Health can be Learned:
Creating an Adults Training Course for a Healthy Life during COVID-19

Loneliness & Coping Strategies:
Based on Double HUG – ABC

2019-2021 Combined Reports and Conclusions:
United Kingdom, Denmark, Lithuania, Portugal

Erasmus +KA2 – Adult Education
Project Partners:

Dansk Oplysnings Forbund, Denmark
Juvenile Justice International CIC, United Kingdom
Training and Consulting Centre of Association of Local Authorities in Lithuania
Associacao de Paralisia Cerebral de Coimbra – IPSS, Portugal

[Photo by Ahmed Nishaath Source: Unsplash]

Contents

Acknowledgements

Final Report (this report)

Authors:

Dr Ursula Edgington and **Dr Patrick Tierney**

from Juvenile Justice International CIC, United Kingdom

Executive Summary

This report presents the context and consolidated outcomes from feedback from training modules of courses that were successfully delivered in four countries: England (United Kingdom), Denmark, Lithuania and Portugal between 2020-21. The course objectives were centred on evidence-based best practice approaches that improve mental health and wellbeing. More specifically, the modular course focus was about understanding loneliness and learning coping strategies that overcome potential negative consequences from feelings of loneliness. 'Health can be Learned' is an innovative training programme funded by the European Union – Erasmus.

The programme was formed by experienced organisations and academics with specific expertise in mental health, who formed a partnership. Each training module embeds and incorporates two existing high profile best practice mental health interventions, namely: (1) '**ABC of Mental Health'** – an innovative Australian intervention (Mentally Healthy Western Australia 2020), and (2) *Det Dobbelte Kram* or '**KRAM**' (in Danish) translated into: the 'Double Hug' (in English) (Thybo 2020). There were two different elements of each of the courses; one for the professional facilitators who would be delivering the course in the future; and one for the 'at risk' learners themselves, who were identified as being within the 'target group' as beneficiaries of the course content (see Textbox below).

Between the initial pilot study for the course (run in England, UK in Feb 2020), and the other partnership countries' interventions at the beginning and during the COVID-19 global pandemic and when the subsequent national lockdowns emerged. This presented extraordinary challenges for all those involved in the planned future delivery of the courses in Denmark, Lithuania and Portugal during late 2020, early 2021. However, it was immediately recognised that it was even more vital and urgent to meet the mental health needs of the target groups, within the COVID-19 context. This is because research confirms for some individuals, additional anxiety and mental health problems can arise from the isolation and stress caused by mandatory national lockdowns and risks of infection. Courses were transformed so that physical distancing restrictions could be overcome; participants engaged with their learning online, through virtual classrooms using platforms such as Zoom / Skype. Inevitably, this put additional pressures on already tight time and budget commitments. Because the target groups were vulnerable individuals with specific challenges, facilitators of the courses adhered to strict codes of conduct, to ensure all participants of the courses were listened to, and their needs respected.

In conclusion, despite the challenges faced by the facilitators throughout the COVID-19 pandemic, outcomes from all four courses for both the professional facilitators and the target groups of learners were completed successfully. Quantitative data confirms 70% of both the professional facilitators and

learners from the various 'at-risk' groups agreed that overall, the course was 'excellent' in effectively delivering the course objectives. The qualitative feedback data collected from all participants also largely confirmed these findings, and provided some valuable insights into the diverse needs of the participants and suggestions for further developments to the course in the future. It also highlighted some areas for future research. Each of the respective participants' groups in each of the four countries involved, valued the content of the course: learners confirmed they would go on to use the techniques learned in their everyday lives. The professional facilitators agreed the course content addressed the needs of the diverse citizens they serve and offers value within their professional and reflective practice.

Introduction

The global COVID-19 pandemic has presented many health and social welfare challenges worldwide (World Health Organization 2020). Outcomes from complex, interconnected changes, such as nationally enforced lockdowns, redundancies and public healthcare provision are yet to fully unravel (Lupton and Willis 2021). One result is certain: COVID-19 restrictions such as mandatory wearing of face-masks, along with repeated lockdowns, curfews and restrictions on movement have increased stress and anxiety levels amongst many populations, worldwide (Youn 2021). Mental health and well-being have been negatively impacted by these compulsory strategies, as well as the unintended consequences of loneliness (Abbott and Adepoju 2021).
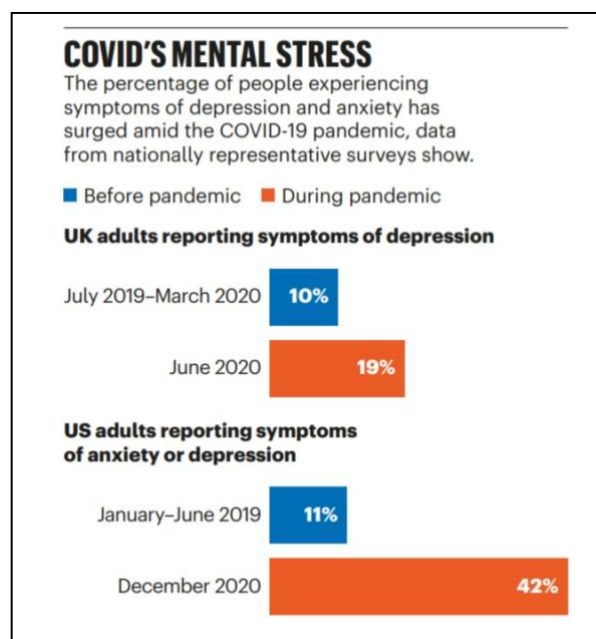
Above: example of research evidence illustrating the negative impact on mental health from Covid-19 in the UK and US. Source: (Abbott and Adepoju 2021).

Worldwide, societies are challenged by the need to address the increasing difficulties associated with poor mental health (Department of Health and Social Care, UK. 2015). Poverty, low educational outcomes, substance abuse, violence and crime are all complex interconnected social problems associated with significant personal, social and economic harm (Dept of Health, UK 2015). Although these problems are not new; their increasing prevalence and weight *is* new. The impact of COVID-19 lockdowns and the unavoidable global economic recession that follows, are anticipated by sociologists and economists to exacerbate equalities still further. The occurrence of mental health issues earlier in life, the increased visibility and persistence of mental illness and other related problems, presents ongoing challenges for practitioners and policy-makers (BBC 2016). Importantly, Laws et al. reports that of the ten

main global causes of disability, five were mental health conditions (2008). This is why the United Nations Sustainable Development Goals are intrinsically connected to improved mental health and well-being for everyone (United Nations 2021).

'Mental health' has been defined by the World Health Organisation as:

> "*a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community*" (World Health Organization 2004).

Recent initiatives to raise awareness of mental health have increased interventions aimed at helping individuals diagnosed with mental health problems, alongside attempts at de-stigmatising mental illness (Dept of Health, UK 2015). Simultaneously, there is also a need for programmes that aim to promote positive, healthy lifestyles for illness prevention and early identification of individuals at risk. One of these at-risk groups is young people not in education, employment or training (NEETs) (Dept of Health, UK and Dept of Education, UK 2017) and Department for Work and Pensions (JobCentres) which was the target group of two of the projects presented here. Other at-risk groups are elderly people and/or those with mobility problems, which are target groups of the other two projects presented here (details below).

This project aimed to provide positive, everyday coping strategies for the negative consequences associated with feelings of loneliness. The project was successful in meeting its aims, both for the facilitators of these programmes and the learners themselves, who were all within the at-risk groupings defined above.

The Importance of this Project

It was fortuitous that this European Erasmus funded project, focused on a training module which aimed to support individuals' coping strategies for loneliness. In England, the training module was able to be completed successfully at the end of **February 2020**. Crucially, this was just prior to the mandatory lockdown that followed the early UK COVID-19 outbreak. In the other three projects, Lithuania, Denmark and Portugal, the training was delivered after the initial European outbreak and was changed to an online platform in order to continue to serve and engage with the participants and to also comply with the new COVID-19 restrictions in place, such as physical distancing and hygiene requirements. These strategies were designed to limit the spread of infection, especially to the vulnerable groups served by the course partners.

Table 1: Summary of the Timings & Delivery of the Four Courses:

Location of Project	Dates Training Delivered	Method of Delivery
England	February 2020	Face-to-Face
Lithuania	Oct - Nov 2020	Online
Denmark	Mar-May 2021	Online
Portugal	May-Jun 2021	Online & Face-to-Face

The content of the module undoubtedly benefitted all the participants with the practical skills necessary to cope with the challenges ahead, especially should they experience loneliness during the anxiety of COVID-19, including the lockdown periods that followed in each region. The practical skills learned also provide a good foundation and level of self-confidence towards encouraging the helping of others – both for the facilitators and learners - who understandably may experience loneliness during this challenging time.

'Mental health promotion' has been defined as:

> *"…any action taken to maximise mental health and well-being among populations and individuals that focuses on improving social, physical and economic environments that affect mental health, and enhancing the coping capacity of communities as well as individuals*."
>
> (World Health Organization 2004).

This report presents outcomes from the mental health promotion initiative: *Health can be learned, creating an adults training course for a healthy life*. Juvenile Justice International, as one of the project partners, was asked to create the module for specific groups of at-risk individuals. Research confirms these at-risk groups are in need of mental health support (World Health Organization 2004).

Target Groups for each Course:

- **The target group for both the UK and Danish learning module was <u>young people with a lower-level education, those with physical, mental and learning disabilities and/or poor mental health.</u>**
- **The target group for the Lithuanian learning module was <u>elderly people, (aged 65+) with physical, mental and/or learning disabilities, and/or poor mental health.</u>**
- **The target group for the Portuguese project was individuals with <u>reduced mobility with low levels of activity</u>.**

The course outline was shared from the UK to the EU Partners in January 2020. The target audience for the other European course centres (Lithuania, Portugal and Denmark) was more diverse in age and background compared to the UK project (See textbox above, and details below).

Module: Loneliness & Coping Strategies: 'Double HUG' & 'ABC'

This report outlines content and outcomes from all four centres in the EU-Funded Erasmus Project: *'Health can be learned, creating an adults training course for a healthy life'.* More specifically, the report focuses specifically on the four different outcomes from feedback from the two different types of delivery (online and face-to-face) of the two objectives of this module.

The projects in the UK and Denmark focussed on the needs of young adults (18-30 years of age) in relation to loneliness. The projects in Lithuania focused on elderly people (65 years+) who may be at risk of loneliness and the project in Portugal had a target group of disabled people with low activity levels who may also benefit from coping strategies for loneliness:

1. The first group in each country were professionals who would be involved with the future presentation and facilitation of the learners' module.
2. The second group being the learners' themselves (as highlighted above in the 'target groups), who engaged with the training module delivered by an appropriately trained professional (either online, and/or face-to-face).

The testing of the module was planned for late 2020, however the opportunity presented itself in Feb/Mar 2020, to conduct a pilot study in London, England, with several groups of professionals and learners. The extent of the forthcoming challenges of COVID-19, in terms of physical distancing, lockdown and limited social gatherings were unanticipated at the time of delivering the pilot study module and collecting the data. The subsequent projects for different at-risk groups based in Lithuania, Portugal and Denmark, followed the lessons learned from the pilot study and the combined results are presented here.

In all four countries, **Group One** consisted of the professional practitioners, often in community settings, who would be using the training module and associated learning resources with young people in their capacity as teacher/trainer or community lead. The feedback from these group's training is presented first in this report.

