



Promoting
understanding of the

Psychosocial Model of Mental Health



Promoting understanding of the psychosocial model of mental health

Contents

Introduction	1
What is Mental Health	2
What is the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)	3
What is the Psychosocial model of Mental Health versus the Biomedical model?	4
Common features of the psychosocial model	5
Applying the psychosocial model of mental health in practice	9
Language and mental health	29
Conclusion	29
References	30

Introduction

At Mental Health Europe we believe that as a society there is an urgent need to reorder our priorities in the way we deal with mental health problems. Humans are social beings and if you ask people where their mental or psychological distress has its origins, most will refer to events which have disrupted their lives, their relationships, and the way they view the world. And yet, the way mental health problems are presented to ordinary people is most of the time as diseases or medical problems which result from flaws in the brain or genetic makeup which can be controlled by drugs or sometimes even by using coercive practices. As well as being a profoundly pessimistic perspective, many people also find that the effects of this kind of treatment makes them feel worse and hope of recovery an ever more distant prospect.

If we want to improve the lives of people with mental health problems, and if we want to have better prevention of mental health issues, we need a different kind of approach, one which deals directly with the social determinants of mental health and the lived experiences of people. We call this a psycho-social model. At its heart is the recognition that we are embedded in a network of personal, social and community relationships which may for a time not be working for us because of loss, grief, trauma, poverty or any number of factors that make us sad, anxious, desperate or lost, but which with the right help can, over time, be empowered to work enabling recovery and a better life.

In this toolkit we look at what the right help may consist of. The resource deals with important prerequisites to recovery, such as respect for the human rights of the individual and the principle of informed consent to treatment. It also gives examples of successful psycho-social approaches from many parts of Europe, illustrating what can be achieved if we reorder our priorities. We are under no illusions about the magnitude of this task. Powerful forces including the legal systems of most countries, global institutions and the financial might of the pharmaceutical industry influencing the mainstream media, policy, medical education and the information doctors receive about how to deal with mental health problems, all tend to overshadow the search for alternatives. Despite this, psychosocial approaches continue to thrive and change the lives of people who have the luck, the courage, and the support to try them. If those dearest to you (or you) feel the need to look beyond a type of treatment which does not seem to be working for them, or you are looking to improve the services you are responsible for, read on. You will find you are not alone in your quest.

This Toolkit provides guidelines and good practices on the psychosocial model and how it works in practice in different sectors and for different actors

What is mental health?

The World Health Organization (WHO) defines mental health as “a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” Based on this definition, mental health can be understood as an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right and crucial to the development and wellbeing of individuals as well as society.

There are misconceptions that some people are destined to experience mental health problems due to genetic predisposition or due to perceived weakness of personality. The reality is that a person’s mental health can be influenced by a variety of factors that go beyond personal traits and genetic predisposition: life events, socio-economic conditions, relationships, environmental and climate concerns, to mention a few.

As mental health means having a level of wellbeing that enables a person to contribute to their community, poor mental health and its risk factors also have impact on the overall wellbeing and economy of societies. For instance, the World Economic Forum projects the cumulative cost of lost productivity due to psychological distress and suicide during the period 2020-2025 at \$114 billion, including \$11 billion in lost productivity amongst young people.

Beyond the intrinsic value of mental health, the costs that poor mental health can cause are additional reasons to address mental health risk factors for the health and wellbeing of both people and societies. To do so, it is essential to analyse our understanding of mental distress, mental-ill health and how that translates into the kind of mental health care and support available.

What is the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD)?

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) is an international human rights treaty adopted in 2006 that reaffirms that all persons with disabilities must enjoy all human rights and fundamental freedoms. The convention promotes the rights of persons with disabilities and underlines that all persons with disabilities have the right to participate in civil, political, economic, social, and cultural life of the community.

The adoption of United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) in 2006 has also had implications for mental health systems as the Committee on the Rights of Persons with Disabilities in charge of monitoring compliance with this convention, has stated in its jurisprudence that institutionalisation and non-consensual commitment and/or non-consensual treatment, seclusion and restraint carried out on the basis of actual or perceived impairment, disability or health condition – such as mental health problems or psychosocial disabilities – violates human rights.

The UN CRPD has changed the way we understand disability, including psychosocial disability. This important change is referred to as a paradigm shift: from a biomedical model to a psychosocial model of mental health. The UN CRPD requires moving mental health services away from coercive, overly medicalised, and isolating practices towards systems which respect people's human rights, are community-based, supportive and empower people with psychosocial disabilities to live independently.

The UN CRPD was signed and ratified (i.e., approved) by the European Union and by all its member states, placing an obligation on those responsible to comply and protect the rights of persons with disabilities, including psychosocial disabilities. This also requires national legislations on mental health to be more socially and less medically oriented and in line with UN CRPD. However, this is not yet the case, despite all governments ratifying the convention.

What is the Psychosocial model of Mental Health versus the Biomedical model?

The understanding of mental health can come from many different frameworks. One of the most common distinctions made, is between the biomedical and psychosocial models.

