



Abstracts

Workshop 1: Principles and methods working with child- and family groups.

Tuesday 14.10. 2 hours workshop.

3 presentations.

- **See you on Tuesday...**

Bjørg Eva Skogøy, Norway

Four mothers and six children (4-9 yrs) are interviewed about their experiences with a family-group. The parents have participated in planning and organizing the group, and this has strengthened empowerment among the parents. The program is based on the needs of these parents and children, and will change as the needs of the group change. My findings indicate a conflict between manual-based interventions, as compared to interventions planned together with local users.

The children's experiences are presented in a small story, like a children's book. Children have a right to information to be able to participate in making decisions about their lives.

Consequently I wanted to present my research in an age-appropriate genre of writing.

Parents' needs have not been properly addressed. In periods with very low functioning, they were permitted from work, but were expected to take care of the children as before.

What if the GP's could help identify parent's needs for support at an earlier stage? I have made a new form to help GP's talk with their patients about the parental role, and would recommend a case manager in the municipality, who can coordinate better help for the family.

- **Meeting the family – focusing on the child**

Ann-Dorthe Petersen, Group leader SIND's Pårørenderådgivning, Denmark

Sinds Pårørenderådgivning is an organization which provides support to relatives of people with mental illness through a range of different activities

In the workshop we will talk about our work with families where a parent or sibling has a mental illness.

We will talk about, how we, together with the family, seek out the best possible way of providing support, suited to their needs.

Our experience shows that not all children need to be in a support group. Therefore, we also offer parents guidance, family counseling, focusing on the child, individual counseling of children and youth or our new offer: parent / child support groups for the whole family.

We work out a programme to suit the family or refer to other relevant institutions.

SIND's Pårørenderådgivning is a non-profit organization outside the public system. We have professional staff and several of us have experience being relatives ourselves.

We have quick and easy approach to our activities without registration and both families and municipal employees can contact us without being registered. The parent who has a mental illness does not need to be in the psychiatric system.

SIND's Pårørenderådgivning receives inquiries and provides counseling by phone from all over Denmark. We run support groups in several local councils in the eastern part of Region Midtjylland, - always in close cooperation with the the local council employees.

In the workshop we will briefly talk about how we run our support groups and we will talk about some of the themes we are currently engaged in, as how the collaboration between the group leaders have effect on the group.

- **Working with children in groups using narrative methods and storytelling**
Ingelise Nordenhof, Child consultant in adult psychiatry in Roskilde, Denmark

In Roskilde Adult Psychiatry we are having groups for children and youth in the age of 7 – 15 while their parents are in psychiatric treatment in the hospital. First it was in the context of a project developing methods for working with these groups. We have had 6 groups with children in the age of 7-9, 9-11, 11-13 and 13-15 year. We have use different methods, depending on the age of the children, but our intervention is generally based on narrative thinking and methods, using a lot of visualised and metaphoric tools and storytelling.

In this workshop I will tell you about the way of which we are working with the children and youth in the groups, use these methods. I will show you some of the papers, we have used, show you some part of a video working with the children around the word “mentally illness” and I will read a part of a fairytale we made together with the children about a kingdom, where kings and queens were hidden by some kind of witchcraft, that made the queens and kings behave in very strange manners. The fairytale deals with how the princess and princesses could handle the difficult situation.

I will also tell you about our evaluation of the first groups. We have use questionnaires and interviews with both children and their parents to find out how the intervention worked for them and what they found most helpful.

Now the groups are no longer a project, but a daily life offer to children of parents in treatment in our adult psychiatry department in Roskilde.

Workshop 2: Principles and methods of family intervention / clinical dilemmas.
Tuesday 14.10. 2 hours workshop.
3 presentations.

- **Family Intervention with families with adult children - case analysis**
Anna Rós Jóhannesdóttir Social worker MSW & Gunnlaug Thorlacius Social worker, University Hospital in Iceland

The case of three families where the children have grown up will be reviewed and looked into how the discussion of the illness can be changed by narrative approach.

