

Webinar Report

**Mental
Health
Dialogues**

Mental Health for All: How to Reach Vulnerable Groups in Research

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Held via Zoom Webinar (University of Copenhagen)

Hosted by:

MENTBEST (<https://mentbest.com/>)

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Key Statistics:

122 registrations
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Welcome & Programme Overview

Prof. Benedikt L. Amann

Hospital del Mar Research Institute (MENTBEST)



Hello, everyone, and welcome to the third webinar in our Mental Health Dialogues Series, which focuses on how to reach vulnerable groups in research. My name is Benedikt Amann, Principal Investigator of the MENTBEST project in Spain and Director of the Research Unit at Centro Fórum, Hospital del Mar Barcelona. I'll be your moderator today.

Mental health is critically important to everyone, everywhere. As public health professionals and researchers, we are aware that barriers exist in accessing available resources. It is our responsibility to identify these barriers and work to improve access, ensuring that as many people as possible can benefit. To assess the real-world impact of interventions, it is crucial to include the entire community, including individuals with diverse needs.

To achieve this, it is essential to identify vulnerable groups, measure their specific characteristics, and understand how to adapt interventions effectively. But what are we talking about when we say "vulnerable groups"? Vulnerability refers to how susceptible a population or individual is to harm or neglect, influenced by both inherent (e.g., age, sex, race) and acquired (e.g., health behaviours, environment) risk factors. Vulnerable populations are those at higher risk for poor physical, psychological, or social health, with these challenges exacerbated by social, economic, political, and environmental factors.

By exploring the peculiarities of vulnerable groups, we can examine the intersection of cultural, social, political, and economic factors and how they influence public health research. This enables mental health researchers to identify points of convergence and make our research more inclusive and global.

We are happy to have you join us for this important discussion organised by seven EU Horizon Europe projects under the European Commission's call for "Boosting Mental Health in Times of Change". These seven projects, ADVANCE, SMILE, MENTBEST, Reconnected, IMPROVA, BOOTSTRAP, and ASP-belong, are all powered by the European Health and Digital Executive Agency (HaDEA).

The mental health dialogues series is a space where researchers, practitioners, policymakers and end-users come together to discuss the latest trends, challenges, and advancements in mental health care.

In today's edition, we will explore how to reach different vulnerable groups. Each project identifies specific vulnerable groups that they aim to engage with. But what do we mean by vulnerable groups? Why is it important to focus on these groups when planning and implementing a project?

These are key questions that will guide our discussion today. Understanding who these vulnerable groups are and why they are at a greater risk helps us tailor more effective and inclusive mental health interventions.

Today, we will try to answer all these questions. The webinar format is ideal, as we will not have formal presentations. Instead, we will engage in dynamic and interactive discussions: Provocative questions will be posed to our esteemed panellists and to you, all the participants. Yes, we encourage your engagement. You can all contribute and share your insights and inquiries using the chat or the Q&A tool in Zoom.

With that, let me give you a brief overview of our programme for today:

We'll start the webinar with an Opening Speech by Prof. José Luis Ayuso Mateos; following that, we'll have the Lightning Talks, where each project will explain to us their target vulnerable group and discuss why they consider this group important in the development of their projects.

This will be followed by a Moderated Discussion, during which we'll focus on the challenges identified by each project, the solutions being implemented to reach young people and other vulnerable groups, and the importance of collaboration with individuals who have lived experience of mental health conditions and how their collaboration plays a crucial role in the design and implementation of effective strategies.

We will then open the floor to a Q&A Session where we will address your questions.

Finally, we will conclude with a closing message announcing the series and providing the global registration link for our Mental Health Dialogues Series.

With that, let's get started! And I'm pleased to invite our first speaker, Prof. José Luis Ayuso Mateos, to deliver the opening speech. José Luis is a Professor of Psychiatry and Director of the Collaborating Center of the World Health Organization for Research and Training in Mental Health Services at the Universidad Autónoma de Madrid.

Opening Speech

Prof. José Luis Ayuso Mateos

Universidad Autónoma de Madrid (MENTBEST)



Thank you very much, Benedikt, for the introduction, and congratulations to the organisers of this webinar series.

I'm here just to give you some brief reflections from my experience as a researcher working in the area of epidemiology and also adapting interventions. I have more than 25 years of

experience working with the WHO in areas related to assessing the burden of disease, evaluating the impact of population-level interventions on the burden of disease and developing management guidelines for different disorders.

However, I also reflect on my day-to-day work as a clinician in Madrid, where I work mostly with adult patients. I'm also involved as the head of a large clinical department in trying to organise the community mental health services and have a population perspective in trying to manage these population services.

It is clear to me that for everyone probably connected to this webinar, we have a lot of interventions in mental health that work and are very effective, particularly when compared with many other health interventions, many of which are cost-effective. However, despite the evidence that we have tools to manage mental health disorders, there's a huge treatment gap. A large percentage of our population does not benefit from these interventions, which is so everywhere, but it also includes countries like the ones in this webinar. These countries have universal coverage that provides for mental disorders. This service is accessible and free, with large and very well-trained staff at primary care services. Despite those conditions in Europe, in many countries in Europe, the treatment gap, for example, for conditions like depression, is 50%.

Also, we experience something every day in clinical practice, but we also know, thanks to epidemiological studies, that those who could benefit more from our interventions are less likely to receive them. So not only is there a treatment gap, but also the treatment gap left a large percentage of people with morbidity in the general population, perhaps severe cases, and that's something that needs to be taken into account in planning any mental health policies. The most vulnerable populations have more health morbidity (and by health, I mean physical and mental health), and then also they have less access to services.

So what we need to do, of course, is activities that connect with the aims of all the projects that are being presented here. We need to assess the impact of this and factors of vulnerability, like poverty, racism, and discrimination in health problems and also needs management and policies. We must develop and adapt effective interventions to these vulnerable populations, specifically targeting them. And then, in this process of development and adaptation, we need to involve them and engage them as co-creators, as elements that will be key in trying to address all our implementation problems and challenges. For that, we need an implementation framework in assessing this intervention that considers part of the barriers, what the facilitators are, and what the many factors influence the adaptation of these interventions on large-scale implementation of effective interventions.

But then there's something that, while we conduct research, we collect evidence supporting that what we do is effective. We also need to engage and formulate policies and guidelines and be sure that we have and collect the proper elements in our research that will help in trying to sell what we do to those that need to make decisions on the policy level, high level, but also the local district level.