Likewise, in all four countries, **Group Two** consisted of learners who self-identified as participants who were within the target audiences (see above textbox). More specifically, learners in this group were all identified as being individuals which the project was targeted at: i.e. the module context was aimed to support those from disadvantaged backgrounds. Learners' disadvantage could be due to multiple interconnected factors, for instance, having a low level of education, unemployed, not able-bodied, and/or not currently either in employment, education or training, in the UK young adults with these disadvantages are defined as NEET (Not in Education, Employment, or Training). As discussed, it is well-established in the international literature that these kinds of disadvantages are often accompanied by

physical, mental and learning disabilities or poor mental health (Dept of Health, UK and Dept of Education, UK 2017). Furthermore, that disadvantages suffered as a young adult, can endure throughout adulthood.

In line with positive feedback reported in this report, Juvenile Justice International intends to expand the accessibility of this course in the future, including developing the course content and pedagogical approach (see Conclusions and Recommendations below). The course offers added value, going forward, because the COVID-19 context has highlighted the need for specific training (including online facilitation) for mental health coping strategies in an era of a global pandemic. The aim is to meet the needs of diverse and vulnerable groups, by providing those who serve them, within community and other contexts, with the appropriate training and resources.

Group One: Context

This first group was planned to include up of ten professionals who would subsequently go on to facilitate the module for the young people. Fortunately, in 3 of the 4 projects, more than the minimum ten participants were recruited to take part. These additional participants provided valuable extra input and feedback on the course content, approach and suggestions for future developments.

Table 2: Summary of Group One Professional Participants:

Location of Project	No. and Gender of Participants:		Totals	Method of Delivery
	M	F		
England	2	13	15	Face-to-Face
Lithuania	1	9	10	Online
Denmark	6	9	15	Online
Portugal	2	12	14	Online
TOTALS	**11**	**43**	**54**	

Attention is drawn to the gender imbalance of the course participants. Note in Table 2 (above) that female professionals formed the majority of each country's participants and overall, represented 80% of the total participants of the 4 projects (Discussed further below).

Group Two: Context

It was planned to have a minimum of 20 learners participating in the second group. Again, due to successful recruitment strategies of the professionals involved, 2 of the 4 projects gained extra participants, which in turn added extra value to the feedback for the development of the course in the future. The online platform of the course also offered some advantages and some disadvantages, which will be discussed later in this report.

Table 3 Summary Group Two Learner Participants:

Location of Project	No. and Gender of Participants:		Totals	Method of Delivery
	M	F		
England	10	13	23	Face-to-Face
Lithuania	0	20	20	Online
Denmark	4	12	16	Online (Group 2 divided into 4 smaller groups)
Portugal	10	13	23	Online & (Group 2) Face-to-face
TOTALS	**24**	**58**	**82**	

Note again in Table 3 above, the gender imbalance of the learner participants (discussed in Interpretation of Data, below).

Course Content:

'Health can be Learned' is an innovative training programme funded by the European Union – Erasmus. The programme consists of experienced organisations and academics with specific expertise from Denmark, Lithuania, Portugal and the United Kingdom, who have joined in partnership to develop a strategy of assisting adult learners with a variety of mental health challenges through a series of training modules. Each training module is subject-focussed and seamlessly embeds and incorporates two existing high profile best practice mental health interventions, namely:

(1) '**ABC of Mental Health'** – an innovative Australian intervention (Mentally Healthy Western Australia 2020), and

(2) *Det Dobbelte Kram* '**KRAM**' (in Danish) translated into: the 'Double Hug' (in English) (Thybo 2020).

Using these two best practice interventions (explained briefly below), together with the knowledge and experience of the partner agencies, the aim is to provide a valuable training tool for practitioners working with vulnerable individuals within diverse communities to assist them to move forward in their personal learning and/or recovery journey.

ABC of Mental Health

The 'ABC' is based on the simple concept of Act-Belong-Commit: "*Being active, having a sense of belonging and having a purpose in life*" which are elements that have been shown to contribute greatly to happiness and good mental health. Based on a joint health initiative from Western Australia, the project now has partners worldwide with many successful initiative outcomes in different contexts. The strategy is based on teaching individuals the importance of the three actions: "**Do Something**": Keep active - physically, socially, mentally and spiritually (e.g. go for a walk or a run, read a book, talk to someone, meditate or pray). "**Do Something WITH Someone**", that is, keep connected - to friends, family and your community (join a book club, take a cooking class, go to community events, join a sports team). And finally, "**Do Something Meaningful**" which promotes 'doing something expressive, important and

valuable personally'. The **Act-Belong-Commit** guidelines for positive mental health provide a simple approach anyone can adopt to improve mental health and wellbeing.

The Double Hug

The 'Double Hug' strategy and 'Det Dobblte Kram' (in Danish), is based similarly on four basic principles of reflecting on our unique **Skills, Relationships, Acceptance and Copin**g. Briefly, '*Skills*' focuses on our positive personal qualities, knowledge and abilities in cognitive, intellectual, practical and social areas. '*Relationships*' is based on appreciating social circles such as family, friends, working life, clubs and societies and so on. Thirdly, '*Acceptance*' is based on the importance of remembering that there are circumstances in life that we cannot control and also those that we hopefully CAN do something to change. Finally, '*Coping*' reflects on those challenges of everyday life that we can deal with, and those where help can be sought to assist us.

The underlying philosophy of both these (and other) kinds of learned mental well-being coping strategies, is that by raising awareness of our own mental well-being, one can draw on the appropriate support mechanisms available, *before* mental health becomes a more serious problem (Anna Freud National Centre for Children & Families 2017). The emotions surrounding loneliness have been shown to be an important aspect of mental wellbeing and the course content delivery reported here, aims to help those individuals better understand those complex emotions, with the objective of improved self-awareness and self-confidence that encourages individuals to draw on relevant personal coping strategies.

Interpretations of this Data

It is important to note that the content of the module was focussed on loneliness in relation to adults. There are limitations as to what data can tell us about individuals' emotional experiences of loneliness, especially when working across several countries, with different ethnicities, cultural traditions, age groups and communities. Loneliness, and more broadly the perceived stigma that maybe attached to feeling lonely and mental health in general, is widely acknowledged to be a culturally sensitive phenomenon. Research investigating themes or trends from data which may be collated and analysed in one country, may not have the same meanings or be observed or duplicated in another country. Loneliness is a fluid concept that is open to different interpretations. One of the objectives of this course is to encourage reflection upon *what* those different interpretations might mean, and how they may change over time (for instance, during the period of COVID-19 'lockdown'). Despite the potential disparities in meanings, there remains a general acknowledgement that across most countries, transitions through the life course trigger a risk of negative consequences to loneliness, hence the target groups for this programme, as explained above.

Finally, with regard to interpretations of the data, it has been highlighted above how the gender of all the participants is weighted towards female (approx. 80%). This gender imbalance in the data is partly to be expected because for complex reasons, female staff historically and currently are often over-represented in this sector, in employment statistics (see for example, Letherby 2007). However, there was also a greater take-up of the course by female learners (in Lithuania, *all* learners were female, see Table 3 above). It is likely there are differences in interpretations of loneliness, across cultures and gender, however this is outside the scope of this report (but deserves further investigation within this context). To avoid the potential disparities between gendered responses and to retain the integrity of the relatively small sample reported in the results from the feedback (from Group 1 Professionals and Group 2 the Learners), the factor of gender within the data has been omitted. Note that in all charts presented, *y-axis* illustrates numbers of participants' responses. Chart A below summarises the gender of the participants by group:

Chart A: Gender of All Course Participants
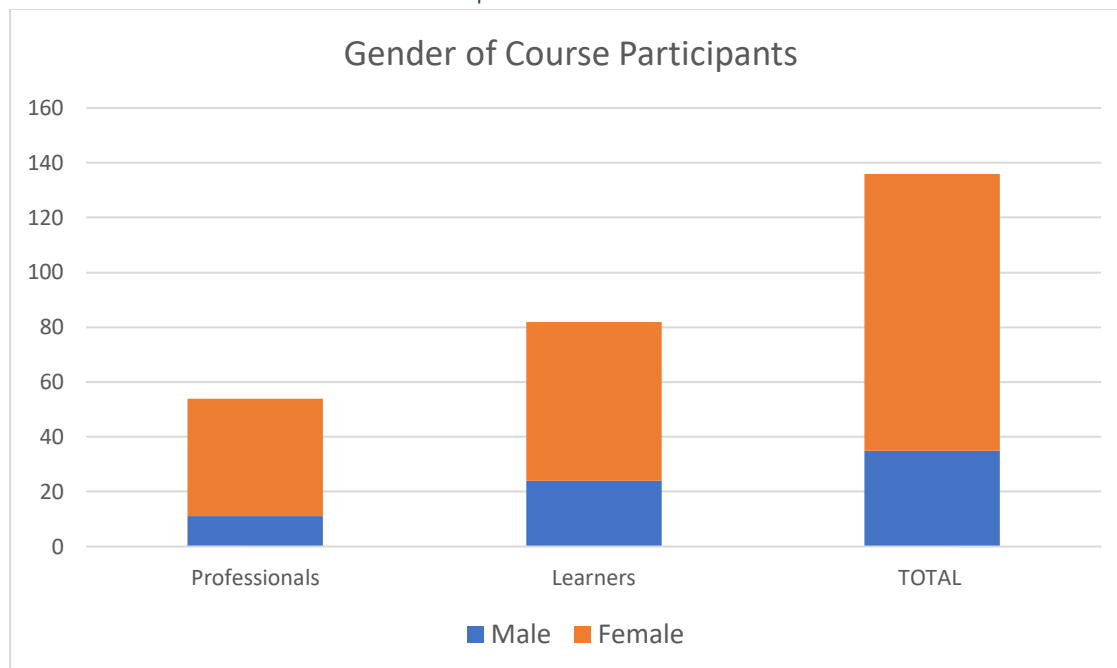
This report now turns to the outcomes of the training module from the Group One – the professional facilitators.

Group One: Professionals' Quantitative Feedback:

The professional's feedback after the completion of the module was a mix of quantitative and qualitative data. The quantitative feedback (reported here first) was the result of **seven questions**, with a choice of **three responses defined as 'excellent', 'good' or 'fair'**. All participants provided anonymous feedback to

the questions, however not all participants completed every question. The following graphs present the overall outcomes from the seven questions from the 4 different projects' participants:

Q1: The quality of the course:
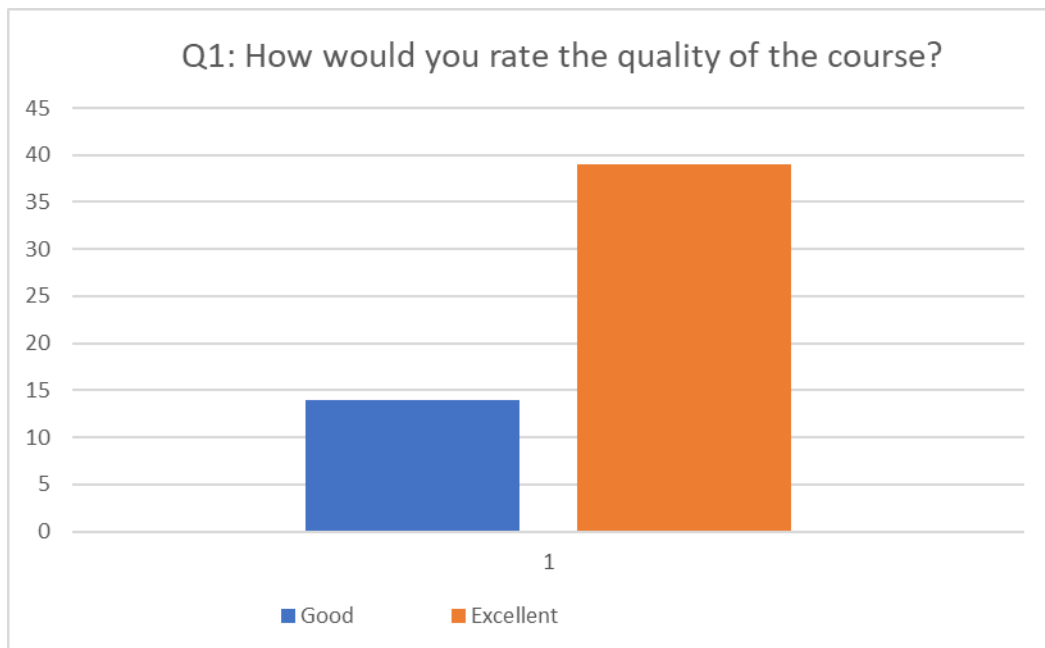
Above chart: 39 professional participants rated the training 'excellent' and 14 participants rated the training 'good'. (None rated the course 'fair'.)

