Ref. Ares(2024)4427633 - 19/06/2024

SANA FRAMEWORK

MENTal Health QuALITY Practices

Project 101079990

By Prolepsis Institute

March, 2023

Co-funded by the European Union

Index

1. Introduction 4

1.1 Consortium Information 4

1.2 Project Partner Organisations 5

2. Situation Analysis and Needs Assessment (SANA) Framework for the Good Practice 'A Hopeful, Healthy, and Happy Living and Learning Toolkit / Teachers' Guide' 6

Description of the Good Practice 6

Key Considerations of this SANA Framework 7

2.2 General Information 8

2.2 Problem Identification 8

2.2.1 Description of the problem in the original location 9

2.2.2 Relation of the GP to Covid-19 9

2.2.3 General Covid-related situation in the country where the GP will be implemented 9

2.2.4 Description of the problem in the receiving location 9

2.3 Situation Analysis 10

2.3.1 Groups 10

2.4 Stakeholder Analysis 12

2.4.1 The implementing organisation/institution 12

2.5 Needs Assessment 14

2.6 Prioritisation 14

2.7 Implementation and Monitoring 14

2.7.1. Implementation 14

2.7.2 Monitoring 15

2.8 Evaluation 15

2.8.1 Process Evaluation 17

2.8.2. Stakeholder attitudes 17

2.8.3 Sustainability 17

3. Situation Analysis and Needs Assessment (SANA) Framework of the Good Practice 'Measures to Support Mental Health of Migrants and Refugees in Times of COVID 19' 19

Description of the Good Practice 19

Key Considerations of this SANA Framework 21

3.1 General Information 22

3.2 Problem Identification 22

3.2.1 Description of the problem in the original location 22

3.2.2 Relation of the GP to Covid-19 23

3.2.3 General Covid-related situation in the country where the GP will be implemented 23

3.2.4 Description of the problem in the receiving location 23

3.3 Situation Analysis 23

3.3.1 Groups 23
3.4 Stakeholder Analysis 26
3.4.1 The implementing organisation/institution 26
3.5 Needs Assessment 27
3.6 Prioritisation 27
3.7 Implementation and Monitoring 28
3.7.1. Implementation 28
3.7.2 Monitoring 28
3.8 Evaluation 29
3.8.1 Process Evaluation 30
3.8.2. Stakeholder attitudes 32
3.8.3 Sustainability 32

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 for the Good Practice ‘A Hopeful, Healthy, and Happy Living and Learning Toolkit / Teachers’ Guide’

This framework aims at supporting the implementation of the Good Practice “A Hopeful, Healthy, and Happy Living and Learning Toolkit / Teachers’ Guide” in the context of Work Package 5 (WP5) titled “Vulnerable situations”. The below analysis 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 plan. 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 children and young people.

Description of the Good Practice

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 will be 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 centred 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 not only by the COVID-19 pandemic, but also from a variety of crisis and emergencies. 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.

Key Considerations of this SANA Framework

The key considerations this SANA Framework will focus on are:

- Comparing the situation and the needs in the original locations as well as the new ones;
- Deciding on which needs to be addressed with a priority on those observed in the new locations;
- Understanding the implementation method in the original locations and adjusting it to the situation and needs of 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 WP5 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 adapt their approach.

2.2 General Information

Title of the Good Practice (GP)	A Hopeful, Healthy, and Happy Living and Learning Toolkit / Teachers' Guide
Country/region where the GP will be implemented	Greece, Slovakia
Country of Origin	
Good Practice Owner	REPSSI, APSSI and the PS Centre with support from Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings MHPSS.net and funding from Education Cannot Wait
Implementing Organisations	Prolepsis Institute, Greece, Mental Health League, Slovakia

2.2 Problem Identification

This section will identify the main mental health challenges children face due to the pandemic. This could include increased anxiety, depression, social isolation and difficulties with remote learning, as well as factors that contribute to these challenges, such as the lack of social interaction, changes in routine, and increased stress on parents and caregivers. This area has been partly explored during the proposal writing stage of the present project. The consortium has conducted a preliminary desk-based research and has determined the scope of the problem up to an extent, including the age groups most affected by the pandemic and has identified the relevant intervention to promote children's mental health during the Covid-19 pandemic.

