

PROMOTION OF LIFE SKILLS, MENTAL HEALTH AND RESILIENCE IN EARLY CHILDHOOD INSTITUTIONS (ECI)

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CHILDREN'S MENTAL HEALTH IN THE REGION OF ANDALUSIA: AN ANALYSIS OF THE REALITY IN EDUCATION AND HEALTH CARE

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Summary

Despite the efforts made by politicians as well as health care and education professionals to improve the population's mental health and to optimize social integration, the data provided by the World Health Organization still point to worrisome conditions, since during the first decade of the 21st Century –between the years 2000 and 2010– more than 20% of the population will suffer from some type of mental disorder throughout their lives. These numbers expose not only the importance of raising awareness about this issue, but the urgency to demand that necessary measures be taken in order to prevent these disorders from developing, starting from early childhood.

The following study presents, along those lines, a diagnosis of children's mental health in Spain, focusing on the Autonomous Community of Andalusia. This analysis reports, firstly, a brief history of children's mental health in Spain; secondly, a map of the many contributions that are being made by both the health care and educational systems; and finally, it offers several contributions and considerations that, in our opinion, justify the existence of certain prevention programs that are specifically directed toward children.

1. Concept and history of the processes related to children's mental health in Spain

The concept of children's mental health has been traditionally defined as a child's psychological and social state of balance which entails, on the one hand, the wellness of the individual and, on the other, a harmonious process of adaptation to and communication with the environment. The development of society is based, among other factors, on the mental health of its citizens. Thus, it is a priority to reach a level that optimizes social relationships, as well as the population's personal and social development. With this objective in mind, the

child population must achieve complete development of their cognitive, social and emotional skills, throughout the ongoing process of adaptation to the environment. There are many scenarios and institutions (school, family, etc.) that contribute, at different levels, to meet those challenges.

Among the many issues that affect directly the population's mental health, in agreement with Lalonde and Gómez de Terreros (1999:29), we state that the following are crucial: environment, lifestyle, human biology and the health care system. The influence of each of those factors varies as follows: 43% is related to lifestyle, 27% to human biology, 19% to the environment, and finally, 11% to the organization of public services. Based on this analysis, and noticing the importance of lifestyle in the population's mental health status, we highlight the value of an early diagnosis and the care of children with behavioral health issues.

Every stage in life –be it childhood, adolescence, youth or adulthood– is a determining factor when it comes to diagnose health problems and, therefore, to prevent, alleviate or improve the individual's health. However, we understand that childhood is perhaps one of the most crucial stages in order to both prevent and accurately diagnose a case. It is indeed a well known fact that between 60% and 80% of mental disorders among adults originate during childhood. Detecting a mental disorder at that stage not only benefits the individual, but it is the optimum stage to educate the population about mental health issues. Family and school at this stage are two of the most important environmental factors in order to develop good mental health. Specifically in school, health education becomes a basic tool to guarantee the wellness of our minors and to change certain physical, psychological or social habits and behaviors of those around them.

These ideas, though currently accepted and widely validated, have not always been considered as relevant as they deserve to be. In fact, during the 20th Century in Spain, the idea of children's mental health has been strictly attached to the field of adult Psychiatry, without its own specialty in any field of work.

Up to the 1980's, mental health care for children and adolescents in Spain was –and in some cases still is– in the hands of professionals specialized in psychiatry that, in actuality, were not “general psychiatrists” neither for children nor adolescents, but for adults only. At the same time some pediatricians, who were educated mostly in hospitals' pediatric services, started to assist children and adolescents with mental health issues (those professionals were called “paidopsiquiatras” –“paidopsiquiatristas”–). This serious deficiency forced the scientific associations, organized by different groups of professionals and workers specialized in child and adolescent mental health care, to ask the Ministry of Public Health for recognition and an official certification of the specialty in child and adolescent mental health care in Spain, following the European model. Subsequently, once Spain joined the

European Union, the requirements for such specialty were implemented following the EU criteria¹.

