



Youth Work and Mental Health

A European research report on competences of Youth workers and needs of young people



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PREFACE

In the context of European youth policies, experiences related to youth work have taken on a central and increasingly defined dimension in recent years. However, because of the difficulties to reach unambiguous and shared definitions in the various European countries, which differ in history, culture, legislation and organizational aspects, the idea is that these differences represent an enrichment rather than an obstacle to knowledge and implementation.

The comparison and exchange can therefore generate stimuli for an increasingly wide-ranging debate and for the transmission of knowledge, with the aim of deepening skills in the various fields of possible application of youth work. In the Youth Worker Promoting Mental Health Project, in particular, the goal is to focus on the potential of youth work in the field of young people's mental health. Youth discomfort is a theme with many facets: from the various problems related to contextual, socio-economic, cultural situations, to those that originate more specifically from the onset of a psychiatric disorders. These problems often converge with the individual and their addition is a challenge

for the agencies that society delegates to deal with them: school and social health services. Mental illness has its debut and development at a young age. Late or partial intervention in this field is known to likely have negative consequences for the rest of life. On the other hand, educational and social health institutions show their limitations, since their scope often remains confined within the spatial and relational perimeters of their institutional structures, remaining far from the natural places of life of young people, where problems manifest and produce their effects; but also where resources, opportunities and strengths can be seized, recognized and supported, and where the emotional and social skills can be consolidated, constituting an obstacle to the risk of isolation and drop-out. This is therefore an area in which the role of the youth worker can be crucial, in cooperation with other agencies such as school and mental health services.



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YOUTH WORK AND MENTAL HEALTH. YOU PRO ME PROJECT

Youth Worker Promoting Mental Health-YOU PRO ME is a transnational European project funded by the National Youth Agency under the Erasmus+ program. This project lays the foundations within the new EU Youth Strategy 2019-2027. The new strategy takes into account a series of dialogues conducted between 2017 and 2018 with young people from all over Europe. The dialogues have developed 11 #Youth Goals that identify transversal problems with an impact on children's lives. The fifth Youth Goal is dedicated to "Mental Health and Well-being" and aims to achieve better mental well-being, putting an end to the stigma of mental health problems, thus promoting the social inclusion of all young people. Young people want to acquire skills to increase their ability to deal with mental health problems and express the need to have greater support from youth workers, teachers or other non-social and health professionals, in particular on training in healthy lifestyles, developing emotional skills and understanding their mental health.

Emotional and social competences as well as Social and Life Skills represent, for young people, a fundamental tool to confront the needs and the changes of daily life. That is, the ability to establish interpersonal relationships and to assume responsibilities related to their social role, to make choices, and to solve conflicts. In young people facing a mental health problem, these skills can be impaired or deficient.

In this context the youth worker guides and supports these young people in their personal, social and educational development by making them take a leading role in their own life and health path to help them to overcome developmental blocks and recover their potential. The YOU PRO ME project combines the interest in youth work and the field of mental health with the primary objective of deepening the skills and methods of intervention of the youth worker so as to better identify the specific identity and the necessary "tool bag". This research report is the first in a series of tools that the project makes available to youth workers who intend to support young people living the experience of discomfort.

EXECUTIVE SUMMARY

This report has the dual purpose: to offer, on one hand, an overview of the state-of-the-art of youth work and the characteristics of the youth worker in the field of mental health, analyzing the functions and skills necessary to support young people with mental illness; on the other hand, to highlight the specific needs of this target group when involved in the context of informal and non-formal activities specific to socio-educational practice. Section one contains the information collected through the review of articles, publications, projects and good practices produced in the different contexts of partner countries and at the international level on youth work and the specificities of this socio-educational practice when applied to mental health contexts. Bibliographic research has made it possible to define theoretical frames, regulations and implementations of youth work; functions and skills of youth workers in the context of mental health and adopted intervention models. It was also possible to deepen the theme of the mental health of young people, the epidemiological characteristics of the phenomenon and the main evolutionary challenges faced by this group;

the role of formal and informal practitioners in care and care pathways; training, care and social inclusion needs with particular attention to intervention models that support emotional and social skills and *Life/Social Skills*.

Section two collects, through the technique of the focused interview with open questions, the testimonies of the two groups of participants of the survey: youth workers and young people between 15 and 25 years old who live the experience of mental discomfort. The functions and skills of the youth worker in mental health have been investigated; the specificity of the youth worker compared to other figures who intervene in this context; the needs of young people experiencing mental health problems to be met through the action of youth work. Young people have been asked to express from their own point of view which skills they deem necessary for a youth worker when carrying out activities with youth who experience the same difficulties; in how they feel they can be supported by the youth worker and what distinguishes the youth worker from other figures they usually meet in their paths.



SECTION ONE

**YOUTH WORK.
TWO WORDS MANY WORLDS.
AN INTERNATIONAL OVERVIEW
OF YOUTH WORK IN MENTAL HEALTH.**

YOU
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ME

YOUTH WORK. THE EUROPEAN CHALLENGE FOR A COMMON DEFINITION

Youth Work encompasses a broad range of activities (eg social, cultural, educational, sports-related and political) carried out with, by and for young people through non-formal and informal learning (European Commission, 2020).

Its value is recognized in the Council of Europe Youth Portfolio (2015) and highlighted in several studies/report of projects carried on through the European programmes and initiatives. The “Youth knowledge” series of volumes (Council of Europe, 2020), produced within the partnership between European Commission and the Council of Europe, collects the most important findings and updates about the youth field, including the development of the Youth Work, a context of intervention that maintains a definition only partially shared between different countries in Europe.

Youth Work can be actually provided by different institutions and organizations and by different people, generating different interventions in different forms. In some countries the Youth Work is so long established that who operates in this field – the Youth worker indeed – is recognized in an official professional profile, with a specific training related and a cleaner agreement about its aims, functions and competencies. Other countries involve the

Youth Work in the bigger sector of voluntary organizations, producing peculiarities in the political and social premises underlying this kind of work. Regarding its social impact, some countries means Youth Work as a part of social welfare provision, that thus operates for employability, social inclusion and social assistance. Lastly, there are some countries where Youth Work is not formally recognized, so it has to be traced in the functions and activities that it can assume depending on context in which it is established (Council of Europe, 2015).

Council of Europe, in its last Youth Work Portfolio (2015), defines Youth Work as

a tool for personal development, social integration and active citizenship of young people. Youth Work is a ‘keyword’ for all kinds of activities with, for and by young people of a social, cultural, educational or political nature. It belongs to the domain of ‘out-of-school’ education, most commonly referred to as either non-formal or informal learning. The main objective of Youth Work is to create opportunities for young people to shape their own futures.



Salto Youth, a network of seven Resource Centres working on European priority areas within the youth field, gave a specific relevance to the variability of Youth Work forms and practices, saying that it is

an extra-curricular field of work, in that it involves specific leisure activities and is based on non-formal and informal learning processes and on voluntary participation. It promotes young people's development in a multi-faceted manner, enabling them to become active outside their families, formal

education, and work. Youth Work activities and processes are self-managed, co-managed or managed under the guidance of educational staff (either full-time or voluntary Youth workers and youth leaders) and can develop and change in line with various dynamics. Youth Work is organised and delivered in different ways (e.g., by youth-led organisations, youth organisations and informal groups, and by youth services and public authorities) and is shaped at the local, regional, national and European level (Salto Youth, 2016, p. 47).

In 2017, the 20th Youth Knowledge series of books (Kovacic, 2017) dedicated a specific part to the categorization of Youth Work through different EU countries, identifying ten different way to conceptualize it. The same text also carries out a valuable effort to identify on one hand those “characteristics

that are almost unanimously agreed” (p. 217) and on other hand those elements that reveal strong uncertainties about specific aspects of Youth Work. It's a significant work because follows the same line that orient YouProMe project, that is to match top-down definition coming from institutional level with a bottom-up recognition of empirical experiences carried on in different backgrounds. About the common characteristics of Youth Work it indicates:

- it is positioned in what is called “third educational environment”, so outside the formal learning or work environment. This should imply the young people's autonomy of choice to participate in the proposed activities/initiatives;
- even though it could be addressed to specific target group, Youth Work operates in a way that makes it potentially open to all young people;
- a strong unanimity about the importance of operating in the framework of non-formal education as the main aspect that allows to develop a wide range of social and relational competencies, considered the major added bonus for young people's curriculum vitae;
- it has a controversial relationship with employability and/or profit purposes;
- it is always linked to young people's emancipation, their empowering and active participation within an intercultural vision.



About the aspects where Youth Work **diverges** in different countries, it indicates:

- the age used to define “youth”: the standard usually ranges from 15 to 29 years old, but some countries apply upper or lower limits;
- professionalisation: in Anglo-Saxon countries Youth Work is part of a bigger and well professionalised working method. In countries like Flanders and Belgium instead, almost all Youth workers are volunteers, with professionals limited to specific type of Youth Work;
- the policy scope: this point regards whether Youth Work should realize its intervention in service of welfare policy or education policy;
- the ideological approach: while Anglo-Saxon countries embrace the “defensive” approach – focusing their interventions on defending young people, considered sort of “victims” of a hostile environment unable to foster their potentialities -, other countries (like Belgium) adopt an opposing, “offensive” approach, making pleasure and play the main tools to promote a constructive involvement of young people in society.

Youth Work worldwide

Worldwide, Anglo-Saxon countries represent a landmark in modelling and defining Youth Work. In 2017 the text *Youth Work in the Commonwealth: A Growth Profession* collected data about definition and professionalisation of Youth Work sector in thirty-five countries of Commonwealth. The research found out that: 34% of sample (twelve countries) “had taken significant steps to professionalise the Youth Work sector”; 31% (eleven countries) “had a distinct national-level policies that recognised Youth Work”; 34% (twelve countries) “had Youth workers’ associations that help safeguard the integrity and quality of profession, and 25 (71%) could claim at least a diploma-level qualification for Youth Work professionals” (Commonwealth Secretariat, 2017, p. 7).

