



IO1

COLLECTION OF INSPIRING PRACTICES

March 2022



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INDEX

INTRODUCTION	4
FRANCE.....	5
DINER QUIZZ	6
RUD (Evaluation of risk, emergency and dangerousness)	9
T KI TOI ? (WHO ARE YOU ?)	12
FINLAND	15
OPEN DIALOGUE	16
UNITED KINGDOM.....	19
RECOVERY COLLEGE	20
FIVE WAYS TO WELLBEING	23
POLAND	26
HOW ARE YOU ?	27
eFkropka Foundation (Fundacja eFkropka)	30
NIKA Foundation (Fundacja NIKA)	33
BELGIUM.....	35
m-Path	36
4voor12	39
EUROPE.....	41
Skills for life Programmes	42
Team Reflection	46
The ME-WE Model	50

INTRODUCTION

The *Rural Mental Health* (RMH) project aims to redress the imbalance and inequality between mental health care provision in rural areas in comparison to urban ones. Through this project we aim to raise awareness of mental health issues across rural communities, increase and improve mental health care provision in rural areas and reduce stigmatization around these issues.

Project objectives and deliverables :

- Through **contextual and background information** the project will improve awareness of local communities about mental health in rural areas across Europe
- Collection of **inspiring practices related to rural mental health**
- **Promotion video and Information Pack** for people experiencing mental health problems in order to reduce stigma and social exclusion surrounding issues of mental ill health, particularly for disadvantaged youth and rural workers including farmers.
- **Training modules on basic care provision** will equip rural educators, volunteers, employers and other actors with skills and knowledge to better understand mental health problems and to be able to react and reach out to those in need of support

Within IO1, partner countries have collected case studies, namely inspiring practices in relation to rural mental health in European countries. The inspiring practices collected by project partners are coming whether from their own experience or from their network.

What is an inspiring practice? It is a process that is ethical, fair, and replicable, has been shown to work well, succeeds in achieving its objectives, and therefore can be recommended as a model. The essence of identifying and sharing good practices is to learn from others and to encourage the application of knowledge and experience to new situations.

The practices were collected during a research initiated as an explorative work for the development of RMH training modules (IO2 and IO3). Some of these practices may be found in the training as practical exercises.

Here, two dimensions were chosen by the partners for the collection of the case studies:

1. To collect example of tools/resources that can **support individuals experiencing mental health issues or professionals** that support individuals with mental health issues to understand their needs and enable them to recover from or manage their condition.
2. To collect example of tools to understand the **support network** that exist around people experiencing mental health issues.



FRANCE



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DINER QUIZZ



**Target
group(s):**

- Young people / teenagers who are experiencing mental health issues

GENERAL DESCRIPTION	
Area(s)	Mental Health, Prevention
 <p>Description of the practice <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • An activity created by Jean-Pierre Fallou, a French trainer in education. • Concept: to address an issue of concern (health, addiction, etc.) over dinner and a quiz in a restaurant with teenagers, professional facilitators and jokers (adults who are experts in the theme). • Each team is managed by a professional facilitator who will be able to provide answer with the jokers. • It is important that the theme corresponds to a current concern of the participants and that the questions prepared in advance by the adults who want to get involved.

 <p>Objectives of the practice <i>(max. 3 bullets)</i></p>	<ol style="list-style-type: none"> 1. RESPOND to the expectations of young people who wish, without really knowing how to ask, to discuss topics that question them (violence, relationships, addiction, etc.) 2. ASK THE REAL QUESTIONS to the adults they meet in adults they meet and dare to contact them again more easily to go deeper into this or that aspect of the subject dealt with, 3. CREATE OR STRENGTHEN A PARTNERSHIP NETWORK on a territory through a collective work of preparation and animation of the diner
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<h2 style="text-align: center;">RESULTS</h2>	
 <p>Challenges and overcoming strategies <i>(max. 3 bullets)</i></p>	<ul style="list-style-type: none"> • Putting young people at ease so they can express themselves • Making sure young people feel comfortable and will contact an adult afterwards • Ensure the participation of all teenagers and adults involved