Q2: The presentation & objectives of the course:
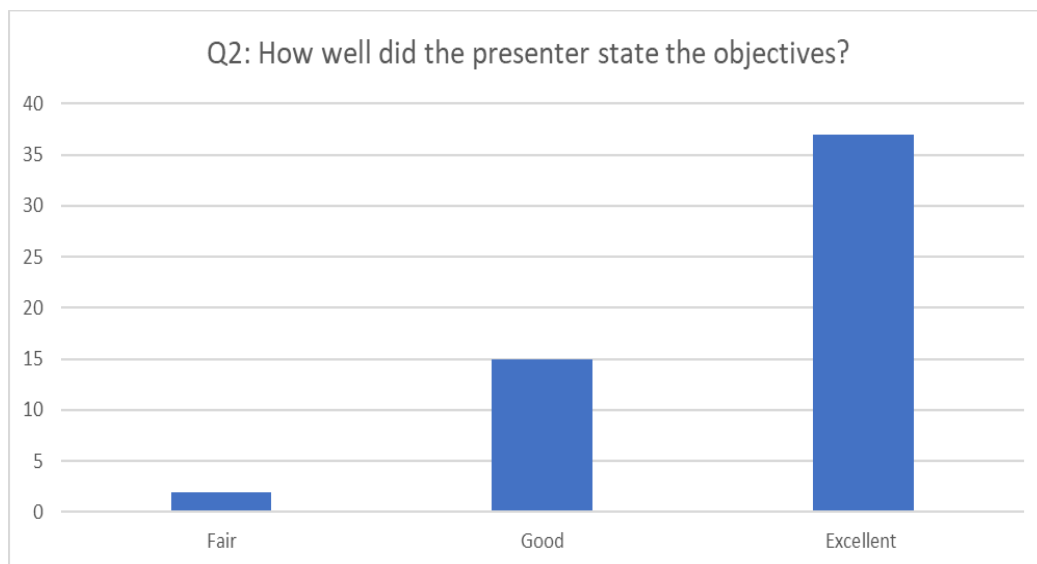
Similarly, reflecting the responses to Question 1, most participants (n=37) rated how the presenter stated the objectives of the course as 'excellent'; 15 rated it as 'good'; 2 rated it as 'fair'.

Q3: The pedagogical approach of the presenter:

Q3: How well did the presenter keep the sessions alive and interesting?

Bar chart showing values on a scale from 0 to 50. "Good" (blue) ≈ 9, "Excellent" (orange) ≈ 44.
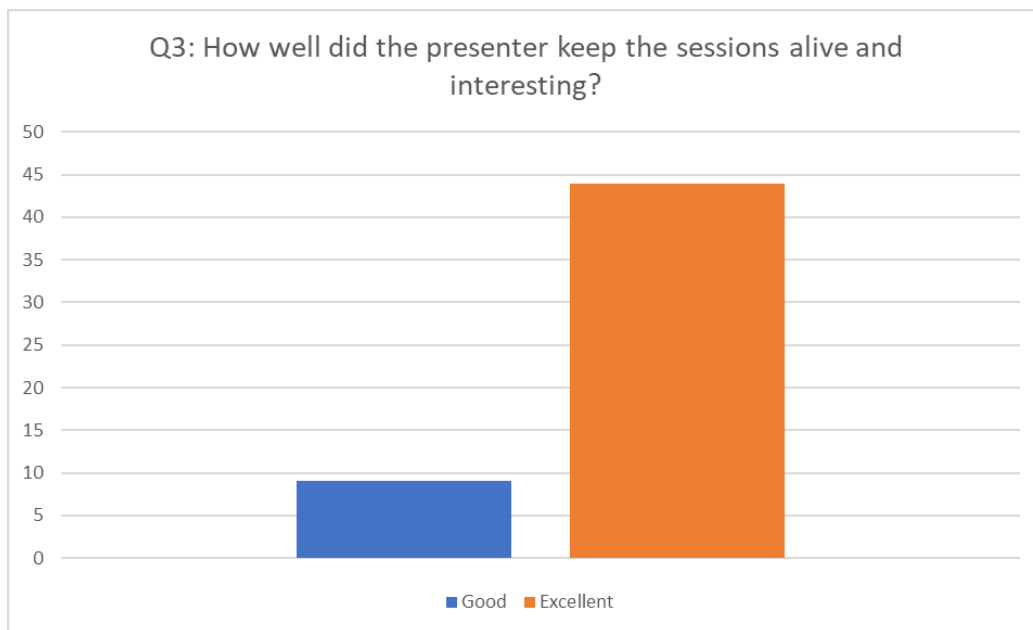
Again, in relation to the question of how well the presenter kept the session 'alive and interesting', most professional participants (n=44) rated the training as 'excellent', with 9 participants rating it as 'good', (see chart above). No participants rated the presenters' style as 'fair'.

Q4: Professional's feedback of the presenter/facilitator:

Q4: What is your overall rating of the presenter?

Bar chart showing values on a scale from 0 to 60. "Fair" ≈ 1, "Good" ≈ 3, "Excellent" ≈ 50.
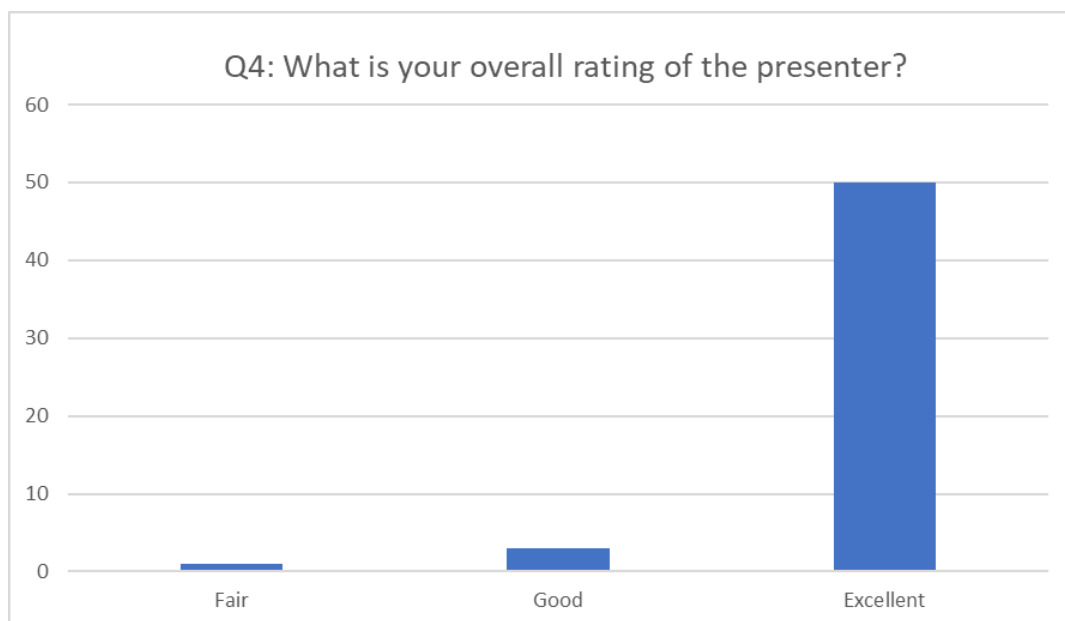
In terms of overall feedback from the professionals about the presenter of the training, most participants (n= 50) rated the presenter 'excellent', with only 3 participants rating them 'good' and one rating them 'fair'.

Q5: How the course address the professionals' needs:

Q5: How well did this programme accommodate your background and professional needs?
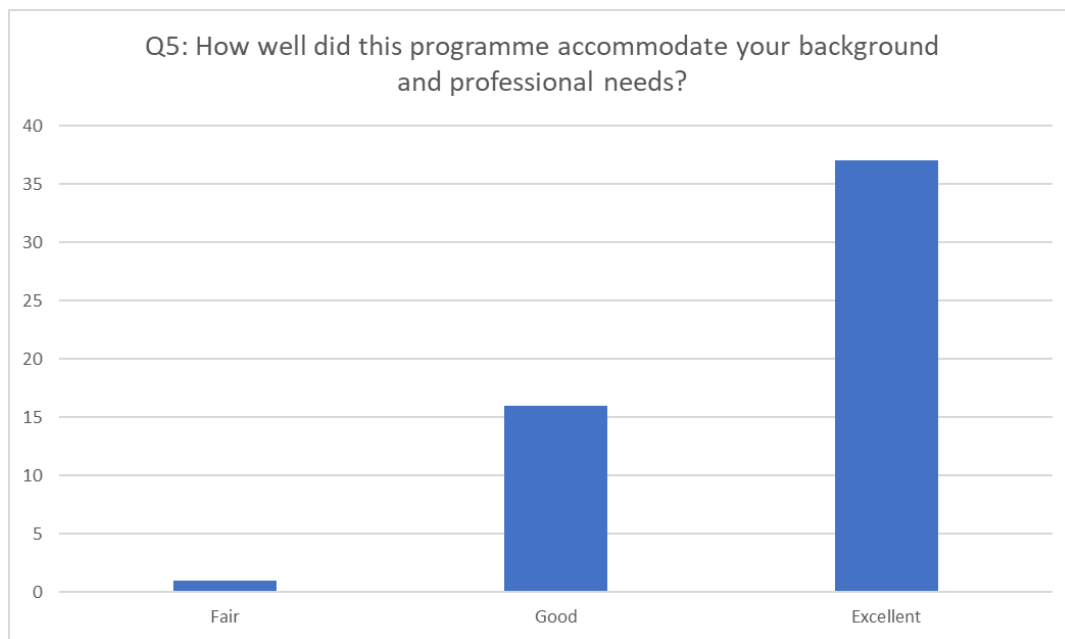
Almost all the professional participants rated the way that the training addressed their needs and backgrounds as 'excellent'(n=37) with 16 participants rating the course 'good' and only 1 rating the course as 'fair' in relation to their background and needs. This was a positive outcome of the differentiation built into the training, because this was a diverse audience, especially with the added challenges imposed by the COVID-19 restrictions.

