

THE STATE MECHANISMS OF DEALING WITH CHILDREN AND ADOLESCENTS' MENTAL PROBLEMS

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Abstract

In order to improve the mental health of children and adolescents, prevent the existing and potential problems and deal with them effectively, it is of primary importance to study the overall situation in this area, work on future approaches based on the findings and their implementation. The present research discusses the existing situation related to the mental health of children and adolescents over the last twenty years on the examples of various countries, including Georgia. The aim is to study the problems, the changes that have happened and fresh initiatives to deal with the problems, as well as appropriate assistance mechanisms and the recommendations suggested to the countries by professionals.

Key words: *mental health, prevention, existing services, intervention, service spheres, recommendations*

The importance of health care of children and adolescents, of future generations is self-explanatory. This can only be achieved through the existence of accessible high-quality health care systems. One of the important issues is the mental health of children and adolescents and investing in this sphere. It is well known that a large share of mental disorders originates from childhood and adolescence periods. Timely intervention reduces the risk of progression and complication of mental diseases. A system of service ensuring a timely detection of disease, prevention of complications and quality care should be one of the priorities in the health care of mental health of children and adolescents. Based on the research conducted in Georgia before 2008, the WHO highlighted certain breaches for the state to be noted, while the UN Children's Rights Committee underlined the non-existence of mental health national policy for children's and adolescents' mental health in Georgia and large gaps in the provision of services for children and adolescents (Østergren & Barnekow, 2007). At present, certain components have been improved in the mental health sector. The Parliamentary decree N1741 as of 11 November 2013 on the State Concept of Mental Health Protection prescribes the Georgian Government to ratify the strategic plan of mental health protection by 1 January 2015.²

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² Decree of the Georgian Parliament on the State Concept of Mental Health Protection, N1741, 11.11.2013

The given document states the main principles and values of the state policy for mental health care, its vision and objectives, directions and resources required for its development. However, the final document does not cover the mental health state policy for children and adolescents.

Problems in child and adolescent mental health care exist in many countries. According to recent data, the second reason of deaths among 10–18-year-old adolescents and young people in the US is suicide (Costello et al., 2005). Every fifth underage child in European countries has developmental, emotional and health problems (Costello et al., 2006). To improve mental health of children and adolescents, carry out the relevant prevention and intervention and exercise effective control, it is first needed to study the existing situation and develop an evidence-based future policy. In the present document we review child and adolescent mental health situation in Georgia and worldwide, the existing problems and assistance mechanisms, experts' recommendations for states concerning future improvements, the changes that took place in this field for the last 20 years, the negative effects of the COVID pandemic and new initiatives.

The situation related to children's and adolescents' mental health, services and policy in the world until 2010

Before 2010, in order to improve child and adolescent mental health care, specialists started to evaluate the situation in the sector, identify problems, searching for the ways to solve them. The research-based data were used to plan the development of the mental health services in the near future. The research aimed to study the situation in the mental health care, identify barriers, develop the mechanisms for the solution of problems and create the relevant policy.

Several studies (Braddick et al., 2009; Costello et al., 2006; Kovess et al., 2015) carried out a meta-analysis of the epidemiological studies of internalized and externalized disorders in school children and adolescents. The studies conducted worldwide in the last 15 years show an increased frequency of anxiety disorders (8%), followed by depression (5.2%) and attention deficit hyperactivity syndrome (ADHD) – (4.5%). The studies show that behavioral and externalized disorders are more prevalent in boys, whereas emotional disorders prevail in girls. Behavioral disorders and ADHD manifest earlier in boys. Differently from boys, depression and anxiety significantly increase in the puberty period. Most children with externalized disorders later manifest internalized disorders, such as anxiety and depression (Braddick et al., 2009; Costello et al., 2006; Kovess et al., 2015).

Mental health has an impact on children's everyday life. About half of diagnosed children suffer from a disorder which results in a serious deterioration of functioning in cognitive, social and emotional spheres. The risk factors are the income level, family structure, number of siblings, economic situation and social class. Behavioral disorder is most strongly related to socio-economic and family characteristics (Braddick et al., 2009; Costello et al., 2006; Kovess et al., 2015).

In 2009, the study dedicated to children's and adolescents' mental health, assistance services and policy were conducted in 15 European countries (Belfer, 2008). It was the first attempt of obtaining basic information about the general situation in the sphere of child and adolescent mental health and the effectiveness of relevant services. The obtained data served as a basis for the development of general European recommendations, evidence-based policy and services.