 <p>Improvement of the lives of target group <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • Providing a service and an assistance to a group in need in a non-formal way • Better connection between young people and professionals: they are not meeting an institution, they are meeting people • Better knowledge around a topic of interest of the target group
 <p>Feedback from stakeholders <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • This is really effective because young people feel confident to discuss about their issues. • The Diner Quizz can be adapted to the target group.
 <p>Sustainability <i>(max. 3 bullets)</i></p>	<ul style="list-style-type: none"> • To adapt the practice to other target groups

RUD (Evaluation of risk, emergency and dangerousness)



Target group(s):

- Young people / teenagers
- Adults

GENERAL DESCRIPTION	
Area(s)	Health
 <p>Description of the practice <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • RUD is a tool for identifying and evaluating suicidal risk according to 3 criteria: suicidal risk, threat urgency and dangerousness of the suicidal threat • A generalist or a specialist career will be in charge to use this tool and identify the possible suicidal intention
 <p>Objectives of the practice <i>(max. 3 bullets)</i></p>	<ol style="list-style-type: none"> 4. Identify suicidal risks through active listening 5. Implement an existing protocol within the institution for people with an urgency identified 6. Search for the presence of suicidal intent

RESULTS

 <p>Challenges and overcoming strategies <i>(max. 3 bullets)</i></p>	<ul style="list-style-type: none"> • Well identified potential suicidal crises • Good care for people in suicidal crisis
 <p>Improvement of the lives of target group <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • Ability to call for help • Put in place the right steps: referral to care/appropriate structures, recognize the suicidal crisis, long term follow-up
 <p>Feedback from stakeholders <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • RUD is a good tool that identify suicidal crisis, its urgency and dangerousness



Sustainability
(max. 3 bullets)

- Development of a training to intervene in case of suicidal crisis
- France is the European country most affected by suicides, about 9 000 deaths each year

Source: Recommendations from the High Health Authority. « La crise suicidaire: reconnaître et prendre en charge. (2000) Conférence de Consensus.

Annex: The RUD tool

1st column: risk level (scale of 0 to 10)

2nd column: symptoms

3rd column: evaluation of the RUD potential (low, medium, high)

4th column: proposed actions

Niveaux de risque	Symptômes	Evaluations du potentiel suicidaire R.U.D.	Actions proposées
0	Pas de détresse	–	–
1	Tristesse sans idées noires/suicidaires	R.U.D. faible	Suivi par généraliste
2	Idées noires mais pas suicidaires	R.U.D. faible	Suivi ambulatoire psychiatrique ou par généraliste
3	Idées suicidaires fluctuantes sans projet, ou antécédents psychiatriques	R.U.D. faible ou moyen	Suivi ambulatoire psychiatrique
4	Idées suicidaires actives sans projet, ou antécédents psychiatriques	R.U.D. moyen	Suivi ambulatoire psychiatrique ou hospitalisation, selon alliance thérapeutique et engagement du patient
5	Idées suicidaires actives sans projet avec antécédents psychiatriques	R.U.D. moyen ou élevé	Hospitalisation ou soutien ambulatoire psychiatrique (soutien CTB) si engagement du patient
6	Idées suicidaires actives avec projet sans antécédents psychiatriques	R.U.D. élevé	Hospitalisation
7	Idées suicidaires actives avec projet et antécédents psychiatriques – Passage à l'acte	R.U.D. élevé	Hospitalisation

T KI TOI ? (WHO ARE YOU ?)



Target group(s):

- Young people / teenagers

GENERAL DESCRIPTION	
Area(s)	Health
 <p>Description of the practice <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • T ki Toi is a game of expression for a teenage audience. It is used by in France by the professionals of Afeji’s Maison des Adolescents du Hainaut (Teenagers House). It allows a first meeting between teenagers and the members of the Teenagers House in a playful way. • The game allows to make a presentation of the missions and the team of the Teenagers House. The teenagers and the professionals of the Teenagers House can then get to know each other. • The game is played with a dice and a map with colored squares. First, all players roll a dice. The player with the highest score starts the game.

