

# YIminds

Youth Information minding  
young people's mental health

A SURVEY REPORT



Co-funded by  
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**Cyprus Youth Council**  
(Cyprus)



**Eurodesk**  
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# introduction

## Introduction

The studies conducted by different countries in the EU, OECD, and even UNICEF tell us that the **COVID-19** pandemic has had a particularly **adverse impact on young people** and children, significantly worsening their mental health. In fact, according to the OECD and European Union report (2022), Health at a Glance: Europe 2022: State of Health in the EU Cycle, many countries have seen a doubling in the number of cases of depression among children and young people across Europe, with suicide being the leading cause of death among them.

Recognising the importance of this issue, the EU has decided to promote actions that enhance the well-being of young people while also being preventive in addressing mental health disorder, with

a comprehensive approach involving all relevant policies. In this regard, youth policies and youth work are crucial. As a form of youth work, youth information work is widespread across the continent and serves as a **trusted space for young people**. Youth information services provide informational resources, support and guidance. Although youth information services are generally comprehensive, the topic of youth health has always been present in services and centres. However, mental health has traditionally been approached with caution, and while many services may have staff members offering psychological support, at present, the role of youth information workers (YIW) can be of great assistance. It is essential to reconsider their functions, skills, and knowledge and to grant them the social value and respect they deserve. (Fig. 1)

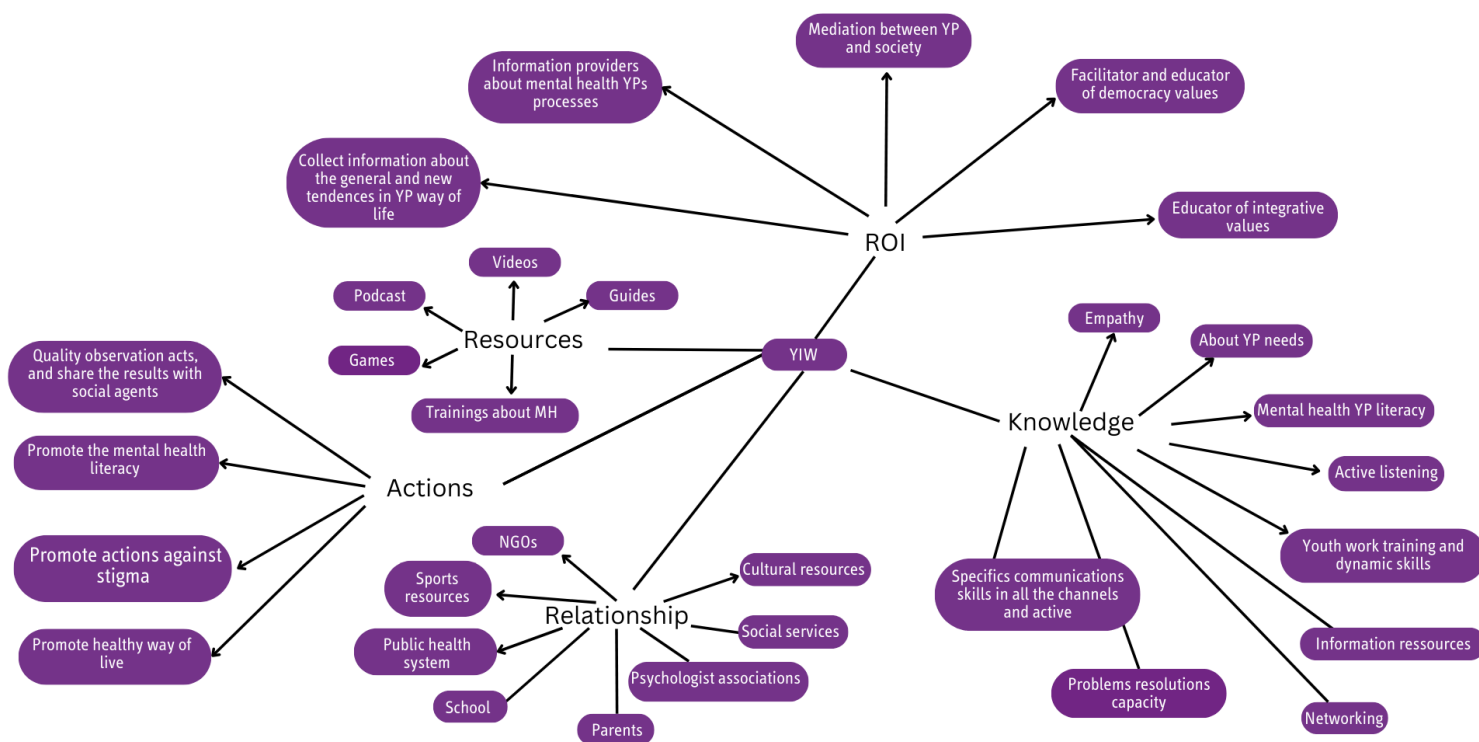


Fig.1: YI and MH

**summary**

# Summary

1. Demographic data.
2. Reception of requests/inquiries to the youth information center/service.
3. How youth information workers address these demands now.
4. Resources, knowledge, and skills necessary to improve the actions.

Finally, **369 responses** were completed by **50% of youth information workers** (YIW), followed by youth workers (YW), youth associations, and other professionals associated with youth policies from **15 European countries**. The age range of the respondents is between 20 and 70 years old, with the most numerous age group being 40 to 55 years old. This may indicate that older and more experienced YIW have a greater interest in this topic.

Regarding the reception of inquiries and requests related to mental health, the respondents affirm that since 2020, these demands have been much more numerous than before. According to the respondents, young people are in general more **sad, hopeless, demoralized, anxious, and depressed**. They believe that the most probable reasons for this are insecurity about the future, loneliness, excessive screen use, intense academic pressure in some countries with changes in the educational systems, family problems, and stress.

When young people seek help at the information center or service, they typically encounter youth information workers (YIW) who listen attentively and give them essential information to access the right services or directly make referrals. While some information centers and services have established clear protocols that steer their actions, the majority do not, even though they are often seen as essential. The absence of these protocols results in a **lack of effective cooperation and feedback** from professionals and institutions to whom cases are referred. This situation leads to a sense of uncertainty that is counterproductive for fruitful networking and support. It hampers subsequent actions, obstructs the learning process, erodes professional relationships, and prevents the seamless follow-up of cases.



Many YIW acquire their knowledge informally, while others attend self-funded courses. Institutions also contribute to their training, and there are also mental health professionals in some youth information centers/services (mostly psychologists). Regarding the resources they would need to improve their performance, they respond that a **guide with basic knowledge** for initial assistance, definitions, information about necessary skills, and informational resources would be highly desirable. As for the professional skills they consider necessary to address the topic, the priorities include better training in **active listening, improved empathy, and techniques** such as mindfulness. Training is also in demand, and it would be important to have: basic knowledge about mental health, common disorders, symptoms, and even legislation would be highly desirable for both the guide and the courses; YIW prefers to learn through examples and best practices whenever possible.