In order to answer all these questions, the Ministerial Commission for the Psychiatric Reform 2, in 1985, publicly recognized that the protective measures for child and adolescent mental health care are “deficient and incipient, with minimum provisions for assistance and neither global planning nor representation within the health care system”. It was also highlighted the fact that a child is a human being with his own identity and personality, and in the case that a mental pathology is diagnosed, it is essential to treat it differently than in adult cases. The Commission, consequently, asked for the creation of an interdisciplinary vision that integrated the different phases of the developmental processes of a child’s life. It was then recommended to create “special programs of a permanent nature”, delegating the task of designing each program to each Autonomous Community. In Spain, the Autonomous Communities of Andalusia and Asturias have pioneered the development of special measures to assist children with psychopathological disorders (Sánchez, V.; Barrios, M. and Arellano, M^a C., 2006:13). Following the publication of the Commission’s report, the 1986 Health Care Law 3 was passed, a law still in force in Spain. One of this law’s major objectives focuses on the promotion of health. In the case of children, upon achievement of this goal, it brings at least four types of benefits: a) The promotion of the child’s somatic health, prevention of his somatic health problems, and a series of healthy norms of behavior focused on the child’s future relationship with public health services; b) The promotion of the child’s future mental health and the prevention of possible mental health problems during childhood and adolescence; c) The prevention of mental health problems in adulthood; and e) The promotion of the family’s mental health and the prevention of mental health problems in the family unit.

Hence the importance of paying special attention, in this field of work, to what has been called secondary prevention; that is, an early diagnosis and appropriate medical care to the child’s mental health problems and those of his family members.

Nevertheless, it is essential to recognize the child-student in the school environment, from the moment he starts to be a part of the institutions and the educational system, as a person with a body, a family history and a psyche still in progress. We also need to consider teachers as different people with different thoughts, feelings, experiences and educational

¹ This professional certification is no longer in use.

² Pursuant to the provisions of the order of July 27th, 1983, it was created, presided by the Vice Secretary of Public Health and Consumer Affairs, the Ministerial Commission for the Psychiatric Reform. Its constituent session took place on December 14th, 1984. The Commission would meet twice a month from the very beginning, and completed their assignment on March 27th, 1985. For more information, please visit <http://www.papelesdelsicologo.es/vernumero.asp?id=278> (as reviewed on February 27, 2009).

³ Law 14/1986, April 25th, General Health.

models. We must as well understand the school as a meeting point where emotional and intellectual close bonds are created, as opposed to simply a place where knowledge is passed on. These are all goals that demand to be sensitive, thoughtful, and responsible regarding the training of the teaching staff that work with early childhood students.

Since the early stages of schooling become truly relevant in order to detect the possible emotional difficulties that may arise in both the children and their parents cases, the professionals that work in the educational system must be sensitive and specifically trained in order to understand, detect and therapeutically guide a family in need or a family that asks for help.

In Spain, the training of these professionals can be provided through two different paths:

- Through vocational training (Formación Profesional Superior) as Specialist in Kindergarden (Técnico Especialista en Jardines de Infancia); a two year program available upon completion of secondary education (16 year old students) or Bachillerato (18 year old students). They can work in schools for students from 0 to 3 years old, and they perform mainly the tasks of an assistant.
- Through college, as an early childhood education teacher (Maestro en Educación Infantil); a three year program focused on subjects related to Pedagogy, Psychology, Sociology, Special Didactics and Psychomotricity, among others. There are two paths in order to get this certification: to finish high school and pass the university access exam, or to finish the vocational training courses mentioned above. The certification is valid for teaching at schools for students from 0 to 6 years old.

These professionals contribute a great deal to the promotion oh children's mental health at school. A positive experience in this field might be able to mitigate the negative impact of the problems within the family environment. Among others, some protective factors can be developed, like the creation of social integration programs.

During this educational process, teachers are trained in the knowledge of theory and methodology that are to be encouraged at school, and the development of protective and risk-avoiding factors, which are both essential.

