

TRAINING PROGRAM

ENHANCING THE ADOPTION OF MOBILE HEALTH BY PERSONS WITH MENTAL HEALTH PROBLEMS

TRAINERS`S GUIDE



“This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.”

**2022-1-RO01-KA220-ADU-000088238 - Cooperation
partnerships in adult education**



**Funded by
the European Union**

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**TRAINING PROGRAM FOR ENHANCING THE ADOPTION
OF MOBILE HEALTH BY PERSONS WITH MENTAL HEALTH PROBLEMS**

PRESENTATION OF THE TRAINING PROGRAM

Introduction

This training package, "**Training Program Enhancing the Adoption of Mobile Health by Persons with Mental Health Problems**," has been developed as part of the **Erasmus+ KA220-ADU Cooperation Partnerships in Adult Education** by a consortium from five countries with relevant experience in the field of mental health: Estuar Foundation (Romania), Fundacion C.V. Santos Andres, Santiago y Miguel (Spain), SENT - Slovensko zdruzenje za dusevno zdravje (Slovenia), Psichikos Sveikatos Perspektyvos Viesoji Istaiga (Lithuania), Ruhr-Universität Bochum (Germany), Innovation Hive (Greece), and Four Change Association (Romania).

This manual is intended for trainers who will deliver this training to PMHP - persons with mental health problems, helping them understand and utilize mobile technology to improve their mental health.

The training is organized into **four separate modules**. Depending on the time available and the specific needs of each group, the four modules can be delivered consecutively as part of a 2-3 day training event, or each module can be delivered as a separate training session. It is up to the organizers to assess which format best suits the needs of their target group. It is important to respect the sequence of the modules.

Each module follows the same methodological guide, which consists of 7 sections:

- **Introduction**
- **Objectives** of the session
- the minimum to maximum number of **Participants**
- **Competences**
- **Duration**
- **Training materials** needed for the session
- Detailed **Session plan**

Each module includes an introductory session that covers participant introductions, expectations and ground rules. If the training is conducted as a single event, this part will only take place during the first session and be omitted in the subsequent sessions, with duration of each session adjusted accordingly.

Regarding **duration**, the training is designed for **face-to-face sessions**, and the time for each activity in this manual is calculated accordingly. However, if the training takes place **online, the timing should be doubled and adjusted** as needed.

Each module includes the necessary materials as **ANNEXES**, as well as **PowerPoint** presentations.

Module 1 - Erasmus+ mHealth Programme and Principles of Digital Health (E-Health)

The first module provides essential theoretical background and principles crucial for understanding the Erasmus+ mHealth Programme and digital health initiatives. The session begins with an exploration of mHealth, distinguishing it from broader e-health applications. mHealth, or mobile health, utilizes mobile devices like smartphones and tablets for various healthcare purposes, including real-time monitoring, telemedicine, and treatment support. Specifically tailored for empowering individuals with mental health challenges, this session delves into the landscape of health apps, emphasizing their diversity, functionalities, and potential concerns such as data privacy and app quality. The session also discusses the barriers and evolving consumer needs in the mHealth sector, highlighting privacy issues related to data sharing and the importance of app quality moderation for user safety. This foundational knowledge equips trainers with a comprehensive understanding of mHealth principles.

Module 2 - HEALTH AND SELF-MANAGEMENT OF HEALTH is tailored to various mental health conditions, socio-economic situations, and cognitive capacities. The session addresses the primary needs of PHMPs by improving their knowledge, skills, and attitudes towards mental health self-management using health apps, and by providing an adapted methodology for integrating mHealth into daily practices. Additionally, it helps mental health professionals and other stakeholders, such as family members, carers, and healthcare professionals, learn about innovative tools for self-management and the opportunities and challenges of mobile health. The focus is on understanding health and self-management concepts, enabling participants to assess their strengths and weaknesses and identify their own needs in health self-management skills.

Module 3 - SELF-MANAGEMENT OF MENTAL HEALTH is organized in **3 sessions**:

Module 3 – Session 1- What is Mental Health?

Session 1 of this module defines mental health as a state of well-being that enables individuals to cope with life's stresses, realize their abilities, learn and work effectively, and contribute to their community. It emphasizes that mental health is more than the absence of mental illnesses and includes a wide spectrum of experiences and conditions. The session critiques the traditional biomedical model, which focuses on physiological causes and medical treatments, for oversimplifying mental health and neglecting psychological and social factors. Instead, it advocates for a holistic understanding, highlighting the mental health continuum and the biopsychosocial model, which consider the interplay of biological, psychological, and social factors. This comprehensive approach supports personalized care, preventive measures, and early interventions, promoting resilience and overall well-being.

Module 3 – Session 2 - Self-Management of Mental Health

Session 2 provides a comprehensive overview of mental health, the recovery approach, and self-management strategies. It begins by defining mental health as a state of well-being that enables individuals to cope with life's stresses, recognize their abilities, learn and work effectively, and contribute to their community. The discussion explores various models, including the traditional biomedical model and its limitations, emphasizing the need for a holistic understanding that integrates biological, psychological, and social factors. The session then introduces the recovery approach, highlighting its person-centered principles and the importance of supporting individual recovery journeys. It further details the concept of self-management in mental health, outlining its main pillars such as self-awareness, education, coping strategies, healthy lifestyle, social support, goal setting, and professional help when needed. Practical guidance is provided for implementing these strategies effectively, fostering resilience, and promoting personal growth. Additionally, the session discusses the continuum model, which challenges the dichotomy between mental health and illness, and the biopsychosocial model, which emphasizes comprehensive assessment and treatment. This section equips readers with knowledge and tools to support mental health self-management and advocate for a nuanced approach to mental well-being.

Module 3 – Session 3 - Recovery

Session 3 delves into the recovery approach in mental health, a philosophy emphasizing the potential for individuals with mental health difficulties to lead fulfilling lives despite their conditions. It shifts focus from symptom management to overall well-being, personal growth, and meaningful living. Recognizing recovery as a unique and individualized journey, this approach views individuals as whole people with their own strengths, abilities, and hobbies, distinct from their mental health challenges. Key principles include a person-centered focus, hope and empowerment, a holistic perspective, self-direction, strengths-based strategies, peer support, cultural competence, flexibility, collaboration, and ongoing learning. The recovery approach promotes resilience, autonomy, and a positive outlook on mental health, aligning with human rights principles and offering an alternative to traditional, pathology-focused models.

Module 4 - mHEALTH OR MOBILE HEALTH is organized in **4 sessions**:

Module 4 – Session 1- mHealth in Healthcare Delivery

This session provides an extensive exploration of mHealth (mobile health) technologies and their impact on modern healthcare delivery. It begins by defining mHealth as the application of mobile technologies such as smartphones, tablets, wearables, and wireless sensors in healthcare and health-related services. The discussion covers the scope of mHealth, encompassing activities from health promotion and disease prevention to diagnosis, treatment, monitoring, and remote health management. Specific focuses include health education through mobile devices, remote monitoring using wearables and apps, and support for diagnosis and treatment processes. The

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session also highlights mHealth's role in public health interventions, such as disease surveillance and outbreak response. Real-world examples illustrate applications like mobile apps for chronic disease management, telemedicine platforms for remote consultations, and SMS-based campaigns for targeted health education. This comprehensive overview equips readers with insights into leveraging mHealth technologies to enhance healthcare accessibility, delivery efficiency, patient engagement, and personalized care delivery across diverse settings.

Module 4 – Session 2 - Key Components of mHealth

This session delves into the essential components necessary for effective mHealth systems, aimed at transforming healthcare delivery through mobile technologies. It begins by exploring the pivotal role of mobile devices such as smartphones, tablets, and wearables in providing users with access to healthcare services, educational resources, and remote monitoring capabilities. The session emphasizes the widespread adoption of smartphones and their impact on mHealth, enabling users to access health apps, telemedicine services, and self-management tools. It further discusses the critical function of wearable devices in continuous health tracking and proactive health management. Additionally, the session covers the diverse applications of mHealth software tools, including health and wellness apps, telemedicine platforms for remote consultations, clinical decision support systems, and remote monitoring solutions. Connectivity and data analytics are highlighted as foundational components, ensuring seamless communication, secure data exchange, and actionable insights for informed decision-making in healthcare settings. This comprehensive overview equips readers with insights into leveraging mobile technologies to enhance healthcare accessibility, efficiency, patient engagement, and personalized care delivery across diverse healthcare environments.



Module 4 – Session 3 - Benefits and Challenges of mHealth

This session explores the dynamic landscape of mHealth, focusing on its transformative impact on healthcare delivery while addressing the accompanying challenges. It begins by highlighting the benefits of mHealth, including enhanced access to healthcare through remote consultations and monitoring, improved patient engagement via mobile apps, streamlined healthcare processes with digital health records, personalized health interventions through data analysis, and significant cost savings in healthcare expenditures. The session also examines the challenges of mHealth implementation, such as data privacy concerns, interoperability issues across healthcare systems, socioeconomic disparities in digital access, complex regulatory frameworks, and the need for rigorous quality assurance. While practicing SWOT analysis specific to mHealth, stakeholders gain insights into leveraging its potential while navigating obstacles to ensure effective and ethical deployment of mobile health technologies. This session equips participants with a balanced perspective on harnessing mHealth's capabilities to improve healthcare outcomes while mitigating associated risks in diverse healthcare settings.

MODULE 1

ERASMUS+ MHEALTH PROGRAMME AND PRINCIPLES OF DIGITAL HEALTH (E-HEALTH)

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METHODOLOGICAL GUIDE	
1	<p>Introduction</p> <p>The activities here are meant to start off the curriculum by focusing on basic definitions, an introduction to the curriculum and the project, as well as providing basic understanding of mHealth and its potential to help.</p>
2	<p>Objectives</p> <ol style="list-style-type: none"> 1.- Explanation of the Erasmus Plus mHealth Programme-presentation of the project and the programme 2.- Principles on Digital Health (e-Health)-basic definitions and introduction <ol style="list-style-type: none"> 2.1.- Health APPs-examples, categories 2.2.- Uses and utilities-explanation of purpose 3.- Difficulties, barriers, needs-explanation of the major issues
3	<p>Participants</p> <p>10 to 20 participants</p>
4	<p>Competences</p> <p>Basic knowledge of mHealth and capacity for critical thinking and recognition of mHealth concepts</p>
5	<p>Duration</p> <div style="display: flex; align-items: center;">  <p>60 minutes</p> </div>
6	<p>Training materials</p> <p>Attendance list PPT_Module_1 Module 1 - Annex 1 – Erasmus+ mHealth Programme and Principles of Digital Health (E-Health) Theoretical_background</p>
7	<p>Session plan (face-to-face session) For online sessions double the time</p> <p>Before the session, make sure you're up to date with Instructions for the trainers, as well as the theoretical background.</p> <p>Introduction</p> <div style="display: flex; align-items: center;">  <p>2 minutes</p> </div> <p>Introduce yourself and welcome participants to this session. Present the objectives of the session and the agenda.</p>



5 minutes

Ask participants to introduce themselves, one at a time, and to name the expectation(s) they have for this training. After all participants have named the expectations, review the list and explain which of them will be likely to be met during this session and which will not, but they might be met in other ways in the future. Keep the list of expectations posted throughout the session (Slide 3). Distribute the consent forms and ask participants to fill in and sign them.



3 minutes

Explain to participants that it is helpful to agree together on the ground rules so that the session is effective. Ask participants what rules would help the training run smoothly, maximize learning, encourage participation, and make everyone feel welcome and respected. Write participants' responses on the "Ground Rules" sheet of flipchart, e.g.:

- switch off the mobile phones,
- view and treat each other as equals in the training room,
- ask questions at any time,
- provide feedback that is constructive not critical,
- provide each participant with an opportunity to contribute.

Post the ground rules on a wall where everyone can see them and keep them posted throughout the session, adapting it if necessary.

Explanation of Erasmus+ mHealth programme



2 minutes

The PPT theoretical background of Erasmus is presented.

It is important for participants to understand the connection to the project and to get a basic description of the project.

Principles On Digital Health (E-Health)



20 minutes

This is the largest theoretical part of the session, with two parts. Make sure you read the theoretical background where the concepts are described. The trainer should follow along the PPT and offer a simple explanation of both eHealth (very briefly) and mHealth.

Explain what health apps are then go through each category as presented in the PPT. Ask participants to come up with examples before you explain each category.

Key point: Make sure they understand that vaccination apps, fitness apps, step counters on their phones are all part of the topic of mHealth. Spend no more than 5 eliciting responses then thank the participants.

5 minutes break recommended here

Exercise



10 minutes

No materials needed.

Prepare a short presentation of mHealth apps you use yourself and talk to the participants about it for no more than 2 minutes.

Ask the participants, based on what they've just learned, to find any mHealth apps on their phones and ask:

- 1.) If they use it
- 2.) What they use it for.



Debriefing - 10 minutes

After the interaction is finished thank participants for their contribution.

Explain that we can see that apps are everywhere and these can be useful but in the same time there are risks associated with them.

Use this opportunity to explain the two major risks:

-loss of privacy and quality control, but also explain that they present a major opportunity offering us the capacity to improve our health, get medical advice, monitor our state of mind and find relief and help wherever and whenever we need it.

Go over the definition of mHealth and eHealth once again as well as the categories of apps.

Closure

The trainer then transitions into the last slide-benefits of mHealth.

- Information about the next meeting/session.

Materials needed during the session:

- Attendance List
- Powerpoint presentation and the necessary equipment.

MODULE 1

**ERASMUS+ MHEALTH PROGRAMME AND PRINCIPLES OF DIGITAL
HEALTH**

ANNEXES

Module 1- Annex 1 - Erasmus+ mHealth Programme and Principles of Digital Health (E-Health)

Introduction

This document describes the theoretical background for everything addressed in this session.

Explanation of erasmus+ mHealth programme

Use the PPT for the theoretical background. It is important for participants to understand the connection to the project and to get a basic description of the project.

Principles of Digital Health (e-Health).

Any trainer should have robust knowledge of mHealth. mHealth is an abbreviation for “mobile health” and is used for any treatment, medical procedure, purpose, public health initiative, wellness, fitness etc. that is used on mobile devices. Make sure you understand that mHealth and e-health are two different things. E-health refers to all use of information and communication technology in medicine (satellites, computers, monitors...) and is beyond the scope of this project and curriculum.

Examples of mHealth include:

- collecting community and clinical health data
- delivery/sharing of healthcare information for practitioners, researchers and patients, real-time monitoring of patient vital signs,
- telemedicine
- training and collaboration of health workers

The areas in which mHealth is used are:

- Education and awareness
- Helpline
- Diagnostic and treatment support
- Communication and training for healthcare workers
- Disease and epidemic outbreak tracking
- Remote monitoring
- Remote data collection
- Wellness
- Fitness

Only some of these are relevant for our purpose, as the curriculum is meant to empower people with mental health difficulties in order to manage their conditions. Most of the related applications fall within the 'treatment support' category, although many

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participants will have experience with mHealth apps developed during the pandemic for monitoring personal distance, the possibility of infection, and tracking vaccinations.

Health APPs.

As stated above, mHealth is delivered through mobile devices-phones, smartwatches, tablets... While in the past, several mHealth initiatives were done through the SMS system, currently APPs are used to provide mHealth services. These applications offer a number of services, are in a number of languages etc. Health APPs are, more than ever, commodities. They range from free to payable, with and without microtransactions, can track and even sell your personal data to advertisers and companies. More than a million health and wellness apps are available from the Apple and Google app stores, with more being added daily.

Uses and utilities

Health-related apps can be divided into four broad categories: general health and wellness apps, apps that help manage your overall health or a particular chronic condition, telehealth and telemedicine apps, and the newest category, digital therapeutics apps, which are not discussed here.

Health and Wellness Apps

The vast array of general health and wellness apps available include nutritional apps like Loselt and MyFitnessPal that help you track your eating and exercise habits and lose weight, fitness apps like Strava, Fitplan, and Aaptiv, sleep trackers like Sleep Cycle, and mental wellness apps like Calm, Headspace, and Happify. A number of these apps come pre installed on phones and track your steps, heartbeat etc. and are designed to be used with watches, fitbits and other wearable technology.

