

Addressing the socioeconomic determinants of adolescent health: experiences from the WHO/HBSC Forum 2007

Theadora Koller¹, Antony Morgan², Ana Guerreiro³, Candace Currie⁴, Erio Ziglio⁵ and the International HBSC study group*

¹ Technical Officer, WHO European Office for Investment for Health and Development, WHO Regional Office for Europe

² Associate Director, National Institute for Health and Clinical Excellence (NICE), London

³ Technical Officer, WHO collaborating centre for health promotion capacity building in child and adolescent health, Florence

⁴ HBSC International Coordinator and Chair, Child & Adolescent Health Research Unit (CAHRU), University of Edinburgh

⁵ WHO European Office for Investment for Health and Development, WHO Regional Office for Europe

Submitted: 26 November 2008; revised: 04 May 2009; accepted: 04 June 2009

Published Online First 30 July 2009

Abstract

Over the past 25 years, the WHO collaborative cross-national Health Behaviour in School-aged Children (HBSC) study has been accumulating evidence that provides insights into how to promote the health and well-being of young people. HBSC has increased understanding of the determinants of young people's health, particularly in relation to the social contexts in which they live, learn and play. The study now spans 43 countries and regions in Europe and North America.

HBSC provides intelligence for the development and evaluation of public health policy and practice at national, sub-national and international levels. However, the mere existence of evidence does not automatically change policy nor necessarily improve the lives of young people. Effective mechanisms to ensure use of evidence in policy-making and practice are needed.

The WHO/HBSC Forum series is a platform designed to facilitate the translation of evidence into action. Forum processes convene researchers, policy-makers and practitioners from across Europe to analyse data, review policies and interventions, and identify lessons learned to improve the health of adolescents through actions that address the social contexts that influence their health. Each Forum process consists of case studies produced by interdisciplinary teams in countries and regions, cross-country evidence reviews, a European consultation, an outcomes statement within a final publication, and a Web-based knowledge platform. In addition to emphasizing the translation of research into action, the Forum series focuses on increasing know-how to scale up intersectoral policies and interventions; reduce health inequities; and involve young people in the design, implementation and evaluation of policies and interventions.

Interviews with selected participants in the 2007 Forum process revealed that national-level impacts of involvement were:

- brokering new or strengthening existing working relationships among members of case study drafting teams and national delegations to events;
- feeding into the formulation of national policy or practice design; and
- enabling the comparison of information systems, policies, interventions, and working methods with other countries and against the evidence base, thus providing encouragement for new and/or validation of existing activities.

The WHO/HBSC Forum series is an evolving platform. The methodology for each Forum process incorporates lessons learnt through past Fora – within resource constraints – and is

* Members of the International HBSC Study Group (Principal Investigators): Wolfgang Dür (AT), Lea Maes (BE-FI), Danielle Piette (BE-Fr), Lidiya Vasileva (BG), William Boyce (CA), Marina Kuzman (HR), Ladislav Csémy (CZ), Pernille Due (DK), Antony Morgan (GB), Jorma Tynjälä (FI), Emmanuelle Godeau (FR), Ulrike Ravens-Sieberer (DE), Anna Kokkevi (GR), Birgit Niclasen (GL), Ágnes Németh (HU), Thoroddur Bjarnason (IS), Saoirse Nic Gabhainn (IE), Yossi Harel-Fisch (IL), Franco Cavallo (IT), Iveta Pudule (LV), Apolinaras Zaborskis (LT), Yolande Wagener (LU), Marianne Massa (MT), Wilma Vollebergh (NL), Oddrun Samdal (NO), Joanna Mazur (PL), Margarida Gaspar de Matos (PT), Adriana Baban (RO), Alexander Komkov (RU), Candace Currie (GB-SCO), Elena Morvicova (SK), Helena Jericek (SI), Carmen Moreno Rodriguez (ES), Ulla Marklund (SE), Emmanuel Kuntsche (CH), Lina Kostarova Unkowska (MK), Oya Ercan (TR), Olga Balakireva (UA), Ronald Iannotti (US), Chris Roberts (GB-WAL)

based on the principles of efficiency and effectiveness. Areas requiring further development, identified through the aforementioned interviews and based on the reflections of co-organizers, include identification of means to ensure systematic, appropriate and meaningful youth involvement; maximization of the usefulness of the European consultation; and definition of a budget line and framework for evaluation of the process' impact at country level.

