Mindful Mondays

Good practices in maintaining "good" mental health and well-being in services for people with disabilities

2025

Acknowledgements

Table of Contents

Easy to Read Summary

What is this document about?

This document is about mental health in Europe. It explains:

- Why mental health is important.
- What problems exist in mental health support.
- Why prevention and early help matter.
- Examples of good practice from different countries.

The document was written by experts from the European Platform for Rehabilitation (EPR).

Why is mental health a big issue?

Mental health problems are common.

Many people feel anxiety or depression.

Many people do not get the help they need.

Mental health problems can make daily life harder and lead to long-term illness.

Mental health problems also affect families, communities and workplaces.

Lack of understanding

Some people think mental health problems are a weakness. People should just "be strong".

This is not true. Stigma can stop people from asking for help and getting support.

Gaps in mental health support

In many places, mental health services are difficult to access and not adapted to individual needs. Problems include:

- Not enough trained staff.
- Long waiting times.
- Lack of services in rural areas.

People with disabilities can face additional barriers.

Mental health is more than health care

Mental health is linked to:

- Education.
- Work.
- Housing.
- Social inclusion.
- Equality and human rights.

Good mental health support needs:

- Health services.
- Social services.
- Community support.

Working together is important.

Prevention and early support

Prevention means supporting people before problems get worse.

Early support can prevent long-term problems.

Simple actions can help, such as being attentive to others.

Good practice examples

The document shares real examples from Europe.

They show that good mental health support:

- Is based in the community.
- Respects the person.
- Supports independence.
- Involves families and peers.

Examples include:

- Small community homes instead of institutions.
- Activities in nature and sports.
- Inclusive education and training centres.
- Independent living with personalised support.
- Supporting the mental health of staff.

Key messages

- Mental health matters for everyone.
- Anyone can experience mental health problems.
- Stigma must stop.
- Support must be accessible and inclusive.
- Prevention and early help are very important.
- Community-based and person-centred support works best.

About the European Platform for Rehabilitation (EPR)

EPR is a community of service providers working with people with disabilities committed to high quality service delivery and creating a society where every person can co-create quality services leading to equal opportunities, social inclusion and quality of life. Our mission is to build the capacity of our members to provide sustainable, high-quality services in a competitive environment through mutual learning and training.

About the Publication

Mental Health constitutes a high priority topic for EPR members. Social Service provider organisations are intrusted with support and care for large numbers of people in need of assistance with mental health issues. Mental Health experts from across Europe meet on a regular basis in the Mental Health Working Group, to exchange views, inform each other about trends and developments in mental health services, and share good practices in various areas of mental health support.

The Working Group follows policy developments in national, European and international context, including initiatives, policies and programmes by the European Parliament, the Council of the EU, the European Commission and EU agencies, as well as European and global activities on Mental Health by the World Health Organisation (WHO). The group monitors research and cooperation projects on Mental Health that are supported by the European Union, with particular attention to efforts addressing mental health issues of vulnerable or high-risk groups in society.

In the context of policy and practice, Working Group members frequently reiterate that Mental Health issues can have different causes and reasons, and lead to a variety of impacts and conditions affecting the everyday life of a person. The interplay between health, social or environmental conditions and mental health issues can be complex, and rarely ever one factor alone is cause or effect. Mental health issues want to be seen with a perspective beyond health and care, also looking at education and training, employment and social policies, rights, equality, non-discrimination and inclusion. Good practices often bring mental health into a broader context of supporting persons with multiple needs for assistance.

The expert group wishes to share insights from daily work in their organisations and debates in the group. In previous papers, members explored mental health services in the context of the COVID-19 pandemic, Mental health services working on trauma, and soft skills training for persons with mental health issues. This paper explores the conditions and approaches to addressing mental health issues before they become a problem. In recent years, maintaining "good" mental health and well-being has gained attention in policy making, service planning and daily practice of service provision. A major lesson learnt is that certain mental health issues can be addressed properly and swiftly with preventive or early interventions.

Looking out for each other, being mindful and attentive to the people near us, be it students, patients or clients, also the co-workers in service and care, is the common denominator for many recent initiatives, schemes and systems put in place to support individuals with mental health issues. Access to support and care when and where they are needed is an important feature of the actions. The Working Group would like to present insights in the practical work in services for people with disabilities in communities across Europe.

