

Spain (Alcalá de Henares, Madrid): the strategy “for and with young people” for promoting adolescent mental health in primary health care

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Executive summary

The Manuel Merino Health Care Centre launched a project on promoting mental health for adolescents and their parents – “Promoviendo la adaptación saludable de nuestros adolescentes” [“Promoting the healthy adaptation of our adolescents”] – in 1998. The project, which is based on a methodology of active involvement, aims to provide young people with effective resources for building self-esteem, developing confidence about their abilities and limitations, equipping them with the ability to assert themselves in the face of challenges and offering them training on how to control risk situations in their surrounding environment through critical analysis techniques. To this end, personal development workshops, workshops for parents on preventive guidelines, training seminars for educators, youth consultation and coordination meetings with parents and professionals from the education, social and health care fields are held both at the health care centre and at secondary school and socioprofessional institutions.

In the summer of 2002, the working group of adolescents who have been leading figures in the 1998 project and professionals (educators, municipal youth experts, family therapists, social and health care workers) developed into the adolescent and youth community involvement project “Aprendiendo entre todos a relacionarnos de forma saludable” [“Group learning on healthy lifestyles and positive relationships”]. The young people become partners in health. They carried out activities including preparing audiovisuals and educational manuals for other youngsters, organizing alternative leisure-time activities, hosting roundtable discussions for parents’ and educators’ associations, transmitting a radio broadcast, developing a web site (1) and organizing self-help groups and youth gatherings.

As follow-up, a participative research initiative was launched in September 2005. This aimed to identify how satisfied young people and social and health care experts were with the progress of the community experience. It also explored their demands, motivations and criticisms of the project’s functioning and their aspirations for how they would like to see it shaped in the future.

During this process, the need for greater training to foster the healthy development of young people in the community was identified, particularly in relation to challenging street violence by forging, expanding and reactivating effective dynamic alliances with young people from other local associations and institutions. It was also decided to undertake an “empowerment for health” process throughout the 2006–2010 period; this is aimed at facilitating the creation of a youth community network to promote the biopsychosocial development of young people in the locality and encourage their participation in preventing violence.

As a result of this collaborative research, a joint project with the Collective Action for Games and Education (CAJE) was developed, focusing on empowering young people through the development of community networks to promote their own biopsychosocial development and enable them to prevent violence and aggression. The project Advanced Young Partners in Mediation and Prevention of Violence (Programme JAMPA) adopts a number of strategies and activities to achieve these objectives.

Lessons learned from the work are set out in the case study.

Introduction

The Autonomous Community of Madrid’s Human Poverty Index (11.25) is the same as that of Japan and lower than that of Italy or Canada (2). Madrid is the Autonomous Community with the highest Human Development Index (0.945) and the highest Gender-related Development Index (0.940) scores in Spain (3).

The historic city of Alcalá de Henares is primarily industrial but has grown in importance as a tourist centre as a result of being declared a World Heritage City in 1998. Its population is over 197 800, having undergone major growth over the past few years through foreign immigration. According to the Spanish National Institute of Statistics 2005 population survey, 15%

of the population are immigrants. The natural growth rate (birth rate minus death rate) of Alcalá de Henares is 7.19/1000 inhabitants, as compared to 4.4/1000 inhabitants for the Autonomous Community of Madrid, and the proportion of children aged 15 years (14.83) is slightly higher than that of the Autonomous Community of Madrid (14.43) (4). For the 2003/2004 school year, the school failure rate for Alcalá de Henares was 27.85%, significantly higher than that of the Autonomous Community of Madrid (22.8 %) (5).

Foreign immigrants comprised up to 10% of pre-university students in the Autonomous Community of Madrid during the 2006/2007 school year (6). According to data presented in the report *La opinión de los alumnos sobre la calidad de la educación [Students' opinion of the quality of education]* (7), only half of students aged 11–18 in the Autonomous Community of Madrid are happy with immigrants being in their classes, while 15% reject them. For one third of the students, the main thing in life is being loved, and the worst thing is being alone or feeling mistreated.