Introduction

The HBSC study provides essential data on adolescent health. It is an asset for the development and evaluation of public health policy and practice at national and international levels. It is a tool for increasing understanding of the social contexts within which adolescents grow up, as well as the impacts of these on health. It does this by collecting data over time that allow the social, environmental and psychological influences on young people's self-perceived health, health behaviour and health outcomes to be explored. In particular, it permits the gauging of health inequities by gender, socioeconomic status, family composition and other social determinants such as levels of social capital and social support in school and the local neighbourhood¹. As such, it has much potential to contribute to efforts aiming to address the social determinants of health. Since its inception in 1982, the study has been developed by a multi-disciplinary network of researchers from a growing number of countries and regions in Europe and North America. To make HBSC data available to a wide audience, researchers have published extensively in scientific journals²; published four international reports^{3–6} providing baseline data on key indicators of health and well-being; and produced numerous other policy-related briefings.

HBSC is therefore able to inform a wide range of policy and practice agendas. However, as publishing evidence alone does not change policy, the HBSC network has worked with WHO to improve mechanisms for ensuring that its evidence base is better used in policy-making and practice. In 2006, together with WHO Regional Office for Europe and partners, it launched the WHO/HBSC Forum series. The series supports WHO European Member States in addressing the social determinants of adolescent health.

This article describes the general approach of the WHO/HBSC Forum series, and highlights the Forum 2007 process on social cohesion for mental well-being among adolescents as an example. It explains how the 2007 process worked and what were its core outcomes, provides examples of the country-level impact of involvement, and shares considerations on platforms aiming to facilitate translation of data into policy-making and practice.

What is the WHO/HBSC Forum series?

The aim of the WHO/HBSC Forum series is to increase know-how for addressing priority public health conditions from a social-determinants-of-health perspective and with a view towards the specific needs of adolescents. Fora convene researchers, policy-makers and practitioners to analyse data, review policies and interventions, and formulate lessons learnt. Specific objectives are to document, analyse and increase know-how for:

- translating research on young people's health into policies and action within and beyond the health sector;
- scaling up intersectoral policies and interventions to promote adolescent health;
- reducing health inequities among young people; and
- involving young people in the design, implementation and evaluation of policies and interventions.

Each Forum process consists of case studies produced by country and region teams, cross-country evidence reviews, a European consultation, an outcomes statement and a final publication, and a Web-based knowledge platform. The Forum process constitutes the generation of knowledge in relation to the above themes. Beginning with the results of the HBSC research, the process compares and contrasts data, experiences and models from throughout the European context. Knowledge presented, discussed and generated during the Fora is systematized and translated into the outcomes statement, final report and other documents and via the Web site. The Fora thus represent the central moment of a wider process of convergence of knowledge about specific issues. This process begins with the production of the HBSC research (every four years), is enriched by further findings and points of view and is followed by dissemination to policy-making and institutions, as well as professionals.

Special attention is given to choosing Forum topics that allow Forum outcomes to feed evidence into policy-relevant processes in the WHO European Region. In 2006, the first Forum was dedicated to social determinants of healthy eating habits and physical activity levels among adolescents, feeding into the WHO European Ministerial Conference on Counteracting Obesity (Istanbul, November 2006). In 2007, the process was dedicated to social cohesion for mental well-being among adolescents, contributing to follow-up to the WHO European Ministerial Conference on Mental Health (Helsinki, January 2005). The selection of topics further synergizes with support to Member States through the WHO European strategy for child and adolescent health and development. The strategy identified adolescent health, nutrition, and psychosocial development and mental health as priority areas, among others, for action in the European context.