The cases are studied in light of how the family’s discourse regarding the illness is transferred between generations and how it is possible to influence that discourse.

Family 1: A married couple with five adult children most of them have families of their own.

Family 2: A single mother with two adult children and an adolescent/teenager as well.

Family 3: A married couple in their fifties with two adult children who have their own families.

The focus will be on the discourse used on the mental illness within the family and how it was possible to influence that by having conversations and family meetings. And finally, how did the support lead to enabling family members to tell a new story.

- **Principles and practice of Effective Child and Family methods: Let's Talk about Children in focus.**

Tytti Solantaus, child psychiatrist, research professor, National Institute for Health and Wellbeing (former STAKES). Tytti.Solantaus@thl.fi

The Finnish Effective Child and Family Programme has developed a method family to promote child development and to prevent children's psychosocial problems in families with parental mental illness and drug abuse. These methods range from parent and child focused material to parent, family and group interventions. Certain core principles, first expressed in the Family Talk Intervention by Beardslee, run through the methods: these principles and their scientific basis will be presented and discussed. A special focus will be on the Let's Talk about Children as the opening of the discussion about children with parents. Research findings on the methods will be presented.

- **Services for Children of Mentally Ill Parents in the Communities of Asker and Bærum. Legal, ethical and clinical questions and dilemmas**

Elin Kufås, Norge

Research has documented a need for prevention of mental problems in the children of mentally ill parents. The aim of this presentation is to describe and discuss legal, ethical and clinical questions and dilemmas, concerning the preventive work with these children and their families. The presentation is case-focused and based on experiences made by the team of consultants offering the preventive services in the area.

Together with the local psychiatric hospital, Asker and Bærum communities' mental health services have carried out several projects; - one focused on the needs of children of parents in acute ward (1999-2001), an other focused on implementing a psycho-educational group intervention for children and adolescences (2001-2002), a third (2003-2005) focused on implementing a Preventiv Family Intervention (PFI, Beardslee et al) together with the short parent focused intervention, Let's Talk About Children (Solantaus et al).

Outcome:

Routines offering all parents in in-patient clinics consultation and family-meetings.

psycho-educational peer groups are offered to children and adolescences

the parent focused intervention and the preventive family intervention are offered to parents and families in the area

a team of consultants from each institutions involved in the preventive work was established to support mental and health services in the area and to run different interventions

Workshop 3: Prevention, health promotion and resilience in general.
Tuesday 14.10. 2 hours workshop.
3 presentations.

- **Lets talk about children “Tölum um börnin”**

Sigurður Rafn A. Levy, Island:

Plan for implementation in Iceland in primer healthcare service

This particular kind of support is new of its kind in Iceland. It has been developed as a continuum of “The Family Bridge” (Fjölskyldubrúin) project, which by now has been implemented at Landspítali University Hospital of Iceland. The building blocks of this particular form of support and the implementation process are as fragile. It is important to use what the Finnish group learned in their implementation process and to start off slowly.

Public health clinics have the advantage of an easy access to families, as they service families for primary care. Those clinics are structurally connected to our school system which due to this canal eases the implementation. We have noticed that this sensitive matter is being discussed amongst professionals in these clinics and that they address the issue with the parents that seek their services, but without having adequate knowledge about how to go about it. This is known to be vital for a positive outcome.

We have applied for a grant from the Ministry of Health for this project. That entails: To complete a reading material for professionals, set up introductory sessions, design a handbook and to design age appropriate clinical tests.

During times of economic recession in societies, the children that already live with hardship get hit harder. The implementation of our project into our health services is vital now, due to recent economical crisis in Iceland. Our project is in political harmony with the goals of our government of increasing primary prevention in health care and support for families during these difficult times.

Our project is a year long trial, with the aim of implementing this kind of support at all the family health centres in Reykjavik, starting in the fall of 2009. We are already in good cooperation with the managers of these health centres. Our hope is that the outcome of this urban trial will after the year take off nation wise.