Lastly, although youth centers/services have valuable resources for prevention, such as leisure activities, sports, and social interactions among young people, there is a need for **workshops and discussions about mental health** to openly address the topic. Additionally, informative campaigns, videos, podcasts, and games are important resources to reach many young people through social media.



The background features a solid purple color. In the center, there are two overlapping circles and a square, all in a lighter shade of purple. The text 'context & objectives' is centered over these shapes.

# context & objectives

# Context & objectives

The COVID-19 pandemic has had a relevant impact on young people's lives. It has also affected the work of youth information services, which has witnessed an unprecedented **increase in mental health and well-being issues** among young people. The ERYICA Members decided at the 31st ERYICA General Assembly to devote the 2021 EYID campaign to raising awareness on the importance of mental health and well-being. In the framework of the campaign, ERYICA launched a survey, which showed alarming data on the state of young people's mental health as a consequence of the pandemic and its related restrictions.

Youth mental health combined with the COVID-19 mitigation measures has proven to be in the interest of various stakeholders. Numerous studies addressing this issue are seeing the light. There is enough evidence that **mental health has become a top priority** affecting all sectors of the population,

especially young people. Young people have experienced the most **severe consequences of isolation**, decreased job opportunities, and reduced leisure activities. Moreover, young people already suffering from mental health issues have seen their conditions aggravated by the situation.

The above-described context can become an occasion to **put mental health forward** and fight against the stigma, especially among young people. For this reason, the YIMinds project stresses the mental well-being component of youth information and counselling.

This project wants to gather different points of view: youth information workers, mental health and well-being professionals, and young people. Young people must be involved in **identifying needs and building bridges** between stakeholders in their mental well-being care.

More precisely, [YIMinds](#) aims to establish the following:

- A **structured dialogue** between youth information workers, mental health professionals, and young people;
- A **common European framework** for action so that different countries and regions can learn from each other; and
- Effective **actions to address the stigma** traditionally associated with mental health and well-being, which often prevents young people from asking for help.

The activities and outputs foreseen by the project are the following:

### **SURVEY DIRECTED AT YOUTH INFORMATION WORKERS**

Youth information workers will have the chance to inform the project about the actions they already take to address young people's mental health demands and identify their needs in terms of **mental health literacy**.

### **GUIDE ON MENTAL HEALTH LITERACY FOR YOUTH INFORMATION WORKERS**

The guide will equip youth (information) work professionals to **identify mental health distress** among young people, provide first-hand support, and, when needed, refer them to specialised services. The mental health professionals will be an integral part of the project, as the consortium will work to explore ways of cooperation between them and youth information workers. Young people's points of view will also be included through the consortium and the ERYICA Youth Ambassadors Commission.

### **PODCAST SERIES**

Through the podcast, young people will have the opportunity to express themselves about the importance of mental health and well-being. Testimonials of youth information workers dealing with the issues raised by young people will also be shown in a dialogue. The podcast will primarily target youth information workers. Most of the **practical cases and good practices** narrated in the podcast will complement the guide.

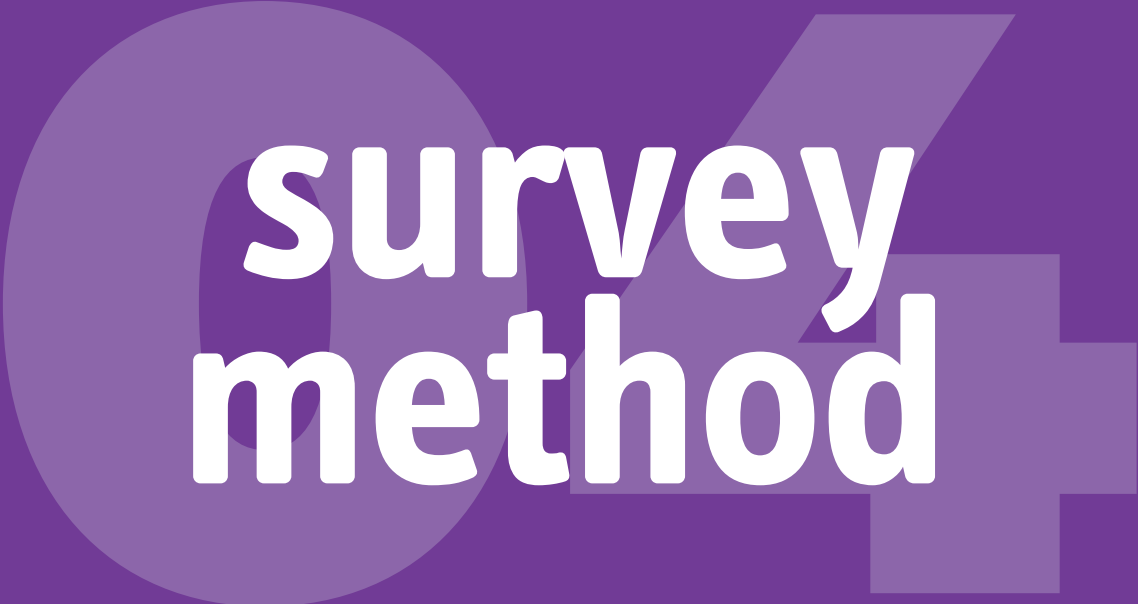
### **AWARENESS RAISING CAMPAIGN MADE BY YOUNG PEOPLE**

The campaign will aim to **reverse the mental health stigma**, which often prevents young people from talking about their problems; audiovisual material addressed to young people will be created in the framework of the campaign.

### **JOINT SEMINAR**

The joint seminar will be the occasion to gather youth information workers, mental health professionals and young people to present the outcomes of the project and formulate some **policy recommendations**. ERYICA's Youth Ambassadors for Youth Information will be directly involved in the project. They will represent an important asset because they are already engaged in the ERYICA network and the decision-making process and trained in the peer-to-peer approach.

**The survey aimed to provide key data about youth (information) workers' mental health literacy levels. The collected data will serve as a basis for identifying skills, attitudes, and knowledge gaps among youth information professionals. The data collected through the questionnaire and two focus groups will guide the development of all the project outcomes.**



# survey method

# Survey method

The content of the survey was divided into four sections with **17 questions** in total:

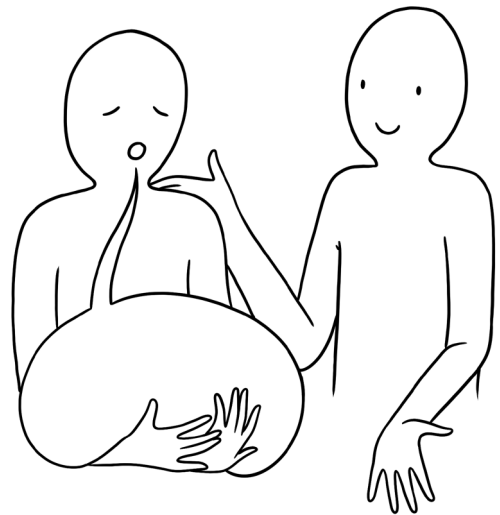
1. Demographic data.
2. Reception of requests/inquiries to the youth information center/service.
3. How youth information workers address these demands now.
4. Resources, knowledge, and skills are necessary to improve the actions.

