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SANA FRAMEWORK

MENTal Health QuALITY Practices

Project 101079990

By Fundatia Estuar

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1. Introduction

While mental ill-health has come to the forefront of public debate during the Covid-19 crisis, it has already been considered one of the leading causes of disability in Europe. Prior to the Covid-19 pandemic, at least one in six people across EU Member States experienced mental ill-health. This, together with the fact that persisting stigma prevents people from disclosing their mental health problems, means that the numbers are now likely to be higher than before 2020. There is an immediate need to implement good practices to support positive mental health and well-being for all and to build resilience within the health and social care services.

MENTALITY will pilot established European promising practices targeted at children, healthcare and other care workers, people with pre-existing mental health problems and psychosocial disabilities, migrants, and service providers.

The overall goal of **MENTALITY** 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.

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 organisations

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

2. Situation Analysis and Needs Assessment (SANA) Framework

This framework aims at supporting the implementation of the Good Practice "Interactive map of centres providing mental health support (MapaWsparcia.PL)" in the context of Work Package 4 (WP4) titled "Users, carers and community services". The below plan will outline the key steps and considerations to support the project teams 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 framework. By using the SANA framework, the implementers can ensure that the good practice is relevant to the target population, effective, and can lead to sustainable outcomes contributing to the broader goal of promoting mental health and well-being for people.

Description of the Good Practice "Interactive map of centres providing mental health support (MapaWsparcia.PL)"

With the COVID-19 crisis, the difficulty in accessing (free services) has increased and at the same time the private sector has seen an opportunity to capture new markets as mental health needs are growing. The **MapaWsparcia.PL** was developed as a non-profit dedicated interactive map of facilities providing *free* mental health support to people experiencing mental health distress and those in vulnerable situations. The tool provides an address, phone number, e-mail, website, social media accounts, and working hours of facilities operating under various programmes. These can be mental health centres, therapy services, peer support, survivors' shelters, centres for children and adolescents and more. It allows users to search for information by category, localisation (directories included), and keywords. It also allows the sharing of opinions/feedback.

A key feature of this initiative is that it is designed to allow people to have a process of self-determination and to regain their decision-making capacity, rather than being passively imposed a solution. MapaWsparcia.PL is an "umbrella" map allowing for the possibility not only to provide more traditional therapeutic resources, but also to find opportunities for other complementary actions. The idea is not only to address a medical need, but also to tackle issues leading to isolation and social exclusion (e.g. access to digital tools, education, social care). It also shows that there is room in the system for bottom-up initiatives and opens up the possibility to choose ways of dealing with mental health problems other than just a biomedical approach. Psychiatric care within a biomedical approach involves the possibility of misinterpreting behaviours according to cultural patterns as symptoms of an

"illness", which can lead to an imposed treatment process and isolation. This hinders the recovery process and leads to further stigma and social exclusion.

Implementation of this good practice entails also learning to overcome specific barriers:

- *Opportunities for people with lived experience to speak up and create their own voice are limited*. This is due to many failures in the mental and social care system, often linked to a misinterpretation in the biomedical approach. That leaves people perceiving themselves solely in terms of a diagnosis and feeling they do not have the ability to look for the help they need. Barriers are rooted in the system itself. Overcoming these barriers is at the core of MapaWsparcia.PL, which is a foundation for a paradigm shift in mental health so that the system can be based on a community of users, their loved ones, and professionals from different fields of medical, social, and educational support. Prevention, education, and rediscovering the inner social value of people experiencing a mental health crisis or difficulty are key. Co-creation is part of the solution.

- *Providers do not feel they can or should provide information about other support resources* than their own. This can apply to services provided in a different geographical area or those that are complementary (e.g. housing, social care, etc). Some providers can even be reluctant to share information on other services because they see them as competition. As a result, people who wish to embrace a new holistic model of help cannot access the right information and the system navigation is hindered.

- *Thinking that the task of someone in charge of MapaWsparcia.PL is to collect databases, analyse, add and improve them on an ongoing basis*, while the key is to build a community of informed users and providers. MapaWsparcia.PL is supposed to deal with moderating the community in the future, selecting moderators from this community and verifying evaluations, creating other tools straight from the consumer markets, such as assessment of establishments or mystery shopper approaches.