Plan of operation:

15 health centres, 2 professionals at each centre, total of 30 participating.

The development of practical guidelines for the professionals.

Four half days of instructions (16 hours) to outline the theoretical underpinnings and approach.

Derived from the research and model of W. Beardsley and T. Solantaus among other resources.

Theoretical basis for the instruction sessions is based on; System theories and Learning Theories, Theory of Change, Communication Theories and Developmental Theories.

10 supervision session during the year (1,5 hours per session).

Feedback from the participants.

- **Primary Health Care: The Frontier of the Promotion of Mental Health**

Sirpa Kaakinen, Finland:

In Finland, primary health care (PHC) is increasingly responsible for assessment and treatment of psychiatric and addictive disorders in the community. That is why it is utmost important to extend the family-centred and child supporting preventive work to primary health care services, to develop methods and infrastructure to fulfil the needs of the patients' children systematically in PHC.

The programme contained workshops, method training, evaluation of the training and the methods. Also, we planned and constructed the infrastructure for the treating processes to direct and enforce to take into account the children.

In my presentation I shall describe the challenges and obstacles and we confronted solutions found during the one year pilot programme aiming to accomplish change in the ordinary individually and problem orientated professional treatment model. Finally, I'll report about the feedback we got from the primary health professionals with heterogeneous occupational background with no family therapy or family-orientated working models experience at all.

Key words: Primary health care; parental mental health problems; promotion of the children's psycho-social mental well being; implementation of the new practises into the services

- **Four preventive intervention and how they are integrated and related to practice**

*Fagkoordinator Jan Steneby & fagkoordinator Gro Kristiansen.
Voksne for Barn, Norway*

Workshop 4: Family Intervention in broader perspective: foster care, social welfare and families struggling with alcohol-and substance abuse.

Tuesday 16.30. 1½ hours workshop.

2 presentations.

- **Working with families struggling with alcohol-and substance abuse**

*Gunnlaug Thorlacius, social worker & Hanna Björg Héðinsdóttir, social worker,
University Hospital, Iceland*

At the Addiction Clinic within the Psychiatric department of the University Hospital in Iceland, the emphasis is on strengthening the family. In our experience the problems facing families where a parent struggles with alcohol-drug abuse are similar to those seen in families where the mother or the father is depressed.

Transfer between generations is common and the children often have to deal with emotions like shame and guilt as well as being placed in a responsible role.

Family intervention consists of meeting the children and discussing difficult emotions and experiences. The Beardslee Family Intervention has helped our clinicians to protect the interests of children in families where there is alcohol-drug abuse and improved the structures of our methods. Working with these families can often be difficult, especially if a case has to be reported to child protective services.

Here we will discuss how Beardslee Family Intervention is helpful in working with these families and also the statistics of the cases reported.

- **Experiences of Family Intervention in Child Welfare**

Tiina Pouta and Jaana Jokinen, Finland:

Friends of the Young Child Welfare Services is a nation-wide provider of high-standard services of child welfare, family counselling and substance abuse recovery. Our working methods include non-institutional care, foster care and follow-up care. Together with municipal health and social welfare services, our aim is to build networks between services of child welfare and substance abuse care as well as to develop new working methods in child welfare-related family

counselling, substance abuse care and follow-up care.

We focus on adolescents struggling with a variety of issues and on their families as well as on families with children suffering from substance abuse or mental health problems.

Here we want to show how family intervention can be applied in the child welfare-related foster care as a working method for family counselling. In child welfare, family intervention is envisaged to bring positive changes to the parent-child interaction, to help the parent to take control of his or her parenthood and to enhance the functioning of the family. In foster care, which in itself is a reconstructive form of child welfare work, family intervention means embracing a preventive approach, bearing also in mind the brothers and sisters of the child in foster care.

Family intervention is a process with a clear and defined structure, targeted to the entire family. Supporting and respecting parenthood in all their actions, workers work in co-operation with parents towards a common goal. Information is gathered and the process moved forward following a clearly defined sequence of events.

