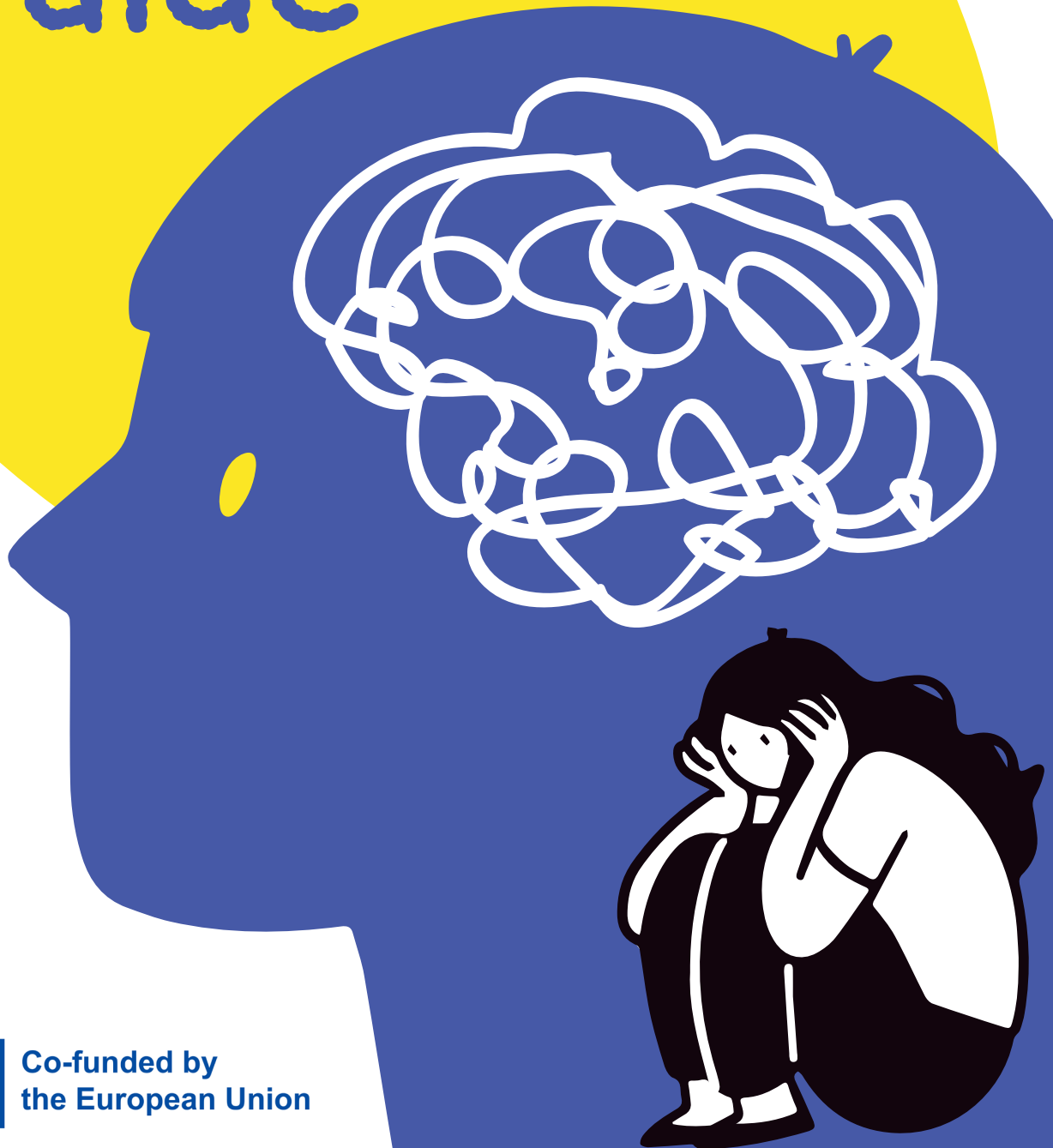


Mind Matters: Mental Health Guide



Co-funded by
the European Union

Let's talk about Mental Health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

"Breaking Taboos About Mental Health" is a project co-founded by the European Union, a heartfelt initiative echoing the EU Youth Strategy's call for Inclusive Societies and Mental Health & Wellbeing. 5 Partners from France (Les Apprimeurs), Belgium (Logopsycom), Lithuania (Druskininku jaunimo uzimtumo centras), Poland (Fundacja ARTeria) and Slovenia (Zavod RISA, Center za splošno, funkcionalno in kulturno opismenjevanje) joined in collaboration to create tools to combat stigma and taboos surrounding mental health through awareness-raising initiatives and training for professionals working with adolescents and young people.

All project outputs are presented in English and translated into partner languages:

- **A Prevention Kit** (contains this actual guide for youth workers, infographics, posters and a booklet in a clear language for young people);
- **5 interactive comics** (is about mental health disorders to increase awareness and to offer another support to teenagers);
- **30 Pedagogical and Activity Sheets for Professionals** (aims to integrate theoretical knowledge into daily practice);
- **A Self-Assessment Quiz** (for youth workers to evaluate their knowledge about mental health issues);
- **25 Best Practices** (to find inspiration from innovative organisations and actions on mental health prevention led in Europe).