The biomedical model is one of the oldest frameworks employed to understand mental health and address mental health problems. This model posits that the mental health of an individual is conditioned by their genes and brain, and that mental health problems are the result of certain biological and individual characteristics. This approach focuses the attention on the illness, biomedical factors, and genetic predisposition. It promotes forms of treatment that are primarily medical and pharmacological, and it might even suggest that, since mental health problems are understood as stemming from the brain and genetics, there might be no possibility of meaningful recovery for an individual.

Following these assumptions, the biomedical model puts emphasis on the mental impairment and on what a person cannot do. This understanding has often led to the belief that people with mental health problems can be considered as inferior or inadequate to contribute to society. They are seen as a problem, burden or danger, with little to no possibility of recovery. A biomedical understanding of mental health has often led to the legitimisation of policies, laws and practices that exclude people with mental health problems from society or, at best, allow for the provision of some minimal level of care (often delivered out of charity or pity, and without best interest of the individual in mind or their full consent).

In the last decades however, this approach has been critiqued. Attention began to shift from focusing on the mental impairment attributed to a person, to the barriers created by society and the factors that might have negatively impacted the mental wellbeing of an individual to begin with. With little scientific evidence pointing to genetic markers or differences in brain functions that can reliably predict or identify mental health problems, the understanding of mental health started to change.

The Psychosocial Model

It is against this background that the psychosocial model of mental health emerged. This approach draws the attention to the fact that human experiences are varied and that there are a series of determinants impacting a person's life (e.g. socio-economic factors, level of education, challenging or traumatic life-events, environment). Societal structures and practices as well as socio-economic and environmental determinants are seen as bigger influences than a person's alleged predisposition. Rather than focusing on individual impairments or conditions, this model focuses on these barriers and how to overcome them, through adequate support and adjustments, to pave the way to recovery.

Through this model, recovery is not merely through medical treatment. Adequate recovery entails various elements (e.g., therapy, peer support, reasonable adjustment, inclusive policies) and it should always be based on options, choices and control. Recovery is a personal journey and can differ greatly from one person to the other. It is however always possible to receive support and live a meaningful life included in the community.

The psychosocial model of mental health moves away from an understanding of mental health problems as an individual issue caused by biomedical factors and genetic predisposition. This model acknowledges that mental health is an aspect of every human experience and that it can be influenced by various determinants. As such a psychosocial approach considers prevention, support and the respect of a person's right as are key in addressing problems and challenges. It also focuses on collective efforts and changes to address risk factors and promote inclusion. Following this approach, persons with mental health problems are seen and treated on an equal basis with others.

Common features of the psychosocial model

Whilst understanding the mental health psychosocial model is necessary, implementing the approach is crucial to create effective forms of support and health systems that are reliable and sustainable. The psychosocial model can be applied broadly in different contexts. While each application will be adapted to the needs and realities of the context, there are clear features that remain common to all applications of the model.

Respect for the human rights of the individual

To promote genuine mental health and wellbeing, it is essential for a human rights-based approach to be adopted, that is person-centred and based on recovery. A rights-based approach to mental health care calls for equal access to quality care and support that is holistic and consensual. The right to give or withhold consent to treatment is included in this. The UN CRPD Committee and UN Special Rapporteurs have explicitly referred to forced hospitalisation and treatment as violations of basic human rights. The UN CRPD also prohibits discrimination against people with mental health problems, which is relevant also in areas outside the health care sector. The human rights imperative of participation, often translated into co-creation⁴ in mental health, has shown that it can lead to successful tailor-made solutions providing quality support and respect for human rights⁵.

Equal Partnership

Policies, legislations, and societal norms often further marginalise those with psychosocial disabilities or mental health problems, fuelling discrimination. The UN CRPD and thus the psychosocial approach, can help dismantle this by fostering equal partnership and shifting the focus to the social barriers which prevent people from participating in society on an equal basis with others.

Providing mental health support should be based on an equal partnership. For example, consulting and talking with the person requiring help (and in some cases their family/community) about what types of support are available that could be appropriate and helpful. The relationship between the person experiencing distress and the person or people supporting them (e.g., advocate, friend, employer support worker, physician, psychologist and therapist) should be a partnership of equals, with supporters who do not seek to control but rather to stand with or alongside the person. An equal partnership supports achieving equity in mental health care and in providing care that reflects the needs of the individual. Beyond the health care sector, having an equal partnership facilitates personal 'agency' and ensures people are provided the space they need in the community to find psychosocial solutions, rather than being disempowered. This approach also further reaffirms that all persons with disabilities, including persons with psychosocial disabilities, are rights holders and equal participants in society.

Personal goals and outcomes in the journey towards recovery are self-determined

Self-determination and agency refer to each person's ability to make choices and manage their own life. In essence, this impacts a person's mental health as self-determination allows people to feel that they have control over their choices and lives. Mental health systems should encompass and encourage self-determined and personalised support for people experiencing mental health problems. Person-centred approaches can ensure more tailored and effective care as we know that distress is caused by a wide variety of factors as explained above. This is essential as renewal of self-determination is a critical part of recovery from mental health challenges.

