

# ***A Framework for Promoting Positive Mental Health and Wellbeing in the European Youth Sector***

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*Positive Mental Health*



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*Erasmus+ Project: Promoting positive mental health in the European youth sector*

## ***Intellectual Output 1***

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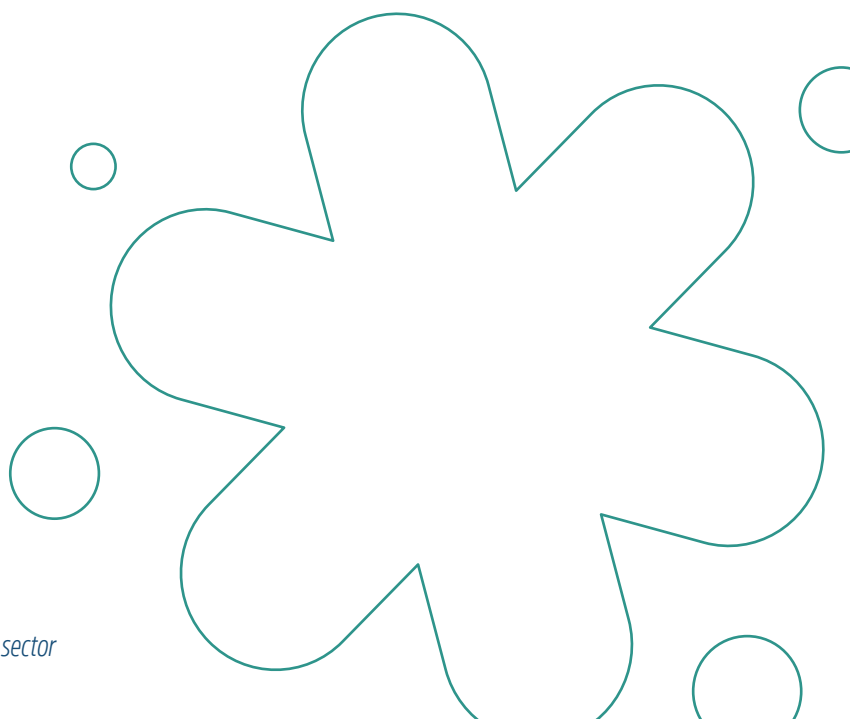


# Introduction

As part of the European Youth Goals, young people in Europe have identified better mental health and wellbeing as one of their main concerns for young people today ([www.youthgoals.eu](http://www.youthgoals.eu)). The youth sector setting is an important one for promoting young people's mental health and social and emotional wellbeing by providing a supportive environment for building positive relationships with adults and peers and practicing social and emotional competencies. However, although many innovative practices are currently applied in youth settings, there is a lack of a systematic approach for promoting young people's mental health and wellbeing in the European youth sector.

This report outlines a framework for promoting positive mental health and wellbeing in the European youth sector. A framework is a tool that helps to organise ideas to provide a foundation for thinking, communicating and acting (Blyth, Jones & Borowski, 2018). This framework was developed as part of the Erasmus+ project *Promoting Positive Mental Health in the European Youth Sector*, and provides the theoretical background for promoting positive mental health and social and emotional development in young people. Two further resources, a Manual for Youth Workers and Guidelines for Youth Organisations in promoting positive youth mental health are developed based on this framework. Furthermore, a training course for youth workers in using these resources is developed as part of the project.

The framework presented in this report is based on theories of mental health promotion and positive youth development and was informed by a review of the literature on social and emotional development frameworks and best practice guidelines in promoting positive mental health in youth settings. Consultations with project partners, as well as youth workers and young people in Europe, also informed the final iteration of the framework and how the next stage of implementing this framework in practice is to be carried out in the youth sector.



# Chapter 1: **Background and Rationale**

Good mental health and wellbeing in childhood and adolescence is critical to ensure healthy development and positive health and social outcomes in adulthood (WHO, 2013). The increasingly complex global, economic, socio-cultural and planetary climate presents significant challenges for young people. These include, for example, increases in youth unemployment, migration and rising levels of mental health problems and youth suicide (Thomson et al., 2014, Patel et al., 2007). Furthermore, negative experiences, such as family conflict or bullying, can have a detrimental effect on the wellbeing and positive development of young people. Positive mental health and wellbeing and the acquisition of important social and emotional competencies ensure that young people can handle these challenges effectively and flourish in the 21st century.

This Chapter sets the scene for promoting youth mental health in the European context, taking into account the level of mental health and wellbeing among young people in Europe, the current European Youth Strategy and the diverse European youth work setting.

## ***Mental Health of Young People in Europe***

Young people across Europe have identified achieving better mental health and wellbeing as one of the main issues concerning young people today ([www.youthgoals.eu](http://www.youthgoals.eu)). They are concerned about the high levels of mental health problems among their peers, and the immense societal pressures and competitiveness they face in their daily lives.

***“...for many young people the media serves images of perfect lives and standards of happiness or perfection which make them feel unsuccessful in comparison... In addition, many young people feel formal education focuses on performance and competition between students, creating a high pressure environment and very high expectations of career success. However, by contrast they find it hard to secure work and careers that meet these expectations...”***

*(Structured Dialogue Cycle VI, Mental Health and Wellbeing, EU Youth Goals)*

According to the international Health Behaviours in School-aged Children study, 29% of 15-year-old girls and 13 % of 15-year-old boys reported feeling low more than once a week (Inchley et al., 2016). Half of mental health problems have their onset in or before adolescence (Kessler et al., 2005; Kim-Cohen et al., 2003) and suicide is the second leading cause of death among young people aged 15-29 years worldwide (WHO, 2014). Disadvantaged young people, including minority and migrant young people, are disproportionately affected by poor mental health and its adverse outcomes (Montgomery, 2011; Reiss, 2013). There is increasing international recognition of a need for a greater emphasis on the promotion of good mental health for young people, supporting their positive development in order to address the above issues and enable young people to experience improved mental health and wellbeing, especially those who are most disadvantaged, experience structural vulnerabilities and are at higher-risk of life negative outcomes (EU, 2016a; OECD, 2015a; WHO, 2013). In order to improve the mental health and wellbeing of young people in Europe, young people themselves suggest that there should be an increased focus on prevention measures, including developing the knowledge and



skills required for mental health and wellbeing, and fostering an appreciation of individual skills and strengths among young people ([www.youthgoals.eu](http://www.youthgoals.eu)).

*“Young people want to be able to increase their own ability to deal with mental health issues. This means learning skills ranging from emotional intelligence and self awareness, to time management and coping under pressure.”*

*(Structured Dialogue Cycle VI, Mental Health and Wellbeing, EU Youth Goals)*

## **European Youth Strategy – The Development of Life Skills and Competencies**

The European Youth Strategy (European Commission, 2018) aims to ensure that all young people in Europe have the skills and resources to participate and engage in society. The Strategy is based on discussions and consultations with young people around the challenges young people face today and the possible solutions to address these challenges. Youth Goal 5 focuses specifically on Mental Health and Wellbeing, with the aim of achieving better mental wellbeing and ending the stigmatisation of mental health issues, thus promoting social inclusion of all young people.

The European Youth Strategy is based on three core action areas:

### **Engage**

The EU Youth Strategy aims to support and encourage the meaningful civic, economic, social, cultural and political participation of all young people. In order for young people to be able to participate, it is acknowledged that in addition to providing opportunities for engagement, a certain set of citizenship competencies (knowledge, attitudes and skills) need to be fostered and developed in young people.

### **Connect**

The strategy also aims to promote mobility and opportunities for young people for cross-cultural connections. One of the related strategies includes improving the recognition of skills and competencies gained through non-formal education.

### **Empower**

This action area intends to empower young people in taking charge of their own lives. The important role of youth organisations in developing life skills in young people and fostering social inclusion is highlighted.

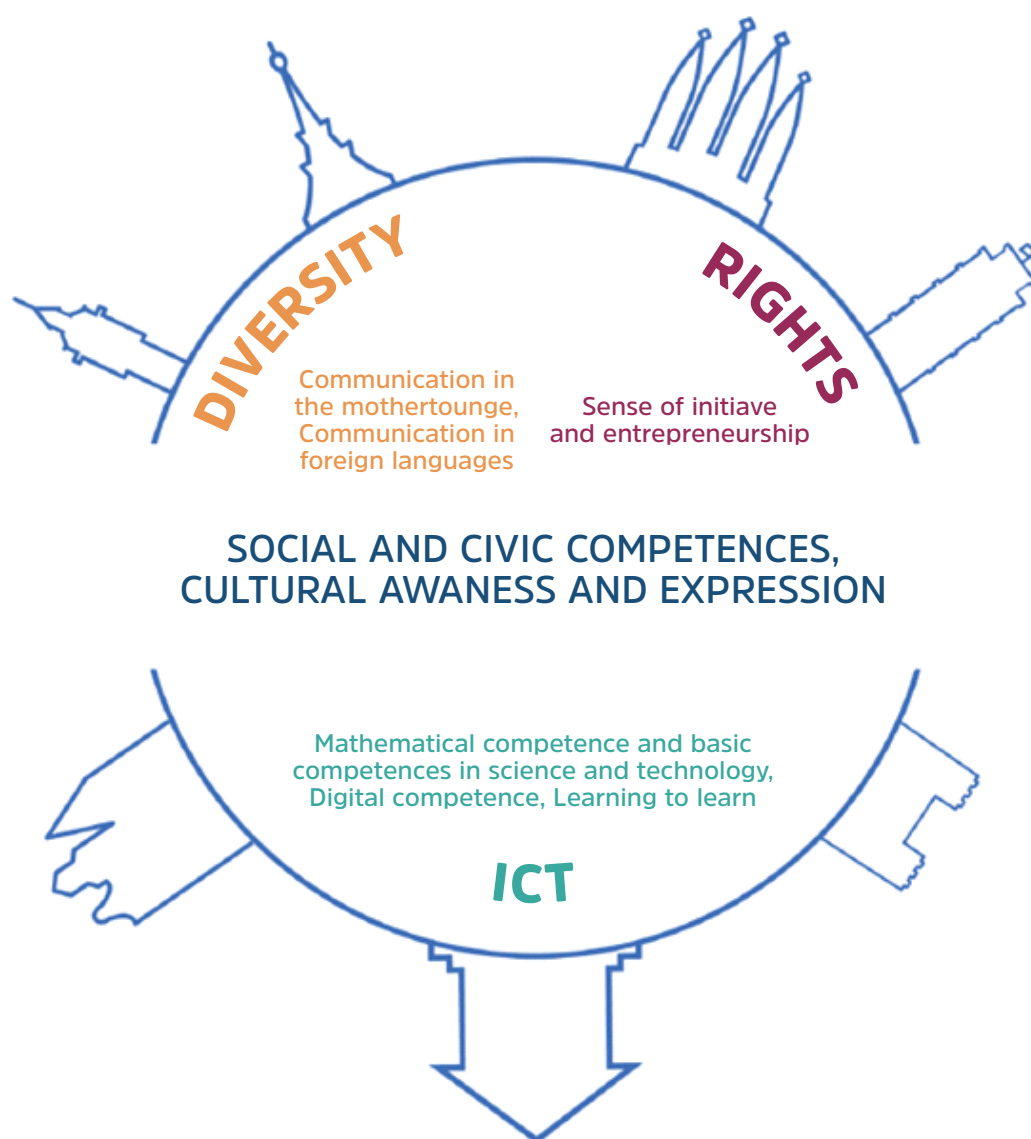
Therefore, the European Youth Strategy highlights the importance of providing supportive environments to facilitate the acquisition of life skills among young people to improve their mental health and wellbeing and active participation in society. The areas in which young people of today need to be competent in order to become active citizens are outlined in the EU Youth Pass (Taylor & Landmark, 2011). These include:

1. Communication in the mother tongue
2. Communication in foreign languages
3. Mathematical competence and basic competences in science and technology
4. Digital competence
5. Learning to learn



6. Social and civic competences
7. Sense of initiative and entrepreneurship
8. Cultural awareness and expression.

Although many of these competencies are fostered in educational settings (such as communication in mother tongue and foreign languages, competence in mathematics, science and technology), others require a more creative and cross-sectoral approach. The We Are Europe Project (We Are Europe, 2016) proposes that social and civic competencies, along with cultural awareness and expression, form the foundation of youth competencies and active citizenship (see Figure 1 below). Social and civic competencies include a range of skills relating to, for example, ensuring optimal physical and mental health, communication and relationship skills, creativity, problem solving, and decision-making (Gordon et al., 2009; Salas-Pilco, 2013). Furthermore, active citizenship is underlined by values such as respect for diversity and others, sense of responsibility, caring about others, social justice and cooperation (Wing on Lee, 2012). These competencies and values, which are an essential part of positive mental health and wellbeing, can be promoted in young people in order to improve young people's ability to function effectively in society and enjoy life.



**Figure 1.** Social and civic competencies at the core of EU Citizenship Competencies (adapted from We Are Europe, 2016)



## The European Youth Sector

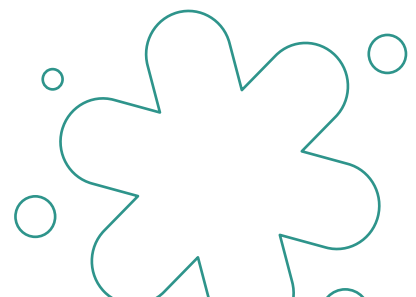
The European Youth Sector consists of a complex web of relationships between international and national actors aiming to improve the social and civic engagement and life opportunities of young people, and support high quality youth work (Youth Policy Labs, n.d.). Youth organisations and youth work exist within this sector providing a wide range of social, cultural, educational, environmental and/or political activities for and with young people. Youth work refers to non-formal and informal learning facilitated by paid or volunteer youth workers for young people (European Youth Forum, 2014). The European Youth Forum defines youth work as:

*“...actions, activities, processes and projects, undertaken by, with or for youth with the aim of providing a space for young people, for their personal development and for their needs. It further aims to improve the social, political, economic and ecological status of young people, to enhance their skills and social networks, and to increase the level of their representation and active participation or build their capacity to undertake such actions.  
(European Youth Forum, 2014, p. 3)”*

Although youth organisations vary largely in their focus and practices, at their core they all centre on the personal development and empowerment of young people, and are based on voluntary participation (European Commission, 2014).

Within Europe, there are considerable differences between countries regarding the strategies and policies adapted for youth work and the quality and availability of education and training for youth work (European Commission, 2014, 2015). In some countries, youth work is not a recognised profession, whereas in others, youth work is valued, with the possibility to acquire professional qualifications for this work. For example, in Ireland, the National Youth Council of Ireland (<http://www.youth.ie>) provides training and qualifications for youth work up to undergraduate degree level.

The rich diversity of youth work within and between countries brings challenges to providing universal guidelines on promoting mental health and wellbeing in youth organisations in Europe. Some youth organisations may have more preliminary work to do than others in terms of improving the skills and competencies of staff and developing supportive organisational structures for promoting young people’s mental health. Furthermore, without the support from wider youth policy and structures, youth organisations are limited in their scope in improving youth mental health and wellbeing and empowering young people towards active citizenship. The European Youth Forum (2014) and the European Youth Strategy (European Commission, 2018) highlight the importance of recognition, support and funding for youth work and youth organisations to build strong and impactful youth organisations. Therefore, as well as developing skills and competencies in young people, youth organisations play an important part in advocating for the value of youth work and young people in their wider local, regional, national and international contexts. Young people need to be seen as an asset rather than a problem to their families, the community and society as a whole.



## Chapter 2: **Introduction to Positive Mental Health**

This Chapter provides an introduction to positive mental health and mental health promotion. Drawing on current definitions of mental health and research on mental health and wellbeing, the concept of positive mental health is defined as being more than the absence of mental ill-health and consisting of different aspects of wellbeing. The individual, community and social level factors that determine mental health, and the complex interactions between these factors, will then be discussed. Particular attention will be given to the importance of mental health literacy in addressing stigma and promoting wellbeing. The Chapter is concluded by presenting the principles and practices of mental health promotion, highlighting how these differ from the prevention of mental health problems.

### ***What is Positive Mental Health?***

Positive mental health is a state of wellbeing in which the

*“individual realises his or her own abilities, can manage the normal stresses of life, can work effectively, and is able to play a role in his or her community”*  
(WHO, 2001, p. 1).

Mental health is, therefore, more than the absence of mental ill-health. It relates to a person's ability to enjoy life, have positive relationships, function effectively and cope with challenges. Positive mental health incorporates the concept of resilience, the ability to manage negative feelings and life events and to bounce back in the face of adversity (Friedli, 2009; Huppert, 2009). Positive mental health is a value in its own right and contributes to an individual's overall wellbeing and quality of life. Keyes (2007) conceptualises positive mental health as flourishing and feeling good in a life that one functions well in.

