

mentality

MENTAL HEALTH QUALITY PRACTICES



EuroHealthNet



Liga za duševné zdravie



Implementation Report (D5.2)

Project 101079990

By Prolepsis Institute, Fundatia Estuar, Mental Health Europe

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Executive Summary

The present deliverable documents the implementation of MENTALITY's Promising Practices. This report provides a detailed account of the activities undertaken and assesses the outcomes of these activities, aiming to guide future initiatives on mental health support. The MENTALITY project seeks to address the mental health impacts of the COVID-19 pandemic by piloting established European practices. The project targets vulnerable groups including children, healthcare workers, people with pre-existing mental health problems, community-based service users, and migrants. The main objectives include promoting positive mental health and well-being, enhancing resilience within health and social care systems, and facilitating the transfer of effective practices across EU countries. The project spans seven EU countries: Belgium, Greece, Italy, Latvia, Poland, Romania, and Slovakia. It involves capacity-building activities, awareness-raising campaigns to combat stigma and discrimination, and the implementation of practices rooted in social equity, community-based approaches, and multi-sectoral integration.

The report describes the two Promising Practices implemented within WP5. The first practice, "A Hopeful, Healthy, and Happy Living and Learning Toolkit/Teachers' Guide," was implemented in Greece and Slovakia. In Greece, the toolkit targeted primary school students and teachers, addressing the mental health impacts of COVID-19 and recent natural disasters. The activities focused on emotional awareness, empathy, and coping skills. In Slovakia, the toolkit supported teachers and students in primary and secondary schools, emphasizing stress management, social bonds, and resilience. Meanwhile, the second practice, titled "Psychoeducation Intervention," was implemented in Poland. This GP involved workshops for young adult migrants, offering mental health support and promoting their integration into the local community and labor market.

In Greece and Slovakia, the toolkit boosted students' cognitive, social, and emotional skills. Teachers reported improvements in classroom dynamics, with activities fostering a supportive environment and better emotional regulation among students. 14 primary schools and 40

teachers participated in Greece, while in Slovakia, 104 teachers completed the training. Despite initial challenges in engaging participants in Poland, the workshops shared valuable mental health tools and integration opportunities for migrant communities. Feedback emphasised the benefits of recruiting trainers with migrant backgrounds, helping them relate to participants' experiences.

Displaying cultural adaptation and understanding the local context increased the GPs' effectiveness. Continuous communication and engagement with stakeholders, such as teachers and school principals, contributed to a smooth implementation. Additionally, rigorous training and support for teachers were essential for the toolkit's integration into classroom activities.

Among the project's main takeaways, early engagement with educational authorities was viewed as important. Flexibility in planning and execution is also necessary to accommodate varying school schedules. Similarly, regular monitoring and feedback mechanisms are critical for assessing progress and making timely adjustments. The project also faced a number of challenges, which required sound mitigation strategies. In Greece, proactive engagement with school principals helped mitigate the delayed responses from educational authorities, allowing the project to proceed without official approvals. In Poland, the withdrawal of the initial GP-owner required the development of a new practice inspired by existing materials.

Moving forward, projects should prioritise early stakeholder engagement and clear communication strategies. Policymakers should incorporate mental health education into national curricula and secure funding for mental health resources and teacher training. Schools should allocate specific times for social and emotional activities without interrupting core teaching hours and organise ongoing training and workshops on the Toolkit for teachers, with certification for participation. To customise interventions, practitioners should conduct comprehensive situational analyses and needs assessments.

Future research should explore the guide's long-term impact, the role of parental involvement, and the needs of older students. Policymakers should also transition to community-based

mental health services with strong inter-sectoral collaboration, supporting migration networks and fostering a more long-term acceptance of migration. Workshops for migrants, which can be facilitated by both native and migrant trainers, should try to address individual vulnerabilities.



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1. INTRODUCTION

1.1 Consortium Information

The MENTALITY Consortium consists of eight partners from seven EU countries – Belgium, Greece, Italy, Latvia, Poland, Romania, and Slovakia - and is coordinated by Mental Health Europe in Belgium. The project is carried out within the framework of EU4Health Programme (EU4H). The project started on January 2023 and will last for 26 months.

1.2 Project Partner Organization

| NO. | NAME OF THE ORGANISATION | COUNTRY |
|-----|---|----------|
| P1 | MENTAL HEALTH EUROPE - SANTE MENTALE EUROPE (MHE) | Belgium |
| P2 | EUROHEALTHNET ASBL (EuroHealthNet) | Belgium |
| P3 | ASTIKI MI KERDOSKOPIKI ETAIREIA PROLIPTIKIS PERIVALLONTIKIS KAI ERGASIAKIS IATRIKIS (PROLEPSIS) | Greece |
| P4 | FUNDATIA ESTUAR (Fundatia Estuar) | Romania |
| P5 | FUNDACJA POLSKIE FORUM MIGRACYJNE (PFM) | Poland |
| P6 | LIGA ZA DUSEVNE ZDRAVIE SR, LEAGUE FOR MENTAL HEALTH SLOVAKIA (LMHS) | Slovakia |
| P7 | RIGA CITY COUNCIL (RCC) | Latvia |

1.3 Background

While mental ill-health has come to the forefront of public debate during the COVID-19 crisis, it was already considered one of the leading causes of disability in Europe. Prior to the COVID-19 pandemic, at least one in six people (84 million) across EU Member States experienced mental ill-health. In 2015 the cost of mental-ill health in the EU was estimated 4% of GDP, caused by health care costs, social security programs and reduced employment and productivity¹. With the advent of the COVID-19 pandemic mental health problems have increased tremendously across all of Europe. A 2020 study found that experiences of anxiety and depression have increased by

an average of 24% and 23% respectively². In 2021 Eurofound showed that mental well-being had reached its lowest level since the onset of the crisis³.

The pandemic hits some groups harder than others. Children and young people, migrants, people with disabilities, older people and those living in difficult socio-economic conditions, are just a few examples of groups that are at risk of being disproportionately impacted by the COVID-19 crisis⁴. According to the OECD, mental health issues among young people (15-24 year-olds) have doubled or more⁵. Recent overview has shown that suicide rates are increasing among the Europe's youth, while governments are largely unprepared to deal with let alone prevent the situation from worsening⁶. A small-scale European study showed that more than half of people with pre-existing mental health problems reported a worsening of mental health since the outbreak⁷. Recent ILO and Eurofound studies found that existing inequalities are widening because of the disproportionate impact of the pandemic on women, young people and those on the margins of society⁸. Some of these groups are not only more likely to bear an unequal burden but are also less likely to be reached by mental health prevention and promotion activities and receive tailored mental health support⁹. In addition, stigma is a major barrier to finding help and working towards recovery¹⁰.

Another group that has been exceptionally impacted by the COVID-19 pandemic is healthcare workers and service providers, who have risen up to the unprecedented demands imposed by the crisis. High work pressure, hazardous working conditions and fear of infecting loved ones have caused high levels of stress, mental exhaustion and emotional distress¹¹. Recent European studies show high percentages of anxiety, depression, burn-out and post-traumatic stress disorder among health care workers of all sorts, but especially among nurses and female health care workers¹². Meanwhile, the conditions are not likely to improve soon. European countries expect a continued increase in the demand for healthcare services, owing to population ageing as well as the mounting backlog of non-COVID care created by the pandemic¹³.

Next to the suffering and life impact that the increase in mental health problems brings to the people experiencing them, it also weighs on their supporters, informal carers and social and healthcare workers. Moreover, a recent OECD report describes how the pandemic not only

increased the demand for mental health services, but also hampered mental health care across the WHO European Region¹⁴, leading to stressful working conditions and a greater burden on support networks. Given the high percentage of people experiencing mental distress, this affects communities at large, and especially vulnerable communities. The effects present themselves both in terms of lost productive human capital, and in reduced social cohesion, economic progress and sustainable development, for which good mental health and well-being are key factors¹⁵. Links with the ongoing efforts to recover and rebuild the resilience post-pandemic fairly and sustainably could not be clearer. It is undisputable that urgent action is required.

1.4 Project Scope and Objectives

The overall goal of the **MENTALITY** project is to enable individuals, communities, and service providers to better respond to current and future mental health concerns and challenges. As a result, better support and promotion of positive mental health and well-being of all, including those who are in the most vulnerable situations is expected. Moreover, increased resilience within and outside the health and social care systems and services are also expected.

MENTALITY will address the mental health impact of COVID-19 by piloting established European promising practices targeted at children, healthcare and other care workers, people with pre-existing mental health problems, those in need of community-based services and service providers, and migrants. Countries in the south and east of Europe have experienced particular challenges to their mental health systems. These will be the starting point for our piloting work, but the project will suggest methods to successfully and sustainably transfer and adapt practices between and within EU countries. The practices to be transferred have a potential for improving the support for health professionals as well as relevant NGOs supporting people in vulnerable situations and groups of people particularly affected. Capacity building activities and materials will be made available to spread and implement relevant results. Also, EU-wide awareness-raising activities will be carried out to break a major barrier to mental health support: stigma and discrimination. All throughout the project the principles of social equity, proximity (community and settings-approaches), quality and multi-sectoriality (integration) will be implemented.

2. FINAL IMPLEMENTATION REPORT (D5.2)

The Final Implementation Report (D5.2) is designed to provide a comprehensive overview of the implementation of the promising practices outlined in Work Package 5 (WP5) in the MENTALITY project. This report serves multiple purposes, primarily documenting the activities and outcomes associated with the implementation of these practices across participating countries.

Firstly, the report serves as an overview of the implementation of the promising practices in WP5. It details the promising practices that were implemented, providing insight into their objectives, target groups, and a general overview of each practice. This section ensures that readers understand the foundational objectives and intended beneficiaries of the practices employed.

Secondly, the report delves into the methodological aspects prior to the implementation. This includes a thorough discussion on the selection process of the promising practices and the development of the Situation Analysis and Needs Assessment (SANA) framework. It also covers any replacements of practices that occurred prior to the implementation phase. Additionally, the methodological section will present and analyze the implementation approach, detailing the duration, steps, and phases involved. This includes the transfer and translation of practices to different country settings, monitoring of implementation plans, communication and dissemination strategies, and stakeholder engagement.

Thirdly, the report provides an in-depth look at the implementation of the promising practices in each participating country. It offers detailed descriptions of country-specific objectives, target populations, and key activities. This section also presents the steps and actions taken, along with the outcomes and impact of the practices. This includes quantitative and qualitative results, along with the number of beneficiaries and any case studies. Lessons learned are also discussed, highlighting challenges faced, mitigation strategies, areas for improvement, and successes.

Although the evaluation of the implementation framework is not within the primary scope of WP5, the report includes a brief discussion on this aspect aiming to ensure the smooth execution

of the implemented activities. This section underscores the importance of the evaluation framework in enhancing the effectiveness and efficiency of the implementation process.

Finally, the report concludes with general recommendations for all promising practices implemented within WP5 and some overarching conclusions. These recommendations aim to provide guidance for future initiatives and highlight best practices and strategies for successful implementation.



3. METHODOLOGY & PLANNING

The following section provides an overview of the promising practices, offering insights into their goals, target groups, and core components. Additionally, it provides a detailed account of the systematic approach adopted for the selection, development, and implementation of promising practices within WP5. This section is crucial as it underpins the scientific rigor and structured process that guided our activities, ensuring that the practices implemented were both effective and appropriate for their intended contexts.