	<ul style="list-style-type: none"> • He or she rolls the dice and then positions himself or herself on the square corresponding to the number indicated on the dice. This square is color-coded and corresponds to a series of questions. The player is free to answer this question. If he or she answers the question, the other players can then swap around the question. This card is then removed from the game. • If the question does not inspire the player: He or she spends his or her turn, or he or she re-rolls the die. This discarded card is left in the deck. Then another player rolls the dice and so on. There is no right or wrong answer.
 <p>Objectives of the practice <i>(max. 3 bullets)</i></p>	<ol style="list-style-type: none"> 7. Create peaceful area and relationships between teenagers and between teenagers and professionals 8. Promote a peaceful and comforting area for exchanges 9. Express ideas, values, empathy for others and be respectful

RESULTS	
 <p>Challenges and</p>	<ul style="list-style-type: none"> • Putting young people at ease so they can express themselves

<p>overcoming strategies <i>(max. 3 bullets)</i></p>	<ul style="list-style-type: none"> • Teenagers must be responsive and respectful
 <p>Improvement of the lives of target group <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • Professionals and teenagers get to know each other better in a non-formal way. It helps building a trusty relationship • Feeling of freedom: all participants can choose to answer the question or not • Less fear of asking questions
 <p>Feedback from stakeholders <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • It proposes a peaceful and reassuring framework for exchanges. • It fosters sympathy for others • It allows to confront points of view in a respectful manner
 <p>Sustainability <i>(max. 3 bullets)</i></p>	<ul style="list-style-type: none"> • Professionals can adapt the game to different target groups • The game can be used to introduce other services/establishments



FINLAND

OPEN DIALOGUE



**Target
group(s):**

- Persons who are experiencing severe mental health issues, mostly adults

GENERAL DESCRIPTION	
Area(s)	Mental Health, Prevention
 <p>Description of the practice <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • Open dialogue was invented in the latter part of the 1980's at Länsi-Pohja hospital district, which lies in South-West Lapland. The district covered c. 70 000 inhabitants. The research and development has been internationally highly acclaimed around the world, from Italy to Brazil to Japan. • Seven key principles of Open Dialogue <ul style="list-style-type: none"> ○ Immediate Support ○ Working social networks ○ Flexibility and mobility ○ Responsibility ○ Psychological continuity

	<ul style="list-style-type: none"> ○ Tolerance of uncertainty ○ Dialogism. ○ "No one knows" – Zero point of departure
 <p>Objectives of the practice (max. 3 bullets)</p>	<ul style="list-style-type: none"> ● To prevent hospitalization ● To prevent decontextualization of a person identified with problems ● To use all the resources of the public services and the nearest of the sufferer <p>Jaakko Seikkula & Birgitta Alakare in Romme et.al.: <i>Psychosis as a Personal Crisis</i> Routledge, London 2012: pp.116-128.</p>

RESULTS	
 <p>Challenges and overcoming strategies (max. 3 bullets)</p>	<ul style="list-style-type: none"> • Open dialogue does not represent the mainstream of work for mental health in Finland. • In psychotic cases there are particular dangers in the patient staying outside the social context, since he/she can easily be interpreted by other people as being dangerous, and might thus avoid contact. (Seikkula, Alakare & Aaltonen 2011)

	<ul style="list-style-type: none"> • Open dialogue is also to challenge the reciprocal myth of dangerousness. •
 <p>Improvement of the lives of target group <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • The outcomes for shortening the length of psychotic episodes; for cutting chronification of mental health service users; and for preventing psychiatric hospitalization have been remarkable at least until few years back.
 <p>Feedback from stakeholders <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • Open dialogue has been adapted to different contexts such as in public and private mental health services in developing communication and in solving different kinds of problems with service user groups.
 <p>Sustainability <i>(max. 3 bullets)</i></p>	<ul style="list-style-type: none"> • To adapt open dialogue in other fields such as education or probation work.