Positive mental health is usually conceptualised as encompassing different aspects of wellbeing, including the abilities to develop psychologically, emotionally, intellectually, physically, socially and spiritually (Barry & Friedli, 2008). This holistic perspective implies a sense of balance and harmony across the different dimensions of wellbeing. Renger et al. (2000) outline six interrelated dimensions of wellbeing as follows: intellectual, emotional, social, physical, spiritual and environmental wellbeing (Figure 2).

**Intellectual wellbeing** concerns the level to which one is engaged in continued personal growth and creative and intellectual activities (Roscoe, 2009). It focuses on the way in which people function in their lives, and one's skills and abilities to have a more satisfying life (Hettler, 1980). The concept of psychological wellbeing (Keyes, 2007; Ryan and Deci, 2001), includes aspects of intellectual and emotional wellbeing.



**Emotional wellbeing** relates to having a positive view of oneself and one's life (Ryan & Deci, 2001). It also incorporates being aware of, and being able to, regulate one's feelings (Roscoe, 2009).

**Social wellbeing** concerns having positive interactions with others and the community. It incorporates such aspects as accepting others, having a sense of belonging, feeling valued and supported in the community and enjoying social life (Keyes, 2007). Roscoe (2009) extends social wellbeing to also encompass the interaction between an individual and nature.



**Figure 2.** Six dimensions of wellbeing (adapted from Renger et al., 2000)

**Physical wellbeing** concerns maintaining healthy behaviours and lifestyle choices (relating to physical activity and nutrition, alcohol and drug use, safe sex practices and use of medical services and preventative health measures), as well as having a positive perception and expectation of physical health, and acceptance of one's physical state (Roscoe, 2009). Research shows that physical and mental health are not separate, but inextricably linked, with poorer physical health being associated with poorer mental health (Prince et al., 2007; Moussavi et al., 2007; Scott et al., 2016).

**Spiritual wellbeing** relates to having a sense of meaning and purpose in one's life and in relation to others and the universe. It also incorporates the development of personal values and beliefs (Roscoe, 2009). Spiritual wellbeing does not require being part of a religion or believing in a higher power.



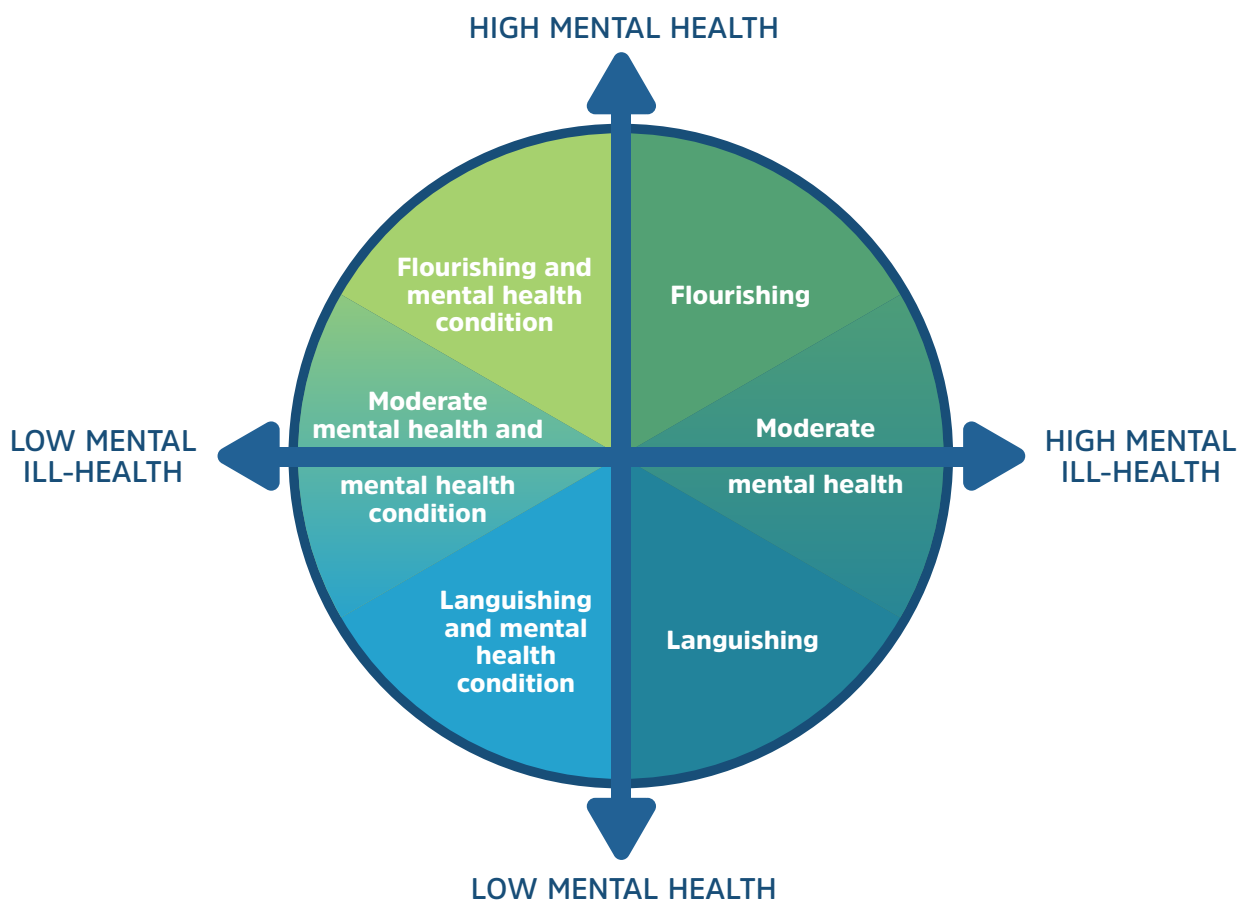


**Environmental wellbeing** acknowledges the influence the wider environment and nature have on individual wellbeing. Environmental wellbeing includes an individual's relationship and interaction with nature and the wider environment, including one's effort to improve the environment and community (Renger et al., 2000).

### *More than the absence of mental ill-health*

It is important to note that positive mental health is not distinct from mental health; in fact, it is mental health. However, in everyday language, the term 'mental health' often has negative connotations, as it is associated with mental ill-health (i.e., mental health problems and mental disorders). Mental health is more than the absence of mental ill-health and an integral part of overall health and wellbeing.

Positive mental health is not a fixed state, but people experience differing levels of mental health and mental ill-health throughout their lives. Stressful events, such as losing a loved one, unemployment or work stress, can negatively affect one's mental health. This effect can be counteracted by having positive coping skills, resilience and social support.



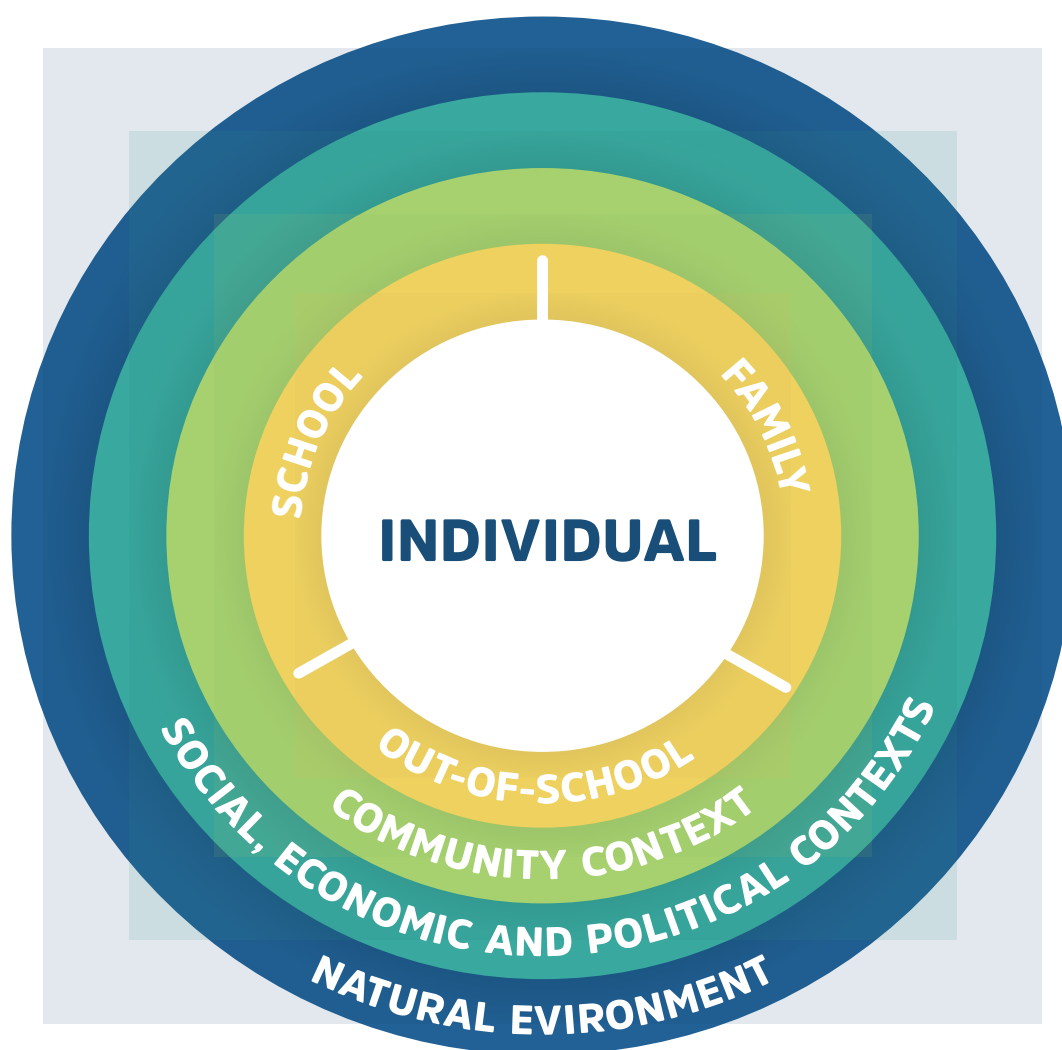
**Figure 3.** Keyes' dual continua model of mental health and mental ill-health (adapted from Keyes, 2007)



Furthermore, it is important to acknowledge that having a mental health problem or disorder does not prohibit the possibility of having high levels of positive mental health. Keyes (2007) argues that mental health and mental ill-health are related, but separate concepts (Figure 3). Therefore, a person without a diagnosable mental health condition is not automatically considered to be in good mental health or flourishing. On the other hand, a person with a diagnosable mental health condition can have a high levels of functioning and satisfaction with life, and thus, have positive mental health.

## *Determinants of Mental Health*

Young people's mental health is determined by multiple biological, psychological, social, cultural and environmental factors which interact in complex ways (Figure 4). These factors may be clustered into three broad areas:



**Figure 4.** Individual, community and societal determinants of mental health for young people (adapted from *Foundations for Young Adult Success* by Nagaoka et al., 2015, University of Chicago Consortium on Chicago School Research)

### **Individual level factors**

Early childhood experiences, such as having a positive attachment, can have a long lasting effect on children's development and wellbeing (Walker et al., 2011). Positive attachment is founded on caregiver positive emotionality, sensitivity and responsiveness toward the child and avoidance of harsh physical punishment. Poor child-caregiver interactions in early childhood, have been shown to increase the risk of subsequent problem behaviours, such as substance misuse and delinquent behaviour in adolescence (Walker et al., 2011). These problem behaviours in turn increase the risk of poor social outcomes in adulthood, such as unemployment and social exclusion. On the other hand, the acquisition of individual social and emotional skills, such as positive self-esteem and self-efficacy, and the ability to manage thoughts and feelings, build healthy relationships and cope with stressful or adverse circumstances, can be developed in young people and will protect their mental health and wellbeing.

### **Community level factors**

The home, school and out-of-school (including, for example, community, youth organisations and peers) contexts have the most immediate impact on young people's positive mental health and wellbeing. A positive sense of belonging, social support, a sense of citizenship and participation in society and having a safe and secure home environment are all linked to improved mental health and wellbeing in young people. Although parents are probably the most important source of influence in children's and adolescents' lives, research has shown that having a positive relationship with even 'one good adult' can help young people develop resilience and overcome adversity (Masten et al., 1990; Dooley et al., 2019).

### **Societal level factors**

Socio-economically disadvantaged young people and migrant young people are more likely to experience poor mental health, leave school prematurely and experience higher rates of youth unemployment (Montgomery, 2011; Reiss, 2013). Societal factors, such as poverty, social disadvantage, human rights abuses, violence and social exclusion have a negative and detrimental impact on the health and mental health of people from all regions of the world (WHO & Calouste Gulbenkian Foundation, 2014).

It should be acknowledged that individual, community and societal level determinants interact in complex ways, and experiencing risk factors on one level can increase the likelihood of subsequent risk factors. For example, dysfunctional family relationships can increase the likelihood of young people doing poorly in school and leaving school prematurely. Early school leaving increases the risk of unemployment, which in turn increases the risk of poor mental health. Furthermore, young people experiencing vulnerabilities, such as those in out-of-home care, in the juvenile justice system, those experiencing homelessness and refugee young people are more likely to have experienced trauma earlier in their lives, which can lead to self-blame and have a negative impact on their development and mental health (Orygen, 2018a; Torjesen, 2019).

On the other hand, protective factors for good mental health on one level (e.g. a cohesive family) can also have a cumulative impact on other levels (positive school experience, social functioning and improved life outcomes). As many young people experience multiple levels of disadvantage, it is important to address their needs on the individual, community and societal levels, in order to promote positive mental health and wellbeing.

Mental health literacy refers to the knowledge and beliefs about mental health and mental health problems. Mental health literacy is associated with improved mental health in the general population (Bröder et al., 2017; Jorm, 2012; Kutcher, Wei & Coniglio, 2016). Mental health literacy consists of four components (Kutcher, Wei & Coniglio, 2016; Kutcher, Bagnell & Wei, 2015):

1. Understanding how to achieve and maintain good mental health and wellbeing
2. Decreasing mental health stigma
3. Improving knowledge about mental health problems
4. Enhancing help-seeking and developing competencies for self-care

Mental health literacy is a necessary component in promoting positive mental health and wellbeing, preventing mental health problems and improving recovery outcomes for those with mental health disorders. Furthermore, mental health literacy is an important factor in determining whether young people seek mental health support when needed (Gulliver et al., 2010). Decreasing stigma around mental ill-health is of particular importance in facilitating help-seeking and early identification of mental health problems, and to ensure that those with mental health problems/disorders are treated appropriately and in a timely manner. Stigma was also recognised by young people in Europe as a barrier to seeking help for mental health difficulties in the European Youth Goals.

There are several strategies to reduce stigma and improve mental health literacy, including educational interventions to improve knowledge about mental health and mental health problems (Corrigan et al., 2012) and social contact interventions (Corrigan et al., 2013). Furthermore, improving positive mental health literacy, the knowledge of how to obtain and maintain good mental health, is of particular importance, as it is associated with improved mental wellbeing in young people (Bjørnsen et al., 2019). This reinforces focusing on strengthening the factors, including social and emotional competencies, that support and protect mental health to improve young people's positive mental health and wellbeing.

## What is Mental Health Promotion?

Many existing strategies to address mental health focus on preventing or treating mental disorders, such as anxiety or depression. Often, less consideration is given to promoting aspects of wellbeing, such as building social and emotional competencies, resilience and self-esteem or improving social and living conditions, which are an important influence on people's mental health (Barry et al., 2019).

