

ID Colleague Support Group “Mental Health Matters” Report

7-10 May, 2024, Serbia



The meeting

The 2-day Inclusion & Diversity Colleague Support Group meeting aimed to support the NASin developing youth worker’s “mental health literacy and competences” in order to create practices which will nourish the wellbeing of young people.

The meeting was co-organised by SALTO Inclusion & Diversity and the Foundation Tempus, Serbia National Agency for the E+ programme.

For all information, please check [“Mental Health Matters” Padlet](#).

Context

Mental Health and Wellbeing of youth are at the core of European Youth Goals and the EU Youth Strategy 2019-2027. It wants to achieve better mental well-being and end stigmatisation of mental health issues, thus promoting social inclusion of all young people. Nonetheless, a significant and increasing number of young people across Europe are expressing their concern about mental health issues such as high stress, anxiety, depression and other mental illnesses amongst their peers. Young people cite the immense societal pressures they face today, and express a need for better youth mental health provision.

In 2023, SALTO Inclusion & Diversity Resources Centre partnered with the Network of National Agencies' Mental Health in Youth Work project to contribute to the discussion on the importance of youth mental health and wellbeing, as well as to highlight youth workers' role in young people's wellbeing. This resulted in 10 ID Talks.

The **'Mental Health in Youth Work' project** works on the following three focus areas:

1. Raising awareness, normalising the concept of mental health, and promoting it as a positive resource,
2. Development of mental health literacy and competences of youth workers,
3. Enabling youth participation and peer-to-peer approach in promotion of mental health.

In 2024 the SALTO Inclusion & Diversity Resources Centre, Serbian NA and the Mental Health in Youth Work project jointly organised a **meeting of Inclusion and Diversity Officers "Mental Health Matters"**.

Objectives of the meeting

- To discuss and exchange about mental health in different countries
- To reflect on our own understanding of mental health and organisational practices
- To support NA and beneficiaries in normalising the concept of mental health as a positive resource
- To exchange strategies, methods and resources for developing safer spaces and supporting Erasmus+: Youth in Action & European Solidarity Corps projects addressing mental health issues

The team

- Milena Jovanović and Ivana Vulić Šimšić, Foundation Tempus, Serbia National Agency for the E+ programme;
- Marija Kljajić, SALTO Inclusion & Diversity Resource Centre, Belgium Flanders;
- Snežana Bačlija Knoch, trainer, Serbia

Participants profile

14 inclusion officers (or similar) from different National Agencies of the E+ & ESC Programme countries: Austria, Belgium-Flanders, Croatia, Czechia, Finland, Italy, Malta, Serbia, Slovakia, Switzerland



Outcomes of the meeting

Trends when it comes to the mental health of young people in different countries

The topic is more visible

- Mental health is becoming more and more a narrative
- There is a greater recognition of the topic (in the media, etc.)
- In Serbia: mental health is on the agenda after the school shooting (there is more talk about it, it is more present in policy)... Still no structural approach.

However, there is not enough education about it

- Public is not educated enough about it
- “I’m so depressed” -> meaning goes vague, losing real meaning

There is a need for a cross-sectoral approach

- Making bridges between formal and non-formal education
- In Serbia: cross-sectoral (formal, non-formal, health) cooperation lacking

Public sectors and institutions are not engaged or there is no capacity

- In Italy: schools are left alone to deal with this
- In Italy: public sector is developed. People with mental health issues should be part of the communities (many psychiatric institutions were closed some decades ago)
- In Italy: private sector is the one dealing more with poor mental health
- In Serbia: counselling provided by NGOs, psychologists, while there are no governmental initiatives

Intersectionality and correlations

- Connecting economic crisis and mental health
- Correlation: mental health issue with other issues (addictions, criminality)

Worsening

- Police shooting: police discovers almost weekly plans for shooting

Key challenges related to mental health young people are facing

Access to public services

- Lack of public support services
- (Lack of) accessibility of health care support
- Lack of expert support and accessibility to mental health care

- In Serbia and Slovakia: lack of access to mental health services. Long wait, expensive
- Economical obstacles prevent access to services
- Slovakia: After COVID, offering counselling via chats, emails (most common now), provided by NGOs, psychologists. No national programme.
- In Belgium, Finland, Serbia: long waiting lists or not enough places for treatment or psychological services

Lack of awareness and understanding

- People have wrong information about mental health and appropriate approach
- Awareness for mental health is limited
- Lack of access to information
- Adults/teachers might not know the right way to approach the topic

(Social) media

- Media coverage - it has failed (e.g. school shooting)
- Social media makes it easy to find peer support in addiction

Stigma

- In Belgium, Finland, Serbia: Stigma still exists
- Stigma, value system

Isolation

- Italy: social and economic isolation. *Even more in case of groups like refugees, people with disabilities*
- Loneliness - in the era of the super-connected world - especially after COVID (missed school, making friends...)

