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DEVELOPMENT OF A MULTIDIMENSIONAL METHODOLOGY FOR IMPROVING THE EFFICIENCY OF NEETS WITH MENTAL PROBLEMS ON THE LABOR MARKET

Project L.I.K.E.

"Life investment as the key to employment"

System for integration of NEETs

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DEVELOPMENT OF A MULTIDIMENSIONAL METHODOLOGY FOR IMPROVING THE EFFICIENCY OF NEETS WITH MENTAL PROBLEMS ON THE LABOR MARKET

INTRODUCTION

The following multidimensional program was created as part of the project "L.I.K.E. – Life Investment is the Key to Employment". The project aims to improve the social inclusion and employment of the target group by studying the status of young people, developing innovative technology that meets their needs and engages the whole community in the process - relatives, employers and institutions. The broad partnership in the consortium (Salva Vita Foundation – Hungary, Association PINS- Latvia, Codici – Italy, Association HRIS – Iceland and ROP – Norway, with leading organization – Association "SPOC" - Bulgaria) works internationally, looking for common European solutions for social inclusion and quality and sustainable employment for young people with mental health problems. The program is based on a study that looks specifically at the growing proportion of young people between the ages of 15 and 29 with mental health problems, as well as the inability of conventional employment to address the specific needs of this target group.

Tasks of the multidimensional program:

To create a **system for integration of NEETs in the labor market and in society** as a whole, which should include methods, approaches and solutions to the problem of unemployment in the target group.

For the creation of the program to be used as a basis the **conclusions included in the "Report on the implementation of the research phase of the project".**

The system should include the need of the target group for **therapeutic services, mentoring, education and opportunities for internships and employment.** It should include modules for training of employers and the involvement of **relatives, families and volunteers** in the preparation and transition to employment of the target group.

The multidimensional system should be applied in the created Youth Houses "Hidden Likes". As a result of their participation in the activities, young people need to develop a **wide range of social and practical skills** that will integrate them socially, as well as help them to be included in the labor market.

The methodology should include the promotion of a healthier lifestyle and the creation of the necessary environment for **personal growth and harmony.**

Approaches should include mechanisms for creating an appropriate **work culture and atmosphere**, the opportunity to receive feedback and emotional support, good communication of the target group with colleagues and the management team. Our experience proves that the opportunities for **volunteering and internship** are a good first step towards employment and activation of the labor market. We believe that integration and independence are two vital principles for achieving these goals. People with mental health problems need to feel an integral part of the community, but at the same time be motivated to develop as individuals. Therefore, in this work package we will focus specifically on working with mentors, volunteers and professionals to create the necessary motivation, psychological base, social commitment and activation of the target group.

"Hidden Likes" houses should operate as centers to provide a safe environment for young people with mental health problems and their relatives. To ensure that all measures are taken in the process of motivation, inclusion and self-realization of young people. In this way, the project will provide the necessary prerequisites for improving the employment status of the target group and increasing the number of people included in society.

The introduction of the system should improve employment levels among the target group and provide a basis for a better informed and socially oriented society (**campaigns for change of the public attitudes**).

Young people between the ages of 15 and 29 who have mental health problems, 10% of whom are of Roma origin, will receive support in communicating with potential employers and in developing

professional skills before starting work. They will continue to be part of the program and receive the necessary mentoring and assistance from specialists in the **first year of their career development.**

INDIVIDUAL ASSESSMENT

Ensure greater accuracy of the individual need assessment and in the defining and implementing of specific measures to examine the capabilities of each young person with mental health problems. Define appropriate support measures in every specific case of individual assessment. Apply more efficient and focused tools to control the implementation of the selected measures; mentoring and support during the first year of employment.

INTRODUCTION:

Often, people tend to seek help from a medical professional due to anxiety, fear or the feeling they are getting a heart attack.

2000 general practitioners, psychologists and social workers are being trained to acquire the knowledge, skills and sensitivity required for the early identification of the symptoms of depression, anxiety and suicidal risk behavior. 70% of those attempting to take their own lives have visited, for one reason or other, their family doctors in the preceding two weeks. In many cases failure to come up with the correct diagnosis in time has proved fatal. The most frequent reasons for suicide are problems with family and friends, separation, the loss of a loved one. Following these are:

- unemployment and financial difficulties. The survey reveals that people attempting a suicide are increasingly younger. Only 10 years ago, total despair was more typical for people aged 50+. Now the average age for men is 47, and for women – 37. Women make suicidal attempts more often, and of these one in 10 ends fatally. The riskiest age group is between 18 and 30, and the most vulnerable ones are the unemployed and the underprivileged, the young people with addictions and solitary elderly people.

Association SPOC's Report on the implementation of the research phase of project L.I.K.E. – "Life investment as the key to employment" looks at the growing share of young people with mental health problems aged between 15 and 29, as well as at the failure of conventional employment methods

to meet the specific needs of this target group. The project aims to enhance the social inclusion and employability of the target group by examining the status of young people through an innovative methodology designed to meet their needs and engage the entire community of family, employers and institutions in the process.

The analysis of the data reveals that among the causes of social de-adaptation observed in this groups, number one is the absence of motivation for an active lifestyle, integration in the social environment and personal development. Such absence of motivation has complex root causes, above all the typical personality profile of a young person lacking ambition and resigned to their personal economic situation, but planning to become more active in the indefinite future. Such people live mostly with their parents which also affects their socialization. Their world is more or less restricted, enclosed within the family and their closest peer circle (probably in an identical situation). Their horizon of dreams and interests is relatively limited. Their sources of information do not go beyond their immediate environment, hence, their interests and plans for the future are also limited.

The reasons for this state of affairs are complex, but mostly have to do with some sort of psychological mishap of the type of **anxiety disorders** or **mild depressive conditions**. It is hard to say whether such disorders are the cause or the effect of the lifestyle of these young people. In the abovementioned survey no proof has been found of stigmatization or self-stigmatization. This gives reason to believe that indications of anxiety or depressive disorders would rather be a secondary result from the social failure of such individuals, thus creating a vicious circle by reinforcing failure and reducing their prospects for change.

This is also confirmed by the fact that one of ten respondents who have not previously been employed suffers from **eating disorders**. Such problems are most frequent among those who have been unemployed for 1 to 5 years - 17%. Among those without employment for up to one year, the share is 13%, and for more than 5 years - 15%, which implies that unemployment-related stress aggravates eating disorders among young people.

As the period of unemployment increases, so does **the probability of use of psychoactive substances or alcohol**. If among youth unemployed for up to 1 year one out of ten is a user, then among those unemployed from one to five or more years these are already two out of ten.

One in ten youth who have been unemployed and have not been in education or training for up to one year sees **addiction to the Internet and social networks** as a personal problem.

The fundamental passivity in youth creates a psychological barrier to active job seeking. In addition, there is also the phenomenon of getting used to one's social status, illustrated by the link between anxiety and the length of unemployment. Among those unemployed for less than 1 year, anxiety rate is the highest – 38%, while for the unemployed between 1 and 5 years it is 28%, and among those unemployed for more than 5 years - 25%. In comparison, 23% of those who have never been employed have anxiety issues.

One in five respondents without prior employment or unemployed for less than 1 year has personal problems with **fear**. Among the unemployed from one to five years, 22% experience fear, and among the unemployed for more than 5 years fear rates drop to 5%.

Another hypothesis is that if a mental disorder or another health problem is present, it is unrelated to the social status of the majority of the group.

An important feature of this youth group is their egocentricity and passivity in waiting to be taken out of the state of lethargy they live in. Their value system is largely limited to the satisfaction of their own needs and aspirations, which are not particularly ambitious.

THE ASSESSMENT IS BASED ON THE BIO-PSYCHO-SOCIAL MODEL

Component one includes information about youth with mild mental health problems regarding their social, family, household, health and other circumstances having to do with the difficulties they experience and their employability as indicated in the self-assessment form.
Component two lists objective findings on the existing functional difficulties and barriers to everyday and other activities.
Component three covers targeted supporting measures in line with the stated and identified individual needs.

It follows from the above data that the focus should be placed on the group of youth with milder mental disorders. These are **anxiety disorders** and **milder states of depression, early eating disorders, as well as the probability of increased use of psychoactive substances and alcohol, the fear of starting work and the young people's personality features.**

I. Accuracy in conducting individual need assessment and defining and implementation of specific measures to examine the capabilities of each youth with mental health problems.

The individual need assessment of unemployed youth with mental health problems is based on a personal approach. Their actual needs are assessed, as well as the type of support they require:

- development of a new mechanism/procedure for individual need assessment;
- creation of conditions for youth social inclusion;
- encouragement for employment and other priority areas.

All steps should be tailored to the youth's needs.

Individual need assessment is made at the request of:

1. the youth with mild mental health problems;
2. a parent (adoptive parent)
3. school authorities in the case of drop-outs
4. various institutions – employer, social welfare, residential facility where the youth is placed

In view of the above, the circle of assessment requestors has been broadened to cover various individual circumstances and personal situations.

To provide a full and exhaustive assessment, the causal links have to be studied between symptom and illness, and attention must be paid to the individual human organism and to the correlation between root cause and conditions or factors accompanying the illness.

Aetiological factors represent the search of answers to the following questions:

1. Why this problem?
2. Why at this moment?
3. Why no improvement has been made?

Aetiological factors are found to impact various stages as conducive to, triggering or perpetuating a mental illness.

Conducive factors are those which increase the probability of a person's developing a certain condition in the indefinite future (heredity, predisposition).

Triggering factors are events immediately preceding the development of a mental disorder (life events involving loss).

Perpetuating factors are those additional conditions which prolong a disorder more than expected or prevent treatment and social adaptation, including employability.

Based on this, each group of aetiological factors is analyzed depending on three types of preconditions – biological, social and psychological. This is known as the systemic approach to the aetiology of a mental illness.

In the assessment of youth with mild mental disorders and their needs the full range of the above factors should be considered.

1. Conducive factors:

a/ biological prerequisites – genetic, intrauterine impacts, birth trauma, injuries leading to disability or brain damage;

b/ social prerequisites – early childhood emotional or physiological deprivation resulting from family conflicts, loss of parent or divorce, chronic issues of professional, family, housing or financial nature, lack of supportive relations;

c/ psychological prerequisites – inadequate parenting models, e.g. alcoholic mother (low self-esteem), certain unfavorable personality traits leading to neuroticism or anxiety.

2. Triggering factors:

a/ biological prerequisites – recent physical illness, injury, disability;

b/ social prerequisites – recent life events involving threat or loss: expulsion from school, children leaving home, divorce, death;

c/ psychological prerequisites – youth's response to decline in self-confidence in the case of loss of a loved one, school, family or institution leaving, helplessness and hopelessness.

3. Perpetuating factors:

a/ biological prerequisites – bodily defects, acute pain due to physical ailment, not taking of medications or unwanted effects from take-in;

b/ social prerequisites – unfavourable social living conditions – poor housing, large family, dysfunctional family, absence of intimate relationships and other indicators of adaptability, maturity or nonconflicting independence, negative impact by family, lack of supportive relations;

c/ psychological prerequisites – no expectations for recovery, pronounced unfavourable personality traits, low self-esteem, unsatisfied lack of dependence – love or care deprivation. Disinterest, egocentricity or passivity while waiting to be taken out of the state of lethargy.

EXAMINATION OF A PATIENT WITH A MENTAL DISORDER (TAKING OF MEDICAL HISTORY)

The examination of a patient with a mental illness is in many ways influenced by the general medical model.

1. Information is gathered on the current complaints of the youth/patient.
2. Family background – possible link to heredity factors.
3. Previous illness with environmental factors and past events.
4. Mental status is taken and, if needed, further paraclinical test are made (based on the diagnosis of the mental disorder).

One peculiarity of the examination of a mental patient and the taking of their medical history is that the information passes through a double subjectivity barrier. With a mental patient, the object of examination are mental experiences, i.e., such a patient cannot be put under objective observation, and so specific skills are required from the medical professional to arrive at indirect conclusions on the patient's mental experience.

A specialist is needed (psychiatrist or clinical psychologist) able to recognize, observe and accurately record the patient's behavior and experience, without rushing to put labels or ascribe symptoms. When the young person is capable of providing reliable information about themselves, the examination is in the form of conversation or clinical interview. The psychologist asks guiding questions and records the patient's answers word for word.

MENTAL STATUS EXAMINATION AND CASE FORMULATION

A FULL INTERVIEW COVERS:

1. INFORMATION ABOUT SOCIAL FORMATION THROUGHOUT ALL LIFE STAGES WITH A SUFFICIENT EMPHASIS ON SEXUAL DEVELOPMENT
2. CURRENT CONFLICTS
3. PAST ILLNESSES
4. STYLE OF INTRA-FAMILIAL RELATIONSHIPS IN THE FAMILY OF ORIGIN AND IN THE PATIENT'S OWN FAMILY.

SMOOTH EXPLORATION (OPEN SHARING BETWEEN PSYCHOLOGIST AND PATIENT) REQUIRES GOOD QUESTIONING SKILLS FROM THE PSYCHOLOGIST. THE SO-CALLED CLOSED-ENDED QUESTIONS MAKE SHARING RATHER FORMAL AND LIMITED. PROVOCATIVE QUESTIONS MAY BE SUGGESTIVE (IMPLYING SOMETHING NOT ONE'S OWN) OR OFFENSIVE TO A PATIENT; THEY CAN INCREASE THE PATIENT'S ANXIETY, TRIGGER RESISTANCE AND BLOCK COMMUNICATION. OPEN-ENDED QUESTIONS ARE THE ONES THAT ENCOURAGE THE PATIENT TO EXPLORE THEIR OWN EXPERIENCES AND DESCRIBE THEM AS BEST AS THEY CAN.

