
MANUAL FOR
INDIVIDUAL WORK ON
STRENGTHENING AND
PROTECTING THE
MENTAL HEALTH OF
YOUNG PEOPLE WITH
FEWER OPPORTUNITIES

WITH THE NON-FORMAL
PROGRAMME

“IMPACT OF FAKE NEWS
ON MENTAL HEALTH”

INTRODUCTION

Mental health being an important aspect of our overall well-being, holds an even greater significance for young individuals facing fewer opportunities. There are various disadvantages that can impact young people's lives and it is important to recognize the role mental health plays in empowering and enabling young people to overcome difficulties, develop a strong sense of self, build resilience and enhance chances for their personal growth and success in life. In this Manual we will explore the significance of mental health for young people with fewer opportunities and delve into strategies that can be implemented to promote their well-being and improve their overall quality of life.



Importance of Mental Health for Young People with Fewer Opportunities

To be able to understand the importance of mental health it is crucial to mention its definition in the first place. Mental health is defined as a state of mental well-being in which people cope with the many stresses of life, can realize their own potential, can function productively and are able to contribute to their communities. It is important to note that mental health is more than the absence of mental disorders and that it exists on a complex continuum, with experiences ranging from an optimal state of well-being to debilitating states of great suffering and emotional pain. Meaning, it can be experienced differently from one person to the next and have potentially very different social and clinical outcomes. It is a basic human right and as such is crucial to personal, community and socio-economic development (World Health Organization: WHO, 2022a)

When talking about "young people with fewer opportunities", Salto-Youth (SALTO-YOUTH - Who Are We Talking About?, n.d.) describes it as a broad term that defines the target group by the obstacles they face. The term "fewer opportunities" then signifies that a certain group has fewer possibilities than their peers. Therefore, young people with fewer opportunities are the ones who due to their personal situation face different and/or more difficult obstacles in their lives than others. The reasons for that could be social obstacles, economic obstacles, disabilities and health problems, educational difficulties, cultural differences and other. Having that in mind, it is important to note that people who are exposed to unfavorable circumstances are at higher risk of experiencing mental health conditions. Throughout our lives many different determinants have an effect on our mental health, whether it is to protect or undermine it. Individual psychological and biological factors can make people more vulnerable to mental health problems. Likewise, exposure to unfavorable social, economic and environmental circumstances increases people's risk of experiencing mental health conditions. While taking that into account it is worth mentioning that protective factors similarly occur throughout our lives and serve to strengthen resilience. They include individual social and emotional skills and attributes as well as positive social interactions, quality education and decent work, among others (World Health Organization: WHO, 2022a).

Regarding vulnerability and mental health problems, the COVID-19 pandemic has created a global crisis for mental health, where it has been estimated that anxiety and depressive disorders at more than 25% during the first year of the pandemic, all the while mental health services have been severely disrupted. In all countries, mental health conditions are highly prevalent. About one in eight people in the world live with a mental disorder (World Health Organization: WHO, 2022b).

One of the key findings of OECD. (2021) was that young people's (15-24 year-old) mental health has significantly worsened in 2020-21. As many as 64% of all young people are at risk of depression, and young people are between 30% and 80% more likely to report symptoms of depression or anxiety than adults, while also reporting higher levels of loneliness. In addition, mental health support for young people has been disrupted while closures of educational institutions at all levels have contributed to weakening of protective factors.

Purpose and Goals of the Manual

In light of the high rate of mental health problems among this age group while taking into account the additional burden of having fewer opportunities, it has been recognized that this is a field of work that needs to be understood better. In order for organizations and individuals working with the target group to address the needs in the field of mental health, this Manual will cover important components of the subject at hand and dive into the subject of protection and strengthening of mental health of young people with fewer opportunities.

The following objectives are:

- 01 Objective**
To provide comprehensive overview on the subject matter
- 02 Objective**
To examine existing strategies for promotion and prevention in mental health
- 03 Objective**
To strengthen the capacities of Associations for work with Youth in this area

The second part of the Manual will be dealing with non-formal programme dealing with the topic of impact of fake news to mental health.

PART I:

**INDIVIDUAL WORK ON STRENGTHENING AND
PROTECTING THE MENTAL HEALTH OF YOUNG PEOPLE
WITH FEWER OPPORTUNITIES**



Understanding Mental Health in Young People with Fewer Opportunities

Mental Health and its Significance

According to the World Health Organisation (WHO, 2021) and its definition: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Mental health directly affects one's capacity to lead a fulfilling life, to form and maintain relationships, study, work and make day to day decisions. Disturbances to an individual's mental well-being can lead to diminished functioning at the individual but also broader, societal level (WHO, 2012).

Like other aspects of health, mental health can be affected by a range of socioeconomic factors and it is important to note that it is determined by individual attributes alongside environmental factors. Certain individuals and groups in society may be placed at a significantly higher risk of experiencing mental health problems (WHO, 2021).

People with mental disorders experience higher rates of disability and mortality and those often affect and are affected by other diseases. Furthermore because of stigmatization and discrimination, it is often the case that human rights are violated in such cases and many are denied economic, social and cultural rights. Those conditions can lead to people living in vulnerable situations and being excluded and marginalized from society (WHO, 2021).

Mental health is therefore of great importance for one's overall well-being and it influences an individual's ability to function effectively in different areas of life. As such it is closely tied to the ability to cope with challenges and also in forming relationships and connecting with others. Thus promoting young people's mental health is of great importance and an integral component in ensuring their development and improving health and social wellbeing across their lifespan (WHO, 2014 as cited in Westberg et al., 2022).

Challenges Faced by Young People with Fewer Opportunities

A global cross-sectional survey led by Varma et al. (2021) on the subject of mental health during COVID – 19 pandemic supports previous reports that young adults are at an increased risk of poor mental health as a result of the pandemic.

That being the case, factors such as loneliness and financial distress are impacting younger individuals more than others. Financial inequalities and associated distress can increase the risk of psychological distress and also prevent people from seeking adequate care.

Findings from mentioned survey show higher rates of stress, anxiety, depression and poor sleep by the respondents in the study. 20% of participants reported significant distress related to their financial situation, which was associated with both psychological distress and poorer sleep. Factors such as poor sleep quality, loneliness, resilience and age emerged as mediators of the relationship between stress and mental health, highlighting these as potential areas for targeted interventions. Younger age-groups were more vulnerable, reporting greater stress, anxiety and depression compared to middle and older age groups.

Moreover, young people with pre-existing mental health conditions or substance abuse disorders, individuals from lower-income and/or ethnic minority backgrounds, individuals who identify themselves as LGBTQI+ or gender-diverse and young carers are at particularly high risk (OECD, 2021.) What's more, young people from minority ethnic groups are significantly more likely to report symptoms of anxiety and depression and suicidal thoughts (Eurofound, 2021).

When it comes to adolescence, it is important to recognize that it is a period of significant developmental sensitivity for an individual's mental well-being. It is a crucial period for developing the social and emotional skills, habits and coping strategies that enable mental health, including healthy sleeping patterns, regular exercise, problem-solving and interpersonal skills. Many risk behaviors, such as use of substances, start during adolescence and can be particularly detrimental to mental health (WHO,2022b). On top of that, adolescents and young people residing in disadvantaged conditions may have reduced exposure to positive social interactions and increased exposure to crime, substance abuse, disease and injury. Furthermore if they are engaged in criminal behavior or substance abuse they are more likely to face risk factors for poor mental health (Eurofound, 2021).

Abovesaid is followed by the statement made by the World Health Organization (2012) that says individuals facing a greater degree of exposure to unfavorable circumstances are more prone to developing mental health conditions. Which is why it is important to recognize the impact of challenging or adverse situations on mental health and work towards creating supportive environments and equitable access to resources and care.

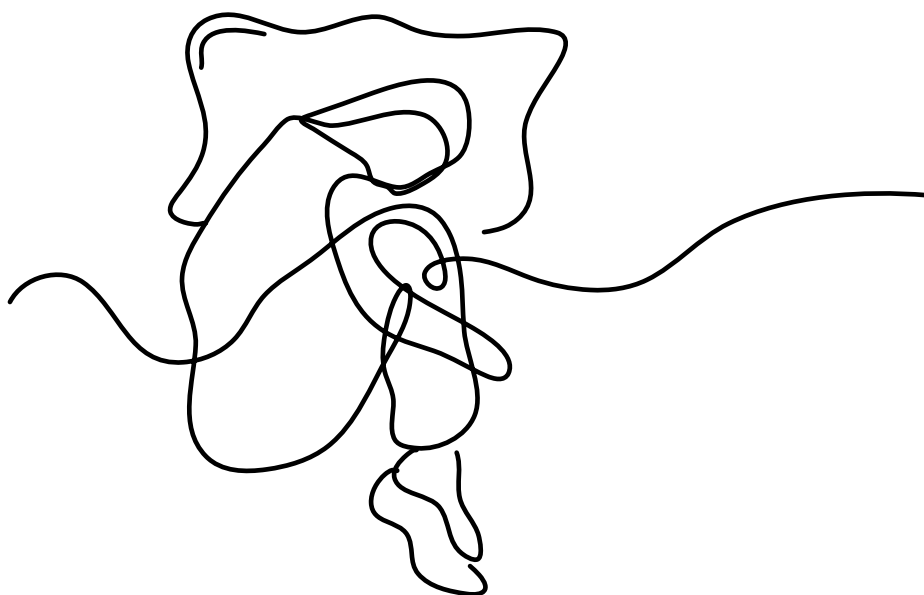
Impact of Mental Health Issues on Well-being and Opportunities

Since the COVID-19 pandemic there has been a great disruption to social relations and factors that protect mental health and wellbeing of young people. Containment measures have affected daily routines, social contact, social and emotional support from others, sense of belonging to a community and access to physical exercise. Young people maintained connection mainly through digital means but the loss of in-person interaction could have long-term negative consequences on mental health (WHO, 2023).

