



Ministerie van Volksgezondheid,  
Welzijn en Sport



Nederlands  
Jeugdinstituut



# Peer review on the participation of young people with mental health issue

## Part I

### “Towards a mental health care-informed youth work and a youth involved-mental health care”

**Report of the first expert meeting of the  
peer review on young people, youth work and mental health  
2 - 4 November 2016  
Lloyd Hotel, Amsterdam**

Organized by the Dutch Ministry of Health, Welfare and Sports, together with NJI (Netherlands Youth Institute) and NJR (Dutch Youth Council) and in association with the Finish Ministry of Education and Culture and the Finish Association for Mental Health

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*This report is a reflection of the first meeting of the peer review Peer review on the participation of young people with mental health issues, “Towards a mental health care-informed youth work and a youth involved-mental health care”. Authors of the report are Remi Goossens of ICDI and Caroline Vink of the Netherlands Youth Institute, under the supervision of Mrs. Christie van Stiphout who has the overall coordination of the peer review.*

## Introduction

While most young people are healthy, both physically and emotionally, one in every four to five youth in the EU in the general population suffer from mental health issues. Young people with mental health problems need extra support if they are to fully participate in society. This important issue is high on the agenda in many European countries. Promoting the health and well-being of young people is one of the eight fields of action in the so called “European Youth Strategy”, Council Resolution on a renewed framework for European cooperation in the field of youth 2010-2018 ([http://ec.europa.eu/youth/policy/youth-strategy\\_en](http://ec.europa.eu/youth/policy/youth-strategy_en)).

The Netherlands EU presidency in the first half year of 2016 underlined the importance of this topic and put it on the agenda during several meetings and seminars during the EU Presidency.

After the Presidency the Dutch Ministry for Health, Welfare and Sports has taken the initiative to pursue the theme in a so called Peer Review together with Finland. The Netherlands, Finland, Ireland, Cyprus, Malta, Romania, Greece and Scotland will investigate the topic of the participation of young people with mental health issues and the role of youth work. The peer learning wants to start discussions leading to increased co-operation at European level around the following key issue: **What do young people with mental health issues need in order to fully participate (in society, school, and work)?**

The peer learning activity will be spread out over the course of 1,5 – 2 years where three seminars will be organized in different countries. The Netherlands has organized the first peer review in Amsterdam from 2 to 4 November 2016. The second meeting will be in Helsinki, Finland, from 7 to 9 June 2017 and the last meeting will most likely take place in the Netherlands again in the autumn of 2017

This is the report of the first meeting of the Peer Review that took place from 2 – 4 November 2016 in the Lloyd Hotel in Amsterdam. The first meeting was focused on the role of youth work (formal and informal) in relation to participation by young people with mental health issues.

From 8 countries across Europe (Cyprus, Finland, Greece, Ireland, Malta, Romania, UK(Scotland) and The Netherlands ) 25 people from different professional backgrounds participated in this first of three peer reviews: 12 youth workers or professionals working directly with youth, 7 people working in mental health care services 6 representatives of governments and 4 young experienced experts. On the last day there were also an additional group of young people present being experienced experts with mental health issues. This part of the programme was youth led and the young people shared their views and gave input on the topic.



The composition of this report is as follows:

## Part 1: Impression of the three days

- Day 1: Introducing the subject from the point of view of research, policy and practice and an insight from an experienced expert.
- Day 2: Focus on the present situation in the participating countries and short introductions from (good practices) and a field visit.
- Day 3: Presentations and youth led session with young experienced experts.

## Part 2: Group discussions

- On policy and research
- On collaboration between services
- On youth participation

## Part 3: Conclusions & evaluation

- Conclusions and a bridge to what the delegations will take home and to the next peer review in Finland.

Appendix  
Programme  
List of participants

## Part 1: Impression of the three days

### Day 1: Introducing the subject from the point of view of research, policy and practice and an insight from an experienced expert

The first day of the meeting was opened by Mrs Bonita Kleefkens, director of the Youth Directorate at the Dutch Ministry of Health, Welfare and Sports. She kicked off with an important reminder why the participants came together: “To learn from each other, how we can do more for young people with mental health issues, start or strengthen cooperation and talk with instead of about young people. What are the problems and solutions from their point of view? With a focus on what we can do.”

