

Mental Health in Young People

Guide to implementing
the evidence-based
prevention programmes
of Irrsinnig Menschlich
(*Madly Human*)

IRRSINNIG] [MENSCHLICH

“There is an urgent need for services to prevent mental illness and promote mental health among young people around the world. Mental crises and illnesses are one of the great challenges of the 21st century—triggered and aggravated by global crises such as the COVID-19 pandemic and its effect on health, society and the economy. It is not only a matter of reducing immense human suffering and minimising the loss of future opportunities particularly for young people; it is also a matter of decreasing mental health-related costs to the economy. For the past 20 years, Irrsinnig Menschlich



(*Madly Human*) has been committed, using a very successful scientifically based and low-threshold approach, to the prevention of mental crises and illnesses in schools, universities and companies, thus contributing to the advancement of the United Nations Sustainable Development Goals (SDG), specifically SDG 3 (Good Health and Well-being) and SDG 4 (Quality Education). *Madly Human* has proven the benefits and effectiveness of its programmes and is committed to building strategic partnerships while raising the international visibility this important issue deserves.”

Annette Richardson,
 Managing Director of Richardson Partners LLC,
 Partner of Ambershore Group,
 fmr. Senior Advisor to the United Nations Office
 for Partnerships

About Irrsinnig Menschlich (*Madly Human*)

We at Irrsinnig Menschlich, known in English as *Madly Human*, have been motivating young people with our prevention programmes for over 20 years. We seek to better understand mental crises and illnesses and to reduce the stigma, fears and prejudices associated. At the same time, we aim to boost confidence, spread knowledge and outline coping strategies as well as improving attitudes, promoting a readiness to seek help and fostering resilience.

Our international non-profit organisation based in Leipzig, Germany, is committed to cross-sectoral work in the fields of education (school, vocational training, higher education) and health (prevention, care).

Our core competence lies in developing and testing as well as implementing and scaling universal prevention programmes for young people, working alongside our partners to achieve this aim.

We work in accordance with the social entrepreneurship approach, which aims to solve problems by applying innovative and entrepreneurial concepts. This is why, our founder, Dr Manuela Richter-Werling, was elected to the international Ashoka Fellowship in 2009.

Awarded. Evaluated. Innovative.

The *Madly Human* programmes have been awarded and externally evaluated many times. In 2019, in collaboration with more than 90 partners, we reached more than 40,000 young people in schools, vocational training and higher education. A study by McKinsey & Company and Ashoka from 2019 shows that our “Mental? So What! Good Mental Health at School” programme yields a social return on investment (SROI): “scaling this initiative would be an excellent investment”.¹



¹ Ashoka Deutschland gGmbH / McKinsey & Company, Inc. (ed.) (2019): *From small to systemic: The multibillion-euro potential in social innovations*. URL: <https://www.mckinsey.de/~ /media/mckinsey/locations/europe%20and%20middle%20east/deutschland/news/presse/2019/2019-03-15%20ashoka-studie%20-%20wenn%20aus%20klein%20systemisch%20wird/2019_ashoka_mckinsey_study_from%20small%20to%20systemic.pdf> (10/02/2021).



"Mental? So What!" in action.

Programmes and target groups



School setting: "Mental Well-being at School"—since 2001
 For students aged 14 and over and their class teachers: "Mental? So what! Good Mental Health at School".
 For younger school children between the ages of 8 and 12 (under development).



Higher education setting: "Mental Well-being on Campus"—since 2016
 For students in higher education, PhD students and members of staff engaged in teaching, research and administration.



Company setting: "Mental Well-being at Work"—since 2017
 For trainees and professional trainers in companies.

Preface

Dear international colleagues, partners, patrons and other interested parties!

Together with you, we want to address and solve the societal problem of mental illness affecting young people on a large scale. It is empirically proven that mental strain and mental illness are an integral part of human existence, that they can be observed widely across the globe and that they especially affect children, adolescents and young adults. Early mental health issues can lead to serious illnesses with often lifelong consequences for the physical and social development of young people. Scientists even mark early mental illness as a “major source of unhappiness”. Even so, public awareness of these scientific findings is still lacking and no national or international reaction has, thus far, been even slightly adequate to this challenge.

From the start, we at *Madly Human* have been motivating young people with prevention programmes in the field of mental health. Our programmes’ notable effectiveness and impressive results can be attributed especially to giving participants the opportunity to meet people who have overcome their own mental health crises or who are young carers with mentally ill parents.

Blueprint copying of our scientifically evaluated, scaled, easy and low-budget programmes is possible. We have very many partners and patrons in Germany, Austria, the Czech Republic and Slovakia who have already adapted and implemented our successful “Mental? So What! Good Mental Health at School” programme. Partners in other countries are waiting in the wings.



Dr Manuela Richter-Werling,
 Founder and Managing Director of
Madly Human, Ashoka fellow,
 representing the Board of *Madly Human*

In this brochure, we address practitioners, innovators and political decision-makers. We are looking for people who would be willing to support our cause as we seek to share the *Madly Human* recipe for success in the field of prevention and destigmatisation of mental illness among young people and bring it to every corner of the world through blueprint copying. How can we build alliances with partners and patrons from every sector of society?

In this brochure, we provide you with information about the global societal challenge of mental illness, our approach to this and our programmes’ impact, as well as outlining how about how you can become a partner and patron yourself. We look forward to engaging in an exchange of ideas and working together to make mental well-being a lifelong source of happiness for an ever-growing number of young people.

At *Madly Human*, we are supported by two leading players in the process of scaling our programmes internationally: the BMW Foundation Herbert Quandt and Ashoka.

“We at the BMW Foundation believe in the effectiveness of Irrsinnig Menschlich’s (*Madly Human*) approach to detecting and treating mental illnesses at an early stage. This is why we are proud to support their international growth as a contribution to achieving the United Nations Sustainable Development Goal 3: Good Health and Well-being.

Despite the alarmingly high rates of mental illness and suicide worldwide, mental health continues to be a widely neglected issue and is often met with helplessness and shame. *Madly Human* approaches it with openness, compassion and profound knowledge.



We inspire and promote responsible leadership in line with the UN 2030 Agenda. We believe that every individual can be a unique lever for change. But because change is a marathon, not a sprint, we as Responsible Leaders need to take care of our mental health in order not to burn out along the way. That is why, as an organisation, we aim to create an environment that fosters well-being and allows for vulnerability so that anyone can seek help if they need it. This is especially true for our Responsible Leaders Network, a community that drives positive change by collaborating across cultures, countries and sectors.”

Markus Hipp,
Member of the Board
of the BMW Foundation Herbert Quandt

BMW Foundation
Herbert Quandt

“Since 2016, Ashoka has been supporting Irrsinnig Menschlich (*Madly Human*) in scaling their ‘Mental? So what! Good Mental Health at School’ programme to Austria. We have identified new implementation partners and patrons, have organised scaling workshops and have supported partners in setting up the programme. Through our common efforts, we have successfully managed to replicate the programme in three Austrian federal states.

Ashoka works with many different social enterprises all over the world. *Madly Human* clearly stands out in terms of programme replicability. The organisation has managed to package their programme professionally for partners by providing manuals, training, promotional materials and on-demand support. In addition, the organisation ensures trans-



parent and dependable relationships through their partnership management. This enables *Madly Human’s* partners to set up and roll out the programme quickly and thus achieve an impact for large groups of beneficiaries. We are impressed to see that only four years after its initial introduction ‘Mental? So what!’ reached 5,000 pupils in Austria in 2019.

Furthermore, the organisation achieves a good balance between central quality management and local ownership. While partners implement the programme independently, they are required to report standardised impact indicators back to *Madly Human* in its capacity as the provider of the programme. This combination makes ‘Mental? So what!’ an example of best practice for the replication of socially innovative programmes across country borders.”

Alexander Kesselring,
Programme Manager at Ashoka Austria



PSYCHISCH FIT!
PSYCHISCH FIT!
Psychisch fit Studieren!
Psychisch fit Studieren
Psychisch fit Studieren
FIT
STUDIERN
Geld
Freundes
Job
LIEBE
Entspannung
Entspannung
Zufriedenheit
Philosophieren
Gedanken ordnen
Arbeit



"Mental Well-being on Campus" in action.

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Mental health: a global challenge



How mental illnesses arise: diathesis-stress model
(Source: Dachverband Gemeindepsychiatrie e.V. 2014).

The social challenge

Promoting mental health in the younger generation and preventing mental crises and illnesses is a worthwhile undertaking: the best predictor of adults' life satisfaction is their emotional well-being as children.²



Mental well-being as a hidden source of happiness for the stability of societies.



The younger generation is most affected by mental health issues.



Cash check: economic challenges for the healthcare system and society at large.

According to Professor Andrew Clark (Paris School of Economics), a behavioural economist and one of the top “happiness scientists” worldwide, good mental health combined with a good social network is the main predictor of happiness. His fellow researchers state that the elimination of depression and anxiety would reduce human misery by 20 percent and need not cost anything. Childhood mental health conditions are common, persistent and predict a range of adverse outcomes: they account for 16 percent of the global burden of disease and injury amongst adolescents—amounting to a huge loss of healthy life years.³

Depression is one of the leading global causes of illness and disability among this group. It is also one of the main reasons for suicide, which is the third leading cause of death in 15- to 19-year-olds worldwide. Keeping silent on this issue will eventually cost us too much.