Reduced access to institutional environments has disproportionately impacted young people from disadvantaged backgrounds who rely on them for safety, support and the accumulation of positive social experiences (OECD, 2021).

To deal with the stressors, people may resort to different negative ways of coping, including use of alcohol, drugs, tobacco or spending more time on potentially addictive behaviours such as online gaming (UN, 2020).

Mental health issues can have a significant impact on overall well-being and limit opportunities in various aspects of life. It can hinder personal growth, reduce productivity, and restrict access to opportunities for personal and professional development. Early recognition and intervention play a vital role in promoting well-being and providing appropriate care and support to those in need. Understanding the risk factors associated with mental health issues can help in identifying those who may be more vulnerable.



Identifying Risk Factors and Recognizing Signs and Symptoms of Mental Health Issues

By being aware of risk factors, recognizing signs and symptoms, and promoting a supportive environment, we can enhance our ability to identify mental health issues early on and provide the necessary support and resources for individuals in need.

As it was before mentioned, individual attributes are one of the contributing factors to mental health and well being. As such, adverse factors can be low self-esteem, cognitive/emotional immaturity, difficulties in communicating or medical illness/substance use (WHO, 2012).

Those factors can lead to feelings of inadequacy, difficulties in managing and regulating emotions, making decisions effectively and/or challenges in coping with stressful situations.

When it comes to social circumstances, adverse factors can be loneliness, neglect, exposure to violence, difficulties at school etc. (WHO, 2012). Loneliness is a particular burden for young people, while alongside social isolation other factors that increase suicide risk are chronic mental health conditions and financial difficulties (OECD, 2021). Environmental factors that could affect one's mental health could be poor access to basic services, injustice and discrimination, social and gender inequalities and other (WHO, 2012).

Someone whose life is marked by diminishing opportunities, social exclusion and economic insecurity will have a different mental health trajectory to that of someone who grew up in, and continues to have, a stable, supportive home, work and social environment (WHO, 2022b).

Addressing these factors requires a multi-faceted approach in which it is essential to work on building inclusive societies. Breaking the stigma surrounding mental health is crucial for creating an environment where individuals feel safe, supported, and empowered to seek help.

Breaking Stigma Surrounding Mental Health

Understanding Societal Stereotypes and Prejudices

People experiencing mental health conditions are often stigmatized, shunned, discriminated against and denied basic rights, including access to essential care (WHO, 2013). One of the biggest barriers to demand for mental health care is the stigma associated with mental health conditions. All over the world, people living with mental health conditions are the subject of deep-rooted stigma and discrimination (WHO, 2022b).

Society in general has stereotyped views about mental health conditions and how they affect people. People with mental health conditions are commonly assumed to be lazy, weak, unintelligent or difficult (WHO, 2010).

Stigma and discrimination present barriers to seeking help and engaging in care, while current estimates are that mental health conditions will affect one in four people throughout their lifetime, but nearly two thirds of people with mental health conditions will not seek treatment (UN, 2017).

People will often choose to suffer mental distress without relief, rather than risk the discrimination that comes with accessing mental health services. Yet with the right support, most people with severe mental health conditions can function at a very high social and economic level, maintaining excellent relationships and functioning well in employment (WHO, 2022b).

According to a systematic review by [Velasco et al. \(2020\)](#) the most prominent barrier to seeking help concerning mental health services was stigma, followed by negative attitudes and beliefs about mental health services and professionals. Additionally, few studies relate symptom severity with help-seeking, where higher symptomatology was associated with lower help-seeking intentions.

Low demand for mental health care can also be driven by low levels of health literacy about mental health, including a lack of knowledge and understanding of mental health as well as prevailing beliefs and attitudes on mental health and effective mental health care. The reality is that most people may not have access to evidence-based information on opportunities that can promote their mental health. Meanwhile, pervasive negative attitudes continue to devalue and perpetuate discrimination against and abuse of people living with mental health conditions (WHO, 2022b).

In a systematic review regarding barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents conducted by Velasco et al. (2020), young people reported a lack of knowledge on mental health and the support system, leading to a sense of insecurity and possibly a delay of help-seeking.

Important findings include the presence of stigma, a lack of knowledge of mental health issues, a longing for self-reliance and a sense of powerlessness expressed by young people in various contexts and countries (Westberg et al., 2022).

Improved health literacy among young people may facilitate help-seeking through mechanisms of awareness of service availability and symptom recognition (Velasco et al., 2020).

Understanding unique challenges of young people with fewer opportunities and fostering a supportive environment that encourages help seeking implies developing empathy, increasing awareness and knowledge of the general population concerning mental health issues.

Developing Awareness and Empathy for Young People with Fewer Opportunities

Infancy, childhood and adolescence are ages of both vulnerability and opportunity in mental health (WHO, 2022b). Individuals who have a secure and supportive period of adolescence and childhood behind them, and who are able to exercise emotional control and social aptitudes, are better equipped to deal with the set of choices and challenges that inevitably present themselves in adulthood (WHO, 2012).

Socially marginalised groups tend to have higher rates of mental disorder than the general population but can have difficulties in accessing health care (Priebe et al., 2012).

Determinants of an individual's well-being encompass risk factors as unemployment associated with greater health care use and higher death rates. An important source of well-being is participation in the life and activities of the local community in which individuals and their families live. Being excluded from such activities, due to different reasons, can have a negative impact on an individual's well-being (WHO, 2012).

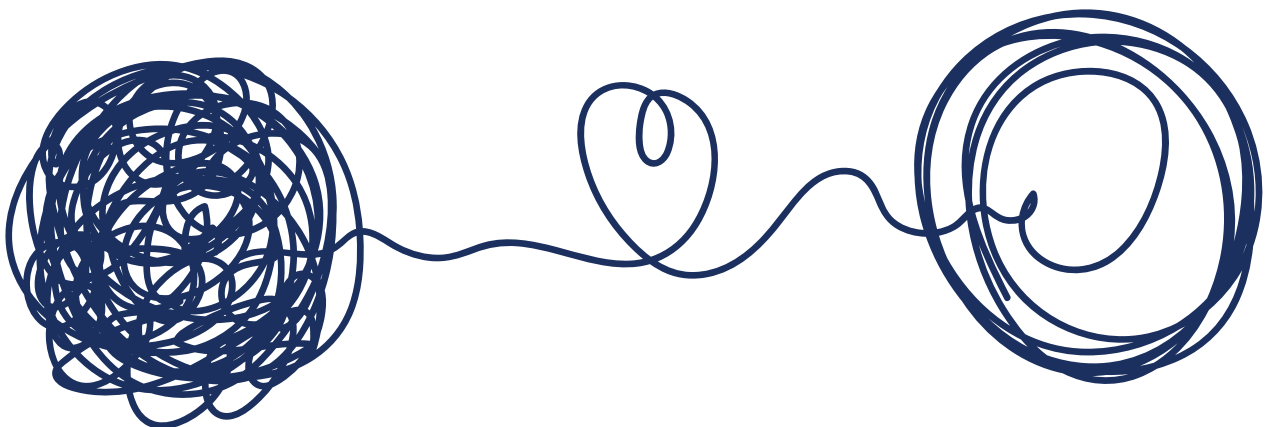
Ill-health or disability constitutes another important risk factor for psychological well-being in general and depression in particular.

Individuals with chronic disease or disability – whether comorbid with depression or not - are at an elevated risk of being marginalized from social or community activities, particularly those associated with stigma or discrimination (WHO, 2012).

Additionally, the shift to remote learning has resulted in an erosion of many protective factors that attending school offers, including daily routines, social contact, social and emotional support from teachers, sense of belonging to a community, and access to physical exercise. (OECD, 2021).

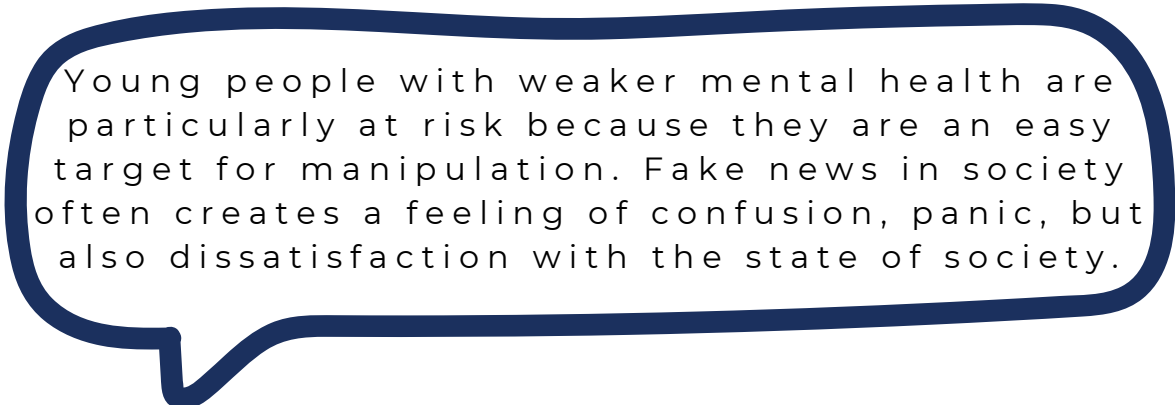
Protective factors in the context of environmental factors encompass various elements that promote well-being and resilience. Equality of access to basic services, social justice, tolerance and integration, social and gender quality alongside physical security and safety to name a few (WHO, 2012).