Regarding practices, Commonwealth emphasizes the advocational function and the empowering approach of Youth Work, but records also some differences among different member states. Canada, in particular, seems to adopt a more therapeutic approach in developing and promoting Youth Work in its communities, while New Zealand and Zambia – even using the term *Youth Development* instead of *Youth Work* - appears particularly aligned with Commonwealth general approach. Ministry of Youth Development in New Zealand de-



clares, in fact, that “Youth Development means growing and developing the skills and connections young people need to take part in society and reach their potential” (ibidem, p. 31).

COE Youth Work Portfolio

At European level, the Youth Portfolio (Council of Europe, 2015) identified the following eight main functions of the Youth Work:

1. Address the needs and aspiration of young people;
2. Provide learning opportunities for young people;
3. Support and empower young people in making sense of the society they live and engaging with it;
4. Support young people in actively and constructively addressing intercultural relations;
5. Actively practice evaluation to improve the quality of the Youth Work conducted;
6. Support collective learning in the Youth workers' team;
7. Contribute to the development of their organisation and to making policies /programmes work better for young people;
8. Develop, conduct and evaluate projects.

Each of these functions is listed in different specific competencies that define how to realize them

efficiently. Recently, Council of Europe (2019) conducted a study aimed to collect feedbacks from Youth Work Portfolio's users. It turns out that the first competence – *address the needs and aspiration of young people* - results to be significantly more relevant than others for Youth Work Portfolio's users (mostly Youth workers and general volunteers), while the fifth and the seventh competence – respective *actively practice evaluation to improve the quality of the Youth Work conducted and contribute to the development of their organisation and to making policies /programmes work better for young people* appear to have the minor importance. Because these data have been collected measuring the level of reactions activated by different competence's area in users' working experience, what resulted might be interpreted as a need to better support the “bigger picture” of Youth Work, composed of its institutional, project and evaluation dimensions.

Youth Work and young people's Mental Health field

Youth mental health worldwide

According to data reported by the WHO - World Health Organization (WHO, 2020), there has been a general 13% rise in mental health conditions and substance use disorders from 2007 to 2017. In particular, in post-conflict settings, about one in

five people have mental health condition. Today having mental health condition cause one in five years lived with disability. This implies also an economically substantial impact: WHO estimates that depression and anxiety – the two most common mental health condition – cost US\$ 1 trillion each year to the global economy.

Regarding children and adolescent WHO's data says that 10-20% of adolescent worldwide experience mental health conditions (Kessler RC, Angermeyer M, Anthony JC, et al., 2007). Specifically, WHO adds that:

- *Mental health conditions account for 16% of the global burden of disease and injury in people aged 10–19 years.*
- *Half of all mental health conditions start by 14 years of age, but most cases are undetected and untreated (Kessler RC, Angermeyer M, Anthony JC, et al., 2007).*
- *Globally, depression is one of the leading causes of illness and disability among adolescents.*

Transversal competencies in mental health field

There seemed to be little agreement in the literature on the terms defining “non-formal” mental health interventions and competencies. Most of international research, in fact, while investigating transversal socio-emotional and/or relational competencies

and how they can be developed in the target of intervention, nearly always made use of tools (questionnaires based on psychodiagnostic criteria) and/or qualified personnel (mainly clinical, i.e. psychologists, psychotherapists, psychiatrists, psychiatric rehabilitation technicians and social workers) (Chinman et. al, 2003; Chen et. al, 2013; Kopelowicz, Liberman & Zarate, 2006; Spence, 2003). That's why has been quite difficult to collect some actual non-formal intervention led in the field of youth mental health and scientifically documented.

Youth worker did not turn out to be an effective term to identify personnel working with young people experiencing mental health problems within a non-formal framework. A more useful one was the term *provider* used to refer to all the figures who, for various reasons, offer interventions in the field of mental health. One among the articles selected included in this definition what is called *frontline clinical staff*, i.e. operators, case-managers, residential operators, clinics/therapists, but also psychiatrists and administrative staff (Chinman et. al, 2003). In this sense, *provider* has been used to collect experiences comparable to what a Youth worker would do in mental health sector.

Transversal competencies in youth mental health field regard mainly:

- recovery (Chen et. al, 2013; Bertolino et. al, 2014);
- social skills (Kopelowicz, Liberman & Zarate, 2006; Spence, 2003);
- cultural knowledge and awareness (Venkataraman et. al, 2018);
- involvement of families and communities' stakeholders (Kutcher, Davidson & Manion, 2009; Chinman et. al, 2003).

Youth workers' competencies in residential therapeutic context

At scientific literature's level, there is a large number of papers dealing on the one hand with the definition of *competences and impact of Youth Work in general* and on the other hand there are those who are dealing with competences and interventions concerning the field of *mental health* and the youth target specifically (early onsets and young adults). On the contrary, the association of all three key research criteria of YouProMe Project - 1. *Youth target* (14-25 years old) 2. *Mental health* (clinical sample) 3. *Non-formal competencies/interventions* (i.e. using professional tools and roles that are not clinically applied) – produced limited results, indicating a lack of scientific investigation on this specific field. One sector that, at a scientific level, seems able to overlap these three criteria at the same time is the one concerning **residential or semi-residential interventions** involving *operators*

– such as educators, adult companions, cooperative operators - *who intervene out of formal clinical setting and aimed at young people in the mental health circuit*. This is probably because this kind of psycho-social interventions are also those that most of all are oriented towards a **development of the relationship between young people and social context** - promoting their inclusion, work integration and social participation - thus following the lines of action that define the intervention of Youth Work (Council of Europe, 2015).

In residential or semi-residential contexts (Bertolino, Bertolino & Thompson, 2014) the competencies of Youth workers that appear to be more related to the mental health field, are mainly focused on the capability to:

- **communicate** efficiently within the multidisciplinary therapeutic team (made of counselors and/or therapists, social workers, case managers, psychologists, psychiatrists, nurses, recreational specialists, and other full- or part-time staff) and with young people experiencing mental health difficulties (including a conscious and competent use of language);
- **manage** crisis that may occur in the young users' daily life and their relationship with psychotropic medications and psychiatric labels.



Working with young people

Young people's skills to be improved by Youth Work

In mental health – generally – most of attention is paid on developing social skills, aimed to help people integrate as well as possible into their own environment. “Social skills training consists of learning activities utilizing behavioral techniques that enable persons with schizophrenia and other disabling mental disorders to acquire interpersonal disease management and independent living skills for improved functioning in their communities” (Kopelowicz et. al, 2006, p. 12).

Regarding young people in particular, the Irish revised MindOut programme proposed to focus on five modules of competencies defined by the Collaborative for Academic, Social and Emotional Learning (CASEL) in the USA and that can be promoted by Youth workers' intervention. These modules encompass the core module “Self-Awareness” that can be combined/integrated with other four more specific modules “Self-Management”, “Social Awareness”, “Relationship Management” and “Responsible Decision Making” (Ward, Ryan, & Barry, 2017).

Models & Tools

Tools more widely used to assess transversal skills in **recovery** and **mental health** field (Chen et. al, 2013; Chinman et. al, 2003):

- RAQ-7: Recovery Attitude Questionnaire-7;
- TOS: The Therapeutic Optimism Scale;
- RKI: Recovery Knowledge Inventory;
- CAI: Competency Assessment Instrument;
- AQ-27: Attribution Questionnaire-27.

To measure **cultural** skills, is currently using an adapted version of Scales to Assess Patients' Perception of Physicians' Cultural Competence in Health Care Interactions, developed by Rukhsana Ahmed in 2007 (Venkataraman et. al, 2018).

The National Youth Council of Ireland (NYCI), although not addressing only mental health issues, offers two interesting model of intervention, usable with different target group within non-formal framework:

Needs Wheel for young people

The Needs Wheel was a tool developed specifically for the MindOut youth setting in order to aid Youth workers and tutors in the planning and delivery of a unique programme tailored to the needs of their specific group of young people. The Needs



Wheel presents CASEL's five core competencies mentioned above in the form of questions or Needs Analysis Themes (NATS) relating to how the young people feel about themselves. The young people were required to individually rate these five areas from 1-10 (10 being very good) and were guided in their answers through prompts that were provided to the Youth worker. Once each young person had completed their Needs Wheel, the Youth worker compiled the answers in order to establish the areas, or NATS, that required the most attention (Ward, Ryan, & Barry, 2017).

Skills summary for Youth worker

Skills summary is a self-assessment tool provided by NYCI, including twelve skills to assess: communication skills, interpersonal skills, teamwork skills, decision making skills, problem solving skills, organization skills, adaptability skills, leadership skills, entrepreneurship skills, drive and resilience, ethics and integrity skills, IT skills. Each skill is assessed by responding to specific questions in questionnaire form and by sharing a personal experience related with that skill. This assessment method permits to integrate quantitative and qualitative dimension, implicating directly participants in a self-reflective activity (National Youth Council of Ireland).



ITALY: Youth Work in progress

Legislative framework

In Italy, the European level processes in the field of youth work have started very late, and there is still no specific legislation or an official and shared definition of the professional profile of the youth worker at a national level.

“Animazione socio educativa” is the Italian translation of the term *youth work* adopted by the European Commission in 2009 while the most commonly used expressions to identify the youth worker are *“operatore giovanile”*, *“animatore sociale”* e *“animatore socio educativo”*; the latter, is the most widely accepted and the closest to the European profile. The regulation of the sector in Italy, as well as for youth policies in general, is delegated to the regional and local level.

