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INTERVENTION SCENARIOS

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Intervention Scenarios

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Maria Marti	UCPH	08-07-2024
Falco Hüser	KB	09-07-2024
Liiska Sanna	MHE	04-07-2024
Maritta Välimäki	UTU	09-07-2024
Ulrich Reininghaus	CIMH	09-07-2024
Manuela De Allegri	UKHD	08-07-2024
Corrado Barbui	UNIVR	06-07-2024
Evaldas Kazlauskas	VU	08-07-2024
Marit Sijbrandij	VUA	08-07-2024
Matthias Kliegel	UNIGE	08-07-2024
Ken Carswell	WHO	08-07-2024
Wietse Tol	Coordinator	04-07-2024

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Introduction

Mental health disparities among groups in situations of vulnerability, such as people living in low-income communities, racial and ethnic minorities, LGBTQ+ individuals, people with chronic health conditions, and persons displaced by war or conflict have long been a matter of concern¹. Promoting the mental health of these populations requires a multi-layered and multi-sectoral approach. Evidence-based interventions that contemplate the specific needs and circumstances of these population sub-groups are vital. Involving these populations and other relevant stakeholders in the decision-making process is not only an ethical imperative, it also enhances the effectiveness of interventions². Participatory research methodologies can generate valuable insights to ensure that policies and interventions are sensitive to diversity and acceptable, resulting in improved outcomes and practical knowledge for further research on scaling up these interventions³.

The current deliverable reports on one stage in a longer-term co-creation and participatory research process in the ADVANCE project. Prior to this stage, a situational analysis was carried out with the involvement of the Society Advisory Groups (SAGs) and research teams in seven countries: seven desk reviews and six modified Delphi panels were conducted to identify and prioritise three potential scenarios for intervention and strategies to mitigate stigma during implementation. This work also informed a policy brief looking into the challenges emerging from a transforming Europe and how they affect the mental health of groups in vulnerable situations and suggesting recommendations to address them⁴. The stage of the co-creation process described in this report details the results of scenario-based workshops involving multiple stakeholders in the six intervention countries with the end goal of selecting one scenario for implementation and propose strategies to reduce stigma during implementation in the upcoming phase of the ADVANCE project.

The scenario-based workshops are a group facilitation technique used to elicit expert opinions and foster consensus among a diverse set of stakeholders about a set of scenarios or alternative representations of the future⁵. By identifying and incorporating trends and uncertainties, the scenarios help to develop forecasting activities and to reduce propensity for error in decision-making due to overconfidence or tunnel vision⁶. Scenario-based workshops typically start with the presentation of scenarios to stakeholders followed by discussion about their feasibility, relevance, advantages and disadvantages within a first round of independent in-group workshops. Subsequently, the facilitator analyses and compiles the stakeholders' feedback about each scenario and shares it with participants

in the final mixed-group round of workshops. In that last round, participants are asked to select a scenario for intervention⁷. The three scenarios presented for discussion were selected by the SAGs and research teams involved in the situational analysis.

Methods

This study entailed a two-round scenario-based workshops method, which was applied to elicit participants' expertise about strategies to minimise stigmatisation and build consensus concerning the most relevant scenario for intervention.

The scenario-based workshops were conducted in different formats, in person at locations deemed most accessible for participants or in a hybrid format (in person with a few participants online). Moderated by a research team member, the workshops were held in the local language or English, as appropriate. Signed informed consent was obtained from all participants before the start of each workshop. The workshops were scheduled between February and May 2024, with a 2 to 3-week break between rounds for data analysis and feedback.

The scenario-based workshops were carried out in two rounds: a) the first round entailed two workshops, including one workshop with representatives of end-users (or actual end-users) and umbrella organizations, and one workshop with representatives of healthcare practitioners and decision-makers ; and b) the second round entailed one mixed-group workshop with representatives randomly selected from each of the four stakeholder groups (i.e., end-users, members of umbrella organizations, healthcare practitioners, and decision-makers). By holding two separate workshops in the first round, the research team aimed to minimize the impact of power imbalances among different participant groups and to ensure the sharing of diverse perspectives about the issues at hand.

Participants were purposefully sampled and recruited by local research teams, in collaboration with local organisations and through WHO's and MHE's networks. Invitation emails, including an Information Sheet and Informed Consent Form, were sent to potential participants. The composition of each workshop per country and the approaches used to reach a decision are shown in Table 1.

In the first round of workshops, participants were asked to engage in discussions about the intervention scenarios' advantages and disadvantages, as well as to share strategies to minimize stigmatization during the implementation of the intervention. In the second round, participants were presented with the advantages and disadvantages identified in Round 1, discussed them once again (this time within a larger and more diverse group of stakeholders), and were invited to select a scenario for intervention. They were also asked to discuss and finalize the list of anti-stigma strategies.

