



***MENTAL HEALTH AT WORK, IN SCHOOLS,
PREVENTION OF DEPRESSION AND SUICIDE***



GOOD PRACTICES FOR MENTAL HEALTH AND WELL-BEING

**Mental Health at Work, in Schools,
Prevention of Depression and Suicide**

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Introduction

This brochure presents good practices on mental health and well-being identified from across the European Union. While many research institutions, care centres, non-governmental organizations, and governments within the EU conduct programmes and practices centred on mental health, it can be difficult to find information about them and to ensure their use and scale up in other settings. Good practices are a valuable resource contributing to sharing of knowledge and experience, and facilitating improvements in mental health by encouraging their adaptation and implementation.

The *EU Compass for Action on Mental Health and Well-being* has been commissioned by the Consumers, Health, Agriculture and Food Executive Agency (Chafea) to collect, exchange, and analyse information on policy and stakeholder activities in mental health. Further, the Compass will monitor the mental health and wellbeing policies and activities of EU countries and non-governmental stakeholders through, in part, the identification and dissemination of European good practices in mental health. The EU Compass works to improve mental health and well-being through collecting, analysing, and sharing information on new finding in care, on policy developments, and on stakeholder activities in mental health. This is done through surveys of stakeholders and member state representatives, through annual reports and consensus papers on relevant topics in mental health and well-being, through an annual open forum on mental health, and through the dissemination of this booklet of potentially useful practices in mental health and well-being.

While the 2017 EU Compass focuses on *mental health at work, mental health in schools and prevention of suicide*, the booklet also covers practices on prevention of depression, a theme addressed in 2016 by the EU Compass, as well as few additional themes. The booklet contains information that can be used by other organizations looking to improve the care that they provide in mental health and well-being.

Methods

Data collection tool

In order to collect information about the different types of mental health and well-being programs that are active within the European Union, the EU Compass Good Practices team developed an extensive data collection tool – an online survey. The tool was developed to be easily disseminated (online), comprehensive, and clear. The link to the survey was disseminated through email, through website links, through newsletters, and through presentations. Stakeholders from Member States were asked to complete this online survey about their programs and projects.

Evaluation criteria

During 2017, the EU Compass has tested and piloted for the first time the criteria developed by the Directorate-General Health and Food Safety (DG SANTE) in cooperation with EU experts. The criteria were grouped into 11 categories that needed to be fulfilled and explained thoroughly by the submitted practices :

- Information
- Relevance
- Theory-based
- Intervention characteristics
- Participation
- Ethical aspects
- Effectiveness and efficacy
- Sustainability
- Intersectoral collaboration
- Transferability
- Equity

Data collection

Stakeholders for mental health and well-being from the European Union were invited to submit information on their practices until the 15th of August 2017. While practices which focused on the EU Compass 2017 themes (mental health in schools, mental health at work and suicide) were prioritised, practices on other themes were also accepted. Practices were submitted from 16 EU Member States: Austria, Belgium, Bulgaria, Czech Republic, Denmark, France, Germany, Greece, Ireland, Italy, Lithuania, Slovenia, Spain, Sweden, the Netherlands and United Kingdom. Many practices submitted incomplete information. Without complete information, it was not possible to evaluate the practice.

Selection and training of evaluators

Evaluators were chosen from a variety of sectors, especially from *mental health in schools*, *mental health at work*, and *suicide*. The team of evaluators included experts with background in education, health policy, research, ethics, clinical practitioners, workplace research. Evaluators were trained one-on-one by Skype.

Evaluation

All practices were evaluated thoroughly. All practices evaluated by external evaluators (n=22) were evaluated a second time by a researcher from the Trimbos Institute. In cases in which the evaluators did not agree if a practice should be considered a Good Practices, the two evaluators discussed the practice and came to an agreement. All practices that were selected as Good Practices had conducted some form.