One more essential factor that stresses the importance of the school environment in the general development of the child is the balancing and compensating impact of early childhood education, widely demonstrated within the scientific community. Numerous studies show that children with significant deficiencies within the family environment may benefit greatly from attending school on a regular basis, especially from an early age.

In Spain, the attention to early childhood (párulos) was set in motion at a legal and institutional level with a 30-year delay (Montesino, 1992:11) with respect to Europe, due to the financial hardship the country was going through. However, thanks to Pablo Montesino's

initiative, the first early childhood education schools were built in Madrid in 1838. And in 1840, the "Manual para los Maestros de las escuelas de párvulos" (A user's guide for early education teachers) was published. With the 1857 Law, teachers were not required to meet any education standards, but simply to be at least 20 years of age and earn a certificate of pedagogical and moral aptitude that was issued by the local authorities, and later validated by the Governor. Starting in 1874, a new law started to emerge. That law would deem early education much more relevant. Up to the end of the 19th Century, the legal rules in force gave a very different perspective of what early childhood schools should be about. The first administrative decision regarding kindergartens (Alcántara García, 1887:316) was the Order of October 31st, 1874, establishing that a test of the Froëbel⁴ method should be tried out at the Escuela Normal Central de Párvulos (General Central School of Early Childhood Education). After the publication of the Royal Decree of March 31st, 1876, early childhood education was recognized officially within the primary education system. A few years later, the Royal Decree of March 17th, 1882 was published; a reasonable consequence of the movement that had been emerging in relation to early education schools and the previous legal norms in force. Early education schools, which would be free of charge, would be attended by children of both sexes from 3 to 7 years of age. However, there were not many chances to send to school children younger than 7 years old. In fact, most of the schools would simply keep the children in the schools, with very limited actual teaching. That is why Carderera (1858:199) indicated that early education schools should not only be a charitable institution destined to prevent children from suffering physical harm and to give the parents the necessary independence to devote themselves to their work. From this perspective, early education schools should be complete and versatile institutions, where children would receive appropriate care in all aspects of their personalities.

During the 20th Century, this concept of what early education schools should be has prevailed, as well as that of a school where the children are able to develop themselves to their full potential and where they receive a comprehensive training and education. According to this definition, the following models have been implemented, up to the present day:

	KINDERGARTEN	EARLY EDUCATION SCHOOLS
Cause	Economic need: <ul style="list-style-type: none"> • industry related • family related (women as part of the workforce)	A discovery of the value of education (Psychopedagogy)

⁴ The method that was implemented and used up to that time was that of Montesino, presented in his work Manual para los maestros de escuelas de párvulos (A user's guide for early education teachers), whose first edition was published in the National Press in 1840. There were two more editions in the 10th Century, the second in 1850, published by the Madrid School for the deaf-mute and the blind, and a third edition, published in 1864 by Juan E. Delmás Press.

Objectives	<ul style="list-style-type: none"> ▪ To keep safe ▪ To care for ▪ To entertain 	<ul style="list-style-type: none"> ▪ To balance ▪ To optimize ▪ To prepare
Models and motivations	<ul style="list-style-type: none"> Parking Lack of time during the day Guilty feeling 	<ul style="list-style-type: none"> Adult model of performance Concern about the future

Kindergarten:

This first model emerged as a result of the country's economic needs, the industrialization process and, subsequently, the incorporation of women into the workforce, which brought about the need to care for the children during the day while their mothers were at work.

This model is not really based on an actual educational viewpoint, but on the need to attend to the bio-physical needs of children. In the best case scenario, the intention is to keep them as busy and entertained as possible, through different types of games.

The understanding of the child, as it is implied in the concept of this model, is that of a passive being, since it assumes inaccurately that at these ages children are not mature enough.

Early education schools:

This is the model currently followed by the Administration, and in general the most popular. In the last decades, the model previously described has been criticized for lacking an educational viewpoint and not taking into account the huge learning potential of children, as well as the crucial influence of early education in the development of values.

