



# RESEARCH REPORT SUPPORTER



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## About the background of the project and research

Društvo Lojtra was implementing regular program Experience Erasmus+ in 2019. In the program, we cooperated with the local primary school, where we built a group of 15 youngsters. We were organizing multiple meetings between September and March and after that we implemented a youth exchange together. After the experience, we included the group of young people in activities of local youth organizations. In general, we had many meetings and out of the group we start building a team!

Suddenly we were confronted with a fact that 2 young people don't want to cooperate anymore. It was a shock and surprise. We had not been used to have dropouts. Especially not in the groups of teenagers where we had multiple meetings and where we took care to build a safer space for all the participants. However, 2 youngsters quitted. Reasons and the way they quitted differ from one case to another, however we wanted to understand the core reasons and we did multiple conversations with teachers, school management and between ourselves. We discovered that the story behind were emotional and behavioural issues of those young people.

From the complete experience the fact that we did not notice this troubles in advance hit us the most. Further reflection brought up the finding that even if we would have noticed the issue, we wouldn't know how to react on it. We were in an uncomfortable situation of realizing how incompetent we are for working with the young people with emotional and behavioural issues (EBI). We decided to investigate the area. We were surprised how common the issues are on one side and how rare are the educational opportunities for youth workers on the topic. That is why we decided to design a project which is targeting our needs and the needs of our partners on side and addressing the needs of the entire youth sector on the other side.

Youth sector simply must react to those needs of young people. Currently those needs are also better and more professional support from youth workers. During the research we found next statistics:

1. Publication Mental health of young people (Slovenia, 2018) is stating that the number of cases on primary health level because of EBI increased for 25,7% from 2008 to 2015, furthermore the number of cases on secondary level increase for 71%.
2. Waiting lines, regarding official online portal [cakalnedobe.ezdrav.si](http://cakalnedobe.ezdrav.si) from 20.11.2020 are showing that the longest waiting line for first visit at psychiatrist is 408 days and for the visit at a clinical psychologist is 573 days.
3. The incidence of mental and behavioural disorders in Romania have increased from 1245,7 cases per 100000 inhabitants in 2009 to 2592,3 cases per 100000 inhabitants in 2019. An increase of 208%!
4. Romanian Young people at risk of depression, according to quoted data from 2016 European barometer, is at approximately 13%.
5. 50% of mental disorders arise by the age of 14. According to those facts, Croatian Institute of Public Health started the preparation for implementing screening for mental health risks of school children. The screening will be implemented by the school medical teams for all students as part of regular yearly check-ups in the 5th and 8th grade of elementary school and 1st grade of secondary school. The screening will be carried out using the YP-CORE questionnaire, which measures the degree of general mental distress.

The needs addressed by the research and the Supporter project:

1. Acquiring/upgrading knowledge for detecting youngsters facing emotional and behavioural issues, while we run youth work activities.
2. Design procedures/ways for addressing young people with emotional and behavioural issues, during youth work activities.
3. Train reactions on not "standard" situations in youth work connected with young people with emotional and behavioural issues.
4. Acquiring/upgrading competences for working with young people with emotional and behavioural issues in the frame of youth work.
5. Establishment of procedures and structures for support and inclusion of young people in the youth work activities.

The project is raising awareness about the situation in the area of mental health of young people and supporting organizations in youth sector for efficient and professional development in the direction of better support and inclusion of young people with emotional and behavioural issues.

### Aim of the research

The aim of the research was to find out on the one hand, what kind of situations do youth workers encounter and on the other hand what competences are possessed by youth workers and are useful for working with young people with emotional and behavioural issues. The purpose of this was to identify the gap in competences needed for more successful work with young people with emotional and behavioural issues.

The research consisted of 3 parts:

1. In the first phase, we identified some of the existing literature in the field of working with young people with emotional and behavioural issues in the framework of youth work. We listed a literature and prepared a brief summary of the identified literature.
2. In the second phase, we conducted 28 in-depth interviews. Every interview lasted about 1 hour. Each partner arranged an interview with 9 or 10 youth workers from their country.
3. In the third phase we launched an online questionnaire, where we additionally explored the topic. We got 231 answers.

The analysed results served as the basis for the design of the competence model for empowering the youth worker for work with young people with emotional and behavioural issues.

## Literature review

All 3 partners have conducted the literature review.

We have gathered some interesting materials in order to understand better, what can support youth workers in order to handle and support young people with behavioural and emotional issues.

Working with young people with behavioural and emotional issues has been a focus of research in the fields of psychology, sociology, and education. Many studies have investigated the causes of these issues, the impact on young people's lives, and the most effective interventions.

Cognitive-behavioural therapy (CBT) has been widely researched and found to be effective in addressing behavioural and emotional issues in young people. CBT focuses on changing negative thoughts, behaviours, and emotions by teaching young people new coping skills and strategies for problem-solving.

Solution-focused therapy is another approach that has been shown to be effective in working with young people with behavioural and emotional issues. This approach focuses on finding solutions to issues and helping young people to identify their strengths and resources.

Mindfulness and mindfulness-based interventions have been found to be beneficial for young people with emotional issues, particularly for those with anxiety and depression. These interventions aim to help young people develop awareness of their thoughts, feelings, and behaviours, and to manage these in a more positive and adaptive manner.

Group therapy and play therapy have also been found to be effective in addressing behavioural and emotional issues of young people. Group therapy provides a supportive environment where young people can share their experiences and learn from each other, while play therapy provides a non-threatening and fun way for young people to express their thoughts and feelings.