In her presentation Mrs Kleefkens challenged us on the questions:

1. What do young people with mental health issues need to participate?
2. How can we empower young people, what is needed for inclusion?
3. How can we support low threshold youth work?

Aim of first meeting of the peer review:

Integrated working and partnership - the low threshold role of youth work

The role that youth work can play in the lives of young people has long be underestimated. The element of being easy accessible and a low threshold is a key aspect of youth work, which can be complementary to mental health services. Youth work and youth services can play a crucial role in promoting mental health and also has a lot to offer for young people suffering from mental health issues. Youth work is a basic provision and plays an important role in the leisure time and personal development of young people. It creates links between young people and their environment. Youth work also works from the perspective of creating meaningful relationships. All these aspects can be very valuable in the creation of partnerships with other services for young people with mental health issues such as education, employment and health services. This peer review aims at exploring innovative partnerships.

After this we were given a challenging input by an experienced expert, Daniel Krikke. He is an entrepreneur and filmmaker and shared his personal story in “It is never too late”. It is about how his psychologist was finally able to break through to him. After twelve failed attempts of trying to help Daniel it finally was a young doctor, Laura, who managed to reach him by being honest, listen and showing her own vulnerability and making a connection. It was the first time we heard the word *vulnerability*, but it would definitely not the last time during these three days. Daniel told us about four important skills that counsellors should have:

Skill 1: Listen emphatically, not only reflectively. The difference between reflective listening (listening to react) and *empathetic listening* (listening to understand) is explained by Buddha: “When you talk you only repeat what you already know, when you listen you might learn something”.

Skill 2: Be patient. Be vulnerable. Make a connection. Daniel and Laura were talking for one hour every week for a year. Half an hour about Daniels problems, half an hour about anything else.

Laura would always start by telling something about herself, by being open and vulnerable she gave Daniel a change to be open and vulnerable too.

Skill 3: Be honest and have courage if you cannot help. It is a process of trying, failing and trying again – you are there to help when you are needed.

Skill 4: Get an amazing story. Together with Laura, by setting goals, coming up with a strategy and taking action, Daniel finally overcame his mental health issues and now shares his experience to inspire others. He most definitely did this with the participants that first day.

The first afternoon started with setting the scene from a research, policy and practice perspective. Dr. **Sanna Aaltonen** from Promeq, Finland started with a presentation from a **research** perspective on welfare services and youth. She introduced “Working together for the best outcomes for young people with mental health issues”, a presentation of the results of a research project on young people in the social service system.

The aim of the research was to get a clearer idea of what the position is of young people in the social service system and if and how services meet the needs of young people. After having done qualitative interviews with staff from employment offices and 18-29 year old clients, several general conclusions could be drawn:

- The number of clients per one staff member is too high in order to have enough time to build a trusting relationship.
- There is a lack of shared data on young people’s history and pathways through the sector.
- There is a lack of low-threshold mental health services.
- The Finnish Youth Research Society distinguishes three types of clients: victims of recession, worker-citizens in the making, and the “troubled”. The problem is that they are all thrown onto one big pile.
- There is an aim to digitalize welfare services to improve custom friendliness and effectiveness Young people value both online services and personal services, if they complement each other.
- Peer support recognized as a valuable component of youth mental health care

Building on the conclusions of the research, Dr Sanna Aaltonen told us about the ESF project “I am the service!”(2015-2017), which is practical and innovative. It seeks to develop novel models and strengthen existing ones in supporting young people who struggle with mental health issues. In this project young people find the support they need instead of being referred to the next service provider, there is a rehabilitation activity centre for young people, with access to support and activities.

From a **policy** perspective **Rosemary Scott**, Mental Health Promotion Officer of the Nation Youth Council of Ireland gave a presentation about youth mental health care in Ireland.

Healthy Ireland (2013-2015) is a framework for improving health and wellbeing. Healthy Ireland draws on existing policies, but proposes new arrangements to ensure effective co-operation and collaboration across government, the health system and other relevant areas.

Better Outcomes Brighter Futures (2014 – 2020) is Ireland’s first national policy framework for 0-24 year olds. The BOBF policy framework seeks to improve all aspects of health and well-being, reduce risk taking behaviour in children and has a particular focus on promoting healthy behaviour and positive mental health. It is the role of the so called Children and Young People’s Services Committees to monitor the implementation of BOBF on the ground by enhancing interagency co-operation.