The Cisneros Report 5 on school bullying and violence in the Autonomous Community of Madrid indicates that 24% of students surveyed were being bullied at school (26.8% in males and 21.1% in females) (8). The qualitative study *Las concepciones de salud de los jóvenes [Health concepts among young people]* (9) conducted in the Autonomous Community of Madrid with young people aged 13–21 indicated that living with violence was becoming increasingly common among adolescents.

The Autonomous Community of Madrid's 2003 Child/Adolescent Health Promotion Programme (10) sets out that the non-university schools should be safe places in which health is promoted and health education provided, and that specific health care services for young people at primary care level should be developed. Encouraging direct involvement of young people in promoting their emotional health is one of its specific objectives.

Theoretical underpinnings

Empowerment for the mental well-being of adolescents

At the Manuel Merino Health Care Centre in Alcalá Henares “empowerment for the mental well-being of adolescents” is understood as being the process through which adolescents acquire greater control over decisions and actions affecting their mental well-being.

Adolescents can take part in the design, provision and evaluation of mental health promotion programmes to ensure they meet their needs. Involvement of adolescents who have undergone training as educators of other adolescents ensures that the programmes, activities, information and services delivered are consistent with their concerns. This can only be possible if they are trusted and asked for help to improve programmes and services.

Giving adolescents “a say” does not mean that a set of questions should be devised and a survey conducted to gather adolescents' responses. It is about creating a situation in which adolescents and young people have an opportunity to tell us what they think about things they know about first-hand, that are part of their lives and about which all of them have something to say.

For adolescents to be able to (and to want to) say what they think, adults need to know how to listen to them. Adults need to not only make themselves available to listen, but they must also try to understand and value what adolescents have to say, identify their true intentions and pick up on the messages they send. Adolescents who do not talk much or who express themselves poorly also have important things to say and need adults who are able to listen to them and understand them.

Listening means sitting by their side, being willing to defend their position and to do what is necessary to meet their requirements. That is how active involvement and “prosociality” are encouraged, solidarity networks are strengthened and essential characteristics such as resiliency are acquired.

The participative mental health promotion model

Participative mental health promotion is a dynamic process targeting the community in which the learning process is implemented within a multidisciplinary framework.

The three pillars of participative mental health promotion model are:

1. information as knowledge;
2. the importance of a value system which is freely endorsed by the individual without imposition from the educator; and
3. health emerging from the community, with change in the socioeconomic structures being necessary to improve the level of health and quality of life.

Five dimensions are taken into account:

1. the target group is also the partner and the most important figure in education for health;
2. the group serves to disseminate information throughout the community, consequently becoming a participating social partner;
3. communication is two-way;
4. participation entails motivation; and
5. participation is the guarantee of the authenticity of the process.

The educational methodology of the participative mental health care model consists of four stages. In the first stage (THINKING), each individual considers his or her view of specific situations based on personal experiences before moving on to consider the problems more globally and objectively. In the second stage (JUDGING), a “diagnostic judgement” of the facts observed will be made through critical thought to try to understand and explain the situation. Stage three (ACTING) involves getting an action under way to improve the situation, and the fourth stage is EVALUATING.

Building resilience at individual and group level

Resilience is the ability to withstand, show strength and not bend in the face of adversity. Building resilience at individual and group level is a basic tool for successfully dealing with risk situations and is one of the top-priority objectives in promoting the mental health of adolescents and young people.

The profile of resilient adolescents is characterized by social skills, problem-solving abilities, self-reliance, sense of purpose, self-confidence and confidence in the future and in the surrounding environment.

According to Henderson and Milstein (11), the key elements for building resilience are:

- enriching prosocial ties
- setting clearly defined, firm limits
- teaching “life skills”
- offering caring and support
- setting and conveying high but achievable expectations
- providing opportunities for meaningful involvement.

Intervention

The starting design

In 1998, the Manuel Merino Health Care Centre embarked upon the project of promoting mental health for adolescents and their parents, “Promoviendo la adaptación saludable de nuestros adolescentes [Promoting the healthy adaptation of our adolescents]” (12). It was launched in response to identified deficits among adolescents in this health district (maladaptation, poor self-perception, low self-esteem, insufficient assertiveness) and demands from parents and professionals at the health care centre.