Equality mentioned can be promoted through education and information, encouraging open dialogue and a compassionate approach to listen and support individuals facing mental health challenges. Specific examples of approaches and interventions will be outlined in the following text.



Strengthening and Protecting Mental Health

Promoting Emotional Well-being and Resilience



Young people with weaker mental health are particularly at risk because they are an easy target for manipulation. Fake news in society often creates a feeling of confusion, panic, but also dissatisfaction with the state of society.

Conclusion from the participants at the local trainings of media literacy, January 2023

Recognizing that mental health is an essential part of overall health is the first step to supporting mental health of youth and the population in general. Effective promotion and prevention is important to enhance mental well-being and resilience, prevent the onset and burden of mental health conditions and drive down the need for mental health care.

Building individual capital for mental health can be done through strategies that focus on strengthening emotional and cognitive skills, knowledge, capabilities and attitudes. Through learning programmes that promote competence to live, learn and work effectively, resilience to manage and adapt to life stressors and empowerment to have confidence, choice and control in one's life. These aspects include skills for communication, critical thinking, decision making, problem solving, self awareness and behaviours in the field of self-care. Alongside that building on the capacity to deal with stress and adversity while also having a sense of hope, identity and purpose (WHO, 2022b).

Protective factors for individual attributes affecting mental health can be developing a healthy self-esteem and confidence, building on the ability to solve problems and manage stress and adversity. Continuing on that working on one's communication skills alongside physical health and fitness. It is essential to develop attributes such as self-control, resilience and confidence so that individuals are equipped to deal with the adversities they will face as they grow older (WHO, 2012).

Engaging and empowering people with lived experience through valuing their insight and giving them voice, choice and influence is a vital step towards transforming mental health. Empowerment gives people with lived experience better understanding and control over their lives (WHO, 2010).

There are varying degrees of participation, from being consulted to joint decision-making; and from being involved in service-delivery to user-led services. Empowering people to have control over their life and mental health care instils personal dignity, value and respect. It can increase self-esteem and confidence. It also gives people a level of choice and autonomy they may not have received otherwise (WHO, 2022b).

Approaches based on social contact with people with mental health conditions are particularly effective. People with lived experience, including in peer-led organizations, can be important agents of change. They can increase awareness and acceptance among the general public and so build health literacy in mental health (WHO, 2022b).

Mentioned strategies that engage people with lived experience are the evidence-based way of reducing stigma in the community. Peer-led networks and organizations have a key role in enabling people with lived experience to engage with their care. Networks can be a vital source of mutual support for mental health service users. The Comprehensive mental health action plan 2013–2030 calls for action that helps organizations of persons with mental health conditions to participate in reorganizing, delivering, and evaluating and monitoring services. (WHO, 2022b).

Enhancing Coping Mechanisms and Emotional Regulation

The role society can play in addressing challenges and strengthening the resilience of young people can be through empowering youth to recognize, manage and learn from difficult emotions. Through building strong relationships with peers and supportive adults, practicing techniques to manage emotions, taking care of body and mind, being attentive to use of social media and technology and seeking help when needed (OSG, 2021).

Other protective factors for mental health mentioned in literature are maintaining a healthy diet and regular physical exercise which can be viewed as part of a holistic approach to health promotion and protection in the population (WHO, 2012).

Results from the study conducted by Varma et al. (2021) supports the need for telehealth for reducing stress, and improving mental health and sleep disorders.

As such, digital therapeutics are thought to improve accessibility and affordability of mental health services.

Social and emotional learning programmes are linked to mental health benefits and well proven to positively influence students' emotional well-being, social functioning and academic performance. They are also associated with a reduced risk of depression, anxiety and stress; and prevention of suicide, harmful substance use, antisocial behaviour and health-risking sexual practices ([Greenberg et al., 2017](#)).

Some of the Psychosocial interventions for social and emotional learning explained by (WHO, 2022b) will be listed in the following paragraph:

Examples of emotional learning goals are emotional regulation, stress management or mindfulness. Interventions used to achieve a specific goal could be:

- techniques to improve one's ability to manage and respond to emotions effectively
- techniques to control levels of stress, especially chronic stress, that interferes with everyday functioning
- activities to enhance abilities to pay attention purposefully, in the present and without judgment

Examples of cognitive learning goals are problem solving or drug and alcohol knowledge. Interventions used to achieve a specific goal could be:

- techniques to identify and act on a solution to a challenge or difficult problem
- education about the use of drugs and alcohol, and their effects

When it comes to social learning, interpersonal skills or assertiveness could be chosen areas to improve on. Interventions used to achieve a specific goal could be:

- improving skills to develop or improve close, strong and positive relationships with others
- improving skills to communicate one's viewpoint, needs or wishes clearly and respectfully

Physical activity could also be a learning goal which could include opportunities to engage in sports or physical activity, either individually or in teams

Positive Psychology for buffering, bolstering and building Mental Health

Another tool that proved to be useful in strengthening of mental health is Positive psychology. It encourages focusing on our inner strengths, relating with other people; enjoying the good in life and finding pleasure in things we find meaningful. The three pillars of positive psychology are: connecting with others, savoring pleasure and developing a sense of gratitude (Harvard Health, n.d.).

Positive psychology's focus on human capacities (actual and potential) provides a valuable lens through which we can begin to understand how people can cope with, and grow through, times of crisis ([Waters et al., 2022](#)). It can be used a tool to combat high levels of stress through the intentional use of adaptive coping strategies. Interventions can be used to help increase the experience of positive cognitions and positive emotions that in turn help people bolster their mental health.

Moreover, self-compassion can serve as a powerful tool to cope with stressors and it buffers negative effects of suffering. It does so by having people be more willing to experience difficult feelings and acknowledge them as valid and important (Allen & Leary, 2010 as cited in [Waters et al., 2022](#)). Findings suggest that the more we support ourselves intentionally when confronting difficult feelings, the more resilient will we be in the long term. The good news is that it can be learned and through it we can help reduce illbeing and promote wellbeing.

Additionally, positive interpersonal processes such as sharing laughter and being loved are fueled by positive emotions and have the potential to impact the people participating in the interaction. High quality connections are associated with bouldering against depression and illness symptoms while bolstering mental health (Major et al., 2018 as cited in [Waters et al., 2022](#)).

Fostering Positive Social Connections and Inclusion

When mentioning high quality connections, related protective factors concerning social circumstances could be the following: social support of family and friends, good parenting/family interaction, physical and economic security and safety, scholastic achievement to name a few ([WHO, 2012](#)).

Family and community factors can be influential in supporting mental health. Protective factors at these levels include positive family interactions, quality education, decent work conditions, safe neighbourhoods, community cohesion and shared cultural meaning and identity ([Holm et al., 2021](#)). What's more, volunteering in your community and helping others can be a great way to connect with people, build a sense of purpose, and develop your own sense of self-worth ([Ballard et al., 2019 as cited in OSG, 2021](#)).

Positive social connections can offer emotional support, reduce feelings of loneliness and isolation and promote resilience. Such connections serve as protective factors and contribute to ones' perceived sense of belonging. Feeling accepted and understood by others fosters self-esteem and self-worth and that in turn offers opportunities for personal growth.

Encouraging Healthy Lifestyle Choices and Self-Care Practices

Mental health and well-being rests on the capacity of individuals to manage their thoughts, feelings and behaviour, as well as their interactions with others ([WHO, 2012](#)). Building individual competence can include interventions designed to support people to change behaviours that undermine both physical and mental health. Low levels of physical activity, tobacco smoking, hazardous alcohol use, drug use, poor sleep and unhealthy dietary patterns are all associated with increased risks of both physical and mental health conditions (WHO, 2022b). Alcohol, tobacco and drug use pose risks to mental and physical health, particularly among pregnant women and adolescents ([WHO, 2012](#)).

Self-care is important to people and engaging in self-care activities can help people recharge and unwind. Taking part in activities that bring joy can positively impact our overall mood while sending the message that one's well-being matters.

A recent survey across 113 countries found that among people with self-reported anxiety or depression, the most-endorsed methods for feeling better were improving healthy lifestyle behaviours, spending time in nature or outdoors and talking to friends or family ([Wellcome Global Monitor, 2020](#)). Within schools, life skills training can teach emotional and social competencies such as emotional regulation, problem-solving, interpersonal skills and stress management. For adults, self-care competencies are usually supported through self-help materials and interventions that draw on evidence-based psychological treatment principles.

Self-care practices can vary from person to person. It's important to identify activities and strategies that resonate with your individual needs and preferences. Prioritizing self-care is an investment in mental well-being and contributes to a healthier and more fulfilling life.



Providing Psychoeducation and Support

Educating Young People about Mental Health and Well-being

Because the factors determining mental health are multisectoral, interventions to promote and protect mental health should also be delivered across multiple sectors. Social and informal support delivered by community providers (e.g. community workers, peers) complement formal services and help ensure enabling environments for people with mental health conditions. Combining health interventions with key social services, including child protection and access to education, employment and social protection, is essential to enable people with mental health conditions achieve their recovery goals and live a more satisfying and meaningful life (WHO, 2022b).

Just as multiple government sectors are needed, many other stakeholders – from policy-makers to professionals to people with lived experience and their families – need to be involved in promoting, protecting and supporting people’s mental health. Nongovernmental organizations, peer networks, traditional practitioners and others play a crucial part. Depending on circumstances and objectives, these stakeholders’ roles may range from advocacy and activism to service provision and support. Working in partnership across public and private sectors can be an effective way of increasing the reach and resources of collaborative programmes (WHO, 2022b).