Some regions have introduced regulations that provide for minimum standards to carry out the profession of socio-educational animator such as the Lombardy Region and the Piedmont Region. In some sporadic more recent cases the youth workers are formally identified, as for example in the Campania Region with the regional law n.38/2017. The analysis of the regional repertoires of professional positions and qualifications tools to certify skills and to collect and codify all professional profiles, shows that the figure of “socio-educational an-

imator” or similar, is present in 16 regional repertoires out of 20.

The economic-professional area of reference sees the socio-health sector prevail, followed by the sector of services to the person, understood as training and social welfare services (Milan, 2018).

Training and qualifications

Youth workers in Italy come from different educational backgrounds for degrees, qualifications and experiences, and range from the social and educational field, to the psychological, sports and artistic field. Although there is no specific educational path for youth workers, the main reference remains the degree course in Educational Sciences (Milan, 2018) followed by the degree in Psychology, Sociology and Social Service Sciences.

In some regions, the qualification of a socio-educational youth worker (or qualifications common to it) is acquired through professional training courses which can be accessed with the high school diploma. These courses are organized by accredited private or private training institutions and have a variable duration.

However, the courses issuing these certificates are not designed and organized with the aim of training operators who work specifically with the youth age group. In recent years, training projects for professional youth workers at local level have



been launched by third sector associations. However, these training opportunities are not linked to any accreditation or public recognition framework (Morciano, 2018). The vast majority of youth workers in Italy to date are trained through a learning process in the field, involving, often on a voluntary basis, in third sector bodies. In 2020, however, the first university course was born at the Suor Orsola Benincasa University of Naples, a first level master's degree specifically dedicated to the youth worker, with the ambition to build a versatile professional profile capable of promoting the participation of young people in the society by combining formal and non-formal training and promoting inclusion through forms of activation of subjects, in the presence of situations of risk of social exclusion or other disadvantage.

Contexts of Youth Work

In Italy, youth work is understood as a non-formal learning process aimed at the actively promoting citizenship among young people and solidarity between generations. These activities are usually implemented outside formal education, although in recent years increased cooperation between formal educational institutions and youth associations has led to the promotion of a more holistic approach to education (i.e. education based on a mix of formal, non-formal and informal aspects)

with the aim of facilitating the development of transversal skills among young people.

The creation of a Ministry of Youth and Sport in 2006 played a key role in the development of youth policies and the incentives and guidelines of the European Commission and the Council of Europe have fostered, over the last decade, the development of a more unified and shared vision of the profile of the youth worker. It is aimed at supporting young people, in different areas of intervention: educational, scholastic, situations at risk of social drift, etc., and is carried out in different settings, mainly extra-institutional, but often in collaboration with educational, socio-health, religious institutions, in associations, in volunteering, or in activities planned and implemented as part of projects funded by EU youth policy programs. The Youth worker crosses these areas as a figure with a multidimensional profile itself, poorly defined, flexible and adaptable to the variety and variability expressed by the youth worlds (Leone, 2017).

In any case, the extent to which this profile is used is still modest. The creation of a socio-educational operator (or youth worker) whose training and practices are centrally regulated, on the basis of specific accreditation systems, is a challenge that youth associations and centers in Italy are still facing (Bazzanella 2010; Dunne et al. 2014).



Youth Work and Mental Health

Mental health and protection systems for young people

In Italy we have indirect data on mental health of the specific age group 15-25 years, but with sufficient approximation they give us an idea of the extent of the phenomenon. A representative example is the recent socio-epidemiological report carried out in the Emilia Romagna Region, according to which there would be an increase in serious psychiatric pathologies in young people in the period 2010-2018, witnessed by the 65% increase in the number of admissions to hospital wards of psychiatry. With regard to diagnoses, the document reports that in the mental health services 17.5% (2.3 cases per 1,000 inhabitants) of the diagnoses made against young people aged 14-25 fall into the category of schizophrenic disorders; the category "Other mental disorders", characterized by a wide range of symptoms or syndromes, such as transient difficulties, wake/sleep phases, problems related to nutrition, adaptation and emotional disorders, behavioral changes, is recorded in 23% of cases; neurotic and somatoform syndromes, in 20.6%; personality and behavioral disorders 18.2%; alcohol and substance abuse disorders 5.9%. (Saponaro et al., 2019).

Within the National Health Service, organized in local health authorities, two separate services co-exist: **1.** Protection of Mental Health and Developmental Rehabilitation which includes the prevention, diagnosis, treatment and rehabilitation of neurological, neuropsychological and psychopathological disorders of the population aged 0-18 years and of all the developmental disorders of the child and adolescent in its various lines of psychomotor, cognitive, linguistic, affective, psycho-social and relational expression; **2.** Department of Mental Health, which deals with the protection of the mental health of adults, for the prevention, diagnosis, treatment and rehabilitation of psychiatric disorders.

This organization into separate bodies is a perpetual problem in Italy, as in other countries, when the need arises for the transit of young people at the age of 18 from one service to another.

However, this problem is being solved in different areas of the country, with the beginning of the integration of services for the developmental age within the Departments of Mental Health. Aware of the specific care needs of youths, in some areas, highly specialized services have been set up within the Departments of Mental Health for the 15-25 year age group that deal with juvenile distress, psychopathological risk and psychiatric conditions.

These services operate with the ambition of optimizing the early recognition and intervention sys-



tem in adolescents and young adults, to reduce the time between onset and integrated care by the local services; networking formal and informal actors of social and health care such as the Department of Mental Health, the Department of Addictions, districts, social services, volunteering and the private-social care; establishing a proximity network with general practitioners and schools; increasing skills for early recognition; improving the quality of care (Mezzina, 2014).

There are a number of third sector activities for this age group, which in any case are of marginal importance from a quantitative point of view.

The cultural and historical tradition of the Italian model of social assistance is in fact characterized by a series of extremely different projects led by third sector organizations and strongly linked to local and territorial experiences.

Working with Young people

Youth worker in mental health

In Italy it's not possible to trace many examples of socio-educational initiatives linked to the context of health in general and mental health in particular. The school seems to have been so far the privileged framework in which to implement programs for the prevention, integration and promotion of young people's health and mental health. In addition to formal education agencies which are mainly concerned with promotion and prevention purposes, the territorial health services takes care of young people when psychological difficulties arise. In outpatient services, day center and therapeutic communities, young people may be involved in activities with socio-educational purposes, as well as being recipients of psychological and psychiatric interventions. Due to the peculiarities related to the radical transformation of psychiatric care in Italy since the 1980s, widespread skills, often innovative and which largely overlap with the profile of the youth worker, have been developed locally. These are a variety of figures, operating in the world of social and occupational inclusion of people with mental disorders, and who are part of both solidarity-type organizations and third sector agencies, as is the case with Cooperatives, which in many areas of the country



work in collaboration with mental health services right in this area of overlap between health and social intervention. Some of these figures are regulated in the social health sector and recognized by the state (such as professional educator, community educator, psychiatric rehabilitation therapist, and social worker). Other figures, identified as laboratory technicians or art teacher, come from heterogeneous training backgrounds (social, socio-educational, artistic, sports) but are united by skills that allow them to organize and conduct activities that privilege creative channels of communication and expression and the use of non-formal learning tools in patients' psychosocial rehabilitation paths.

In the Italian documents and experiences that are part of a more European conception of youth work, the Portfolio promoted by the Council of Europe represents a reference point for identifying the general skills of the youth worker (Council of Europe, 2015).

In his work the youth worker should support young people in personal growth through the acquisition of skills, knowledge and competences (human capital), autonomy and responsibility (empowerment) and relational resources (social capital) useful for social inclusion, the achievement of professional and economic goals and the achievement of life stages that allow the transition to adulthood (Leone, 2018).

Although the Youth worker does not have a formally recognized role within mental health pathways, there are some figures who cover all or part of its functions such as that of the *Adult Companion* (Cordiale et al., 2012), a figure born in the early 1980s with the aim of activating resources external to mental health services for adolescents with psychosocial distress. The operator who deals with these interventions is always a young psychologist and /or educator prepared to work with adolescents.

The figure of the adult companion has the function of "doing together", sharing the pleasure in activities, enhancing the strengths of the young subject, with the aim both of facilitating the social relationships within his living space, and to intervene in a psycho-educational sense on his emotions through the recognition and the management of them.

Young people's skills to be improved by Youth Work

In non-formal education contexts, such as in youth centers, and outside the contexts most characterized by socio-rehabilitative purposes, the issue of mental health and emotional and social skills, to be supported and developed in children with mental distress, does not seem to be object of the youth work intervention as it is characterized at European level.



Primary prevention-oriented interventions are based on health promotion, including mental health, through the acquisition of the life skills identified by the World Health Organization (WHO) and the promotion of emotional intelligence.

The term life skills refers to the set of skills that allow individuals to deal with the needs and changes of daily life, that is the ability to establish interpersonal relationships and to assume responsibilities related to their social role, make choices, and resolve conflicts. Emotional intelligence, on the other hand, can be defined as the ability to monitor one's own feelings and those of others in order to achieve goals. In the territorial health services for adolescents and young adults with severe mental illness, one of the interventions used by the operators is the social skill training. This includes a range of interventions aimed at acquiring and training, over time, the social skills necessary in interpersonal situations to communicate with others appropriately and effectively in the area of emotional relationships and in the area of instrumental social relationships.

Models & Tools

In Italy there are two main models to which the interventions to promote the emotional and social skills of young people refer: *The Life Skills* model promoted by the WHO and the training for social

skills, *Social Skill Training*. The vast majority of tools that aim to intervene on the emotional and social skills of young people, both from a selective and indicated prevention perspective, are based on these two models. The Life Skills model is the one to which to manuals and toolkits intended for school mainly refers. Manuals are usually intended for all students, not just those who suffer from a mental disorder or are at risk of suffering from it. They are organized in modules and designed for direct reading, possibly in groups, proposing active participation and suggesting exercises in which participants have the opportunity to express their points of view and their experiences.