Main project objectives:

Fight stigma and taboos: to challenge negative perceptions surrounding mental health, by providing information, fostering empathy, and promoting open communication, the project aims to break down stereotypes and contribute to a more inclusive society.

Educate youth workers: recognising the role of youth workers in supporting vulnerable youth, the project focuses on equipping them with tools and knowledge. A set of interactive comics is proposed as an engaging and relevant format for disseminating information on mental health.

Digital transformation: acknowledging the evolving nature of society, the project integrates digital tools to ensure its relevance. Five interactive comics are designed to provide free, private, and anonymous interaction with users, aligning with the preferences of young people (14-18 years old).



Target groups:

Adolescents (14-18 years old): The primary beneficiaries are young people navigating the challenges of adolescence, with a focus on mental well-being and combating social exclusion.

Youth workers: The project directly involves and supports youth workers from various fields, including education, social work, and cultural education. The goal is to enhance their skills in addressing the mental health needs of adolescents.

Educators and families: The project extends its reach to educators and families, acknowledging their role in the support of adolescents. Engagement with parents' associations and participation in relevant events facilitate wider dissemination.

II. General information

What is the European situation?

Mental health includes our emotional, psychological, and social well-being.

It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

According to World Health Organisation, mental health has worsened worldwide since the pandemic.

What are the mental health issues in Europe? Anxiety and depression were the most common mental health problems in the EU before the COVID-19 pandemic, followed by alcohol and drug use disorders, bipolar disorder, and schizophrenia. Anxiety disorders affected an estimated 25 million people (5.4% of the total EU population), followed by depressive disorders (21 million people, 4.5%). One out of four Europeans is affected by a psychological disorder in their lifetime.

In 2023, the European Commission unveiled its strategy to deal with rising mental health problems in the EU. EU actions on mental health focuses on three guiding principles: adequate and effective prevention, access to high quality and affordable mental healthcare and treatment, and reintegration into society after recovery. It is framed as a comprehensive approach recognising the multifaceted risk factors of ill mental health.

How is it in the Partners' Countries?

Let's dive into the overview of several European countries that acknowledges - mental health is dealing with a growing crisis.

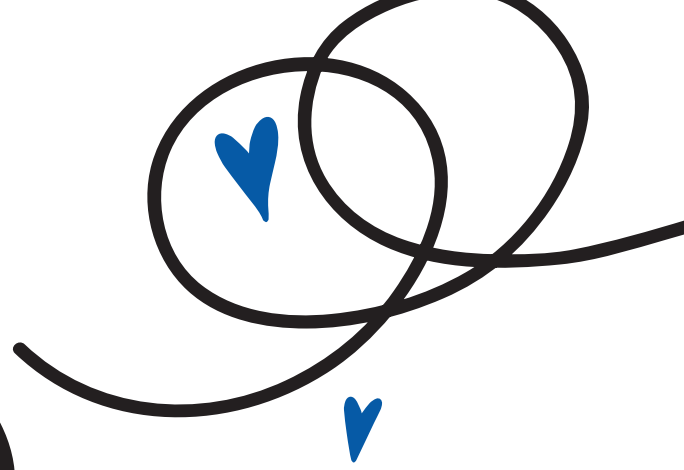
Mental health challenges affect young people globally, and **Belgium** is no exception, especially because of its cultural and linguistic diversity. Issues such as anxiety, depression, and stress can impact youth.

Suicide is a significant concern for young people, with over 25% of deaths in the 15-24 age group attributed to it. Another alarming data reveals a concerning trend, as the proportion of 19 to 24-year-olds regularly taking anti-depressants increased by 40% from 2018 to 2022.

This figure is even more scary among 12 to 18-year-olds, where it rose to 60%.

These statistics emphasise the urgent need for increased mental health awareness and support for young people.





Lithuania struggles with a significant mental health challenge, marked by undiagnosed depression and persistently high suicide rates, though a positive trend in decreasing suicides. Highlighting the significance of these figures, 2.8% of people aged over 15 years old in Lithuania are diagnosed with depression. Moreover, the COVID-19 pandemic has exacerbated mental health issues, with anxiety skyrocketing almost 2.5 times (from 26.1% to 64.3%), sadness more than doubling (from 21.9% to 46.8%), and anger increasing almost twofold (from 19.8% to 35.6%). Despite efforts to address mental health through initiatives such as the Health Strategy 2014-2025, updated in 2019, which prioritises suicide prevention and children's mental health education, challenges persist. These include stigma, resource constraints, and the dominance of a hospital-centric mental health system.

Even though the topic of mental health becomes popular amongst young people and on social media, **France** still faces various obstacles when it comes to mental health prevention. The sanitary crisis of Covid-19 caused severe impacts on anxiety and the ability to focus on studies and work amongst teenagers. On top of that, studies reveal that **44% of young people remain misinformed on mental health**, whether it concerns the services to contact or the attitude to adopt with someone facing mental health disorders. This misinformation enables taboos and stigmas to pertain, while **32% of 18–24 years old are facing mental health problems. France also sadly has one of the highest suicide rates in Europe** (12.5 deaths per 100,000 inhabitants compared to 10.3 deaths per 100,000 for the European average) which is intertwined with the large inequalities faced by the population and teenagers when it comes to the additional structures and communication on mental health and on prevention.