For this reason, this model is based on the concept of early education as a positive idea, stressing the ability of early education to optimize the development of the child, to balance the impact of negative factors within the family environment and to prepare the student when he enters elementary school at 6 years of age.

This model is based on comprehensive psychological and pedagogic factors; it is filled with didactic concerns and it clearly means the creation of a comprehensive educational project with the objectives of optimizing the child's development, balancing and compensating for any possible inequalities or disadvantages and preparing children for elementary education.

The concept of the boy and the girl implied by this model is that of an active being, with a huge ability and potential to learn and one who is at an age in which learning is essential for his/her future life. Consequently, the future of the child and his/her performance ability become basic concerns.

This model requires a specific definition of objectives, content, activities and evaluation processes, sorted and organized within a system, and they will cover all basic areas of the learning process. The staff of these schools must also have solid psychopedagogic training.

Therefore, all these factors present this model as a great change in the quality of the educational system.

2. Children's mental health in the public health care and educational environments.

In March 2006, at the international level and within the framework of the World Association for Infant Mental Health (WAIMH), the Multidisciplinary Scientific Society was born, whose affiliate in Spain was called Asociación Mundial para la Salud Mental Infantil or ASMI (Spanish translation of WAIMH), with the objective of joining forces between the health care and the early childhood education professionals to tend to the needs of small children and their families, and to spread the knowledge about children's mental health and prevention programs. This association's objectives are summed up as follows⁵:

- To promote the concept that childhood, from the very beginning, is a very sensitive period and a decisive factor in the bio-psycho-social development of the individual.
- To group and organize those professionals that are interested or involved in children's mental health; whether it be in the care, prevention, treatment, research or education fields, during the child's conception, gestation and early childhood stages.
- To promote a multidisciplinary cooperation inside and outside of the association, for its members to share their knowledge.
- To raise awareness across the media and the general public.

This association promotes clinical intervention, as well as the support of research and training in this field. Consequently it spreads, through the publication of studies, its scientific knowledge about children's mental health.

In Spain, the condition of children and adolescents' mental health has two important references: from a medical point of view, the Health Care Law of 1986 and, from an educational point of view the current Organic Law of Education, in force since 2006. In Spain, each Autonomous Community regulates their own health care and educational systems. Going back in history, the above mentioned Health Care Law has been an essential tool regarding the diagnosis and contributions to children and adolescents' mental health in our country. In the framework of this law, opposite to the regulations and norms in Europe, the attention to children and adolescents' mental health is treated as a "Specific Program" and, consequently, it is not treated as a "Specific Assistance", which means it will be considered

⁵ For more information about the Spanish World Association for Infant Mental Health, please visit: <http://www.asmi.es>

from a psychopathologic point of view, not from the point of view of the individual's age. This would have been a great moment to change the situation, with the creation of the 1st National Strategic Plan for Mental Health Assistance in Spain. However, in this plan the care of children and adolescents was also very vaguely covered, as well as the training for the professionals who must efficiently treat this issue. Currently, the 2nd Strategic Plan provides a wider coverage of the needs of children and adolescents, regarding both their assistance and their mental health development.

2.1. Children's mental health care in Andalusia: Legislation and health care resources

In 1984, through the Law 9/1984 of July 3rd, the Mental Health Institute of Andalusia was created. It was an agency to coordinate, stimulate cooperation and study in-depth the reform of the mental health care system in Andalusia, according to the principles of the psychiatric community of Andalusia. The three main procedures proposed were: the promotion of health, the prevention of the illness, and the assistance and rehabilitation in the case of a loss or a change in the health conditions. One of the specific services created in the framework of the previously mentioned institute was the Children and Adolescents Mental Health Care Unit 6. It was defined as an out-of-hospital unit, in charge of the development of programs that are specialized in the care of children and adolescents up to 15 years of age. Its specific functions were:

- To participate in the design of mental health care programs for children and adolescents that will be developed by other mental health care agencies of that area, as well as to offer assistance to those agencies in the implementation of such programs.
- To develop specific programs of assistance that are adequate to the demands of every District's Mental Health Team, and, as an exception, to those agencies outside the health care system with authority in the care of minors.
- To guarantee, at a "multi-consultation" level, that all the mental health needs of the child population hospitalized in specialized institutions are met.
- To develop activities that guarantee an ongoing training and research in the field of children's mental health.