Overall, the literature suggests that a combination of therapy and support is effective in addressing behavioural and emotional issues of young people. It is important for youth workers to be trained in evidence-based interventions and to have a good understanding of the needs and experiences of the young people they are working with.

Pedagogical approaches for working with young people with emotional and behavioural issues should be tailored to the individual needs of the young person and should be based on evidence-based practices. Here are some key principles mentioned in reviewed literature for approaching young people with emotional and behavioural issues:

1. Person-centred: approach prioritizes the needs and perspectives of the young person and seeks to empower them to make changes in their own life.
2. Non-judgmental: approach is essential when working with young people with emotional and behavioural issues. This means accepting the young person for who they are, without judgment or criticism.
3. Trauma-Informed: understanding the impact of trauma on young people is crucial. A trauma-informed approach seeks to avoid retraumatizing young people and instead provides a safe and supportive environment.

4. Active listening: involves paying attention to what the young person is saying, both verbally and non-verbally, and responding in a way that shows empathy and understanding.
5. Empowerment: involves helping young people to develop their own skills and resources, and to become more self-sufficient. This can include teaching them coping skills and strategies for problem-solving.
6. Collaborative: it means working with other professionals, such as teachers, mental health practitioners, therapists, psychologists, social workers to provide comprehensive and coordinated support.
7. Creative: using creative approaches, such as play therapy and art therapy, can be effective in engaging young people with emotional and behavioural issues and helping them to express themselves in a safe and supportive environment.

These principles provide a foundation for a pedagogical approach when working with young people with emotional and behavioural issues. It is important to keep in mind that each young person is unique, and a flexible and tailored approach is essential for effective intervention.

#### [Croatian literature review](#)

### **Guidelines on mental health promotive and preventive interventions for adolescents, World Health Organization 2020.**

<https://www.who.int/docs/default-source/mental-health/guidelines-on-mental-health-promotive-and-preventive-interventions-for-adolescents-hat.pdf>

This is a standard WHO guideline document. It complies with standard WHO procedures for the development of guidelines. The primary target audiences for these guidelines are policy makers, health care planners and programme managers in governments, as well as development and international agencies. It is possible to adapt and disseminate the guidelines for use by health, education and social care providers. Such providers include nongovernmental organizations, community-based organizations, general practitioners, nurses, community health and development workers, social workers, teachers, school nurses, child protection actors and youth peer champions serving in primary health care, schools and communities. The aim of the HAT guidelines is to provide global, evidence-informed recommendations on psychosocial interventions for the promotion of mental health and the prevention of mental disorders, self-harm and other risky behaviours among adolescents. The guidelines also consider other relevant health and education outcomes.

### **Youth mental health service models and approaches Orygen, The National centre of excellence in youth mental health, Australia.**

<https://www.orygen.org.au/About/Service-Development/Youth-Enhanced-Services-National-Programs/Primary-Health-Network-resources/Youth-mental-health-service-models-and-approaches/Youth-mental-health-service-models-and-approaches?ext>

The document provides a 'framework for thinking' about youth mental health services and programs and poses various considerations for Primary Health Network (PHNs). Examples of good practice are included throughout, as well as background information on a range of relevant topics and links to additional information and resources. This document focusses on

the designing solutions step of the commissioning cycle. Assuming PHNs have completed their Local Needs Assessments, the document provides considerations and advice for:

1. Developing inclusive, youth-friendly services.
2. Determine local priorities.
3. Designing a service or program model.
4. Undertaking collaborative design processes.

Some of the youth mental health principles which should underpin any service design and some service specifications, described in this source are:

1. A youth friendly service and focus – steps are taken to ensure that the organisational setting and the attitudes and behaviour of staff are welcoming to young people.
2. Early intervention – there are strategies to support the early detection of mental ill-health and to identify and address risk factors.
3. Expert care is easily accessible – service structures and clinical referral pathways are responsive in providing easy access and streamlined care, so that young people can be seen quickly and easily without having to contact multiple services.
4. Hopeful and optimistic approach – a spirit of hope and optimism is embedded within the service and there is a clear ambition to assist young people to return to their usual or improved developmental trajectories.
5. Holistic, person-centred care – an integrated approach is taken and care is provided for the young person as a ‘whole’ - not simply their symptoms or mental health condition but their overall functioning. The young person’s needs and wishes are at the centre of everything that is done with and for them.
6. Comprehensive, flexible and integrated service approach – a range of interventions are available for young people and their families, and selected according to young people’s needs.
7. Evidence-based/informed clinical practice – interventions are in accord with evidence-based best practice; or, where a youth-specific evidence base does not exist, are informed by evidence from related fields, such as adult studies.
8. Family-friendly and inclusive – where appropriate, friends and family are involved collaboratively in all aspects of treatment and care. Services cater for the needs of young people and their families from specific groups, including Aboriginal and Torres Strait Islander young people, young people who identify as LGBTQIA+, young people with disabilities, those experiencing homelessness and those from culturally and linguistically diverse backgrounds.
9. Continuum of care – mild, moderate and severe ill-health can be addressed within an integrated service system.
10. Care coordination – there is an identified central or lead worker (e.g. case manager) who coordinates the care provided within and across agencies.
11. Community awareness and education – education and awareness-raising strategies are in place to reduce stigma and promote access to services. Youth participation and peer work – young people are involved in service design, continuous evaluation and governance. Peer worker programs are available.

