

# YOUTHMINDS

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*Promotion of Youth Mental Health through Awareness,  
Prevention & Resilience Building*

TITLE OF THE DOCUMENT

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Author: Logo of Partner Organization



**PROJECT INFORMATION****Project acronym:**

YOUTHMINDS

**Project title:**

Promotion of Youth Mental Health through Awareness, Prevention &amp; Resilience Building

**Project Number:**

2021-1-BG01-KA220-YOU-000028603

**Key Action:**

KA220-YOU - Cooperation partnerships in youth

KA2: YOUTH: Increasing quality, innovation and recognition of youth work

**Website:**<http://youthminds.eu/>**CONSORTIUM:**

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**PR1/A2:**

- All partners will start collecting previous developed training programmes/practices/initiatives/resources related to **YP's social and emotional development**.
- Each partner will need to collect at least 3-5 good practices/initiatives implemented in and outside Europe.




Profile of the practice/ program/ initiative	
Name of the program/practice	<b>Thinking Health Programme/Peer delivery project</b>
Description of the practice/programme	South Asian Hub for Advocacy, Research & Education on Mental Health (SHARE) is a multi-component, multi-country program whose goal is to establish a collaborative network of institutions to conduct and implement research that answers questions related to policies for reducing the mental health treatment gap in South Asia. Through its Thinking Health Programme/Peer delivery project, SHARE will develop an innovative, effective, and sustainable approach for the delivery of an established psychological treatment that reduces the burden of depression in mothers in South Asia. The group aims to address a key barrier to the scaling up of mental health interventions in LMIC—the lack of trained local providers—by adapting an existing evidence-based intervention, so that it can be delivered by peer counselors (experienced women living in the same community) in partnership with established community health workers (CHWs).
Provider/ Key Stakeholders	<b>South Asian Hub for Advocacy, Research &amp; Education on Mental Health (SHARE)</b>  Hub Activity Sites <ul style="list-style-type: none"> <li>• Afghanistan</li> <li>• Bangladesh</li> <li>• India</li> <li>• Nepal</li> <li>• Pakistan</li> <li>• Sri Lanka</li> </ul>
Pitfalls and challenges (if applicable)	Shortage of psychiatrists, nurses and care providers
Opportunities and plans for the future (if applicable)	The Hub is striving to find stable funding

<p>Logo of program/ practice/ initiative</p>	
<p>Website</p>	<p><a href="http://www.sharementalhealth.org">www.sharementalhealth.org</a></p>
<p>Information that you believe should be included</p>	<p>N/A</p>


<p>Profile of the practice/ program/ initiative</p>	
<p>Name of the program/practice</p>	<p><b>Program for Improving Mental Health Care (PRIME)</b></p>
<p>Description of the practice/programme</p>	<p>The newly initiated Program for Improving Mental Health Care (PRIME) is another research consortium in which Ministries of Health in India (Government of Madhya Pradesh) and Nepal are key collaborators. PRIME is a consortium of research institutions and Ministries of Health in five countries in South Asia and Africa (Ethiopia, India, Nepal, South Africa &amp; Uganda), with partners in the UK and the World Health Organization (WHO). The goal of PRIME is to generate world-class research evidence on the implementation and scaling up of treatment programs for priority mental disorders in primary and maternal health care contexts in low resource settings.</p>
<p>Provider/ Key Stakeholders</p>	<p>World Health Organization, the Centre for Global Mental Health (incorporating London School of Hygiene &amp; Tropical Medicine and King’s Health Partners, UK), Ministries of Health and research institutions in Ethiopia (Addis Ababa University), India (Public Health Foundation of India), Nepal (TPO Nepal), South Africa (University of Cape Town, Perinatal Mental Health Project, University of Kwazulu-Natal &amp; HSRC) and Uganda (Makerere University / Butabika Hospital); and international NGOs such as Healthnet TPO and Sangath.</p>



<p>Pitfalls and challenges (if applicable)</p>	<p>The most formidable challenge in developing comprehensive services for persons with mental health issues and other psychotic disorders is the acute shortage of mental health specialists, particularly in rural and socio-economically disadvantaged areas.</p>
<p>Opportunities and plans for the future (if applicable)</p>	<p>Addition of new member countries to the network</p>
<p>Logo of program/ practice/ initiative</p>	
<p>Website</p>	<p><a href="http://www.prime.uct.ac.za/">http://www.prime.uct.ac.za/</a></p>
<p>Information that you believe should be included</p>	<p>PRIME Youtube Channel: <a href="#">Prime Rpc - YouTube</a></p>

<p>Profile of the practice/ program/ initiative</p>	
<p>Name of the program/practice</p>	<p><b>Thinking Healthy Program</b></p>
<p>Description of the practice/programme</p>	<p>The Thinking Healthy Program is a fully manualised intervention drawing on the principles of Cognitive Behaviour Therapy (CBT) techniques to address perinatal depression. This was developed in Pakistan with a view of getting it delivered by the Lady Health Workers (who are non-mental health professionals with an average eight to ten years of education). THP was tested in a large cluster randomized controlled trial where these lay Lady Health Workers (LHWs) were trained to deliver it to mothers with major depression. The THP was fully integrated into the routine work of the LHWs. At 6 months post-partum, 77% of</p>



	<p>mothers in the intervention group recovered from their depressive disorder compared to 47% in the control group, effects which were sustained at 12 months. It also showed significant increase in infant immunization coverage, reduced diarrheal episodes among infants and increased uptake of family planning by mothers receiving THP. The feedback from the 40 trained LHWs showed that almost all of them thought it was relevant to their day-to-day work and none of them considered it an extra burden. The training was short (2 days followed by a 1 day refresher after 4 months) and therefore feasible on a large scale.</p>
<p>Provider/ Key Stakeholders</p>	<p>Lady Health Workers (LHWs)</p>
<p>Pitfalls and challenges (if applicable)</p>	<p>N/A</p>
<p>Opportunities and plans for the future (if applicable)</p>	<p>N/A</p>
<p>Logo of program/ practice/ initiative</p>	
<p>Website</p>	<p><i><a href="http://hdrfoundation.org/projects/the-thinking-healthy-programme-intervention/">http://hdrfoundation.org/projects/the-thinking-healthy-programme-intervention/</a></i></p>
<p>Information that you believe should be included</p>	<p>N/A</p>