In **Poland**, in 2018, attention was drawn to the increasing number of suicide attempts by children and teenagers, along with poor conditions and inadequate care in 24-hour psychiatric units: long waiting times for psychiatric appointments and a lack of comprehensive preventive programs. In response, the development of reforms for child and youth psychiatry began. Unfortunately, the COVID-19 pandemic in 2020 had a significantly adverse impact on the mental health of young people.

A highly relevant report titled „Young Minds. Openness about Mental Health“, published in early 2023, illustrates the alarming state of youth mental health. 65.9% of students participating in the study would like to have more self-respect, 58.4% sometimes feel useless, 46% have extremely low self-esteem, 31.6% of students dislike themselves, and 26.4% consider themselves less valuable than others. One in six children engages in self-harm (16%), and nearly half have eating disorders - either compulsive overeating or starving themselves. Almost 40% view materials depicting violence online. **8.8% of young people in Poland admit to attempting suicide.**

At the forefront of the challenges facing the youth is a lack of motivation (52.4%).

Unfortunately, **nearly 70% of those surveyed have never sought support from a psychologist**, either within or outside of school. The image of children and adolescents portrayed in the report is one filled with **loneliness, extremely low self-esteem, and a low sense of agency.**

In **Slovenia**, there are significant disparities in the accessibility of mental health services, and it is characterised by considerable socio-economic and demographic differences within specific geographical areas. Among various regions, varying levels of risk for the development of mental health issues exist based on present socio-economic factors. In addition to the mental distress affecting the adult population, along with stress, anxiety, and depressive disorders in adults, and dementia in the elderly, two prominent public health issues in Slovenia are harmful alcohol use and suicide.

A review of Slovenian research and data on the latest available selected mental health indicators from health records and other databases shows that Slovenia has one of the highest suicide rates in the EU, and the most common mental disorders in the general population are depression and anxiety. The most common reason for hospitalisation is schizophrenia, for which patients are hospitalised the longest compared to other mental illnesses. Harmful use of alcohol and drug dependence are also important public health problems related to mental health in our country.





Did you know?

Mental health is a complex and multi-faceted concept, and it's important to approach it with sensitivity and accuracy. Mental health refers to a state of well-being in which an individual can cope with the normal stresses of life, work productively, and contribute to their community. It encompasses emotional, psychological, and social aspects of a person's life and affects how people think, feel, and act. Here are key definitions related to mental health, along with some common stereotypes that should be avoided:

Some definitions:

Mental Health: Mental health refers to a person's emotional, psychological, and social well-being. It involves the ability to handle stress, maintain fulfilling relationships, work productively, and make decisions.

Mental Illness: Mental illness refers to a wide range of conditions that affect a person's thinking, feeling, behaviour, or mood. These conditions may vary in severity and can impact daily functioning.

Stigma: Stigma is a mark of disgrace associated with a particular circumstance, quality, or person. Mental health stigma involves negative attitudes, beliefs, and stereotypes directed at individuals with mental health conditions.

Well-being: Well-being encompasses overall health and happiness, including mental, physical, and social aspects. It reflects a state of balance and fulfilment in various areas of life.

Stereotypes: let's stop them

Challenging stereotypes and promoting accurate information is crucial for fostering a more compassionate and understanding society surrounding mental health. Encouraging open conversations and providing education can help combat stigma and improve mental health awareness.

Here are some that you might have encountered:

“People with mental illnesses are violent”: This stereotype perpetuates fear and contributes to the stigma surrounding mental health. Individuals with mental health conditions are more likely to be victims of violence than perpetrators.

“Mental health problems are a sign of weakness”: Mental health conditions are not a sign of weakness or a lack of character. They are medical conditions that can affect anyone, regardless of strength or resilience.

“Therapy is only for ‘crazy’ people”: Therapy is a valuable tool for addressing a wide range of mental health concerns. It is not exclusive to individuals with severe mental illnesses and can benefit anyone seeking support.

“You can just, snap out’ of mental health issues”: Mental health conditions are not a choice, and individuals cannot simply „snap out“ of them. They often require professional treatment, support, and understanding.



“Children can’t have mental health problems”: Children and adolescents can experience mental health challenges. Early intervention and support are crucial for their well-being.

“Only certain demographics are affected by mental health issues”: Though some groups of people are more exposed to mental health disorders, it is important to remember that mental health conditions can affect individuals of any age, gender, ethnicity, or socio-economic background. Stereotyping based on demographics perpetuates stigma and hinders understanding.

“Medication is the only solution for mental health problems”: While medication can be a helpful component of treatment, it is not the sole solution. Comprehensive approaches, including therapy, lifestyle changes, and support networks, are often essential.



Words from professionals

"While services are accessible, we have to be aware that most youngsters seek this kind of help for the first time in their lives, and therefore lack the knowledge, and maybe even more importantly, lack the courage to ask for it."

(Clinical Psychologists, Lithuania)

"Young people seek help late, when the problems are already significant, visible to others, or when they themselves are taking dysfunctional and harmful ways out of their distress."

(Regional coordinator for mental health, Slovenia)

"For me, mental health disorders are so enriching. I see those people moved by an unstoppable force. They cross universes of suffering, isolation, loneliness, judgement... and yet, they manage to cope and to testify for those who judged them."