Half of all mental health conditions start very early (by 14 years of age), but most cases slip under the radar as they remain undetected and untreated for years. During a time when public campaigns and social media have considerably facilitated access to treatment, stigmatisation is still the main obstacle to receiving treatment in most cultures.⁴

Mental illness during childhood and adolescence often has massive consequences for family and school life. It can become chronic and persist into adulthood, where it can have a lasting negative impact on social relationships, educational and professional success, physical health and the overall quality of life. Failure to adequately provide a solid foundation for young people jeopardises both physical and mental health and limits opportunities to lead fulfilling lives as adults. Moreover, it is “bad economics”: mental illnesses may result in lower school performance and employment prospects as well as avoidable welfare costs in the future.⁵

2 Clark, Andrew E. et al. (2018): *The Origins of Happiness: The Science of Well-Being over the Life Course*. Princeton: Princeton University Press.

3 World Health Organization (2018): *Adolescent mental health in the European Region: WHO Regional Office for Europe: Factsheet for World Mental Health Day 2018*. URL: <https://www.euro.who.int/__data/assets/pdf_file/0005/383891/adolescent-mh-fs-eng.pdf> (30/07/2020).

4 David Daniel Ebert et al. (2019): “Barriers of mental health treatment utilization among first-year college students: First cross-national results from the WHO World Mental Health International College Student Initiative”. In: *International Journal of Methods in Psychiatric Research* 28(2). DOI: <<https://doi.org/10.1002/mpr.1782>>.

5 Chisholm, Dan et al. (2016): “Scaling-up treatment of depression and anxiety: A global return on investment analysis”. In: *The Lancet Psychiatry* 3(5), 415–424. DOI: <[https://doi.org/10.1016/S2215-0366\(16\)30024-4](https://doi.org/10.1016/S2215-0366(16)30024-4)>.

Investing in school mental health

Besides the high level of individual suffering, the social and economic costs (EU: 4.1 per cent of GDP) caused by mental turmoil and mental illness are the main reasons for their relevance for global public health.

According to the World Health Organization (WHO), mental health and young people's well-being are high on the European Region's agenda; the WHO specifically mentions health promotion in schools and similar settings for strengthening young people's mental well-being. At the third high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases in New York in 2018, mental illness was recognised as the "fifth non-communicable disease" alongside cardiovascular disease, cancer, diabetes and respiratory diseases.⁶ Moreover, it was resolved that all United Nations member states should become active in providing young people with mental health care, as this falls under the United Nations Sustainable Development Goal 3: Good Health and Well-being.⁷ Mental well-being is deserving of a much greater share of resources allocated in countries across the globe.

For all these reasons, it makes sense to search for and invest in effective interventions that could improve mental health from childhood to adulthood. Since children and adolescents spend most of their time in school, school-based programmes have received attention and some evidence-based programmes are available on a large scale, e.g. Mind Matters, the Good Behaviour Game (GBG) and Promoting Alternative Thinking Strategies (PATHS).⁸

The available research shows crystal clear that school-based programmes are among the most promising types of preventive mental health interventions available for children.

Reaching out beyond schools

"For students to be successful in academics and in life beyond college, mental health is just as important as physical health. It touches every aspect of life and affects us all."

President Gregory L. Fenves,
The University of Texas at Austin⁹

While some school-based approaches are evidence-based and are already scaled-up, systematic research into university programmes is lacking. However, since mental illnesses emerge by the mid-twenties, university years are surely a critical time to intervene to reduce the negative effects of mental illness on lifetime educational success and social relationships. Higher education years are characterised by instability—changes in romantic status and sexual orientation, in peer groups, course selection and career choices. This instability may contribute to reduced social support and increased stress, which are known contributors to mental illnesses.¹⁰

6 United Nations / World Health Organization (2018): "Time to Deliver: Third UN High-level Meeting on Non-communicable Diseases brochure". URL: <<https://www.who.int/ncds/governance/third-un-meeting/brochure.pdf?ua=1>> (30/07/2020).

7 United Nations (2021): "Goal 3: Ensure healthy lives and promote well-being for all at all ages". URL: <<https://www.un.org/sustainabledevelopment/health/>> (30/07/2020).

8 Murphy, J Michael et al. (2017): "Scope, Scale, and Dose of the World's Largest School-Based Mental Health Programs". In: *Harvard Review of Psychiatry* 25(5), 218–228. DOI: <<https://doi.org/10.1097/hrp.000000000000149>>.

9 American Council on Education (2019): *Investing in Student Mental Health: Opportunities & Benefits for College Leadership*. URL: <<https://www.acenet.edu/Documents/Investing-in-Student-Mental-Health.pdf>> (30/07/2020).

10 Slavich, George M. / Auerbach, Randy P. (2018): "Stress and its Sequelae: Depression, Suicide, Inflammation, and Physical Illness". In: Butcher, James N. (Ed.) (2018): *APA Handbook of Psychopathology: Volume 1: Psychopathology: Understanding, Assessing, and Treating Adult Mental Disorders* (= *APA Handbooks in Psychology*, 2/2018). Washington, DC: American Psychological Association. 375–402.

A 2018 international study covering 14,000 first-year college students across eight countries found that 35 percent of them had suffered from a mental illness—mainly depression or anxiety—during the previous year.¹¹ Interestingly, symptoms were widespread regardless of the students' socio-economic backgrounds, showing that mental illness really can affect anybody.

In 2019, the American College Health Association found that, during the previous year, 87 percent of college students had felt overwhelmed by all they had to do, 66 percent felt overwhelming anxiety, 56 percent felt their situation was hopeless and 13 percent seriously considered suicide.¹²

Failure to provide effective interventions for mental ill health among university students is also likely to pose economic costs through:

- 1) lost investment because of course non-completion, and**
- 2) costs to mental health systems from not intervening early enough.¹³**

In the US, Canada and Australia, prevention efforts have been aimed at substance abuse or specific mental illnesses, online screening and storytelling, while some associations advocate for the mental health of students.¹⁴ The most common approach to increasing help-seeking on higher education campuses consists of programmes or campaigns to reduce stigma and educate students about mental illness and how to seek treatment.¹⁵ As school-based programmes combining education and social contact with an affected peer have proven to be effective,¹⁶ we believe this approach is equally promising in the university setting.

The earlier treatment is received, the better—it therefore would seem sensible to spread the word on mental health, e.g. through peers, in university orientation sessions right from the start.

Peer-based programmes have been internationally implemented on campuses, and they include batyr@uni (Australia), jack.org (Canada) and Student Minds (UK). On some campuses, peer programmes appear to have developed due to the experience that students themselves can be accessible and acceptable mental health advocates and facilitators of help-seeking and access to appropriate care.¹⁷

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- 11 Auerbach, Randy P. et al. (2018): "WHO World Mental Health Surveys International College Student Project: Prevalence and distribution of mental disorders". In: *Journal of Abnormal Psychology* 127(7), 623–638. DOI: <<https://doi.org/10.1037/abn0000362>>.
 - 12 American College Health Association (2019): *American College Health Association-National College Health Assessment II: Reference Group Executive Summary Spring 2019*. URL: <https://www.acha.org/documents/ncha/NCHA-II_SPRING_2019_US_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf> (30.07.2020).
 - 13 Orygen, The National Centre of Excellence in Youth Mental Health (2017): *Under the radar: The mental health of Australian university students*. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health.
 - 14 Eva, Amy L. (2019): "How Colleges Today Are Supporting Student Mental Health: Colleges and universities are addressing well-being in students with new and innovative approaches". In: *Greater Good Magazine. Science-based Insights for a Meaningful Life*, 11/01/2019. URL: <https://greatergood.berkeley.edu/article/item/how_colleges_today_are_supporting_student_mental_health> (30/07/2020).
 - 15 Eisenberg, Daniel et al. (2012): "Help Seeking for Mental Health on College Campuses: Review of Evidence and Next Steps for Research and Practice". In: *Harvard Review of Psychiatry* 20(4), 222–232. DOI: <<https://doi.org/10.3109/10673229.2012.712839>>.
 - 16 Pinfold, Vanessa et al. (2003): "Reducing psychiatric stigma and discrimination: Evaluation of educational interventions in UK secondary schools". In: *The British Journal of Psychiatry* 182(4), 342–346. DOI: <<https://doi.org/10.1192/bjp.182.4.342>>.
 - 17 Orygen, The National Centre of Excellence in Youth Mental Health (2017): *Under the radar: The mental health of Australian university students*. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health.

Mental well-being in the workplace

A 2016 WHO study estimates that three main mental disorders, namely depression, anxiety and addiction, can be held accountable for over 50 million lost work years, costing the global economy USD 1 trillion each year in lost productivity.¹⁸ Another important finding is that the economic cost of depression and anxiety disorders for employers and the economy is higher by 30 percent than the cost of other illnesses because of longer average periods of incapacity to work. SMEs especially, which make up 90 percent of all businesses in the EU, struggle on this front. This can be attributed to the fact that they have limited opportunities to support their staff's mental health.¹⁹

In a nutshell: mental problems in children, adolescents and young adults must be recognised earlier and professionally treated in accordance with the current guidelines. We at *Madly Human* have been successfully offering our prevention programmes for adolescents and young adults for over 20 years. Investing in prevention is worthwhile because mental crises and illnesses consume personal happiness—especially in young people.

There is still a lack of tailor-made, evaluated services for adolescents and young adults to prevent and destigmatise mental health problems and promote mental well-being.

In Germany, we have observed a great willingness on the part of various stakeholders to become involved in prevention and health promotion. We attribute this above all to the massive social burden created by mental illness, which in turn puts huge pressure on schools, and now universities, to take action.



18 Chisholm, Dan et al. (2016): "Scaling-up treatment of depression and anxiety: A global return on investment analysis". In: *The Lancet Psychiatry* 3(5), 415–424. DOI: <[https://doi.org/10.1016/S2215-0366\(16\)30024-4](https://doi.org/10.1016/S2215-0366(16)30024-4)>.