Four years later, the 338/88 Decree of December 20th, 1988, ordered the official organization of public mental health services. The aim, with this new organization, was to reduce to a minimum the need for hospitalization, and to improve within the mental health care programs the resources available at an outpatient level, as well as the partial hospitalization and house-call resources. In addition, a special consideration of those

⁶ Art. 8 of the Decree 338/1988, of December 20th, Mental Health Care Planning Act. BOJA (Official Regional Bulletin of Andalusia) no. 2, 1989.

problems related to children's psychiatry and psychogeriatrics was presented as one of the main objectives.

A little later, the Law 6/1990 of December 29th of the 1991 Budget for the Autonomous Community of Andalusia established that the autonomous agency of Mental Health Institute of Andalusia was no longer existent, and that the Servicio Andaluz de Salud or SAS (Health Care Service of Andalusia) would assume its role and authority. Similarly, in substitution of the IASAM (Mental Health Institute for Andalusia) in 1993, the Fundación para la Integración Social del Enfermo Mental or FAISEM (Foundation for the Integration of the Mentally Disturbed) was founded, with the general objective of preventing marginalization or social exclusion and inability to adapt to the environment, as well as promoting the integration into society and the workforce of those with psychiatric illnesses that generate a loss of their personal and social skills or abilities. The foundation does not assist children exclusively, so the programs they develop within these guidelines are not specifically directed toward the child and adolescent population.

In 2003, after the first Comprehensive Plan for the Mental Health Care in Andalusia was approved, the scope of comprehensive assistance within the units for both children and adolescents (referred to as USMIJ) was expanded, providing such units not only with house-call services but also with the possibility of admitting a patient on a part-time basis (daytime hospitals) and a whole-day basis (hospitalization units).

The care and assistance for childhood mental health problems, since then, has been channeled through two different organizations: the Equipos de Salud Mental de Distritos, referred to as ESMD (Mental Health District Teams) and the Unidades de Salud Mental Infanto-Juvenil, referred to as USMI-J (Children and Adolescents Mental Health Units). Each of those organizations are made by a multidisciplinary team (with psychologists, psychiatrists, social workers, nurses and administrative personnel), specially trained to offer a comprehensive response to all the needs regarding people with mental disorders or illnesses.

The ESMDs, trained at a more general level, are the first contact a patient has with the professionals in the field, after they have been referred by their pediatrician or general practitioner (family doctor). They are basically support centers for the area's primary healthcare services, assisting at an outpatient level and serving as reference points for the rest of mental health care organizations. If any of the members of these teams faces a situation where the patient requires a more specific care or even admittance into the hospital, the patient is then sent back to the USMI-Js (Children and Adolescents Mental Health Units). These units tend exclusively to the needs of individuals between the ages of 0 and 16 years of age, and provide services based upon three main programs: outpatient consultations, daytime hospitals and the hospitalization units.

The outpatient consultations take place before clinical attention, and from there the patient may be transferred to the different treatment programs available in the units, depending on the case. Among their services, they perform out-patient assistance and participate in the design and evaluation of the development of USMI-Js' programs (Sánchez, V.; Barrios, M. and Arellano, M^a C. 2006: 15-16). These programs are designed to be developed and implemented in the daytime hospitals.