These manuals are intended to promote well-being and/or mental health through a path aimed at acquiring or improving the ability to define realistic goals, increase one's self-esteem and awareness, face and solve problems and have effective and assertive communication, develop self-discipline, negotiate, cooperate and work as a team, control impulses.

Mutual self-help manual for the promotion of mental health, psychological well-being and emotional intelligence in schools (Istituto Superiore Sanità, 2009)

This manual was born from an initiative of the Istituto Superiore di Sanità promoted and supported by the "Center for Disease Control of the Ministry



of Labor, Health and Social Policies”.

Applicable in high schools, the handbook focuses on promoting mental health in young students through a path aimed at acquiring or improving the ability to set realistic goals, address and solve problems and have effective and assertive communication, develop self-discipline, negotiate, cooperate and control impulses. The manual includes theoretical and application contributions related to each individual skill, as well as numerous operational modules mostly used in exercises of two, three and small groups in order to activate the students more and stimulate their creativity and humor.

The Well School Tech Project (2018)

The project aims to provide secondary school teachers and students with the appropriate skills and tools to monitor and manage the level of mental well-being of young people. The program uses a learner-centered approach involving the target group in the development of educational tools aimed at them. ICT methodologies are integrated in order to encourage student engagement with more attractive resources and ITC-based teaching and learning methods.

Life Skill Training Program (LST) of the Lombardy Region

The Life Skills Training Program Lombardia resumes the educational-promotional program de-

veloped in the United States by Dr. Gilbert J. Botvin, who focuses on the ability to resist the adoption of risky behaviors within a more general model of increasing personal and social skills. The Regional school office and the Lombardy Region, as part of the broader collaboration agreement for the development of health promotion activities aimed at lower secondary schools, promotes LST at a territorial level through territorial school offices. A methodology widely used in schools to achieve the objectives described above is also the **peer education**, which is based on the principles of social influence and mirroring, which benefits from a fundamental principle: the perception of abstaining from judgment, as an equal.

Social Skill Training is instead used by health service operators in the psychosocial rehabilitation of young people with mental illness. Social skill training includes a set of methods that use the principles of social learning theory in order to promote the acquisition, generalization and permanence of the necessary skills in interpersonal situations through the combination of observation of others and the spontaneous consequences (positive and negative) of these actions on behavior. The manuals produced and adopted within the social health services (such as that of the Integrated Welfare Department of Mental Health and Pathological Addictions of the Local Health Authority of



Ferrara) refer to the standardized format recognized and used internationally. Other manuals, on the other hand, are aimed at those who, covering different roles and functions, are in close contact with children both in school and non-school contexts, and are called to recognize signs and warnings of mental states at risk or prodromes of potentially severe disorders such as the manual promoted by the Department of Mental Health of Trieste “Manual for teachers and those who work in close contact with young people” to reduce the time between onset and integrated care by local services and facilitate the construction of a non-stigmatizing arrival path to services.



GREECE: Working as a Youth Worker in Greek reality!

Legislative framework

In Greece, regarding the legal conditions and the present National Legislation around Youth Work, the people who are employed in the Youth Field have to deal with the following issues:

- Issues around Youth Employment
- Sports
- Education of Young people
- Bonds of Young people with their Families (e.g. rights of the child, measures against children's abuse within the family)
- Military service of Young people
- Deviant behaviour (e.g. special courts and treatment for juveniles)
- Media (e.g. special legislation for the protection of minors)
- Youth Participation

However, despite the existence of the above National Legislation, there is no official definition or legal framework concerning Youth Work as an official employment. However, in Greece, Youth Work exist as a social practice, since it plays a significant role in supporting young people's safety, as well as their healthy transition to adulthood. In addition, In Greece there are no specific Educational

and/or Training Programs for Youth Work. Therefore, in other words, there are no nationally recognised qualifications for someone to become a Youth worker. However, people who wish to work with young people and, subsequently, become Youth workers can acquire some professional qualifications, through some higher education Degrees and through other career pathways, which will be described later on this Report (Giannaki 2014).

Furthermore, Youth workers in Greece work primarily with young people aged between 15 and 25 but may in some cases extend this to those aged 13 to 15 or 25 to 30. Most youth services provide a mixture of open Youth Work, intended for all young people in the area, and Youth Work targeting groups of young people, usually those who are disadvantaged or socially excluded. Unfortunately, due to lack of official data, it is impossible to calculate with accuracy the number of Youth workers in Greece.

Training and qualifications

In Greece, people who wish to work with young people and, subsequently, become Youth workers can acquire some professional qualifications, through some higher education Degrees, such as a Degree in Social Work, in Social Sciences or in Educational Sciences and Pedagogy, which all last at least 4 years (Giannaki 2014).

Moreover, in Greece, training in Youth Work related sectors and subjects, such as social care/pedagogy or leisure time management, organisation and management of youth camps, is also provided by public and private Vocational Training Institutes (IEK), private vocational training centres (KEK), centres for adult education (KEE) and the General Secretariat for Youth. Trainees who achieve in fulfilling their studies are entitled to receive different types of certificates, always depending on their training (Bohn and Stallmann 2007).

Finally, non-governmental voluntary organisations and associations offer training courses and seminars for volunteers in the youth sector. However, those seminars, usually, do not integrate any theory or approach and do not lead to an officially recognised qualification.

Contexts of Youth Work

In terms of structures and institutions, Youth Work in Greece today involves a complex network of providers (community groups, NGOs, local authorities) supported by a large number of staff, both paid and volunteers. Overall, the different organisations and institutions share a common set of Youth Work values. These include (Bohn and Stallmann 2007):

- working with young people because they are

young and not because they are considered to be deviant;

- respect young people's view of the world and give emphasis on that;
- helping young people develop stronger relationships and build their collective identities, in order to be included in the society, but also in order to become independent;
- respecting and valuing difference amongst young people;
- promoting the voice of young people.

Youth Work and Mental Health

Mental health and protection systems for young people

Karagianni (2016) in her article presents the categories of distress and mental health issues and the struggles that face the Greek young people.

In Greece, admission to higher education depends on the performance to the filia exams, during the final grade of High School. The fear of those demanding exams and the results usually cause high levels of psychological distress among Greek young people, who regularly look for psychological help, in order to be able to handle the anxiety and stress of the exams.

Moreover, in Greece, the number of hospital admissions due to suicide attempts or due to severe nonorganic somatic symptoms (abdominal pain,

headaches, etc.) has noticeably increased (Giannopoulou & Tsobanoglou, 2014), also because of the economic recession of the past years. Furthermore, findings from population surveys suggest a 2.5 times increased prevalence of major depression, from 3,3% in 2008 to 8,2% in 2011, with economic hardship being a major risk factor (Economou, Madianos, Peppou, Patelakis, & Stefanis, 2013).

Additional data from adolescent mental health care units showed an admission increase of up to 84%. The most common causes of admission were, among others, diagnoses of borderline conditions and other severe behavioural disorders, psychotic disorders and crises, self-harm behaviours, and other similar conditions constituting 78% of the total cases during 2011. It is important to mention that the same number in 2007, before the beginning of the financial crisis, was 48%. Also, substance abuse has spread throughout the majority of schools, along with bullying and racist behaviours, which may all be common traces of the existence of psychopathology (Karagianni, 2016).

In Greece, unfortunately, the public sector is not really efficient, when it comes to Child and Adolescent Mental Health services, due to multiple reasons. First of all, the Ministry of Health is in charge of allocating budgets for Mental Health. However, this budget is being delivered as a whole and, in consequence, the national budget for Child

and Adolescent Mental Health does not compose a separate budget (Puras, Tsiantis, & Kolaitis, 2010). Moreover, the Greek Government gives less funding for Mental Health services in relation to General Health and, subsequently, Child and Adolescent Mental Health services receive even less funding (Puras et al., 2010). More specifically, the state funding for Mental Health in general decreased by 20% between 2010 and 2011, and by a further 55% between 2011 and 2012 (Anagnostopoulos & Soumaki, 2013). Furthermore, financial difficulties mean that less patients are able to access private health care, which puts more pressure on the public sector, especially in terms of waiting lists (Christodoulou, Ploumpidis, Christodoulou, & Anagnostopoulos, 2012).

In addition, concerning the provision of mental health services for children and adolescents, the National Action Plan Psychargos, during the period between 2000-2009, reported that only 30% of the planned mental health services for children and adolescents have been created (Loukidou et al., 2013). Also, those services are not equally distributed across Greece, by most of them being settled in only in the two major cities of Athens and Thessaloniki, while other areas are being left without any mental health services for children and young people at all.

Therefore, the gaps in service provision is being filled by non-governmental organisations (NGOs),

who plan and put into practice mental health projects and services, which are mainly oriented towards relief and towards developing progressive services.

However, since Greece lacks appropriate policies for child and adolescent mental health, services do not form part of an overall system, and as a result they are quite limited and have to deal with barriers when there is a need to integrate new knowledge in a systematic way. Additionally, the economic recession in Greece severely affected the public and non-profit mental health services in many ways, such as:

- Mental health service providers have scaled back operations or have shut down.
- Paid staff working on this sector has been reduced.
- The plans for developing child and adolescent psychiatric services have been abandoned.

With regard to the provision of mental health services for children and adolescents the National Action Plan Psychargos, examining the period between 2000-2009, reported that only 30% of the planned mental health services for children and adolescents have been created (Loukidou et al., 2013). In addition, those services are not equally distributed across Greece, and as a result most of them are functioning only in the bigger cities (Athens, Thessaloniki) while other prefectures do not have mental health services for children at all.

Not surprisingly, the demand for mental health services is increasing, with research indicating a 39.8% increase in new cases in public outpatient services for children and 25.5% for adolescents.