Limitations

As in any project or programme, there were limitations to the Good Practices data collection, the development of the criteria, and evaluation. Some are below:

- Many practices did not provide enough information to be evaluated effectively; as a result, practices that may have been eligible for selection as a Good Practice were excluded due to lack of data.
- Practices without an evaluation component were excluded. While this is to ensure that practices review and improve their activities, this may result in newer and/or more grass-roots practices being excluded. If they were not selected this year, practices will be encouraged to resubmit for 2018.
- Data on the Good Practices presented in this booklet has been directly taken from the information submitted by the practices.

For further information on methodological issues please visit the website of the EU Compass for Action for Mental Health and Well-being:

https://ec.europa.eu/health/mental_health/eu_compass_en.



Mental Health at Work

Practice 1. Fighting Stigma at Work: One of Us

Location: Denmark

Summary

Fighting Stigma at Work: One of Us began September 2011; it was initiated by the health and social sector. The practice focuses on campaigns.

The objectives of the *Fighting Stigma at Work: One of Us* are:

- the increased recognition and involvement of service users' and relatives' knowledge and competence
- increased knowledge of recovery
- a call to seek timely help
- increased reflection on culture and language and
- combating self-stigma, guilt and shame.

One of Us focuses all activities on methods that have been proven to be relevant for anti-stigma efforts to facilitate identification, empathy and reflection through:

- social contact activities where target groups can meet people with lived experience of mental illness for information and dialogues at schools, work places, health and social units, festivals, and conferences
- films, pictures, TV, radio, and theatre about and or with people with lived experience of mental illness
- dialogue, information, knowledge via social media
- challenging myths with facts
- PR initiatives based on data from surveys that can promote more positive stories of mental illness and people affected hereby than the traditional media coverage based on dramatic incidents

Fighting Stigma at Work: One of Us has been evaluated or assessed. Evidence shows that programme ambassadors experience a significant improvement in personal recovery and empowerment.

Website

<http://en-af-os.dk/english>

Addressed priority areas

Anti-stigma in the workplace

Lessons learned

What worked well & facilitators to implementation

- *Strategic partnerships with relevant organizations and agents worked well with the implementation of the practice.*
- *Materials relevant for use on multiple levels worked well with the implementation of the practice.*
- *Anti-stigma work is very dependent on finding willing collaborators that will "open the door" into their own organizations and network, committed people, and the people with lived experience are willing to step forward.*

What did not work & barriers to implementation

- *Making binding actions plans for use of materials and focus on stigmatization was difficult because culture change takes time and can be demanding, as well as the fact that many in the health and social sector are already busy with structural reforms and many new programmes in the field, that there are tight schedules in the educational system, and the state of the market and social conditions on the labour market are complex.*

Recommendations for future adopters of this practice

- *Realistic preparation time and planning including target areas and objectives*
- *Clarification of expectations and contributions from those involved*
- *Research and inspiration from similar international programmes*
- *Systematic recruitment and training of people of lived experience as ambassadors*
- *PR-agency with relevant qualifications and approach*
- *Priority to materials and tool kits of good quality*

Level of implementation: *National, Regional, and Local*

Responsible organizations: *The Danish Health Authority, Trygfonden, Danish Regions, The Danish Mental Health Fund, The National Board of Social Services, The Danish Mental Health Network, KL and The Danish Committee for Health Education.*

Mental Health in Schools

Practice 2. This is Me: Prevention Programme

Location: Slovenia

Summary

This is Me began May 2001; it was initiated by the health sector. The practice focuses on action programmes, campaigns, e-mental health, research, service delivery approaches, tools/instruments, and trainings.

The objectives of *This is Me* were the implementation of continuous web counselling service for adolescents and the implementation of the programme in schools.

This is Me is a mental health programme developed by the regional Institute of Public Health in Celje, Slovenia. Since its establishment in 2001, the programme was directed at strengthening mental health in adolescents, the development of positive and realistic self-esteem, social and communication skills and other life competencies to support adolescents in their everyday lives. The programme employs two distinct approaches; firstly, it is centred on an online counselling service, where Slovenian adolescents have access to professional help. Secondly, it focuses on the school environment through organized training for teachers and prevention workshops based on the concept of 10 Steps to a Better Self-Esteem. As of 2013, the programme is ready to be adopted into the school system. It is an example of a good practice in the field of public health and modern school-based prevention.