The survey took approximately 15 minutes to complete and included questions with answers close-ended, answers open-ended and multi-choice answers.

It was disseminated from **6 April to 31 May 2023** among the networks of the project partners, ERYICA, and Eurodesk, reaching youth workers, youth information workers, youth associations and professionals of youth mental health working in youth policies structures.

In total, **369 respondents from 15 countries** completed the survey, which was available in **7 languages**.

The survey was combined with **two focus groups** to enrich and contrast the results. These groups discussed the topic for one hour. The focus group meetings consisted of **18 youth information workers from 14 different countries** (Croatia, Belgium, Slovenia, Greece, Cyprus, Sweden, Austria, Rumania, Luxembourg, Macedonia, Estonia and Spain), with varying experience levels and were held online on 16 May 2023.





# survey results

# Survey results

## 5.1 Demographic data

For the demographic section, we identified the respondents through three questions:

### 1- "I AM"

In the closed-ended responses, we can see that nearly **50% of respondents work as youth information workers**, 37% are youth workers, followed by representatives of youth associations, and a final group consisting mostly of teachers, leisure monitors, and psychologists. It is important to highlight that all professional groups related to the subject are represented. Furthermore, the sample offers us different ranges and functions within the field of Youth Information (Fig 2).

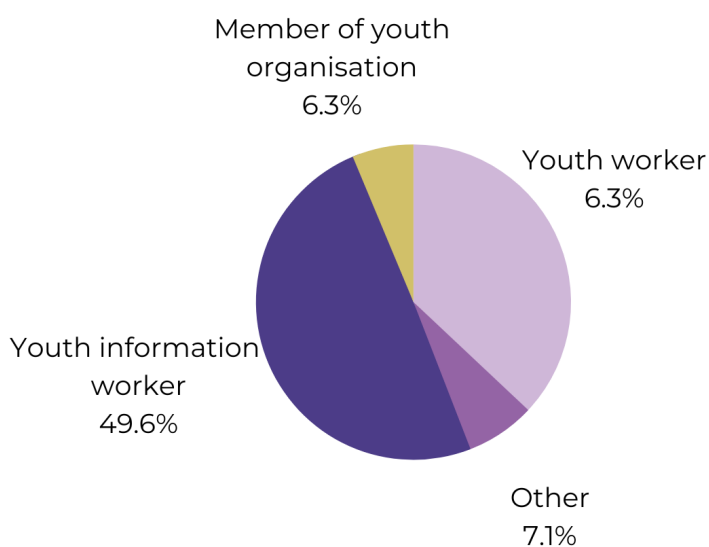


Fig.2: Youth professionals

### 2- "IN WHICH COUNTRY DO YOU WORK"

Among the respondents are individuals from **15 European countries**. Regarding the results, it is important to highlight the participation of Spain, followed by the United Kingdom, Estonia, Austria, and Belgium. It is important to note that Spain participated with nine members of ERYICA as participation in the ERYICA network because this country is organised through regional governments that reach out to local youth information providers and have the competence for youth. For this reason, and to identify the participants, an additional question was added to the questionnaire in Spanish: "Please indicate your Autonomous Community". In response to this question, youth workers from six Autonomous Communities (regions) provided answers.

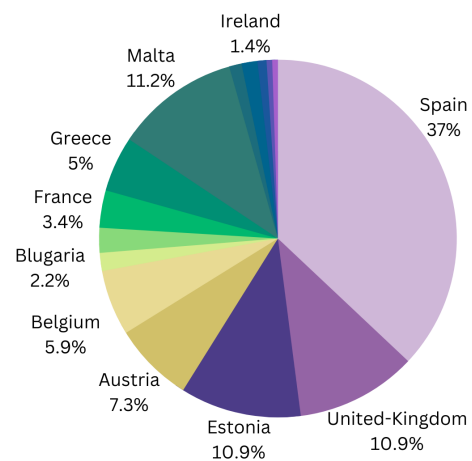


Fig.3: In which country do you work?



### 3- "HOW OLD ARE YOU?"

The ages of the respondents range from 20 to 70 years old. The most common ages among participants are **40 years old**, followed by 55 and 28 years old. These results could indicate the maturity of youth information as a profession and perhaps the greater interest in the survey among more experienced youth workers (Fig 4).

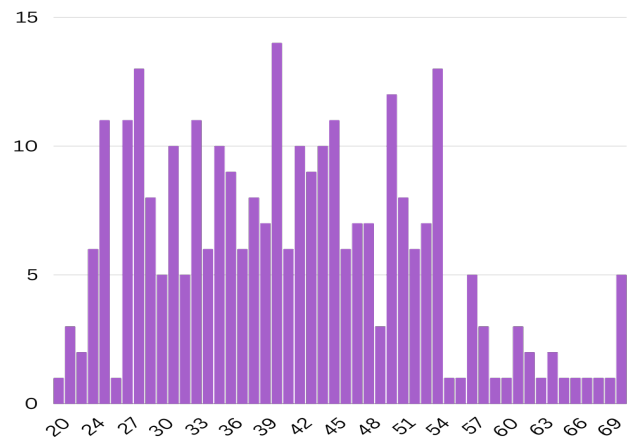


Fig.4: How old are you?

## 5.2 Reception of inquiries/ requests at the youth information center/ service

The second section is dedicated to the inquiries/requests received by youth information providers, and the questions are as follows:

### 1- DO YOU RECEIVE MORE INQUIRES/ REQUESTS FROM YOUNG PEOPLE DIRECTLY OR INDIRECTLT RELATED TO EMOTIONAL DISTRESS AND MENTAL HEALTH PROBLEMS SINCE 2020?

**In 62.2% of the responses, the answer is YES!** An additional 11% responded, "Yes, many more!" However, it is important to note that the variety and typology of youth information services allow 15% to answer negatively, and 11% are unsure, likely due to their role in the organization. We must consider that many of the responses are more intuitive than factual since many youth information services, youth associations, or youth centers do not have a record of demands (Fig. 5).

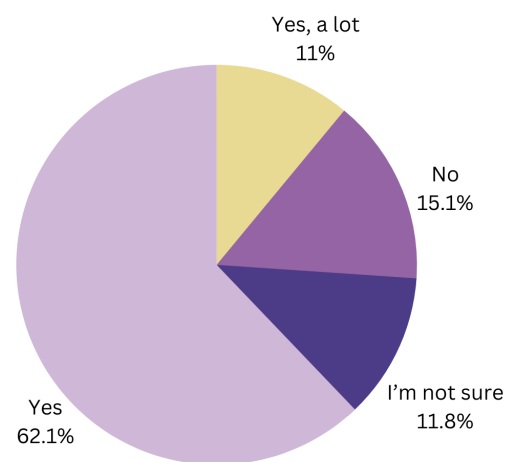


Fig. 5: Do you receive more inquiries/ requests from young people directly or indirectly related to emotional distress and mental health problems since 2020?