Working with Young people

Youth worker in mental health

As mentioned above, in Greece there is no official definition or legal framework concerning Youth Work as an official employment, and therefore, its function in the Mental Health sector is not officially recognised.

However, according to the available literature and research, Youth workers can be involved in Mental Health. More specifically, according to the Greek Delegation of the “Doctors of the World” (2018) everyone can provide Psychological First Aid, for example volunteers, first responders or even members of the general public. Therefore, the involvement in the Mental Health sector and the ability to support people with mental health issues is not only restricted to the expertise of mental health specialists or professional psychologists. Psychological first aid skills can be the knowledge of how to assess a situation, the familiarity with a variety of patterns of reactions to crises, the way of approaching someone in distress and the manner of calming them if needed and, finally, the provision of emotional support and practical help.

However, specific training on the above is needed. Karagianni (2016) mentions that “Mental health issues can be a taboo subject”, and consequently everyone who is correlated with the field of mental health and with young people with mental health issues should be trained, in order to not be prejudiced and incapable of offering appropriate help. In Greece, the range of activities that are described as Youth Work includes health, social support, counselling, education and training, personal development, information, career services, etc.. Therefore, it seems that Youth Work is mainly related to leisure time activities. Some of those could be artistic and cultural programmes, outdoor recreation, or sports. The common thing to all those activities is that fact that they provide a space for youthful experimentation and cultural development (Giannaki, 2014).

Young people's skills to be improved by Youth Work

Developing or regaining basic skills needed to function adaptively in real-world situations is essential for individuals who are struggling with serious mental illness (Weinberger & Levitt, 2011). Skill-building activities help an individual with mental health issues gain some major life and social skills, such as decision-making, interpersonal communication, ability to community integration, as well as functional skills. In consequence, build-

ing such skills helps individuals achieve social integration, optimal health and role productivity.

To begin with, it is important for young people who face mental health difficulties to regain or develop their social skills, therefore, training on those skills is essential. Social skills training targets social perception and behavioural responses (Mueser, Deavers & Penn, 2013).

In addition, youngsters with mental health issues need assistance in developing or improving some essential life skills, or in other words, some significant functional domains, such as self-care and personal hygiene skills, domestic tasks and managing financial issues. Communication skills are also an important life skill (Tungpunkom, Maayan & Soares-Weiser, 2012).

Coming back to the Greek society however, young people facing mental health difficulties still have problems in finding and attending those kinds of trainings, were they can develop or enhance their skills. More specifically, young Greek people do not have adequate information on existing Youth Work services and programmes in the country. This becomes obvious in case someone considers a survey of the General Secretariat for Youth conducted by the University of Athens in 2005. The results of this research revealed that almost six out of ten young people were not aware even of the existence of the Secretariat (Council of Europe, 2018).



Models & Tools

AMORAY Erasmus+ KA2 Project:
<https://amoray-project.eu/>

The AMORAY (Assessment of Mental Health of Refugees and Asylum seekers by Youth workers) training program will support Youth workers who work with young immigrants to develop a reflexive, transcultural and trauma-informed practice, drawing on principles of therapeutic counselling and mental health assessment.

Open Minds Project- Promoting Mental Health and Well-being in the Community
Handbook by "Doctors of The World Greek Delegation"
https://mdmgreece.gr/app/uploads/2018/11/Cover_1_Con_5_BB.pdf

WHAT IS THE OPEN MINDS PROJECT?

The Doctors of the World in Greece have identified, during all those years of their action, the increased need for provision of mental health and psychosocial support services, especially for the most vulnerable who face multiple barriers to accessing the national health system.

The project, implemented from January until September 2018, aimed at tackling the problem of vulnerable populations with mental health issues, both migrants (asylum seekers and refugees) and

Greek nationals who are destitute by providing them access to mental and psychosocial support and by ensuring that they can exercise their basic human rights. This was achieved through the provision of necessary mental health care and psychosocial support services, capacity building to the public mental health professionals and data collection as well as testimonies through which the inadequacy of the public system will be highlighted.

Cooperate to operate
<https://coop.norsensus.no/a-greek-business-consultancy-company-and-ngo-working-for-skill-development-of-young-people-with-mental-health-issues/>

Cooperation between ASSET Technology, a Business Consulting company established in Athens Greece, with EPAPSY, the Association for Regional Development and Mental Health led to the establishment of the Social Cooperative "Heliotropio", dedicated to youth with low skills and mild mental health problems, which aims their social integration through employment. Through the development of Heliotropio, people with mental health issues will have the opportunity to enhance their skills and professional competences, while working in safe environments.



An interesting tool that Youth workers could use, in order to motivate and promote the inclusion of young people is the Theatre of the Oppressed. The “Theatre of the Oppressed” (TO) was found by Brazilian Augusto Boal in the 1960’s. This form of artistic performance describes theatrical forms which are influenced by the work of the educator and theorist Paulo Freire. Boal’s techniques use theatre as means of promoting social and political change. In the TO, the audience becomes active and as “spectators” they explore, show, analyse and transform the reality in which they are living. TO is one of the most powerful tools available to empower positive change in disadvantaged individuals and minority groups in modern society. Every Youth worker who is interested in using theatre as a tool for action and for inclusion would be nice to obtain basic knowledge and practical experience of the Theatre of the Oppressed, as well as in other participatory approaches or similar techniques.

The aims of a Tool like that are:

- To promote and support the artistic expression of young people.
- To utilise the TO as a method of examining the problems that the young people may face in relation to the society, they live in.
- To influence the youth in ways that educate and create lasting change in the communities.
- To discuss via art.
- To enhance the sharing of personal stories.

UNITED KINGDOM: Youth Work in a UK context

Youth Work is a way of working with young people that has been thought up and practiced by human beings- in all their diversity. Its definition has always been a matter of sometimes fierce debate; it has responded to changed economic and social conditions resulting over time in very different terminology, core features and incorporation of new ones. Youth Work has its origins in the clubs and projects set up by voluntary organisations – often with a religious intent - in the 19th century. Many of these, such as the Boys’ Brigade and the Young Women’s Christian Association, still exist today as national voluntary youth organisations. State recognition for Youth Work dates from the outbreak of war in 1939. Since then, youth services have developed as a complex network of providers including community groups, voluntary organisations and local authorities.

Training and qualifications

There are two types of nationally recognised qualifications in Youth Work, and most posts require postholders to hold, or to be working towards, one of these qualifications. These qualifications are for youth support workers (preprofessional/vocational qualifications) and for professional Youth workers. The youth support worker qualifications

are National Vocational Qualifications (NVQs), and Vocationally Related Qualifications (VRQs). NVQs and VRQs are offered in the workplace by employers, sometimes in conjunction with a local further education college. NVQs and VRQs in Youth Work are currently available at Level 2 and Level 3. Level 2 is for individuals working face-to-face with young people in supervised roles. Level 3 is also aimed at those who are involved in direct face-to-face work with young people, but who work under their own initiative, and have additional responsibility for supervising other people, leading projects and developing their organisation. The training programmes are intended to enhance learning achieved through experience in the workplace. Assessment is based on the worker’s ability to demonstrate their competence in a range of skill areas using many types of evidence, and will take place over a period of time to suit the individual. In addition, employers should provide a range of training and learning opportunities to promote their staff’s continuing professional development. Professional Youth workers are required to hold Higher Education qualifications – Dip HE, foundation degree, BA (Hons), PG Certificate and MA. The different higher education qualifications vary in length:

- Dip HE: two years full-time and part-time equivalent;
- Foundation Degree: two years full-time, employment based;





- BA (Hons): three years full-time and part-time equivalent;
- PG Cert / PG Dip: one year full-time and part-time equivalent;
- MA: one year full-time and part-time equivalent.

These are currently offered by around 38 English universities and colleges of higher education. Courses are available for both full and part-time study and require completion of substantial field work placements. A few institutions offer distance learning programmes. Since youth and community workers work in a wide range of settings, higher education qualifications reflect different occupational needs, and have a range of titles, including youth and community, community and youth studies, childhood and youth studies, and informal and community education. Most universities have a minimum entry requirement involving experience of paid or voluntary Youth Work. While most universities stipulate minimum academic entry requirements, all institutions offering youth and community work qualifications welcome applications from those without 15 academic qualifications providing they can show that they have relevant experience in Youth Work and have the ability to complete the course.

Contexts of Youth Work

Youth Work focuses on personal and social development – the skills and attributes of young people – rather than to ‘fix a problem’. It is an educational process that engages with young people in a curriculum that deepens a young person’s understanding of themselves, their community and the world in which they live and supports them to proactively bring about positive changes.

Youth Work happens in youth centres, schools, colleges, parks, streets and shopping precincts. Youth Work methods include support for individuals, work with small groups and learning through experience. Youth Work offers young people safe spaces to explore their identity, experience decision-making, increase their confidence, develop inter-personal skills and think through the consequences of their actions.

Youth Work settings include:

- Youth clubs and centres provided by local authorities or by voluntary and community organisations. These may cater solely for young people, or may incorporate provision for young people within broader community facilities.
- Other building-based settings including libraries, churches and mosques, or hospitals and GPs’ surgeries.
- Detached or street work: meeting and developing purposeful relationships with young people in pub-



lic spaces, such as parks, bus shelters, shopping centres or on the street.

- Mobiles: converted buses or other vehicles taken to particular localities, offering young people opportunities to meet together, take part in structured programmes and gain access to resources, information and advice.
- Schools and FE colleges: Youth Work contributes to formal education, particularly through PSHE (personal, social and health education) and citizenship education, as well as non-formal provision during and outside school hours. By 2010 all schools are expected to be 'extended schools', offering additional services including a varied range of activities.
- Sports and arts organisations providing access to specialist skills, training, equipment, and practice and performance space.
- Youth councils and other initiatives through which young people engage in local democratic and regeneration processes and have a say in the development of policies and services.
- Information, advice and counselling projects: providing a range of services from information about local facilities to long-term support for individual or groups of young people.
- Specialist projects: targeting particular groups of young people, for instance young people leaving care, young women or lesbian, gay and bisexual young people, or focusing on specific activities such as arts, volunteering or motor projects.