Psychological/mental status is used to reveal disorders in mental functioning, diagnose disease-related deviations and the patient's ability to deal with them.

A rather strict procedure is followed in the examination of mental status which ensures full coverage of all mental functions. The examiner's skill to observe, describe and hold conversation is focused on an understanding of the psychological phenomena present, and is needed to develop their own diagnostic hypothesis. In clinical psychology and psychiatry, mental status examination is based on the following procedure:

1. Description of appearance, motor activity, mimic and pantomimic expressivity, the patient's willingness or reluctance to talk, their attitude toward the psychologist and the surrounding environment expressed through non-verbal signals. This information allows to form an opinion of the patient's life activity and, in part, of their emotional state.

2. Speech – rate, rhythm, intonations, interruptions, long pauses.

3. Next come the questions meant to identify the mood emotional background. During this initial contact, the patient's willingness is observed to verbalize their experiences.
4. Thought content is examined. The most important thing here is to reveal delusional thinking in the form of obsessive thoughts, extremely abnormal beliefs, delusional ideas. The clinical psychologist tries to find out the patient's own explanation of their unusual experiences.
5. Disruptions are sought in the sphere of perceptions and ideas, both in respect of the patient's orientation regarding their own personality (autopsychic) and orientation in the surrounding environment (alopsychic).

6. Examination of memory functions (fixation, short- and long-term memory).

7. Individual intelligence is checked through simple tests: the patient is asked to explain the figurative meaning of proverbs or abstract notions, and if unable to do so, then we can speak of intellectual deficiency resulting from mental illness.

8. Judgement – at the end of the mental status examination we need to find out the patient's opinion of their state, that is, whether they are aware of, and acknowledge that their current deviations indicate mental illness.

Medical history and mental status examination allow for initial hypotheses to be constructed on the nature of the mental illness, which has to be verified and substantiated through further examination and other clinical tests. Once these have provided all relevant data, the case formulation is made. It is a method integrating all clinical data required for treatment and prognosis. It represents an ideographic process (the individual's portrait), meaning that it includes the unique characteristics of the patient indispensable to their treatment. While diagnosis is the nomothetical process (categorizing the respective disease according to the international criteria), formulation includes all meaningful data related to the patient which are used to assist the overall treatment plan and mitigate the conducive, triggering and perpetuating factors in view of secondary prevention and rehabilitation measures.

The formulation has the following sections:

1. Demography – name, age, occupation, family status.

2. Description – symptoms and indicators characterizing the disorder.

3. Differential diagnosis – a listing, in order of probability, of all diagnoses that have to be considered in view of the syndromic characteristic (symptoms and indicators).

4. Aetiology – analysis and role of the three groups of factors under the systemic approach.

Social approach and correlations with the other sections of the assessment. Based on the above, a map of the interview is produced.

INTERVEW MAP

Place of interview:

Consent by youth or guardian: A notice that the interview will be focused entirely on the employment process. Granting of consent.

Personal details: name, age, education, family status, hospitalizations, employment status.

Family anamnesis: information about any history of mental illness

Past and accompanying conditions:

Premorbid personality: pregnancy and birth, first steps, first words, development, mobility

Anamnesis: onset of illness, change in behavior, symptoms

Treatment, hospitalization. School/job attendance at the time, aggravation and exacerbation, therapy, psychosocial rehabilitation, social assistance.

Employment: enrollment in school/ work related route, difficulties and setbacks, workload

School environment, relations with other students, employers, tensions.

Current status

Reasons for failure to start education/work or for school/work dropout.

Current treatment:

Other factors: juvenile delinquency, troubles with the police, prolonged treatment, low social status, work experience.

Somatic status: general and visible systems and organs

Current neurological status: general status

Current mental status: awareness, orientation, judgement, emotions and willpower examination, thought process: rate, content, psychoticism, memory and intellect – clinical assessment in correlation with age, education and social experience, how is this affected by the disease.

Type of functional impairment: differentiation of personality traits, gravity of disease

Degrees of functional impairment:

Degrees of impaired inclusion in social environment:

Sample questions:

Do you study? Have you been in employment relations (permanent or ad hoc) so far?

Question: Why did you leave school or your previous jobs?

Question: Do you want to pursue education/employment?

Question: What are the main setbacks and difficulties you face at school and at work?

Question: What could possibly help you to find permanent employment and a favorable school/job environment?

Question: How do you imagine your job? What are your interests?

Question: Do you have any plans in this respect?

Question: How do you see your own situation at the moment?

CONCLUSION of assessment and need for support.

II. Support measures in each case of individual assessment

To roll out the individual care and employability plan for a young person with mild mental health problems, certain guidelines should be followed which provide the basis for support.

1. Transparency and objectiveness: explanation and signing of informed consent for enrollment in the programme. Youth inclusion and active involvement through clear and transparent tools and documentation.
2. Alignment with individual desires and objectives
3. Personalized approach: all steps in the process of individual assessment should be tailored to the youth's needs.
4. Respect for personal orientation: the lifestyle of a person with disability, life circumstances and experience.
5. Interagency cooperation: interaction between experts from various institutions – school, support centers, psychologists, family, medical professionals and psychiatrists in charge, employers.
6. Interdisciplinary: depending on the case in point, other professionals and experts can also be invited.
7. External factors: taking into account factors of the individual's immediate environment in assessing their needs – specific support measures, recording of relevant factors and barriers.
8. Targeting: provision of adequate support for the unemployed youth with mental health problems.

Once the guidelines have been respected, the need for any of the following types of support should be assessed:

1. Financial assistance for activities enabling participation in the programme – costs of transport, mobility, training courses.
2. Referral to employability services: the Houses of Hidden Likes as centers for support, communication and training. On a case-by-case basis, these can facilitate enrollment in

rehabilitation services, offer support through education and vocational training, and other support measures, when applicable.

3. The need identified under 1 and 2 above is reflected in the assessment with the respective conclusion. The latter also states that the terms and procedure for the provision of this specific service shall be the ones set out in the general terms of the service.

4. On the grounds of the conclusion under item 3 above, a referral is issued confirming the need for the respective support measure and forwarded to the relevant authority, organization or service provider.

III. Application of more efficient and better focused tools to control the implementation of the selected measures; mentoring and support in the first year of employment.

The use of more efficient and better focused tools would be possible only through **enhanced cooperation and communication among all agencies and bodies contributing to the project.**

1. Between primary health care professionals and mental care professionals - to ensure more efficient treatment and application of a holistic approach taking into consideration the full physical and mental patient profile in the assessment of the case.

2. Sound knowledge of the activities available in a given area and provision of support to those directly involved in the fulfilment of the project's objective.

- Support for school personnel in the creation of healthier environment and development of a network of connections between school, parents, providers of healthcare services and the community to encourage the social integration of youth.

- Support for parenting programmes, especially for vulnerable families, and encouragement for the opening of positions for mental health counselors in all secondary schools to help young people with their social and emotional needs, with special attention to prevention programmes, such as self-esteem building and crisis management.

- Support for children and youth undergoing transition from long-term institutional care to life in the community.

- Emphasis on the need for early diagnostics and treatment of mental health problems in vulnerable groups with a special focus on minors.

- Curricula support for all healthcare professionals and lifelong learning and education in the field.

3. Motivating project participants, mediators and employers. Motivation is a major challenge related to youth inclusion in the job market, as it represents a dynamic variable which tends to decline with each new failure.

Measures in this respect are mostly proposed by the Employment Agency which organizes motivational trainings for the unemployed, including youth, registered through the employment offices, the police (juvenile delinquency offices) and dropouts from school. This, however, is extremely insufficient. Three types of general measures are required:

- Information: improve information about available opportunities, given that often inactivity is the result of unawareness rather than of unwillingness (especially among young ethnic minorities).

- Motivation: targeted at those at the highest risk of prolonged youth unemployment or non-enrollment in education, i.e., the ones who are inactive or lethargic.

- Targeted at the Roma community: efforts there should be focused, on the one hands, on parents – to prevent early marriage and reduce the number of girls dropping out early from school, and on the other hand, on youth in general – to change their attitudes to education and the prospects it opens up (mostly through good examples in the Roma community itself).

4. Special attention is paid to employers and to those directly involved in the process of project implementation. Monitoring for changes and taking into consideration of the specific requirements of school dropouts or unemployed youth enrolled in the project.

- Help from an employee for employment assistance (during selection/appointment or at work).

- Flexible working arrangements (including short working times).

- Modified training and supervision.

- Changes in work responsibilities.

- Physical accommodation at the workplace (for example, a quieter workplace).

The analysis should take on board the interests of all stakeholders: a clear focus on school dropouts and unemployed youth, support for their families; professional expertise and sensitivity of project teams; account for the fact that for most project service users this is their only connection with the local community, hence, the service also contributes to their social inclusion.

5. If possible, in year one the following indicators should be monitored:
   - Number of persons having received mediation services
   - Number of persons having started work
   - Number of persons enrolled in vocational or upskilling training
   - Number of persons employed after training
   - Number of persons still employed one year after the end of funding.

Achieving the best effect in counseling and orientation for employment, education, training and career guidance - in the newly created area structures- "Hidden Like Houses". Providing therapeutic services, counseling and production workshops for **depression, anxiety, suicide risk, eating disorders, addictions, etc.**

ACHIEVING A BETTER EFFECT IN COUNSELING AND ORIENTATION IN EMPLOYMENT, EDUCATION, TRAINING AND CAREER GUIDANCE

INTRODUCTION

According to the Report on the implementation of the research phase of the project L.I.K.E.- "Life Investment is the Key to Employment", examining the growing share of young people aged 15-29 with mental health problems and the inability of the conventional methods in the field of employment to meet the specific needs of the target group. The project aims to strengthen the social inclusion and employment of the target group by examining the status of young people by developing an innovative methodology that meets their needs and engages the whole community of relatives, employers and institutions in this process.

The project LIKE "Life Investment is the key to employment" is implemented by the consortium ASSOCIATION SUSTAINABILITY FOR PROGRESSIVE AND OPEN COMMUNICATION / SPOK / and is funded by funded by Iceland, Liechtenstein and Norway through the EEA and Norway Grants Fund for Youth Employment.

The broad partnership in the consortium works internationally, seeking common European solutions for social inclusion and sustainable employment for young people with mental health problems. The conducted international researches will present the necessary data for creating an innovative multidimensional approach for inclusion of the target group - young people with mental health problems in the age group 15-29 years, with special focus on the Roma population. Through the creation of the Hidden Like Houses - support, communication and training centers, the project will achieve synergies in building a healthier lifestyle and sustainable employment among the target group across Europe.

The innovative “Hidden Like Houses” program is aiming in building self-esteem and confidence in the young people and in this manner to initiate their inclusion on the labor market while special attention is paid to the Roma population. These houses will be a place for the target group and their relatives and professionals engaged, to work together on their integration in the work environment. One of the three levels of the “Hidden Like House” which will be developed in Bulgaria, Latvia, and Hungary is providing support in searching of internships or work, through training of employers, creating a professional network and tutoring during the first year of employment.

The research conducted in the research phase of the project shows the main results related to employment and economic status of the people from the target group. With the highest share among them 33.5% - or about 1/3, have never worked. A similar percentage - 31.7% are young people with work experience between 1 and 5 years. Up to 1 year are 22.5%, and over 5 years - 12.4%. The biggest part of the group finds difficulties in beginning of their career and realisation. Close percentage are the people who managed to stay on the labor market for 5 years. It is important to note here that among the target group largest part hold the youngsters that have never work followed by those who have worked for up to 1 year. This is an indicator of serious barriers at start-up, respectively finding and keeping a job among the representatives of the target group. The discovery of these problematic barriers remains to be found and analyzed in the present study.

Regarding the economic status, the research found that the predominant share is held by those respondents who neither study nor work (35%), but have little money or answered that their money is "neither a little nor a lot" - a total of about 70 %. About a quarter say they have no money at all (26%) and only 4% say they have a lot.

The results of the study related to the interests of the participants, illustrate that "work" is the area that interests them the most. At the same time, more than 2/3 of the respondents (68.9%) imagine their lives after 5 years as employed and only 22.3% associate this with learning. The largest percentage, almost ¾ of the young people in the survey (73.1%), seek support to find a job.

The results of the study make an impression that the people who indicated some type of mental disorder, depression and anxiety, occupy a significant share - about 30% for each of these disorders. If eating disorders and addictions are added, a significant proportion of mental health problems are formed among young people who neither work nor study.

This is confirmed by the fact that every tenth respondent who has not worked so far has eating problems. Such problems are most common in those who do not work between 1 and 5 years -17%. Among those without work for up to 1 year are 13%, and over 5 weeks - 15%, which suggests that the stress associated with unemployment increases eating problems in young people.

As the period of unemployment increases, the probability of using surfactants or alcohol increases. If for unemployed young people up to 1 year every tenth is in the group of users, then for those who are unemployed between one and five years, or more than five years, it becomes two out of ten.

The lack of work, resp. social environment leads to confinement in virtual reality. One in ten young people who neither study nor work, with an unemployment period of up to one year, are aware of their dependence on the Internet and social networks as a personal problem.

Among the unemployed young people for one and five years, this dependence doubles and is already recognized by 23% of respondents. For those who have not worked before or for more than five years, the percentage is almost the same - 13% and 15%.

At the same time, the study found a phenomenon of habituation to social status, which is illustrated by the relationship between anxiety and unemployment. For the unemployed up to one year the anxiety

is the highest - 38%, for those without work from 1 to 5 years it is 28%, and for the unemployed over 5 years it is 25%. For comparison - in those who have not worked so far, 23% are anxious.