Health Management Apps

These apps typically offer general health management tools like medication trackers and reminders, as well as disease-specific functions like blood glucose tracking for people with diabetes or reporting bleeding events for people with hemophilia. Many of these apps can also be set up to share information directly with the doctor treating the patient.

For those looking for an app to help manage a specific illness a good source would be with national organizations that advocate for people with that condition.

Due to projects like these, many institutions have one or more apps of their own that help you manage your visits, prescriptions and electronic health record.

Telehealth and Telemedicine Apps

Apps can connect you directly with a doctor for a virtual appointment or help you in finding and scheduling appointments with local healthcare providers for in-person visits. Virtual doctor visits have become a reality for many people following the pandemic.

DIFFICULTIES, BARRIERS, NEEDS.

There are many potential barriers and difficulties when thinking about mHealth. The field, however, is developing very quickly and changing to favor consumers. There are two primary concerns for the consumer: loss of privacy and poor-quality moderation.

As you can imagine, every app that monitors your health is recording personal data. This data is often sold, transferred or used for advertising purposes. Any use of health apps or modern apps in general implies that a person is willing to provide such data openly.

Quality moderation is the other concern for most consumers. Apps dealing with health can be poorly designed, have misleading information etc. The burden of recognizing poor quality apps is on the consumer. Doctors in a hospital are liable for their mistakes, while any engagement with mHealth is voluntary and effectively becomes the responsibility of the user.


MODULE 2

HEALTH AND SELF-MANAGEMENT OF HEALTH

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METHODOLOGICAL GUIDE	
1	<p>Introduction</p> <p>Mobile Health (mHealth) improves mental health and contributes to the health self-management of PMHP, as they could manage their health more actively, live more independently thanks to self-assessments or remote monitoring solutions and also receive support from families and mental health professionals (MHP) in a less invasive environment. MENTAL MOBILE HEALTH project is launched with the AIM of increasing the competences of persons with mental health problems (PMHP) for improving their self-management health through the adoption of mobile health (mHealth) solutions.</p> <p>As part of the project, this session aims to:</p> <ul style="list-style-type: none"> ● Develop a set of Training Resources for Trainers to enhance the implementation of the training methodology. ● Develop a set of Training Materials for PHMPs to enhance their successful involvement in the training process and acquisition of competences. These materials are adapted to different mental health conditions, socio-economic situations, and cognitive capacities. <p>On one hand, the training addresses primary needs of PHMPs:</p> <ol style="list-style-type: none"> 1. Improving their knowledge, skills, and attitudes towards mental health self-management supported by health apps. 2. Providing them with an adapted methodology that highlights what is most relevant to them, enabling them to be trained before integrating mHealth into their daily practices. <p>On the other hand, this training helps mental health professionals become aware of and learn about innovative tools that support the self-management of their users/patients. It also educates other relevant stakeholders (e.g., family, carers, healthcare professionals, associations) about the opportunities and challenges brought by mobile health.</p> <p>The training focuses on understanding the concepts of health and self-management so that participants can self-assess their strengths and weaknesses related to health self-management skills, and identify their own needs in this area.</p>
2	<p>Objectives</p> <p>The objectives of this session are:</p> <ol style="list-style-type: none"> 1. Self-assessment of the main strengths and weaknesses related to health self-management skills. 2. Detecting the needs of each of the participants.
3	<p>Participants</p> <p>10 to 20 participants</p>
4	<p>Competences</p> <ul style="list-style-type: none"> ● Empowerment.

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	<p>The term “patient-empowerment” describes a situation in which citizens are encouraged to take an active part in their own health management. Patient empowerment proceeds from the perspective that optimal outcomes of health care interventions are achieved when patients become active participants in the health care process. It emphasizes the importance of individual involvement in the health decision making.</p> <ul style="list-style-type: none"> ● Digital skills. “A qualitative exploration of service user views about using Digital Health Interventions (DHI) for self-management in severe mental health problems” (Berry, Lobban & Bucci, 2019) participants found DHIs acceptable due to the empowering nature of self-management and ability to take ownership of their own healthcare needs. However, concerns included the potential for digital exclusion, privacy and confidentiality and fears about DHIs being used to replace other mental health services. Service users want tools to help them self-manage their mental health, but also provide positive and recovery-focused content that can be used in conjunction with other support options. ● Self-assessment and observation. Self-report and informant-rated measures are the most common assessments for persons with serious mental health problems, even if these instruments are subject to recall biases, overestimation of function, social desirability effects, and state-dependent biases. 														
5	<p>Duration</p>  60 minutes <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">2 minutes</td> <td>Welcome, objectives and agenda</td> </tr> <tr> <td>5 minutes</td> <td>Participants’ introductions and expectations</td> </tr> <tr> <td>3 minutes</td> <td>Ground rules</td> </tr> <tr> <td>10 minutes</td> <td>What is Health?</td> </tr> <tr> <td>30 minutes</td> <td>Self-management of Health</td> </tr> <tr> <td>10 minutes</td> <td>Debriefing</td> </tr> <tr> <td>60 minutes</td> <td>Total</td> </tr> </table>	2 minutes	Welcome, objectives and agenda	5 minutes	Participants’ introductions and expectations	3 minutes	Ground rules	10 minutes	What is Health?	30 minutes	Self-management of Health	10 minutes	Debriefing	60 minutes	Total
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30 minutes	Self-management of Health														
10 minutes	Debriefing														
60 minutes	Total														
6	<p>Training materials</p> <p>Attendance list PPT_Module_2 Module 1 - Annex 1 – Erasmus+ mHealth Programme and Principles of Digital Health (E-Health)</p> <ul style="list-style-type: none"> - administrative documents: attendance list, photo consent form - HO -handouts - videos 														
7	<p>Session plan (face-to-face session) For online sessions double the time</p>														

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Before the session, make sure you're up to date with Instructions for the trainers, as well as the theoretical background.

Introduction



2 minutes

Introduce yourself and welcome participants to this session. Present the objectives of the session and the agenda.



5 minutes

Ask participants to introduce themselves, one at a time, and to name the expectation(s) they have for this training. After all participants have named the expectations, review the list and explain which of them will be likely to be met during this session and which will not, but they might be met in other ways in the future.

Keep the list of expectations posted throughout the session (Slide 3).

Distribute the consent forms and ask participants to fill in and sign them.



3 minutes

Explain to participants that it is helpful to agree together on the ground rules so that the session is effective. Ask participants what rules would help the training run smoothly, maximize learning, encourage participation, and make everyone feel welcome and respected. Write participants' responses on the "Ground Rules" sheet of flipchart, e.g.:

- switch off the mobile phones,
- view and treat each other as equals in the training room,
- ask questions at any time,
- provide feedback that is constructive not critical,
- provide each participant with an opportunity to contribute.

Post the ground rules on a wall where everyone can see them and keep them posted throughout the session, adapting it if necessary.



10 minutes

Ask participants: *What does health mean to you? What comes to mind when you think about health?*

Exercise

Each participant is given a sheet of paper to write down, in 2 minutes, the answers.

Remind participants that there will be many answers and opinions for the questions.

The idea is not to get one correct answer, but to share ideas and experiences. Keep a list of answers.

Discussions

Encourage all participants to contribute and get involved in the discussion*.

* The learning derives principally from the participants themselves rather than from the trainer. It is a time-consuming method that has to be well-controlled to be of value. Thus, the trainer must manage the discussion by keeping participants focused, eliciting participants' responses, and limiting participants who like to talk a lot.

Conclude on what health means to participants, give the most comprehensive definition (Slide 4),

and share opinions with participants on the determinants of health (Slide 5).

Offer participants the handout Annex 1 - Definition of health and health determinants.



30 minutes

Definitions of health self-management – 5 minutes

Ask participants: *What does self-management of health mean to you? What comes to mind when you think of self-management of health?*

Exercise

Each participant is given a sheet of paper to write down, in 2 minutes, the answers. Remind participants that there will be many answers and opinions for the questions. The idea is not to get one correct answer, but to share ideas and experiences.

or

Video Self-Management Education: Confidence to Manage Your Chronic Condition,
<https://www.youtube.com/watch?v=-l07DLLnLE4>,

followed by discussion in order to conclude on the meaning of health self-management

(Slide 7-8).

There is no 'gold definition' of self-management of health.

If time allows give examples of definitions:

"... the day-to-day task an individual must undertake to control or reduce the impact of disease on physical health status; at home management tasks and strategies are

undertaken with the collaboration and guidance of the individual's physician or other health care providers" (Clark et Al., 1991).

"... inter-disciplinary group education, based on the principle of adult education, individualized treatment, and case management theory" (Alderson et Al., 1999).

"... the individual's ability to manage the symptoms, treatment, physical and psychosocial consequences and lifestyle inherent in living with a chronic condition; efficacious self-management encompasses ability to monitor one's conditions and to affect the cognitive, behavioral and emotional responses necessary to maintain a satisfactory quality of life (Barlow, 2001).

"... ability of a patient to deal with all that a chronic disease entails, including symptoms, treatment, physical and social consequences and lifestyle changes" (Barlow, Wright, Sheasby, Turner & Hainsworth, 2002).

"... the ability of the individual, in conjunction with family, community, and healthcare professionals, to manage symptoms, treatments, lifestyle changes, and psychosocial, cultural, and spiritual consequences of health conditions" (Richard & Shea, 2011, p. 261).

Briefly, the definition could be:

Self-management may be one means of bridging the gap between a patient's needs and the capacity of health and social care services to meet those needs.



Self-management tasks – 5 minutes

Create a relaxed and inviting atmosphere conducive to brainstorming discussions. Divide participants in pairs. Invite the pairs to discuss the responsibilities of managing their health and to share their ideas verbally or in writing. The purpose of brainstorming is not to get only one correct answer to the question, but to generate as many ideas as possible. All suggestions are encouraged and criticism is not allowed. The contributors are later invited to explain their ideas. Afterward, all the submitted ideas are gathered, sorted, and evaluated. Go through ideas and come up with the presentation of the Slide 9.

According to Corbin and Strauss (1988), the self-management tasks are:

- Medical management: symptoms management, taking medications, adhering to a special diet, attending medical appointments;
- Behavioral management: adapting lifestyle, creating and maintaining meaningful behaviors in life roles (e.g. changing responsibilities within the family), and
- Emotional management: processing emotions that arise from having a chronic illness such as depression, grief, fear, anger.



Self-management processes – 14 minutes

**TRAINING PROGRAM FOR ENHANCING THE ADOPTION
OF MOBILE HEALTH BY PERSONS WITH MENTAL HEALTH PROBLEMS**

Explain to participants that health self-management is a dynamic process in which individuals actively manage a chronic illness (Schulman-Green et Al. (2012). Describe the processes of self-management (Slide 10) and mention the most necessary skills related to self-management for each process.

Offer participants the handout, Annex 2 – Self management of health: definition, tasks and processes.

Divide the participants into two groups. Each group will be asked

- (a) to self-assess the strengths and weaknesses related to self-management skills and
- (b) identify the needs related to self-management skills

and **list them in the Annex 3** – Strengths, weaknesses and needs in self-management of health.

Give participants 10 minutes for feedback. This way we reach two opinions on strengths, weaknesses, and needs of PMHP related to health self-management. Based on the two opinions, construct together with participants a common opinion.

- Working in groups is based on discussions and brainstorming
- Clearly explain the tasks to each group and offer them Annex 3;
- Assist people in groups to feel connected with each other and stay focused on the tasks;
- Keep discussion and brainstorming relevant to the topic.

According to Schulman-Green et al. (2012)

Processes	Tasks	Skills
1. Focusing on illness needs		
Learning	Learning about condition and health needs	Acquiring information Learning regimen, skills, and strategies

**TRAINING PROGRAM FOR ENHANCING THE ADOPTION
OF MOBILE HEALTH BY PERSONS WITH MENTAL HEALTH PROBLEMS**

Taking ownership of health needs	Recognizing and managing body responses	Monitoring and managing symptoms, side effects, and body responses Recognizing limits Adjusting treatment regimen to manage symptoms and side effects
	Completing health tasks	Keeping appointments Managing/taking medications Performing treatments and keeping up with changes in one's regimen
	Becoming an expert	Goal setting Decision making Problem solving Planning, prioritizing and pacing Knowing if/when to take a break from one's regimen Developing confidence and self-efficacy Evaluating effectiveness of self-management
Performing health promotion activities	Changing behaviors to minimize disease impact	Modifying diet, nutrition, smoking, and physical activity Reducing stress Taking action to prevent complications
	Sustaining health promotion activities	Keeping up with screenings, immunizations, and lifestyle modifications Using complementary therapy
2. Activating resources		
Healthcare resources	Creating and maintaining relationships with healthcare providers	Finding the right provider(s) Communicating effectively Making decisions collaboratively

**TRAINING PROGRAM FOR ENHANCING THE ADOPTION
OF MOBILE HEALTH BY PERSONS WITH MENTAL HEALTH PROBLEMS**

		Navigating the healthcare system	Coordinating services/appointments, insurance Using resources effectively Creating and revisiting advance care plans
	Psychological resources	Identifying and benefiting from psychological resources	Drawing on intrinsic resources, e.g., creativity Drawing strength and wisdom from past experiences Cultivating courage, discipline, and motivation Maintaining positive outlook and hope Maintaining self-worth Advocating for self
	Spiritual resources	Sustaining spiritual self	Acknowledging a higher power Nurturing the spirit Praying Being part of a spiritual community
	Social resources	Obtaining and managing social support	Seeking support of family and friends Being proactive to limit isolation Creating a community of peers with similar experiences Working through issues of dependence/independence Assisting others to become partners in disease management (e.g., distributing tasks)
	Community resources	Addressing social and environmental challenges	Seeking resources, such as financial assistance (e.g., prescription subsidies), environmental support (e.g., assistive devices), and community resources (e.g., transportation)

**TRAINING PROGRAM FOR ENHANCING THE ADOPTION
OF MOBILE HEALTH BY PERSONS WITH MENTAL HEALTH PROBLEMS**

3. Living with a chronic illness		
Processing emotions	Processing and sharing emotions	Exploring and expressing emotional responses Dealing with shock of diagnosis, self-blame, and guilt Grieving
Adjusting	Adjusting to illness	Making sense of illness Identifying and confronting change and loss (e.g., changes in physical function, role, identity, body image, control, and mortality) Managing uncertainty Developing coping strategies (e.g., self-talk) Dealing with discouraging setbacks Focusing on possibilities (e.g., envisioning the future, reframing adversity into opportunity) Accepting the “new normal”
	Adjusting to “new” self	Clarifying and re-establishing roles Examining health beliefs Making social comparisons Choosing when and to whom to disclose illness Dealing with stigma
Integrating illness into daily life	Modifying lifestyle to adapt to disease	Reorganizing everyday life Obtaining assistance with activities of daily living Creating a consistent health routine Controlling environment Being flexible
	Seeking normalcy in life	Carrying out normal tasks and responsibilities as much as possible

**TRAINING PROGRAM FOR ENHANCING THE ADOPTION
OF MOBILE HEALTH BY PERSONS WITH MENTAL HEALTH PROBLEMS**

		Managing disruptions in school, work, family, and social activities
		Balancing living life with health needs
		Finding new enjoyable activities
Meaning making	Reevaluating life	Reflecting on/rearranging priorities and values
		Reframing expectations of life and self
		Coming to terms with terminal condition and end of life
	Personal growth	Learning personal strengths and limitations
		Becoming empowered
		Being altruistic
	Striving for personal satisfaction	Finding meaning in work, relationships, activities, and spirituality
		Creating a sense of purpose
		Appreciating life



Factors affecting self-management – 3 minutes

Participants are explained that fitting self-management recommendations in one’s daily life activities is a constant challenge, e.g. - difficulties in reading body signals and cues and applying knowledge to specific circumstances, - need for flexibility and creativity in order to regulate and keep the same self-management routines in a changing context.