**Mental health support teams for children and young people in education, National collaborating centre for mental health, London.**

[https://www.healthylondon.org/wpcontent/uploads/2015/10/Mental\\_Health\\_Support\\_Teams\\_for\\_Children\\_and\\_Young\\_People\\_in\\_Education\\_The\\_Manual\\_October\\_19\\_FINAL.pdf](https://www.healthylondon.org/wpcontent/uploads/2015/10/Mental_Health_Support_Teams_for_Children_and_Young_People_in_Education_The_Manual_October_19_FINAL.pdf)

This manual is for all commissioners, managers and providers of Mental health support teams (MHSTs), to support the development, implementation and delivery of these teams. It may also be of interest to partner education settings. The manual was developed by the National Collaborating Centre for Mental Health (NCCMH); with an Expert Reference Group, and with young people, parents and carers who have experience of using services. MHSTs are a new service designed to help meet the mental health needs of children and young people in education settings. They are made up of senior clinicians and higher-level therapists, and Education Mental Health Practitioners (EMHPs). MHSTs should work within the mental health supports that already exist, such as counselling, educational psychologist, school nurses, pastoral care, educational welfare officers, Voluntary Community and Social Enterprises (VCSE), the local authority, including children's social care, and NHS Children and Young People's Mental Health (CYPMH) services. Staff from each MHST will be responsible for a defined cluster or group of education settings, building a relationship with each, including the senior mental health lead. MHSTs should work with each setting to evaluate and co-design the support offer required. MHSTs should work to ensure that the support offer reflects the needs of children and young people and education settings using clearly established expectations and ways of working that fit with the setting and the local system.

**ETS Competence Model for Youth Workers to Work Internationally, JUGEND für Europa/SALTO Training & Cooperation, Evrard, G. & Bergstein, R. (2016).**

[https://www.salto-youth.net/downloads/4-17-3460/CompetencemodelForYoutworker\\_Online-web.pdf.pdf](https://www.salto-youth.net/downloads/4-17-3460/CompetencemodelForYoutworker_Online-web.pdf.pdf)

This is Competence Model for Youth Workers to Work Internationally in the framework of the European Training Strategy (ETS) in the field of youth. The ETS helps to improve the quality of support systems for youth activities and to build capacity within youth organisations. For more information: [www.salto-youth.net/trainingstrategy/](http://www.salto-youth.net/trainingstrategy/).

The competence model should further serve as a source of inspiration for organisers of youth worker training. It will help them pinpoint what competence areas to consider when designing the curricula for such training courses. This competence model also helps institutional stakeholders determine youth workers' occupational profiles and the recognition of this profession by society. The Competence model for youth workers to work internationally is useful for youth workers who are involved in international learning mobility projects, educational staff and trainers who organise international mobility projects and organisations and institutions that develop training strategies for youth workers.

**Prevention and early intervention in youth mental health: is it time for a multidisciplinary and trans-diagnostic model for care? Marco Colizzi, Antonio Lasalvia & Mirella Ruggeri**

<https://ijmhs.biomedcentral.com/articles/10.1186/s13033-020-00356-9>

Promotion, prevention and early intervention strategies may produce the greatest impact on people's health and well-being. Screening strategies and early detection interventions may allow for more effective healthcare pathways, by taking action long before health issues worsen

or by preventing their onset Half of all mental disorders start by 14 years and are usually preceded by non-specific psychosocial disturbances potentially evolving in any major mental disorder and accounting for 45% of the global burden of disease across the 0–25 age span. While some action has been taken to promote the implementation of services dedicated to young people, mental health needs during this critical period are still largely unmet. This urges redesigning preventive strategies in a youth-focused multidisciplinary and trans-diagnostic framework which might early modify possible psychopathological trajectories.

**Access all areas – a diversity toolkit for the youth work sector published by NYCI and Youthnet 2012, Elaine Kelly, Kevin O’Hagan and Siobhan Brennan**

[https://www.youth.ie/wp-content/uploads/2018/11/Chapter-7-working-with-young-people-with-a-mental-health-issue-all-Ireland\\_1.pdf](https://www.youth.ie/wp-content/uploads/2018/11/Chapter-7-working-with-young-people-with-a-mental-health-issue-all-Ireland_1.pdf)

This source presents demographics in relation to mental health, explains the varying needs and issues that young people may face and it offers practical advice on working with young people who have a mental health issue. It concludes with a list of resources that will help youth workers in their work.

**Handbook for people working with youth groups, Non-formal education practice in Lithuania, Ž.Gailius, A. Malinauskas, D. Petkauskas, L. Ragauskas.**

<https://neformaliai.wordpress.com/wp-content/uploads/2014/11/handbook-for-people-working-with-youth-groups-en-web-version.pdf>

This book can be useful to social workers and pedagogues, specialists of non-formal education, sports coaches, cultural workers, educators, mentors, teachers of music and art, and other professionals, working directly with young people or youth groups. The first part of the book is called ‘Useful things to know before starting to work’ and deals with general considerations on the changes that have influenced the context of youth work, and which are worth mentioning, because nothing happens in a vacuum, not even youth work. The second part ‘Let’s not forget about ourselves sharpening the youth workers’ tools’ and is dedicated to a youth worker’s personal and professional development as one of the ‘obvious’ component parts of youth work. The herein discussed models help to analyse and evaluate oneself and one’s own professional activity with regard to the young person and his/her environment. In the third part of the manual, and it deals with the practical models or professional approaches that facilitate work with youth group. The fourth part ‘For the pockets. Methods and games’ is devoted to the enhancement of the youth worker’s methodological competence. Youth workers can have those means in their ‘professional pockets’ and ‘pull them out’ for use at any moment. The discussed methods may be used in various activities, such as daily youth work, local and international seminars, training events, youth initiatives, breaks, even lessons, as long as they can help young people to gain experience.