Mental Health is an increasingly severe and disruptive societal challenge

In comparison to other areas of health and care, mental health is still a relatively "young" topic, with numerous unknowns and limited understanding for cause and effect of conditions. Even though mental health issues have been with people, probably for as long as mankind exists, non-knowledge and stigma still dominate the public perception of mental health as an issue. A typical response to someone showing signs of feeling unwell is ignorance or denial, looking down at the person as weak, overreacting or pretending. We tend to brush off concerns about the mental health of others, perhaps also of ourselves, reflecting persisting stereotypes about toughness and stigma for care-seekers.[1]

The reality in many communities shows a different, serious picture. Already ten years ago, the OECD estimated 84 million people in the EU had a mental health problem. Most common were anxiety, depression, and drug or alcohol related conditions. The OECD also looked at the damage of mental ill-health for the economy, and estimated 600 billion EUR in mental health related losses, including direct health spending, social security programmes, and indirect costs due to lower employment and productivity. Of particular concern was the situation for people with long-term conditions e.g. chronic depression. Only half of the people with a diagnosed condition were in employment, and for those in work lower productivity and higher sick leave rates were observed.[2]

It would be a mistake to narrow the perspective on mental health to the economy and work. If not addressed, mental health issues can lead to chronic disorders and result in life-threatening conditions. Eurostat published data on lives lost due to mental health disorders and related issues. In 2022, more than 210 000 deaths in Europe resulted from mental health and behavioural disorders, many connected to drug dependence, alcohol use or dementia. Dementia increases the risk of dying from mental health disorders for older people, while drug dependence raises the death rates for people under the age of 65. Eurostat also presented data on deaths caused by intentional self-harm, showing alarmingly high numbers for many countries, including notably higher death rates for men than for women.

> **"Everyone can feel anxious sometimes"**
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> The WHO estimates 359 million people around the globe experience anxiety disorders. Only one in four persons in need of assistance receive treatment. Symptoms manifest as excessive fear or worry about a specific situation or more general about different everyday situations. Symptoms include trouble concentrating or deciding, feeling irritable, tense or restless, nausea or abdominal distress, heart palpitations, sweating, trembling or shaking, trouble sleeping, sense of impending danger, panic or doom.[1]

Increased awareness and understanding

In recent years, public attention to mental health has apparently caught up, one key reason being a better understanding of mental health. We know more about environmental, social, economic, biological and genetic factors that can lead to depression or anxiety, and we know more about the effects of mental health issues on individual well-being, living, working and participating in social life. We have a better understanding of the impact of widespread mental health issues on communities and workforces, and we are beginning to become aware of the price that society pays for not paying attention to mental health. Experts also succeed in getting the message through that mental health issues may at times not be a matter of individual treatment (with medication) but a social challenge that is tackled best as a community.

According to the World Health Organization (WHO), "Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm." More than one billion people around the world live with a mental health condition. Different factors pose a risk or protection for mental health, including individual factors such as emotional skills, substance

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[1] Eurofound: Mental health: Risk groups, trends, services and policies, available here
[2] OECD: Factsheet on Promoting Mental Health 2018, available here

use and genetics, or social and environmental factors such as poverty, violence, inequality and environmental deprivation. At certain stages in a lifetime, factors can have a more severe and lasting impact on mental health e.g. exposure to harsh parenting or bullying at child age may affect a person's mental health throughout their adult life. Promotion and prevention is considered crucial for addressing mental health issues.[3]

Europe is stressed, depressed and anxious

Europe fits right into the global observations. Mental health issues affect citizens across the continent. On the occasion of a European Parliament report in 2023, Members of the European Parliament stated "Every one in two people in the EU live with or have experienced depression or anxiety", and called for improved access to mental health services, especially for vulnerable groups, better awareness raising and communication to destigmatise mental health. The Parliament resolution points out "any person can, at any point in their life, become more susceptible to poorer mental health and thus find themselves in a vulnerable situation", adding "that a person can belong to multiple vulnerable groups at once, which emphasises the importance of an intersectional approach"[4] Public health experts stressed the relevance of mental health across all policy areas, involving health as well as education, employment, culture, digitalisation, environment, climate or also urban planning.[5] Local and regional authorities pointed out the importance of community-based and preventive care to tackle mental health issues[6].