MapaWsparcia.PL is not an IT project, it is more an undertaking creating a community of users and professionals. We assume that advanced IT resources are not needed to create it, but knowledge and mapped resources in local communities. With this scale of unmet need, there is no budget and no advanced IT team that can create a good enough solution if there is no knowledge of the capacity of

existing units, mapping of networks in the country, and understanding of how to tackle barriers to access to tailored services.

https://www.mapawsparcia.pl

Key Considerations of this SANA Framework

The key considerations this SANA Framework will focus are:

- Comparing the situation and the needs in the original locations and the new ones;
- Deciding on which needs to be addressed with priority in the new locations;
- Understanding the implementation method in the original locations and adjusting it to the situation and needs in the new ones;
- Understanding the monitoring and evaluation approaches in the original locations and planning for the new ones.

The SANA will be conducted by the WP4 teams with the support and feedback of the GP Owners. The opinion of the groups and institutions to be involved in implementing the GPs will also be taken into consideration.

The SANA framework is presented using tables and lists for clarity. The individual fields will be completed within 3 months from submission of the present deliverable and before the implementation phase commences, to allow enough time for the implementation teams to adequately their approach.

2.1 General Information

Title of the Good Practice (GP)	Interactive map of centres providing mental health support (MapaWsparcia.PL)
Country/region where the GP will be implemented	Romania, Slovakia
Country of Origin	Poland
Good Practice Owner	Human Foundation
Implementing Organisations	Estuar Foundation, Romania Mental Health League, Slovakia

2.2 Problem Identification

This section will describe the identifying the main issues and problems facing the vulnerable populations in the local community.

2.2.1 Description of the problem in the original location

<Brief general description of the problem that the GP is solving/has solved in the original locations. E.g. inadequate access of vulnerable population to specific services, inadequate support for mental health professionals, Lack of (new) specialized services to vulnerable populations, etc.>

2.2.2 Relation of the GP to Covid-19

<Description of the link between the GP and the Covid-19 pandemic. E.g.

- *The GP was elaborated and introduced as a targeted response to specific health crisis and needs serious adjustment to other situations*
- *The GP was triggered by the Covid-19 pandemic but can be applied in times of other critical situations.*

- *The GP was triggered by the Covid-19 pandemic but can be adjusted easily to the needs of specific target groups in situations without pronounced crises>*

2.2.3 General Covid-related situation in the country where the GP will be implemented

<Description of the current Covid-19 situation in the receiving country/location. If Covid is no-longer perceived as a crisis, what critical factors influenced by it need response in terms of mental health support, e.g. lower resources, lack of accessible healthcare support, loss of income etc. If the situation in the receiving country/location can be regarded as normal, are there vulnerable groups that need new/additional mental health support mechanisms? No details needed here; they will be indicated further below>

2.2.4 Description of the problem in the receiving location

<Based on the above, present an updated general description of the problem that the GP will address in the receiving country/location>

2.3 Situation Analysis

This section will outline the main issues and problems facing the community and the vulnerable populations who will be targeted through the GP.

2.3.1 Groups

Direct Beneficiaries

Direct beneficiaries are those who benefit directly from the actions included in this GP; population in need of specific mental health support.

Description of beneficiaries. The below list **is not exhaustive** and can be further enriched according to the Implementing organisation's capabilities:

- Number
- Existing support/care mechanisms/systems
- Effectiveness of the above
- Age distribution
- Health status/access to healthcare
- Family status – living with both parents, one parent, with other adults or carers
- Access to mass educational institutions
- Other relevant information.

	In original location *If in the SANA elaboration process the group is found not relevant for the receiving country, no description is needed here (see right column).*	**In new location** *Based on Section 2:* *• indicate if the group is no longer relevant* *• add relevant groups*
<Direct Beneficiaries 1>		
<Direct Beneficiaries 2>		
<Etc.>		
<New Direct Beneficiaries 1>		
<New Direct Beneficiaries 2>		
<Etc.>		

Target groups

Those who are related to the implementation of the good practice, e.g. , professionals providing mental health support, teachers and caregivers or supporters, informal caregivers, service providers, parents, institutions etc., and are positively affected by the GP.

Description of target groups. The below list is not exhaustive and can be further enriched according to the Implementing organisation's capabilities:

- Number (if applicable)
- Role
- Level of awareness of the issue
- Level of competence to assist in recognising the issue
- Level of willingness to assist in addressing the issue.