UNITED KINGDOM



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RECOVERY COLLEGE



**Target
group(s):**

- people experiencing mental health

GENERAL DESCRIPTION	
Area(s)	Free educational workshops and courses.
 Description of the practice <i>(max. 5 bullets)</i>	<p>Recovery Colleges provide free educational workshops and courses. They are designed to support people experiencing mental health challenges to invest in their own wellbeing and recovery.</p> <p>All the courses follow a personal recovery approach which encourages:</p> <ul style="list-style-type: none"> • Self-knowledge and acceptance • An understanding of the principles of recovery • Learning and applying new skills and strategies • Leading a meaningful life with or without symptoms

 <p>Objectives of the practice <i>(max. 3 bullets)</i></p>	<p>10. Empower people to take control of their own lives and become experts in their own recovery</p> <p>11. All the courses are centred on the principles of CHIME - Connection, Hope, Identity, Meaning and Empowerment.</p> <p>12. Co-production</p>
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<h2 style="text-align: center;">RESULTS</h2>	
 <p>Challenges and overcoming strategies <i>(max. 3 bullets)</i></p>	<ul style="list-style-type: none"> The CHIME framework, for personal recovery. In the research which led to the creation of CHIME different stories of personal recovery were compared. It was found that there were five things that everyone had in common which helped their recovery. They were Connection, Hope, Identity, Meaning and Empowerment
 <p>Improvement of the lives of target group <i>(max. 5 bullets)</i></p>	<p>The Recovery College helps:</p> <ul style="list-style-type: none"> Begin – to understand yourself Build – a toolkit of self-help skills Understand – aspects of the challenges you may be facing Grow – and plan for your future

 <p>Feedback from stakeholders <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • The recovery college helped me massively to understand myself and my mental health and what steps to take to looking after myself and self-care. • The recovery college helps me get out of my comfort zone and to meet new people and hear other people’s stories and experiences. • The good thing about the recovery college is learning what works best for me. Recovery isn’t a one size fits all type of thing and what works for me may not necessarily work for others but sharing and hearing other people’s experiences has helped me a lot.
 <p>Sustainability <i>(max. 3 bullets)</i></p>	<ul style="list-style-type: none"> • Recovery Colleges are based on the Adult Education model, which differs from a clinical approach or therapy. Personal recovery approach recognises that symptoms may not always go away and focuses on living a meaningful life despite the challenges that people may experience. • The sustainability is ensured by quality Panel and co-production

Link: <https://www.nsfh.nhs.uk/about-recovery-college>

FIVE WAYS TO WELLBEING



Target group(s):

- people experiencing mental health

GENERAL DESCRIPTION	
Area(s)	The Five Ways to Wellbeing are simple actions to practice each day to maintain or improve our mental health and wellbeing
 <p>Description of the practice <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • Connect - with your friends, family, neighbours and people at work. Have a conversation, pass the time of day, make time for that chat • Be Active - find a physical activity that you enjoy, go for a walk, try gardening • Take Notice - take the time to look at the day, the changing seasons. • Keep Learning - try something new whether it's making a new recipe, fixing the bike or evensigning up for a course • Give - smile, do something nice for a friend or neighbour, make some time for others



 <p>Objectives of the practice <i>(max. 3 bullets)</i></p>	<p>1. These five ways that can help boost our wellbeing. Each of these actions makes a positive difference to how we feel.</p>
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<h2 style="text-align: center; background-color: #002060; color: white; padding: 5px;">RESULTS</h2>	
 <p>Challenges and overcoming strategies <i>(max. 3 bullets)</i></p>	<ul style="list-style-type: none"> • 1 in 4 people will experience mental distress during their lifetime
 <p>Improvement of the lives of target group <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • Happier people can add 7½ years to their life. Each of these Five Ways to Wellbeing has been shown to make a positive difference to how we feel • People with high levels of mental wellbeing are more likely to be in work or in full-time education



Feedback
from

stakeholders
(max. 5 bullets)

- Positive impact at different level



POLAND



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HOW ARE YOU ?



Target group(s):

- people suffering from affective disorders
- people receiving psychological therapy

GENERAL DESCRIPTION	
Area(s)	Worldwide
 <p>Description of the practice <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • Mobile phone application • analysis of daily/weekly/monthly mood changes
 <p>Objectives of the practice <i>(max. 3 bullets)</i></p>	<p>13.Helping to monitor everyday moods</p> <p>14.Helping to analyse the mood changes</p>