3.1 Overview of the Promising Practices

“A Hopeful, Healthy, and Happy Living and Learning Toolkit / Teachers’ Guide”

Prolepsis Institute and League for Mental Health Slovakia (LMHS) both implemented the good practice “A Hopeful, Healthy, and Happy Living and Learning Toolkit / Teachers’ Guide”. The “Hopeful, Healthy, and Happy Living and Learning Toolkit” has been developed through collaboration of REPSSI, APSSI and the IFRC Reference Centre for Psychosocial Support (PS Centre). Supported by MHPSS.net and funded by Education Cannot Wait, this comprehensive toolkit comprises three distinct tools: (1) Guide for Teachers, (2) Parent-Caregiver Guide, and (3) Activity Guide for Teachers, Parents, and Children. While it is designed to facilitate support for children, parents/caregivers and teachers affected by the COVID-19 pandemic, the toolkit's valuable resources can benefit individuals worldwide, irrespective of time or location. This toolkit encompasses a wide range of strategies, techniques, and exercises that foster holistic well-being and personal growth, while providing valuable tools to help individuals achieve a balanced and harmonious life. Moreover, it is adaptable and applicable to various crisis situations, emergencies, epidemics, or pandemics. For the purpose of this framework, the Teachers' Guide has been used as the primary resource. The "Hopeful, Healthy, and Happy Living and Learning Toolkit / Teachers’ Guide" is designed for teachers to support children as they return to school in the aftermath of the COVID-19 pandemic. This comprehensive guide offers resources to help teachers assist children in reflecting on their pandemic experiences and developing essential coping skills to navigate the changes they face. The guide starts with

a series of general exercises, which are followed by themed activities centered around 16 essential life skills. These skills support the cognitive, social, and emotional development of children and have been carefully chosen to help them cope with the challenges and changes brought on by the COVID-19 pandemic. Moreover, these skills also aim to prepare children for future uncertainties during and after the pandemic. More specifically, the exercises in the toolkit cover various themes aimed at fostering resilience, enhancing psychosocial wellbeing, improving communication, encouraging cooperation, honing analytical skills, and promoting goal-setting. Tailored to a wide range of age groups, from pre-school to secondary school, these exercises can be integrated with sports and leisure activities in various settings, including community centers and humanitarian spaces.

The Hopeful, Healthy, and Happy Living and Learning Toolkit is designed to address the mental health challenges specifically arising from the COVID-19 pandemic. It recognises that the pandemic has had a significant impact on the mental well-being of children, and the toolkit aims to provide support and interventions tailored to this unique situation. The toolkit acknowledges the specific challenges such as increased anxiety, social isolation, difficulties with remote learning, and changes in routine that children have faced during the pandemic.

By focusing on the mental health needs of children in the context of COVID-19, the toolkit provides resources and strategies to help children navigate these challenges and promote their overall well-being. It includes guidance on managing anxiety related to the pandemic, fostering social connections despite physical distancing measures, and supporting children in adapting to remote learning environments. The toolkit aims to equip children, parents, educators, and caregivers with practical tools and interventions to cope with the impact of COVID-19 on mental health. The toolkit recognises that the effects of the pandemic on children's mental health may persist even as the immediate crisis subsides and it emphasises the importance of addressing the long-term consequences and promoting resilience in the aftermath of COVID-19. Although the Hopeful, Healthy, and Happy Living and Learning Toolkit was initially developed to address the mental health challenges specifically arising from the COVID-19 pandemic, its principles and strategies can be applied to other emergency situations as well.

The toolkit focuses on building resilience, promoting well-being, and providing support during times of crisis, which are relevant in various emergency contexts.

“Psychoeducation Intervention”

Creation of a training programme destined to support mental health of migrants and refugees inspired by the Mind-Spring training developed by the ARQ Nationaal Psychotrauma Centrum

The Polish Migration Forum has developed its own practice, inspired by elements of the Ming-Spring training developed by the ARQ Nationaal Psychotrauma Centrum and already existing workshop materials. The new method is titled “Discover Your Potential” and is a preventive group intervention focused on psychoeducation for migrant communities, aimed at young adults aged 18-35. Sessions are delivered by two trainers: one mental health professional and one trainer with a migrant background. This use of trainers with a migrant background (peer educators) brings significant value by translating content to ensure it meets the language and cultural needs of participants.

The workshops are designed to help beneficiaries acquire effective, lasting and accessible tools for mental health support as well as stimulate their integration into the receiving community and into the labour market. Moreover, the GP aims to create an opportunity for people with a migratory experience to engage with a group with similar lived experiences. This creates a sense of belonging and safety which are paramount to a good mental health but are difficult for people with a migration background within a new cultural context.

The GP relates MHPSS to the unique experience of migration. Cultural differences are explored and linked to specific mental health challenges, which are often exacerbated by the social and financial barriers stemming from a migratory status. It also explores specific strengths and opportunities brought upon by a migratory experience.

3.2 Selection of the Promising Practices

“A Hopeful, Healthy, and Happy Living and Learning Toolkit / Teachers’ Guide”

Original Assessment

The Covid-19 pandemic has significantly impacted children's mental health, leading to increased anxiety, depression, social isolation, and difficulties with remote learning. The lack of social interaction, routine changes, and parental stress have exacerbated these issues. The uncertainty and disruptions have heightened children's emotional distress, with concerns about health and the pandemic's impact contributing to anxiety and depression. Social distancing and school closures have reduced opportunities for peer interaction, leading to loneliness and isolation. Remote learning has posed challenges, such as adapting to virtual classrooms, limited resources, maintaining focus and motivation, and increasing stress levels. The lack of social interaction, routine changes, and parental stress further contribute to children's psychological distress. Adolescents who rely on social connections and independence, as well as younger children in critical stages of social and emotional development, have been particularly affected.

Addressing these challenges required prioritising children's mental health by promoting social connections, ensuring access to mental health services, and creating supportive school and community environments¹⁶. Collaborative efforts among schools, teachers, and mental health professionals were essential for supporting children's well-being post-pandemic.

SANA frameworks

Generally, in order to achieve a successful transfer and implementation of a promising practice, it is advised first to understand the setting, investigate the requirements, and identify the needs. With this in mind, Prolepsis Institute and League for Mental Health Slovakia developed their own unique Situation Analysis and Needs Assessment Frameworks prior to entering the implementation stage. These documents served as the foundation for developing the implementation plans and determining how this promising practice could be transferred and adapted to the Greek and Slovak settings. The situation analysis provided valuable information

on the current mental health state of children, existing tools or practices supporting students' well-being, and identified the target group and direct beneficiaries. Through the needs assessment, the current mental health needs of children were identified and how this promising practice could best address those needs was determined.

Change of the GPs

Initially, the promising practice "My Hero is You" has been chosen for implementation in Greece and Slovakia. However, early on, the project team recognised that this promising practice was no longer relevant and had gone out of scope, especially given the settling of the pandemic. There was a pressing need to find an alternative GP that could effectively address the current mental health issues faced by children. After multiple partner meetings and extensive discussions, along with the valuable input of external teachers and stakeholders, a solution began to take shape. The collective efforts of the team, including external voices, played a pivotal role in identifying an appropriate replacement promising practice that would better align with the project's objectives. Finally, the promising practice "A Hopeful, Healthy, and Happy Living and Learning Toolkit / Teachers' Guide" was chosen, based on relevance and potential.

"Psychoeducation Intervention"

Original Assessment

The Polish Migration Forum has decided to adapt the psychoeducational workshops for adults to the theoretical background of the Mind-Spring. This is for a variety of reasons. First of all, their staff includes mental health professionals who specialise in providing psychological help to migrants and refugees, offering individual as well as group sessions. The PMF welcomes new ways and approaches to serve beneficiaries best. The workshops will be extended to a new benefactor group and involve trainers with a migrant background in the process. This use of trainers with a migrant background (peer educators) brings significant value by translating content to ensure it meets the language and cultural needs of participants. Secondly, the other proposed measure, the Corona-Help Desk, is similar to one of our previously implemented projects and does not offer new skills to its staff. Moreover, during the post-pandemic times,

the PMF wanted to prioritise human interactions which aim at longer commitments to our beneficiaries, hence building a sense of belonging and trust.

SANA frameworks

The SANA framework is a document aimed at supporting the implementation of the Good Practice 'Measures to Support Mental Health of Migrants and Refugees in Times of Covid-19 in the context of Work Package 5 (WP5) titled 'Vulnerable situations'. It helped outline the key steps and considerations to support the organisation in (i) conducting a comprehensive situation analysis and needs assessment, (ii) facilitating collaboration and communication between stakeholders and (iii) developing an evidence-based monitoring and evaluation plan, thus supporting the overall implementation of a good practice.

Change of the GPs

The Polish Migration Forum originally chose to transfer the 'Mind-Spring' psycho-educational intervention developed by the ARQ Centre. However, due to the best practice owners's decision to withdraw from the project, there have been difficulties in transferring and implementing the method. Consequently, the Polish Migration Forum has devised its own approach, drawing inspiration from components of the Mind-Spring intervention as well as incorporating its own group activities.

3.3 Implementation Approach

Duration of implementation timeline

The duration of the implementation timeline was primarily based on the initiation of the implementation phase. Although the exact start date was not clearly stated in the grant agreement, partners endeavoured to commence implementation as swiftly as possible to maximize the time available for achieving project goals. The end of the implementation phase, however, was explicitly defined: the present deliverable was due in August 2024, mandating that all implementation activities conclude by the beginning of July 2024 at the latest.

Additionally, specific time constraints were in place for implementing the promising practice initiatives targeted at students. In both Slovakia and Greece, the school year concludes between mid- and end-June. As a result, to align with the school calendar, the implementation had to be completed by this period.

SANA Framework & Transfer of the promising practice in each setting

The Situational Analysis and Needs Assessment (SANA) framework played a pivotal role in understanding and addressing the challenges faced by the target population and direct beneficiaries of the MENTALITY project in various settings, especially in the aftermath of the COVID-19 pandemic. Each implementing partner developed their own specific SANA; this document served as a foundation for effectively transferring the promising practices within WP5 into new environments by examining the current situation, identifying the needs of the target population, and determining how best to tailor interventions to meet those needs.

The SANAs begin with a thorough problem identification in each country of implementation, including the specific mental health issues and challenges exacerbated by the pandemic. By painting a detailed picture of these challenges, the SANA ensured that the chosen practices were highly relevant and targeted to address the most pressing concerns. The SANAs also explored how the pandemic had uniquely impacted mental health in each country, highlighting both the direct effects of the virus and the indirect consequences of lockdowns, school closures, and social distancing measures. A clear definition of direct beneficiaries and target groups followed. The SANAs specify who will benefit directly from the implementation, as well as indirect beneficiaries.

A detailed stakeholder analysis was also included. This section identified key stakeholders involved in the implementation, such as government agencies, educational institutions, healthcare providers, and community organisations. The analysis assessed each stakeholder's roles, interests, and potential contributions, ensuring a collaborative approach to implementation. The competencies, skills, and expertise of the implementing organisation were presented next. This section highlighted the experience and capacity of the organisation

responsible for delivering the promising practice, showcasing ability to tackle potential challenges.

The SANAs then outlined the implementation actions planned, providing a detailed map of the activities to be undertaken. This included timelines, responsibilities, and required resources, offering a clear outline of implementation. Additionally, the document outlined the monitoring and evaluation approaches to measure the practice's effectiveness, including quantitative and qualitative tools. The SANAs also analysed possible barriers and proposed strategies to overcome them. Conversely, they also highlight factors that could facilitate successful implementation, such as strong community support, available resources, or existing infrastructure.