They:

- Plan and co-ordinate services leading to improved outcomes for children and young people through local and national interagency working.
- Bring together the main statutory, community and voluntary providers of services to children and young people.

The National Youth Strategy (2015 – 2020) has the objective to have young people enjoy a healthy lifestyle, in particular with regard to their physical, mental and sexual health and well-being. By

- Implementing Social, Personal and Health Education Programme in primary and post-primary schools;
- Implementing Healthy Ireland Outcomes Framework;
- Communicating and implementing National Physical Activity Plan, and
- Supporting the National Youth Health and National Youth Arts Programme.

There are significant things happening in Irish youth mental health care at national and local level.

- A Taskforce was created. Being asked to design and provide leadership for changes that get communities working together at a local level and services working together at a national level to improve supports for young people (0-25 years) so that every young person in Ireland is supported to build their own resilience and emotional wellbeing. Engagement with youth participation is taking place in that process
- Pathfinder: Cross government working group to support a number of Government Departments work together in relation to the 69 actions agreed by them in Connecting For Life - Ireland's National Strategy to Reduce Suicide (2015-2020)
- Youth Mental Health Consultative Group. They bring together a range of professionals from agencies including Youth Work, NOSP, HSE etc. working with young people in the areas of mental health promotion and suicide prevention. The group is involved in a mapping exercise of services and programmes aimed at young people which address mental health, and will make recommendations in relation to enabling young people to access the relevant mental health service in a timely fashion.
- Youth Mental Health Advocacy Group: Is at the early stages of looking to establish if there is a need for a national advocacy programme in the Children and Adolescent Mental Health Service.

From a practice perspective we had two different presentations from a youth organization and from youth work.

One of the most low-threshold organisations dealing with young people with mental health issues is the Scouting. **Monika van Boheemen** working for Scouting Netherlands told us 1 out of 4 children below 11 years suffer from a mental health problem. Most common are ADHD and autism. 75% of people working for Scouting Netherlands are young volunteers, trained but not professional caregivers. By just being there and having no expectations, and with recognition and appreciation for positive behaviour, and with space for social bonding and opportunities for involvement, Scouting Netherlands usually succeeds in guiding children towards adulthood. Nevertheless there is a wish for more guidance and collaboration with professionals from health care services. They'd like theory and practical tools how to deal with children with mental health issues.

**Marc Boers** from Youth Work Rotterdam emphasised the importance of youth work. Like scouting, youth work is accessible for everyone. Youth work is not solving mental health problems (directly), but offers a safe environment – which can help solve and prevent mental health problem (indirect).

### Reflections on the first day

Some of the reflections on research, policy and practice to improve the inclusion of young people with mental health issues that came up in working groups during Day 1:

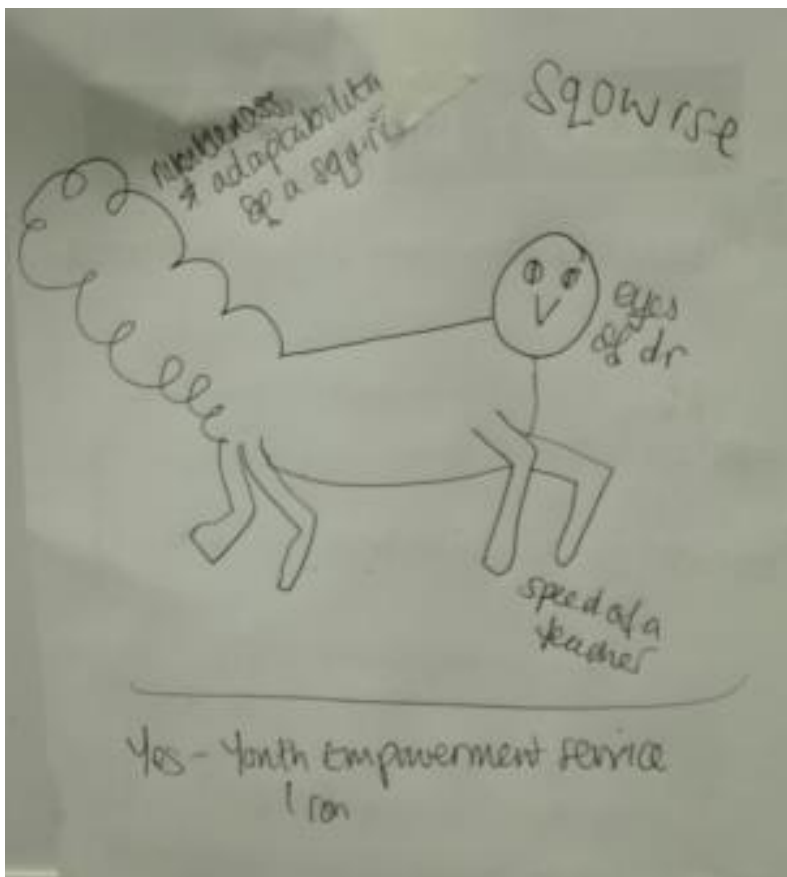
Group 1: Make sure youth work covers a large scope of activities with and for young people, both in groups and individually.