This is Me has been evaluated or assessed. Evaluation of the practice showed that there has been a trend towards better classroom atmosphere and interpersonal relations.

Website

<http://www.tosemjaz.net/>

Addressed priority areas

Mental health in schools

Lessons learned

What worked well & facilitators to implementation

- *The idea of web counselling service*
- *Anonymity*
- *Interdisciplinary nature of counsellors' expertise and approaches*
- *Organized care for positive self-esteem, social and communication skills and other life competencies to support adolescents in their everyday lives has an extremely important preventive and curative effect.*

What did not work & barriers to implementation

- *The scope of prevention workshops implementation in Slovenia currently depends on voluntary attitudes of individuals or schools – the programme is not systemically situated in school work.*

Recommendations for future adopters of this practice

- *Key stages of establishing the online counselling service:*
- *Networking of experts and establishment of web counselling network*
- *Planning the web portal including the preparation and creation of contents on growing up*
- *Establishment of an editorial board for everyday professional editorship, management and stable operation of web-based counselling service for adolescents*
- *Preparation of free of charge printed promotional materials and the promotion of web-based counselling service in schools as well as in health and social institutions*

Level of Implementation: *National*

Responsible organization: *National Institute of Public Health – Slovenia (NIJZ)*

Practice 3. Mindset: Destigmatization Workshop for Nursing High Schools

Location: Czech Republic

Summary

Mindset began May 2015 and ended in April 2016; it was initiated by the health sector. The practice focuses on campaigns, policy, research, and trainings.

The objectives of *Mindset* were to decrease the level of stigmatizing attitudes about people with mental illness among nursing high school students in the long term and to prevent discrimination of people with mental illness among future health professionals.

Mindset uses educational seminars with direct contact with a person with an experience with mental illness and short video interventions to reduce stigmatizing attitudes and prevent discrimination of people with mental illness among future health professionals (nursing high school students) and hence to increase the ability of the healthcare staff to provide adequate care and promote help-seeking. The seminar was developed in collaboration of the research team with service users (user-researchers and peer-workers), employees of community mental health services and a psychiatrist. People with mental illness also participated in a workshop organized to propose several types of short video interventions based on existing evidence (e.g. examples from abroad and a comprehensive review) and insight of relevant stakeholders. The service users, in collaboration with a psychiatrist or a social worker, led the seminars on the nursing high schools.

Mindset has been evaluated or assessed. Evaluation of the practice showed that the practice positively impacted attitudes about people with mental illness.

Website

<http://www.mindset.cz/>

Addressed priority areas

Prevention of depression and promotion of resilience
Mental health in schools
Stigma reduction and mental health promotion among students of nursing

Lessons learned

What worked well & facilitators to implementation

- *Regarding the outcomes, the seminar with the direct contact with a person with a mental illness was the most effective (out of the three interventions - seminar, videos, leaflet) to reduce stigmatizing attitudes and intended behaviour of students.*
- *Regarding implementation, in the phase of selection of schools, we had good experiences with sending a formal letter signed by a director of our institute (who is a publicly known person in the Czech Republic) and a renown psychiatrist to motivate the schools to participate in our trial. Also, we involved active students from an association of students of psychology to the process of data collection.*

What did not work & barriers to implementation

- *According to our view, there were no barriers, because the funding source prioritized the topic of destigmatization and the schools were keen to participate in the trial (there are only few programs for schools in the area of mental health in the Czech Republic).*

Recommendations for future adopters of the practice

- *Include making the practice "country relevant" by addressing the most stigmatizing attitudes prevalent in a target group and be aware of the context of the system of psychiatric care in a given country.*

Level of Implementation: *National*

Responsible organization: *Mindset Academy*

Practice 4. Zippy's Friend

Location: Czech Republic

Summary

Zippy's Friend began May 2015; it was initiated by the education and health sectors. The practice focuses on campaigns, policy, research, and trainings.