The countries involved in the study under the CAMHEE (Children and Adolescent Mental Health in Enlarged Europe), namely Belgium, Bulgaria, Estonia, Finland, Germany, Greece, Hungary, Lietuva, Norway, Poland, Romania, Spain and England (Belfer, 2008) presented a report on the situation with children and adolescent mental health in their countries; specifically, arrangement of the infrastructure, financing of services, and their accessibility (Garland et al., 2013).

According to the study results, about 20% of children and adolescents in Europe have mental problems. However, there are some differences in the prevalence of problems and in terms of services across the countries (Garland et al., 2013). The main purpose of the CAMH study was the identification of gaps in the EU partner countries and the development of evidence-based mechanisms promoting child and adolescent mental health and preventing mental disorders. The review especially emphasized data collection and evaluation. It turned out that there was no integrate evidence-based CAMH policy in Europe. At the same time, there was a deficit of government plans for the solution of problem, weak intervention and evaluation mechanisms and shortage of prevention and assistance programs (Belfer, 2008). Also, it became evident that (Belfer, 2008) from the 1990s to 2010, radical changes took places in the mental health care of the post-Soviet countries as evaluation and diagnostic systems as well as the spheres of service underwent changes.

The distribution of child and adolescent mental health care services was uneven in Poland. The main provider was inpatient hospitals, whereas outpatient hospitals were not developed enough. In Slovenia, children were identified as a vulnerable group, but mental health diagnosis is still stigmatized in this country. In addition, financial problems were observed until 2010. After 2000, many changes took place in Lietuva and Latvia in the mental health care system. However, there were still many problems by 2010, such as non-existence of interdisciplinary approach as well as the shortage of qualified human resources and services.

There was no state policy in Greece for child and adolescent mental health care or organized data bases. In addition, governmental coordination was weak and financial resources were deficient. The greatest problem was the obstacles faced by patients during provision of services. Furthermore, the funding of this sphere had decreased by 50% by 2010. In urban as well as in rural areas the corresponding services were provided by NGOs working on mental health issues. They provided various services such as day centers, assessment centers, the centers dealing with children and adolescents with specific disorders (e.g., autism).

In Belgium, mental health services for children and adolescents were scarce and unevenly distributed across the country. Therefore, these services were not accessible for everyone.

Mental health care and social assistance services for children and adolescents were well developed in Germany. These involved consulting, prevention and social work. Within the health care system, patients and their parents received medical assistance from general practitioners, children and adolescent psychiatrists and psychiatrists. However, there was a problem with coordination.

The following problems were detected in England: CAMH services required expansion. The services were not universally accessible and did not cover enough children and adolescent. There was a need to introduce additional services. In addition, the existing data were not complete.

The structures responsible for children and adolescent mental health in Spain need to be better coordinated, offering more diversified preventive and assistance services. They lack finances and need-oriented studies.

Finland has a high-quality health care and social services system. Day-care centers, the system supporting families with children, as well as an educational system, provide equal opportunities for the entire population. CAMH services were well organized, but there were not enough resources. The system of the provision of services mostly relied on inpatient treatment, but outpatient services did not receive enough attention. The corresponding systems of the Ministry of Social Affairs and Health had to be better integrated.

The children and adolescent health care system was best organized in Norway. There were a lot of achievements in CAMH care, which followed a 10-year plan due for completion at the end of 2008. Children were attributed to a vulnerable group requiring special care. Correspondingly, special programs for the prevention and treatment of mental disorders were being implemented. Psycho-social services and health care centers for children were operating at the municipal level. From 1998 the staff in the CAMH care increased by 71%; in outpatient services by 101% and in inpatient hospitals by 47%. On the basis of the data analysis, a 10-year plan was worked out for child and adolescent mental health care development (Belfer, 2008).

In the USA, a comprehensive CAMH study had yet not been conducted by 2010. To identify the problems in this sphere, in 2013 the article "Improving Community-Based Mental Health Care for Children: Translating Knowledge into Action" (Bickman, Garland et al.) was published. The article was based on the data obtained from a comprehensive research. The article showed that the community-based activity carried out before 2010 and aimed at the improvement of mental health was fragmentary and ineffective. Mental health care resources for children and families increased in the last decades. Millions of children and adolescents were treated for mental disorders, but most of them received community-based usual care (UC) (Warren et al., 2010), which did not prove to be effective. According to the studies, the problems of children and adolescents with mental health problems showed a relatively minor improvement following community-based treatment

(Vaillancourt et al., 2021). In particular, 44% of children and adolescents either recovered or showed some improvements, 32% did not show tangible improvements and the situation of 24% deteriorated.