The promotion of self-determination can include, providing access to reliable information on rights, mental health support, support from peers, how to connect with others who may be experiencing the same challenges, or have lived experience (e.g., support networks, self-help groups), social inclusion initiatives, support in independent living, education and employment, and space to experiment with various interventions and recovery strategies⁶.

Involving communities

The involvement of social, family and community networks to which an individual belongs is a well-recognised approach to efficiently promote mental health, prevent mental health problems and design tailored mental health solutions. This allows for an individual to draw on existing and build new support structures, family relationships and ties to the community, rather than relying on institutional support. This can lead the person to feel they have control over difficult situations, with the right support. Moreover, communities have a central role in preventing and tackling mental health stigma. Today, community-based services are considered a backbone of rights-based services that should promote holistic recovery approaches and the right to legal capacity, informed consent, participation, and community inclusion. Many are renowned for being human rights compliant, accessible, affordable and of high quality. Intrinsically, community care can succeed in maintaining family relationships, friendships, and employment based on the persons own preferences while receiving mental health care or social support. This is a big contrast to biomedical interventions, where there is an overreliance and over-prescription of medication as a first and often long-term response.

Recognising lived experiences and valuing support by peers

Respecting human rights in mental health care and practices requires a person-centred approach based on each person's unique identities and lived experiences. As such, people with lived experience of mental health problems or experts by experience ('service users' or 'ex-users') should be recognised as experts in their own experience and contribute to shaping better mental health outcomes. This term refers to persons with lived experience who have gained expertise in their own experience and the mental health system. They often speak out and advocate for the rights of their peers. Providing space for a diversity of voices of persons and groups with lived experience, can aid in understanding where there are critical challenges and gaps in mental health care and support. Reforms and adaptations of mental health care systems and practices and of policies in sectors that impact mental health (e.g., employment, education, housing) should be influenced by those with lived experience, through meaningful dialogue and engagement, as they are best placed to propose appropriate solutions.

In some cases, reasons for inadequate uptake of the psychosocial model may be due to the lack of consideration of the practical realities or lived experiences of those concerned. Therefore, drawing on the expertise of people with lived experience and their supporters and actively involving them in the design, development, monitoring and evaluation of mental health practices and services, is necessary to successfully achieve the shift in paradigm from the biomedical to the psychosocial model.

Peer-involvement in the provision of mental health support is vital for transforming mental health systems, as people with lived experience bring understanding, resilience, and trust to services. Peer support can help individuals to achieve and maintain wellness, and to navigate the social and mental health system more efficiently. Depending on the country context, peer-involvement may take many forms, from peer-support specialists to independent peer-run services. Peer support can also be effective in increasing mental health awareness through education, whilst tackling harmful social norms.

Aiming for hopeful narratives

There is no single solution to mental health support and care, and recovery is part of a normal human process. Working towards the development of more hopeful narratives about self and others can support in an individual's recovery journey.

Holistic practices

Holistic psychosocial services are essential to fully address the social, personal, and psychological needs of individuals as well as to promote prevention of mental health problems. Holistic care includes involving multidisciplinary teams and promoting psychosocial rather than medical solutions. This can include working with or signposting to experts with various skills to support the mental health and wellbeing of individuals. In addition, this can also involve working closely with other departments and sectors to gain support to address social factors that may impact a person's mental health, such as housing. To do this, adequate referral pathways and cooperation between services are critical. Naturally, such systems that apply the psychosocial approach, allow for individuals to receive, and access services tailored to their unique and complex needs. A holistic, mental health in all policies approach can also promote good mental health, prevent mental health issues, and ultimately lower stigma and discrimination and create resilient communities. States also need more flexible financing systems to achieve a holistic inter-sectoral approach to mental health.

Applying the psychosocial model of mental health in practice

Here you will find some non-exhaustive examples of approaches that can be applied in different areas, such as:

- Health & Community-Based Support
- Education and Awareness Raising
- Employment
- Digitalisation
- Rurality
- Co-creation Approach / Meaningful Engagement
- Housing
- Migration
- Leisure
- Shared decision-making

Health & Community-Based Support

Clubhouses

Who can implement

Governments, local authorities, service providers, schools, public

Who to contact

[Clubhouse Europe](#)

Link

[Clubhouse Europe](#)

Approach Overview

A Clubhouse is a community-based centre that provides opportunities for people with mental health problems and is applying the Clubhouse Model.

There are over 300 Clubhouses all over the world, 80 of which located in Europe. Clubhouses promote recovery, wellbeing and social inclusion of people living with mental health problems, across Europe, by advocating for the use of evidence-based psychosocial rehabilitation Clubhouses.

They aim to support people who experience mental health problems to obtain employment, education, and housing, while also giving the possibility of building relationships, accessing mental health support and recreational activities.

How to apply Approach

Support the expansion and raise awareness of Clubhouses that already exist.