According to the Mental Health Atlas (WHO, 2020) targeted interventions from the early stages of life and across the life span play a major role in treatment and promotion of mental health and the prevention of mental health conditions. Furthermore interventions can make a positive impact and help reduce stigmatization, discrimination and human rights violations.

The Mental Health Atlas (WHO, 2020) questionnaire asked about countries’ prevention and promotion programmes in specific thematic areas and the main types of programmes reported were mental health awareness and anti-stigma programmes, followed by school-based mental health prevention and promotion, suicide prevention programmes, early childhood development and component of disaster preparedness.

In the context of efforts to develop mental health policy it is important to assess the needs of people with mental disorders but also to protect and promote mental well-being of all citizens. Certain mental health promotion and protection strategies can target specific groups, including: home-based interventions for socioeconomically disadvantaged families and for children with a mentally ill parent; prevention of intimate partner violence; school-based interventions for children and adolescents exhibiting emotional or behavioural problems; work-based interventions for adults looking for employment or struggling to cope at work [\(WHO, 2012\)](#).

Promotion and prevention are required to enhance mental well-being and resilience, prevent the onset and impact of mental health conditions, and drive down the need for mental health care (WHO, 2022b).

Harnessing digital technologies for mental health

In many settings, digital technologies offer promising tools, and can strengthen mental health systems by providing ways to inform and educate the public, train and support health care workers, deliver remote care, and enable self-help (WHO, 2022b).

Having information about mental health and how to deal with one's own mental health can be extremely useful to people experiencing psychological distress or living with a mental health condition. WHO provides extensive online resources useful to inform and educate the public and some of the key topics include: managing stress, dealing with depression and preventing suicide. WHO alongside other institutions offers e-learning courses to train health care workers in various aspects of mental health care and delivering psychological interventions (WHO, 2022b).

Social and emotional learning programs

Social and emotional learning (SEL) can be defined as: “the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions [\(CASEL, 2023\)](#).”

Research shows that social and emotional learning (SEL) leads to increased positive attitudes, prosocial behaviour, and improved well-being and academic learning.

It also reduces social, emotional, and behavioural difficulties such as anxiety, depression, suicide, substance abuse, and anti-social behaviour ([Durlak et al, 2011](#); [Goldberg et al, 2019](#); [OECD, 2021 as cited in Cefai, 2022](#)). SEL can help young people in dealing with adverse circumstances in a constructive way, thereby promoting wellbeing and fulfillment ([Gedikoglu, 2021](#)).

Furthermore, SEL programs can enhance confidence, increase engagement in school, reduce conduct problems while promoting desirable behaviours. In the long run, greater social competence will most likely lead to positive relationships and better mental health, improving general wellbeing. The focus of such educational approach is to integrate thinking, emotion and behavior to effectively deal with everyday personal and social challenges. Competences built through learning are the following (Greenberg et al., 2017):

- self-awareness: understanding your own emotions, values and personal goals, assessing strengths and limitations
- self-management: skills that help regulate emotions and behaviors, manage stress, control impulses
- social awareness: take the perspective of others, empathize and act with compassion
- relationship skills: tools to establish and maintain healthy relationships, clear communication, active listening, cooperating, negotiating conflict, seeking help
- and responsible-decision making: consideration of ethical standards, safety and norms for risky behaviour

A universal approach to SEL should be accompanied by targeted interventions for vulnerable students who may need additional support ([Cefai, 2022](#)).

Facilitating Support Groups or Peer Support Programs

Peer support services provide an additional layer of support in which people use their own experiences to help each other – by sharing knowledge, providing emotional support, creating opportunities for social interaction, offering practical help or engaging in advocacy and awareness raising (WHO, 2022b).

Such programs could bring together individuals who have shared experiences of mental health challenges which could in turn result in shared experience and greater understanding and connection among participants. Feeling validated and less alone in their struggles can foster a sense of belonging and reduce feelings of isolation, among other benefits.

Connecting Them to Resources and Services

Young people reported a lack of knowledge on mental health and the support system, leading to a sense of insecurity and possibly a delay of help-seeking. Improved health literacy among young people may facilitate help-seeking through mechanisms of awareness of service availability and symptom recognition (Velasco et al., 2020 as cited in Westberg et al., 2022).

As was before said, all development stakeholders have important roles to play and civil society can play an important role in supporting people with mental health conditions. That can be done through direct service provision and advocacy to access needed resources and to integrate into the community. Services provided could include social services, education programmes and livelihood projects. Depending on particular strengths of the organizations they can raise awareness and build capacity to reduce stigma or provide support and services, educate communities about mental health issues and advocate for improved services (WHO, 2003).

Directions for mental health promotion and protection by the WHO (2012) regarding supporting vulnerable groups in society are the following: conduct awareness raising campaigns, foster responsible reporting in the media, develop and implement social inclusion policies, make education available and accessible to all. Considering the stigma that people with mental disorders face, campaigns that serve to raise awareness can play a valuable role in reshaping public attitudes (WHO, 2012).

Examples of Mental Health Interventions

Interventions and support targeted at these groups can help reduce existing inequalities and promote social inclusion, thereby contributing to ensuring interventions to support mental health are universal, yet are calibrated proportionately to the level of disadvantage (WHO, 2022b).

In the WHO guidelines and recommendations, psychosocial interventions for managing mental health conditions involve psychoeducation, stress management (including relaxation training and mindfulness), emotional or practical social support (including psychological first aid), and various other social and rehabilitative activities, including peer support and supported employment and housing (Barbui et al., 2020).

Key strategies for reducing risks and boosting protective factors include implementing school-based programmes, including anti-bullying interventions; and improving the quality of environments in communities and digital spaces. School-based social and emotional learning programmes are among the most effective promotion strategies for countries at all income levels (WHO, 2022b).

The World Health Organisation (2022b) listed examples of campaigns leading to positive changes in public attitudes towards mental health.

Time to Change is an Anti-stigma campaign from England which used activities such as social marketing and media, local community events, targeted interventions for stakeholders, e.g. students, teachers, employers, and young people. Their key findings were that social marketing and media activity was most effective at influencing intended behaviour toward people with mental health conditions. Moreover, public awareness was strongly associated with campaign activity and increased awareness was associated with more favourable attitudes.

The following example comes from Australia and it is called **Beyodblue**, which is a mental health literacy programme. Its focus is placed on depression and anxiety, media advertising and training, school-based programmes, mental health first aid training, community discussion forums etc. It appeared that states with more activity saw more improvement in public awareness about depression and the benefits of treatment. Also, training programmes delivered moderate increases in knowledge about mental illness.

Canada came up with Contact-based education called **Opening minds** in which they targeted interventions for stakeholders (youth, health care providers, employers and employees, news media). The conclusion was that big media campaigns was not effective at changing attitudes and that programmes that target a specific mental health condition may reduce stigma more effectively than those targeting mental ill-health in general.

Further on, in China a **sports-based youth development programme** has been found to promote life skills and empowerment among adolescents. Each week, participants in the programme learned to set goals, build skills and reflect on their feelings about a specific sport. There were no teachers or predesigned curricula. Rather, the mentors worked like facilitators, allowing the students to set their own learning goals and paths through communication. Mentors also provided tools and techniques for problem solving within the sport's context and opportunities for putting these into practice within an environment that fostered resilience building. A rigorous evaluation concluded that in addition to improving physical activity and fitness, the programme improved students' mental well-being, self-efficacy, and resilience (WHO, 2022b).

For the end of the first part of this manual...

Mental health is critically important for everyone, everywhere. It is an inherent and vital part of our overall health and well-being and affects our lives in many ways. Our mental health enables us to function and thrive as individuals, family members and community participants. It helps us cope with stress and adapt to change. It allows us to build healthy relationships and connect with others. And it supports us to learn well and work productively. Mental health and access to mental health care are a basic human right (WHO, 2022b).

What we can do to support well being of youth (OSG, 2021):

- Create positive, safe and affirming environments
- Expand social and emotional learning programs
- Recognize signs of changes in mental and physical health and take appropriate action when needed
- Educate the public about the importance of mental health, and reduce negative stereotypes, bias, and stigma around mental illness.
- Implement evidence-based programs that promote healthy development and increase resilience
- Address the unique mental health needs of at-risk youth, such as racial and ethnic minorities, LGBTQ+ youth, and youth with disabilities.
- Elevate the voices of children, young people, and their families.

In conclusion, mental health support is crucial for individuals to thrive and lead fulfilling lives. Throughout this Manual we have explored various aspects of mental health support, including the importance of awareness, accessibility, and empathy. We have discussed the impact of unfavorable circumstances, risk factors, and the role of protective factors in promoting mental well-being. Additionally, we have highlighted the significance of inclusive societies, breaking stigma, and the role of self-care and peer support programs in fostering positive mental health outcomes.

It is evident that mental health support requires a multifaceted approach that addresses various aspects of an individual's life. This includes ensuring equal access to basic services, promoting social justice and equality, providing safe and inclusive environments, and facilitating opportunities for personal growth and resilience.

Moreover, fostering empathy, understanding, and destigmatizing mental health are essential in creating a supportive and compassionate society. By prioritizing mental health support, we can foster a society that values and promotes well-being for all. Recognizing the importance of mental health, implementing support systems, and creating an environment that encourages seeking help are crucial steps towards a healthier and more inclusive society.