> *Key facts about depression*
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> - Depression is a common mental disorder.
> - Globally, an estimated 5.7% of adults suffer from depression.
> - More women are affected by depression than men.
> - Depression can lead to suicide.
> - There is effective treatment for mild, moderate and severe depression.[1]

Higher risk for people in vulnerable situations

A European Commission communication emphasised the crucial importance of "helping those most in need", people living in vulnerable situations including older people, victims of gender-based violence, people discriminated on the basis of sexual orientation, victims of human trafficking, cancer patients, refugees and displaced persons, homeless people, Roma, victims of crime, people living in remote or rural areas, and people with disabilities. The Commission is particularly concerned about disabilities exposing people to a higher risk of mental health issues, also referring to people with mental and intellectual disabilities and the importance of adapting support systems to their right to inclusion, independent living, accessibility and employment. [7]

Policy makers and mental health experts are in agreement that support systems for mental health must not be limited to health care, and bring together different policy areas linked to the individual and societal factors that play a role for mental health, as well as the measures that help preventing and helping with mental health issues. Ongoing large-scale events such as Russia's aggression against the Ukraine or Climate Change related incidents further increase the pressure on individual mental health, both for persons directly affected by conflict, crisis, disaster or displacement, as well as for persons indirectly affected through unsettling information from a distance, causing anxiety, confusion and fear in everyday life. [8]

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[3] WHO on mental health, available here
[4] European Parliament resolution of 12 December 2023 on mental health, available here
[5] "Joint Statement: A Mental Health in All Policies approach as key component of any comprehensive initiative on mental health", available here
[6] Committee of the Regions (CoR): Mental health - regions and cities urge more support for community-based initiatives and preventive care, available here
[7] European Commission on a comprehensive approach to mental health, June 2023, available here
[8] Council conclusions on mental health, November 2023, available here

Inadequate support and care systems

Meanwhile, mental health practitioners emphasise the importance of adapting policies, strategies and systems to a changing environment that exposes more people to more risks affecting their mental health, while access to support and care remains a concern in many places. EU countries are known to have long-standing issues with putting mental health policy ambitions into practice, and face access gaps, workforce shortages and implementation issues in many regions.[9] This is particularly concerning for persons in vulnerable situations who need help but struggle accessing services. On various occasions, EU representatives called for measures that improve the availability, accessibility and inclusiveness of services, especially for vulnerable groups.[10]

The Council is particularly concerned about people in precarious work because of the higher risk of poor mental health when the job is underpaid, uncertain and not providing protection. The Council emphasises the interconnection between precarious work and existing inequalities, with one or the other leading to another, also links to discrimination based on gender, racial or ethnic origin, religion or belief, age, sexual orientation or disability. Reference is made specifically to mental health issues being higher among women than among men, which could be explained with more women in precarious work but also higher psychosocial risks in the work environment. In general, mental health issues among workers have increased considerably, with up to 27% of workers in the EU suffering from stress, depression and anxiety. Various aspects of the interplay between quality of employment, quality of life and mental health deserve better monitoring.[11]

Access gaps to mental health services often refer to local differences. In certain places, mental health support is not available, not affordable, not well staffed, or not adequately prepared to adapt to individual support needs for mental health. Qualification standards vary from place to place, services in rural or remote areas struggle with attracting qualified professionals, and with retaining them in a sector known for high stress and low pay. Also, interdisciplinary or integrated support models require a different type of training, collaboration and structure of services. This is vital for people with disabilities and a mental health condition. If a person with an intellectual disability requires help with a mild depression but lives in a town that offers mental health support only within traditional institutional care, using that service may do more harm than good.

Digital trends, opportunities, and concerns

In recent years, the technology of the digital era has given grounds for far reaching changes how people live, learn, work, interact, communicate, socialise and develop. Internet, social media and Artificial Intelligence (AI) offer a peculiar combination of virtual hyper-connectivity and physical distance. It is probably not the technology itself but the way how we use technology that can lead to benefits and advances, drawbacks and risks for individual and collective "digital well-being". Access to digital tools and digital literacy are pre-requisites for participation in digital environments, also for protection from harm caused by addictions, harassment or exploitation. New options for organising work i.e. remote working or AI assisted working can be both beneficial in terms of productivity and flexibility, and bear psychosocial risks in terms of isolation, machine driven interaction, of uncertainty and fear for livelihoods to be lost. Digital tools also provide new ways for accessing information and counselling such as for help with mental health issues. Digital mental health services are on the rise, raising doubts if people in need of assistance will receive adequate support from social media feeds, online counselling videos or AI assistants who may prioritise digital business interests over personal support needs. There is also uncertainty about data protection and ethical issues relating to digital mental health services.