**8 guaranteed ways to burn yourself out as a mentor. Monika Kezaite - Jakniuniene and Mark E. Taylor**

[https://www.viaexperientia.net/wp-content/uploads/2020/01/8-guaranteed-ways-to-burn-out\\_VIA\\_version-1.pdf](https://www.viaexperientia.net/wp-content/uploads/2020/01/8-guaranteed-ways-to-burn-out_VIA_version-1.pdf)

Two experienced mentors have searched for a long time to see if they could find a practical guide to help other helpers to prevent burn out. It could help us in our workshops for youth workers.

### Slovenian literature review

In Slovenian and foreign literature, we focused on finding data on the current situation in the field of work with young people with emotional and behavioural issues, to see which issues are currently plaguing young people (especially after two years of measures and adjustments due to Coronavirus 19). In addition, we wanted to examine how the literature recommends or directs youth workers to work with young people with EBI. From the selected literature, which was selected from various fields of education and mental health disorders, we realized that the field of descriptions and measures is mostly "outdated" and deals with the "pre-corona period" and does not cover current and changed patterns in the behaviour of young people with emotional and behavioural issues and the causes of their occurrence. From the records, we understood that the needs of young people from 10 years ago are different from the needs and legality of young people's lives today, and above all the changed pace of life and access to information, social networks and other "modern" social interactions. As a result, the patterns of experiencing hardships, reactions and everything else have also changed. Once again, it appears that the profession lags behind the needs of young people and reacts rigidly, which is to be expected in large systems. That is why we are all the more convinced that there is a need for such projects under the auspices of the Erasmus+ programs, which respond more quickly to the needs of young people and look for innovative solutions and aids for the better work of young people with emotional and behavioural issues. We extracted some conclusions from the next sources:

- 1.) Laura Kerčmar, The voice of young people in the process of institutional assistance and support. BoMa Publishing, 2021.
- 2.) Urška Mesarič, Working with aggressive children. BoMa Publishing, 2021.
- 3.) Several authors, Little Book for Grand Parents. Published by Mladinski dom Jarše, 2009.
- 4.) Jasper Juul, Families with Teenagers (When Education Fails). Didakta, 2010.
- 5.) Several authors: Mental health of children and adolescents in Slovenia. NIJZ, 2018  
[https://www.nijz.si/sites/www.nijz.si/files/publikacije/datoteke/dusevno\\_zdravje\\_otrok\\_in\\_mladostnikov\\_v\\_sloveniji\\_19\\_10\\_18.pdf](https://www.nijz.si/sites/www.nijz.si/files/publikacije/datoteke/dusevno_zdravje_otrok_in_mladostnikov_v_sloveniji_19_10_18.pdf)

### Suggested measures to prevent mental issues and disorders

1. Raising public awareness of the most common mental disorders and their signs.
2. Developing programs to destigmatize mental health issues.
3. Strengthening protective factors and reducing risk factors for the occurrence of mental disorders and issues (eg. eating disorders, hyperkinetic disorders in children and adolescents,...).
4. Ensuring access to adequate and prompt medical assistance, counselling and therapeutic treatment.
5. Introduction of new forms of assistance, programs in local communities for children and adolescents with mental issues and their parents based on examples of good practices from abroad.
6. Promoting early recognition of symptoms of mental disorders (eg depression and anxiety, eating disorders, hyperkinetic disorders,...) in childhood and adolescence.

7. Integration of preventive programs into educational systems.
8. The risk of developing various mental health issues varies by gender and age. These gender differences must be considered both in the identification of symptoms and in the development of interventions and prevention programs.
9. Education for adults who come into contact with children and adolescents, especially parents, educators and teachers, youth workers, regarding the recognition of mental disorders and issues, how to provide support to young people, where they can find additional information and where they can turn for help.

### **Experiencing stress**

1. Available research data on the experience of stress only measure a specific aspect of the experience of stress; there is a lack of research that would more holistically assess the experience of stress and coping with it.
2. Slovenian children and adolescents most often report insomnia (22.4%), nervousness (20.4%), irritability (18.9%) and depression (16.2%).

### **Behavioural and emotional issues**

1. In the survey, emotional issues were more commonly reported by girls, while conduct issues, hyperactivity and inattention, and issues with peer relationships were reported about equally by boys and girls.
2. Emotional issues, behavioural issues, and issues related to hyperactivity and inattention increased with age among adolescents in the study—this increase was particularly pronounced among girls.

### **Depression and anxiety**

1. Among Slovenian 6 to 19-year-olds, in the period from 2008 to 2020, there was an increase in the number or rates of outpatient treatment for anxiety disorders.
2. There is significant difference between the proportion of young people who report depression and anxiety or about the symptoms of these mental issues, and the proportion of those who seek medical help and receive the necessary treatment due to depression and anxiety disorders.
3. Depression is characterized by a worsening mood that lasts for a long period of time and affects the individual's functioning in various areas of life. Its symptoms are manifested on an emotional, cognitive and behavioural level, and there are also changes in physical well-being. On an emotional level, depression is characterized by prolonged feelings of sadness, lack of motivation and energy, rapid fatigue and reduced ability to enjoy various activities. On a cognitive level, it is characterized by a lack of interest, issues with concentration and short-term memory, indecisiveness, low self-esteem and excessive feelings of guilt. At the behavioural level, it is accompanied by symptoms such as withdrawal from society, apathetic behaviour, restlessness, reduced productivity and lack of sexual desire. Changes in physical well-being are manifested as insomnia or fatigue despite prolonged sleep, as well as changes in appetite and body weight.