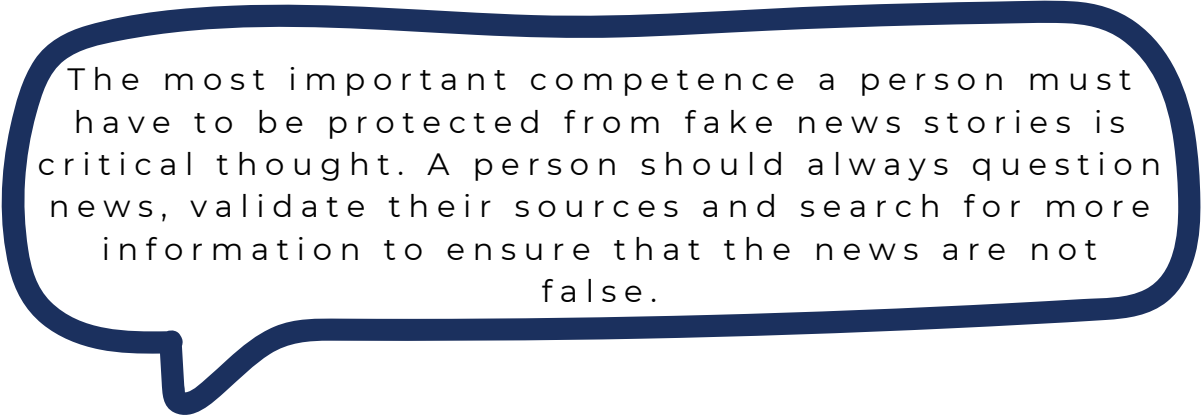


PART III:

NON-FORMAL PROGRAMME “IMPACT OF FAKE NEWS ON MENTAL HEALTH”



Media literacy



The most important competence a person must have to be protected from fake news stories is critical thought. A person should always question news, validate their sources and search for more information to ensure that the news are not false.

Conclusion from the participants at the local trainings of media literacy, January 2023

In today's fast-changing world, media is all around us. The ever rising exposure to social media, traditional media and internet has brought many challenges to young people, which also include issues with mental health, having no critical awareness on media reporting, promoting different habits and being overwhelmed with the consumption of media.

This is where media literacy comes into play for young people. According to different definitions, media literacy is a competence, which consists of three important elements: use of skills, critical understanding and communicative abilities (Zgrabljic-Rotar, 2005; European Commission – Media Programme, 2013; Gospodnetić and Morić, 2014).

When media literacy is defined as the ability to access, critical understand information and create the the information, we need aslo to mention its tree most important dimensions (Livingstone i Thumim, 2003):

- technical competencies
- skills of critical understanding and acceptance
- creation of the content.

The media literacy skills should be taught in formal educational system, but as this is not the case in most of the countries, the crucial player are non-governmental organisations, who implement different educational programs for young people and youth workers.

When implementing a media literacy programme, it is important to have in mind some important information, to ensure the best participation:

- provide opportunities to young people that they are creators of the content, don't give them the role of being critics only;

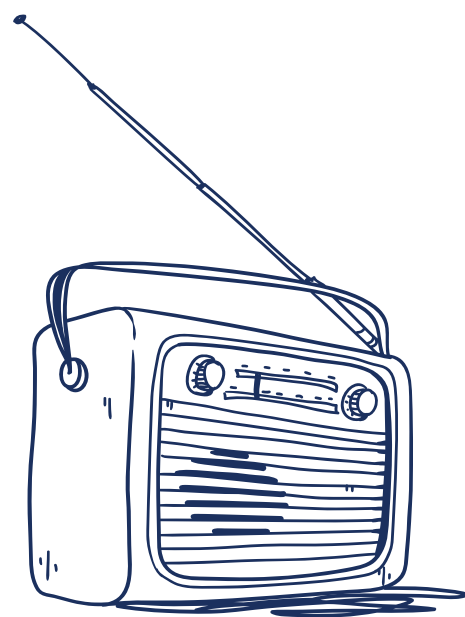
- different opinions are important - you should give young people the opportunity to speak up and tell their opinions. This means that youth workers and facilitators or trainers should have a good facilitation skills, and should ask different questions, such as: Who agrees? Who disagrees? Why? Can you justify your opinion? Asking these questions, help in shaping the critical thinking skills

- have in mind that all opinions are valid, but if you have some opinions dealing with defamation of human rights, be sure to correct it and explain the human rights perspective (this can especially happen if you are dealing with topics of migration, politics or similar sensitive topics)

- when implementing programmes, it is important that young people learn about the media and their functioning, as this give the broad understanding of how the news articles are created and how manipulation can happen

- usage of digital technologies is always an advantage, but it should be used carefully as well; there are several games dealing with understanding how fake news are created or how media is operating, so use this opportunity to play with young people.

As it was said before, media literacy plays a crucial role in understanding the fake news and how they are produced. In the next part, we will focus more on fake news and its impact on mental health.



Fake news & mental health

In certain situations, especially crisis and panic situations, we are all susceptible to believing fake news, but the participants believe that susceptibility to fake news decreases if a person's education is higher. Fake news leads to a change of opinion and the formation of a certain attitude, which often results in polarization and the creation of social divisions.

Conclusion from the participants at the local trainings of media literacy, January 2023

With media consumption rising and availability of media being more spread, the internet has become the main source of information. In the past, we have searched for true and correct information in traditional media, today, more increasingly young people and children are receiving the main information through social media. This is an issue, as for some people it's hard to distinguish which information is authentic and true. The social media channels don't have editorial boards (like in traditional media) to make selection of news and make a factual check of information before they are published.

Therefore, social media has become a significant source of disinformation, or fake news. When talking about fake news, the Cambridge Dictionary (2023) defines it as "false stories that appear to be news, spread on the internet or using other media, usually created to influence political views or as a joke."

And most fake news are created due to different reasons. The five main motives by Wardle and Derakhshan, (2017) are pointing out the following:

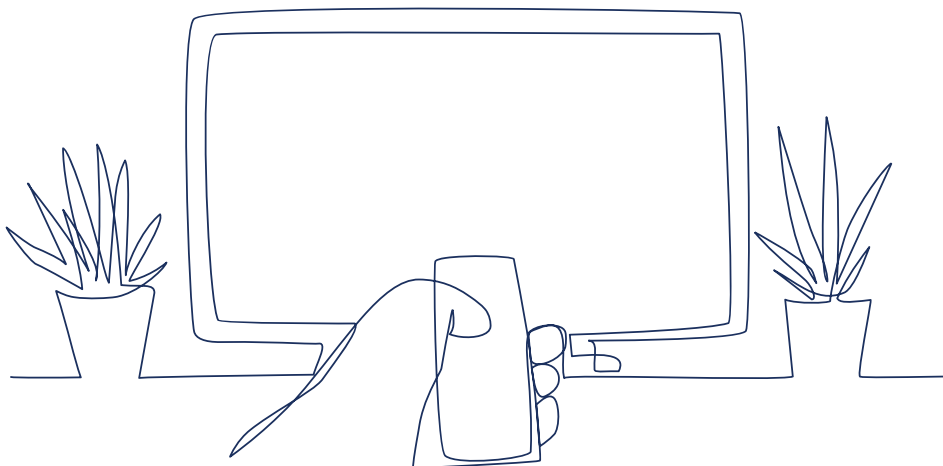
- financial reasons: people creating fake news are getting financial profit through clicks on their websites or their views on social media help them gain credibility, so they can put ads later which could be sold;
- political reasons: usually, the fake news is created to discredit the political candidate during the elections, or when someone tries to influence the public opinion on the topic

- social reasons: creating fake news helps to gather people together, on social media, or even beyond; for example, different groups believing conspiracy theories could create their own groups
- psychological reasons: usually it is connected with having a status in the society or asking for validation from other people
- for fun: sometimes, fake news are created to share funny stories or to create satire; in the media world, there are several portals that are satiric in nature, so sometimes their stories could be interpreted as true.

Fake news has an impact on health in general. The best example how fake news can be harmful and create issues within societies was shown with the COVID-19 pandemic which happened from 2020 until 2023. Research showed that the false information on the origin of virus has shaped the individual use of preventive measures. People who believed that the virus was created by the pharma industry have used hand sanitizers and face masks less, but also they had lower numbers of vaccinations. (Romer and Jamieson 2020, Maertens et al. 2020).

It must be emphasized that fake news also affects the people and citizens greatly, as they are not understanding the real source. People who have been exposed to correct and incorrect information will through time decrease their level of confidence in sources of information that are reliable and trustworthy. (Ecker et al. 2022).

Based on all the above, we have decided to create a non-formal programme “Impact of fake news on mental health”, which aims to increase critical thinking for young people and learn how to analyse the content available on portals and social media. Transversal skills which young people acquired during the training will help them to understand fake news and what is the impact on their mental health.



Non-formal programme “Impact of fake news on mental health”

The non-formal programme was created by experts in the field of fake news and mental health. The activities can be adapted to the target groups, so have in mind that some activities could be suitable for one group, whereas others maybe will not. In some activities, we invite you to think about the profile of your participants.

If you have participants that are visually impaired, prepare the materials upfront and make fonts bigger. Think about the braille letters as well if needed. If you have participants who are visually impaired, also think that activities need to be explained in more details. If showing a movie clip, be sure that it has audio description.

If you have participants who are Deaf or hard of hearing, you should make the appropriate arrangements for the presence of a sign language interpreter in the activities. Additionally, if you are showing a video, it should have subtitles for the Deaf and hard of hearing (SDH). Also, the positioning of the participants should be adapted to the needs of the Deaf and the hearing impaired. This means that participants should be seated in a semi-circular or circular arrangement, so that they can see each other, and there should be adequate lighting.

If you have participants who have mobility issues, do not forget to adapt the room in the best possible way. Activities can be easily adapted, as they don't require physical activities, however, if someone proposes an energiser or if you decided to adapt the activity, have in mind these barriers.