(President of AIPSP, France)

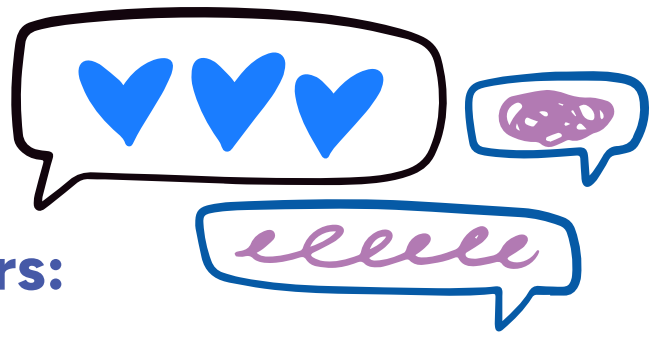
"Youngsters worry that their concerns will not be taken seriously by others. They fear being dismissed or belittled, which can discourage them from seeking help."

(Psychologist in secondary school, Belgium)

"To improve youngsters' mental health, I think that we should start from ourselves, from local levels."

(Teacher, Poland)





III. Mental health disorders: how to recognise them

What are alimentary disorders?

Eating disorders are mental health condition that involves unusual eating habits, thoughts, and behaviours, **affecting how a person feels physically and mentally**. They impact up to 5% of the population and often start in adolescence or young adulthood **affecting everyone, regardless of gender**. These disorders involve concerns about food, weight, or shape and can lead to behaviours like not eating enough, eating too much, purging, or excessive exercise. They often happen alongside mood and anxiety disorders. While genetics can play a role, eating disorders can affect individuals even without a family history.

The main types of eating disorders are:

Anorexia Nervosa:

- Description: Begins with a strong desire to be thin, resulting in extreme weight loss from severe calorie restriction.
- Behaviour: People with anorexia fear gaining weight, have a distorted body image, and follow food-related rituals.

Bulimia Nervosa:

- Description: Involves overeating followed by actions like vomiting or excessive exercise to avoid weight gain.
- Behaviour: Overeating episodes are marked by a lack of control, and individuals may feel guilt or shame afterwards.

Binge-Eating Disorder:

- Description: Similar to bulimia but lacks compensatory behaviours. Involves eating large amounts rapidly, often in secret.
- Behaviour: Feelings of guilt, embarrassment, or distress may follow overeating episodes.

Avoidant/Restrictive Food Intake Disorder (ARFID):

- Description: Involves limited food preferences, avoiding certain foods, or refusing to eat due to sensory issues unrelated to weight concerns.
- Behaviour: Nutritional intake is often insufficient, leading to weight loss or nutritional deficiencies.



What are suicidal thoughts?

Suicide is the second leading causes of death amongst adolescents in Europe, and yet, it is still one of the biggest taboos when it comes to mental health.

What are the suicidal thoughts?

Suicidal thoughts are a warning signal that one's mental health is critically worsening. Just like other disorders, there is **not one type** of suicidal thoughts, but it rather takes **various forms**:

- thinking of suicide as a solution to one's suffering or problems
- imagining for a short time to take one's own life;
- sudden desires to kill oneself;
- being tormented by the idea of suicide;
- planning one's suicide (manner, place, time).

In addition, the person might often believe that they no longer deserve to be amongst their relatives, and they have become a burden. Therefore, it is essential to let one's moral prejudices on suicide aside when talking with someone having suicidal thoughts.

What are the signs?

It's not always obvious to recognise the signs, yet if you have any doubts, **trust yourself**.

- Words: "I'm tired of fighting", "Life has no sense anymore"
- Mood: cries, arguments, anger
- Behaviour: distancing from friends, destructive behaviours, getting rid of one's belongings, isolation, decrease of school results...
- Physical: sleeping disorders, loss of appetite, pains

Note that when it comes to teenagers, you must look for other signs than the ones listed above, given that their mood is constantly changing. For instance, you can observe unconscious destructive behaviours, such as burning oneself with cigarettes.



How can I help?

1. Start a conversation: you must truly **feel ready** to help someone having suicidal thoughts. If not, **don't hesitate to seek support** rather than ignoring the signs.
2. Listen **without judgement and without feeling forced to offer solutions**.
3. Ask open questions. If you are comfortable to talk about suicide, ask directly: using the word "suicide" **doesn't encourage the person to do so**.
On the contrary, it might be a relief to openly talk about it and to show that you care.

Note: don't use stigmatising sentences such as "are you planning to do something stupid?", but rather "are you having suicidal thoughts?"

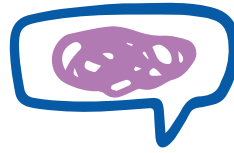


4. Be present, take some news and encourage the person to be active.

Note that you must respect your limits and that you are able to share what you are living with other people. Be prepared that the person might also be angry after you if you talk about their suicide plan to someone else, but it's better to upset them rather than losing them.



What is self-mutilation?



Self-harm and trauma can be linked in various ways, and the relationship between the two is complex. Individuals who engage in self-harm may have experienced trauma, and self-harming behaviours can sometimes be a coping mechanism in response to traumatic experiences. Here are some ways in which self-harm and trauma may be connected:

Coping mechanism: For some individuals, self-harm can serve as a coping mechanism to deal with overwhelming emotions or distressing memories associated with trauma. Inflicting physical pain might provide a temporary release or distraction from emotional pain.