Q6: Quality of the learning resources provided:

Q6: How effective were the handouts ?
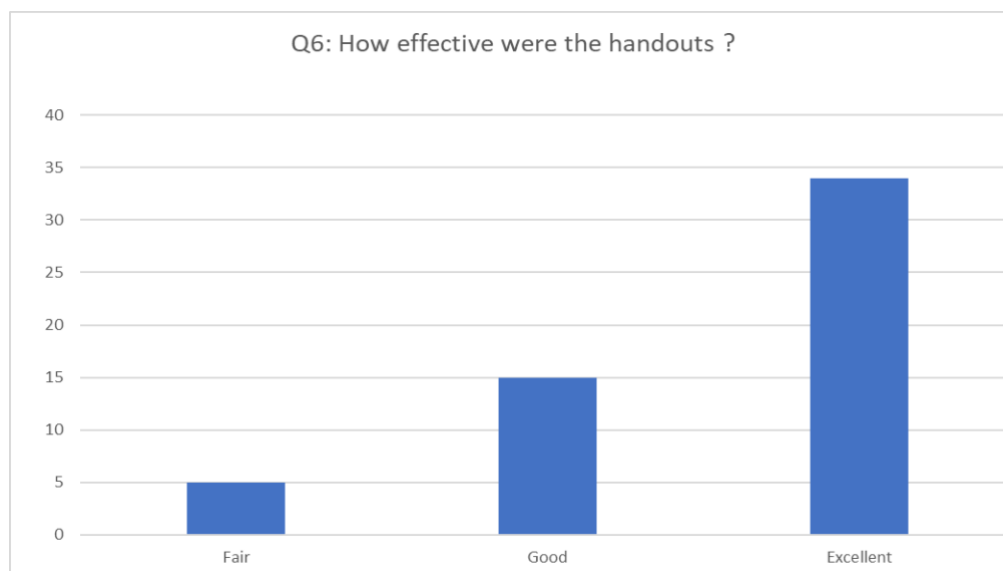
The quality of the resources and handouts for the training were rated by the participants as 'excellent' by 34 participants, 16 participants rated them 'good' and only 5 as 'fair'. There was a disproportionate number of professionals from the project based in Portugal who rated the handouts as 'good' rather than 'excellent', so there may be some opportunity to investigate the expectations of this cultural

context, in comparison with others when it comes to presentation of the information. This is especially relevant in today's COVID-19 challenges, where handouts are often only available in digital format.

Q7: The venue/location/online platform of the course:

Q6: How convenient was the location or online platform ?
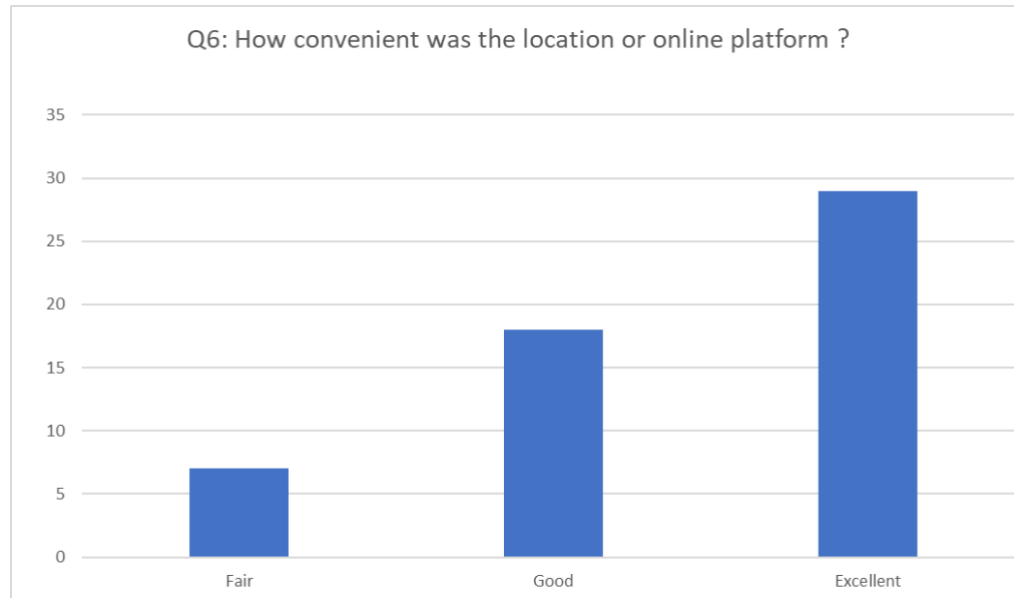
It was clear from this final question that inevitably, the location or platform of the training session was not convenient for all participants: this is a difficult aspect of any training session to get right, as in the face-to-face sessions in the UK, professionals are located in different parts of the city/country. For the other projects, the online platform may have initially been unfamiliar, and/or the times of the sessions inconvenient. For some, additional time for training was required, which was unplanned at the initial programme scheduling. However, despite all these challenges, as can be seen from the graph above, overall, more than 50% (n=29 out of 54) of participants found the physical venue or online platform to be 'excellent'. 18 rated the venue or platform to be 'good' with only 7 participants rating the platform as 'fair'. It should be noted that as time progresses with the COVID-19 restrictions, many more individuals are developing their online access and skills, and so it is the expectation that initial problems experienced in this course, would be overcome in the future delivery of the programme.

Professionals' Overall Rating of the Course (all 4 locations):

Consolidating all the ratings from all four projects' feedback from all seven questions, over 70% of all Group One's participants rated the training topic, presenter and content of the course, 'excellent', as can be seen in the pie chart below:

Result of Overall Quantitative Feedback: all professionals

■ Fair ■ Good ■ Excllent
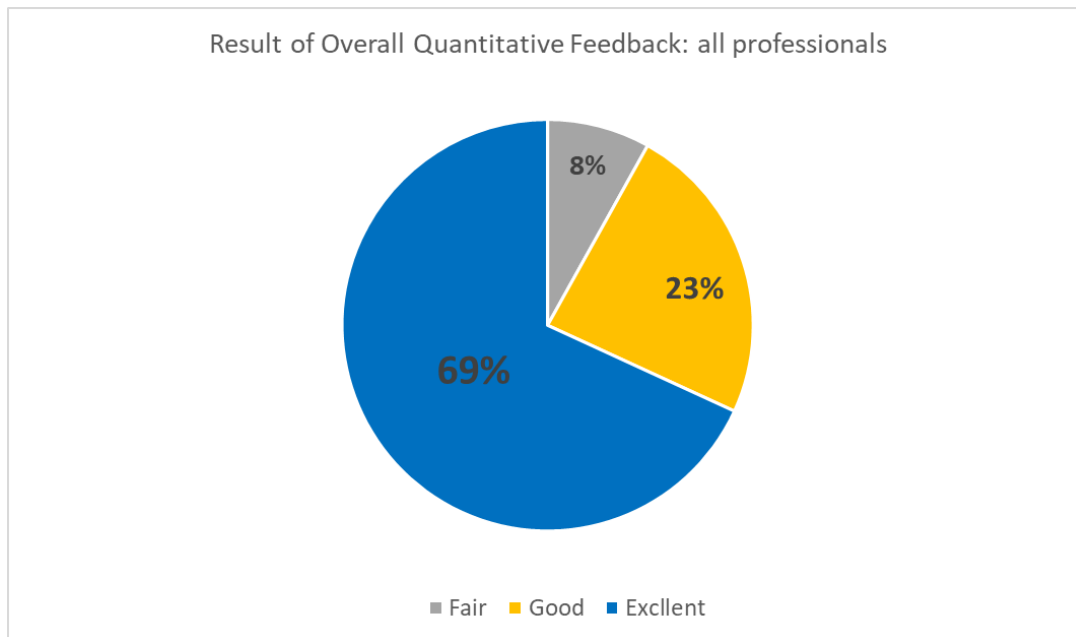
This report now turns to the qualitative aspect of the feedback from Group One, before presenting the Group Two outcomes.

Professionals' Qualitative Feedback of the Course:

Qa: What was the most interesting thing you learned from this course?

The largest number of responses from the professionals from any one question, was elicited from the above question. And perhaps unsurprisingly, from this group of trained facilitators, the most common theme from these responses was related to the pedagogical strategies that were employed during the training. In turn, these strategies could be developed by these participants for the delivery of the course to the learners, some examples of the themes are provided below:

- *I found the links to useful activities that people could participate in very useful, although at first it seemed basic, then realised that there were a lot of examples…(UK)*

- *Found the link between getting people to participate in active, physical activities very useful, as I hadn't realised the outcome potential and impact for individuals. (UK)*

- *The planning and action input during the training was very helpful and gave a good focus to what we should do. (UK)*

- *The holistic approach […] are linked to ones overall health (Denmark)*

- *I have the impression the teaching and content are at a level that fits well with this target group of citizens, and I am sure that some of them will be able to benefit from the course. (Denmark)*

- *Thought it was very useful to reflect on our own mental health, as a way of developing our own understanding (Denmark, reflecting comments from more than one participant)*

- *Had never thought about Achievement Recognition as either being important or impactful. (UK)*

- *I liked the 5 minutes brainstorming sessions we had, where we could all give 'bitesize' input, which led to an avalanche of ideas and suggestions, and sharing experiences. (UK)*

- *I thought the guidance given to us about how we could train others using this module was really helpful and easy to use, it motivated me to spread the word! (UK)*

The next most common themes in the responses to this same question, were strategies of loneliness that could be helpful for everyone, for example:

- *Enjoyed the description about the Double Hug and ABC and how they linked to this model. (UK)*

- *Understanding the groups and types of people most at risk. (UK)*

- *Understanding what support is in place, who, when and where. (UK)*

- *Building relationships was very interesting, as we often think we understand this, but obviously not. (UK)*

- *I found the concept of Double KRAM very interesting. (Lithuania)*

- *Society's problems [are] linked with loneliness. (Lithuania)*

- *How to enhance well-being applying the Models [taught here] (Portugal)*

- *Improving knowledge in an area in which I have little expertise. (Portugal)*

- *Be aware of prospects for adapting mental health strategies to our target audience. (Portugal)*

- *Be aware of the Double Hug and ABC models. (Portugal)*

- *The approach to important aspects that promote mental health. (Portugal)*

- *It makes sense to be presented with new ways of working with mental health. (Denmark)*

- *Not so much new knowledge, but I can include sub-elements in my work. (Denmark)*

- *It has been confirmed that it is very different how to define one's own and others mental health. The trick is to get the individual to take ownership, seek insight and knowledge. (Denmark)*

- *Thought it was interesting to reflect on one's own mental health through online tests, health hug schedule, as well as how this will work with citizens in connection with the double hug. (Denmark)*

- *There was a good review of what the students have to go through. The content makes perfect sense and addresses known problems, which are often an obstacle to the individual being able to get on with their life. (Denmark)*

- *I can include some sub-elements, [in] other angles in my work. (Denmark)*

- *That you learned more about strategies and how they work [was valuable]. (Denmark)*

- *Furthermore, I found it interesting that stress was included in the course, as I consider negative stress to be an increasing phenomenon. (Denmark)*

- *I have got the impression that the teaching and content are at a level that fits well with this target group of citizens, and I am sure that some of them will be able to benefit from the course. (Denmark)*

- *The fact that you can actively make a choice to see things positive rather than negative. And focus on the small successes. (Denmark)*

- *The holistic approach where the physical KRAM factors are linked to one's overall health. (Denmark)*

- *The materials for discussion with citizens are very good and [also] relevant. (Denmark)*

Reflecting the comments from the learners (see next section) the professionals stated how valuable it was to be able to **define loneliness as a specific topic of investigation**, treating "loneliness as a subject" was, in itself, useful to bringing some objectivity to understanding mental wellbeing:

- *Was interested in how other members of the group didn't initially understand this subject as much as I thought they would, thus we all found it very helpful and useful for professional practice. (UK)*

- *It's very important for practitioners and professionals to understand this illness and how to manage people affected by it, in a structured and meaningful way. (UK)*

- *Didn't know there was a UK campaign to end loneliness. (UK)*

Finally, in response to the above question, some professionals also commented on relevant comparisons, cultural and social, for instance in appropriateness to other roles and training they were involved with in the community*:*

- *The difference between loneliness and isolation as [previously] thought to be the same thing. (UK*

- *The differences between countries and how that can affect experiences and support. (UK)*

- *Almost anyone could find themselves feeling lonely. (UK)*

- *Loneliness has a major impact on both the individual as well as the community. (UK)*

- *It was very interesting to know about the Double Hug and ABC and how they linked to my target group. (Lithuania)*

- *Making of couching map was very interesting. (Lithuania)*

- *Making relationships yarn seems [a] very interesting exercise. (Lithuania)*

- *The course will help me as an intern by focusing on citizens stress levels and what impact diet, exercise, smoking, alcohol etc. have on citizens mental health. I personally thought it was a bit of an eye-opener course as I have not previously had knowledge of mental health. (Denmark)*

Qb: What was the least interesting thing you learned from this course?

