Co-funded by the European Union

MENTBOX

Modular Mental Health Toolbox
EU4Health Programme (EU4H)

MS4 – Database of Identified Best Practice

Document date: August 2026
Document version: 1.0

Co-funded by the European Union

"Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or Univerza na Primorskem (UP). Neither the European Union nor the granting authority can be held responsible for them."

MentBox Consortium

Full Name	Short Name	Beneficiary Number	Role
EUROPEAN ALLIANCE AGAINST DEPRESSION	EAAD	1	Coordinator
UNIVERSIDAD AUTONOMA DE MADRID	UAM	2	Beneficiary
SERVICIO ANDALUZ DE SALUD	SAS	3	Beneficiary
FUNDACION PARA LA GESTION DE LA INVESTIGACION EN SALUD DE SEVILLA	FISEVI	3.1	Affiliated Entity
UNIVERZA NA PRIMORSKEM UNIVERSITA DEL LITORALE	**UP**	**4**	**Beneficiary**
GLOBAL ALLIANCE OF MENTAL ILLNESS ADVOCACY NETWORKS EUROPE AISBL	GAMIAN	5	Beneficiary

Version Control

Version	**Changes**	**Date**
1.0	Initial Draft	28. 7. 2026
1.1	Revised Draft	30. 7. 2026
1.2	Final version	31. 8. 2026

Co-funded by the European Union

"Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or Univerza na Primorskem (UP). Neither the European Union nor the granting authority can be held responsible for them."

MS4 – Database of Identified Best Practice – Summary

The primary objective of Work Package 2 (WP2) – *Identification of Best Practice* – within the Modular Mental Health Toolbox project (MentBox): is to identify best practice interventions to be included in the MH-Toolbox. It also aims to determine, via a qualitative co-creation process with experts, health professionals, patients, people with lived experience, and people from minority (vulnerable) communities, the best and most effective approaches to deploying mental health interventions. Within WP2, Task 2.3 – *Definition of Best Practice Interventions* – focuses on gathering, analyzing, and comparing the results of the literature review and the Delphi survey to identify and define best practice interventions and their most important elements. The results of these activities contribute to Deliverable D2.1 – *Best Practice Identified* and Deliverable D2.2 – *Outcome Report: Voice of Patients and Experts*. As a milestone within Task 2.3, led by the University of Primorska, Milestone 4 (MS4) – *Database of Identified Best Practice* – was developed.

Four evidence-based interventions were selected to form the basis of the MH-Toolbox: the iFightDepressionTool (EAAD), the Community-Based 4-Level Intervention (EAAD), the Six-Step Depression Self-Help Programme (EAAD), and Doing What Matters in Times of Stress (WHO).

To ensure that the MH-Toolbox reflects the latest evidence and does not overlook relevant best practices, an additional literature review was conducted during the project (results are available in Deliverable D2.1 *Best practice identified*). A previous literature review identified 30 interventions that provided a broad overview of current approaches to addressing depression, suicide, and psychological distress across various populations and settings. A common strength among these interventions was their adaptability to different cultural, linguistic, and contextual settings. Many interventions have been translated into multiple languages, adjusted for specific socioeconomic groups, and tailored to local needs and resources. This flexibility enhances their applicability across countries and target populations.

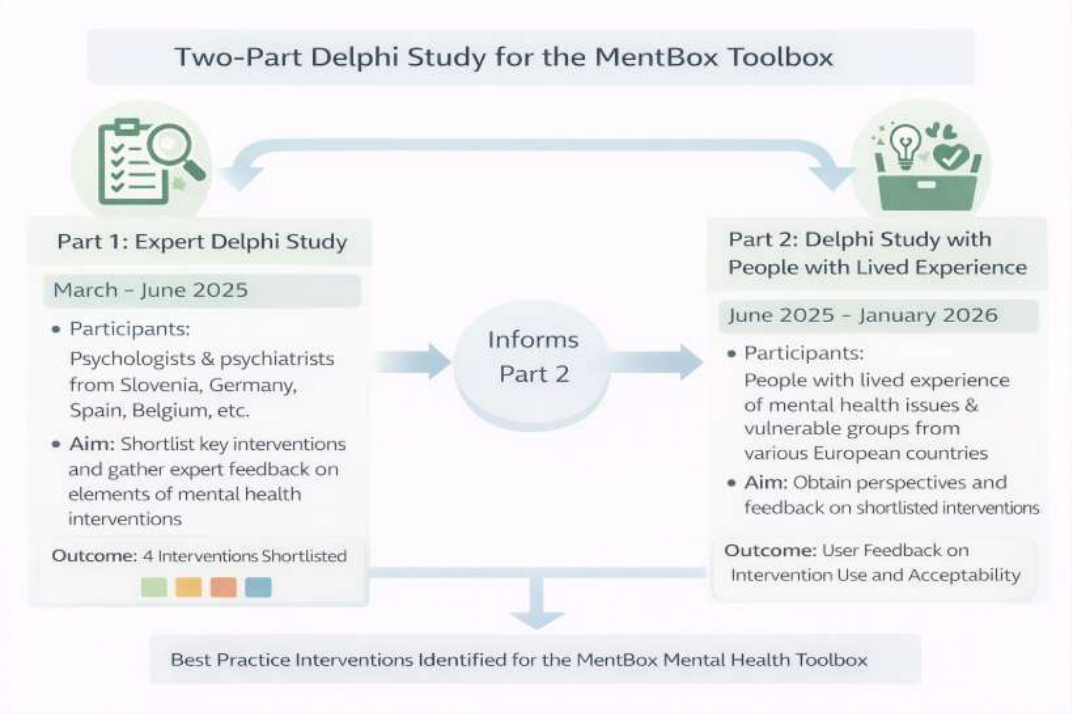
As the next step, a two-part Delphi study was conducted (Figure 1). The first part focused on experts and health professionals, while the second part focused on people with lived experience and individuals from minority or vulnerable groups. The expert panel consisted of 13 psychologists, psychiatrists, researchers, and other mental health professionals who were members of the MentBox consortium. The experts represented multiple European countries, including Slovenia, Germany, Spain, and Belgium. All participants have professional expertise in mental health, depression, suicidality, and mental health interventions.