Group 2: There is a need for an EU network for exchanging knowledge and good practices.

Group 3: The need for more/better cooperation between policy, practice (experienced workers) and research.

Group 4: Make sure there is a common understanding of youth work.

Group 5: Youth work needs more credibility. The youth work sector is doing a lot already, there is a need for collaboration where youth work and mental health services can learn from and complement each other's work.



We need a professional like a squorse, speedy as a horse, eyes of an owl and the nimbleness of a squirrel



## **Day 2: Focus on the present situation in the participating countries and short introductions from (good practices) and a field visit.**

### **Country perspectives**

The second day started with country perspectives, struggles and political issues. Here a reflection of some of the issues mentioned:

#### ***Finland***

In Finland they are revising the youth act. 1/3 of the population is below the age of 29. Immigration increases the number of young people esp. in bigger cities which has also an impact on the need of services targeted to young people. In many cases, young people with immigrant background need more assistance in education and have more difficulties in accessing the school health care. A challenge that is being faced is the opportunity for equal access for all young people to services.

#### ***Greece***

The ongoing Greek economic recession has had an important influence on the mental health of (young) people. Youth work in Greece has no legal framework. However, the National Healthcare System provides a framework for comprehensive mental health services & schools play a vital role in the promotion of positive mental health. Moreover, there are NGO's, local youth councils and informal groups of youngsters that provide relevant support services & organize recreational activities.

#### ***Romania***

In Romania there are an estimated of 16,000 young people with severe mental health issues. Romania is number #1 when it comes to unhappy children in schools.

The importance of youth work has been recognized, but not yet implemented.

#### ***Malta***

A big problem in Malta is the number of immigrants with mental health issues not receiving the care. Some interesting initiatives such as mental health first aid are being implemented.

#### ***The Netherlands***

In international data comparisons Dutch young people come across as being very happy, however also in the Netherlands 1 in 5 young people suffer from mental health issues. In the decentralised system for youth work and youth care there are many opportunities for working better and more effective together to support these young people.

The person requiring care must be at the centre of care and all significant others who can contribute must be involved. The artificial age of 18 should be higher, 25 or even 30, or a smoother transition

#### ***Scotland***

With Brexit there has been an increase in uncertainty, which has had an impact on health and wellbeing on young people.

There are national mental health policies in place, including the equality act of the UK. It also has been recognized that youth work has a contribution to make. There is an implementation group with all stakeholders, where putting young people at the heart is still a challenge - but a commitment.

#### ***Cyprus***

There is a lack of data. There is no legal framework for youth work. Every service uses different ages, there is no policy on this. It is important to make services accessible to young people, without consent from parents. They feel like they are always one step behind of the real problems in society.

## Good & Interesting Practices

During the morning and early afternoon of the second day there were presentations of good practices from the participating countries. What follows is a short introduction of these presentations, published also at this website:

<http://www.mielenterveysseura.fi/en/development-projects/peer-learning-participation-young-people-mental-health-issues>.

The presentations all had a different angle, showing the diversity when it comes to the subject of young people and mental health. The common factor is the intention to increase the participation of young people.

### Anne Schmidt (NJI, Netherlands)

VNN – outreach youth workers.

