. No services, 2. Insufficient services, 3. Sufficient services with medium/low quality, 4. Sufficient services available with good quality, 5. Excellent/Comprehensive service available

## APPENDIX 5

### AVAILABILITY OF LANGUAGE INTERPRETERS FOR DIAGNOSTIC ASSESSMENT AND CARE

Graphs show the number of countries for each rating level



## APPENDIX 6

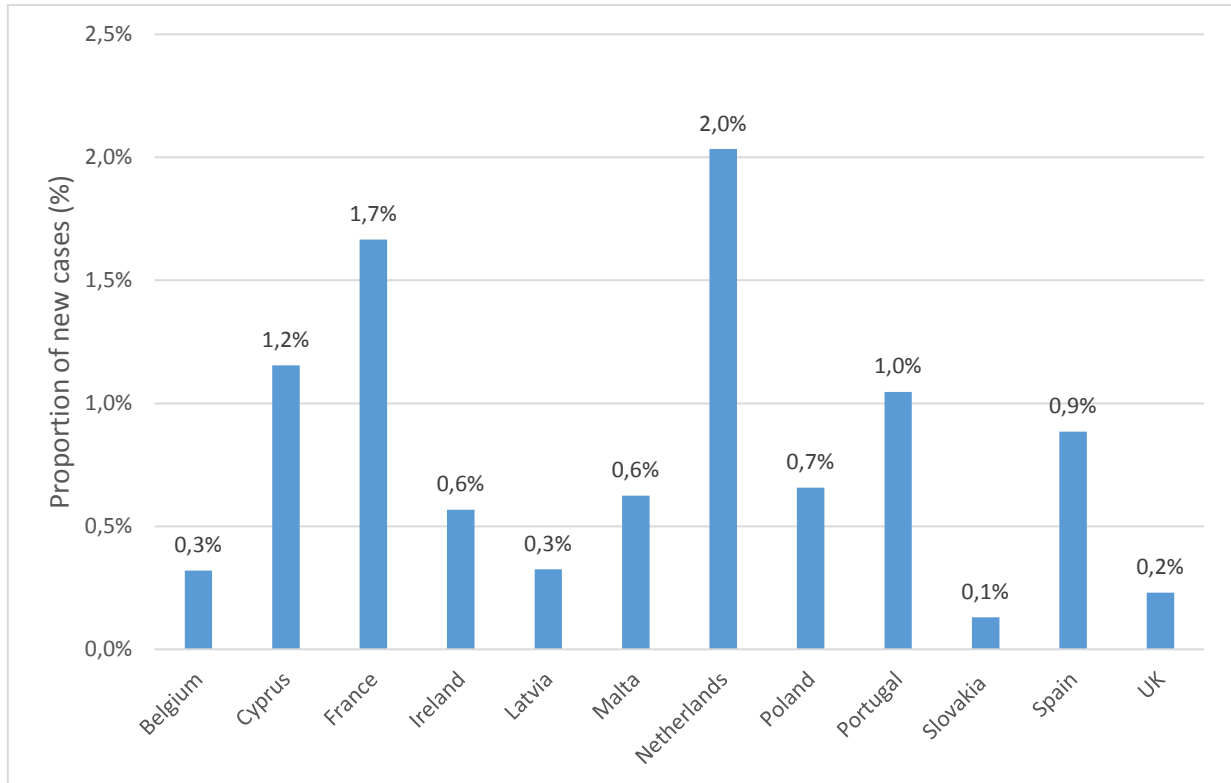
### AVERAGE NUMBER OF OPENING HOURS IN CAMHS TREATING OUTPATIENTS IN THE USUAL WORKING DAYS (MONDAY-FRIDAY)

Country	No of hours/day
Austria	8
Belgium	**
Bulgaria	8
Croatia	6
Cyprus	8
Czech Rep	6
Denmark	7,5
Estonia	2
Finland	8
France	9
Germany	8
Greece	8
Hungary	6
Ireland	8
Italy	9
Latvia	8
Lituania	8
Luxemburg	9
Malta	5
Netherlands	8
Poland	8
Portugal	9
Romania	12
Slovakia	9
Slovenia	10
Spain	8
Sweden	6
UK	8