However, as an academic, I've also been involved in research for years, and we need to include this as part of our undergraduate and graduate teaching activities. I mean, the fact that we need to specifically address vulnerable populations and the role of social determinants of health should be integral in our teaching of medicine, psychology and nursing. I mean, these are things that need to be implemented. We want to have an impact in practice. We need to train those who are going to be responsible for implementing these tools from the beginning.

I want to highlight what I commented before. I mean that these vulnerability factors, the social determinants, are essential for health and mental health, as well as physical and mental health problems. This is not only because of comorbidity but also because social determinants are key factors in morbidity and health outcomes. This is something that we should take into account. Also, we need to take into account a population-level perspective, not trying to assess the impact at the individual level but also at the population level because we need to reach interventions that try to cover those affected in the population. That will, of course, include the vulnerable population.

These reflections introduce the debate that the different speakers will follow. Thank you very much.

Key points:

- Treatment gaps: Despite the existence of effective and cost-effective mental health interventions, a significant treatment gap exists, even in countries with universal coverage and well-trained staff. For instance, conditions like depression have a treatment gap of 50% in some European countries.
- Health Inequalities: Those most needing interventions are often the least likely to receive them. Vulnerable populations, including those facing poverty, racism, and discrimination, experience higher morbidity and have less access to services.

Key Recommendations:

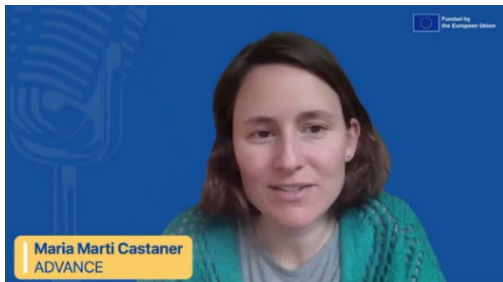
- Assess the impact of factors such as discrimination on health and needs management.
- Adapt interventions specifically for vulnerable populations, involving them as co-creators in the process.
- Implement a framework for understanding barriers, facilitators, and the factors influencing large-scale implementation.

Summary of Lightning Talks

"Which vulnerable groups has your project identified, and why do you consider it essential to engage them when planning and implementing a project?"

Maria Marti Castaner

Copenhagen University (ADVANCE)



Maria Marti Castaner is a clinical psychologist and associate professor at the Public Health Department at the University of Copenhagen, and she is part of a work package that focuses on mental health prevention and promotion for vulnerable groups in social organisations working with migrants in Denmark.

In the **ADVANCE project**, there is an extensive collaboration across different countries with **several vulnerable groups**:

- Germany: Youth affected by climate change.
- Lithuania: Socioeconomically disadvantaged young adults.
- Netherlands: Adults in stressful digital work environments.
- Italy and Denmark: People with migrant backgrounds.
- Switzerland: Older adults.

Key Approach of ADVANCE:

- Focus on vulnerable groups who may not have been involved in developing mental health interventions.
 - Emphasise co-creation and participatory processes with these groups to design relevant interventions.
 - Aim to adapt effective mental health interventions (e.g., WHO strategies) to address gaps and barriers faced by these groups.
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Valeria Motta

University of Birmingham (ASP-Belong)



Valeria Motta, a postdoctoral researcher at the University of Birmingham, works on the **ASP-Belong project**, a collaborative initiative involving partners from five European countries. ASP stands for **Augmented Social Play**. The project aims to develop a play experience to enhance the sense of belonging for young people.

Connection to Vulnerable Groups:

- Many health-related interventions struggle to engage young people because they can seem irrelevant or disconnected from their lived experiences.
- Play is a key feature of the project, as it is defined by choice and cannot be imposed, which makes it more engaging.
- The project focuses on engaging vulnerable groups, as they may have experienced exclusion or disempowerment in their lives.

Engaging Young People:

- Young people are seen as experts in their own experience.
- The play experience must reflect their realities, interests, and perspectives to be meaningful.
- Their voices shape the design and narrative of the game.

Understanding Vulnerability: Vulnerability is a common human experience, but some groups face specific challenges. To ensure that we include these groups in the project, they use a three-step selection process:

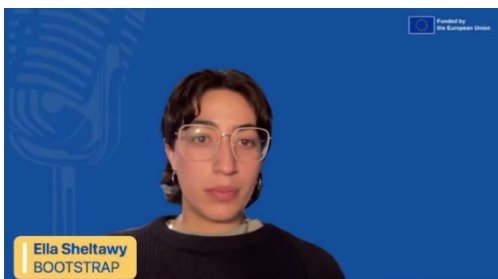
- Talking to young people about their experiences and observations.
- Consulting professionals who work with young people.
- Input from the research team to ensure feasibility and expertise.

Targeted Groups:

- Six groups involved: refugees, young people with neurodiversity, LGBTQ+ community members, high-performance sports players, and young people who have repeated a school year.
 - These groups' vulnerabilities are linked to challenges in belonging, which the project aims to address through play.
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Ella Sheltawy

Euro Youth Mental Health (BOOTSTRAP)



Ella Sheltawy is the Youth Engagement Lead at Euro Youth Mental Health, a non-profit organisation focused on youth mental health.

Euro Youth Mental Health is part of the **BOOTSTRAP project**.

On the Term "Vulnerable":

- The term "vulnerable" can be problematic because it's a broad, catch-all term that can carry stigmatised or racialised views.
- Instead of using general terms, it's better to specify the group and focus on their intersectional identities.

- Suggests using terms like "priority communities" to emphasise systemic issues rather than individual vulnerabilities.

BOOTSTRAP Project Overview:

- The project involves engaging with young people with lived experience of mental health issues, as well as those using the internet for activities like gaming or running YouTube channels.
- The study focuses on problematic internet use and digitalisation involving young people aged 13 to 15 through schools.

Youth as Stakeholders and inclusion of young people in research:

- Ella sees young people as key stakeholders, especially when it comes to policy work.
 - Young people, as digital natives, bring unique perspectives that are invaluable to the project.
 - Prioritising young people's input is important for making the study more relevant, impactful, and equitable.
 - The project follows the principle of "nothing about me without me," emphasising the importance of including young people in developing health interventions.
 - Including young people in the research process helps ensure the interventions are realistic, effective, and empowering, giving them agency in shaping their own future.
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Hester Sijtsma

Vrije Universiteit Amsterdam (IMPROVA)



Hester Sijtsma is a postdoctoral researcher at Vrije Universiteit Amsterdam. She works on the **IMPROVA project**, which focuses on an **e-health platform to improve mental well-being for adolescents**.