Bru-Stars

Who can implement

Public authorities, health care or service providers

Who to contact

[Bru-Stars](#)

Link

[Bru-Stars](#)

Approach Overview

Bru-Stars is the Brussels mental health network for children and adolescents created as part of the Belgian mental health policy. The Bru-Stars network supports the development, fulfilment and recovery of children and adolescents in the mental health sector, while respecting their wellbeing and their fundamental rights.

This network brings together all the partners (Dutch-speaking, French-speaking, bilingual and multilingual) in Brussels. The coordination of this network is hosted by the Consultation Platform for Mental Health in the Brussels-Capital Region.

How to apply Approach

Public authorities to support the expansion of community mental health care provision and redirecting of funds from institutional psychiatric care, through networks like Bru-Stars.

Mental Health Service Unit Mieppi

Who can implement	Who to contact	Link
Governments (Ministry of Health) and local authorities	City of Helsinki Social Services and Health Care Division	Mental Health Service Unit Mieppi

Approach Overview

The low-threshold Mental Health Service Unit Mieppi (Helsinki, Finland) offers discussion support for promoting mental wellbeing. Mieppi provides free services to adults and young people over the age of 13. The Mieppi service units are in Helsinki areas of Haaga, Kalasatama and Myllypuro. Individuals can visit any unit regardless of where they live.

Mieppi employs mental health professionals whom young people can talk to either in person or remotely.

How to apply Approach

Governments to ensure free mental health support is available to general population.

Italian Law 180, 'The Reform of Psychiatric Care' approved in 1978

Who can implement	Who to contact	Link
Governments	Italian Government	Report: How Law 180 in Italy has reshaped psychiatry after 30 years: past attitudes, current trends, and unmet needs.

Approach Overview

In Italy, Law 180/1978 ordered the closure of the psychiatric hospitals at national level, an important step in the deinstitutionalisation process.

The legislation allowed the development of increased psychosocial experiences in the community, alternative to hospital and forced treatments.

How to apply Approach

Review the Italian Reform of Psychiatric Care and introduce legislation increase the shift towards deinstitutionalisation.

The Mobile Mental Health Units (MMHU) of the Society of Social Psychiatry P. Sakellaropoulos

Who to contact

[The Society of Social Psychiatry P. Sakellaropoulos](#)

Link

[The Mobile Mental Health Units \(MMHU\)](#)

Approach Overview

The Mobile Mental Health Units (MMHU) operates within and in close cooperation with the Greek local community by an interdisciplinary team. MMHU includes:

- Psychiatrists, psychologists, speech and language therapists, social workers, nurses, and other mental health professionals regularly and systematically visiting and providing support to small cities or villages.
- Cooperation with the local medical staff as well as with key persons of the community such as law enforcement bodies, local authorities, or teachers etc, to ensure continuity of care and psychosocial support.
- Facilitation of programmes in schools for the primary prevention and treatment of mentalhealth problems or other developmental problems among children and adolescents.
- Call service for crisis intervention, with essential collaboration of the social group. A team is available 24 hours a day for on-call crisis intervention responding to acutepsychiatric crisis of individuals with mental health problems; to people who have been hospitalised; to individuals with mental health and mobility problems. The team might be visiting individuals for home support when necessary.

How to apply Approach

Governments to support the development and expansion of community-based mental health support, like the Mobile Mental Health Units (MMHU).

Trieste Mental Health System

Who can implement	Who to contact	Link
Member States	Giuliano Isontina University Health Authority	Trieste Mental Health

Approach Overview

Trieste mental health system in Italy is based on the human rights-based approach to care and support, these networks reflect the development of community-based mental health services that are strongly integrated and connected with multiple community actors from diverse sectors.

The Trieste model is a pioneering example of deinstitutionalisation and community mental health.

The central premise of the Trieste model is that mental health treatment should place the individuals at the centre of the health care system.

How to apply Approach

Review and replicate the Trieste mental health system to increase the shift towards deinstitutionalisation.

The Soteria Model

Who can implement	Who to contact	Link
Public authorities, health care or service providers	The Soteria Network UK	The Soteria Network UK

Approach Overview

The Soteria project, initiated in San Jose, California, USA by the psychiatrist Loren Mosher, offers a community-based alternative to traditional psychiatry for people experiencing mental distress or in an emotional or social crisis. The Soteria model:

- Emphasises the autonomy and human rights of residents. Focus is on preserving people's social, family and community relationships and very minimal use of antipsychotic medication.
- Represents a compassionate and effective approach to people in mental distress, enabling them to come through it in a non-coercive, non-oppressive way.

How to apply Approach

Relevant stakeholders to review the Soteria Model to support the expansion of community mental health care provision.

A Health Needs Assessment: The impact of COVID-19 on children and young people's experiences of violence and adverse childhood experiences (Report)

Who can implement

Agencies and stakeholders working with children and young people

Who to contact

[Wales Violence Prevention Unit](#)

Link

[Executive Summary Full Report](#)

Approach Overview

This report is funded by Public Health Wales and examines the impact of COVID-19 on children and young people's experiences of violence and adverse childhood experiences. The assessment also provides best practice to mitigate the negative impacts of COVID-19 on children and young people.

