EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

SANTE B4: DISEASE PREVENTION AND HEALTH PROMOTION

Report
Marketplace event

11, 12, 13 March 2024

Introduction

The Marketplace event, which took place on 11, 12, and 13 March 2024 in an online modality, was organised as part of the policy cycle under the Public Health Expert Group (PHEG), which aims to create common and replicable solutions for the challenges the EU Member States are trying to address. Following the adoption of the Communication on a Comprehensive Approach to Mental Health, the European Commission launched a Call for Best and Promising Practices in the field of mental health in order to promote a comprehensive, prevention-oriented, and multi-stakeholder approach to mental health.

Under the 'Healthier Together' initiative, the Communication was launched to support the efforts of the Member States in addressing the behavioural, socioeconomic, environmental, and commercial determinants of mental health while inviting national and regional actors, as well as stakeholders, to implement this new strategic approach to mental health.

Hence, the main objective of the Marketplace event was to present to the Member States' representatives the best and promising practices selected after a thorough evaluation process that followed the evaluation criteria previously agreed upon by the Member States and available on the EU Best Practice Portal. To accomplish this objective, the Commission invited practice owners whose initiatives were assessed as either 'best' or 'promising' to present their practice. In response, a total of 27 best and promising practices were presented during the three-day event by practice owners, spanning a wide variety of target groups, objectives, and techniques. Each presentation was chaired by a selected expert with a strong background in mental health, who moderated the session and ensured the smooth run of the discussions. The event was structured into plenary and parallel sessions, with different presentations running simultaneously in online breakout rooms.

Day 1 – 11 March 2024

DG SANTE opened the first day of the meeting by welcoming all participants and giving an overview of the selection process for the best and promising practices presented during the event. DG SANTE then quickly presented the event's structure, indicating that two different moments were foreseen for explaining the practices: first, plenary sessions, followed by parallel subsequent sessions.

Overall, a total of 9 best and promising practices were displayed by the owners. More specifically, *Circle of Friends* from Finland, *Community and First Aid* from Norway, *STIME* from Denmark, *Safe Places Thriving Children: embedding trauma informed practices into alternative care settings* from Austria and *Living and Learning Together: Awareness, Prevention, and Resilience Building in School* from Greece were presented during the plenary session. Then, break-out sessions were set up for presenting further practices in parallel, namely *Reintegration through Sport* from Greece, *Holistic psychosocial support for people living with a rare disease and their family members* from Luxembourg, *Pets and smiles to enjoy life* from Italy, and *Training programme on mental health for school reference nurses in Andalusia* from Spain.

The following section offers a more detailed overview of the key takeaways and main concerns addressed for each of the practices presented. In addition, information regarding attendance at the session is provided by indicating the Member State representatives who participated.

Best and promising practices – details

Practice title: Circle of Friends (BP)
Country: Finland
Presented by: Anu Jansson (The Finnish Association for the Welfare of Older Adults, Vanhustyön keskusliitto)
Moderator: Prof. Jaana Suvisaari (Finnish Institute for Health and Welfare (THL))

Brief description of the practice	Circle of Friends is a group intervention programme in which lonely older people meet their peers in a closed group 12 times over three months. It aims to tackle loneliness among older adults and improve their well-being and quality of life.
Key takeaways	Loneliness is considered a risk factor for mental health, and it is one of the most significant health concerns for society today. It should be recognised among older adults, who often face losses in close relationships and changes in functional capacity. Loneliness is a subjective experience characterized by multiple dimensions, not only social. Circle of Friends is well organized and has motivated professional staff. Group participants are encouraged to change their lives and find empowering coping techniques for loneliness with trained group facilitators and peers. Regional coordination is vital in disseminating the Circle of Friends methodology. Group intervention has proven to improve lonely older adults' health and cognition, decrease the use of healthcare services, and reduce mortality.
Key issues and concerns raised	Some older adults use passive coping techniques for loneliness or do not have any coping techniques. Covid-19 increased the experience of loneliness, and the possibility of offering online groups was beneficial. Participation in group intervention is free of charge.
Questions raised by Member States, experts, or practice owners	• Advertisement of the practice • Finland asked if Circle of Friends is advertised. The practice owner confirmed that online materials, postcards, paper messages, and letters are available to older adults. Regional coordinators are essential in advertising Circle of Friends groups- • Implementation of the practice in another country. The practice owner explained that it is crucial to define loneliness and identify older adults suffering from loneliness in the new country. In addition, online training models would help facilitate applying the practice in new countries.
Countries present in the session	FR, NL, SL, NO, ES

Practice title: Community and First Aid (BP)
Country: Norway
Presented by: Carola Ruud (National Senior Adviser Justice Program of the Norwegian Red Cross)
Moderator: Prof. Jaana Suvisaari (Finnish Institute for Health and Welfare (THL))

Brief description of the practice	This Red Cross initiative is dedicated to improving prisoners' mental health and well-being by implementing a Community-Based Health approach. This approach includes peer-led health education, psychological support, and better access to health services, thereby contributing to their overall quality of life and protection.
Key takeaways	Norwegian has the reputation of having the best prison system in the world, yet it grapples with an escalating challenge of mental health issues, self-harm, and suicides. The program's overall objective is to improve the health and well-being of detainees, with positive outcomes across various levels: the individual (empowerment, self-esteem, self-belief), interpersonal (user participation), community (reduction of conflict and violence), and organisational (drastic reduction of transfers after incidents of conflict and violence). Unexpected outcomes have emerged, including reduced discrimination among prisoners, decreased vandalism, and a notable reintegration success evidenced by 25% of released volunteers maintaining contact with their local Red Cross branch. The operation is highly cost-effective and coordinated by volunteers in the local Red Cross. However, a national coordinator who adapts and implements the model and facilitates knowledge sharing is necessary.
Key issues and concerns raised	The role of volunteers has become a vessel and a tool for health knowledge. The model is based on a community-based health approach. At its core, it is peer-to-peer but differs according to the context of each country. In Norwegian prisons, the focus has been on mental health. The role of Red Cross volunteers inside prisons is complex, and local Red Cross branch mentors are essential guides for the volunteers in the prisons. The practice is transferable and can be adapted to any prison environment. The project is currently being adapted to Colombian prisons.
Questions raised by Member States, experts or practice owners	• Functioning of training for volunteers • Is training available in several languages? • What is the process to implement the project in national contexts? • What are the exclusion criteria for volunteers? • Elements for implementation
Countries present in the session	BG, NO, CZ, IT, ES, FR, FI

Practice title: STIME (BP)
Country: Denmark
Presented by: Katrine Bærentzen (Head of Unit, Child and Adolescent Mental Health Center, Capital Region of Denmark)
Malene Hein Damgaard (Chief psychologist, Frederiksberg Municipality, Capital Region of Denmark)
Moderator: Prof. Jaana Suvisaari (Finnish Institute for Health and Welfare (THL))

Brief description of the practice	STIME is a preventive treatment programme delivered in collaboration between the primary healthcare sector in the municipalities and specialized hospital services. The programme addresses children and adolescents aged 3-17 with mental health problems that are not severe enough for treatment in a psychiatric hospital setting but still need specialized treatment. The treatment interventions in STIME and the supporting activities contribute to better mental health and ensure that the children and adolescents have a higher level of functioning (about family, friends, school, free time, and mood). This is measured through assessment tools, which accurately identify and evaluate a person's needs.
Key takeaways	More children and adolescents' mental well-being is at risk, the nonattendance in schools increases, and the number of children in need of special education is rising. There is a need to prevent and treat early signs of mental distress among children and adolescents before they qualify for psychiatric assessment and treatment. Many families have already received help from STIME, and most children and adolescents in the programme feel better and avoid a psychiatric diagnosis. There is a mutual understanding of different tasks and responsibilities across the sectors and a mutual knowledge of the sectors' different approaches, terms, and legislation. Additionally, a shared language has been developed. Throughout the pilot period, the practice was evaluated by pre- and post-measures with validated assessment tools and with children's and parents' satisfaction measures. Preliminary results indicate significant effects (drop in symptoms, satisfaction among children and parents). Additionally, both adolescents and parents would recommend STIME.
Key issues and concerns raised	International attention to the programme. Education and training of school psychologists are core elements of the STIME programme. Parent and teacher support is essential for the outcome of the child's/adolescent's treatment. It would be recommended that a solid evidence-based evaluation be built. Practice owners are applying for funding. STIME is considered sustainable and transferable globally but requires investment from local budgets. One concern is the relationship between the private and public sectors in other settings. One challenge is a lot of self-determination locally, which means many things can be different in municipalities close to each other. Not cheap and requires funding.
Questions raised by Member States, practice owners and experts	• In psychiatric terms, how is the assessment done in practice? • Transferability to other countries, also in terms of legislation. • What is the bridging point among countries? • Any legislative issues for the discrepancy between legislation in the healthcare and education sectors.