COUNTRY	ROUND 1		ROUND 2	DECISION	
	Workshop 1	Workshop 2	Workshop 3	Discussion	Voting
DENMARK	n=8 (4 EU, 4 UO)	n=8 (4 HP, 4 DM)	n= 6 (1 EU, 1 UO, 2 HP, 2 DM)	<input checked="" type="checkbox"/>	
ITALY	n=9 (4 EU, 5 UO)	n=8 (4 HP, 4 DM)	n=6 (2 EU, 1 UO, 3 HP)	<input checked="" type="checkbox"/>	
LITHUANIA	n=8 (4 EU, 4 UO)	n=7 (2 HP, 5 DM)	n=10 (2 EU, 3 UO, 1 HP, 4 DMs)		<input checked="" type="checkbox"/>
GERMANY	n=8 (4 EU, 4 UO)	n=7 (4 HP, 3 DM)	n=7 (2 EU, 1 UO, 3 HP, 1 DM)		<input checked="" type="checkbox"/>
NETHERLANDS	n=4 (3 EU, 1 UO)	n=6 (5 HP, 1 DM)	n=7 (1 EU, 5 HP, 1 DM)		<input checked="" type="checkbox"/>
SWITZERLAND	n=8 (6 EU, 2 UO)	n=6 (3 HP, 1 researcher, 2 DM)	n=5 (3 EU, 1 DM, 1 HP)		<input checked="" type="checkbox"/>

Table 1. Group composition for scenario-based workshops in Rounds 1 and 2.

EU: end-users, UO: umbrella organizations, HP: health professionals, DM: decision-makers

Results

The results detailing the main findings from each country are presented in a table format. The tables highlight the identified advantages and disadvantages of each intervention scenario and outline the strategies proposed to minimize stigmatization.

DENMARK

Intervention Scenarios	Advantages	Disadvantages
<p>Scenario 1</p> <p>Target group: Population groups with a migration background</p> <p>Recruitment site: Social housing plans</p> <p>Recruitment strategy: Through social workers at the social housing plans</p> <p>Implementation: Physical intervention in the facilities of the social activity and network initiatives at the social housing plans.</p>	<ul style="list-style-type: none">• Broad target group:<ul style="list-style-type: none">- Reaches a wider range of people with different cultural backgrounds and life experiences.- Valuable for those who may struggle to identify their own need for mental health support and those who might not otherwise seek help.• Presence and local knowledge of Social Housing Plans:<ul style="list-style-type: none">- Leverages established networks and existing infrastructure.- Reaches the target group in natural gathering places.- Staff's close contact with residents facilitates face-to-face conversations to present the intervention.	<ul style="list-style-type: none">• Customisation challenges:<ul style="list-style-type: none">- Difficulty in tailoring intervention content to specific subgroups to ensure relevance and impact.- Addressing different needs between age groups and between first and second generations.• Recruitment location issues:<ul style="list-style-type: none">- Participants sharing community ties may be subject to social pressure and concerns about privacy and stigma.- May not reach migrants who are initially placed in temporary housing or have not yet secured permanent housing.• Resource constraints:<ul style="list-style-type: none">- General resource constraints can hinder implementation.- Recruiting specific language groups can be resource-intensive.- Long-term integration of the intervention may be affected by limited resources.
<p>Scenario 2</p> <p>Target group: Population groups with a migration background</p> <p>Recruitment site: Social organisations</p> <p>Recruitment strategy: Through volunteers from social organisations</p> <p>Implementation: Physical intervention in the social organisations’ facilities.</p>	<ul style="list-style-type: none">• Broad target group:<ul style="list-style-type: none">- Broad and diverse group, similar to Scenario A, allowing for the recruitment of refugees without singling them out.• Relational aspects:<ul style="list-style-type: none">- Trusted relationships built by local organisations in their communities.- Volunteers often belong to the same population group, enhancing relationship-building.• Aligned purposes:<ul style="list-style-type: none">- Social organisations are better positioned to prioritise health within their operations compared to social housing plans	<ul style="list-style-type: none">• Target group:<ul style="list-style-type: none">- Need to narrow down the target group for better relevance, similar to Scenario A.• Recruitment strategy:<ul style="list-style-type: none">- Volunteers as facilitators may find it difficult to commit to long-term programs (5-6 weeks) due to their usual overburdened roles in the organizations.- Volunteers need adequate training to provide specialized support when necessary.• Implementation challenges:<ul style="list-style-type: none">- Potential dissatisfaction among participants in social organisations with long-term relationships may affect participants' willingness to engage in interventions facilitated by these organisations.
<p>Scenario 3</p> <p>Target group: Refugees (at risk of deportation/repatriation)</p> <p>Recruitment site: NGOs, social organisations and/or migrant clinics</p> <p>Recruitment strategy: Through staff or volunteers from NGOs, social organisations and/or migrant clinics</p> <p>Implementation: Physical intervention implemented dependent on the chosen municipalities (e.g., at the health houses, municipalities, NGOs or social organisations).</p>	<ul style="list-style-type: none">• Specific target group:<ul style="list-style-type: none">- Narrowing down the target group enables more strategic and effective communication, ensuring the intervention meets the specific needs of the group.- Relevance: it addresses needs of a group that is likely to carry significant psychological burdens.	<ul style="list-style-type: none">• Relevance for refugees:<ul style="list-style-type: none">- The intervention may not be beneficial for refugees in extremely difficult situations that are concentrated on urgent needs, limiting its effectiveness for this group.• Involvement of government/municipal institutions:<ul style="list-style-type: none">- Placement in an institutional setting could negatively impact participant engagement due to a perceived lack of choice and skepticism that emerges when government entities are involved.- It may hinder the positive dialogue and atmosphere essential for the intervention's success.• Specialised support:<ul style="list-style-type: none">- Need for a tool to identify and refer participants to specialised support.
Selected Scenario	A combination of scenarios 1 and 2 (recruitment at social housing plans and social organizations).	