## 2- WHAT ARE THE MOST FREQUENT WARNING SIGNS SHOWN BY THE YOUNG PEOPLE USING YOUR SERVICES?

The respondents' answers are overwhelming: **sadness, depression, hopelessness, anxiety, academic pressure, and helplessness** are the most cited symptoms, followed by sleep difficulties, substance abuse and suicidal thoughts. (Fig. 6).

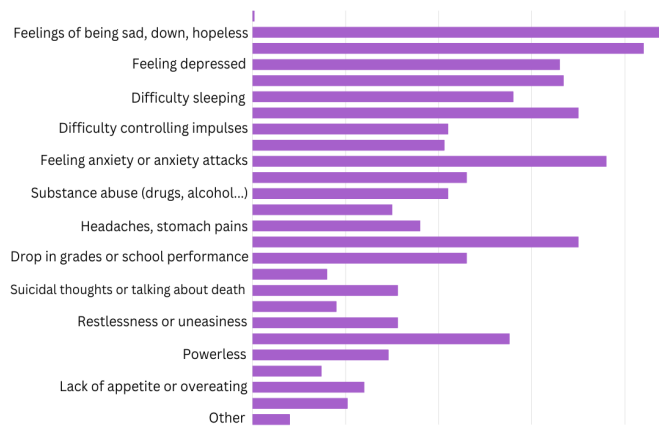


Fig. 6: What are the most frequent warning signs shown by the young people using your services?

## 3- WHAT ARE THE MOST COMMON CAUSES OF DETERIORATING MENTAL HEALTH IN YOUNG PEOPLE ACCORDING TO YOUR DAILY EXPERIENCE AS A YOUTH WORKER?

The responses, in this case, are also conclusive: insecurity about the future, low self-esteem, anxiety, screen addiction, social isolation, academic pressure, loneliness, and family problems, outline an unhealthy scenario for the social and personal development of young people (Fig. 7).

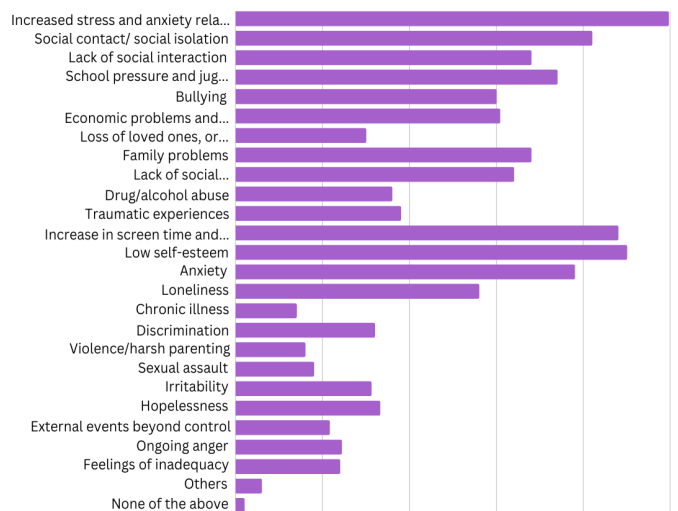


Fig. 7: What are the most common causes of deteriorating mental health in young people according to your daily experience as a youth worker?

## 5.3 How youth information workers address these needs now

The third section of questions is dedicated to determining how youth information workers (YIW) now address these needs. Are YIWs fulfilling this important role of collecting and responding to these needs? Why do YIWs do it? Or why don't they? Are there protocols to appropriately

refer to these demands? If YIWs have referred them, do they receive feedback from the professional at some point to improve their actions in this regard? Do youth information services have a multidisciplinary team to discuss cases, act together, and intervene appropriately?

## 1- HOW DO YOU ADDRESS THE QUESTIONS OR DEMANDS OF YOUNG PEOPLE RELATED TO MENTAL HEALTH?

Most respondents answered **“with informational resources”** or “it depends.” They are followed by the recommendation to talk to their parents, carers and friends. This shows that, in general, there is already an **initial form of support**, which involves listening and providing resources that can be informational, supportive, or advisory when the service has an integrated mental health professional (usually a psychologist, but not exclusively). The resources and activities offered by the center or service itself are also part of the solution to the problem (Fig. 8).

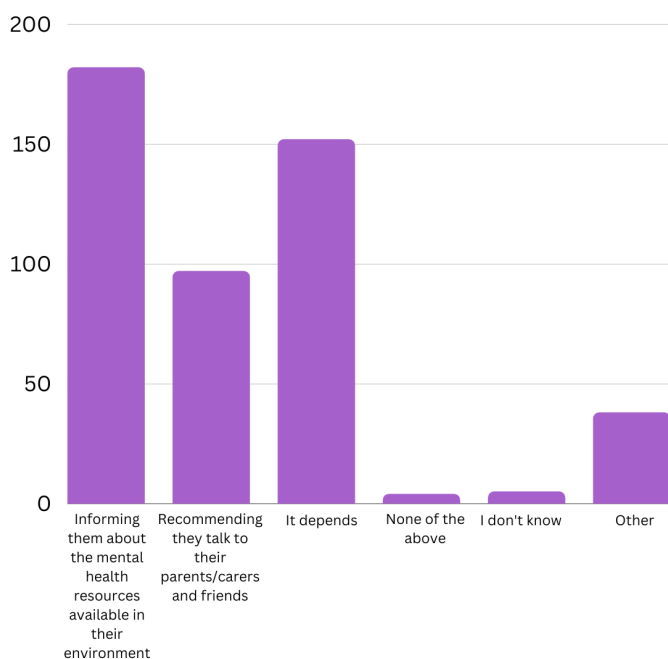


Fig.8: How do you address the questions or demands of young people related to mental health?

## 2- HAVE YOU EVER ATTENDED/ ACCOMPANIED A YOUNG PERSON SHOWING SIGNS OF DISTRESS OR MENTAL HEALTH PROBLEMS?

**73.4%** answered affirmatively, while 26.3% responded negatively. The affirmative responses are mostly resolved by referring the person to a specialist or professionals within the same service with specific training. On the other hand, the negative responses are related to no contact with such situations, either because it is not the role of the surveyed professional, due to a lack of confidence resulting from insufficient knowledge, and, finally, the lack of protocols (Fig. 9).

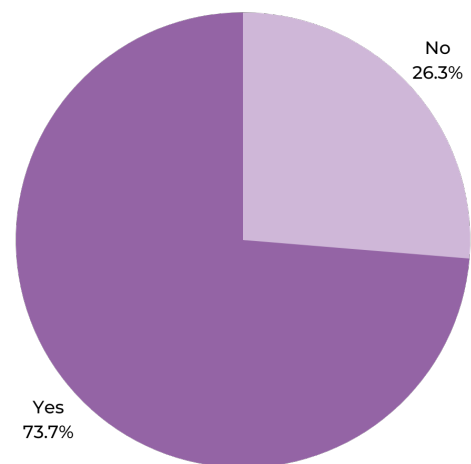


Fig.9: Have you ever attended/accompanied a young person showing signs of distress or mental health problems?