The principal target of family intervention is to develop better interaction between the child and the parents. In case of psychiatric intervention, workers pay more attention to the fact that their clients are parents with children, and that the children may have problems with their well-being. In child welfare, by contrast, the focus of the attention is on the parents of the child and on the fact that they should have an important part in the child's life even when the child is in foster care. As for child welfare clients, the intervention concentrates on the foster care itself and on the events that led to taking the child into foster care. An essential part of family intervention is to provide the family with appropriate information of mental health problems and of their effect on a child. It is important to discuss the issues of normal child development, education and parenthood with families whose child is in foster care.

In the framework of family interventions associated with child welfare, misconceptions become replaced with understanding and frankness, and concrete plans are drafted in order to support the child's development. During the intervention, a shared narrative for the family is constructed. A mutual understanding between the parents and the children allows for increased sense of togetherness and trust. This aspect of family intervention is essential in child welfare-related family counselling. It is typical in the families involved with foster care that the culture of open conversation is non-existent. Parents do not necessarily have sufficient understanding of the child's growth and development. Proper knowledge on the child's ability to comprehend matters according to her personal level of development may help the parents to refrain from burdening their children with worries and matters that are not appropriate for them to know.

Workshop 5: Evaluation of The family intervention (Beardslees model).

Tuesday 16.30. 1½ hours workshop.

2 presentations.

- **Quality evaluation of parent's and children's perspectives of "The Family Bridge" intervention: Questionnaire developments**

Sveinbjarnardottir, E. K. Levy, S.R.A & Gudnadottir, V.G., Island:

"The Family Bridge Intervention" (FBI) has been implemented within the adult psychiatry at the Landspítali University Hospital in Reykjavík. The family bridge intervention is the Icelandic version of the preventive family intervention (PFI) developed by Beardslee et al. for families

where one or both parents have a serious depression. All the main principles of the Beardslee method are followed in the Icelandic family intervention. Formal referral path has been created within the adult psychiatry at the hospital.

Professionals working in psychiatry educated in the method are offering the family intervention on referral along with other clinical work. Questionnaires have been developed in Icelandic from Tytti Solantaus' adult and child questionnaires to be able to evaluate the intervention. In the Icelandic questionnaires the authors tried to have the format clearer than in the Finish version. There are still several questions that can be compared between the countries. Likert scale was used in almost all the questions in the adult version but only yes and no scale in the children version. Pilot testing of the questionnaire will take place for 9 months i.e., from March until December. The questionnaire developments will be presented and results of the pilot testing for 2-3 months.

- **Interviews with families after Beardslee's Family Intervention**

Heljä Pihkala and Anita Cederström, Sverige:

A nationwide implementation of Beardslee's family intervention in Sweden started in 2006 and is still ongoing, financed by governmental funding and supported by Swedish National Board of Health and Welfare. Evaluation of the first national project was carried out as a research project. All families who had gone through a family intervention in 2007 were asked to participate in a questionnaire study investigating both parents' and children's experiences of the family intervention. Professionals were interviewed about their experiences of working with the method. Results of these two studies were presented in Nordic Forum last year.

In the third part of the project families were interviewed about their experiences, with the aim to explore the process of the family intervention. Totally about 40 interviews have been carried out, including interviews with the parents with mental illness, the other parents and children.

Preliminary results of these interviews will be presented.

Workshop 6: Methods and dilemmas in promoting children's voice in the clinic.

Tuesday 16.30. 1½ hours workshop.

3 presentations.

- **Methods in promoting childrens' voices in the klinik: Child - centeredness**

Fagkoordinator Jan Steneby & fagkoordinator Gro Kristiansen. Voksne for Barn, Norge

- **Hearing the voice of the child**

Ingelise Nordenhof, Denmark and Gunnar Eide, Norway

The aim with this workshop is to focus on the voice and perspective off the child. We will share with you good examples from family conversation and individual talks with children within the context of mental illness in the family. We also invite you as participant in the workshop to do the same. What made the child talk? What made the parents to listen? How did the child's perspective change the parent's attitude and thinking?