DENMARK

Stigma-mitigation Strategies	<p><u>Presentation of the intervention:</u></p> <ul style="list-style-type: none">- Info meeting or individual introductory conversations- Taster of the SH+ tools before participation- Panel discussion with positive role models who have experienced mental health challenges and worked with their own mental health- Materials free of stigmatizing symbols or language <p><u>Language use:</u></p> <ul style="list-style-type: none">- Awareness of the meaning of words in different languages and cultures- Emphasise that everyone experiences difficulties, that no one (should be) is alone, that you do not have to experience or articulate your situation as a problem, that the SH+ tools are coping strategies and positive wording like well-being and joy in life <p><u>Identification of participants:</u></p> <ul style="list-style-type: none">- No screening as it can be exclusionary- Open invitation, for example through platforms, presentations and social activities <p><u>Relational aspects:</u></p> <ul style="list-style-type: none">- Small groups of approx. 10 participants, to reduce fears of gossip and social control, allowing participants to speak more freely- Fixed groups to build comfort and trust over time, enhancing willingness to open up- Create a safe space: extra session on confidentiality and social cohesion- Facilitator from the same target group or with experience with different groups <p><u>Optionality:</u></p> <ul style="list-style-type: none">- A safe space where participants are comfortable being in- In conjunction with social activities - integrated or afterwards
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ITALY

Intervention Scenarios	Advantages	Disadvantages
<p>Scenario 1</p> <p>Target group: Adult migrant populations, including migrant workers and other populations on the move</p> <p>Recruitment site: (1) local organisations providing social support to migrant populations (2) Job centers, and (3) Religious organizations.</p> <p>Recruitment strategy: Through staff or volunteers</p> <p>Implementation: Face-to-face group intervention</p>	<ul style="list-style-type: none">• Reducing isolation and fostering community ties:<ul style="list-style-type: none">- Group interventions can help migrants who arrive alone to build a sense of belonging- Facilitates the creation of relationships that can be deepened outside the group- Helps alleviate feelings of loneliness, especially for those from cultures with strong community identities who find themselves isolated in a new environment	<ul style="list-style-type: none">• Cultural sensitivity:<ul style="list-style-type: none">- There are differences between socio-cultural groups in terms of preferences for group vs individually delivered psychosocial support- Participants may have difficulty relating to others and distrust the group setting.• Time and transport constraints in group organization:<ul style="list-style-type: none">- Finding a suitable time for all participants can be challenging, making regular meetings difficult- Physical barriers to reaching the intervention location can exist, suggesting the need for organizing sessions in accessible locations for the participants
<p>Scenario 2</p> <p>Target group: Adult migrant populations, including migrant workers and other populations on the move</p> <p>Recruitment site: (1) local organisations providing social support to migrant populations (2) Job centers, and (3) Religious organizations.</p> <p>Recruitment strategy: Through staff or volunteers</p> <p>Implementation: Online individual intervention</p>	<ul style="list-style-type: none">• Ease of organization and less logistic constraints:<ul style="list-style-type: none">- Easier to coordinate compared to group sessions- Lower costs related to accessibility, transportation, and use of physical resources- Savings on moving participants and using physical spaces.• Facilitation of sharing personal experiences:<ul style="list-style-type: none">- Easier for participants to talk about themselves compared to group settings, reducing the obstacle of self-disclosure	<ul style="list-style-type: none">• Digital literacy:<ul style="list-style-type: none">- Older participants may face difficulties with digital platforms.- Success depends on the simplicity of the platform and facilitator support.• Language barriers:<ul style="list-style-type: none">- Participants need a good command of the language used in the intervention- Non-native speakers, even from English-speaking countries, may face additional barriers
<p>Scenario 3</p> <p>Target group: Adult migrant populations, including migrant workers and other populations on the move</p> <p>Recruitment site: (1) local organisations providing social support to migrant populations (2) Job centers, and (3) Religious organizations.</p> <p>Recruitment strategy: Through staff or volunteers</p> <p>Implementation: A hybrid (face-to-face group and individual online) intervention</p>	<ul style="list-style-type: none">• Combines the benefits of both online and in-person delivery modes• Potentially more inclusive, catering to a wider range of participants	<ul style="list-style-type: none">• Diversity of skills and resources required:<ul style="list-style-type: none">- Facilitators need to be equipped for both individual online and group in-person interventions, adding complexity to the implementation
Selected Scenario		Scenario 3