Within the framework of the CAMH, the US studies focusing on specific sub-groups showed that mental health services, assistance methods, community-based usual care and outpatient services were ineffective. The waiting list of children and adolescents was too long. They had to wait for months to receive service or did not receive it at all. In addition, it became evident that the number of recovered patients was much larger among those receiving services from the private sector.

Based on the analysis of the research and existing situation, US scientists worked out the following recommendations for the next 10 years of CAMH development:

- Mobilize all persons and organizations involved in the health care of future generations;
- Improve services and policy to introduce changes to the existing system;
- Promote partnership between mental health specialists / researchers and politicians, lobbyists, entrepreneurs, teachers and other specialists who will be able to improve the system through joint efforts (Bickman, 2012).

School as an important segment in child and adolescent mental health care

A number of studies and data analysis had been conducted by 2010 which pointed to the problems in the child and adolescent health care. These were related to services, resources, staff and regular work. Almost all the recommendation stated the following: Child care needs to integrate all public structures dealing with the sector; prevention and early intervention need to be emphasized and school resources need to be better used. None of the above points received adequate attention in the past.

To promote children's and adolescents' mental health and well-being, scientists (Kovess et al., 2015) conducted a large-scale study: The School Children's Mental Health in Europe (SCMHE) Project: Design and First Results (Mental health care in Georgia, 2008). The study shows that the evaluation of school children's mental health by teachers is similar to that of their parents. However, certain differences are still observed: Teachers emphasize students' externalized problems, whereas parents also pay attention to their emotional problems (Diagram 1, 2) (Mental health care in Georgia, 2008). The explanation is that school personnel deals with a large number of children due to which internalized problems are not quite obvious.

Early identification of problems is extremely important, and school environment is very suitable for this purpose. On the other hand, the solution of problems and the provision of quality services is a function of health care system. It would be truly productive to involve schools as one of the components in child and adolescent mental health care. The schools could be used for the provision of primary services, which is achievable with a relatively low budget. Also, it is very important to ensure a productive collaboration between the health and education sectors (Statistical Yearbook, 2010).

The implementation of the recommendations for the next 10 years of the CAMH development (the effect of introduced changes, effectiveness of services, identification of problems) was to be evaluated by a corresponding study scheduled for 2020, which was postponed due to the Covid-19 pandemic.

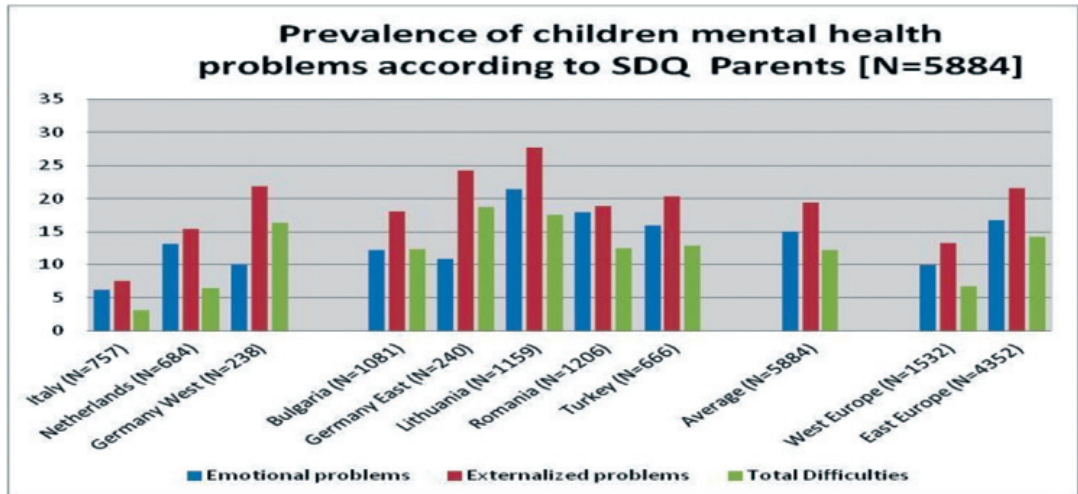


Diagram 1: Prevalence of children’s mental health problems according to parents (Mental health care in Georgia, 2008)