Mental health promotion is

***“the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. Mental health promotion uses strategies that foster supportive environments and individual resilience, while showing respect for culture, equity, social justice, interconnections and personal dignity.”***

*(Joubert et al., 1996)*

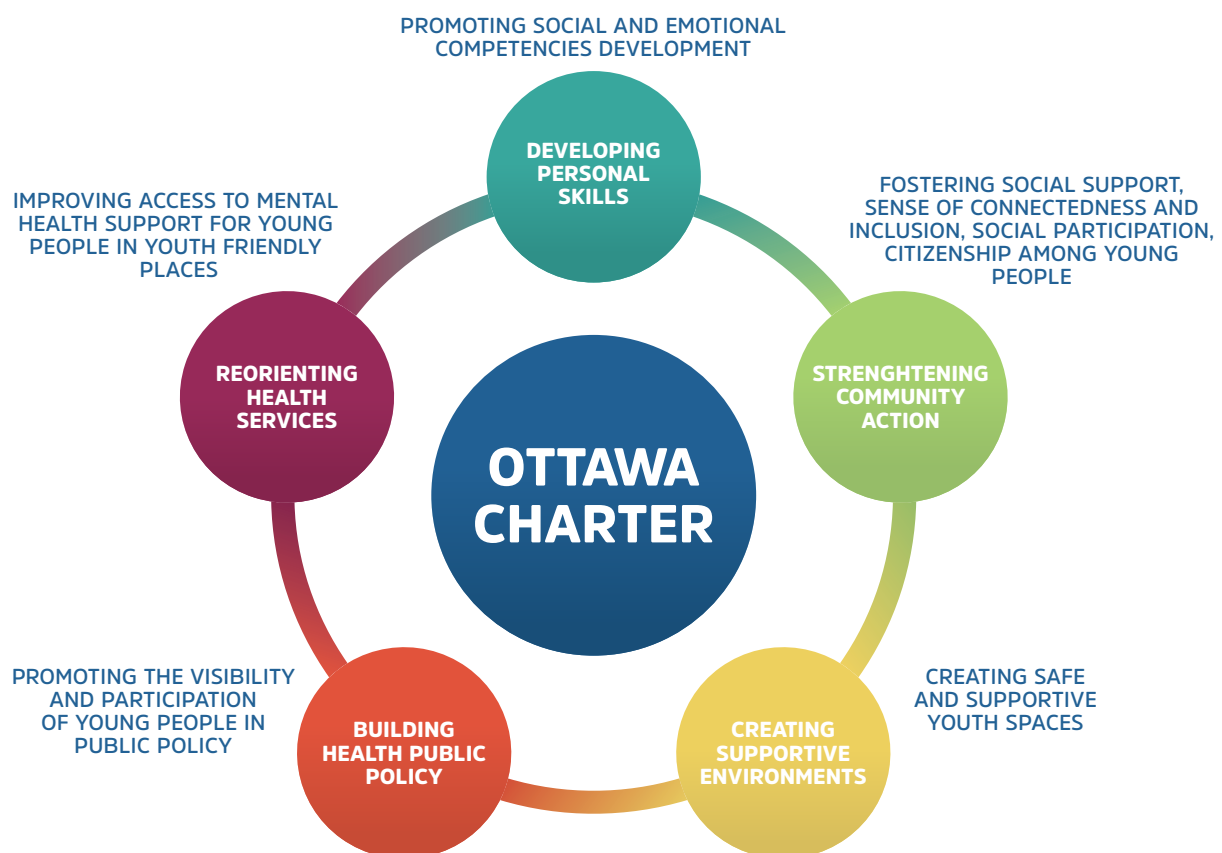


Mental health promotion is concerned with building strengths, competencies and resources in individuals and communities, and aims to impact on the determinants of mental health to increase positive mental health, reduce inequities, and increase social capital and health gain (Barry et al., 2019). Mental health promotion is concerned with the whole population and focuses on enabling and achieving positive mental health and equity in health (Petersen et al., 2016). Furthermore, mental health promotion aims to deliver effective strategies in an empowering, collaborative and participatory manner.

Mental health promotion:

- Is concerned with achieving **positive mental health** and wellbeing
- Involves the **population as a whole in the context of their everyday lives**
- Seeks to address the wider **social and environmental determinants of mental health**
- Is based on **participation, engagement and empowerment**
- Requires intersectoral action that **goes beyond the health services**

Promoting positive mental health requires strategies at the individual, social and environmental levels. The Ottawa Charter for Health Promotion (WHO, 1986), which provides the foundation for mental health promotion, lists five key areas of action that can be applied to improving population mental health. These areas and how they relate to promoting the mental health of young people specifically are presented in Figure 5.



**Figure 5.** The action areas of the Ottawa Charter and their application to promoting young people's mental health (*authors' compilation*)



The Ottawa Charter highlights the need for adopting a socio-ecological approach to promoting the mental health and wellbeing of young people. Fostering individual social and emotional skills is important, however, action on the policy and social levels are also required in order to improve the conditions in which young people live and which define the possibilities they have for the future. Youth organisations can be seen as having a key role to play in all areas of the Ottawa Charter, including facilitating the development of personal skills in young people, strengthening community networks and support, providing supportive and safe spaces for young people, advocating for youth friendly policy and improving access to mental health promotion and prevention strategies while collaborating with mental health services.

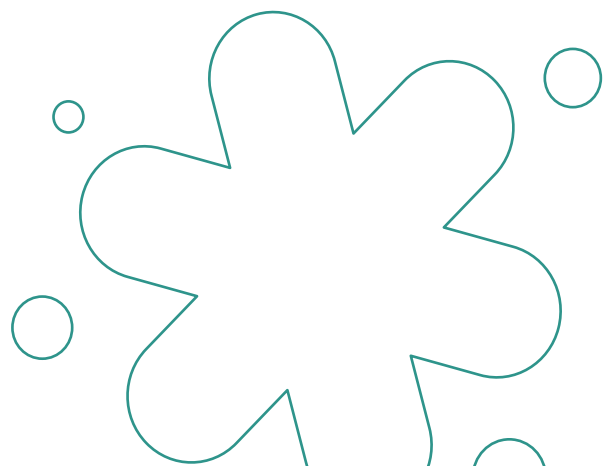
## *Mental health promotion and prevention of mental disorders*

Mental health promotion is often confused with the prevention of mental disorders. Although these practices have overlapping goals and strategies, they are distinct areas of practice. The main distinction between mental health promotion and prevention of mental disorders lies in their targeted outcomes. Mental health promotion aims to promote positive mental health and wellbeing and prevention is concerned with reducing the incidence, prevalence or risk of targeted mental health problems, such as anxiety or depression (Hosman et al., 2005; WHO, 2002). Within the youth setting, an example of a mental health promotion intervention could be a youth development programme aiming to build skills such as resilience, problem solving and team work. An example of a prevention intervention might, for example, include a therapeutic group intervention to prevent and/or reduce symptoms of depression.

It is clear that both promotion and prevention are important areas of practice. However, it is important also to note that the actions that promote positive mental health are relevant to all young people, including those with or without symptoms of mental disorders. Furthermore, the promotion of positive mental health also reduces the risk of mental health disorders (Hermann & Jané-Llopis, 2012).

Mental health promotion	Prevention of mental disorders
Focus on enhancing positive mental health and wellbeing among all young people	Focus on preventing specific disorders, such as anxiety and depression
<b>Aim:</b> To build strengths, competencies and resources	<b>Aim:</b> To reduce incidence, prevalence or seriousness of a mental health problem
<b>Outcomes of interest:</b> Positive mental health and wellbeing	<b>Outcomes of interest:</b> Mortality, morbidity and risk behaviours

**Table 1.** Mental health promotion and the prevention of mental disorders



## *Chapter 3: Promoting the Positive Mental Health of Young People*

In this Chapter the promotion of positive mental health among young people is discussed, with a focus on social and emotional learning. Social and emotional learning is the process of acquiring skills, knowledge and attitudes that promote healthy emotional, cognitive and social development and positive mental health and wellbeing. Social and emotional competencies that are essential for young people's wellbeing and functioning are defined, with reference to six key domains (Cognitive, Emotional, Social, Values, Perspectives and Identity) identified in existing social and emotional learning frameworks. The Chapter highlights that the importance of specific competencies is dependent on the wider social and cultural context, and that cultural competencies, such as valuing diversity, are essential in promoting young people's mental health in the European context. The evidence base on the effectiveness of social and emotional learning practices on reducing problem behaviours and emotional distress, and improving academic outcomes and positive mental health among young people is then outlined. Finally, other strategies that can be used to complement social and emotional learning practices, including mindfulness, the use of online technologies and mental health literacy programmes, will be discussed briefly.

### *Promoting Young People's Mental Health through Social and Emotional Learning*

In promoting young people's mental health, the development of social and emotional competencies, such as enhancing positive self-esteem and self-efficacy, enhancing the management of feelings, thoughts and behaviours, building positive social relationships and fostering the ability to learn and acquire education is of particular importance (WHO, 2013; Osher et al., 2016). Promoting social and emotional competencies does not only improve mental wellbeing but it also improves social functioning and academic achievement, and reduces the risk for problem behaviours and emotional distress (Barry & Dowling, 2015; Durlak et al., 2011).

The theories of mental health promotion (Barry et al., 2019; Kobus-Matthews et al., 2014) and positive youth development (Lerner et al., 2009) endorse the importance of adopting a strengths-based approach when promoting young people's mental health. Focusing on psychosocial strengths and protective factors rather than behavioural problems and risk factors for mental health is also likely to be more acceptable to young people (Kobus-Matthews et al., 2014), and may relieve some of the stigma related to mental health problems. For example, young people attending alternative education in Ireland have reported the need for mental health promotion programmes to have positively framed content around hope and building personal strengths (Kuosmanen et al., 2018a), with an undue focus on mental health problems giving rise to negative feelings and disengagement (Kuosmanen et al., 2018b). Focusing on mental health problems, such as depression, has been found off-putting by young people, regardless of whether or not they are experiencing mental health problems (Fleming et al., 2019).



## What is social and emotional learning?

Enhancing young people's social and emotional wellbeing is fundamental to supporting young people in realising their potential, enhancing mental health and wellbeing, maximising their participation in education, training and employment, and reducing health and social inequities (OECD, 2015b; Durlak, Weissberg & Pachan, 2010; Catalano, Berglund, Ryan et al., 2004). Social and emotional competencies include the skills, knowledge, attitudes that individuals require in order to thrive and navigate through one's life. These include, for example, self-awareness, self-management, social awareness, relationship skills, and responsible decision making (CASEL, 2003; Elias, Zins, Weissberg et al., 1997). Social and emotional learning aims to facilitate social and emotional development in young people and thereby provide them with the foundation for positive social and health outcomes across the lifecourse (OECD, 2015b).

Elias and colleagues (1997) describe social and emotional learning (SEL) as *“the process of acquiring and effectively applying the knowledge, attitudes and skills necessary to understand and manage emotions, set and achieve positive goals, appreciate the perspective of others, establish and maintain positive relationships, make responsible decisions and handle interpersonal situations constructively.”* There are multiple terms used for social and emotional learning and skills, such as character education, 21st century skills, life skills, resilience, soft skills, non-cognitive skills. This inconsistency in terminology can make understanding and measuring SEL challenging (Jones et al., 2016).

## Social and emotional development throughout the lifecourse

Social and emotional development takes place in a complex environment including family, community and wider cultural and political contexts (Bronfenbrenner, 1992). It is a continuous process throughout the lifecourse, with the development of certain competencies taking precedence at specific ages (Denham, 2018; Jones et al., 2017; Nagaoka et al., 2015). In early (11-14 years) to middle adolescence (15-18 years), the development of personal values and identity, and positive mindsets about oneself, others and the wider environment is of particular importance (Nagaoka et al., 2015). Whereas in early adolescence young people seek to develop group-based identity with peers, in middle adolescence young people start to discover their personal values and individuated identity. The development of positive identity and values in adolescence is dependent on the previously acquired skills in childhood and early adolescence, and lays the foundation for successfully transitioning into adulthood (Hazen, Scholzman & Beresin, 2008; Nagaoka et al., 2015). In early adulthood (19-22 years) the skills and competencies developed in childhood and adolescence are culminated as young people transition into independent adulthood and integrate different social roles into a coherent identity (Nagaoka et al., 2015).

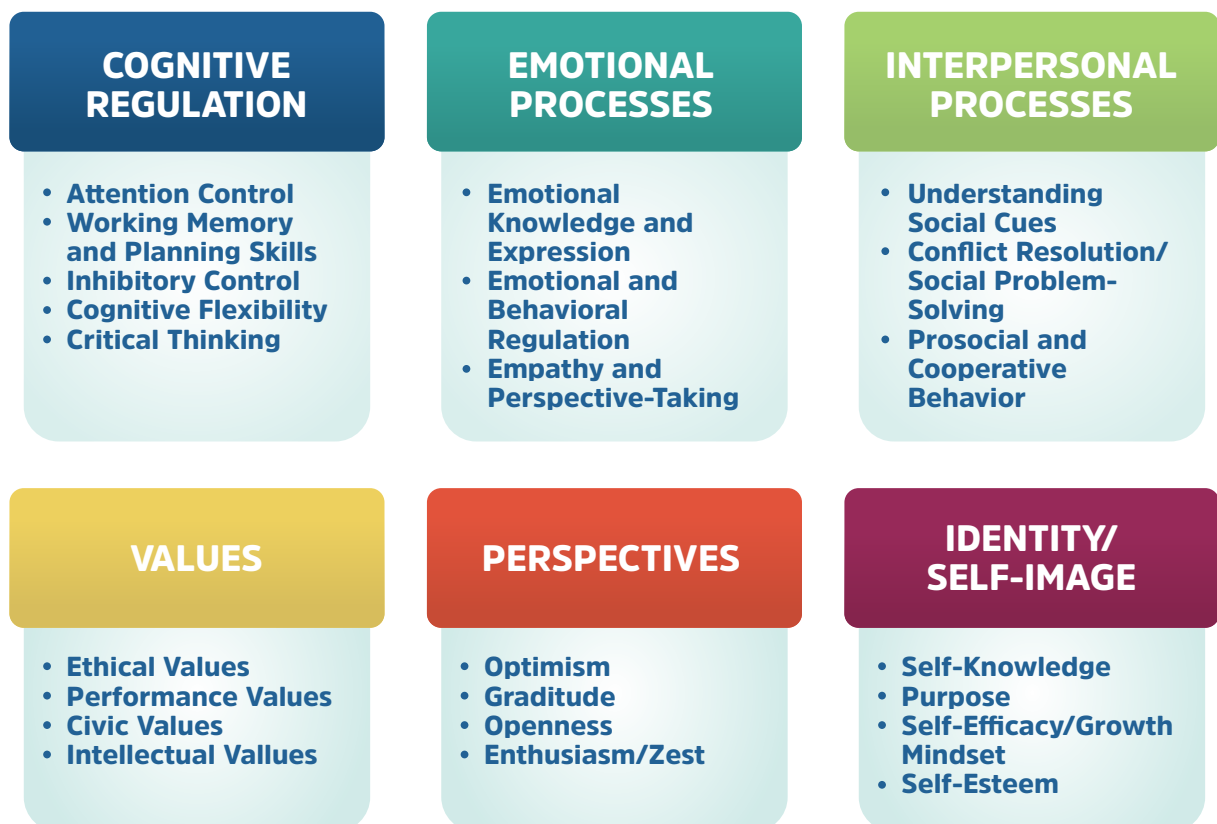
Although the parent-child relationship starting from early childhood is arguably most influential in the development of social and emotional competencies, research also indicates that having a positive relationship with an adult, such as a youth worker, who provides guidance and support to young people is linked to positive youth outcomes, particularly in the areas of social and emotional and academic/vocational functioning (Van Dam et al., 2018). Therefore, youth organisations can serve as an important setting for SEL through building supportive relationships with staff and peers and providing a safe environment for young people to develop and practice social and emotional competencies (Rhodes, 2004).





## Defining Social and Emotional Competencies

How social and emotional competencies are defined and categorised varies between different fields of study (e.g. education, psychology, youth development) and between SEL interventions (Jones et al., 2017). There is also a lack of consensus on which competencies are most important for young people's mental health and wellbeing. Multiple frameworks exist that identify a range of social and emotional competencies that are important for youth development (Berg et al., 2017). These frameworks often share common elements, however, due to multiple meanings and inconsistent language when referring to specific competencies, it can be challenging to identify which competencies should be promoted in which settings (Jones & Bouffard, 2012; Blyth, 2018). However, it should be noted that in youth work practice, defining competencies consistently across settings is of perhaps lesser importance than starting a conversation with young people on the overall importance of social and emotional learning and understanding which competencies are of value to young people themselves. Jones and colleagues at Harvard University have been working on the Taxonomy Project, which seeks to clarify and connect the multiple existing SEL frameworks and competencies across a wide range of disciplines (Jones et al., 2019). Through this research, they identified six overarching domains of social and emotional competencies (cognitive, emotional, social, values, perspectives and identity) targeted in SEL frameworks (Figure 6). Several specific skills and competencies are included under each domain. The six domains are described in more detail below. Examples of practices to promote specific skills under these domains can be found in Appendix 1.



**Figure 6.** Six domains and related subdomains of social and emotional competencies (adapted from Jones et al., 2019)



### **Cognitive domain**

The cognitive domain includes the psychological skills that are needed for setting and achieving goals. These skills relate to, for example, memory and planning, concentration and focus, critical thinking and creativity.

### **Emotional domain**

The emotional domain consists of the skills, knowledge and attitudes needed for successfully managing one's feelings as well as understanding and empathising with others. This requires skills related to recognising, expressing and regulating one's feelings and the ability for perspective-taking and empathy.