Experts are eager to point out the many advantages and opportunities that come with digital technologies. Other experts express concern about their effect. Is it "healthy" for the human mind to spend hours on social media feeds? Potential harm through use of digital tools is the subject of numerous research, often with emphasis on conditions

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[9] WHO: Partnering with the European Union (EU) to tackle mental health challenges, available here
[10] See also example TSI Mental health: Fostering well-being and mental health, available here
[11] Council Conclusions on mental health and precarious work, available here

and attitudes important for individual mental health state e.g. anxiety and stress[12], depression and low mood[13], sleep deprivation[14], addictive/compulsive use[15], attention and cognitive strain[16], self-esteem and body image[17], loneliness and social isolation[18]. Findings from the different studies do not necessarily claim that digital tools *cause* mental health issues, excessive screen time may however be *experienced differently* by persons with mental health issues, and/or amplify existing mental health problems.[19] A frequently cited advice is raising awareness about risks and dangers that come with digital tools and acting responsible e.g. limit screen time, avoid excessive passive use (scrolling), intentionally plan for offline social contacts.

Specifically for young people, threats are identified with regards to excessive screentime, but also cyberbullying, access to inappropriate content, online gambling and illicit drugs. The Council of the EU points out the dangers for children and adolescents, and the importance of protective measures for safe and healthy use of digital tools, with explicit reference to protecting the mental health of children and adolescents. [20]

Lessons learnt for crises and emergencies

The COVID-19 pandemic and the measures put in place to protect people from infection and suffering brought to light how fragile individual mental health can be in times of crisis. Social distancing, lockdowns, limitations at the work place and in social life had profound impact on the well-being of many people. An EPR Briefing published in November 2020 cites member organisations "mental health problems are escalating in the European society due to Covid-19 and those who already had mental health issues have seen those worsened." [21] People with disabilities were disproportionately affected. There was fear of being quarantined and left behind. The UN noted at the time, people with disabilities found themselves declared a high-risk group to be shielded, while experiencing severe restrictions for the provision of personal health care and rehabilitation.

Meanwhile, service providers working with people with disabilities and people with mental health issues observed new and different ways in which patients and clients dealt with changes in their living and working environment e.g. through increased online presence. While some were more disengaged, others engaged more and or required more support to participate in learning, working and social activities. Service providers quickly adapted to a changing work environment, introduced remote services e.g. telehealth and telepsychology, increased attention to mental health issues for coping with stress, anxiety, uncertainty or sorrow, and raised awareness for mental health and well-being. The briefing concluded that mental health services are essential under any circumstances and even more important in times of crisis. The paper called on governments to ensure funding, training of qualified staff and improved access to mental health services, especially for people with disabilities profoundly affected by the limitations and changes imposed during a pandemic.

Four years later, mental health issues continue to affect the individual and collective well-being in workplaces and communities. A recent Eurofound report points out the severity of mental health issues for populations in Europe, estimating millions of life years lost or lived with disability. Vulnerability to mental health risks and threats is higher

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[12] Mark, G., Gudith, D., & Klocke, U. (2008). The cost of interrupted work: More speed and stress. CHI Proceedings, available here

[13] Kross E, Verduyn P, Demiralp E, Park J, Lee DS, Lin N, et al. (2013) Facebook Use Predicts Declines in Subjective Well-Being in Young Adults. PLoS ONE 8(8): e69841, available here

[14] Chang, A.-M., et al. (2015). Evening use of light-emitting eReaders negatively affects sleep. PNAS. here

[15] See also: The dark side of screen time, with Adam Alter, PhD, available here

[16] Ophir, E., Nass, C., & Wagner, A. (2009). Cognitive control in media multitaskers. PNAS, available here

[17] Fardouly, J., et al. (2015). Social comparisons on social media: the impact of Facebook on young women's body image concerns and mood, available here

[18] Primack, B. A., et al. (2017). Social media use and perceived social isolation. AJPM, available here

[19] Fassi, L., Ferguson, A.M., Przybylski, A.K. et al. Social media use in adolescents with and without mental health conditions. Nat Hum Behav 9, 1283–1299 (2025), available here

[20] Council conclusions on promoting and protecting the mental health of children and adolescents in the digital era, available here