How to apply Approach

Stakeholders that are working towards mitigating the negative impacts of COVID-19 (and other emergency situations) on children and young people should consider the good practise shared and apply if relevant to them. The best practices focus on maintaining service & retaining staff, early intervention, finances and funding, training initiatives (including 'wellbeing in education'), access to information and awareness raising, co-production initiatives, targeted response by governments and multiagency approaches.

A Mental Wellbeing Impact Assessment Approach: Protecting the mental wellbeing of our future generations: learning from COVID-19 for the long term

Who can implement

Governments, education and service providers, and wider civil society

Who to contact

[Public Health Wales](#)

Link

[Protecting the mental wellbeing of our future generations: learning from COVID-19 for the long term](#)

Approach Overview

The Mental Wellbeing Impact Assessment provides solutions to assess and improve a policies, programmes, services or projects, to ensure maximum equitable impact on people's mental wellbeing.

How to apply Approach

The tool is flexible and can be used prospectively, concurrently or retrospectively. The tool can also be applied in future emergencies or unprecedented events to rapidly understand and respond to possible and co-occurring impacts on mental wellbeing.

Education & Awareness Raising

Education, Health and Care Plans (EHCP)

Who can implement

Governments (Ministry of Health and Education) and local authorities

Who to contact

[Department of Education](#)

Link

[GOV.UK: Children with special educational needs and disabilities \(SEND\)](#)

Approach Overview

The Education, Health and Care plan (EHCP) derives from the [Children and Families Act 2014](#) which introduced a system of support relevant to parents and carers of children and young people aged 0-25 who have special educational needs or disabilities. An EHCP can only be issued after a child or young person has gone through the process of an Education, Health and Care needs assessment. EHCPs apply person centred approaches and are legally binding documents.

The EHCP document must list all the child's special educational needs, provision to meet each of the needs and has to be specific, detailed, and quantified. The plan names the school/setting which is to provide the provision and the plan is legally enforceable ultimately through Judicial Review.

A child who has educational needs may also have additional health and social care needs and those can be included in the plan so long as they relate to education. Wherever possible, the plan should include 4 themes:

- Learning and future employment.
- Home and independence.
- Friends, relationships, and community.
- Health and Wellbeing.

Local Authorities must issue a plan for a child or young person who's needs cannot be met from the expected budget in mainstream schools or settings. They must develop the plan alongside the child, young person, and parents or carers.

As such, it is possible for a child to receive a personal budget if they have an EHCP or have been told that they need one.

How to apply Approach

Governments and local authorities to compare EHCPs with national systems related to support for parents and carers of children and young people aged 0-25 who have special educational needs or disabilities.

Where possible to introduce similar plans which are developed through co-creation with children, young people, and parents or carers.

Enik Recovery College

Who can implement

Governments, local authorities, NGOs

Who to contact

[Enik Recovery College](#)

Link

[Enik Recovery College](#)

Approach Overview

Enik Recovery College is a recovery academy in the Netherlands. It is a learning environment and meeting place for people who have personal experience with disruption due to psychological vulnerability or addiction, and who want to work on their (further) recovery. They believe that personal recovery thrives in an environment of people with similar experiences – without doctors or counsellors. Enik is 100% run by peers.

Their program offers short workshops and activities, weekly trainings & workgroups and midweek Retreats

How to apply Approach

Expand and support Recovery Colleges across Europe and encourage recovery through peer support.

MHE Short Guide Series on Mental Health

Who can implement

General Public

Who to contact

[Mental Health Europe](#)

Link

[Mental Health Europe](#)

Approach Overview

Mental Health Europe launched a series of short guides (available in different languages) to help people who have personal contact with the mental health system, either during or after receiving a diagnosis, to stay better informed.

The short guides are the following:

- Short Guide to Personal Recovery in Mental Health.
- Short Guide to Psychiatric Diagnosis.
- Short Guide for Young Adults on Mental Health.
- Short Guide to ending coercion and restraint in mental health services.
- Short Guide to Psychiatric Drugs.
- Guide to Personal Recovery in Mental Health.

How to apply Approach

Share the series widely to support increase in mental health literacy.

ABCs of Mental Health

Who can implement

Government (Ministry of Health and Education) and local authorities, schools, communities

Who to contact

[University of Copenhagen](#)

Link

[The ABC of mental health](#)

Approach Overview

ABCs of Mental Health is the first universal research-based public mental health promotion initiative in Denmark.

The goal of the ABCs is to support active and meaningful communities by creating the best possible conditions and environments for mental health and wellbeing. This initiative has proved to be applicable and suitable in various settings such as kindergartens, elementary schools, sports clubs, and more.

How to apply Approach

Review, expand and support the ABCs of Mental Health to increase mental health literacy and encourage meaningful community engagement.

Youth Aware of Mental Health (YAM) Programme

Who can implement

Government (Ministry of Health and Education) and local authorities, schools

Who to contact

Mental Health in Mind International AB (MHIM) and [Karolinska Institute](#)

Link

[Youth Aware of Mental health \(YAM\)](#)

Approach Overview

Youth Aware of Mental Health (YAM) is a mental health promotion programme that encourages young people to work together to consider and address mental health challenges they face in a reflective and interactive way.