Co-funded by the European Union

"Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or Univerza na Primorskem (UP). Neither the European Union nor the granting authority can be held responsible for them."

Figure 1.

Two-Part Delphi Study Process for the MH-Toolbox



Part 1: Expert Delphi Study

As part of Delphi Round Part 1, experts were asked to review interventions identified through the literature review. Before the meeting, they received an Excel database (available in Deliverable D2.1) containing detailed information on each intervention, including its main aim and objectives, location, format, content and implementation details, implementers, results and evaluation, target group, duration, prevention spectrum, targeted determinants, adaptations for vulnerable populations, key successes, and barriers to implementation.

Given the limited time available during the Delphi meeting, it was not feasible to discuss all identified interventions in detail. Therefore, five interventions with the highest potential for integration into the MH-Toolbox were selected for further assessment. The remaining interventions were excluded from detailed discussion for several reasons. Some required substantial resources to implement and maintain, including face-to-face delivery, continuous therapist involvement, or extensive multisectoral collaboration. Others demonstrated limited effectiveness, reporting improvements only in quality of life or providing insufficient evaluation data. Some interventions were also developed for highly specific contexts, such as the COVID-19 pandemic. Finally, some interventions targeted very specific populations, including farmers, nursing students, and older adults, limiting their broader applicability within the MentBox project.

The five selected interventions represented different approaches to suicide prevention, depression, and non-clinical mental distress and were considered to have characteristics that could be adapted for inclusion in the MH-Toolbox (Table 1).

Co-funded by the European Union

"Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or Univerza na Primorskem (UP). Neither the European Union nor the granting authority can be held responsible for them."

Table 1.

Interventions Included in Part 1: Expert Delphi Study

Intervention	Mental health area	Key characteristics	Reasons for potential inclusion in the MH-Toolbox	Limitations
iAlive Online Suicide Prevention Tool (Poštuvan et al., 2023)	Suicide prevention	Online educational tool with videos, interactive content and practical guidance to increase laypeople's competence in engaging with suicidal individuals, enhancing awareness and providing intervention skills; 45–60 minutes; no registration required.	Accessible, does not require registration, directly addresses suicide prevention, and is easy to disseminate through a digital platform.	Potential dropout due to the self-guided online format.
Behavioral Activation and Mindfulness Targeting Reward Sensitivity (Potsch & Rief, 2023; 2024)	Depression	Online programme combining behavioral activation, mindfulness exercises, psychoeducational videos, daily worksheets, and mood monitoring. Target group: adults with depression.	Evidence of reduced depressive symptoms; promotes active behavior change; easily adaptable to various populations.	Evaluation based mainly on self-reported outcomes without clinical diagnostic assessment for major depression.
Fighting Stigma at Work: "One of Us" Campaign (European Commission, 2017)	Non-clinical mental distress	Workplace anti-stigma campaign using educational materials, media engagement, lived-experience stories, and social contact activities. Target group: workplaces, people with mental illness, and the general public.	Highlights the importance of reducing stigma and promoting mental health literacy in workplaces; adaptable for workplace settings.	Cultural change takes time.
Self-Help Plus (WHO) (Acarturk et al., 2022)	Non-clinical mental distress	Five-session group intervention delivered by trained non-specialists using pre-recorded audio and illustrated materials. Target groups: people in distress, refugees.	Highly scalable, evidence-based, adaptable to different cultural contexts and vulnerable populations; available in multiple languages.	Cultural barriers.
eQuoo (Litvin et al., 2023)	Non-clinical mental distress, depressive symptoms	Mobile app using gamification, CBT, positive psychology and interactive storytelling to build resilience. Target group: young adults, student population.	Engaging digital format with demonstrated improvements in resilience and mental health outcomes among young adults.	Some content requires payment.