The factors are grouped in three categories, demographic, clinical and system factors (Slide 16).

- Demographic factors such as socioeconomic status and culture,
- Clinical factors such as co morbidities and complexity of the treatment regimen, and
- System factors such as quality of relationships and communication with providers.

**TRAINING PROGRAM FOR ENHANCING THE ADOPTION
OF MOBILE HEALTH BY PERSONS WITH MENTAL HEALTH PROBLEMS**



Examples – 3 minutes

Give participants examples of Digital Health Instruments/DGIs (Slide 17).

Examples of digital health instruments in health self-management

Electronic medical records available and accessible from the different patient care devices. *Electronic personal health record systems* (PHRs) support patient centered health care by making medical records and other relevant information accessible to patients, thus assisting patients in health self-management.

Decision support systems. Relationship channels facilitating patient access to services and the organization of professionals' agendas.

Portable digital devices aimed at the management and control of diseases, especially in the case of chronic diseases, providing PMHP with greater autonomy and quality of life and allow them to interact with healthcare services.

Information to the patient and to the people of reference which improves the quality of health care on the evolution of their process.

**TRAINING PROGRAM FOR ENHANCING THE ADOPTION
OF MOBILE HEALTH BY PERSONS WITH MENTAL HEALTH PROBLEMS**

Co-funded by the
Erasmus+ Programme
of the European Union

*This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Electronic medical records available and accessible from the different patient care devices. Electronic personal health record systems (PHRs) support patient centered health care by making medical records and other relevant information accessible to patients, thus assisting patients in health self-management.

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Information to the patient and to the people of reference: improves the quality of health care on the evolution of their process.

Processes	Tasks	Skills
1. Focusing on illness needs		
Learning	Learning about condition and health needs	Acquiring information Learning regimen, skills, and strategies

Portable digital devices: aimed at the management and control of diseases, especially in the case of chronic diseases, they provide patients with greater autonomy and quality of life and allow them to interact with healthcare services.

Mobile and wearable devices, with their rising ownership levels and sensing capabilities, have the potential to enable more personalized and broadly deployable forms of condition monitoring, symptom detection, and timely intervention.

Example:

The Smartphone BD-Management “**MoodRhythm**”, for instance, is a patient-facing, cross-platform mobile app built on the Open mHealth Architecture and developed as part of a participatory design process involving clinicians, professional psychological researchers, and most importantly individuals with Border-Disorder/BD that:

- 1) helps users track the 5 main behaviors used in the standard version of the Social Rhythm Metric (SRM), a paper-based daily measure of social routines that has been clinically validated to improve symptoms as a therapeutic self-monitoring instrument; users can also add custom activities, set and track daily routine-related targets, and record notes, Figure 6;
- 2) provides weekly feedback using color as well as natural language summaries, as seen in Figure 7; and
- 3) rewards adherence to self-reporting with a variety of badges, as seen in Figure 8. (Murnane, Matthews & Gay, 2016).

Fig. 6 MoodRythm’s self-report screen

Fig. 7 Real-time feedback

Fig. 8 Badges rewarding the adherence to self-monitoring

**TRAINING PROGRAM FOR ENHANCING THE ADOPTION
OF MOBILE HEALTH BY PERSONS WITH MENTAL HEALTH PROBLEMS**

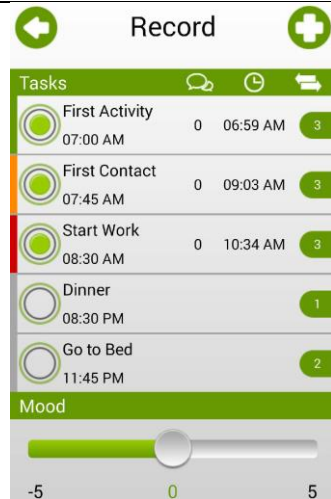


Fig. 6 MoodRhythm’s self-report screen

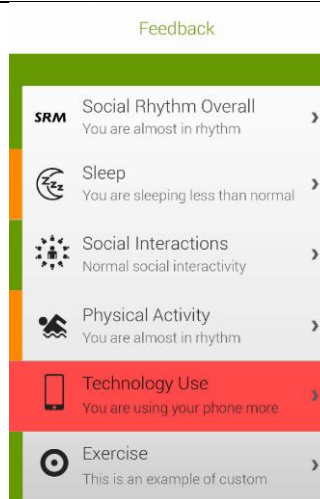


Fig. 7 Real-time feedback

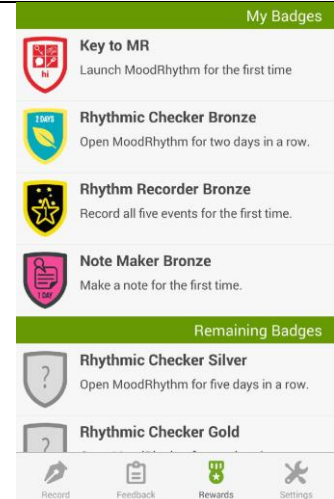


Fig. 8 Badges rewarding the adherence to self-monitoring

Debriefing



10 minutes

This stage of the session is designed to summarize the content of the training session (Slides 18, 19, 20) and capture participants’ feedback on the training.

Materials needed during the session:

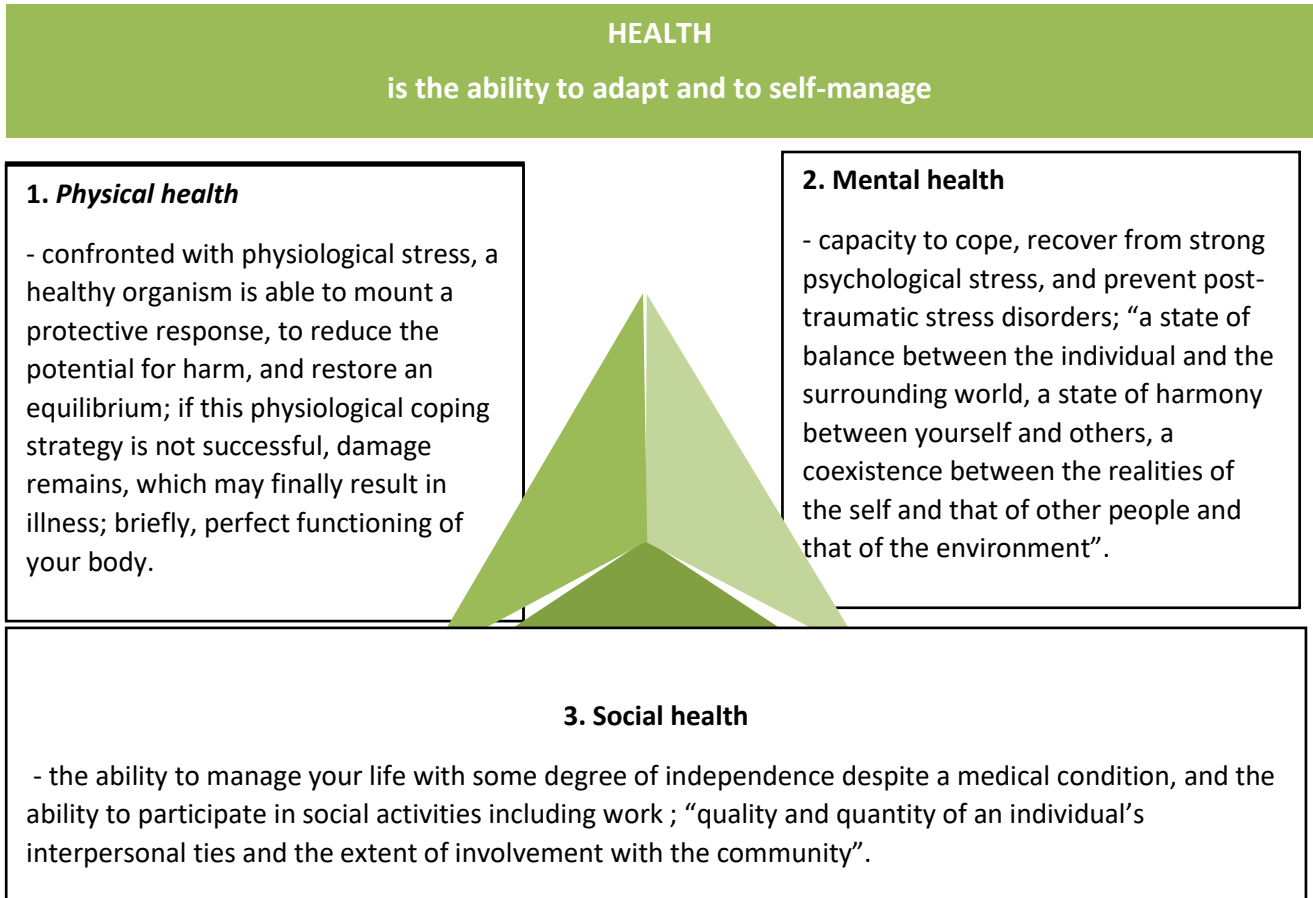
- Attendance List.
- Photo Consent form.
 - Powerpoint presentation Module 2 - HEALTH AND SELF-MANAGEMENT OF HEALTH and means to project it in the training room.
- Handouts: **Annex 1, Annex 2, and Annex 3**

MODULE 2

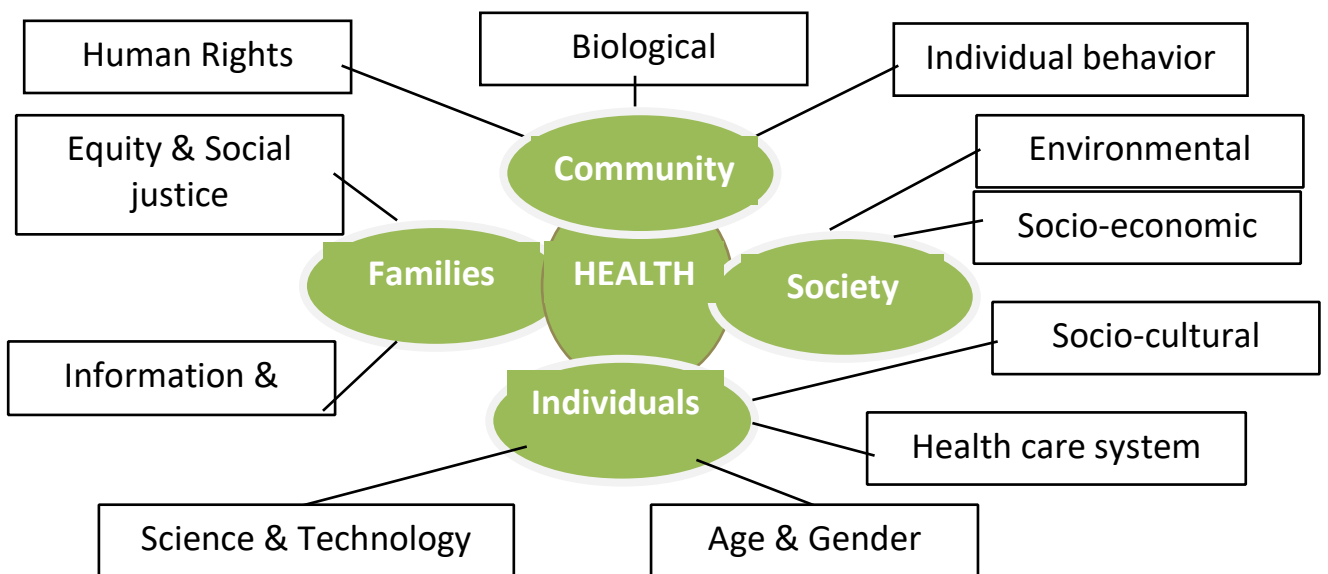
HEALTH AND SELF-MANAGEMENT OF HEALTH

ANNEXES

Module 2 - Annex 1 - Health and Health determinants



Determinants of HEALTH



Module 2 - Annex 2 - Self-management of health: definition, tasks and processes

Definition

Self-management

Individual's needs

"... the ability of the **individual**, in conjunction with **family, community, and healthcare professionals**, to manage symptoms, treatments, lifestyle changes, and psychosocial, cultural, and spiritual consequences of health conditions"
(Richard & Shea, 2011, p. 261).

Capacity of health and social services to meet those needs

Tasks

Medical management: symptoms management, taking medications, adhering to a special diet, attending medical appointments

Behavioral management: adapting lifestyle, creating and maintaining meaningful behaviors in life roles (e.g. changing responsibilities within the family)

Emotional management: processing emotions that arise from having a chronic illness such as depression, grief, fear, anger

**TRAINING PROGRAM FOR ENHANCING THE ADOPTION
OF MOBILE HEALTH BY PERSONS WITH MENTAL HEALTH PROBLEMS**

Module 2 - Annex 3 - Strengths, weaknesses and needs in self-management of health


Health self-management	
Strengths	Weaknesses

Needs

MODULE 3

SELF-MANAGEMENT OF MENTAL HEALTH

**TRAINING PROGRAM FOR ENHANCING THE ADOPTION
OF MOBILE HEALTH BY PERSONS WITH MENTAL HEALTH PROBLEMS**

METHODOLOGICAL GUIDE	
1	<p>Introduction</p> <p>This module aims to provide information about</p> <ol style="list-style-type: none"> 1. What is mental health – mental health definition, models. 2. Recovery – recovery approach. 3. Self-management of mental health – what is self-management of mental health, and what are the main pillars of it.
2	<p>Objectives</p> <ol style="list-style-type: none"> 1. Self-assessment of the main strengths and weaknesses related to the self-management of mental health 2. Identifying the needs of each participant
3	<p>Participants</p> <p>10 to 20 participants</p>
4	<p>Competences</p> <p>Basic knowledge of mHealth and capacity for critical thinking and recognition of mHealth concepts</p>
5	<p>Duration</p> <div style="display: flex; align-items: center;">  <p>50 minutes Session 1 30 minutes Session 2 45 minutes Session 3</p> </div> <p>Total time = 125 minutes</p>
6	<p>Training materials</p> <p>Attendance list PPT_Module_3</p> <p>Module 3 - Annex 1- What is mental health? Module 3 - Annex 2- Self-management Module 3 - Annex 3- Recovery Module 3 - Annex 4 - Calendar of experiences exercise Module 3 - Annex 5 - Gratitude exercise Module 3 - Annex 6 - Management of anxiety exercise Module 3 - Annex 7 – Working with self-criticism exercise Module 3 - Annex 8 – Stressor assessment exercise Module 3 - Annex 9 – Mindfulness exercise Module 3 - Annex 10– Working with boundaries – a 4-step exercise Module 3 - Annex 11– Recognize your strengths exercise Module 3 - Annex 12– Self-reflection exercise Module 3 - Annex 13– Building self-compassion exercise Module 3 - Annex 14 - Thoughts registration exercise</p>
7	<p>Session plan (face-to-face session) For online sessions double the time</p>

Before the session, make sure you're up to date with Instructions for the trainers, as well as the theoretical background.

Introduction

SESSION 1 - WHAT IS MENTAL HEALTH?

Slide 1 - Objectives:

Self-assessment of the main strengths and weaknesses related to the self-management of mental health

Identifying the needs of each participant

Show this slide while participants are still gathering, do not forget to ask participants to sign the presence list.

Please aim to deliver this session within **50 minutes**.

15 (max 20) minutes for Slide 2

15 minutes for Slides 3-6

10 minutes for Slides 7-9

10 minutes – Slide 10

2 minutes

Slide 2

Introduce yourself and welcome participants to this session.

Present the topic and objectives of the session and the agenda.

10-15 minutes (depending on the participants, how many, how active they are)

1. Introduction of the participants: Ask participants to introduce themselves, one at a time, and to name their expectations for this training. Depending on the group, you can ask an additional question to help participants feel more relaxed and foster a better group dynamic. Example questions include: "What helps you relax and unwind?" or "If you were a dish at this moment, what would you be?" of the participants. Ask participants to introduce themselves, one at a time, and to name the expectation(s) they have for this training. Depending on the group you can ask one additional question that would help participants feel more relaxed before the training course and create a better group process. Question examples: what helps you to relax and unwind?; At this moment, if you were a dish, what would you be?