- Cross-community and international work: bringing together young people from different backgrounds on joint projects.

Youth Work and Mental Health

Mental health and protection systems for young people

According to a survey held in England on the Mental health of children and young people in 2017, one in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed.

According to researches, mental health is the second largest cause of burden disease in England. Half of mental health ill starts by age 15 and 75% develops by age 18. The percentage of young people aged 5-15 with depression or anxiety increased from 3.9% in 2004 to 5.8% in 2017.

According to MHFA England, young people who identify as LGBT+ are more likely to have suicidal thoughts, and to develop anxiety disorders. Statistics revealed that 34% of students in higher education reported having psychological difficulties for which they needed professional help.

There is growing evidence that some types of mental health problems are predictive of negative outcomes later in life. For example, there is a strong, unfavourable relationship between childhood conduct disorder and social exclusion and



poor inter-personal relationships, off ending behaviour and erratic employment. There is also a strong correlation between child and adolescent mental health issues and mental health problems in adulthood. In one study 50% of young adults with a mental health problem had been first diagnosed between the ages of 11 and 15.

In the UK mental health services are free on the NHS (National Health System), but in some case people need a referral from the GP to access them. Children and young people's mental health services (CYPMHS) is used as a term for all services that work with children and young people who have difficulties with their mental health or wellbeing. The age children and young people move to another service can vary, although most services transition at 18. A few services transition at 16, or there may be some flexibility. Transition planning should start around 3 to 6 months before the transition.

The role of GPs is central to providing effective support for young people. Although not all GPs can be expected to have specialist knowledge in this area, they should have adequate training and experience to be able to identify problems early, provide initial support and be able to refer young people to appropriate other services if necessary. However GPs generally report that they have few treatment options to offer people experiencing mental health problems, due to lack of local services or awareness of them, or long waiting lists. According to a survey, nearly all GPs worry that

young people with mental health problems will come to harm because of difficulties in accessing treatments on the NHS.

It has been statistically proved that most people who experience mental health problems recover fully or are able to live with and manage them. Not even though so many people are affected, there is a strong social stigma attached to mental ill health, and people with mental health problems can experience discrimination in all aspects of their lives. Many people's problems are made worse by the stigma and discrimination they experience from society, but also from families, friends and employers.

Working with Young people

Youth worker in mental health

Work with young people around mental health related issues have traditionally not been regarded as part of the Youth Work role. Until recently, mental health was not thought to be the business of Youth workers and there was little focus on this area in Youth Work training. Youth workers are very aware that they are not counsellors or contributors to the stigmatisation of young people. However, it is becoming more prevalent for young people's services to integrate and work with other services like health, with alternative approaches increasingly being explored.



Youth workers could be particularly effective gateway providers to mental health care as, generally, they are well-engaged with young people and are often in contact with those who are most vulnerable. According to a research from the Mental Health Foundation, for some young people, simply taking part in activities when emotions and feelings are not declared off-limits, and where staff and other young people understand if problems arise, can be revelatory.

Right Here was a five-year young people's mental health and wellbeing programme developed and managed by Paul Hamlyn Foundation and the Mental Health Foundation; it ran from 2009 to 2014.

The Right Here programme has found that youth organisations are in a very good position to support the mental wellbeing of young people.

Five reasons youth agencies should make mental wellbeing an important part of their work:

Youth agencies are often more acceptable and accessible to young people than traditional health services¹.

Youth agencies often reach vulnerable young people at increased risk of developing mental health problems².

Early intervention in mental health problems amongst young people results in better outcomes in adult life³.

All interactions with young people offer the opportunity to promote mental wellbeing⁴.

Many of the activities youth agencies undertake are, by their nature, already improving mental wellbeing.

Young people's skills to be improved by Youth Work

The period of transition into adulthood is a critical time in a young person's life. It is crucial to work towards breaking the cycle of mental ill health at this stage to avoid problems continuing into adulthood. Specialist care, tailored to address the needs of young people in these years, can be vital. In addition to treatment and care which addresses the mental health problem, young people need to be supported in planning a way out of services, and in building up skills and confidence to take with them into adulthood.

In order to improve the mental health of children it is important to focus on the improvement of the following skills:

- Building social skills and friendships: loneliness is likely to have a negative impact on mental health;
- Focus on a good diet: food can affect the mood of people;
- Exercise is important for the body and for the emotional wellbeing;
- Improve the self esteem;
- Take time to relax.



Models & Tools

There are several tools and workshops for Youth workers who want to be aware of mental health. An example is the **Youth workers Guide to Mental Health and Well-being**.

The Mental health foundation with the “Right Here” programme developed activities and opportunities for Youth workers who could be informed about mental health and wellbeing principles. It has been found out that there are six areas of benefit for young people from being involved in the mental health-informed Youth Work approach offered by Right Here.

- Mental health awareness;
- Confidence in opinions;
- Changing behaviour: handling anger and distress;
- Relationships with family;
- Responding to challenges and opportunities;
- Pursuing opportunities beyond Right Here.



ROMANIA: Youth work as a profession and the challenges of the professional context

Legislative framework

The occupational standard for “Youth worker” (COR 341205) was developed in 2012 and has not been revised since then, although - through projects implemented in the past years by both Ministry of Youth and Sports (MTS), as well as non-governmental organizations with funding from MTS or through the Erasmus (+) program - the youth activities sector has experienced a progressive professionalization). In this context, it is necessary to revise the occupational standard “Youth worker”. At the same time, in the Nomenclature of Occupations in Romania is included the occupation “Counselor of Youth “(COR 235920), for which, however, an occupational standard is not included in the list of standards for education and training. Thus, the differentiation is still unclear in terms of attributions, responsibilities and competencies required for each of the two occupations and at the moment, it is not possible to hire youth counselors in public institutions, NGOs and companies private.

Training and qualifications

The professionalisation pathway available for Youth workers is through training courses organised

under the continuing professional development system in Romania and are regulated by the National Qualifications Authority. These courses can be organised by the Ministry, NGOs, private training centres and basically and training provider authorised who receives from the National Qualifications Authority the authorisation to deliver a course for Youth workers. The course certificate is formally recognised by the Ministry of Education.

The duration of the course may vary from provider to provider and so is the course curriculum, provided that by the end of the course the trainees acquire the competences listed in the National Occupational Standard for Youth worker. Anyone who holds a highschool diploma (equivalent to EQF level 4) can access a Youth worker training course. Romania is a centralised state and national regulations for Youth workers apply at all levels, both locally and regionally.

Contexts of Youth Work

The Youth worker, for which an occupational standard exists, can operate in the following institutions and organisations:

- Non-governmental organizations
- Youth and leisure centers
- State institutions
- Houses of culture
- County Youth Directorates



- Ministry of Youth and Sports and other Ministries (eg Ministry of Labor, Family, Protection Social Affairs and the Elderly, Ministry of National Education and Scientific Research, Ministry of Health, etc.).

Youth Work and Mental Health

Mental health and protection systems for young people

The most commonly identified mental health problems among children and adolescents were anxiety disorders (13%), ADHD (5%), affective disorders (3.5%), conduct disorders (2%), and drug addiction. Additionally, approximately 1 in 500 children are diagnosed every year with autism spectrum disorders. Approximately 9% of Romanian children require mental health care every year. Based on data from the Health Behaviour in School-aged Children (HBSC) national representative survey from 2014, 24% of girls and 11% of boys of 11-15 years old reported poor mental health. Moreover, 35% of girls and 25% of boys reported feeling sad in the week prior to the study. Other reported symptoms were: lack of energy (30%), irritability (25%), anxiousness (24%), and sleeping problems (20%). Body image concerns and dissatisfaction were also risk factors for positive self-image, self-esteem, and emotional well-being. One in 3 girls of 15 years old perceived

themselves as being overweight and had negative feelings about their body.

Bullying is another relevant risk factor for mental health problems among adolescents. Bullying, the expression of interpersonal power through aggression towards another, was a behaviour reported by 30% of boys and 19% of girls, at age 15. On the other hand, 17% of boys and 11% of girls reported being victims of bullying at school in the past couple of months. Data from 2014 HBSC report shows that cyber bullying was experienced by 5% of boys and 3% of girls of 11 years old. This phenomenon seems to be decreasing to 3% of boys and 2% of girls at the age of 15 years old.

Data from a national survey on adverse childhood experience showed that more than 25% of youth were exposed to physical and emotional abuse inside the family in the first 18 years of life. Sexual abuse was reported by 9% of the participants, with girls reporting significantly higher levels of sexual abuse than boys. Abuse in childhood was associated with additional health risk factors later in the life.

According to Eurostat, the suicide death rate in Romania for adolescents aged 15 to 19 decreased from 6.6 per 100,000 persons in 2011 to 5.8 in 2012 and to 5.4 in 2013. However, research indicates that more than a third (37.8%) of adolescents admitted to know someone with suicidal thoughts, 15.8% had suicidal thoughts themselves, 13.5% wanted to commit suicide and 5.6% had at least one suicide attempt.

Children needing mental health care mainly visit general practitioners (85.1%) or paediatricians (38.6%). That being said, approximately 75% of children do not receive any mental health services (Kovess et al., 2015). Services for children and adolescents are insufficient and unequally distributed across the country (i.e. urban vs. rural areas). Clinical psychology, psychotherapy, counselling, outpatient support, psychosocial interventions and rehabilitation services for adolescents are undoubtedly insufficient. To date, the most accessible therapeutic services are pharmacological treatments.