The daytime hospitals for children and adolescents are created with the purpose of serving as an intermediate step between the out-patient consultations and the patient's actual admittance into the hospital. It is especially adequate for infant or adolescent patients with mental disorders and a conflictive family environment, or for those whose own disorder has caused an important damage within the family environment. These day-time hospitals are basically thought out to shorten the time of stay at hospital units, as well as to offer minimum control measures that are impossible to offer by the family or within the family environment. In fact, this type of centers require active participation by the family members during the therapeutic process, since they consist on basic treatments essentially based on group therapy. Starting in 2003 (after a pact signed by the Health Care and Educational Regional Institutions), these daytime hospitals develop programs in which both health care and education professionals are involved. Teachers and other professionals in the field of education join everyday the daytime hospitals' staff with a double goal: on the one side, to guarantee the permanence of the academic curriculum for the minors who attend the centers and, on the other, to implement joined psychopedagogic activities that ensure that children and adolescent under treatment are developing skills regarding attention span, concentration, language, organization of leisure time and learning abilities, among others.

Finally, the hospitalization units are basically used to admit children who are less than 14 years old and who have acute periods of crisis, or children who suffer from severe physical and nutritional problems as a consequence of their mental disorder. These units are planned to be used, in all cases, for short term hospitalizations (between 6 and 9 days), excluding from this group those patients whose illnesses are the consequence of drug abuse or those who present severe aggressive behavior on a regular basis.

Currently, together with the health care system, the Administration is working on the creation of the 2nd Comprehensive Plan for the Mental Health Care in Andalusia for the years 2008-2012. In order to update data, it was necessary to make a thorough analysis of the population's mental health status during the years the first plan was in force: from 2003 to 2007 (Del Pino López, R.; Valmisa, E.; Fornieles, et al. 2008). Thanks to this report, we've been given access to information about the condition of the mental health status of our children in Andalusia.

According to the National Health Poll of 2006 about child population in Andalusia, 21,7% of the children between the ages of 4 and 15 were at risk of suffering from bad mental health, a percentage that is similar to the results of the poll that was made at a national level. In Andalusia, the risk is greater when it comes to girls (25,7%), compared to boys (17,8%)⁷.

The types of mental health problems that present a greater risk among the child population (the study focuses on children from the ages of 0 to 15 years old) are hyperactivity and behavioral problems, as opposed to emotional symptoms and issues with other children within their environment. From a gender point of view, boys are at a greater risk of suffering from hyperactivity (36,6%); however, statistics show that the percentage of girls that suffer from mental health disorders is greater than that of boys.

Our study presents, as an example, that in the year 2006, regarding children and adolescents' mental illnesses, a total of 5,547 people were treated for childhood and adolescence disorders (Trastornos de la Infancia y Adolescencia, known as TIA)⁸, 67,26% of which were the case of boys and 32,74% were the case of girls, a significantly superior percentage compared to that of previous years, with a general tendency toward an increase. 36,08% of the cases were diagnosed with behavioral and emotional disorders that had their origin during childhood (F90-F98); most of them disorders of the hyperkinetic and dissocial personality type, plus a 21,45% of non-specified mental disorders (F10-F19). Besides these groups, the two types that were more often diagnosed were: a 13,54% of neurotic disorders caused by stressing situations and somatoform disorders (F40-F49); and a 12,29% of psychological development disorders.

2.2. Education and legislation within the child mental health environment.

In Spain, as we have explained before, the authority in educational issues relies in the hands of each Autonomous Community. Therefore, each model of education varies depending on each Autonomous Administration's legal system. However, there is a national law that regulates the educational system as a whole: the Organic Law of Education of 2006. After a brief analysis of this law, we've come to realize that the number of references to the specific regulations are very scarce. We present below the most relevant to early childhood education:

We want to highlight, within the objectives of the Law (article 2), the following specific sections: (section 1) a reference to health care in the following terms: h) The acquisition of intellectual habits and working techniques; the acquisition of scientific, technical, humanistic,

⁷ These data are the result of the Strengths and Difficulties Questionnaire (SDQ).

⁸ Included in this study are the categories of diagnosis of the CIE-10; Clasificación Internacional de Enfermedades (International Classification of Illnesses), 10th revision, of developmental disorders and childhood and adolescents disorders (F90-F98) from those assisted who were under 18 years of age.

historic and artistic knowledge, as well as the development of healthy daily habits, such as exercising and outdoor sports.