[21] EPR: Covid-19 and Mental Health - Delivering Mental Health Services Under the Pandemic, available here

for certain groups, including for lower socioeconomic groups, people working in healthcare and social services, and marginalised groups. Stigma and discrimination keep preventing people from accessing mental health services. Access to quality care remains difficult in certain places. Persons who experience emotional or psychosocial problems refer to low levels of trust in the services, services not adjusted to their specific needs, limited time for individual patients, and fragmented support. "Care capacity is lacking, especially in rural areas and for children. Timely care for mild or moderate needs, particularly psychotherapy, is often only accessible to people who can pay for it. Nevertheless, care seeking, coverage and capacity have increased in many Member States. Greater emphasis is needed on the prevention of poor mental health by improving working and living conditions, making societies more inclusive, addressing loneliness and (cyber)bullying and enhancing social protection."[22].

In their research report, Eurofound presents a number of policy pointers i.e. Improve population mental health (economic and social environment in the community and for its residents, addressing caregiver, work-life balance and other gender-based stereotypes, activating education, social work, care workers and other medical specialists for early mental health interventions); and Improve access to high-quality support (advance quality and access of the services, improve availability of services for urgent and integrated support, reduce care-seeker stigma, encourage hesitant care seekers with negative past experiences, provide mobile services in underserved areas).

Social service provider organisations operate in crucial positions for promoting population mental health, here with a focus on people living in vulnerable situations such as people with disability. Early interventions, preventive measures, integrated support, assistance and services adapted to individual needs can be established within the framework of ongoing services and support for patients, clients and service users, by creating a positive and supportive environment for living well and healthy. Providers of health and care services are also the work places for another high risk group for mental health issues, namely education, human health and social work professions which report some of the highest rates of emotional exhaustion from their work.

Mental Health First Aid

During one of its sessions in 2025, experts in the EPR Mental Health Working Group discovered several member organisations operate Mental Health First Aid Training in service development and delivery, to ensure availability and access to qualified support and timely intervention for individuals experiencing a mental health crisis. The concept of Mental Health First Aid goes back to an Australian initiative which works on training programmes since 2000. Today Mental Health First Aid International cooperates with partners in 51 countries, 67000 certified instructors and more than 8 million trained Mental Health First Aiders. Find out more at https://mhfainternational.org/

Good practices for maintaining good mental health

Community-Based Residential Project for Institutionalised Youth with Dual Diagnosis
Aġenzija Sapport (Malta)

Aġenzija Sapport is developing a project aimed at transitioning young adults with dual diagnosis, severe mental health conditions coupled with intellectual disabilities from long-term institutionalisation within a mental health care environment into a community-based residential home due to the absence of suitable alternative placements. This initiative is grounded in the belief that mental wellbeing is deeply tied to one's living environment, autonomy, and access to holistic support. The project proposes a small-scale residential setting for six individuals, where the focus is not only on housing but on rehabilitation, empowerment, and inclusion.

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[22] Eurofound (2025), Mental health: Risk groups, trends, services and policies, Publications Office of the European Union, Luxembourg, available here

Key Features of the Project

- Multidisciplinary Support: A team comprising psychiatrists, psychologists, social workers, youth workers, and occupational therapists will provide tailored interventions. This ensures that each resident receives individualised care plans that address both mental health and skill development needs.
- Independent Living Skills: The residential setting will serve as a platform for residents to learn and practice daily living skills, fostering autonomy and preparing them for future transitions into more independent settings.
- Secure and Nurturing Environment: The home is designed to be a safe space where residents can feel supported, respected, and free from the institutional constraints that often exacerbate mental health challenges.

Mental Health Impact

This project is expected to significantly enhance the mental wellbeing of its residents by:

- Reducing Institutional Trauma: Moving away from clinical, restrictive environments helps mitigate feelings of helplessness and dependency.
- Promoting Identity and Purpose: Engaging in meaningful routines and relationships within the community fosters a sense of belonging and self-worth.
- Providing Emotional Safety: The presence of a consistent, caring team and peer support reduces isolation and anxiety.

Trauma-Informed Transition Planning

Recognising that transitioning from an institution to a community home can be psychologically challenging, this project will adopt a trauma-informed approach. Support Groups are being held with the service users prior to the move to (a) build interpersonal bonds among future housemates (b) process past traumas that may have contributed to their mental health difficulties (c) prepare emotionally for the change in environment and expectations. This proactive strategy ensures that the transition is not abrupt or destabilising, but rather a gradual, supported journey toward recovery and empowerment.