The objectives of *Zippy's Friends* were to increase the social and emotional skills and coping strategies of very young children by teaching and training them in expressing of emotions, looking for their own good solutions of difficult life situations, teaching them how to build and maintain good relationships, and how to ask for help etc.

Zippy's Friends is a program for 5-7 year old children and is led by a trained professional (usually a teacher). It includes 24 sessions (1 session corresponds to 1 school lesson), thematically distributed into 6 modules with the following topics: emotions and feelings, communication, conflicts (including bullying), relationships, dealing with change and loss. Children learn in an interactive way how to cope with different difficult situations and how to find their own good solutions in the complex life situations that match their age. Every module is introduced by an illustrated story that is presented also in the subsequent lessons. The fables are six-years old twins Lenka (Leela) and Tonda (Tig), their friend Sandra (Sandy) and a stick insect called Zipy (Zippy).

Zippy's Friends has been evaluated or assessed. Evaluation of the practice showed that there has been a trend towards better classroom atmosphere and interpersonal relations.

Website

<http://www.zipyhokamaradi.cz/>

Addressed priority areas

Suicide prevention

Mental health in schools

Prevention of depression and promotion of resilience

Lessons learned

What worked well & facilitators to implementation

- *Very detailed materials for professionals (teachers) in practice*
- *Good training of teachers and their continual support*
- *Previous good relations with schools and teachers*

Level of Implementation: *Regional*

Responsible organization: *Prague Primary Prevention Centre*

Prevention of Suicide

Practice 5. Suicide Prevention Austria (SUPRA)

Location: Austria

Summary

Suicide Prevention Austria began January 2017. The practice focuses on action programmes and policy.

The objectives of *Suicide Prevention Austria* were to coordinate suicide prevention in Austria at the national and regional levels, to ensure support for risk groups, to develop standards for access to means of suicide, to develop media support for suicide prevention, to integrate suicide prevention programmes into other health promotion activities, and to support research on suicide.

In 2012, the Austrian suicide prevention program SUPRA was published and the Gesundheit Österreich GmbH was assigned to support its implementation by the ministry of health. The program is a 70 page paper that was written by Austria's leading experts. It describes a broad range of possible measures. However, the paper does not go into details on prioritization of measures, responsibility for implementation, recommended target goals or outcome indicators. In order to convince decision makers to foster suicide prevention in a federally structured country like Austria, all of this information is crucial – especially in times of limited resources. A double strategy was chosen for the implementation of SUPRA. In close collaboration with a panel of leading experts, 6 strategic and 18 operative goals were identified and more than 70 measures, target sizes, indicators, and responsibilities were described.

Suicide Prevention Austria has been evaluated or assessed. The measures associated with *Suicide Prevention Austria* are based on scientific evidence; implementation of SUPRA in the region of Styria has partly been evaluated during the last two years but has not be published at this time.

Website

<https://www.bmgf.gv.at/home/suizid>

Addressed priority areas

Suicide prevention

Lessons learned

What worked well & facilitators to implementation

- *One important step was the implementation of the coordinating centre at the national public health institute. This institute is involved in all strategic developments in the Austrian health care system so this is a perfect place for the suicide prevention coordinating centre.*
- *Support from the University*
- *The financing and the political support of the ministry of health and women and the minister respectively was extremely important.*
- *The involvement of all leading experts was another factor for success.*

What did not work & barriers to implementation

- *In 2013 it was aimed to implement SUPRA immediately without a concrete strategy for implementation. This did not work as the paper is not detailed.*

Recommendations for future adopters of this practice

- *Political and financial support through the ministry of health is crucial.*
- *Involve many experts and support collaboration between them.*
- *Use SMART definitions for the goals.*
- *Try to link suicide prevention to other ongoing strategic developments.*
- *Implement a coordinating centre at a strategically important place like the national public health institute.*

Level of Implementation: *National*

Responsible organization: *Federal Ministry of Health and Women*

Prevention of Depression

Practice 6. iFightDepression

Location: Germany

Summary

iFightDepression began September 2011 and ended in August 2014; it was initiated by the health and social sector. The practice focuses on e-mental health, tools/instruments, and trainings.