YAM enables students to discuss mental health issues in a safe environment, offer emotional support to others, recognise signs depression and suicidality, engage in help-seeking behaviours and access resources where they can get help. The programme also supports students feel empowered as experts on their own mental health and consider different approaches when faced with life challenges. Methods used to facilitate sessions include role play scenarios, open discussions and reflections, exercises led by experiences and topics raised, emphasis on peer support, and support and facilitation by trained instructors.

How to apply Approach

Governments to support mental health promotion programme that encourages young people prioritise their mental health. The focus should not be on finding one-size-fits-all solutions to mental health but to consider how different people feel, the possible reasons for their actions, and what kinds of support they might need in each situation.

The Adverse Childhood Experiences Hub Wales (Part of the World Health Organization Collaborating Centre (WHO CC) in Public Health Wales)

Who can implement

Public authorities, teachers, parents, and relevant sectors (housing, policing and criminal justice, youth work services and sport) that engage with young people

Who to contact

[Welsh Government](#)

Link

[The Adverse Childhood Experiences Hub Wales](#)

Approach Overview

The ACE Hub Wales supports Welsh society to help create an ACE Aware Wales and make Wales a leader in tackling, preventing, and mitigating ACEs. They promote the sharing of ideas and learning, and to challenge and change ways of working, so together the cycle of Adverse Childhood Experiences (ACEs) can be broken. From the outset, one of the priorities has been to support the development of a [Whole School Approach to Mental Health and Wellbeing](#), and to ensure that every school in Wales is ACEs aware, inclusive and trauma-informed, helping children to flourish and have the best start in life.

With specific funding from the Welsh government, they have worked with primary and secondary schools across Wales, delivering specific training to ensure that everyone involved in and within the school setting have an awareness of ACEs and are able to confidently respond to trauma.

How to apply Approach

Develop a similar approach at national level to support organisations, communities, sectors, and systems to prevent, mitigate and support those who have experienced ACEs and trauma through Trauma-informed approaches and practice.

Living and Learning Together: Sensitisation, Prevention and Enhancement of Psychological Resilience in School Communities

Who can implement

Public authorities, schools

Who to contact

[The Society of Social Psychiatry P. Sakellaropoulos](#)

Link

[Living and Learning Together: Sensitisation, Prevention and Enhancement of Psychological Resilience in School Communities](#)

Approach Overview

Mental health programme in school education for children and young people in primary and secondary (of 5-18 years) across 8 regions in Greece.

The programme includes:

- promoting mental health through the strengthening of mental resilience in the school community.
- awareness raising, to promoting human rights and eliminating stigma.
- preventing mental problems through training & psychoeducation experiential workshops.
- offering on time crisis intervention in the school community establishing sentimental bonds & empowering the vulnerable groups/students.

How to apply Approach

Adopt similar classroom interventions in school systems to promote mental health literacy.

A new way of thinking about mental health (Project)

Who can implement

All stakeholders

Who to contact

[Pfalzlinikum](#)

Link

[Project: A new way of thinking about mental health](#)

Approach Overview

A new way of thinking about mental health, a Project in Germany, provides resources on how mental health is framed. Includes videos and resources which illustrate how different people can experience mental health problems and how support can differ.

How to apply Approach

Review and disseminate project resources.

Campaign: 'We erase the stigma. On our word: Campaign to combat mental health stigma in the public discourse'

Who can implement

Governments

Who to contact

[The Society of Social Psychiatry P. Sakellaropoulos](#)

Link

['We erase the stigma. On our word: Campaign to combat mental health stigma in the public discourse'](#)

Approach Overview

The project set out to highlight the effects of the stigmatising public and media discourse regarding mental health and to promote (self)advocacy and the protection of the rights of the people affected, a systematic effort was made to train journalists and media professionals and influence relevant public bodies, while placing emphasis on the empowerment and participation of civil society. The project included research and the development of training tools and training seminars, a targeted campaign, recommendations, and advocacy calling for institutional change and the strengthening of civil society participation.

How to apply Approach

Governments to support awareness raising campaigns to ensure strengthened advocacy for people with psychosocial difficulties and reduction in mental health stigma in media and public discourse.

Employment

Individual Placement and Support (IPS)

Who can implement

Governments

Who to contact

Organisation and experts on IPS e.g., [The IPS Employment Center](#)

Link

[Irish Health Service Executive \(HSE\) & IPS Employment Center](#)

Approach Overview

Individual Placement and Support (IPS) is a form of support for people with psychosocial disabilities to enter (or re-enter) in the labour market. It is considered the most effective support service as evidence shows that people with psychosocial disabilities have higher rates of finding and retaining employment (compared to other support services) as well as lower rates of relapses and hospitalisation.

How to apply Approach

This service has been in place for many years, and it spread across the world (and European countries too).

Governments and relevant stakeholders should consult countries that have already implemented IPS and ensure this support is made available at national level in co-creation with people with psychosocial disabilities.