The project, which is based on a methodology of active involvement, aims to provide young people with effective resources for building self-esteem, developing confidence about their abilities and limitations, equipping them with the ability to assert themselves in the face of challenges and offering them training in how to control risk situations in their surrounding environment through critical analysis techniques. Social and health care professionals (paediatrician, nurses, nurses' aid and social worker) provide the following at the health care centre and in secondary school and socioprofessional institutions.

- Personal development workshops for adolescents (10 x 1.5-hour sessions on a weekly basis), where they learn how to: know and understand themselves and others better; have a realistic view of their bodies and of their own potential; better express what they feel and what they want; withstand pressures from others; deal well with interpersonal conflicts; plan well to achieve their goals; and make decisions.
- Workshops for parents on preventive guidelines (4 x 1.5-hour sessions on a weekly basis), where parents are taught about: the factors involved in adolescent development; how to improve their abilities in talking with their children; and how to help them accept themselves, communicate with others and solve problems.
- Training seminars and meetings involving social and health care workers and educators where specific cases may be analysed and actions coordinated for working on interpersonal relations, self-perception and self-esteem, self-control, social skills, misconceptions and irrational beliefs in the classroom during learning time.
- The “12–20 space” youth consultation, a health promotion consultation for young people aged 12–20 that is headed by a paediatrician. Young people can come alone or accompanied by people they trust (friends, boyfriend/girlfriend) to talk about their needs, doubts and fears about mood, sexuality, HIV/AIDS, eating habits, drugs, physical development, sports, studies, aspects of their personality and interpersonal relations (family, boyfriend/girlfriend, friends). Assurances of confidentiality, motivational interviews, participative health advice (the young people are provided with guidance to help them find their own solutions), easy accessibility and consistent access to the same professional are key elements of the consultation.
- Other supplementary activities, including planning meetings, providing advice for other professionals (social services, school guidance counsellors and the psychopedagogical team) and parents, continuing evaluation of the adolescents and practical training in adolescent mental health promotion for nursing students.

Adolescents become involved in the project through five channels:

- from the youth consultation, where the possibility of getting involved in the workshops is offered to them;
- from different Alcalá de Henares education, social and health care institutions which refer youngsters;
- on a walk-in basis in response to public service advertising;
- via their families; and
- through fellow adolescents, who tend to bring their friends into the project.

The school health forum (an interinstitutional coordinating body in which representatives from education and health participate) has included the project's activities in their resources guide for all schools in the area (Alcalá de Henares and nearby towns) since 2001.

The Ministry of Health and Consumer Affairs recognized the merits of the project in June 2002 when they presented it to the National Health System Interterritorial Board Health Promotion Working Group. As a result, the book *Promoviendo la adaptación saludable de nuestros adolescentes [Promoting the healthy adaptation of our adolescents]* (13) was published by the Ministry of Health and Consumer Affairs in 2004. The Costa Rican Ministry of Public Education adapted the book (14) in 2007 after having piloted it in several regions; they found it was very valuable, useful and easy to use, and are now promoting it to all of their education institutions.

Adolescent community involvement

In the summer of 2002, the group work of adolescents who have been leading figures in the 1998 project and professionals (educators, municipal youth experts, family therapists, social and health care workers) gave rise to the adolescent and youth

community involvement project, “Group learning on healthy lifestyles and positive relationships” (15,16). While continuing to carry out the 1998 project youth consultation and workshops for adolescents, parents and educators, top priority was placed on helping these young people to become “partners in health” by means of activities such as the following.