RESULTS

 <p>Challenges and overcoming strategies <i>(max. 3 bullets)</i></p>	<ul style="list-style-type: none"> • check what has an impact on our mood • decrease the stress level • improve your happiness
 <p>Improvement of the lives of target group <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • monitor and analyse your mood on a regular basis • decrease the stress level by analysing what is causing it • the application may help to improve happiness and mental well-being of the user in general
 <p>Feedback from stakeholders <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • thanks to the application you can find out at what time of day you feel best, at what time of day you feel worst, what day or month is best or worst for you • From a psychological and therapeutic point of view, the app can be used as a mood diary, when the therapist asks the patient to record his or her emotional states, (eg. the causes of a certain mood) • A scale of 4 faces is not enough - a minimum of 5 would be better, but still it's a great idea



Sustainability

(max. 3 bullets)

- The application is dedicated to mobile devices
- It is possible to access the application worldwide

eFkropka Foundation (Fundacja eFkropka)



Target group(s):

- people after a mental health crisis
- people suffering from issues regarding mental well-being

GENERAL DESCRIPTION	
Area(s)	Poland
 <p>Description of the practice <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • An NGO, created by a group of professionals • therapeutic help for people struggling from mental health crisis
 <p>Objectives of the practice <i>(max. 3 bullets)</i></p>	<ol style="list-style-type: none"> 1. The EX-INs, peer-experts, and peer-supporters are fully involved in the Foundation's activities 2. Preventing the isolation of people after a mental health crisis

RESULTS

 <p>Challenges and overcoming strategies <i>(max. 3 bullets)</i></p>	<ul style="list-style-type: none"> • changing the public’s negative perception of mental illnesses • creating and engaging people in many multi-dimensional therapeutic and educative activities as possible • counteracting stigmatization of the people suffering from mental health crisis
 <p>Improvement of the lives of target group <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • changing beliefs people in mental health crisis have of themselves • breaking the stereotypes associated with mental illness • building a supportive environment to help break down barriers or personal limitations • enabling a return to natural activity and to take up roles in personal and social life
 <p>Feedback from stakeholders <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • The eFkropka Foundation undertakes very important topics such as mental health reform or education of different target groups from contact with a person experiencing a crisis • The Foundation's initiatives, such as the Mental Health Congress and the Yellow Ribbon March, are remarkable and noteworthy



Sustainability

(max. 3 bullets)

- Changing negative perceptions of mental health crisis, beliefs that have become entrenched in social consciousness
- Breaking the general taboo on emotional crises

NIKA Foundation (Fundacja NIKA)



**Target
group(s):**

- persons in difficult life situations
- activities to integrate people at risk of social exclusion

GENERAL DESCRIPTION	
Area(s)	Poland
 <p>Description of the practice <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • The Foundation was established to pursue socially and economically useful purposes • The Foundation's activities in the area of health promotion and disease prevention focus on the promotion and dissemination of the idea of rational and healthy nutrition
 <p>Objectives of the practice <i>(max. 3 bullets)</i></p>	<ol style="list-style-type: none"> 1. Health protection and promotion 2. Social assistance to people in difficult life situations and equalisation of opportunities for these people

RESULTS

 <p>Challenges and overcoming strategies <i>(max. 3 bullets)</i></p>	<ul style="list-style-type: none"> • The Foundation may carry out projects related to the dissemination of knowledge about diseases and illnesses, including those related to mental well-being • Dissemination of knowledge about prevention of those issues
 <p>Improvement of the lives of target group <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • Protection and promotion of health • Providing solutions supporting the beneficiaries' independence in all spheres of life
 <p>Feedback from stakeholders <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • The people in the Foundation are very kind, helpful and experienced • The Foundation does not refuse support and is willing to continue helping when needed
 <p>Sustainability <i>(max. 3 bullets)</i></p>	<ul style="list-style-type: none"> • Eliminating deficiencies resulting from dysfunctional environments in which people struggling from mental crisis live • Assistance to families and individuals in difficult life situations



BELGIUM



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m-Path



Target group(s):

- Individuals with mental health issues

GENERAL DESCRIPTION	
Area(s)	Mental Health, Prevention
 <p>Description of the practice (max. 5 bullets)</p>	<ul style="list-style-type: none"> • Mobile application developed for both practitioners and clients to better understand the behaviour and moods of the client • Practitioner creates questionnaires, instructions, mental paths for client to fill in • Helps practitioner identify potential trigger factors, patterns, and issues
 <p>Objectives of the practice (max. 3 bullets)</p>	<ol style="list-style-type: none"> 1. Get a better understanding of the client's mental state by having them immediately document events and their perceived impact 2. Provide client with tailored feedback/advice based on his personal needs and experience