Steps and phases of preparation of implementation for each promising practice

The preparation of implementation and implementation phases of each promising practice under WP5 were meticulously planned and executed through a series of detailed steps and actions, as outlined in detail in section 4 for each implementing country. As previously mentioned, the preparation of the implementation process began with the development of the SANAs for each country. Once the SANAs were completed, the next phase involved constructing detailed implementation plans. WP5 partners crafted these plans to outline the course of action, specify the necessary resources, and establish a timeline for implementation. This step ensured all partners were aligned and prepared for the upcoming tasks.

In Greece and Slovakia, the process moved forward with close collaboration between partners, psychologists, and teachers. Based on the insights gained from the SANAs, specific activities from the guide were identified for implementation. This selection process ensured that the activities were directly relevant to the identified needs and would be most beneficial for the target population. To make the guide accessible, it was translated into Greek and Slovak. Schools were then invited to participate in the project through established connection channels of the institutions in Greece (Prolepsis) and Slovakia (League for Mental Health Slovakia). Teacher training was tailored to the needs and preferences of each country. Slovakia

prepared an online asynchronous course, allowing teachers to complete the training at their own pace. Meanwhile, Greece opted for two online synchronous webinars, providing real-time interaction and immediate feedback. Throughout the implementation phase, ongoing support was provided to participants via emails and telephone calls. This support system was designed to address any questions or concerns, ensuring that any issues were promptly resolved and that the implementation proceeded smoothly.

During the planning stage in Poland, PFM encountered some challenges that required flexible and creative management. The GP-owner, ARQ45 Centre, decided to withdraw from the project after a series of negotiations due to miscommunication during the planning stage. The partner had expected financial compensation for the transmission of the method, which was not initially included in the project budget. As a result, PFM had to find a creative solution or consider withdrawing from the project. This challenge provided an opportunity for the implementing team to review existing programmes and adapt them to the new objectives outlined by the Mentality project.

The team decided to merge elements of the Mind-Spring program, the initial GP, with an existing workshop method for young adults. Both are based on similar premises and serve as a psychoeducational intervention. Still, the new element of having the workshop run by a pair of local mental health professionals with trainers with migrant backgrounds was added to the test. Materials created for the psychoeducation intervention were inspired by the theoretical framework provided by the ARQ45 Centre and by group activities designed by the PFM MHPSS team. The four trainers selected for the project would meet together and in pairs to discuss the workshops' objectives. They created a programme geared towards young adults of various migrant backgrounds, focused on mental health crisis prevention, social integration and labour market integration. Used materials were translated into the relevant languages of the workshop participants (Ukrainian, Spanish, English).

Regular WP5 meetings, hosted by Prolepsis as WP5 leader, were a vital component of the process from the preparation phase through to the actual implementation until the end of it.

These meetings facilitated effective communication among partners, monitored progress, and ensured the project goals were met.

Monitoring plans

As already stated, before moving forward with the implementation of the promising practices, all WP5 partners developed individual comprehensive monitoring plans. These plans were meticulously crafted and subsequently reviewed by the external evaluators of the project to ensure their approaches were appropriate and robust.

The monitoring plans began with the establishment of a planned timeline. This timeline was clear and structured, outlining key activities and deadlines. Next, the plans delved into detailed activities. Each activity within the implementation phase was described with precision, specifying the timeline, the resources required, and the expected outcomes. The monitoring plans also included defined goals for each phase of the implementation. Crucially, the plans outlined specific measures and metrics to track progress and evaluate outcomes. These included both qualitative and quantitative indicators, such as the number of participants, engagement rate, participants' feedback, barriers and facilitators along with mitigation strategies, stakeholders engagement and dissemination activities.

All WP5 partners were advised—and indeed did—frequently consult the monitoring plans to track progress and make necessary adjustments. This regular consultation was vital for ensuring that the implementation remained on course. Partners used the monitoring plans as a living document, referring to them often to assess progress, address any deviations from the plan, and implement corrective actions as needed.

Furthermore, all partners utilized participation lists to track the number of participants and store contact details.

Communication/ Dissemination of the implementation

From the outset of the project, a robust communication and dissemination plan was established, crafted during the proposal writing stage and incorporated into the grant

agreement under WP2: Communication, Awareness Raising & Exploitation (CARE plan), coordinated by Mental Health Europe (MHE). This plan was designed to ensure that all aspects of the project, from initial developments to final outcomes, were effectively communicated to a wide audience. The central communication strategy included various dissemination activities. The core of this strategy were social media posts, which provided regular updates and news about the project. These posts highlighted key milestones, shared insights from the implementation stage, and showcased the project's outcomes.

While the coordinating institution managed the overall communication strategy, individual partners developed their own local dissemination and communication plans, leveraging their established networks and communication channels to engage their local audiences. These plans were tailored to their specific contexts and often conducted in their native languages, ensuring that the project's messages were culturally relevant and easily understood.

In Greece, for communication purposes, Prolepsis utilised multiple social media platforms, including Facebook, LinkedIn, and Instagram, to share news and updates about the MENTALITY project. Eight social media posts were made, reaching over 700 people. Additionally, an announcement was included in the institute's e-newsletter. A significant update involved the second Consortium Meeting, which took place in Brussels in January 2024. This event was covered in a detailed news article, showcasing the collaborative efforts and progress made by the consortium. Prolepsis also actively participated in the European Mental Health Week campaign, promoting the MENTALITY project. To mark this occasion, a news item referencing the project was uploaded on the Prolepsis website, increasing visibility and engagement. Another notable highlight was a news article published on the Prolepsis Institute's website, featuring an interview with a school teacher who shared her experience implementing the "A Hopeful, Healthy, and Happy Living and Learning Toolkit". On June 17th, 2024, Prolepsis, in collaboration with Mental Health Europe, EuroHealthNet, and the Liga for Mental Health Slovakia, organised a webinar to present the "A Hopeful, Healthy, and Happy Living and Learning Toolkit/Guide for Teachers." To promote this event, an announcement was sent

earlier in June to Prolepsis' international mailing list, ensuring broad outreach and participation.

In Slovakia, the main channel of dissemination was the League for Mental Health Slovakia website, which was highly visited and focused on sharing projects and achievements. Another means was Social Media; using Instagram and Facebook, LMHS shared key messages, testimonials, and Toolkit updates. Also, to raise awareness, LMHS organised an advocacy campaign engaging stakeholders to promote the Toolkit. By combining their website, social media, and advocacy campaign, they were able to effectively communicate and disseminate the Toolkit to the target audience. They managed to reach a large community of supporters and created a buzz around the Toolkit's potential.

In Poland, promotion of each workshop involved utilising social media platforms such as Facebook and Instagram, along with providing registration form links. A video featuring trainers was created to describe the workshops and encourage participation in the project. Additionally, potential stakeholders such as universities, NGOs assisting migrant communities, and local mental health centres were contacted regarding the workshops.

Stakeholders engagement

During the planning phase of the implementation, a thorough stakeholder mapping exercise was undertaken to ensure the effective engagement of all relevant parties. This exercise was essential for identifying and understanding the various stakeholders who would play a crucial role in the success of the different promising practices within WP5. The stakeholder mapping process began with a broad identification of potential stakeholders, spanning various sectors and levels of influence. Once this comprehensive list was compiled, partners meticulously evaluated each stakeholder based on several criteria: relevance to the specific practice, importance in the local context, potential impact on the outcomes, and existing connections or partnerships.

In Greece and Slovakia, where the implementation of the “A Hopeful, Healthy and Happy Living and Learning toolkit / Guide for Teachers” took place, several stakeholders were identified,

including teachers and educators, school principals, school support staff, parents and caregivers, education authorities and policymakers and community centres and humanitarian spaces. Both partners began by engaging school principals, school administrations, and teachers. In the next phase of the project, after obtaining some initial results, they will also engage educational authorities to further support and disseminate the project.

In Poland, during the implementation period the approach moved towards actively engaging stakeholders in the process of implementation. In March, they held a one-day seminar for local mental health centres that provided mental health assistance and were interested in better supporting migrant communities. The MENTALITY project, as well as the psychoeducation intervention were presented to the participants of the conference, which included representatives of 17 mental health institutions. They were informed that the workshops were open to their beneficiaries. The meeting was followed by an email exchange with them as well as other non-governmental institutions providing assistance to migrants and refugees. They were informed of each workshop as it was taking place. Universities have been engaged as stakeholders by 1) inviting them to engage migrant students in participating in one of the workshops and 2) co-operating with the SGGW university to co-organise the final workshops for the mixed-ethnicity groups of migrant students.

4. IMPLEMENTATION OF PROMISING PRACTICES

The following section details the practical execution of the promising practices selected and implemented under WP5. This section provides a thorough account of how these practices were operationalized across different country settings, showcasing the steps taken, the outcomes achieved, and the lessons learned. The implementation section is organized by each participating country, ensuring that the specific contexts, objectives, activities, and outcomes for each country are clearly documented, highlighting both the common framework and unique adaptations made in different settings.

4.1 “A Hopeful, Healthy and Happy Living and Learning toolkit / Guide for Teachers” - Greece

4.1.1 Description

Target Population & Direct Beneficiaries

Based on the findings of the SANA, the implementation of the guide in Greece was tailored to meet the specific needs identified. The primary focus was on students of primary schools, addressing the mental health distress caused not only by the COVID-19 pandemic but also by a series of natural disasters that had severely impacted Greece over the last three years. These disasters included earthquakes in the south, floods in central Greece, and widespread wildfires across the country. The combined effect of these events had left primary school students particularly vulnerable, making them the primary target population for the intervention. More specifically, children faced prolonged periods of social isolation due to absence of in person social interactions and restricted access to schools and other social activities during the COVID-19 quarantine. This disruption to education and the loss of exposure to a school and classroom environment resulted in decreased engagement, motivation, and academic performance, while also heightened the feelings of isolation and loneliness along with increasing depressive symptoms. On the other hand, their everyday life was disrupted, due to the pandemic and the natural disasters, leading to changes in their routines. This resulted to increased feelings of uncertainty, fear of the unknown, anxiety and stress.

Similarly, in the aftermath of the crisis, teachers and other educators have faced numerous challenges related to students' mental health, making them the direct beneficiaries for this initiative. They observed the impact on students' well-being and had to navigate the complexities of identifying and addressing these mental health issues while also fulfilling their educational responsibilities. The main challenge was providing adequate support despite having few resources, limited proper tools, and significant knowledge gaps regarding mental health. Another issue educators encounter is the need to create a safe and supportive classroom environment that promotes students' mental well-being, while also performing

their educational duties. They must be vigilant in recognising signs of distress, understanding the impact of those crisis on students' lives, and responding appropriately.

Country Specific Objectives

The country-specific objectives for Greece were clear and focused. The foremost objective was to alleviate the mental health distress among primary school students stemming from the pandemic and natural disasters. An effort was made to ensure the inclusion of schools from diverse backgrounds and regions across Greece. This included both rural and urban areas, as well as private and public schools. Special attention was given to include schools from areas that had been directly affected by natural disasters, acknowledging the intensified need for mental health support in these regions.