The objectives of *iFightDepression* were to implement internet-based guided self-management protocols for young people and adults with mild and moderate depression via the iFightDepression tool in several European countries and to increase awareness of depression via the iFightDepression website, which is freely available in several European languages, at present 12 languages.

iFightDepression is an online platform consisting of three parts. The first part includes a website providing detailed information on depression tailored to the general population, as well as young people, family and friends, community professionals, and healthcare professionals. The website also includes a self-test checking for symptoms of depression. The second part comprises a guided, internet-based self-management tool for individuals experiencing mild to moderate depression that is free of charge and uses the principles of cognitive-behavioural therapy as a basis. The third part consists of training materials for healthcare professionals who are interested in implementing *iFightDepression* in their practice.

iFightDepression has been evaluated or assessed. The evaluation of the acceptability of the tool and the feasibility of its use demonstrated the multifaceted and complementary value as an additional resource for depression treatment.

Website

<https://ifightdepression.com/en/>

Addressed priority areas

Prevention of depression and promotion of resilience
Provision of community-based mental health services
Suicide prevention

Lessons learned

What worked well & facilitators to implementation

- *E-self-management and iFightDepression have proven to be a promising strategy to complement existing care models for milder forms of depression.*
- *It can be concluded that not only the general objectives to contribute to the promotion of mental health and prevention of depression and suicidal behaviour was reached, but that the created resources have potential for broader implementation.*
- *There was and is great interest in online programmes like iFightDepression. Many professionals participated in the training workshops and used it in daily practice regardless of not receiving any compensation. iFightDepression is especially well received in countries such as Portugal, Hungary, Bulgaria, and Estonia, where there had been no native language resources about depression and mental health.*

What did not work & barriers to implementation

- *An overall implementation strategy (at the European level) does not seem to be applicable or effective, since there are still major differences in care provision.*
- *The main barriers to implementation were patient recruitment and their degree of acceptance of the innovative CBT service, limited funding and capacity, busy health specialists with limited time in private practice, and the fact that psychologists and psychotherapists in some countries felt and still feel threatened by the innovation.*

Recommendations for future adopters of the practice

- *One should include the topic of e-mental health and self-management, along with introduction of concrete initiatives like iFightDepression, into education.*
- *The European Alliance Against Depression encourages policy makers to establish a legal framework that includes the use of tools like iFightDepression.*

Level of Implementation: European

Responsible organization or person: European Alliance Against Depression

Practice 7. European Alliance Against Depression (EAAD)

Location: Germany

Summary

The *European Alliance Against Depression* began January 2004; it was initiated by the health sector and the health and social sector. The practice focuses on action programs, campaigns, e-mental health, mental health in all policies, policy work, research, service delivery approaches, tools/instruments, and training. While based in Germany, the *European Alliance Against Depression* is active at the European level.

The objective of the *European Alliance Against Depression* is a community-based 4-level intervention programme promoted by EAAD operates at four levels of intervention.

These levels of intervention include:

- cooperation with primary and mental health care, focusing on training general practitioners
- public awareness campaigns
- cooperation with community facilitators and stakeholders
- support for people at high risk, and their relatives

The objectives of the EAAD have been reached, in part, by actions to improve the care for patients affected by depression and prevent suicides, raising public awareness of the occurrence and impact of depression and suicidal tendency, and dissemination of EAAD results at regional, national, and European levels, and supporting young researchers.

Various aspects of the *European Alliance Against Depression* have been evaluated or assessed. Evidence shows that the community-based intervention programme was effective in reducing suicides and in improving the care of depressed patients.