The aim is to reach adolescents in the general population, primarily through schools, also involving parents and teachers.

Strategies must be adapted for different target groups, including adolescents, schools, teachers, and parents.

Engaging Adolescents and Stakeholders:

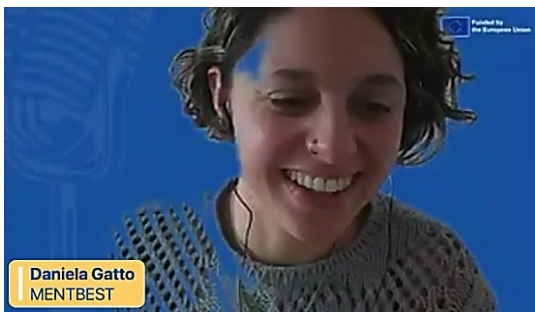
- Emphasizes the importance of explaining to adolescents what the intervention means, how they can contribute, and the benefits of participation.
- Co-creation is key to understanding how to connect and engage stakeholders to achieve better results.
- It is vital to learn from adolescents and stakeholders about the feasibility and appropriateness of interventions.

Challenges in Reaching Schools and Diverse Groups:

- Reaching schools is challenging, as they receive many requests for participation and have other priorities.
 - Adolescents from higher socioeconomic backgrounds are more likely to see the value in scientific projects, which creates a biased sample.
 - It's essential to engage adolescents from various socioeconomic backgrounds to ensure the results are generalisable and inclusive.
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Daniela Gatto

Hospital del Mar Research Institute (MENTBEST)



Daniela Gatto is a young psychiatrist involved in the **MENTBEST project**. Her team coordinates activities for MENTBEST in Spain, working with other countries, including Estonia, Ireland, and Albania.

The MENTBEST project focuses on **community interventions, particularly early detection and prevention of depression**.

The goal is to produce positive societal behaviour by involving the entire community.

Target Vulnerable Groups:

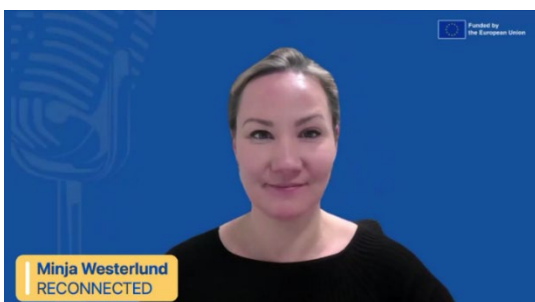
- MENTBEST focuses on five vulnerable groups: young people, older people, migrants, unemployed people, and those with mental health conditions.
- It's essential to reach these groups because they are an integral part of the community. To truly measure the impact of all interventions, we must address their specific needs.

Importance of Reaching Vulnerable Groups:

- Research shows these groups have a higher likelihood of experiencing mental distress or developing health conditions due to various factors.
 - Engaging these groups is essential for effective interventions.
-

Minja Westerlund

University of Turku (RECONNECTED)



Minja Westerlund is a psychologist and senior researcher at the University of Turku, Department of Child Psychiatry Research.

She represents the **Reconnected project**, a European initiative aimed at developing a digital support system for resilience for vulnerable groups.

Focus on Youth Mental Health:

- Mental health issues among young people are a global concern, exacerbated by factors like climate change, COVID-19, conflicts, and financial insecurity.
- Youth mental health is declining, with increasing needs but insufficient services, creating a public health crisis in countries like Finland.

Target Group:

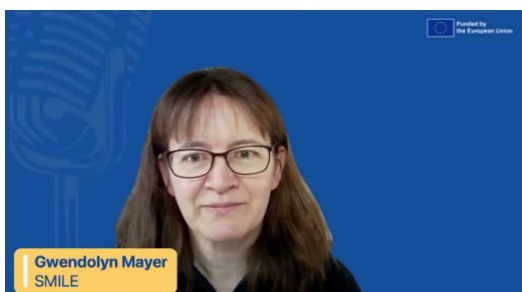
- The Reconnected project focuses on young adults aged 18-20, a critical transition period in life, often marked by challenges such as moving from adolescence to independent life.
- Mental health problems are notably higher in students, with more than a third of students in Finland reporting dissatisfaction with their mental health.
- Finland's conscription system, where young men are required to serve in the military, also contributes to mental health issues, with a significant dropout rate due to mental health reasons.

Involvement of Young People in Research and co-creation of interventions:

- While research highlights the youth mental health crisis, young people themselves have often not been involved in the research process.
 - The Reconnected project prioritises listening to young people to understand their problems and stressors, ensuring the research questions are relevant and inclusive of their lived experiences.
 - It's essential to include young people in the development of interventions alongside professionals to ensure interventions are meaningful, relatable, and effectively address their needs. The format, content, and language of interventions must resonate with young people to be successful.
 - It's important to adapt empirically supported interventions to users' individual needs and preferences. This personalised approach is the core of evidence-based care.
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Gwendolyn Mayer

Universität Heidelberg (SMILE)



Gwendolyn Mayer is a psychologist at Heidelberg University Hospital. Her research focuses on digital health interventions for psychosomatic and mental health disorders, particularly examining the social environments (both physical and digital) of patients with mental disorders.

Her team is working closely with Heidelberg's child and adolescent psychiatry department, leading work package seven, which involves piloting and evaluating the **SMILE** tools being developed.

Project Focus:

- The project focuses on adolescents, following the WHO's definition of early, middle, and late adolescents, as well as young adults. The target group is adolescents (ages 10-24), a key period for emotional development and identity formation.
- During this time, young people confront themselves and their social environment, have critical experiences, define their identity, and seek their place in the world.
- Adolescents face mental health challenges, with 1 in 7 affected, and mental disorders are appearing earlier, especially eating disorders. Suicide is the third most common cause of death in this age group.

Project Approach:

- The project aims to meet adolescents where they are: in the digital world. A mobile game is being developed that addresses mental health issues, focusing on building resilience and healthy coping strategies.
- The game is based on cognitive-behavioural therapy concepts, but it is not a therapeutic tool but a preventive game intended for a broad adolescent audience.

Co-Creation and Stakeholder Involvement:

- The game was developed with early involvement of adolescents through workshops and focus group discussions across different age groups (10-14, 15-19, 20-24).
- Stakeholders like parents, teachers, and clinicians are also engaged to understand their perspectives.