- Joint participation with trained experts on a project coordinating and monitoring committee responsible for coordinating resources, designing and supervising activities and considering suggestions put forward by the community.
- Quarterly planning meetings at youth hostels, where their accommodation is subsidized by the Autonomous Community Health Department’s Public Health Institute.
- Preparation, with the help of professionals, of educational and audiovisual materials for young people, including a pamphlet on partner relations, videos (“Denunciatronic joven”, “Learning to get along with others healthily”), a short film (“IN-EX-CULPA-DOS”), a hip-hop master recording on adolescents and their problems and a report and suggestions for improvement on the Autonomous Community of Madrid’s Public Health Institute’s contraceptives pamphlet.
- Get-togethers at compulsory secondary education institutes (including a hip-hop group concert and “open microphone” sessions).
- Organization of Saturday night entertainment activities within the municipal alternative leisure-time entertainment programme, “Another way to move around”.
- A self-esteem and sexuality workshop and a hip-hop and funky workshop.
- Roundtable discussions on “How to talk with your kids about ...” for parents of children at compulsory secondary education institutes. The presenters are adolescents, whose interventions are based on personal and group experiences and revolve around providing parents with advice on how to talk to their adolescent children and promote healthy approaches to different subjects such as drugs, sex, violence, immigration, studies, friendships, roles and sharing responsibilities at home, how to have fun and respecting privacy.
- A theatre production on adolescent problems – “FIVEADOLESCENTS.TK (Monologues on adolescence)” – written and performed by adolescents.
- The “Rusty tools” film forum for adolescents and participation in the Seco social centre creative contest.
- Adolescents contributing to local radio programmes on health.
- A workshop for adolescents promoting intercultural dialogue, “Everybody’s alike. Everybody’s different”, run in collaboration with the Red Cross.
- The “Dialogues with adolescents” section in the city youth information, documentation and counselling centre bulletin dealing with mental health promotion and publicizing the project’s activities.
- A web site (1) on which news of the project and health promotion articles written by adolescents and professionals are published. It is linked to adolescent and social health care web blogs, forming part of a blog community under the community involvement project.
- A virtual youth consultation (17).
- A community designed by the adolescents in the project within the Autonomous Community of Madrid’s Sexuality Programme web site (18).
- Adolescent self-help groups supervised by trained experts.
- Get-togethers consisting of field trips for adolescents and trained experts to youth centres, museums, parks or other places of interest in the city and nearby towns.
- The “Learning to be a community” school for professionals, consisting of training sessions for health care centre social and health care staff in the town of Meco (near Alcalá). The sessions are designed to raise awareness of the project, establish communication channels and generate community involvement for adolescent mental health promotion.
- Participation in the organization of working days on “The participation of adolescents in the programmes of sexual and reproductive health of the Community of Madrid” in 2003 and for the XVII Spanish Adolescent Medicine Society Congress in 2006.

The Autonomous Community of Madrid's child/adolescent health promotion programme proposed, as objective 23.2 for the year 2003, "Support and collaboration with the 'Learning among us all to get along healthily' adolescent and youth involvement project (Manuel Merino Health Care Centre, Alcalá de Henares)" (10).

Towards a network of young partners in health

A participative research initiative was launched in September 2005. This aimed to identify how young people and trained social and health care experts could work together. It also explored their demands, motivations and criticisms of the project's functioning and their aspirations for how they would like to see it shaped in the future.

A sociologist from the Autonomous Community of Madrid Health Department held discussion groups (DG) with the young people and open interviews with trained experts. Participants' comments on health education activities were analysed (some details are reproduced in Tables 1, 2 and 3). The analysis was set out in a report which supported participative brainstorming involving young people and trained experts, from which future strategies and actions were identified (19).

Table 1

Design of the discussion groups in the qualitative research of 2005

| Group | Characteristics |
|-------|---|
| DG 1 | Older adolescents (17–19 years). Participants in the work groups, Commission of Coordination, shelters and self-help groups. |
| DG 2 | Middle adolescents (14–16 years). Participants in the same activities as older adolescents. |
| DG 3 | Younger adolescents, boys (12–13 years). All participants in the self-help groups; one of them attends the Commission of Coordination. |
| DG 4 | Younger adolescents, girls (12–13 years). All participants in the self-help groups. |
| DG 5 | Ex-members of the project (19–21 years). They participated in all the activities of the project; some also took part in the health promotion project of 1998. |