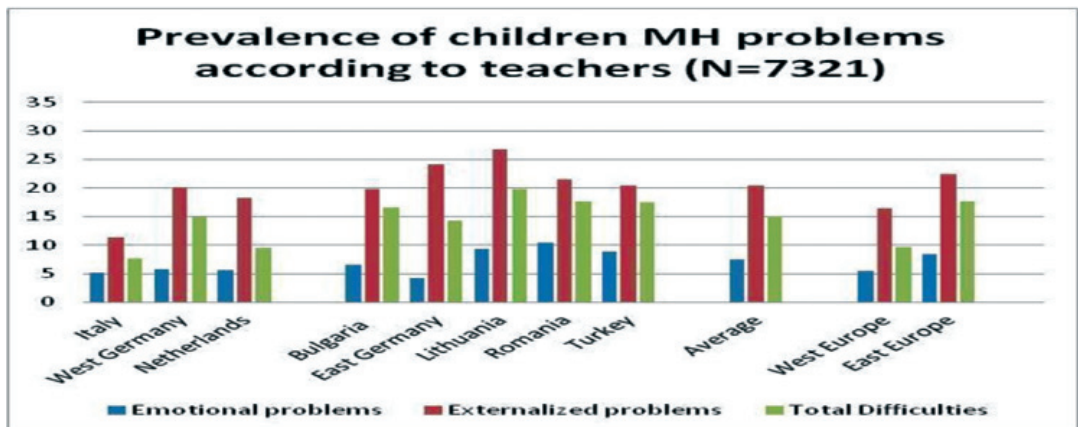


Diagram 2: Prevalence of children’s mental health problems according to teachers (Mental health care in Georgia, 2008)

Mental health of children and adolescents in Georgia: the current situation, policy and services

In the strategy developed by the WHO for Georgia in 2007, a special emphasis was made on children and adolescents’ health (Mental Health Care in Georgia, 2008). In 2008, the UNICEF emphasized that the national mental health policy for children and

adolescents was neglected and the CAMH services were quite imperfect. One of the most important recommendations for the Georgian Government stated that the research and evidence-based national policy had to be developed for the CAMH care and the investment had to be made in treatment, outpatient and inpatient services, as well as the creation of preventive services for suicidal behavior, violence against children and adolescents and institutionalization of children (Statistical Yearbook, 2010).

In 2008, the Ministry of Health conducted a study in the mental health sector to identify the resources needed for epidemiological studies and the provision of services. The most reliable official sources of information included the State Department of Statistics, Ministry of Health and Ministry of Education. The organizations did not provide an accurate picture of the sector because there were no reliable methods in the country to obtain the information, thus the data were not precise. The data were based on referral rates for mental health organizations and, therefore, pointed to the number of referrals rather than the results of epidemiological studies (Children and Adolescents in Georgia, 2020).

Mental diseases were and are stigmatized in Georgia, which is reflected in the number of visits to specialists and treatment. Like in the past, patients are diagnosed with a milder form of disease or diagnoses are changed. According to the Georgian Law on Psychiatric Care passed in 1995, the registration of patients was voluntary. It often happened (and still happens) that individuals with mental problems approached a private sector not to be registered as a person with mental disorders (Mental Health Care in Georgia, 2008). Treatment facilities, services and specialists were unevenly distributed across Georgia. The national health care system did not provide for screening programs in the sphere of mental health, which is still a problem. The situation was even more difficult in the CAMH care. According to the National Centre for Disease Control and Public Health, in 2010 the problem had not been solved yet. The situation is even more difficult in the CAMH care.

According to the statistical information provided by National Centre for Disease Control and Public Health, 1,926 children from 0 to 15 year-olds, and 2,446 adolescents from 15 to 18 were registered in outpatient clinics in 2010. No information was available about the inpatient services for children and adolescents under 18. (on the Approval of the Strategic Document on Mental Health Development and Action Plan for 2015-2020, n.d.)

Before 2010, the following problems were identified in Georgia in relation to the CAMH:

- The service was quite expensive for patients' families. In addition, the fixed rate for the first visit to the psychoneurological clinics, additional medication costs were likewise to be covered;
- Low quality: the service provided to children and adolescents was limited to the provision of medication and issuance of a disability certificate. There was a marked shortage of qualified human resources and diagnostics and the treatment guidelines for children and adolescents were absent;
- Deficit of qualified specialists responsible for child and adolescent care in relevant clinics. There was no psychiatrist or child psychologist in many psychoneurological clinics covered by the research;

- The coordination between primary healthcare and the institutions providing outpatient psychiatric service was weak. In addition, in the health care system there was no cooperation within the institutions or other organizations.