	<p>3. Eliminate geographical barriers (especially for rural areas) as it can be accessed for anywhere. Expand access to proper mental health care</p>
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RESULTS	
 <p>Challenges and overcoming strategies <i>(max. 3 bullets)</i></p>	<ul style="list-style-type: none"> • Low digital literacy in older generations may make it hard for them to understand how to properly use the application • Some individuals may prefer face to face interaction rather than through the screen
 <p>Improvement of the lives of target group <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • The 24/7 availability of the app makes it easier to use no matter when a triggering event happens • Easier access to mental health care
 <p>Feedback from stakeholders <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • No age group limitations which expands the application's abilities • Immediate access helps more accurate documentation as well as comfort to the client in being able to put their feelings into words



Sustainability
(max. 3 bullets)

- To adapt the practice to other target groups

4voor12



Target group(s):

- Young people / teenagers who are experiencing mental health issues

GENERAL DESCRIPTION	
Area(s)	Mental Health, Prevention
 <p>Description of the practice <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • Project developed to break down the stigma surrounding mental health • Focuses on 4 main areas: change in behaviour, change in emotions, self-isolation, and expressing negative feelings • Provides a guide on do's and don'ts for people aiming to help others with mental health issues
 <p>Objectives of the practice <i>(max. 3 bullets)</i></p>	<ol style="list-style-type: none"> 1. Sensitizing the general population to mental health 2. Increase ability to identify signs of poor mental health and guide people to getting the appropriate help 3. Minimize the number of serious mental health problems

RESULTS

 <p>Challenges and overcoming strategies <i>(max. 3 bullets)</i></p>	<ul style="list-style-type: none"> • Project relies mainly on disseminating information so it may create a barrier to those who are not open/willing to listen
 <p>Improvement of the lives of target group <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • Individuals feel more at ease discussing mental health • Higher awareness and acceptance of mental health issues • Individuals can take more informed decisions on how to provide help themselves
 <p>Feedback from stakeholders <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • Can be very useful for Rural Mental Health as one of the project aims is to raise awareness • Can integrate the 4voor12 method when approaching the target group



EUROPE



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Skills for life Programmes



Target group(s):

- Children and young people (from 5 to 12 years old), including children with special needs

GENERAL DESCRIPTION	
Area(s)	Mental Health and wellbeing, Prevention
 <p>Description of the practice <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • School based social emotional learning programmes developed jointly by Partnership for Children (UK), academics and educational resources specialists. • Implemented worldwide (in over 30 countries) thanks to synergies with like-minded organisations. • The programmes teach children skills for life: how to cope with everyday difficulties, how to communicate with and get on with other people, as well as how to build self-awareness and emotional resilience. • Children develop their own positive strategies to deal with problems through engaging activities: listening to stories, discussion, games, role-play and drawing.



	<ul style="list-style-type: none"> • The modules cover: feelings, communication, friendship, conflict, change and loss and moving forward.
 <p>Objectives of the practice <i>(max. 3 bullets)</i></p>	<ul style="list-style-type: none"> • To teach children how to choose positive coping strategies to deal with everyday difficulties. • When children learn to cope better with problems, they become more resilient. • Being able to find positive solutions boosts children’s confidence and self-esteem. Learning these skills increases their wellbeing and promotes better mental health.

RESULTS	
 <p>Challenges and overcoming strategies <i>(max. 3 bullets)</i></p>	<ul style="list-style-type: none"> • The fundamental concept behind the programme is very simple – if we can teach young children how to cope with difficulties, they should be better able to handle problems and crises in adolescence and adult life.

 <p>Improvement of the lives of target group <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • The Skills for Life Programmes have been evaluated and found to improve children’s coping skills, social skills, emotional literacy, improve the class climate and reduce bullying.
 <p>Feedback from stakeholders <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • <i>‘Other programmes give children life-jackets; Zippy’s Friends teaches them how to swim.’ Teacher, Russia</i> • It is now widely accepted that children’s ability to learn and achieve their goals is closely related to how they feel. So paying attention to children’s emotional wellbeing will have a positive impact on classroom atmosphere and children’s academic performance. • The Skills for Life programmes recognize the vital role played by school professionals in promoting children’s mental health.