### **Social domain**

Social skills and competencies are crucial for building positive interactions and relationships with others. Such skills include interpreting other's behaviours and understanding social cues, conflict resolution and social problem solving, and prosocial behaviour and working collaboratively.

### **Values**

Values are culturally specific, and relate to the skills, character traits and habits that support us in living and working with others and being a productive member of the society. This requires understanding, caring about, and acting upon core ethical and civic values. The core EU values include respect for human dignity and human rights, freedom, democracy, equality and the rule of law (EU, 2016b). The desire to perform to one's highest potential is also relevant to the values domain.

### **Perspective**

Our perspective relates to how we understand and approach the world. Our mindset defines how we interpret and deal with situations and challenges. Having a positive mindset can help us overcome challenges, achieve goals and deal with others more successfully.


### **Identity**

Identity defines how we view and appreciate ourselves and our abilities. Having a positive sense of identity includes knowing and feeling good about yourself, feeling that you have a purpose and having confidence in the ability to learn and grow. Although this work is still ongoing and more domains may be identified in the future, the Taxonomy Project provides the most comprehensive and systematic approach to categorising social and emotional competencies to date. The American Institutes for Research (AIR) reviewed 136 social and emotional learning that were being used to promote SEL of young people aged 6-25 years in a range of settings and cultural contexts (Berg et al., 2017). Although the competencies identified in the frameworks fell into the above six overarching domains, additional competencies were also identified under these domains, with particular relevance to the needs of cultural minority and underrepresented young people. These are discussed in more detail below.

## ***Cultural competencies***

In reviewing social and emotional learning frameworks, Berg et al. (2017) draw attention to culturally specific competencies identified under the six main domains. Considering the increasing cultural diversity within and between countries in Europe, cultural competencies





seem crucial to ensure prosocial behaviour and equitable opportunities. Diversity is one of the main pillars of the EU Citizenship Competencies Framework (We Are Europe, 2016), with competencies such as intercultural communication and understanding, valuing diversity and respecting others, showing tolerance and overcoming prejudice listed as some of the key competencies in this area. Additional competencies identified by Berg et al. (2017) relate to, for example, cultural identity and adaptability, coping with racism and openness and fairness with respect to diversity.

Our cultural and social background affects our mental health and wellbeing through influencing the opportunities and challenges we face in our everyday lives (such as discrimination and racism), and also by determining our values and understandings of mental health, happiness and a good life (Gopalkrishnan, 2018). For example, in collectivistic cultures, interpersonal connectiveness and social relationships are more valued than in individualistic cultures, where personal achievement and autonomy are considered more important indicators of a successful life (Uchida et al., 2004). These differences in experiences and values determine how positive mental health should be supported and which social and emotional competencies should be promoted among different groups of young people.

Berg et al. (2017) highlight that specific competencies may be important for underrepresented groups such as racial, ethnic and cultural minorities, young people in the juvenile justice system or foster care, and young people with disabilities. Competencies related to valuing intimacy and attachment to adult caregivers, the development of autonomy, resourcefulness and coping and resilience were identified as particularly important for these young people. Furthermore, relational identity, i.e. how we view ourselves in relation to others, is of particular importance for positive mental health for young people with disabilities.

## *What Does the Evidence Say?*

A number of studies and meta-analyses have demonstrated the positive effects of social and emotional development interventions on young peoples' social and emotional competencies, positive behaviours, mental wellbeing and academic outcomes (Durlak et al., 2011; Taylor et al., 2017; Clarke et al., 2015). Within the context of youth settings, a review by Durlak, Weissberg & Pachan (2010) examined after-school social and emotional learning programmes and found that participants demonstrated increased positive feelings and attitudes, pro-social behaviours, academic achievement as well as reduced anti-social behaviours. Other studies have shown that social and emotional development programmes are associated also with a reduction in a number of problem behaviours including school dropout, substance use, risky sexual health practices, aggression and criminal behaviour (OECD, 2017). Additionally, social and emotional learning programmes and practices have been shown to have an impact on a number of positive long term life outcomes for young people, including young peoples' educational attainment, employability, job performance and satisfaction, overall health, life satisfaction and wellbeing (OECD, 2015b; Epstein et al., 2000; Guerra and Bradshaw, 2008).

A review of social and emotional development programmes delivered in youth settings in the UK found support for the implementation of youth programmes applying a range of approaches, including creative arts, sports, outdoor and adventure activities, mentoring, and engagement in community and social action projects (Clarke et al., 2015; Barry et al., 2018).



Such programmes offer young people opportunities for self-expression, exploring their talents, making a contribution to their communities and building supportive relationships with adults and peers. These interventions were shown to lead to promising positive outcomes for young people, including improved self-esteem, social skills, reduced behaviour problems and greater engagement in school and society (Clarke et al., 2015; Barry et al., 2018).

Other reviews have focused on the effectiveness of specific youth development approaches. Sports-based youth development programmes have also demonstrated promising evidence regarding their impact on improved social and emotional outcomes (Whitley et al., 2019), while mentoring programmes have also been shown to lead to significant positive effects for high-risk young people in relation to reduced delinquency and improved academic functioning (Tolan et al., 2013). A meta-analysis of adventure therapy programmes, mainly delivered to at-risk or disadvantaged young people, found that these programmes have a small-moderate significant effect on young people's social and emotional wellbeing, mental health and behavioural problems, academic outcomes, family relationships and physical health (Bowen & Neill, 2013).

However, existing reviews highlight that many youth programmes are not evaluated using robust research methods and therefore, more rigorous studies are needed to strengthen the evidence of their effectiveness (Barry et al., 2018; Bowen & Neill, 2013; Kuosmanen et al., 2019; Simpson et al., 2018; Whitley et al., 2019; Tolan et al., 2013). Furthermore, considering the heterogeneity of existing youth programmes in terms of their theoretical background and practices, there is a need for an overall framework to better understand the pathways through which these different programmes contribute to the promotion of young people's mental health and wellbeing. The transferability of structured programmes to different country and cultural contexts can also be challenging, and thus there is a need to identify strategies and approaches for promoting young people's mental health and wellbeing that can be integrated into existing practices in various youth settings (Barry, Kuosmanen & Clarke, 2017; Kuosmanen et al., 2019).

## *Other Strategies to Promote Young People's Mental Health and Wellbeing*


There are several innovative strategies for supporting young people's mental health and wellbeing, that can be used to complement social and emotional learning practices. Three such strategies, mindfulness, the use of online technologies and mental health literacy programmes, are discussed briefly below. These strategies are not likely to be sufficient on their own to improve positive youth mental health, but can be used alongside social and emotional learning practices for engaging young people, preventing depression and anxiety, reducing stigma and improving help-seeking.

### *Mindfulness*

Mindfulness-based strategies focus on bringing greater awareness to oneself, one's feelings and thoughts (Grossmann et al., 2004). This awareness is crucial for taking a step back, and not identifying with unhelpful emotions or thoughts regarding private events (Zettle, 2016) and for promoting contact with the present moment. Although there is a need for further research on the







effectiveness of mindfulness-based strategies, they do show potential in decreasing depression, anxiety and stress in young people (Dunning et al., 2019). The effectiveness of such approaches with more disadvantaged groups of young people, such as young offenders, is yet to be established (Simpson et al., 2018), and the optimal intervention components and mechanism for action need to be identified (Dunning et al., 2019; Simpson et al., 2018).

## *Online technologies*

The use of online technologies is gaining increasing attention in the field of mental health promotion and prevention. The use of computerised interventions is particularly relevant in low resource settings as the cost of delivering these interventions is relatively low. Computerised interventions can increase access to and engagement with mental health support, particularly with hard-to-reach young people, such as those living in isolated areas, marginalised young people and those less likely to present for face-to-face services (Barak & Grohol, 2011; Bennett-Levy et al., 2010). Young people are technology natives and already use technology to access mental health information (Burns et al., 2016). Furthermore, computerised programmes have the potential to engage young people through strategies such as gamification and personalisation of content (Fleming et al., 2012).

Computerised mental health interventions are showing potential particularly in terms of preventing depression and anxiety prevention in adolescents (Pennant et al., 2015; Stasiak et al., 2016). There is less robust evidence for positive computerised mental health promotion interventions focusing on areas such as positive psychology, stress management and relationship skills training (Baños et al., 2017; Clarke, Kuosmanen & Barry, 2015). However, promising results have been reported in terms of increased mental health literacy, psychological wellbeing and support-seeking behaviour (Clarke Kuosmanen & Barry, 2015).

## *Mental health literacy programmes*

Mental health literacy and awareness raising interventions are particularly important in improving young people's ability to recognise symptoms of mental health problems and seek help when needed. Such programmes also have a role to play in reducing stigma around mental health problems. There are evidence-based programmes that target adult gatekeepers, such as teachers, youth workers and parents, and teach them how to help young people who are experiencing mental health difficulties. Mental Health First Aid is an example of such a programme ([www.mentalhealthfirstaid.org](http://www.mentalhealthfirstaid.org)). Other programmes target young people themselves, such as the Youth Aware of Mental Health (YAM) suicide awareness programme ([www.y-a-m.org](http://www.y-a-m.org)). Such programmes can be delivered alongside social and emotional learning practices.



## Chapter 4: **Framework for Promoting Positive Mental Health in the European Youth Sector**

*“A framework is simply a tool that helps organize ideas in order to provide a foundation for thinking, communicating and acting.”*

*(Blyth, Jones & Borowski, 2018, p. 2)*

This Chapter introduces a theoretical framework for promoting young people’s positive mental health in the European youth sector. This framework outlines the competencies that should be promoted in young people in order to support their positive mental health. The framework was developed based on a review of the literature on social and emotional learning frameworks and best practice guidelines in promoting positive mental health in youth settings. It emphasises that young people’s social and emotional development is supported within the wider social, political, cultural and environmental context in which young people live their lives. This framework, in combination with consultations with youth workers and young people across Europe, also informs the development of a Manual for Youth Workers and Guidelines for Youth Organisations in promoting positive youth mental health. The implementation of the framework in youth organisations will be discussed in Chapter 5, with reference to best practice guidelines on social and emotional learning and practice examples identified from previous frameworks.

### ***Theoretical Framework For Promoting Young People’s Positive Mental Health***

The framework posits that in order for young people to flourish and enjoy life, they need to have a set of cognitive (**How I think**), emotional (**How I feel**) and social skills (**How I relate to others**), as well as a positive outlook on life (**Mindsets**), healthy sense of **identity** and strong **values** and character (Figure 7). These domains are centred on the core concept of the observing self (**I am**), an awareness of oneself, one’s thoughts and feelings (Hayes et al., 2012; Zettle et al., 2018). The observing self does not change, but simply experiences, without judgement, what is happening within and around oneself. Becoming aware of the observing self is the core focus of mindfulness-based strategies (Grossmann et al., 2004), acceptance and commitment therapy (Hayes et al., 2012) and reflective practice (Krueger, 2005).

The cognitive, emotional and social domains are presented at the core of the framework, as the development of these domains starts in childhood and early adolescence and forms the basis for the positive development of values, identity and mindsets. However, the development of competencies under all of these domains is a continuous process throughout the lifecourse, with the development of different competencies taking precedence at different times. The

domains are interlinked, where for example, valuing diversity affects how we relate to others, and on the other hand, developing social awareness can facilitate the development of more prosocial values.



**Figure 7.** Framework for promoting positive mental health among young people (authors’ compilation)

## Social and emotional competencies

Examples of competencies under each of the six domains are presented in Table 2 below. This list is not exhaustive, and the relevance of specific competencies is dependent on the wider social and cultural context and the developmental stage of the young people. Young people and youth workers should identify themselves, which competencies are relevant to them. Example strategies for promoting specific social and emotional competencies can be found in Appendix 1.



Domain	Competencies
How I think?	Critical Thinking Goal setting Decision making skills Creativity Making your own decisions Awareness of personal achievements
How I feel?	Recognising and labelling emotions Expressing and managing feelings Empathy
How I relate to others?	Relationship skills Communication skills Conflict resolution and problem solving Team working
Values	Valuing diversity and human rights Respecting rule of law Desire to perform to one's highest potential
Mindsets	Optimism Openness Gratitude
Identity	Self-knowledge Self-esteem Self-efficacy Sense of purpose Being aware of and valuing other identities

**Table 2.** Examples of competencies under the six domains

## Development of the Framework

This framework was developed based on the literature discussed in this report. The terminology was changed slightly to be more relatable to youth workers. The project partners were consulted throughout the development of the framework. Furthermore, online consultations were held with youth work professionals and young people to provide feedback on the framework and how it could be applied in practice.

### Consultation with youth workers

An online consultation was carried out with youth work professionals (n=4, 50% male, age 30-60 years) in Ireland. The participants included three youth work managers and one youth worker, all of whom had over 10 years of experience in the field. The participants worked with a wide range of young people aged 10-24 years, including LGBTQI+ young people, migrant young people and young people with physical and mental disabilities. The participants were asked to provide feedback on the framework based on reviewing a Practice Brief, which provided an



overview of the framework (accessible on the project website at: [www.positivementalhealth.eu](http://www.positivementalhealth.eu)). The consultation outline can be found in Appendix 2.

The feedback from the participants helped to shape the final iterations of the framework, particularly in terms of the language used in the report and the skills included under Table 2 (with the addition of the three skills Making your own decisions, Awareness of personal achievements, and Being aware of and valuing other identities). The feedback was also used to guide the development of other project outputs.

## *Consultation with young people*

An online consultation was also held with 18 young people (56% male, age 18-28 years, M age=20.6 years) in Ireland. The outline of the consultation and Information Sheet provided for the participants can be found in Appendix 3. The participants were recruited through the Young Voices programme<sup>1</sup>. The consultation focused on young people's views on the framework and the six competencies domains, and their needs from youth workers and youth organisations in promoting young people's mental health and wellbeing. The participants were given a brief introduction to the framework, supported by showing them a picture of the framework (Fig. 8) and examples of competencies under each domain (Table 2).

Overall, the participants acknowledge the importance and usefulness of having such a framework to guide social and emotional learning within the youth setting and beyond. The framework was seen to facilitate the learning of these competencies and empower young people to look after their own mental health and wellbeing. Instead of telling young people how they might be feeling using a top-down approach, the framework was considered to encourage young people to explore their thoughts, feelings and behaviours themselves by asking questions. The domains were considered interlinked, with the domains How I think and How I feel voted slightly more important than others for young people's mental health and wellbeing. The framework was considered relevant to all young people regardless of their social and cultural background or the presence/absence of mental health problems, as it allows for flexibility in determining which competencies to focus on.

Overall, the participants highlighted the important role of the youth worker in guiding the development of these competencies, by showing empathy and compassion, valuing diversity and inclusion, communicating with young people about positive mental health in a positive manner and demonstrating the use of these competencies themselves. Awareness of the framework among youth workers and how it applies to youth worker's own mental health, and actively using the framework, were considered crucial in getting young people engaged with social and emotional learning. Training was deemed necessary to ensure that youth workers have the necessary skills and competencies to use the framework and promote positive mental health among young people. Including other services (e.g. schools, social services, police) in this training was also recommended. In terms of learning these competencies in the youth setting, the participants also highlighted the need for a safe and supportive environment, active learning and the potential for peer-to-peer learning. Getting buy-in and support from older peers was also suggested as a method for improving engagement. The participants emphasised that social and emotional learning should be embedded in the culture of the youth setting and included and fostered in everyday practices.

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1 The Young Voices programme is implemented by the National Youth Council of Ireland in collaboration with the Department of Children and Youth Affairs and the National Working Group on EU Youth Dialogue. The programme aims to fulfill the objectives of the EU Youth Dialogue by encouraging young people's participation in exploring and proposing solutions for the issues that impact the lives of young people in Ireland and across the EU. For further information, please see <https://www.youth.ie/programmes/projects-initiatives/young-voices/>





## Chapter 5: **Implementing the Framework in the Youth Sector**

The implementation of the Framework for Promoting Mental Health in the European Youth Sector is considered in this Chapter. First, the rationale for promoting positive youth mental health in youth organisations is outlined, highlighting the links between social and emotional learning practices and youth work, and the potential to reach more hard-to-reach young people. This is followed by discussing youth organisations as a setting for mental health promotion, emphasising the need for a whole system approach. Best practices in improving young people's social and emotional wellbeing through intentional practices (*taught*) and supportive environments (*caught*) within youth organisations are then discussed. This is followed by further consideration on how to engage young people in social and emotional learning, with reference to the Self Determination Theory. The Chapter concludes by outlining the competencies deemed essential for youth workers to promote young people's mental health and wellbeing.