Youth culture house.

R- newt – low threshold youth work.

### Levi van Dam (Garage 2020, Netherlands)

Innovative project for care professionals, data collection and design for creative ideas.

Wristband that signals stress.

Predict abuse of children based on data.

Aim is to reduce necessity for youth care overall.

### Fergus Mc Millen – LGBT (Scotland)

Youth work for LGBT young people. 40% more (and severe) mental health problems in LGBT.

This project is youth-led and offers individual counselling, partnership and a capacity building tool. The best way to help young people with mental health issues is to listen and keep things very confidential. Have shorter waiting times and be close to home. Professionals have to work together and be able to help sooner.

### Finland Boys Game Group

This small group consist of adolescent boys with low social skills, school issues and domestic problems. They tend to play a lot of videogames. In this project this is being used to stimulate social interaction and skills by playing videogames together. The boys have feelings of acceptance, success and inclusion, they make friends, and go to game events – or do other activities. This results in strengthened social skills and psycho-social growth.

### Willow Grove Adolescent Unit (Ireland)

This hospital has a youth empowerment service. They organize street activities to have more open discussion about mental health and organize a Mental Health Fair to bring all the services together.

### Coach & co – Sovee (Netherlands)

Coach & Co is a buddy/coach project of Sovee, in which young people between 13 and 30 years old who are struggling with things can have a coach/buddy. This is a student from social work college or an adult volunteer.

### Carlow Regional Youth Services Friends programme (Ireland)

Evidence based Building Resilience programme based on a cognitive behavioural approach and delivered in youth work settings. The strength of this approach is that it is the programme is delivered in an informal setting and is accessible to all young people in the community. It is designed to be a preventative and targeted intervention designed to reduce anxiety and build emotional resilience.

### Peter Ritsema & colleagues (Netherlands)

Bicycle repair shop with young people with mental health issues who are on the payroll. Their motto is: What can you do with what you have? One of the boys working in the shop told his story, explaining he couldn't find a job because of having difficulties with authority and discipline. In the bicycle shop he was not seen and treaded as a client, but as a colleague. This helped him tremendously.

### Trevor Lakey - Ayemind (Scotland)

Ayemind is an online digital resource for youth with mental health issues. It is a cooperation between different organisations. Its mission is to improve the mental health and wellbeing of young people – by making better use of the internet, social media and mobile technologies. They work with young people aged 13 to 21 to create and share a wide range of resources. They are also making a digital toolkit for all who work with young people too, to boost their ability to promote youth wellbeing.

### The Finnish Association for Mental Health (FAMH)

As an expert organization for mental health, the FAMH collects and disseminates information on mental health to serve planning and decision-making, proposes initiatives and publishes reports, organizes volunteer activities in the Finnish society, as well as trains professionals and volunteers. The FAMH provides expert services and training. Through its co-operative networks the FAMH offers support and raises awareness of mental health issues throughout the Finnish society. They are offering a 2 day training and support materials for youth workers.

### GGZNL – Connection mental health care and the social (youth) network in society

(Netherlands) An approach in which they organize meetings with the circle of people around the young person:

friends, family, school social worker etc, to create better support. An early intervention programme focused on the issue of suicide. A pilot of 10 session of 1 hour a week on building resilience of young people and to reduce anxiety. They have developed a toolkit.

#### Mental Health First Aid

A few times during the expert meeting we have heard about the concept of mental health first aid. This concept has been first developed in 2000 in Australia. Mental Health First Aid is an educational course which teaches people how to identify, understand and help a person who may be developing a mental health issue. In the same way as we learn physical first aid, Mental Health First Aid teaches you how to recognize those crucial warning signs of mental ill health.

It has also been further developed to the target group of young people. The idea could be interesting for our peer review and will be further explored during the second meeting of the peer review in June in Finland which will focus on the education of youth workers and social media.

After the pitches there were discussions in working groups on the common working elements of the different examples. These working elements will be presented in the last part of the report.

### **Social Networks – a presentation by Levi van Dam**

Levi van Dam presented about social networks and the importance of continuity and comfort – even if it is only the perception of having a social network.