## **Hyperkinetic disorder**

1. The number of outpatient and inpatient treatments for hyperkinetic disorder has been increasing in the recent period. Treatments for hyperkinetic disorder are much more common in boys than in girls.
2. For both boys and girls, there is a noticeable increase in both outpatient treatment for hyperkinetic disorder and prescriptions issued for the treatment of hyperkinetic disorder.
3. Based on data from the survey, we can conclude that about 16% of adolescents are more likely to have clinically significant issues due to hyperactivity and inattention.
4. In the survey, older adolescent girls express the most issues due to hyperactivity or inattention. Unlike boys, the proportion of girls with a high probability of clinically significant issues increases in the recent period.

## **Eating disorders**

1. Eating disorders are more common in girls - girls' treatments accounted for 91.3% of all primary level treatments, 92.8% of all secondary level treatments and 90.0% of hospital treatments.
2. People treated for eating disorders are most often aged 15-19 - two-thirds or more of primary (66%) and secondary (69%) eating disorder treatments and nearly two-thirds of inpatient treatments (62.3%) was in persons aged 15 to 19 years.
3. Anorexia nervosa is the most common cause of primary and secondary treatment and hospital treatment.
4. Even in the period of adolescence, in Slovenia we already encounter death due to eating disorders.
5. According to data from the survey, in 2014, 12.6% of 15-year-old girls were overweight, 23.4% were on a diet, and 53.1% believed they were overweight.
6. Body dissatisfaction is an important risk factor for developing eating disorders.
7. Anorexia nervosa, bulimia nervosa and compulsive overeating are the most well-known forms of eating disorders, but recently some newer ones have appeared: bigorexia nervosa and orthorexia nervosa. Although these disorders are not addictive diseases, they share many of the characteristics of these diseases. The thoughts of people with eating disorders almost always revolve around food, calorie consumption and body weight. Those affected lose the feeling of hunger and satiety and feel fear and guilt when eating food. They are afraid that others will see them eating, so they avoid such occasions. Body weight, dealing with kilograms or the numbers on the scale also have a significant impact on their well-being and mood.

## **Different forms of suicide**

1. Suicide among Slovenian adolescents (age group 15-19 years) was among the top three causes of mortality almost every year in the last decade.
2. Suicide is three times more common among boys than among girls.
3. Suicidal thoughts, suicide attempts and deliberate self-harm (with or without the intention of death) are more common among girls than among boys. According to the data of the ESPAD study, Slovenian adolescents report more suicide attempts than the average of the other participating countries.
4. There are gender differences in the self-harm methods used. Among boys in the age group of 6-14 years, the most common method is self-intoxication with alcohol, while

self-intoxication with various substances predominates among girls of the same age. In the 15-19 age group, the most frequently used methods among boys are self-poisoning with alcohol and self-poisoning with various substances. Among girls in the same age group, self-poisoning with various drugs and the use of sharp objects prevail.

### **Proposals for measures that create environments and conditions for maintaining, strengthening and protecting the mental health of children and adolescents**

1. Encouraging and building social networks, healthy communities and environments (local, school) that enable maintaining, strengthening and protecting the mental health of future parents, parents, children and adolescents.
2. Designing programs for adults on how to strengthen the positive mental health of expectant parents, parents, children and adolescents (programs for expectant parents - mothering schools, parenting schools, programs for parents, grandparents, teachers, etc.).
3. Raising awareness among politicians of all sectors about the importance of the mental health of future parents, parents, children and adolescents, and cooperation in the preparation of programs and measures.
4. Changes in legislation in the school, health, judicial and social spheres in the direction of strengthening the mental health of future parents, parents, children and adolescents.
5. Introducing effective, evaluated promotional programs into the curricula of kindergartens, primary and secondary schools and colleges with an emphasis on strengthening protective factors such as good self-image, positive attitude towards oneself and others, successful coping with challenges, high self-esteem, sense of strength, optimism and the ability to face issues, assertiveness, strategies for dealing with stress, communication, active leisure time, forming healthy habits, strengthening the social network.

### **Development of new promotional programs, extensions and additions to existing programs and evaluation of promotional programs aimed at children and adolescents, with an emphasis on protective factors. Preparation of uniform standards for such programs.**

1. Use of new technologies and development of new e-programs, applications in the field of mental health of children and adolescents for adults and children and adolescents, expansion of existing websites on mental health for elementary school children, design of websites and applications on health and mental health for students and students.
2. Involvement of young people in the preparation of promotional programs, strategies and measures (development of young people's action competence).
3. Encouraging the resolution of all factors that represent a risk for mental health in children and adolescents (school failure, domestic violence, abuse of psychoactive substances, poverty).
4. Measures to destigmatize mental issues and help-seeking among children and adolescents. Stigmatization of mental health issues is due to various factors; among the most important are ignorance of the background and causes of mental disorders, a low assessment of self-competence to help someone with mental issues and, as a result, negative attitudes towards mental disorders and help-seeking. Raising awareness and increasing knowledge about mental health and mental disorders is a necessary, but not sufficient, condition for changing attitudes and thus also for changing attitudes towards seeking help. Destigmatization measures must be implemented continuously and in

several target groups. Proposals for measures to destigmatize mental issues and help-seeking among children and adolescents:

- Raising awareness of the general public, parents, professionals and children and adolescents about the contents of mental health, increasing mental health literacy (children and adolescents).
- Education of parents, professionals and children and adolescents about ways and strategies to strengthen the mental health of children and adolescents.
- Strengthening the skills of parents, professionals and children and young people on ways to act in case of issues and information on sources of help.
- Developing specific skills for different groups (parenting skills, professional skills) that have a protective effect on children's and adolescents' mental health.