### 3- DO YOU HAVE A PROTOCOL FOR URGENT MENTAL HEALTH CASES?

Due to the importance of protocols in health-related matters involving multiple professionals, we introduced the question.

33.7% responded that they have protocols, and when combined with the 32.6% who don't have them, but consider them necessary, it provides clues to conclude that all services should have protocols for this issue. (Fig. 10)

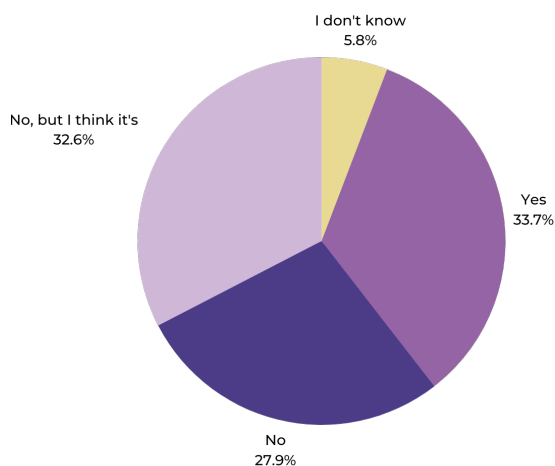


Fig.10: Do you have a protocol for urgent mental health cases?

### 4- AFTER REFERRING A CASE TO ANOTHER SERVICE, DO YOU FOLLOW UP ON THE PROCESS?

One of the most important actions for evaluation and learning within networks is to have feedback from the professional/ service to which the case was referred. Without this feedback, knowing if our actions have been useful is impossible.

Although many youth professionals find it necessary, only 31% receive feedback on their intervention after having referred a young person and can therefore follow up on the process or improve their support. Around 14% consider it is beyond their competence. (Fig.11) It would be good to stress that only 31% may be due to confidentiality issues that do not allow the professionals to get feedback once the young person has been referred to another service. However, receiving feedback on their performance in the referral process is key to ensure a better support and more efficient cooperation (e.g. Is this the correct place to refer this person to? Is the information provided useful?).

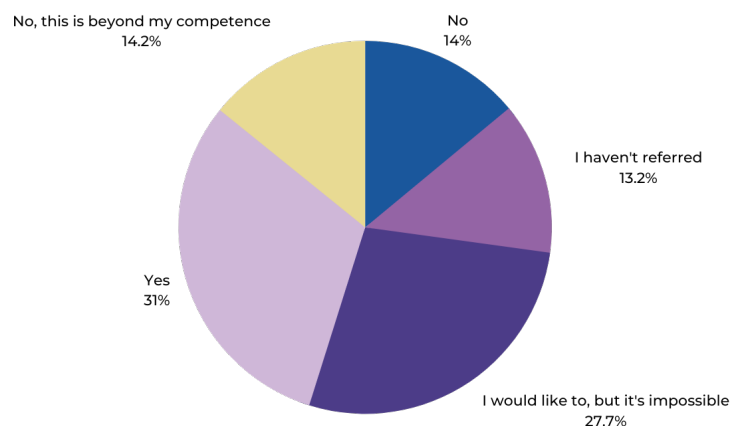


Fig.11 After referring a case to another service, do you follow up on the process?

## 5- DOES YOUR CENTER/ SERVICE HAVE A MULTIDISCIPLINARY NETWORK OF EXPERTS/ PARTNERS?

Virtually all respondents have answered this question, which is a positive sign. Additionally, these multidisciplinary teams create informational material, identify risks, refer to professionals, monitor the situation, and establish preventive measures (Fig. 12).

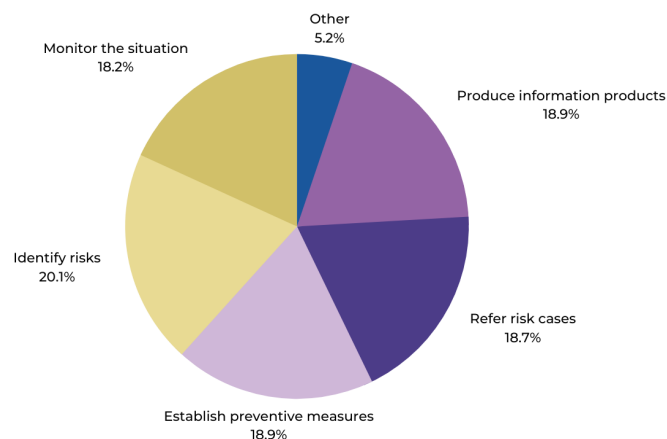


Fig. 12: Does your center/service have a multidisciplinary network of experts/partners

## 5.4 Resources, knowledge, and skills necessary to improve the actions

The fourth section is dedicated to the **resources, knowledge, and skills necessary** to improve the actions of preventing mental health problems and promoting the well-being of young people from the perspective of youth information work and youth policies.



Fig.13 What type of tools, training, and resources do you have access to support your work as a youth information worker on the mental health and well-being of young people?

### 1- WHAT TYPE OF TOOLS, TRAINING, AND RESOURCES DO YOU HAVE ACCESS TO SUPPORT YOUR WORK AS A YOUTH INFORMATION WORKER ON THE MENTAL HEALTH AND WELL-BEING OF YOUNG PEOPLE?

This question refers to the learning system that allows inquires and requests to be addressed.

The most common response is **self-training and informal learning**, followed by training provided by the workers themselves, sharing best practices, training offered by the employer, or as part of the initial training of the respondents, among whom psychologists and other health professionals are abundant (Fig.13).

## 2- WHAT WOULD BE USEFUL TO INCLUDE IN A GUIDE FOR YOUTH INFORMATION WORKERS ON MENTAL HEALTH LITERACY?

The participants' proposals for this issue have been numerous, appropriate, and interesting. We have tried to summarize and compile them into **two parts**. In the first part, we have the contributions that specifically address the guide's approach. In the second part, we have included a table that shows the contents, competencies, and resources directly proposed by the respondents.

- The guide must have an **inclusive and non-stigmatising approach** so that young people can feel safe and comfortable seeking information and support about their mental health.
- A guide which includes **practical examples and different scenarios** and discusses the possible solutions for various situations, while acknowledging that every case is unique and may need to be tackled differently.
- The guide should **encourage youth information workers to continue their education** and stay current on mental health issues and resources available to help youth dealing with mental health problems. Also, it should emphasise the importance of reducing the stigma associated with mental health issues and how youth information workers can help by promoting open and honest conversations about mental health.