19 Eurofound / EU-OSHA (2014): *Psychosocial risks in Europe: Prevalence and strategies for prevention*. Luxembourg: Publications Office of the European Union. DOI: <<https://doi.org/10.2806/70971>>.

The causal chain or why we do what we do

1. Mental illnesses are common: the worldwide prevalence is 11–16 percent of people under 18.²⁰
2. Most mental illnesses start before the age of 20. Nevertheless, children and adolescents receive a significantly worse quality of care than adults.
3. On the one hand, poverty and low socio-economic status significantly affect the mental well-being of children and adolescents. On the other hand, mental illness in the family often leads to poverty.
4. Mental disorders in children and adolescents lead to permanent mental disability, dissocial behaviour and a lower life expectancy.
5. Even though effective treatments are available, a major obstacle to accessing them is the stigma burdening those affected and their families.
6. Affected persons and their relatives are insufficiently informed about mental health problems and available help. This leads to delays and a lower percentage of people seeking professional treatment.
7. Professionals working in related fields (social work, nursery care, schools, youth welfare, paediatrics, etc.) lack specialist knowledge; there is little capacity for early diagnosis, waiting times are long and—in the case of early diagnosis—there is insufficient capacity for adequate treatment.
8. There is a lack in cross-age, cross-diagnostic and cross-disciplinary networks for early detection and treatment.
9. The responsibility for preventive action is shared by numerous stakeholders with unclear and overlapping tasks—in addition to which, these services are mainly voluntary.
10. A high level of methodological and financial expenditure is required to assess the effects of concrete measures for preventing mental illness and promoting mental health in line with scientific criteria.

²⁰ Polanczyk, Guilherme V. et al. (2015): "Annual research review: A meta-analysis of the worldwide prevalence of mental disorders in children and adolescents". In: *Journal of Child Psychology and Psychiatry* 56(3), 345–365. DOI: <<https://doi.org/10.1111/jcpp.12381>>.

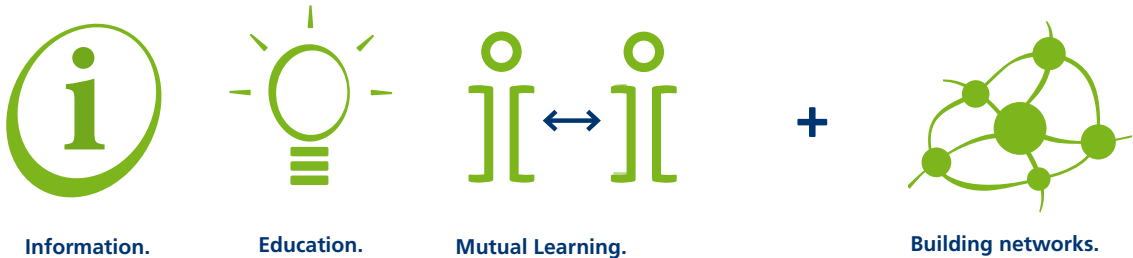
2

Our approach



Strategy

We work towards reducing stigma as it is the main obstacle to improving mental health. Our main focus here is to raise awareness and end public and structural discrimination.



Information. **Education.** **Mutual Learning.** **Building networks.**
The combination of information, education and contact with members of the stigmatised group proves to be a promising anti-stigma strategy.²¹

Why coming into contact with personal experts is so important

According to the current state of knowledge, coming into contact (dialogue, meeting, mutual learning) with people from stigmatised groups is the most effective strategy for overcoming stigma. The effects of such encounters are stronger than information and education by themselves. Contact helps to reduce stigma, strengthens those who make the interventions (empowerment, reduction of self-stigmatisation) and brings about social change.²²

Our approach

- We use the settings approach—in school, higher education and companies. It is our aim to change systems as well as individual behaviour.
- We easily verbalise taboo topics, open doors and encourage participants and institutions to continue to create a needs-oriented environment.
- In accordance with the participatory approach,²³ we always work with teams consisting of both a professionally and a personally qualified expert. The professional experts come from the fields of prevention, health promotion and psychosocial care. The personal experts have experienced and recovered from mental crises.
- We work in accordance with the basic principles of mental health literacy (MHL) and promote help-seeking behaviour at various levels: we support young individuals and certain professional groups like teachers, school social workers and professionals working in child and youth welfare services.²⁴

21 Rüsçh, Nicolas et al. (2004): „Das Stigma psychischer Erkrankungen: Ursachen, Formen und therapeutische Konsequenzen“ (additional electronic chapter). In: Berger, Mathias (ed.): *Psychische Erkrankungen: Klinik und Therapie*. München: Urban & Fischer / Elsevier. URL: <http://www.berger-psychische-erkrankungen-klinik-und-therapie.de/ergaenzung_ruesch.pdf> (10/02/2021).

22 Rüsçh, Nicolas et al. (2021): *Das Stigma psychischer Erkrankung: Strategien gegen Ausgrenzung und Diskriminierung*. München: Urban & Fischer / Elsevier.

23 Faulkner, Alison / Basset, Thurstine (2012): “A helping hand: Taking peer support into the 21st century”. In: *Mental Health and Social Inclusion* 16(1), 41–47. DOI: <<https://doi.org/10.1108/20428301211205892>>.

24 Jorm, Anthony F. (2012): “Mental health literacy: Empowering the community to take action for better mental health”. In: *The American Psychologist* 67(3), 231–243. DOI: <<https://doi.org/10.1037/a0025957>>.

The benefits for the participants

- They get to know the warning signs of a mental crisis.
- They discuss typical warning signs.
- They critically look at fears and prejudices relating to mental crises.
- They learn how to help others and help themselves.
- They learn how to treat each other in a way that will promote health.
- They are encouraged to contribute to mental well-being in school, higher education, the workplace and their families.

The strengths of our approach

- We act in an authentic, open and solution-based way.
- We ground ourselves in dialogue about lived experience and in learning from each other.
- We share a holistic concept of health.
- We encourage participants to talk about difficult and taboo topics in a constructive way that communicates mutual respect.
- We reflect upon the fears, prejudices and coping strategies typical for certain settings and ages.
- We gather information about who can help in an emergency and how.
- We encourage organisations to perceive mental health promotion as a quality measure and to foster prevention at the behavioural and the contextual level.



"Mental Well-being on Campus" in action.

Adopting the approach

The *Madly Human* approach can be used for systemic interventions with other stakeholders from health, youth welfare, education and training. This is how solutions adopted by individual stakeholders can be turned into cooperative solutions with great potential. This is how we at *Madly Human* are contributing to the advancement of the United Nations Sustainable Development Goals.



Goal 3:
Ensure healthy lives and promote well-being for all at all ages.

Target 3.4: “By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.”

Target 3.5: “Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.”

Our contribution to targets 3.4 and 3.5: we turn mental crises into something that can be openly discussed by reducing fears and prejudices, boosting confidence, outlining coping strategies and enhancing help-seeking behaviour. By doing this, we help to prevent mental crises and the onset of mental illnesses and promote the mental health and well-being of young people.



Goal 4:
Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

Target 4.5: “By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.”²⁵

Our contribution to target 4.5: we promote success in school, vocational training and higher education and reduce drop-out rates—focussing especially on vulnerable groups of young people in these settings.

Challenges of the Covid-19 pandemic

We at *Madly Human* have handled the crisis surrounding the COVID-19 pandemic very successfully. In no time at all, we developed online formats for all our programmes which our target groups received enthusiastically.

Our programmes

School Setting: “Mental? So what!”



The “Mental? So What!” School Days invite whole classes of teenagers to engage in a conversation prompted by questions, both large and small, about mental health. Meeting the personal experts has a particularly notable impact: through their life stories, the complex construct of “mental health” is given a concrete face, is made accessible—and is shown to be completely “normal”. By doing this, fears and prejudices are reduced, confidence is boosted, coping strategies are outlined, drop-out rates are reduced and school success is promoted.

“Mental? So What!” benefits society

“Ashoka is the world’s largest network of social entrepreneurs. During our intense and multi-stage selection process, we examine the social innovation that a candidate has developed as well as the potential of that innovation to change a social system for the better. When we selected Dr Richter-Werling in 2009, we believed that her approach to mental illness could change the education system and the healthcare system in Germany and beyond. These changes would not only improve the well-being of tens of thousands of people in each year’s cohort of schoolchildren. They would also make sense financially. In 2019, together with McKinsey & Company, Ashoka pu-



blished the report *From small to systemic*. Looking at Irrsinnig Menschlich’s (*Madly Human*) ‘Mental? So What!’ programme, it finds that each percentage point of schoolchildren in Germany who gets professional support in the early stages of a mental health issue is worth EUR 80 million to society, mainly due to avoiding indirect follow-up costs. The cost of reaching a full year’s cohort was estimated at EUR 28 million. This means that the programme breaks even if 0.4 percent more schoolchildren seek help early. *Madly Human’s* impact data suggest that the economic benefits of early intervention would be even greater than this. We therefore believe that scaling this initiative would be an excellent investment.”²⁶

Odin Mühlenbein,

Co-author of *From small to systemic*, Ashoka Germany

Concept and distribution

The “Mental? So What!” programme essentially consists of School Days for whole classes of students from the age of 14 (Germany: Year 8) or training courses for teachers. The School Days and training courses have a breaking-the-ice function intended to encourage schools to develop good school practice to promote good mental health. “Mental? So What!” encourages the participants and institutions to continue building a needs-oriented and solution-based environment and to create communal networks with stakeholders from the health, youth welfare and school sectors who contribute to the mental well-being of young people—especially vulnerable ones—and support them in growing up well.