Other challenges

- “Minority stress” - increases risk of mental health disorders
- Overprotection and high pressure in the family
- Pressure on only one sector (e.g. school, youth work...)
- Mental health is not a priority - where to start?

<h3><u>Success stories/successful approaches on the national/regional level</u></h3>

- Toolkits and resources developed by the 3rd sectors, especially for youth workers (e.g. in Serbia)
- Finland: introduced media coverage rules
- Finland: Concept of the one stop guidance service (ohjaamo)
- Finland: network of outreach youth work (written in the youth act = law)
- Cross-sectoral approach and individual approach
- Austria: youth centres for queer people = offering support and safe space

- Austria (pilot project): psychologists in some youth centres once a week - seen as a good practice (proved that it works)
- Czech republic: Mental health workshops -> map of psychologists/psychiatrists offering services in ENG/UA + Institute for MH of children/adolescents (leaflets, trainings for schools)
- Serbia: mental health is now a priority in Serbia -> national initiative
- Private (not medical), 3rd sector doing a lot of work at local level (middle field) (Italy, Serbia, Slovakia)
- Training coffee place - hiring young people with MH issues in Slovakia
- Hobbies can give you little goals and little results that bring meaning and satisfaction
- Approaches to promotion and prevention available in youth work
- Happy to have access to this information in our work
- Happy for the fact that there are competences and skills sets to benefit our wellbeing

NA Approaches to mental health

To keep from the current approaches

TEC trainings on the topic

- there are elements that are requested to be part of the trainings (when done by external trainers/organisations)
- Mental health should be added to the guidelines of organising TEC trainings and the text should be added to the PG.
- The concept of safer space principles should be added to TCA trainings
- Utilise the existing example from the Austrian NA.

Materials

- Guidelines for practices/approaches that can support good mental health in projects like Youth Exchanges?
- Material directly to ESC Volunteers that could help them to reflect on their mental health skills?
- Ground rules for organisations who want to promote their participants' mental health?

Already existing approaches to mental health of the NA staff

- some flexibility in working schedule,
- working from home,
- having some extra working space,
- team building activities,

- some organised fun activities (sharing meals, celebrating together...),
- sessions on communication, on prevention of burnout..
- offering psychological support,
- organisational meet ups on mental health
- onboarding of the new staff - provide them with a "buddy" and mentor to support them; list of abbreviations; give an good input about the whole organisation/NA and its structure and procedures

Other

- SALTO ID to keep organising IDCSG for ID officers to support working on this and other ID related topics
- Organise (national) training for beneficiaries (hosting volunteers) on mental health.
- Organise training/session on mental health for trainers doing TEC.
- Training for mentors.

To change from the current approaches

- NA staff is not using the offered psychological support (if there is that possibility in the NA) due to stigma. We should work on sensibilization and "normalising it".
- Insurance company in ESC is reluctant to cover the costs linking to therapy or medical treatment of the volunteers who have mental health challenges, or e.g. have to continue their therapy during the volunteering period. Can the COM put pressure on the insurance company to accept the costs more easily - clear rules that are always followed. Moreover, if projects can get funding for organising therapy through exceptional costs/inclusion costs for participants, COM should give ground rules on which the funding could be awarded.

To add in terms of new approaches

Training of mentors in ESC

- Regular online Mentoring moments facilitated by professional work supervisors (FI)
- Paid from STEC money (COM approves)

Using the tools within the program rules

- reinforced mentorship
- prep visits
- accompanying person
- inclusion support for participants
- Mental health matters are put under fewer opportunities rule

- It should be made clear to the applicants/promoters that participants with mental health issues can fall under these categories and the additional funding can be claimed to organise the extra support

Other

- Provide simple, but useful checklist on self care for the NA staff (that could be also shared with the organisations). To emphasise the importance of self care
- Organise sessions on prevention of the burnout
- Add informing buddy & mentor person for the new NA staff more about mental health issues. Rethink and develop this system of mentors/buddies for newcomers further, improve it.
- Learning how to deal with some serious allegations, for example coming from the organisation or volunteers. NA staff/organisations could follow some trainings (crisis & assertive communication...)
- Also learning how to manage the expectations coming from the beneficiaries.
- Promote the topic amongst beneficiaries.
- Organise trainings for the beneficiaries (E+ & ESC) interested in the topic of mental health to train them in developing a good quality applications, as there is a lot of interests, but the quality is low and those projects are often not approved.