	In original location *If in the SANA elaboration process the group is found not relevant for the receiving country, no description is needed here (see right column).*	**In new location** *Based on Section 2:* *• indicate if the group is no longer relevant* *• add relevant groups*
<Target Group 1>		
<Target Group 2>		
<Etc.>		
<Target Group 1>		
< Target Group 2>		
<Etc.>		

Other groups the GP may benefit

Other groups the GP may benefit can be professional associations, networks, etc.

Description of other groups:

- Type of group
- How were they involved in the GP implementation?
- How were they benefited in the original location?
- How can they benefit in the receiving country/location?

	In original location *If in the SANA elaboration process the group is found not relevant for the receiving country, no description is needed here (see right column).*	**In new location** *Based on Section 2:* *• indicate if the group is no longer relevant* *• add relevant groups*
<Other Group 1>		
<Other Group 2>		
<Etc.>		
<Other Group 1>		
< Other Group 2>		
<Etc.>		

2.4 Stakeholder Analysis

In this section a stakeholder analysis will be conducted. This will include identifying and engaging key stakeholders in the community (e.g., community leaders, government officials, local organisations). The goal is to understand their perspectives on the issues facing the vulnerable population within the community and to involve them in the planning and implementation of the GP.

Data collection methods will include:

- surveys to stakeholders to identify the barriers and facilitators to implementation
- personal interviews or focus groups with stakeholders to further assess the needs regarding the best practice implementation

In the beginning of the project implementation the implementing teams will engage 2-4 stakeholder groups (e. g. 1-3 people per stakeholder group) per each GP.

2.4.1 The implementing organisation/institution

In this section, key institutional competences, skills and experience will be described as well as ways to promote them. The table below provides an example:

Competences/skills/experience	**How to promote them**
To acknowledge mental health issues	In-house professionals e.g., encourage open dialogue about mental health and the challenges adults may be facing, train staff, students, parents to recognise the signs and symptoms of mental health issues, etc.
To provide mental health support	In-house professionals or referrals to external support e.g., offer counselling services, support groups, or mental health resources, foster a safe and supportive environment where individuals feel comfortable seeking help.
To refer to the relevant services if needed	In-house professionals or referrals to external support e.g., provide information about mental health resources and services in the community, staff

	training on how to make appropriate referrals and follow up with individuals after referrals have been made.
To promote cooperation with parents, caregivers, the school governance team, teachers, policy makers, counsellors or other stakeholders	In-house professionals e.g., meetings or workshops with parents, caregivers, teachers, and other stakeholders to discuss mental health and wellness, collaborate with other organisations and agencies to promote mental health and wellbeing. Encourage the involvement of stakeholders in the development of mental health policies and practices.
To promote mental health wellbeing within their institution/organisation	In-house professionals e.g., develop mental health policies and procedures that prioritise mental health and wellbeing, offer wellness programs, stress-management techniques, and mindfulness practices to staff and students, create a culture that values and prioritises mental health and wellbeing.
To access the direct beneficiaries and target groups	In-house, established methods for direct communication with NGOs or local authorities e.g., develop outreach and engagement strategies to reach the target groups, utilise social media and other online platforms to connect with individuals who may benefit from mental health support, host mental health events or workshops to engage directly with beneficiaries and target groups.

2.5 Needs Assessment

In this section, specific needs of the beneficiaries and the target population will be described (e.g. education, access to mental health support) to inform the development of the GP aiming to address these needs.

If the needs are self-evident, this section can be omitted and only the priority needs will be listed in the following one.

2.6 Prioritisation

This section will prioritise the identified needs based on their importance and urgency, to ensure that resources are directed towards the most pressing issues facing the vulnerable population within the community.

The analysis will identify:

- Priority groups to be addressed
- Priority needs to be addressed

2.7 Implementation and Monitoring

This section will outline how the planned GP will be implemented and how it will be monitored in terms of its their progress and impact on the community. This information will be used to make adjustments and improvements as needed. At this stage, the experience and input of the GP owner will be taken into consideration. This section will later support the elaboration of the implementation plans.

2.7.1. Implementation

The planned period of implementation of the GPs in Romania and Slovakia is 1 year.

Implementation actions in the original countries

1. Actions, sequence, duration, content, key personnel
2. Facilitators and barriers to implementation

Changes in the focus and format of the actions after the end of the Covid-19 crisis in the original countries

Brief outline of adequate actions to be implemented in the receiving countries (to be further elaborated in the implementation plans)

Possible facilitators and barriers, brief risk assessment and management outline (to be further elaborated in the implementation plans)

2.7.2 Monitoring

This section offers a preliminary set of indicators for the monitoring of the pilot GP by types of outputs and products. After the development of the implementation plans the key activities or interventions will be monitored and the related outputs and indicators will be reviewed and further adjusted.