One in five young people surveyed who have not worked or been unemployed for up to a year have personal problems related to fear. Among the unemployed for one and five years, 22% are afraid, and for those over 5, the fear drops to 5%.

As we have already mentioned in the course of the study presented above, young people who neither work nor study share problems with their mental health and that is undoubtedly a factor in terms of their employment. On the other hand, many studies confirm that employment improves mental health and recovery.

We feel challenged to support professionals and employers with limited knowledge of mental disorders, with a lack of trust, knowledge, skills and resources to effectively support young people with mental health problems to achieve employment successfully.

There are researches that show that people who live with mental health problems are able to make an important contribution to the work they are engaging with.

The methodology that will be developed in this project will be a valuable resource to support young people from the target group in the process of career planning and to achieve their full employment potential.

It is intended for all social workers in the field of employment, career counselors, as well as for those working in specific organizations in the field of mental health.

The methodology will build on existing and emerging "good practices" in support of the employment of young people who neither work nor study.

Aims:

1. Changing beliefs that limit opportunities for young people living with mental illness
2. Raising awareness of recovery-oriented practices and those that support their economic inclusion
3. Building knowledge for better customer service at employment offices.

DEVELOPMENT OF RESOURCES FOR:

- Know-how / models for mentoring and coaching related to work, motivating unemployed and uneducated young people and better coping, detection and guidance
- Appropriate family, mentoring and employer support that can increase employment success
- Finding potential solutions to eliminate stigma and discrimination
- Building partnerships for cooperation between different organizations and support services for young people who do not work or study
- Understanding mental illness and related resources for treatment and recovery
- Derivation of best practices in support of employment of young people with mental health problems
- Engagement and support of employers

Recovery is not a modality, program or tool

Restoration-oriented bio-psycho-social practice is a fundamental change in the way we think about people living with mental health problems and how we engage people as respected service partners as well as co-creators of knowledge. The key to improving personal recovery is improving social and economic inclusion and the opportunity for full participation as citizens. Professionals can help support personal recovery, but recovery is an individual process. When services are targeted to help people control their lives, define and achieve their goals, respect their human rights and maintain their social and economic inclusion, it is crucial to promote recovery. Recovery-oriented practices recognize the importance of having a supportive circle of family, friends, and community and the need to understand and address each other as allies. Bringing out the structural inequalities and barriers that people face that limit their opportunities and ways to collectively build communities that are more inclusive. All this requires all professionals to work together, systematically and with other services in order to

improve access to services and build partnerships that will expand opportunities and create welcoming communities that are free from stigma and discrimination. Addressing the attitudes and structure of barriers that limit opportunities - including in the context of employment counseling services - is an important start in this transformational recovery.

Mental illness is not the only cause of disability

People face challenges and barriers unrelated to their illness or severity, including:

Stigmatizing attitudes and discriminatory policies

- Decreased self-confidence and internalized stigma
- Pessimism about recovery
- Limited focus on employment issues in mental health services
- Insufficient investment in employment counseling services
- Programs to support income and people with disabilities that discourage employment
- Attitudes of employers - fears of possible low productivity, inability to cope, the cost of accommodation for young people with mental health problems - increased periods of illness and / or more often
- The use of inefficient models of supported employment

Employment is possible

Young people with mental health problems, regardless of diagnosis or duration of the illness, can work successfully or return to education and training with appropriate support - even if they have symptoms of illness.

It should be noted that for some young people it may be important where they would prefer to receive support. However, moving away from seeing young people living with mental illness as somehow 'different' from the rest of the community is key to achieving a successful transformation. Many of them could return to work without requiring long-term specialized psychological and psychiatric care, taking advantage of the use of basic supportive career counseling.

Improving long-term employment through career counseling that helps young people who are not working or studying to:

- Define their career goals, identify their skills and strengths
- Identify those factors that create "good work"
- Understand their employment opportunities based on market trends
- Start a career planning process as part of the job search
- Identify and access education, training and employment
- Developing of practical job search skills, CV writing skills and job interview training
- Improve communication skills in communication and assertiveness

Career-oriented counseling can also help people to know their rights, explore the pros and cons of a given job, identify additional needs, for example accommodation and when appropriate - renegotiate with employers.

We believe that all young people suffering from mental health problems who need specialized vocational rehabilitation services are limited. Helping young people for their access to support for education, training and employment is proving to be a highly effective means of returning to work and achieving successful and long-term employment.

Social and economic inclusion is enhanced through career counseling services, including for young people living with mental health problems, by supporting their right to access publicly funded programs. Some of these young people may need, want or prefer access to specialized professional mental health services. In such cases, career counselors can help by establishing partnerships for cooperation with specialized centers and institutions for professional help in the field of mental health and develop skills to effectively refer their clients to them.

Caring for young people affects employment

Taking care for a close young person who has a mental illness adversely affects the physical, mental health and well-being of the caregiver. Time, stress and worries related to the constant provision of care can negatively affect productivity and hinder the participation of loved ones in the labor market, which can lead to serious economic difficulties. Caregivers also experience a "stigma" for their commitment to their adult children, which often causes them to hide their "pain" from employers and colleagues.

Family members of young people with mental health problems can be assisted in their employment planning. Employers can help by creating flexible workplace policies and adopting psychological practices for health and safety at work that support family members taking care of young people. They can also improve their employees' access to information on mental health resources and training programs to help employees gain knowledge and skills to work with people with mental health problems.

What supports a successful return and permanent job retention?

- Providing an active support and appointment negotiations
- Proposing a step-by-step approach to getting started
- Maintaining a positive relationship at work during sick leave and after return (supervisors, colleagues)
- Providing training for the staff for support during and after sick leave
- Ensuring case management to coordinate recovery and clinical management
- Access to psychological counseling helps return to work

Obstacles to successful return and retention include:

- Breakdown of relationships in the workplace
- Stigma and fear of discrimination
- No communication and help provided on time
- Pressure and / or lack of support outside work
- General practitioners and mental health professionals do not consult or refer to employment professionals
- Decreased self-confidence
- Loss of work habits
- Return to the same tensions and situations that caused the initial mental health problem of young people

Access to quality independent career guidance is essential for all young people, given factors such as increasing the age for inclusion in the labor market, the widening range of educational opportunities and high unemployment rates, especially among young people with mental health problems.

We believe that there should be room for innovation and new approaches, on the other hand we are convinced that all young people should have access to quality guidance. Young people need support for career guidance, but there are currently too many discrepancies in which groups of young people receive services tailored to their specific needs in this area. State institutions and organizations offer unified programs supporting the young unemployed. However, these practices and approaches are not applicable to young people who have not worked or studied for a long time and have mental disabilities. Independent career guidance has never been more important to young people than it is today. Too many social professionals do not have the skills, incentives or capacity to successfully perform their duties, especially for young people with mental health problems. They deserve more than the service they receive in the current circumstances.

1. Achieving a better effect in counseling and guidance on employment, education, training and career guidance.

Professional / career counseling includes three main types of career services - career education, career information and career counseling.

Career services are provided in different sectors, and in order to achieve the best results, all three types of services need to be integrated not only with each other, but also with other information and consulting services.

Integrated career services provide better opportunities for habituation of skills and knowledge needed for conscious career planning. Their base is the adequate career orientation which could be accessed by all citizens from all age groups.

The main services of the career counselor introduce and support the client in the career planning process. They are expressed in:

- assisting clients in searching for career information, including electronic and other resources (information systems, websites, libraries and other media) and guiding them if necessary;
- career information - providing career information to individuals and groups;
- creation of networks for cooperation and coordination of the movement of information (including schools, companies, centers);
- career counseling - diagnosis and counseling of professional interests and abilities;

• job search counseling;

• counseling when applying for a job;

• counseling families and parents.

• types of career services according to the target group:

• career guidance and counseling for unemployed persons;

• career guidance and counseling for young people;

• career guidance and counseling for adults;

• career guidance and counseling for people with special needs

The latter type of career services should apply to young people with mental health problems and their families.

Main tasks of career services:

- establishing the needs and career goals of the client;

- clarification and assessment of the qualification, the potential of the client (education, professional experience, interests, abilities, skills, values, personal characteristics, presence of mental problems, etc.);

- assisting the client in compiling a career plan and activity plan, preparing programs for independent career management or development programs;

- informing the client about possible professions, jobs and training and providing the relevant sources of information;

- accompanying the client in the process of developing career skills;

- assisting the client for active job search, finding and mediation for work, including retraining;

- preparation of methodological materials for career counseling, career training and education;

- consulting with other specialists, if necessary (psychologists, psychiatrists, etc.);

- is responsible for proper documentation of work results and the consulting process, seeks and stores customer feedback;

- participation in the preparation of educational and labor market policies, as well as the relevant training programs to them;

- participation in the preparation and implementation of international, national and regional programs for career development;

- analysis of career services, conducting research (including analysis of the quality of services), development of quality standards;
- compiling training programs for training, organizing and conducting trainings;
- compilation and improvement of methodological materials;
- mentoring of career counselors;
- supervision of career counselors (in the presence of appropriate training and experience).

Career information about people with mental health problems should include:

I. Psychogram or psychological personal working conditions and career growth in the profession (relationships with clients and colleagues)

1. Psychological working conditions - type of contact with the client: face-to-face or part-time service, service with a group of clients simultaneously or individually; type of contact with colleagues: work in a private room or with other colleagues; team work or individually.
2. Psychological components of work (psychological requirements of the profession) - perception, ideas, memory and thinking, attention, imagination, observation, temperament, emotions, extroversion, individual mental characteristics, speech development.
3. Complexity, difficulty and degree of professional risk from a mental point of view.
4. Occupational deformities from a psychological point of view.
5. Vocational rehabilitation from a psychological point of view.
6. Psychological limitations and contraindications - absolute and relative; advantages and restrictions by gender and age.
7. Selection of a suitable job for the young person with mental health problems.

II. Sociogram or organizational-administrative and managerial working conditions and career growth in the profession

1. Organizational-administrative and managerial working conditions in the profession - degree of independence in decision-making; subordination or managerial positions - taking responsibility for the professional activity of other people or not; team work or not; the need to deal with critical emergencies; degree of responsibility for material, technical or financial resources.

2. Social components of labor (social requirements of the profession) - general social components and requirements: teamwork, conflict, adaptability - stereotyping, mutual assistance; requirements for organizational, volitional and business characteristics.

3. Complexity, difficulty and degree of professional risk from a social point of view.

4. Professional deformations from a social point of view.

5. Vocational rehabilitation from a social point of view.

6. Socio-contraindications - relative and absolute; advantages and restrictions by gender and age.

III. Diagnosis and consulting of professional interests.

The levels of diagnosis of professional interests at this age can be three.

1. Type of social and professional orientation of the person.

2. Cognitive interests - in different areas of knowledge, but manifested in certain activities through certain skills and achievements - through the "Exercise for motivated skills and abilities". In this way a synthetic diagnosis of the correspondence of professional abilities and interests is realized, based on personal experience.

3. Interests in a certain profession and job - they are a priority in the diagnosis of professional interests

One of the tools that can be used in career counseling for young people with mental health problems is the Social and Professional Orientation Test. Six personality types test by holland is also a helpful projective test for young people. Establishes the organic relationship personality - environment, basis for making "ecological" adaptive decisions.

The six types are the following:

Realistic

- Likes to work with animals, tools, or machines; generally avoids social activities like teaching, healing, and informing others;
- Has good skills in working with tools, mechanical or electrical drawings, machines, or plants and animals;

- Values practical things you can see, touch, and use like plants and animals, tools, equipment, or machines; and
- Sees self as practical, mechanical, and realistic.

Investigative

- Likes to study and solve math or science problems; generally avoids leading, selling, or persuading people;
- Is good at understanding and solving science and math problems;
- Values science; and
- Sees self as precise, scientific, and intellectual.

Artistic

- Likes to do creative activities like art, drama, crafts, dance, music, or creative writing; generally avoids highly ordered or repetitive activities;
- Has good artistic abilities -- in creative writing, drama, crafts, music, or art;
- Values the creative arts -- like drama, music, art, or the works of creative writers; and
- Sees self as expressive, original, and independent.

Social

- Likes to do things to help people -- like, teaching, nursing, or giving first aid, providing information; generally avoids using machines, tools, or animals to achieve a goal;
- Is good at teaching, counseling, nursing, or giving information;
- Values helping people and solving social problems; and
- Sees self as helpful, friendly, and trustworthy.

Enterprising

- Likes to lead and persuade people, and to sell things and ideas; generally avoids activities that require careful observation and scientific, analytical thinking;
- Is good at leading people and selling things or ideas;

- Values success in politics, leadership, or business; and
- Sees self as energetic, ambitious, and sociable.

Conventional

- Likes to work with numbers, records, or machines in a set, orderly way; generally avoids ambiguous, unstructured activities
- Is good at working with written records and numbers in a systematic, orderly way;
- Values success in business; and
- Sees self as orderly, and good at following a set plan

Important for successful career counseling is making a comprehensive diagnosis of compliance of professional abilities and interests, based on personal experience.

Complex diagnostics may include EXERCISES FOR MOTIVATED SKILLS AND ABILITIES (Jurman, R. and P. Arnold. Bernard Haldane Associates Job & Career Building, New York, 1980, 58-61) with the individual elements: exemplary achievements, the most significant achievements, synthesized skill groups by areas and other alternatives.

The above exercises help the person to clarify his priorities, his strengths, so that, comparing them with the characteristics of the situation, to identify possible problems and difficulties, then the deficits in himself and the environment to weigh the risk.