There were limited numbers of responses offered to this question: all related to some specifics of the training content or delivery, some of which were uncontrollable due to the necessity of foundational understanding of the topic and/or COVID-19 restrictions. Some comments also reflected the diversity of the participants in that perhaps more differentiation was required for future delivery of the programme:

- *When we talked about government policy it bored me, as I find government policies to be dry and often meaningless in our day-to-day reality, but I suppose it needs to be covered. (UK)*
- *I didn't like or enjoy the discussion on the UCLA tool, I preferred the other tools as they seemed more community- focussed and practical with outcomes I could relate to.(UK)*
- *I wasn't sure how useful statistics were to me personally. (UK)*
- *[would prefer] Less interaction through digital format. (Portugal)*
- *[would prefer] Some information in English. (Portugal)*
- *I would like contact training, not online. (Lithuania)*
- *When we talked about statistics it was boring for me. (Lithuania)*
- *I wouldn't think, that we should try to find such hobbies as gardening for my target group. [as] all elderly people in Lithuania like and [are] doing gardening. Maybe it works in UK or Denmark? (Lithuania)*
- *The review of the ABC and the double KRAM was super good, but maybe a little heavy. (Denmark)*
- *Did the spiritual element of the double hug seem to be a little irrelevant? (Denmark)*
- *I think some of the things that [we] were told about were basics and not so new to me. I could have used a little more subject-professional knowledge (the background behind some of the theories). (Denmark)*

Qc: Was the length of the presentation sufficient for the topic?

Overall, the professionals considered the length of time for the delivery of the training was good. Again, as there was a diversity of participants with different needs, it would have been impossible to cater to all preferences, so this outcome was positive for facilitators. Comments included the value of having time to share ideas with peers within the course, about experiences and delivery of the training to learners in the future:

- *The timeframe for the training was just right, any longer and it would have been too much, much shorter and we wouldn't have covered everything, or given time for sharing ideas, and experiences. (UK)*
- *The duration of training was [too] short. (Portugal)*

- *The module was fine for me as we had a variety of learning, formal, informal, group interaction, video presentation, group feedback, so that kept everyone quite motivated and engaged.(UK)*
- *If we didn't have the breakaway sessions the session wouldn't have been as interesting and productive. (UK)*
- *Wish it had a longer duration in order to better deepen some areas related to the topic in question (Portugal)*
- *The timeframe was sufficient for basic things, but it {could} be longer. (Lithuania)*
- *The timeframe was sufficient. (Lithuania)*
- *It would [need] to be [a] longer time for practice tasks. (Lithuania)*
- *It was appropriate. (Denmark)*
- *Thought the length of the course was appropriate in relation to the content. (Denmark)*

Very few professional participants thought that the course could have been shorter in length, although the online format presented additional issues of concentration for some. It was also recognised that peers valued having the additional time to learn together, which would have been largely missing from the online sessions:

- *A little too long due to the fact that it took place online. (Denmark)*
- *Thought the length of the course was too long in relation to the content theory that was presented. However, I think it is good knowledge for our citizens. (Denmark)*
- *The module was just a bit too long for me, a half day module would have been preferable for me, but I could see others in the group actually preferred having more time. (UK)*

Qd: What would have made the session more effective?

The feedback from the professionals about suggestions as to what might be an improvement to the course for next time, were valuable. Although some participants found the online format challenging, there were also requests for additional theoretical underpinning and in-depth academic analysis. Examples from the themes from these comments are listed below:

- *The use of more videos, and music would have been helpful. (UK)*
- *More statistics from the foreign countries involved in the project. (UK)*
- *The session could be put online as training in the future, but the interaction with others in the group would be missing, which would be a big loss. (UK)*
- *Perhaps [having] more than one presenter? (UK)*
- *The training [could] be in face-to-face format (Portugal)*
- *More in-depth themes and some practical exercises for applying the strategies of the presented approach models (Portugal)*

- *It could have been more tailored to professionals. Based on theoretical understanding and how to apply theoretical understanding in specific situations. (Denmark)*

- *Physical attendance (Denmark)*

- *More targeted [to] professionals. (Denmark)*

- *Wish it could have been done by physical attendance. Think the benefits, dynamics and discussions would have been much more rewarding. (Denmark)*

- *For me, a brief review of the civic process would have been fine. (Denmark)*

Qe: The knowledge and skills I gained will be useful in my job?

Overall, the professionals fully appreciated how the skills and knowledge gained in this course were directly relevant to their everyday working lives. Many participants mentioned the personal appropriateness of the knowledge gained and how it would be passed onto their own staff. The course added a new level of depth to the professionals understanding of the concept of loneliness, which will be extremely relevant in the current COVID-19 pandemic and the inevitable lockdown policies in many countries.

- *Yes, I really felt, by the end of the module, I understood loneliness in a way I hadn't previously, and that I could understand how to help someone with this experience. (UK)*

- *In future, I will pay special attention to whether the citizens I meet feel lonely or isolated. (Denmark)*

- *I am now able to know what help is available and how to get help for those I serve. (UK - reflected in comments from Denmark)*

- *I now feel confident that I can train my own staff using this module, as I have all the information I need, and it is structured in a manner that I can get staff to interact during their experience which will ensure that the training is successful. (UK)*

- *The module put something that is so big into a very understandable and achievable short session that provides excellent direction for me as a professional. I can use in real situations, with real people, and make real positive change, it also provided me with the opportunity to use the skills as I move forward to serve my community. (UK)*

- *Training for professionals can often load you with information that has little connection to the day-to-day reality of the task, I found this module provided me with real meaningful skills. I can use the module in the future to train my staff in-house, and I feel comfortable using it in the current form, as it also gives you opportunities to be flexible with breakout sessions that can be incorporated. I think we all enjoyed the training and gained much need additional skills. (UK)*

Qf: List one item from the training you intend to implement

As per the above comments already highlighted, the comments from the professionals widely acknowledged that the strategies were directly applicable to the work they were engaged in. There were two common themes from the comments to this question, for example:

- *I will be implementing an **award or certificate of achievement** into delivery, now that I see how valuable this is.* [multiple participants supported this idea]
- ***Loneliness Activities** will be a very useful addition to our current work, and will greatly benefit young people.* (the Activities / Interests information was mentioned by multiple participants as of great interest for implementation)

Conclusions to the Professionals' Feedback

Overall, the feedback to the course from the professional participants was overwhelmingly positive. The quantitative feedback showed most participants thought that the course content and delivery was 'excellent'. In terms of future development, there could be opportunities to amend some of the handouts, and also add some theoretical background information to some of the information supplied. This would address the needs of those professionals with existing expertise in this area (for instance in the Danish cohort) who requested further in-depth understanding of the theoretical framework of the strategies presented. The online format required at three of the project's centres was unavoidable because of the COVID-19 restrictions in force at that time, and although acknowledged as less than ideal, was later reported to be accepted positively by the participants.

The qualitative data revealed some valuable insight into how the participants were going to implement the course training about Loneliness themselves, into their staff teams and also with learners within the community they were serving. The practical elements of achievement certificates and learning activities were highly valued by the participants, who stated that they would be using these strategies in the future.

This report now turns to the learners' feedback, which would be an indication of the professionals' use of the training module, during their role.

Group Two: Learners' Quantitative Feedback:

Learners' feedback after the completion of the module was also a mix of quantitative and qualitative data. The quantitative feedback was elicited from seven questions, with a choice of three responses defined as 'excellent', 'good' or 'fair'. All participants provided anonymous feedback to all the questions. The following graphs present the outcomes from the seven questions. NOTE: Feedback was not mandatory and not always possible, so not all the learners submitted feedback to all the questions, hence the graph totals may not always equal numbers of learners. Furthermore, because of the vulnerable emotional and/or physical health of the participants, some responses to the questions were elicited with help from the facilitators.

Q1: The quality of the course

Q1: How would you rate the overall quality of this instruction?
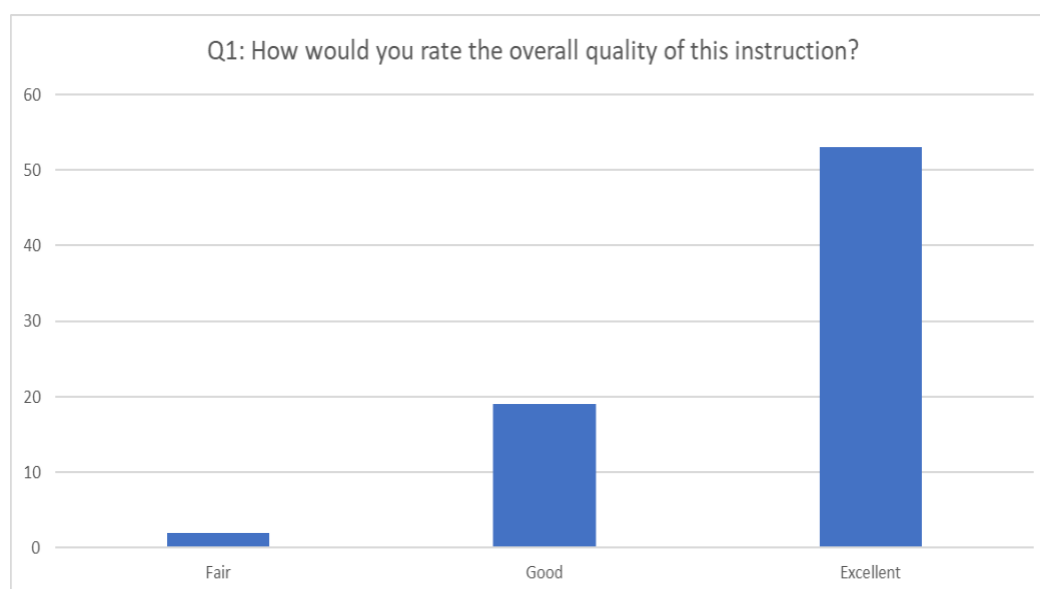
 Across all four countries, the learners clearly thought the course was successful and the content worthwhile, this was despite three of the four programmes having the additional challenges of COVID-19, which involved switching the course to be run online.

