


<p>A seemingly weak point of the practice is that the educational lectures are based on medical documents such as Doctor General or The Cancer Society. They seem to focus on the biological side of addiction and not to cover the psychological determinants of it. Another limitation is the fact that the prevention officer is only employed on a part time basis so is only available for a limited amount of hours.</p>	
<p>What makes it a good/best practice?</p> <p>The informative actions in the program reach over 2000 students every year, which is almost the entire student population in the school. However, the degree of innovation is low, but the fact that this reaches essentially all students in the school shows that it is effective, and lets all pupils know that there is support available for them.</p>	
<p>Other information</p>	<p>Dissemination actions https://en.tskoli.is/ Available in Icelandic.</p>
<p>Contact</p>	<p>Guðlaug Kjartansdóttir GUK@tskoli.is</p>

vi. Mental health education program - Iceland

<p>Organisation</p>	<p>Hugarafll</p> 
<p>Location and timing of practice</p>	<p>This organisation works in Reykjavik, Iceland and was formed in 2008.</p>
<p>Title</p>	<p>Mental health education in schools</p>
<p>Objective:</p> <p>Hugarafll provides mental health education lectures in schools for students aged 14-20.</p>	
<p>Detailed content:</p> <p>The program consists of mental health education lectures given to upper-elementary and secondary school, by Hugarafll members - persons with lived experience of mental health challenges.</p>	



The main goals of the program is to normalise mental health issues and difficulties one may encounter. The topics of the lectures focus around:

- The importance of not judging yourself or others
- That emotions, psychological and social factors can have as much influence as physical ones when it comes to mental health problems
- The impact that low self-esteem and self-harm have on mental health, as well as bullying and violence
- The importance of seeking a trustworthy individual for support as soon as you experience distress, thus preventing further distress.
- The many different pathways to recovery and that different ways will work for different people – you will need to find which works best for you.

Evaluation of results:

The stigma around mental health topics has decreased significantly due to this program and this shows in the language student's use before and after the lectures and their increased openness to talk about their problems and seek help. However some difficulties have been encountered, starting in 2019, as a contradictory educational programme is being provided by Psychology students from a University, (based on the disease model of mental health), which can create confusion in the school student population and can lead to more stigmatisation of mental health problems and people affected by them.

Success factors mainly come from the fact that people who deliver the lectures have lived experience of mental health problems and they deliver a message of hope, showing a living example of recovery being possible and of help being accessible. Also, the program is already well-known among the schools in the Reykjavik area and increasing numbers of schools are requesting this training. Weak elements have to do with time limitations of the speakers, which influence the amplitude the project can have in every year and the extent to each the offer of lectures can match the request from schools.

Transferability is dependent on the available human resources and funding. In Hugarafll's program, funding comes from the municipality and it is sometimes supplemented by national grants.


What makes it a good/best practice?

The program is innovative mainly through its informational content, which is based on the recovery model, as opposed to the disease model or bio-medical model of mental health problems. Another innovative aspect comes from the fact that it is designed and delivered exclusively by people who have lived experience of mental health problems and have had first-hand experiences through the mental health system. These two are also the main innovative aspects that Hugarafll brings in the mental health field in Iceland.



More than 50 schools have been accessing the program so far, most of them several times.	
Other information	Website http://hugarafli.is/gedfraedslan/ Available in Icelandic.
Contact	Fjóla Ólafardóttir fjola@hugarafli.is

vii. Shock help - Menntaskólinn Hamrahlið - Iceland

Organisation	 MENNTASKÓLINN VIÐ HAMRAHLÍÐ Hamrahlið High School
Location and timing of practice	The practice takes place in Reykjavik, Iceland and started in 2012.
Title	Shock help
Objective: The role of the shock help service is, among other things, to provide assistance to students in the event of a shock or trauma, especially those that may happen within the school and affect large numbers of students (e.g. a student suicide, a serious accident happening at school that was witnessed by many students).	
Detailed content: Within the school there is an active shock intervention council, which consists of a department manager, study and career counsellor, office manager and two teachers. The actions taken by the team consist of: <ol style="list-style-type: none"> 1. Psychological first aid -includes being with the individual, being present and helping them answer grounding questions. The person who suffered the shock needs to be able to talk about their experience and someone needs to listen. 2. Providing information and education -Those who suffer a shock need to be informed of what symptoms they may experience following the shock, both mental, physical and social. Depending on the case, this can be approached individually or in the group that was affected. 	