The general instruction would be to ask participants before the training - what do they need and with your team see how you can adapt the best to the situation and ensure that activities are running smoothly.

This non-formal programme is lasting five days, and the idea is that the activities should last for six hours in total. We invite you to look at this programme from a holistic perspective. All topics are equally important, as they help in reaching the goal: understanding fake news and its impact on mental health.

Down below, you can find the detailed description of activities which you can use.

DAY 1

Session title

Let's meet each other and find out more about ourselves!

Goals

- to get to know each other,
- to create a safe working atmosphere
- to start with group building

Activities

Introduction to the training and presentation of the programme

Trainers ask participants to share their name and country/place they are coming from. When the round is finished, trainers greet the participants and tell them that we will be dealing with the topic of mental health and fake news. The presentation of the goals and programme is made. Participants are asked if they would change something in the schedule.

Name game

Participants are invited to stand up and tell their name. They should tell their name and adjective which starts with the same letter of their name (e.g. Adventurous Anna, Bold Bogdan...). The first person kicks off, and the second person should repeat the name and adjective of the first person and add theirs. Third person should repeat names and adjectives of the first two people and add theirs. The circle is closed in the end when all participants finish saying their name.

Group building: save an egg!

Participants are divided into 3 or 4 groups. All groups are given the same materials and task of creating a contraption that will save the egg from breaking after being thrown off the second floor of the building. Give participants enough time to make contraption.

Drop is performed and discussion about the process is held

o What happened during the activity?

- o How did you feel during activity?
- o What was (not) working in your cooperation?
- o What would you do differently now?
- o How is this exercise connected with our training?

Trainers add what is also important from this exercise to take to the training: listening, active communication, asking questions, and working as a team.

Session title

What do I want to get from this?

Goals

- to get to know each other
- to share expectations, contributions and things they would like to avoid
- to create working agreement for the rest of the training course

Activities

Get to know my shield

The shield is divided into five sections by a vertical line down the center and two horizontal lines. The prompts are as follows:

- Top-left: What do you do / work / study?
- Top-right: What do you do in your free time?
- Middle: Share one thing you are really passionate about!
- Bottom-left: Share one funny thing about you!
- Bottom-right: What is your most important value?

Participants are invited to create their own “shield”, where they should present themselves. Firstly, give participants 10 minutes to DRAW in their shield the answers to the following questions:

After they have drawn inside their shield, ask them to find someone they don't know. They should give their paper to the other person and the person should in 3 minutes give answers to the drawings. The person whose drawing is being interpreted is not talking, only if the other person really misses the point. The roles then change and the procedure is the same.

Afterwards, participants are invited to present each other through shields to the whole group.

My quadrant: Fears, hopes and contributions

Participants are then invited to talk a bit more about their fears, hopes and contributions, as well as needs. Participants are given 4 different colors of post-it and 4 flip chart papers. On the top of the each flipchart paper, there is a question written with a specific color:

- What do I want to achieve?
- What do I want to get out of this training course?
- What do I need from the group in order to feel comfortable and have a good working environment?
- What do I bring to the group (skills, methods, values, or anything else)? How can I contribute?
- What would I like to avoid happening?

Firstly, participants have 10 minutes to fill in their post-it´s. They should write individually and than when they are finished, put their post-it on the flipchart. When they are finished, divide participants in 4 groups. Task of each of the groups is to summarize what was written and make the list of the most important findings. They have 20 minutes to do it. When they are finished, they should be prepared for the presentation. Each presentation will last up to 5 minutes.

When everything is finished, ask participants how they feel with these lists. Can we, based on the lists, create a common working agreement?

Based on the discussion, the trainer creates a working agreement.



Session title

Media... all around us!

Goals

- to define the media and their role
- to introduce the media field and actors in media,

Activities

What is the media?

Participants are asked to take as many post-its they want. They should, in this brainstorming session, write everything that comes to their mind when writing the word media. When everyone is finished, the task of the trainer is to distinguish two parts: one will be associations with media types (newspapers, TV, radio, social media...), others will be connected with the media field (editors, publishers, journalists, information...)

After you have done this, tell participants that usually we talk about these two in media literacy - who are the actors and what are the media types. Afterwards, ask them to take all of these associations and in small groups they should try to create their definition of media.

Definitions are presented. Trainers in the end give the official definition by UNESCO and mention that media are editorial mediated content.

Media actors and media field

Participants are introduced to the media field, as a place where different actors are active and they have their own interest. They will have to explore the media field a bit more. Every group will get two actors, and their task is to think:

- What is the role of this actor?
- What is their interest in participating in the media field?
- What do they expect from other actors?

The actors are: government, public media, publisher of commercial media, publisher of nonprofit media, journalists' association, consumers (readers or viewers)

Afterwards, each group presents their findings and debate is held around the main interests and what the actor wants to achieve, and what do they expect from others to do.

DAY 2

Session title

Media functions and public interest

Goals

- to introduce media functions
- to talk about public interest and to research it further

Activities

Media functions in everyday media world

Ask participants to go into small groups. Each group will have to think about the functions of media in everyday life. They should create a poster and also find examples of the functions in the media and showcase it to others. Give enough time to participants.

Each group presents the findings and participants comment. Trainers add if needed. Some theories say that the main function of the media is to persuade, inform and entertain. Others say that they should provide accurate information, be truthful, educate, but also generate profit. Underline the profit making, as this is the way how media is operating (more clicks - more money, more views - more money...)

Public interest - or interest of the public?

Tell participants that one role of the media is to produce stories revolving around public interest. Public interest means that the media should provide the topics which are important for the public (e.g. changes in government, discovering affairs, corruption, etc.), but sometimes they use the opposite tactic - they publish what is mostly interesting to the wider public. In this way, we have lots of entertainment, sports or fashion topics in the media.

Ask participants to go into small groups and their task is to analyze one webpage from the media (e.g. Independent, NY Times, etc). When looking at the articles, they should try to check if the media is catering to the public interest or not. The main conclusions are shared in a big group.

Session title

Media literacy - what is it?

Goals

- to understand how the media outlets choose the story
- to introduce the term of media literacy

Activities

How do the media choose their stories?

Say participants that they will now go into the role of editors. They should choose from the list the most important stories and rank them from most important to least important. They should first do this individually.

Then, invite them to go in pairs. The pairs should agree on the common list. Then, create groups of four. They should create a new list. Then repeat the process until you have one big group and one big list. Tell participants that they cannot use mathematics to choose the best and worst article, but they need to come to agreement.

When they are finished, ask participants about their lists. Ask them the following:

- How was this for you?
- What did the process look like? Was it hard or not?
- Did you have disagreements? Are you satisfied with the final list?
- If you would do this again, what would you do differently?

Trainers conclude that the editors also choose the main stories at the editorial boards and this shapes how we see the everyday news.

Examples of stories:

- Famous politician sex scandal
- Pupils and students will get free meals
- The government is not functioning the best
- Beyonce is coming to our country!
- Public officers are using the public money to pay for expensive dinners.
- Our national football team qualified for the World cup and are close to winning it!

Media literacy - introduction

Participants are divided into small groups. They should, try to answer the following questions:

- What does media literacy mean? What knowledge, skills and attitude do we need to develop in order to feel media literate? Draw a typical media literate person!
- What should media education include? What topics? How would you see it implemented in your local community - would it be in schools, NGO's or somewhere else?

Participants present their findings, with a special attention given to the drawings of the media literate persons. The connections are made between presentations and similarities and differences identified.

Trainer then presents the definition of media literacy from UNESCO.

Participants that one role of the media is to produce stories revolving around public interest. Public interest means that the media should provide the topics which are important for the public (e.g. changes in government, discovering affairs, corruption, etc.), but sometimes they use the opposite tactic - they publish what is mostly interesting to the wider public. In this way, we have lots of entertainment, sports or fashion topics in the media.

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Session title

Critical look at the media articles

Goals

- to learn about the importance of media literacy and questions that are crucial for media literacy
- to critically analyze different media outlets



Activities

Introduction to media literacy questions

Participants are introduced to the media literacy questions. They are the following:

- Who is the message author? Who created it?
- What is the message goal? What is it intended to achieve?
- Who is the message intended for? Who is the target audience?
- What does it intend to say? What is its most important part?
- What techniques were used to convey the message? Was humour, colours, celebrities or something else used?
- Is there some information missing? If so, which?

Trainers show some examples and the whole group goes through them and answers questions and discusses them.

Analysis of different media

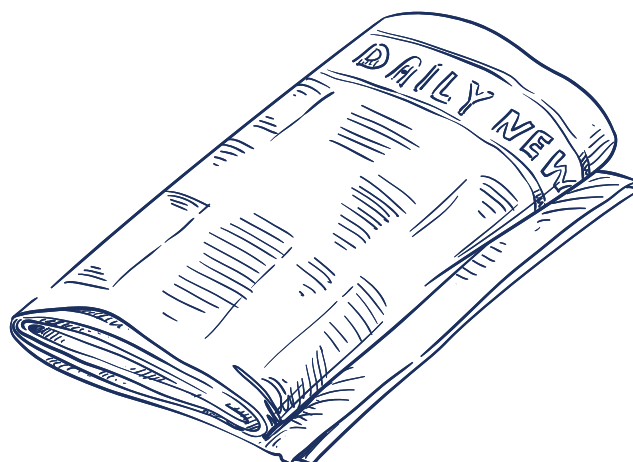
Participants are divided in four groups. Each group receives one journal, newspaper or media outlet. They should analyse it by using the questions above, but also add:

- How is the target group of the media portrayed?
- What would be the correct portrayal?