Q2: The presentation & objectives of the course

Q2: How well did the presenter state the objectives?
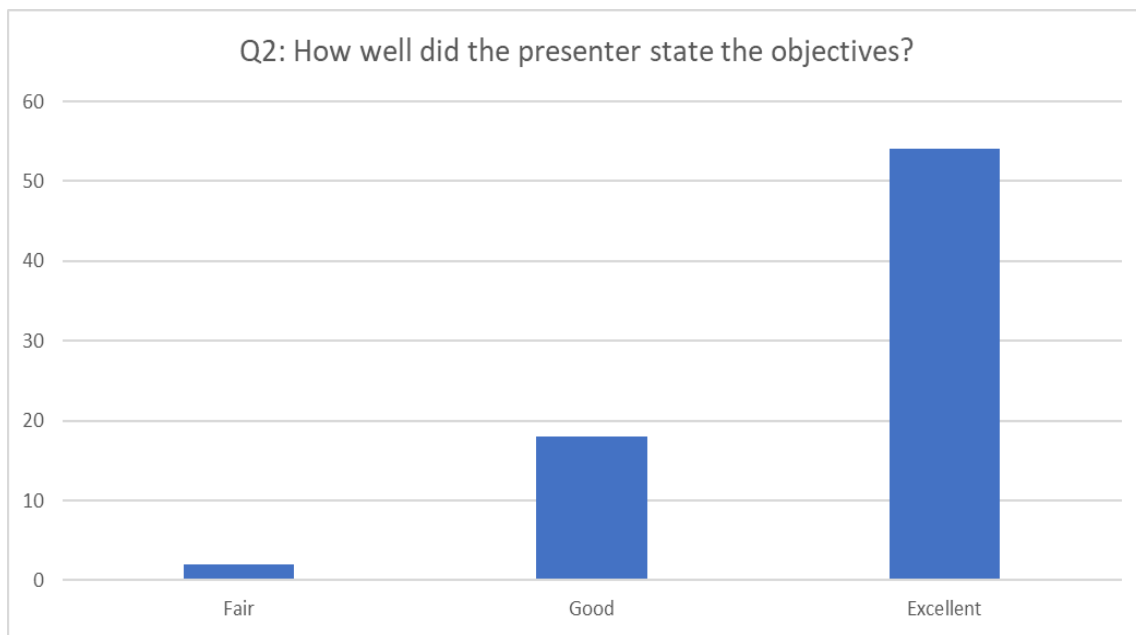
Again, the feedback data clearly shows that the presenter of the course stated the objectives of the course well. This is an important technique towards achieving engagement from the group of learners.

Q3: The pedagogical approach of the course

Q3: How well did the presenter keep the sessions alive and interesting?
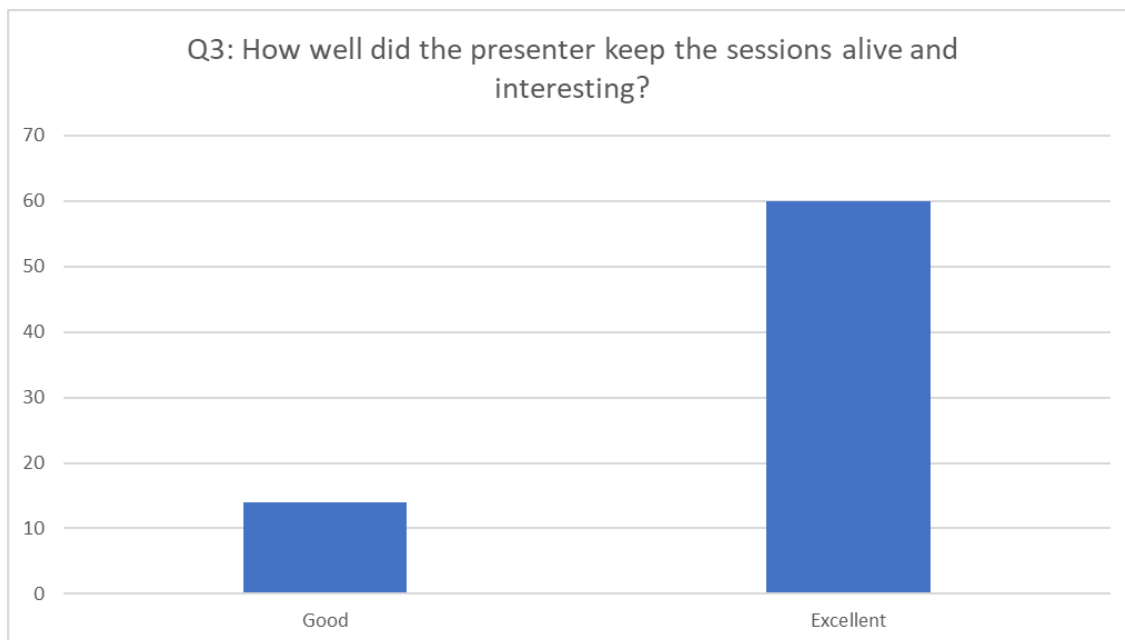
The learners' feedback showed that they felt the presenter of the course content kept the sessions alive and interesting, with 60 learners (73%) defining that element of the course as 'excellent'. 12 learners defined the presenter's ability to keep the sessions alive and interesting as 'good'. No learners defined this element of the course as 'fair'.

Q4: Learners' feedback of the presenter/facilitator

Q4: What is your overall rating of the presenter?
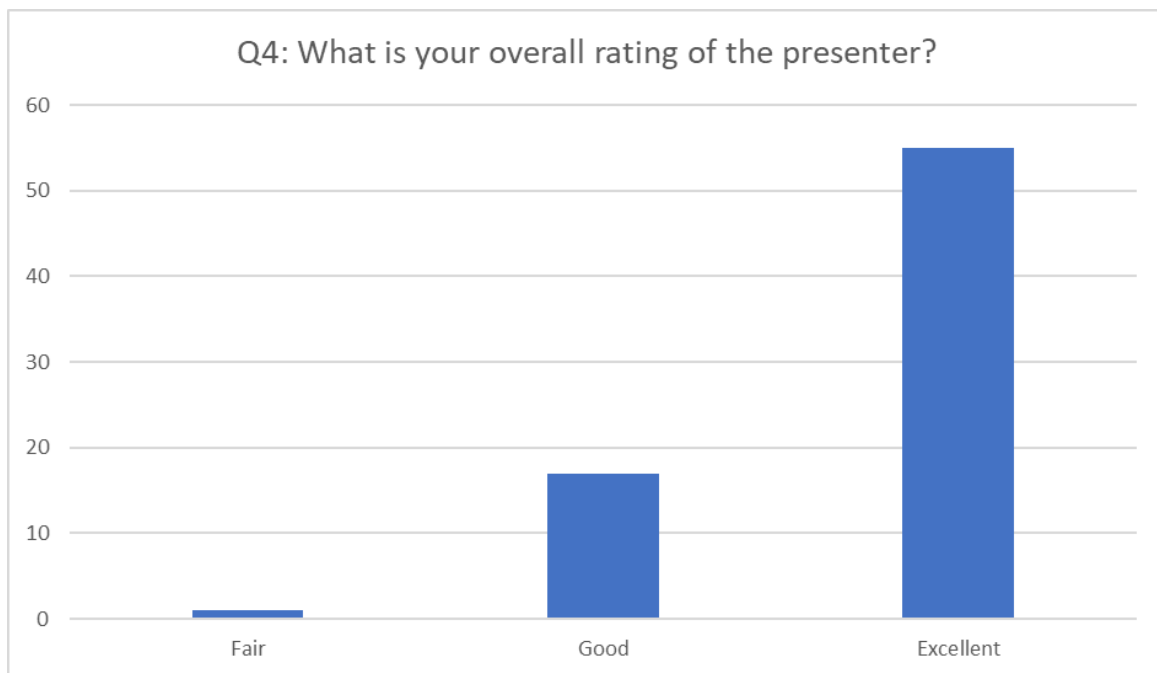
Again, reflecting the positive attitude to the course, 65% of learners (n=54) defined their overall rating of the presenter as 'excellent'.

Q5: How the course addressed the learners' specific needs

Most learners rated the course as 'excellent' at addressing their needs and background. It is noted that in the UK delivery of the programme, more males than females rated the course as 'excellent'. However, more females than males participated in the programme as a whole (70% female) (and ONLY female learners in the Lithuania course), and there were more female professionals participating in the delivery training (see Section 1), it is therefore unclear from the current programme ratings whether further gender differentiation maybe required for the module. This topic is worthy of further investigation from future feedback from the course participants.

Q5: How well did this programme accommodate your needs and background?
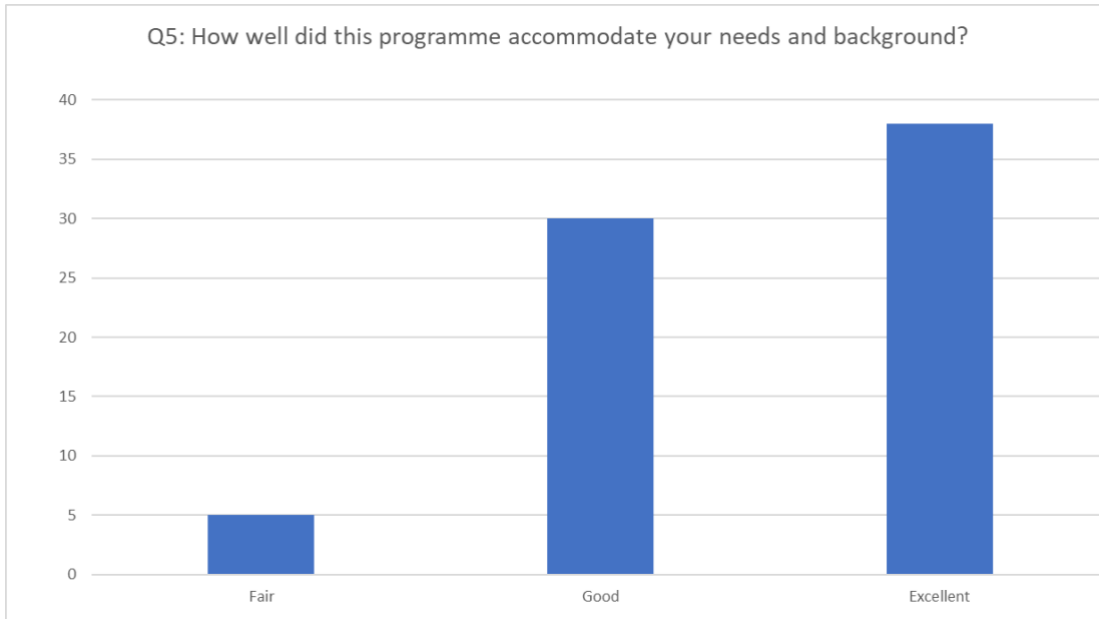
Overall, approx. 82% of learners rated the way the course accommodated their needs and background as either 'good' or 'excellent'.