Production of national and sub-national case studies is at the core of each process. HBSC principal investigators often serve as case study focal points, assembling interdisciplinary and intersectoral drafting teams, leading analysis of data and engaging with co-authors (from ministries of health and education, institutes of public health, and other entities and associations) to describe the political context and lessons learnt through the design and implementation of interventions. To facilitate the drafting process, Forum organizers provide case study guidance/criteria with probes reflecting the above-mentioned objectives and covering programme/project financing, management, and evaluation. In 2007, a case study drafting workshop was convened for focal points and one additional co-author from each country. Additional experts in areas related to the 2007 theme also attended to provide support to authors for analysis.

Cross-country evidence reviews are also produced on topics particularly relevant to action on the social determinants of the priority public health concern addressed through that year's Forum. For instance, reviews of (a) socioeconomic inequalities in mental health among adolescents in Europe and (b) economic aspects of mental health in children and adolescents were undertaken in 2007, in addition to the review of cross-national HBSC data on mental well-being in school-aged children in Europe. The unique aspects of data from HBSC allow for patterns of health and health behaviour to be observed in different country contexts. Analysis and comparison of the varying patterns of influence of health outcomes in different parts of Europe provide inferences for the sorts of actions to be taken at national and international levels.

A European consultation brings intersectoral and interdisciplinary country delegations together to present and debate the studies and evidence reviews. Interview rounds, panel discussions and breakout groups capture emerging issues and research needs, while highlighting enabling and constraining factors in the design, implementation and evaluation of policy and interventions. Findings are later documented in an outcomes statement, which in turn feeds into wider European policy-relevant processes (for instance, the statement from 2006 was presented during the Ministerial Conference on Counteracting Obesity). A WHO press note is issued to European media on the occasion of the Forum, highlighting HBSC data and key messages on the social determinants of adolescent health in relation to the Forum's theme.

The final publication consists of the outcomes statement, case studies, and cross-country evidence reviews. Dissemination is considered a priority aspect of the Forum process; adequate time and financial resources are allocated by co-organizers. The dissemination strategy targets entities including but not limited to: all case study and background paper co-authors

(of whom there were 100 in 2007) in their respective institutions; WHO ministerial focal persons for child and adolescent health and the topic of the forum if they are not in the first group; national institutes of public health; national contacts for the Health Promoting Schools network; WHO country offices; all HBSC principal investigators; policy-maker participants of major related European meetings; and all co-organizers for further distribution. Co-authors are also requested to identify national events at which they could present the report and additional copies are provided for this purpose. The publication is also made available on the Web and hard copies can be ordered online by the general public.

Following the WHO/HBSC 2006 and 2007 Fora, capacity-building materials were developed, addressing mainly policy-makers and researchers from the health sector and other relevant disciplines. For the first Forum, a preliminary and a specific package were developed. The former included the conceptual frameworks for addressing social determinants of health and investment for health, the HBSC Study and the European strategy for child and adolescent health and development. The latter included the above items as well as specific modules related to evidence of the need for action on the 2006 topic, theoretical models for action, specific policy guidance by international institutions and case studies. For the WHO/HBSC Forum 2007, the contributions from several authors were classified into two clusters. The first one comprised theoretical papers, including updates on the European Strategy for child and adolescent health and development. The second one covered experiences and case studies from several countries participating in the Forum. These materials can be consulted in the document section of the WHO collaborating centre's web site⁷.

The Forum series is managed by an interdisciplinary task force representing all co-organizing institutions. Task Force members meet once for overall planning of the year's process and work in subgroups for implementation and oversight of the different aspects outlined above. (The composition of the Task Force evolves yearly. In 2007, the Forum process was co-organized by the HBSC Network; the Tuscany Region (Italy), in partnership with the Local Health Unit ASL12 Viareggio; representatives from the WHO European Office for Investment for Health and Development in Venice and the WHO Regional Office for Europe programmes for child and adolescent health and development and mental health; the WHO collaborating centre for health promotion capacity building in child and adolescent health (Health Promotion Programme, A. Meyer University Children's Hospital, Florence, Italy); the Directorate General of Public Health of the Government of the Canary Islands (Spain); the WHO collaborating centre for health promotion and public health development (NHS