### ***Rationale for Promoting Positive Mental Health in Youth Organisations***

Youth settings provide a unique opportunity for promoting social and emotional wellbeing and provide a natural space for young people to learn, practice and strengthen a range of social and emotional competencies. In comparison to educational settings, youth settings do not have to compete with other curricular demands and academic priorities which occur in schools (Mahoney & Weissberg, 2018; Jones et al., 2017). The youth setting provides a supportive context for active learning, which is an essential component of effective SEL practice. Additionally, the youth setting provides increased opportunities for social interaction, teamwork and healthy relationships to be formed (Mahoney & Weissberg, 2018; Jones et al., 2017).

Many of the goals and missions of youth settings such as '*empowering young people and encourage their active participation in society*' (European Union, 2013) closely align with the goals of social and emotional learning, making it easier to introduce and implement these practices (Jones et al., 2017). In fact, out-of-school leaders are much more likely to report that social and emotional development is central to the mission of their work in comparison to teachers (Blyth et al., 2016), demonstrating that the delivery of SEL fits well within the context of the youth setting.

There is a close link between the life skills facilitated in youth settings and the skills taught through social and emotional learning practices. Four common principles have been found to underpin both high-quality youth setting practices and social and emotional learning practices (Jones et al., 2017). These common principles demonstrate the potential for strong links between SEL and youth setting practices:



- 
1. Programmes provide a safe and positive environment for children and adults.
  2. Programmes support the development of high quality relationships between young people and adults.
  3. Programmes are developmentally appropriate, relevant and engaging for young people.
  4. Programmes provide opportunities for direct skill building.

Finally, the youth setting is particularly important in reaching more disadvantaged young people, such as those who have dropped out of mainstream education prematurely and who may experience multiple vulnerabilities. Promoting mental health and wellbeing in youth organisations has the potential to improve social, educational and health outcomes for these young people, and thus have a positive long-term impact on reducing inequities within the society.

## *Youth Organisations as a Setting for Mental Health Promotion*

*“Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love.”*  
(WHO, 1986)

The theories of health promotion emphasise that mental health is created in multiple settings in which people live, learn and play, and that there is a need for a whole system approach to improving mental health and wellbeing (Green et al., 2000; WHO, 1986). These settings can be defined as having physical boundaries and organisational structure, e.g. schools, work sites, youth organisations, hospitals, villages and cities (WHO, 1998). Taking a settings approach to promoting mental health means that strategies go beyond targeting the individual to including some form of organisational change and development, therefore, addressing the wider social determinants of health.

The settings approach underscores that to support social and emotional learning in the youth sector, we cannot solely rely on strategies focusing on the individual, but there is also a need for creating a supportive youth environment, the development and implementation of policies, provision of training and support for staff, and partnerships with family, school and other settings (Whitelaw et al., 2001). Similarly, Jones and colleagues (2017) emphasise the need for an organisational and community wide approach to promoting social and emotional wellbeing in youth settings. This means developing supportive policies and environments within the youth organisation and acknowledging the wider community context in which young people live. In view of the relationship between social and economic factors and mental health and wellbeing, sustained improvement in the mental health and wellbeing of young people can only be achieved by involving the whole community and public, private and nongovernment sectors (WHO, 2004).

National and international policy that recognises the value of young people and youth work, and the importance of promoting young people’s mental health and wellbeing, is crucial in supporting youth organisations in promoting positive youth mental health. Therefore, the youth sector plays an important part in advocating for such policy. Furthermore, organisational policies within youth organisations are required to outline their explicit goals for promoting young people’s social and emotional wellbeing, the steps taken to achieving these goals, and the training and support provided for staff. These areas are covered in further detail in the Guidelines for Youth Organisations.



A key feature of effective mental health promotion within youth organisations is supporting staff in implementing mental health promotion strategies, by providing training, support and supervision (NYCI, 2013). The acquisition of skills and competencies among youth workers is crucial in implementing mental health promotion strategies with young people. The competencies required from youth workers to promote positive youth mental health are discussed at the end of this Chapter. Furthermore, the work environment, including whether the schedule and timetable allows youth workers to apply learning, and whether they feel supported by the management, is crucial in supporting the implementation of social emotional learning practices.

## *Developing Social and Emotional Competencies: Taught or Caught?*

Youth workers play an important role in the social and emotional development of young people, however, the learning of these competencies does not happen by accident. It is crucial that youth settings are intentional about the way that they promote and support young people's social and emotional development (Shernoff, 2013). Youth workers can be intentional by creating environments and designing experiences, which are specifically intended to foster young people's social and emotional development (Blyth et al., 2019). Increasing the intentionality of practices is critical to achieving positive long-term impacts on young people's social emotional development.

According to Durlak et al. (2010), SEL programmes and practices are most effective when they use a systematic and explicit approach to teaching social and emotional competencies. This approach is summed up by four practices, described by the acronym S.A.F.E., as follows:

- S***    *Sequenced activities to develop social and emotional competencies in a step-by-step fashion.*
- A***    *Active forms of learning.*
- F***    *Focused attention on social and emotional competencies development.*
- E***    *Explicit about which social and emotional competencies targeted.*

It is important that all four elements of effective practices work in combination with each other rather than as independent factors (Durlak et al., 2010). It is also important that youth workers recognise that social and emotional competencies can be both taught and caught. Designed learning experiences, which teach young people about specific social and emotional competencies, are considered taught practices. On the other hand, the learning environment of the youth setting can provide opportunities for SEL competencies to be caught. High quality programmes and practices apply strategies such as creating a positive motivational climate and developing caring relationships with young people (Jacobs & Wright, 2017). Supportive relationships with staff can serve as an important influence and moderating factor for social and emotional development, through staff modelling positive behaviours and providing a safe environment for young people for learning and practicing social and emotional competencies (Rhodes, 2004).

In youth settings, it is important that opportunities are provided for social and emotional competencies to be both taught and caught (Blyth et al., 2019).



## *Designing learning experiences (taught)*

Designing learning experiences through which SEL is taught can be accomplished in two ways. The first is through comprehensive programmes that teach SEL through structured lesson blocks. This type of approach allocates a significant amount of time to the teaching of social and emotional competencies and is often delivered on a weekly basis via a structured manual. The other approach, which is gaining recognition, is to integrate and embed the teaching of SEL through short activities and practices into the daily functioning of the youth setting. This type of approach is cost-efficient, time-saving and supports the application of content to other contexts (Jones et al., 2012). This is not to say that one approach is better than the other, but instead that different contexts and settings may benefit from different approaches and that the approaches can be used to complement each other.

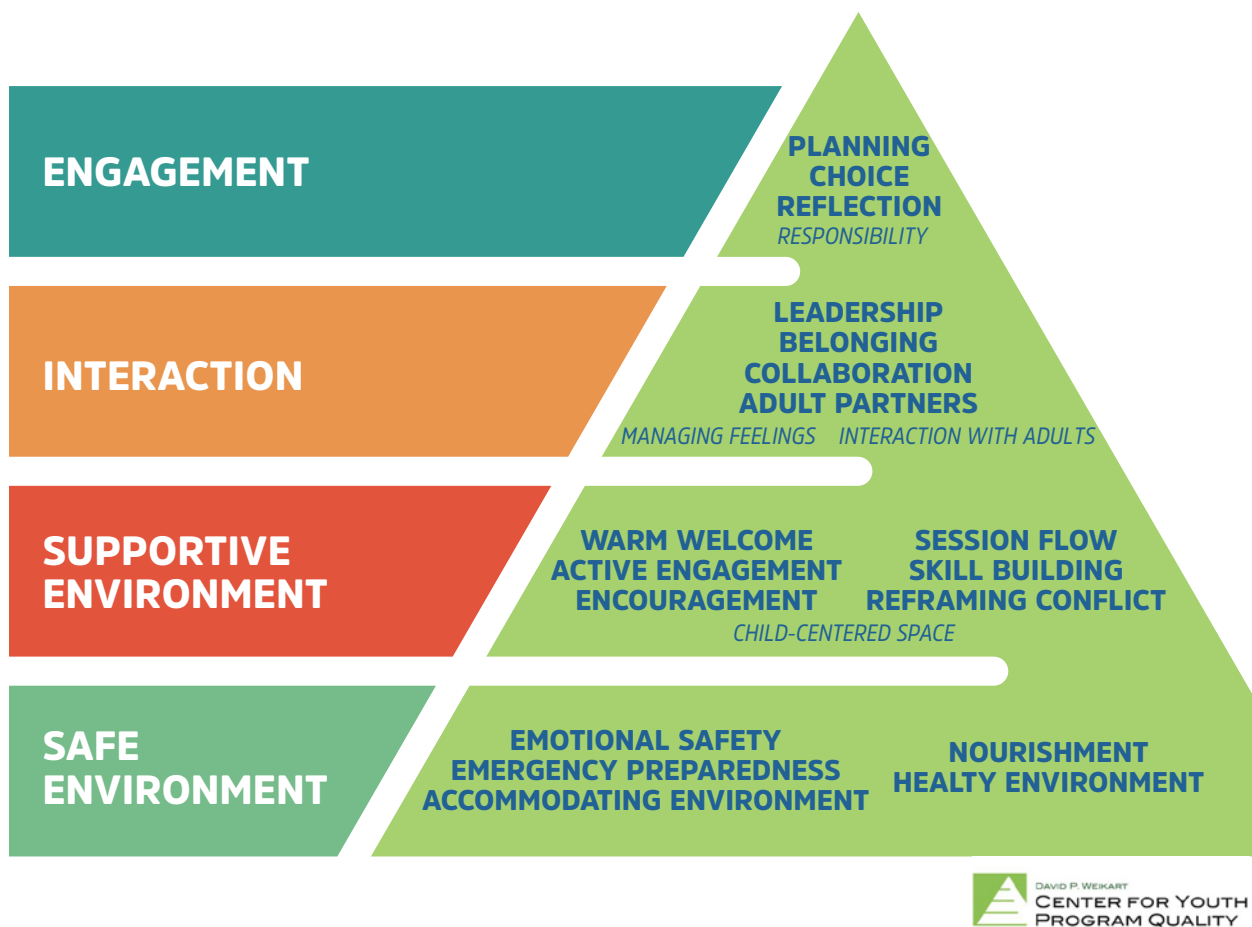
Two examples describing these two different approaches for facilitating SEL for young people can be found in the appendices. Appendix 4 contains a case study of a comprehensive programme, the MindOut social and emotional learning programme, developed for adolescents in Ireland. Appendix 5 describes an example of integrated practices, the evidence-based kernels from the USA.

Reflection and communication are important factors in determining the success of social and emotional learning practices in youth organisations. Youth organisations need to be explicit about which competencies are promoted through which practices and communicate to young people the focus on social and emotional learning (Danish et al., 2002; Petitpas et al., 2005). This helps young people in understanding the competencies they have learned and how they may apply these in other contexts. Practices such as devoting time to group discussion and providing opportunities for young people to practice these competencies, facilitate their application to real life settings (Jacobs & Wright, 2018).

## *Creating learning environments (caught)*

The learning environment and culture of the programme plays as much of a role in the development of positive outcomes as the designed learning experiences (Blyth et al., 2017). High quality programmes include strategies related to the learning environment such as creating a positive climate and developing caring relationships with young people (Jacobs & Wright, 2017). Creating a positive climate produces conditions that support both intentional and informal social and emotional learning (Osher & Berg, 2017).

The Weikart Centre for Youth Program Quality developed the Pyramid of Youth Program Quality (Smith et al., 2012), which is a model that organises the practices that staff can carry out in order to promote a positive learning environment for young people (Figure 8). These practices are categorised into four levels: (i) safe environment, (ii) supportive environment, (iii) interaction and (iv) engagement. This approach is based on positive youth development research and reflects the belief that it is the role of the staff to create an environment which meets the needs of young people in order to facilitate learning and positive development. A more supportive learning environment is likely to result in better engagement from young people (Akiva et al., 2011).



**Figure 8.** Pyramid of Youth Program Quality (adapted from Smith et al., 2012)

### Safe Environment

Both the physical and emotional safety of young people is a critical foundation for any youth setting. Safe environments provide a positive emotional climate that is free from bias whereby all young people feel supported, respected and comfortable (Smith et al., 2012; Herman & Blyth, 2016).

### Supportive Environment

A supportive environment is one where young people feel welcomed and where they are encouraged and supported to learn and grow. Staff provide young people with opportunities for active learning, developing new skills and building healthy relationships (Herman & Blyth, 2016).

### Interaction

High-quality interaction with others is key to the social and emotional development of young people. These interactions can occur between young people and programme staff or between peers. Interactions provide opportunities for young people to share ideas, give and receive constructive criticism and participate in discussions. Through these activities, young people increase their sense of belonging which fosters their SEL (Smith et al., 2012; Herman & Blyth, 2016).

### Engagement

Youth engagement is a core principle of youth development programmes. Programmes that provide opportunities for high levels of youth engagement allow young people to actively participate in





shaping their own development through activities such as planning, contributing to meaningful conversations and making important decisions. By engaging young people as active participants in their development, social and emotional skills become more meaningful and young people are more motivated to adopt these skills in their everyday life (Herman & Blyth, 2016).

These levels of indicators provide a model for youth workers for creating opportunities within the learning environment for young people to build and develop their social and emotional competencies. While designing learning experiences with direct skill building is an impactful way to foster young people’s social and emotional development, youth workers also need to be intentional about the way they promote skill development through their practices in the created learning environment.

## Example Practices for Implementing the Framework

As previously mentioned, the competencies that are relevant to young people are dependent on the environmental, social, cultural and country context, and should be identified by the young people and youth workers themselves in different youth organisations. Therefore, it is difficult to provide an exhaustive list of practices to promote different social and emotional competencies in young people. Existing social and emotional frameworks have identified a range of practices that can be applied in different settings. The Harvard Graduate School of Education’s Explore SEL website (<http://exploresel.gse.harvard.edu>) is a useful resource for navigating through these frameworks and the competencies that they promote.

The Preparing Youth to Thrive Guide (Smith et al., 2016) identifies promising social and emotional learning practices that can be implemented in the out-of-schools setting. The Guide focuses on six social and emotional competencies: Emotion management, Empathy, Teamwork, Responsibility, Initiative and Problem solving. The guide identifies both, youth experiences provided through specific curriculum activities and staff practices, that can be used to promote each of these competencies. As an example, the key youth experiences and staff practices to promote empathy are presented in Table 3.

EMPATHY: Relating to others with acceptance, understanding and sensitivity to their diverse perspectives and experiences	
<b>Key youth experiences:</b>	<b>Staff practices:</b>
<ul style="list-style-type: none"><li>• Young people develop cohesion and trust</li><li>• Young people participate in successful collaboration</li><li>• Young people manage challenges to creating and maintaining effective working relationships</li></ul>	<ul style="list-style-type: none"><li>• Staff provide programs with norms and structure</li><li>• Staff model teamwork skills with young people</li><li>• Staff facilitate or intervene as needed to foster or sustain youth-led group dynamics and successful collaboration</li></ul>

**Table 3.** Key youth experiences and staff practices to promote empathy (adapted from Smith et al., 2016)



The guide also includes case narratives of different youth organisations and what they do to promote social and emotional learning. This is a very valuable resource for identifying practices that can be implemented in youth organisations to support social and emotional development. The guide and other resources can be accessed through [www.selpractices.org](http://www.selpractices.org)

Other examples of practices to promote competencies in the six social and emotional domains can be found in Appendix 1.

## *Engaging Young People in Social and Emotional Learning*

As described above, one important factor in promoting youth mental health is engaging young people in the process of social and emotional learning. However, engagement can be challenging, particularly with more hard-to-reach groups and regarding the stigma often attached to mental health and mental health issues. Providing a safe and supportive environment for young people is the first step in engaging young people in social and emotional learning. However, to achieve meaningful participation and the transfer of competencies to real life settings, it is also important to ensure that young people consider the competencies taught to be relevant to their goals and values, thus increasing their motivation to learn these competencies.

Self determination theory is concerned with the motivation behind people's choices and actions (Deci & Ryan, 2012). This theory differentiates between intrinsic motivation (governed by internal desire to develop and act) and extrinsic motivation (governed by external demand or rewards), and posits that people have a natural tendency toward self-growth that can be nurtured in the social environment. In order to foster this intrinsic motivation for personal and social development, three innate needs must be fulfilled (Deci & Ryan, 2000):

- Competence – The need to experience mastery, which can be enhanced by providing positive feedback.
- Relatedness – The need to interact and connect with others and to feel supported by others.
- Autonomy – The need to determine one's own actions, for example, doing an activity because one finds it interesting, rather than because it is required by others.