Based on the results of the studies conducted 10 years ago, the State was given recommendations about the changes to be introduced in relation to services, specialists, resources and policy in the CAMH care. According to the data of the Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs of Georgia, an electronic registration of psychiatric diseases was introduced in 2016. Table 1 shows the official data (in thousands) of people with mental and behavioral disorders (About mental health, n.d.).

Table 1. Morbidity of population by main groups of diseases according to primary diagnosis

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Total	7.0	6.8	5.6	9.7	5.1	4.0	5.6	8.0	7.5	9.7	12.8	1.9	16.7	14.3	19.9	14.9
0-14	1.6	1.3	1.4	1.5	1.3	0.4	0.3	0.3	1.1	2.1	4.1	0.4	3.4	3.6	4.4	2.0

(The Strategic Document on the Approval of Mental Health Development and Action Plan for 2015-2020, n.d.)

The data below is found in the 2020 report of the Georgian National Statistics Office “Children and Adolescents in Georgia” (Table 2). (Deinstitutionalization of mental health care services – International and Georgian Contexts, n.d.)

Table 2. Number of mental and behavioral disorders in children under 15 by regions

Year	2015	2016	2017	2018	2019
Number	6 730	6 911	8 249	7 417	8 842

(About mental health, n.d.)

The quantitative data on mental and behavioral disorders of 15-18 year-old adolescents are not available in the state institution database. The only information on adolescents referring to mental health is that on the suicide age arranged by gender (Table 3). (Deinstitutionalization of mental health care services – International and Georgian Contexts, n.d.). These data show that the situation is rather difficult in this respect. In most cases, the reason of suicide is depression and anxiety disorders.

Table 3. Suicide cases by gender and age (unit)

Age	2015		2016		2017		2018		2019	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
<12	-	-	1	-	-	1	-	-	1	-
13-19	2	2	7	6	5	1	6	4	4	7
20-24	-	11	2	3	-	9	2	8	3	14

(About mental health, n.d.)

In 2014, the Georgian Government issued Decree №762 on the Approval of the Strategic Document for 2015-2020 on Mental Health Development and the Action Plan (on the Approval of the State Health Care Programs for 2022, n.d.). “The plan outlines the vision of improving mental health for the next five years, defines the values and principles that form the basis of mental health management, as well as the main issues that need to be implemented in order for the plan to function. The present document will likewise be used as guidelines for the state programs” (About Mental Health, n.d.).

The document also emphasizes the shortcomings that need to be fixed: violation of human rights in specialized psychiatric hospitals were still recorded in 2014; low level of patient treatment and care standards; outpatient services were mainly provided by 18 medical institutions which were located in big cities, without adequate financial resources; lack of human resources in mental health care; number of psychiatrists was twice as little as in European countries (deficit of at least 250 psychiatrists).

The main purpose of the strategic plan for mental health development was to prevent mental disorders, protect the rights of the patients with mental disorders, reduce the rate of morbidity and mortality among people with mental disorders, raise awareness of people with mental health problems and ensure their integration into society (On the Approval of the Strategic Document for 2015-2020 on Mental Health Development and the Action Plan, n.d.). The given document provides for the following: regular needs assessment of people with mental disorders, analysis of the quality of services and ensuring personnel development (On the approval of the Strategic Document for 2015-2020 on Mental Health Development and the Action Plan, n.d.).

In 2020 the Georgian Parliament ratified the law – “About Mental Health” (Deinstitutionalization of Mental Health Services – International Experience and Georgian Context, n.d.). The document states that if a person is diagnosed with mental disorder, displays erratic behavioral symptoms of mental disorder which result in personal dysfunction and hinder the person’s adaptation to the environment, the person must receive medical treatment, with the aim of avoiding further aggravation of the disease, assisting his or her social adaptation and integration. The diagnosis is based on the international medical standards [ICD 10]. The person has the right to choose the mental institution or doctor, and discontinue examination or treatment at any stage, of their own free will (About Mental Health, n.d.).

The 2021 Action Plan for Mental Health covered issues such as: widening the geographic and financial accessibility of mental health services, establishing the balanced care system between inpatient and outpatient services, development of community-based services and provision of ongoing care (Red Cross, n.d.)

The budget of the mental health program showed a trend of increasing – the 2018 budget went up by 5 million GEL. However, considering the inflation, the budget is not enough for the existing needs.