Countries present in the session	BG, CZ, DK, IT, FR, FI, SL

Practice title: Safe Places Thriving Children: embedding trauma-informed practices into alternative care settings (BP)
Country: Austria
Presented by:
Florence Treyvaud-Nemtzov (Project Manager, SOS Children's Villages International)
Francine Stanfield (Project Coordinator, SOS Children's Villages International)
Kruno Topolsky (Trainer, SOS Children's Villages International)
Adeline Puerta (SOS Children's Villages in Belgium)
Lubos Tibensky (Mental Health expert, SOS Children's Villages International)
Moderator: Prof. Jaana Suvisaari (Finnish Institute for Health and Welfare (THL))

Brief description of the practice	The main goal of this practice involves implementing a trauma-informed care strategy within child protection services, improving support for children and young people affected by ACEs, and enhancing their developmental opportunities. To achieve this goal, the specific objectives are to train child and youth care practitioners to implement a trauma-informed approach in their work with children and young people through face-to-face sessions, educate professionals from social, educational, health, and justice sectors to understand and identify ACEs and their impact through e-learning, and integrate trauma-informed care into AC organisations to bring about sustainable systemic change through organisational development workshops.
Key takeaways	National trainees evaluated the training as relevant to their work. Young people (co-trainers) can share their feelings and opinions with trainees directly during the training, which is very impactful. It is essential for young people who are professionals as well. The practice is adapted to the needs of every child. Training in Trauma-informed practice allows one to understand where the behaviour comes from.
Key issues and concerns raised	The impact of the practice was evaluated on professionals but not on children. Trainers have been paid (including young co-trainers). The main cost is related to the trainers. The child protection system should be better and trauma informed. There is a need to integrate trauma-informed practices into the provision of alternative care. Realise the right to mental health for all children and young people in alternative care. Involving the service user with lived care experience in the training is impactful.
Questions raised by Member States, practice owners and experts	• Did you modify the training of trainers for different countries? • Basic requirements for implementing the practice in other countries. • How do you evaluate the outcomes of the training on children?
Countries present in the session	BG, CZ, FI, FR, IT, SL

Practice title: Living and Learning Together: Awareness, Prevention, and Resilience Building in School (BP)
Country: Greece
Presented by: Despina Katsouda (the Community Sensitisation & Psychoeducation Office Society of Social Psychiatry)
Moderator: Marion Devaux (OECD)

Brief description of the practice	Research consistently indicates a strong correlation between poor mental health and increased dropout rates among students in schools, vocational, and higher education, a concern echoed by the World Health Organization's European sector (WHO/Europe). The stigma surrounding mental health worsens social exclusion, isolation, and the risk of depression and suicide among vulnerable youth. In response, SSP P. Sakellaropoulos, a leader in mental health reforms in Greece, utilises its experience operating Mobile Mental Health Units nationwide. "Living and Learning Together" is developed as a modular multidimensional program aimed at building resilience in school communities. Targeting students with experiential workshops, teachers through training programs, and parents through psychoeducation groups, customized plans are collaboratively devised to engage and assist each school community in effectively addressing crises.
Key takeaways	The programme was successfully implemented, and the overall achievement ratio was 130%. It was implemented within the prescribed time limits and without any problems.
Key issues and concerns raised	- Minority population groups can be complex to reach. - Evaluations of long-term impact on population mental health and school outcomes
Questions raised by Member States, practice owners and experts	- Assessment of the effectiveness of the intervention. - Recommendations for countries interested in adopting this approach, particularly crucial features that can enable or limit the transfer of the practice to other countries.
Countries present in the session	CZ, FI, IT, SL

Practice title: Reintegration Through Sport (BP)
Country: Greece
Presented by: Fotis Panagiotounis (KETHEA, Therapy Center for dependent individuals)
Moderator: Marion Devaux (OECD).

Brief description of the practice	The integration of sports into substance use disorder (SUD) recovery is the focal point of this initiative. The practice aims to underscore the therapeutic benefits of sport in the recovery process, emphasising its potential to enhance behaviour change.
Key takeaways	This practice promotes the adoption of recovery processes focused on integration through sports. It also emphasises the importance of addressing **social**, **economic**, and **health issues** caused by drug addiction. The recovery process for addiction involves a dynamic process, starting with addressing symptoms like withdrawal syndrome and low well-being. This is followed by psychosocial, behavioural, and cognitive changes, promoting stable habits and recognizing emotions. The final stage involves solidifying these changes, building support networks, adopting a healthy lifestyle, and reintegrating into daily life. In this context, sport is a powerful tool for improving physical and mental health, social functioning, and quality of life, serving as a "here and now" intervention in substance use recovery. It enhances self-concept, maintains abstinence, and fosters accomplishment. It provides a safe learning environment for behavioural change and skill development, fostering recovery opportunities. The practice developed and implemented tailor-made sport-based guidelines and protocols to promote positive sports experiences for individuals recovering from SUD, boost motivation for behavioural change, educate them on life skills, and facilitate the transfer of these skills to SUD recovery. To achieve the above, the practice promoted the capacity-building of mental health and sports professionals in SUD recovery to effectively implement behavioural change strategies through sports. The practice is based on the COM-B conceptual framework, which allows for intervention and focuses on capability, opportunity, and motivation. Theoretical foundations include social cognitive and self-determination theories, with behaviour change mediators such as motivational interviewing, experiential learning, and life skills training.
Key issues and concerns raised	The programme requires ongoing funding, resources, and support from third parties to ensure sustainability and upscaling. Capacity-building training for professionals working in the field is essential, but it may be challenging to persuade mental health professionals about the therapeutic benefits of sports. The approach involves a community-based intervention, but there are challenges in ensuring clients' lifelong engagement in sports activities as part of their recovery process. The stigma surrounding addiction calls for the protection of individuals in the early stages of recovery. Recommendations for countries looking to transfer the approach include addressing funding constraints, prioritising sports activities, persuading mental health professionals about the therapeutic benefits of sports in the recovery process, and implementing training programs for mental health and sports professionals to enhance their capacity to effectively implement behavioral change strategies through sports in SUD recovery.

Questions raised by Member States, practice owners and experts	• Can you describe the characteristics of individuals who benefit from your projects? How do your networks understand the characteristics of clients, and how do you tailor sports interventions to their needs? Could you elaborate on the focus during different stages of the intervention? • Do you have a formal protocol for referrals? How do people learn about your projects, and how do you engage with them? • Are your clients primarily individuals struggling with substance use disorders? Do you mix individuals with substance use disorders with those without disorders during sports activities? • What recommendations would you offer to countries interested in adopting your approach, particularly regarding funding challenges and persuading mental health professionals about the therapeutic benefits of sports?
Countries present in the session	No MS representatives attended the session.