Levi van Dam observed that there are many initiatives with a focus on creating new social networks. He emphasised the importance of involving existing social networks around young people. He mentioned as an example of his project 'YIM' (Youth Initiated Mentoring), in which they work with an informal mentor that comes from the existing social network. He stressed the need to build resilient families, communities by investing in existing social networks. The low-threshold support role of informal mentors is a hidden potential.

### **Open Dialogue**

When looking into social networks as an approach to care, one should mention the Open Dialogue Method, which was developed in Western Lapland in the 1980s. It involves a consistent family/social network approach to care, in which the primary treatment is carried out through meetings involving the patient together with his or her family members and extended social network

### **Source:**

**<https://www.psychologytoday.com/blog/hide-and-peek/201507/open-dialogue-new-approach-mental-healthcare>**

### **Field Visits**

After an intense day of presentations and group work, the participants went on a field visit to restaurant '15', a Jamie Oliver inspired initiative to support young people with mental health issues (which since then, sadly, has gone bankrupt). At the restaurant there was also a presentation of Dherl Deekman a youth worker from Minstrel Productions who involves young people with mental health issues through music. After the visit the participants had dinner at Freud, a restaurant where people with mental health issues work, including young adults.

A collage of good practices presented during the second day of the expert meeting.



Pictures used in this report are made by Mr Trevor Lakey



### Day 3: Presentations and youth led session with young experienced experts

Debate and work in groups took place led and organized by young experienced experts on what they need from youth work and mental health care services.

Topics that were discussed during the day included:

- How can the threshold be lowered, engaging and facilitating the role of youth work to support young people with mental health issues?
- How can we realize better cooperation between services? (not only for the young people themselves, but also to improve the quality of services and to create a broader level of destigmatization of the issue in society)

An important aspect that came up was how young people themselves, as experienced experts, can play an active role. This debate was organized by young members from the mental health group of the **Dutch Youth Council (NJR)**.

The third day started with a Dutch video called: 'Door onze ogen' ('Through our eyes'). The message these young people wanted to bring across is that mental health care is about people, not about diagnoses and labels.

They continued their presentation with the top 5 of biggest issues when it comes to mental health care, from their own experience:

1. Stigmatization. Possible solution: educate; raise awareness; be positive.
2. Exclusion. Conversation and discussion about their own treatment.
3. Personal care plan / tailor made plan. Daily life besides treatment (school, social life, family, etc.). More flexibility. Personal level, educational level, business level.
4. Confidential worker, someone who takes us serious and we can trust. Trusted person: train peers to be these persons.
5. Lack of knowledge. Provide education in school and other places.

The final and most important remark from these young people was that the individual should always be at the centre and have the last say in issues concerning him/her.

During the morning session there was also a presentation of **JTTA Arnhem**.

Youth Surveillance Team Arnhem is a project where young people are trained to supervise the municipality of Arnhem. The secondary aim is to teach them social skills along the way, with possibilities for individual guidance towards school, study or paid work.

Goals:

1. Participation in society
2. Recognize and develop talents
3. Strengths (example: become team leader)
4. Better behaviour and be(come) a role model
5. Mentoring in daily life

JTTA makes use of peers, but recognises the need for training, support and monitoring. A low threshold is a major factor to accomplish success, but requires a safe environment.

The team leaders of JTTA have all been trained in the programme and became team leaders themselves. They use their own experience in an appropriate way. They have a general understanding of mental health issues through information and education although they aren't experienced experts. But there are a lot of rules and instructions protocols for professionals. There is a need for more flexibility to make support plans tailor made to the needs and wishes of young people.

*This is what young people say who have suffered from mental health issues:*

*The first and foremost problem is **a suffocating stigma that rests upon mental health issues**. The conversation about mental health is stuck in a vicious cycle of taboo, prejudice, false assumptions and misunderstandings. Stigmas are repeated by both peers, as well as care professionals, institutions and society at large. We are people with mental health issues, not issues or diagnoses with people attached to them. We feel that most of the stigma stems from a lack of knowledge and information on mental health issues. If you break your arm, people know what it means and how to deal with it. If you suffer from a disorder, people do not know it, are afraid to ask and draw their own conclusions. If we want to get rid of this air of shame and stigmas surrounding mental health issues a profound leap in awareness-raising and education on the topic is necessary.*