A programme for young school children between the ages of 8 and 12 is currently being developed and tested. If successful, it will be on offer for partners as an additional school prevention programme from 2022 onwards.

²⁶ Ashoka Deutschland gGmbH / McKinsey & Company, Inc. (2019): *From small to systemic: The multibillion-euro potential in social innovations*. URL: <https://www.mckinsey.de/~media/mckinsey/locations/europe%20and%20middle%20east/deutschland/news/presse/2019/2019-03-15%20ashoka-studie%20-%20wenn%20aus%20klein%20systemisch%20wird/2019_ashoka_mckinsey_study_from%20small%20to%20systemic.pdf> (30/07/2020).

Running School Days and training courses

“Mental Well-being at School” / „Mental? So What!“ programme

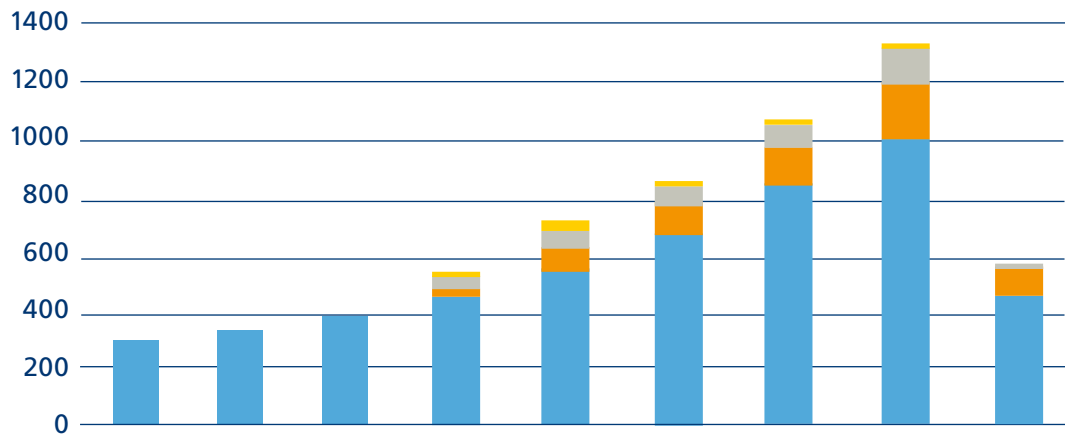


Format	School Days	Training courses
Target group	Primary prevention: all students aged 14 and over (Germany: Year 8) and their class teachers. Secondary prevention: affected students, children of mentally ill parents, young carers.	Teachers, school staff, school social workers, school psychologists and other auxiliary school personnel.
Aims	Turn mental crises into something that can be openly discussed for whole classes. Improve attitudes and help-seeking behaviour. Reduce school drop-out rates. Promote school success.	Strengthen protective factors for growing up mentally healthy. Minimise risk factors for every single student, the class and the school community.
Duration	One school day, 6 hours.	As required.
Contents	<p>The participants:</p> <ul style="list-style-type: none"> • get to know warning signs of a mental crisis. • talk about coping strategies typical for teenagers. • talk about life with mentally ill parents and learn that children are not to blame for their parents' illness. • critically look at fears and prejudices relating to mental crises and those affected. • discover where they can get help and find out how to develop mental resilience. • encounter people who have overcome mental crises. 	<p>Common topics:</p> <ul style="list-style-type: none"> • Reducing personal fears and prejudices. • Recognising and addressing warning signs of a mental crisis. • Dealing with children of mentally ill parents. • Dealing with young carers. • Suicide prevention in school. • Mental health of teachers. • Legal aspects, data privacy. • Improving communicative and emotional competence. • Supporting mental health in everyday teaching. • Networking with regional providers of youth welfare, prevention and psychosocial care.
Procedure	<ol style="list-style-type: none"> 1. Addressing issues rather than ignoring them: raising awareness about mental well-being in school. The students' life experiences are the starting point. 2. Happiness and crises: talking about luck in life and personal responsibility; group work. 3. Encouraging, getting help: exchanging experiences with personal experts who have overcome mental crises. 	As required.
Methodology	Conversations, exchange of experiences, group work, discussions, role-playing.	As required.
Speakers	A team consisting of both a professional and a personal expert.	
Partners	Regional providers of psychosocial care, prevention and health promotion.	
Expansion	Through social franchising based on cooperation agreements.	
Phase of expansion	Nationwide: establishment phase. Worldwide: implementation phase.	

Services provided (output) and impacts (outcome)

Over the past few years, the number of “Mental? So What!” School Days has consistently grown by about 20 percent per year. This is reflected in the ever-increasing number of students and teachers who have acquired a solid grounding in mental health issues and know how to help themselves.

Development of “Mental? So What!” School Days



Locations	2012	2013	2014	2015	2016	2017	2018	2019	2020
Slovakia				13	36	25	7	13	0
Czech Republic				39	59	63	83	139	9
Austria				25	83	107	128	190	91
Germany	310	325	374	449	534	663	842	998	483

In the first quarter of 2020, the number of “Mental? So What!” School Days increased by 20 percent compared to the corresponding period in the previous year. This demonstrates a continuation of the growth trend of prior years. The first lockdown put an end to this with temporary school closures and a general ban on access to schools for third parties. We expect the growth trend to resume from 2022 with the end of the COVID-19 pandemic.

Output 2019	School Days	Students	Teachers, school social workers, etc.
Germany	998	26,000	4,000
Austria	190	4,900	500
Czech Republic	130	3,400	350
Slovakia	13	300	50
Total	1,331	34,600	4,900

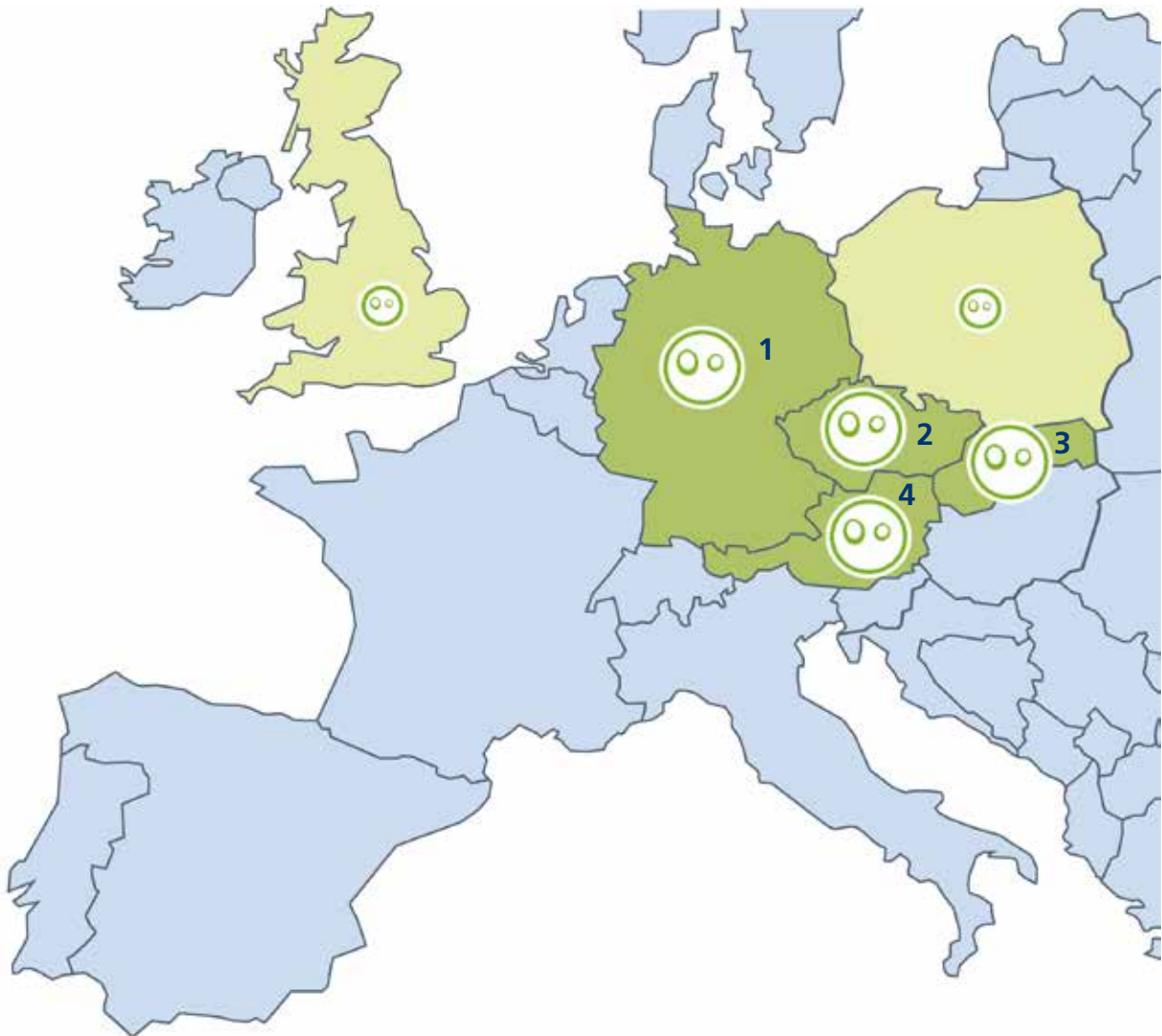
“Mental? So What!” programme locations

1 Germany: 86 locations in 11 federal states.

2 Czech Republic: 14 locations in, e.g. Prague, Brno, Liberec, Plzeň.

3 Slovakia: 3 locations in Michalovce, Bratislava, Rimavská Sobota.

4 Austria: the 3 federal states of Burgenland, Salzburg, Styria.



Austria, Czech Republic, Slovakia: extension at national level (establishment phase).