Health Scotland); and the WHO collaborating centre for child and adolescent health promotion (School of Public Health, University of Bielefeld, Germany). The series is an activity within the Framework Cooperation Programme between the World Health Organization Regional Office for Europe and the Tuscany Region. Fora 2006 and 2007 were coordinated by the WHO European Office for Investment for Health and Development, based in Venice)

Focus: Forum 2007 on social cohesion for mental well-being among adolescents

Mental ill-health is currently one of the biggest challenges facing every country in the European Region. Mental disorders affect at least one in four people at some time in their lives. Young people are at risk, with 4% of 12–17-year-olds and 9% of 18-year-olds suffering from depression, and suicide being the second leading cause of death among those aged 15–35 years⁸. In addition to treating mental disorders, there is an increasingly recognized need for mental health promotion and the prevention of mental disorders, and this particularly concerns children and adolescents.

In light of the above, and in synergy with the Mental Health Action Plan for Europe⁹, WHO/HBSC Forum 2007 focused on promoting protective factors for mental well-being in the contexts where adolescents live, study and spend their free-time, while also addressing socially determined risk factors for mental disorders and ensuring appropriate care. WHO/HBSC Forum 2007 benefited from the involvement of representatives from Armenia, Belgium (Flanders), Finland, Germany, Hungary, Iceland, Ireland, Italy, Lithuania, Netherlands, Portugal, the Republic of Moldova, Romania, Slovakia, Slovenia, Spain (Andalusia and Alcalá de Henares), the former Yugoslav Republic of Macedonia and United Kingdom (England and Scotland). Through the process, sixteen case studies and three cross-country evidence reviews were produced. The case study drafting workshop, mentioned previously, took place in Las Palmas, Canary Islands, Spain on 30–31 March 2007. The Forum took place on 5–6 October 2007 in Viareggio, Tuscany Region, Italy. The final report was issued in 2008 and can be downloaded from WHO and HBSC web sites.

Select lessons learnt¹⁰ emerging from the process are listed below, grouped according to the objectives of the Forum.

Intersectoral action

Health systems can build coalitions across sectors to tackle socially determined risk factors for mental disorders and to create environments that foster protective factors for men-

tal well-being. Consensus-building events and multisectoral committees are key mechanisms for joint ownership. High-level support for working across sectors, especially where it results in legislation, can significantly facilitate this work. It is essential to allocate sufficient financial and human resources for intersectoral work within and beyond the health sector. Training can play a role in developing the vision and skills required by staff for intersectoral work. The school environment plays a very important part in influencing the mental health and well-being of children and adolescents. Whole school approaches can integrate mental health and well-being into the main function and ethos of schools and facilitate support for education objectives through health policy. School-based interventions for mental health and well-being can also offer options for preventing destructive and self-destructive patterns of behaviour such as bullying. Further developing a vision and methodology to evaluate intersectoral interventions is a priority, and this should be addressed in efforts to strengthen the stewardship function of health systems.

Addressing health inequities

Collection and disaggregation of data on adolescent mental health and well-being by socioeconomic status, gender, geographic location, and foreign-born status are needed for the identification of health inequities. Current data allow reliable conclusions to be drawn for some countries, while no or very limited data are available for other countries. Policy-makers and programme managers should account for these differences in the design of strategies and interventions for child and adolescent health and mental health. Policies to improve economic security for families with children are necessary, as available evidence suggests links between low socioeconomic status and increased exposure to risk factors for mental disorders in children and adolescents. It is important that service delivery networks include initiatives at the primary level in the communities with the greatest needs. These might include parent training and comprehensive early child development programmes addressing socioeconomic determinants, health system access and emotional health (including effective parent–child relations). Such programmes show evidence of enhancing possibilities for low-income children to confront adverse circumstances. School settings, as they are potentially universal, can be used as non-stigmatizing “equalizers”. There is evidence that positive experiences in school can buffer the negative effects of low family income and migrant status, both associated with increased exposure to risk factors for mental disorders. For young people who have dropped out of school, governments can consider supporting initiatives to enhance emotional health and social skills, while also increasing academic and job-related skills.