Expression of pain: When individuals find it challenging to express or communicate their emotional pain verbally, self-harm may serve as a way to externalise and express their internal struggles. It can be a non-verbal means of conveying the intensity of their emotions.

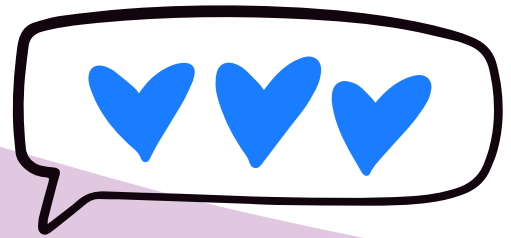
Regaining control: Trauma often involves a loss of control, and self-harm may be an attempt to regain a sense of control over one's body and emotions. It can provide a false sense of empowerment during chaotic feelings.

Emotional regulation: Some individuals who have experienced trauma may struggle with regulating their emotions. Self-harm may be used to manage or numb intense emotional states, at least temporarily.

Coping with flashbacks: Individuals with a history of trauma, especially those with post-traumatic stress disorder (PTSD), may experience distressing flashbacks. Self-harm might be an attempt to interrupt or divert the focus away from intrusive memories.

Self-punishment: In cases where individuals blame themselves for the traumatic event or carry feelings of guilt or shame, self-harm can become a form of self-punishment. It may be an outward expression of internalised negative emotions.

Communication of distress: Self-harm can sometimes be a way for individuals to communicate their distress to others, even if they are unable to verbalise their emotions. It can be a visible sign of inner turmoil.



It's important to note that while there is a connection between self-harm and trauma for some individuals, **not everyone who self-harms have experienced trauma, and not everyone who has experienced trauma engages in self-harming behaviours.** Additionally, self-harm is a complex behaviour with multiple contributing factors, including mental health conditions, difficult life circumstances, and individual coping strategies.

Addressing the link between self-harm and trauma often requires professional intervention, such as therapy, to help individuals develop healthier coping mechanisms and address the underlying issues contributing to both self-harm and the impact of trauma.

What are traumas?

Trauma is a **strong, lasting psychological injury caused by intense and dramatic experiences.**

There are different types of traumas, but one of the most serious is the one caused by participation in warfare. People who have experienced war - soldiers and civilians - suffer the enormous consequences of psychological trauma.

In this guide, we focus on war traumas, but it is worth mentioning that various factors (sexual, psychological and/or physical abuse, loss of a relative, divorce) can also cause traumas and have life-long impact on individuals.

"My 11-year-old Ukrainian student, who spent several days in a basement before his family undertook a flight from the country, often talked about the war. What's more, he recreated situations related to military content in games."

Primary school teacher, Poland

One of the consequences can also be a **moral breakdown**, children do not distinguish between right and wrong. For them, acts of violence are normal, because they observe it everywhere - anger, aggression, domestic violence, antisocial behaviour, addictions appear.

This type of trauma is triggered by active participation in combat (for soldiers), but also by the experience of situations such as the bombing of the city, especially civilian facilities, the sound of explosions or gunfire, forced hiding in shelters, the sight of dead people, and the need to flee to escape the war.

"A friend from Ukraine, who spent her summer vacation with me in Poland in the year of the outbreak of war in Ukraine, reacted with great stress to the sound of a siren. The sound did not signal anything terrible but was terrified and could not recover for a long time."

Ewa, Poland

It is commonly thought that during war, the most stressful thing is watching loved ones suffer. That too, of course, but strong stressors that register even more quickly in the body are a **bang, gunshots, sudden silence, a sudden flash or sudden darkness, it could be the smell of a dead body, blood or disinfectants.** Thus, whatever affects **the senses** is recorded in the mind and strongly affects mental health.

"Observing the behaviours of my Ukrainian pupils I have noticed that they often shouted loudly, moved very rapidly and unexpectedly, much more than their Polish peers."

Primary school teacher, Poland

Powerlessness and fear, loss of agency and control over one's life, constant fear for one's life and the lives of loved ones trigger this type of trauma. After such experiences, it **may or may not develop into PTSD (post-traumatic stress disorder).**

To reduce the effects of war trauma:

- one must focus on the present moment and the immediate future;
- created a safe place to share the information and emotions people with trauma might be experiencing;
- make teenager aware that what they feel is normal and is caused by the situation they are in;
- looking for specialist's help might soften the traumas resulting from these experiences.



IV. What Can I Do?



When do I need to worry?

As a youth worker, it's crucial to be aware of signs that may indicate deeper mental health concerns in the young individuals you support. Here are some general indicators to help you recognise when you need to be concerned:

Behavioural changes:

Keep an eye on how they're acting. If they start avoiding friends or their grades suddenly drop, that could be a sign.

Isolation:

Be mindful if a youth isolates themselves from friends, family, or activities they once enjoyed.

Expressed hopelessness:

Take seriously any verbal expressions of hopelessness, despair, or thoughts of self-harm.

Sleep and eating habits:

Changes in how much they sleep or eat might mean something is going on emotionally.

Weight changes:

Dramatic weight loss or gain, especially when coupled with other behavioural changes, could be a sign of emotional struggles.