We hope that this workshop will bring forward concrete ideas and methods so the child's voice will be even louder and clearer in the future!

- **Voices of Children: Different ways to make them heard**

Sirpa Kaakinen, Finland:

During the former Nordic Forum meetings there has been a vivid discussion around the theme about concrete ways how to make the children's experiences from the parental mental heard and visible. We have discussed at least about tree point of views around this theme.

Should we meet parents first without the children and why? Or should we always meet the family members first all together and why?

Should we as professional meet the children alone?

What is our role if we meet the children alone?

My suggestion is that we could arrange clinical seminar consisting of case examples - with recordings of the sessions with the families or not - to continue and sharpen this discussion.

What are the pros and coins of different ways to contact the families?

Workshop 7: Training & implementation of family intervention.

Wednesday 09.30. 1½ hours workshop.

2 presentations.

- **Clinicians experience of preventive intervention methods in mental health services**

Marianne Sipilä, Finland:

The aim of the study is to describe from the point of view of the clinicians the implementation of two child-centred and family-based working methods in mental health clinics. The study focuses on the clinicians' ability to carry out the methods, the methods being The Family Talk Intervention and The Let's Talk about Children Discussion. The study material was part of the research project of Institute for Health and Welfare (formerly STAKES), and was executed during years 2002-2006.

The clinicians gathered the research data. They filled out the log books made during the interventions. The log books were assessed by the researcher to find out the feasibility of the interventions and the fidelity of the clinicians to the original interventions.

The log books seemed to be effective at improving the clinicians' skills of evaluating and carrying out the interventions. The results indicated, too, that parents working relationship was associated with their children's motivation and openness.

As a conclusion, both interventions methods are feasible and they can be implemented in the psychiatric services for adults with fidelity to the principles and the structure of the interventions.

- **Training for the interventions and implementation - two sides of the same coin**

Fagkoordinator Jan Steneby & fagkoordinator Gro Kristiansen. Voksne for Barn, Norge

Workshop 8: Cooperation among professionals in dialogue and on websites.
Wednesday 09.30. 1½ hours workshop.
2 presentations.

- **A project to develop strategies including a child perspective in public services**
Anne-Marie Larsson, the Swedish Children's Welfare Foundation
Heljä Pikhala, adult psychiatrist, Västerbottens läns landsting, Sweden

The National Board of Health and Welfare and the Swedish Children's Welfare Foundation arrange dialogue seminars in some regions in Sweden in purpose to develop strategies for and knowledge about how public services can be better of

- paying attention to and supporting children of mentally ill parents
- co-operate to support children of mentally ill parents
- measuring the effects of the work of supporting children and their families

A web site for professionals meeting children to mentally ill parents

A working group with professionals from different organizations and activities work together to create this web site.

The purpose of the web site is to be a centre for information for professionals about

- Evidencebased methods in supporting children and their families
- Training programs for professionals
- Ongoing projects in Sweden

- **Notice the children project 2003 – 2005**
Veli-Matti Saarinen & HilikkaRäisänen, Unit of child and adolescent psychiatry of Seinäjoki Central Hospital, Finland

In the workshop, we will describe our efforts to pay attention to the children of psychiatric patients by means of continuous development and two projects; 'The Unnoticed Children 1992 – 2002' and, especially, 'Notice the Children 2003 – 2005'.

Results from 'The unnoticed children': The subjects of this study were 45 adult psychiatric patients and their families including a total of 82 children less than 15 years of age. Of the parents, 53 % suffered from depression and 40 % from psychotic symptoms. According to the results, 56 % of the children and families assessed were referred to further support, follow-up or therapy services. On the basis of the home visits, concern was expressed for 84% of the families. The focus in the results was on children's behavioral problems, emotional interaction problems between the child and the parents, and on lack of support from the parent to the child. Psychiatric illness in the family was associated with the whole family's need for support. With the increased need for support, the concern expressed for the child's mental development also increased. Home visits were considered an important tool in the early detection and prevention of children's psychiatric disorders.