Website

<http://www.eaad.net/>

Addressed priority areas

Prevention of depression and promotion of resilience
Provision of more accessible mental health services
Provision of community-based mental health services

Lessons learned

What worked well & facilitators to implementation

- *Community-based 4-level interventions showed substantial effects in reducing suicidal behaviour.*
- *Co-operation with general practitioners and paediatricians worked well.*
- *For community-based 4-level interventions, offers for high risk groups and self-help activities seem to be of importance.*
- *Synergistic effects are very important, such as training sessions in multi-disciplinary format may increase networks of cooperation/clarify referral pathways/new sources of advice and support and putting suicide prevention 'on the radar' by encouraging further (external) activity via participatory, empowering approaches.*

What did not work & barriers to implementation

- *The PR focus for general public should not be suicide prevention; it would be better to be depression to reduce the danger of copycat suicides when using suicide as the main topic for a PR campaigns.*
- *Financial restrictions in projects were barriers. For example, while a public campaign of certain perceivable intensity requires a considerable amount of financial means, private sponsorship is hard(er) to acquire because of the crisis.*

Level of implementation: *European*

Responsible organization: *European Alliance Against Depression (EAAD)*

Other Themes

Practice 8. Center for Social Rehabilitation and Integration of People with Mental Disorders

Location: Bulgaria

Summary

The *Centre for Social Rehabilitation and Integration of People with Mental Disorders* began January 2005; it was initiated by the health and social sector. The practice focuses on service delivery approaches.

The objective of the *Centre for Social Rehabilitation and Integration of People with Mental Disorders* is to plan for the psycho-social rehabilitation and integration of people with mental health problems in the municipality of Pazardjik in 2015 - 2022. This was done through:

- the social integration of people with mental health problems by acquiring
- social skills, civil training, and education
- enhancing the work and living skills of people with mental health problems,
- raising the psychological and emotional literacy of people with mental health problems
- coordinating care and offering case management as a form of complex assistance to people with mental disorders
- improving the quality of life of people with mental health problems by supporting survival for those in extreme poverty
- overcoming the stigma of mental illness in society and the family and
- health promotion and the prevention of mental health problems.

The *Centre for Social Rehabilitation and Integration of People with Mental Disorders* has been evaluated or assessed. Evidence from the case study evaluation shows that most of those who have used the services are in remission and not hospitalized, with a third finding work in the community.

Addressed priority areas

Provision of community-based mental health services

Lessons learned

What worked well & facilitators to implementation

- *Training seminars were conducted on the protection of mental health rights and included police officers, senior lawyers of the National School of Judges, Athens Bar Association, and mental health professionals.*
- *Users were welcomed to become members of the team.*
- *The programmes of the social rehabilitation and integration worked well.*
- *Scientific common model, rules, values and programs for them were facilitators.*

What did not work & barriers to implementation

- *There is no link between the social and health ministry.*
- *There is strong stigma in society and obsolete legislation.*
- *The lack of interest of the family was a barrier.*

Recommendations for future adopters of the practice

- *Use a scientific rationale - a model for the world that encourages the customer to find the place in the world.*
- *Remember that the members of the team are personal example for customers with a way of life.*
- *Professional competence is important.*

Level of implementation: *Two regions*

Responsible organization : *Association "Chovekolubie"*

Practice 9. Action Platform for the Rights in Mental Health

Location: Greece

Summary

The *Action Platform for the Rights in Mental Health* was active from June 2015 to April 2016; it was initiated by the mental health NGO sector in collaboration with the human rights sector. The practice focused on action, mental health in all policies, research, service delivery approaches, tools/instruments, and training.

The objective of the *Action Platform for the Rights in Mental Health* was to address barriers through improved referral and networking, the provision of information and legal support, the provision of targeted capacity building, community awareness, and information. This was done through:

- the operation of the first Advocacy Office in Greece
- pilot implementation of the "reporting methodology for mental health rights violations"
- 6 training seminars for 394 professionals
- a website developed for the needs of the project and included training materials
- the Pan-Hellenic Network Meeting, with the participation of 150 representatives from related stakeholder organizations, including services' users and families, clinicians and advocates, NGOs and mental health services, policymakers, and authorities and
- systematic lobbying

The *Action Platform for the Rights in Mental Health* has been evaluated or assessed. Evidence from the case study evaluation shows that over half of those who used the services provided by the practice found them helpful.