Trouble focusing:

Keep an eye on their schoolwork. If they're having difficulty concentrating or their grades are dropping, that's something to pay attention to.

Unexplained physical issues

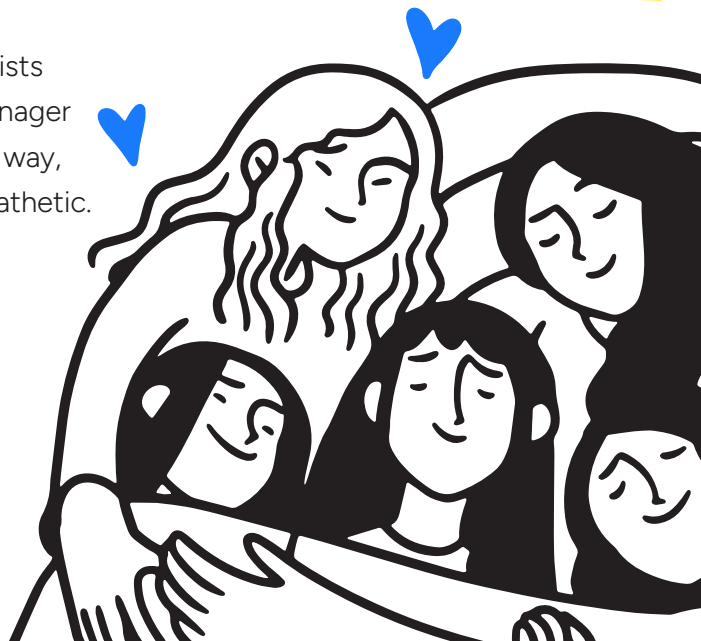
Pay attention to unexplained physical symptoms like headaches or stomach-aches, which may be related to emotional distress.

Substance use:

Escalating drug or alcohol use can be a coping mechanism for mental health issues. Remember to approach these situations with sensitivity and respect for privacy. Consult with mental health professionals and involve the appropriate support networks if in doubt.

What can I do if I see a teenager that might need help?

- First and foremost, initiate a calm conversation, showing respect without pressure or insisting on immediate responses - give the young person time to trust and open up.
- Express interest - don't start the conversation with a problem, but inquire about hobbies, favourite activities, thereby creating a space for more challenging topics.
- Try to look at the situation from a teenager's perspective and imagine in what circumstances you would like to engage in a conversation to feel safe. Try to formulate specific sentences that you would like to hear if you were a teenager.
- Don't judge or moralise; act in a supportive atmosphere to assess how safe the child is for themselves (teenagers often cannot or do not want to directly name the problem that affects them).
- Treat the young person with due seriousness.
- Suggest a visit to a specialist - a psychologist, psychotherapist, or psychiatrist, emphasising that an objective assessment of mental health by a professional in the field may be important.
- If you notice growing resistance during the conversation, ask if the child would like to talk to someone else.
- If you intuitively sense a teenager's problem but are unsure how to react, or your attempts to help are not yielding results, don't hesitate to seek advice from others - for example, colleagues or specialists.
- Have prepared phone numbers, a list of specialists and mental health support centres that the teenager can turn to when expressing such a need - this way, you demonstrate that you are reliable and empathetic.
- Encourage them to reach out to you for help in the future when facing any difficulties with emotions or events.



Where can I find support?

As a professional (especially regarding mental health), **it is essential to know your competence limit**. Your role as a youth worker is about offering support and recognising when to seek additional help for the well-being of the young people you work with. It raises an important question: **where to seek additional support?** The answer can be diverse and based on national or local regulations and processes, but here are some ideas for starting:

- Collaborate with your colleagues or the family.
- Consult with mental health professionals, community mental health services, school counsellors, psychologists, psychiatric hospitals, teachers, or any other relevant professionals in your region.
- Contact youth mental health NGOs or hotlines/crisis intervention services nearby.
- Check relevant professional books, documentaries, and online resources.
- Participate in online or offline workshops/trainings/conferences.
- Read the reports prepared by reliable organisations, foundations, and institutions.
- Check the local policies and procedures to see the bigger picture.

Never hesitate
to ask for support;
remember,
you are not alone!



V. Final Thoughts

The provided insights shared by professionals across Europe shed light on critical aspects of youth mental health, emphasising the need for proactive approaches, early intervention, and destigmatising mental health challenges.

Professionals highlighted the reluctance of young individuals to seek help, citing a lack of knowledge and courage. Services are accessible, yet the challenge lies in overcoming the fear of judgment. It is important to recognise the need to start mental health awareness locally and to appreciate the journey of individuals coping with mental health issues.