Results from 'Notice the children project '(2003 -2005). A collaborative project between child and adult psychiatry: s: (Up until April 2005), referrals have been received concerning 48 families, who have a total of 119 children aged 0 - 21 years. Two families rejected all collaboration. So far the project has recorded 12 Berardslee's family interventions, 69 home visits, 124 outpatient appointments and 48 multiprofessional/network meetings.

Workshop 9: Methods and results of evaluation when children are involved.
Wednesday 09.30. 1½ hours workshop.
3 presentations.

- **Young Service Users Participating in the Development of Services**
Ina Nergård, Voksne for Barn, Norway

When the Norwegian National Action Plan for Mental Health was launched in 1997 one of the main aims were to strengthen and increase the participation from users of the health services. The Action Plan emphasized that the user-perspective should permeate all aspects of mental health services on all levels.

Children and youth is a big group of users of mental health services but are very rarely asked to participate in the evaluation of services or in processes to develop and improve the services. When services for children have been evaluated it is almost without exception the parents or the service providers who have been asked to contribute.

User participation, both on an individual basis as well as on system level, is firmly established in Norwegian legislation. In order to secure young service-users their rights related to user-participation, there is a need to establish routines and develop methods that guarantee this. It is very often difficult for young service-users to communicate their message to authorities and service-providers. In order to reach the political aims expressed in the National Action Plan it is essential that user-organizations and service-providers co-operate in order to invite this group of service users, thus contributing to the development and improvement of services in the field of mental health.

The Norwegian NGO Voksne for Barn has for several years co-operated with local service providers and authorities in order to develop methods that secures the involvement and participation of young users in processes where services are evaluated and developed. In this presentation we will describe a project carried out in relation to the evaluation of the child perspective in adult psychiatry. Children of parents with mental illness were invited to contribute with their experiences as relatives and their view on several topics:

How can we identify children with mentally ill parents?

What are the challenges you are facing when your parent is ill?

What kind of help and support would you wish for?

Responsibilities and tasks for the different service-providers

The contribution from the young participants has been essential in the evaluation of how the hospital, as well as other agents, has carried out their task to provide for children with mentally ill parents. Moreover they have contributed to the development of new services and to general knowledge on this group of children and youth.

- **Growing up with a parent suffering from an affective disorder- the voices of children**

Ulla Lindgren, Psychiatric Information Centre, the Region of Southern Denmark

Literature shows that children growing up with a parent suffering from an affective disorder have up to 40 percent higher risk of developing a major depression than children, growing up with parents not suffering from an affective disorder. Together with a genetic element, there is also a strain that the parents disorder in it self, can cause upon the children.

With an aim to build an understanding of the parents affective disorders impact, of the life of their children, an interview study was performed. From a group of children that all had been in

contact with Psychiatric Information centre in Denmark, eight girls between 13 and 17 years of age was selected and interviewed. The semi-structured in depths interviews were tape-recorded and analysed by using a qualitative concept.

The findings show that lack of knowledge about parents affective disorder makes the children feel uncertain and lonely. The children balance between helping the parent to feel better and trying to satisfy their own needs i.e. developing relations with friends. This leads to difficulties while developing their identity. It was obvious that lack of communication and silence about the parents disease was a strain. It is crucial that mental health care professionals take initiative to communicate and inform as well parents as children, about affective disorders and how it can influence the every day life of the children and their ill parents.

- **Evaluation of support groups for children and adolescents – development of a methods and validation of instruments.**

Annemi Skerfving, Department of Social Work, University of Stockholm

Support groups for children and adolescents in exposed life situations have, during the last decades, become popular in Sweden. Although the method is wide spread and used for many different kinds parental problems, evaluation of the impact has so far been scarce. The evaluation so far, has almost exclusively been carried out with qualitative methods, focused on experiences of the groups. Support groups involve some of the most exposed children in society and are expected by the children, their parents and the professionals to be helpful and preventive. Therefore it is important to make sure that at least they are not harmful. The question also appears if they are as useful for boys as for girls, for all ages, for children with different problems of their own and from families with different kinds of problems. Most support groups in Sweden build on the CAP (Children are people too) programme that was first developed for children of alcoholics I Minnesota USA. Now it is used for children of mentally ill, children of mentally retarded, children who have experienced family violence and children in a divorce conflict with expectations of being helpful.