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, are there other critical factors in terms of mental health support, e. g. consequences of a prolonged lockdown period especially for more vulnerable populations such as children, etc. If the situation in the location can be regarded as normal, are there vulnerable groups that need new/additional mental health support mechanisms?

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; children or children 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
- 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.

To acquire demographic and other information about the target population, data collection methods will include:

- surveys to target groups to identify areas such as their role, area of expertise, level of awareness of the mental health issue, level of competence to assist in recognising the issue, level of willingness to assist in addressing the issue
- personal interviews or focus groups with target groups to further assess their needs regarding managing the specified mental health issues.

	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.

To acquire demographic and other information about other target groups, data collection methods will include:

- surveys to other target groups to identify areas such as their role, how they were involved in the GP implementation, how they benefited in the original location, how they can benefit in the receiving country/location

- personal interviews or focus groups with target groups to further assess their needs regarding managing the specified mental health issues.

	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.

All implementing sites will prepare the relevant reports for the above data collection activities.

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 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.

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 implementation of the GP aiming to address these needs. This section has been partly explored during the proposal writing stage of the present project as the identification of the mental health status of children, the impact of Covid-19 on their lives and routines, and the availability and accessibility of mental health services as well as gaps in mental health support have been captured in the context of the proposal. The consortium has conducted a preliminary needs assessment of the population and has identified the relevant intervention to address the specific needs of children and their families in promoting their mental health during the Covid-19 pandemic. Thus, this section can be omitted and only the priority needs will be listed in the following unit.

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. This would involve considering factors such as the severity and prevalence of the need, the feasibility of addressing the need, and the potential impact of addressing the need on children's mental health outcomes. The implementing teams would need to collaborate with stakeholders, such as mental health professionals, educators, and parents, to prioritise needs based on their expertise and input. The prioritisation stage will also involve determining which needs are most urgent and require immediate attention and can be addressed in the context of the implementation period.

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 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 Greece and Slovakia is 1 year.

Implementation actions in the original countries

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

Implementation actions in the implementing countries

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

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 "A Hopeful, Healthy, and Happy Living and Learning Toolkit / Teachers' Guide". 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. For longer term programs – drop-out rate (documentation)
- 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. Improved understanding of Covid-19 among children
b. Improved ability of children to openly discuss mental-health related issues
c. Improved awareness regarding mental health issues
d. Increased ability of children to seek help when needed

Indicators

a) Attitudes towards Covid-10 among children
b) Attitudes towards discussing mental health issues (stigma or discrimination)
c) Attitudes towards understanding mental health issues
d) Attitudes towards seeking help for mental health issues

Sources of information

a) Questionnaires and interviews with children, teachers and parents
b) Documented observations of teachers on the effect of the book

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 ‘Measures to Support Mental Health of Migrants and Refugees in Times of COVID 19’

This framework aims 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’. The below analysis 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 plan. 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 migrants and refugees.

Description of the Good Practice

‘Measures to Support Mental Health of Migrants and Refugees in Times of COVID 19’ is a Good Practice developed in the Netherlands aiming to address the management of mental health issues of migrants and refugees during Covid-19. Three complementary initiatives were launched to address the mental health needs of migrants and refugees in the context of Covid-19

1. The ‘Corona helpdesk for refugees’

Corona Status Holders Action Committee (CAS) is a partnership between various organisations that have started a telephone Corona Helpdesk. The initiative supports refugees (with residence permits) in their own language, helping to overcome the confusion that asylum seekers and migrants can face if they do not understand the Dutch language well.

The Corona Helpdesk helps migrants by answering all questions related to the Covid-19 pandemic, including questions about health, family, crisis measures, (home) education or work and income, as well as the accessibility of government agencies such as social services. The Helpdesk is staffed by trained volunteers who work from home. The volunteers have a refugee background themselves and speak Tigrinya and/or Arabic, the two most common languages among refugees. They can use a digital knowledge base to answer people’s questions. If complex questions arise or help is needed (including health care-related help), they refer to second-line specialists who offer support and call people back.