Practice title: Holistic psychosocial support for people living with a rare disease and their family members (PP)
Country: Luxembourg
Presented by: Dr Denise de Waal (Coordinator of the National Alliance for Rare Diseases in Luxembourg)
Moderator: Professor Antonio Sarria-Santamera (Professor of Medicine and Global Health)

Brief description of the practice	Since 2009, ALAN Maladies Rares Luxembourg has provided holistic psychosocial support to people living with rare diseases and their family members in Luxembourg. These people face many challenges which impact their mental health and wellbeing negatively. These challenges include a long diagnostic pathway, unavailability of treatment, lack of medical expertise and experts on the disease, difficulty in obtaining the needed adaptations to continue career or educational pathways, an elevated risk of poverty due to the inability to continue work as before, social exclusion, and isolation. In fact, due to these challenges, they are three times more likely to develop mental health problems such as depression. Therefore, this population can be viewed as vulnerable. Holistic psychosocial support can mitigate these challenges. This promising practice aims to give patients more autonomy and improve their quality of life, mental health, and well-being. Patients, family members, and other health and social care professionals can access the psychosocial support service via the national Infoline for rare diseases. Afterward, the patient and their family are invited for a first consultation with a psychologist and social worker. In this first meeting, the needs of the patient and their family are identified, and a support plan including specific goals is drafted by the psychologist, social worker, patient, and their family. This plan can entail different types of support, including psychological consultations, care pathway coordination, information on social rights, administrative processes, and assistance with adapting educational and career pathways. During the support pathway, the original plan's goals are re-evaluated and can be adapted as seen fit. Furthermore, a decision on the continuation of the support will be taken.
Key takeaways	This practice highlights the importance of a holistic, person-centered, needs-based, multidisciplinary approach to empowering the patient and their family to face various challenges in their daily lives and build resilience. Furthermore, the importance of regular communication within multidisciplinary teams and with external stakeholders is underlined. The objectives of this promising practice are: • Improve the mental and emotional well-being of people living with rare diseases and their family members. • Facilitate the social inclusion of people living with a rare disease and their families by assisting them in managing their day-to-day activities (such as access to adapted educational pathways or adapted career pathways). • Reduce the stress in daily life for people living with a rare disease and their family members by providing them with information on their rights and available help and assisting them in finding solutions for daily challenges. Finally, this promising practice breaks down existing barriers to psychosocial support for people with a rare disease because:

	• It is free of charge for people living with a rare disease and their family members affiliated with the Luxemburg social security system. • Multilingual services with access to translation services if needed. • Respect for different cultural backgrounds and belief systems. • A patient-centred and needs-based approach without set limitations on the number of consultations. • Good geographical coverage and accessible offices (possibility for house visits or accompanied medical visits). • Staff who specialize in rare diseases and follow regular training. • Good visibility thanks to the embeddedness of our service in the national rare disease plan, our info-line, and our reputation as national experts on rare diseases. • Integrated into the national health and social care system.
Key issues and concerns raised	The critical concerns addressed by this promising practice are the challenges that patients living with a rare disease and their family members face in daily life, such as a long diagnostic pathway, a lack of expertise on their disease, the inability to continue work as before, not knowing your social rights, difficulty to manage their medical and social care pathways and associated mental health problems. Furthermore, in the presentation, the practice owner reflected on some challenges in the support delivery, such as the multicultural landscape in Luxemburg, coordinating care pathways that involve many different health and social care providers, the communication in interdisciplinary settings, the prioritization of cases and the flexibility required to provide a genuinely patient-centred service. These challenges are remediated through ongoing monitoring and evaluation of both practices and outcomes and focusing on good and regular communication within the team and with external stakeholders.
Questions raised by Member States, practice owners and experts	• Were you able to determine key indicators to measure the effectiveness of support practices, ensuring the quality of services provided, the availability of digital support options, and the target population for these services? • In terms of transferability to other countries, what would be your suggestions and the main component of the practice for countries where health care and social services may be different than in Luxemburg?
Countries present in the session	No MS representatives attended the session

Practice title: Pets and Smiles to enjoy life (BP)
Country: Italy
Presented by: Roberta Arnone (Healthcare professional from the regional healthcare system in Sicily)
Moderator: Cassie Redlich (WHO)

Brief description of the practice	Occupational stress and burnout can have severe adverse effects on workers' physical and emotional health. Health professionals working in hospital settings are especially at risk due to the inherent characteristics of their work. This may have significant adverse effects but also professional consequences, such as lower patient satisfaction. Burnout seems to occur mainly in professions involving interaction with people, such as physicians, nurses, and social workers. In Italy, a four-day course divided into four sessions has been developed to help prevent these risks through laughter therapy.
Key takeaways	The project's goal is the exchange of best practices for improving and updating the skills of educators and staff in healthcare settings. This practice supports healthcare professionals and patients to improve their lives while coping with health problems, workload, and stress. Patients can heal in a comfortable and welcoming place, surrounded by welcoming personnel who know how to combat burnout and stress. Methodologies used in two different workshops: • Pet therapy - "Tenderness to heal" in Poland • Theatre of Health - "With a smile on your lips" in Italy The animal-assisted and drama therapy methodologies effectively reached the project's objectives. Contributing and synergic factors to the success of the projects include: • Alternative methodologies to the classical frontal lessons are increasingly promoted. • Growing propensity to innovate in the management of human resources. • Well-being at work is an increasingly relevant topic.
Key issues and concerns raised	• How to reduce health operators' stress • How to make patients happier and more collaborative • How to combine laughter and tenderness to find a valid solution
Questions raised by Member States, practice owners and experts	• How do you overcome barriers, such as top management not taking these alternative methodologies seriously? • How does laughter address sector-specific triggers and traumas that healthcare workers might endure? • How did you evaluate the impact of the project? • Comparability of results: How can the same workshops be adopted in different environments? For example, could you test pet therapy and theatre workshops in Polish and Italian populations? • What about sustainability at the facility level? • What about the long-term effects of the therapy? • What about those who have pets at home? Is it more successful for the success of the therapy?
Countries present in the session	IT

Practice title: Training programme on mental health for school reference nurses in Andalusia – NurSch – MH - (PP)
Country: Spain
Presented by: Professor Benedicto Crespo Facorro (Director of Comprehensive Plan for Mental Health in Andalusia and Chief of Psychiatry at Virgen del Rocio University Hospital)
Moderator: Claudia Marinetti (Director of Mental Health Europe)

Brief description of the practice	School nurses are crucial in fighting against depression and suicide at schools. Still, they need specific training to enhance their skills in dealing with mental health problems and certainty in decision-making. As part of their initiatives, the Andalusian Public Healthcare System has integrated School Reference Nurses to task them with executing health prevention and promotion activities within school settings, establishing a vital link between schools and primary healthcare centres. To enhance the effectiveness of this initiative, a specific training school-based 3-level programme (NurSch-MH) has been developed for these school nurses: 1.- to equip them with the necessary capabilities and skills in early identification and support for depression and risk of suicide in school-aged children and adolescents. 2.- to enhance teamwork with other school personnel; and 3.- to integrate them with other providers of mental health services. The training activity is carried out in an e-learning format, and throughout its 30 hours, school nurses go through 7 modules, being the centre of their training and managing their learning autonomously, ending with a webinar session to consolidate content and debate among experts
Key takeaways	The NurSch-MH practice is founded on a school-based system, representing the starting point as it is influenced by different policies (education, inclusion, social issues, and health). School's nurses benefit from easily accessible tools and materials tailored to their practice of mental health problems in the school setting. Cooperation among teachers and students is crucial to addressing the students' needs. Additionally, teamwork with other mental health professionals provides further opportunities for a more accurate triage of severe cases, improves accessibility to specialised services and thus reduce suicidal behaviours and risks. The outcomes of this programme can be measured by different quantitative indicators (i.e., the number of "cases" detected or solved in school settings or suicide and suicide attempts rate among children and adolescents). Materials developed within the practice can be shared and easily implemented in similar school contexts. Similarly, materials for specific and ongoing training are easily accessible.
Key issues and concerns raised	NurSch-MH's experience in Andalusia is transferable to other European regions /countries, and preliminary outcomes encourage its sustainability. Barriers to this practice include a lack of knowledge and skills to address mental health problems, limited time, and large caseloads for nurses. Limited knowledge might affect the staff involved, as they might not be able to recognise the students' mental health problems, and understanding of the functioning of the community mental health system and its procedures is inadequate. This is also relevant in the opposite way, with mental health professionals not always knowing the role of school nurses and how they can contribute to the promotion and prevention of mental health problems. A lack of consensus between school nurses and other school professionals might lead to missing signals of mental health problems.

Questions raised by Member States, practice owners and experts	• Were students involved in the creation process of the programme? • Do nurses follow specific rules/regulations? • Do nurses get support from specialists? • Are socio-economics elements taken into consideration? Otherwise, does the practice focus only on medical needs?
Countries present in the session	CZ, ES

Day 2 – 12 March 2024

Following a kind reminder of the housekeeping rules, the second day was initiated with the presentation of three best practices during the plenary sessions, namely *Role-focused self-management intervention for reducing and preventing the caregiver strain and caregiver distress of workers who combine paid work with informal caregiving* from the Netherlands, *neunerhaus* from Austria, and *Resilience and socio-emotional curriculum project for adolescent students in Biscay* from Spain. After that, two distinct parallel sessions took place. During the first parallel session, *Young Impact School Take Over* from the Netherlands, *Act Belong Commit* from Denmark, and *Gutsy Go - Large scale intervention increasing motivation and peacemaking skills in schools* from Finland were presented. On the other hand, the second and final session of the day included the presentation of *Tough Turtles ("Stoere Schildpadden"; CODIP-NL 4-6 years)* and *Courageous Dinosaurs ("Dappere Dino's"; CODIP-NL 6-8 years)* from the Netherlands and *Stepped care of eHealth interventions for healthcare workers with psychological distress* from Spain.