With the intention of developing a useful method for efficiency valuation of support groups, a project has been carried through in Uppsala County, Sweden. A model consisting of four different validated instruments, used in different combinations for different ages, was put together. The instruments were chosen in consultation with the all group leaders in the county, and were tried out in an evaluation of all groups in the county during one year, at three occasions - before the group intervention, after the intervention and again after six months. 90 children and adolescents aged 6-20 took part. The results showed that the instruments were valid for this kind of evaluation, and that the children and adolescents, on a group level, improved their sence of coherence, their hopefulness and that the rate of emotional problems had gone down. The project now continues in Uppsala and in Stockholm, where Finnish model linked parents-children groups are included. The plan is to turn the final model into a digital version that can be used for evaluating effects of support groups of different kinds all over the country, for comparisons and research. This is what my presentation is about.

Workshop 10: Consensus on good practice
Tuesday 16.30 – proceeding Wednesday 09.30
2 x 1½ hours workshop.

- **Consensus on good practice (Proceeding next day)**

Chair: Randi Talseth, Voksne for barn, Norway

More about this workshop at the Nordic Forum Meeting.

Plenum (... two of them)

- **Better interdisciplinary initiatives. A model!**

Jesper Henriksen, Social Development Centre SUS, Denmark

This is the headline of a project that The National Board of Social Services has set in motion, in order to qualify the initiatives for children and youth of parents who are mentally ill or are substance users.

These children do not always receive the support and help they need. Mainly, because the staff encountering them and their families, do not work adequately together across the professional groups and sectors.

Project Better Interdisciplinary Initiative(s) has tried out and developed in cooperation with several municipalities, regions and organizations, a collaboration model for the cross-sectorial initiatives, for children in families with mental illness and substance misuse.

This model describes, how the collaboration can be organized on three different levels, depending on the extent of the problems and the number of the players involved (see figure on next page)

Linked to the model is:

- A steady collaborative structure. A steady staff member – a baton carrier – is responsible to coordinate the cross-traffic and the interdisciplinary collaboration, as well as to document it in a baton-logbook.
- Course of action guidelines for teachers, pedagogues, staff at social psychiatric centres, substance treatment services and adult psychiatric centres among others.
- Specific tools to be used in practice. Templates, forms of consent, reporting and observation among others.
- A guideline for implementing and a guideline for self-evaluation for the municipalities and regions.

- **Database of evidence based interventions in prevention and health promotion in Norway: the website “Ungsinn”**

Charlotte Reedtz, University of Tromsø, Norway

Practitioners and decision-makers in the area of child and adolescent mental health are in great need of information about available evidence based interventions in prevention and health promotion. The Norwegian government assigned the Center of Child and Adolescent Mental Health at the University of Tromsø to develop a database for this purpose.

The database “Ungsinn” aims both to categorize interventions to levels of evidence and to inspire program developers to evaluate their intervention. The database constitutes of four levels of evidence. The criterion for assignment to the lowest level is a clear description of the interventions with goals and methods (potential effective intervention). This level of evidence will probably contain a great body of interventions due to the modest demand of evidence but at the same time represent a favorable basis for further research. To climb to the next level of evidence the intervention must be based on a acceptable theory (probably effective intervention). The third level (functional effective intervention demands e.g. pre-post assessments or quasi experimental control-group design, while the highest level of evidence (documented effective intervention) presuppose a randomized control group trials or series of interrupted single subject designs. The presentation will discuss the logics and the aims of the database and present the structure and an example of categorization of an intervention.