United Kingdom and Poland: establishment of additional programme locations.
Here we are already in talks with potential partners.

Here we are looking for new partners.

Quality assurance

Worldwide

In 2014, “Mental? So What!” was included in one of the most important German databases covering evidence-based best practice programmes in the field of prevention and health promotion: the Green List Prevention, a CTC database of recommended prevention programmes.²⁷ It was chosen because it follows the internationally acclaimed “Communities That Care” (CTC) approach, a prevention system developed in the US which aims at improving existing frameworks at a local levels in order to enable children and adolescents to grow up safe and healthy.

Germany

Dr Manuela Richter-Werling, the founder of “Mental? So What!”, the programme itself and its implementation by regional stakeholders in the field of healthcare have all been awarded many times in Germany.



In 2012, we at *Madly Human* were granted a PHINEO “Wirkt!” impact label in the field of depression prevention for “Mental? So What!”.²⁸ PHINEO is a non-profit analysis and consulting company working on impact-driven civic engagement. Non-profit organisations are granted the “Wirkt!” impact label only after undergoing an in-depth analysis of their potential impact.

Since 2009, “Mental? So What!” has been a model project for facilitating growing up healthy and preventing depressive illness, two official German health targets which are consistent with the corresponding health targets adopted by the WHO.

Evaluation

The programme has been evaluated by the Institute for Social Medicine, Occupational Health and Public Health at Leipzig University several times.

The programme’s main impact is the reduction of the stigma associated with mental health issues in combination with the spread of relevant knowledge and the promotion of mental well-being.²⁹

27 CTC Communities That Care / Landespräventionsrat Niedersachsen (2021): “Grüne Liste Prävention: Verrückt? Na und! Programm zur Prävention psychischer Krisen und zur Förderung der seelischen Gesundheit”. URL: <www.gruene-liste-praevention.de/najax/pdf.cms?XA=programm&XID=74&a=.pdf> (30/07/2020).

28 PHINEO gAG (2019): “Verrückt? na und! Seelisch fit in der Schule: Das Projekt wurde mit dem Wirkt-Siegel prämiert: August 2012”. URL: <<https://www.phineo.org/empfohlene-projekte/verr%C3%BCckt-na-und-seelisch-fit-in-der-schule>> (30/07/2020).

29 Conrad, Ines et al. (2009): “‘Crazy? So what!’ A school programme to promote mental health and reduce stigma: Results of a pilot study”. In: *Health Education* 109(4), 314–328. DOI: <<https://doi.org/10.1108/09654280910970893>>.

Conrad, Ines et al. (2010): “Präventiv und stigmareduzierend? Evaluation des Schulprojekts ‘Verrückt? Na und!’”. In: *Zeitschrift für Psychiatrie, Psychologie und Psychotherapie* 58(4), 257–264. DOI: <<https://doi.org/10.1024/1661-4747/a000036>>.

Schulze, Beate et al. (2003): “Crazy? So what! Effects of a school project on students’ attitudes towards people with schizophrenia”. In: *Acta psychiatrica Scandinavica* 107(2), 142–150. DOI: <<https://doi.org/10.1034/j.1600-0447.2003.02444.x>>.

Students in focus



More knowledge

96% of students state that they now know more about mental health.

More resilient

74% of students think that they can now cope better with crises. The personal experts are their role models.

School in focus



Courage bringer

97% of schools say that the difficult topic of "mental health" is dealt with in an accessible way.

85% of schools state that "Mental? So What!" reduces anxieties in students and teachers.

Problem solver

Schools tend to book "Mental? So What!" when there are problems with drugs and alcohol, inappropriate behaviour and mental crises in the class or the school.³⁰



"Mental? So What!" in action.

30 Koschig, Maria et al. (2018): *Abschlussbericht: Evaluation der Wirkungen des Programms 'Verrückt? Na und!' im Setting Schule ausgehend von den Zielen des § 20a SGB V und des Leitfadens Prävention des GKV-Spitzenverbandes*. Leipzig: Universität Leipzig, Medizinische Fakultät, Institut für Sozialmedizin, Arbeitsmedizin und Public Health. URL: <www.irrsinnig-menschlich.de/app/uploads/2019/03/VNU_Abschlussbericht_final.pdf> (10/02/2021).

Higher education setting: “Mental Well-being on Campus”



**PSYCHISCH *fit*
STUDIERN**

The programme “Mental Well-being on Campus” turns the “difficult” topic of mental crises into something that can be openly discussed in the lecture hall. This means reducing fears and prejudices, improving attitudes, nurturing help-seeking behaviour, boosting confidence, outlining coping strategies, reducing drop-out rates and promoting academic success. The programme has a universal and a secondary preventive effect.

“The mental health webinar designed and hosted by Irrsinnig Menschlich (*Madly Human*) for Fordham faculty and students was highly rated by all participants. The tools and frameworks provided by *Madly Human* were intuitive and easy to understand, and the deeply personal experiences that the facilitators shared about their own mental health



journeys resonated with the students and created a ‘safe space’ for participants to reflect on and talk about their own issues and coping strategies. Given the anxiety and uncertainty created by the pandemic and the strain that university students and faculty are under, candid conversations about mental health are more vital than ever.”

Katherine Milligan,

Gabelli Fellow at the Gabelli School of Business at Fordham University, New York City



“Mental Well-being on Campus” in action.

Concept and distribution

“Mental Well-being on Campus” programme



Format	Forum: online or in-class.	Training courses.
Target group	All students, especially new students, PhD students.	Staff members in teaching, research and administration.
Aims	Turn mental crises into something that can be openly discussed in front of whole lecture halls. Boost confidence. Outline coping strategies, Promote academic success. Reduce drop-out rates.	Strengthen protective factors, minimise risk factors.
Duration	90 min.	120 min.
Contents	<p>The participants:</p> <ul style="list-style-type: none"> • get to know warning signs of a mental crisis. • discuss typical coping strategies. • find out who and what can help and get to know support and counselling services on their campus. • find out what makes them strong and what they need to master a crisis. • get advice on how to deal with stress, exam anxiety and so on. • are inspired to create a health-promoting atmosphere on their campus where it goes without saying that mental health issues are openly spoken about and solutions are looked for together. 	<p>Common topics:</p> <ul style="list-style-type: none"> • Data & facts regarding mental illness amongst young people. • How to recognise and address warning signs of mental crises: what is useful for communicating with people affected by mental health issues? • The stigma relating to mental illness and its consequences: how to reflect personal attitudes and roles. • How to strengthen protective factors and minimise risk factors: what can higher education institutions do to prevent mental crises and promote mental health? • How to cope with difficult situations: coping strategies and support services on campus.
Procedure	Warm-up, keynote speech, short report by personal experts, support and counselling services on campus introduce themselves, discussion on coping and support strategies.	As required.
Methodology	Speeches, group work, role-playing, discussions, shared reflections.	As required.
Speakers	A team consisting of both a professional and a personal expert.	
Partners	Higher education institutions (academic services, psychosocial counselling, support for students with disabilities or chronic health conditions), student services organisations.	
Expansion	Systematic scaling of <i>Madly Human</i> ; in the future: through social franchising based on cooperation agreements.	
Phase of expansion	Nationwide: establishment phase. Worldwide: implementation phase.	

Services provided (output) and impact (outcome)

Since 2014, “Mental Well-being on Campus” has been offered on campuses as an in-class forum in the lecture hall. Since the start of the COVID-19 pandemic, *Madly Human* has been offering “Mental Well-being on Campus” as an interactive online forum—not only at a national level but also worldwide. One of the first higher education institutions that took part in our online forum outside of Germany was the Gabelli School of Business at Fordham University, New York City.

Output 2020	Forums	Students	Staff members
Germany	48	2,800	500
USA	1	30	
Total	49	2,830	500

Quality assurance

The most important operational quality criteria

Higher education institutions positively evaluate the “Mental Well-being on Campus” forums across the board.



Rebooking

92% of higher education institutions go on to book the forum again.



Crisis services guide

About **10%** of students go on to seek help from the support and counselling services which introduced themselves at the forum.



Sustainability

85% of forums have a long-lasting impact—networks between support and counselling services on campus are established and the demand for training courses for staff members in teaching, research and administration, inclusion officers and PhD students is growing.

Evaluation

The programme has been externally evaluated by the Institute for Social Medicine, Occupational Health and Public Health at Leipzig University in accordance with international standards.³¹

Our short- and medium-term goals (as of 2021)

Students in focus

Nearly
100%
of participants recommend
the forum to others.

98%
of participants state that they
have received useful informa-
tion about where to get help
when a crisis occurs.

79%
of participants find “Mental
Well-being in Higher Educa-
tion” helpful for the preven-
tion of mental crises

73%
of participants find it
sensible to hold the
forum at the beginning of
their studies.

27%
of participants wish there
had been such a programme
when they were still in
school.

63%
of participants state that
their concerns about mental
crises during their studies
were successfully reduced.



“Mental Well-being on Campus” in action.

31 Koschig, Maria et al. (2019): *Abschlussbericht: Evaluation des Forums zur psychischen Gesundheit für Studierende ‘Psychisch fit studieren’ im Setting Hochschule ausgehend von den Zielen des § 20a SGB V und des Leitfadens Prävention des GKV-Spitzenverbandes.* Leipzig: Universität Leipzig, Medizinische Fakultät, Institut für Sozialmedizin, Arbeitsmedizin und Public Health. URL: <https://www.irrsinnig-menschlich.de/app/uploads/2019/03/PsyFitStud_Abschlussbericht_final.pdf> (10/02/2021).