Table 2

Some identified qualities (in the project) and significant comments from discussion groups in the qualitative research of 2005

| Qualities | Comments |
|--|--|
| To share problems Mutual aid Group feeling | "More than one person has the same problem that you have and then you can speak with that person, and he understands you." (DG1) "Everybody had problems. We had something in common." (DG 5) "We all come here to meet people and to spend some time. And if somebody has problems, we can solve them." (DG2) |
| Personal development | "It is a way to feel you are really a person, evolving, maturing, and so on ..." (DG5) |
| Referring adults Security | "You know that there is an adult person with whom you can speak, and you know he is going to help you to solve problems that for some reason you perhaps do not dare to tell your parents, and that your friends can't help you with." (DG5) |
| Self-esteem | "To me, it is being aware that I am worth more than to be in the bed crying into my pillow ... It gives me more; it encourages me to go on." (DG4) |
| Preventive function | "As for me, it has helped me so much. For example, it helped me to realize what I was doing. It was no good. Then, it has helped me to leave certain things." (DG 5) |

Table 3

Some identified qualities (in Young Consulting) and significant comments from discussion groups in the qualitative research of 2005

| Qualities | Comments |
|--|---|
| Confidentiality Emotional bond To learn how to handle emotions | <p>“Do you know what I have learned? It is to control my aggressiveness. Not with the group, but at least with Patricio.”</p> <p>“In the group I got angry sometimes but Patricio calmed me.”</p> <p>“I am not scared now. I was almost raped once, but thanks to Patricio, I have learned not to be scared.” (DG2)</p> |

During this process, the need for greater training to foster the healthy development of young people in the community was identified. The need was particularly pressing in relation to challenging street violence by forging, expanding and reactivating effective dynamic alliances with young people from other local associations and institutions. It was also decided to undertake an “empowerment for health” process throughout the 2006–2010 period; this is aimed at facilitating the creation of a youth community network to promote the biopsychosocial development of young people in the locality and encourage their participation in preventing violence.

As a result of this collaborative research, a joint project with the CAJE initiative was developed, focusing on empowering young people through the development of community networks to promote their own biopsychosocial development and enable them to prevent violence and aggression. The project, “Programme JAMPA” (20), adopts a number of strategies and activities to achieve these objectives, including:

- maintaining a stable coordinating body (the Standing Coordinating Committee);
- creating awareness among a “critical mass” of the population (including through the introduction of “violence-free spaces for the young” and a family initiative against violence);
- developing participative action research spaces (the participative action research group (IAP) on violence affecting adolescents);
- developing spaces for in-depth thought (the Youth Parliament and a theme-based coffee shop discussion on violence among young people);
- developing training spaces (a basic workshop on health promotion and building resilience for adolescents, a JAMPA training workshop, and a workshop on violence and health for parents and educators);
- developing spaces for self-expression and productive output (a youth web site, hands-on creative competitions and a “White Paper” on interpersonal violence, health and youth); and
- promoting a young people’s community network (JAMPA sentinel network).

There will be a youth partner in mediation and prevention of violence at different schools and youth association centres in the city. She/he will be in charge of detecting risk situations and suggesting corrective measures. Each youth sentinel will fill out a risk situation declaration sheet once a month, which she/he will send to the Standing Coordinating Committee. If the situation is urgent, she/he can call or e-mail. There will be a meeting of all of the sentinels on a quarterly basis with trained experts on hand with whom to share problems, learn how to overcome them and improve the functioning of the network.

Lessons learned

Some of the lessons learned while carrying out and evaluating the 1998, 2002 and 2006 projects, in which over 800 adolescents and 200 parents have taken part, are as follows.

The feeling of having control over their own lives, of being able to shape their circumstances and make decisions which are going to have a bearing on their future, is an essential aspect of self-esteem for adolescents. The affection, support and basic confidence of the adults who are significant to them support this (positive Pygmalion effect).

Adolescents need spaces where they can express in confidence their needs, doubts and fears about the topics in which they are interested and where they can go alone or in the company of their friends.

Spaces are also necessary for work with parents and educators on issues such as to how to improve their ability to talk with adolescents and how to help young people to accept themselves, communicate with one another and solve problems.

According to the adolescents, participating in community activities and being partners in health allows them to feel more comfortable with themselves and with others. It helps them to feel more self-reliant, more satisfied with their bodies, more confident in interpersonal relationships, less stressed and more able to express their conflicts in words. Community involvement and prosocial behaviour build resilience. The ability to sit down and talk with another person, being able to chat within a controlled context in which safe, orderly relationships can be built and in which each person's individual differences are respected, also builds resilience.