CONTENTS	COMPETENCES/ SKILLS	RESOURCES
<p>Knowledge (general) about mental health. Definition of mental health, what are mental disorders? Different pathologies Mental health and young people</p>	<ul style="list-style-type: none"> <li>• Know how to identify youth mental health issues.</li> <li>• Know how to identify a mental health problem.</li> <li>• Factors that influence mental health.</li> </ul>	
<p>Vocabulary</p>	<ul style="list-style-type: none"> <li>• Know how to empathize.</li> <li>• Know how to be assertive.</li> <li>• Know how to do active listening.</li> <li>• Know how to talk to young people in this situation.</li> </ul>	
<p>Emotional Intelligence</p>	<ul style="list-style-type: none"> <li>• Know about limits in the helping relationship.</li> <li>• Know how to proceed in the case of a young person with mental health illness in different contexts.</li> <li>• Know how to welcome a young person, how to listen to them, and degrees of intervention at our level.</li> </ul>	<p>Basic protocols for first attention and subsequent referral</p>
<p>The warning signs</p> <p>Risk assessment: Information on assessing the risk of self-harm or suicide and how to respond appropriately.</p>	<ul style="list-style-type: none"> <li>• Know how to talk about self-harm and suicidal thoughts.</li> <li>• Know how to act in case of an emergency.</li> <li>• Know how to treat or act in any situation that may arise.</li> </ul>	<p>Case studies</p> <p>Protocols to offer appropriate responses.</p> <p>Free (public) resources that can be offered to young people.</p>

CONTENTS	COMPETENCES/ SKILLS	RESOURCES
Stigma and discrimination	<ul style="list-style-type: none"> <li>How to be an ally: Provide information on how to be a good ally to someone experiencing mental health issues, including the importance of listening, being supportive, and seeking help when needed.</li> </ul>	<p>Specialized resources in the geographical area</p> <p>Good practices</p>
Confidentiality and privacy	<ul style="list-style-type: none"> <li>Maintaining confidentiality and privacy when working with young people with mental health issues and conditions.</li> </ul>	<p>Existing regulations on mental health in different contexts</p>
Design of care protocols	<ul style="list-style-type: none"> <li>Ability to cooperate at different levels and with different parties.</li> </ul>	<p>Overview of contact organizations</p>
<p>Prevention Strategies: Information on prevention strategies to maintain good mental health, such as self-care, stress management, socialization, being active, and promoting resilience.</p>	<ul style="list-style-type: none"> <li>Know How to speak about mental health.</li> <li>Know how to approach youth with mental health issues.</li> </ul>	<p>Websites, apps, and organizations that focus on youth mental health and offer information and support.</p> <p>Different practices to implement in different scenarios.</p> <p>Mindfulness.</p> <p>Materials for conducting workshops and other necessary knowledge, techniques for opening and discussing various topics, etc.</p>



### 3- STRATEGIES USED TO PROMOTE MENTAL HEALTH AND WELL-BEING AMONG YOUNG PEOPLE

The most common strategies used by respondents are is informative resources, followed by outdoor activities and conversations (Fig.14).

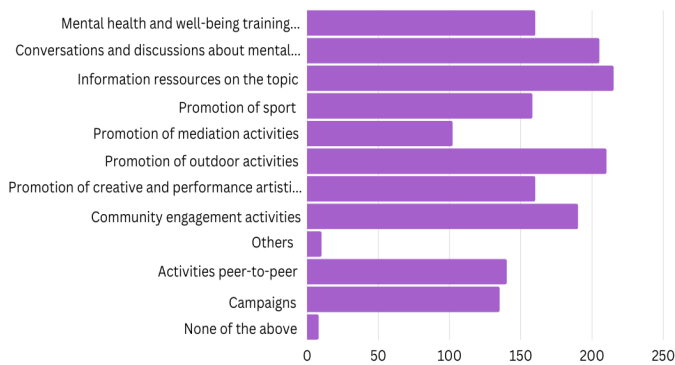
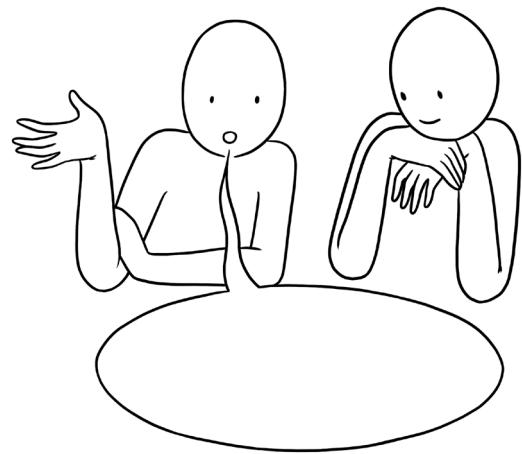


Fig.14: The strategies used to promote mental health and well-being among young people.

4- NECESSARY SKILLS include empathy and active listening in the first place, followed by basic knowledge about the subject. There are also different comments on the need to understand mental health resources and create better networks on the topic, as well as the urgent need for training youth professionals better and more deeply.

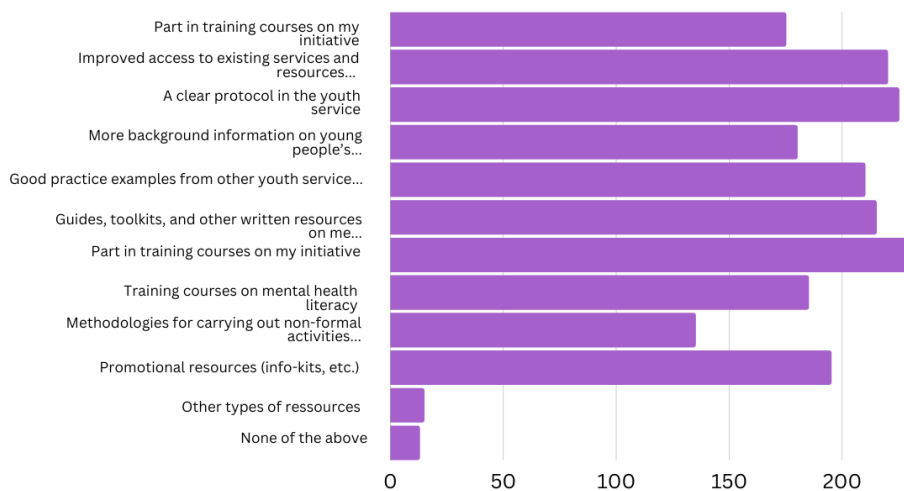


CONTENTS	COMPETENCES/ SKILLS	RESOURCES
<ul style="list-style-type: none"> <li>• Benevolence</li> <li>• Active listening</li> <li>• Knowledge of the subject</li> <li>• Understanding of the subject</li> <li>• Empathy</li> <li>• Observation</li> <li>• Judgment making</li> <li>• Rhetoric</li> <li>• Adapted professional posture</li> <li>• Identification of situations evoking mental health and well-being problems</li> <li>• Ability to detect the problem</li> <li>• How to coach volunteers in this, how to listen, how young people connect.</li> <li>• Effective communication</li> <li>• Management of emotions and frustration</li> <li>• Problem-solving</li> <li>• Better digital and social media skills</li> </ul>	<ul style="list-style-type: none"> <li>• Expertise in referral network; receive signals; dare to talk and name.</li> <li>• More information material and contacts from contact points would be important to refer to affected young people if their problems exceed their competence in terms of mental health.</li> </ul>	<ul style="list-style-type: none"> <li>• Specialist exchange in the form of European and national conferences</li> <li>• Methods of explaining the topic in front of a group (workshop tools)</li> <li>• Basic workshops about mental health</li> <li>• Knowledge of support systems</li> <li>• Access to actions that improve mental health (courses, activities, dynamics, etc). As well as professionals and entities that carry out these activities.</li> <li>• More training on prevention and direct care</li> <li>• Conversations and discussions about mental health and well-being</li> <li>• Community engagement activities, volunteering and active citizenship</li> </ul>