 <p>Sustainability (max. 3 bullets)</p>	<p>Promoting children’s wellbeing in school is most effective where it is delivered through a ‘whole school approach’, with all members of the school community – managers, teaching staff, support staff and children – working in a mutually supportive environment.</p> <p>The Skills for Life programmes include resources for teachers and parents, giving them the information and tools they need to support their children and help them cope with difficult situations. The programme materials are provided to teachers when they attend the programme training course. Activities for parents to do at home with their children (whether or not they are involved in the programme) are available to download here.</p>
 <p>Links</p>	<ul style="list-style-type: none"> • Zippy’s Friends for ages 5 to 7 • Apple’s Friends for ages 7 to 9 • Passport for ages 9 to 11 • SPARK Resilience for ages 10 to 12 • Zippy's Friends for Pupils with Special Educational Needs

Team Reflection



Target group(s):

- Health care professionals in nursing homes

GENERAL DESCRIPTION	
Area(s)	Stress and work pressure; Buddy system
 <p>Description of the practice (max. 5 bullets)</p>	<ul style="list-style-type: none"> • The Team Reflection approach has been devised by The Dignity and Pride Programme in the Region, a programme funded by the Dutch Ministry of Health and executed by Vilans, the National Centre of Expertise for long-term care in the Netherlands. • The approach is founded on the idea that health care professionals in the familiar environment of their own team, together with colleagues who have experienced the same challenges, have the greatest chance of managing stress. • The team meets in two sessions. In the first, experiences are shared and all participants are given guidance on what stress is and how to deal with it. Participants also receive tools to translate

	<p>stress-related complaints into concrete actions to take, so that they can deal with their complaints effectively themselves. They also receive an explanation of the buddy approach (colleagues serve a buddy for a certain period during which they take extra care of their teammate). In the second session, in addition to sharing experiences and reflection on the acquired knowledge, the effectiveness of the buddy approach is reviewed and adjusted where needed.</p> <ul style="list-style-type: none"> • Each session is supervised by two supervisors. Very often this is an external supervisor and a supervisor from the organisation. A train-the-trainer module has been set up for this purpose from the Dignity and Pride in the Region programme.
 <p>Objectives of the practice <i>(max. 3 bullets)</i></p>	<ul style="list-style-type: none"> • To provide support to health care professionals at the earliest possible stage and to prevent drop out in the longer term, by: <ol style="list-style-type: none"> 1. Normalising stress: response to a stressful period (for example being easily distracted, moody or sad) is normal in certain circumstances and may vary from person to person; 2. Providing guidance to make stress manageable: everyone in the team is

	<p>dealing with this stress in their own way. The goal is to recognise and manage the signs of stress together;</p> <p>3. Continuing to support each other in the team in dealing with stress (the buddy approach)</p>
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RESULTS	
 <p>Improvement of the lives of target group <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • A pilot experience in the Central Brabant region showed that team reflection is well suited to the needs of health care workers. • Work is now being done in many more regions where there are hundreds of teams that use the team reflection approach.
 <p>Sustainability <i>(max. 3 bullets)</i></p>	<ul style="list-style-type: none"> • The team reflection method - based on the debriefing approach which has been widely used to deal with stress in the military- can be used in other contexts and applied to other target groups. • The buddy system – a form of peer mentoring- can be replicated to other contexts and applied to other target groups.



Links

<https://www.waardigheidentrots.nl/>

All the materials required to organise and deliver the training is available (in Dutch): a trainer's manual, an accompanying PowerPoint presentation and a workbook for employees.

The ME-WE Model



Target group(s):

- Adolescent young carers (AYCs): young people -aged 15-17- who provide care to a family member or a friend who has a chronic illness, disability, frailty, addiction or any other condition related to a need for care.