Current Status:

- The project is preparing for a major testing phase of the SMILE game, which will be piloted in seven countries (Cyprus, Germany, Italy, Poland, Slovenia, Spain, and the UK).
 - The testing phase will begin soon.
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Summary of the Moderated Discussion

Moderated by Prof. Benedikt L. Amann

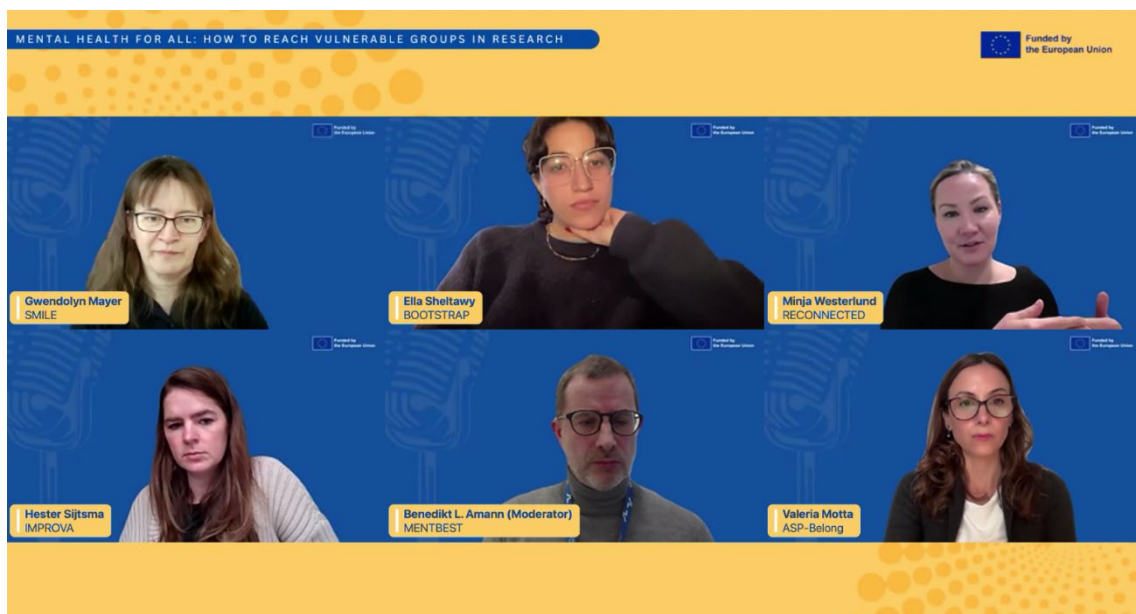
Hospital del Mar Research Institute (MENTBEST)

Panellists:

- **ADVANCE:** Maria Marti Castaner (*Copenhagen University*)
- **ASP-Belong:** Valeria Motta (*University of Birmingham*)
- **BOOTSTRAP:** Ella Sheltawy (*Euro Youth Mental Health*)
- **IMPROVA:** Hester Sijtsma (*Vrije Universiteit Amsterdam*)
- **RECONNECTED:** Minja Westerlund (*University of Turku*)
- **SMILE:** Gwendolyn Mayer (*Universität Heidelberg*)
- **MENTBEST:**
 - » Daniela Gatto (*Hospital del Mar Research Institute*)
 - » Carmen Llanes (*MENTBEST co-creator*)

#Topic 1

Engaging with young people in research: challenges and solutions. Engaging young people in health-related interventions can be hard, and they need specific consideration. What challenges has your project identified, and what solutions are you implementing to reach young people?



Key points included:

- **Diverse Group Engagement:**

Ella Sheltawy (*Euro Youth Mental Health, BOOTSTRAP*) highlighted the challenge of reaching a diverse range of young people across various socioeconomic backgrounds. The project works with young people in different capacities, including advisory roles and school settings, which requires time to build relationships and trust within communities, primarily through youth groups and schools.

- **Building Connections:**

Minja Westerlund (*University of Turku, RECONNECTED*) stressed the importance of making the project relatable, especially when targeting marginalised groups. She noted that marginalised youth might feel alienated and see researchers as representatives of a system that has failed them. Overcoming this requires validating their experiences, using appropriate language, and ensuring that participants feel heard without feeling patronised.

- **Communication and Language:**

Hester Sijtsma (*Vrije Universiteit Amsterdam, IMPROVA*) echoed the challenge of reaching adolescents, especially in schools. She emphasised the importance of building relationships and clear communication to help participants understand the purpose of the project. She also mentioned the need to adjust language to make research and interventions more accessible and engaging.

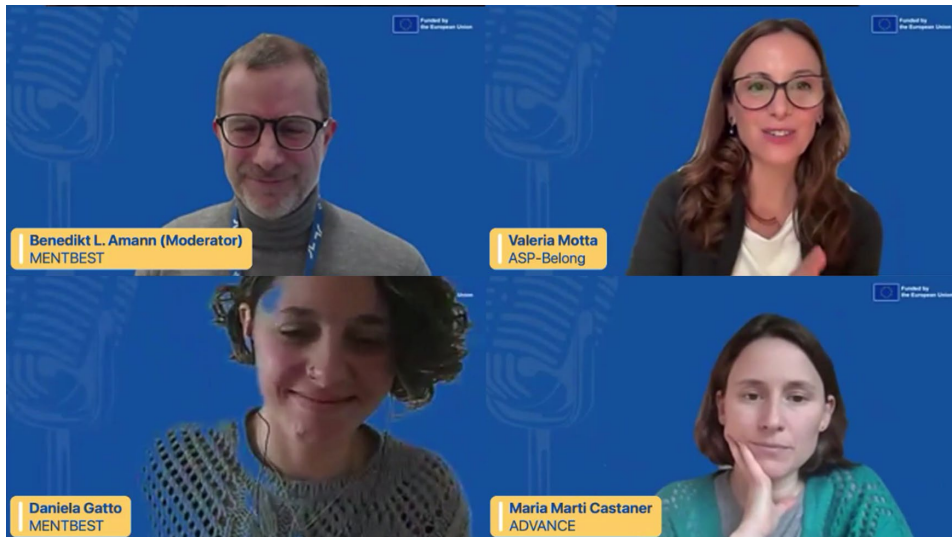
- **Ethical and Practical Considerations:**

Gwendolyn Mayer (*University of Heidelberg, SMILE*) spoke about the difficulties in designing materials for young participants, such as consent forms and privacy information for 10-year-olds. She also highlighted the challenge of engaging the 15-19-year-old group, noting that they were hesitant and hard to engage but were more likely to participate when their peers were involved. She suggested that building trust and continuing with the project may help to address this issue.