Q6: The quality of the course learning materials

Q6: How effective were the handouts?
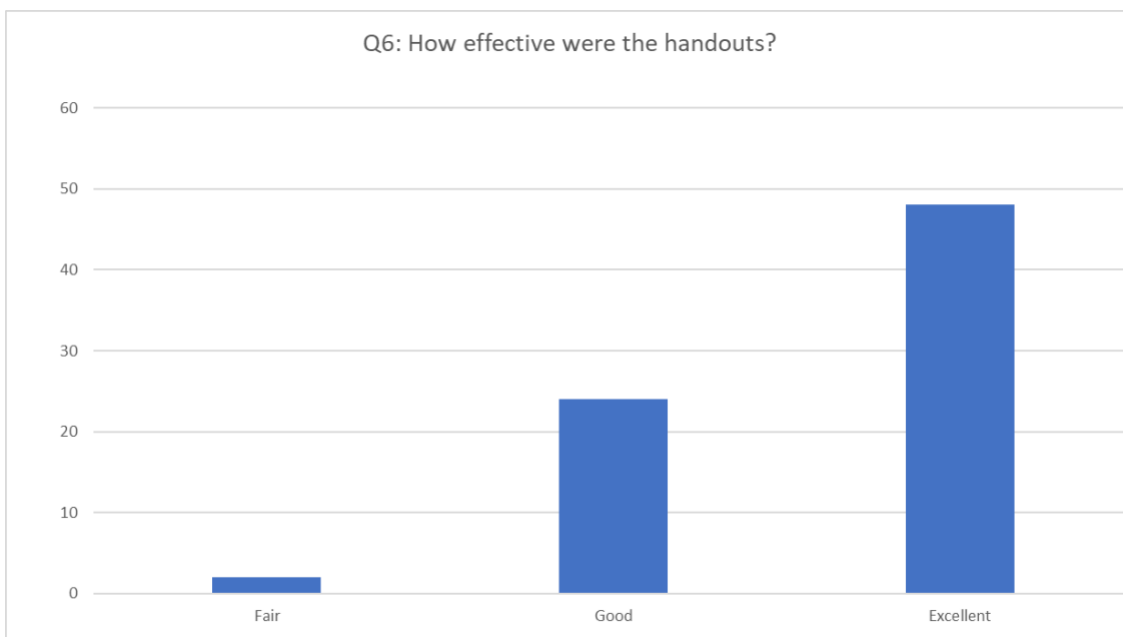
The learners were provided handouts in hard copy as well as digital versions: across all four countries, learners rated the handouts as 'excellent' or 'good' (total = 86%). It could also be noted that some learners may only be able to access these digital formats on a smart phone.

Q7: The venue/location or online platform of the course
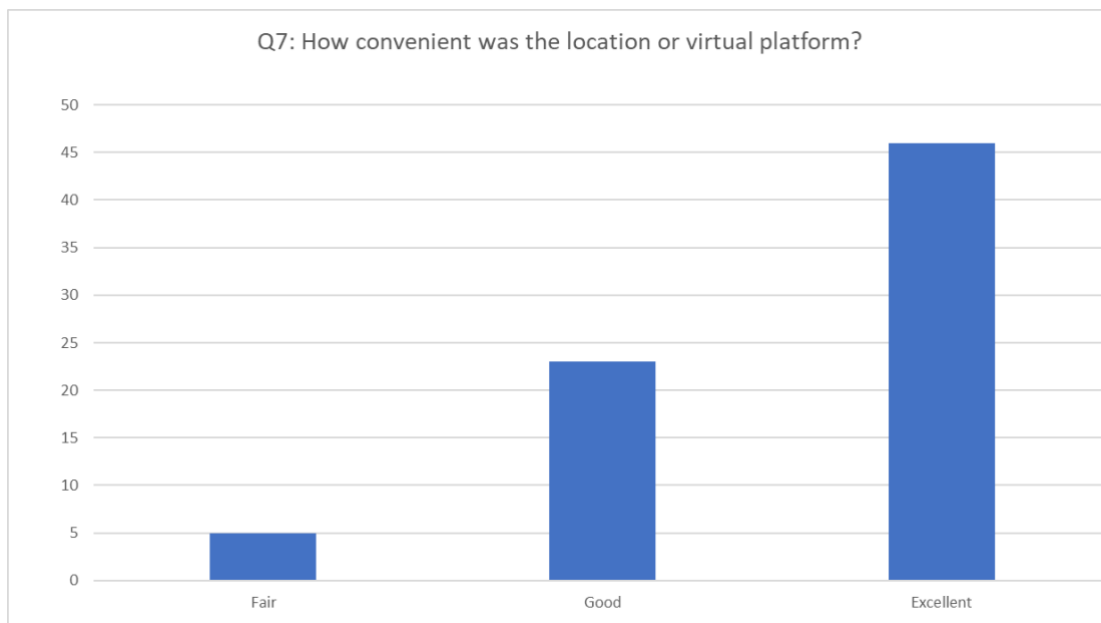
Again, as explained in Section 1, the physical location and/or the virtual learning platform was not always under the control of the provider, hence it was not always possible to address the needs of all learners. However, even with the challenges of COVID-19, overall learners felt the venue and/or online platform was 'excellent' (n=46) or 'good' (n=23). Total approx. 84% of learners. More details related to this issue are discussed below in the qualitative feedback.

Overall rating of the course

Overall, as can be seen in the graphs presented above, the feedback from learners about the module was excellent and reflected the professionals' positive feedback about the training, also. Nearly 70% responses from the learners to the 7 questions stated 'excellent'. (As represented in the graph below)

Result of Overall Quantitative Feedback: all learners

- Fair
- Good
- Excellent
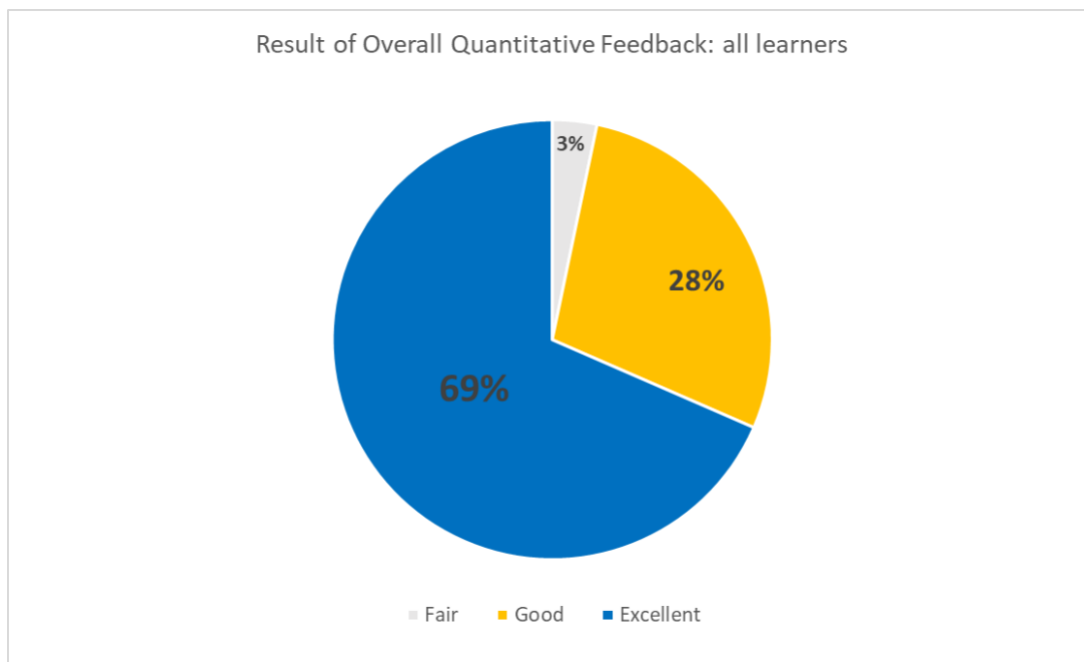
Learners' Qualitative Feedback of the Course:

Feedback from learners was also collected in narrative form, to allow for a more in-depth understanding of how the module had addressed the needs of the participants, and how any improvements could be facilitated in the future. It was noted by the Portuguese project that many of their participants, who had mobility difficulties, also had complex cognitive deficiencies and therefore the facilitator was required to assist in the collection of the feedback. This was the case for other learner groups too, and was addressed on an individual basis, as needed.

Six further questions (outlined as Qa-f below) were asked of the participants, in relation to what they had learned about loneliness and the coping strategies outlined within the module:

Qa: What was the most interesting thing you learned from this course?

Responses to this question ranged from an acknowledgment from the learners that definitions of loneliness were in themselves helpful to build on self-understanding, which in turn, can lead to useful coping strategies and better outcomes. For instance, one learner comments:

- *I didn't know that there was a difference between loneliness and isolation, and this was pointed out and defined, which was useful. (UK)*

The online format of the sessions was a positive benefit for some, as one learner explained:

- *Another small picture of how others experience that they feel. I never thought I would say anything, but it was a kind of [an] anonymous and [a] safe zone, so I could relax and participate.* (Lithuania)

Many responses to this question centred on the recognition by the learners that "*loneliness can affect everyone*", for instance, the following are examples of three further quotes from the learners on this theme:

- *I have learned something from it all. Perhaps the most important thing, is that I now know that I am not alone in having it super hard at times. (Denmark)*
- *It has been really nice to know that I am not the only one who feels lonely. (Denmark)*
- *Both men and women irrespective of age can be affected by loneliness, and as a man I thought only women could be affected by this. (UK)*
- *I have noticed how you can handle certain things better - or look at things differently. But also that you are not alone with some of the things we went through in this course. (Denmark)*
- *Knowing what to do – being with my colleagues - when I feel lonely (Portugal)*
- *Young people can be [equally] as affected by loneliness as older people. (UK)*
- *I was very interested in the fact that young people were as likely as being lonely as other groups(UK)*

There was also a recognition from the learners about the values of the different coping strategies provided. For instance:

- *It was good to understand that there were things that you could do, such as participate in certain activities that could help. (UK)*
- *It sparked many thoughts about healthy and unhealthy acquaintances, and thoughts about how I see myself* (Denmark)
- *It was good to know about a creation of relationships map (Lithuania)*
- *Everything was actually interesting, and very important to talk about.* (Denmark)
- *I really enjoyed to talk about all the different things as a young person you could do to help you if you were lonely, without all the options, many of them I wouldn't have thought about. (UK)*
- *Double Hug and ABC was a good way of breaking things down into understanding results alongside this module, it gave a good understandable structure. (UK)*
- *The module helped us to be treated like adults and gave us lots of relevant information, including services to help. (UK)*
- *I really liked the fact that I could understand that when someone had this illness who was available and did what to help if required, as I wouldn't know where to start to get help, so that was important to me, and I could see others liked this part of the training too. (UK)*

- *Getting the ideas from other people in the group was really important, as they came up with good ideas.*
- *The idea of making sure young people could be recognised for their achievements went down well with all the people present, as that seemed as important as the actual ideas about how to help them. (UK)*
- *Everything was actually interesting, and very important to talk about.* (Denmark)
- *The activities idea was well received by everyone, and when we had the break off sessions, we all talked about the various activities that could be used, that we hadn't thought of before.*

On a slightly different theme in response to this question, some participants appreciated the holistic and interactive pedagogical approach the presenter took towards the delivery and the structure of the module and its resources:

- *Most of us liked the presenter as he was really in touch with youth related issues and knew all of the key youth related services and support, so that made us feel he was in touch with us.*
- *The group liked the fact that we were constantly being asked for our ideas and suggestions, but we all thought the structure of the presentation was very informative and made good sense in relation to the topic, and relevant to young people*
- *I liked the video and would have liked more videos, but some of the group didn't seem to think this was that important, but I thought various different methods was useful to teach.*

Qb: What was the least interesting thing you learned from this course?