Co-funded by the European Union

"Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or Univerza na Primorskem (UP). Neither the European Union nor the granting authority can be held responsible for them."

During the Delphi discussion, experts assessed the interventions presented in Table 1 in terms of their relevance, scalability, feasibility, and added value for the MH-Toolbox. Interventions were not prioritized if they substantially overlapped with components already included in the Toolbox, targeted highly specific settings or populations, addressed outcomes beyond the project's scope, or raised concerns regarding sustainability, commercialization, or implementation feasibility.

Following the discussion, the experts agreed that four of the original interventions remained the most suitable for inclusion in the final MH-Toolbox, namely the **iFightDepression Tool** (EAAD), the **Community-Based 4-Level Intervention** (EAAD), the **Six Step Depression Self-Help Programme** (EAAD), and **Doing What Matters in Times of Stress** (WHO). The iAlive, online suicide prevention tool, was identified as having high potential but requiring further adaptation before inclusion.

Part 2: Delphi Study with People with Lived Experience

Participants in the second part of the Delphi survey were individuals affiliated with or reached through GAMIAN-Europe, including people with lived experience of mental health difficulties and individuals from vulnerable or underrepresented groups. 95 participants took part in the survey. Sociodemographic and background information, general preferences, experiences, and expectations regarding mental health interventions were collected, along with feedback on specific interventions (iFightDepression Tool, Doing What Matters in Times of Stress, and Six-Step Depression Self-Help Programme – short descriptions of interventions are provided in Table 2). As the focus was on interventions that directly target end users, the Community-Based 4-Level Intervention was not included in the second round of the Delphi survey because it addresses multiple population levels rather than focusing directly on end users, making it more difficult for them to assess than the other interventions.

Co-funded by the European Union

"Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or Univerza na Primorskem (UP). Neither the European Union nor the granting authority can be held responsible for them."

Table 2. Interventions Included in Part 2: Delphi Study with People with Lived Experience

Intervention	Mental health area	Key characteristics	Adaptation for vulnerable groups / minorities	Key strengths for the MH-Toolbox
iFightDepression Tool	Depression	Guided online self-management tool, based on cognitive behavioral therapy (CBT), including psychoeducation, mood monitoring, and behavioral activation. Target group: Adults and adolescents with mild to moderate depression.	Available in 16 languages; culturally adapted versions developed for Ukrainian displaced people (Ukrainian and Russian) and for African countries; suitable for diverse cultural contexts.	Free, evidence-based, easily accessible online, scalable, and adaptable across different countries and populations.
Six-Step Depression Self-Help Programme (European Alliance Against Depression, 2023)	Depression	Structured self-help programme providing practical strategies for managing depression, including activity planning, exercise, sleep management, and relaxation techniques. Target group: General population, particularly individuals with limited access to professional mental health services.	Designed for resource-limited settings; flexible and easily adaptable to local contexts and individual needs.	Low-resource intervention that promotes self-management and can be implemented in settings with limited mental health services.
Doing What Matters in Times of Stress (Mediavilla et al., 2023; Purgato et al., 2025)	Non-clinical mental distress	Self-help stress management guide based on Acceptance and Commitment Therapy (ACT), including grounding, mindfulness and values-based exercises. Target group: General population, particularly people experiencing adversity, including migrants, refugees, displaced persons and health professionals.	Available in multiple languages and formats (booklet, audio); specifically adapted for migrants, refugees, asylum seekers, and culturally adaptable across settings.	WHO-recommended, freely available, highly scalable, and suitable for culturally diverse populations experiencing stress and adversity.

Co-funded by the European Union

"Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or Univerza na Primorskem (UP). Neither the European Union nor the granting authority can be held responsible for them."

Findings from the second part of the study highlight important user preferences and barriers related to mental health interventions. A strong preference for human contact emerged, with most participants favoring in-person or blended approaches over fully digital interventions. Healthcare settings were identified as key entry points for accessing interventions, while trusted sources of information included healthcare professionals and close social networks.

Across all assessed interventions (iFightDepression Tool, Six-Step Depression Self-Help Programme, and Doing What Matters in Times of Stress), a consistent pattern emerged: participants found these tools acceptable but not highly compelling, mostly because the majority were not aware of the interventions before taking part in the study. Importantly, the main barriers were not related to rejection of the interventions themselves, but to issues of access and implementation. These included lack of knowledge about where and how to seek help, language barriers, and difficulties understanding the intervention content. Low awareness was also an issue, even for interventions that are already established. At the same time, several factors were identified that could enhance uptake, including professional recommendation, ease of access (especially via mobile devices), personalization, availability in multiple languages, anonymity, and time efficiency. These findings suggest that the success of the MH-Toolbox will depend less on the inherent quality of the interventions and more on how they are presented, adapted, and implemented.