This specific reference is one of the few discovered within the content of the Law. In general, it alludes to the psychic, physical and social wellness of the individual, linking it to the acquisition and development of healthy habits.

There are also references linked to health in general in the curriculum of early childhood education. We can find this in the Royal Decree of 1630/2006, passed on December 29th, which establishes the norms for minimum teaching contents within the second cycle of early childhood education. In this case, with regards to the second cycle areas, they highlight the importance of the acquisition of good health, hygiene and nutrition habits. These habits contribute a great deal to the good care of the individual's own body and those spaces where everyday life takes place, as well as to the progressive autonomy of boys and girls as individuals.

Among these objectives, objective number 6 pays attention to the need to develop the acquisition of habits and attitudes related to security, hygiene and strengthening of the individual's health, appreciating and enjoying everyday life situations that bring about balance and emotional wellness.

Likewise, section number 4, called Personal care and health care, stresses the actions and situations that promote health and the individual's wellness, as well as that of those around him. We want to highlight as well the value of the Practice of healthy habits: body hygiene, nutrition and rest. A good use of spaces, elements and objects. Petitioning and accepting help in the situations that are required. An evaluation of the attitude when it comes to helping fellow human beings.

Within this rule's evaluation criteria, section 3 stresses the importance of performing individually, and with our own initiative, everyday activities that satisfy our basic needs, progressively consolidating regular habits regarding personal care, hygiene and wellness.

Finally, in section nº 2 of the contents, An approach to Nature, it is mentioned that one should: Enjoy yourself when performing activities in contact with Nature. An evaluation of the importance of Nature in the individual's health and wellness.

For the most part, according to its main references in the LOE (Organic Law of Education in Spain) and in the Royal Decree regarding basic health care teachings, this law is focused basically in the development and acquisition of healthy habits as an essential factor in order to achieve physical and intellectual harmony. This law, in its whole content and spirit, is even more explicit in its objectives, as we have proved within this study. Together with the acquisition of the above mentioned habits, prevention plays an essential role as a basic factor in order to guarantee the child's wellness, and it is an indispensable tool when it comes to tend to the emotional needs of children at this early age.

2.2.1 Statistics about early childhood education enrollment.

This project, which will be implemented in several European countries in their early education school systems, must take into account the very diverse population of enrolled children in each district and environment. In the case of Spain, the percentage of child population has raised in the last years. The following table shows the estimate number of students enrolled in the school year of 2008-2009 in Andalusia. These numbers, which reflect the percentage of small children enrolled in the early education school system, are essential to show the data collected in our research:

Early education	Public Centers	State-subsidized	Private centers	TOTAL
Total number of students	264.179	66.118	24.858	355.155
1st cycle	48.415	18.712	13.696	80.823
2nd cycle	215.764	47.406	11.162	274.332

Source: Consejería de Educación (Regional Administration of Education). School year of 2008-2009

The following show the data in the province of Seville:

Early education	Public Centers	State-subsidized	Private centers	TOTAL
Total number of students	48.206	10.521	5.830	64.557

Source: (Regional Administration of Education. Local Branch of Seville). School year of 2008-2009.

Early childhood education in Spain is currently regulated by the Organic Law of Education 2/2006 of May 3rd. It is based on a principle that covers, on a voluntary basis, the schooling of boys and girls between the ages of 0 and 6 years old. This stage of schooling is divided into two cycles: a first cycle from 0 to 3 years, and a second cycle for children up to 6 years of age.

The main objectives in early education are based on the achievement of the physical, emotional, social and intellectual development of the child; and besides, early childhood education contributes to develop, among other skills, the following: the development of communicative skills in different languages and ways of expression; a progressive acquisition of the individual's autonomy when dealing with everyday activities; the ability to know his/her own body and that of his/her peers; his/her potential to be active and, also, his/her ability to observe and explore his/her family, nature and social environment.