The next stage of career counseling is related to the diagnosis of the interests of young people in a particular profession and / or job. The checklist of interests was developed by the Department of Analysis of Manufacturing Activities and Industrial Services at the US Department of Labor. The main purpose of the checklist is to serve as an aid in interviewing when there is a need for more information about the interviewee.

Interpretation of the results of the Checklist of Interests reveals the predominant areas of interest in the consultation. They could be:

A. Work in the field of arts

B. Work in the field of music

C. Work in the field of literature

D. Entertainment sector

E. Office work and trade: technical work.

F. Office work and trade: computer work.

G. Record keeping and general clerical work.

H. Working with public contacts.

I. Work in the service sector: public services.

J. Work in the service sector: cooking.

K. Child care.

L. Personal service.

M. Agriculture.

N. Fleet.

O. Forestry.

P. Engineering: technical work.

Q. Work in mechanics.

R. Work in the electrical sector.

S. Construction crafts: construction and carpentry.

T. General craftsmanship.

U. Mechanical engineering and work with machines.

V. Working with graphic arts.

W. Metalworking and other processing.

The last stage of career counseling is the *Completion of the consulting interaction with perspective.*

It includes the following main components and individual steps:

I. Evaluating the client's achievements.

Describe his behavior at the end of the consultation. Comparing behavior at the beginning and end. Comparing behavior at the end with goals. Determining whether the goal has been achieved. Determining whether further consultation and / or guidance is needed.

II. Completion of the consulting process. Explain the completion procedure. Clarification of the need and the manner of possible subsequent contacts.

METHODS FOR INTEGRATION OF NEETs ON THE LABOR MARKET IN "HIDDEN LIKES" YOUTH HOUSES

INTRODUCTION

When choosing appropriate methods, the conclusions from "Report on the implementation of the research phase of the project" were used. According to that: Young people between 15 – 29 years of age are a vulnerable group in the labor market. Half of the respondents are on the brink of survival in terms of meeting daily needs. Their poverty is directly dependent on the poverty of their parents - this is the so-called "Intergenerational poverty" or "inheritance of intergenerational poverty". The reasons are: lack of employment and income from the parents' work, education or illness.

The report of the sociological study related to Project L.I.K.E. is shaping the strong exclusion of the youth as a process in which they are pushed to the margins of society and prevented from participating fully because of their poverty or lack of basic competences and opportunities for studying, or as a result of discrimination. This distances them from employment, income and education opportunities, as well as hindering their access to social and community networks and activities.

The young people do not have access to the power and decision making organs, and that makes them feel they can not control their own lives.

In order to stop the accumulation of inequalities between the generations, **personal responsibility and a supportive environment** are needed - in the performance of the parental function, provision of social and family benefits, social services, support of employment and professional realization.

The “Hidden Likes” House that will be created would help young people to find their own career pathway in their youth period when they feel confused and unsure. It is based on the vision that each generation has to choose it’s own path in their own way.

The **methods** proposed below **for integrating young people** who are neither studying nor working into the labor market involve a series of actions that encourage them to choose their path - work, study or internship, volunteering, apprenticeship or possibly - continuing their education.

These methods and actions, together with specific tools and approaches for identification, activation and motivation can be presented as an ALGORITHM - a series of 7 consecutive and logically related steps:

IDENTIFICATION - PROFILING - ORIENTATION - ENGAGEMENT - PLANNING - MOBILIZATION - IMPLEMENTATION.

The seven-step methodology is proactive and specific to the individual, based on the coaching approach / mentoring and allows young people who neither study nor work to exercise their right to work.

The methodology leads to a reasoned choice of the respective path - a choice consistent with the profile of the group to which a particular youth belongs, as well as with their individual interests, preferences and desires for future development.

The methodology is consistent with the 5-step model: attitudes, interests, desires / expectations, worries, benefits.

"Lead while following", coaching, is the essence of the relationship through all stages of identification, activation and motivation, on which the proposed Seven-Step Methodology is based.

EXPOSURE

The proposed methodology is based on the following principles:

- **Individuality** - acceptance of each person as an individual, with their own interests, preferences, state of mind and life experience
- **Respect** - personal dignity and age specificity are from paramount importance in services
- **Determination** - self-advocacy by the users of the service: young people have the right to expand their interests and preferences, to express their choices and to determine their professional and life plans, according to personal and contextual conditions
- **Informed choices** - Young people are encouraged to fully understand their choices so that they can make consistent choices within their preferences and understand the consequences of the choices made.
- **Independent living** - help to make decisions about their way of life and their participation in society. Young people are actively involved in planning, evaluation and development of services
- **Confidentiality** - respecting the confidentiality of the information provided to him. The user of the service has access to personal information,
- **Flexibility** - changes depending on the needs of service users. The services are flexible, meet the needs of the individual and can be adapted to specific requirements.

1. IDENTIFICATION - Individual assessment of the needs and risk factors for acquiring the status of NEETs on a case-by-case basis

The selection of young people and the identification of risk factors for each case aims to help understand the "personal history", i.e. the reasons for acquiring the status of NEETs. This is important for making sense of the more general life context of each identified young person in the NEETs group, and hence for defining an appropriate strategy for activation and support.

Individualization in terms of needs and resources supports self-knowledge and self-confidence and is the basis of career development. It is the basis for identifying appropriate support measures in each case and contributes to the choice of more effective and focused tools for employment.

The multidimensional system that will be applied in the created Youth Houses "Hidden Likes" is a person-oriented system. Its design is focused on the individual needs of young people, through their

participation in interesting and desirable activities, in order to acquire a wide range of social and practical skills that will integrate them socially and subsequently help their inclusion in the labor market.

2. PROFILING - Defining affiliation to a specific subgroup of NEETs

The preparation of an individual profile of each young person makes it possible to determine their affiliation to a particular subgroup of NEETs - a prerequisite for choosing tools and for a job offer, training and internship, apprenticeship or continuing education provided in the Youth Guarantee.

The individual profile is based on data on the health and educational status, family environment, professional qualification, professional experience, skills and competencies of each young person.

It presents highlights from his biographical path and provides an opportunity for a deeper understanding of his personal characteristics, respectively contributes to employment, education, training and career guidance.

Here it is important to emphasize that the prospects for NEETs are diverse, non-linear and reversible due to the uncertain life trajectories that emerge before them. The most vulnerable are young people without education, from minority groups living in families with long-term unemployment and poverty in “bad” neighborhoods, in underdeveloped areas.

The recommendation is to approach them individually, first through training and then - work, providing a supportive environment. A combination, a synergy of policies - educational, labor, health and social - is needed to sustainably improve the well-being of young people.

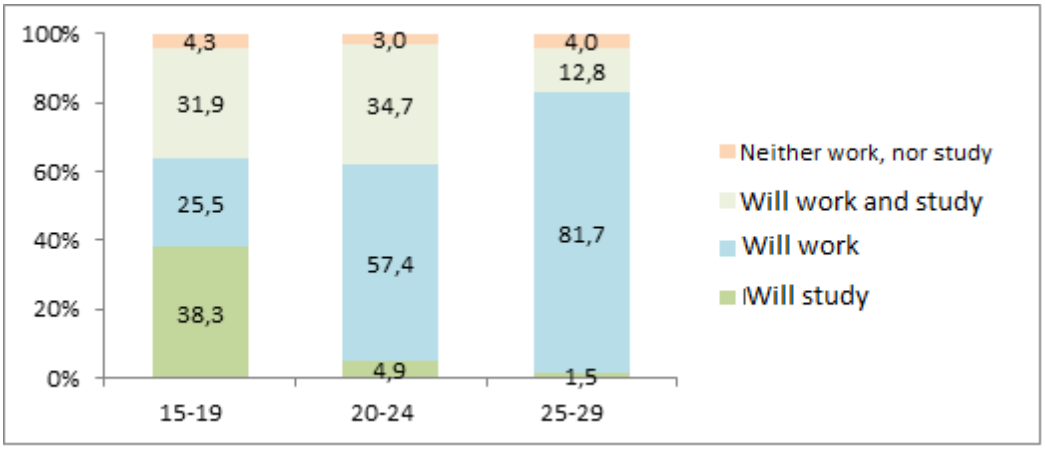
3. ORIENTATION – determining the desires and preferences for future development

This is a kind of personal "screening" - an assessment of the interests, preferences, attitudes, desires regarding the future of each identified young person. This "screening" aims to complement the characteristics of the individual profile and to justify the choice of a specific support and proposal measure. The results of the study reveal significant differences in the three age groups participating in the study.

As growing older, some illusions grow, resp. the expectation for employment "after 5 years" increases, as it rises by more than 20 percentage points in each subsequent older age group. The shares of those

expecting to be "both learning and working" are almost the same in the first and second age groups - about a third of respondents, and only 13% among 24-29 year olds.

Future vision for five years



There is a medium significance correlation between age and the idea of personal future after 5 years. While in the age group of 15-19 young people 38% assume that they will study, 26% that they will work, and 32% that they will work and study, in the age group 20-24 years only 5% imagine that they will study in 5 years, 57% that they will work, and 35% that they will study and work at the same time.

The results show that the "oldest" unemployed young people in the sample are the most eager to work in a five-year perspective. In the group of 25-29 year olds, 2% think that they will only study, 82% that they will work in a five-year perspective, and 13% that they will study and work. This means that they are also the most open to job offers, while the youngest are most open to job opportunities.

4. ENGAGEMENT - Activation of young people from the group NEETs

- *Psychological support* - Young people can receive psychological support - individual or group psychological counseling to reduce stress and overcome initial difficulties, to identify personal barriers and to overcome them/
- *Vocational and career guidance* - helps young people to make choices about their future career and the choice of profession / specialty; to decide what initial professional qualification they would like to acquire, in what profession to retrain or how they can increase the level of professional qualification they possess. Through professional and

career guidance and counseling, young people can also receive information on how to acquire the desired specialty and / or professional qualification.

Young people can be directed to participate in trainings for motivation for active behavior on the labor market to improve job search skills (preparation of CV and cover letter, preparation for interview, preparation of behavioral and career plan, etc.)

- *Informing and consulting* - on the choice of profession and specialty, for national and regional training and employment programs, presentation of profession / group of professions, presentation of educational institutions incl. candidate-student exchanges in Job Centers at DBT. They can be consulted on the legal provisions concerning the status of the employed, unemployed, inactive - their rights and obligations.
- *Motivation for active behavior on the labor market*, incl. preparation of a CV and cover letter, preparation for an interview, preparation of a behavioral and career plan, etc.) in the Job Search Workshops at the Labor Office; continuing education and training to acquire professional qualifications and / or key competencies sought in the labor market

The quality proposal for young people aged 15 to 18 should be linked above all to continuing education and inclusion in continuing education. Older young people from the NEETs group can also be involved in skills training and inclusion in subsequent employment. The young people from the group 19-24 years. may be related to employers 'and employees' organizations and NGOs, **for internships, in-house training, on-the-job training, volunteering**. They, as well as the young people from the group 25-29. they can be consulted by institutions and organizations offering courses for acquiring skills sought in the labor market, for acquiring computer literacy, for developing soft skills and for involvement in volunteer initiatives.

Career counseling is also recommended **for parents** in order to create a supportive environment and reduce anxiety.

5. PLANNING - negotiating pathways for the activation of NEETs together with institutions and organizations with which cooperation can be established

Each profile of young people from the two major subgroups - the unemployed and the economically inactive young people from the NEETs group, represents a different

a combination of basic characteristics - education, professional qualification and professional experience, which are typical for each of the two large subgroups - unemployed and inactive NEETs.

These profiles do not exhaust all possible combinations, it is possible for one person to combine the characteristics of different profiles. In such cases, activity methods can be combined.

Opportunities for **volunteering and internship** are a good first step towards employment and activity on the labor market. Integration and independence are two vital principles for achieving these goals. People with mental health problems need to feel an important part of the community, but at the same time be motivated to develop as individuals. That is why mentors, volunteers and professionals need to be involved in creating the necessary motivation, psychological base, social commitment and activity of the target group.

Here the methods can be: **group thematic seminars and consultations for improving self-knowledge, career management skills - confidence, finding a job and self-presentation; preparation of a personal training or mobility plan; individual consultations for specific career and personal situations** (professional burnout, career-personal balance, parenting, etc.).

Career services should follow the standards of the GCDF program.

6. MOBILIZATION of partner institutions and organizations

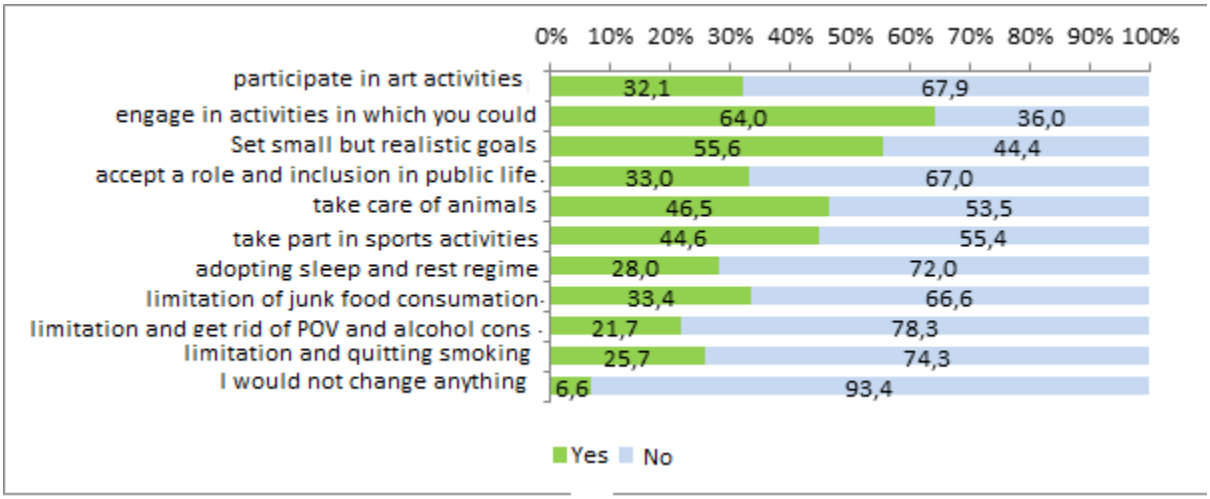
This method **of attracting and mobilizing stakeholders** aims to identify partners - institutions and organizations with which to plan and implement joint actions and initiatives for young people from the NEETs group. Links with employers, labor and youth mediators can be recommended here.