The above three concepts are also reflected in the three core domains of the European Youth Strategy; 1) Engage – supporting meaningful community and civic engagement, 2) Connect – providing opportunities to connect with others across borders, and 3) Empower – developing skills and competencies in young people that will allow them to take charge of their own lives.

Yeager (2017) argues that in the context of social and emotional learning, identifying young people's values and matching the taught competencies to these values is crucial for meaningful engagement, particularly with older adolescents. Harnessing young people's desire for status and respect and for having a purpose can be used to motivate their efforts for self-development. This can be done by demonstrating how the competencies taught can be used to contribute to wider social issues relevant to young people and providing young people with opportunities to practice competencies in hands-on projects that improve their communities (Yeager et al., 2009).



*“The program didn’t imply that “you need skills because there is something wrong with you.” Instead, it began with the assumption that young people want to matter—they want to do something of consequence for the world around them, and they want to have a coherent life story.” (Yeager, 2017, p. 77)*

*Young people “...desire to learn so that they can make a difference—not only so that they can achieve self-oriented ends.” (Yeager, 2017, p. 83)*

To summarise, young people are more likely to engage in social and emotional learning if they are intrinsically motivated. This involves young people engaging in activities that they find interesting and worthwhile and that provide optimal challenge in a respectful and supportive youth environment.

## Youth Worker Competencies

Considering that the social and emotional development that takes place within youth settings is very much determined by the quality of practice by staff, it is important to define what are the competencies required from youth workers in order to effectively promote the mental health and wellbeing of young people. Identifying competencies can assist in identifying areas of development for staff and assessing the quality of SEL practices (National Youth Council of Ireland, 2013). The Orygen National Centre of Excellence in Youth Mental Health in Australia highlights that anyone who has regular contact with a young person in their work is part of the mental health workforce, and should be help in developing the necessary competencies in promoting young people’s mental health (Orygen, 2018b).

The competencies for youth work and for promoting positive youth mental health and wellbeing support each other. The Council of Europe has compiled an extensive list of competencies required for effectively working in youth work ([www.coe.int/en/web/youth-portfolio/youth-work-competence](http://www.coe.int/en/web/youth-portfolio/youth-work-competence)). These competencies aim to address eight core areas:

1. Addressing the needs and aspirations of young people
2. Providing learning opportunities for young people
3. Supporting young people in taking an active role in the society
4. Supporting young people in addressing intercultural relations
5. Active evaluation and improvement of practice
6. Support collective learning in teams
7. Contribute to organisational development and making practices work better for young people
8. Develop, implement and evaluate programmes and practices

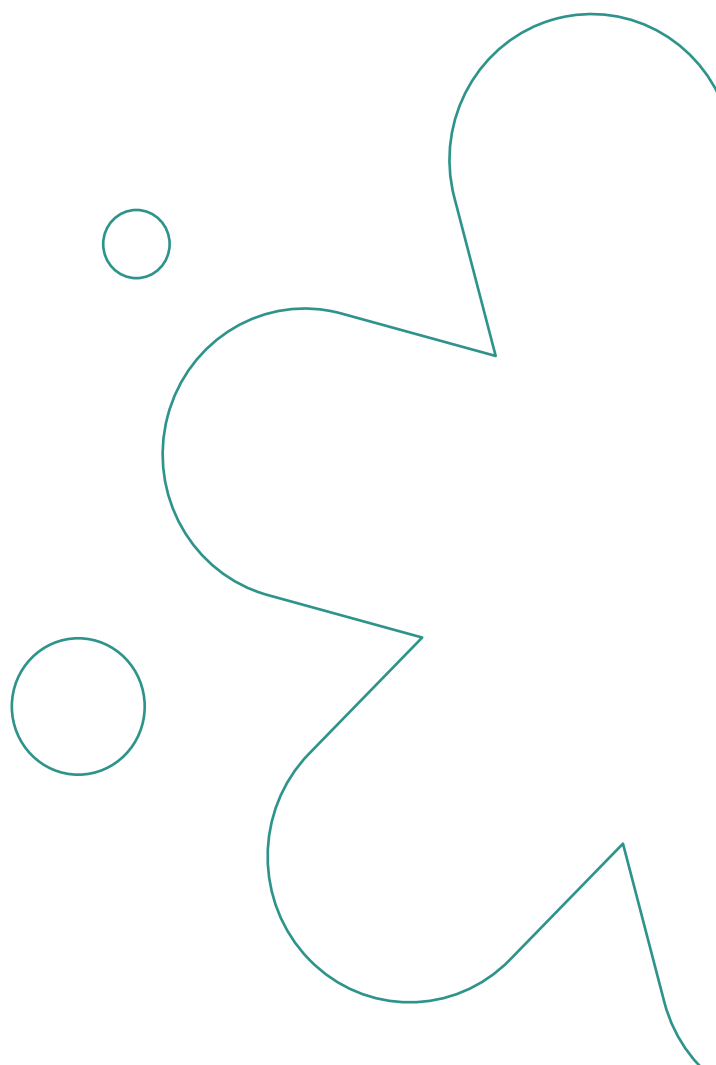
Two of the skills mentioned under areas 1 and 3 of relate specifically to promoting young people’s mental health and wellbeing; 1) Demonstrating openness in discussing young people’s personal and emotional issues when raised in the youth work context, and b) Supporting the competence and confidence development of young people. The EU Youth Worker competencies are very much in line with the competencies required to promote mental health among young people defined in the Orygen’s National Youth Mental Health Training Framework (2016). Both



highlight the importance of building respectful and supportive relationships, acquiring up-to-date knowledge, cultural competencies and valuing diversity, collaborative practice and evidence-based practice.

Based on the two frameworks, the competencies required to promote positive mental health and wellbeing among young people include the following:

- Knowledge of positive mental health and its determinants for young people
- Confidence and skills in engaging young people in talking about their mental health
- Building relationships with young people based on confidentiality, respect and trust
- Addressing stigma
- Valuing diversity and cultural differences in understanding and addressing mental health and wellbeing
- Collaborating with families and other services to support young people's mental health needs
- Dealing with challenging situations
- Implementing and evaluating evidence-based strategies to promote young people's mental health and wellbeing
- Self-care and -management strategies



# Conclusion

The framework outlined in this report provides the background and theory for promoting positive mental health and wellbeing in the European youth sector. Based on a review of the literature, the framework outlines six domains of social and emotional competencies that should be promoted in youth settings: How I think, How I feel, How I relate, Values, Mindsets and Identity. These competencies can be promoted in youth organisations through *taught* and *caught* practices. *Taught* practices relate to explicitly teaching social and emotional skills through social and emotional learning programmes and practices. *Caught* practices highlight the importance of developing a positive learning environment and staff-youth relationships to support social and emotional learning. Examples of practical strategies to promote specific social and emotional skills were provided. The framework also highlighted the importance of engaging young people's intrinsic motivation to encourage social and emotional learning, and outlined the competencies required from youth workers in order to promote positive youth mental health.

This framework is used to inform the next phase of this project, providing the basis for developing a practical manual for youth workers and youth organisations for promoting positive youth mental health. Consultations with youth workers and young people across Europe are used to also guide the development of these resources.



- Akiva, T., Sugar, S., Smith, C., & Brummet, Q. (2011). *Staff instructional practices, youth engagement, and belonging in out-of-school time programs*. Paper presented at the Annual meeting of the American Educational Research Association, New Orleans, LA.
- Baños, R. M., Etchemendy, E., Mira, A., Riva, G., Gaggioli, A., Botella, C. (2017). Online positive interventions to promote well-being and resilience in the adolescent population: A narrative review. *Frontiers in Psychiatry*, 8, 10.
- Barak, A., & Grohol, J. M. (2011). Current and future trends in internet-supported mental health interventions. *Journal of Technology in Human Services*, 29(3), 155-196.
- Barry, M. M., & Dowling, K. (2015). *A review of the evidence on enhancing psychosocial skills development in children and young people*. Report produced by the World Health Organization Collaborating Centre for Health Promotion Research, National University of Ireland Galway for the IUHPE and the Picardie Regional Health Agency, France.
- Barry, M. M. & Friedli, L. (2008). *The influence of social, demographic and physical factors on positive mental health in children, adults and older people. Foresight mental capital and wellbeing project. State-of-science review: SR-B3*. London: Government Office of Science and Innovation, UK.
- Barry, M. M., Kuosmanen, T., & Clarke, A. M. (2017). *Implementing effective interventions for promoting adolescents' mental health and wellbeing and preventing mental health and behavioural problems: a review of the evidence in the WHO European region*. A report produced by the World Health Organization Collaborating Centre for Health Promotion Research, National University of Ireland Galway.
- Barry, M. M., Clarke, A. M., Petersen, I., & Jenkins, R. (2019). *Implementing mental health promotion* (2<sup>nd</sup> ed.) Cham, Switzerland: Springer.
- Barry, M. M., Clarke, A. M., Morreale, S. E., & Field, C. A. (2018). A review of the evidence on the effects of community-based programs on young people's social and emotional skills development. *Adolescent Research Review*, 3, 13-27.
- Bennett-Levy, J., Richards, D. A., Farrand, P. (2010). Low intensity CBT interventions: a revolution in mental health care. In J. Bennett-Levy, D. A. Richards, P. Farrand, H. Christensen, K. M. Griffiths, D. J. Kavanagh, D. J., et al. (Eds.), *Oxford guide to low intensity CBT interventions (Ch 1)*. New York: Oxford University Press.
- Berg, J., Osher, D., Same, M. R., Nolan, E., Benson, D., & Jacobs, N. (2017). *Identifying, defining, and measuring social and emotional competencies*. American Institutes for Research. Retrieved 26<sup>th</sup> Feb 2020 from <https://www.air.org/sites/default/files/downloads/report/Identifying-Defining-and-Measuring-Social-and-Emotional-Competencies-December-2017-rev.pdf>
- Bjørnsen, H. N., Espnes, G. A., Eilertsen, M.-E. B., Ringdal, R., & Moksnes, U. K. (2019). The relationship between positive mental health literacy and mental well-being among adolescents: implications for school health services. *The Journal of School Nursing*, 35(2), 107-116.
- Blyth, D. A., Jones, S., & Borowski, T. (2018). *SEL frameworks – what are they and why are they important? Measuring SEL Framework Briefs*. Introductory series 1/3. Retrieved 26<sup>th</sup> Feb 2020 from <https://measuringssel.casel.org/wp-content/uploads/2018/09/Frameworks-A.1.pdf>.
- Blyth, D., Olson, B., & Walker, K. (2017). *Intentional practices to support social & emotional learning*. Retrieved 26<sup>th</sup> Feb 2020 from <https://conservancy.umn.edu/handle/11299/195178>

- Blyth, D. A., Borowski, T., Farrington, C. A., Kullonen, P., & Weissberg, R. P. (2019). *Ten criteria for describing and selecting SEL frameworks*. Measuring SEL Framework Briefs. Introductory series 3/3. Retrieved 26<sup>th</sup> Feb 2020 from <https://measuringssel.casel.org/wp-content/uploads/2019/08/AWG-Framework-Revised-A.3.pdf>
- Bowen, D. J., & Neill, J. T. (2013). A meta-analysis of adventure therapy outcomes and moderators. *The Open Psychology Journal*, 6, 28-53.
- Bröder, J., Okan, O., Bauer, U., Bruland, D., Schlupp, S., Bollweg, T. M....Pinheiro, P. (2017). Health literacy in childhood and youth: A systematic review of definitions and models. *BMC Public Health*, 17, 361.
- Bronfenbrenner, U. (1992). Ecological systems theory. In R. Vasta (Ed.), *Six theories of child development: Revised formulations and current issues* (p. 187–249). Jessica Kingsley Publishers.
- Burns, J. M., Birrell, E., Bismark, M., Pirkis, J., Davenport, T. A., Hickie, I.B., Weinbergm M.K., Ellis, L. A. (2016). The role of technology in Australian youth mental health reform. *Australian Health Review*, 40(5), 584-590.
- CASEL. (2003). *Safe and Sound: An Educational Leader's Guide to Evidence-based Social and Emotional Learning Programs*. Chicago: Collaborative for Academic, Social and Emotional Learning.
- Clarke, A. M., Kuosmanen, T., Barry, M. M. (2015). A systematic review of online youth mental health promotion and prevention interventions. *Journal of Youth and Adolescence*, 44(1), 90-113.
- Clarke, A. M., Morreale, S., Field, C. A., Hussein, Y., & Barry, M. M. (2015). *What works in enhancing social and emotional skills development during childhood and adolescence? A review of the evidence on the effectiveness of school-based and out-of-school programmes in the UK*. A Report Produced by the World Health Organisation Collaborating Centre for Health Promotion Research, National University of Ireland Galway, Galway.
- Corrigan, P. W., Kosyluk, K. A., & Rüsch, N. (2013). Reducing self-stigma by coming out proud. *American Journal of Public Health*, 103(5), 794-800.
- Corrigan, P. W., Morris, S. B., Michaels, P. J., Rafacz, J. D., & Rüsch, N. (2012). Challenging the public stigma of mental illness: a meta-analysis of outcome studies. *Psychiatric Service*, 63(10), 963–73.
- Danish, S. J., Fazio, R., Nellen, V. C., & Owens, S. (2002). Community-based life skills programs: using sport to teach life skills to adolescents. In J. V. Raalte & B. Brewer (Eds.), *Exploring sport and exercise psychology*, 2nd ed. (pp. 269–288). Washington, DC: APA Books.
- DCYA (2014). *Better Outcomes, Brighter Futures: The national policy framework for children & young people 2014 - 2020*. Dublin: Department of Children and Youth Affairs.
- Deci, E. L., & Ryan, R. M. (2000). The “what” and “why” of goal pursuits: human needs and the self-determination of behavior. *Psychological Inquiry*, 11(4), 227-268.
- Deci, E. L., & Ryan, R. M. (2012). Self-determination theory. In P. A. M. Van Lange, A. W. Kruglanski, & E. T. Higgins (Eds.), *Handbook of theories of social psychology* (p. 416–436). Sage Publications. <http://dx.doi.org/10.4135/9781446249215.n21>
- Denham, S. A. (2018). *Keeping SEL developmental: the importance of a developmental lens for fostering and assessing SEL competencies*. Measuring SEL Framework Briefs. Special Issues Series. Retrieved 26<sup>th</sup> Feb 2020 from <https://measuringssel.casel.org/wp-content/uploads/2018/11/Frameworks-DevSEL.pdf>
- Dooley, B., O'Connor, C., Fitzgerald, A., & O'Reilly, A. (2019) *My World Survey 2. The national study of youth mental health in Ireland*. Dublin: UCD & Jigsaw.