GENERAL DESCRIPTION	
Area(s)	Resilience, Mental Health and wellbeing, Prevention
 <p>Description of the practice (max. 5 bullets)</p>	<ul style="list-style-type: none"> • Psychosocial intervention developed in the framework of the EU-funded Horizon 2020 ME-WE project - Psychosocial Support for Promoting Mental Health and Well-being among Adolescent Young Carers in Europe (2018-2021) • Tested and evaluated in six European nations (UK, The Netherlands, Sweden, Slovenia, Italy, Switzerland) • Co-designed with the target audience and professionals (together with researchers) • The intervention included seven two-hour group meetings, one meeting per week over a seven-week period. It was

	<p>performed by trained facilitators (psychologists or other social/health professionals such as nurses or youth workers).</p> <ul style="list-style-type: none"> • During the intervention, young people were introduced to three roles (their discoverer, noticer and advisor) and were also invited to think about what is meaningful, of value, to them. They were provided with tools in order to be able to: handle difficult thoughts, get in contact with and notice their own feelings, grow and flourish, find meaningfulness and strength/energy, develop a flexible self-image and self-compassion, and build strong social networks.
 <p>Objectives of the practice <i>(max. 3 bullets)</i></p>	<p>15. Strengthen the resilience of adolescent young carers (the process of negotiating, managing and adapting to significant sources of stress or trauma)</p> <p>16. Impact positively on their mental health and well-being</p> <p>17. Mitigate the negative influences of psychosocial and environmental factors on their mental health (caring is considered a risk factor)</p>

RESULTS

 Challenges
and
overcoming
strategies
(max. 3 bullets)

- Recruiting adolescent young carers in the intervention was challenging, because there was not enough awareness in society about the phenomenon and because adolescent young carers did not want to be stigmatized.

Solution: Raise awareness in society and recruit young carers via stakeholders who already have positive and trusting relationships with youngsters (e.g., youth leaders, student coaches, school nurses, and school social workers).

- Taking part in the intervention might be seen as additional ‘schoolwork’ and adolescent young carers may prefer to dedicate any free time to their hobbies, sports or other leisure activities.

Solution: Combine the ME-WE training with other, more fun activities (e.g. cooking).

- Taking part in resilience training has the potential to bring a lot of emotions and issues to the surface.

Solution: Provide sufficient psychological support to AYC’s (and facilitators) post groups.

 <p>Improvement of the lives of target group <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • The intervention helped adolescent young carers to handle stressful thoughts and feelings in a better way; be more forgiving and kinder to oneself and/or take better care of oneself. • AYC's felt in a safe and non-judgmental environment in the ME-WE groups which in turn helped them to relax, feel less alone and be more willing to tell their story to peers in a similar situation (their friends do not always understand what they are going through). • Participants in the intervention reported to worry less about the person they care for while at school/training/work • Their attendance and performance at school improved
 <p>Feedback from stakeholders <i>(max. 5 bullets)</i></p>	<ul style="list-style-type: none"> • The ME-WE programme was highly beneficial for adolescent young carers. • Awareness on AYC's increased amongst different groups: teachers, other professionals, YCs, peers, parents, the general public and at a political level. • The increased awareness led some stakeholders to change their way of working with young people.

	<ul style="list-style-type: none"> • The ME-WE Model facilitated network building among different stakeholders working with young carers.
<p>▶▶</p> <p>Sustainability (max. 3 bullets)</p>	<ul style="list-style-type: none"> • The ME-WE intervention can easily be replicated. • It can be implemented in the form of physical group meetings locally, or as online meetings on the national level. • The ME-WE Model is tailored to a specific group of young people (young carers), but it is based the theoretical framework of the DNA-V model by Hayes and Ciarrochi, which is suitable for working with adolescents to promote their mental health and well-being. <p>* Hayes, L., & Ciarrochi, J. (2015). The thriving adolescent: Using acceptance and commitment therapy and positive psychology to help teens manage emotions, achieve goals, and build connection. Oakland, CA: Context Press, an imprint of New Harbinger Publications.</p>
<p>▶▶ Links</p>	<p>ME-WE Project website: https://me-we.eu/</p> <p>ME-WE Project partners: https://me-we.eu/partners/</p> <p>ME-WE Model: https://me-we.eu/wp-content/uploads/2021/09/EU-PB-ME-WE_v3.pdf</p>



ME-WE app:

<https://play.google.com/store/apps/details?id=se.appbolaget.mewe&hl=en>

<https://apps.apple.com/se/app/me-we-young-carers/id1452257199?l=en>





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