*Secondly we encounter **a lack of ownership in the treatment process**. Once you are at the point of requesting or accepting help, you have taken so many steps already. As clients, we are no healthcare professionals. We do however have unique insight into the situation, being the client. We have our own thoughts and opinions on the treatment we receive. It is incredibly frustrating to be unable to partake in the conversation about your own care. Our opinion matters.*

*The third major obstacle is found within **educational structures where we encounter serious inflexibility and ignorance**. In order to be the best version of you; education is necessary. We want to go to school. We want to study. But we feel that schools and universities are actively showing us the door. Strict rules on for instance attendance or time of testing make it much harder to receive an education on your own level. Someone who is in psychiatric confinement, facing depression or anxiety might not be able to attend classes. Subsequently they fail attendance requirements, cannot take the test and fail the class. This class is a pre-requisite in attending other courses, so you are unable to proceed your studies once you feel better. This prevents us, and society, from capitalizing on our talents. This lack of flexibility also stems from a far-reaching ignorance.*

*Last but not least is **a lack of understanding in aftercare**. At a point, your treatment is done, leaving you to face quite the massive black hole. Of course there is aftercare but often this does not satisfy to our needs. Aftercare is very much care. I think that whether you have been treated for mental health issues or not, sometimes you just want to have a chat about having a bad day for example. I also think you would be unpleasantly surprised if someone consequentially starts to psychoanalyse whether you are slipping back into a depression or not. For youth with mental health issues this is no different. Having a bad day does not mean you are having a setback. We feel that this lack of understanding can be resolved by an increased use of experience-based specialists in district teams and easy accessible expertise centres where you can come in and have a chat without strings attached.*

## Part 2: Group discussions

During the three days there were several group discussions, divided over three focus areas:

- On policy and research
- On collaboration between services
- On youth participation

During these group discussions the main question that people tried to answer was: what works and what have we learned?

What follows is a brief overview of the main inputs and recommendations from the working groups.

### **Research and policy**

Create a joint taskforce (and do more research on this)

Create a national policy frameworks connected to local realities

More research on support networks

Use knowledge and experience more effectively

Introduce Mental Health First Aid

A (holistic) way of recognizing youth work

*Come to the youth mental health conference, September 2017 in Dublin!*

### **Collaboration between services**

Complementarity and supportive role of youth work and mental health care services should be recognized and promoted

Need to know about each other's roles and expectations

Need training, where to start and where to stop

Should use digital means to share best practices

Flexibility in youth work should be allowed and stimulated

Create a youth friendly environment in all services

The need to fill the gap between youth workers and mental health care workers

Form multi-sectoral advocacy groups

Low threshold



## **Youth participation**

Create and allow for meaningful, equal relationships

Allow and embrace vulnerability

Empathic listening

Participation is a two way process: improvement of services + development of talents and skills for young people (win/win)

Young people should make the rules of how and why to participate (with professionals)

Focus on strengths, unlock talents and competences

Create safe spaces where young people can meet each other and enjoy peer support

Work on destigmatization

Always start from the perspective of the youngster

## Part 3: Conclusions & evaluation

We now will briefly highlight the main overall conclusions and evaluation findings from the three day peer review in Amsterdam.

It was clearly a fruitful meeting, where national realities, best-practices and the role and experiences of young people were enthusiastically shared. As described in part 2 of this report, the discussions and group work led to a lot of useful inputs for professionals to take home and onwards to the next peer review meeting that will take place next year in Helsinki, Finland. The next peer review meeting in Finland will continue reflecting on the themes that were prioritized also by the working groups.

The take home messages and actions per country are mentioned on the next page.



### **The Netherlands**

Explore the idea of a national working group existing of representatives of mental health, youth work and young people to put this issue higher on the agenda

### **Greece**

Advocate for a legal framework.  
A need to create a comprehensive action plan regarding the promotion of youth work initiatives in the field of mental health.  
A need to develop networks and promote strong cross-sector collaborations among stakeholders.

### **Scotland**

Start a taskforce, start with look at overall framework.  
Action plan how to take forward a cross- sectoral approach.  
Training to fill knowledge gaps.  
National youth research group

### **Ireland**

Sharing resources (within Ireland and in EU), like the feedback taskforce.  
Implement youth led forum.  
Bring professionals together

### **Finland**

Finding common ground between sectors and organise meetings.  
Involve the education sector.  
Inclusion of vulnerable groups in light of participation.