#### Romanian literature review

#### **Derrière les masques, la souffrance mentale des jeunes, Cynthia Morgny, Pierre Chalmeton, Bérénice Lambert, Céline Leclerc**

[https://www.libristo.ro/ro/carte/derri-re-les-masques-la-souffrance-mentale-des-jeunes\\_38688484?utm\\_source=google&utm\\_medium=surfaces&utm\\_campaign=shopping+feed&utm\\_content=free+google+shopping+clicks+600-1200k&gclid=Cj0KCQiAmpyRBhC-ARIsABs2EArkh-w9uIMxXL3zOJ2mwOHAhkrrT73qV4em7mfyMpqcMSh5-qx6J2YaAj-CEALw\\_wcB#synopsis](https://www.libristo.ro/ro/carte/derri-re-les-masques-la-souffrance-mentale-des-jeunes_38688484?utm_source=google&utm_medium=surfaces&utm_campaign=shopping+feed&utm_content=free+google+shopping+clicks+600-1200k&gclid=Cj0KCQiAmpyRBhC-ARIsABs2EArkh-w9uIMxXL3zOJ2mwOHAhkrrT73qV4em7mfyMpqcMSh5-qx6J2YaAj-CEALw_wcB#synopsis)

#### **Cum sa-ti gestionezi emotiile coplesitoare si sa-ti recapeti autocontrolul. Ghidul practic de terapie comportamentala dialectica, Matthew McKay, Jeffrey C. Wood, Jeffrey Brantley**

[https://www.elefant.ro/cum-sa-ti-gestionezi-emotiile-coplesitoare-si-sa-ti-recapeti-autocontrolul-ghidul-practic-de-terapie-comportamentala-dialectica\\_ee9bd3df-2693-45f1-a008-4a413ec7c0c1?gclid=Cj0KCQiAmpyRBhC-ARIsABs2EArtyATo9gvIheCGGol3C-gzYT39LZksz21B8HcYkA\\_OOlq4IHzmH6EaAn6mEALw\\_wcB](https://www.elefant.ro/cum-sa-ti-gestionezi-emotiile-coplesitoare-si-sa-ti-recapeti-autocontrolul-ghidul-practic-de-terapie-comportamentala-dialectica_ee9bd3df-2693-45f1-a008-4a413ec7c0c1?gclid=Cj0KCQiAmpyRBhC-ARIsABs2EArtyATo9gvIheCGGol3C-gzYT39LZksz21B8HcYkA_OOlq4IHzmH6EaAn6mEALw_wcB)

#### **Dilemmas in youth work and youth development practice, Laurie Ross, Shane Capra, Lindsay Carpenter, Julia Hubbell, Kathrin Walker**

<https://www.routledge.com/Dilemmas-in-Youth-Work-and-Youth-Development-Practice/Ross-Capra-Carpenter-Hubbell-Walker/p/book/9781138843967>

Helping youth workers to respond in various situations and dilemmas. What knowledge and skills should they have description of situation, reflections about it, sharing experiences, teachings about norms, conventions, continuities and discontinuities of youth work.

#### **What young people want from Mental health services - a youth informed approach for the digital age, Kerry Gibson**

<https://www.routledge.com/What-Young-People-Want-from-Mental-Health-Services-A-Youth-Informed-Approach/Gibson/p/book/9780367338596>

Based on interviews, book is offering a vision of youth mental health issues from their own eyes. Offering important pro insights to the identity vs issues playing on young person's expectations of mental health support. Guidance for youth workers how to work with young people and design services to be better match.

**Adolescent behavioural issues - evidence based approaches to prevention and treatment  
Thomas Gullotta, Gerals Adams**

<https://www.goodreads.com/book/show/7531133-handbook-of-adolescent-behavioral-issues>

Explore effect of environment and community surroundings on well-being and overall mental health causes. Provides foundation of understanding youth experience and influence of the family and community.

**Working with young people Sheila Curran, Roger Harrison, Donald MacKinnon**

<https://www.goodreads.com/book/show/17993591-working-with-young-people#CommunityReviews>

Introduction of fundamental concepts and issues for the contemporary youth work and challenges = social context of young people.

**Youth & covid19 - impact on jobs, education, rights and mental well-being Survey report 2020**

[https://www.ilo.org/global/topics/youth-employment/publications/WCMS\\_753053/lang--fr/index.htm](https://www.ilo.org/global/topics/youth-employment/publications/WCMS_753053/lang--fr/index.htm)

Survey about the effect of covid on young people. Research aiming to analyse and identify the medium/long term effects of covid on young people.