The greatest interest among the activities that young people would undertake to improve their lives and health are activities in which they can feel competent. 64% of them would engage in such activities. Focusing the youth focus on competence means that future project work must also take into account the competence approach.

According to the results of the study in the following places in connection with the interests of young people are the following actions: setting small realistic goals - 56%, animal care - 47%, participation

in sports 45%, reducing the consumption of unhealthy foods and beverages - 33%, acceptance of a role and participation in society - 33%, participation in creative activities - 32%.

What actions would you take to improve your life and health state?



Nine out of ten young unemployed people are ready to take action to change their lives. ... The greatest interest among the activities that young people would undertake to improve their lives and health are activities in which they can feel competent - 64% of them would engage in such activities. Here, the method of **work therapy** can be recommended to increase the confidence and skills of young people.

Competency assessment is a useful tool for demonstrating skills and competences. This can contribute to self-confidence and awareness of one's own strengths. This aspect is especially important for disadvantaged groups, such as the long-term unemployed, in order to increase their self-esteem. Competency models can identify a wide range of skills: basic skills, professional skills, personal skills and cross-cutting competencies appropriate for different jobs.

The National Workforce Competence Assessment System: MyCompetence (MC), developed by the MLSP and BIA, can be used to assess competencies ...

As a holistic system that integrates sectoral competency models with self-assessment tools and online courses, MC includes 370 competency models for key jobs in 25 economic sectors. Each competency model contains a detailed description of the required position, tasks, responsibilities and qualifications, as well as soft skills and competencies.

The system was developed by the Bulgarian Chamber of Commerce (BIA) in cooperation with two national trade unions. The implementation of the MC is supported by the National Competence Assessment Partnership Network, which includes various Bulgarian stakeholders (employers, HR managers, the Employment Agency, education and training providers and thematic experts).

7. REALISATION – Specific job offer, continuing education, apprenticeship or internship

Consistent and targeted actions, integrated into a multidimensional methodology for identification, activation and motivation, are a prerequisite for every young person between 15 and 29 years to receive a good job offer, continuing education, apprenticeship or internship.

After starting a job, support at the beginning would be needed to ensure sustainable employment and realization. Subsequently, however, it is necessary to withdraw and gradually reduce control, incl. assistance in resolving internal and external conflicts related to opportunities for educational, professional and personal realization.

CONCLUSION

In this way, the seven step methodology for integration of young NEETs on the labor market **IDENTIFICATION - PROFILING - ORIENTATION - ENGAGEMENT - PLANNING - MOBILIZATION – IMPLEMENTATION** is revealing their potential, forming base competencies, personal and professional skills. It “opens” the youth to possibilities for work, income and education, improve their accessibility to social and community networks and activities, empowers them through mobilization of their own potential and creates a safe supporting environment – family and employers. In this way, NEETs could take control over the decisions that influence their lives.

Conducting informational campaigns among employers related to the specifications of the target group and popularization of the topic. **Educating the employers and attraction of close relatives**, family members and volunteers in the preparation and transfer to employment of the target group.

SOCIAL AND PRACTICAL SKILLS

The multidimensional program to be implemented in the newly opened local centers – Houses of Hidden Likes – offers a variety of activities designed to enhance the skills of unemployed youth for social connection, overcoming isolation and disinterestedness, identification and encouragement of their abilities as the decisive step toward inclusion in the job market.

The workshops are selected in such a way as, on the one hand, to respect the preferences of young NEETs identified in our survey, and circumvent the resistance which has been keeping up their avoidance of employment or education, and on the other hand, break the vicious circle of diffidence/ unemployment/ social exclusion through gradual transformation into supportive environment.

Important indicators of the personal growth and harmoniousness of young people are their successful interaction in a peer group, the recognition and expression of their own emotions, assertive behavior towards the others, the ability to perform work activities, the development of talent and interest in the arts, caring for one's own bodily heath through sports, healthy eating habits and avoidance of harmful substances. Therefore, especially appropriate is the involvement in group activities covering the above areas and improving the participants' skills.

Key activities in this part of the programme are animal assisted therapy, art, sport, healthier lifestyle trainings:

I. Animal Assisted Therapy

Animal Assisted Therapy is a set of nonconventional therapeutic methods using the proximity of animals to a human being suffering from a mental disorder or somatic disease to reduce stress, provoke positive emotions, improve concentration and responsibility, overcome loneliness, etc. Animals that can be used include horses (hippotherapy), dogs (canistherapy), rabbits, cats, dolphins. In 1792, in the mental asylum founded by him in York, William Tuke proposed patients to interact with animals and found out that they became more concentrated and responsible. Less aggression and fewer seizures were observed. "In the account of the chief physician, inmates' confidence in their own powers improved as they looked after creatures weaker than themselves."

In the United States the method is known as pet therapy and was first proposed by child psychiatrist Boris Levinson who, while working with autist children, noticed that the presence of his dog in the room enhanced contact with his young patients and stimulated their progress.

Programmes involving dogs make use of their qualities: “A dog is a social animal, has a wonderful sense of orientation among the people around it, its love is sincere, its attachment is strong and so is its loyalty.”

When therapy is in the form of play, it acts imperceptibly, engaging and circumventing resistances. Beside on the psyche, playing with a dog has a positive effect on the body as well – it improves coordination and motor skills. Having acquired control over the animal, the young NEET will become more self-confident and will enjoy an unusual position – that of guiding another living creature and taking care of it.

II. Art therapy

Art therapy is a set of methods based on the therapeutic use of the process of artistic creation. Art serves to restore communication, encourage self-expression and strengthen the creative processes in a person.

Art therapy is an occupation both for the hands and for the mind. In addition to aesthetic delight which activates the pleasure center in the brain, it can free us of certain symptoms of mental disorders. An explanation of the mechanism behind this is offered by psychoanalysis. Freud uses the term “conversion” to refer to the transfer of “purely mental excitement to the bodily” , and one of the areas where anxiety disorders manifest themselves is the body (the other two are thoughts and behaviour). According to psychoanalysis, the libido is interwoven with the other types of mental symptoms. The disentanglement of this knot and the investment of the libido in, say, creativity (known as “sublimation”) may lead to elimination of a symptom. Sublimation, according to Freud, has given rise to “many of the achievements of our culture”. And while sublime art is for the most talented and gifted artists, the expression of the mental excitement at the root of the symptom through painting, crafting, dance, etc. is available to anyone who can overcome their fear of spontaneity and lack of restrictions in the creation of a painting, mosaic, a clay figure, a collage or a poem.

For the first time the terms “art therapy” and “art psychotherapy” were used in Europe by Adrian Hill in 1938, in describing his work with patients with tuberculosis, and in the United States by Margaret Naumburg in the 1940s. A leading role in the introduction of art therapy in Bulgaria was played by Dr. Alexander Marinov who worked between 1952 and 1993 at the psychiatric hospital in the town of Byala.

Art therapy, just like psychoanalysis (and sometimes even better), can "look at" and cast light on all topics important to the individual – ideas of one's own self, family, the past, traumatizing events, ways of coping, the future.

An interesting element in art therapy can be the use of silence which Prof. Shipkovensky refers to as "healing". Immersion in the creative process enables the person to temporarily stop complaining, rest in silence and experience the pleasure of creating something beautiful.

Various art forms can be used: sculpting with clay or plasticine, drawing, collage, photography, mosaic, installation, puppets, theatre, pantomime, video, filmmaking, cartoon. A special place is held by music therapy which may include singing, dancing, listening to music, playing various instruments. Creative writing opens up vast opportunities – although here the main tool for expression are words, the possibility of projection on imaginary characters circumvents censorship on disapproved emotions or thoughts. This process not only leads to expression of forgotten events and profound experiences, but also to rethinking and transformation of mental contents. It connects our inner world with reality.

Art therapy can be especially beneficial for people who find it difficult to speak, organize and structure their thoughts, express their emotions and bodily perceptions in words. Self-revelation through art is achieved imperceptibly and without the tension which may accompany verbal sharing. It allows one to ignore the laws of logic and common sense, which can be done safely within such a framework.

A participant in art therapy can give symbolic expression to their memories, experiences, and even to mental trauma. They can cut and tear paper, which "awakens playfulness and a child's freedom to destroy." Drawing takes up back to our childhood when we were more curious and motivated, more inventive and seeking. The building up of a work of art stimulates also our ability to build up and accomplish our real-life projects. It makes us act, be active, fulfill our desires. It brings satisfaction from the creative process and from the outcome, from the feeling of being a "creator".

Art therapy also has the advantages of play – it triggers the pursuit of discovery, releases us of the burden of responsibility, breaks the frames and is fun.

Art therapy is closest to the primitive forms of expression trough art, which are the most spontaneous ones. Aesthetic criteria are not so important, what matters is "the sincerity and fullness of self-expression, and not the end product or what the audience thinks of it." This method "differs from other forms of psychotherapy in its trilateral process between client, therapist and the image or product created." It "makes use of the overall experience of the body, and not just of that of the intellect," and

is an extraordinary opportunity to develop emotional intelligence, which has been justly emphasized lately.

The practicing of art therapy in a group teaches empathy, understanding and respect for the feelings of others, the ability to assume a different point of view. It gives a chance to achieve satisfaction from the recognition and appraisal of others, from belonging within a group of peers. Negative emotions – anger, envy, hatred – can be expressed in an acceptable and non-destructive way.

In cases of apathy or anhedonia, lost feelings may come back first in a drawing or a creative process, and later on in one's thoughts and mood.

In addition to forgotten or traumatic mental content, through art one can reach one's hidden abilities, talent and potential for personal development.

III. Music therapy

According to the Bulgarian Association for Music Therapy, music therapy is a "psychotherapeutic approach where music and the making of music are applied for a targeted mediation of the link between body, mind and emotion in the process of experiencing and realization toward positivisation, healing and development of the individual."

A music therapist at a hospital, designs her modules of exercises involving singing, playing and various rhythmical movements according to the patient's symptoms. She uses two types of music therapy – active and relaxing. The former improves concentration, coordination, fine motoricity, and includes psychodrama techniques enabling the individual "to act out some of their emotions through sound. "

In relaxing music therapy "we assume a comfortable position and listen to special music compilations harmonized with heartbeat, breathing and brainwaves."

One advantage of the expression of emotions through music is that one doesn't have to experience the negativities of the other person's reaction, which can happen in verbal expression. The expression of anger and aggression with percussion instruments, for example, gives vent to the pressure of these emotions without hurting another person.

In another interview, the same expert shares: "It has been found out that very few activities are capable of provoking such vigorous brain activity as music. Music therapy, however, is valuable not because we are trying to make musicians out of these people, but because the same brain areas are also active in the most common everyday tasks. Sometimes there is no other way to access this activity, and music turns out to be an extremely efficient means."

It has also been found out that even listening to music alone represents such a vigorous brain activity that the term “passive” music therapy used in the past is no longer appropriate.

In psychology, it has long been known that having a hobby helps one’s recovery. Music and arts can be among the most pleasurable, inspiring and beneficial hobbies, and one can discover this exactly in art or music therapy.

Music therapy is an important aspect of psychosocial rehabilitation. It has clear objectives which are part of the program:

1) To encourage the experiencing and naming of various emotions.
2) To stimulate the creation and keeping up of a positive transfer to the institution and the group.
3) To provide space for the sharing of memories, experiences, fantasies.
4) To build up skills and habits to respect the appointed times, focus, show tolerance and interest in the other participants.
5) To encourage the self-esteem and activeness of patients.
6) To offer patients a tolerant environment where functioning is made easier.

These objectives are achieved through listening to music, free associations and sharing of memories and experiences under the influence of musical works, discussions on the impact of music on emotional states and its meaning in the lives of participants, expression of emotional states with the help of music instruments and bodily movements, performance of music pieces, translation of texts, reciting of poetry, dance, equal opportunities for participation for all patients.

As a result of the program, the ability improves to recognize and verbalize one’s own emotional states, the ways to influence them are examined, the skills are enhanced for communication and respect for the others’ experiences, the interest is stimulated in various pastimes and in managing one’s free time, music knowledge is enriched.

IV. Sport activities

The human being is designed to move around and use its hands a lot more than modern lifestyle requires. The lack of exercise has become a major health risk for today’s urbanite, even at a younger age. When sport is discussed in therapy, patients usually admit that when they were playing sports, they felt much better, but during a crisis they “cannot make themselves do it”. Many other reasons are

also pointed out, having to do with organization – lack of time, lack of convenience, no company or even not enough money to pay for sports.

The benefits of motor activity are acknowledged in numerous medical fields. For example, this is one of the main therapies in the treatment of diabetes mellitus.