ITALY

Stigma-mitigation Strategies	<p><u>Addressing language barriers:</u></p> <ul style="list-style-type: none">- Ensure the use of plain, understandable language during interventions- Provide written communications in English and other relevant languages- Utilize language mediators to facilitate effective communication <p><u>Cultural sensitivity and intersectionality:</u></p> <ul style="list-style-type: none">- Acknowledge the intersectionality of stigma, including across gender, socioeconomic status, ethnicity and migration status- Tailor outreach efforts to specific demographic groups to address their unique cultural and social needs <p><u>Facilitator training:</u></p> <ul style="list-style-type: none">- Equip facilitators with a deep understanding of migration experiences, including legal aspects and rights- Provide training to help facilitators recognize and combat their own prejudices <p><u>Group dynamics and composition:</u></p> <ul style="list-style-type: none">- Form smaller, fixed groups to reduce fears of gossip and social control, fostering trust and openness- There were differing views on whether to include multiple ethnic groups in sessions to enrich discussions and reduce cultural stigma or to create homogeneous groups based on shared values and identities to enhance comfort and reduce judgment <p><u>Foster shared values and identity:</u></p> <ul style="list-style-type: none">- Emphasize shared values and identity within group settings to create a sense of belonging and reduce stigma- Avoid creating groups where significant differences (e.g., sexual orientation) could lead to discomfort and distrust <p><u>Collect continuous feedback:</u></p> <ul style="list-style-type: none">- Implement anonymous, post-intervention satisfaction questionnaires to gather participant feedback- Regularly solicit concerns from participants during both group and individual sessions to address issues promptly <p><u>Transparency and reassurance:</u></p> <ul style="list-style-type: none">- Clearly communicate the rules and expectations of the intervention beforehand to foster openness- Emphasize confidentiality and non-judgmental spaces to reassure participants and mitigate stigma <p><u>At recruitment:</u></p> <ul style="list-style-type: none">- Be mindful of how project invitations are perceived to avoid participants feeling judged or stigmatized.- Use mediators, such as religious leaders, to facilitate recruitment and reduce community stigma.- Ensure facilitators have relevant experience to avoid unintentional stigma exacerbation.
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LITHUANIA

Intervention Scenarios	Advantages	Disadvantages
<p>Scenario 1</p> <p>Target group: young people, aged 18-25, from rural and urban areas.</p> <p>Recruitment site: <u>Multiple communication channels</u></p> <p>Recruitment strategy: <u>Through social media posts, newsletters, posters, national and regional media</u></p> <p>Implementation: A hybrid intervention (digital and in-person via phone calls)</p>	<ul style="list-style-type: none">• Youth representation:<ul style="list-style-type: none">- The 18-25 age range is widely accepted as representative of youth, facilitating targeted interventions• High engagement:<ul style="list-style-type: none">- Likely to engage individuals with strong motivation to participate, as they must actively respond to public communications• Diverse and inclusive sample:<ul style="list-style-type: none">- Recruiting through various public communication channels (social media, newsletters, posters, media) ensures a diverse group of participants- Inclusivity: Reaches vulnerable groups who may not be in formal education systems• High relevance:<ul style="list-style-type: none">- The intervention is developmentally more appropriate for this age group	<ul style="list-style-type: none">• Potentially selective reach:<ul style="list-style-type: none">- Social networks might only attract individuals already interested in psychology or mental health, potentially missing those who are less aware• Extended youth concept:<ul style="list-style-type: none">- The age range may not reflect contemporary societal norms, where perceived youth extend due to longer periods of education and delayed life milestone compared to older generations• Higher risk of severe psychiatric issues:<ul style="list-style-type: none">- The recruitment strategy may attract individuals with more significant emotional and psychopathological difficulties
<p>Scenario 2</p> <p>Target group: young people, aged 18-25, from rural and urban areas.</p> <p>Recruitment site: <u>educational institutions (e.g., universities, colleges)</u></p> <p>Recruitment strategy: <u>Institutional email, posters, newsletters</u></p> <p>Implementation: A hybrid intervention (digital and in-person via phone calls)</p>	<ul style="list-style-type: none">• High relevance:<ul style="list-style-type: none">- This age group likely has limited financial resources to seek help• Homogeneity of the sample:<ul style="list-style-type: none">- Recruiting on educational institutions gather participants at a similar life stage, sharing common stressors related to education and early career development• Easier access:<ul style="list-style-type: none">- Educational institutions provide a captive audience, making it easier to reach and engage participants.• Enhanced credibility:<ul style="list-style-type: none">- Using educational institutions can boost the perceived legitimacy and trustworthiness of the intervention• Cost-effectiveness:<ul style="list-style-type: none">- Leveraging existing resources in educational institutions can make recruitment more economically efficient	<ul style="list-style-type: none">• Limited reach:<ul style="list-style-type: none">- Excludes non-students, missing a significant portion of the youth population who may also face substantial mental health problems• Lower representativeness:<ul style="list-style-type: none">- Exclusively focusing on students reduces sample representativeness and neglects individuals outside educational institutions who face significant stressors, potentially perpetuating inequalities.
<p>Scenario 3</p> <p>Target group: young people, aged 18-29, from rural and urban areas.</p> <p>Recruitment site: Multiple communication channels</p> <p>Recruitment strategy: Through social media posts, newsletters, posters, national and regional media</p> <p>Implementation: A hybrid intervention (digital and in-person via phone calls)</p>	<ul style="list-style-type: none">• Extended age range:<ul style="list-style-type: none">- Including individuals up to 29 years old acknowledges that many still face youth-related challenges beyond 25, such as career changes and entering the labour market• Recruitment strategy:<ul style="list-style-type: none">- Broad recruitment strategies using diversified communication channels match the wide age range of the target group• Inclusiveness:• Allows for the inclusion of young people with less structured life paths	<ul style="list-style-type: none">• Adaptation of the intervention:<ul style="list-style-type: none">- The design of the intervention app and the offered tools may not cater well to the diverse age ranges included• Broad communication channels:<ul style="list-style-type: none">- The use of broad social media platforms like Facebook for recruitment may not effectively target young individuals under stress• Low perceived relevance:• Older participants (26-29) may not identify themselves with a call targeting younger individuals, potentially questioning the intervention's relevance and leading to reduced engagement
Selected Scenario	Scenario 2	