IMPORTANT! As a trainer you should also participate in this introduction circle, one of the trainers should begin, and the other finish it (this trainer should also reflect on the participant's expectations, and explain which of them will be likely to be met during this session and which will not, but they might be met in other ways in the future).

1. Rules. Ask participants to suggest what rules we should follow during the training course to create a safe atmosphere and encourage learning. It works best when participants themselves suggest the rules, you can suggest some yourself. Example of the rules: we should respect each opinion and not judge others; don't interrupt others; keep our phones on silent; while leaving the room show a sign that you are okay, in another case one of the lecturers might

come together to check if you are fine (this is important because we talk about sensitive topics, that can cause a lot of feelings and emotion). Post the ground rules on a wall where everyone can see them and keep them posted throughout the session, adapting it if necessary.



3 minutes (optional)

Optional exercise for reflection: Before moving to the next part, you can try this exercise. First, hand out sticky notes to the participants. Then, ask them to write one word that they associate with mental health. Collect the sticky notes and place them on the board without discussing them. At the end of this part, repeat the exercise to see if there are any changes in the words participants choose.



5 minutes

Slide 3

1. Begin by asking participants what mental health is. For example: How would you define mental health? What does mental health mean to you?

Moderate a short discussion with participants.

2. After the discussion, present a simplified definition of mental health: it is how we think, feel, and behave.

For better understanding and easier moderation of the discussion, please review the information in the first part of "SELF-MANAGEMENT OF MENTAL HEALTH," titled "**What is mental health.**"



2 minutes

Slide 4

Go through the WHO definition of mental health, putting emphasis on the second bullet (*Mental health is more than the absence of mental disorders*).



5 minutes

Slide 5

Ask participants for their thoughts on this graph. You can also inquire about their emotional reactions to it. The discussion should focus on the categorization of "we - normal, healthy" versus "they - ill, not normal," and the clear separation between "us" and "them." Additionally, consider the sizes of the bubbles, which suggest there are fewer people experiencing mental health difficulties.

Depending on the group and the time available, you may also ask how they would redraw this picture.



1 minute

Slide 6

Additional slide: - 1 in 4 EXPERIENCES MENTAL HEALTH DISORDERS

You can show this to illustrate that mental health disorders are not that uncommon.



3 minutes
Slide 7

Shortly present how this model creates the graph seen on slide 5.

For the trainer: Before presenting this slide, please review **the first part of "SELF-MANAGEMENT OF MENTAL HEALTH"** titled **"What is mental health?"** Consider the **potential drawbacks of exclusively relying on the biomedical model to understand mental health?"**



3 minutes
Slide 8

Briefly introduce the concept of the mental health continuum, highlighting that it illustrates how everyone experiences varying degrees of mental health at different times, possibly even within a single day, reflecting a normal human experience.

For the trainer: before presenting this slide please review the first part of **"SELF-MANAGEMENT OF MENTAL HEALTH"** titled: **"What is mental health: Mental health continuum"**



3 minutes
Slide 9

Present the biopsychosocial model, considering factors affecting mental health, and provide examples or ask participants to do so.

For the trainer: before presenting this slide please review the first part of **"SELF-MANAGEMENT OF MENTAL HEALTH"** titled: **"What is mental health: Biopsychosocial model"**



10 minutes
Slide 10

This part will help you understand if participants have grasped the presented mental health definitions and models. This is best demonstrated through interactive participation, which can be conducted in two ways:

1. One approach is to divide participants into four groups, with two groups focusing on the term "MENTAL HEALTH DIFFICULTIES" and the other two on "MENTAL HEALTH DISORDERS." Allow each group 5 minutes to develop a definition for their assigned term. Afterwards, have them briefly present their definitions as if explaining to someone unfamiliar with mental health.
2. Alternatively, facilitate a discussion with the entire group. Pose questions such as: What distinguishes "mental health difficulties" from "mental health disorders"? How would you define each term? What does a mental health disorder diagnosis entail? When and how is it typically received? Can a person diagnosed with a psychiatric diagnosis still have good mental health?

After a **10 minute break** proceed to the second part of the session: **„Recovery“**.

SELF-MANAGEMENT OF MENTAL HEALTH

SESSION 2 - RECOVERY

Please aim to deliver this part within **30 minutes**.

5 minutes for Slides 2-4

5 minutes for Slides 4-7

20 minutes for Slide 8

1 minute – Slide 2

Show this slide - MENTAL HEALTH CONTINUUM - as a quick reminder of our previous session's discussion. It serves as an introduction to the topic of recovery. In the previous session, we explored the idea that everyone experiences mental health challenges and moves along its spectrum, regardless of whether they have a diagnosed condition. As our understanding of mental health and disability evolves, more people are recognizing the limitations of framing these experiences strictly within the concepts of 'illness' and 'health'.



2 minutes
Slide 3

Imagine our mental health as a boat navigating the sea. Sometimes, small waves like exams, work stress, or relationship challenges may rock our boat but still allow us to sail. However, there are also larger waves—such as the loss of a loved one, disasters, or violence—that threaten to destabilize and even sink our boat.

Suggestion for the trainer: Depending on the group and available time, the trainer can invite participants to share examples of what they consider small and big waves in their lives.

These waves can cause damage to our mental health. When our boat is damaged or unstable, there can be many reasons why. Yet, we also have the ability to strengthen our boat, repair any damage, and find safe harbor during storms. Taking care of our physical health, maintaining connections with others, and having the opportunity to express ourselves are ways we can do this.



3 minutes
Slide 4

We all experience challenges in our mental health at times. As discussed earlier, one in four people will experience what could be termed a mental health 'disorder' during their lives, making it a common human experience. These difficulties often arise as normal reactions to specific life events. Moreover, we all draw upon various resources—friends, community support, and sometimes professional help—to navigate these challenges. Given this, does it truly make sense to categorize some as 'sick' or having a 'disorder' while others are labeled as 'healthy'?

Hence, the concept of recovery has emerged, transcending diagnoses or symptoms. It is not about being cured but rather about leading a meaningful and fulfilling life with hope, despite any difficulties, problems, or diagnoses we may face. Recovery does not imply the absence of mental distress or specific symptoms but rather becoming better at living with and managing them over time.

This approach respects individuals with mental health issues as whole persons, each with unique personalities, strengths, abilities, and interests, whose sense of purpose and joy in life exist independently of any mental health challenges. Recovery is viewed as a personal journey, a continuous pursuit of well-being after facing tough times. Ultimately, what 'recovery' means is unique to each person and it is only you that knows what 'recovery' means for you.



2 minutes

Slide 5

Recovery **DOES NOT** necessarily equate to a cure or the absence of a condition, diagnosis, or symptoms. Individuals with psychosocial, intellectual, and cognitive disabilities can still achieve recovery and lead fulfilling lives, even while experiencing these challenges. For some, recovery may involve being free from symptoms they perceive, but for others, symptoms may persist while still experiencing recovery.

- Recovery occurs when individuals can live well regardless of whether they have a condition, diagnosis, or symptoms.
- Recovery encompasses overcoming and rebounding from various losses that may occur, such as isolation, poverty, unemployment, and discrimination. Mental health impacts all aspects of our lives, so 'getting better' also means these areas of life are 'recovering.'
- Individuals may not regain everything they lost, such as their previous job or relationships, but they can still lead fulfilling lives—for instance, by finding new employment and forming new relationships.



2 minutes

Slide 6

- The recovery approach **SHOULD NOT** lead to the closure of services. There is a concern that adopting the recovery approach might justify shutting down formal mental health and related services and reducing mental health spending. This should never be the case.
- The recovery approach does not place blame on individuals for their circumstances. It acknowledges the social inequalities, discrimination, and violations of rights at community and societal levels that contribute to emotional distress and serve as significant barriers to recovery. It emphasizes the need for policy reforms, legislative changes, and social justice initiatives on a broader scale to genuinely support recovery.



2 minutes

Slide 7

- Recovery from mental illness involves more than just overcoming the illness itself. Individuals with mental illness may need to recover from the stigma that has deeply affected them, from the unintended negative effects of treatment environments, from the lack of recent opportunities for self-determination,

from the adverse impacts of unemployment, and from shattered aspirations. Recovery is frequently an intricate and time-consuming journey.

- For many individuals, recovery entails reclaiming control over their identity and life, irrespective of their disability or mental health challenges. It may involve finding hope for their future and leading a life that holds personal significance, whether through employment, relationships, community involvement, or a combination of these elements.



5 minutes
Slide 8

Ask participants: How do you personally understand recovery? How do you envision your journey? What resources do you find most valuable in your recovery?

The depth of this discussion may vary depending on participants' perspectives on recovery. If you notice that participants are enthusiastic about sharing their thoughts, consider extending the discussion time. You can also suggest that they revisit the exercises on their own later for further reflection.



15 minutes

Exercises: Suggest participants to log into the project website to do the following exercises. If participants cannot access the website at the moment, please ensure printed copies are available. These exercises are designed to enhance specific qualities that can support participants on their recovery journey.

1. **4-step exercise** for working with boundaries: Allocate 5 minutes for this exercise and invite participants to share their thoughts afterward. Highlight that this exercise can be used daily to reflect on one's behavior.
2. **Recognize your strengths:** Allocate 5 minutes for this exercise and invite participants to share their thoughts afterward. Note that this exercise can be time-consuming; consider whether it can be completed during the training session or if it should be done by participants on their own time. Emphasize that this exercise can be used daily.

SELF-MANAGEMENT OF MENTAL HEALTH
SESSION 3 - LEARNING TO LIVE WITH YOUR CONDITION

Please aim to deliver this part within **45 minutes**.

5 minutes for Slides 2 & 3

10 minutes for Slide 4

20 minutes for Slide 5

3 minutes – Slide 6

7 minutes – Slide 7



3 minutes
Slide 2

You have discussed self-management of health in the previous training Module. Please give a definition of self-management of health and what it involves. Provide some examples.

The trainer should use a flip chart and write down key words / aspects on one page / column dedicated to self-management of health

Ask participants to think about the self-management of mental health and how they define it, is it the same as health self-management, if yes, how so, if no, what is the difference.



3 minutes
Slide 3

By definition, a self-management approach means taking an active role in our own well-being. You get involved in the choices concerning your mental health. After all, no one knows you better than you know yourself. You're in the best position to know what's right for you.

Among other things, self-management includes small everyday actions to get better: taking a hot bath, cooking a good meal, tending to your plants, doing an art project or listening to music.

All of these behaviors help reduce symptoms, prevent relapse, and improve your quality of life.

Self-management is about learning to live with your condition. This is very in line with the recovery concept.



10 minutes
Slide 4

To be able to take care of your mental health, first of all you need to understand it. That involves:

- 1) **Knowing Your Triggers:** We are exposed to various changes in our environment, from different weather to the behaviors of our family members and strangers on the street. We feel differently every day, even in terms of our physical well-being. Naturally, everything that happens around us and inside of us affects us. Sometimes it makes us smile, and sometimes it makes us uncomfortable or distressed. However, once we have a history of trauma or mental health problems, any of these things can become a trigger. Triggers are events, circumstances, or even thoughts and sensations that can cause a strong emotional reaction. They are always individual and can be thought of as sensitivities developed because of past experiences.

Reacting to triggers is completely normal, but if we don't recognize our triggers and learn how to calm ourselves when triggered, it can lead to a mental health crisis.

Ask participants to name several triggers. Possible questions include: What things irritate or upset you? What makes your heartbeat faster? What prompts feelings of anxiety or a wish to isolate yourself?

- 2) **Identifying signs of this distress.** Triggers elicit physical and/or emotional reactions. There are **various signs of this distress** that you can notice in yourself or others. Sometimes, the first thing you notice might be that you are experiencing some unpleasant sensations or feelings. After recognizing that you're feeling uneasy, you may ask yourself – what triggered it?

Ask participants to name several signs of distress. Try to cover the whole spectrum: bodily sensations, feelings, thoughts, and behaviors.



5 minutes
Slide 4

Understanding your mental health also involves knowing how to manage it effectively. This knowledge empowers you to react constructively and cope with different experiences. Discovering methods that help you to calm down, feel better over time, and regulate your emotional states are crucial aspects of self-management of mental health.

1. **Coping strategies** involve both short-term (knowing what helps you calm down during distress) and long-term approaches (what steps you can take to facilitate your recovery, and what activities or support systems assist you in getting back on track). **Ask participants to share examples of both short-term and long-term coping strategies. Keep the discussion concise, inviting a few participants to contribute their examples.**
2. **Things that fulfill you** include finding purpose and meaning in your life, which are an essential step in recovery. Engaging in activities that bring fulfillment and having meaningful social roles can enhance your sense of purpose and satisfaction in life.

Ask participants to provide examples of activities or roles that fulfill them. Keep the discussion brief, inviting a few participants to share their thoughts.



15 minutes

Exercises: Suggest participants log into the website to complete the following exercises. Have printed copies available for participants who cannot access the website at the moment. Depending on your group and the time available, you or each participant can choose which exercises to try during this session (e.g., one exercise per each section: one for identifying triggers, one for coping strategies, and one for additional materials).

These exercises are designed to strengthen specific qualities that are useful for mental health self-management.

1. Exercises for identifying triggers, working with them - ***Managing stressors, Managing anxious feelings, Managing self-criticism, Thoughts registration***
2. Exercises for long-term coping strategies (these exercises are best done individually as they require more time and commitment): - ***Reflection of well-being, Self-compassion***
3. Additional materials you can suggest to participants: - ***Gratitude exercise, Calendar of experiences, Mindfulness***
4. Exercises for identifying triggers and working with them: ***Managing stressors, Managing anxious feelings, Managing self-criticism, Thoughts registration***

The **exercises** can be found in the **Annexes** of this module.



2 minutes
Slide 6

Each partner can include a list of apps (with logos) that are available in their national countries for self-management of mental health. Present them to participants.



7 minutes
Slide 7, final

Short reflection on the training session: Ask each participant to briefly name one thing they are taking away from this session. Remind them that they can use resources, such as worksheets, in their daily lives to manage their health.

**TRAINING PROGRAM FOR ENHANCING THE ADOPTION
OF MOBILE HEALTH BY PERSONS WITH MENTAL HEALTH PROBLEMS**

MODULE 3

SELF-MANAGEMENT OF MENTAL HEALTH

ANNEXES

SELF-MANAGEMENT OF MENTAL HEALTH

Contents: Module 3

This material aims to give more background information about the topics and activities presented in the PPT presentation.

- 1. What is mental health** – mental health definition, models. This section can be used for the PPT in Session 1 - What is MH“.
- 2. Recovery** – recovery approach. This section can be used for the PPT in Session 2- Recovery.
- 3. Self-management of mental health** – what is self-management of mental health, and what are the main pillars of it. This section can be used for the PPT in Session 3 - Self-Management.

WHAT IS MENTAL HEALTH?

Mental health can be defined as a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. Mental health is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships, and shape the world we live in.¹

It's important to understand that mental health is not just the absence of mental illnesses. It's a complex spectrum that varies from person to person. Some may

¹ WHO, https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response/?gclid=CjwKCAiA44OtBhAOEiwAj4gpOWdcZDE7Zkogi9jEHrCwPqFPIF4scmXWg8DWnOro7B9aZEUNpX9cfxoC99YQAvD_BwE

experience more difficulties and distress than others, which can lead to different social and clinical outcomes.

Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case.

Applying this kind of definition and approach in the mental health field is still a challenge – the biomedical (or medical) model still is a traditional and historically predominant approach in mental health care. The biomedical model views mental disorders mainly as physiological or biological abnormalities. It proposes that mental health conditions are primarily caused by disruptions or imbalances in the body, such as the brain's structure, neurochemistry, or genetics. The model typically emphasizes the diagnosis and treatment of symptoms through medical interventions, which often involve medications.