## Interviews

We conducted 28 interviews with people from different sorts of organizations – public institutions, NGO's, therapeutic offices, etc. from all 3 partner countries. Everybody interviewed work with young people with emotional and behavioural issues. We interviewed next people:

- 1) Katarina Erzar Kompan
- 2) Zala Zupan
- 3) Peter Steničnik
- 4) Nežka Agnes Vodeb
- 5) Špela Adam
- 6) Špela Gorjan
- 7) Matic Munc
- 8) Borut Kožuh
- 9) Luka Oven
- 10) Tomi Martinjak
- 11) Lea Labaš
- 12) Marija Duvanjak
- 13) Ivana Zec
- 14) Goran Biličić
- 15) Liljana Bartolović
- 16) Branimira Penić
- 17) Mirela Pašić
- 18) Vlatka Vladilo
- 19) Marin Čorić
- 20) Iulian LUNGU
- 21) Răzvan LUNGU
- 22) Roxana DIMA
- 23) Elena LUPOAEA-PETREA
- 24) Andreea ANCUTA
- 25) Diana SABO
- 26) Andrei DOBRE
- 27) Andra CORDOȘ
- 28) Adriana POPESCU

## The questions

1. What kind of situations do you face when working with vulnerable young people and their crises?
2. Can you give us concrete examples?
3. How do you feel at that moment?
4. How do you address them?
5. Who do you turn to when you don't have a solution?
6. What do you do when you don't know how to react in a crisis?
7. What is your first step?
8. Do you have any specific literature/protocol to help you?
9. What support would you need to feel more confident in these situations?
10. If you were to prepare a training for such situations - what should it be like to attend it (length, concrete content, what kind of tools should you get)?
11. What kind of manual/toolkit would suit you best - how should it be structured?
12. What tips, tricks, and new methods would you like to learn?
13. What do you think should be changed at the systemic level to make young people facing crisis more supported?
14. What could youth organizations do to have more support and more competencies in this area?
15. What kind of competencies would you need to feel more secure in this situation?

## The sum up of the answers from the interviews

### **The important aspects of improving mental health and well-being in youth include:**

1. Intersectoral integration and better cooperation between institutions.
2. Work with families and distribution of tasks.
3. Improved flow of information systems for solving complex situations.
4. Sensitivity, connection with NGOs, and trust.
5. Time-out programs and alternative program development.
6. Cooperation with other institutions and addressing psychiatric-anxiety cases.

### **What is the most important to address with young people?**

1. Addressing past traumas, lack of self-confidence, poverty, and communication skills.
2. Addressing school failure, poor mental health, negative thoughts, and multidisciplinary.
3. Addressing anxiety from external environment and stress.

### **What youth workers would need is more:**

1. Supervision, exchange of experiences, training, support groups, and mentoring.
2. Creative techniques for communication with youth.
3. Innovative work methods.
4. Supportive materials.
5. More effective systems of cooperation.

### **Ten most important aspects related to trauma and mental health:**

1. Post-traumatic disorders.
2. Sexual abuse.
3. Eating disorders.
4. Self-harm.
5. Depression.
6. Anxiety.
7. Trust.
8. School system.
9. Panic attacks.
10. Dissociative attacks, panic, collapse.

### Additional important aspects:

1. Understanding the process from cause to effect.
2. Different ways of dealing with these issues.

### Survey

We got 231 answers to the questionnaire,

- 26 from Croatia
- 50 from Romania
- 155 from Slovenia

In this presentation we are focusing on our purpose and that was to understand better what situations youth workers are dealing with and what kind of competences do they already have. In the next step we developed a competence model for empowerment of youth workers when dealing with young people with emotional and behavioural issues.

**The most common phenomena youth workers are dealing with when talking about young people with emotional and behavioural issues:**

1. Anxiety.
2. Depression.
3. Suicidal thoughts/Self-harm.
4. Stress.
5. Aggression/Anger.
6. Substance abuse/Addiction.
7. Eating disorders.
8. Low self-esteem/Low self-confidence.
9. Attention-seeking behaviours/Inattention.
10. Passivity/Lack of motivation.
11. Bullying/Abuse.
12. Social anxiety/Fear.
13. Autism/Autism spectrum disorder.
14. Childhood behavioural disorders.
15. Conduct disorder/Disruptive behaviour.
16. Relationship issues.
17. Addiction to phone/technology.
18. Moral abuse/Negativity from authority figures.
19. ADHD.
20. Childhood trauma/PTSD.
21. Introversion.
22. Lack of integration/Connection issues.
23. Mental health issues/burnout.
24. Emotional disturbance.
25. Hyperactivity/Impulsivity.
26. Negative self-image.
27. Difficulty accepting oneself.
28. Poor concentration.
29. Irritation/Fear.
30. Violence/Maladaptive social behaviour.
31. Childhood from divorced family.
32. Childhood with moral and physical abuse.
33. Difficulty expressing oneself.
34. Impulsive aggressive behaviour.
35. Indiscipline.
36. Extreme introversion/Withdrawal.
37. Low motivation/Passivity.
38. Challenges in school/Indiscipline in school.
39. Anger issues/Control issues.
40. Lack of control over situation/Victimization.
41. Negative attitudes/Impatience.
42. Confusion/Fear.
43. Panic attacks.
44. Non-compliance/Destruction of agreements.
45. Impulsive behaviour/Non-cooperation.
46. Indulgence in drugs, alcohol, and marijuana.

47. Extreme defiance/Disruptive behaviour.
48. School absenteeism due to mood disorders/Anxiety.
49. Depression-Anxiety-Panic attacks.
50. Troubles in social interaction/Difficulty managing emotions.

**Approaches to handling situation are different:**

The approach to handling behavioural issues in young people involves staying calm and creating a safe, non-judgmental space for the young person to talk. The goal is to understand the situation, provide emotional support and potentially connect the young person with professional help. The approach includes active listening, being compassionate, and showing empathy. Different strategies are used depending on the individual and the situation, such as redirecting behaviour, providing alternative options, or searching for professional help. The focus is on promoting a positive and supportive environment for the young person to address their issues.