Involving young people

Policies and initiatives to improve the mental health and well-being status of children and young people should, as a fundamental principle, feature the involvement of children and young people. Involvement of adolescents in implementation or adolescent-facilitated activities provide positive role models and allow teenagers to gain self-confidence and to feel safe through peer group experiences, while also resulting in the most youth-appropriate solutions. Training for staff and young people in participatory methods can be incorporated into strategies and programmes. Discussions at the Forum stressed the need for sufficient resources (human and financial) to be allocated to enable young people's involvement in a sustained and meaningful way.

Translating research into policies and action

The Forum process underlined the need for a sound scientific evidence base to inform policy formulation and underpin activities promoting adolescent mental health and preventing mental disorders. In some countries, improvements of information systems – including through the introduction of longitudinal studies and the ability to map community and individual-level differences – are needed to strengthen the evidence base with an eye towards ensuring health equity. In addition, increased analysis of data and synthesis into products for different audiences is needed, as is increased connectivity of researchers, policy-makers and practitioners. Each discipline must work towards these aims. Participants in the Forum process also stressed the need to advance and strengthen research on the cost-effectiveness of interventions; health inequities; and mental well-being (not only in relation to mental ill-health), so that it can be made available for use by policy-makers and practitioners.

Forum 2007 influence at national level: examples of bridging research, policy and practice

Interviews with selected participants in the 2007 process – conducted by the WHO collaborating centre for health promotion capacity building in child and adolescent health, in Florence – provide examples of how involvement can bridge research and policy at national level. As evaluation of country-level impact did not have a budget line as part of the Forum process, sufficient resources were only available for interviews with 11 participants. Interviewees were selected based on geographical and country-income level considerations and their level of activity in the process (i.e., if they had co-authored a study and participated in both the case study workshop and Forum). Many had served as case study focal

points. Most were researchers, although some were also in policy- and practice-influencing roles. Interviews were conducted telephonically during the March–June 2007 period, using an interview guide that reflected the main areas of focus of the Forum (listed above). A cross-analysis was undertaken in July–August and a final report¹¹ was produced in September 2008. While there are obvious limitations posed by the sample size, findings provide initial insight to potential impacts at country-level and offer important considerations for the design of the 2009 Forum.

Interviews revealed that the Forum process had the following national-level impacts: brokering new or strengthening existing working relationships among members of case study drafting teams and national delegations to the Forum; feeding into the formulation of national policy or practice design; enabling the comparison of information systems, policies, interventions, and working methods with other countries and against the evidence base, thus providing encouragement for and/or validation of existing activities. The below quotes from interviewees from Slovenia, Lithuania, Romania and Hungary provide insight into these experiences.

The case study drafting process began with a meeting where different participants (from different sectors) discussed the proposed topic. We had three meetings before the case study workshop and after that, one more. During the process, it was good to see what kind of data and interventions we have and do not have in our country. It was useful to gather and review all studies or cases of good practice in our country. We organized an event in February 2008 for medical and school workers to whom we presented the data (from Slovenia) and information about WHO/HBSC Forum 2007. We used these data for planning new health promotion activities in school as well. For instance, I have decided to propose this year's focus groups [with youth] at school on the topic of mental health. [Slovenia]

The case study drafting process was very positive because for once it brought people from different parts of Lithuania to collaborate. The case study was used in the process of development and adoption by the Lithuanian Parliament of a National Mental Health Policy. [Lithuania]

With regards to collaboration between the Ministry of Health and Ministry of Education, the WHO/HBSC Forum process and the CAMHEE project contributed to one clear success story in Lithuania. Bullying in schools, which was just an unknown and hidden problem five years ago, emerged as an epidemic disaster and problem of a national nature. In December 2007 an international conference was held in Vilnius, attended by the President of Lithuania, other high-level politicians, and researchers from 14 countries. It was then announced that significant financial

and human resources would be allocated for systematic and evidence-based bullying prevention programmes in Lithuanian schools. [Lithuania]

I met [name], and since then we are collaborating very well. She is co-author of a chapter of our publication pertaining [...]. If I had not participated in the Forum, I would not have been able to meet her, and we have established a very important relationship. Also it was very useful to meet [name]. We are working together for a new project. Therefore, from this point of view the Forum has been vital, at the least for our delegation. [Romania]

