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National strategy(ies)

There is no general national strategy addressing the mental health of young people. However, the government declared two focal points in the field of mental health, namely suicide and depression. Depression is also mentioned in the national health policy 2016-2019 as a focal point for the coming years, with the aim to lower the prevalence of depression in the Netherlands.

With regard to national strategies about mental health for the whole population, there are two national government documents, a national agenda on suicide prevention (2014-2017 and 2018-2021) and a multi-annual Depression Prevention Program (2017). Both are published by the Ministry of Health, Welfare and Sport (VWS). Both strategies will be outlined, starting with the national agenda suicide prevention.

National agenda suicide prevention

Together with professionals in the field, the Minister of Health, Welfare and Sport drafted a national agenda on suicide prevention for the period of 2014 to 2017. It is a general national agenda without specific target groups. The primary aim of the agenda is to slow down the increase in prevalence of suicides and to design actions to achieve that aim. There is a new agenda for the period of 2018 to 2021, which is a follow-up on the previous one. The agendas are presented as official policy letters.

The Ministry of VWS has mainly a facilitating role within the National agenda suicide prevention, and partners are responsible for the implementation. The Dutch foundation 113 suicide prevention has a coordinating role in implementing the agenda and monitoring its progress.

The agenda mentions the following about prevention of suicide in schools and about youth: ‘Suicide is the first cause of death among young people between 20 and 25 years. It is therefore important that
teachers (or members of the care advisory teams at schools) in secondary education recognize suicidal signals, know how to act and have a good view of the risk groups’. Suicide prevention should be a part of the safety policies of educational institutions. Therefore, a suicide policy for schools has to be developed and implemented. This is one of the actions mentioned in the agenda.

The agenda from 2014 to 2017 has been evaluated [4], but it is not clear how. The domains in which activities was needed were: care, media, education and the social-economic sector. Activities have been carried out in all domains, but were not synchronized. Many actions were carried out, some actions required more time, other actions required a different approach than originally determined. These points were taken into account when drafting the agenda for the next period. There are no major differences between the two agendas.

The agenda from 2018 to 2021 is expected to be evaluated too. It is not clear if a new follow-up agenda on suicide prevention will be drafted after 2021.

Multi-annual Depression Prevention Programme

At the end of 2016 the Ministry of VWS, in cooperation with other stakeholders and partners, presented the multi-annual Depression Prevention Program [6]me. Before the start of this programme, research provided an insight into the 6 risk groups for depression [7] which are also the target groups of this multi-annual programme. Youth is one of the target groups. There are no specific target groups within the youth population.

The programme officially started in February 2017 and will run for at least 5 years. The aim of this multi-annual Depression Prevention Programme is to significantly reduce the incidence and impact of depression, especially in the high risk groups. A decline of 30% by 2030 is (too) ambitious, but it is the goal the Dutch government ultimately wishes to achieve. To do so it is necessary that more people from high risk groups are reached with depression prevention activities.

- For the youth target group, the following actions have been defined:
- Awareness: work already started;
- Prevention and early detection: (more) actions are needed;
- Guidance towards (preventive) interventions: (more) actions are needed;
- Training, guidelines and manuals: work already started;
- Innovation and projects by target group: already started, but more actions are needed;
- Support and self-management: more actions are needed;
- Research and monitoring: more actions are needed.

It is not clear if the selection of these actions is based on an evaluation or other research. The Ministry of VWS is working on these action points, together with stakeholders and partners, such as client organizations, relevant occupational groups, branch organizations and knowledge institutes. By 2021, the Ministry and partners will assess whether the programme has sufficient impact and what adjustments or additions are required. The Ministry of VWS is responsible for public funding.

The programme also mentions that addressing the awareness of depression within youth can be done within the healthy school approach [8] described in 7.4. Depression fits the theme wellbeing of the healthy school approach.

Schools are also paying more attention to the absence of pupils at schools, together with youth care and parents/caregivers. In these contacts, underlying problems of absence such as depression can become clear and can be dealt with in an appropriate manner.
Improving the mental health of young people

113 Suicide Prevention

113 Suicide Prevention [5] is the national Dutch suicide prevention centre, mainly financed by the Ministry of VWS. 113 is targeted at the whole Dutch population, there are no specific target groups within the population. The organization has been active as an independent care provider since September 2009. It employs psychologists and psychiatrists and a large group of fully trained volunteers which allows 113 to provide round-the-clock confidential support through chats and phone calls. 113 works in close cooperation with the mental health institutes’ crisis centres. Together, these professionals are available 24 hours a day, 7 days a week across the Netherlands for crisis talks, psychological treatment or referral to a medical practitioner.

The mental health services of 113 include:

- Crisis chat (a direct opportunity to talk online to a trained volunteer);
- Crisis telephone help line (a direct opportunity to talk to a trained volunteer by phone and, if necessary, to a professional);
- Chat therapy (a maximum of 8 online chat talks with a professional);
- Self-help course (an independent online course aimed at reducing suicidal tendencies);
- Consultation by telephone (the opportunity to pose a brief question to a professional in a session lasting a maximum of ten minutes);
- Self-tests (questionnaires to fill in which offer an indication of the severity of one’s troubles and symptoms (an anxiety and depression test and a test that measures suicidal tendencies);
- Training programmes for professionals about suicide prevention and treatment.