The biomedical model oversimplifies the complex nature of mental health by focusing primarily on biological factors. Mental health conditions often involve a combination of biological, psychological, and social factors, and a holistic understanding is crucial for effective treatment and support.²

What are the potential negative consequences of solely relying on the biomedical model to understand mental health?

- 1. Reductionism:** the biomedical model tends to reduce complex mental health phenomena to biological or neurochemical abnormalities, neglecting the intricate interplay of psychological, social, and environmental factors. By focusing solely on neurotransmitter imbalances or brain structure, the model

² Campolonghi, S., & Orrù, L. (2023). Psychiatry as a medical discipline: Epistemological and theoretical issues. *Journal of Theoretical and Philosophical Psychology*. Advance online publication. <https://doi.org/10.1037/teo0000256>

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may overlook the impact of psychosocial stressors, trauma, and cultural influences on mental health.

2. **Stigma:** the biomedical model of diagnosis often involves labeling individuals based on their symptoms, which can lead to oversimplification of diverse experiences and possible stigmatization. People who are diagnosed with a mental disorder may face social stigma, and the diagnostic labels may not fully capture the complexity of their unique experiences and circumstances.
3. **Lack of attention to Psychosocial Factors:** the biomedical model, which focuses solely on the biological aspects of mental health, often tends to ignore the impact of psychosocial factors such as family dynamics, socioeconomic status, and cultural context on the development and maintenance of mental health conditions. Trauma, discrimination, or adverse life events can significantly contribute to mental health challenges, and overlooking these critical contributors may hinder effective treatment and care.
4. **Lack of Personalization:** the biomedical model often treats mental health conditions as uniform entities, overlooking the unique experiences and needs of individuals. It may not consider the importance of personalized and patient-centered care. Two individuals with the same diagnosis may have different underlying causes, responses to treatment, and recovery trajectories. A one-size-fits-all approach may not address these individual variations.
5. **Minimal Prevention Focus:** focus on treatment may limit efforts to address risk factors and promote mental health and well-being proactively. Prevention strategies, such as early intervention programs, community support, and education, can play a crucial role in reducing the incidence and severity of mental health conditions.
6. **Inadequate Emphasis on Empowerment:** the biomedical model may not sufficiently emphasize empowering individuals in their mental health journey. It may inadvertently reinforce a passive patient role rather than fostering active participation and self-determination. An individual-centered and empowerment-focused approach may involve collaborative goal-setting, shared decision-making, and the development of coping skills, promoting a sense of agency and resilience.

Mental health continuum

We all have mental health, and it can be impacted by a variety of challenges such as loss, rejection, failure, work stress, poverty, physical health problems, violence, and experiences of discrimination. To maintain inner balance, it is essential to have access to resources like contact with other people, the ability to recognize and express one's emotions and needs, healthy eating, engaging in meaningful activities, and a supportive environment.

Our subjective well-being is constantly changing - one can imagine that we are constantly moving on a scale. On one side we have good mental health, and on the other mental health difficulties. All of us experience mental health this way: those who have mental health difficulties or psychosocial disabilities, and those who have different experiences. It is estimated that at least 1 in 4 people will experience mental health difficulties in their lifetime. However, between those who experience it and those who do not experience it, there is no fundamental difference. It's just that for the former, due to social experiences, psychological and biological characteristics and their interaction with the environment may make it more difficult to maintain well-being, perhaps for long periods, when you feel unwell, find it difficult to concentrate, lose motivation, behave like not yourself, etc., but at least for a short time it happens to everyone.



I am feeling good, can participate
in everyday life

I am feeling unwell, it is hard to deal
with everyday life difficulties

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The continuum model is valuable because it challenges the traditional dichotomy between mental health and mental illness. It recognizes the fluid nature of mental health, allowing for a more nuanced understanding of individuals' experiences. This model also underscores the importance of preventive measures and early interventions to address issues before they escalate along the continuum.

The Continuum Model emphasizes a comprehensive and person-centered method when it comes to mental health care. It urges us to take into account the distinct needs and experiences of each individual at different stages of life, adapting interventions to provide the appropriate level of support at the appropriate time. This model aligns with the current inclination in mental health care for tailored and collaborative approaches that prioritize individual well-being and recovery.

Biopsychosocial model

In 1977, an American pathologist and psychiatrist, George Engel (1913-1999), introduced the term Biopsychosocial Model for the first time in his paper³ "The need for a new medical model: A challenge for biomedicine," which was published in the journal *Science*. Unlike traditional biomedical models, the biopsychosocial approach acknowledges the importance of a wider perspective in understanding human health, well-being, and illness in their full contexts⁴. The biopsychosocial approach systematically considers the complex interactions between biological, psychological, and social factors to understand health, illness, and healthcare delivery.

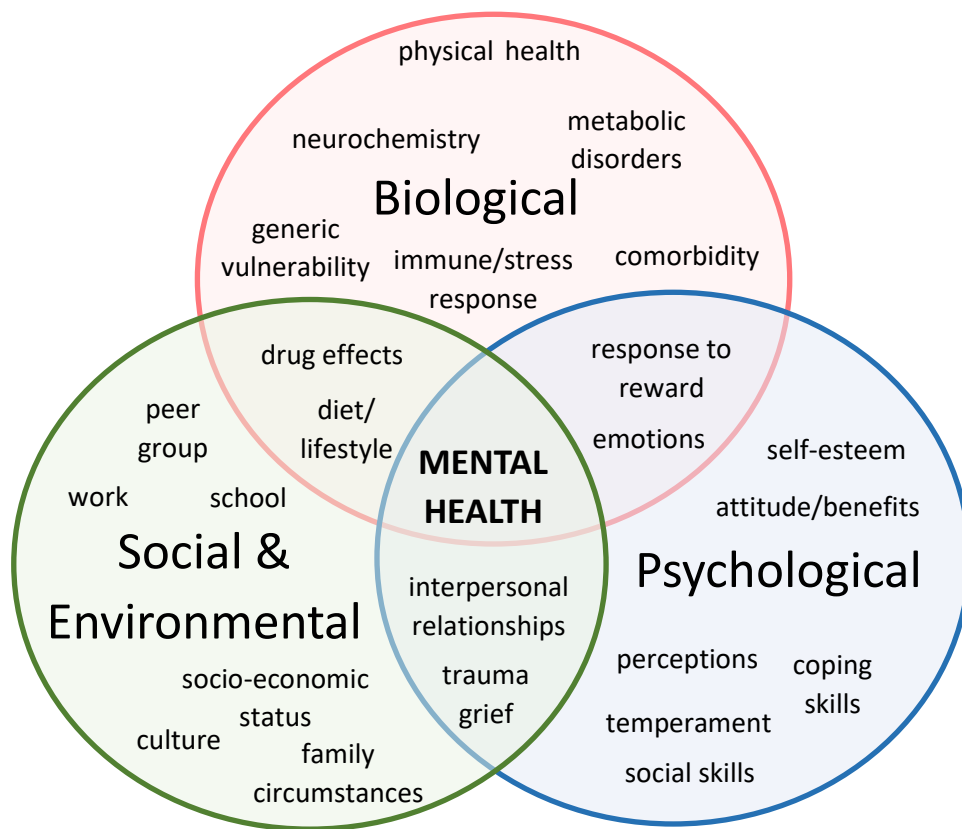
The biopsychosocial model emphasizes that mental health conditions are the result of a combination of factors rather than being solely determined by one factor. This model recognizes the interconnectedness of biological, psychological, and social domains, and highlights that understanding mental health requires an integrated assessment that considers all aspects of a person's life.

³ Papadimitriou G. The "Biopsychosocial Model": 40 years of application in Psychiatry. *Psychiatriki*. 2017 AprJun;28(2):107-110.

⁴ Engel GL: The clinical application of the biopsychosocial model. *Am J Psychiatry* 1980;137:535-544.

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This model has significant implications for the practice of mental health care. It promotes a holistic approach to assessment, diagnosis, and treatment, taking into account the biological, psychological, and social factors that contribute to an individual's mental health. The interventions based on the biopsychosocial model often involve collaboration among healthcare professionals from various disciplines, which promotes a comprehensive and person-centered approach to mental health care.



MENTAL HEALTH SELF-MANAGEMENT

Self-management of mental health refers to the proactive and conscious efforts individuals make to maintain and enhance their psychological well-being. It enables us to take responsibility for one's mental health by adopting strategies and practices that contribute to emotional resilience, stress reduction, and overall psychological balance. This proactive approach often includes a combination of self-awareness, coping skills, lifestyle choices, and coping mechanisms to navigate the challenges of daily life and effectively manage mental health concerns.

Self-management is not about how to avoid stressful situations and intense emotions, but about learning to live with your condition.

The main pillars of self-management to cope with different situations and care for yourself:

- 1. Awareness:** Developing an understanding of one's own mental health, recognizing signs of stress or distress, and being aware of personal triggers.
- 2. Education:** Learning about mental health conditions, treatment options, and healthy coping mechanisms. This knowledge empowers individuals to make informed decisions about their mental well-being.
- 3. Coping Strategies:** Developing and practicing effective coping strategies to deal with stress, anxiety, and other challenges. This can include mindfulness, relaxation techniques, exercise, and creative outlets.
- 4. Healthy Lifestyle:** Adopting a lifestyle that supports mental well-being, including regular exercise, balanced nutrition, sufficient sleep, and avoiding substance abuse.
- 5. Social Support:** Building and maintaining a strong support network of friends, family, or mental health professionals. Social connections play a crucial role in emotional well-being.

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- 6. Goal Setting:** Setting realistic and achievable goals, both short-term and long-term, to provide a sense of purpose and direction.
- 7. Regular Check-ins:** Periodically assessing one's mental health, reflecting on emotional experiences, and seeking help if needed. Regular self-reflection fosters a proactive approach to mental health.
- 8. Professional Help:** Recognizing when additional support is required and seeking help from mental health professionals, such as therapists or counselors.
- 9. Boundaries:** Establishing and maintaining healthy boundaries in personal and professional relationships to prevent burnout and emotional exhaustion.

Mental health self-management is a continuous process that is unique to each individual. It involves promoting resilience, personal growth, and taking a proactive approach to mental well-being. By doing so, individuals can take charge of their mental health journey. It is important to recognize that self-management is a process that requires experimentation and finding what works best for oneself. There is no one-size-fits-all approach to mental health self-management.

RECOVERY

The recovery approach in mental health is a philosophy and set of principles that emphasizes the potential for individuals with mental health difficulties to lead fulfilling lives, despite their conditions. This approach shifts the focus from managing symptoms and illness to a broader perspective that encompasses overall well-being, personal growth, and the pursuit of a meaningful life. It recognizes that recovery is a unique and individualized journey and is not just about the absence of symptoms.

The recovery approach acknowledges that people with mental health problems are whole individuals, with their own personalities, strengths, abilities, and hobbies. It understands that their purpose in life and ability to enjoy life is separate from their mental health challenges.

Recovery is viewed as a journey, and we are constantly seeking it when we face difficult times. Only you know what "recovery" means for you.

The recovery approach in mental health is based on certain key principles that include:

- 1. Person-centered:** The approach is focused on the individual and takes into account their unique strengths, experiences, and goals. A personalized recovery plan is developed in collaboration with the individual, mental health professionals, and support networks.
- 2. Hope and empowerment:** The recovery approach instills hope and empowers individuals to take an active role in their recovery. It promotes a sense of control and autonomy over their lives.
- 3. Holistic perspective:** Recovery is not limited to symptom management but extends to various aspects of a person's life, such as relationships, work, education, and community engagement. It promotes a holistic view of well-being.
- 4. Self-direction:** Individuals are encouraged to set their own goals and make choices that align with their values and aspirations. This self-directed approach promotes a sense of ownership and responsibility for one's recovery journey.

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- 5. Strengths-based:** The recovery approach recognizes and builds on an individual's strengths and abilities. It involves identifying and leveraging existing resources and resilience.
- 6. Peer support:** Peer support plays a significant role in the recovery approach. Individuals with lived experience can offer valuable insights, understanding, and encouragement. Peer support fosters a sense of connection and reduces isolation.
- 7. Cultural competence:** Cultural diversity is acknowledged and respected in the recovery approach. It recognizes that cultural background, values, and beliefs influence an individual's experience of mental health and recovery.
- 8. Flexibility and individualized care:** The recovery approach allows for flexibility in treatment plans and interventions as it recognizes that recovery is not a linear process. Support is tailored to meet the unique needs and preferences of each individual.
- 9. Collaboration:** Collaboration between individuals, their families, mental health professionals, and other support networks is crucial in the recovery approach. It emphasizes shared decision-making and open communication.
- 10. Ongoing learning and growth:** Recovery is viewed as an ongoing process of learning, adaptation, and personal growth. It acknowledges that setbacks may occur but encourages individuals to learn from these experiences and continue their journey toward well-being.

The recovery approach has become increasingly popular in mental health care as a substitute for the traditional, pathology-focused models. It encourages a positive outlook on mental health, focusing on building resilience and helping individuals achieve a fulfilling and satisfying life. The recovery approach is consistent with human rights principles.

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Module 3 - Annex 4 - Calendar of experiences exercise

Try to think of a situation in your life when you were not feeling well and use the example below to explore it.

CALENDAR OF EXPERIENCES				
What did you experience?	Were you aware of unpleasant sensations at the time you felt them?	What exactly did you feel in your body?	What were the emotions, thoughts and feelings that followed this experience?	What do you feel and think now when you write about it?
<i>Example:</i> I was late for work.	Yes	Tension in the solar plexus and face, eyebrows wrinkled, hands gripping the steering wheel.	Tension, anxiety, anger. Thoughts: "I should have got up earlier", "I won't be able to do my work in time again".	It is unpleasant to be reminded of that. It would probably be better if I got up a little earlier in the morning, so I wouldn't have to rush and worry so much.
Monday				
Tuesday				
Wednesday				
Thursday				

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Friday				
Saturday				
Sunday				

GRATITUDE

What comes to your mind when you think of gratitude?

1. Generally, how do you practice gratitude in your daily life?

2. What are some of the things that you take for granted?

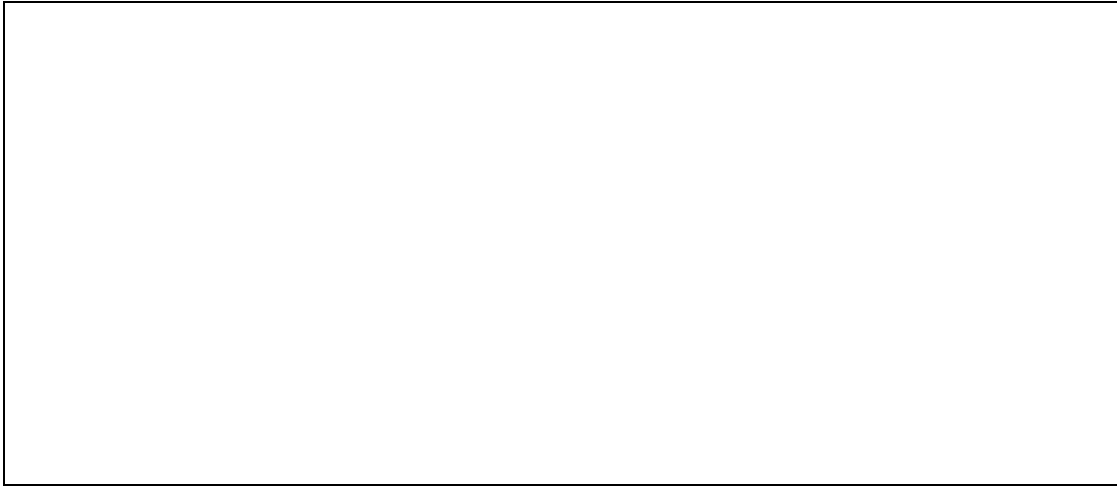
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3. List the things around you that are important to you or meet your values.