Find out more at https://sapport.gov.mt/ (Maltese and English)

Mental Health and Emotional Wellbeing Open Days in Rural Areas
Fundación SASM (Spain) and partners

In October 2025, a large group of local associations and institutions organised the second Mental Health and Emotional Wellbeing Open Days for the community of Castielfabib. The initiative was designed as an activity for the region to promote community health, inclusive employment and the natural environment as a therapeutic resource. During three days, a variety of events were organised, all of them promoting the concepts of community health, support to employment and nature as a resource for well-being. Specific programmes are featured, such as Social Prescriptions for mental health in the rural community, Specialised employment services in rural environments, and Promotion of mental through activities in the nature. Additional activities promoted inclusivity and offer participation in arts and music therapy, sprots for social inclusion and promoting mental health, farming, forestry and restauration of buildings. One group of people with mental health diagnoses invited to a concert and art exhibition. Another group used sports as a therapeutic tool, the SPORTSA Association with their handball team for people diagnosed with severe mental disorders organised workshops and matches with partner organisations. Many activities took place during the three days, aimed at supporting the mental health of the people living in this community with few inhabitants and very few services. Each day had a dedicated programme with activities from morning until evening. One highlight of each day were the joint meals, organised to bring together neighbours, co-workers, organisations and institutions for social gatherings.

The organisers formulated their observation from the events as follows:

- The sessions served to explore and begin to build the path of mental health in rural areas with small and very dispersed populations.
- Intervention and adaptation of resources and strategies were required in this type of rural environment.
- The benefits that the natural environment of the location provides to maintain the mental health of its inhabitants have been highlighted. Also, a variety of activities and specific jobs can be carried out in these places.
- The benefits of sports have been evidenced with different groups, including those related to mental health. In such environment with few activities available for leisure time, the need for sports becomes even more evident.
- The celebration of this type of gathering serves as a catalyst for activities between local entities and residents.
- The activities can serve as blueprint for future initiatives in other rural communities interested in promoting mental health.
- The sessions opened avenues for collaboration between local organisations, institutions and people in the region.

Also:

- Creative Therapies (music, graphic arts) and their public exhibition proved to be highly therapeutic, promoting contact and interaction between neighbours, organisations, institutions and entities providing services.
- Community meals and their preparation process proved to be an important and useful meeting point and a space for exchanging experiences between participants and neighbours.

Find out more at https://fundacionsasm.org/ (Spanish)

RehabGroup

College East National Learning Network
Rehab Group (Ireland)

In September 2025, the National Learning Network opened College East, an innovative education and training hub in the centre of Dublin. The college brings together programmes previously delivered at Ballyfermot and Roslyn College and now supports around 200 students each year.

Students are supported by a multidisciplinary team that adapts both learning approaches and the learning environment to individual needs. Central to this support is a personalised training and support plan, enabling each learner to progress at their own pace and in line with their interests and goals.

College East welcomes students from a wide range of backgrounds, including neurodivergent students, students with an autism diagnosis, and those living with chronic health conditions or mental health challenges. Many students have found mainstream education difficult, experienced trauma, or undergone life-changing events that led them to leave school. Early school leaving, school refusal, and school-related anxiety are common reasons students choose to re-engage with education at College East.

While the qualifications offered are comparable to those available in mainstream education and are fully recognised within the national education system, the learning environment at College East is different. Students benefit from smaller class sizes, individualised planning, and a broad range of courses, including digital skills, computing, business and business administration, catering, sports and recreation, performing arts, creative media, and web design.

Across all programmes, there is a strong focus on building resilience, supporting mental health and well-being, and developing independent living skills. Learning is further enhanced by College East's purpose-built facilities, which feature modern infrastructure and inclusive design. The campus includes accessible supports such as multi-learning spaces, a sensory room, and a dedicated sense garden.

Practical, work-based learning is a key element of the student experience. A retail simulation space on campus — operated as a small shop through corporate partnerships with well-known retail companies — allows students to develop retail and business skills in a real-world setting. Work experience opportunities and employment supports help students gain meaningful, hands-on experience and prepare for progression into further education, training, or employment.

Find out more at https://rehab.ie/national-learning-network/ (English)

Good Practices in Mental Health
Fundación Ramón Rey Ardid (Spain)

The Rey Ardid Foundation manages a broad variety of services and supports for people with disabilities living in the municipalities of Zaragoza and Calatayud. The team at the foundation's centre in Calatayud identified the following good practices for supporting "good" mental health and well-being:

Individual Recovery Plan
Individuals set their goals in a joint meeting with their case worker, family members and friends of their choice. These goals are reviewed at intervals determined by the individual, with a minimum of four reviews per year. In addition, individuals write down their goals in their own words, sign the document with all those attending the meeting, and take the document with them to keep as a reminder.