Parallel individual and group work, with a participative methodology consisting of a continuous cycle based on “thinking, judging, acting, evaluating and rethinking”, has fostered the progression from one project to the next, with each of the projects being absorbed into its successor.

The participation and empowerment of the adolescents and the pursuit of alliances with other institutions and associations has had the effect of multiplying the health care centre's limited professional human resources.

The most important conclusions of the qualitative research conducted in 2005 are the following.

- This project provides a space the adolescents feel is their own. They feel secure within it, as they can respect the rules by which it is governed. They are recognized, they are listened to and their views are taken into account. This is an orderly place where they can get together with other young people to experience “closer and more personal” relations, share thoughts about themselves and their problems, learn to live in a healthier manner and carry out jointly agreed activities. It is a place for getting together with other young people who have similar problems, to share them and help one another to try to solve them. This is encouraging a sense of responsibility within the participants.
- The commitment to confidentiality on matters discussed at the meetings is very important. This offers security and the assurance that what they say about themselves is going to be handled with respect and will not go beyond the group.
- The trained experts have an important part to play, particularly in their role as “reference-point adults” in the project. The adolescents need to break their childhood ties to their parents, but they still need the reference point of readily accessible, understanding adult figures who will impose order and provide security (this is the view of the trained experts).
- For the families, the project provides reassurance that the adolescents are being supported to manage risks when they are out on their own.

Participating in this project is having many positive effects on the adolescents, ranging from improvements in their studies to changes in their behaviour, attitudes and self-esteem. They feel more understanding of others they may have ridiculed in the past. They are more reflective and think things through before acting. They control their behaviour, aggressive reactions and hyperactivity more effectively, which makes them feel more self-assured. Professionals from other institutions who have referred adolescents to the project and who have seen them again at follow-up meetings have confirmed the positive changes in the behaviour.

The possibility of getting together with others, talking about things and knowing that they are going to be listened to is fundamental to this project. It is therapeutic in itself and opens a whole new world of discovery for these adolescents. They find others who are like themselves, which makes them feel that they are not alone; and finding others forces them to take others into account, cultivating respect.

Former participants who have now had sufficient time since leaving the project to reflect on their experiences stress the preventive function the project had for them. It enabled them to see what they were getting themselves into and to correct behaviours they felt were going to be detrimental to them.

The Youth Consultation and the accessibility it creates are highly valued by adolescents and professionals. It is considered important that the person running the Youth Consultation should always be the same person, a reference-point individual who has a strong sense of empathy and can assure the adolescent of the confidentiality necessary in any therapeutic relationship.

The following manifesto was prepared for the WHO/HBSC Forum 2007 by the young people of Alcalá de Henares, Madrid, Spain.

Nosotros, adolescentes y jóvenes de Alcalá de Henares, manifestamos en relación con la promoción de nuestro bienestar mental lo siguiente.

We, the youth of Alcalá de Henares, in relation to the development of our mental well-being, declare the following.

Necesitamos modelos adultos coherentes, que nos acompañen desde pequeños, dándonos oportunidades de ser nosotros mismos.

We need adult role models who are coherent, who accompany us from infancy through adolescence, who give us the opportunity to be ourselves.

Os pedimos que no nos impongáis vuestras ideas ni quienes tienen que ser o dejar de ser nuestros amigos. Nuestra mente y nuestros afectos no son propiedad vuestra, sino nuestra. Sabemos lo que queremos.

We ask that you do not impose on us your ideas or indicate to us who should or should not be our friends. Our ideas and our feelings are our own, not yours. We know what we want.

No nos encasilléis y atribuyáis defectos solamente por ser jóvenes, ni nos trasladéis vuestros miedos y preocupaciones.

Don't classify us as bad-tempered or otherwise judge us just because we are young. Don't make us feel or suffer your worries and fears.

Para sentirnos bien necesitamos tranquilidad, respeto, estabilidad y menos violencia a nuestro alrededor.