Below are additional details concerning the key takeaways and main concerns addressed for each of the practices presented. Moreover, the Member State representatives who took part in the session are indicated for information on attendance.

Best and promising practices – details

Practice title: Role-focused self-management intervention for reducing and preventing the caregiver strain and caregiver distress of workers who combine paid work with informal caregiving (BP)

Country: Netherlands
Presented by: Dr. Edwin Boezeman (Amsterdam University Medical Center of the University of Amsterdam)
Moderator: MURKO Melita (WHO)

Brief description of the practice	This self-management practice was developed to help working people with informal caregiving (IC) and decrease and prevent caregiver stress complaints and work functioning problems. The self-management practice involves a role-focused self-help course in a downloadable E-book. Its content (exercises, texts, practical suggestions, etc.) decreases stress complaints because it helps users with a) mastery of the role of informal caregiver and b) effectively combining informal caregiving with paid work and social-personal life (e.g., work and family commitments). Its content is also relevant to non-working informal caregivers and support organizations, and users have autonomy and self-direction in completing the practice.
Key takeaways	IC involves lending unpaid care and assistance to a loved one with a health issue. In all European countries, people lending informal care are highly needed and make valuable contributions to the health system. Yet, informal caregiving is mentally burdensome, and combining paid work with informal caregiving is incredibly stressful and hinders functioning and productivity. Accordingly, to contribute to personal mental well-being and sustain work productivity, it is critical to help people with informal caregiving and combine it with work and their social-personal life. This role-focused self-management practice aims to decrease and minimize any stressors, regardless of gender. Decreasing stress due to informal caregiving is relevant to people, their families, and the country. With this self-management intervention, no professionals are needed. There is no cost for users because it is digitally

	accessible; the practice covers the entire nation (extensive reach). Academic research (i.e., a randomized controlled trial study) published in the European Journal of Public Health (2018) showed that the practice effectively decreases caregiver stress complaints and general stress complaints in the target group (working people who have informal caregiving responsibilities in their personal lives).
Key issues and concerns raised	Not supporting ICs can lead to an unhealthy workforce, increase the healthcare burden, and, thus, healthcare costs. Of course, it may also increase personal and societal costs. The practice is easy to transfer and sustain in the long term.
Questions raised by Member States, experts or practice owners	- Caregiving is a female thing. Do men and women have different needs? - How can we motivate men to endorse the role of caregiving? - Can you give more details about the infrastructure of the practice? - Did you have any experience in translation to reach other countries?
Countries present in the session	BG, DE, ES, IT

Practice title: neunerhaus (BP)
Country: Austria
Presented by: Paula Reid *(*Research and Policy at neunerhaus)
Moderator: MURKO Melita (WHO)

Brief description of the practice	Individuals who are homeless or living in poverty and people without health insurance face a higher risk of experiencing psychological distress and mental illness than the general population. Recent crises, such as the COVID-19 pandemic, have further exacerbated the challenges faced by these vulnerable groups. Despite their increased need for mental health support, these individuals often have very limited access to mental health support. To address this issue, the neunerhaus social organisation in Vienna launched a Mental Health Practice in 2021, providing vital low-threshold mental health support to those who need it most.
Key takeaways	Experiencing homelessness, poverty, social disadvantage, and exclusion can be a significant source of mental and psychological distress. Access to mental health can be difficult for this target group due to structural (i.e., lack of health insurance) and individual barriers (i.e., language). There is a need for low-threshold interdisciplinary mental health services to reach this target group. Embedding mental health support in an already trusted service, such as a health centre or day centre, can reduce barriers in access and can help destigmatise mental health support.
Key issues and concerns raised	The neunerhaus Mental Health Practice is open to people experiencing homelessness and people without health insurance. The project is made up of four elements: "Zeit zum Reden" ("Time to Talk) – low threshold access to conversations with the team; a psychiatry clinic; weekly group sessions (one open to everyone, one for women); "Kontrolliertes Trinken" – a programme to support people to reduce their alcohol consumption. Personnel cost and time are the significant resource in the practice. The project's core component is the interdisciplinary team (social work, peer work, general medicine, nursing, and psychiatry), which brings together professionals with different backgrounds and perspectives. The team works in many parts of the project in a "profession-free" way—their profession and expertise are not in the foreground and do not define their role in the team. In conversations with people using the service, the aim is not to find a profession-specific solution to a defined problem but to offer time and space for an open discussion. Good interdisciplinary working is essential for the success of the transferability and sustainability of the practice – this requires reflection, support, and good leadership within the team. The teams work with well-established and evidence-based practices, such as motivational interviewing and harm reduction approaches. Sharing expertise with other organisations is vital to the project's development.
Questions raised by Member States, experts or practice owners	• If you transfer this to other countries, this practice should be embedded in their organisations. How can you motivate professionals in different countries to adopt this new working method? • If we assume that countries are ready for this approach, what are the critical features for adopting this service?

Countries present in the session	BG, FI, DE, IT, SL

Practice title: Resilience and socio-emotional curriculum project for adolescent students in Biscay (BP)
Country: Spain
Presented by: Dr. Aranzazu Fernandez Rivas (Basurto University Hospital)
Moderator: CASSIE REDLICH (WHO)

Brief description of the practice	The Resilience and Socio-emotional Curriculum Project for Adolescent Students in Biscay is aimed at students from 13 to 18 years old. It is based on DBT STEPS-A, an evidence-based socio-emotional learning. It is led by trained professionals (usually teachers, but also counsellors at the centre) who, in turn, have been trained by mental health professionals who are experts in DBT (Dialectical Behaviour Therapy). It includes 30 sessions, thematically distributed, beginning with the concept of Dialectics. It is followed by four modules of skill training: Mindfulness, Distress Tolerance, Emotion Regulation, and Interpersonal Effectiveness skills (teaching first intrapersonal skills and then interpersonal skills).
Key takeaways	Young people's mental health is a challenge for many MSs. Promotion of Mental Health in adolescents is highly relevant and necessary, and the school is an ideal place to address it, given that a universal approach can be taken. The training based on DBT STEPS-A is effective. Analysis of the implementation of this project in a sample of 1577 students (182 control group) showed how students who received the training significantly improved in emotional dysregulation and in difficulties associated with hyperactivity, conduct problems, emotional symptoms, and peer relationship problems compared to the control group (as measured by SDQ). These results were confirmed in the most vulnerable subgroup of students with scores in the non-normal range at the time before implementation. Besides, DBT STEPS-A helps to build a better atmosphere and solve severe difficulties and problems in the classroom. The training also helped with difficult situations at home. Students were very interested in the programme and felt it was beneficial. They felt empowered, valued themselves more, and felt teachers were more involved in their needs. Teachers felt competent in social-emotional teaching and recognised that the DBT STEPS-A helped their well-being and a better coexistence in the classroom.
Key issues and concerns raised	Very cheap innovative educational project: direct cost 25.80€/student/year. The training positively impacted mental health promotion in all students who received it, and it especially highlighted the positive effect on the most vulnerable students. This Project has demonstrated that DBT STEPS-A is a socio-emotional learning that can be easily implemented in schools to address adolescent mental health promotion. There are other positive experiences of its implementation in other MSs, with this Best Practice including the most significant sample.
Questions raised by Member States, experts or practice owners	• Chair agrees with the proposal made by the BP owner that a paradigm shift is needed in the Health-Education organisation to work on Mental Health Promotion in schools, uniting professionals from both Departments in liaison work. • The presence of any particular strategies to engage teachers. • Any changes in the referrals of students to mental health after the implementation of this BP.
Countries present in the session	BG, IT, SL

Practice title: Young Impact School Take Over (BP)
Country: Netherlands
Presented by: Charlotte Tupang (Young Impact)
Moderator: Dr. Ledia Lezeri (Regional Adviser for Mental Health, Regional Office for Europe, WHO)