Youth workers try to approach young people with active listening, empathy, and patience. They try to understand the situations and offer support and advice if asked. They also encourage them to talk with experts and those around them for support. Their approach may include talking, negotiating, calming them down, and finding a solution through a calm and understanding conversation. Youth workers try to motivate them and provide relaxation activities. Approaches also involves working with families and other institutions to provide adequate support and resources.

**Most common first reactions:**

1. Trying to listen actively.
2. Questioning: How to recognise what is happening?
3. Going into the mode of self defence.
4. Trying to stay stable and calm.
5. Questioning: How to ask for help?

**Some concrete examples of reactions:**

“Somebody getting angry at the end of an activity. Taking time to write to that person online, to make sure is ok. Asking questions to a person with depression to find if they have the will to take part in a voluntary activity. Not forcing people with social anxiety to speak or to get involved in games if they don't want to.”

»A participant in a mentoring group was having trouble adapting to the group and did not feel included. They started crying and had the impulse to isolate themselves from the group and not communicate when the others got distracted with other matters during the discussion. After giving the participant some space to let out emotions and calibrating the energy of the group towards being supportive for their partner, the participant calmed down and told us about their issues and the others quickly came with possible solutions. «

»A simple example is a daily task related meeting with youth with the aim of planning an activity together, very often it happens that minimum one person per group has attention issues (various causes and manifestations) and works on breaking the group dynamic usually by not

respecting communication with the whole group or certain group members. In these situations I stop the activity itself for a moment, wait till everyone notices the silence and guide a short reflection on the current state of mind and happenings - usually there we break the process of this person, after the group shares we come to a common conclusion and after we finish I do individual talk to the person.«

»Given that we work mostly with youth diagnosed with autism spectrum disorder, we encounter quite often situations when they want to leave the task and throw a tantrum because they can't do exactly as they want when they want, therefore we do alternative reinforcement of the behaviour.»

“When we work with typical developing youth, we encounter it quite often as a state of not engage because of fears of evaluation (eg. Anxiety), here we look for dysfunctional thoughts that fuel their avoiding behaviour and create opportunities to rectify and modify their cognitions, which in turn affect their behaviour«

### **Knowledge that they crave the most:**

1. What is family and how it influences the background of a child.
2. What is trauma, how to handle it, what to do first, when the crisis happen (first response) - how to stay calm and react fast .
3. Syncing with colleagues - how to assure, that you are not alone.
4. How to work with parents?
5. Creating the protocol (step by step guide) - would help them to react properly.
6. Methodological approaches.
7. How to work better with other institutions - who can help?
8. Time out programmes – how to design and implement them?
9. Intervision/supervision.
10. How to protect yourself.

### **Youth workers needs:**

1. Supervision and guidance from experts in the field.
2. Emotional and psychological support.
3. Tools and methods to deal with the situation.
4. Education and training on how to handle the situation.
5. Collaboration with other professionals and institutions.
6. Support from colleagues, family and school.
7. Psychological counselling.
8. Cooperation with parents and engagement in activities.
9. Access to professional resources such as psychologists, therapists, and psychiatric services.

### **The answers on if they have some protocol in space are:**

Some of the organizations have clear protocols and guidelines in place, while others rely more on the intuition and experience of their staff. A few of the organizations have professional support, such as psychologists, and employ various methods, such as one-on-one sessions,

support groups, and behavioural analysis. In cases of emergency, some organizations involve authorities and emergency services.

**We asked as well, where do they turn to, when they need help:**

People turn to colleagues, friends, family, and professionals (such as psychologists) for help in situations causing stress and discomfort at work. They also use coping strategies such as taking breaks, meditation, yoga, physical activity, seeking advice from colleagues or superiors, reading books and online resources, and seeking the help of therapists. Some people also use intervision and supervision to help deal with these situations.

**The most appreciated competences, that people value in their colleagues are:**

1. Calmness.
2. Patience.
3. Empathy.
4. Professionalism.
5. Emotional intelligence.
6. The ability to stay composed and think of solutions.
7. Communication and cooperation skills.
8. Kindness.
9. Respect.
10. Tolerance.
11. The ability to use words to solve issues.
12. Self-control.
13. Objectiveness.
14. Impartiality.
15. A holistic approach.
16. Active listening.
17. Experience.
18. A passion for work.

Other valued traits include psychological knowledge, practicality, resourcefulness, flexibility, and the ability to handle situations. People also appreciate individuals who have a good understanding of the population they work with and can approach situations with compassion and respect, finding solutions together with those they are working with.

## Conclusion

The interviews involved 28 professionals who work with young people with emotional and behavioural issues. They shared their experiences in dealing with crises and highlighted the need for intersectoral integration, improved cooperation between institutions, work with families, and better flow of information systems to support young people facing crises. They emphasized the importance of addressing past traumas, lack of self-confidence, poverty, and communication skills in young people. They also highlighted the need for supervision, exchange of experiences, training, support groups, and mentoring for youth workers. The survey involved 231 respondents from three countries, and the most common phenomena encountered by young people were anxiety, depression, suicidal thoughts/self-harm, stress, and

aggression/anger. The approach to handling such issues involved active listening, empathy, and creating a safe, non-judgmental space for young people to talk. Youth workers emphasized the need for supervision and guidance from experts, emotional and psychological support, tools and methods to deal with situations, education and training, collaboration with other professionals and institutions, and support from colleagues, family, and school. They also value calmness, empathy, professionalism, emotional intelligence, communication and cooperation skills, kindness, respect, tolerance, and active listening in their colleagues.