To feel fine we need calmness, respect, stability and less violence around us.

Contad con nosotros en las decisiones que afectan nuestras vidas.

Count on our contribution when making decisions that affect our lives.

Dadnos espacios reales de participación.

Give us real and valid spaces for participation.

Para algunas cosas somos mayores pero para otras somos pequeños, por lo que necesitamos que confiéis en nosotros y nos ayudéis a desarrollarnos sin sobreprotegernos ni dejándonos solos ante el peligro.

For some things we are big enough; for others we are still young. That's why we need your trust. We want your help to develop our personalities, but we ask you not to overprotect us nor let us face the danger alone.

A veces se nos olvida que somos únicos y valiosos y nos desanimamos. Ahí estáis vosotros para valorarnos y recordarnos lo maravilloso de ser diferente. Si la gente se ríe de ti por ser diferente, ríete de ellos por ser todos iguales.

Sometimes we forget that we are unique and valuable, and we become depressed. Then you should be there to appreciate us and remind us how wonderful it is to be unique. If people laugh at us for being different, we laugh at them for being all the same.

Queremos, decirnos lo que hacemos bien y no solo lo que hacemos mal, y apoyar nuestros esfuerzos por conseguir nuestras ilusiones.

Love us, tell us what we do right just as you tell us what we do wrong. Support our efforts to achieve our dreams.

Bye, bye!



Acknowledgements.

As their contribution to the WHO/HBSC Forum 2007 process, young people involved in the project for community participation of adolescents at the Manuel Merino Health Centre in Alcalá de Henares (Madrid, Spain) designed, produced and edited the film “With and for youth”. The film was shared at both the case study pre-meeting in March 2007 and the Forum in October 2007. It described the activities of the centre from the point of view of the young people and included testimonials from the young people involved and footage of workshops.

In addition, the adolescents coordinated the collective drafting process of a Manifesto statement (see previous page). The drafting process was directed by the steering committee of the Programme JAMPA (consisting of 10 adolescents and 4 adult technical experts). The process incorporated two phases.

1. A first phase dedicated to the collection of ideas through consulting diverse groups of adolescents and young people (more than 70 young people aged between 11 and 23) who participated in the activities of the Programme JAMPA during the January to July 2007 period. Feedback to the question “what do we need for our mental well-being?” was collected using distinct formats (including brainstorming and discussion groups) during this period.
2. A second phase dedicated to collectively drafting the Manifesto. The steering committee convened three sessions between August and September 2007 with young people representing diverse groups of adolescents and young people involved in the first phase. These served to build consensus on the Manifesto, the final version of which was filmed.

Young people who participated in the production of the film “With and for youth” and/or the drafting of the Manifesto included:

| | | |
|---|-------------------------------|-----------------------------|
| Anderson Monsalve Henao | Adrián Martínez Pradanos | Facundo Daniel Ballardo |
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| Ismael Domínguez Ventura | Asiel Puerta Salvador | Victor Herranz Matienzo |
| Carlos Chica Rodríguez | José Usón Llanos | Victorio López López |
| Fabiola Chica Rodríguez | Walter Richards Mato | Samuel Bueno Fernández |
| Javier Medina Alcántara | Ángel Moreno Álamo | Daniel de Pablos Muñoz |
| Christian Muñoz Ramírez | Rubén Blanco Merino | Mario Pastrana Monterrubio |
| Javier Solís Hernández | Álvaro Vera García | Irache Pastrana Monterrubio |
| Israel Gusano Hernando | Eric Raya Tebar | Cynthia Pablos Martín |
| Aitor Ruiz Barbosa | Néstor Leceta Simarro | Daniel Romero Sánchez |
| Rubén Ruiz Noblejas | Vicente Quijorna Novella | Sergio González López |
| Sergio Moreno Fernández | Alba de la Prida Llamas | Aura Torbellino Muñoz |
| Samuel Cámara Cabrero | Juan Manuel Cortés Picado | Eduardo Aguilera Valera |
| Ismael González Sabina | Olga Rabadán Elvira | Antonio Serrano Ibáñez |
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| Sadrac González Perellón | Alexandra Muntean | Mirian Gil Moreno |
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