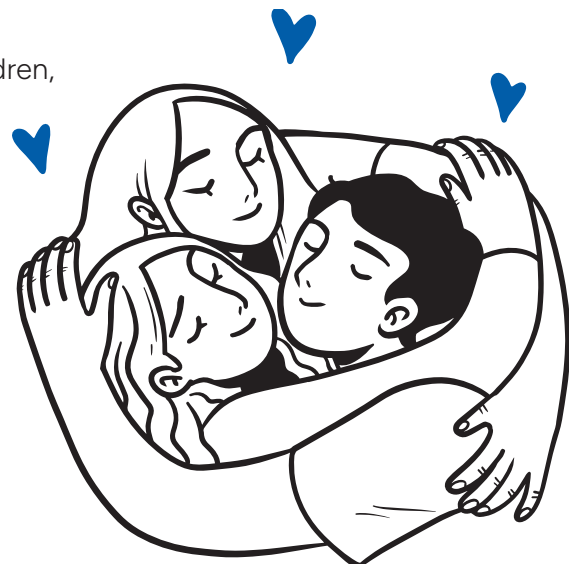
The nature of mental health is complex, well-being is often emphasised as a holistic concept encompassing emotional, psychological, and social dimensions. It is vital to break stereotypes, such as linking mental illness to violence or believing therapy is applied for severe cases only.

Insights on alimentary disorders highlights the prevalence of eating disorders, their impact on physical and mental well-being, and the need for early intervention. The main types of eating disorders outline the importance of a multidisciplinary approach for effective treatment.

The gravity of suicide as a leading cause of death among adolescents is another important element caused by mental health challenges. Various forms of suicidal thoughts lead to catastrophic cases, so it is crucial to notice early signs, provide the help that might increase prevention. Key elements when a young person dealing with suicidal thoughts are open communication, active listening, and seeking professional help.

The intricate connection between self-harm and trauma depicts self-harm as a coping mechanism for dealing with overwhelming emotions linked to traumatic experiences. The multifaceted relationship between the two highlights the importance of tailored interventions and professional support.

The enduring psychological impact of war, especially on children, is noticeable in recent years too. Trauma stemming from war experiences, include the sound and sensory triggers. Creating safe spaces, focusing on the present, and seeking specialist help are the suggested forms to mitigate the effects of war trauma.



What to do:

The role of youth workers is crucial in recognising the signs of deeper mental health concerns, including behavioural changes, isolation, expressed hopelessness, and shifts in sleep or eating habits. The guidance on initiating calm conversations, expressing interest, avoiding judgment, and suggesting professional help are the tools that should be suggested to the ones dealing with the issues.

Remember:

The importance of knowing one's competence limit as a professional and seeking additional help when necessary. Collaboration with colleagues, mental health professionals, NGOs, and accessing relevant resources are good advice when seeking for support.

In conclusion, addressing youth mental health necessitates a multifaceted approach involving awareness, destigmatisation, early intervention, and collaboration among professionals and support networks. It is crucial for youth workers to be well-informed, sensitive, and proactive in recognising and addressing mental health challenges among the young people they work with.

VI. Bibliography

BELGIUM

Admin-Sciensano. (2023, August 30). Suicidal behaviour. For a Healthy Belgium.

<https://www.healthybelgium.be/en/health-status/mental-health/suicidal-behaviour>

Expatica. (2023a, August 29). Mental healthcare in Belgium | Expatica. Expatica Belgium.

<https://www.expatica.com/be/healthcare/healthcare-services/mental-healthcare-in-belgium-1872854/#overview>

Expatica. (2023b, August 29). Mental healthcare in Belgium | Expatica. Expatica Belgium.

<https://www.expatica.com/be/healthcare/healthcare-services/mental-healthcare-in-belgium-1872854/#overview>

Hilgsmann, F. (n.d.). Baromètre : Consommation de soins de santé mentale. Institut Solidaris.

<https://www.institut-solidaris.be/index.php/etudes/sante-mentale/santementale/>

Mental Health Care. (2022, March 21). For a Healthy Belgium.

<https://www.healthybelgium.be/en/health-system-performance-assessment/specific-domains/mental-health#MH-1>

Reform 107: Belgium's transition to a community-based approach to mental healthcare. (n.d.).

Centre for Public Impact (CPI).

<https://www.centreforpublicimpact.org/case-study/reform-107-belgiums-transition-community-based-approach-mental-healthcare>

The well-being of workers. Federal Public Service Employment, Labour and Social Dialogue. (n.d.).

<https://employment.belgium.be/en/themes/well-being-workers>

FRANCE

IPSOS. (2021). La santé mentale des 18-24 ans plus que préoccupante.
<https://www.ipsos.com/fr-fr/la-sante-mentale-des-18-24-ans-plus-que-preoccupante>.

IREPS Auvergne-Rhône-Alpes. (2020). La santé mentale des personnes LGBT.
https://ireps-ara.org/actualite/action_dl.asp?action=999&idz=84461f0810efb41694c4694548085974

LITHUANIA

Institute of Hygiene Mental health Center. (2023). Number of sick Persons by year 2022 according to Hygiene Institute.
https://stat.hi.lt/default.aspx?report_id=153

Wijker, D. Sillitti, P. Hewlett, E. (2022). The provision of community-based mental health care in Lithuania. OECD Health Working Papers. No. 143, OECD Publishing, Paris.
<https://doi.org/10.1787/18de24d5-en>.