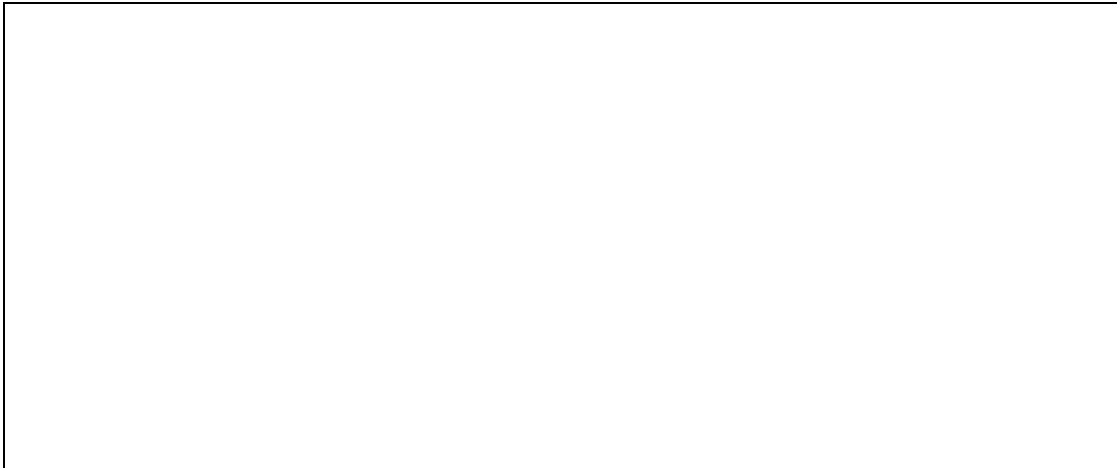
4. How do you challenge your negative thoughts to rational, positive thoughts?

5. What skills can you develop to help you be open to new ways of thinking as a means of becoming better at practicing gratitude?

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6. How do you let your family and friends know that you are grateful for them?



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GRATITUDE JOURNAL

Write down two or three things you are grateful for that happened during the day. This exercise will get you in the habit of noticing things you appreciate more regularly and frequently.

	DAILY GRATITUDE JOURNAL
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

Module 3 - Annex 6 - Management of anxiety exercise

MANAGEMENT OF ANXIETY EXERCISE

Please try to think of the last situation in which you felt intense anxiety and try to explore it using the example below.

Situation (in what situation am I experiencing anxiety?)	Indicators, symptoms (how do I know I'm experiencing anxiety?)	Thoughts (what are the dominant thoughts when I feel anxious? what do I think about the situation, about myself?)	Anxiety-relieving thoughts (are my thoughts rational, in line with reality? How else can I interpret this situation? How can I support or encourage myself?)	A small steps plan (what could be the first steps to help myself gradually reduce this anxiety?)

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Module 3 - Annex 7 – Working with self-criticism exercise

WORKING WITH SELF-CRITICISM EXERCISE

Being highly self-critical can reduce self-confidence and self-worth. Consciously recognizing these thoughts and replacing them with more realistic and self-supportive ones can enhance emotional well-being.

Self-mocking comment (SELF - CRITICISM)	Self - supporting comment (SELF - DEFENCE)
<p>Example:</p> <ul style="list-style-type: none"> a) It's just a matter of luck that my presentation at work was a success. b) Anyone can do the dishes. This lying around and doing nothing shows who I really am. 	<p>Example:</p> <ul style="list-style-type: none"> a) It's not a matter of luck. I prepared well and spoke well. b) Doing the dishes is a boring, monotonous chore and I deserve to be credited for it. c) These are symptoms of a condition, they are not the real me.
<p>1.</p>	<p>1.</p>
<p>2.</p>	<p>2.</p>

Module 3 - Annex 8 – Stressor assessment exercise

STRESSOR ASSESSMENT EXERCISE

Read the list of stress triggers. Underline the ones that are affecting you at the moment:

- Change of job/promotion
- Conflicts with family
- Lack of health
- Lack of self-confidence
- Loneliness
- Money worries
- Pain/fatigue
- Planning for retirement
- Public speaking
- Traveling to/from work
- Travel/holidays
- Upcoming wedding
- Climate change
- World economy
- War/terrorism

Other (please fill in if there is any):

.....

.....

.....

.....

.....

.....

.....

Now look at your list of stressors and ask yourself about each one of them:

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- Is this very/quite important to me?
- Is it something I can/cannot control?

Fill in the table based on how important each stressor is to you and how much control you have over it:

	Important	Not so important
What I can control		
What I can't control		

MINDFULNESS

Being present means paying attention to everything happening in and around me at this moment.

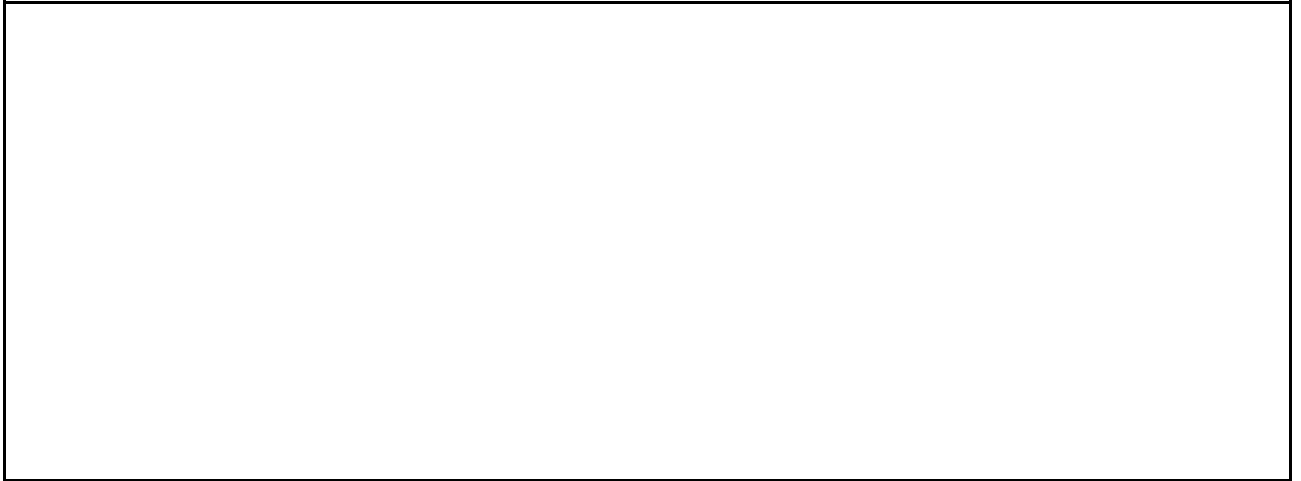
Instructions: Sit quietly for a few minutes and simply be present. What do you observe with each of your senses?"

At this moment I see


At this moment I hear

At this moment I can feel the taste of

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At this moment I can smell



At this moment I can feel



Module 3 - Annex 10 – Working with boundaries exercise

WORKING WITH BOUNDARIES – A 4-STEP EXERCISE

Personal boundaries are essential for maintaining good mental health. They help you recognize your own needs and make choices that work for you. Reflect on your own life and complete this exercise to become more aware of your personal boundaries and how to uphold them.

<p>1. A situation where my boundaries were crossed. What happened?</p>	<p>2. Identifying feelings. What was I feeling?</p>	<p>3. Identifying boundaries. What is unacceptable to me?</p>	<p>4. Upholding the boundary: What are the consequences if my boundaries are not respected?</p>
<p><i>Example.</i> At work, I am again asked to do a task that is not my responsibility and for which I have to work overtime.</p>	<p><i>Example.</i> Anger, frustration, anxiety, desperation.</p>	<p><i>Example.</i> I find it unacceptable to be forced to work more than my fair share.</p>	<p><i>Example.</i> I will argue to my manager that, given my current workload, I am not in a position to take on additional tasks at the moment.</p>

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Module 3 - Annex 11 – Recognize your strengths exercise

RECOGNIZE YOUR STRENGTHS

Recognizing and embracing your talents and strengths builds self-confidence and can contribute to better mental health.

Take some time to fill in this chart and maybe discover something about yourself that you didn't know you had!

What do you always or almost always want to do? 1. 2. 3.	What do you usually get compliments on? 1. 2. 3.	What do you like about yourself? 1. 2. 3.
What do you enjoy doing? 1. 2. 3.	What gives you energy? 1. 2. 3.	What are you proud of? 1. 2. 3.

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<p>What experience or knowledge makes you unique?</p> <p>1.</p> <p>2.</p> <p>3.</p>	<p>What unusual skills or competencies do you have?</p> <p>1.</p> <p>2.</p> <p>3.</p>	<p>From the answers given, choose and write down your 3 main strengths:</p> <p>1.</p> <p>2.</p> <p>3.</p>
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Module 3 - Annex 12 – Self-reflection exercise

SELF-REFLECTION

Instruction: take a few minutes to become more aware of your mental state at the moment. This can help you improve self- reflection skills, which are essential for maintaining and improving your mental health.

Completion date:

How am I feeling?	This week, I've been feeling these emotions a lot: 1. 2. 3.
What affects this feeling?	These emotions were caused by:
3 things to help me feel better: 1. 2. 3.	What is currently good in my life?
What form could this feeling take?	3 things I'm looking forward to in the future: 1. 2. 3.

On a scale from 1 (low) to 10 (very well) mark your overall well-being score for today

1 2 3 4 5 6 7 8 9 10

Module 3 - Annex 13 – Building self-compassion exercise

BUILDING SELF-COMPASSION

Self-compassion involves being kind and gentle toward ourselves. However, it doesn't always come naturally to us. The exercise here can help build a sense of self-compassion.

Step I. Think back to a situation that was difficult for you, where you were hard on yourself and self-critical. Write a few sentences about the situation:

Step II. What is one thing you can do to comfort yourself, to calm yourself down a little?

Step III. What is one thing you can do to protect yourself from self-judgment, criticism in the future?

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Step IV. Think about your needs. Which ones could you meet now or in the near future?

Step V. What could you say to yourself to motivate yourself with encouragement and kindness rather than criticism and harsh demands?

THOUGHTS REGISTRATION EXERCISE

Sometimes we don't realize how much our thoughts, which are often far from being true, are contributing to our mental well-being. Think back to one situation when you felt uneasy and try to notice the thoughts that came up at the time. Write them down and try to change them according to the given example.

Situation: You planned to meet a friend for coffee, but they canceled at the last minute.

Original Thought: "My friend doesn't value our friendship anymore. He canceled because he doesn't enjoy spending time with me."

- **Situation:**.....
- **Original Thought:** "..... "

Evidence to support the most important thought	Evidence against the most important thought	Alternative or balanced thoughts	Now evaluate the emotions
<i>Please provide actual evidence to support these thoughts</i>	<i>Please write down the evidence that would disprove these thoughts</i>	<i>Include supporting and disproving evidence. What would be an alternative way of thinking about the situation?</i>	<i>How do you feel now?</i>

Example



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Evidence to support the most important thought	Evidence against the most important thought	Alternative or balanced thoughts	Now evaluate the emotions
<ul style="list-style-type: none"> • My friend canceled plans without a clear explanation. • He has been busy lately and seems distant. • He didn't initiate rescheduling or show regret 	<ul style="list-style-type: none"> • My friend has been going through a stressful time at work. • He has mentioned feeling overwhelmed with personal responsibilities. • He apologized sincerely for canceling and expressed a desire to meet up soon. 	<ul style="list-style-type: none"> • "It's possible my friend's cancellation has nothing to do with me personally. He might genuinely be overwhelmed with his workload." • "Even though I feel disappointed, it doesn't mean our friendship is devalued. People have ups and downs, and it's normal for schedules to clash." • "Maybe my friend didn't realize how much I was looking forward to our meeting. I could express how I felt calmly and give him the benefit of the doubt." 	<ul style="list-style-type: none"> • Initially felt: Hurt, rejected, and frustrated. • Now feel: Understanding, empathetic towards their situation, and willing to communicate openly.
<p><i>Please provide actual evidence to support these thoughts</i></p>	<p><i>Please write down the evidence that would disprove these thoughts</i></p>	<p><i>Include supporting and disproving evidence. What would be an alternative way of thinking about the situation?</i></p>	<p><i>How do you feel now?</i></p>

MODULE 4

mHEALTH OR MOBILE HEALTH

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METHODOLOGICAL GUIDE	
1	<p>Introduction</p> <p>This training session aims to provide participants with a comprehensive understanding of mHealth, including its theoretical foundations, practical applications, and emerging trends.</p>
2	<p>Objectives</p> <ul style="list-style-type: none"> - Session 1: Introduction to mHealth - Session 2: Key Components of mHealth - Session 3: Benefits and Challenges of mHealth - Session 4: Emerging Trends and Future Directions
3	<p>Participants</p> <p>10 to 20 participants</p>
4	<p>Competences</p> <p>Basic knowledge of mHealth and capacity for critical thinking and recognition of mHealth concepts</p>
5	<p>Duration</p> <div style="display: flex; align-items: center;">  <p>40 minutes Session 1 60 minutes Session 2 50 minutes Session 3 60 minutes Session 4</p> </div> <p>Total time = 210 minutes</p>
6	<p>Training materials</p> <p>Attendance list PPT_Module_Module 4</p> <p>Module 4 - Annex 1 - mHEALTH Case Study 1: MoodTools - Depression Aid Module 4 - Annex 2 - mHEALTH Case Study 2: Woebot - AI-Powered Mental Health Chatbot Module 4 - Annex 3 - mHEALTH Quiz Module 4 - Annex 4 - mHEALTH Quiz - Correct answers 103</p>
7	<p>Session plan (face-to-face session) For online sessions double the time</p> <p>Before the session, make sure you're up to date with Instructions for the trainers, as well as the theoretical background.</p> <p>Introduction</p> <div style="display: flex; align-items: center;">  <p>2 minutes</p> </div> <p>Introduce yourself and welcome participants to this session. Present the objectives of the session and the agenda.</p>



5 minutes

Ask participants to introduce themselves, one at a time, and to name the expectation(s) they have for this training. After all participants have named the expectations, review the list and explain which of them are likely to be met during this session and which will not, but they might be met in other ways in the future. Keep the list of expectations posted throughout the session.

Distribute the consent forms and ask participants to fill in and sign them.



3 minutes

Explain to participants that it is helpful to agree together on the ground rules so that the session is effective. Ask participants what rules would help the training run smoothly, maximize learning, encourage participation, and make everyone feel welcome and respected. Write participants' responses on the "Ground Rules" sheet of flipchart, e.g.:

- switch off the mobile phones,
- view and treat each other as equals in the training room,
- ask questions at any time,
- provide feedback that is constructive not critical,
- provide each participant with an opportunity to contribute.

Post the ground rules on a wall where everyone can see them and keep them posted throughout the session, adapting it if necessary.

SESSION 1: INTRODUCTION TO MHEALTH



20 minutes

Objective: Introduce participants to the concept of mHealth and its significance in healthcare delivery.

- Theoretical Presentation 1.1: Definition and Scope of mHealth.
- Theoretical Presentation 1.2: Evolution of mHealth Technologies.
- Theoretical Presentation 1.3: Impact of mHealth on Healthcare Delivery.

- **Theoretical Presentation 1.1: Definition and Scope of mHealth**

Introduction:

mHealth, short for mobile health, refers to the application of mobile technologies such as smartphones, tablets, wearable devices, and wireless sensors in healthcare delivery and health-related services. Its scope encompasses a wide range of activities aimed at improving healthcare access, delivery, and outcomes through the use of mobile technology.

Key Points:

Definition: mHealth encompasses the use of mobile devices and wireless technologies to support healthcare objectives, including health promotion, disease prevention, diagnosis, treatment, and monitoring.

Scope of mHealth:

Health Education: Delivering health information, educational resources, and behavior change interventions via mobile devices to promote healthy lifestyles and disease prevention.

Remote Monitoring: Monitoring and managing patients' health remotely using wearable devices, mobile apps, and telemedicine platforms.

Diagnosis and Treatment Support: Facilitating diagnostic processes, treatment adherence, and medication management through mobile health applications.

Public Health Interventions: Using mobile technologies for disease surveillance, outbreak response, and health promotion campaigns, especially in resource-constrained settings.