In summary, the panel emphasised the importance of clear communication, building trust, adapting language to the target group, and ensuring the inclusion of marginalised groups in research. While challenges remain, the key solutions lie in understanding the needs of young people and tailoring approaches to their specific circumstances.

#Topic 2

Reaching other vulnerable groups and engaging them in research: How did you decide which groups were important to target? What strategies have you designed to engage them in research?



This panel discussion focused on reaching other vulnerable groups and engaging them in research. **Several strategies and challenges were discussed:**

Maria Marti Castaner (*Copenhagen University, ADVANCE*):

- **Targeting migrant groups:** Initially, the project aimed to integrate stress management interventions for migrants in integration services (e.g., language schools). However, feedback from a societal advisory group revealed that aligning with integration services was seen as imposing pressure on migrants, making it difficult to gain their trust. As a result, the strategy was shifted to focus on broader migrant communities, including those marginalised within the group.
- **Co-facilitators:** A key strategy was using co-facilitators from migrant communities to bring a different perspective and balance power between researchers and the target groups.
- **Collaboration with social organisations:** The project worked closely with social organisations to engage with migrant communities, following their pace and recommendations.
- **Flexibility and stigma reduction:** Maria emphasised the need for flexibility in research methodology when engaging marginalised groups and highlighted the importance of avoiding stigmatisation by framing these groups as experiencing structural injustices, not as "vulnerable."

Valeria Motta (*University of Birmingham, ASP-Belong*):

- **Adapting communication:** Recognising the diversity of marginalised groups, Valeria stressed the importance of adapting communication methods and language to suit the needs of different communities.

- **Levels of engagement:** The project engages participants at different levels, either research participants or co-researchers. This approach ensures that participants have a choice in how they engage with the research process.
- **Avoiding the label of vulnerability:** Valeria emphasised moving away from labelling people as "vulnerable" and instead focused on using vulnerability as a guiding principle to adapt research methods to meet the specific needs of different groups.

Daniela Gatto (*Hospital del Mar Research Institute, MENTBEST*):

- **Identifying and adapting materials:** In MENTBEST, the team works with five vulnerable groups, focusing on adapting materials for these groups. A key challenge was translating and culturally adapting materials for different migrant communities. The team worked on translating posters and flyers into the most prevalent languages and ensuring the cultural relevance of the messages.
- **Training stakeholders:** Daniela mentioned that training stakeholders, such as migrants and young people, to recognise mental distress was crucial to the project. This training empowers stakeholders to better engage with and support their communities.

In summary, the panel highlighted the importance of adapting research strategies to the specific needs of vulnerable groups, engaging with them at various levels, and collaborating closely with community organisations to ensure trust and meaningful involvement. It is also recommended that the label of vulnerability be avoided.

#Topic 3

The role of Peer-to-peer engagement: collaborating with people with lived experience of mental health conditions. Increasingly, the importance of co-creation with people who have lived experience of mental health conditions is being recognised. How can this group be involved meaningfully so that strategies are adapted to their needs? We will also hear from an individual with lived experience involved in the MENTBEST project, as well as a representative from the BootStRap project, who has extensive experience ensuring that young people's voices are at the heart of scientific research.

In the final panel discussion, we heard the experience of Ella Sheltawy (BOOTSTRAP) and Carmen Llanes (MENTBEST Co-creator).



Ella Sheltawy is the Youth Engagement Lead at Euro Youth Mental Health, where she has extensive experience working in various mental health settings, including hospitals, schools, and residential care. Ella is deeply involved in the Bootstrap project, **focusing on peer-to-peer engagement and ensuring young people's voices are central to the research process.**

Her commitment to co-creation and creating supportive environments for young people has helped shape meaningful engagement strategies within the project.

Ella pointed out the following **key points**:

- **Meaningful engagement:** Ensuring all voices are heard in the room requires commitment at multiple levels, especially in collaborative research processes.
- **Changing attitudes:** Engaging with individuals who may not be familiar with co-creation requires understanding their needs and giving time for the process to unfold, which may also require additional resources.
- **Early involvement:** Including young people as active participants early in the research process increases their investment in the project and enhances the quality of their input.
- **Supportive environment:** Prioritising support for young people by ensuring they have the time and resources to access and engage with the study. This also involves checking in to understand their specific needs and providing the necessary support.
- **Peer-led spaces:** Creating peer-led spaces where young people can engage in conversations about mental health, offering both informal and more structured support through paid facilitator roles within projects.
- **Co-creation:** Allowing young people to shape and lead research sessions enhances the buy-in and changes the conversation, creating a more inclusive and responsive research environment.
- **Inclusion:** Involving young people as much as possible, ensuring their voices guide the project.

Carmen Llanes is a passionate peer-to-peer support worker and one of the **co-creators of the MENTBEST project.** With firsthand experience in mental health recovery, Carmen **has been a vital part of fostering support networks and empowering others through her lived experience.** She has also actively contributed to mental health advocacy by delivering speeches in schools and universities, helping to combat stigma and normalise mental health discussions. Carmen's work is a testament to the power of peer support in improving mental health recovery and creating spaces for others to feel understood and supported.

Carmen highlighted the following aspects of her experience as a peer-to-peer support worker and her role as a co-creator in the MENTBEST project:

- **Personal experience and role:** Carmen trained as a peer-to-peer supporter three years ago, emphasising the importance of peer support in recovery. Peer-to-peer support helps people bond, which aids in recovery.
- **Advocacy and education:** Carmen delivers speeches to high school and university students, focusing on normalising mental health and combating stigma.
- **Role in MENTBEST:** As a co-creator of MENTBEST, she shares her firsthand experiences in mental health, which benefits their own well-being and helps connect with others facing similar challenges.
- **Challenges:** Initially, she faced scepticism about the effectiveness of peer support, particularly from others who questioned whether people with mental health conditions

could help others. They also encounter challenges related to stigma and varying levels of understanding about mental health.

- **Impact of sharing experience:** By sharing her own experiences and collaborating on projects, such as creating materials on depression, Carmen helps others feel less isolated and reinforces that recovery is possible. They aim to show others that they are not "weird" and that healing is achievable.

Q&A with the participants

#Question 1

Any project involving an influencer (TikTok) as an ambassador to promote mental health and life skills?