<h3><u>The role of the ID officer in addressing/ promoting mental health</u></h3>

- To which extent can an ID officer promote mental health? To which extent is this part of the role?
- An ID officer is a lighthouse, light/fire starter. An ID officer has antennae to monitor changing needs and to catch signals. They sport signals. Wellbeing in the NAs should be a starting point. Starting from us, inside, to the organisations, then to the beneficiaries - concentric circles. Inclusion officers are a beam of light affecting all concentric circles. They initiate, with support from others.
- Promotion itself - sending signals - is the role of others: HR officers (drivers of change), communication officers, TCA officers, those in charge of TEC. Others need to be
- There needs to be a continuous discussion (round table) in the NA and mental health needs to be constantly on the agenda and not only a 'one-off' thing.
- Instead of octopus doing loads of things - ID officers need to be linking arms with the arms of other people, HR, project officer, TCA officer, communication officer - it is about building bridges. Not to invent the wheel. Look towards

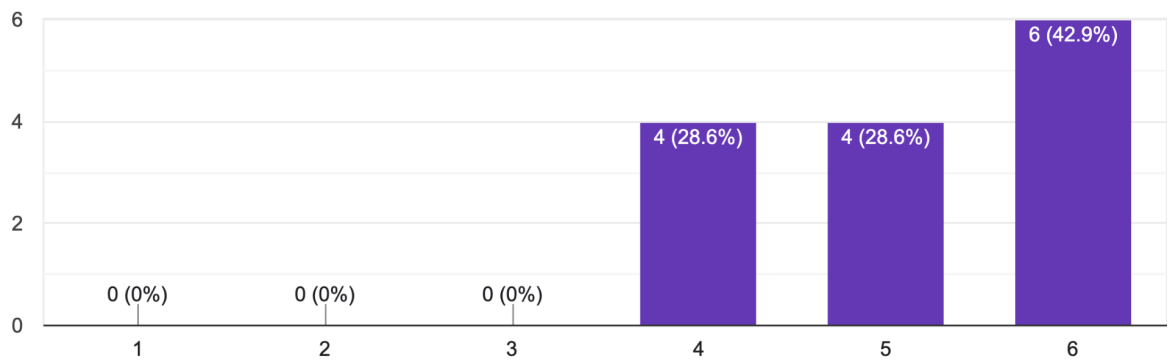
other institutions, NAs, see what other methods and tools are being developed and then use the materials in the NA. Like in the SNAC, for example? Have mental health as a topic in TCA, TEC - it needs other people. It cannot be an isolated process.

- Magic box of ideas, even if they are not realistic at the given moment, but the idea is there when the time is right :)
- It is another new thing to be touched and it takes time to put it in practice. “Even the toilet is full of diamonds”. The tools are more spread out. The ideas are in the air. The role - knowing where to point to, where the ideas are. Not really implementing them in their own role. “Pointing to the diamonds”. The SNAC is there, there is no need to do the same things.

Evaluation

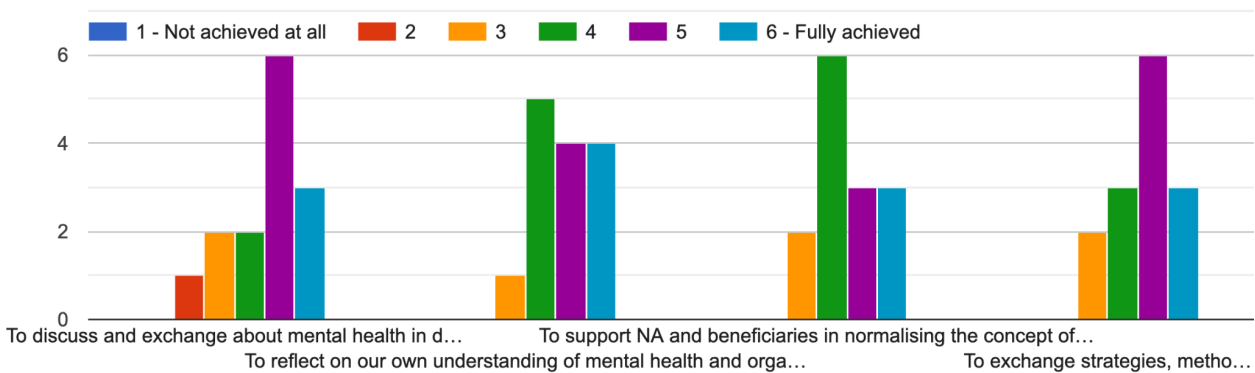
How relevant was this meeting for your work in the NA/SALTO?