- Open air sport activities
- Yoga and relaxation

Yoga is an ancient Indian practice aimed at achieving inner harmony, health and longevity. It has five elements: body exercises, breathing (deep, slow and rhythmic), relaxation, diet and positive thinking/meditation. It is very popular in Bulgaria as a sport, and not so much for its religious aspects. Its strengths are improved flexibility, gradual progress from one exercise to the next, the use of otherwise passive muscles, exercises for balance.

Yoga is good for everyone, regardless of age, physical condition or weight.

For almost two years, as part of psychosocial rehabilitation at Alexandrovska Hospital's Psychiatric Clinic, a yoga programme was available. It enjoyed keen interest from patients and many of them shared the positive effects of both physical exercise and relaxation and breathing exercises.

The same clinic also has many years of experience in relaxation. This is a set of methods pursuing three main tasks:

- Relaxation of all bodily muscles. Sometimes one may keep certain muscles tense, for example in the shoulders, without realizing it. If one decides to devote some time to relaxation, one can consciously and systematically contract and then relax all bodily muscles.
- Slowing down of breathing. In a state of anxiety, breathing is rapid and shallow. Therefore, to overcome anxiety, exercises are made during which one has to count while breathing in, holding one's breath and breathing out (to slow down the process). Placing one hand on the chest and the other on the stomach may help in trying to breath more deeply from the stomach (the hand on the stomach is moving and the other hand remains in place).

  (This is appropriate when the patient is not in crisis; in a crisis accompanied by hyperventilation, rapid and shallow breathing in a paper sack is recommended due to the shortage of carbon dioxide);
- Directing one's thoughts toward beautiful natural sights and pleasant memories.

A survey of patient preferences to individual activities in psychosocial rehabilitation (in the first two months of the current program) reveals that relaxation was most popular – "in two months, 88 people enrolled in relaxation classes, 66 in music therapy" and fewer in the mental disorder trainings.

V. Workshops on healthy lifestyle and eating

In addition to the lack of exercise, other risk factors are unhealthy eating, the use of psychoactive substances and other harmful habits. Globally, there is already talk of type 2 diabetes epidemic, resulting from sedentary lifestyle, the overconsumption of fatty foods and sugar, etc.

Despite the abundance of information on the Internet, sometimes people with mental health problems know surprisingly little about healthy lifestyle and systematically consume unhealthy foods and use psychoactive substances, spend long hours with electronic devices, disrupt their own sleep patterns and do not care adequately for their physical ailments. There is also the other extremity – obsession with healthy eating which may lead to an eating disorder known as "orthorexia".

Indeed, the Web offers plenty of useful information on healthy lifestyle, but one may easily fall prey to unreliable theories, misleading tips, commercial publications and outright hoaxes. The so-called alternative medicine has come to enjoy increasing trust and popularity, but there is also serious critical research available.

Just like with exercising, the problem may have to do with willpower: one may know very well in theory which habits are harmful and what are the right foods to eat, but be unable in practice to overcome one's own resistance. In this case, workshops and trainings, especially when interactive, can empower participants to move step by step into the right direction. Being part of a group with the same objectives, as well as transfer to the moderator, increase significantly the chances for success.

The information provided in such workshops and trainings should be carefully selected, emphasizing the core principles and avoiding recommendations that will never be followed. Visual aids must be used – drawings, charts, videos etc. – which can be easily understood by the participants and convey the essentials of a given topic. For example, the food pyramid with three tips below:

Three healthy eating rules:

- The lower a product is in the pyramid, the more it shall be present in your diet, and vice versa – the higher it is, the less you may afford to eat it.
- Eat 1 or 2 raw vegetables with every meal.

- Eliminating a product from your diet (e.g. refined sugar) or adding a product (e.g. oat flakes) is not enough – you should take into account the total amount and composition of the food you eat.

VI. Conclusion

Involvement of young NEETs in the activities offered by the Houses of Hidden Likes will make them active, responsible, empathic and more self-confident. It will develop a sense of belonging to a peer group. Their bodily health will improve and they will be given useful knowledge and a chance to build up healthy habits. Anxiety and other manifestations of their mental health problems will be reduced. Their inner abilities will be revealed and new ones will be acquired.

CONDUCTING INFORMATIONAL CAMPAIGNS AMONG EMPLOYERS

Attraction of people with mental health problems to the labor market is one of the signs of well-developed economically countries and civil societies. Main role is played by the employers who while creating work positions and dynamizing the national economic life, are performing social functions. These are bilaterally dependent processes, the symmetrical parallelism of which, predetermines the success or failure of economic activity. Awareness of such a dichotomous relationship (business - socialization of people with mental health problems) by employers is one of the prerequisites for their successful business. A similar approach has its historical perspective, argued in the works of the great French positivist Auguste Comte. The drawing up and instrumentalization of a plan for attracting socially disadvantaged people by the employers is of national importance, the benefit of which is personal and public. In this manner, the following accents can be brought before the employers, regardless of whether they are in the public or in the private sector, which should undoubtedly stimulate them for attracting people with mental problems:

1. When employing such people, the employers are using preferences, regulated by the respected normative documents;
2. Employers who hire such people have significantly fewer turnover problems;

3. For some activities, this category of people, develop some compensatory qualities, which cannot become part of the abilities of the ordinary labor force offered on the labor market;
4. This category of people have a constant positive attitude to work, as they perceive it as part of their social mentality - always follow the rules of labor protection, quality, meeting the deadline, saving materials and energy, strict compliance with technology and prescriptions;
5. Disadvantaged people have significantly lower requirements for the remuneration they receive. The reason for this is that they expect the employer to compensate the difference with other material benefits that have visible social features and that are sometimes valued much higher than direct remuneration. The given opportunity for socialization is assessed with dignity, which increases the quality and reduces the costs in the production process;
6. Employers of people with mental disabilities have greater prestige in society, enjoy greater trust among creditors, government institutions, public organizations, especially those with control and authorization functions. They often receive special prestigious awards for the number of attracted representatives of this social group, especially if they are part of a minority or immigrant community. A similar practice exists in the Kingdom of the Netherlands, where businessmen who hire the most veiled women are given annual bonuses;
7. If employers meet the relevant European criteria for attracting people with mental health problems, increases the possibility of attracting European funds.

At the same time, the employer must create a system of special measures to overcome the feeling of professional inadequacy and full socialization of the worker with mental problems. The aim is to achieve optimal performance and professional comfort, which are in the interest of both parties. Highlights can be displayed in the following:

1. The approach to defining the specific tasks and, in particular, the professional requirements for this category of people must not differ from those of other workers, especially if this is not apparent. An exception is made if it is considered that the mental problem may interfere with the specifically selected task;
2. If, however, it is established that the disability may interfere with the correct performance of the task and the employer cannot determine exactly which components cannot be implemented, it is best to leave the worker with a mental disability to determine them. It is an expression of some form of trust that will stimulate his motivation and achieved end results;

3. It is very important to give an objective final assessment of the work. If during the implementation of the task 10% of it have not been reached, then the emphasis of the employer must be on the performed 90%;

4. Allowing acceptable deviations from the rules of operation. For example, the allocation of additional time for the performance of a task, the provision of the necessary technical means, the granting of bonuses that are acceptable in size, when performing a specific task;

5. The conversation with such a person should be conducted in the most normal tone, explanations should be given until the employer is convinced that the worker with mental problems has fully understood it.

6. The worker with such disabilities must always wait patiently to speak and, if overexcited, be given sufficient time to calm down and get into rhythm.

7. The employer must never complete the thought and speech of such a worker. Such a situation humiliates him and reminds him of his disability. Under no circumstances should it be corrected for mispronouncing individual words.

8. The employer can help such a worker by asking him short questions, using simple words to understand and expecting answers such as "Yes" or "No". It can also be communicated by shaking one's head without this approach being overexposed;

9. The employer must not make a hasty decision in the event of a dispute with such a worker in the production process. All parties that are outside the "employer-worker with mental health" relationship must be heard. This will ensure the comfort of the employer and the best solution to the dispute will certainly be found.;

10. An important requirement for the employer is not to allow any discrimination in the workplace. In relations with other employees, the person with a mental disability must feel completely equal and objectively valued.

11. The employer and the people in the workforce should show sympathy and solidarity to people with mental health problems, but in no case regret. This principle is extremely important when setting non-standard tasks and additional requirements. With regard to professional criteria, compromises are inappropriate, as the worker himself will perceive the gesture as humiliating. Assistance from the employer or a colleague should not be offered without it being requested. Mutual trust between employers, staff and workers with mental disabilities is a prerequisite for the positive economic results of the company.

12. It is particularly important to develop a special approach to people from minorities or members of the refugee community who suffer from mental health problems. The employer and the staff should be aware that it is a question of the possibility of double deterrent complexes - of the physical disability and of the minority. Thus, the process of socialization in the work team has its aggravating parameters, requiring not only patience but also serious efforts to perceive the psychological and behavioral specifics of the individual, arising from different ethno-religious consciousness. It is necessary to overcome any prejudices against the individual. It is especially important to eliminate negative feelings such as suspicion, intolerance and especially hate speech, which can instinctively erupt in a specific conflict situation. In this regard, it is advisable to have a psychologist appointed in the company where representatives of the mentioned target group work. The latter must have a broad knowledge of the peculiarities of the ethno-religious group to which the representative of the minority group belongs.

I. Specific initiatives for changing public attitudes towards young people with mental health problems:

- Organisation of qualificational courses for professional skills suitable for people with mental health problems
- Establishment of clubs in the place of residence, in which both people with disabilities and their family members can constantly communicate;
- Organizing creative activities for their free time - discussions, workshops, competitions, etc.;
- Providing legal and health consultations by specialists - volunteers;
- Occupational therapy, encouraging the creation of household and hygienic habits for self-coping in life;
- Socialization - meetings, conversations and joint activities with healthy people - volunteers to various programs.
- Group therapeutic activities with a social psychologist;
- Collective excursions and visits to cultural events in the city or country.
- Organizing charity bazaars for fundraising;

- Organizing volunteering campaigns in order to attract more activists of different ages to help people with disabilities;
- Supporting the efforts of institutions by NGOs and other voluntary organizations for the adoption of children with mental problems;
- Providing appropriate sports activities together with the existing sports clubs in the village.

Initiatives for family support:

- Organizing daily and half-daily stationaries
- Providing care and counseling at home

In parallel, a number of measures can be taken to meet the operational objectives. They can be specified in the following:

1. Improving the quality of services by raising the qualification of the staff and expanding the circle of specialists caring for people with mental health problems;

2. Support for families that take responsibility for the care of a person with mental disabilities by implementing comprehensive measures, including the combination of personal and professional commitments;

3. The creation of a more effective mechanism for financing long-term care and achieving sustainable, in line with economic conditions, growth of material resources in society and in the home environment;

4. Better interaction and coordination between health and social services.

5. Increasing the role of municipalities and districts, called to implement simultaneously the principles of social and regional justice for people with mental health problems.

II. Training of employers and the involvement of relatives, families and volunteers in the preparation and transition to employment of the target group.

1.The path of the volunteer

Young people are generally more difficult to attract and engage in any campaigns and volunteering activities. They are freer and more independent, but if their interest and desire is inflamed, they would be one of the most active defenders of a cause.

The change of the perception about the mentally ill people is maybe the first and more important thing that needs to be changed. To be shown to the youth that those people are not scary, dangerous, and unpleasant, but people who needs understanding and support.

This could be realized by media platform and campaigns in universities and schools that are informative about the topic of mentality.

Other important about the young people is the fact that they get easily motivated and demotivated. They need constant stimulation and some sort of aim that they can strive for. It could be in the form of a prize, certificate for accomplishment etc. including some sort of payment or material prize. It would be naïve to depend only on the good intentions of the youngsters. Of big importance are the results. They should be visible and the young people could feel useful and valuable.

Incitement of interest is especially important for young people to be involved in a cause.

In the project of social interaction, the volunteers are of greatest importance. They could gain a lot from such project by upgrading their skills and gaining confidence. For this to happen, we need to work alongside the whole team to consider the development from the hiring itself, to the development of their volunteer work and to their future continuation in this field.

When volunteers should be hired?

It is important, them to be hired in the earliest stages of work, so they could be fully engaged in work planning.

How to find the right volunteers?

It’s important for the people to know who we are, what are we doing and why. When hiring volunteers it is important to know what the different roles include. Encouraging opportunities must be widespread

and one to make sure that volunteers with different backgrounds are hired. Performing monitoring in this aspect is also of great importance. An informative session could be held in order everyone to be able to ask questions face to face. Some of the volunteers would need calm environment when sharing about their mental health problems and situations in public. Therefore, they should be informed about the benefits for them from this project and these social contact activities (support, training, understanding, fun).

Project and activities management by volunteers.

Volunteers will be motivated if they are involved in project planning and decision-making. Not all of them will have the opportunity to be part of the management group, so separate meetings of all volunteers could be organized. In addition, some of the more experienced volunteers can take a leadership role in organizing events or media-related work, as well as monitoring and assisting the new ones.

Training and support

With all these areas in the course of social contact during the project, the volunteers could identify what kinds of trainings and support they find most helpful. The main sessions include:

- ✓ Mental health knowledge
- ✓ Stigma and discrimination related to mental health
- ✓ Initial, intermediate and final sessions
- ✓ Sharing stories to overcome stigma while providing a sense of security for volunteers
- ✓ Team work
- ✓ Health and safety

Although sharing of personal stories could be inspiring, it is important to take into account the fact that this is important for the people with mental health problems especially for those who suffered discrimination, not only because of their mental health but also their sexual orientation, religion etc. The volunteers could be nervous and would need support in sharing their story. It is worth considering all this when planning the ratio of people and their roles in social contact.