More information at *https://www.cashelpdesk.org/*

2. The 'Mind-Spring' psycho-education intervention

Mind-Spring is a preventive group intervention focused on psychoeducation and parenting support for and by refugees. Asylum seekers often come from conflict situations and have had to endure many hardships during their journey. Because of these experiences, uncertainty about the future, the loss of identity and their reception in the Netherlands, they run an increased risk of developing psychological distress. At the same time, it is known that this group experiences a high barrier to professional psychological assistance.

Eight two-hour sessions are delivered by two trainers: one mental health professional and one trainer with a refugee background. This use of trainers with a refugee background (peer educators) brings significant value by translating content to ensure it meets the language and cultural needs of participants. Central themes include stress, depression and listlessness, trauma, grief and guilt, displacement and acculturation, loss of achievements in one's own country and the daily worries.

Mind-Spring currently has four programmes: Mind-Spring for adults; Mind-Spring junior for children from 8 to 12 years old; Mind-Spring junior for young people from 13 to 18 years old; and Mind-Spring parenting support, which is carried out in combination with the child and youth groups. In addition to the Netherlands, it is currently also deployed in Belgium, Germany and Denmark.

More information at *https://migratie.arq.org/mind-spring*

3. Guidelines developed for mainstream professionals in health and social care

ARQ, together with Parnassia Groep and Pharos, has developed a guide aimed at psychosocial support for migrants, refugees and asylum seekers during the pandemic. This guide is intended for professionals who are involved in the psychosocial support of migrants.

The guide pertains to migrants who, due to their cultural, social and personal background, could benefit from additional improvements in health care due to the Covid-19 crisis. Specifically, this concerns asylum seekers, refugees (status holders), undocumented migrants, victims of human trafficking, and regular migrants who came to the Netherlands in the context of work or family reunion.

The guide was disseminated by the network and through social media. Many professionals were grateful for the recommendations, and it helped them to pay more attention to cultural differences and to break through the cultural taboo to talk about mental health issues.

More information at *https://migratie.arq.org/oog-voor-diversiteit-ten-tijde-van-corona-crisis*

Key Considerations of this SANA Framework

The key considerations this SANA Framework will focus on are:

- Comparing the situation and the needs in the original locations as well as the new ones;
- Deciding on which needs to be addressed with a priority on those observed in the new locations;
- Understanding the implementation method in the original locations and adjusting it to the situation and needs of 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 WP5 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 adapt their approach.

3.1 General Information

Title of the Good Practice (GP)	Measures to Support Mental Health of Migrants and Refugees in Times of COVID 19
Country/region where the GP will be implemented	Poland
Country of Origin	**The Netherlands**
Good Practice Owner	National Psychodrama Centrum +
Implementing Organisations	Polish Migration Forum Foundation

3.2 Problem Identification

This section will identify the main challenges immigrants and refugees face due to the pandemic that may affect their mental health. This could include language barriers, cultural differences, social isolation and discrimination. These challenges have been further exacerbated by the Covid-19 pandemic, which has led to increased stress, anxiety, and uncertainty for individuals and communities worldwide. This area has been partly explored during the proposal writing stage of the present project. The consortium has conducted a preliminary desk-based research and has determined the scope of the problem up to an extent, including the groups most affected by the pandemic and has identified the relevant intervention to promote immigrants' and refugees' mental health during the Covid-19 pandemic.

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) specialised 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, are there other critical factors in terms of mental health support, e. g. consequences of a prolonged lockdown period or fragmentation of health care services especially for more vulnerable populations such as children, refugees/migrants, 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?

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; migrants and refugees and their families.

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
- Age distribution (% elderly, % adults, % children)
- Health status
- Access to healthcare
- Host country language proficiency
- 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, trainers, parents, service providers, institutions etc., and are positively affected by the GP.

To acquire demographic and other information about the target population, data collection methods will include:

- surveys to target groups to identify areas such as their role, area of expertise, level of awareness of mental health issues of migrants and refugees, level of competence to assist in recognising the issue, level of willingness to assist in addressing the issue
- personal interviews or focus groups with target groups to further assess their needs regarding managing mental health issues.