The learners responded to this question with references to the wider issues raised in the module, for instance the global context of the issue of loneliness was deemed by one learner to be irrelevant to them personally. There were also references to the frustration caused by the lack of appropriate support and advice available for young people suffering from loneliness in England, due to funding limitations.

- *Government services for Youth have been destroyed and reduced in the past few years and government policies seemed irrelevant as they just aren't met in my opinion, and young people don't trust them. (UK)*
- *Many papers with assignments. You had to flip a lot. (Denmark)*
- *Hard to answer, I knew a lot of that in advance. (Denmark)*
- *I haven't met any other young men who are lonely, so I don't think most of this relates to people like me or the people I know. (UK)*
- *I am not interested in foreign countries and what they do, as they don't have any effect on us here in England (UK).*

In contrast to:

- *It was interesting to know about other countries' views to maintain things for healthy and wealthy life (Lithuania)*

Qc: Was the length of the presentation sufficient for the topic?

Overall, the responses from the learners to this question was very positive, the length of the module was thought to be the right balance and all learners enjoyed their participation:

- *I never liked school or was much good at studying, but I liked this training as we were given lots of information that was easy to understand, it was given in a drip by drip method, so by the end I actually realised I knew a lot even although I hadn't realised when I was doing it. (UK)*

- *The time passed really quickly, and the presenter was quite knowledgeable and had a 'good sense of humour', so he seemed to be quite in touch with the young people present. (UK)*

- *Everyone liked the sessions that gave us the opportunity to give our opinions and to discuss aspects of the training, so we felt we were actually useful and our views were being taken seriously, so the time was well spent. (UK)*

- *The length of time for the course was very fine. Not too long, not too short. (Denmark)*

- *Wanted more time so we could achieve more (Denmark)*

- *The presentations were appropriate and effective (Denmark)*

- *The topic about Loneliness actually turned out to be much larger than we had all expected, in fact we thought we weren't going to have enough time to cover all of the aspects. (UK)*

- *If the presentation didn't have sessions for discussion, it could probably be done in about 5 hours in total with questions, but with the chance for people to talk about their experiences, I thought the time was just about right. (UK)*

Regarding the specific issue of the online platform for delivery of the courses in each country, overall, this seemed to be received positively by the learners:

- *It would probably have been more efficient to meet in real life, but with these circumstances, the solution was perfect. (Denmark)*

- *I do not know [about any improvements] as I think online is good (Denmark)*

- *It takes a long time to concentrate, it can get a little heavy*. (Denmark)

Qd: What would have made the session more effective?

Two valuable suggestions for improvements from the learners mentioned that a range of speakers could be included to speak to the group about the specific content covered:

- *It may have been useful to have had someone who had been badly affected by loneliness to give a talk? (UK)*

- *It would be valuable [to have] a lecturer [who] was in elder age and faced with loneliness and how to cope with it (Lithuania)*
- *We could have had 'different types of doctors' to give a chat to us? (UK)*

There was one other practical suggestion as to improvements for a delivery of the module in the future, which was a request for a broader range of learning resources to be provided:

- *I would really have liked to have had more media links used, and use of the internet as that's what I am used to, but it didn't seem to worry the others as much. & Why didn't we have more videos, as I liked the one that was used. (UK)*
- *I would like regular training 'life' training (Lithuania)*

Qe: The knowledge and skills I gained will be useful in my job/life?

Reflecting the professionals' experiences of the training, the general value of the learning outcomes was widely appreciated in the context of the learners' everyday lives, at the workplace and at home, for themselves and peers:

- *Reminded me of my basic needs that I need to take care of.* (Denmark)
- *I think that knowing about loneliness will be useful for me personally as well as if I ever work in the future with people, as I will now know how to manage certain situations better (UK)*
- *I think that all skills are important, and as I want to work with other young people, I think this will be very helpful to me. (UK)*
- *It made sense to reflect on things and how I live my life*. (Denmark)
- *This course was really good, as I learnt a lot quickly and there was a lot of information that helped me to understand what services and provisions are in place, and if I was working that would be a good resource for me. (UK)*
- *These skills can be used not only for young people, but for people of all ages, but for young people to be taught this is really important as most of us didn't know anything about this subject, although many young people suffer from this.*

It is worth noting the difficulties for those young people inexperienced in the workplace; it was less clear to them at this point in their learning, how useful these new skills and knowledge might be:

- *I am not sure that loneliness is something that will be useful for a job, will it?*

Qf: List one item from the training you intend to implement:

Taking the learning outcomes and applying them practically to everyday life was a crucial aspect of the module, and the UK group of learners discussed this element of the feedback as a group and formulated this response*:*

*"...we decided that the most important aspect about this course that we would implement if we were ever asked to help someone or due to future job responsibilities, and what we thought was important was the Activities – how to get people to participate in something that they could do that **would positively assist them to rehabilitate and get better**, so that is what we as a group think was the most important thing that could be implemented."*

This statement illustrates the potential for wide-ranging benefits from the module's outcomes, in that not only have the learners themselves acknowledged they have gained valuable knowledge and skills from the course, but that also those connected to these young people, are also likely to gain support and advice as a result of the learners' improved self-confidence on this topic.

In terms of other groups' responses to this question, these were wide-ranging because of the diverse nature of the groups needs and context. Some examples from the positive outcomes from the Danish group of young adults (NEETS) are below:

- *I want to start relaxing more in terms of finding an education. I have definitely gotten the focus on not stressing myself out.*
- *I have been given many things to work on so that I can improve myself in terms of education.*
- *It can help me on my way to getting better.*
- *Have learned more about mental health and around myself. That way I know more about my limits, what I can and what I cannot [do].*

Conclusions: Learners' and Professionals' Feedback

In conclusion, overall, the training delivered to both groups – the professional facilitators and the learners - was highly successful. For two countries (Lithuania and Denmark) when comparing the feedback between the professionals and the learners, the learners were more likely to rate the course as 'excellent', compared to 'good' from the professionals. Based on the qualitative feedback, reasons for this appear to be based on requirements from the professionals for a different approach to the handouts (Portugal), and more information about the theoretical underpinning of the programme's strategies discussed (Denmark).

As explained in the Introduction, it was fortunate that the course was able to be completed just prior to the COVID-19 outbreak in England, with the subsequent lockdown in that country. The other three countries' projects were able to adapt and overcome challenges and deliver the course in ways that met the needs of their groups. In Denmark, for instance, this meant splitting the at-risk group of learners into

four smaller groups, mainly because the facilitator had not met the students before and therefore needed time to build up rapport with these at-risk individuals. Although those participants engaged fully with the online programme, none of them felt enough self-confidence to turn on their cameras during the Zoom sessions. It is unclear whether this was also the case in other programmes and although outside the scope of this report, this topic deserves further investigation, especially with the COVID-19 pandemic likely to increase the necessity of online learning of this nature, for vulnerable individuals.

Loneliness is a concept that has developed in meaning for many individuals globally over recent months, and this course will undoubtedly have potential to develop further. The course has already helped these two groups of individuals, in four different countries, by providing them with tried-and-tested coping strategies that they could draw on themselves and also share with others where necessary. The Danish municipality has engaged Sind Daghøjskole in continued courses. In Lithuania too, there is a plan to develop and continue the courses. In the United Kingdom, Juvenile Justice International has been asked to consider work for the UK Government in this area. This provides evidence of the value placed on this new mental health initiative, for both citizens and society more widely. Further improvements, developments and feedback from future courses in Denmark and Lithuania will be ongoing, and can be shared with all the course partners, and more widely.

Outcomes & Recommendations

There are three main recommendations as a result of the analysis of this training and subsequent reflections and feedback:

- The training was reported to be very valuable by professionals and learners alike: further investigations could be undertaken to expand this provision to other relevant groups in other countries in need of training on loneliness and mental well-being.

- The impact from the COVID-19 global pandemic means that support and training such as that reported on here, is in greater need now, than ever. Experiences of physical distancing, lockdown and other aspects of the precautionary principle imposed by Covid-19 restrictions could exacerbate the mental health problems outlined in the Introduction. More research is needed into the impact from COVID-19 on the mental health of the target groups highlighted in this report.

- On a practical note, in light of the above, some developments to this training module could be addressed to make it widely available and therefore accessible to an online/virtual audience. It could also incorporate a broader range of video and other resources, perhaps including speakers from other sectors, as suggested by the participants.

References

Abbott, Alison, and Paul Adepoju. 2021. "COVID's Mental-Health Toll: How Scientists Are Tracking a Surge in Depression." *Nature* 590 (November): 194–95.

Anna Freud National Centre for Children & Families. 2017. "Royal Support for Campaign to Promote Mental Health in Schools," 09 2017. http://www.annafreud.org/insights/news/2017/09/royal-support-for-campaign-to-promote-mental-health-in-schools/.

BBC. 2016. "Child Mental Health Money Not Making Frontline - Report." *BBC News*, 2016, sec. 15 November. http://www.bbc.com/news/health-37983593.

Department of Health and Social Care, UK. 2015. "Improving Mental Health Services for Young People: Report of the Work of the Children and Young People's Mental Health Taskforce." London, UK. https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people.

Dept of Health, UK. 2015. "Future in Mind: Promoting, Protecting and Improving Our Children and Young People's Mental Health and Wellbeing." London, UK. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf.

Dept of Health, UK and Dept of Education, UK. 2017. "Transforming Children and Young People's Mental Health Provision: A Green Paper." London, UK.: UK Government. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf.

Laws, A., R. James, R. Donovan, and J. Ambridge. 2008. "Implementing the Act-Belong-Commit Pilot Campaign: Lessons from the Participating Towns." Mentally Healthy WA, Curtin University of Technology. https://www.actbelongcommit.org.au/assets/resources/reports/introduction.pdf.

Letherby, G. 2007. "Health and Feminist Research." In *A Reader in Promoting Public Health: Challenge and Controversy*, edited by J. Douglas, S. Earle, S. Handsley, C. E. Lloyd, and S. Spurr. Buckingham: Open University.

Lupton, Deborah, and Karen Willis, eds. 2021. *The COVID-19 Crisis Social Perspectives*. Routledge.

Mentally Healthy Western Australia, ed. 2020. *Act, Belong, Commit*. Australia. https://www.actbelongcommit.org.au/.

Thybo, Peter. 2020. "Double Hug: Strategy for Improved Mental Well-Being." 2020. http://www.peterthybo.dk/?page_id=1515.

United Nations. 2021. "United Nations Sustainable Development Goals: A Summary." https://sdgs.un.org/goals.

World Health Organization. 2004. "Prevention of Mental Disorders: Effective Interventions and Policy Options." Prevention Research Centre, Universities of Nijmegen and Maastricht. Geneva World Health Organisation.

———. 2020. *Mental Health and Psychosocial Considerations during the COVID-19 Outbreak*. World Health Organization. https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf.

Youn, Soo Jeong. 2021. "Post-Pandemic Anxiety: Feeling Stressed as Things Return to Normal." *Massechusetts Hospital News*, May 20, 2021. https://www.massgeneral.org/news/coronavirus/post-pandemic-anxiety-feeling-stressed-as-things-return-to-norma.