My work benefited from being involved in the case study drafting process, thanks to the possibility of exchange and the ability to meet policy-makers. On one hand, I learned more about policies and understood that probably I should do more lobbying and networking activities. On the other hand, an important lesson learnt for me was that I need to know more about the mechanisms to translate policies into actions in everyday practice. At the Canary Islands case study workshop, it was interesting to learn from other countries how they conduct their activities in this field, how they lobby and how they recommend actions. [Hungary]

Discussion

The WHO/HBSC Forum series is an evolving platform. The methodology for each Forum process incorporates lessons learnt through past Fora – within resource constraints – and is based on the principles of efficiency and effectiveness.

In an effort to maximize use of resources, co-organizers have adapted their approach along the way. This is well exemplified through the evolution of case study production as part of the process. Originally, three Member States committed to produce case studies for the 2006 Forum. Agreeing that case study production was a valuable capacity-building and evidence-gathering component of the Forum process, co-organizers then activated a targeted call until a more substantial number of case studies was reached. This approach resulted in 10 studies being produced in 2006 and 16 studies in 2007. To provide increased support for authors and enable better cross-country analysis for the outcomes statement, in 2007 co-organizers created more detailed case study guidance/criteria. As some 2006 case study focal points had requested the opportunity to compare drafts with other countries at an earlier stage as a way to build their own capacity for analysis and thus improve the quality of the study, organizers incorporated the case study review workshop into the 2007 process at a mid-way point. In 2007, co-organizers also aided focal points to identify multi-disciplinary/sectoral co-authors, in keeping

with the objectives of facilitating the translation of research into policy and action and increasing intersectorality.

Areas requiring further development, identified through the aforementioned interviews and based on the reflections of co-organizers, include the following:

- *The need to systematically involve youth in the process.* In 2006 and due to limited human and financial resources for the coordination of the Forum process, there was no direct youth involvement. In 2007, more than 70 young people at the Manuel Merino Health Centre in Alcalá de Henares (Madrid, Spain) produced – at no additional cost to co-organizers – a film “With and for youth” and a manifesto as their contributions to the process. However, there is a need to define ways to involve youth from a range of European countries using mechanisms that they themselves feel are appropriate and meaningful. Co-organizers should assess innovative means to identify resources (both human and financial) to ensure youth participation.
- *The opportunity to increase the usefulness of the European consultation as a learning and research-to-policy-to-action networking opportunity.* The consultation is the most costly component of the process, with travel and accommodation of delegations from at least 20 countries. Adjustments were made between 2006 and 2007 to maximize cost-effectiveness. In 2007, more time was allocated for ensuring intersectoral and interdisciplinary delegations (including with the help of WHO country offices and HBSC principal investigators). In 2007, interview rounds and breakout group guides were introduced to increase participation and help target analysis of evidence pertaining to the Forum objectives. While most interviewees were pleased with the usefulness of the consultation, some requested more time to be allocated to sharing country experiences around each objective. Still others suggested that it may be beneficial to have two smaller consultations (one for eastern Europe and central Asia and a second for western Europe), as this approach could enable adolescent health in the context of transition and health system reforms to be better addressed. Co-organizers also believed that the session dedicated to translating research into policies and action could go more into the specifics of methodologies and approaches currently used, focusing on opportunities for improvement in how researchers “market” data and how policy-makers and practitioners are informed of and use data.
- *The need to include a budget line, extend the timeframe to allow for assessment, and develop a framework for evaluation of the Forum process.* This would enable the process to be more demand-driven. It would help co-organizers assess the usefulness of this activity at country-level (responding to the question: “Are we spending our financial and human

resources in the right way, on the right issues, and at the right time to improve the health of adolescents?). It would also help assess what kinds of follow-up support or brokering of country-to-country exchange could be provided by WHO, the HBSC network, collaborating centres and other partners for activities related to translating evidence to policies and action at national level. Support could link into existing co-operation agreements (e.g., through WHO biennial collaborative agreements with countries) or constitute new activities (such as the launch of HBSC in a country and special support for equity analysis) in line with national priorities and within a coordinated cooperation and donor/aid response.