Company setting: “Mental Well-being at Work”



**PSYCHISCH *fit*
ARBEITEN**

The “Mental Well-being at Work” workshops invite whole groups of trainees to engage in a conversation prompted by questions, both large and small, about mental health in day-to-day work. Meeting the personal experts has a particularly notable impact. Mentally healthy trainees achieve better results in their vocational training. Information, education and breaking down taboos are helpful and useful when dealing with mental health impairments in companies. Our core competence lies in motivating trainees and staff members to enter into an open dialogue about this taboo topic. This is new and useful for companies and works best with the stated target groups.

“Bosch as a company relies on its staff members’ know-how. This is why the company works hard to maintain its staff members’ mental capacity for work. There are quite a few links between the company healthcare management and Irrsin-



nig Menschlich (*Madly Human*). ‘Mental Well-being at Work’ contributes to conflict resolution and addiction prevention, gives support in personal emergencies and helps with reintegration following illness.”

Roland Würfel,

Main Representative for Employees with Severe Disabilities
at Bosch Thermotechnik GmbH, Germany

Services provided (output) and impacts (outcome)

Starting from the exchange with stakeholders and multipliers, we at *Madly Human* have done a lot of conceptual work in the company setting over the last few years.

We and our partners are increasingly booked by organisations such as Porsche GmbH, Zeiss AG, Bosch Thermotechnik GmbH and Electrolux Hausgeräte GmbH to name just a few.

Concept and distribution

“Mental Well-being at Work” programme









Format	Workshop.	Training courses.
Target group	Trainees, students in dual education systems and young professionals.	Instructors.
Aims	Turn mental strain and disability into something that can be openly discussed in the company. Promote training success. Reduce drop-out rates.	Strengthen protective factors and minimise risk factors for every single staff member.
Duration	One-day workshop, 6 hours.	As required.
Contents	<p>The participants:</p> <ul style="list-style-type: none"> • get to know warning signs of a mental crisis. • discuss typical coping strategies. • find out who and what can help, and get to know support and counselling services in the company. • find out what makes them strong and what they need to master a crisis. • get advice on how to deal with stress, exam anxiety and so on. • are inspired to create a health-promoting atmosphere in the company where it goes without saying that mental health issues are openly spoken about and solutions are looked for together. 	<p>Common topics:</p> <ul style="list-style-type: none"> • Data & facts regarding mental illness amongst young people. • How to recognise and address warning signs of mental crises: what is useful for communicating with people with mental health issues? • The stigma relating to mental illness and its consequences: how to reflect personal attitudes and roles. • How to strengthen protective factors and minimise risk factors: what can a company do to prevent mental crises and support mental health? • How to cope with difficult situations: coping strategies and support services in the company.
Procedure	As the three-stage concept of “Mental? So What!”.	As required.
Methodology	Speeches, group work, role-playing, discussions, shared reflections.	As required.
Speakers	A team consisting of both a professional and a personal expert.	
Partners	The healthcare management and human resources departments of companies.	
Expansion	In the future: through social franchising.	
Phase of expansion	Nationwide: implementation phase.	




"Mental? So What!" in action.



"Mental Well-being on Campus" in action.

Output	→	Outcome/Impact
“Mental Well-being at School” / “Mental? So What!” programme		
Students 	Students find exploring questions of mental health, mental illness and sources of help, as well as sharing experiences, beneficial for their lives.	Reduced stigma, fears, prejudices. Better knowledge of warning signs, coping strategies, help sources. Students deal with problems more openly. In class, mindfulness, trust, confidence in joint problem-solving grow—and hence school success. Early access to help system: chronic illnesses less frequent.
Schools 	Teachers are satisfied with the School Days. Long-term cooperation with 80% of the schools. Class teachers become contact persons for students when crises do occur.	Reduced stigma, fears, prejudices. Better knowledge of students’ warning signs, coping strategies, professional help. Better understanding of how mental health and school success are related. Teachers organise training courses, create internal support structures, implement more options for dealing with affected students.
“Mental Well-being on Campus” programme		
Students 	Students find exploring questions of mental health, mental illness and sources of help, as well as sharing experiences, beneficial for their lives and academic success.	Reduced stigma, fears, prejudices. Better knowledge of warning signs, coping strategies, help sources. Students deal with problems more openly. After the forum, 10% use internal help sources. On campus, mindfulness, trust, confidence in joint problem-solving grow—and hence academic success. Early access to help system: chronic illnesses less frequent.
Higher education institutions 	Long-term cooperation with 90% of campuses. Help and advice centres become changemakers for this issue on campus. Staff members make increasing use of training courses on offer.	Reduced stigma, fears, prejudices. Better knowledge of student’s warning signs, coping strategies, professional help. Better understanding of how mental health and academic success are related. Staff organise training courses, optimise internal help structures, build networks. New atmosphere: mental health issues are accepted; solutions are sought together.
“Mental Well-being at Work” programme		
Trainees / Young professionals 	Trainees find exploring questions of mental health, mental illness and sources of help, as well as sharing experiences, beneficial for their lives and vocational training success.	Reduced stigma, fears, prejudices. Better knowledge of warning signs, coping strategies. Trainees know about support services in the company or vocational school. They deal with problems more openly. Mindfulness, trust, confidence in joint problem-solving grow—and hence vocational training success. Early access to help system: chronic illnesses less frequent.
Entrepreneurs 	Long-term cooperation with companies. Support and counselling services introduce themselves during the workshops. Staff members make increasing use of the training courses on offer.	Reduced stigma, fears, prejudices. Training courses for further target groups are organised. Better understanding of how mental health and job performance are related. Better internal support structures through networking. New atmosphere: mental health issues are accepted, not stigmatised; solutions are sought together.

Health, social security, education and the economy



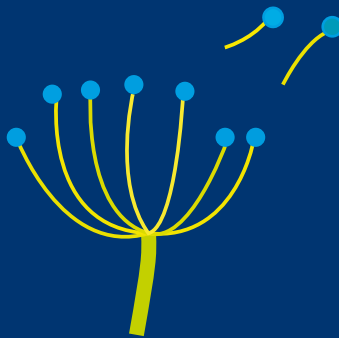
Societal changes: a society which openly discusses topics like mental welfare, crises and illnesses reduces stigmatisation enables young people to participate in society and to develop their individual potential. **If affected adolescents seek help early, consequential health costs are reduced.**

3

International scaling: our goals and what we can offer you



Establishing new locations.



Sowing seeds.



Building networks.

“Mental Well-being at School” / „Mental? So What!“ programme

- Austria, Czech Republic, Slovakia: extension at national level (establishment phase).
- United Kingdom and Poland: establishment of additional programme locations. Here we are looking for partners.
- The EU approves of and supports our “Mental? So What!” programme. As part of an Erasmus+ project, our partners in Germany, Austria, Slovakia and the Czech Republic will develop a common framework for quality management, among other things, and will set up a transnational steering group for scaling at a European level.
- Creation of new cooperative partnerships focusing on countries in Central, Eastern and Southern Europe and countries with English as an official language.
- Creation of new scaling partnerships offering support in financing during the implementation phase (main focus: Europe).



“Mental Well-being on Campus” programme

- Adapting the concept to the English-speaking market and establishing long-term cooperative partnerships with international higher education institutions such as the Gabelli School of Business at Fordham University, New York City.
- Austria, Czech Republic, Slovakia: convincing existing “Mental? So What!” partners to adopt “Mental Well-being in Higher Education” as well, with the aim of forming prevention chains for promoting the mental health of young people (school, higher education).

“Mental Well-being at Work” programme

- Austria, Czech Republic, Slovakia: convincing existing “Mental? So What!” partners to adopt “Mental Well-being at Work” as well, with the aim of forming prevention chains for promoting the mental health of young people (school, vocational training).

Madly Human as an organisation

- Creating partnerships for an image campaign that will enhance the international visibility of *Madly Human*.

Our offer:

We offer you a tested and scientifically evaluated concept with basic material already available in English. Together with you, we would like to:

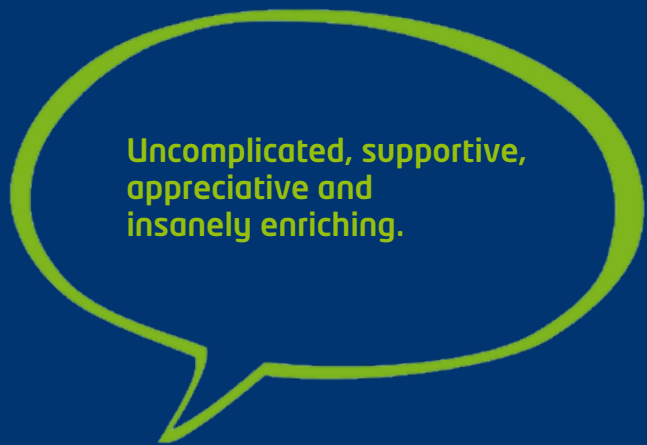
- implement our evidence-based programmes in your country. We would support you in adapting the material to your culture and extending the programme at national level.
- exchange experiences relating to the development, testing and expansion of low-threshold primary preventive interventions for promoting the mental health of young people.
- mount a powerful lobby for reducing the stigma attached to mental illness and fighting discrimination against people with mental health issues as well as promoting their inclusion.
- contribute to the advancement of the United Nations Sustainable Development Goals.

4

Establishing a cooperative relationship with us



Invitation.



Impetus.



Amplification.

We look forward to hearing from you and invite you to work with us. The current starting point for systematic scaling of all *Madly Human* programmes is the “Mental? So What!” programme. This programme provides the option of expanding your preventive work to include the “Mental Well-being on Campus” and “Mental Well-being at Work” target groups by signing an additional contract annexed to the cooperation agreement.