- Dowling, K., Simpkin, A., & Barry, M.M. (2019). A cluster randomized-controlled trial of the MindOut social and emotional learning program for disadvantaged post-primary school students. *Journal of Youth and Adolescence*, 48 (7), 1245-1263. doi: 10.1007/s10964-019-00987-3.
- Dunning, D. L., Griffiths, K., Kuyken, W., Crane, C., Foulkes, L., Parker, J., & Dalgleish, T. (2019). Research review: the effects of mindfulness-based interventions on cognition and mental health in children and adolescents – a meta-analysis of randomized controlled trials. *Journal of Child Psychology and Psychiatry*, 60(3), 244-258.
- Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: a review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41(3-4), 327-350.
- Durlak, J. A., Weissberg, R. P., & Pachan, M. (2010). A meta-analysis of after-school programs that seek to promote personal and social skills in children and adolescents. *American Journal of Community Psychology*, 45, 294-309.
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405-432.
- Elias, M. J., Zins, J. E., Weissberg, R. P., Frey, K. S., Greenberg, M. T., Haynes, N. M., ... Shriver, T. P. (1997). *Promoting social and emotional learning: guidelines for educators*. Alexandria, VA: Association of Supervision and Curriculum Development.
- Embry, D. D., & Biglan, A. (2008). Evidence-based kernels: fundamental units of behavioral influence. *Clinical child and family psychology review*, 11(3), 75-113.
- Epstein, J. A., Griffin, K. W., & Botvin, G. J. (2002). Positive impact of competence skills and psychological wellness in protecting inner-city adolescents from alcohol use. *Prevention Science*, 3(2), 95-104.
- European Commission (2014). *Working with young people: the value of youth work in the European Union*. Brussels: European Commission.
- European Commission (2015). *Quality youth work. A common framework for the further development of youth work. Report from the Expert Group on Youth Work Quality Systems in the EU Member States*. Brussels: European Commission.
- European Commission (2018). Communication from the commission to the European Parliament, the European Council, the Council, the European Economic and Social Committee and the Committee of the Regions. Engaging, connecting and empowering young people: a new EU Youth Strategy. COM/2018/269 final. Retrieved 14<sup>th</sup> April 2020 from <https://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX:52018DC0269>
- European Union (2013). *Council conclusions on the contribution of quality youth work to the development, well-being and social inclusion of young people*. Official Journal of the European Union.
- European Union. (2016a). *European Framework for Action on Mental Health and Wellbeing*. EU Joint Action on Mental Health and Wellbeing. Final Conference Brussels, 21 – 22 January 2016. [http://www.mentalhealthandwellbeing.eu/assets/docs/publications/framework%20for%20action\\_19jan%20\(1\)-20160119192639.pdf](http://www.mentalhealthandwellbeing.eu/assets/docs/publications/framework%20for%20action_19jan%20(1)-20160119192639.pdf)
- European Union (2016b). *Charter of fundamental rights of the European Union*. Official Journal of the European Union, C 202/389.
- European Youth Forum (2014). *Youth work in the European youth forum and youth organisations*. Policy paper. General assembly/ Cluj-Napoca, 20-22 November. Retrieved 7<sup>th</sup> April 2020 from <https://www.youthforum.org/sites/default/files/publication-pdfs/PP-Youth-Work.pdf>

- Fancourt, D. & Finn, S. (2019). *What is the evidence on the role of the arts in improving health and well-being? A scoping review*. Health Evidence Network synthesis report 67. Copenhagen: WHO Regional Office for Europe.
- Fleming, T., Dixon, R., Frampton, C., Merry, S. (2012). A pragmatic randomized controlled trial of computerized CBT (SPARX) for symptoms of depression among adolescents excluded from mainstream education. *Behavioural and Cognitive Psychotherapy*, 40(5), 529-541.
- Fleming, T. M., Stasiak, K., Moselen, E., Hermansson-Webb, E., Shepherd, M., Lucassen, M., ... Merry, S. N. (2019). Revising computerized therapy for wider appeal among adolescents: youth perspectives on a revised version of SPARX. *Frontiers in Psychiatry*, 10, 802.
- Friedli, L. (2009). *Mental health resilience and inequalities*. Copenhagen: WHO Regional Office for Europe.
- Gopalkrishnan N. (2018). Cultural diversity and mental health: considerations for policy and practice. *Frontiers in public health*, 6, 179.
- Gordon, J., Halasz, G., Krawczyk, M., Leney, T., Michel, A., Pepper, D., ...Wisniewski, J. (2009). *Key competences in Europe: opening doors for lifelong learners across the school curriculum and teacher education*. Warsaw: CASE – Center for Social and Economic Research.
- Green, L. W., Poland, B. D., & Rootman, I. (2000). The settings approach to health promotion. In B. D., Poland, Green, L. W., & I. Rootman, *Settings for health promotion: linking theory and practice* (pp. 1-43). Thousand Oaks: SAGE Publications.
- Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: a meta-analysis. *Journal of Psychosomatic Research*, 57(1), 35-43.
- Guerra, N. G., & Bradshaw, C. P. (2008). Linking the prevention of problem behaviors and positive youth development: core competencies for positive youth development and risk prevention. *New Dir Child Adolesc Dev*, 2008(122), 1-17.
- Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC Psychiatry* 10, 113.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: the process and practice of mindful change* (2nd ed.). New York, NY: Guilford.
- Hazen, E., Schlozman, S., & Beresin, E. (2008). Adolescent psychological development: A review. *Pediatrics in Review*, 29(5), 161-168.
- Herman, M., & Blyth, D. (2016). *The relationship between youth program quality and social & emotional learning*. Retrieved 26<sup>th</sup> Feb 2020 from <https://conservancy.umn.edu/handle/11299/195181>
- Herrman, H., & Jané-Llopis, E. (2012). The status of mental health promotion. *Public Health Reviews*, 34(6).
- Hettler, B. (1980). Wellness promotion on a university campus: family and community health. *Journal of Health Promotion and Maintenance*, 3, 77-95.
- Hosman, C., Jané-Llopis, E., & Saxena, S. (Eds.) (2005). *Prevention of mental disorders: effective interventions and policy options*. A report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Prevention Research Centre of the Universities of Nijmegen and Maastricht. Oxford: Oxford University Press.
- Huppert, F. A. (2009). Psychological well-being: evidence regarding its causes and consequences. *Applied Psychology: Health and Well-being*, 1(2), 137-164.





- Inchley, J., Currie, D., Young, T., Samdal, O., Tosheim, T., Augustson, L., ... Barnekow, V. (eds.) (2016). *Growing up unequal: gender and socioeconomic differences in young people's health and well-being*. HBSC Study: International report from the 2013/2014 Survey. Health policy for children and adolescents, no. 7. Copenhagen: WHO Regional Office for Europe.
- Jacobs, J., & Wright, P. (2017). Transfer of life skills in sport-based youth development programs: a conceptual framework bridging learning to application. *Quest*, 70(1), 81-99.
- Jones, S. M., & Bouffard, S. M. (2012). Social and emotional learning in schools: from programs to strategies and commentaries. *Social Policy Report*, 26(4), 1-33.
- Jones, S., Brush, K., Bailey, R., Brion-Meisels, G., McIntyre, J., Kahn, J., ... Stickle, L. (2017). *Navigating SEL from the inside out. Looking inside and across 25 leading SEL programs: a practical resource for schools and OST providers*. Harvard Graduate School of Education.
- Jorm, A. F. (2012). Mental health literacy: Empowering the community to take action for better mental health. *American Psychologist*, 67, 231-243.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593-602.
- Keyes, C.L.M. (2007). Promoting and protecting mental health as flourishing. *American Psychologist*, 62(2), 1-14.
- Kim-Cohen, J., Caspi, A., Moffitt, T. E., Harrington, H., Milne, B. J., Poulton, R. (2003). Prior juvenile diagnoses in adults with mental disorder: developmental follow-back of a prospective-longitudinal cohort. *Archives of General Psychiatry*, 60(7), 709-717.
- Kobus-Matthews, M., Jackson, S. F., Easlick, H., & Loconte, A. (2014). *Best practice guidelines for mental health promotion programs: Children (7-12) & youth (13-19)*. Toronto, Canada: Centre for Addiction and Mental Health, Dalla Lana School of Public Health & Toronto Public Health.
- Krueger, M. (2005). Four themes in youth work practice. *Journal of Community Psychology*, 33, 21-29.
- Kuosmanen, T., Clarke, A., & Barry, M. (2019). Promoting adolescents' mental health and wellbeing: evidence synthesis. *Journal of Public Mental Health*, 18(1), 73-83.
- Kuosmanen, T., Fleming, T. M. & Barry, M. M. (2018a). Using computerized mental health programs in alternative education: understanding the requirements of students and staff. *Health Communication*, 33(6), 753-761.
- Kuosmanen, T., Fleming, T. M., & Barry, M. M. (2018b). The implementation of SPARX-R computerized mental health program in alternative education: Exploring the factors contributing to engagement and dropout. *Children and Youth Services Review*, 84, 176-184.
- Kutcher, S., Wei, Y., & Coniglio, C. (2016). Mental health literacy; past, present and future. *Canadian Journal of Psychiatry* 61(3), 154-158.
- Kutcher, S., Bagnell, A., & Wei, Y. (2015.) Mental health literacy in secondary schools: a Canadian approach. *Child and Adolescent Psychiatric Clinics of North America*, 24(2), 233-244.
- Lerner, J. V., Phelps, E., Forman, Y., & Bowers, E. P. (2009). Positive youth development. In: R. M. Lerner, & L. Steinberg (Eds.), *Handbook of adolescent psychology* (3rd ed.). Hoboken, NJ: John Wiley & Sons.
- Mahoney, J. L., Durlak, J. A., & Weissberg, R. P. (2018). An update on social and emotional learning outcome research. *Phi Delta Kappan*, 100(4), 18-23.





- Masten, A., Best, K., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology*, 2(4), 425-444.
- Montgomery, E. (2011). Trauma, exile and mental health in young refugees. *Acta Psychiatrica Scandinavica*, 124(s440), 1-46.
- Moussavi, S., Chatterji, S., Verdes, E., Tandon, A., Patel, V., Ustun, B. (2007). Depression, chronic diseases, and decrements in health: results from the World Health Surveys. *Lancet*, 370(9590), 851-858.
- National Youth Council of Ireland (2013). *Promoting health in the youth sector. A practice manual*. Dublin: NYCI.
- Nagaoka, J., Farrington, C. A., Ehrlich, S. B., & Heath, R. D. (2015). *Foundations for young adult success: A developmental framework*. Chicago: University of Chicago Consortium on Chicago School Research.
- OECD. (2015a). *Fit mind, Fit Job: From Evidence to Practice in Mental Health and Work*. Paris: OECD.
- OECD (2015b). *Skills for social progress: the power of social and emotional skills*. OECD Skills Studies. Paris: OECD Publishing.
- OECD. (2017). *Social and Emotional Skills: Wellbeing, Connectedness & Success*. Paris: OECD Publishing.
- Orygen, The National Centre of Excellence in Youth Mental Health. (2016). *The National Youth Mental Health Workforce Strategy*. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health.
- Orygen, The National Centre of Excellence in Youth Mental Health (2018). *MythBuster. Trauma and mental health in young people. Let's get the facts straight*. Retrieved 5<sup>th</sup> May 2020 from [https://www.orygen.org.au/Training/Resources/Trauma/Mythbusters/Trauma-mh-yp/Trauma\\_and\\_MH\\_in\\_YP\\_Mythbuster?ext=](https://www.orygen.org.au/Training/Resources/Trauma/Mythbusters/Trauma-mh-yp/Trauma_and_MH_in_YP_Mythbuster?ext=).
- Orygen, The National Centre of Excellence in Youth Mental Health (2018a). *Clinical practice in youth mental health Workforce competencies for youth mental health*. Retrieved 26<sup>th</sup> Feb 2020 from [https://www.orygen.org.au/Training/Resources/Service-knowledge-and-development/Clinical-practice-points/Workforce-competencies-youth-mh/Orygen\\_workforce\\_competencies\\_CPP?ext=](https://www.orygen.org.au/Training/Resources/Service-knowledge-and-development/Clinical-practice-points/Workforce-competencies-youth-mh/Orygen_workforce_competencies_CPP?ext=).
- Osher, D., and Berg, J. (2018b). *School Climate and Social and Emotional Learning: The Integration of Two Approaches*. The Pennsylvania State University, USA
- Osher, D., Kidron, Y., Brackett, M., Dymnicki, A., Jones, S., & Weissberg, R. P. (2016). Advancing science and practice of social and emotional learning: looking back and moving forward. *Review of Research in Education*, 40(1), 644-681.
- Patel, V., Flisher, A. J., Hetrick, S., McGorry, P. (2007). Mental health of young people: a global public-health challenge. *The Lancet*, 369(9569), 1302-1313.
- Pennant, M. E., Loucas, C. E., Whittington, C., Creswell, C., Fonagy, P., Fuggle, P., ..., Kendall, T. (2015). Computerised therapies for anxiety and depression in children and young people: a systematic review and meta-analysis. *Behaviour Research and Therapy*, 67, 1-18.
- Petersen, I., EvansLacko, S., Semrau, M., Barry, M. M., Chisholm, D., Gronholm, P., ... Thornicroft, G. (2016). Promotion, prevention and protection: interventions at the population and community-levels for mental, neurological and substance use disorders in low and middle-income countries. *International Journal of Mental Health Systems*, 10(30), 1-13.
- Petitpas, A. J., Cornelius, A. E., Van Raalte, J. L., & Jones, T. (2005). A framework for planning youth sport programs that foster psychosocial development. *The Sport Psychologist*, 19, 63-80.



- Prince, M., Patel, V., Saxena, S., Maj, M., Maselko, J., Phillips, M., Rahman, A. (2007). No health without mental health: a slogan with substance. The Lancet Series on Global Mental Health. *Lancet*, 370(9590), 859-77.
- Reiss, F. (2013). Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review. *Social Science and Medicine*, 90, 24-31.
- Renger, R. F., Midyett, S. J., Mas, F. G., Erin, T. E., McDermott, H. M., Papenfuss, R., ...Hewitt, M. J. (2000). Optimal Living Profile: an inventory to assess health and wellness. *American Journal of Health Promotion*, 24, 403-412.
- Rhodes, J. E. (2004). The critical ingredient: caring youth staff relationships in after-school settings. *New Directions for Youth Development*, 101, 145-161.
- Roscoe, L. J. (2009). Wellness: a review of theory and measurement for counsellors. *Journal of Counselling & Development*, 87, 216-226.
- Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: a review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52, 141-166.
- Salas-Pilco, S. Z. (2013). Evolution of the framework for 21st century competencies. *Knowledge Management & E-Learning*, 5(1), 10-24.
- Scott, K. M., Lim, C., Al-Hamzawi, A., Alonso, J., Bruffaerts, R., Caldas-de-Almeida, J. M., ... Kessler, R. C. (2016). Association of mental disorders with subsequent chronic physical conditions: World Mental Health Surveys from 17 countries. *JAMA Psychiatry*, 73(2), 150-158.
- Shernoff, D. J. (2013). *Optimal learning environments to promote student engagement*. New York, NY: Springer.
- Simpson, S., Mercer, S., Simpson, R., Lawrence, M., & Wyke, S. (2018). Mindfulness-based interventions for young offenders: a scoping review. *Mindfulness*, 9, 1330-1343.
- Smith, C., Akiva, T., Sugar, S., Lo, Y. J., Frank, K. A., Peck, S. C., Cortina, K. S., & Devaney, T. (2012). *Continuous quality improvement in afterschool settings: Impact findings from the Youth Program Quality Intervention study*. The Forum for Youth Investment, Washington, DC.
- Stasiak, K., Fleming, T., Lucassen, M. F., Shepherd, M. J., Whittaker, R., Merry, S. N. (2016). Computer-based and online therapy for depression and anxiety in children and adolescents. *Journal of Child and Adolescent Psychopharmacology*, 26(3), 235-245.
- Taylor, M. E. & Landmark, L. (2011). *Youth Pass for absolute beginners!* Oslo: Norwegian National Agency for Youth in Action.
- Taylor, R. D., Oberle, E., Durlak, J. A., Weissberg, R. P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: a meta-analysis of follow-up effects. *Child Development*, 88(4), 1156-1171.
- Thomson, S., Figueras, J., Evetovits, T., Jowett, M., Mladovsky, P., Maresso, A., ... Kluge, H. (2014). *Policy summary 12: economic crisis, health systems and health in Europe: impact and implications for policy*. Copenhagen: WHO Regional Office for Europe and European Observatory on Health Systems and Policies.
- Tolan, P., Henry, D., Schoeny, M., & Bass, A. (2013). Mentoring interventions to affect juvenile delinquency and associated problems. *Campbell Systematic Reviews*, 16.
- Torjesen, I. (2019). Childhood trauma doubles risk of mental health conditions. *BMJ*, 364, l854
- Uchida, Y., Norasakkunkit, V., & Kitayama, S. (2004). Cultural constructions of happiness: theory and empirical evidence. *Journal of Happiness Studies*, 5, 223-239.