LITHUANIA

Stigma-mitigation Strategies	<p><u>Framing mental health positively:</u></p> <ul style="list-style-type: none">- Emphasize mental health as integral to overall well-being, similar to physical fitness- Frame participation as a step towards improving quality of life, not just solving problems- Encourage participants to view the intervention as skill-building <p><u>Non-stigmatizing language:</u></p> <ul style="list-style-type: none">- Use inclusive and non-stigmatizing terminology that resonates across age groups and gender identities- Rename interventions with terms that are more neutral and less clinical- Focus on empowerment and self-help rather than pathologizing language <p><u>Respectful communication across different ages:</u></p> <ul style="list-style-type: none">- Ensure language is respectful and inclusive of all age groups- Address the specific needs of different demographics, including men and those in critical need of psychological help <p><u>Reducing feelings of failure:</u></p> <ul style="list-style-type: none">- Normalize the idea that ongoing difficulties are common and part of the process, reducing feelings of inadequacy among users <p><u>Address stigma related to unconventional tools:</u></p> <ul style="list-style-type: none">- Acknowledge and address the potential stigma associated with using a mental health chatbot- Position the app as a credible and trustworthy resource <p><u>Support and Confidentiality:</u></p> <ul style="list-style-type: none">- Provide parallel mentor support to supplement the chatbot- Ensure confidentiality in all aspects of the intervention to create a safe, intimate space for participants <p><u>Inclusive and Warm Approach:</u></p> <ul style="list-style-type: none">- Use an emphatic, inclusive, and warm tone in communication to ensure everyone feels welcome- Avoid stigmatizing dissemination materials, such as posters in schools, that might deter potential participants
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GERMANY