Minja Westerlund (University of Turku, RECONNECTED):

This is a good example of how our stakeholder panel was very important for this project because involving influencers to disseminate the intervention was mentioned. One young stakeholder representative said that this could be a good idea because influencers are people that many young people listen to. They already have a relationship with them because they follow them daily, and they are the people they listen to.

This is an idea that I myself would maybe not have come up with, so we may do that in the future when it comes time for dissemination.

Daniela Gatto (Hospital del Mar Research Institute, MENTBEST):

We had an event that was one of the first events of community intervention for young people.

We had an influencer who was very popular. She's an influencer for young people, and it was very interesting because the young people were so interested and they asked Paula a lot of questions. It was great to have the opportunity to include her in the activity.

#Question 2

I am interested in knowing if you follow (or if there are) well-established documents that provide guidance on how to involve these groups in the design of studies or adaptation of interventions. And if there are any standardised tools to assess if this involvement did actually work.

Through the chat

Gwendolyn Mayer (University of Heidelberg, SMILE): *I can only talk about our project - we developed our guidance documents based on the very individual research questions. So, I am quite sure that there is no standard answer. However, you will find much literature with the keywords "co-creation" and "living lab methodology".*

Joyce Anne Quinto (ADVANCE): *In ADVANCE, we will develop European guidance on co-creation for mental health research according to our experience. But indeed, it would be great to find synergy with the other projects.*

Live answers

Daniela Gatto (Hospital del Mar Research Institute, MENTBEST): *I think the answer is no, but it could be very useful.*

Gwendolyn Mayer (University of Heidelberg, SMILE): *Yeah, it would be an idea to develop this kind of guidance after the completion of our project. We might find some synergies or some results; it would be a really interesting approach. I already tried to answer this in the chat. So, you will find much guidance in the literature when you look for keywords such as "living lab methodology" or "co-creation". These are big keywords. I think there is some guidance, but there will never be a standard procedure such as a checklist because this is so individual and yeah, this is not realistic.*

Ella Sheltawy (Euro Youth Mental Health, BOOTSTRAP): *Yeah, we'd add to that and agree with what Daniela and Gwendolyn have said, which is that there isn't a standardised procedure, and I think with evaluation, literature is still growing. But certainly, from our perspective of your youth, that can be the benefit of working with existing structures, so in our case, we're already a mental health youth organisation, but if you're trying to work with a group that you're really struggling to contact there might be youth groups or there might be groups of work with that particular community out there that can help you really connect with them more because they might already have lived experience within them and relationships with those communities and they can work with you to sort of collaborate.*

Key Points From the Chat and Poll Results

We've introduced two multiple-selection questions through the chat and three polls throughout the webinar to enhance audience engagement and gather meaningful feedback. These aimed to capture participants' views on a range of topics, including the geographic distribution of attendees and the themes covered during the session. By encouraging attendees to share their thoughts, we hope to create an interactive and dynamic atmosphere.

#Question 1

In your opinion, why should we engage relevant populations and community stakeholders in mental health research?

- **Engagement of underrepresented populations:** Involving underrepresented populations increases their sense of ownership in interventions.
- **Understanding the needs:** It is crucial to understand the needs of the target population when developing interventions and to involve them in the creation process to ensure relevance and effectiveness.
- **Building trust with stigmatised populations:** Involving stigmatised populations in the research process helps build the necessary trust and closeness for their active participation.
- **Equity and sustainability:** Engaging relevant populations, including local stakeholders, ensures interventions are equitable, inclusive, and sustainable within community settings.
- **Creative approaches:** It is beneficial to think creatively and use mediums commonly viewed as stressors (such as online video gaming) in preventive interventions, as demonstrated by the SMILE project.

#Question 2

Engaging young people in health-related interventions can be hard, and they need specific consideration. Can you suggest a way to reach young people?

- Young people typically don't seek help and prefer to handle things on their own. We believe that promoting psychological well-being services on social media, where young people are most active, is a great idea. Additionally, providing low-threshold access, such as anonymous support, could be very effective.
- **Ella Sheltawy** (*Euro Youth Mental Health, BOOTSTRAP*) mentioned that, in terms of building trust in relationships, at Bootstrap, they have young people (18 - 25) working within the project (through EYMH) who have led their own spaces and deliver to the younger youth people (13-16), and so this helps build trust for open communication.

#Poll 1

Let's kick things off with a question: Where are you viewing this webinar from?

Feel free to share your location in the chat — Let's see where our global community is coming from!

Location	Number of responses
Spain	15
Germany	12
Portugal	7
Italy	5
Denmark	4
Albania	3
France	3
Lithuania	3
UK	3
Belgium	2
Ghana	2
Netherlands	2
Philippines	2
Bosnia and Herzegovina	1
Bulgaria	1
Cyprus	1
Czechia	1
Estonia	1
Finland	1
Greece	1
Nepal	1
Philippines	1
Slovenia	1
South Africa	1
Sweden	1
Switzerland	1
Tanzania	1

Total responses: 77

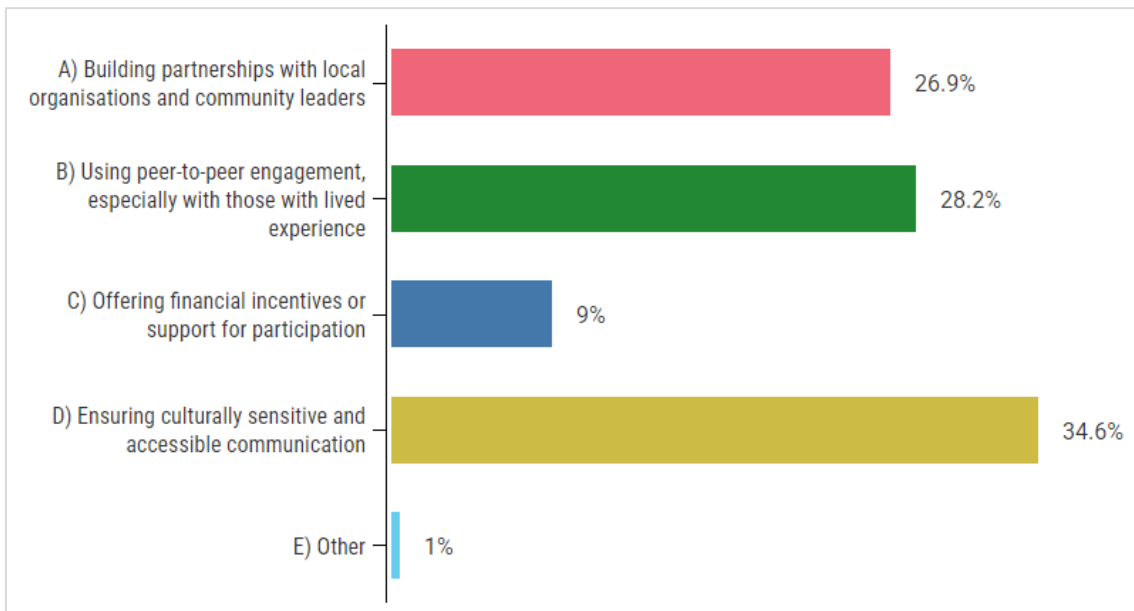
Spain received the highest number of responses, followed closely by Germany and Portugal. The responses came from diverse countries, with the majority from Europe. However, the webinar also reached participants from across the globe, including countries in Asia and Africa.