14 responses



Summary of the answers: The meeting supported the planning in Mental Health in Youth Work SNAC and at the same time supported officers in better performing their role. The topic although important is also a bit overwhelming, especially as it is pilling up additional tasks to the officers. In addition, it would be good to have more structured experiences and organised knowledge on this topic in the NA and to have more input about it from other people working on it in the NA. It would be good if the examples of good practice were from the ESC programme.

According to you, to which extent were the objectives of the meeting achieved?

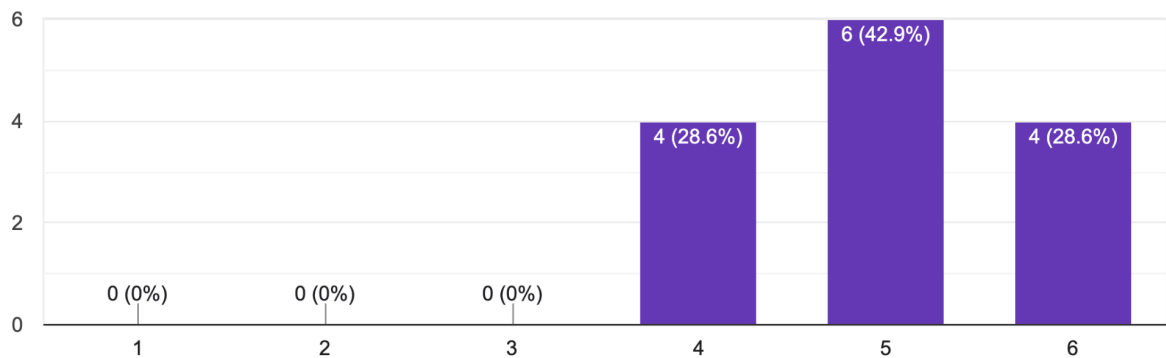


What is the key thing that you are taking away with you from the meeting?

Summary of the answers: The importance of mental health issues that youth workers and youth people can face during the implementation of the project, as well as the importance of MH as a positive resource. Emphasis of MH as a topic inside the NA and taking it into consideration for future planning and for preparing materials for participants, webinars for beneficiaries, etc. The awareness of diversity of ways to support this topic, new ideas, motivation, resources, contact with other colleagues and concrete action plans. The meeting was important for harvesting the needs of the ID Officers for the SNAC partner meeting, as well as for NA officers to get to know the SNAC and its activities. Finally, it is important to take care of one’s own MH, as it can affect everyone, not just young people.

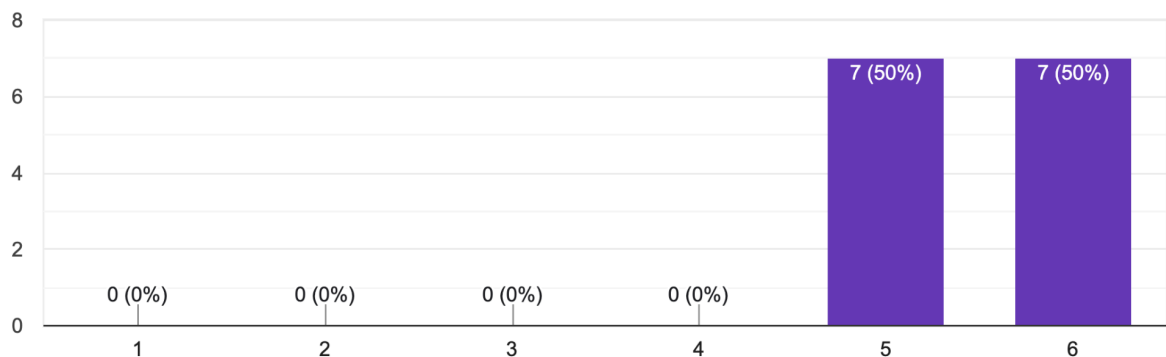
How do you assess the content and the flow of the meeting (focuses chosen, topics discussed, links between the topics...)