In fact, mental health services for children and adolescents in Romania are currently offered in 15 major psychiatric clinics and 20 Mental Health Centres (Save the Children Organization, 2010). Psychiatry services are also in great need of development: Romania has one of the lowest numbers of professionals working in mental health in Europe, with 4.7 psychiatrists and 22.4 nurses per 100,000 inhabitants (World Health Organization, 2008). The public mental healthcare system for children still focuses more on curative actions than on the preventive side. So far, there has been a limited number of awareness campaigns promoting the rights and needs of children with mental disorders or encouraging their social inclusion and prevent discrimination.

According to the *National Child and Adolescent Mental Health Strategy (2016-2020)*, the public

mental health services are being offered within the following structures: 22 psychiatric wards and paediatric psychiatric wards in hospitals, 29 mental health centers for children, 7 day care and 21 outpatient clinics.

The strategy also foresees the integration of health services with the educational system, social services and dedicated services from the justice system. The strategy has no reference to Youth Work and the implications of Youth workers in supporting children and adolescents with mental health issues.

Working with Young people

Youth worker in mental health

There are no explicit national indications when it comes to the role of the Youth worker in mental health, however the occupational standard for Youth worker corresponds (according to the Romanian classification of occupations) to the sector 'health and social work'. In relation to a potential involvement of the Youth worker in mental health, the occupational standard describes the following elements in relation to the mental health of young people:

- Communication: knowing the problems of community members, relating positive relationship between the health mediator and community

members, transmission to the authorities accurate information on the *health of the community*;

- Knowledge of young people characteristics: level of education, *psychosocial development*, physical development, *health*, skills, interests, values, motivations, skills, attitudes;
- Knowledge of psychological elements specific to young people;
- Knowledge of groups dynamics and psychology;

As described in the national occupational standard in Romania, the Youth worker should have the following competences:

General units of competence

- Unit 1. Planning activities
- Unit 2. Application of legal provisions regarding safety and health in work and in the field of emergency situations
- Unit 3. Application of environmental protection rules
- Unit 4. Carrying out teamwork
- Unit 5 Communication with beneficiaries

Specific units of competences

- Unit 1. Designing the personal and professional development plan
- Unit 2. Informing the beneficiaries
- Unit 3. Supporting the non-formal learning process among young people
- Unit 4. Development of community cooperation

Young people's skills to be improved by Youth Work

Even though not specifically connected with interventions on youth mental health, the occupational standard does foresee a set of knowledge and skills that could have applicability in the context of working with young people who experience mental health issues:

- elements of youth psychology
- personal assessment techniques
- effective and assertive communication methods
- evaluation methods, techniques and tools
- groups dynamic and psychology
- motivational techniques

Models & Tools

The Non-Formal Road to Mental Health - Toolkit for Youth workers

This toolkit was created during the international training course "The Non-Formal Road to Mental Health", funded by Erasmus+ and organized by Minte Forte association from Cluj-Napoca, Romania

Aims of the tool

The methods included in this toolkit focus on the following objectives:

To raise awareness on the importance of non-formal education and its principles.



To introduce examples of non-formal education methods that can be used in mental health promotion.

To develop competencies in designing and implementing activities which promote mental health, based on non-formal education methods.

The *Toolkit* is available here: https://www.salto-youth.net/downloads/toolbox_tool_download-file-1144/Toolkit-%20The%20Non-Formal%20Road%20to%20Mental%20Health.pdf

Working with mental health in the youth field - Natural Minds

This material is a collection of information, concepts and practices, distributed in three areas of mental health and positive education.

Aims of the tool

Increasing the understanding of the social, psychological and economic characteristics of young people with low opportunities, especially those with mental health problems. Developing the professional capacity (knowledge, abilities and attitudes) to work with young people with reduced opportunities, especially with young people with mental health problems.

The NGO MinteForte ([www. Minteforte.ro](http://www.Minteforte.ro)) is one of the leading organisations in Romania who carry on work on mental health with a focus on young

people and Youth workers. In the period 2019-2021 they are implementing the ERASUS+ project *Highway to Mental Health*, that aims to increase the capacity of Youth workers and organizations in the mental health field to work towards the development of Emotional Resilience in youth.

Through this project, a handbook and an e-learning platform for mental health promotion will be created. These are meant to be used directly by the Youth workers in their communities, with their people, focused on the topic of Emotional Resilience. These will contain methods, tools and activities that can be easily carried out by any Youth worker, these educational tools will be created so that they can be used in diverse settings, and with minimal adjustment and resources.

PRESENTATION OF INTERVIEWS: FOCUS AND ACTORS

Interviews with youth workers in the four European countries represent the first of the two focuses of the survey project. They were asked for a testimony on their role in the light of their experience. Focal points of the analysis were: the self-description of the functions and skills exercised in their intervention towards young people struggling with mental health problems and the indication of the most significant competence; the distinction of one's own intervention from that of other mental health professionals; the needs of young people to be taken into account in carrying out the intervention. These are three crucial questions to verify if there is a strong and distinct identity of this figure, and, if so, to urge the need to codify the characteristics, contents and skills of the youth worker at European level.

Youth workers who have been involved in the research meet the following basic requirements:

- they work in contact with young people with psycho-emotional problems;
- they use “non-formal education” tools and operate in a variety of contexts (social, health, cultural,

educational, sports, etc.) outside education systems and clinical settings considered classic;

- they promote the development of young people's socio-emotional skills, participation in social life and the enhancement of their contribution;
- they enhance the relational dimension, in the group and in the network of relationships within which young people are inserted (family, peer group, or community to which they belong).

The youth workers who collaborated with the researchers represent a **sample of 79** individuals (58 of them female) with an average age of 35, well distributed in the five research groups. Almost all are graduates or undergraduates and with experience in the field (Table 1). Their training courses before reaching this job were varied and heterogeneous, but generally characterized by a strong motivation towards working with young people, also on a solidarity basis.

Each of the five partners also organized focus groups made up of young people (overall 57, on average 11 per group, aged between 20 and 25, mainly males) with some form of mental illness following which they came into contact with youth



workers (Tab.1). They too were asked three questions during the collective interview: description of the qualities and skills that a youth worker (YW) should have; skills and abilities that a YW can help develop in a struggling youth; differences between a YW and other mental health workers.

Youth workers: a reflection on the profession, recognition and role in supporting young people with mental health needs

Competencies required for the youth worker

The functions and skills, in their typology, respectively configure the tasks and the tools (“the tool bag”) of the YW’s operations.

The answers on functions and, above all on skills, are variously numerous, defining this figure of a considerable professional and human depth.

The interviewees emphasize the skills more and dwell less on the functions that for some are implicit in a role that is mainly oriented towards favoring/ accompanying the formative growth of the young person, and therefore invested with a “socio-educational” mission. A variant of this approach is represented by the “psycho-educational function”, especially if exercised by operators with a more specific preparation.

On the other hand, the importance is evident regarding the psychological elements of working

with young people and the achievement, through personalized projects, of objectives such as the strengthening self-perception, self-esteem, the ability to practice social relationships, to develop a thinking about the unrecognized emotions acted upon, and to offer support and trust with respect to psychological fragilities.

Of particular importance, and in connection with the previous one, is the “relational function”, being operators who build social bonds with “users” in “doing together” informally, in emotional exchanges, in planning shared objectives. Acting as a “guide” of personal development and as a “facilitator of learning processes” are also ways of being and operating that are considered essential to this interactive function.

To this is the necessary corollary of “**mediation**” or “**intermediation**”:

- between the inner world and the outside world, with which the young person must relate;
- between self-perceived needs and explicit demands;
- between needs, concerns and expectations of parents and service operators;
- between the needs of the individual and the group.

The **skills** necessary for the YW are framed in three types referring to values, knowledge and skills:

- the basic ones, which recall attitudes and values that characterize the personality of the operator;
- the **empathic ability**, which creates the basis for the young subject to feel welcomed, accepted, and that allows active and interested listening to what the young person has to say, understanding their motivations and difficulties;
- listening to and accepting the fragilities and the strengths capable of opening a dialogue and developing a relationship of trust.

More interviewees also mention among the basic skills: sociability, openness, curiosity, patience, calm, spontaneity, consistency, resilience, honesty, balance, and awareness of one's limits. These are **the human skills** necessary in a context in which the operator is the main tool of his work, both because he invents and organizes his interventions, and because he acts by constantly relating to users and their context of life.

Then there are the skills defined as **“technical”**, connected with one's *modus operandi*, such as organizational capacity, which must have characteristics of flexibility in the planning of interventions, designed on the basis of objectives and tools to

be shared and constantly re-discussed, adapting them to different situations and environments, to the group, to the needs and options that emerge, allowing each user to find a personal way to express themselves and to be in the group. This requires the youth worker skills of creativity, promptness, the ability to provide practical help, and the willingness to continuously develop skills. He also needs communication skills for its intrinsic relational and motivational function. Less emphasis is placed on the provision of theoretical knowledge of the YW such as the ability to use non-formal working methods and specific learning techniques given that “there is no common intervention methodology that can guide the practice”.

Then there are the skills of the **psychological training**:

- observe the inner world of young people with psyche related difficulties;
- recognize emotions and support them;
- knowing how to read the dynamics of relationships in the reference contexts (family, relationship with the individual young person, between him and the group, services) and encourage the inclusion of all;
- understand suffering and respect it by going beyond clinical diagnosis and without going beyond the limits of one's role.

- taking responsibility in knowing how to catch early signs of psychological crisis and support the young person in asking for help from services.

The respondents from the various countries converge in defining the complexity of this profile in the descriptive details without significant differences. The prevailing functions and skills are highlighted in all four countries resulting in a mature and well-defined conception of the Youth worker who works with young people struggling with a difficult path of their existence, not only in transition to adulthood.