Intervention Scenarios	Advantages	Disadvantages
<p>Scenario 1</p> <p>Target group: young people with climate change distress (identified by high scores on the Climate Change Distress and Impairment Scale)</p> <p>Recruitment site: (1) schools and universities, (2) samples from other studies such as the Mannheim Incidence and Cohort Study, (3) social organizations such as <i>Klimabildung e.V.</i>, <i>Tafeln</i>, and (4) resident registration offices</p> <p>Recruitment strategy: Through staff, volunteers and parents</p> <p>Implementation: A local-level hybrid intervention (smartphone-based and sessions with therapist)</p>	<ul style="list-style-type: none">Controlled regional sample:<ul style="list-style-type: none">Reduced variability and climate differences, enhancing the precision of the study's findingsPersonal approach:<ul style="list-style-type: none">Face-to-face interactions enhances engagement and trustRecruitment and implementation ease:<ul style="list-style-type: none">Easier recruitment via local organizations with established relationships and trustDirect contact and proximity in Mannheim facilitate effective implementation.Feasibility assessment:<ul style="list-style-type: none">Allows for an initial feasibility study in Mannheim area to evaluate suitability and observe initial effects in a smaller sample	<ul style="list-style-type: none">Limited generalizability: Findings may not be broadly applicable due to the regional focus.
<p>Scenario 2</p> <p>Target group: young people with climate change distress (identified by high scores on the Climate Change Distress and Impairment Scale)</p> <p>Recruitment site: (1) schools and universities, (2) samples from other studies such as DZPG cohort studies, (3) social organizations such as <i>Klimabildung e.V.</i>, <i>DBJR</i>, and (4) resident registration offices.</p> <p>Recruitment strategy: Through staff, volunteers and parents</p> <p>Implementation: A national-level hybrid intervention (smartphone-based and sessions with therapist)</p>	<ul style="list-style-type: none">Broader recruitment potential:<ul style="list-style-type: none">Recruiting digitally and across Germany can capture a larger and potentially more distressed sample, allowing for scalability and broader application beyond the initial studyGeneralizability:<ul style="list-style-type: none">Results are more applicable to the general population	<ul style="list-style-type: none">Logistical challenges:<ul style="list-style-type: none">Difficulties in reaching and engaging nationwide organizations, especially outside activist contextsRegional variability:<ul style="list-style-type: none">Inconsistent regional burdens and weather conditions complicate implementationComplex recruitment:<ul style="list-style-type: none">More challenging to locate and recruit participants without regional connections
<p>Scenario 3</p> <p>Target group: young people affected by an extreme weather event with climate change distress (identified by high scores on the Climate Change Distress and Impairment Scale)</p> <p>Recruitment site: (1) social and aid organisations, such as <i>Fluthilfe</i>, <i>F4F</i>, <i>Psy4F</i>, (2) practitioners in affected areas, and (3) resident registration offices.</p> <p>Recruitment strategy: Through practitioners, volunteers and parents</p> <p>Implementation: A local-level hybrid intervention (smartphone-based and sessions with therapist)</p>	<ul style="list-style-type: none">Relevance:<ul style="list-style-type: none">Could partially address critical psychological help needs in disaster-stricken areas.	<ul style="list-style-type: none">High burden and complexity:<ul style="list-style-type: none">Significant diagnostic and therapeutic complexity requiring highly trained therapistsShift to clinical perspective:<ul style="list-style-type: none">Focus may shift from health promotion to clinical treatmentRecruitment challenges:<ul style="list-style-type: none">High burden on populations may require key personnel to assess potential subjects' suitability.
Selected Scenario		Scenario 1

GERMANY

Stigma-mitigation Strategies	<p><u>Not using mediators for recruitment:</u></p> <ul style="list-style-type: none">- Ideally, mediators should be relatable and recognized as in-group members, especially in socially disadvantaged contexts- Concerns were raised about mediators impacting study outcomes, setting unrealistic expectations, or politicizing the process.- The group leaned towards not using mediators to avoid potential pitfalls <p><u>Appropriate language:</u></p> <ul style="list-style-type: none">- Neutral and accessible terms: frame discussions about climate change using softer terms like "feelings and thoughts", "distress," "climate compassion," "climate emotions," "health promotion," and "training in emotion regulation" rather than technical and stigmatizing terms such as "emotion regulation", "climate empathy", "vulnerability" and "affected/burdened"- Avoid specific terminology that might exclude certain groups and communicate in a way that is inclusive and relatable- Advocate for simple and plain language to avoid over-dramatization and make the topic more approachable- Direct and honest communication: ensure transparency, be straightforward, recognizing the variability of individual experiences with climate related stress- Frame climate change-related distress as a functional response to a real threat <p><u>Carefully identify the groups with higher risk of stigmatization:</u></p> <ul style="list-style-type: none">- Participants were unsure whether stigma was felt more by those worried about the future or by those who did not worry but felt they should- This uncertainty underscores the need for careful consideration and ongoing assessment of how interventions and their framing impact different groups within the population to not perpetuate or introduce stigma- Address the concern of individuals feeling unqualified for participation by validating their feelings <p><u>Educational initiatives:</u></p> <ul style="list-style-type: none">- Implement educational initiatives to help individuals recognize and validate their emotions- Involve individuals with personal experience of the issue to foster empathy and approachability- Educate the surrounding community of potential participants to help overcome obstacles and reduce stigma <p><u>Neutral labels and settings:</u></p> <ul style="list-style-type: none">- Avoid psychiatric settings like the CIMH (Central Institute of Mental Health) layout that may deter participation- Utilize labels such as the University of Heidelberg to present the issue without framing it as a mental disorder <p><u>Three-step approach to stigma prevention:</u></p> <ul style="list-style-type: none">- Inform: Provide clear and accessible information about the intervention.- Educate: Educate potential participants and their surrounding community about the issue.- Network: Create networks to support and engage participants
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THE NETHERLANDS