Website

<http://psy-dikaiomata.gr/en/what-we-do-2/>

Addressed priority areas

- Provision of more accessible mental health services
- Provision of community-based mental health services
- Integrated approaches for governance

Lessons learned

What worked well & facilitators to implementation

- *The integration/comprehensive approach and complementary function between clinicians and lawyers (interdisciplinary approach)*
- *The active participation of users and families*
- *The response of professionals in the capacity building seminars*
- *The response of policy makers to our lobbying efforts*
- *A joint event was held to inform and cooperate with the staff and therapists and users of the Day Care Centre "Franco Basaglia" (Society for Regional Development and Mental Health) to strengthen the commendable effort to set up and train a self-advocacy group of mental health service users.*

What did not work & barriers to implementation

- *The problem of the restricted time for the implementation.*
- *The fact that the role of the Advocacy Office was not officially institutionalized; this meant that our role had a consulting but not regulating character.*
- *The lack of adequate services and the fragmented services system made it difficult to give a complete referral to people to cover their multiple needs.*
- *At times we faced the problem of stigma and lack of collaboration "culture"*

Recommendations for future adopters of the practice

- *Make a multidisciplinary team of experienced but also active and motivated professionals and inspire them*
- *Include the evaluation users of services and families; give them leadership roles*
- *Be very active in lobbying efforts*

Level of implementation: *National*

Responsible organizations: *Greek NGO Programme "We are all Citizens", Bodossaki Foundation, EEA Grants*

Additional Submitted Practices

Name of Practice	Name of Organisation	Website	Topic Addressed
Alive Alive	Slovenian Center for Suicide Research (SCSR)	www.zivziv.si	Suicide prevention
Course on Emergencies in Mental Health	Fundación Mundo Bipolar	http://mundobipolar.org	Promotion of resilience and suicide prevention
Crazy, So What	Fokus Praha	http://www.blaznis-no-a.cz/	Mental health in schools, promotion of resilience, suicide prevention
Experiences of Family Caregivers for Persons with Severe Mental Illness	European Federation of Families of People with Mental Illness (EUFAMI)	http://www.carin-gformentalhealth.org/	Mental health at work, community-based mental health services
Experimentation that Aims to Better Organize the Care of Adolescents who Experience Mental Health Problems	Ministry of Social Affairs and Health	http://solidarites-sante.gouv.fr/ministere/organisation/directions/article/dgs-direction-generale-de-la-sante	Mental health in schools, promotion of resilience, and community-based mental health services
Group Mutual Assistance	National Federation of Psychiatric Users' Associations (FNAPSY)	www.fnapsy.org	Prevention of depression and promotion of resilience
Karify	Karify B.V.	www.karify.com	Mental health at work, in schools, promotion of resilience, and community-based mental health services
Leicestershire Physical Health Register	NHS	http://mentalhealthpartnerships.com/project/leicestershire-physical-health-register/	Service delivery approach for mental health

Name of Practice	Name of Organisation	Website	Topic Addressed
Organizational and Social Work Environment, Provisions in Sweden	Swedish Work Environment Authority	https://www.av.se/en/work-environment-work-and-inspections/publications/foreskrifter/organisatorisk-och-social-arbetsmiljo-afs-20154-foreskrifter/	Mental health at work
Rehabilitation of Survivors of Torture	Spiritan Asylum Services Initiative	www.spirasi.ie	Prevention of depression and promotion of resilience
The Castle of the Intergration Turistic and Cultural Development of the Collina Monforte	Laboratorio Aperto	http://www.incima.eu/	Mental health at work
Vilnius City Municipality Suicide Prevention Memorandum	Suicide Prevention Bureau Vilnius	www.vpsc.lt	Suicide prevention
Youth Aware of Mental Health	NASP/Karolinska Institutet and Columbia University	www.y-a-m.org	Suicide prevention and mental health in schools