A good practice would be a training to be held prior to the meetings followed by a short discussion. Some people may need additional support. Space must be provided for all to discuss their needs and

to be informed that the project management group is aware of the resources needed to support the whole team.

The volunteers would also want to organize their own support group.

Detention of a large number of volunteers

Some of the volunteers in the team could continue with the same activities after the end of the project. The success of the project depends on the participation of a sufficient number of people able to get involved in the activities.

- ✓ When people continue with other development opportunities, it is good to keep in touch with them, so each of their development could be described as part of the success of the project. This is the testament of the project and should be shared with stakeholders or funding foundations.
- ✓ The ability of volunteers to attend events may change over time. Keeping in touch with all of them is important for any future such activity.
- ✓ There must be flexibility in the distribution of project roles. Some volunteers would like to take a role that is more socially oriented, while others would like to have a supporting role.
- ✓ Opportunities must be provided for people to use and develop their skills and interests. Experienced volunteers could supervise and guide newer members of the project team, those who are less confident, and delegate specific powers to them in various activities.
- ✓ Social activities are a good way to create and build relationships between the team.

2. Campaign in practice

Achieving the goals of a campaign should be according to the approaches of social marketing. In order to understand the development of the campaign activities, it examines in more detail how these approaches are interpreted in practice, as well as analyzes the application of these principles to the management of a campaign.

Implementation of the social marketing model

Social marketing describes the use of commercial marketing techniques to influence behavioral change for the social good. In the literature, this is described as a marketing problem, as it is a different product with the potential to affect people, communities and society as a whole. Campaigns were not initially conceptualized in terms of social marketing. Data from interviews with employees involved in similar campaigns show that previous experience in applying marketing approaches to social campaigns is encouraging to use this model. However, it is an adapted form of social marketing, combining the advertising message in the processes of development, implementation and evaluation of social marketing and what the campaign executors describe as approaches to community development to promote engagement at the local level.

The effectiveness of such models is confirmed by other countries, such as Norway, which applies bottom-up approaches to such campaigns. Before and during the organization of a campaign, there is a broad agreement among the performers about the need to use the approach of social marketing for community development in the campaign. However, the issues of effective balance between approaches are discussed.

Volunteering (example motivation)

I ask all fellow students or last graders to take 10 minutes and read this. The article is about how a software company determines how much each employee costs, but the criteria are the same that I apply when choosing people. I don't care what and how much you studied, but I am very excited about your voluntary contribution to society. And if you do not have a voluntary contribution to society, the reasons according to this article (I fully share them) could be three:

- First, your work is not of great quality therefore you have nothing to contribute with
- Second, you want to work only for money which means you are not passionate about what you do
- Third, you do not know how and with what you could contribute which means you are not creative and proactive

Tell me, if you do not work properly, you are not passionate and proactive, why would I need you? How will you contribute to the business, to the development, what good will you bring to my company? And if the answer is nothing - what do I care that you have 10 years of experience or a doctorate.

3. The campaign approach

Behavioral approach

The line / model of development and the approach to dealing with stigma and discrimination is adopted: starting as "problem-freeness" and capturing public attention before a change of attitudes is transferred, followed by a change in behavior. This direction of change from awareness of attitude to change in behavior is expressed by the management group as a goal of the campaign. The campaign always works on the premise that it takes one generation to make an attitude and change in behavior (to complete the whole cycle from start to finish), although the process of generational change is not fully outlined, reflecting difficulties in determining effective means of change.

User orientation

The overall tone of the campaign is created by an agreed change process.

Initially, three different "arguments" were developed and tested:

- Informative and educational
- Attractive
- Dramatic/Accusatory

According to written recommendations, mental health specialists recommend the first approach, while the second one is preferred by the users of the mental health services. The management of the campaign chose the message (e.g. “We understand and support you”) in order to reach the public. Working with communities and media is a key element of the approach.

In this way the wide public’s opinion, which is a user of the campaign, is perceived as a target auditory and is a priority for the formulation and development of the campaign.

4. Campaign development stages

The process of development of the campaign consists of a few stages which use scientific researches and consultations, methods for development and improvement of the campaign, development of messages and other materials.

Prior development

In the stage of prior development, Association "Sustainability for Progressive and Open Communication" SPOC is collecting information and statistical data related to the stigma in the context of the slogan of the campaign, together with examples of other related approaches/models.

In the research of the prior development are included also consultations with users, as well as caregivers, professionals and target groups, in order the core of the stigma to be understood, the questions that stand and what would they want to be done in the aim of removing the stigma.

At this stage, the consultations are in the form of questionnaires and discussions. These consultation models are used in order to collect information and perspectives.

Launch of the campaign, and current distribution activities

The launch of the campaign is being synchronized and coordinated by the management team of the project, and consists of a few different approaches and interventions:

- TV and radio messages;
- Separate informational channels (National Road Network, billboards, road signs etc.);
- Posters, leaflets, social media posts;
- Focused media broadcasts, with relevant personal stories to share;
- Work with local organizations to develop activities related to local campaigns;

Review and evaluation

After the launch of the campaign, the effectiveness, spread and influence are discussed by the leading team. If necessary, the approach of the campaign for reaching maximum effect will be actualized.

MECHANISMS FOR CREATION OF APPROPRIATE WORK CULTURE AND ATMOSPHERE AMONG YOUNG PEOPLE FROM MINORITY GROUPS

Eurostat publishes annual data on persons aged 15 to 24 who "are not in work, study or education" (NEET). According to the statistical data from 2018, according to this indicator, Bulgaria ranks 3rd with 20.9% (with a higher percentage of us are only Italy and Greece). This is an important indicator

of the share of young people whose highest level of education is primary and do not work or study. For people with a low level of education it is respectively 58.4%. A similar indicator, calculated for Roma aged 16 to 24, shows that the share of young Roma people who do not work, study or receive additional training as a main activity is on average 63% compared to 12% of the same age group in the EU.

INTRODUCTION

Effective communication and the creation of paradigm of effective relationship between the management team and the team of the production unit, on the one hand and the young people working in it, from different minority groups, on the other, is extremely important for the final positive results. This task becomes even harder when the target group consist of people with mental health problems as well. In practice, the researched person accepts duplicate minority properties, as he accepts the unprecedented social status of "minority in minority". According to Eurostat statistics, twice more Turkish and four times more Roma people, then Bulgarians fall into NEET's category in Bulgaria. Ultimately, the task is to make a well-detailed conclusion and respectively to give specific pragmatic recommendations for the adaptation of the observed minority entity in a competitive work environment. Specific measures are proposed in order to create and strengthen the Roma and Turkish middle class, consisting of people with at least secondary education, working in a common environment of sustainable jobs. The project applies rigorous quantitative and qualitative measurements to assess the effect of multi-layered interventions.

The aim of the ongoing research is to point effective measures that would strengthen the social and health status of young people in risk of mental problems from minority groups, which would guarantee their financial, employment and family life stability. A priority, of course, is to ensure the mental health of the young people at risk. According to the definition given by the World Health Organization, mental health means "a state of well-being in which the individual can realize his abilities, can cope with the usual stressful situations in life, work productively and is able to contribute to his community." Mental health also is defined as "successful psychological functioning which leads to productive actions, healthy relationships with other people, abilities to adapt to changes and overcome problems.

It is the base for forming positive mindset, communication skills, learning, emotional sustainability and self-esteem."

In short, the target group that is being analyzed consists of young people between 15 and 29 years of age, with mental problems from minority groups. In some specialized documents, the fragmentation of the group is even more detailed, in order to more comprehensively and thoroughly implement the relevant measures. The contingent in question is divided into three age groups:

1. from 15 to 19 years of age
2. from 19 to 23 years of age
3. from 23 to 29 years of age

At the same time, taking into account the specific time frames of the health condition, young people are divided into two subgroups: with permanent mental disabilities and with temporary problems.

The problem of social integration and employment of young people from the group of NEETs with mental health problems originating from minority communities is standing in every country. This is clear to countries where respect for human rights is part of the state. It must develop a wide range of legal norms and institutional measures in order to integrate them into the social fabric of society. The target group itself is vulnerable to the so called "meaning crisis" and lack of work that can influence the suicide risk. This is why it is much more important to ensure psychological stability through social enclosure, than just financial support in which frame the institutional activities are limited. On community level, mental health is a resource for social cohesion as well as for better social well-being and, at the same time, for economic well-being.

Mental health has fundamental meaning for the quality of life and personal development of every person. The cultural, social, physical and economical state in which each person is born, living and working are the main determinants of psychological health and well-being. Mental health and mental illness are not static quantities, but depend on many factors and can change over time. They are dependent on the interaction between different factors on different developmental stages of the human: sociocultural, biological and psychological, as well as genetic predispositions, inheritance, family environment, life events, childhood traumas, working environment etc. For the young people of minority groups most of these factors are very burdensome. Because of that, special care is required from the society and the state.

The lower social and cultural capital of the young people from minority groups makes them more vulnerable in the conditions of economic restructuring, industrialization and economic crises. Logically as social consequence, comes the problems around the discrimination on the labor market on ethnic and religious grounds, which is transformed into a sharp deterioration of their life chances. The young people in mental and social risk are interpreting the data about the lack of employment among their group in a very different way from the majority. They are sure that they are victims of constant discrimination on the labor market regardless a satisfying educational level. The differences of the interpretation of the reasons and the core of social exclusion of NEETs belonging to a minority group from the economical field is hiding a risk of conflicts. The exclusion of the big number of minority communities from the economical and social life of the society, endangers democratic development and social cohesion in society in the long run.

The youngsters of the target group are vulnerable mostly in their inclusion on the labor market. The reasons for this are related to a number of objective and subjective factors. In general, societies with a higher standard of living and fewer inequalities are characterized by higher levels of mental health and well-being. One of the explanations is that the high deprivation and restrictions are catalyzing negative emotional and cognitive reaction towards the bad socio-economical conditions. When childhood life is accompanied by poverty and poor material conditions may have negative influence on the developmental process and lead to weaker cognitive abilities. Among the youth this may higher the risk of depression, POV and substance abuse, criminal behavior and other negative consequences. The experts are observing an increasing number of fear and behavioral disorders and a sharp increase in the use of psychotropic drugs. On the other side, risk factors as low income or minority origin are not always leading to mental health problems, but even representatives of this group may have higher than expected mental state results. For example, after the promotion of mental health in a minority community, in parallel with the improvement of mental health, it turns out that self-esteem is influenced less by social status and more by life experience and positive relationships with other people.

Common fears that prevent NEETs from minority group to integrate on the labor market are:

- They don’t believe that they would cope in the workplace;
- They do not believe that the employers would be correct with them;
- They are afraid of the suspension of social benefits that they are receiving for not working;
- They are afraid the employers to know about their mental disorder;

- They are afraid of intolerance and discrimination;
- They do not want to change their current way of living;
- Lack of discipline and working habits;
- Fear of social contacts and lack of experience in social working environment;
- Fear of the independence of a relative or social worker - expect that at the time of appointment the employer takes them and begins to take care of them;

Many people with intellectual disorder often do not receive the necessary forms of treatment, rehabilitation and social inclusion according to the professional and ethical criteria. Work needs to be done to strengthen the autonomy of the young people concerned through legally guaranteed rights to services and through schemes that enable them to make their own decisions, including on the need for care and treatment, in order to limit their capacity to work. In general, the factors for the potential exclusion of minority NEETs from social life and their outright declassification can be summarized as follows:

- Negative influence of the environment (ghetto) with chronical problems: high criminal rating, alcohol and substance abuse, bad infrastructure and quality of life.
- Low education and health culture in the family and community: illiteracy or basic education, lack of health knowledge and health care;
- The presence of traditional behavioral and mental stereotypes that tolerate adult violence against children inside and outside the family;
- Social exclusion (marginalization), which limits the opportunities for development of young people and for adaptation in society;
- Work marginalization – permanent unemployment or low employment, mainly with hard and unskilled labor;
- Reprimanding models of social behavior. In addition to purely criminal acts, fraudulent schemes for the absorption of social funds are especially popular in the ghettos, as the main way to ensure material security. This pattern of behavior has become popular as "draining social funds." There are cases of acquiring a lifelong disability with an imaginary mental illness, which in itself has the characteristics of not so much a health as a social problem. According to NSI data, 12.6% of the entire Roma population in the country, including children,

is disabled or suffers from a severe chronic illness. A specific feature of the Roma is the very early onset of disability and the mass chronicity of diseases in middle age.

- Individual and family problems (poor success, attention deficit, emotional lability, use of psychotropic substances, death in the family, stress, etc.), which have a negative impact on self-esteem, emotional resilience, positive thinking, social maturity and skill to deal with daily stress.

It is more than obvious that since the target group is a double declassified social group, measures must be identified that are combined. A kind of dichotomous prevention is obtained. The first methodology "cures" young people with mental health problems, and the second - those whose minority character. These two components must be combined, which gives the newly created methodology an extremely complex character and specificity. In this regard, the following social benefits for young people with mental disabilities can be offered as a first step:

- Stimulation of inclusion in the societal life, meaningful activities, and structuring of the day time should be a part of the philosophy of each institution or home.
- The accessibility to medical and social help should not be restricted by the fragmentation of assistance structures and bureaucratic or lengthy application procedures.
- The assistance for people with intellectual disabilities should take into account their world view, religious, emotional and spiritual needs and characteristics.
- Social factors have significant meaning for sustaining mental health. Of great importance is the task that gives meaning and identity. But everyday life and professional circumstances are now partly determined not by stable cultural traditions and democratic decisions taken at the local level, but by centralized economic guidelines and structures. That is why economical and structural policy is needed to take into account the mental health of people and the goals of decent and inclusive living spaces and working conditions.
- Increasing the involvement and role of local structures and associations in the place of residence (town halls, municipal and neighborhood clubs). Social ties are becoming weaker and so there is a loss of external resources such as friends, family, colleagues. Because the frequent change of the place of work, and thus of the place of residence, unemployment, as well as the decreasing engagement with personal connections do not contribute to the building of social networks in the immediate vicinity of the home. All the more important is the

mandatory participation of those affected and their associations in building support structures and local networks.