Examples:

Mobile apps for tracking physical activity, monitoring dietary habits, and managing chronic conditions such as diabetes or hypertension.

Telemedicine platforms enabling remote consultations, diagnostic imaging, and specialist referrals.

SMS-based health education campaigns targeting specific populations, such as pregnant women or adolescents.

➤ **Theoretical Presentation 1.2: Evolution of mHealth Technologies**

Introduction:

The evolution of mHealth technologies has been shaped by advancements in mobile computing, telecommunications infrastructure, and healthcare innovation. From simple text message reminders to sophisticated remote monitoring systems, mHealth has undergone significant transformations over the years.

Key Points:

Early Years: The origins of mHealth can be traced back to the use of SMS (Short Message Service) for appointment reminders, health education messages, and adherence support. Initially, apps were made to use mobile phones for better communication between patients and healthcare providers.

Technological Advancements: The proliferation of smartphones, coupled with advancements in mobile app development and sensor technology, paved the way for more sophisticated mHealth solutions. Mobile apps enabled interactive health tracking, symptom monitoring, and medication management, while wearable devices introduced continuous health monitoring capabilities.

Integration with Healthcare Systems: As mHealth technologies matured, they became increasingly integrated with traditional healthcare systems, including electronic health records (EHRs), telemedicine platforms, and clinical decision support systems. This integration facilitated seamless data exchange, care coordination, and patient engagement across healthcare settings.

Future Trends: Emerging trends in mHealth include the integration of artificial intelligence (AI) and machine learning algorithms for predictive analytics, personalized medicine, and virtual health assistants. Wearable technologies, IoT (Internet of Things) devices, and remote monitoring solutions are expected to play a central role in shaping the future of mHealth.

➤ **Theoretical Presentation 1.3: Impact of mHealth on Healthcare Delivery**

Introduction:

mHealth has had a profound impact on healthcare delivery models, transforming the way healthcare services are accessed, delivered, and experienced by patients and providers alike. From improving access to care in remote areas to empowering patients with self-management tools, the benefits of mHealth are manifold.

Key Points:

Improved Access to Care: mHealth technologies have bridged geographical barriers, enabling individuals in remote or underserved areas to access healthcare services remotely. Telemedicine platforms, mobile clinics, and community health workers equipped with mobile devices have expanded the reach of healthcare delivery.

Enhanced Patient Engagement: Mobile health apps and wearable devices empower patients to actively participate in their healthcare journey, from self-monitoring vital signs to accessing personalized health information and support resources. Enhanced patient engagement has been linked to better treatment adherence, health outcomes, and satisfaction with care.

Personalized Care Delivery: mHealth enables personalized care delivery through data-driven insights, remote monitoring, and tailored interventions. Healthcare providers can leverage mobile health data to customize treatment plans, identify high-risk patients, and intervene proactively to prevent adverse events or complications.

Empowerment and Empathy: Beyond clinical interventions, mHealth fosters a sense of empowerment and empathy among patients by providing them with tools and resources to manage their health autonomously. Mobile apps that facilitate peer support, health coaching, and self-care education empower individuals to take control of their health and well-being.

Conclusion:

In conclusion, mHealth holds tremendous promise for revolutionizing healthcare delivery by leveraging the ubiquity and accessibility of mobile technologies. By embracing innovation, collaboration, and patient-centered care principles, healthcare systems can harness the full potential of mHealth to improve health outcomes, enhance patient experiences, and promote health equity.



Exercise 1: Group Discussion (10 minutes)

Discuss the theoretical presentations and encourage participants to share their perspectives on the importance of mHealth in healthcare.

SESSION 2: KEY COMPONENTS OF MHEALTH



20 minutes

Objective: Identify the key components necessary for an effective mHealth system.

- Theoretical Presentation 2.1: Mobile Devices in mHealth.
- Theoretical Presentation 2.2: mHealth Applications.
- Theoretical Presentation 2.3: Connectivity and Data Analytics in mHealth.

- **Theoretical Presentation 2.1: Mobile Devices in mHealth**

Introduction:

Mobile devices are fundamental components of mHealth systems, serving as the primary interface through which users access healthcare services, receive health information, and engage in health-related activities. From smartphones to wearable devices, the diversity of mobile technologies offers unique opportunities to deliver personalized, accessible, and timely healthcare interventions.

Key Points:

Smartphone Adoption: The widespread adoption of smartphones has revolutionized mHealth, enabling users to access a wide range of health apps, educational resources, and telemedicine services from anywhere, at any time. Smartphones serve as multifunctional devices capable of capturing health data, facilitating communication with healthcare providers, and supporting self-management tasks.

Wearable Devices: Wearable devices, such as fitness trackers, smartwatches, and medical sensors, play a critical role in remote monitoring, continuous health tracking, and real-time feedback. These devices collect physiological data, such as heart rate, activity levels, and sleep patterns, allowing users and healthcare professionals to monitor health metrics and detect abnormalities proactively.

Tablet / Computers: Tablet / computers offer a larger screen size and enhanced usability compared to smartphones, making them ideal for delivering interactive health education materials, telemedicine consultations, and clinical decision support tools. Tablets are particularly useful in clinical settings, where healthcare providers can use them to access patient records, input data, and communicate with colleagues.

Accessibility and Equity: While mobile devices offer significant benefits in terms of accessibility and convenience, it's essential to consider equity concerns related to device ownership, digital literacy, and connectivity. Efforts to promote inclusivity in mHealth must address barriers to access and ensure that vulnerable populations can benefit from mobile health interventions.

- **Theoretical Presentation 2.2: mHealth Applications**

Introduction:

mHealth applications encompass a diverse array of software tools and platforms designed to address various healthcare needs, from chronic disease management to

preventive care and health promotion. These applications leverage mobile technologies to deliver personalized interventions, enhance patient-provider communication, and optimize healthcare delivery processes.

Key Points:

Health and Wellness Apps: Health and wellness apps focus on promoting healthy behaviors, managing chronic conditions, and supporting overall well-being. These apps may include features such as activity tracking, nutrition logging, medication reminders, and mindfulness exercises to help users adopt and maintain healthy lifestyles.

Telemedicine Platforms: Telemedicine platforms enable remote consultations, diagnostic assessments, and treatment recommendations via video conferencing, messaging, or phone calls. Telemedicine offers a convenient and accessible alternative to traditional in-person visits, particularly for individuals with mobility limitations, rural residents, and those seeking specialist care.

Clinical Decision Support Systems: Clinical decision support systems leverage mobile technologies to provide healthcare professionals with evidence-based guidelines, diagnostic algorithms, and treatment recommendations at the point of care. These systems improve clinical decision-making, reduce medical errors, and enhance patient safety by integrating relevant patient data and clinical knowledge.

Remote Monitoring Solutions: Remote monitoring solutions enable continuous tracking of patients' health metrics, such as blood pressure, blood glucose levels, and electrocardiogram readings, outside of traditional healthcare settings. These solutions empower patients to manage their conditions proactively, alert healthcare providers to potential health issues, and facilitate timely interventions to prevent complications.

➤ **Theoretical Presentation 2.3: Connectivity and Data Analytics in mHealth**

Introduction:

Connectivity and data analytics are essential components of mHealth systems, enabling seamless communication, secure data exchange, and actionable insights for informed decision-making. From wireless networks to cloud-based platforms, the infrastructure supporting mHealth must be robust, scalable, and interoperable to facilitate effective healthcare delivery.

Key Points:

Wireless Networks: Wireless networks, including cellular, Wi-Fi, and Bluetooth technologies, provide the foundation for connectivity in mHealth systems. These networks enable real-time data transmission, remote monitoring, and telemedicine consultations, regardless of users' geographical locations or physical proximity to healthcare facilities.

Cloud Computing: Cloud computing platforms offer scalable and secure storage solutions for mHealth data, allowing healthcare organizations to store, analyze, and access vast amounts of health information efficiently. Cloud-based mHealth applications enable collaborative care, data sharing between providers, and integration with electronic health record systems for comprehensive patient management.

Data Security and Privacy: Data security and privacy are paramount in mHealth systems to protect sensitive health information from unauthorized access, breaches, and

misuse. Encryption, authentication, and access control measures safeguard data integrity and confidentiality, ensuring compliance with regulatory requirements and ethical standards.

Data Analytics and Insights: Data analytics techniques, such as machine learning, predictive modeling, and natural language processing, enable healthcare organizations to derive actionable insights from mHealth data. These insights inform clinical decision-making, population health management strategies, and quality improvement initiatives, ultimately enhancing patient outcomes and healthcare delivery efficiency.

Conclusion:

The key components of mHealth, including mobile devices, applications, connectivity, and data analytics, work synergistically to enable innovative and effective healthcare delivery models. By harnessing the power of mobile technologies and data-driven insights, mHealth has the potential to revolutionize healthcare, improve patient outcomes, and enhance the overall quality of care.

Exercise 2: Case Study Analysis (40 minutes)

Objective:

Analyze Case Studies of Successful mHealth Implementations on free mental health apps.

Participants discuss the key components highlighted in the case studies and their roles in achieving success.

Setup and Task:



20 minutes

- Participants are divided into small groups to analyze and discuss the key components and success factors highlighted in the case studies focusing exclusively on free mental health apps.
- Each group identifies the critical elements contributing to the success of the mHealth implementations and considers their relevance to broader mental health contexts.



20 minutes

Group discussions are followed by a brief sharing session, where groups present their findings and insights to the larger group for further reflection and discussion..

➤ **Case Study 1: MoodTools - Depression Aid**

Description:

This case study examines the implementation of MoodTools, a free mental health app designed to provide support and resources for individuals experiencing depression. MoodTools offers a range of evidence-based tools and interventions, including mood

tracking, CBT-based exercises, and relaxation techniques, to help users manage their depressive symptoms and improve emotional well-being.

Key Components:

Mood Tracking: MoodTools allows users to track their mood over time using a daily mood diary feature. Users can rate their mood on a scale from 1 to 10 and record additional notes about their emotions, thoughts, and behaviors. Mood tracking helps users identify patterns, triggers, and fluctuations in their mood, empowering them to monitor their mental health and seek support when needed.

CBT-Based Exercises: The app provides cognitive-behavioral therapy (CBT) exercises and self-help tools to help users challenge negative thinking patterns and develop coping skills. These exercises may include thought diaries, behavioral activation tasks, and relaxation techniques designed to reduce symptoms of depression and enhance emotional resilience.

Resource Library: MoodTools offers a comprehensive resource library with psychoeducational articles, self-help guides, and coping strategies for managing depression. Users can access information on depression symptoms, treatment options, and self-care practices, as well as tips for improving sleep, nutrition, and physical activity to support overall well-being.

Safety Features: The app includes safety features and crisis support resources for users in distress. MoodTools provides links to helplines, crisis hotlines, and mental health services for immediate assistance, as well as guidelines for managing suicidal thoughts and seeking emergency help. Users are encouraged to prioritize their safety and reach out for support when experiencing severe distress or crisis.

Discussion Points:

- How does MoodTools leverage evidence-based tools and interventions to provide support for individuals experiencing depression?
- What are the benefits and limitations of offering mood tracking features in mental health apps like MoodTools?
- How do CBT-based exercises and self-help tools empower users to manage their depressive symptoms and develop healthier coping strategies?
- What role can psychoeducational resources and self-help guides play in promoting mental health literacy and empowering users to take control of their mental well-being?
- How can free mental health apps like MoodTools address barriers to accessing mental health support, such as cost, stigma, and geographical limitations?

➤ **Case Study 2: Woebot - AI-Powered Mental Health Chatbot**

Description:

This case study explores the implementation of Woebot, a free AI-powered mental health chatbot designed to deliver cognitive-behavioral therapy (CBT) interventions and emotional support to users via chat-based interactions. Woebot utilizes natural language processing (NLP) algorithms, evidence-based techniques, and personalized feedback to help users manage stress, anxiety, and depression symptoms.

Key Components:

Conversational Interface: Woebot features a conversational interface that simulates natural human conversation, allowing users to interact with the chatbot via text messages. The chatbot employs empathetic language, active listening skills, and personalized responses to engage users, build rapport, and provide emotional support in real-time.

CBT Techniques and Exercises: Woebot delivers cognitive-behavioral therapy (CBT) techniques and exercises to help users challenge negative thinking patterns, regulate emotions, and develop coping skills. These techniques may include thought challenging, behavioral experiments, mindfulness exercises, and emotion regulation strategies tailored to users' individual needs and preferences.

Mood Tracking and Feedback: The chatbot allows users to track their mood, thoughts, and behaviors over time and receive personalized feedback based on their responses. Woebot uses machine learning algorithms to analyze users' interactions and identify patterns or triggers contributing to their mental health symptoms, offering insights and recommendations for self-care and coping strategies.

Referral and Crisis Support: Woebot provides referrals to mental health resources, crisis hotlines, and professional support for users in need of additional assistance or intervention. The chatbot is programmed to recognize signs of distress or acute crisis and guide users to appropriate resources and services for immediate help and support.

Discussion Points:

- How does Woebot leverage AI and NLP technologies to deliver personalized mental health support and interventions?
- What are the potential benefits and challenges of using a conversational interface for delivering CBT techniques and emotional support?
- How do CBT techniques and mood tracking exercises empower users to manage stress, anxiety, and depression symptoms in real-time?
- What role can healthcare providers play in integrating chatbot-based interventions like Woebot into their mental health services and treatment plans?
- How can free mental health apps like Woebot address barriers to accessing mental health care, such as stigma, affordability, and geographical limitations?

SESSION 3: BENEFITS AND CHALLENGES OF MHEALTH



20 minutes

Objective: Explore the benefits and challenges associated with implementing mHealth solutions.

- Theoretical Presentation 3.1: Benefits of mHealth.
- Theoretical Presentation 3.2: Challenges in mHealth Implementation.

➤ **Theoretical Presentation 3.1: Benefits of mHealth.**

Improved Access to Healthcare: mHealth solutions facilitate remote access to healthcare services, especially in rural or underserved areas where traditional healthcare infrastructure may be limited. Patients can receive medical advice, consultations, and monitoring remotely through mobile devices, improving healthcare access and equity.

Enhanced Patient Engagement: Mobile health apps empower patients to actively participate in their healthcare management. Features like appointment reminders, medication adherence trackers, and health education resources promote patient engagement and encourage proactive health behaviors, leading to better health outcomes.

Efficient Healthcare Delivery: mHealth technologies make healthcare easier and faster for providers by cutting down on paperwork and making things more efficient. Digital health records, telemedicine platforms, and remote monitoring tools enable faster access to patient information and facilitate timely interventions, enhancing the overall quality of care.

Personalized Healthcare: Mobile health apps use smart technology and data analysis to give each person personalized healthcare help that fits exactly what they need. By analyzing user data and health metrics, mHealth platforms can provide targeted health recommendations, disease management strategies, and preventive care measures, improving treatment outcomes and patient satisfaction.

Cost Savings: Implementing mHealth solutions can lead to cost savings for healthcare systems and patients alike. By reducing the need for in-person consultations, hospital admissions, and unnecessary medical procedures, mHealth technologies help lower healthcare expenses and improve resource allocation, making healthcare more affordable and accessible.

➤ **Theoretical Presentation 3.2: Challenges in mHealth Implementation**

Data Privacy and Security Concerns: The widespread use of mobile devices and digital health technologies raises concerns about the privacy and security of sensitive health data. Safeguarding patient information from unauthorized access, data breaches, and cyber threats is essential to maintaining trust in mHealth solutions and ensuring compliance with data protection regulations.

Interoperability Issues: Integrating mHealth applications with existing healthcare systems and electronic health records (EHRs) can be challenging due to interoperability issues. Incompatibility between different software platforms, data formats, and communication protocols may hinder data sharing and collaboration among healthcare providers, limiting the effectiveness of mHealth initiatives.

Digital Divide: Socioeconomic disparities and disparities in digital literacy contribute to a digital divide, where certain populations lack access to or are unable to use mHealth technologies effectively. Addressing barriers to digital inclusion, such as limited internet access, technological literacy, and language barriers, is crucial to ensuring equitable access to mHealth benefits for all individuals.