Key Activities

Key activities undertaken in the implementation phase were methodically planned. The process began with the development of the SANA framework, followed by the selection of relevant activities from the guide that were most suited to addressing the identified needs. Following this, the guide was translated into Greek to ensure it was accessible and usable by the local participants. In addition, supporting educational materials were developed, focusing on the mental health needs and development of children. These materials were developed to provide a comprehensive understanding and practical approaches for the teachers and other stakeholders involved. The development of detailed monitoring plans was another critical activity. These plans were designed to ensure the timely and accurate implementation of the intervention, allowing for continuous assessment and adjustments as needed. Communication with schools was initiated to invite participation, emphasizing the importance of the project and the benefits for the students. To equip teachers with the necessary knowledge and skills, two webinars were hosted. These webinars provided in-depth training on the implementation of the guide and the specific activities selected. They also offered a platform for teachers to ask questions and share their concerns.

The implementation phase began in January 2024 and concluded in June 2024, aligning with the end of the school year. Throughout this period, teachers were offered ongoing support and guidance through telephone communication and email. To gather feedback and evaluate the impact of the implementation, questionnaires were developed and administered to participants twice during the implementation period, in February and April 2024. These questionnaires aimed to capture the participants' opinions and experiences, providing valuable insights into the effectiveness of the guide and the overall implementation process.

4.1.2 Implementation Process

In January 2023, a significant issue arose within WP5, concerning the replacement of the existing good practice “My Hero is You”. This matter prompted detailed discussions and deliberations between MHE, Prolepsis and LMHS as they sought to address and resolve the challenge at hand. Ultimately, the current promising practice replacement was identified based on a recommendation from LMHS’s network. On April 2023, the final decision regarding the best practice replacement was reached through email communication and the new practice “A Hopeful, Healthy, and Happy Living and Learning Toolkit – Teachers' Guide” was established.

During February and March 2023, Prolepsis as WP leader, developed a Situation Analysis and Needs Assessment (SANA) framework to provide a structured approach. Starting from March 20th, 2023, onwards, particularly in the days leading up to the submission of the SANA framework (D5.1), Prolepsis and MHE maintained regular and close communication to ensure the successful completion of this critical task. Additionally, Estuar played a pivotal role in facilitating the submission process, ensuring that all components of the SANA were thoroughly prepared and ready for submission.

On July 2023, an official request letter was drafted and sent to the Greek educational authorities, seeking their collaboration to facilitate school teacher access for training on the toolkit. Subsequently, a meeting was scheduled between implementing partners of WP5 and

the owner of the promising practice to delve into the toolkit's details, address queries, and discuss any concerns.

On August 2023, LMHS and Prolepsis came together in another meeting, specifically focusing on the SANA development for the promising practice "A Hopeful, Healthy, and Happy Living and Learning Toolkit – Teachers' Guide". Following this, on September 2023, a meeting with partners from PMF took place to assess progress and determine the next steps. It was collectively decided that regular biweekly WP5 meetings among partners would be advantageous. The inaugural WP5 regular meeting occurred in August 2023, centring discussions around SANAs, implementation plans, and M&E tools. Additionally, Prolepsis updated the initial SANA Framework to incorporate changes related to the replacement of the promising practice "My Hero is You". Furthermore, Prolepsis initiated a stakeholder mapping exercise for all four implementing practices, circulating it among all partners to gather feedback and input. At the beginning of September 2023, Prolepsis was also actively engaged in the development of the SANA specifically tailored for the implementation of the practice in Greece. During this period, the guide was disseminated among three collaborating teachers who are affiliated with Prolepsis. Their input was sought to gather feedback on the themes and exercises to be incorporated into the guide.

October 2023 proved to be a highly productive month for Prolepsis, with a strong focus on the implementation plans, which were successfully finalised by the month's end. During this period, the team welcomed a neuropsychologist with expertise in children, adding valuable insights to the project. Taking into consideration the feedback received from collaborating teachers regarding the themes for the Greek version of the guide, along with guidance and suggestions from the neuropsychologist, Prolepsis made definitive decisions on the themes and activities to be implemented. Six themes were selected for implementation, including "I know about feelings", "I understand others", "I listen to myself", "I can solve conflicts", "I can cope with change", and "I am grateful". Concurrently, the stakeholder mapping exercise was brought to completion, and stakeholders were selected. For the early stages of the project, school principals were the main stakeholders involved, with plans to also approach educational

authorities and PTAs at a later stage. Additionally, internal discussions and suggestions from colleagues, with experience working with primary schools, led to the final selection of 19 schools across Greece to be contacted for participation. Special emphasis was given on including schools in areas affected by natural disasters such as floods, earthquakes, and wildfires. In the same period, Prolepsis collaborated with a translation agency to translate the guide into Greek, incorporating the selected activities.

November 2023 marked a significant period focused on recruitment efforts. At the month's outset, official request letters were sent to the principals of the selected schools, extending invitations to participate in the project. Following this, telephone communications were initiated to provide a detailed presentation of the project and engage in discussions. On the same time, within the same month, a unanimous decision was reached among Prolepsis team members to conduct the training of teachers in the guide's contents through an online format, utilizing a webinar structure. This approach was chosen to optimize accessibility and accommodate the diverse schedules of participating teachers.

December 2023 was primarily dedicated to the development of training materials, the organisation of webinars, and obtaining ethical approval. At the beginning of December, Prolepsis focused on developing training materials. The theoretical background of the selected themes was developed by two psychologists within the team. This theoretical foundation was then translated into a PowerPoint presentation, incorporating examples from the guide's exercises and experiential activities. Additionally, another presentation detailing the project and its objectives was crafted. Recognising the significance of ethical considerations, Prolepsis took a proactive step in seeking ethical approval for the project from the institute's Ethical Committee. Various documents, including information and consent forms for participating teachers, were developed and presented to the ethics committee on December 7th 2023. Approval was successfully obtained on December 14th 2023, and the information and consent forms were subsequently distributed among participating teachers. Simultaneously, it was determined that pre- and post-training questionnaires would be instrumental in assessing participating teachers' knowledge of children's mental health needs and evaluating the quality

and effectiveness of the training. In collaboration with the institute's statistician, Prolepsis developed two questionnaires—one to be administered before the webinar and another shortly after. During this period, the development of the monitoring of implementation plans was conducted aiming to ensure efficient tracking and facilitate the assessment of the implementation's progress. To accommodate participants and provide flexibility, it was decided to host two identical webinars. These training sessions occurred on December 15th and 18th 2023, attracting a total of 62 primary school teachers.

In early January 2024, the process of collecting signed consent forms from participants commenced, as it was a mandatory requirement for their participation in the implementation and receipt of the training materials. The total number of participants was 40 primary school teachers. Subsequently, the materials and the translated guide were shared with the 40 participating teachers who had provided signed consent forms.

From February to June 2024, Prolepsis was actively involved in the ongoing monitoring of the implementation process. This included close collaboration with the participating teachers to ensure the intervention was effectively integrated into their daily routines and met the intended objectives. Communication channels were kept open, with Prolepsis providing continuous support and guidance through regular telephone calls and emails. This constant interaction was crucial in addressing any issues promptly and ensuring that the implementation remained on course.

To gather valuable insights and assess the intervention's progress, Prolepsis administered feedback questionnaires to the participating teachers at two critical points during the implementation period. The first round of questionnaires was distributed in February 2024, soon after the implementation commenced, to capture initial reactions and identify any immediate challenges. The second round followed in April 2024, allowing Prolepsis to monitor ongoing progress and make necessary adjustments based on the teachers' feedback.

In June 2024, as the implementation phase neared its conclusion, Prolepsis took an active role in disseminating the experiences and outcomes of the project at a broader level by

participating in a webinar aimed at EU-level stakeholders, where detailed accounts of the implementation process in Greece were presented. This presentation included both qualitative and quantitative feedback from the participating teachers, highlighting the successes, challenges, and overall impact of the guide on primary school students.

With the conclusion of the implementation phase approaching, Prolepsis undertook the task of translating the final set of questionnaires developed by the external evaluators. These questionnaires were designed to comprehensively assess the teachers' experiences and the effectiveness of the intervention. The data collection process began in June 10th, 2024 and was finalised in July 10th, 2024.

Finally, in July 2024, the teachers were distributed certificates for attending the training webinar and participating in the project.

4.1.3 Outcomes and Impacts

In total, 19 primary schools were invited to participate in the implementation, and 14 of them agreed to join the project. A total of 62 teachers attended the initial webinars designed to introduce and train them on the guide. Out of these, 40 teachers provided written consent forms for participation, committing to implement the guide into their classrooms. The duration of the implementation was six months, spanning from January to June 2024.

The quantitative and qualitative results gathered from the implementation were overwhelmingly positive. Feedback from the questionnaires administered to teachers revealed that the toolkit was highly effective in shaping relationships among students, fostering a supportive classroom environment, and promoting their mental health and overall well-being. Teachers particularly appreciated the structured approach of the guide, which helped them manage classroom dynamics and address the emotional needs of their students. Regarding the implementation of themed activities, most teachers frequently used exercises from the themes "I know about feelings" and "I understand others," with these activities being performed 2-3 times per week. These themes were well-received because they directly

addressed emotional awareness and empathy, which are foundational for creating a positive classroom environment. Surprisingly, the theme "I can cope with change" was less favoured, despite the significant changes Greece had experienced over the past years. This reluctance could be attributed to the sensitivity of the topic, as teachers might have felt hesitant to address such potentially distressing issues. In terms of time dedicated to these activities, almost half of the teachers reported devoting one full teaching hour to implement exercises from the guide. Approximately 20% of the teachers typically conducted these activities for 15-30 minutes, indicating flexibility in how the guide was integrated into the school day.

To further understand the impact of the guide, Prolepsis conducted a case study - interview with one of the participating teachers. She described the guide as an invaluable tool for every teacher, assisting in classroom management and emotional regulation. She emphasised that the guide helped build resilience and empathy among students. Additionally, she noted that the response from both students and their parents to the guide's exercises was particularly positive, highlighting the broader community's support and appreciation for the initiative.

4.1.4 Lessons Learned

Challenges & Mitigation strategies

The first significant challenge revolved around the replacement of the initial GP, "My Hero is You". The project team recognised that the practice was no longer relevant and had gone out of scope, especially given the settling of the pandemic. There was a pressing need to find an alternative GP that could effectively address the current mental health issues faced by children. After multiple partner meetings and extensive discussions, along with the valuable input of external teachers and stakeholders, a solution began to take shape. The collective efforts of the team, including external voices, played a pivotal role in identifying an appropriate replacement practice that would better align with the project's objectives.

The second challenge faced was that Prolepsis confronted an obstacle related to the delayed response from education authorities after sending the official request letter to establish

contact with schools. This delay had the potential to disrupt the project's timeline. However, a solution was found through collaborative endeavours, guided by the institute's management and cooperative school principals. These educational leaders clarified that official responses were not mandatory for them to initiate the implementation of the promising practice. They affirmed that the project could commence even as they awaited response from the education authorities. This pragmatic approach ensured that bureaucratic delays did not impede the project's progress, enabling the timely commencement of implementation activities. The valuable input and collaboration of the school principals played a vital role in surmounting this challenge, underscoring the project's strength in collaborative problem-solving.

Areas of success & Areas of improvement

The implementation of guide in Greece saw several notable achievements that contributed to its overall success. One of the pivotal factors was the early commencement of the development of the implementation plans. This early start provided a crucial advantage, allowing ample time for meticulous organisation and detailed planning. It ensured that every aspect of the project, from logistical arrangements to participant engagement strategies, was carefully thought out and executed with precision.