Furthermore, we at *Madly Human* are always ready to discuss further possible approaches to working together on “Mental Well-being on Campus” and “Mental Well-being at Work”.

If we have sparked your interest, please do not hesitate to contact us.

The benefits for you



“Why reinvent the wheel when there is something excellent like ‘Mental? So What!’? Irrsinnig Menschlich’s (*Madly Human*) approach is very practical and close to young people’s lives. The programmes inspire young people much more than theoretical lectures about life.”

Janka Hurová,

CEO of Integra o.z., Michalovce, Slovakia,
Partner of the “Mental? So What!” programme



“Working with Irrsinnig Menschlich (*Madly Human*) is cooperative, uncomplicated, co-creative, supportive, appreciative, insanely enriching and solution-oriented. The whole team lives the wonderful spirit of this extremely important prevention programme.”

Angelika Kroyer-Bergles,

Project Manager at pro mente Burgenland, Austria,
Partner of the “Mental? So What!” programme,



“You have a well-thought-through and proven model which addresses a need that is not commonly addressed. Your method makes sense and has a good and psychologically sound theoretical framework. It is not complicated despite being well-grounded in theory and not difficult for professionals to grasp and work with. International networks are very useful for learning and research, and we want to join with like-minded people to share knowledge and methods.”

Dympna Cunnane,

CEO of Our Time, London,
Specialised editing of the English “Mental? So What!” manual

Our partners state the following reasons for their commitment:

- They assume a leading role in bringing together institutions of various sectors, especially from the fields of health, youth welfare, education and employment.
- Their presence and visibility in school, higher education, vocational training and work settings increase.
- By investing their resources where they are most effective—in early prevention, health promotion and networking with various stakeholders—their profile as an organisation is raised.
- They can connect the *Madly Human* programmes with other regional services and, by doing that, form regional prevention chains.
- They entrust their staff with a task which enhances and positively influences their qualification in, relationship with and attitude to their profession: for the professional experts, for example, working with the personal experts and students is strongly motivating for their work with mentally ill people in terms of empowerment and recovery.
- They draw on the best practice experience of national and international partners.
- Early preventive work, especially with young people, alleviates human misery and reduces consequential costs for society.
- Last but not least, they avoid the substantial cost of developing, testing and implementing a similar prevention programme themselves.



International network meeting in Leipzig, Germany, in 2019.

The 5-phase cooperation model

In developing our programmes, we at *Madly Human* can draw on considerable practical experience of intervening in school, higher education and work settings over the past 20 years. Our programmes consist of several structured components which we have developed, on the one hand, through working with social psychiatrists, psychologists, psychotherapists, education specialists, teachers, researchers, professionals in the health, school and education sectors and municipal stakeholders and, on the other, in collaboration with our partners.

The package we offer consists of five phases leading to local implementation of one of our programmes. We particularly care about adapting our concept to your country's cultural context and considering your organisation's specific needs.



PHASE 1: MEETING

We would like to meet you to find out whether you could become our next partner. Please fill in the *Madly Human* Suitability Checklist.

You will find it here: www.irrsinnig-menschlich.de (available in English soon)

If you meet all the criteria listed below, there is an excellent chance that you could become our next *Madly Human* partner.

Your organisation:

- You are convinced that preventing mental illness in and promoting the mental health of young people makes perfect sense and, ideally, you have a mandate for prevention and health promotion.
- You consider the *Madly Human* programmes to be both useful and beneficial, and you would like to establish a new programme location and become a new partner.
- You can demonstrate expertise, experience and good practice in the field of mental health, prevention, education and health promotion.
- You have the human resources (professional and personal experts) to implement the prevention programmes.
- You are experienced in implementing international projects (e.g. EU projects).
- You would like to scale the programmes to a preferably large regional territorial division of your country.
- You are well-known and have excellent connections in your district, region or country.

Your country / Your region:

- There is a high demand for universal prevention of mental illness in young people in schools (and possibly in higher education and vocational training).
- Stakeholders from the psychosocial care, prevention, health promotion and youth welfare sectors are already working in this field.
- There is a reasonable guarantee of long-term sustainable funding, e.g. through government or public financing of the costs.
- The identification of mental health promotion and mental illness prevention as areas of societal concern and political action (e.g. through national programmes for emotional health or prevention laws) provide a good basis for cooperation.

After the suitability check, we will discuss with you in detail how to establish a programme location and start preventive work in schools (and possibly in higher education and vocational training). We will also support you in finding scaling partners for financial support during the initial and implementation phases.

PHASE 2: DECIDING

Here, we enter into a cooperation agreement with you. You can find an example of a cooperation agreement form here: www.irrsinnig-menschlich.de (available in English soon) The cooperation agreement establishes each partner's roles, tasks and competence.

We at *Madly Human* are responsible for:

- establishing the programme locations and training the teams.
- quality assurance.
- further development.
- (initial) funding, if possible.

As our partner, you are responsible for:

- translation and cultural adaptation.
- implementing the programme in accordance with the specified targets, policies and methods.

For a modest "training fee", the partner will be entitled to use the *Madly Human* brand, know-how and knowledge. We put this training fee towards further development of the programme. You, as our partner, define the region in which you want to become active. For this purpose, we at *Madly Human* transfer usage rights for the programme to you once the cooperation agreement has been signed.

PHASE 3: PREPARING

In accordance with the cooperation agreement, we at *Madly Human* will provide you with our evaluated and established best practice basic package for establishing programme locations.

It consists of:

- a Handbook of Methods and Practice (curriculum).
- guidance on establishing and coordinating the programme location.
- selection criteria for experts and coordinators.
- teaching material.
- material for communication and public relations (logos, corporate design, photos, illustrations, presentations) with the purpose of strengthening the brand.
- educational material for the target groups.
- evaluation forms.

PHASE 4: TRAINING

We at *Madly Human* provide the professional and personal experts with training at the partner's location.

The training usually takes 2 to 3 days (according to the programme and your individual requirements).

Number of participants: min. 10, max. 20.

As our partner, you are responsible for finding appropriate professional and personal experts in advance. Having completed the training, the experts will be ready to present the programme, which can now be implemented.

PHASE 5: BECOMING ACTIVE

As our partner, it is your responsibility to:

- provide a solid project basis (funding).
- acquire new partners and carry out projects.
- run the interventions (School Days, forums, workshops and training courses).
- look after public relations.
- provide quality management (evaluation, supervision, training the expert team, network meetings).
- provide material.

We at *Madly Human* provide you, as our partner, with:

- material and media for implementing the programmes which we at *Madly Human* are constantly refining.
- supervision.
- access to international network meetings and, through this, exchange of best practice experiences with other partners.
- the annual report conforming to social reporting standards in either German or English.

PHASE 5+: ESTABLISHING

After you have successfully completed the initial phase, we would like to expand the programme with you at a national level.

As our partner, it is your responsibility to:

- independently establish new programme locations in your country.
- establish active contacts within the political structures in your country.
- work towards ensuring that the service receives long-term regular funding in your country.
- provide best practice experiences (including the adapted material) for our international exchange of experiences.

We will support you in:

- qualifying your own trainers to train new professional and personal experts and, consequently, to independently establish new programme locations.
- expanding your portfolio of services to further target groups: primary school students, children of mentally ill parents (“Mental Well-being at School” programme), higher education students (“Mental Well-being on Campus” programme) and trainees (“Mental Well-being at Work” programme).

With a growing number of international cooperative partnerships, a learning network is being established to share best practice experiences and the partners’ culturally adapted material via a digital platform.



International network meeting in Leipzig, Germany, in 2019.

5 Financing



Costs

Based on the cooperation agreement, the following costs will be payable: one-off costs (programme transfer) and running costs (running the programme plus a yearly training fee).

One-off costs

Example: establishing the “Mental? So What!” programme location.

There are one-off transfer costs of EUR 10,000. For this, we at *Madly Human* will provide a basic package including the following services:

Negotiating and concluding the agreement	Adapting to the location	Establishing the programme location
Finding and advising partners	Curriculum in German or in English	Training workshop
Negotiations and signature	Material and media	
	Being connected to the <i>Madly Human</i> system (website, intranet and database)	

Running costs

Example: establishing the “Mental? So What!” programme location.

The level of running costs depends primarily on the number of workshops. In the initial phase, most partners operate with budgets between EUR 30,000 and EUR 50,000. In the implementation phase, this increases in line with a partner’s aims.

The yearly training fee is meant to be a low-threshold commitment made by our partners to us at *Madly Human*. It is invested in expanding and further developing the programmes. The fee payable will mostly be based on our partner’s aims; for example, in Germany it amounts to EUR 500 for smaller administrative divisions such as cities or rural districts and in Austria to EUR 2,000 for larger administrative divisions such as federal states.