Table 4. Budget for State Mental Health Program (in thousand GEL)

Year	2014	2015	2016	2017	2018	2019	2020
Mental health component	15,137.1	16,170.5	16,502.5	15,803.9	20,550.7	23,857.1	25 686,8

Inclusive education, n.d.

Table 5. Budget for State Mental Health Program (in thousand GEL)

Component	2017	2018	2019	2020
Children’s mental health	148.9	130.9	112.305	125.2
Children’s inpatient mental service	-	350.0	359.94	360.0

Inclusive education, n.d.

The 2020 document on the Approval of State Health Care Programs along with other programs includes the treatment of narcological patients (2020 document on the Approval of State Health Care Programs, n.d.). The aim of the program is to diminish the damage caused by drug addiction (program code 27 03 02 09). A mental health program has been also identified (program code 27 03 03 01). Psychiatric service is provided through community outpatient facilities based on the bio-psycho-social model and multi-disciplinary approach. Financed staff units (70,000 per 100,000 people) include 1 psychiatrist, 1.5 nurses, 0.5 social worker/psychologist. The population receives the following services: diagnosing, treatment, provision of medication prescribed by psychiatrist, continual care, social support (2020 document on the Approval of State Health Care Programs, n.d.). According to the document, children’s mental health care provides for examination and diagnosing of children under 18 in day care centers. The underage children who display changes in mental state and behavior, or worsening of social functions and maladjustment, are provided with the following services:

- 1) Services of neuro-development and psychiatric groups;
- 2) Provision of medication in accordance with doctor’s prescription;
- 3) Clinical and lab examinations based on doctor’s recommendation;
- 4) Consultations with other specialists based on doctor’s recommendation.

The budget for Mental Health Program was set at 35 million GEL (On the Approval of the State Health Care Programs for 2022, n.d.), out of which 151,000 GEL was allocated

for children's mental health care and 1,156,400 GEL for the inpatient treatment of children with mental disorders.

Today, in CAMH care certain types of services are financed through the state budget, while the main part is covered by self-governing units across the country. Apart from outpatient services, the provision of care lies on community outpatient services, psycho-social rehabilitation and community mobile group services [22].

In the past 10 years certain changes have been observed in the mental health care of our population. Inpatient treatment has been mostly replaced by community-based services, financing has increased, but an acute shortage of psychiatrists and qualified clinical psychologists is still felt. Besides, the financial assistance is not enough, particularly in the regions across the country, as well as poor coordination among various relevant institutions and inadequate statistical reporting. Patients can receive mental health services in state-run, as well as in private clinics, from practicing specialists, which is the reason a certain number of patients is not registered.

The degree of stigmatization is rather high in our society, which is responsible for many patients with worsening mental health problems opting for consulting neuropathologists, rather than psychiatrists or psychotherapists, the former often coming up with a milder diagnosis. Moreover, the deficit of diagnostic and supplementary materials is noticeable. Specialists still use ICD 10 as guidelines, while ICD 11 has been adopted in many European countries and work is underway on ICD 12. Parents often choose to take their children to private clinics, getting help from their specialists for a certain fee. Unfortunately, most of such institutions do not provide statistics regarding their patients.

Numerous international articles and research materials stress that in order to effectively manage child and adolescent mental health protection it is essential to include schools in the process. In this respect, there are positive changes in our country.

A multi-disciplinary group specializing in inclusive education functions within the Georgian Ministry of Education and Sciences. Its aim is to identify and evaluate children with special educational needs, ultimately involving them in the common educational and study process. For the assessment of educational needs, it is required that a parent or legal guardian addresses the Inclusive Education Department by filling an application approved by the Minister. Afterwards, the multi-disciplinary group assesses the student and issues a written conclusion. Based on it, schools are obliged to provide appropriate educational conditions for students with special study needs, complete with appropriate study programs, as well as cater for the students' progress by following the multi-disciplinary group's recommendations. Many schools have target-trained teachers working along the guidelines for special need students (Inclusive Education, n.d.).