### **Malta/Romania/Cyprus**

Importance of a strong education system.  
Vulnerability needs equality.  
No longer age boundary of 18.  
Attention for specific issues of migrant population .  
Mental Health First AID.

The next step of this peer review will be the meeting in June in Helsinki, the second part of this peer review. There will be a partly overlap of participants and the focus will be on education on mental health for youth workers and the role of social media.

One of the aims of this first leg was to look at promising partnerships between youth work and mental health services. We partly succeeded in finding and presenting these. *One of the overarching conclusions is that we will have to come up with further recommendations on these partnerships during the next phases of the peer review.*

Take home message:

**We need to work together so that we have:**

**Mental Health Informed Youth Workers &  
Youth Informed Mental Health Services and Professionals**

## Annexe PROGRAMME INTERNATIONAL EXPERTMEETING YOUNG PEOPLE AND MENTAL HEALTH

### 2 – 4 NOVEMBER 2016 AMSTERDAM

Wednesday 2 November		Thursday 3 November		Friday 4 November	
12:00	Registration to the expert meeting will be possible from 12:00 onwards in the plenary room. Please check at the reception of the hotel as well, although rooms might not be ready till later in the afternoon. There is no lunch provide.	09:00	Country perspectives Short round the table with introductions from the delegations on the most important developments and challenges with the regard to the theme of the peer review	09:30	Debate and working groups with young people on what they need from youth work and mental health services. How can the low threshold, engaging and facilitating role of youth work support young people with mental health ways and how can better cooperation between services be realized. An important aspect is how young people themselves as experienced experts can play an active role. This debate is organized by the young people of the mental health group of the Dutch youth council NJR
13:30 13:45	Welcome and introduction to the peer review by Mrs Bonita Kleefkens, Ministry of Health, Welfare and Sports, The Netherlands	10:45	Short pitches on good practices part I	12:00	Conclusions and next steps: see you in Finland!
14:45	Introductions of the participants	11:30	Small discussions group on good practices: what are the working elements (including coffee & tea)	13:00	Departing lunch
15:15	“It is never too late” Personal story and experience of Daniel Krikke with mental health. Daniel is a young film maker and entrepreneur who is using his own mental health history in making the case for a better	12:15	Short pitches on good practices part II		

	support and how to overcome barriers				
16:30	Setting the scene part I & II Introductions on the theme of the expert meeting from the perspective of research and policy	13:00	Lunch		
17:15	Introductions by Mrs Sanna Aaltonen, youth researcher from Finland and a perspective on the role of policy Rosemary Scott, from the Irish delegation	14:00	Towards a mental health-informed youth work and a youth involved mental health		
18:15	Coffee and snack break	14:30	Wrap up of morning discussions in plenary		
18:30	Setting the scene part III Introductions on the theme from The perspective of practice  Introductions by Mrs Monika van Boheemen (Scouting) en Mr. Marc Boes (youth work Rotterdam)  Exchange in small groups  Short wrap-up in plenary	15:00	Short presentation by Mr Levi van Dam on formal and informal support networks for young people with mental health issues		
18:30	Free time	16:00	Bringing it together, plenary session Recommendations for research, policy and practice on integrating youth work and mental health services in order to improve the participation of young people with mental health issues.		
19:15	Meeting in lobby to leave by foot to the restaurant (10 min. walk)	16:30	Leave for field visit and dinner at Freud		
19:30	Dinner in Happyhappyjoyjoy Asian dining	18:00	Work visit at Jamie Oliver's Fifteen ( <a href="http://www.fifteen.nl/en/">http://www.fifteen.nl/en/</a> ) Drink and snack break		

		18:30	<p>Introduction of the project 'Music of the Future' by Dherl Deekman</p> <p>Travelling to the restaurant by bus</p> <p>Introduction of the Social Restaurant Freud</p> <p>Dinner at restaurant Freud</p> <p>Freud is a social restaurant where 80 people, including young adults, who have mental health challenges, are able to learn to work in the restaurant business</p>		
		20:30	After dinner free evening in Amsterdam		
<b>Wednesday 2 November</b>		<b>Thursday 3 November</b>		<b>Friday 4 November</b>	

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