At this stage, the implementation teams will study with the GP owners the evidence-based methods of monitoring and indicators that have been used and proved effective.

Data collection methods to assess monitoring indicators of the GP will include:

- Surveys to the implementing sites to assess adherence to the implementation plan, identify challenges and adjust research processes as needed.

2.8 Evaluation

This section offers a preliminary set of outputs and indicators for the evaluation of the GP " *Interactive map of centres providing mental health support (MapaWsparcia.PL)"*

After the development of the implementation plan they will be reviewed and further adjusted. The indicators offered here are for the evaluation of the results and impact of the pilot GP.

In the context of this SANA analysis, the implementation teams will consider the evidence-based methods of evaluation and quality indicators that have been used and proved effective in other implementation strategies of this GP.

Training courses/workshops/public events.

Indicators:

- Workshops will be conducted in both pilot sites. The baseline number is 1 per pilot site and the target is at least 2 per pilot site- 6 pilot sites in total.
- Expected participants vs. actual participants.
- Satisfaction of the participants (questionnaire)
- Expectations of benefits of the participation to their mental health or personal/professional development (questionnaire)

Stakeholders/vulnerable groups involved.

Indicators:

- The baseline number is 2 and the target is at least 4 stakeholders.

Toolkits, guides, books, videos, other materials.

Indicators:

- Toolkits, guides and checklists will be developed. The baseline number is 3 and the target is 4 resources.
- Planned circulation of materials vs. actual circulation (documentation)
- Satisfaction of the audience with the materials (questionnaire). When the materials are used with the help of external facilitators, as is the case with children where they are facilitated by their teachers/parents/caregivers – questionnaires with the latter.
- Expectations for benefits of using the materials to promote the audience's mental health or personal/professional development.

Webinars for all stakeholders.

Indicators:

- The baseline number is 1 webinar and the target is 2 webinars
- Expected participants vs. actual participants. For longer term programs – drop-out rate (documentation)
- Satisfaction with the webinars (questionnaires)

2.8.1 Process Evaluation

Outcomes

a. Increased access to mental health support for people in vulnerable situations
b. Empowerment of individuals to make informed decisions about the support they need
c. Increased understanding of where to receive it
d. Increased awareness around mental health issues of users and providers
e. Reduction of stigma of people with mental health issues

Indicators

a. Number of users of the website
b. Number of mental health services providers listed
c. Level of satisfaction of users in terms of finding mental health support, % of users who find support through the website
d. Level of interaction between users, e. g. usefulness of shared comments and observations

Sources of information

a. Data from web analytics service (ongoing)
b. Online survey (last 2 months of the pilot's implementation period)
c. Interviews with mental health service providers
d. Documentation of shared users' comments and observations

2.8.2. Stakeholder attitudes

Outcomes

a. Increased understanding of the usefulness of the pilot for the target groups
b. Increased understanding of the contribution of the pilots for the system of providing mental health support after Covid-19 or another crisis

Indicators

a. Level of understanding the pilots
b. Level of satisfaction with the pilots
c. Level of willingness and readiness to support the long terms effects of the pilots

Sources of information

a. Interviews with (a sample of) stakeholders

2.8.3 Sustainability

The evaluation should study:

- The level of integration of the pilots in the routine work of the implementing organisations
- The willingness and readiness of the implementing organisations to further manage the pilots
- The availability of financial resources

3. Situation Analysis and Needs Assessment (SANA) Framework of the Good Practice "Team Reflection"

This framework aims at supporting the implementation of the Good Practice "Team Reflection" in the context of Work Package 4 (WP4) titled "Users, carers and community services". The below analysis will outlie the key steps and considerations to support the project teams 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 framework. By using the SANA framework, the implementers can ensure that the good practice is relevant to the target population, effective, and can lead to sustainable outcomes contributing to the broader goal of promoting mental health and well-being for people.

Description of the Good Practice " Team reflection"

The Dignity and Pride Programme devised a new approach, '**Team Reflection**', to support care professional teams to stay healthy. The approach is founded on the idea that health care professionals in the familiar environment of their own team, together with colleagues who have experienced the same challenges, have the greatest chance of managing stress.