#Poll 2

Which strategy do you think is most important for engaging vulnerable groups in mental health research?

- A) Building partnerships with local organisations and community leaders*
 - B) Using peer-to-peer engagement, especially with those with lived experience*
 - C) Offering financial incentives or support for participation*
 - D) Ensuring culturally sensitive and accessible communication*
 - E) Other (please specify in chat)*
-

The following figure shows the poll results:



#Poll 2 results. The bar chart displays the percentage of poll respondents expressing interest in various strategies for engaging vulnerable groups in mental health research. Total responses: 44

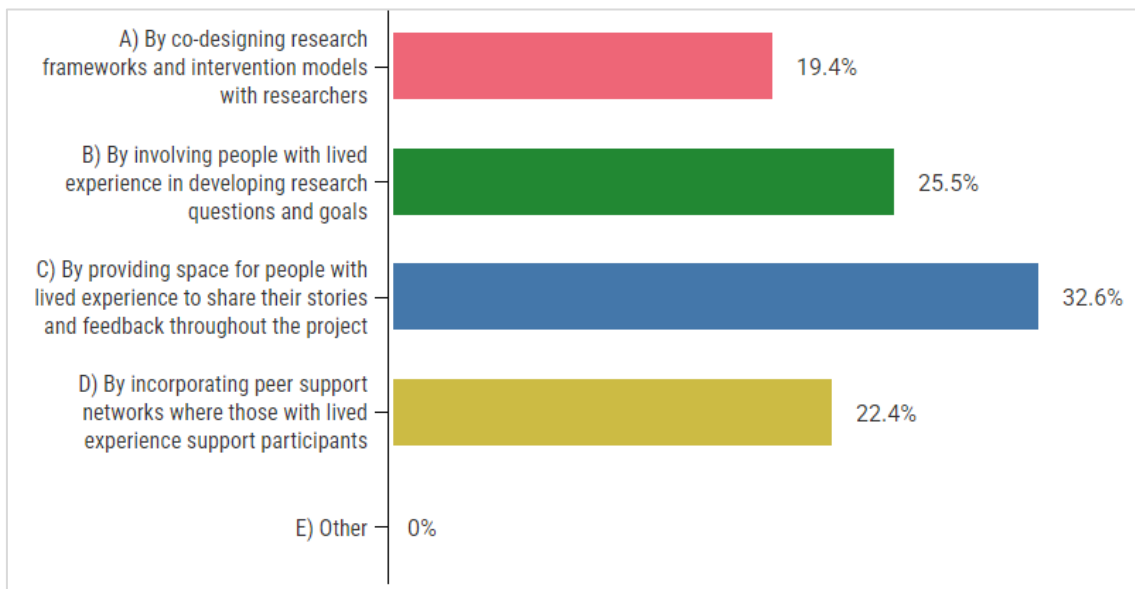
A total of 44 attendees participated in the poll. The most popular choice was Strategy D, "Ensuring culturally sensitive and accessible communication," followed by Strategy B, "Using peer-to-peer engagement, especially with individuals with lived experience," and Strategy A, "Building partnerships with local organisations and community leaders." The least favoured option was Strategy C, "Offering financial incentives or support for participation."

#Poll 3

How can we ensure people with lived experience of mental health conditions are involved in a meaningful way when co-creating mental health strategies?

- A) By co-designing research frameworks and intervention models with researchers*
 - B) By involving people with lived experience in developing research questions and goals*
 - C) By providing space for people with lived experience to share their stories and feedback throughout the project*
 - D) By incorporating peer support networks where those with lived experience support participants*
 - E) Other (please specify in chat)*
-

The following figure shows the poll results:



#Poll 3 results. The bar chart displays the percentage of poll respondents expressing interest in various strategies for involving people with lived experience of mental health conditions in a meaningful way when co-creating mental health strategies. Total responses: 45

The bar chart illustrates the preferences of 45 respondents regarding strategies for involving people with lived experience of mental health conditions in co-creating mental health strategies. Option C, which focuses on providing space for people with lived experience to share their stories and feedback throughout the project, was the most preferred. This was followed by option B, which involves people with lived experience in developing research questions and goals, and option A, which suggests co-designing research frameworks and intervention models with researchers. Option D, incorporating peer support networks, ranked last. No respondents selected option E.

Contact Information

For any inquiries of further information regarding this webinar, please reach out to:

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Project Manager
Universidad Autónoma de Madrid

Email: dissemination.mentbest@uam.es
MENTBEST website: <https://mentbest.com/>

Relevant Webinar Links

Webinar recording on the MENTBEST YouTube Channel:
<https://www.youtube.com/watch?v=XJ3gsxfI8QA>

Mental Health Dialogue Series Registration:
<https://ec.europa.eu/eusurvey/runner/JointWebinar2024>



Annex

Webinar poster

Mental Health Dialogues

WEBINAR SERIES # 3

Mental health for all: how to reach vulnerable groups in research

04 FEBRUARY 2025 // 11:00 AM - 12:30 CET

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Speakers poster

Mental Health Dialogues

PRESENTS

WEBINAR SERIES # 3

Mental health for all: how to reach vulnerable groups in research

04 FEBRUARY 2025 // 11:00 AM - 12:30 CET






















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Speakers:

- Maria Marti Castaner, Copenhagen University, ADVANCE
- Valeria Motta, University of Birmingham, ASP-Belong
- Ella Sheltawy, Euro Youth Mental Health, BOOTSTRAP
- Hester Sijtsma, Vrije Universiteit Amsterdam, IMPROVA
- Daniela Gatto, Hospital del Mar Research Institute, MENTBEST
- Benedikt Amann, Hospital del Mar Research Institute, MENTBEST
- Minja Westerlund, University of Turku, RECONNECTED
- Gwendolyn Mayer, Universität Heidelberg, SMILE