Intervention through therapeutic accompaniment
The intervention is carried out through therapeutic accompaniment, from a horizontal relationship based on respect, trust and collaboration. A practice far removed from paternalism is promoted, in which the person is the protagonist of their own process, actively participating in decision-making. The support is aimed at enhancing autonomy, personal abilities and resources, promoting social inclusion and the recovery process in the natural environments of everyday life.

Community Social Support Team
The Community Social Support Team offers support and accompaniment in the daily life. Interventions take place in the community and in the person's natural spaces, such as their home, neighbourhood or community resources, respecting their pace, decisions and personal goals. The team accompanies individuals in their recovery process, facilitating the development of autonomy, social participation and access to standardised community resources. Through close, flexible and non-paternalistic support, personal skills are reinforced, social inclusion is promoted and permanence and well-being in one's own environment is encouraged.

Therapeutic activities
The centre's activities are dynamic and flexible, and are adapted to the objectives, interests and needs of the individuals. These activities are reviewed and modified when necessary, accompanying changes in personal processes and promoting active participation, autonomy and progress in the recovery process.

Community resources
Existing community resources in the different municipalities are continuously identified and updated. Knowledge and access to these resources is facilitated through visits and accompaniment, promoting the active participation of the individual in the community. The individual is supported so that they can develop a meaningful occupation, strengthening their autonomy, their sense of belonging and their process of recovery and social inclusion.

Assemblies
Assemblies are held periodically in which individuals can propose and decide on activities, events, means of transport, trips, etc. Decision-making is carried out by consensus, jointly choosing the places to visit and maintaining

total flexibility so that each person can decide individually on aspects such as where to eat or with whom to share their time. A flexible format is chosen, avoiding rigid structures, which encourages active participation, self-determination and the generalisation of autonomy and leisure skills in everyday life. The involvement of families or other significant individuals is a key factor in the recovery process for people with mental health issues, as it promotes greater understanding and support, reduces stress and anxiety, and creates a safe and positive environment, free from judgement and disparagement. There is ongoing coordination with other professionals and resources, such as the Mental Health Unit, Social Services, primary care, education, businesses, etc. (all influential agents in the person's life), with the aim of establishing joint and coherent lines of intervention. This coordination promotes comprehensive, person-centred care and contributes to supporting the person's recovery process.

Persons with lived experience

One person with lived experience who made progress in their recovery process and actively participates in awareness-raising, training and anti-stigma activities in mental health serves as expert. Their experience provides a close and realistic perspective, promoting understanding, empowerment and recognition of the rights of people with mental health problems.

Mental health awareness actions

Awareness-raising activities are aimed at different groups in society, including other professionals (such as primary care staff, social services, the police and journalists), children and young people in educational centres, and the general population. These actions aim to promote understanding of mental health, reduce stigma, encourage social inclusion and facilitate more respectful and accessible environments. Priority is given to the active participation of people with lived experience of mental health, which provides a close, real and empowering perspective.

Find out more at https://www.reyardid.org/ (Spanish)

Mental Health and Wellbeing (MHWB) initiative
The Cedar Foundation (Northern Ireland)

The staff at the Cedar Foundation were experiencing heightened levels of stress, burnout, and emotional fatigue, particularly during the COVID-19 pandemic and the demanding nature of their roles, which involve high emotional labour. Mental health had become the second highest cause of absence, with stress both personal and work-related significantly impacting staff resilience, morale, and service delivery. The organisation aimed to address this growing need with a more proactive, compassionate, and inclusive approach to employee mental health and wellbeing. Staff needed timely, accessible support, as well as a cultural shift that normalised conversations around mental health and wellbeing. In response, the Cedar Foundation developed a Mental Health and Wellbeing Strategy, which aimed to spark long-term change by embedding a supportive culture and introducing holistic, preventative measures to enhance physical, emotional, and mental health.