The team meets in two sessions. In the first, experiences are shared and all participants are given guidance on what stress is and how to deal with it. Participants also receive tools to translate stress-related complaints into concrete actions to take, so that they can deal with their complaints effectively themselves. They also receive an explanation of the buddy approach (colleagues serve a buddy for a certain period during which they take extra care of their teammate). In the second session, in addition to sharing experiences and reflection on the acquired knowledge, the effectiveness of the buddy approach is reviewed and adjusted where needed.

Each session is supervised by two supervisors. Very often this is an external supervisor and a supervisor from the organisation. A train-the-trainer module has been set up for this purpose from the Dignity and Pride in the Region programme.

There are three central features of the Team Reflection approach:

1. Normalising stress: response to a stressful period (for example being easily distracted, moody or sad) is normal in certain circumstances and may vary from person to person

2. Providing guidance to make stress manageable: everyone in the team is dealing with this stress in their own way. The goal is to recognise and manage the signs of stress together
3. Continuing to support each other in the team in dealing with stress (the buddy approach)

During the entire period, there is scope to go deeper to address signals that require more attention. There is also a safety net available for those who need further care.

Link to the material (currently in Dutch): https://www.waardigheidentrots.nl/tools/aan-de-slag-met-teamreflectie/

Key Considerations of this SANA Framework

The key considerations this SANA Framework will focus are:

- Comparing the situation and the needs in the original locations and the new ones;
- Deciding on which needs to be addressed with priority in the new locations;
- Understanding the implementation method in the original locations and adjusting it to the situation and needs in the new ones;
- Understanding the monitoring and evaluation approaches in the original locations and planning for the new ones.

The SANA will be conducted by the WP4 teams with the support and feedback of the GP Owners. The opinion of the groups and institutions to be involved in implementing the GPs will also be taken into consideration.

The SANA framework is presented using tables and lists for clarity. The individual fields will be completed within 3 months from submission of the present deliverable and before the implementation phase commences, to allow enough time for the implementation teams to adequately their approach.

3.1 General Information

Title of the Good Practice (GP)	Team Reflection
Country/region where the GP will be implemented	Latvia
Country of Origin	Nederland
Good Practice Owner	Noud van Hecke and René van het Erve
Implementing Organisations	RCC, Latvia

3.2 Problem Identification

This section will describe the identifying the main issues and problems facing the vulnerable populations in the local community.

3.2.1 Description of the problem in the original location

<Brief general description of the problem that the GP is solving/has solved in the original locations. E.g. inadequate access of vulnerable population to specific services, inadequate support for mental health professionals, Lack of (new) specialized services to vulnerable populations, etc.>

3.2.2 Relation of the GP to Covid-19

<Description of the link between the GP and the Covid-19 pandemic. E.g.

- *The GP was elaborated and introduced as a targeted response to specific health crisis and needs serious adjustment to other situations*
- *The GP was triggered by the Covid-19 pandemic but can be applied in times of other critical situations.*

- *The GP was triggered by the Covid-19 pandemic but can be adjusted easily to the needs of specific target groups in situations without pronounced crises>*

3.2.3 General Covid-related situation in the country where the GP will be implemented

<Description of the current Covid-19 situation in the receiving country/location. If Covid is no-longer perceived as a crisis, what critical factors influenced by it need response in terms of mental health support, increased difficulty in retaining care staff since COVID. If the situation in the receiving country/location can be regarded as normal, are there vulnerable groups that need new/additional mental health support mechanisms? No details needed here; they will be indicated further below>

3.2.4 Description of the problem in the receiving location

<Based on the above, present an updated general description of the problem that the GP will address in the receiving country/location>

3.3 Situation Analysis

This section will outline the main issues and problems facing the community and the vulnerable populations who will be targeted through the GP.

3.3.1 Groups

Direct Beneficiaries

Direct beneficiaries are those who benefit directly from the actions included in this GP; population in need of specific mental health support.

Description of beneficiaries. The below list **is not exhaustive** and can be further enriched according to the Implementing organisation's capabilities:

- Number

- Existing support/care mechanisms/systems
- Effectiveness of the above
- Age distribution
- Health status/access to healthcare
- Family status – living with both parents, one parent, with other adults or carers
- Access to mass educational institutions
- Other relevant information.