Digitalisation

The Attend Anywhere model

Who can implement

Public authorities, health care or service providers

Who to contact

[Attend Anywhere](#)

Link

[Website for Attend Anywhere](#)

Approach Overview

Attend Anywhere is a web-based system that helps public sector providers offer video call access to their services as part of business-as-usual operations. The system improves lives, help address access, equity, and sustainability challenges in health care and beyond.

How to apply Approach

Attend Anywhere was founded in Melbourne, Australia, however, the system is also widely used in NHS Scotland (named 'Near Me') and NHS Wales. The system allows patients to see a clinician via a secure, pre-arranged video call. Patients can use a computer, smartphone, or tablet. Governments can adopt the Attend Anywhere model or ensure similar digital tools are also produce at national level.

INERA

Who can implement

Governments

Who to contact

[INERA](#)

Link

[INERA](#)

Approach Overview

The Swedish national platform (INERA) is the municipalities' and regions' digitisation company with the task of developing welfare. INERA has a unique position in the market; to be the nationally unifying actor for digitisation within municipalities and regions.

INERA includes digital treatment and support of cognitive behavioural therapy to address mental health problems such as depression and anxiety.

The online cognitive behavioural treatment has recorded high rates of demand, especially for the flexibility it gives to both patients and professionals – still with a growing trend in its use – and allows the latter to have bigger patient capacity and to adapt time allocation to patients according to needs.

How to apply Approach

Review INERA and ensure nationally unifying actor for digitisation within municipalities and regions is available.

Rurality

On Feirm Ground – Wellbeing for farmers

Who can implement	Who to contact	Link
Governments, NGOs	The Men's Development Network	Report: ' On Feirm Ground ': A formative evaluation to inform the design of a bespoke farmers' health training programme.

Approach Overview

On Feirm Ground is the first farmers' health initiative in Ireland. A published report provides findings and recommendations with a clear roadmap for the development and roll-out of a bespoke farmers' health training programme designed to support agricultural advisors to engage safely and effectively on supporting and signposting farmers on health issues.

How to apply Approach

Consult the On Feirm Ground - Wellbeing for farmers report which includes clear recommendations. Identify how a farmers' health initiative can be replicated, if needed.

Farmers Assistance Resources For Mental Resilience (FARMRes Project)

Who can implement	Who to contact	Link
Governments, NGOs	CEJA - European council of young farmers	Farmers Assistance Resources For Mental Resilience (FARMRes Project)

Approach Overview

The FARMRes project aims to raise farmers' awareness of mental health issues and to guide them in shaping their daily lives, as well as their business and personal environment. It is about awareness raising and prevention, as well as detection and first aid involving farmers, their families and farmers' consultants.

How to apply Approach

Review the outcomes of this project to better understand and implement relevant recommendations on:

- Raising awareness: the importance of mental health for successful farming and for farmers wellbeing
- Providing: To farmers, their families, and farmers' consultants or associations with the tools needed to prevent, detect and aid in case of potential or ongoing mental health issues.
- Fostering: Sustainable economic and social development in the agricultural sector and rural areas through wellbeing and mental health.

Co-creation Approach / Meaningful Engagement

Co-creation approach to mental health

Who can implement	Who to contact	Link
All stakeholders	Mental Health Europe	Mental Health Europe

Approach Overview

Co-creation is based on the following 4 Ps (participants, principles, process, and personal narrative). It is a collaborative approach involving all key actors in mental health working together on an equal basis to develop and implement policies, legislation, services, and communication that respect rights and choice and foster mental health.

How to apply Approach

Adopt co-creation approach at all levels to ensure policies and action around mental health are shaped by persons with lived experience and their supporters, and thus reflect a rights-based and psychosocial approach needed in society.

The Participation Framework (based on the Lundy Model of Participation)

Who can implement	Who to contact	Link
Policymakers, NGOs and professional/stakeholders that work with children and young people	Hub na nÓg (set up in Ireland by The Department of Children, Equality, Disability, Integration, and Youth)	The Participation Framework

Approach Overview

The Participation Framework was developed by Professor Laura Lundy, Queens University. It provides guidance for decision-makers on the steps to take in giving children and young people a meaningful voice in decision-making. The framework is underpinned by the United Nations Convention on the Rights of the Child (1989), the United Nations Convention on the Rights of Persons with Disabilities (2006) and the National Strategy on Children and Young People's Participation in Decision-making.

How to apply Approach

The framework can be applied by government departments, agencies, and organisations, to improve their practice in listening to children and young people and giving them a voice in decision-making.

Housing

Housing First Europe Hub

Who can implement

Governments, NGOs, foundations, and experts on homelessness

Who to contact

[Housing First Europe Hub](#)

Link

[Housing First Europe Hub & Paper analysing the relevance of housing first as a mental health intervention](#)

Approach Overview

The Housing First Europe Hub is a European Platform which engages a European network of organisations, foundations, governments, and experts working together to promote the scaling up of Housing First as an effective systemic response to homelessness across Europe.

The focus is on joint activities to share learning and to scale-up Housing First. The Hub's partners are committed to the core principles of Housing First as determined in the [Housing First Europe Guide](#).