Throughout the project, maintaining open lines of communication with consortium partners proved instrumental. Regular meetings and collaborative efforts enabled seamless coordination. This open communication fostered a strong sense of teamwork and unity, ensuring that everyone remained aligned with the project's objectives and timelines. Another significant success was the establishment of effective communication channels with participants, teachers and school principals. Prolepsis prioritized creating an environment of collaboration for feedback and support, which proved invaluable during the implementation phase. Teachers could readily share their experiences, challenges, and suggestions, enabling Prolepsis to offer timely assistance and adapt strategies as needed to enhance the project's effectiveness.

The collaboration with psychologists to select and refine the activities included in the guide was another highlight. Drawing on their expertise, psychologists played a critical role in ensuring that the activities were not only relevant but also impactful in addressing the specific mental health needs identified through the SANA.

The strategic administration of questionnaires at key points during the implementation phase was pivotal in gathering quantitative and qualitative feedback. These assessments provided valuable insights into the project's progress, allowing Prolepsis to monitor outcomes closely and make informed decisions for continuous improvement. Additionally, hosting synchronized webinars for teachers facilitated interactive learning and direct engagement, enabling participants to actively participate, ask questions, and share experiences in real-time.

Reflecting on the implementation process, there are also areas where lessons learned could guide future improvements. One notable area is the timing of communication with educational authorities. While the project proceeded without mandatory approvals, earlier engagement with educational authorities could have potentially garnered additional support or streamlined certain aspects of the implementation process.

In hindsight, starting the implementation phase at the beginning of the school year could have offered advantages. It would have afforded teachers more time to integrate the guide's activities into their classroom routines and curriculum planning. This extended timeframe could have facilitated better time management, enhanced preparation, and potentially strengthened the guide's integration into the educational framework. Moreover, the timing of the end of the implementation was not ideal as it coincided with the end of the school year when teachers are overwhelmed with responsibilities and soon after off to holidays. This timing made the data collection process difficult and resulted in a lower response rate on the final toolkit questionnaire.

4.2 “A Hopeful, Healthy and Happy Living and Learning toolkit / Guide for Teachers” - Slovakia

4.2.1 Description

Target Population & Direct Beneficiaries

The target population for this toolkit includes teachers, educators, and parents who are interested in the mental well-being of children. This group typically includes individuals in the younger middle age bracket of 35 to 45 years, although not exclusively. Parents of schoolchildren in Slovakia are most commonly in their late 30s to early 50s.

In terms of family status, the toolkit is designed to be inclusive of various family structures, including those where the child resides with their biological or adoptive mother and father, or with one parent, or with extended family members. When the child's parents are unable to care for them, they may live with foster parents or relatives who assume the role of primary caregivers.

Country Specific Objectives

In Slovakia, the COVID-19 pandemic has had a profound impact on education, leaving teachers, parents, and students feeling overwhelmed and struggling to cope.

The prolonged school closures have led to a noticeable lag in academic progress, difficulties in fostering healthy social bonds, and a sense of uncertainty and anxiety about the future. The limited access to mental health services has made it difficult for individuals to seek help and support when they need it most.

To address these challenges, the "A Hopeful, Healthy and Happy Living and Learning Toolkit / Guide for Teachers" has been developed to provide comprehensive support to teachers, educators, and parents. The toolkit is designed to empower them to effectively address the aftermath of COVID-19 and create a conducive learning environment for students.

Access to mass educational institutions in Slovakia is generally good, although there are some regional disparities. The country has a well-developed education system with a variety of public and private schools available at all levels, from pre-school to high education. Financial support for education is available through government scholarships, grants, and student loans, making higher education more accessible for students from low-income families.

The toolkit is designed to provide comprehensive support to teachers, educators, and parents, including resources, coping strategies, and information on available services. It can help disseminate accurate and up-to-date information on mental health during the pandemic, raise awareness about self-care practices, and provide guidance on managing stress and anxiety.

Key Activities

As the League for Mental Health, we began our initiative by developing a comprehensive document, the SANA Framework, that would identify and address the needs of both teachers and children. This document has been instrumental in pinpointing specific areas that require attention in Slovakia and has helped us to better understand the needs of our target audience.

One of the key findings of our research was that teachers require practical, time-efficient tools that can be seamlessly integrated into the curriculum. We recognised that it is crucial to address children's mental health without overwhelming their schedules, and that teachers need support to do so.

Our research also highlighted the importance of emotion management techniques for children. We found that children require techniques to handle stress and build resilience and that activities that foster peer relationships are essential to combat social isolation and encourage positive interactions.

The SANA Framework has been crucial in addressing these needs and ensuring a supportive environment for teachers and children. Before starting the actual implementation process, we

collected all the necessary feedback and research in Slovakia and used this information to inform our approach.

This comprehensive document has been instrumental in laying the foundation for our initiative, and we are confident that it will help us to effectively address the needs of teachers and children in Slovakia.

4.2.2 Implementation Process

The League achieved a significant milestone by completing the customised SANA framework for Slovakia. We worked and focused on a draft list of potential stakeholders for implementing the Toolkit. We provided input and thoughts on possible and applicable stakeholders in Slovakia. Our internal team meetings within our organisation played a pivotal role in shaping the direction of the project. One of the major outcomes was the careful selection of key stakeholders for active involvement. Additionally, we identified potential dissemination activities that will be crucial during the implementation phase.

After thorough consideration, it was decided that our primary focus group would be the Coalition of Schools. The Coalition is a voluntary association of 76 schools committed to transforming into mentally healthy and safe environments. Our shared objectives include better preparing young people for a quality life, enhancing their ability to acquire knowledge, and fostering the development of social and other skills. Through preventive measures, we aim to destigmatize mental challenges, prevent pathological or violent behavior, and minimize the negative impacts of significant social phenomena on the mental health of the young population in Slovakia. The Coalition was chosen as our main stakeholder, leveraging the presence of a dedicated psychologist responsible for communication within the group.

In terms of dissemination activities, we opted for the strategy to involve active participation and presentation at Coalition conferences. Additionally, we planned to utilize social media platforms for outreach, providing a broader audience with insights into our project. LMHS created our implementation plan in October. This plan represents the culmination of extensive

efforts, reflecting a thorough consideration of the necessary activities required to meet the project's objectives. With this comprehensive plan in place, we were well-positioned to advance confidently in our respective roles, contributing to the overall success of WP5.

One of the key highlights was the anticipated Coalition of Schools Conference held on November 10th-11th, 2023, at the Hotel Senec near Bratislava. Under the guidance of Kornélia Ďuríková, a dedicated school psychologist deeply committed to the project's values, the workshop offered a mix of theory and hands-on activities. Participants enjoyed a diverse range of learning opportunities, from an in-depth introduction to the project's goals, timeline, and origins to practical engagement in activities. During the workshop, we had 21 enthusiastic participants. The workshop was divided into two parts: the practical part, which included two hands-on activities, and the theoretical part, where we outlined the project aims and timeline.

After a thorough team reflection, we successfully closed the enrolment form and finalised our participant list, with a total of 18 participants. Amidst the insightful discussions, the Coalition of Schools' meeting provided a platform for valuable feedback and insights. Initially planned as individual feedback sessions, the gathering evolved into dynamic group discussions, fostering collaboration and mutual learning. The Toolkit sections were carefully examined, offering valuable perspectives on its relevance and practicality in real-world educational settings.

During this process, we focused on collaboration with teachers and psychologists. We sent samples of the Toolkit to the teachers, receiving valuable feedback that confirmed the toolkit addresses a critical need. Additionally, we recruited a psychologist who helped align our resources with children's needs. Thanks to these efforts, we significantly boosted our outreach and school involvement.

As for the Activities Selection Process, it is our psychologist who facilitated collaborative group discussions and dynamic workshop experiences. Each activity was meticulously assessed for its interactivity, engagement, and relevance, ensuring that every component of our toolkit is both effective and engaging for students.

One notable accomplishment was the completion of the translation of the Toolkit into Slovak. This milestone ensured that key materials from the Toolkit were accessible to teachers in the target language, enhancing their ability to effectively utilize the resources provided. Invitations were extended to all teachers who participated in the conference, encouraging active engagement and participation in the project's activities. In December, with the final participation list boasting a total of 18 schools, the project saw widespread engagement and collaboration from educational institutions. Breaking it down, we have 12 primary schools, 3 secondary schools, and 3 joint schools.

When we examine the mix of these institutions, we see that the majority, 15 to be exact, are state-funded schools. We also have participation from one private school and two church-founded schools. This diverse mix of schools highlights the broad appeal and the inclusive nature of our initiative.

In addition to translation efforts, a psychologist was tasked with developing a comprehensive training program for teachers. This program aimed to equip educators with the necessary knowledge and skills to implement the Toolkit effectively. Special attention was given to enhancing teachers' methodological backgrounds in handling potential student reactions, such as providing comfort and support in moments of emotional distress. The Toolkit's self-explanatory guides served as valuable resources in this regard.

In January, our focus was primarily on developing training materials for the Mentality project. After careful consideration, we decided to shift our approach from hosting webinars to uploading all training materials onto our educational portal <https://kurzy.dusevnezdravie.sk/course/mentality?msg=not-logged-in>. This decision was motivated by a desire to provide teachers with continuous access to the materials, allowing them to engage with the content at their convenience. Throughout the month, our team worked diligently to create comprehensive training materials that aligned with the project's goals and objectives. These materials were designed to equip teachers with the knowledge and skills necessary to effectively implement the Mentality project within their classrooms. Several

meetings were held to discuss progress and address any challenges encountered. We reviewed the status of the training material development and discussed strategies for ensuring its effectiveness. Furthermore, the decision to provide online access to the training materials has been well received by educators, as evidenced by the positive feedback we have received. The activities that Slovakia has chosen:

1. Introductory exercise
2. Energizer 'CHEWING GUM'
3. Theme 3 'I HELP OTHERS' Exercise 'Who will help me?'
4. Theme 5 I LISTEN TO OTHERS Exercise 'Ways of Not Listening'
5. Theme 5 I LISTEN TO OTHERS Exercise 'Good Listener'

It is worth highlighting that a key advantage of our decision was that the teachers were provided with translations of all activities, not just those suggested in the training. We believed that flexibility allowed them to select and use the activities that best suited the needs of their class, ensuring a tailored and effective implementation.

Participants had 10 days to navigate through the material at their own pace. We've seen strong interest from educators, with 128 teachers initially signing up. Encouragingly, 104 have already completed the course. The content developed:

1. Entry Questionnaire: Before training, 11 questions
2. A Hopeful, Healthy, Happy Living and Learning: Introduction to Thematic Exercises
3. Exit Questionnaire: After training, 9 questions
4. Downloadable Toolkit

After the training completed, the teachers were encouraged to utilize the activities when needed until the 28th of June. Meanwhile, we sent over some emails with short questionnaires to get updated and get some feedback, finding that they frequently used activities that help children calm down. We gathered feedback from educators, and here are their insights:

Firstly, activities like these inspire and foster relationships in the classroom.

Secondly, they enhance team building and cultivate a positive classroom climate. By engaging in these activities, children feel unified and supported.

Moreover, these activities promote engagement and cooperation among students. They perceive these exercises as enjoyable and collaborative rather than obligatory.

Lastly, these activities contribute to conflict resolution and promote self-awareness.