	In original location *If in the SANA elaboration process the group is found not relevant for the receiving country, no description is needed here (see right column).*	**In new location** *Based on Section 2:* *• indicate if the group is no longer relevant* *• add relevant groups*
<Direct Beneficiaries 1>		
<Direct Beneficiaries 2>		
<Etc.>		
<New Direct Beneficiaries 1>		
<New Direct Beneficiaries 2>		
<Etc.>		

Target groups

Those who are related to the implementation of the good practice, e.g., professionals providing mental health support, teachers and caregivers or supporters, informal caregivers, service providers, parents, institutions etc., and are positively affected by the GP.

Description of target groups. The below list is not exhaustive and can be further enriched according to the Implementing organisation's capabilities:

- Number (if applicable)
- Role
- Level of awareness of the issue
- Level of competence to assist in recognising the issue
- Level of willingness to assist in adressing the issue

	In original location *If in the SANA elaboration process the group is found not relevant for the receiving country, no description is needed here (see right column).*	**In new location** *Based on Section 2:* *• indicate if the group is no longer relevant* *• add relevant groups*
<Target Group 1>		
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<Etc.>		
<Target Group 1>		
< Target Group 2>		
<Etc.>		

Other groups the GP may benefit

Other groups the GP may benefit can be professional associations, networks, etc.

Description of other groups:

- Type of group
- How were they involved in the GP implementation?
- How were they benefited in the original location?
- How can they benefit in the receiving country/location?

	In original location *If in the SANA elaboration process the group is found not relevant for the receiving country, no description is needed here (see right column).*	**In new location** *Based on Section 2:* *• indicate if the group is no longer relevant* *• add relevant groups*
<Other Group 1>		
<Other Group 2>		
<Etc.>		
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< Other Group 2>		
<Etc.>		

3.4 Stakeholder Analysis

In this section a stakeholder analysis will be conducted. This will include identifying and engaging key stakeholders in the community (e.g., community leaders, government officials, local organisations). The goal is to understand their perspectives on the issues facing the vulnerable population within the community and to involve them in the planning and implementation of the GP.

Data collection methods will include:

- surveys to stakeholders to identify the barriers and facilitators to implementation
- personal interviews or focus groups with stakeholders to further assess the needs regarding the best practice implementation

In the beginning of the project implementation the implementing teams will engage 2-4 stakeholder groups (e. g. 1-3 people per stakeholder group) per each GP.

3.4.1 The implementing organisation/institution

In this section, key institutional competences, skills and experience will be described as well as ways to promote them. The table below provides an example:

Competences/skills/experience	How to promote them
To acknowledge mental health issues	In-house professionals e.g., encourage open dialogue about mental health and the challenges adults and children may be facing, train staff, students, parents to recognise the signs and symptoms of mental health issues, etc.
To provide mental health support	In-house professionals or referrals to external support e.g., offer counselling services, support groups, or mental health resources, foster a safe and supportive environment where individuals feel comfortable seeking help.
To refer to the relevant services if needed	In-house professionals or referrals to external support e.g., provide information about mental

	health resources and services in the community, staff training on how to make appropriate referrals and follow up with individuals after referrals have been made.
To promote cooperation with parents, caregivers, the school governance team, teachers, policy makers, counsellors or other stakeholders	In-house professionals e.g., meetings or workshops with parents, caregivers, teachers, and other stakeholders to discuss mental health and wellness, collaborate with other organisations and agencies to promote mental health and wellbeing. Encourage the involvement of stakeholders in the development of mental health policies and practices.
To promote mental health wellbeing within their institution/organisation	In-house professionals e.g., develop mental health policies and procedures that prioritise mental health and wellbeing, offer wellness programs, stress-management techniques, and mindfulness practices to staff and students, create a culture that values and prioritises mental health and wellbeing.
To access the direct beneficiaries and target groups	In-house, established methods for direct communication with NGOs or local authorities e.g., develop outreach and engagement strategies to reach the target groups, utilise social media and other online platforms to connect with individuals who may benefit from mental health support, host mental health events or workshops to engage directly with beneficiaries and target groups.

3.5 Needs Assessment

In this section, specific needs of the beneficiaries and the target population will be described (e.g. education, access to mental health support) to inform the development of the GP aiming to address these needs.

If the needs are self-evident, this section can be omitted and only the priority needs will be listed in the following one.

3.6 Prioritisation

This section will prioritise the identified needs based on their importance and urgency, to ensure that resources are directed towards the most pressing issues facing the vulnerable population within the community.