Brief description of the practice	Young Impact aims to organise a nationwide project where volunteer trainers visit schools to conduct positive and inspiring workshops on loneliness. The project, known as "School Takeovers," will be held 10 to 12 times per year and will encourage all participating young people to act to improve society. The goal is to reach a minimum of 10,000 young people annually and inspire them to take action on mental health.
Key takeaways	Young Impact collaborates closely with the education sector to develop tailored programmes for different age groups. These cover climate, health, diversity, equal opportunities, and society. In this context, the "School Takeover" initiative involves practical sessions combining various methodologies such as kickboxing, conversations, workshops, webinars, and motivational speakers to engage students in discussions about mental health and comfort zones. These activities might provide for the participation of politicians as well. This initiative includes “impact days,” involving celebrities and partners, boosting students’ involvement. In addition, Young Impact entails the participation of volunteer trainers who are encouraged to visit schools and organise online activities to engage with students and deliver educational content. Overall, the practice's success was determined by its ability to effectively engage teachers, offer free lessons, and foster increased student engagement. By involving the entire school community, providing tailored sessions, collaborating with influential figures, and offering follow-up support, Young Impact creates an environment conducive to impactful learning and mental health improvement. Additionally, providing free online resources enhances accessibility and flexibility for educators.
Key issues and concerns raised	Increasing mental health challenges prove to be crucial as the number of young people affected by mental health issues is growing exponentially, with the COVID-19 pandemic having exacerbated these issues. A more long-lasting source of financing is needed to sustain and expand the initiatives the practice promotes. Ongoing collaboration with partners and stakeholders, including NL2025, SDG Nederland, ICP, WWF, and Mind US, is crucial for programme development and improvement.
Questions raised by Member States, experts or practice owners	• How do you plan to achieve more sustainable financing with 10-15 annual takeovers? Who currently supports your funding activities, and what are your future funding prospects? • How do teachers typically respond when you approach schools, and how do you select and approach them?
Countries present in the session	NL, SL, ES

Practice title: Act Belong Commit (BP)
Country: Denmark
Presented by Hanna Christensen and Jacob Schouenborg
Moderator: Cassie Redlich (WHO)

Brief description of the practice	This evidence-based initiative aims to enhance mental health and wellbeing at individual, community, and societal levels in this context focusing on sports communities. The ABC campaign simplifies mental health promotion into three core actions: Act (being active physically, mentally, socially, and spiritually), Belong (maintaining friendships, social ties, and participating in group activities), and Commit (setting goals and engaging in meaningful activities).
Key takeaways	The ABC model, emphasising active behaviours, community involvement, and meaningful activities, has proven successful in several Northern European countries adopting likewise practices, with Denmark prioritising it in its national mental health plans. The ABC model underscores the importance of cultural adaptation and inclusivity, focusing on the need to tailor approaches for diverse population targets, such as vulnerable groups like the elderly and isolated communities. In addition, the ABC model implies the set-up of collaboration mechanisms needed to promote mental health effectively across various contexts, supported by localised strategies and continuous adaptation. Concerning the practice operationalisation, this process begins with the intentional act of "opening the door" of the organisation, ensuring that individuals feel welcomed and valued from the outset. Secondly, nurturing positive social relations and fostering a vibrant community culture shall be implemented as a follow-up activity. Micro actions and behaviours are identified as essential components; these activities should be specific, action oriented and easy to execute without significant financial costs. Implementation of the practice is achievable by conducting effective awareness campaigns, recognising the role of partners, tailoring the ABC model, creating ambassadors within communities, educating the workforce to foster widespread understanding and engagement, encouraging the dissemination of knowledge and experiences, and leveraging existing resources and learnings from other initiatives.
Key issues and concerns raised	Key issues and concerns regarding the practice refer to the need to shift the focus from solely treatment and prevention to mental health promotion, advocating for actions that promote happiness and well-being. Drawing on the Danish ABC model, which emphasises engaging in active, social, and meaningful activities, the importance of integrating small, contagious actions within communities was also stressed. In this context, the project involves sports clubs and community organisations, fostering a sense of belonging and collective well-being.
Questions raised by Member States, experts or practice owners	• Are social interactions within the group authentic? How do we navigate community culture, particularly in settings lacking familiarity? How did you extend the ABC model to elderly populations? • How can the ABC project be implemented in countries with diverse communities, focusing on reaching vulnerable populations and bridging gaps to ensure inclusivity and accessibility?
Countries present in the session	FI, FR, NL, MT

Practice title: Gutsy Go - Large scale intervention increasing motivation and peacemaking skills in schools (BP)
Country: Finland
Presented by: Aram Aflatuni (Gutsy Go)
Hanna Ahrnberg (Gutsy Go)
Moderator: Melita Murko, WHO

Brief description of the practice	Gutsy Go is an award-winning school-based Positive Youth Development (PYD) programme developed in Finland to enhance adolescents' psychosocial well-being and social participation through the PYD approach with service-learning methods. The programme combines service-learning pedagogy, media pedagogy, and social action training. The programme consists of 3 components, namely coach training, activity week and making good deeds visible.
Key takeaways	Gutsy Go is a large-scale intervention to increase peacemaking and well-being using two different means: schools and social media. In this context, Gutsy Go aims to promote the organisation of collective activities beyond the mere individualistic approach of most mental health interventions with adolescents. Results stemming from Gutsy Go include more than 5,000 youth trained, 500 schoolteachers involved, piloting of the practice in four different countries (Finland, Armenia, Estonia, and Latvia), and over 500 projects on topics such as global warming, mental health, etc. Gutsy GO methodology entails training, planning, and devising visibility strategies. Viral videos on social media, incorporating projects into schoolwork programmes, ad hoc alumni groups, and related certificates increase children's motivation. The practice was evaluated scientifically by researchers, with the study being under peer review now: • Statistically significant main effects were found for the intervention group across time on cooperation skills, empathy, and experience of social inclusion. • Group interviews were also conducted to evaluate the program's impact systematically. Four broader themes were derived from the data: emotional impacts, implications on competence, impacts within the group, and lessons learned for personal future use. The service-learning programme helped enhance psychosocial well-being among adolescents. The practice does not need adaptation in other countries, and it is a very scalable project, thanks to the digital media being used to share content across countries.
Key issues and concerns raised	-
Questions raised by Member States, experts or practice owners	• How do you fit this project into education curricula? • What would be the preconditions for transferring these programs? How much would it cost, and how many human resources would be needed? • Does this intervention also work in the long term?
Countries present in the session	NL, IT, MT, HU

Practice title: Tough Turtles (BP) & Courageous Dinosaurs (PP)
Country: Netherlands
Presented by: Mariska Klein Velderman (TNO)
Moderators: Josep Maria Haro Abad (Director of research and teaching at the Sant Joan de Déu Health Park, Barcelona)

Brief description of the practice	Worldwide, many children experience parental separation and divorce. This can significantly impact their well-being and emotional and behavioural functioning and calls for prevention. The Tough Turtles and Courageous Dinosaurs programmes were created to bring this issue to the forefront. The two group programmes are based on theories of play therapy, developmental psychology, stress and coping resilience promotion, and research on risk and protective factors. Central to the group sessions are hand puppets named Sam (turtle) and Rex (dinosaur). Group leaders use Sam and Rex to describe divorce-related thoughts and feelings. They are the same age as the participants and share their experiences about their parents' divorce. They are also important role models in practicing problem-solving skills. In addition to puppet play, group leaders use many creative materials and games. Children can share experiences, establish common bonds, clarify misconceptions, and gain skills to help them cope with the stressful changes that often come with divorce in a supportive group environment.
Key takeaways	The two practices address surging mental health issues concerning children of divorced parents. In this context, the practices focus on preventing divorce-related problems in children themselves, helping them adapt to the divorce. The approach leverages different theories, such as play therapy, developmental psychology, and resilience promotion. Positive responses and improvements in the children's behaviour were noticed, with the children themselves reporting on a positive experience. Both Courageous Dinosaurs and Tough Turtles proved effective with good effectiveness indicators and were sustained by the consulted theory. In addition, an implementation plan is already available to ensure that materials are translated, and trainers receive the appropriate training and qualifications.
Key issues and concerns raised	When replicating the approach in another country, differences among the countries need to be considered (i.e., school holidays, size of schools)
Questions raised by Member States, experts or practice owners	• Are the positive effects of the intervention long-lasting? • Were parents directly involved in the initiative since they could have affected the children's positive results? • Did children leave the initiative fully happy, and how about the short-term effects generated? • What is the key to starting such an initiative in another country? • How long does it take to organise the initiative? • Did the owner commit any mistakes learned during the initiative's implementation that could be considered lessons learned for future implementation? • Why were dinosaurs and turtles chosen?
Countries present in the session	NL, IT, ES, HU