Intervention Scenarios	Advantages	Disadvantages
<p>Scenario 1</p> <p>Target group: employees vulnerable due to age (< 35 years) and education level (≥ HBO)</p> <p>Recruitment site: SMEs such as a) Start- and scaleups; (b) Tech industry (e.g., software development), (c) Business services/trade, (d) Healthcare, and (e) Education.</p> <p>Recruitment strategy: Through managers</p> <p>Implementation: In-person intervention</p>	<ul style="list-style-type: none">• High relevance:<ul style="list-style-type: none">- Young employees often struggle to find the right balance after transitioning from studying to working- High levels of digitalization and remote working place this group in a situation of vulnerability for mental health issues• In person intervention (common points to scenarios 2 and 3)<ul style="list-style-type: none">- Improves communication and interaction, providing an opportunity to exchange experiences- Easier to practice communication skills (a module in this intervention)- Creates a safer environment for participants, promoting trust and engagement- Lower likelihood of participant drop-out due to the supportive and engaging setting- Likely to be more effective in training the participants	<ul style="list-style-type: none">• Fear of openness at work:<ul style="list-style-type: none">- Young employees, though knowledgeable about mental health, prefer to discuss these issues in private rather than at work due to fear of negative consequences• Time Commitment (common point to scenarios 2 and 3)<ul style="list-style-type: none">- Requires more time from employees as they need to travel to the intervention location
<p>Scenario 2</p> <p>Target group: employees vulnerable due to gender (females) and education level (≥ HBO)</p> <p>Recruitment site: SMEs such as (a) Healthcare, (b) Education, (c) Marketing and public relations, and (d) Business services and trade.</p> <p>Recruitment strategy: Through managers</p> <p>Implementation: In-person intervention</p>	<ul style="list-style-type: none">• High relevance:<ul style="list-style-type: none">- Industries with a high percentage of sick leave due to stress, indicating a strong need for interventions of mental health promotion	<ul style="list-style-type: none">• External/Self-employed employees:<ul style="list-style-type: none">- These industries also have many external or self-employed employees, whose team structures and dependencies differ from other employees, making them less suitable for this study• Structural issues:<ul style="list-style-type: none">- These industries have structural issues causing stress that may not be addressed or 'treated' by the interventions
<p>Scenario 3</p> <p>Target group: employees vulnerable due to gender (male) and education level (≤ VMBO)</p> <p>Recruitment site: SMEs such as (a) Technical industries, (b) Transportation and logistics.</p> <p>Recruitment strategy: Through managers</p> <p>Implementation: In-person</p>	<ul style="list-style-type: none">• High relevance:<ul style="list-style-type: none">- Mental health is generally overlooked in these industries, indicating a significant need for interventions of mental health promotion	<ul style="list-style-type: none">• External/Self-employed employees:<ul style="list-style-type: none">- These industries also have many external or self-employed employees, whose team structures and dependencies differ from other employees, making them less suitable for this study• Low participation and transparency:<ul style="list-style-type: none">- There is substantial stigma around mental health in these industries, making participants less willing to participate and less open and transparent concerning mental health issues
Selected Scenario		Scenario 1

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Stigma-mitigation Strategies	<p><u>Foster transparency, awareness and open communication at work:</u></p> <p>Role of middle managers:</p> <ul style="list-style-type: none">- Choose leaders based on leadership capabilities rather than job-related skills- Equipping middle managers with communication techniques- Teach appropriate leadership styles, such as servant leadership- Ensure that middle managers can manage upwards and influence top-down decisions and policies <p>Role of Organizations:</p> <ul style="list-style-type: none">- Make mental health a Key Performance Indicator (KPI)- Embrace initiatives such as 'Great Place To Work' and strive to become a certified organization <p><u>Reducing stigma in communication:</u></p> <ul style="list-style-type: none">- Emphasize the added value of mental health interventions to potential participants- Use examples of recognizable symptoms to help individuals identify potential issues- Tailor interventions based on employees input on their needs and preferences- Carefully consider the terminology used to refer to 'mental health' to avoid negative connotations
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SWITZERLAND