Participants present and trainers ask:

- How could this have an influence on people and their self-perception?
- What emotions could this have?
- What are other consequences?

Examples of what journals participants get: Men's Health, Playboy, Showbiz portal, Daily newspapers (Telegraf, NY Times...)



DAY 3

Session title

Social media in our lives

Goals

- to think critically about own social networking use
- to analyse how the discussions on social media look like

Activities

Introduction to social media

Trainers start a discussion among participants:

- What social media do you use?
- Why those? What appeals to you?
- What social media do you avoid?
- Do you have any tips and tricks important for usage of social media?
- How well do you think your data is safe?

After this initial discussion, participants are divided in groups. Each group gets a profile - Chloe's Facegram (<https://www.childnet.com/wp-content/uploads/2021/11/Lesson-Plans.pdf>, page 23) and they should together use the highlighters - red to point out risky behaviours and green to point out good ones. Results are presented in the group.

Afterwards, the trainers start a discussion:

- How was this exercise for you?
- How did you feel while looking at the profile?
- Was Chloe's behaviour safe or not?
- Who is responsible in cases of safety?
- How do you protect yourself online?

Trainer slowly closes the activity and says that we will continue to talk about social media and different roles people play.

Roles in social media

Participants are asked to brainstorm what kind of people usually are commenting on social media posts. Probably, the list will be:

- positive commenter - with nice talk
- positive commenter - who is sometimes impolite
- negative commenter - who likes to fight and uses hate speech
- online troll
- persons who use GIFs to communicate, etc.

Participants are then presented with some printed social media posts which are posted on the walls. They should go around the room and comment in the role they chose. Someone should always start the comment, while the other person continues and the debate goes on. In order to comment, participants can use post-its. Alternatively, this can be done in a private Facebook group.

After some time, the participants are asked how this exercise was for them. They are asked the following questions:

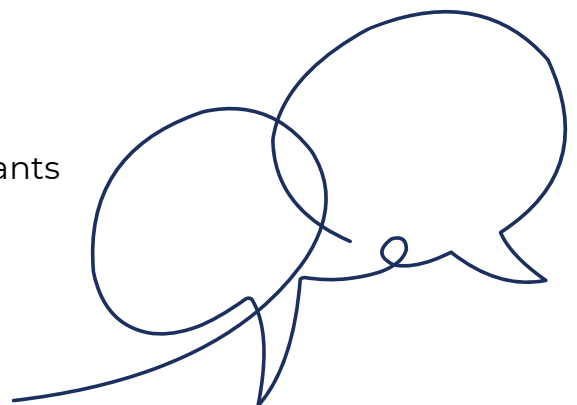
- What are the motives of people commenting online?
- What type of commenter they usually see the most?
- How to handle bad comments?
- What is the role of media literate people in this kind of discussions?

Session title

Online world vocabulary ***Mental health - introduction***

Goals

- to discuss the online world vocabulary
- to introduce the concept of mental health
- to discuss the mental health among participants



Activities

Online world vocabulary

Ask participants to go into trios. Give everyone a list of the following terms:

1. SPAM
2. TROLLING
3. SEXTING
4. CYBERSTALKING
5. CATFISHING
6. FLAMING
7. PHISHING
8. GROOMING
9. CYBERBULLYING
10. HAPPY SLAPPING

Participants are invited in their trios, without using devices to find definitions. After they are done, participants go through terms and discuss them and what repercussions they have for them and their peers.

Mental health - introduction

Trainers introduce the term of mental health by WHO and as stated in the handbook created within this project (first part of this handbook). They add more information on mental health and how we should promote it.

Afterwards, the trainers invite participants to stand up and go on the imaginary line from completely agree to completely disagree and after each statement, they should decide where do they stand. After each of the statements, the discussion is led.

Statements are the following:

- People who look happy do not have mental health problems.
- Mental health still has a big stigma in our societies.
- Young people should promote talking about mental health topics more.
- Schools should teach mental health techniques to young people.
- EU should give more funding to the projects dealing with mental health.

Session title

Fake news - introduction

Goals

- to make introduction to the topic of fake news
- to detect why fake news are created
- To increase understanding of the fake news phenomena

Activities

Fake news - who, why, what, where

Participants are introduced to the topic of fake news. Trainers give the definition of fake news to the participants (available above in the introduction text, Cambridge Divtionary definition).

Afterward, trainer invites participants to go around the room with flip charts and discuss questions written on the papers. The most important findings should be written down. Participants will be divided in groups based on the number of flip charts. They should rotate clockwise from question to question and discuss. The groups change every 15 minutes. When the next group comes, they should add new information or even question some of the things group wrote.

The last group on the paper should summarise and make presentations with all the findings. Trainers add to the presentations and connect everything with theory.

Questions for the tables are the following:

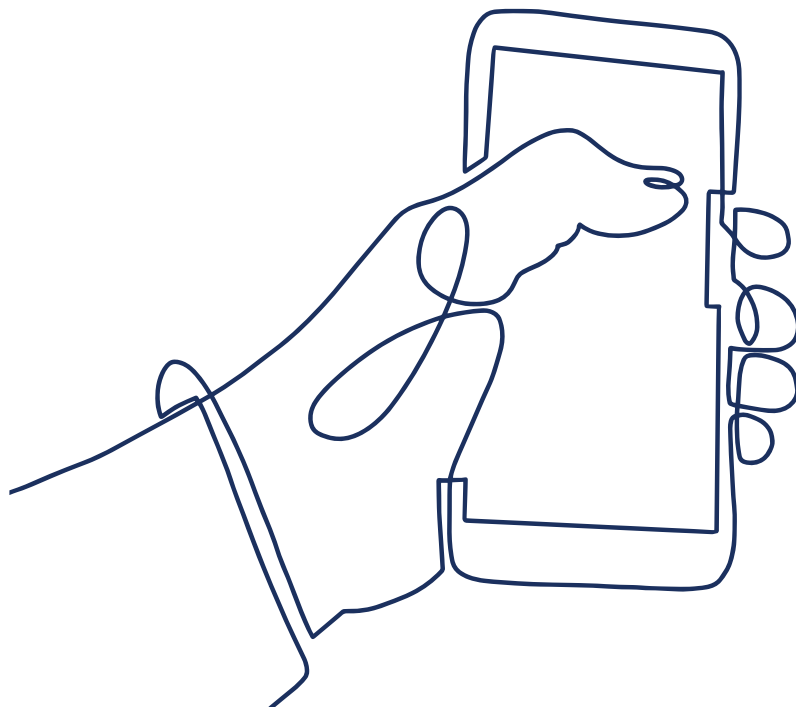
- Why would someone create fake news? What is the reason or motivation?
- Who are usually the people who are creating fake news?
- What topics usually are connected with fake news?
- What strategies can you use to detect fake news?
- What competences should young people have in order to detect fake news?

After the presentations, trainers also explain the terms disinformation m, malformation and misinformation, as they are all different terms, but are used commonly when having fake news debates.

Let's play Get bad news!

Split the participants in teams of three, and make them to compete by playing the online game Bad News: <https://getbadnews.com>. Each team has to play the game until they get at least two badges. The team that reaches with two badges the highest number of 'followers' and the highest rate on 'credibility' will win the competition.

The game will make them to play the role of an unscrupulous media magnate who drops all pretense of ethics and make decisions that will help him/her to get more followers and increase its credibility online. During the game, the teams develop a news site and try to reach audience no matter what



Day 4

Session title

Let's create fake news! - simulation exercise

Goals

- to go in role of media creators
- to further develop skills in detecting fake news
- to see how people will react to the fake news

Activities

Fake news simulation exercise

Participants are divided in the small groups. Their task is to create fake news - it can be an article, video or they can try to create a deep fake video.

They should create a plan, and create their news, post it online and track and respond to comments.

When participants are finished, they should have a presentation of the main findings (look down below at the instructions).

After each presentation, other people can comment or ask additional questions or clarifications.

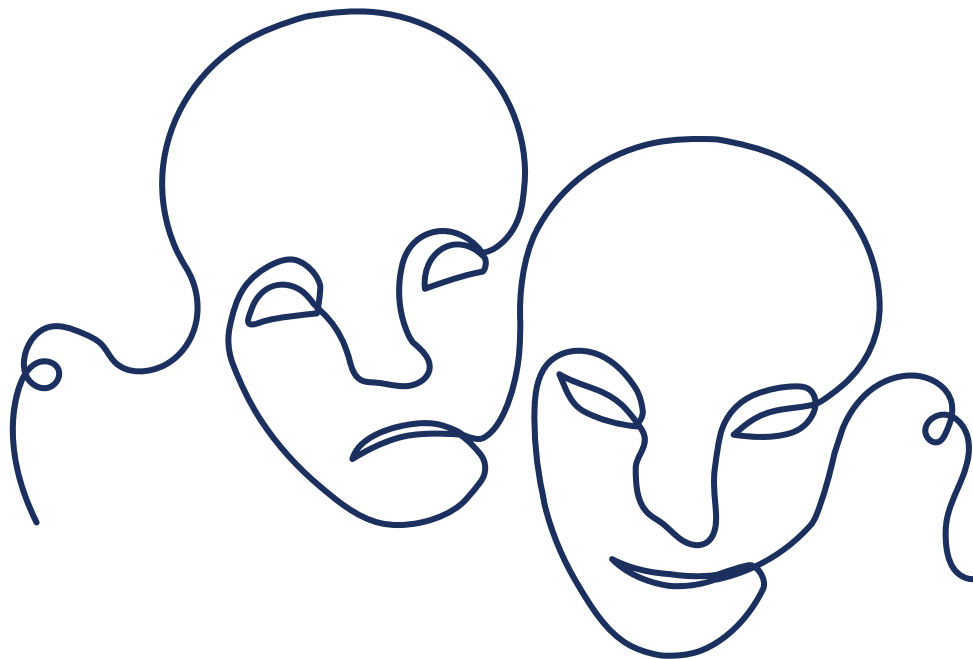
In the end, trainer asks:

- How was this for you?
- How did you feel during this simulation?
- Are you satisfied with the result?
- What did you get out of this exercise?