In the annual report 2016 [9] there is described that in 2016 there have been increases in the number of people with suicidal thoughts that were helped by 113. Most of them were helped by crisis telephone.

In addition to its mental health services, 113 describes itself as change agent and centre of expertise: it leads the National Suicide Prevention Agenda and establishes Suicide Prevention Action NETworks (SUPRANET Care, SUPRANET Community). Activities in these areas include:

- The development and dissemination of training opportunities for medical staff, other professionals and gatekeepers in society;
- Tracking the implementation and sharing of evidence-based suicide intervention best practice within large healthcare institutions, using standardized monitoring instruments and methods;
- Implementation of multilevel multimodal suicide prevention measures in 6 regions, reaching 1.3 million inhabitants, in line with the European Alliance Against Depression (Optimizing Suicide Prevention Interventions OSPI);
- Data-driven quality and safety improvement projects in a network currently numbering 14 mental health hospitals.

113 has also a strong international orientation through participation in the European Alliance Against Suicide and their role in the International Zero Suicide Movement.

It continuously develops its work by researching the effectiveness and reach of its mental health services together with its partners, namely the VU University of Amsterdam [10] and the mental health
Together they have initiated SURE-NL, a scientific consortium aimed at lifesaving suicide research. 113 has been invited to contribute to scientific conferences worldwide (Rome, Beijing, Tel Aviv, Boston, Atlanta, London and Ghent). Next year they will be present at conferences in Sydney, Australia and Kuala Lumpur, Malaysia.

Peer learning Participation of young people with mental health issues

This international peer learning project on the participation of young people with mental health issues is an initiative by the Ministry of VWS, in response to the Dutch presidency of the Council of the European Union in 2016. During the Dutch presidency of the Council of the European Union, the Netherlands, together with Finland, invited colleagues to participate in European peer learning in the field of young people with psychological problems. Now about eight countries participate in the peer learning. It is a cross sectoral peer learning with the aim to strengthen the participation of young people with mental health issues. The aims of the peer learning are:

- To share practices and knowledge in the areas of successful youth policy, practice (programmes and interventions) and the active involvement of young people with mental health problems in order to increase successful policy and practices;
- To use the knowledge acquired to increase effectiveness of policymaking and practice in the countries involved;
- To explore the possibilities for increased cooperation between the countries of the peer learning group;
- To disseminate the knowledge acquired amongst EU member states.

The peer learning takes place in three multiple day seminars. Two seminars with partners, stakeholders and experienced experts from the participating countries have already taken place. The first seminar in Amsterdam in 2016 focused on setting the scene for youth work, mental health services and participation of young people, resulting in ‘a mental health informed youth work and a youth involved mental health’. The second seminar in Helsinki in June 2017 focused on education of youth workers and the role of social media. The result was: ‘Educating professionals, peers and making the best of what social media has to offer’. All presentations of the first two seminars can be found on the website of The Finnish Association for Mental Health. The third and last seminar will take place in Rotterdam in November 2017. Issues that will be explored further in Rotterdam are what young people’s needs are and what support they need to be able to stay in school or participate on the labour market, looked at from the perspective of young people with support from youth work and mental health services.

The project had a duration of 2 years and ends after the third seminar. The target group of the entire project are youth with mental health issues. The main partners of the third seminar are: the Ministry of VWS, Netherlands Youth Institute, National Youth Council in cooperation with GGZ NL, Sociaal Werk NL, Foundation Young Rotterdam (Stichting Jong Rotterdam) and the participants of the other seminars. It is organised in close cooperation with the Finnish Ministry and the Finnish Association for Mental Health. For the Netherlands, the project is financed by the Ministry of VWS. As far as known, the project will not be evaluated by means of research. However, there will be written reviews of all seminars.

Strong teens and resilient minds
Given the immense impact of suicide on the environment and the high rates of mood problems among young people, it is extremely important to pay attention to suicide prevention. Therefore GGZ Oost Brabant [20] with various partners in the south of the Netherlands started the Strong and Resilient Teens Minds project (STORM) [21] to pay more attention to these topics. The project focuses on early identification and addressing of depressive complaints among young people in secondary education. This project stimulates the development of resilience and positive self-esteem. The overall aim is to prevent depression and suicide among young people. The STORM project offers multiple interventions for young people.

The STORM-project is mentioned in the multi-annual Depression Prevention Program [6]me as a good practice in preventing depression among young people. The STORM project is a collaboration between GGZ Oost Brabant, GGD [22], the Trimbos Institute [23], secondary education schools, municipalities and local partners. Specific information about funding is unknown, but the project is probably funded by local municipalities with public funding.

There is scientific research [24] into the results of the STORM-project. This research is taking place from 2015 to 2020. The primary objective of the study is to evaluate the (cost) effectiveness of the prevention programme ‘at full strength’ for adolescents with elevated depressive symptoms. This is one of the programmes that can be offered within the STORM project. The secondary objective of the study is to define child related factors associated with the effectiveness of the programme. Participants in the study are selected by screening pupils in the second year of secondary education on depressive symptoms. Pupils with a high suicide risk are referred to specialist care. Pupils with elevated depressive symptoms are invited to participate in an intervention programme of the STORM-project.

No results of the STORM-project have been published yet. The timeframe for the project is also unknown.