Practice title: Stepped care of eHealth interventions for healthcare workers with psychological distress
Country: Spain
Presented by: Jose Luis Ayuso Mateos (Chairman of the Department of Psychiatry, Universidad Autonoma de Madrid)
Moderator: Dr. Ledia Lezeri (Regional Adviser for Mental Health, Regional Office for Europe, WHO)

Brief description of the practice	This EC-funded programme was developed to present a protocol for adapting, evaluating, and implementing an eHealth stepped-care programme specifically for healthcare workers (HCWs) experiencing psychological distress.
Key takeaways	The project leveraged a methodology that combined the following intervention programmes designed by WHO: • Doing What Matters in times of stress (DWM): an Internet-based stress management course delivered by supervised, non-specialist facilitators who complete a short training course. • Problem Management Plus (PM+): an individual programme that includes techniques of Cognitive Behavioural Therapy (CBT) and is delivered through videoconferencing. The practice was tested on 232 healthcare workers with psychological distress using an eHealth stepped care system: • Step 1: DWM → six weeks, online, mobile phones. • Step 2: PM+) → five weeks, online, videoconference The practice's main results include the following elements: • The programme is effective, with moderate to significant effects on symptoms of anxiety, depression, and posttraumatic stress disorder • The programme was well-accepted and perceived as appropriate and timely • The programme uses free-access interventions and non-expert providers (cost-effective at the systems level → 91% chance cost-effective at EUR 50,000 threshold) • The stepped-case programme increases resilience among HCWs • This programme is easily scalable and transferable across various contexts and countries • The local adaptation involving end-users and local stakeholders is feasible and probably necessary.
Key issues and concerns raised	-
Questions raised by Member States, experts or practice owners	• What about transferability? (WHO moderator)
Countries present in the session	NL, FR, IT, ES, HU

Day 3 – 13 March 2024

Eight practices were presented during the third and final day of the Marketplace event. *The Guided Functional Peer Support* from Belgium and *Beyond Barriers: The Renaissance of Workforce Models in France's Mental Healthcare - A Triple Mixed Exploration* from France occurred during the plenary session. The *Home Treatment Program for Adolescents with anorexia nervosa after a brief hospitalisation* from Spain and *Tools4You* from the Netherlands were presented during the first parallel session of the day. Additionally, the *BIZI Program* from Spain was scheduled to be presented during this session, but due to technical issues, the practice owner failed to connect in the assigned time slot. The last presentations were delivered during a second parallel session: *Mind-Spring Programme* from the Netherlands, *H-work* from Italy, *Acompanya'm* from Spain, and *Study Buddy Program* from Denmark.

Detailed information about the key takeaways and main concerns addressed for each of the presented practices is available below. Member State representatives who took part in this session are indicated for information on attendance.

Best and promising practices – details

Practice title: The Guided Functional Peer Support (BP)
Country: Belgium
Presented by: Markus Raivio (Director, Kukunori ry)
Moderator: Dr. Ledia Lezeri (Regional Adviser for Mental Health, Regional Office for Europe, WHO)

Brief description of the practice	The Guided Functional Peer Support (GFP) model is an innovative intervention in the mental health sector that shifts the objective from a diagnosis-focused to a strengths-oriented approach. At the heart of this model are "Culture Houses," which are unique, diagnosis-free zones where individuals with mental health challenges come together to co-create, share skills, and build artistic communities.
Key takeaways	People with mental health conditions still want to do something meaningful with their lives and contribute to society. Recovery is the future of mental health. Everything comes from people's interests and stakeholders. The practice is showing excellent results in Finland, and it would be beneficial to disseminate them. Communication is vital to its sustainability, and hearing stakeholders significantly impact it.
Key issues and concerns raised	It could be beneficial to use platforms where practices can be shared. Peer support model with a focus on what is working. Professional staff members guide the peer groups. The paradigm shifts from thinking about sickness to what you can do despite your sickness. Training programme for the staff. A lot of planning for the groups. There is no cost for being part of the culture houses. Most of the challenges come from professionals and therapists. One key element is remaining vigilant to intra-group stigma. The model is looking for new partners from Europe.
Questions raised by Member States	• Is there guidance on how to replicate this in other countries? • What is the cost to pay to your organization to replicate this model in other countries? • How can this be disseminated?

Countries present in the session	BG, FR, DE, IT, ES

Practice title: Beyond Barriers: The Renaissance of Workforce Models in France's Mental Healthcare - A Triple Mixed Exploration (PP)
Country: France
Presented by: Nancy de Jesus, PhD (Lead Researcher - Mobile Crisis Unit and Network Coordinator - Program Head Therapeutic Patient Education at 94G16 Hôpitaux Paris Est Val-de-Marne)
Moderator: Tom Van Daele (Research coordinator Psychology and technology, Thomas More University of Applied Sciences)

Brief description of the practice	This programme investigated the incorporation of innovative roles such as advanced practice nurses, peer-helpers and family peer-helpers, and the training of multidisciplinary teams using an informal blended learning method at Pole94G16 - Hôpitaux Paris Est Val-de-Marne / Hôpitaux de Saint Maurice, a psychiatric hospital for adults in Ile-de-France, France.
Key takeaways	1. Enhanced Patient Care: Integrating emerging professions into existing mental health services improves patient care quality. Adding certified professionals, such as advanced practice nurses, peer-helpers, and family peer-helpers, allows for more comprehensive care, addressing diverse patient needs and ensuring more time for direct patient interaction. Moreover, proactive engagement with families reduces anxiety, emphasising the principle of inclusivity and ensuring that "no one is left behind." 2. Inclusive Workforce Models: The initiative aims to create a more inclusive environment by reshaping workforce models in psychiatry. By incorporating diverse roles in multidisciplinary teams, the programme addresses the evolving demands of mental healthcare, promoting a culture of prevention-oriented and user-centred care. 3. Scalable and Replicable Practice: Stakeholders are encouraged to adopt and replicate this innovative practice, which is freely accessible. As mental health demands continue to rise, the pilot study demonstrates the transformative potential of emerging professions, signaling a paradigm shift towards comprehensive and sustainable mental health solutions. 4. Global Relevance: Aligned with the priorities of the World Health Organization's OpenWHO course - Mental Healthcare and Psychosocial Support, and the EU4Health programs' strategies, this initiative offers a promising model for strengthening mental health services across Europe. By fostering collaboration among practitioners, administrators, and policymakers, it contributes to building a mental healthier and more resilient society. Stakeholders are invited to spread and replicate this practice, which is free.
Key issues and concerns raised	This innovative programme addresses pressing concerns in mental healthcare by enhancing patient care through integrating emerging professions and inclusive workforce models. With a focus on scalability and replication, the initiative is poised for widespread adoption with no costs. Identified facilitators and barriers inform comprehensive evaluation plans, prioritising sustainability. The intervention offers a promising solution to evolving mental health challenges by leveraging evidence-based approaches.
Questions raised by Member States	• How were the open WHO models used? • How was the team prepared? • Did you envisage any translation of your material?