CONTENTS	COMPETENCES/ SKILLS	RESOURCES
<ul style="list-style-type: none"> <li>• Creativity to develop solutions, an interdisciplinary approach to work better with other professionals.</li> <li>• Crisis management to remain calm in critical situations.</li> </ul>		<ul style="list-style-type: none"> <li>• More information on young people's rights/ age consent in telling parents</li> <li>• Up-to-date support services in the local area, as well as hotlines and online resources</li> <li>• Knowledge of the topic</li> </ul>

**5- WHAT KNOWLEDGE AND RESOURCES DO YOU THINK YOU NEED TO IMPROVE YOUR ACTIONS REGARDING YOUNG PEOPLE'S MENTAL HEALTH AND WELL-BEING?**

As for the necessary resources, the responses are varied, ranging from **training courses, guides, campaigns, podcasts, videos, and games**, and mentioned on several occasions, support for youth workers in general, both personal and professional (Fig. 15).



*Fig. 15: What knowledge and resources do you think you need to improve your actions regarding young people's mental health and well-being?*

**focus  
group  
conclusions**

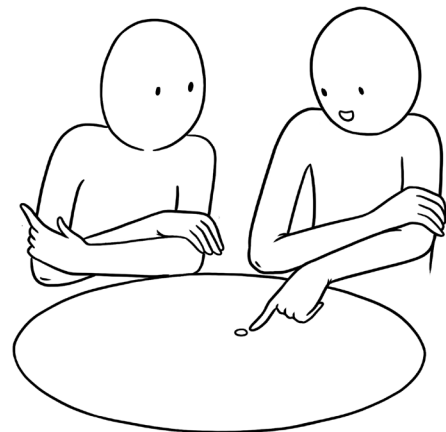
# Focus group conclusions

## CONS:

- Lack of private spaces for effective communication on the topic.
- Insufficiently developed, validated, and updated informational resources.
- Lack of institutional resources.
- Lack of recognition of the role of youth information (difficulty in creating networks with other professional services).

## PROS:

- Youth information workers are highly interested in the topic and aware of their potential roles and knowledge (professionalism).
- Youth information workers are open to dialogue and listen.
- Society is becoming more open to discuss mental health issues. This fact possibly indicates a decrease in stigma.



# conclusions & recommendations

# Conclusions & recommendations

## 7.1 Conclusions

- Youth information and youth workers are concerned about the increasing **deterioration of youth mental health** in Europe, as demonstrated by the 369 responses we received and the two focus groups we organized.
- Young people **trust youth information services** to ask questions and discuss their mental health matters and issues, as most respondents claim to have supported young people in such situations.
- Most **youth information services/centers are working on the issue** by supporting young people with problems or questions, providing informational resources, referring to specialists (when possible), and promoting healthy habits and opportunities for prevention and recovery.
- Youth information workers know that their **training is insufficient** to address many of the issues related to the delicate topic of mental health.
- Youth information workers know their **role as mediators for young people** in society and prevention agents.
- Many youth information centers/services are working with **multidisciplinary teams** to improve their actions.
- A third of respondents have **protocols** in place in their center/service, which greatly facilitate their operations.
- Youth information workers are often underappreciated despite being pivotal figures who maintain daily contact with young individuals. They possess the potential to establish **key collaborations with various professionals and institutions**. Their roles encompass the collection of valuable insights, facilitating referrals for young people, and actively promoting healthy habits and opportunities. However, their potential role in supporting young people's wellbeing is hindered by their challenges in sourcing relevant informational resources, the uncertainty surrounding referral systems, and the inadequate feedback loop regarding the outcomes when they refer young people to other professionals or services.
- It is evident that, although youth information workers witnessing distress signs, they feel **insecure due to the lack of knowledge**. However, it is also important to note that their attitude is open to learn and cooperate with competent professionals and services.

## 7.2 Recommendations:

- It is important to **enhance the training of youth information workers** (YIW) regarding mental health literacy, emphasizing problem detection and steps to provide initial assistance.
- The training for YIW should focus on general mental health issues and **enhance skills**, such as empathy and active listening.
- Training should be practical, based on **real cases and best practices**.
- The creation of **networks with other professionals** and institutions in health, culture, sports, etc., should be promoted to provide young people with prevention and recovery resources.
- Action protocols within the center/ service and with the professionals they refer to should be a reality in all centers addressing the topic. All involved workers must participate in this creation, which is why YIW proposes this as a learning opportunity.
- A basic **guide on mental health and young people** is essential. It should include content, skills development promotion, informational resources, case studies, best practices, and examples of protocols.
- **Resources and campaigns** for prevention are also crucial. Developing podcasts, videos, games, etc., is highly beneficial.
- The development and implementation of **workshops on mental health literacy**, as well as talks and discussions on the subject, are very useful. Therefore, YIW also requests skills in promoting mental health with young people.



## 7.3 SWOT analysis

### WEAKNESS

- Insecure and lacking knowledge YIW (Youth Information Workers)
- Lack of private spaces in centers/services
- Lack of action protocols
- Difficulties in developing adequate informational resources
- Insufficient training tailored to the profile of YIW
- Lack of resources for preventive campaigns

### THREATS

- Adverse living conditions for young people, e.g. unemployment, housing, digital addictions, isolation, loneliness, racism, homophobia, etc.
- Stigma persists
- Lack of recognition of the role of youth information work
- Insufficient public resources to address the mental health issues of young people

### STRENGTHS

- Main European youth information networks (i.e. ERYICA and Eurodesk) willing to coordinate and develop initiatives to act on this area.
- Centers with multidisciplinary teams, including mental health professionals
- Good practices
- Resources for prevention available

### OPPORTUNITIES

- General society is more open to discuss mental health
- Awareness at European and national level of the growing need for mental health support.

Fig.16: SWOT ANALYSIS

**annexes**

# Annexes

## Annexe: The survey

### Screening Mental Health Literacy in Youth Information Work

This survey is part of the Erasmus+ project **Youth Information minding young people's mental health (YIminds)** - coordinated by ERYICA in partnership with De Ambrassade (BE), IASIS (GR), Harno (EE), Comunidad de Madrid (ES), Cyprus Youth Council (CY), Österreichische Jugendinfos (AT), Young Scot (UK) and Eurodesk Brussels Link (BE). YIMinds aims to stress the youth well-being component of youth information and counseling services and support the mental health literacy of youth information providers.