The analysis will identify:

- Priority groups to be addressed
- Priority needs to be addressed

3.7 Implementation and Monitoring

This section will outline how the planned GP will be implemented and how it will be monitored in terms of its their progress and impact on the community. This information will be used to make adjustments and improvements as needed. At this stage, the experience and input of the GP owner will be taken into consideration. This section will later support the elaboration of the implementation plans.

3.7.1. Implementation

The planned period of implementation of the GPs in Latvia is 1 year.

Implementation actions in the original countries

4. Actions, sequence, duration, content, key personnel
5. Facilitators and barriers to implementation

Changes in the focus and format of the actions after the end of the Covid-19 crisis in the original countries

Brief outline of adequate actions to be implemented in the receiving countries (to be further elaborated in the implementation plans)

Possible facilitators and barriers, brief risk assessment and management outline (to be further elaborated in the implementation plans)

3.7.2 Monitoring

This section offers a preliminary set of indicators for the monitoring of the pilot GP by types of outputs and products. After the development of the implementation plans the key activities or interventions will be monitored and the related outputs and indicators will be reviewed and further adjusted.

At this stage, the implementation teams will study with the GP owners the evidence-based methods of monitoring and indicators that have been used and proved effective.

Data collection methods to assess monitoring indicators of the GP will include:

- Surveys to the implementing sites to assess adherence to the implementation plan, identify challenges and adjust research processes as needed.

3.8 Evaluation

This section offers a preliminary set of outputs and indicators for the evaluation of the GP "*Team reflection"*

After the development of the implementation plan they will be reviewed and further adjusted. The indicators offered here are for the evaluation of the results and impact of the pilot GP.

In the context of this SANA analysis, the implementation teams will consider the evidence-based methods of evaluation and quality indicators that have been used and proved effective in other implementation strategies of this GP.

Training courses/workshops/public events. Indicators:

- Workshops will be conducted in both pilot sites. The baseline number is 1 per pilot site and the target is at least 2 per pilot site- 6 pilot sites in total.
- Expected participants vs. actual participants.
- Satisfaction of the participants (questionnaire)
- Expectations of benefits of the participation to their mental health or personal/professional development (questionnaire)

Stakeholders/vulnerable groups involved.

Indicators:

- The baseline number is 2 and the target is at least 4 stakeholders.

Toolkits, guides, books, videos, other materials.

Indicators:

- Toolkits, guides and checklists will be developed. The baseline number is 3 and the target is 4 resources.
- Planned circulation of materials vs. actual circulation (documentation)
- Satisfaction of the audience with the materials (questionnaire). When the materials are used with the help of external facilitators, as is the case with children where they are facilitated by their teachers/parents/caregivers – questionnaires with the latter.
- Expectations for benefits of using the materials to promote the audience's mental health or personal/professional development.

Webinars for all stakeholders.

Indicators:

- The baseline number is 1 webinar and the target is 2 webinars
- Expected participants vs. actual participants. For longer term programs – drop-out rate (documentation)
- Satisfaction with the webinars (questionnaires)

3.8.1 Process Evaluation

Outcomes

a. Increased understanding of stress and methods of stress management among mental health professionals
b. Increased level of awareness around stress symptoms and management
c. Improved well-being
d. Increased collaboration among team members
e. Continued support mechanism introduced and used (the buddy approach)

Indicators

a. Number of mental health professionals engaged in the sessions
b. Self-perception of increased awareness and knowledge of stress symptoms and stress management methods/techniques
c. Well-being state at baseline
d. Level of job satisfaction
e. Number of participants who utilise the buddy approach and report positive results

Sources of information

a. Questionnaires
b. interviews with (a sample of) participants
c. Brief targeted discussions after each session
d. Documented facilitators' observations

3.8.2. Stakeholder attitudes

Outcomes

c. Increased understanding of the usefulness of the pilot for the target groups
d. Increased understanding of the contribution of the pilots for the system of providing mental health support after Covid-19 or another crisis

Indicators

d. Level of understanding the pilots

e. Level of satisfaction with the pilots
f. Level of willingness and readiness to support the long terms effects of the pilots

Sources of information

b. Interviews with (a sample of) stakeholders

3.8.3 Sustainability

The evaluation should study:

- The level of integration of the pilots in the routine work of the implementing organisations
- The willingness and readiness of the implementing organisations to further manage the pilots
- The availability of financial resources

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