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WEBINAR SERIES # 3

Mental health for all: how to reach vulnerable groups in research

04 FEBRUARY 2025 // 11:00 AM - 12:30 CET

PROGRAMME

Welcome & programme overview by Prof. Benedikt Amann (5')

Opening Speech by Prof. José Luis Ayuso Mateos (5')

Lightning Talks (20')

All projects: *Each project has identified specific vulnerable groups they want to engage with. Which vulnerable groups has your project identified, and why do you consider it essential to engage them when planning and implementing a project?*

Moderated Discussion (30')

- **Engaging with young people in research: challenges and solutions (BootStRaP, IMPROVA, Reconnected & SMILE):** *It can be hard to engage young people in health-related interventions, and they need specific consideration. What challenges has your project identified, and what solutions are you implementing to reach young people?*
 - **Reaching other vulnerable groups and engaging them in research (ADVANCE, ASPbelong, MENTBEST):** *How did you decide which groups were important to target? What strategies have you designed to engage them in research?*
 - **Peer-to-peer engagement: collaborating with people with lived experience of mental health conditions challenges and solutions (BootStRaP & MENTBEST):** *Increasingly, the importance of co-creation with people with lived experience of mental health conditions is being recognised. How can this group be involved in a meaningful way so the design and implementation of strategies are adapted to their needs? We will also hear from someone with lived experience involved in the MENTBEST project.*
-

Q&A (25')

Final Message by Prof. Benedikt Amann (5')



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Meet our speakers!



Maria Marti Castaner
Copenhagen University
ADVANCE

Panellist: Maria Marti Castaner is a clinical psychologist and Associate Professor at the Center for Migration Ethnicity and Health, at the department of Public Health, Copenhagen University. Her research focuses on understanding how factors at the individual, family, and social level create inequalities in mental health and develop and evaluate mental health promotion and prevention interventions for vulnerable groups. She is very interested in the transmission of mental health across generations, particularly in the context of migration, and how public mental health interventions can reduce the effects of mental distress and illness from one generation to the next. Currently, she is involved in several projects across Denmark, Spain, and the United States that take different approaches (from digital solutions to community-based social interventions) and methods to prevent mental distress and illness in young and adult populations.



Valeria Motta
University of Birmingham
ASP-Belong

Panellist: Dr Valeria Motta is a philosopher with a background in the philosophy of science and phenomenology. She specializes in qualitative research, exploring the complexities of loneliness and intersubjectivity. Her work examines how social isolation shapes individual and collective identities, and how empathy and shared understanding foster meaningful connections. Dr. Motta also investigates communication beyond human interaction—encompassing artificial intelligence, machines, and the natural world—to understand how these relationships influence our sense of belonging and identity across the lifespan. Currently working with ASPbelong, she refines methods to capture the unique dynamics of young people’s experiences and how vulnerability plays a role in their connection to the world, others and themselves.



Ella Sheltawy
Euro Youth Mental Health
BOOTSTRAP

Panellist: Ella is the Youth Engagement Lead at Euro Youth Mental Health, working to ensure young peoples' voices are centered within scientific research. She is a passionate facilitator and youth worker who has worked across mental health inpatient settings, hospital A&E departments, schools, residential children’s homes, and in the co-production of secure services.



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Meet our speakers!



Panellist: Dr Hester Sijtsma is a postdoctoral researcher at the Vrije Universiteit Amsterdam (VU). Her research focuses on social cognition, social relationships, and wellbeing in adolescents. Hester completed her PhD research at the VU on different facets and individual differences in adolescent trust behavior.

Hester Sijtsma

Vrije Universiteit Amsterdam
IMPROVA



Panellist: A licensed psychologist and senior researcher with more than a decade of international humanitarian mental health work experience from research and clinical to strategic and senior expert level. Having lived and worked in South America, Middle East, Southeast Asia, Africa and Europe, Dr. Westerlund's research interests encompass cross-cultural psychology, evidence-based practices in mental health, implementation research on psychological interventions and psychosocial reactions among populations affected by crisis situations.

Minja Westerlund

University of Turku
RECONNECTED



Panellist: Certified psychologist with studies in psychology, philosophy, and theology. Currently working as a Research Associate at Heidelberg University Hospital in the Department of General Internal Medicine & Psychosomatics. Experienced in teaching digital mental health, communication skills, and biofeedback. Current research focuses on digital interventions for mental health conditions such as depression, anxiety, and eating disorders, as well as neurofeedback. Additional areas of study include medical sociology, patient social relationships, and the application of computer linguistics in psychosomatic research.

Gwendolyn Mayer

Universität Heidelberg
SMILE



Panellist: Daniela Laura Gatto is a psychiatrist and psychotherapist whose research focuses on psychological trauma and complex PTSD. As part of MentBest, she coordinates trainings for stakeholders, emphasizing the adaptation of these trainings to address the needs of vulnerable groups. She also works on the cultural adaptation of materials to effectively reach different at-risk populations within the community, aiming for early detection of depression and the prevention of suicide.

Daniela Gatto

Hospital del Mar Research Institute
MENTBEST



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Meet our speakers!



Benedikt Amann

Hospital del Mar Research Institute
MENTBEST

Webinar moderator: Professor Benedikt Amann is the Director of the Research Unit of the Forum Center, Hospital del Mar Research Institute, and an Associate Professor at the Universitat Pompeu i Fabra. He is also a psychiatrist, EMDR psychotherapist, and coordinator of two Psychiatry Units at the Forum Center, Mental Institute of the Hospital del Mar.



Jose Luis Ayuso Mateos

Universidad Autónoma de Madrid
MENTBEST

Guest speaker: Jose Luis Ayuso Mateos is a Professor in Psychiatry and Director of the Collaborating Center of the World Health Organization for Research and Training in Mental Health Services at the Universidad Autónoma de Madrid. He is an internationally recognized expert in the areas of nosology, epidemiology, and management and prevention of mental disorders and suicidal behaviour. He has extensive experience in cohort studies and their implementation in the general and clinical population. He was a member of the Scientific Advisory Board for the revision of the Mental and Behavioral Diseases chapter of the International Classification of Diseases (ICD-10) and he is currently part of the WHO Advisory Group on Training and Implementation for ICD-11 MBND.



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