4.2.3 Outcomes and Impacts

The Toolkit engaged over 200 enrolled participants throughout its implementation: 161 teachers initially enrolled and completed the Entry Questionnaire 128 teachers started completing the Exit Questionnaire, indicating sustained engagement. And finally, 104 teachers successfully completed the entire course. Additionally, two key meetings were conducted as part of the project: a workshop held in November, attended by 21 enthusiastic participants. This workshop featured practical and theoretical components, focusing on project aims and hands-on activities, and another session in April involved over 20 participants, where demonstration activities were carried out, emphasizing practical application.

The Mentality Toolkit aims to enhance cognitive, social, and emotional skills among students. This report summarizes the feedback from teachers who implemented the Toolkit in their classrooms, focusing on their experiences, observed improvements, and recommendations for future implementation.

As part of our evaluation process, we asked teachers to complete a post-implementation questionnaire to provide feedback on their experience with the Toolkit. We wanted to hear their thoughts on the Toolkit's effectiveness, usability, and overall impact on their teaching practice. However, we must note that the questionnaire was not mandatory, and as a result, the number of respondents was limited to 15. While this may not provide a comprehensive view of all teachers' feedback, it still offers valuable insights into the Toolkit's strengths and weaknesses.

All participating teachers worked with primary school students. This consistent age group provides a clear understanding of the Toolkit's impact on young learners. Teachers reported varying degrees of improvement in cognitive skills among their students. The share of students showing improvement ranged from 30% to 60%. Examples of cognitive skill enhancements included: one teacher noted that a student who previously struggled with focus and problem-solving was able to complete assignments independently and demonstrate improved problem-solving abilities. Another teacher observed a significant improvement in a student's concentration, leading to active participation in lessons. Several teachers reported that students who had difficulties in making informed choices and setting goals began to plan their activities better and achieved their academic targets more consistently.

The reported improvement in social skills, such as communication, collaboration, conflict resolution, and negotiation, also varied, with estimates between 30% and 60%. Teachers provided specific examples of enhanced social interactions including students became more engaged in classroom discussions and collaborative projects. There was a noticeable improvement in students' abilities to resolve conflicts amicably and negotiate effectively with peers. The Toolkit also positively influenced students' emotional skills, including understanding and regulating their emotions, coping with stress, and empathizing with others. Teachers observed improvements in 30% to 60% of their students. Teachers noted that students were better at managing their emotions and stress. Increased empathy and understanding of others' emotions were observed among students, enhancing classroom harmony.

Parents provided valuable feedback, acknowledging the positive changes in their children's cognitive, social, and emotional skills. Parents noticed their children were better at managing stress and resolving conflicts at home, improved focus and organization in daily routines were commonly reported. They also observed enhanced communication skills and empathy in their children.

Teachers shared their overall experiences and suggestions for future implementation of the Toolkit. The majority of teachers praised the Toolkit for its comprehensive and engaging content, with comments such as "The guide is excellent with a lot of interesting activities". One teacher emphasized the importance of selecting specific times for working with the guide to maximize its benefits. Some teachers recommended paying more attention to common stress factors among children, suggesting that the Toolkit could expand to cover these areas. Additionally, teachers acknowledge the challenge of finding time for additional tasks within the teachers' already demanding schedules. One notable case involved a child who previously engaged in self-harm, whose acceptance and well-being improved after using the Toolkit in the classroom.

The implementation of the Mentality Toolkit in primary schools has shown promising results in improving students' cognitive, social, and emotional skills. Both teachers and parents have observed significant positive changes, underscoring the Toolkit's effectiveness. The feedback and recommendations provided by teachers will be invaluable for refining and enhancing future iterations of the Toolkit, ensuring it continues to meet the needs of young learners and support their holistic development.

During Coalition of Schools meetings, many teachers shared positive feedback on the Toolkit's practical use in their classrooms, underscoring its relevance and effectiveness in educational settings.

Through the implementation process, it became evident that timing plays a crucial role. Starting the initiative in mid-October and concluding by March-April proved beneficial, as it allowed teachers more time and willingness to engage without being overwhelmed by other

school responsibilities. Additionally, while only 15 teachers responded to the final survey, feedback from coalition meetings indicated widespread use and positive reception of the toolkit among participating schools.

4.2.4 Lessons Learned

Challenges & Mitigation strategies

Implementing the Toolkit presented several challenges, notably the significant workload teachers already face. Integrating additional activities from the Toolkit into their schedules proved daunting, potentially overwhelming educators already stretched thin by their daily responsibilities.

Implementation Timing: starting the introduction and training sessions earlier in the school year could lead to better integration and effectiveness, still allowing schools to choose their own start times within a suggested timeframe to accommodate different academic schedules.

Communication: it is crucial to maintain consistent communication and high engagement with all involved parties, including schools, teachers, and mental health professionals, as well as regular updates on progress and challenges to ensure continuous program improvement.

Cultural Adaptation: adapting the activities to the specific needs and cultural sensitivities of different regions ensures that they are culturally relevant and resonate with the local context. This can be achieved by involving local educators and mental health experts.

Teacher Training: provide thorough training sessions to equip teachers with the necessary skills and knowledge and incorporate practical, hands-on workshops to complement theoretical training. Encourage the creation of peer support groups among teachers to share experiences and best practices

To address this challenge, strategies were put in place to simplify the implementation process. The Toolkit's activities were designed to be straightforward and easily integrated into existing

curricula. Comprehensive support and resources were provided to assist teachers, ensuring they felt equipped and confident in incorporating the Toolkit into their classrooms without added stress.

Consistent communication was another key strategy. Keeping all parties—schools, teachers, and psychologists—engaged with regular updates on progress and challenges was crucial for continuous improvement. This open line of communication helped ensure everyone was on the same page and could address any issues promptly.

We also understood the importance of cultural adaptation. By involving local educators and mental health experts, we tailored the activities to meet specific regional needs and cultural sensitivities, making them more relevant and effective.

Thorough teacher training was essential. We provided comprehensive training sessions, combining theoretical knowledge with practical, hands-on workshops.

Areas of success & Areas of improvement

Despite challenges, the implementation of the Toolkit achieved notable successes. Teachers reported positive outcomes, including improved student emotional awareness and a more positive classroom atmosphere. Case studies highlighted significant improvements in student well-being, such as one child who overcame self-harm tendencies and integrated better into their school environment.

We translated all the activities from the toolkit, making them accessible to teachers in their native language. This was a crucial step in ensuring the toolkit's effectiveness, as the translated activities provided teachers with the flexibility to adapt them to specific situations in their classrooms. This customisation allowed for more relevant and effective use of the toolkit.

The activities are versatile and can fit different age groups based on the most relevant problems the children face at each stage. This ensures that the toolkit is applicable across various classroom settings.

Moving forward, there are areas where improvements can enhance the Toolkit's effectiveness. One key area is implementation timing. Starting the introduction and training sessions earlier in the school year could optimize integration, allowing schools flexibility in choosing their start times while aligning with academic schedules.

Effective communication proved crucial throughout the implementation process. Maintaining consistent engagement with schools, teachers, and mental health professionals ensured ongoing support and collaboration. Regular updates on progress and challenges facilitated continuous program improvement, enhancing overall effectiveness and responsiveness to participant needs.

4.3 “Psychoeducation Intervention” - Poland

4.3.1 Description

Target population

The GP targets adult migrants living in Poland who wish to integrate with the receiving community and into the labour market, with an initial focus on Ukrainian- and Spanish-speaking communities. These are diverse groups with different circumstances and needs. Both groups face a high barrier to accessing mental health services and struggle with issues related to their migrant status, such as uncertainty, language barriers and discrimination.

Nonetheless, there are differences. A stronger support system has been established for refugees fleeing Ukraine. They can access free psychological and psychiatric support from various NGOs, though the services are often limited to a helpline. It is relatively easier to access support in Ukrainian. It is important to mention that many services are becoming increasingly scarce as the initial outpouring of support fades. It is generally difficult to access services designed for organised groups and extended in time.

Spanish-speaking migrants and refugees are less organised due to a variety of differences between countries and cultures. Much less services are designed and available for Spanish

speaking migrants and refugees in Poland. It is a considerably smaller group with not enough consideration given to their needs and adaptation. They are an active and present community contributing to the Polish Migration Forum activities. More Spanish-speaking migrants have been raising a need for psychosocial support, with a considerable focus on a Mexican community. A guided self-help program could address a lack of available services.

Nonetheless, it is important to mention that there were challenges in accessing the Spanish-speaking community during the implementation period, which led to organising a workshop for a mixed-ethnicity working group instead.

Country specific objectives

As of July 2023, the state of epidemic emergency was lifted in Poland. The Ministry of Health declared COVID-19 to not be a major threat anymore, stating that the medical system should no longer be overburdened. Nonetheless, the psycho-social consequences remain impactful due to high levels of fear and anxiety in society. Various studies dating back to 2022 show that people declared a negative impact of the pandemic on their mental health¹⁷. The symptoms that the respondents observed in themselves were usually stress, depression, sleep disorders and anxiety. Young people, the elderly and migrants and refugees were amongst the most affected. Due to language barriers and limited understanding of the functioning of Polish institutions, migrants experienced greater difficulties in accessing the labour market and social services, especially those staying in Poland for shorter periods of time and remaining outside the labour market. These challenges did not disappear with the lifting of the state of emergency, and it can be expected that migrants require support in accessing mental health support aimed at tackling the long-term consequences of the pandemic.

Due to the extreme circumstances around the world, migrants and refugees can often live through a variety of traumatic experiences, such as physical violence, rape, natural disasters, grief around losing a loved one, the breakup of families, and a loss of culture. They also face additional challenges in the receiving locations, such as language barriers, difficulties in accessing the labour market and social services and social isolation. The pandemic has

exacerbated these issues by putting extra pressure on health services. The long-term effects of the pandemic on mental health need to be tackled through professional and focused efforts. Though the governmental services are announced to be no longer overburdened, there remain institutional barriers, as well as cultural and language barriers. Systematic psychotherapeutic work with the participation of an interpreter is still rare.

Key activities

Psychoeducation intervention “Discover Your Potential”

The Polish Migration Forum initially chose to implement the ‘Mind-Spring’ psycho-education intervention developed by ARQ Centre. However, the partner organisation has withdrawn from participating in the project, hindering the implementation of the method. The Polish Migration Forum has in result developed its own practice, inspired by elements of the Ming-Spring and already existing workshop materials. The new method, titled “Discover Your Potential, ” is a preventive group intervention focused on psychoeducation for migrant communities, aimed at young adults aged 18-35. Sessions are delivered by two trainers: one mental health professional and one trainer with a migrant background. This use of trainers with a migrant background (peer educators) brings significant value by translating content to ensure it meets the language and cultural needs of participants.

The workshops are designed to help beneficiaries acquire effective, lasting and accessible tools for mental health support as well as stimulate their integration into the receiving community and into the labour market. Moreover, the GP aims to create an opportunity for people with a migratory experience to engage with a group with similar lived experiences. This creates a sense of belonging and safety, which are paramount to good mental health but are difficult for people with a migration background within a new cultural context.

The GP relates MHPSS to the unique experience of migration. Cultural differences are explored and linked to specific mental health challenges, which are often exacerbated by the social and

financial barriers stemming from a migratory status. It also explores specific strengths and opportunities brought upon by a migratory experience.

The workshops utilise a variety of tools, integrating group and individual work. Proposed activities require personal reflection, group discussions, and physical activity, combining various forms of participation. They stimulate reflection on each participant's unique skills, which could be useful in terms of labour market integration.