The survey aims to **provide key data about youth (information) workers' mental health literacy levels**. The collected data will serve as a basis for identifying skills, attitudes and knowledge gaps among youth information professionals. This output will guide the rest of the project outputs. From this data, a guide will be designed to fill in the existing gaps of youth (information) workers to effectively identify youth in distress and provide them with first-hand support and signposting.

The survey is split into three parts: Reception, Skills and Resources and Prevention.

#### I am a

- Youth information worker
- Youth worker
- Member or representative of a youth organisation
- Other: please specify

#### In which country do you work? (drop-down list of countries)

If Spain, Indicate your Autonomous Community (drop-down list of communities)

#### What's your age?

## RECEPTION

The first section of this survey aims to assess the youth information workers' knowledge, exposure, and response to the mental health issues of young people.

### 1. Do you receive more enquiries/ requests from young people directly or indirectly related to emotional distress and mental health issues since 2020?

- Yes
- No
- Yes, a lot
- I'm not sure

### 2. What are the most frequent warning signs young people using your services show? (multiple answers possible)

#### INSECURITY / UNCERTAINTY

Excessive fear of future or present risks

#### EMOTIONAL INSTABILITY

Changes in mood

Excessive joy or euphoria

#### HOPELESSNESS

Feelings of being sad, down, hopeless

Tiredness, lack of energy, apathy

Sadness / Feeling depressed

#### HELPLESS

Powerless (impotence)

Restlessness or uneasiness

#### LACK OF MOTIVATION

Little interest in doing things (once enjoyed)

#### SLEEP DISORDERS

Difficulty sleeping

Continuous drowsiness

#### DIFFICULTIES WITH STUDIES

Drop in grades or school performance

Trouble concentrating

#### LACK OF SELF CONTROL

Difficulty controlling impulses

Irritation, bursts of anger

#### ANXIETY

Feeling anxiety or anxiety attacks

#### EATING DISORDERS

Lack of appetite or overeating

#### AUTOLYTIC BEHAVIORS

Self-harm behaviors or talking about hurting oneself

Suicidal thoughts or talking about death

#### SUBSTANCE ABUSE BEHAVIOR

Substance abuse (drugs, alcohol, medications)

Need to calm down with alcohol or pills

#### SOCIAL ISOLATION

Avoiding family and friends

#### OBSESSIVE THOUGHTS

Repetitive, uncontrollable thoughts or ideas

#### UNEXPLAINED PHYSICAL SYMPTOMS

Headaches, stomach pains

OTHER: specify

**3. What are the most frequent causes of a decline in young people's mental health according to your daily experience with young people as a youth (information) worker? (multiple answers possible)**

- Increased stress and anxiety related to uncertainty or insecurity
- Social contact/ social isolation
- Discrimination
- Lack of social interaction and/or leisure activities
- School pressure and juggling responsibilities
- Bullying
- Economic problems and family income
- Loss of loved ones, or drastic changes in the family
- Family problems
- Lack of social and psychological support
- Drug/alcohol abuse
- Traumatic experiences
- Violence/harsh parenting
- Sexual assault
- Increase in screen time and influence of social media
- External events beyond control
- Feelings of inadequacy
- Low self-esteem
- Anxiety
- Loneliness
- Ongoing anger
- Irritability
- Hopelessness
- Chronic illness
- Others
- None of the above

**4. How do you resolve the inquiries/ requests of young people related to mental health?**

- Informing them about the mental health resources available in their environment
- Recommending they talk to their parents/carers and friends
- It depends
- None of the above
- I don't know
- Other:

**5. Have you ever assisted/accompanied a young person showing warning signs of distress or a mental health condition? (question with condition)**

- Yes
- No

**5.1 If you answered yes, how did you handle it?**

- I felt confident to support the young person showing warning signs/ distress because I was trained for that
- I redirected the young person to specialized services
- I had a protocol to follow
- Other

**5.2 If you answered no, tell us why**

- I did not have the skills/training to assist/accompany the young person
- I was never in this situation
- This is not part of my role
- Other

**6. Do you have a protocol for acting in cases of urgent mental health issues?**

- Yes
- No
- No, but I think it's needed
- I don't know

**7. Do you follow up on the process After referring a case to another service?**

- Yes
- No
- I would like to, but it's impossible
- I haven't referred
- No, this is beyond my competence

**SKILLS AND RESOURCES**

The second section aims to collect information about the skills needed and resources of youth information workers to face young people's mental health and well-being.

**8. Your center/service count on a multidisciplinary network of experts/partners to (tick the box):**

- Monitor the situation (yes/no)
- Identify risks (yes/no)
- Establish preventive measures (yes/no)
- Refer to risk cases (yes/no)
- Produce information products (yes/no)
- Other

**9. What kind of tools, training and resources do you have access to support your work as a youth (information) worker on youth mental health and well-being? (multiple answers possible)**

- This topic was part of my initial training to become a youth (information) worker
- I took part in training courses on my initiative
- I took part in training courses on my employer's initiative
- I informed myself through informal learning (learning, reading guides, etc.)
- I shared good practices with peer professionals (EU projects, local networks, etc.)
- I had access to guidelines/resources
- None of them
- Other: please specify

**10. What would be useful to include in a guide for youth information workers on mental health literacy? (open question)**

## PREVENTION

This third part aims to collect information about the prevention activities carried out by youth (information) workers to support young people's emotional well-being and mental health.

### **11. What strategies do you use to promote mental health and well-being? (multiple answers possible)**

- Mental health and well-being training workshops
- Conversations and discussions about mental health and well-being
- Information resources on the topic
- Promotion of sport
- Promotion of meditation activities
- Promotion of outdoor activities/contact with nature
- Community engagement activities, volunteering and active citizenship
- Promotion of creative and performance artistic activities
- Campaigns
- Activities peer-to-peer
- None of the above
- Others

### **12. What skills do you think you need to improve your actions regarding young people's mental health and well-being? Top 3 (open question)**

### **13. What knowledge and resources do you think you need to improve your actions regarding young people's mental health and well-being? (multiple answers possible)**

- Counting on a multidisciplinary group of experts
- Improved access to existing services and resources in my community
- A clear protocol in the youth service/center
- Campaigns to promote mental health and well-being and to reduce the stigma
- More background information on young people's mental health
- Good practice examples from other youth service providers
- Guides, toolkits, and other written resources on mental health literacy
- Training courses on mental health literacy - methodologies for carrying out non-formal activities/workshops - promotional resources (info-kits, etc.)
- None of the above
- Other types of resources: please specify (e.g. podcasts, videos, games)

### **14. Do you know useful resources and/or good practices in this area? If yes, please share them with us**

**webography**



# Webography

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