Since 2010, in order to enhance the CAMH care related to prevention and provision of primary services, the State has included the Ministry of Education and Science, and schools in particular, in the process. As from 2013, a department of psychological assistance has been created within the Office of Resource Officers at educational institutions (On the Approval of Referral Rules and Forms, 2013). Today, the organization functions under the

name of the Psycho-Social Service Center and is a structural unit of the Resource Officers' Office. Currently, 10 centers function across Georgia: Tbilisi (2), Rustavi, Gori, Kutaisi, Telavi, Batumi, Poti, Zugdidi and Akhaltsikhe. A 24-hour helpline is available in all centers, aiming at providing timely psychological consultations, as well as the relevant information to callers, within the competence of service workers. The psycho-social centers offer help to students with psychological or behavioral disorders, as well as to their parents and legal guardians. The scope of free services includes: preventive, individual and group services, among them consultations, psycho-educational, individual and group psychotherapy, and support of social integration. The services are free and voluntary. 50 psychologists, 56 social workers and 2 psychiatrists (in Tbilisi and Kutaisi) work in these centers. In 2022, 3,556 new cases were registered in the centers, out of which 2,633 were referrals from schools, while 923 beneficiaries applied for help of their own accord. Within the period, 568 calls were received on the helpline (Report as of 2022).

Following the Covid-19 pandemic, some countries paid particular attention to children and adolescent mental health.

As an outcome of the extensive research 2020 Children and Mental Health – Preventive Approaches to Anxiety and Depression (Directorate-General for Employment et al., 2021), it was revealed that 25% of the world population experiences mental health problems at some stages of their lives. 50% of persons with mental disorders display symptoms before they are 14. In adolescents, the mental health problems, such as depression, become one of the main reasons of suicide. It is not only the children and adolescents with depression and anxiety disorders (which are most prevalent among the underage mental disorders), but others as well are particularly vulnerable, experiencing social isolation and loneliness. As a result, many are deprived of social activities, being raised in isolation, thus increasing the risk of ending in poverty and social seclusion, unable to self-realize in life. Mental health problems increase social seclusion, while social isolation, in its turn, results in aggravated mental health in children and adolescents (Mental Health Care in Georgia, 2008).

The research carried out in Europe testifies that the emotional and behavioral problems displayed by one fifth of children and adolescents increased to one third after the Covid-19 pandemic. In Germany, during the pandemic, the CAMH service centers received 25% less applications, however, the helpline addresses increased, requiring immediate assistance and consequent monitoring of cases (Fegert et al., 2021). Consulting centers, outpatient and inpatient clinics of other European countries registered a noticeable increase in cases related to anxiety, depression, suicide attempts and eating disorders (Fegert et al., 2021). The study carried out at the early stages of the pandemic by the European Society for Child and Adolescent Psychiatry and CovCAP-Covid-19 in Child and Adolescent Psychiatry showed that child and adolescent psychiatrists promptly reverted to helping their patients through using the internet, which ensured smooth running of services offered to children and adolescents, as well as assistance (Revert et al., 2023). However, it is only fair to mention that the effectiveness of online consultations and psychotherapy results need to be studied further to reveal their positive and negative factors, the overall level of their efficacy (Revet et al., 2023).

In Georgia, online service was introduced in 2020 when non-governmental and some governmental organizations catering for mental health began providing remote services, among them the Psycho-Social Service Centre within the Office of Resource Officers, which continues to work in the same mode in extraordinary cases, delivering psychological assistance. In the spring of 2020, the Georgian Red Cross (Red Cross, n.d.) initiated the coordination of governmental and non-governmental organizations working in the mental health sphere. It created a unified database of helplines and internet addresses of all organizations capable of providing remote services, and the information was made public through the internet.

The research carried out in 2020-2021 in the mental health sector said that the state policy needs to be changed and more resources must be allocated to improve the situation. Despite alarming findings, several countries neglected the issue, while the EU and the USA decided to increase the relevant budgets with the aim of achieving positive dynamics in this respect (Fegert et. al., 2021: Mental Health and the Pandemic, n.d.).

Among 38 high-income countries, Canada occupies the 31st place in terms of well-being, however, its rating is rather low in the sphere of mental health protection. The suicide rate among adolescents is alarmingly high, indicating the systemic failure (Directorate-General for Employment et. al., 2121). The number of mental health problems and their severity shows that effective services of intervention are required at early stages. Only a quarter of Canadian children and adolescents receive mental health services and, as a rule, those are delivered only to patients with acute mental disorders. As revealed by resources, rapid response on the part of the government in the MH sphere is paramount in Canada. However, there is yet no provision of increased funding of early intervention services that would improve the overall situation by adopting preventive measures (Moroz et. al., 2020).