Countries present in the session	BG, FR, IT, ES

Practice title: Home Treatment Program for adolescents with anorexia nervosa after a brief hospitalisation (PP)
Country: Spain
Presented by: *Dr. Eduardo Serrano-Troncoso (Head of Eating Disorders Unit. Sant Joan de Déu Hospital, Barcelona)*
Dr. Pablo Soto Usera (Eating Disorders Unit. Sant Joan de Déu Hospital, Barcelona)
Moderator: Dr. Ledia Lezeri (Regional Adviser for Mental Health, Regional Office for Europe, WHO)

Brief description of the practice	The Home Treatment Programme (HoT) has been explicitly developed as an intervention for adolescents dealing with anorexia nervosa, utilising a community-based approach. The primary goal is to provide intensive care in the patient's natural environment, promoting community reintegration and reducing the risk of relapses. The programme encompasses various stages, commencing with complete hospitalisation in a paediatric unit for symptom stabilisation. A home-based treatment segment succeeds this initial phase, and the programme's final stage involves establishing connections with community care teams.
Key takeaways	The HoT programme aims to facilitate the transition from hospitalisation to home by providing additional support to families and patients, promoting integration, and enhancing nutritional management. The programme promotes the formation of a strong therapeutic alliance and empowers families in the treatment process. Family involvement is integral to the HoT program, starting from the initial admission stage. In addition, HoT involves therapist-led studies to assess efficacy, focusing on weight recovery, reduction in eating psychopathology, and symptom stability. The HoT methodology includes a non-randomised pre-post pilot study targeting children and adolescents diagnosed with anorexia nervosa (AN) or atypical AN, admitted with their parents, and willing to collaborate. Phases of the program include clinical and social assessment, inpatient admission, home, hospital, and telematic assistance, and community links for promoting autonomy and problem-solving. Treatment duration is 12-13 weeks, involving psychologists, educators, teachers, and doctors, and follows international guidelines such as family-based treatment and cognitive-behavioural therapy. Assessment tools include questionnaires and weight assessments, with statistical analysis using student t-tests and chi-square tests. Results indicate positive outcomes, improving eating symptomatology, recovery readiness, depression, and psychological adjustment. All participants completed the HoT program successfully, with a shift observed from early to later stages of change. Most patients continued with community treatment post-program, indicating its effectiveness in transitioning to natural environments.
Key issues and concerns raised	While the HoT programme shows promise, its effectiveness may vary based on patient profiles, especially those with comorbidities – with dysfunctional personality traits - and low readiness to recover. The non-randomised pre-post pilot study design may limit generalisability and introduce bias. The exclusion criteria, such as complex disease courses and severe mental disorders in families, raise questions about the programme's applicability to a broader population.

	Further research is needed to understand the long-term effectiveness and sustainability of the HoT programme, particularly in diverse patient populations and settings.
Questions raised by Member States, experts and practice owners	• Why has the program been incomplete for a particular psychopathological type? • Do you foresee adapting this tool for individuals with more complex needs in the long run? • What percentage does the 62% represent about the entire patient population? • What is the relapse rate, if any? • Is the team funded solely by the hospital? • Is the program standalone or integrated with traditional therapies?
Countries present in the session	ES, IT, FR

Practice title: Tools4You (PP)
Country: Netherlands
Presented by: Lotte de Bruin (PI research)
Moderator: Emily Hewlett (OECD)

Brief description of the practice	Tools4U is an educational programme for young individuals aged 12 to 23 who have committed one or more crimes. It is a short-term, individualised intervention with the primary goal of equipping these young people with skills to lower their risk of reoffending.
Key takeaways	The programme targets specific risk factors like social and cognitive skill deficits. Its core principles aim to reduce recidivism while listening to the youngster's needs and wishes. The practice promotes active teaching and provides tools to be used daily. Training is focused on small and achievable goals, with parents involved at the beginning and the end, with the possibility of additional involvement. The programme has well-defined phases, sessions, and topics to ensure the best possible outcome. In addition, Tools4You has achieved wide success thanks to the excellent training provided to trainers, complemented by video coaching and regular booster days. Positive outcomes were measured through a questionnaire for both young people and their parents.
Key issues and concerns raised	N.A.
Questions raised by Member States, experts and practice owners	• How was the programme introduced to the young people, and how did they welcome it? • Did other countries show interest in the programme, and what would they need to start this programme? • How can people that might root for harsher punishment instead of this programme be targeted? • Was the programme aimed at preventing or approaching those people who already have committed one or more crimes? • Were there specific activities to maintain a high level of engagement, and was there any follow-up after the programme ended? • What were the lessons learned?
Countries present in the session	ES, MT, DE

Practice title: BIZI Program (PP)
Country: Spain
Presented by: Andrea Gabilondo Cuellar (Osakidetza)
Moderator: Emily Hewlett (OECD)

Brief description of the practice	Suicide causes more than 45,000 deaths each year in the EU. Although suicide can be prevented, only a minor percentage of citizens access specialised help in the weeks before suicide, partly due to the lack of knowledge and stigma surrounding the phenomenon. The use of new formats (e.g., open access and online) is changing this situation, allowing a broader dissemination of knowledge. However, these solutions are still scarce; no known studies support their effectiveness. For this reason, a gatekeeper training programme was designed to contribute to suicide prevention at the community level. This programme consists of an online, interactive, self-managed, short, and free-access course that has been shown to improve critical competencies for suicide prevention in community professionals (social workers, educators, pharmacists, etc.). This might be among the first programmes of this type in which such efficacy has been demonstrated.
Key takeaways	**Why? Who?** • The BIZI program was created to help reduce the lack of knowledge, stigma, and inaction that surrounds suicide and prevent early action to act against it. • It is promoted by the Basque Health Service (Osakidetza), which collaborates with numerous entities in the health, socio-health, and community fields. It is part of the effort to deploy the Basque Suicide Prevention Strategy. **What does it offer? How?** • BIZI follows the WHO-supported model of gatekeeper training (GTK). This model aims to train social agents who regularly interact with at-risk groups (social workers, police, educators, etc.). • It employs a very innovative format (interactive, online, self-managed, and open access), which gives it significant advantages over other GTK courses. This format facilitates the dissemination of knowledge faster, more feasible, and more straightforwardly. **Evaluation and impact to date** • Its outcomes evaluation shows significant improvements in participants' key GTK competencies for suicide prevention, in addition to high satisfaction and adherence (Gabilondo et al., Evaluation of BIZI, a new online community-based suicide prevention program in Spanish. Pan American Journal of Public Health, 2024). • The programme is currently in a deployment phase in the Basque Country (Spain) and plans to be able to extend the offer to all citizens in 2024. A total of 1100 professionals in the community have completed it to date. This is among the first programmes to have been proven effective, and also the first in Spain.
Key issues and concerns raised	-
Questions raised by Member States, experts	-

and practice owners	
Countries present in the session	-

Practice title: Mind-Spring Programme (PP)
Country: Netherlands
Presented by: Kateljine Heringa (ARQ)
Moderator: Emily Hewlett (OECD)

Brief description of the practice	Mind-Spring trainings address the higher risk of mental health issues among refugees and asylum seekers, and it builds a bridge towards more mental health care for those refugees and asylum seekers who need it. The trainings aim to prevent the development of severe psychological issues stemming from depression, loss, migration stress, and cultural barriers to accessing professional help. The programme connects participants with peer educators with similar cultural backgrounds, while mental health professionals facilitate effective communication and understanding in the training.
Key takeaways	Refugees and asylum seekers are at a higher-than-average risk of developing mental health problems due to traumatic experiences (in the country of origin and during their flight) and post-migration stress. Yet - for various reasons - they often experience a higher threshold to the mental health services of the countries in which they seek refuge. The Mind-Spring program aims for participants to gain insight into the development of psychosocial problems and learn what they can do to prevent social problems and psychological symptoms. At the same time, the programme functions as a bridge towards more intensive mental health care for those participants who need it. ARQ National Psychotrauma Centre has all psychological trauma expertise under one roof and is unique worldwide. ARQ is committed to the mental health and psychosocial support of people affected by war. It supports mental healthcare professionals, conducts research, and shares knowledge. ARQ trains organisations in Mind-Spring outside the Netherlands according to a train-the-trainer concept. The Mind-Spring train-the-trainer course is offered to the trainer (an expert by experience) and the mental health professional. In 2022, a Mind Spring evaluation assessed Arabic, Ukrainian, Afghan, and Eritrean refugee groups. Pre- and post-assessments revealed improved well-being, quality of life, and sense of coherence among participants. Enthusiastic feedback highlighted the program's effectiveness in fostering trust, managing stress, and addressing loss and grief with a tailored approach to each group's specific needs. There are four Mind-Spring train-the-trainer courses: • Mind-Spring for adults • Mind-Spring for children • Mind-Spring for adolescents • Mind-Spring for educators ARQ can also provide a course on evaluating training. It has delivered train-the-trainer training in Denmark, Belgium, the UK, and Germany. While similar programmes exist in other countries, Mind-Spring stands out for its professionalism and many years of experience working with target groups and mental health care.