	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.

To acquire demographic and other information about other target groups, data collection methods will include:

- surveys to other target groups to identify areas such as their role, how they were involved in the GP implementation, how they benefited in the original location, how they can benefit in the receiving country/location
- personal interviews or focus groups with target groups to further assess their needs regarding managing the specified mental health issues.

	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.>		

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.

All implementing sites will prepare the relevant reports for the above data collection activities.

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 immigrants and refugees 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, policy makers, counsellors or other stakeholders	In-house professionals e.g., meetings or workshops with parents, caregivers 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 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. information on mental health or Covid-19 related issues, access to mental health support) to inform the implementation of the GP aiming to address these needs. This section has been partly explored during the proposal writing stage of the present project as the identification of the mental health status of immigrants and refugees, the impact of Covid-19 on their lives and the availability and accessibility of health and mental health services as well as gaps in mental health support have been captured in the context of the proposal. The consortium has conducted a preliminary needs assessment of the population and has identified the relevant intervention to address the specific needs of immigrants and refugees and their families in promoting their mental health during the Covid-19 pandemic. Thus, this section can be omitted and only the priority needs will be listed in the following unit.

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. This would involve considering factors such as the severity and prevalence of the need, the feasibility of addressing the need, and the potential impact of addressing the need on immigrants

and refugees' mental health outcomes. The implementing teams would need to collaborate with stakeholders, such as mental health professionals, educators, trainers, cultural mediators and parents, to prioritise needs based on their expertise and input. The prioritisation stage will also involve determining which needs are most urgent and require immediate attention and can be addressed in the context of the implementation period.

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 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 Poland is 1 year.

Implementation actions in the original countries

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

Implementation actions in the implementing countries

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

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 'Measures to Support Mental Health of Migrants and Refugees in Times of COVID 19'. 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 for each initiative 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. For longer term programs – drop-out rate (documentation)
- 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

This section outlines the process evaluation outcomes, indicators and sources of information for all 3 initiatives that will be implemented in the context of the GP 'Measures to support mental health of migrants and refugees in times of Covid-19'.

1. Corona Helpdesk

Outcomes

a) Improved understanding of Covid-19 among immigrants and refugees
b) Improved access to information related to the Covid-19 or another crisis for refugees
c) Improved awareness regarding mental Covid-19
d) Increased ability to seek help about Covid-19 related issues when needed

Indicators

a) Number of calls
b) Number of people who called more than once
c) Number of referrals to adequate government of other services
d) Level of satisfaction of the callers

Sources of information

a. Call management/tracking software
b. Documented observations of helpdesk operators

2. Mind-spring

Outcomes

a. Improved understanding of mental health issues
b. Improved ability to openly discuss mental-health related issues
c. Improved awareness regarding mental health issues
d. Increased ability to seek help when needed

Indicators

a. Number of participants in the sessions
b. Drop-out rate
c. Attitudes towards discussing mental health issues (stigma or discrimination)
d. Attitudes towards understanding mental health issues
e. Satisfaction of the participants with the psychoeducation programme

Sources of information

a. Brief targeted discussions after each session documented by the facilitator
b. Documented observations of the educators/trainers
c. Questionnaires for participants at the end of the last session

3. Guidelines developed for mainstream professionals in health and social care

Outcomes

a. Improved cultural sensitivity among (mental) health professionals
b. Improved awareness regarding cultural issues
c. Improved communication skills of (mental) health professionals to support immigrants and refugees

Indicators

a) Number of (mental) health professionals using the guide
b) Level of self-confidence in supporting immigrants and refugees regarding the issues discussed in the guide
c) Attitudes towards culturally sensitive issues
d) Level of satisfaction of with the guide

Sources of information

a. System for tracking the guide recipients, including downloads from publicly accessible websites
b. Questionnaire among (mental) health professionals using the guide
c. Interviews with (a sample of) (mental) health professionals

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

Co-funded by the European Union

Funded by the European Union under the EU4Health Programme (EU4H) - Grant Agreement Nº: 101079990. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.