Institute of Hygiene Mental health Center. (2023). Health Statistics
<https://vpssc.lrv.lt/lt/statistika/psichikos-ir-elgesio-sutrikimu-statistika>
<http://www.depressioncare.eu/lithuania.html>

Jusienė, R., Baukienė, E., & Breidokienė, R. (2021). Risk of behavioural and emotional disorders in Lithuanian school aged children as assessed with SDQ during the second lockdown due to COVID-19. *Psichologija*, 64, 77-85.
<https://doi.org/10.15388/Psichol.2021.43>

POLAND

Kiełcykowska, A. (2023, February 26). Coraz więcej dzieci w Polsce ma problemy ze zdrowiem psychicznym. Jak można im pomóc? Polska Agencja Prasowa.
<https://www.pap.pl/aktualnosci/news%2C1541923%2Ccoraz-wiecej-dzieci-w-polsce-ma-problemy-ze-zdrowiem-psychicznym-jak-mozna>

Czym jest trauma, stres traumatyczny i uraz psychiczny? SuperEgo.
<https://www.superego.com.pl/czym-jest-trauma-stres-traumatyczny-i-uraz-psychiczny/>

Raport z badania dotyczącego stanu psychicznego dzieci i młodzieży. Co trzecie dziecko w Polsce nie ma chęci do życia. (2023, April 17). Głos Nauczycielski.
<https://glos.pl/raport-z-badania-dotyczacego-stanu-psychicznego-dzieci-i-mlodziezy-co-trzecie-dziecko-w-polsce-nie-ma-checi-do-zycia>

Wyniki raportu Zdrowie psychiczne dzieci i młodzieży. (2023, April 19). Polish Government.
<https://www.gov.pl/web/edukacja-i-nauka/wyniki-raportu-zdrowie-psychiczne-dzieci-i-mlodziezy>

Zdrowie psychiczne dzieci i młodzieży. Przyczyny kryzysu. (2023, February 7). Polish Government.
<https://www.gov.pl/web/cyfrizacja-badania-i-projektowanie/zdrowie-psychiczne-dzieci-i-mlodziezy>

SLOVENIA

Republika Slovenija GOV.SI (2022, March 31) Ni zdravja brez duševnega zdravja. Ministry of Health.
<https://www.gov.si/novice/2022-03-31-ni-zdravja-brez-dusevnega-zdravja/>

JoGHNP (2022, January 17). Challenges of the development of mental health care in Slovenia. Možina Miran. Okorn Igor
<https://joghnp.scholasticahq.com/article/31788-challenges-of-the-development-of-mental-health-care-in-slovenia>

Republika Slovenija GOV.SI (2023, August 30). Duševno zdravje. Ministry of Health
<https://www.gov.si/teme/dusevno-zdravje/>

MIRA - Za duševno zdravje (2023, September 14). Centri za duševno zdravje - kam po pomoč?
<https://www.zadusevnozdravje.si/kam-po-pomoc/centri-za-dusevno-zdravje/>

Pravno informacijski sistem PIRS (2018, March 27). Resolucija o nacionalnem program duševnega zdravja 2018-2028, Državni zbor
<http://www.pisrs.si/Pis.web/pregledPredpisa?id=RESO120>

General information

Saget, E. La santé mentale des jeunes (2023, October 25). Psycom.
<https://www.psycom.org/comprendre/la-sante-mentale/la-sante-mentale-des-jeunes/#quelques-idees-recues-sur-la-sante-mentale-65a538dfa691e>

Eating disorders

Eating disorders. (n.d.). National Institute of Mental Health (NIMH).
<https://www.nimh.nih.gov/health/topics/eating-disorders#:~:text=Eating%20disorders%20are%20actually%20serious,also%20signal%20an%20eating%20disorder.>

Eating disorders - Symptoms and causes. (2023, March 28). Mayo Clinic.
<https://www.mayoclinic.org/diseases-conditions/eating-disorders/symptoms-causes/syc-20353603>

Rd, A. P. M. (2022, May 18). 6 Common types of eating disorders (and their symptoms). Healthline.
<https://www.healthline.com/nutrition/common-eating-disorders#types>

Guarda, A. M.D. (2023, February) What are Eating Disorders? American Psychiatric Association.
<https://www.psychiatry.org/patients-families/eating-disorders/what-are-eating-disorders>

Suicidal behaviours

Faire le point sur sa santé mentale. Suicide.ca.
<https://suicide.ca/fr/je-pense-au-suicide/aller-mieux-faire-le-point-sur-sa-sante-mentale>

MHFA x PSSM France. Les carnets du secouriste en santé mentale. Mieux aider une personne ayant des idées et comportements suicidaires. (2023).
<https://www.pssmfrance.fr/wp-content/uploads/2023/01/Carnet-IDEES-SUICIDAIRES.pdf>

Saget, E. (2023, October 25). Quand on a des pensées suicidairesPsycom.
<https://www.psycom.org/comprendre/la-sante-mentale/quand-on-a-des-pensees-suicidaires/#ce-que-je-peux-faire-pour-un-proche-65c5f10f35c28>

Traumas

Czym jest trauma, stres traumatyczny i uraz psychiczny? SuperEgo
<https://www.superego.com.pl/czym-jest-trauma-stres-traumatyczny-i-uraz-psychiczny/>



The BREAKING TABOOS ABOUT MENTAL HEALTH project is co-financed by the ERASMUS+ programme of the EU. Its content reflects the views of the authors, and the European Commission cannot be held responsible for any use which may be made of the information therein.

Project number: KA220-YOU-6DBE1F37

All content is licensed under CC BY-NC-ND 4.0



Co-funded by
the European Union