How to apply Approach

Discover the Housing First Europe Hub website resources, which are available to everyone. Contact the Hub for more information about their trainings, research, and other programmes.

Migration

Mental Health for Migration – video series for refugees

Who can implement

Governments, actors that work with migrants and refugees

Who to contact

[Finnish Institute for Health and Welfare](#)

Link

[Mental Health for Migration – video series for refugees](#)

Approach Overview

The website includes psychoeducation video series that we have co-created together with refugees. This site features videos on mental health and wellbeing. The videos teach individuals how to take good care of their in a new home country. It also includes information from a professional as well as the experiences of other people who have moved to Finland.

The website grants the option to choose topic of interest, or to simply go through them from start to finish.

How to apply Approach

Government to support the creation of linguistically accessible resources and training, to increase the mental health literacy of migrant communities (including undocumented migrants) and refugees.

Leisure (Arts & creativity, culture, sports)

OverKop Houses

Who can implement	Who to contact	Link
Health authorities and policymakers	OverKop	OverKop

Approach Overview

There are 30 OverKop Houses in Belgium spread across Flanders and Brussels. OverKop Houses are open to young people up to the age of 25 years, where they are provided safe places to connect with other young people, find a community that will listen to them, participate in activities and workshops and if needed they can find support from mental health professionals. Young people can also connect with Overkop via the online chat system between 6-10 pm, (except on Sundays and public holidays).

How to apply Approach

Governments should fund and create similar safe spaces where young people can find a community and mental health support.

Educational Toolkit For Sport Federations

Who can implement	Who to contact	Link
The toolkit targets a wide range of people and institutions: from national sport federations to European institutions	European Sports NGO (ENGSO)	Toolkit: protecting mental health of young athletes

Approach Overview

The toolkit 'Protecting mental health of young athletes' cultivates an educational and healthy path in elite sports from a young age.

How to apply Approach

National sport federations and relevant stakeholders to consider and implement the key recommendations of this toolkit on how to better support the mental health of athletes.

Shared decision-making

The Swedish Personal Ombudsman Programme

Who can implement

National and local authorities, relevant NGOs

Who to contact

[PO-Skåne](#)

Link

[PO Skåne](#)

Approach Overview

'Personligt Ombud Skåne' or 'PO' is a programme which started in 1995 by people with psychosocial disabilities, as a 'User-controlled Service with Personal Agents'.

The Ombudsman is a professional, highly skilled person, usually a lawyer or social worker who works only for his/her client and does not work in alliance with psychiatric or social services or any other authority, nor with the client's relatives or any other person.

The Ombudsman takes great care and time to build trust and to ensure that users receive the help and services to which they are entitled and that they want. It is considered an appropriate model for supported decision-making by the United Nations Committee on the Rights of Persons with Disabilities, as the Ombudsman enables persons to make and communicate decisions with respect to personal or legal matters.

How to apply Approach

Develop and establish permanent funding for the PO system to limit coercive practices and to reduce the number of mental health crises.

PO-Skåne is working on transferring the programme to other countries. The organisation currently offers training to interested organisations.

Language and mental health

Words have a big influence on how we think and act. We use words or similar constructs to categorise and make sense of the world. Depending on the society we live in and our personal experiences, we associate words with specific concepts, societal movements or opinions.

Over the past centuries, and even over the past decades, we have seen language used about mental health change dramatically. The words we use say something about where we want to move away from or where we want to go towards. When using words, it is good to understand their history and what they represent(ed) in a specific society or community. To understand the connection between language and the psychosocial approach to mental health, check out the MHE Glossary.

Conclusion

The purpose of this Toolkit is to facilitate for the adoption of psychosocial best practices across different sectors in Europe by increasing understanding of the psychosocial model of mental health. To achieve this, we identified common features to support in the implementation of the psychosocial approach, in addition to providing concrete examples of how the psychosocial model can be implemented. As the social determinants of mental health also transcends sectors, regions, borders, and demographics, there is an urgent need for a holistic, consistent, and clearer understanding of the psychosocial approach and how this should be applied in practice. The hope is that you will be able to critique and question current systems in place with the ambition of changing them for the better. While the examples listed in this Toolkit can support stakeholders in recognising how the psychosocial approach is applied, it is not an exhaustive list and should act as a guide. More information, actions and practices can be found in all the documents linked and referenced below as well as at: www.mhe-sme.org.

References

1. 2021, Mental Health Europe, [Short Guide to ending coercion and restraint in mental health services](#)
2. 2014, Peter Kinderman, 'Get the Message Right: A Psychosocial Model of Mental Health and Well-being'
3. 2017, Mental Health Europe, [Mapping and Understanding Exclusion](#)
4. 2006, Sytema S, [Mental health at the crossroads: the promise of the psychosocial approach](#), International Journal of Integrated Care
5. 2022, MHE Glossary: Mental Health – the power of language - available on MHE website



**Funded by the
European Union**

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Commission's CERV Programme. Neither the European Union nor the granting authority can be held responsible for them.