- Van Dam, L., Smit, D., Wildschut, B., Branje, S. J. T., Rhode, S. E., Assink, M., & Stams, G. J. J. M. (2018). Does natural mentoring matter? A multilevel meta-analysis on the association between natural mentoring and youth outcomes. *American Journal of Community Psychology*, 62, 203-220.
- Walker, S. P., Wachs, T. D., Grantham-McGregor, S., Black, M. M., Nelson, C. A., Huffman, S. L., ... Richter, L. (2011). Inequality in early childhood: risk and protective factors for early child development. *The Lancet*, 378(9799), 1325-1338.
- We Are Europe (2016). *Framework for key citizenship competences*. Retrieved 26<sup>th</sup> Feb 2020 from [http://www.wreurope.eu/uploads/1/6/2/1/16214540/framework\\_for\\_key\\_citizenship\\_competences.pdf](http://www.wreurope.eu/uploads/1/6/2/1/16214540/framework_for_key_citizenship_competences.pdf).
- Whitelaw, S., Baxendale, A., Bryce, C., MacHardy, L., Young, I., & Witney, E. (2001). 'Settings' based health promotion: a review. *Health Promotion International*, 16(4), 339-353.
- Whitley, M. M., Massey, W. V., Camire, M., Boutet, M., & Borbee, A. (2019). Sport-based youth development interventions in the United States: a systematic review. *BMC Public Health*, 19(89).
- Wing On Lee (2012). Education for future-oriented citizenship: implications for the education of twenty-first century competencies. *Asia Pacific Journal of Education*, 32(4), 498-517
- World Health Organization. (2002). *Prevention and Promotion in Mental Health*. Geneva: World Health Organization.
- World Health Organization. (1986). *The Ottawa charter for health promotion*. Geneva: World Health Organization. Accessible at: <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
- World Health Organization (1998). *Health Promotion Glossary*. Geneva: World Health Organization.
- World Health Organisation (2018). *Adolescent mental health in the European Region. Factsheet for World Mental Health Day 2018*. Copenhagen: WHO Regional Office for Europe.
- World Health Organization. (2014). *Preventing suicide. A global imperative*. Geneva: World Health Organization.
- World Health Organization. (2013). *Mental health action plan 2013-2020*. Geneva: World Health Organization.
- World Health Organization (2004). *Promoting mental health. Concepts, emerging evidence, practice. Summary Report*. Geneva: World Health Organization.
- World Health Organization (2001). *Mental health: new understanding, new hope. The World Health Report*. Geneva: World Health Organization.
- World Health Organization and Calouste Gulbenkian Foundation (2014). *Social determinants of mental health*. Geneva: World Health Organization.
- Yeager, D. S. (2017). Social and emotional learning programs for adolescents. *The Future of Children*, 27(1), 73-94.
- Yeager, D. S., Henderson, M. D., Paunesku, D., Walton, G. M., D'Mello, S., Spitzer, B. J., & Duckworth, A. L. (2014). Boring but important: a self-transcendent purpose for learning fosters academic self-regulation. *Journal of personality and social psychology*, 107(4), 559-580.
- Youth policy Labs (n.d.). *International youth sector: contents*. Retrieved 20<sup>th</sup> April 2020 from <https://www.youthpolicy.org/mappings/internationalyouthsector/>
- Zettle, R. D. (2016). The self in acceptance and commitment therapy. In M. Kyrios, R. Moulding, G. Doron, S. S. Bhar, M. Nedeljkovic, & M. Mikulincer (Eds.). *The self in understanding and treating psychological disorders* (pp. 50-58). Cambridge, UK: Cambridge University Press.
- Zettle, R. D., Gird, S. R., Webster, B. K., Carrasquillo-Richardson, N., Swails, J. A., & Burdsal, C. A. (2018). The Self-as-Context Scale: development and preliminary psychometric properties. *Journal of Contextual Behavioral Science*, 10, 64-74.

## **Appendix 1. Example strategies for promoting social and emotional competencies**

### **Domain: How I think Skill: Goal setting**

The MindOut Social and Emotional Learning Programme for youth settings (Dowling et al., 2019) is based on the CASEL Framework for Systemic Social and Emotional Learning (CASEL, 2003). Effective goal setting is promoted in the MindOut programme by using the SMART Model for goal setting (Doran, 1981). Young people are asked to identify a personal goal that they would want to achieve, and then reflect on whether the goal is SMART (Specific, Measurable, Action-oriented, Realistic, Time-framed), and discuss achieving this goal with other young people.

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### **Domain: Mindsets Skill: Gratitude**

The Character Lab have created a social and emotional skills framework that provides guidance on how to promote the development of a range of character strengths by Modeling, Celebrating and Enabling. For example, gratitude, the appreciation of what you have been given and the desire to reciprocate, can be encouraged in others by highlighting positive aspects of difficult situations (Model it), acknowledging when someone demonstrates gratitude (Celebrate it), and by establishing practices such as sharing one good thing that happened that day at meal time (Enable it). Specific activities for improving gratitude include writing a gratitude journal, noticing three good things that happen every day and writing a gratitude letter to someone you are thankful for.

For further information, please see [www.characterlab.org](http://www.characterlab.org)

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### **Domain: How I relate to others Skill: Team work**

Teamwork, the ability to coordinate actions and collaborate with others, is identified as one of six domains of social and emotional competencies in the Preparing Youth to Thrive social and emotional learning guide (Smith et al., 2016). The guide identifies Key Youth Experiences and Staff Practices to promote this competency. The related youth experiences include providing opportunities to participate in teams that work towards a shared goal and practicing effective communication skills (e.g. taking turns, active listening, respectful disagreement). Staff practices that promote team working include providing norms and structure for effective group work, modelling teamwork skills and intervening when needed to foster successful collaboration.

For more information, please see: [www.selpractices.org](http://www.selpractices.org)

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## ***Appendix 2. Youth Worker Consultation Outline***

### ***Erasmus+ Promoting Positive Mental Health in the European Youth Sector***

#### **Online Stakeholder Consultations**

- 1) Introductions (5min)
- 2) Overview of the Framework (5-10min)
- 3) Feedback on Framework

#### **Questions for Discussion:**

- 1) What are your general thoughts on the Framework?
  - a. What did you like about the Framework?
  - b. What could be improved?

#### **Social and emotional skills:**

- 2) The Framework identifies six domains of social and emotional competencies that are important for youth development and wellbeing. These include Cognitive, Emotional and Social skills and Values, Mindsets and Identity. Please discuss
  - a. Your general views on these domains.
  - b. The relative importance of these domains for youth mental health and wellbeing.
  - c. The competencies you think are important for youth mental health and wellbeing and how they relate these domains.

#### **Translating the Framework into practice:**

- 3) How useful do you think such a Framework is for youth organisations in promoting youth mental health and wellbeing?
- 4) What do you think is needed to translate the Framework into practice for youth organisations and youth workers?
- 5) The Framework will form the basis of a practical toolkit for youth workers for promoting positive mental health. What would you want to see in such a toolkit?



## **Appendix 3. Youth Information Sheet and Consultation Outline**

### ***Erasmus+ Promoting Positive Mental Health in the European Youth Sector – Youth Consultation Outline***

#### **Aim:**

The aim of this consultation is to explore young people's views on :

- The social and emotional competencies that they think are important for their mental health and wellbeing
- The six domains of social and emotional competencies identified in the Framework for Promoting Positive Mental Health in the Youth Sector
- How they would like to see social and emotional competencies promoted in youth organisations

#### **1. Introduction to the project and positive mental health**

This project aims to develop a framework and tools for youth workers and youth organisations in Europe on promoting positive mental health and social and emotional competencies in young people. At the Health Promotion Research Centre (NUI Galway), we have developed a framework for promoting positive mental health among young people. We have talked to youth workers about this, and now we would like to get some feedback from young people and to hear our views.

Positive mental health is more than just not having a mental health problem. It is about our ability to enjoy life, function well, have positive relationships and deal with challenges in our lives. Positive mental health is influenced largely by the environments where we live in, but it can also be supported by having a set of social and emotional skills and competencies.

Social and emotional competencies are the skills, knowledge and attitudes that determine how we deal with our feelings, thoughts and behaviours, how we relate to others and how we feel about ourselves, our future and the outside world. They include things like self-esteem, having a positive outlook on life and being able to solve problems with others.

#### **2. Social and emotional skills**

In the framework, we identified six overall domains of social and emotional competencies that are important for young people. There is no right set of skills and competencies to be included under these domains, but rather, it depends on who we are talking with and where they are from.



Domain	Competencies
How I think?	Critical Thinking Goal setting Decision making skills Creativity
How I feel?	Recognising and labelling emotions Expressing and managing feelings Empathy
How I relate to others?	Relationship skills Communication skills Conflict resolution and problem solving Team working
Values	Valuing diversity and human rights Respecting rule of law Desire to perform to one's highest potential
Mindsets	Optimism Openness Gratitude
Identity	Self-knowledge Self-esteem Self-efficacy

### Questions:

- a. Any first thoughts on these domains and their importance for youth mental health? Do they make sense to you? Do they cover the skills that are important for young people?
- b. What do you think are the skills and competencies needed by young people to flourish and live happy and fulfilling lives?
- c. Is there anything missing? Anything that shouldn't be there?
- d. Are some of these domains more important than others?
- e. Is it useful for young people to know about these skills and domains? Are young people interested in strengthening these skills?

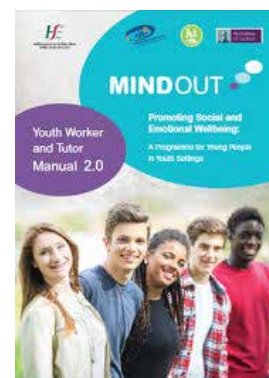
### 3. Promoting social and emotional competencies in youth organisations

#### Questions:

- f. Do you think youth organisations and youth workers can help in the development of the above skills?
- g. What do you think youth organisations and youth workers can do to support young people's mental health and wellbeing and the above competencies?
  - i. What is needed from youth workers? Do youth workers need specific skills to promote young people's mental health?
  - ii. What is needed from youth organisations? (E.g. safe spaces, supportive policies etc.)
- h. Do you think young people would you be interested in taking part in activities that promote social and emotional competencies?
  - i. How can we engage young people to participate in these activities?
  - ii. What could help young people learn these skills?

## **Appendix 4. Comprehensive programme: MindOut Social and Emotional Wellbeing Programme (Ireland)**

MindOut is a skills-based social and emotional wellbeing resource for 15-18 year olds in youth settings in Ireland. The programme, which was developed in consultation with young people, youth workers, teachers and health professionals, is based on five core competencies defined by the Collaborative for Academic, Social and Emotional Learning (CASEL) framework for SEL: i) Self-awareness; ii) Self-management; iii) Social Awareness; iv) Relationship Management and v) Responsible Decision-Making (CASEL, 2015). These competencies were aligned with the 'seven potent mechanisms', which are the key personal and social development outcomes for delivering improvements in youth programmes in Ireland (Department of Children and Youth Affairs, 2014). Based on CASEL's framework and the 7 potent mechanisms, 16 evidence-based sessions (e.g., managing emotions, walking in someone else's shoes, communication, teamwork etc.) were created which promote the learning, practicing and development of a number of social and emotional competencies. All sessions include a number of interactive activities (e.g., brainstorm, discussion, games, videos etc.) which promote the development of the specified skill. Examples of some of the activities are described in Table A.



Given the structure of the youth setting, the MindOut programme was designed as a modular format with a 'mix and match' design, which would reflect the needs of the group to whom it is being delivered. Prior to the introduction of the programme young people within the group independently complete a needs wheel with the youth worker. This needs assessment highlights the Needs Analysis Themes (NATs), or in other words, the areas for the group that require more support. Based on the identified areas, the programme provides youth workers with a framework for selecting the sessions to best suit the identified needs of the group. The flexibility of this approach allows for the MindOut resources to be delivered across a wide range of youth settings and can be tailored to the needs of the setting and participants. MindOut is being delivered across a range of youth organisations in Ireland, with training for youth workers provided by the National Youth Council of Ireland.

An evaluation of the effectiveness of the MindOut programme for adolescents (15-18 years) in disadvantaged post-primary schools showed a number of positive findings including significant improvements in students' social and emotional competencies including; reduced suppression of emotions, use of more positive coping strategies; and improved mental health and well-being with reduced levels of stress and depression. This study provides support for the potential impact of implementing the MindOut SEL programme with older adolescents from disadvantaged backgrounds (Dowling, Simpkin and Barry, 2019).

A feasibility evaluation of the MindOut programme in youth settings was carried out in order to gather feedback from youth workers (n=14) concerning the usability, structure and content of the programme as well as to collect feedback from young people (n=62) on their experience of the programme. Additionally, a small-scale efficacy study was conducted with 7 youth centres and 49 young people to evaluate the potential impact of the programme on young peoples' social and emotional wellbeing and mental health. The findings from the feasibility study show that youth workers reported a positive experience of delivering MindOut, particularly in regards to the 'customisable' structure of the programme. However, in terms of implementation, youth workers reported delivering only 37% of the programme outside of the core module (self-awareness). Therefore, further research is needed to determine how MindOut can be optimally delivered within the context of the youth setting in terms of how much, and over what time period the programme should be delivered. In relation to the impact of the programme, the efficacy study showed a number of positive trends with improvements

in participating young people's self-esteem, empathy, problem-solving and coping skills. Given the small sample size for this study and the high attrition rate (37%), further research is warranted to examine the impact of the MindOut programme when it is optimally delivered.

**Table A. Examples of MindOut activities**

Session	Activity	Description
Session 1: Understanding your emotions	Body mapping  Skills promoted: Emotional awareness, reflection	Young people draw or are given an outline of a person and coloured pencils. Youth worker calls out an emotion and the youth are asked to colour in a part of the body that is affected by that emotion (e.g., head, stomach, heart, chest etc.). This is repeated for several emotions.  Reflect with discussion questions (e.g., What does this activity tell you about emotions and wellbeing?)
Session 4: Managing Emotions	Take-Five  Skills promoted: emotional regulation, relaxation techniques	Youth are asked to find a chair and are introduced to the 'Mindfulness of the breath' breathing exercise.  <ul style="list-style-type: none"> <li>• Sit on chair with feet planted on the ground</li> <li>• Arms and hands rest on lap</li> <li>• Eyes closed or looking down</li> <li>• Breathe in slowly and deeply through nose. Imagine a balloon getting bigger as you continue to breathe. Hold breath in for a few seconds</li> <li>• Slowly exhale by blowing air out through the mouth with the balloon getting smaller.</li> <li>• Repeat 10 x</li> </ul> Reflect with discussion questions (e.g., 'How did your body feel after this exercise?', 'Do you think this exercise might be helpful if you are experiencing strong emotions and if so how?')
Session 13: Connecting with Others	Find Someone Who  Skills promoted: pro-social skills, communication listening, self-esteem	Young people are handed a copy of the 'Find Someone Who' worksheet and a pen/pencil. The worksheet has a number of statements on it 'find someone who....has lived in another country', 'find someone who...supports a sports team'. Youth must move around the room and try to find someone different who can answer 'yes' to the statement. Once they find someone who answers 'yes' to the statement they must ask them a lead-on question to that statement and write down their answer. For example, 'has an older sibling' the young person might ask 'what is their name?', 'how old is your sibling?', and 'is it a brother or a sister?' Youth have ten minutes to get as many statements filled in as possible.  Reflect with discussion questions (e.g., Why do you think it is important to take time to get to know others better?', 'what makes it easy and difficult to approach new people?')



## Appendix 5. Integrated practices: Evidence-based prevention Kernels (USA)

Kernels have been described as low-cost, quick strategies to target specific behaviours which mimic the content of more comprehensive programmes. Kernels are, therefore, seen to be both (i) more potent and (ii) more feasible to implement than comprehensive programmes and therefore, have the potential to increase the initial uptake, impact and sustainability of SEL practices. Programmes and practices are more likely to succeed when they can be personalised to fit the local needs and align with the existing mission, goals and practices of the setting (Durlak & Dupre, 2008). Kernels provide a tailored, flexible and customisable approach that fits in with the needs and goals of the young people. These brief strategies could be incorporated into youth development programmes and other youth organisation activities. A few examples of Kernels of practice may be seen in Table B below (Embry & Biglan, 2008; Jones et al., 2017b):

**Table B. Examples of Kernels of practice**

Kernel of Practice	Description	Behaviours affected	Evidence from studies
<b>Peer-to-peer written praise</b>	Young people write praise for peers on pad, wall display, or photo album (and/or read them aloud)	<ul style="list-style-type: none"> <li>• Social competence</li> <li>• Violence</li> <li>• Aggression</li> <li>• Physical health</li> <li>• Vandalism</li> </ul>	Abbott et al (1998); Embry et al (1996); Gottfredson (1986); Skinner (2002)
<b>Mystery motivators</b>	Young people are invited to select from a jar or bowl a mystery prize for achieving a target.	<ul style="list-style-type: none"> <li>• Conduct disorders</li> <li>• Oppositional defiance</li> <li>• Substance misuse</li> <li>• Work performance</li> </ul>	Brown & Redmon (1989); Foxx & Schaeffer (1981); Moore et al (1994)
<b>Team competition</b>	Groups compete on a task, performance or game.	<ul style="list-style-type: none"> <li>• Improved academic engagement/achievement</li> <li>• Reduced disruptive behaviour</li> <li>• Reduced smoking</li> </ul>	Beersma et al (2003); Hoigaard et al (2006); Kivlighan & Granger(2006); Koffman et al (1998)
<b>Verbal praise</b>	This can be oral or written, and encourages co-operative acts between individuals. It encourages positive staff-youth relations and reduces aggressive and disruptive behaviour	<ul style="list-style-type: none"> <li>• Cooperation</li> <li>• Social competence</li> <li>• Academic engagement/achievement,</li> <li>• Positive parent-child interactions</li> <li>• Reduced disruptive or aggressive behaviour</li> </ul>	Lowe & McLaughlin (1974); Marchant & Young (2001); Marchant et al (2004); Martens et al (1997); Matheson & Shriver (2005); Robinson & Robinson (1979); Scott et al (2001)

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