One workshop takes place over two days, lasting 8 hours each day. That ensures enough time for group integration and comprehensive implementation of the contents, as well as time for breaks. It deviates from the original timetable proposed by the Mind-Spring, which spreads the meetings in a few weeks' time. Adapting to the Polish context meant we had to limit the workshops in time: we had observed that due to the unstable migratory status of many migrants in Poland, as well as social and financial obstacles, they are unable to engage in long-term processes. A shorter but intensive course could equip them with beneficial skills while being less time-consuming.

Each participant who has finished the whole two-day workshops received a participation certificate confirming their motivation to gain new skills and further their integration efforts, which can be used for job recruitment purposes.

4.3.2 Implementation Process

In June 2023, a pivotal meeting was held between the PFM and the ARQ Centre, the owner of the GP. During this meeting, the GP owner presented a rough theoretical framework of the practice and addressed various questions and concerns.

By October 2023, a significant change took place as the original GP "Mind-Spring" was replaced with a new group psychoeducational workshop designed by the PFM MHPSS team. The following month, in November 2023, saw the completion of the SANA framework.

November 2023 also marked the recruitment of psychologists and trainers who were tasked with designing a new good practice and leading the workshops. Internal discussions within the PFM MHPSS team determined who was willing to adapt and update the GP in line with the MENTALITY objectives.

From October to December 2023, a thorough needs assessment and group selection process was conducted to identify which groups would benefit most from the project and to pinpoint the specific needs that the psychoeducational intervention should address.

Between December 2023 and January 2024, stakeholders were selected, including mental health professionals, the community engagement team, and NGOs providing mental health support to migrants. This was followed by outreach efforts from January to March 2024 to inform these NGOs about the project and the upcoming workshops.

In January 2024, the project coordinator from the PFM side engaged in an evaluation interview with the Project Evaluator. General project implementation was discussed, the evaluator asked questions about the coordination and the current state of workshop planning.

From January to April 2024, mental health professionals and trainers engaged in detailed workshop planning and material preparation. They focused on incorporating new elements, such as combining trainers with migrant backgrounds and Polish-speaking mental health professionals, and selecting specific participant groups within a limited timeframe.

During the same period, brief questionnaires were developed to be handed out to participants at the end of each workshop. Additionally, from January to June 2024, selected activities and materials were translated into Ukrainian, Spanish, and English.

In the months of April to June 2024, suitable locations for the workshops were selected, and catering orders were placed with migrant-led restaurants. Concurrently, an extensive recruitment process was undertaken, reaching out to Ukrainian- and Spanish-speaking

communities through online communication campaigns and drafting an online registration form for potential participants.

In May 2024, an offer was drafted for universities, leading to the engagement of SGGW University as a partner in implementing the workshop for a mixed-ethnicity group of participants.

The workshops were conducted from April to June 2024 at the selected locations. Participation certificates were sent out to each participant who successfully attended the two-day workshops.

In May 2024, the project evaluator conducted site visits to engage with participants from the first two workshops and the implementing team. These visits were critical for gathering in-depth feedback and assessing the effectiveness of the workshops. A focus group was organised for the participants, allowing them to share their experiences, insights, and suggestions directly with the evaluator. However, only one person attended, which turned the focus group into an in-depth interview. Additionally, the implementing team provided their perspectives on the workshop's execution, challenges faced, and the impact observed among participants. These interactions were invaluable for capturing qualitative data that would inform future improvements and adjustments to the program.

In June 2024, the head of Work Package 5 visited one of the ongoing workshops. This visit provided an opportunity to observe the workshop dynamics firsthand and engage directly with the participants. The head of Work Package 5 spoke with the participants to understand their motivations for attending, their experiences during the workshop, and the perceived benefits. This visit also included discussions with the facilitators and the implementing team to gather their insights and ensure the workshop aligned with the broader objectives of Work Package 5. The presence of a high-level representative underscored the project's importance and commitment to continuous improvement and stakeholder engagement.

Throughout this period, monthly regular meetings were held as part of Work Package 5. These meetings involved the implementing organization and other implementing partners, where they discussed updates and shared progress. These regular interactions facilitated coordination, ensured alignment of efforts, and provided a platform for addressing any challenges that arose during the project implementation.

The project coordinator from the PFM was continuously assisted by the Project Officer of the Mentality project through active email communication and regular online meetings aimed at ensuring all challenges are tackled strategically. Moreover, the project coordinator was assisted by the PFM's Head of Partnerships to ensure the project objectives were upheld.

During the implementation period, regular meetings were held between the project coordinator and the communications specialist to strategise and execute effective outreach efforts aimed at attracting participants for the workshops. These meetings were essential for ensuring that the communication strategies aligned with the project's objectives and effectively reached the target audiences.

Finally, from April to July 2024, the implementation of the workshops was closely monitored to ensure their success and to gather insights for future improvements.

To effectively address the needs of the target populations, a comprehensive needs assessment was conducted. This process involved thorough desk research, interviews with service providers, project managers, and stakeholders, as well as an analysis of feedback from beneficiaries who had previously engaged with the organization's activities and services.

Key personnel were carefully selected through internal mapping. Mental health professionals and trainers were chosen from the MHPSS team and the community engagement and volunteering coordination teams. The selection process prioritized individuals already involved in service provision or those eager to acquire new skills in the field.

Detailed logistical planning and organising were undertaken to attract participants and secure a suitable site for implementing best practices. This included collaborating with a migrant-led catering firm to ensure smooth operations.

Internal preparation involved knowledge exchange between MHPSS professionals and trainers. A strong cooperative relationship was established between a mental health professional and a trainer with a migrant background. Existing materials were adapted to fit the new context and align with Mentality objectives, while new materials were co-created to integrate mental health support with integration efforts.

The first implementation phase targeted the Ukrainian-speaking community. A workshop cycle was conducted over two days, each lasting eight hours. These workshops were successfully held twice, once in April and once in May.

To expand participation, an offer was made to universities, leading to a partnership with Szkoła Główna Gospodarstwa Wiejskiego (SGGW). The best practice was then implemented for the second selected group, migrant students from various ethnic backgrounds, with a workshop held in June.

4.3.3 Outcomes and Impacts

The series of workshops held aimed to support various migrant communities through targeted mental health and integration activities.

The first workshop, held on April 5-6, 2024, catered to the Ukrainian-speaking community. Despite having 15 sign-ups, only 2 participants attended both days. The second workshop, also for the Ukrainian-speaking community, took place on May 27-28, 2024. This session saw 11 sign-ups, with 3 participants attending both days. A third workshop was planned for the Spanish-speaking community on May 24-25, 2024. However, with only 2 sign-ups, the workshop was cancelled due to the low number of participants. The fourth workshop targeted

mixed-ethnicity migrant students and was conducted on June 21-22, 2024. This session had 15 sign-ups, with 7 participants on the first day and 5 on the second day.

Quantitatively, the project led to the successful execution of three two-day workshops in April, May, and June, while one workshop was cancelled due to low sign-up rates. Two pairs of trainers, each consisting of one native and one migrant trainer, facilitated these sessions. A total of 12 participants were reached, and 10 questionnaires were collected by the end of all workshop cycles. Additionally, the project established cooperation with one university, furthering its outreach and impact.

4.3.4 Lessons Learned

Challenges & Mitigation strategies

Despite extensive needs-assessment, positive feedback from stakeholders and satisfactory sign-up rate, the workshops attracted small participation from the target groups. This could be due to a variety of reasons: firstly, the workshops were extensive time and energy wise. Since the outbreak of the war in Ukraine, we observe that the needs of our beneficiaries become more dire and complex. Self-development and crisis-mitigating workshops are often last in line of needs, hence despite enthusiasm, it is more challenging to dedicate a significant chunk of time to participation. Secondly, the workshops were organised during week days or overlapping the week-day and the weekend. This depended on the availability of our trainers and their working hours, however it excluded a significant number of people who simply had to work or attend children. Thirdly, it is challenging to reach and attract various communities with a one-time event. In our work experience, it can take months to build a group around an activity. The PFM relied solely on attracting our beneficiaries who already benefit from other services we provide, but it proved to be insufficient. Migrant communities are varied; one-time workshops may be better suited for already-organised groups. Moreover, the third workshop was directed at migrant students and organised in June, after the exam session was already finished, meaning quite a few students could have had already left for their summer break.

We adopted several mitigation strategies during the implementation process. When we realised that we are unable to attract a stable group of participants for the Spanish-speaking workshop, we changed our approach and created an offer to universities to engage their migrant students. We realised that it may be more fitting to the needs of our beneficiaries to address an ethnically-mixed group of various participants, connected through variables other than their migratory status. While the migratory experience was the cornerstone of the workshops, the differing cultural contexts were useful in understanding how their specific circumstances could be an asset in their integration. We sent the offer to six Universities at the beginning of June. Three universities were interested in implementation. However, only one could still offer their site in June; the rest were open to implementation in September, after the summer break.

Our communications targeted beneficiaries of the Foundation through social media and our website, as well as through partner organisations and educational facilities which promoted the workshops to their beneficiaries. Nonetheless, as the promotion did not target particular organised communities (e.g. around already running activities), the information could have been omitted from the informational flow. We promote multiple events daily and thus it is easy to miss some posts.

The case was slightly different for the Spanish-speakers' workshop. We did promote it additionally to groups of beneficiaries who already attend multiple events organised by the Foundation and run in Spanish. The events, however, are social and light in nature. This community was not interested in workshops which addressed matters of mental health (despite the high need for mental health provision for Spanish speakers in Poland, as often expressed to our staff). Therefore, there is a need to find a suitable way to promote events focused on preventative mental health care and to build a separate community interested in matters of mental health and social integration interchangeably.

In terms of communications, we were aided by the University channels, which targeted their international students with avenues aimed just for this purpose. It increased our chances of reaching our intended target groups.

We wanted to make sure we do not deter people from participating by promoting the mental health aspect too openly (tending to one's mental health remains a big taboo in many migrant communities for cultural and social reasons). Instead, we focused on the social integration aspect with tools aimed at increasing one's motivation and independence, which could be useful in the labour market as well, while addressing the preventative nature of the good practice. We also offered participants certificates confirming their attendance to motivate their engagement further.

Areas of success & Areas of improvement

The implementation as well as planning were successful in several regards.

First of all, due to some challenges we encountered in the planning stages related to the change of the best-practice, our trainers had to develop and design their own tools and materials for the psychoeducational intervention. They were inspired by the Mind-Spring method, however relied also on already existing programmes dedicated to our migrant beneficiaries developed to support their integration.

This gave our team an opportunity for a creative endeavour that would further address the needs of our beneficiaries. New materials combine the psychoeducational aspect with the social integration, as well as labour market inclusion and can be used by various cultural groups, with a slight adaptation to particular contexts. The newly-designed good practice gives the Foundation another tool for addressing the needs of our beneficiaries.

Another important success of implementation was the cooperation between the trainers with a native and migrant background – an idea inspired by the Mind-Spring. We had two pairs of trainers: Ukrainian and Polish mental health professionals; Polish mental health professional and a Columbian trainer and community organiser. The implementation encouraged them to

consider the cultural differences between them which affect their cooperation and the services they provide to our beneficiaries. This significantly affected their approach to the materials development. The cultural background of the migrant trainer positively contributed to the knowledge transmission between them and the participants, who shared the experience of migration and understood the role of identity in relating to a new cultural context.

Thirdly, the feedback we received so far has been positive – most participants who attended the first day of workshop returned on the second day, suggesting they enjoyed the contents of the workshops. They expressed their interest in future events organised by the Polish Migration Forum and confirmed they learned new skills supportive of their mental health.