The features that distinguish the youth worker

The distinctive aspects of the YW with respect to mental health service operators are well highlighted, beyond the different training and specialization path. The interviewees clarify, first of all, their different purpose or mission, which is not to cure but to integrate, is not a technical intervention but a promoter of potential and resources for the young person. Their socio-educational role is structured through non-formal activities, within a non-rigid setting, neither structured nor predefined by the operator, but co-built with young people. The YW thus seek to create equal and reciprocal relationships; in this sense, they act as "complementary" to those relationships formalized by the

services. This symmetrical relationship allows more time to be spent "to do together", and greater trust, sharing and participation of young people. In this context, the operator is defined as a "reference figure" who, thanks also to generational proximity, can stimulate mirroring and coping strategies, through experiential learning.

In this way, because of the lack of power of his professional role, as it could be reflected in collective representations, or thanks to this circumstance, the youth worker is able to offer young people a flexible approach, centered on relationships and on multiple experiential learning initiatives, so that they can express themselves freely. Even where this figure is recognized and codified and is part of a multi-professional team, the youth worker can represent an element of mediation and proximity, acting as a "hinge" between the young person and educational, socio-health and third sector institutions, facilitating early intervention, help-seeking and therapeutic alliance. For the same reasons, intermediation with agencies and professionals offering recreational, laboratory, training and work opportunities can be favored (as reported in the experiences in the UK, Romania and Italy). The Greek experience is also an expression of a broad commitment in all areas and conditions of youth life (and not only) in civil society organizations.



The needs of young people with mental health problems according to youth workers

Youth workers respond first of all to the needs related to the internal world of young people, promoting the acquisition of self-awareness, self-acceptance and understanding of their emotions, in a context that does not confirm the stigma, but rather favors the feeling of being recognized and heard.

This implies the need for the young person to "re-train the relationship with the other on an affective and cognitive level" being able to count on the assistance of the operator who is available to support and contain him during practical activities with others, in an aggregative space or laboratory. The response to these needs takes place in a privileged way in the peer group that satisfies both the need for socialization and belonging as well as that of experimentation and self-expression. In this context, protected and playful, the young person plays a role, learns more adaptive relational methods, learns to manage his own emotions, reflects himself in others¹, builds new relationships, tests

¹ One practitioner says: "In listening to the experiences of others I mirror myself, I recognize myself, I can feel less alone, I can find answers to my questions or I can simply feel listened to and understood, supported".

himself, participates in activities aimed at objectives, discovers skills and resources that he "recognizes and integrates as parts of himself". From the group there is then the transition to society, with the possibility to draw on the resources and opportunities of his own insertion community and the YW can still perform an important intermediary function.

This working scheme is more strongly supported by practitioners who manage activities in laboratories or day centers where they allow their patients to experience their own individuality without being exposed to negative experiences, but favoring positive relationships and acquisition of skills and abilities. Overall, the interviewees indicate this path is useful for recovering trust in oneself (self-esteem) and in others (interpersonal skills) and aimed at increasing autonomy as an expected outcome of the service, as well as a goal for the future of young people.

Giving voice to young people

What do young people expect from a youth worker

The correspondence or coherence between the YW's and the YP's answers is evident. The latter, with a simpler language, identify the cornerstones of the YW in the keywords already expressed by the animators: empathy (listening, non-judgmental understanding but also "seeing the world from our point of view") relationship ("good communication"), welcoming and motivating service and positive human qualities.

Organizational skills ("knowing how to plan and manage activities"), knowledge of methods and techniques, creativity in planning and organizing activities are also mentioned. For young people it is the human depth that emerges as a priority, and it is no coincidence that they emphasize aspects such as sympathy, feeling, being friendly, passionate about the work, "able to excite and get excited". "One of us", one could say, with whom "to do together", but also a reference person ("source of inspiration to improve", who "shows me a way", who is "able to orient me", to "give meaning and offer different points of view"), perceived as "solid in their self" and who "must not have our same difficulties, or have overcome them, and, even better if they lived them".

It is also significant that the richest and most articulated answers come from the experience of those who participate in the expressive-occupational workshops where those who lead them appear closer to the youth worker profile previously represented.

In the responses of the young people interviewed, it is clearly highlighted the positive value of a person able to involve them, "who encourages and motivates to achieve goals", "able to push self-motivation on the basis of a deep understanding of themselves", "capable of making things desired rather than fulfilling the duty to do them or impose them", "to make me understand how to use my potential and recognize my strengths exploiting them, in order to make myself ready to get involved", "capable of getting in touch with the inner part of each of us".

How can you truly help young people

The answers about which skills and abilities a YW could help develop in a young person experiencing difficulties related to his mental health are oriented in three directions, which represent constant themes when describing the mission of this figure:

- to bring young people into contact with their inner world in terms of "self-awareness", of "when/how to ask for help" ("help the young



subject to understand his difficulties and to work on them") and how to increase the sense of self-efficacy (recovery of motivation, self-esteem, goals building, self-determination);

- be the intermediary of the relationship with others for a greater relational capacity ("knowing how to communicate", "trusting others"), along with the function of facilitator of the communication in the group, as a "bridge figure" to the outside world ("capacity for social adaptability", reflecting "an optimistic view of the world");
- make young people acquire personal abilities (life skills, autonomy, skills such as resilience and patience) and support them in recreational and school activities, offering information, advice and guidance.

Youth worker, this is how you are different!

Even on the differences between the YW and other mental health workers, young people are mostly aligned with the views expressed by YWs.

Almost everyone agrees on the field distinction between the two figures, recognizing that the YW cannot perform the typical functions of a mental health worker, even if the task of the first "is no less delicate" and can provide psychological support. In fact, he "must reconcile practical activities with the psychology of youths", but in a dimension mainly oriented towards the outside. Only two testimonies reveal the fear of being treated in relation to the disorder: "you must not psychoanalyze me", "you do not focus on the disease, on the symptoms, do not consider the person as the disease itself ... but please focus more on the interests of the person, about the future".

Unlike the sample of practitioners, young people never mention the vehicular role that YW could play towards mental health services in the event of a crisis or worsening of their disorders, a role which is also desirable for an operator inclined to listening and careful observation for young people. They consider the youth worker a complementary and different figure because they are flexible, can act in various contexts (at the day center or at home, in group contexts or, as an adult companion), "knows the issues and the problems of young



people", to which he is also close in age. For this reason "he speaks a less technical and more youthful language" and reveals an aspect of normality: "He does not have a gown". The "Proximity" is also detected by the type of relationship, defined as "equal" ("more informal", "more friendly") compared to the "detached" or asymmetrical one that can be experienced with health workers. A lighter presence ("more carefree, fun", "relaxed and easy to talk to") that "in everyday life can be more of company", "a close figure who encourages you, but also with whom to share something". To some they are "more straightforward and honest" for example in "not hesitating to oppose their behavior if necessary." Ultimately, the young people reiterate that the specific field of intervention of the youth worker is that of animation and management of groups with the proposal of shared activities inspired by "experiential learning" and creativity, trying to excite young people about some interest and to stimulate them to be active and proactive. Looking at the future.

CONCLUSIONS

On the figure of the youth worker there is now a clear interest of the European institutions to give impetus to youth policies in Europe in the field of non-formal and informal training by supporting youth leadership and using real socio-educational or socio-cultural practitioners. While the practice of youth work has certainly established itself, there is still no shared definition at European level of the figure of the youth worker characterized by a widely recognized portfolio of skills. From the interviews however, a clearly identifiable operator profile emerges, indicative of a widespread practice, although officially recognized in only two of the four countries of the project (Romania and the United Kingdom) where, not surprisingly, this figure is integrated into the services dedicated to the target audience to which they are addressed: adolescents and young adults. In the case of this research, the youth target, struggling with the evolutionary challenges of the path of growth and social inclusion - today more problematic than in the past - is characterized by emotional and psychological difficulties if not represented by young users of mental health services. In this context, the

practitioners of a virtuous and non-formalized path, work either on a voluntary basis, within non-governmental or third sector organizations (Greece and partly Italy), or as psycho-social rehabilitation professionals in complementary services to those specialized in mental health (United Kingdom, Romania and partly Italy).



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TEAM

ITALIA – Fondazione Internazionale Don Luigi Di Liegro onlus

Anna Maria Palmieri *Psychologist, Researcher and Project Manager*

Antonio Maone *Psychiatrist and Researcher*

Renato Frisanco *Sociologist and Researcher*

Giuseppina Corso *Psychologist and Researcher*

Lavinia Fagnani *Psychologist and Researcher*

Giorgio Veneziani *Junior Researcher*

Silvia Quaranta *Junior Researcher*

ITALIA ASL Roma1 – Prevention and Early Intervention in Mental Health (PIPSM)

Giuseppe Ducci *Managing Director, Researcher*

Gianluigi Di Cesare *Head of PIPSM, Researcher*

Carmelo La Rosa *Coordinator of Complex Mental Health Assessment at PIPSM, Researcher*

Teresa Tricomi *Head of Day Care Center for Young People at PIPSM, Researcher*

Patrizia Brogna *Clinical Executive Psychologist and Psychotherapist at PIPSM, Research's Coordinator*

Margherita Zorzi *Clinical Psychotherapist and Researcher*

- The whole PIPSM's staff was directly involved in the project's activities.

GREECE – IASIS NGO

Marianna Anagnostopoulou *Psychologist, Researcher and Trainer*

UNITED KINGDOM – Merseyside Expanding Horizons

Stacey Robinson *Psychologist and Project Manager*

Nicola Daley *Chief Executive*

Cinzia Miatto *Project Manager and Researcher*

ROMANIA – Centrul Pentru Promovarea Invatarii Permanente

Maria Toia *Educator and Researcher*



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- Sefton Youth Service



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A European research report on competences of Youth workers and needs of young people

Website: www.youpromeproject.eu

Mail: info@youpromeproject.eu

Facebook: [YouProMe](https://www.facebook.com/YouProMe)

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