Key issues and concerns raised	Selecting peer educators based on their resilience and mental health background is important, requiring careful consideration of participants' drive and enthusiasm to ensure program effectiveness.
Questions raised by Member States, experts and practice owners	• How has the evaluation influenced the delivery of the Mind-spring programme? Have the assessment's recommendations led to adjustments to meet better the diverse needs of participant groups, such as children? • Could you elaborate on what distinguishes the Mind-spring program? Do you foresee organisations in other countries, especially those assisting refugees, incorporating a similar program? Are there analogous initiatives elsewhere? • What notable insights were gained while recruiting professionals for the programme? Could you share any interesting findings or challenges in selecting peer educators, particularly considering their resilience and mental health background?
Countries present in the session	FR, ES

Practice title: H-work (BP)
Country: Italy
Presented by: Dr. Greta Mazzetti (Psychologist and Assistant Professor in Work and Organizational Psychology, University of Bologna)
Isane Aparicio (European Federation of Psychologists Associations)
Moderator: Dr. Ledia Lezeri (Regional Adviser for Mental Health, Regional Office for Europe, WHO)

Brief description of the practice	The Horizon Europe H-WORK Project aims to improve mental well-being in the workplace by evaluating psychosocial risks and implementing targeted interventions. The project comprised several essential components, including an Assessment Toolkit, a protocol to determine psychosocial risks through interviews and questionnaires, and qualitative and quantitative data on employee well-being. Additionally, there was an Interventions Toolkit, a set of validated, multi-level interventions structured as an integrated methodology that can be customised to meet different organisational needs.
Key takeaways	The 45-month project, which involved 14 partners in 9 countries, aims to evaluate multilevel interventions promoting mental health across European public companies and SMEs. The H-Work platform is a central hub for mental health management at work. It includes tools such as the Benchmarking Calculator, Decision Support System, and Economic Calculator. These tools help companies take a snapshot of internal mental health policies and practices, identify risks, explore interventions, and assess the economic benefits of investing in mental health. The project also foresees a seven-step guide for fostering mental health management at work which offers a roadmap for organisations to prioritise needs, plan actions, implement interventions, track results, sustain progress, and measure outcomes. Finally, H-Work comprises ten policy briefs developed during the project that cover various topics such as practical guidance for managers, digital interventions, barriers and opportunities for SMEs, the role of social partners, EU policymakers, mental health promotion, AI solutions, managing social media, and demonstrating economic benefits.
Key issues and concerns raised	The project considered several potential issues that may have emerged during the implementation. Firstly, the toolkit's sustainability is allowed thanks to a comprehensive methodology. The project has a bottom-up and participative approach, where actors identify the workplace's main needs, social risks, and possible solutions. The information's accessibility has increased thanks to a dedicated platform available in different languages. Finally, the policy briefs are built on the project's outcomes to meet societal needs and provide concrete recommendations to the stakeholders involved.
Questions raised by Member States, experts and practice owners	• Were specific sectors were targeted? • How did the testing take place?
Countries present in the session	IT, MT

Practice title: Acompanya'm (BP)
Country: Spain
Presented by: Dr. Immaculada Insa Pineda (Child and adolescent psychiatrist, Sant Joan de Déu Hospital, Barcelona)
Moderator: Cassie Redlich (WHO)

Brief description of the practice	The Residential Educational Therapeutic Unit (UTER) Acompanya' m from Sant Joan de Déu Hospital (Barcelona) is a centre integrated into the public health network, intended for the comprehensive care of children and adolescents under 18 years of age who suffer from an illness complex mental disorder, at serious risk of becoming chronic and generating significant disabilities at a functional, cognitive, and emotional level, if intensive therapeutic and educational intervention is carried out.
Key takeaways	Acompanya being is conceived as a pioneering model of intervention throughout the vital environment of children and adolescents, specialized in the treatment of severe mental disorders with clinical, social, and family complexity. It is part of the public health network. Complex mental disorders and complex trauma are addressed here: affectation of neurodevelopment, emotional deregulation, distorted self-perception, conflicts in interpersonal relationships, somatisations. The method is a comprehensive and integrated intervention based on functional recovery and community reconnection; in addition to psychology and psychiatry, social workers, nurses, occupational therapists, and teachers are involved—in educational coexistence therapy apartments for boys and girls, where they can rehabilitate. Activities programs offered not to stop kids' lives in the unit: school (essential to maintain kids' routines and habits), inclusive theatre workshop, therapeutic garden, cooking, sports, and animal therapy. More than 130 patients were treated in 5 years of the programme. There is a 36% discharge of those patients under guardianship who have returned to their original families. Family work is done weekly with the families because it is important to reconstruct a relationship and support deinstitutionalisation.
Key issues and concerns raised	-
Questions raised by Member States, experts and practice owners	• Where is the unit within the private, not-for-profit hospital? • What about the age gap between kids and adolescents? • Are there dropouts before the program ends? • What about transferability? In this program, the guardianship is indeed the Director of the unit, and this might not be possible in other settings because of legislative and regulatory issues. • What are the criteria for admission and discharge? • What is the process of discharge? • Is it a research project?
Countries present in the session	ES, IT

Practice title: Study Buddy Program (BP)
Country: Denmark
Presented by: Louise Graabaek (Senior Youth Advisor, Danish Red Cross Youth)
Moderator: Prof. Jaana Suvisaari (Finnish Institute for Health and Welfare)

Brief description of the practice	This practice aims to provide volunteer-based study assistance to inmates who want to study to give them hope for the future and strengthen their abilities and skills to reintegrate into society. The specific objective is to aid 60 inmates yearly (the goal can change annually depending on demand). The approach involves establishing a one-on-one relationship between prisoners and volunteers, focusing on education/tutoring and psychosocial assistance.
Key takeaways	The practice finds its strength in volunteers since inmates appear highly motivated by people's willingness to be there. Students and buddies are also carefully matched to ensure the best possible results, with expectations agreed upon beforehand. Excellent results in educational and social experiences were registered, with positive data collected from both quantitative and qualitative analyses. The Red Cross organises the practice, and therefore, its national society should be in contact with correctional facilities; however, materials are currently in Danish.
Key issues and concerns raised	There is a need to calculate and find the resources for the practice depending on the number of inmates; particular attention should be paid to financial resources in the prisons. The practice relies on the availability of the prison staff. Further work is needed on some aspects, e.g., transport for the volunteers (prisons are often far from the cities) or the possibility of remote support (currently under assessment).
Questions raised by Member States, experts and practice owners	• Any additional information about study buddies (i.e., who volunteers their time)? • Could you share more information on whether extra support is preferred due to students' needs? • Has the practice been replicated in another country? • What was the perception the prison staff had towards this initiative? • Does the practice only aim at supporting the completion of high-school education, or does it address higher education as well?
Countries present in the session	FI

Conclusion and next steps

The three-day marketplace event served as a valuable occasion for exploring the benefits of adopting and implementing a cross-policy strategy to promote mental health and enhance mental health systems. The event showcased impressive initiatives that highlighted the efficacy of this approach in improving mental health and strengthening mental health systems.

Presentations prompted fruitful discussions on a diverse array of topics. These encompassed the increasing incidence of loneliness in the elderly, the living conditions of inmates, the persistent stigma and discrimination around mental health issues, and the beneficial role of sports, arts, and pets in aiding recovery processes and coping with mental distress. Moreover, the conversation delved into the challenges faced by people experiencing homelessness and people living in poverty in accessing mental health services, the need to support caregivers in reconciling their caregiving responsibilities with their paid word, and many other crucial topics.

The practices presented comprehensively covered various interventions and approaches, such as group intervention programs, peer support techniques, workforce models, home treatment programs, community-building strategies, and alternative care models. They also dealt with different target groups, including children, young people, the healthcare workforce, people living with rare diseases, and caregivers.

Overall, the Marketplace event proved to be a highly beneficial opportunity for participants to share insights and delve into various pivotal subjects. The discussions centred around several pressing issues, including the hurdles brought about by the Covid-19 pandemic, obstacles in obtaining sustainable funding, the significance of adapting each program to the specificities of the context, extending healthcare beyond traditional hospital settings, and involving service users and caregivers in the care process. A key takeaway was the pressing need for initiatives to have a solid foundation in evidence.

In addition to tackling these significant issues, the event offered a platform to explore practical questions such as how to measure the efficacy of projects, determine their applicability to other countries from a legislative perspective, promote the dissemination of best practices, ensure materials' availability in multiple languages, assess training models, and identify the essential elements required to implement programs in diverse national contexts.

Information on this marketplace is available in the Best Practice Portal. DG SANTE will also present the results of these workshops in the next PHEG meeting, which will take place on June 19th and 20th, 2024.