Lastly, we had ventured into new avenues of implementation through cooperating with a University. Previously we had delivered trainings to educators and professors who work with migrant students, but we did not have a workshop designed for the students themselves. Social integration, psychoeducation and labour market inclusion fitted the needs of this population. We see a possibility for future cooperation with higher education institutions, which expressed interest in services we provide. It addresses the need to target groups connected through other markers of identity and experience than solely their migratory status.

Regarding areas of improvement, there are some aspects that may need refinement. The need for a more structured and purposeful communications campaign which would reach our target groups effectively has been identified. Even though there is an increasing need for mental health support to the promising practice's beneficiaries – with a special focus on preventative and resilience-building measures – there is a need to find a way to make sure that the support reaches those who need it most. This and the specific nature of the good practice mean there is a necessity to reach beyond the social media platforms and mailing systems and target already connected communities and groups who could benefit from an organised activity, such as classrooms, universities, social care centres, community centres for migrants and refugees. This is based on an intersectional approach which takes into account identities other than migrant/refugee and acknowledges the diversity of experience and identity.

Moreover, the implementation period has confirmed we cannot rely solely on the willingness of our beneficiaries to participate in proposed activities. Rather, we have to have a proactive approach and come with our services to migrant communities as well. The decision to engage a university in the implementation has proven successful in attracting participants interested in our offer and lowered the already high entry threshold. We would want to continue with this approach in the future.

Additionally, we need to make sure we better adapt the workshop schedules to the needs of our beneficiaries, e.g. try to offer meetings later in the afternoon or solely on the weekends. Even though we did try several approaches in the implementation period (e.g. Monday-Tuesday and Friday-Saturday) we were not able to organise the whole course in times most available to those who need to work/ study or take care of children. This would be a priority to consider in the next implementation period.

5. EVALUATION OF IMPLEMENTATION

The evaluation of the implementation, while not a core component of Work Package 5 (WP5), remains a crucial aspect of **MENTALITY** project's overall success. This section includes a brief mention of the evaluation process to highlight its importance in assessing the effectiveness and impact of the promising practices implemented.

Within Work Package 3 (WP3) and under the supervision of Prolepsis, in collaboration with external evaluators, a comprehensive monitoring and evaluation framework was developed. This framework was designed to systematically evaluate the progress of the promising practices piloting activities, ensuring that the implementation adhered to planned objectives and adapted effectively to local contexts. Implementing partners, with the guidance of the external evaluators, also developed individual monitoring plans. These plans were tailored to each country's specific context and challenges, allowing for a responsive and flexible approach to managing the implementation process.

The evaluation framework encompassed several key areas to provide a thorough assessment. Relevance and fidelity were critical dimensions, evaluating the extent to which the activities were adequate for achieving the planned results and whether they were implemented as specified in the Grant Agreement. This included adherence to the time-plan, consistency of effort, and the use of planned approaches and strategies, ensuring that the activities stayed true to their original design and objectives.

Flexibility was another important dimension, assessing the extent to which the activities and strategies were adapted to fit new and varying contexts. Given the diverse environments in which the practices were implemented, this part of the evaluation framework ensured that the project remained effective despite changes and challenges in different settings.

The framework also evaluated the role of partners and collaborators. Collaboration and partnerships were critical to the project's success, and this dimension examined how the project implementation benefitted from partnerships with other organizations, including the level of

engagement and the contribution of these collaborators. It provided insights into the value added by these partnerships and their impact on the project's outcomes.

Additionally, the evaluation identified barriers and facilitators to the project implementation. This included an analysis of human and financial resources, stakeholders' attitudes, logistics, and other critical factors. Understanding these barriers and facilitators helped in devising strategies to overcome challenges and leverage supportive elements.

The evaluation employed a mix of quantitative and qualitative data collection methods to ensure a comprehensive understanding of the implementation process. Quantitative methods included distributing questionnaires to the beneficiaries of the promising practices and partners involved in the project. These questionnaires gathered numerical data on various aspects of the implementation, providing measurable insights into the project's progress and outcomes. Qualitative methods involved conducting interviews with partners involved in implementation, as well as interviews or focus group discussions with beneficiaries. These methods allowed for a deeper exploration of experiences, perceptions, and impacts, providing rich, contextual data that complemented the quantitative findings. Data collection was carried out both mid-term and at the end of the implementation phase. This two-stage approach allowed for the monitoring of progress over time and the assessment of final outcomes, ensuring a dynamic and responsive evaluation process.

6. RECOMMENDATIONS

In respect to the implementation of the promising practice “A Hopeful, Healthy and Happy Living and Learning Toolkit/ Guide for Teachers”, policymakers should consider integrating mental health education into the national school curricula. The inclusion of structured mental health programs should be mandated, ensuring that all students receive consistent and comprehensive support. Since funding is a constant challenge for educational initiatives and mental health programs, policymakers should also allocate dedicated funding for mental health resources, including the development of educational materials and training programs for teachers. Recognising the critical role that teachers play in supporting student mental health, policies should also focus on the well-being of teachers themselves. Providing mental health resources, professional support, and opportunities for stress management and self-care for teachers will have a positive impact on their ability to support their students. To address time constraints, schools should integrate dedicated time into the schedule for social and emotional activities without disrupting core teaching hours. Regular training and workshops should be provided to teachers on using the Toolkit and implementing social-emotional best practices. Offering certificates for completion can motivate and recognise teacher engagement. Developing policies to reduce overall teacher workload will support educators in prioritising these activities alongside their core teaching responsibilities. These efforts aim to create an environment that values and supports comprehensive student development.

Practitioners should begin with the development of a comprehensive situational analysis and needs assessment framework, similar to the SANA framework used in the implementation phase of the MENTALITY project. This document will help identify specific mental health needs within the target population, allowing for tailored interventions that are more likely to be effective. Continuous monitoring and feedback collection are crucial components of any successful mental health initiative. Practitioners should establish robust monitoring plans that include regular feedback from participants, allowing for continuous improvements and adaptations based on real-time data. Implementation should start at the beginning of the

school year to ensure a smooth integration into the curricula and give teachers ample time to implement the guide effectively. Developing a structured implementation plan for schools involves integrating the Toolkit into daily activities without compromising educational hours. Clear guidelines will outline how teachers can seamlessly incorporate Toolkit activities into existing schedules. Encourage active parental involvement through information sessions that educate parents on supporting their children at home. These sessions will emphasize the importance of social-emotional learning and provide practical strategies for reinforcement outside of school. Implement regular feedback mechanisms for both teachers and students to continuously assess the Toolkit's effectiveness. Use this feedback to make necessary adjustments and improvements, ensuring that the program meets the evolving needs of students and educators alike.

Regarding future research, studying the long-term impact of the guide on the mental health of students is a crucial area. In the same direction, investigating the relative effectiveness of the different themes and activities within the guide is another important area for future research. Study the impact of parental involvement on the Toolkit's effectiveness and overall student mental well-being is another unknown area. Additionally, explore how the implementation and effectiveness of the Toolkit vary across different cultural contexts and adapt it to be more culturally sensitive and inclusive. Lastly, additional research is required to investigate the effectiveness of the toolkit in older students, where the needs might differ and different implementation plans may be needed.

Concerning the implementation of the psychoeducation intervention, there are a few suggestions for the policy makers. Firstly, to continue the positive process of transforming the mental health care system in Poland, particularly in the context of the pilot Mental Health Centres, the goal should be to shift towards community care with the provision of coordinated services. There is a need for intersectoral debate in the context of mental health, as a single sector cannot address the challenges in this area alone. Strong inter-sectoral cooperation is crucial, along with a constant exchange of information. Moreover, systemic support for migration support networks is essential, as these networks contribute significantly to reducing

the psychological costs of migration through their positive impact on the mental well-being of migrants. This support can be provided by strengthening community centres and initiatives aimed at community-building, as well as supporting migrant-led initiatives. Long-term efforts should focus on increasing the acceptance of migration among the inhabitants of the receiving country. This involves improving communication with representatives of other cultures, breaking prevailing stereotypes, increasing knowledge about migrants and refugees, and fostering acceptance of cultural and ethnic differences. Supporting interventions based on a psychoeducational approach is also important. Exploring difficult topics through psychoeducation can aid in the process of building identity, giving meaning to the migratory experience, and creating a bridge between the past and the present, thereby supporting overall well-being.

Practitioners should take into consideration that workshops should be provided to migrants based on need, without discrimination, and irrespective of factors like immigration status or gender. Assistance should be offered to migrants with unique needs, taking into account their vulnerabilities. It is important to identify and address the particular needs of individual migrants during the workshops. Profiles of migrant participants, including information on age, gender, disabilities, and other characteristics, can be used to understand and cater to migrants' specific needs. A key component of successful implementation is the cooperation between a native and a migrant trainer. This partnership allows for the sharing of varied perspectives on the topics of integration and mental health provision, considering specific migration experiences and the receiving country's social context.

Future research should investigate the motivation behind Latin American migration to Poland. Understanding this surge can help identify the specific needs of this vulnerable population and adapt communication strategies to reach them with better services. Additionally, research should focus on the current psychosocial needs of newly arrived Ukrainian refugees in Poland who have complex needs and multiple vulnerabilities. It is also crucial to examine the organisation of the mental health care system in the face of the ongoing war in Ukraine,

ensuring that appropriate care is available to both refugees and the host population involved in their care.



7. CONCLUSION

Overall, the implementation of the promising practice "A Hopeful, Healthy and Happy Living and Learning Toolkit/Guide for Teachers" in both Greece and Slovakia yielded positive feedback from teachers and had a beneficial impact on students' mental health. The guide is well-structured, clear, and adaptable to various settings, age groups, and cultural backgrounds. Key elements contributing to the successful implementation included the development of the SANA framework, detailed implementation and monitoring plans, and efforts to transfer and translate the guide to fit the unique context of each country while respecting cultural and social norms. Strong partnerships were also crucial, with effective collaboration with stakeholders such as teachers and school principals, as well as excellent communication within the consortium. Areas of success were marked by the good collaboration with stakeholders and the effective communication within the consortium. However, there are areas for improvement, such as enhancing communication with educational authorities and ensuring that implementation begins at the start of the school year. The successful implementation of the Toolkit in both Greece and Slovakia, across diverse settings and cultural contexts, demonstrates its adaptability and potential. This positive outcome underscores the value of the Toolkit and its capacity to positively influence mental health support systems across different environments.

In Poland, the highly beneficial aspect of the promising practice is combining the social and psychological support through creating an opportunity to share and connect in a group environment. The facilitators shared valuable skills beneficial for personal development and labour market integration, satisfying the need for programs that are more preventative in nature. The provision of psychosocial care was grounded in conditions that foster social and emotional learning. Psychosocial support emerged as a valued outcome of the program for participants. Both groups (Ukrainian-speakers and mixed-ethnicity) found comfort in the opportunity to share, connect, and socialize with others, creating an environment where participants could learn new skills, but also relax, and enjoy companionship. Both groups

expressed satisfaction with the program's facilitators and appreciated that the facilitators were familiarised with the context of migration or shared the migratory experience. There is a need for targeting valuable migrants and refugees in a proactive manner, meaning the services need to be not only free of charge and open for participation, but also delivered directly to beneficiaries in specific organised settings. This allows for lowering the entry threshold – which is naturally high for separate and time-intensive events - and reaching the most vulnerable persons. The communications strategy needs to extend beyond our usual communications channels when trying to implement a brand-new practice.

8. REFERENCES

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