Overall, the findings also emphasize the importance of culturally and contextually sensitive adaptation. For example, although Doing What Matters in Times of Stress and the iFightDepression Tool are available in multiple languages, participants still reported language barriers, which may indicate limited awareness of available translations or challenges in accessing them. This highlights the need for clear communication strategies.

Detailed findings will be available in the forthcoming publication D2.2 – Outcome report: voice of patients and experts and in a peer-reviewed publication.

If you have more questions about the study, you are welcome to contact us at: info.scrs@upr.si **or** tina.goznik@iam.upr.si**.**

Literature

Acarturk, C., Uygun, E., Ilkkursun, Z., Carswell, K., Tedeschi, F., Batu, M., Eskici, S., Kurt, G., Anttila, M., Au, T., Baumgartner, J., Churchill, R., Cuijpers, P., Becker, T., Koesters, M., Lantta, T., Nosè, M., Ostuzzi, G., Popa, M., . . . Barbui, C. (2022). Effectiveness of a WHO self-help psychological intervention for preventing mental disorders among Syrian refugees in Turkey: a randomized controlled trial. *World Psychiatry, 21*(1), 88–95. https://doi.org/10.1002/wps.20939

Co-funded by the European Union

"Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or Univerza na Primorskem (UP). Neither the European Union nor the granting authority can be held responsible for them."

European Alliance Against Depression. (2023, September). *Depression manual for psychiatric nurses: Including the "Six Steps Depression Self-help Program" and handouts*. European Alliance Against Depression.

European Commission. (2017). *Fighting Stigma at Work: ONE OF US - the national campaign for antistigma in Denmark*. EU Best Practice Portal. https://webgate.ec.europa.eu/dyna/bp-portal/best-practice/269

Litvin, S., Saunders, R., Jefferies, P., Seely, H., Pössel, P., & Lüttke, S. (2023). The impact of a gamified mobile mental health app (eQUOO) on resilience and mental health in a student population: Large-Scale randomized controlled trial. *JMIR Mental Health, 10*, e47285. https://doi.org/10.2196/47285

Mediavilla, R., Felez-Nobrega, M., McGreevy, K. R., Monistrol-Mula, A., Bravo-Ortiz, M., Bayón, C., Giné-Vázquez, I., Villaescusa, R., Muñoz-Sanjosé, A., Aguilar-Ortiz, S., Figueiredo, N., Nicaise, P., Park, A., Petri-Romão, P., Purgato, M., Witteveen, A. B., Underhill, J., Barbui, C., Bryant, R., . . . Ayuso-Mateos, J. L. (2023). Effectiveness of a mental health stepped-care programme for healthcare workers with psychological distress in crisis settings: a multicentre randomised controlled trial. *BMJ Mental Health, 26*(1), e300697. https://doi.org/10.1136/bmjment-2023-300697

Poštuvan, V., Gomboc, V., Pucihar, K. Č., Kljun, M., Vičič, J., Grum, A. T., Roškar, S., & Krohne, N. (2023). Development and evaluation of online suicide Preventive tool iALiVE to increase competences in engaging with a suicidal person. Crisis, 45(3), 187–196. https://doi.org/10.1027/0227-5910/a000934

Potsch, L., & Rief, W. (2023). Effectiveness of behavioral activation and mindfulness in increasing reward sensitivity and reducing depressive symptoms - A randomized controlled trial. *Behaviour Research and Therapy, 173*, 104455. https://doi.org/10.1016/j.brat.2023.104455

Potsch, L., & Rief, W. (2024). How to improve reward sensitivity – Predictors of long-term effects of a randomized controlled online intervention trial. *Journal of Affective Disorders, 367*, 647–657. https://doi.org/10.1016/j.jad.2024.09.007

Purgato, M., Tedeschi, F., Turrini, G., Cadorin, C., Compri, B., Muriago, G., Ostuzzi, G., Pinucci, I., Prina, E., Serra, R., Tarsitani, L., Witteveen, A. B., Roversi, A., Melchior, M., McDaid, D., Park, A., Petri-Romão, P., Kalisch, R., Underhill, J., . . . Barbui, C. (2025). Effectiveness of a stepped-care programme of WHO psychological interventions in a population of migrants: results from the RESPOND randomized controlled trial. *World Psychiatry, 24*(1), 120–130. https://doi.org/10.1002/wps.21281

Co-funded by the European Union

"Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or Univerza na Primorskem (UP). Neither the European Union nor the granting authority can be held responsible for them."