They must cover:

1. Resolving the residence problem: very common is the combination of homelessness and intellectual disability. The help for those suffering from these should be tailored to both of the problems together. An important role here plays the municipalities, which should develop a program for priority accommodation of the young people from the minority group, of NEET's. Moreover, they make up the majority of young people in institutions for orphans.
2. Work activity: people with mental illness are exposed to a higher risk of losing their job or becoming incapacitated due to their illness. In this respect, public prejudices also play a significant role: they lead to losses of labor, common resources and added value.

The biggest difficulties, the young people at risk meet at finding a long-term employment. Quotas for the benefit of people with disabilities, for example, currently applied in some EU countries, are far from sufficient as a tool to guarantee employment. More aggressive policy is needed for professional inclusion of the big number of the currently isolated, for the good of the society as a whole.

Of big importance for the young people with mental problems is to ensure professional engagement that do not burden their health and do not create mental and physical stress at the workplace. Researches conducted in countries like The Netherlands and Great Britain show that the most common cause of prolonged absence due to illness is due to mental overload and Burnout syndrome. Stress at the workplace is the main cause of emotional shock. The American psychologist Herbert Friedenberger, who discovered this phenomenon, described "burnout" as "a state of fatigue or frustration caused by a commitment to a cause, lifestyle, or relationship that did not produce the expected result." He added: "A syndrome in which workers feel emotionally exhausted or tired, alienate themselves emotionally from their customers and devalue their own achievements."

It is necessary to intensify more with public funds exemplary business models for prevention, for inclusion, for appropriate temporary solutions, providing for part-time employment, for support at the workplace, for additional training of managers and workers.

The factors that have critical negative role in the work environment that should be avoided by people with mental health problems from minority groups, are:

- **Role conflict** – the employee is not satisfied by the role that is given to him, should meet incompatible requirements of the employer and colleagues, does not have clarity regarding the expectations of a given role because of not sufficient information or miscommunication with the management team.
- **Reward** – the money earned by working is like the "status" (the assessment of his contribution) that the individual feels in his job. The reward is related not only with the concrete act of payment. Broadly, it is an expression of respect and appreciation that the young person receives from his work. It includes also an adequate social system at the workplace.
- **Justice** – the workers may feel that they do not receive equal as the others. The stress, payment and promotion are related to the feeling of justice. The decision-making process incl. ones about discharge are also influencing the feelings of equality and justice. The workers could feel bad about not being informed or decisions are made without them being asked for opinion. Positive experiences of equality and fairness increase job satisfaction, motivation and commitment to tasks.
- **Interpersonal relationships** – bad relationships with the colleagues, physical and emotional violence and isolation are increasing the risk of quitting the job because of activation of psychological health problems. The young people from minority groups are in risk of emotional violence, that may include everyday humiliation, critical behavior, inappropriate remarks (about appearance or personality of the individual) inappropriate or non-realistic expectations that ruin his dignity.
- **Physical exhaustion** – irregular or too long working shifts could influence the physical rhythm and to cause physical or behavioral problems. Too long shifts are usually decreasing the productivity.
- **Work – family conflict** - that may arise due to the neglect of obligations to one in favor of the other factor. At a workplace, the employee may not get enough support about his family obligations, also his family could not appreciate his working engagement.

Innovative forms of corporate culture could also improve the quality of work and production. Proactive management of stress risk based on the exclusion and limitation of the stress factor should be a preliminary part of a strategy for prevention.

The employer's requirement of necessary and acceptable flexibility of the worker should be equal to the requirement of the worker for flexibility in favor of the family, care and individual problem situations (obligation to take care of the employer and "put the person in the spotlight").

There is a correlation between the mental sustainability of the youth and the workplace conditions, as well as a perspective for long term employment. Working conditions and especially the work environment could have positive influence on the mental health of the individual, but could also have negative influence on already existing mental problem or even trigger the development of a mental health problem. Main role at the workplace is the stress that the individual is going through. The stress itself is not a mental illness but it can lead to one.

The creation of an effective mechanism for proper working environment is extremely important for the complete inclusion of the target group. A few levels of action could be pointed out. Preliminary condition is the team members to show empathy and respect towards the young people with mental health problems from the minority groups. The creation of a harmonious working environment where each member could find his place is a two-way process. It requires good will and appropriate efforts, both on the part of young people from the minority community with mental problems, and on the part of the management team and members of the workforce. Achieving this goal implies the existence of a high personal and collective culture, built on the principles of tolerance for diversity and a strong desire for mutual social assistance. At the heart of this process must be the conviction that the team, accepting a colleague with unequal social background and mental disabilities, is fulfilling its social duty. For the conflict-free course of the labor process, each party must assume its responsibility, which in general could be expressed in the following conscious actions:

Responsibility from the team towards the young people from the target group:

- Introduction in the work environment and the team members
- Assistance in acquiring new knowledge
- Establishing positive collegial relations of trust and understanding

- Consultations and mutual assistance to be carried out in good faith, without violating the dignity of the individual;
- Emotional support – sharing and conversations about work, family, friends etc.
- Praise and encouragement for well-performed tasks;
- Care and assistance for solving life and everyday problems outside of work;

The responsibility of the young people from the target group could be concluded in the following:

- Conviction in the need to apply the chosen work activity in the long run;
- Desire and perseverance for the acquisition of new work knowledge, discipline and compliance with the requirements of management
- Positive attitude towards the manager and the team. Willingness to join the positive collegial spirit
- Positive attitude towards the colleagues – mutual help, tolerance and goodwill
- Search for help and consultations on time when personal and professional problems occur
- Regular preventive health consultations, responsible behavior for their health
- Readiness for cooperation and taking a mentor role towards new colleagues

The responsibility of the management/ employer:

- Detailed acquaintance with the personality, health condition and needs of the worker in health and social risk;
- Professional education, tailored with the physical and intellectual abilities of the employee
- Assignment of permanent work tasks and roles that do not exceed the capacity of the worker with problems;
- Opportunities for flexible working hours and hospitalization in health crises
- Praise and encouragement for well-performed tasks;
- Additional material assistance in case of need for the disadvantaged worker and his family;
- Permanent dialogue with the employee to get acquainted with his work and family problems;

- Providing constant consultations with medical and social workers;
- Cooperation with mediators from the institutions or NGO representatives for effective material and moral support
- Resolute intervention and prevention of conflicts expressing segregation on cultural, racial and health grounds;
- Respect for the religious and cultural differences of the young people from the target group;
- Creating a positive working atmosphere through common social, cultural and sporting events.

The feedback between the young people of the target group and the management team should be oriented mainly towards prevention of occurrence and development of emotional problems at the workplace and out of it and should include various forms of sharing and support.

The working community represents a form of social constructed and shared identity. With the term "community" usually are described relationships, values, interests and identities, that connect people, as well as shared interest of a place, movement or idea. Families, neighborhoods, schools, workplaces, clubs are communities where each of them has specifications and characteristics. Mental health is a factor that allows each person to release his potential not only as individual but as a part of a community to which he belongs to. Mental support programs should cover activities and initiatives that complement clinical treatment. Community mental health programs can be more accessible and adequate because they are located in more than one place (school, neighborhood, clubs, etc.), and all members of the community can benefit from the services offered. The goals of community-based programs are to improve the quality of life of people with psychosocial disabilities and needs by:

- Prevention and early identification of an illness. Reduce the cases of preventative mental problems and the causes for their occurrence.
- Easy access to social and health care
- Improvement of social integration and life security
- Stimulation of volunteering by support and responsibility
- Giving the opportunity to people with mental problems to take part in the development of their community with accent on the role of active positive mental health.

- Promotion of pilot health, social and cultural programs to enable disadvantaged young people to successfully integrate into larger communities: businesses, schools, community organizations, health and social services.

One of the main approaches to prevention in society is to increase and strengthen the networks of relationships between people, which can stimulate mental well-being and health:

- Development of social relations and relationships among isolated groups by changing the way the systems and services for the development of social relations and cohesion are implemented;

- Promoting support programs from people who have had similar problems (peer support). Public health interventions to achieve good mental health in different contexts require directing efforts outside the places where people live to the places where they study and work, to the community, to the physical environment, and then to socio-economic living conditions;

The phrase is often quoted that the maturity of a society is judged by its attitude towards the weak. Young people from minorities with mental health problems do not always need only financial resources, but also purely human support, protection and acceptance. The active participation and engagement of community members, seen as active citizens who have something to contribute, and not as passive customers and service users. In this way, community mental health approaches shift the focus from community problems and deficits to their strengths and qualities, which allow them to develop and meet different challenges.

Tolerance and acceptance of the other is extremely important. There is still a deficit of acceptance of the different in society, especially if they are of minority origin and have mental disorders. Tolerance can only be cultivated and developed in a mature and democratic society. The isolation of these young people leads to even greater rejection, to reproduction and even to the creation of myths and misconceptions about them. The long-established model of equality of opportunity and ability still exists. Those who do not fit into this model are simply rejected.

Education is the cure for the integration of the target group. However, this system also has problems. The battle to detain minority NEETs is extremely difficult. In general, schools have seen an increase in the proportion of children and young people from minorities who drop out of school (14.4% across the EU). For those who manage to stay in the classroom, behavioral abnormalities are found, and the

most common problem is difficulty concentrating and showing aggression. There are often mixed problem situations, accompanied, for example, by mental disabilities, lack of resistance to the supply of consumer products, as well as problems with addiction to media, computers, etc., as well as general developmental delays. The growing use of antidepressants, methylphenidate and similar drugs in childhood or adolescence is worrying.

The growing sense of insecurity is also a deterrent to young people at risk, which is crucial both in the field of education and in the workforce. Negativism and aggression towards the "different" are one of the leading reasons for dropping out of school or for self-isolation from the labor market. In some cases, a working measure to overcome the situation is to provide specialized schools with an educational program adapted to the capabilities of students. Emphasis should be placed on the individual approach to finding the most appropriate combination of conditions that do not further burden the psyche of vulnerable young people. For them, the principles in standard education systems, based on increasing competition from an early age and limiting opportunities for those who are unable to be among the leaders in the race, are inapplicable.

A very important moment in the battle for socialization of this youth group is the attempt to reintegrate dropouts into the education system. In this connection, the following measures should be taken:

- Organizing information campaigns to motivate dropouts and their families to continue their education;
- Establishment of a system for primary social support of dropouts and provision of teaching aids
- Creation and implementation of individual curricula for students with problems in learning the material;
- Appointment of assistant teachers of Roma origin;
- Development of a system of incentives for prevention of re-dropping out of the education system.
- The creation of special media programs aimed at developing public acceptance of the various and rejection of discriminatory stereotypes. These exist both in terms of mental and emotional inequality and in terms of minority affiliation. The notion associated with a disease

is often such that it provokes fears and negative attitudes in the general public and leads to the rejection of reasonable proposals for integration into society. Despite the consensual rejection of hate speech by civil society, there are still communications based on hostility and negative stereotypes.

Joining a new work team, taking on a new job role and changing everyday stereotypes are enough challenges to cause psychological problems. In these cases, the person needs emotional support. First of all, it is necessary to clarify what are the factors that can provide this support:

1. Specialists: psychologists and psychiatrists – of great importance is the presence of a doctor that is following the case of the patient for years
2. Friends and family – the people that are constant support throughout lifetime
3. Communities and support groups organized by NGOs foundations and institutions
4. Employer and the team where the young person at risk would spend most of his time

Emotional support for the target group is also extremely important. Disadvantaged young people due to minority background and mental disability are generally more sensitive and vulnerable, more prone to affect and aggression. If they do not receive timely attention and support at the right time, it is possible to shut themselves in, to feel offended, which over time can transform into anger towards themselves and the world. The consequences of this can be extremely devastating. Particularly sensitive to stressors are young people who have never worked and face important life problems. Unlike the first three groups, which have closer contact and can provide specialized care for the young people from the target group, the working team has commitments of a completely different nature. Therefore, it is a real challenge and additional commitment for the employer and colleagues to engage in emotional support at a critical moment. At the same time, providing this emotional support and mutual assistance is a necessary element in achieving a favorable work atmosphere. Depressed young people should be given the opportunity to speak freely about their difficulties, losses, traumatic experiences and emotions, about the change in their lives, about the discrepancy in their expectations for the parental role and everything that excites, worries, collects, breaks up, etc.

With regard to employment, they should be able to share issues that affect:

- Critical stress situations at work
- Problems in the adaptation period
- Difficulties in the training period
- Making a mistake
- Incorrect accusation
- Unfair assessment of the activity;
- Insult received because of their inequality due to ethnic, racial or health reasons.

An essential part of solving the problem of sharing is the taking of adequate measures by the employer and colleagues, which can be:

- Providing additional professional psychological / psychiatric help;
- Voluntary engagement and mutual assistance during non-working hours;
- Targeted allocation of material resources;
- Recommendation and assistance to institutions (social and local), etc.

Emotional and material support and mutual assistance from the employer and colleagues are mandatory in cases where the young person has grown up in social institutions and does not have the support of his family. To encourage such care, legislative support and facilitation should be considered for employers who employ socially and mentally disadvantaged young people in their company.

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