Conclusions

The process we describe highlights the importance of promoting a systematic approach to utilizing the findings from research to ensure that they can contribute to effective action on the social determinants of health. The process and mechanisms need to be continually reviewed and developed to take account of current contexts, including the policy contexts within which research takes place and the needs and views of young people themselves.

Given the importance of taking action on the social determinants of health and the momentum given by the Commission on Social Determinants of Health¹², there is a new opportunity for HBSC to work with policy-makers to ensure that their efforts work synergistically to provide the best possibilities for young people in Europe to maintain health and lead healthy and productive lives in the future. Developing the Forum process is an essential part of the HBSC study's ability to impact positively on the health and wellbeing of young people living in Europe.

Acknowledgements

The authors would like to thank Fabrizio Simonelli, Katalin Majer and Nicola Sereni from the WHO collaborating centre for health promotion capacity building in child and adolescent health (Health Promotion Programme, A. Meyer University Children's Hospital, Florence, Italy), as well as Bianca Bortot from the WHO European Officer for Investment for Health and Development, for their contributions to the interviews that informed this article.

References

1. Currie C, Samdal O, Boyce W, Smith R, eds. Health Behaviour in School-aged Children: a WHO Cross-National Study (HBSC), Research Protocol for the 2001/2002 Survey. Edinburgh: Child and Adolescent Health Research Unit (CAHRU), University of Edinburgh, 2001.
2. HBSC: Health Behaviour in School-aged Children: a World Health Organization cross-national study (2008). Edinburgh: Child and Adolescent Health Research Unit, University of Edinburgh, 2002 (Accessed October 27 2008 at <http://www.hbsc.org>).
3. Currie C, Nic Gabhainn S, Godeau E, et al., eds. Inequalities in young people's health: HBSC international report from the 2005/2006 Survey. Copenhagen: WHO Regional Office for Europe (Health policy for children and adolescents, No. 5), 2008.
4. Currie C et al, eds. Young people's health in context: international report from the HBSC 2001/02 survey. Copenhagen: WHO Regional Office for Europe, (Health Policy for Children and Adolescents, No. 4), 2004.
5. Currie C, Roberts C, Morgan A, et al., eds. Health and health behaviour among young people. Copenhagen: WHO Regional Office for Europe (Health Policy for Children and Adolescents, No. 1), 2000.
6. King A, Wold B, Tudor-Smith C, et al. The Health of Youth: a cross-national survey. Copenhagen: WHO Regional Office for Europe (WHO Regional Publications, European Series No. 69), 1996.
7. Health Promotion Programme Florence, Health Promotion Programme, A. Meyer University Children's Hospital, 2008. (Accessed October 27 2008 at <http://who.collaboratingcentre.meyer.it>)
8. WHO Regional Office for Europe. Mental health: facing the challenges, building solutions. Report from the WHO European Ministerial Conference. Copenhagen, WHO Regional Office for Europe, 2005. (Accessed August, 11 2008 at <http://www.euro.who.int/document/E87301.pdf>).
9. WHO Regional Office for Europe. Mental Health Action Plan for Europe. Copenhagen: WHO Regional Office for Europe, 2005. (Accessed August 11 2008 at <http://www.euro.who.int/Document/MNH/edoc07.pdf>).
10. Whitney E, Koller T. Summary of outcomes – WHO/HBSC Forum 2007. In: Social cohesion for mental well-being among adolescents. Copenhagen: WHO Regional Office for Europe, 2008.
11. Guerreiro A, Majer K, Sereni N. Follow-up report: interviews conducted with select member state representatives involved in the WHO/HBSC Forum 2007 on Social Cohesion for Mental Well-being among Adolescents. Florence: WHO collaborating centre for health promotion capacity building in child and adolescent health, 2008.
12. Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. Geneva: World Health Organization & Commission on Social Determinants of Health, 2008.

Address for correspondence

Theadora Koller
Technical Officer, WHO European
Office for Investment for Health and
Development
Campo S. Stefano, San Marco 2847
I-30124 Venice
Italy
Tel.: +39 041 279 3868
Fax: +39 041 279 3869
E-mail: thk@ihd.euro.who.int