Arguments for funding

“It [mental health] is a topic that makes us developing nations [...]. We do not yet have such a plan of action [...]. It would be interesting to take a closer look at the classic psychiatric or psychological approaches and compare them to what you call the community approach. I believe that undoubtedly more needs to be done than just treating the individual. And I am happy to take up what you are suggesting in order to destigmatise the matter by talking to the companies [...], to raise that subject with the entrepreneurs. It is probably also linked to that rapid increase in cases of burnout we have been witnessing.”³²

German Chancellor Angela Merkel

said this at the Third International German Forum, held in Berlin on the 21 to 22 February 2017. Angela Merkel also put the subject of global mental health and destigmatisation on the agenda of the G20 summit in December 2017³³ and, in cooperation with the WHO, has taken a stand on this matter on the global stage.³⁴

There is an economic and ethical imperative to promote mental health in children and adolescents so that fewer of them become tomorrow’s unemployed or ill people. The treatment and prevention of mental health issues is usually included in the public health budget, and all costs relate to the present. But the full economic benefit of prevention (e.g. in adolescents) only becomes apparent decades later. Major savings cannot be made in the health sector, but in other sectors: in education and work, in social welfare and housing, in the legal and pension systems. Here, an approach is needed that prioritises mental health issues with their deep-rooted causes and far-reaching consequences across policy areas.³⁵

The significance of social enterprises like *Madly Human* for developing and introducing social innovations:

The economy is increasingly interested in the work of social enterprises, whose potential was emphasised at the World Economic Forum 2019 in Davos. In this context, our *Madly Human* approach has been highlighted in the respected German weekly business news magazine *WirtschaftsWoche*—and rightly so.³⁶ In their 2019 article “Embracing complexity”, the internationally renowned management consulting firm McKinsey & Company demanded not only a focus on achieving clearly defined and measurable project targets in the short term, but also support for a so-called system change by making long-term investments that allow for capacity building and cooperation, etc. The system change in the field of mental illness prevention and mental health promotion in young people would comprise closer cross-sectoral cooperation between education (school, higher education) and health (prevention and care) providers.³⁷

32 Presse- und Informationsamt der Bundesregierung (2021): „Video: Discussion with Chancellor Angela Merkel at the Third International German Forum“. URL: <https://www.bundesregierung.de/breg-de/mediathek/discussion-with-chancellor-angela-merkel-at-the-third-international-german-forum-482910!mediathek> (13/02/2021).

33 The Federal Chancellor (2017): “Third International German Forum“. URL: <https://www.bundeskanzlerin.de/bkin-en/news/third-international-german-forum-482856> (14/10/2020).

34 World Health Organization (2020): “Germany: Partner in global health“. URL: <https://www.who.int/about/planning-finance-and-accountability/financing-campaign/germany-impact> (14/10/2020).

35 Rüsçh, Nicolas et al. (2021): *Das Stigma psychischer Erkrankung: Strategien gegen Ausgrenzung und Diskriminierung*. München: Urban & Fischer/Elsevier.

36 Mühlenbein, Odin (2020): “Aufruf in Davos: Stiftungen, lasst Sozialunternehmen die Welt besser machen!“. In: *WirtschaftsWoche*, 24/01/2020. URL: <https://www.wiwo.de/25471298.html?share=mail> (14/10/2020).

37 McKinsey & Company (2020): “Embracing complexity: Towards a shared understanding of funding systems change“. URL: <https://www.mckinsey.de/publikationen/embracing-complexity> (14/10/2020).

Conclusion:

It pays for ministries of health and welfare and ministries of teaching, education and cultural affairs to jointly finance measures for the prevention of mental crises in students. The effects produced will also ease the burden on these ministries' budgets for decades to come.

Potential financial backers

"In our complex, meritocratic world, we face challenges every day and we have to take them on in the best way possible. Failure to do this often leads to overloading. Children and adolescents too often experience a feeling of being overtaxed or witness their parents being subjected to excessive burdens. Unfortunately, in the everyday life of our society, there is not much



room and understanding for how important it is to talk about this and showing one's vulnerability is considered taboo. This is how mental health impairments occur in younger age groups already. We, the Hil-Foundation, support 'Mental? So What!' in order to promote mental health in school-age children, to break down taboos and to create a culture of open dialogue."

Dr Susanne Hillebrand,
Founder of Hil-Foundation (scaling partner in Austria)

Our scaling partners are:

- Governmental institutions, e.g. ministries, the European Union
- Public institutions, e.g. health promotion funds and social security institutions (health insurance, pensions, accident insurance)
- Foundations
- Companies

If we have sparked your interest, please do not hesitate to contact us:



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6

Madly Human
organisation
profile

IRRSINNIG] [MENSCHLICH

General information

Name	Irrsinnig Menschlich e.V. (<i>Madly Human</i>)
Headquarters as provided for in our Constitution	Leipzig
Founded	2000
Further branches	None
Type	Non-governmental organisation
Contact data	Erich-Zeigner-Allee 69–73, 04229 Leipzig Telephone: +49-(0)341-2228990 Fax: +49-(0)341-2228992 E-mail: info@irrsinnig-menschlich.de
Website	www.irrsinnig-menschlich.de
Employees	10 (8) (as of 2020)
Partners	93 (as of 2020)
Link to our Constitution (URL)	www.irrsinnig-menschlich.de/app/uploads/2018/02/IRR_Satzung_20171204.pdf
Link to our Annual Report and Report on Effectiveness 2020 (URL)	https://www.irrsinnig-menschlich.de/service/jahresbericht/
Wikipedia	https://en.wikipedia.org/wiki/Irrsinnig_Menschlich
Entry in the register	Registered at the Leipzig Local Court on 29 May 2000 under number VR 3359.
Non-profit status	We are recognised as a charitable institution. Our business purpose is the promotion of public health, healthcare and youth welfare. We are exempt from corporate tax in accordance with the notice of exemption by the Leipzig Tax Office as of 18 November 2019.

Governance

Madly Human has 105 members as of 31 December 2020.

The General Assembly is the highest body. It is responsible for approving the budget plan developed by the Board of Directors, for granting discharge to the Board of Directors, for voting upon the appointment and removal of members of the Board of Directors and for passing resolutions calling for amendments to the Constitution or the dissolution of the organisation.

The Board of Directors consists of three persons: the First Chairperson, the Deputy Chairperson and the Treasurer. In accordance with our Constitution, the General Assembly appoints three of their members to the Board of Directors for a period of two years.

The Board's and Managing Directors' tasks are regulated in our Constitution, in the Rules of Procedure and in the Schedule of Responsibilities.

Madly Human is a signatory of the Transparent Civil Society Initiative³⁸.

Please consider making a donation:

Irrsinnig Menschlich e.V.
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 BIC BFSWDE33LPZ
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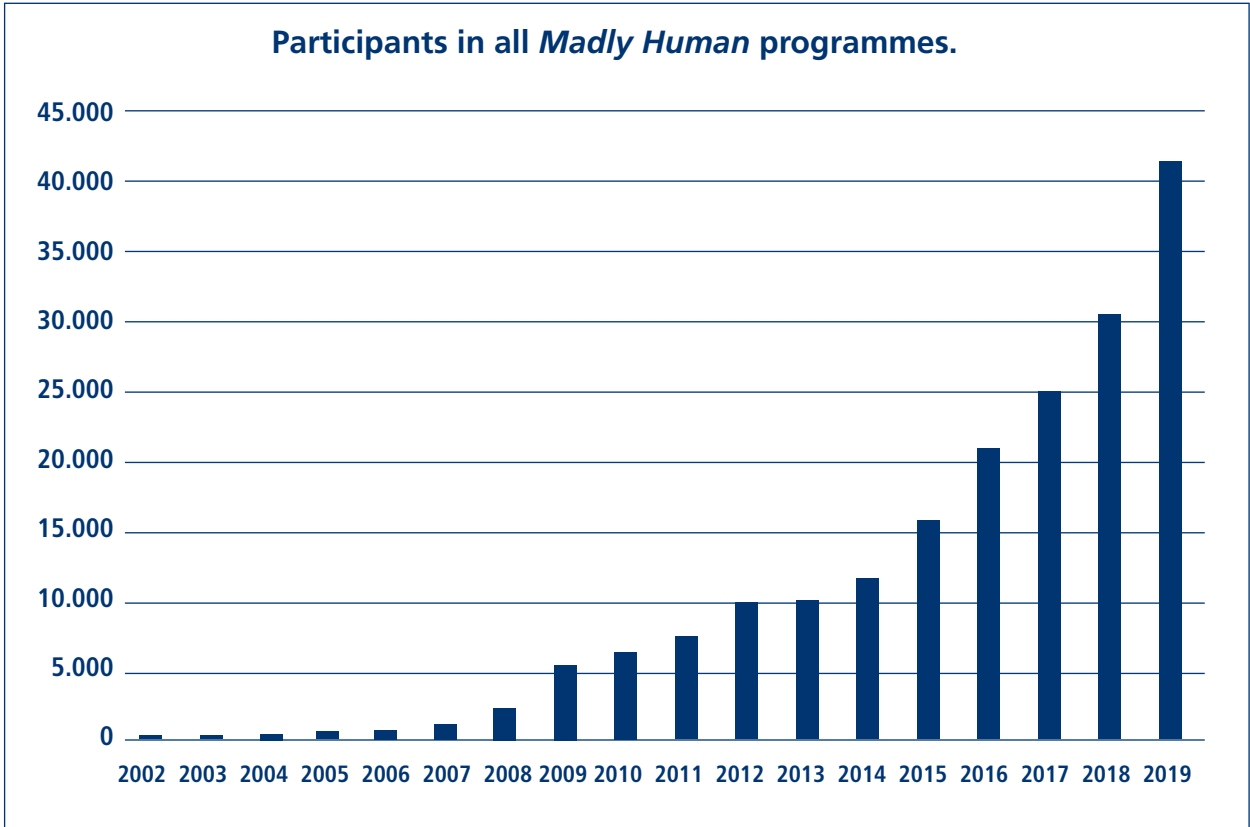
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³⁸ Transparency International Deutschland e.V. (2021): "Initiative Transparente Zivilgesellschaft".
 URL: <www.transparency.de/mitmachen/initiative-transparente-zivilgesellschaft/?L=0> (10/02/2021).



International network meeting in Leipzig, Germany, in 2019.



**Accepting
mental illness.**

**Open up about
your mental health
and get professional
help early!**