The initiative was driven by a desire to not only reduce absenteeism and improve staff wellbeing, but to also strengthen service delivery. By supporting the staff, the organisation could support those who rely on the services more effectively. The initiative reflects the belief that a healthy, resilient workforce is the foundation of compassionate, high-quality care. The Mental Health and Wellbeing (MHWB) initiative followed a collaborative, co-designed approach putting in place an Innovation Team comprising of employees from across departments and job roles. This group was tasked with shaping the strategy in line with staff needs and organisational goals, and conducted consultation surveys, focus groups, and feedback sessions. This inclusive process allowed employees to voice their experiences and co-create meaningful initiatives, such as the My Mind Matters Programme, Mindful Monday, and the Mental Health First Aider network. Staff stories, like Ester's Blog, were also shared to reduce stigma and encourage open conversations.

A combination of quantitative and qualitative methods was used to measure impact:

- Tracking sickness absence related to mental health, observing a clear reduction following the implementation of the strategy. This indicated that preventative support and early intervention were effective.
- Surveys to gauge awareness, engagement, and perception of the Mental Health and Wellbeing (MHWB) Strategy and its initiatives.
- Monitoring participation in programmes like Mindful Monday, use of resources on the Cedar Hub, attendance at training and wellbeing sessions, and feedback on initiatives such as Ester's Blog.
- Qualitative feedback via surveys and focus groups, sharing how the initiative helped them personally and professionally.

The staff feedback was remarkably positive: 98% of staff said the strategy fostered a compassionate, supportive environment. 88% expressed interest in further coping strategies indicating positive engagement and trust. 65% accessed wellbeing resources, with 71% finding them helpful. Ester's Blog was valued by 81% of staff, helping to reduce stigma. Overall morale, retention, and wellbeing improved, with stronger alignment between staff satisfaction and service delivery.

Key Learning Points

- **The value of genuine staff involvement and lived experience**. By engaging employees from different roles and levels in shaping the programme, it became relevant, practical, and meaningful. This built trust and ownership, leading to stronger engagement and sustained participation.
- **The importance of starting with listening**. Through surveys, feedback sessions, and informal conversations, the team gained a deeper understanding of the real challenges that people were facing such as emotional fatigue, stress, and work-life balance which helped tailor the strategy to address those needs directly.
- **Taking a preventative approach is essential**. Offering early intervention tools, resilience training, and accessible mental health resources helped supporting staff before issues escalated, ultimately reducing absenteeism and improving overall wellbeing.
- **The role of leadership proved critical**. Consistent, visible support from leaders who modelled openness around mental health helped foster a culture of psychological safety and compassion. Without that top-level commitment, momentum and credibility would have been much harder to sustain.
- **The need for a holistic and evolving approach**. Wellbeing is not one-size-fits-all. The programme was expanded to include physical, financial, and social wellbeing, recognising that people's needs change over time. Embedding wellbeing into the organisational culture ensures long-term relevance, sustainability, and impact. Regular evaluation and a willingness to adapt remain vital to keeping the initiative effective and employee-led.

Find out more at https://www.cedar-foundation.org/ (English)

Recommendations

Strengthen prevention and early support
Invest in preventive mental health measures across all age groups. Promote early identification and early intervention in community, education, health, and social services. Expand Mental Health First Aid and similar training programmes.

Improve access to inclusive, high-quality services
Ensure mental health services are available, affordable, and accessible in all regions. Address workforce shortages through training, fair pay, and improved working conditions. Develop mobile and outreach services, especially for rural and underserved areas.

Adopt a cross-sectoral approach to mental health
Integrate mental health into policies on education, employment, housing, social protection, and digitalisation. Promote cooperation between health, social, employment, and community services.

Prioritise people in vulnerable situations
Design mental health supports that are inclusive of people with disabilities. Adapt services to support independent living, accessibility, and participation in society. Use intersectional approaches that recognise multiple and overlapping vulnerabilities.

Combat stigma and discrimination
Invest in awareness-raising and mental health literacy. Involve people with lived experience in training, policy development, and public communication. Promote open and respectful conversations about mental health in workplaces and communities.

Use digital tools responsibly
Ensure digital mental health services meet ethical, quality, and data protection standards. Promote digital literacy and safe online behaviour. Protect children and young people from digital-related mental health risks.

Support community-based and person-centred models
Move away from institutional approaches towards community-based services. Promote personalised support, autonomy, and recovery-oriented practices. Encourage participation of families, peers, and local communities.

Protect the mental health of the workforce
Embed mental health and well-being strategies in organisations providing care and support. Promote supportive leadership, staff involvement, different channels to express needs, and preventative workplace practices.

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