Intervention Scenarios	Advantages	Disadvantages
Scenario 1 Target group: older adults over the age of 65 Recruitment site: Swiss Federal Office of Statistics* Recruitment strategy: contacting a representative sample* Implementation: Fully digital – self-administered AND in group setting	<ul style="list-style-type: none">• Adaptability:<ul style="list-style-type: none">- Participants can proceed at their own pace and schedule, making the intervention adaptable to individual routines and limitations• Accessibility:<ul style="list-style-type: none">- The program can be accessed from any location, eliminating the need for transportation, which can be particularly beneficial for those with mobility issues or who live in remote areas	<ul style="list-style-type: none">• Lack of social interaction:<ul style="list-style-type: none">- Increased risk of social isolation due to the absence of face-to-face support and connection• Digital literacy issues:<ul style="list-style-type: none">- Excludes older adults less familiar with digital technology, skewing the participant pool towards younger, more digitally literate individuals• Motivational challenges:<ul style="list-style-type: none">- Maintaining motivation can be more difficult without in-person interactions and group dynamics.• Sense of insecurity:<ul style="list-style-type: none">- Individual sessions prevent experience sharing and peer support, raising feelings of insecurity
Scenario 2 Target group: older adults over the age of 65 Recruitment site: Swiss Federal Office of Statistics* Recruitment strategy: contacting a representative sample* Implementation: partly on site – in group setting AND partly digital – self-administered	<ul style="list-style-type: none">• Balanced Approach:<ul style="list-style-type: none">- It combines the flexibility of online mode with the social warmth and personal engagement provided by face-to-face group interactions• Reduces isolation:<ul style="list-style-type: none">- Regular group meetings provide social interaction and support, reducing feelings of isolation• Increased reach:<ul style="list-style-type: none">- Reaches a broader audience, including those uncomfortable with digital technology and lacking social interaction• Peer support:<ul style="list-style-type: none">- In-person settings foster a sense of community, encouragement, and mutual support by allowing participants to relate to others with similar limitations.	<ul style="list-style-type: none">• Overwhelming time commitments:<ul style="list-style-type: none">- Finding time for weekly meetings can be difficult even for retirees, that often have busy schedules- Daily engagement with exercises is recommended for cognitive improvement, which some participants may find burdensome• Technological barriers:<ul style="list-style-type: none">- Issues with digital devices and technology remain a challenge
Scenario 3 Target group: older adults over the age of 65 Recruitment site: Swiss Federal Office of Statistics* Recruitment strategy: contacting a representative sample* Implementation: partly on site – in group setting AND partly digital – in group setting AND self-administered	<ul style="list-style-type: none">• No additional benefits identified beyond those associated with Scenario 2.	<ul style="list-style-type: none">• Technical limitations:<ul style="list-style-type: none">- Coordinating online group sessions can be challenging due to technical issues such as microphone use and managing speaking turns during video conferences
Selected Scenario	Scenario 2 (with the option of online group sessions for those who cannot attend on-site and paper-based materials for those who are unable to complete the individual activities online)	

*If the target sample size of 1000 participants is not reached through this initial method, supplementary recruitment methods will be employed. This includes recruiting through a wide range of sites, such as participant pools from the University of Geneva, associations serving older adults, doctors' clinics, rehabilitation centers, sport and leisure courses and clubs for older adults, and community centers, including the following recruitment strategies: newspaper articles and advertisements, flyers, posters, social media campaigns, word-of-mouth recommendations, newsletters, and advertisements in public transportation.

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Stigma-mitigation Strategies	<div>Positive Framing:<ul style="list-style-type: none">- Frame the intervention as improving quality of life and well-being rather than directly addressing mental health challenges- Present the intervention as an opportunity for sharing experiences and mutual benefits, emphasizing the sense of usefulness and value from participation</div> <div>Use non-stigmatizing language:<ul style="list-style-type: none">- Avoid categorizing participants solely as "seniors" to prevent feelings of discrimination- Use alternative terms like "mature person" or "person of a mature age" to be more inclusive- Use age-inclusive language that avoids discrimination</div> <div>Inclusiveness and Personalization:<ul style="list-style-type: none">- Ensure that interventions are accessible to individuals with disabilities, including those who are blind or hard of hearing- Accommodate different paces and abilities of participants by adjusting session content and speed of communication- Ensure that facilitators are aware of the need for a slower pace to facilitate comprehension for older participants</div> <div>Group Engagement:<ul style="list-style-type: none">- Facilitate group settings that provide opportunities for participants to share their experiences and problems, helping them to see that others face similar struggles and reducing feelings of isolation- Clarify the profile and responsibilities of facilitators to ensure effective engagement and support.</div> <div>Co-Create with end-users:<ul style="list-style-type: none">- Involve older people in the design of the program to ensure that their needs and perspectives are considered, thereby avoiding ageism and making the intervention more relevant and effective</div>
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References

1. World Health Organization. Risks to mental health: An overview of vulnerabilities and risk factors. Geneva. 2012.
2. Cargo M, Mercer SL. The value and challenges of participatory research: strengthening its practice. *Annu Rev Public Health*. 2008;29:325-50.
3. Minkler M, Wallerstein N. Community-based participatory research for health: From process to outcomes: John Wiley & Sons; 2011.
4. ADVANCE Consortium. Mental Health in a Changing Europe: Policy Brief. 2024. <https://doi.org/10.5281/zenodo.10947843>.
5. Vollmar HC, Ostermann T, Redaelli M. Using the scenario method in the context of health and health care—a scoping review. *BMC medical research methodology*. 2015;15(1):1-10.
6. Varum CA, Melo C. Directions in scenario planning literature—A review of the past decades. *Futures*. 2010;42(4):355-69.
7. de Freitas C, Amorim M, Machado H, Teles EL, Baptista MJ, Renedo A, et al. Public and patient involvement in health data governance (DATAGov): protocol of a people-centred, mixed-methods study on data use and sharing for rare diseases care and research. *BMJ open*. 2021;11(3):e044289.