3. Final considerations

To summarize, we want to show through the data and statistics presented in this analysis that there is still a lot to do, at both the educational and health care levels. It is essential to organize a systematic and coordinated structure, and that all the authorities involved work together in the prevention of child mental disorders.

Regarding regular education, we've reviewed several studies which show that during the early education period, with regard to mental health issues, the main focus is based, on the one hand, on the prevention of disorders and, on the other hand, on the development of healthy habits. In general, the aim is to improve the status of the population with a good health education plan.

Regarding health care, and even though the families of children with mental disorders have in general a positive opinion of the attention that both they and their children receive from the health care system professionals, everybody agrees that there is a general lack of support for interventions and actions directed toward the prevention of those mental disorders. Besides, in this particular case –children's mental health– there is an evident lack of social support programs and resources directed to this population, compared to the one FAISEM has organized for the adult population. Although from the health care system's point of view, their programs and interventions directed toward children have improved a great deal during the past few years, we think it is still necessary to be extremely cautious when it comes to diagnose pathologies in children, since in certain cases the solution for their situation might simply be a change in their lifestyle. We also consider that it is essential to avoid that children at these ages are admitted in specific centers, linking this type of treatment with other environments, such as the family or the school, or simply designing prevention programs that are more adequate for children at an early age.

Certainly, once again, it is obvious there is great need to create spaces and multidisciplinary teams in the field of children's mental health care, and to train future professionals that will be dedicated exclusively to the care of small children.

4. References

- Alcántara García, P. de (1887). Manual teóricopráctico de educación de párvulos según el método de los Jardines de la Infancia de F. Froëbel. 2ª ed. Madrid. Librería de G. Hernando.
- Carderera, M. (1858). Diccionario de educación y métodos de enseñanza. Tomo 4. Madrid. Imp. R. Campuzano.
- Centre de Salut Mental Infantil i Juvenil Orienta. (1995): Salut mental infantil i juvenil. Estudi sociosanitari. Barcelona, Claret.

- Comisión de las Comunidades Europeas. (2005). Libro Verde: Mejorar la salud mental de la población. Hacia una estrategia de la Unión Europea en materia de salud mental. Bruselas. Disponible en:
http://europa.eu.int/comm/health/ph_determinants/life_style/mental/green_paper/mental_gp_es.pdf
- Del Pino López, R.; Valmisa, E.; Fornieles. et al. (2008). La salud mental en Andalucía 2003-2007. Sevilla: Servicio Andaluz de Salud. Consejería de Salud. Junta de Andalucía.
- Gaitán, L. (2006). Sociología de la infancia. Madrid, Síntesis.
- Guimón, J. (2001). Salud mental relacional. Tomo I. Madrid, CORE Academic.
- Instituto de Estadística de Andalucía. Revisión del Padrón Municipal de habitantes. Available at: <http://www.juntadeandalucia.es/institutodeestadistica/>
- López Sánchez, F. (1995). Necesidades de la infancia y protección infantil. Fundamentación teórica, clasificación y criterios educativos. Madrid, Ministerio de Asuntos Sociales.
- Lozano Oyola, J. F. y Gómez de Terreros, M. (Eds.) (1999): Avances en salud mental infante-juvenil. Sevilla, Secretariado de Publicaciones de la Universidad de Sevilla y Fundación Reina Mercedes.
- Martínez, M. de C; Álvarez, B. (2002). Orientación Familiar. Madrid, UNED.
- Montesino, P. (1992). Manual para los Maestros de Escuelas de Párvulos (Introducción crítica de Julio Ruiz Berrio). Madrid. CEPE.
- Sánchez, V.; Barrios, M. y Arellano. M^a C. (2006). La atención a los problemas de salud mental infantil y juvenil en Córdoba. En Sánchez Vázquez, V. (Dir). Protocolos y Programas en salud mental infantil y juvenil. Córdoba: Fundación Castilla del Pino.