To the end of 2021, England had allocated additional 1,7 billion pounds to the CAMH services, but obviously more is required to provide an early intervention. In the last seven years, the financing of the sphere has been gradually diminishing. In 2017, more than 338,000 children were transferred to the CAMH, but only less than one third received appropriate treatment. About 75% of children and adolescents exhibiting mental health problems have to wait for services, which results in their conditions deteriorating to the extent when they require another kind of treatment. Between 2015 and 2020 the financial support of public healthcare, which includes school nurses and mental health public services, decreased by 600 million pounds (Rocks et. al., 2018). After the Covid-19 pandemic, no changes have been implemented in England to improve the CAMH-delivered services.

In order to deal with the increased number of psycho-social problems related to mental health, the European Regional Office of the WHO established a group of experts with the aim of improving mental health following the Covid-19 pandemic. Based on the analysis of the findings, The Organization for Economic Cooperation and Development published its recommendation describing general mental health and the effect of the pandemic on

mental health in particular. In May 2021, the commission organized an online meeting of the interested parties (House, 2021). According to the 2021 Webinar report of the WHO European Regional Office, in comparison with other specialists, those working in the mental health system display more instances of anxiety and depression. The June 2021 research findings testify that more than 300 healthcare workers attempted suicide in 2020 (Mental Health and the Pandemic, n.d.). Following the Covid-19 pandemic, mental health problems particularly worsened among the most vulnerable groups, as well as among healthcare workers. The expert commission of the European Parliament issued the recommendation: to improve the mental health following the Covid-19 pandemic, MH should become the focal point of the European Union policy. The European Parliament resolution acknowledges mental health as the fundamental human right and is working on the EU action plan on mental health for 202102027.

Children and adolescents are the focus of particular attention in European countries, thus their mental health is a priority. In 2021 the MH in the US drew special attention, resulting in the Presidential release on the Mental Health Day, October 2021. It states that the epidemiological data show an alarming increase in behavioral disorders among children and adolescents, as well as the cases of mild and acute anxiety and depression were on the rise; that suicide remains the second most frequent reason of death among 10 to 24 year-olds; that ER visits increased by 24% due to aggravated mental health conditions among 5-11 year-olds, and by 30% among 12-17 year-olds; that, sadly, CAMH services remain inaccessible for the majority of children and adolescents (Mental Health and the Pandemic, n.d.).

Within the American Rescue Plan (House, 2021), the US government allocated 80 million dollars for the pediatric accessibility program of mental health protection, designed to enhance treatment of behavioral disorders integrated into the primary pediatric healthcare. Likewise, 20 million dollars were allocated to support the suicide prevention program aiming at helping adolescents and young people. Also, the Rescue Plan helps the National Traumatic Stress Network with further 10 million dollars. Furthermore, 50 million dollars were allocated to finance the community-based MH programs, and 30 million for community-based treatment of local drug addicts. The American Rescue Plan invested 420 million dollars into Certified Community Behavioral Health Clinics – CCBHC as a grant system, which enables better access to public mental health and drug addiction treatment services. The CCBHC provide individual and family-oriented round-the-clock services, including intervention in crisis situations for mental health patients, as well as drug addicts.

Similarly, within the American Rescue Plan, based on reliable data, the White House intends to provide financial support to the resources aiming at improving emotional and mental health in schools. The Plan also presupposes creating a working inter-departmental group which will cater for improving health services provided by schools (House, 2021).

President Biden's 2022 FY22 budget included doubling the financial help of the services aiming at mental health improvement and treatment of narcological patients (Funding for Child and Adolescent Mental Health Services, n.d.; House, 2021). These additional

resources were used to help children and adolescents with behavioral disorders and their families; the MN providers in partnership with the law enforcement units; widening the suicide prevention; provision of more healthcare staff in schools; creating mental health resources in schools (House, 2021).

The government of Scotland allocated 120 million pounds to alleviate the adverse effects of the pandemic on the mental health of the public, with the aim of restoring the MH services and their upgrading (Funding for Child and Adolescent Mental Health Services, n.d.). The funding was meant to improve timely and appropriate service provided to children, adolescents and their families in Scotland.

In recent years, the Georgian Parliament has adopted several laws on mental health, and certain improvements are obvious in the CAMH care. However, the problem remains of not having a well-thought national policy regarding children and adolescents' mental healthcare, neither is there a planned research covering the entire country, nor a unified database. Several services have been set up catering for the CAMH, but they are unevenly distributed among cities, towns and villages, with an acute shortage of qualified personnel that is felt in the sphere. Above all, the number of children and adolescents with mental health problems has risen following the Covid-19 pandemic. Considering the above, it is paramount to produce a realistic picture of the CAMH care in the country and implement appropriate measures based on extensive research.

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