\*\* Data not provided for this country

## APPENDIX 7

### PROPORTION OF NEW CASES OF YOUNG PEOPLE BELOW THE TB AGE ACCESSING CAMHS IN THE LAST YEAR AVAILABLE



## APPENDIX 8

### DISTRIBUTION OF DIAGNOSES BY COUNTRY AND DSM-5 CLASSIFICATION

DSM-5 Categories	Belgium	Ireland	Netherlands	Romania	Spain
<b>(1) Neurodevelopmental disorders</b>	74%	66%	81%	24%	51%
<b>(2) Schizophrenia spectrum and other psychotic disorders</b>	**	2%	**	**	9%
<b>(3) Mood disorders</b>	**	15%	6%	29%	**
<b>(4) Anxiety disorders</b>	12%	3%	10%	27%	35%
<b>(5) Feeding and eating disorders</b>	1%	4%	1%	4%	0%
<b>(6) Externalising disorders</b>	7%	10%	**	16%	5%
<b>(7) Other mental disorders</b>	6%	**	2%	**	**

\*\* Data not provided for this category

## APPENDIX 9

### DISTRIBUTION OF DIAGNOSES BY COUNTRY AND ICD-10 CLASSIFICATION

ICD-10 Categories	Croatia	Czech Republic	Denmark	Finland	Latvia	Poland	Portugal	Slovenia
<b>F10-F19 Mental and behavioural disorders due to psychoactive substance use</b>	2%	4%	1%	1%	**	2%	**	1%
<b>F20-F29 Schizophrenia, schizotypal and delusional disorders</b>	2%	2%	2%	2%	1%	3%	4%	1%
<b>F30-F39 Mood [affective] disorders</b>	4%	5%	6%	**	1%	4%	13%	4%
<b>F40-F48 Neurotic, stress-related and somatoform disorders</b>	21%	23%	16%	25%	6%	16%	18%	12%
<b>F70-F79 Mental retardation</b>	2%	8%	2%	**	34%	1%	**	10%
<b>F80-F89 Disorders of psychological development</b>	2%	57% <sup>†</sup>	19%	13%	32%	20%	19%	32%
<b>F90-F98 Behavioural and emotional disorders with onset usually occurring in childhood and adolescence</b>	67%		52%	57%	26%	51%	41%	40%
<b>F99 Unspecified mental disorder</b>	0%	1%	1%	1%	**	3%	5%	**

<sup>†</sup> Data not available for separate classifications;

\*\* Data not provided for this category



## APPENDIX 10

### LEGAL TRANSITION BOUNDARY AND POLICY LEGISLATION

<b>COUNTRY</b>	<i>Official national child and adolescent mental health policy</i>	<i>Age range of policy, if applicable</i>
<b>Austria</b>	YES	0-18
<b>Belgium</b>	YES	0-18
<b>Bulgaria</b>		
<b>Croatia</b>	YES	0-18
<b>Cyprus</b>	YES	0-17
<b>Czech Rep</b>		
<b>Denmark</b>		
<b>Estonia</b>		
<b>Finland</b>	YES	0-23
<b>France</b>	YES	0-16
<b>Germany</b>	YES	0-18/21
<b>Greece</b>		
<b>Hungary</b>		
<b>Ireland</b>	YES	0-18
<b>Italy</b>	YES	0-18
<b>Latvia</b>		
<b>Lithuania</b>	YES	0-18
<b>Luxemburg</b>	YES	0-18
<b>Malta</b>	YES	0-16
<b>Netherlands</b>	YES	0-18
<b>Poland</b>	YES	0-18
<b>Portugal</b>	YES	0-18
<b>Romania</b>		
<b>Slovakia</b>	YES	0-18
<b>Slovenia</b>	YES	0-18
<b>Spain</b>	YES	0-18
<b>Sweden</b>	YES	0-18
<b>UK</b>	YES	0-18