14 responses



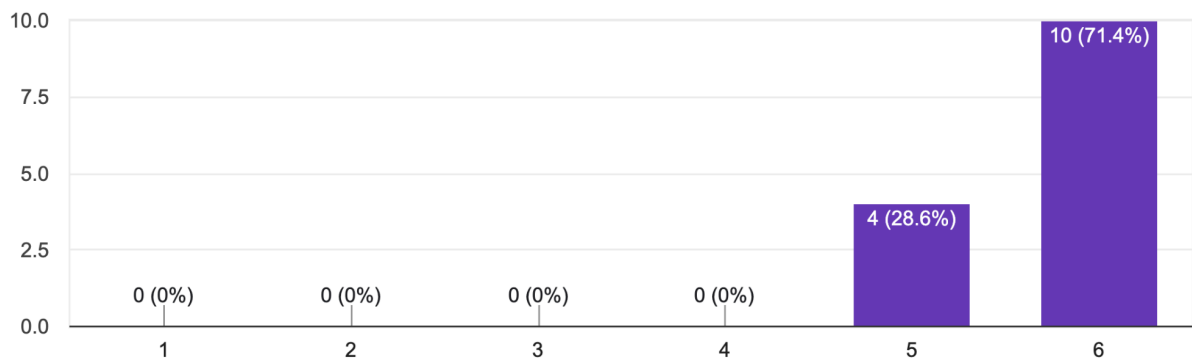
How do you assess facilitation of the meeting? (approach, methods used, timing...)

14 responses



How do you assess the overall organisation of this meeting?

14 responses



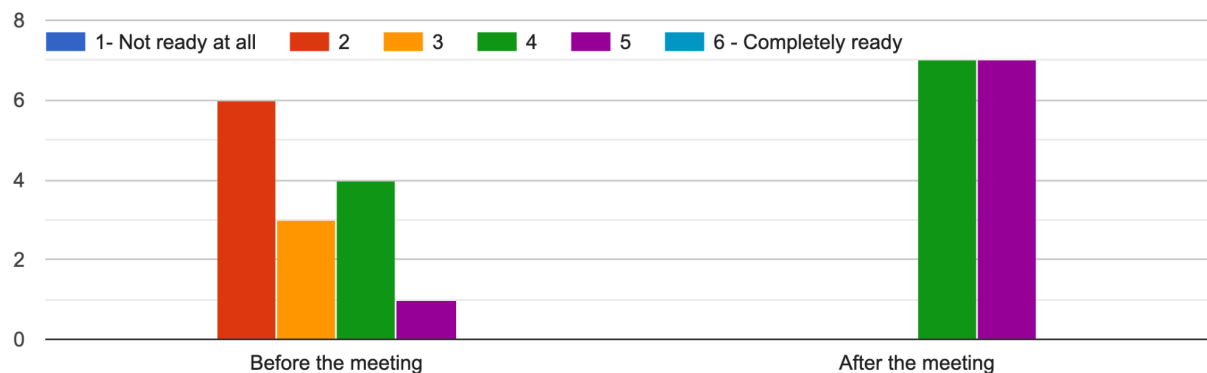
Summary of the answers: appreciated for the hosting of the Serbian NA, venue, food, tour of Belgrade. Great big thanks to the Serbian NA for good organisation and hospitality.

What are your recommendations for the next IDCSG meeting(s)? (what to keep, what to change, what to add)

Summary of the answers:

- Keep: the timeline of the 2 days; the group size and the setting; external input; clear topic; action planning.
- Change: not constantly introducing the new NA members, which affects group dynamics; tackle a specific aspect of mental health and discover it.
- Add: more time to exchange/discuss; have space to think about more concrete actions that the NAs can use in their work; more networking activities/possibilities for good practice sharing; coffee and small snacks during coffee breaks; more colleagues --> better explanation of the impact of the meeting? communication through KMST, Head of NA's,...

How do you assess your readiness to work on the topic of mental health?



What support do you still need in order to work on the topic of mental health?

Summary of the answers: sharing materials on the topic (including from the SNAC); time; exchange with colleagues and among the NAs and backing from the colleagues in the NA; support in running the Mental SNAC; support of the NA director; the check-list to be provided by the SNAC, as well as regular information from the SNAC; a tangible framework/ short overviews of concepts.