The instructions for participants are the following:

- Create fake news article, video, deepfake, series of pictures, online ad... it depends on you!
- Think how you will place the fake news. What strategies will you use (fear, panic..)?
- All team members should participate.

- When you are satisfied with your creations, post it on your social media and wait for reactions. You can also find groups that are passionate about the topic you chose and post the link to see the reactions.
- Give some time for comments and reactions to arrive. Engage in discussion and reply promptly.
- In the end, each group should present their fake news, and describe the whole process of creation. They should also present the reactions and was their fake news successful. They should also assess in the presentation of their work as fake news creator was successful or not.



Day 5

Session title

Influence of fake news to mental health

Goals

- to discuss the influence of fake news to mental health
- to inform participants about the latest research in this area and increase their knowledge

Activities

Debate on Influence of fake news on mental health

Trainers say that in this session we will explore more about the influence of fake news on mental health through debate. In order to do so, the group needs to be split in two groups. The main thesis groups are debating about is: 'The fake news has a significant impact on mental health of young people.' Affirmative group needs to prepare why the statement is true, whilst the opposite group should argue why the statement isn't true.

Each group is consisting of two or three speakers. One team (the affirmative) supports the motion, and the other (the negative) opposes the motion. There is a chairperson, who controls the proceedings.

The speeches and speaking time are divided equally between the two teams. Each speaker makes a speech they have prepared to argue their case. The sides speak in turn, starting with the proposer of the motion (affirmative, negative, affirmative, negative). Each speaker has a specified amount of time to speak (e.g. three minutes or five minutes).

Give groups enough time to prepare, search the Internet for reliable sources and that they have all the arguments for defending their point of view.

After they are finished with their preparation, participants should go in the debate process.

When everything finishes, the trainers start with the discussion:

- How was this exercise for you?
- How did the process of preparation look like?
- What were the main challenges in preparation for the debate and its implementation?
- If you would do this again, what would you do differently and why?
- What were the main arguments of both groups?

Trainer then connects the arguments with fake news and says that sometimes arguments are easily changed.

Input on the impact of fake news on mental health

Trainers give a short input about the impact of fake news to mental health, including emotions of anxiety, depression, etc. The materials for presentation can be found in the article: <https://hrcak.srce.hr/file/438444>

Session title

Talk with the experts - online panel

Goals

- to have a better overview on the topic of Impact of fake news on mental health
- to get expert knowledge and broaden the knowledge in this area

Activities

Panel discussion

Trainers should organise a panel discussion with experts, as they can help young people broaden the knowledge in the field of impact of fake news on mental health.

Suggested profile of participants are the following:

- psychologist who deals with youth
- youth worker who actively works with young people
- journalist working in the local or national media
- Editor of newspapers (if available)

The facilitated panel should include questions and answers from participants. It would be good to prepare participants before and ask them to think about the questions they want to ask. However, you already need to have a script with questions so your guests can prepare.

Suggested questions are the following:

- From your perspective, how often fake news are present in lives of young people today?
- What skills, knowledge or attitudes should young people have in order to recognise fake news?
- For psychologist: What is the impact of fake news on emotions of young people? What strategies can we use to better regulate emotions?
- For journalists: From your experience, in which topics fake news are the most present in? Why?
- For editors: What strategies journalists use in order to find out if the information is true and accurate? And who usually creates fake news, who are these people?
- For youth worker: Can you describe us, from your experience in the field, how young people are feeling when they see fake news?
- How can fake news impact on their mental health? What are the consequences?

Session title

Evaluation and closing

Goals

- to evaluate the training course
- to present the Youthpass and how to fill it in
- to close the training

Activities

Youthpass as a tool for reflection - introduction to Youthpass (10 minutes)

The trainer introduces Youthpass, as a certificate and a tool for self-assessment. Trainer first presents Questions for self-assessment (questions for future, way of learning, new roles and tasks, positive experiences) and explains them to participants.

He presents the Youthpass page where more information can be found - www.Youthpass.eu.

Eight key competences

Trainers then present 8 key competences in an interactive input. They explain each of the competences and ask participants how they did improve them during this training course. For each of the competences, the questions for self-assessment are provided.

Eight key competences and my learning plan

Participants are invited to individually write all they have learned during the training course. They should, when they are finished, go into trios and share their learnings. When they are finished, present them how to write learning objectives. Kick off by saying that learning objectives are connected with self-assessment and they are written in I-form.

The typical sentences are the following:

- I learned...
- I improved...
- I acquired...
- I know now how...
- I understand...
- I improved...
-

Then they need to try to write the typical sentences. When they are finished, participants should share their sentences in a plenary. Trainers comment and give feedback.

Written evaluation

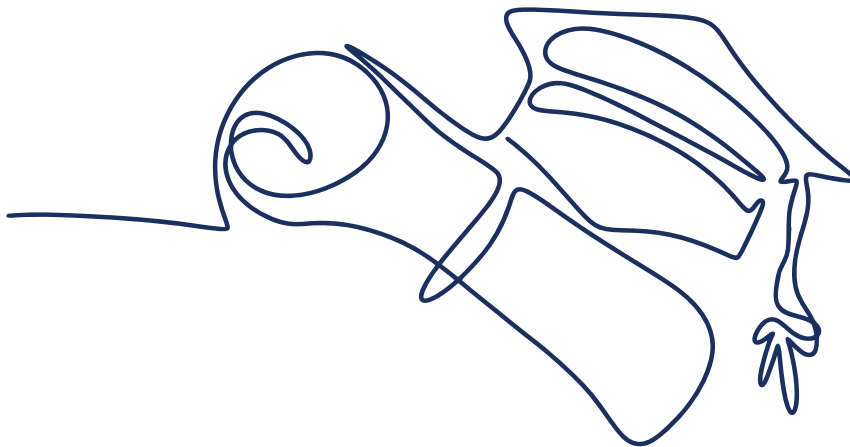
Participants are invited to fill in the evaluation form. Questions should be open ended and close ended, and should evaluate the satisfaction, gained knowledge and skills and overall organisation.

Oral evaluation

Using Dixit cards, participants are invited to share within the group how this experience was for them. They should take one card which represents: a) their learning; b) the whole experience that can include informal parts, or anything that comes to their mind.

Giving the Youthpass certificates and closing

Participants are given their Youthpass certificates. Trainers thank participants for their active involvement and official representative of organisation closes the training.



About project

Title: Fight fake news - Preserve mental health

Duration: 15 months

About project:

The project aims to address the negative impact of fake news on the mental health of young deaf individuals, particularly during the pandemic and the war in Europe. Social media platforms have become the primary means of content sharing, but they lack source citations, making it challenging to determine the reliability of information and the motives behind its dissemination. The problem lies not only in the misinformation itself but also in the manipulation that affects people's psychological health and stability. Recognizing the importance of mental health for the economic and social development of young people in Europe, the European Youth Strategy 2019-2027 proposes a framework for action to address mental health issues. This involves actively engaging youth organizations and other civil society organizations in working with young people to preserve mental health, promoting the development of civic competencies through formal and non-formal education, and increasing youth participation in democratic processes through multi-sectoral collaboration. Civil society organizations, due to their flexibility and ability to adapt to recognized problems, are suitable stakeholders for primary action in the local community. Afterward, the developed tools, materials, and innovative work methods could be disseminated to their network of collaborators from other sectors. Overall, the project aims to enhance the mental well-being of young deaf individuals by addressing the influence of fake news through critical thinking and innovative digital tools, thus contributing to their overall positive development and resilience in the face of misinformation.

Objectives:

- Establish collaboration with less experienced local organizations in Greece and Spain, operating in similar fields of action, to achieve an international dimension in their work
- Develop new innovative non-formal education programs to engage a larger number of disadvantaged youth in critical thinking about news and content available on portals and social media platforms.

-Strengthen the capacities of youth workers from organizations that have not participated or have limited experience in international training, enabling them to recognize the impact of fake news on the mental health of young users and respond constructively to the needs of disadvantaged youth.

-Develop new digital tools focused on improving the quality of youth training in recognizing the distinction between reality and media representation, and strengthen the capacities of involved and partner organizations to use innovative digital tools in future work with young people.

The expected outcomes of this project are:

-Create high-quality innovative practices in working with disadvantaged youth that meet the needs of the involved organizations and beyond.

-Achieve an international dimension in the actions of the involved organizations and exchange examples of good practice.

-Support active citizenship in the local community by incorporating the European dimension into the work of involved organizations.

-Strengthen the capacities of participating organizations to work with young people in the field of mental health through the development of new digital tools and training programs.

-Contribute to the transformation of the actions of involved organizations from traditional to digital.

-Strengthen the NGO sector to operate in crisis situations and times of high exposure of young people to fake news.

-Contribute to preserving European values among young people susceptible to manipulative actions of anti-European actors.

-Develop a tailor-made non-formal education program adapted to the needs of the involved organizations.

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Project partners:

1. Udruga (na)gluhih Videatur/ Association Videatur
2. Asociación para la promoción del empleo y la cohesión social "Asociación Creativa"
3. GKINTIKAS BROS

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