Regulatory and Legal Frameworks: mHealth technologies operate within complex regulatory environments governed by healthcare laws, data protection regulations, and medical device standards. Navigating regulatory requirements, obtaining necessary approvals, and ensuring compliance with legal obligations pose challenges for mHealth developers, healthcare providers, and policymakers seeking to implement innovative digital health solutions.

Quality and Reliability: Ensuring the accuracy, reliability, and effectiveness of mHealth solutions is essential for maintaining patient safety and trust. Variability in app quality, content accuracy, and clinical validity may undermine the credibility of mHealth interventions and lead to potential harm or misinformation. Implementing robust quality assurance measures, evidence-based guidelines, and clinical validation processes is critical to ensuring the integrity and reliability of mHealth technologies.

This theoretical presentation provides an overview of the benefits and challenges associated with implementing mHealth solutions, highlighting the potential impact of mobile health technologies on healthcare delivery and patient outcomes, as well as the key considerations and obstacles that need to be addressed for successful adoption and implementation.



Exercise 3: SWOT Analysis (30 minutes)

Conduct SWOT Analysis of mHealth Implementation.

Divide participants into groups to identify strengths, weaknesses, opportunities, and threats related to mHealth adoption.

Instructions:

Introduction (2 minutes): Begin by explaining the purpose and methodology of a SWOT Analysis. Emphasize that the goal is to identify internal strengths and weaknesses, as well as external opportunities and threats, related to implementing mHealth solutions in healthcare settings.

Group Formation (1 minute): Divide participants into small groups of 3-5 individuals. Ensure that each group consists of a diverse mix of backgrounds, including healthcare professionals, technology experts, administrators, and other stakeholders.

SWOT Analysis (17 minutes): Provide each group with a large sheet of paper or a digital platform where they can conduct their SWOT Analysis. Instruct participants to brainstorm and discuss the following points:

Strengths (Internal): What internal factors give the organization an advantage in implementing mHealth solutions? This could include existing technological infrastructure, skilled workforce, strong leadership support, or successful past experiences with digital health initiatives.

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Weaknesses (Internal): What internal factors pose challenges or limitations to implementing mHealth solutions? This could include lack of funding or resources, resistance to change among staff, interoperability issues with existing systems, or gaps in digital literacy.

Opportunities (External): Which external factors offer opportunities for maximizing the potential of mHealth solutions? This could include increasing consumer demand for telehealth services, favorable regulatory changes supporting digital health innovation, partnerships with technology companies, or emerging trends in remote patient monitoring.

Threats (External): What external factors pose risks or obstacles to successful mHealth implementation? This might involve worries about keeping data private, threats from hackers, rules to follow, competition from other healthcare companies, or differences in who can use technology because of money or where they live.

Group Discussion (5 minutes): After completing the SWOT Analysis, allow each group to briefly present their findings to the rest of the participants. Encourage discussion and sharing ideas between groups.

Wrap-Up (5 minutes): Conclude the exercise by summarizing the key insights and learning from the SWOT Analysis. Emphasize the importance of considering both internal and external factors.

Materials:

- Large sheets of paper or digital devices for conducting the SWOT Analysis.
- Markers or digital drawing tools for documenting group discussions.
- Timer or clock to manage the duration of the exercise.

Facilitator's Tips:

- Encourage active participation and collaboration within groups.
- Remind participants to focus on specific, actionable factors rather than vague generalizations.
- Foster a supportive and inclusive atmosphere where all voices are heard and respected.
- Keep track of time to ensure that each group has sufficient opportunity to complete the SWOT Analysis within the allotted time frame.
- Encourage participants to think creatively and consider innovative solutions to address identified weaknesses and threats while capitalizing on strengths and opportunities.

SESSION 4: EMERGING TRENDS AND FUTURE DIRECTIONS OF MHEALTH IN THE FIELD OF MENTAL HEALTH



20 minutes

Objective: Discuss emerging trends and future directions of mHealth in the field of mental health.

- Theoretical Presentation 4.1: AI and Machine Learning in mHealth.
- Theoretical Presentation 4.2: Wearable Technology and IoT Integration.
- Theoretical Presentation 4.3: Regulatory and Ethical Considerations.

➤ **Theoretical Presentation 4.1: AI and Machine Learning in mHealth**

Introduction to AI and Machine Learning in Mental Health: AI and Machine Learning (ML) are increasingly being utilized in mental health to improve diagnostics, treatment, and support for individuals with mental health conditions.

Diagnostic Assistance: AI algorithms can analyze various data sources, including speech patterns, social media posts, and physiological indicators, to assist in the early detection and diagnosis of mental health disorders such as depression, anxiety, and PTSD.

Personalized Treatment: Machine Learning models can analyze individual patient data to personalize treatment plans for mental health conditions. By considering factors such as genetics, lifestyle, and treatment response, AI-driven interventions can optimize therapy outcomes and improve patient adherence.

Chatbots and Virtual Assistants: AI-powered chatbots and virtual assistants offer scalable and accessible mental health support by providing personalized counseling, psychoeducation, and crisis intervention. These digital interventions can complement traditional therapy and bridge gaps in mental healthcare delivery.

➤ **Theoretical Presentation 4.2: Wearable Technology and IoT Integration**

Role of Wearables in Mental Health: Wearable devices, such as smartwatches and biosensors, hold promise for monitoring mental health indicators in real-time. These devices can track physiological signals, sleep patterns, and activity levels, providing valuable insights into individuals' mental well-being and stress levels.

IoT-enabled Mental Health Monitoring: Integration with the Internet of Things (IoT) enables continuous monitoring of mental health parameters and seamless data transmission to healthcare providers. IoT-enabled mHealth solutions facilitate remote assessment, early intervention, and personalized treatment planning for individuals with mental health conditions.

Applications in Stress Management: Wearable technology and IoT integration can support stress management and resilience-building efforts by providing actionable insights into stress triggers and coping strategies. Real-time feedback and personalized interventions empower individuals to manage stress effectively and improve their overall mental well-being.

➤ **Theoretical Presentation 4.3: Regulatory and Ethical Considerations**

Data Privacy and Confidentiality: Ensuring that mental health information stays private and confidential is extremely important in mHealth apps. Compliance with regulations such as GDPR ensures that sensitive information is securely stored, transmitted, and accessed only by authorized individuals.

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Ethical Use of AI in Mental Health: Ethical considerations in AI-driven mental health interventions include transparency, fairness, and accountability. AI algorithms must be transparent in their decision-making processes, free from bias or discrimination, and accountable for their recommendations to ensure patient trust and safety.

Informed Consent and User Rights: Individuals using mHealth apps and devices for mental health should be fully informed about data collection practices, privacy policies, and potential risks. Obtaining informed consent and respecting users' rights to control their data are fundamental ethical principles that uphold autonomy and trust in mental health technology.

In the future, combining AI, wearable gadgets, and IoT can greatly improve how mental health care is provided. By making sure we follow the rules and ethics and using new tech, mHealth could change how we help people with mental health issues, making treatments and support better than ever.



10 minutes

Plenary discussion on clarifying the topics presented.



15 minutes

Exercise 4: Quiz Administer a Short Quiz to Assess Learning Outcomes. Review quiz answers and clarify any misconceptions.



15 minutes Clarify any questions participants still may have, thank for their participation

Ask them about one thing they would like to do as a result of the training. Remind them to use the platform.

MODULE 4

mHEALTH OR MOBILE HEALTH

ANNEXES

Module 4 - Annex 1 - mHEALTH Case Study 1: MoodTools - Depression Aid

Description:

This case study examines the implementation of MoodTools, a free mental health app designed to provide support and resources for individuals experiencing depression. MoodTools offers a range of evidence-based tools and interventions, including mood tracking, CBT-based exercises, and relaxation techniques, to help users manage their depressive symptoms and improve emotional well-being.

Key Components:

Mood Tracking: MoodTools allows users to track their mood over time using a daily mood diary feature. Users can rate their mood on a scale from 1 to 10 and record additional notes about their emotions, thoughts, and behaviors. Mood tracking helps users identify patterns, triggers, and fluctuations in their mood, empowering them to monitor their mental health and seek support when needed.

CBT-Based Exercises: The app provides cognitive-behavioral therapy (CBT) exercises and self-help tools to help users challenge negative thinking patterns and develop coping skills. These exercises may include thought diaries, behavioral activation tasks, and relaxation techniques designed to reduce symptoms of depression and enhance emotional resilience.

Resource Library: MoodTools offers a comprehensive resource library with psychoeducational articles, self-help guides, and coping strategies for managing depression. Users can access information on depression symptoms, treatment options, and self-care practices, as well as tips for improving sleep, nutrition, and physical activity to support overall well-being.

Safety Features: The app includes safety features and crisis support resources for users in distress. MoodTools provides links to helplines, crisis hotlines, and mental health services for immediate assistance, as well as guidelines for managing suicidal thoughts and seeking emergency help. Users are encouraged to prioritize their safety and reach out for support when experiencing severe distress or crisis.

Discussion Points:

- How does MoodTools leverage evidence-based tools and interventions to provide support for individuals experiencing depression?
- What are the benefits and limitations of offering mood tracking features in mental health apps like MoodTools?
- How do CBT-based exercises and self-help tools empower users to manage their depressive symptoms and develop healthier coping strategies?

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OF MOBILE HEALTH BY PERSONS WITH MENTAL HEALTH PROBLEMS**

- What role can psychoeducational resources and self-help guides play in promoting mental health literacy and empowering users to take control of their mental well-being?
- How can free mental health apps like MoodTools address barriers to accessing mental health support, such as cost, stigma, and geographical limitations?

Module 4 - Annex 2 - mHEALTH Case Study 2: Woebot - AI-Powered Mental Health Chatbot

Description:

This case study explores the implementation of Woebot, a free AI-powered mental health chatbot designed to deliver cognitive-behavioral therapy (CBT) interventions and emotional support to users via chat-based interactions. Woebot utilizes natural language processing (NLP) algorithms, evidence-based techniques, and personalized feedback to help users manage stress, anxiety, and depression symptoms.

Key Components:

Conversational Interface: Woebot features a conversational interface that simulates natural human conversation, allowing users to interact with the chatbot via text messages. The chatbot employs empathetic language, active listening skills, and personalized responses to engage users, build rapport, and provide emotional support in real-time.

CBT Techniques and Exercises: Woebot delivers cognitive-behavioral therapy (CBT) techniques and exercises to help users challenge negative thinking patterns, regulate emotions, and develop coping skills. These techniques may include thought challenging, behavioral experiments, mindfulness exercises, and emotion regulation strategies tailored to users' individual needs and preferences.

Mood Tracking and Feedback: The chatbot allows users to track their mood, thoughts, and behaviors over time and receive personalized feedback based on their responses. Woebot uses machine learning algorithms to analyze users' interactions and identify patterns or triggers contributing to their mental health symptoms, offering insights and recommendations for self-care and coping strategies.

Referral and Crisis Support: Woebot provides referrals to mental health resources, crisis hotlines, and professional support for users in need of additional assistance or intervention. The chatbot is programmed to recognize signs of distress or acute crisis and guide users to appropriate resources and services for immediate help and support.

Discussion Points:

- How does Woebot leverage AI and NLP technologies to deliver personalized mental health support and interventions?
- What are the potential benefits and challenges of using a conversational interface for delivering CBT techniques and emotional support?
- How do CBT techniques and mood tracking exercises empower users to manage stress, anxiety, and depression symptoms in real-time?

**TRAINING PROGRAM FOR ENHANCING THE ADOPTION
OF MOBILE HEALTH BY PERSONS WITH MENTAL HEALTH PROBLEMS**

- What role can healthcare providers play in integrating chatbot-based interventions like Woebot into their mental health services and treatment plans?
- How can free mental health apps like Woebot address barriers to accessing mental health care, such as stigma, affordability, and geographical limitations?

Module 4 - Annex 3 - mHEALTH Quiz

MODULE 4 - mHEALTH
Quiz to Assess Learning Outcomes

Session 1: Introduction to mHealth

Question 1: What is mHealth?

- a) Mobile health;
- b) Application of mobile technologies in healthcare;
- c) Telemedicine;
- d) Online health forums;

Question 2: What are its key objectives in healthcare?

- a) Health promotion, disease prevention, diagnosis, treatment, and monitoring
- b) Reducing healthcare costs
- c) Providing remote surgeries
- d) Improving patient community support

Question 3: How has mHealth evolved over the years?

- a) From online chat rooms to virtual reality healthcare
- b) From basic websites to interactive health games
- c) From radio broadcasts to telehealth apps
- d) From simple SMS reminders to sophisticated remote monitoring systems

Session 2: Key Components of mHealth

Question 4: What role do smartphones play in mHealth?

- a) They are used only for emergency communication data, and facilitating communication with healthcare providers
- b) They are primarily used for social media interactions
- c) They serve as multifunctional devices for accessing health apps, capturing health
- d) They are only used by healthcare providers to monitor patients remotely

Question 5: What are the main functions of wearable devices in mHealth?

- a) Providing entertainment during hospital stays

**TRAINING PROGRAM FOR ENHANCING THE ADOPTION
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- b) Remote monitoring, continuous health tracking, and real-time feedback
- c) Replacing traditional medical equipment in hospitals
- d) Only tracking fitness levels for athletes

Session 3: Benefits and Challenges of mHealth

Question 6: How does mHealth improve access to healthcare?

- a) By facilitating remote access to healthcare services, especially in rural or underserved areas
- b) By offering virtual reality-based surgeries
- c) By replacing doctors with automated systems
- d) By providing free internet to all patients

Question 7: What are some of the main challenges in implementing mHealth solutions?

- a) Lack of mobile devices globally
- b) Over-reliance on in-person consultations
- c) Limited medical knowledge among patients
- d) Data privacy and security concerns, interoperability issues, digital divide, and regulatory and legal frameworks

Session 4: Emerging Trends and Future Directions of mHealth in Mental Health

Question 8: How can AI and Machine Learning improve mental health care?

- a) By creating virtual reality environments for patients
- b) By analyzing data for early detection and diagnosis of mental health disorders, personalizing treatment plans, and providing AI-powered chatbots for support
- c) By replacing all human therapists with robots
- d) By generating automated prescriptions without doctor intervention

Question 9: What are some ethical considerations in using AI for mental health?

- a) Ensuring AI algorithms are transparent, free from bias, accountable and obtaining informed consent from users
- b) Only using AI for entertainment purposes
- c) Using AI to replace human interaction entirely
- d) Not involving patients in the decision-making process

**TRAINING PROGRAM FOR ENHANCING THE ADOPTION
OF MOBILE HEALTH BY PERSONS WITH MENTAL HEALTH PROBLEMS**

Module 4 - Annex 4 - mHEALTH Quiz - Correct answers

1-b; 2-a; 3-d; 4-c; 5-b; 6-a; 7-d; 8-b; 9-a

GLOSSARY OF TERMS

MOBILE HEALTH

GLOSSARY OF TERMS MOBILE HEALTH

Term	Explanation
DSM-5	<p>DSM-5 is a handbook published by the American Psychiatric Association (APA) for diagnosing and classifying mental disorders. It offers standardized criteria and guidelines, helping clinicians accurately diagnose psychiatric conditions based on symptoms and behaviors. The manual categorizes various mental disorders, including mood disorders, anxiety disorders, psychotic disorders, and neurodevelopmental disorders. Published in 2013, DSM-5 incorporates updates reflecting new research and clinical practices. While primarily used in the U.S., it has a global impact and is adapted for different cultures. Despite facing criticism and debate over some criteria and potential overmedicalization, DSM-5 remains a key tool in clinical practice, guiding treatment, research, insurance reimbursement, and public health policy.</p>
eHealth	<p>eHealth, or electronic health, utilizes information and communication technologies (ICT) to advance healthcare delivery and outcomes. It encompasses a wide array of digital tools and services aimed at improving efficiency and patient care. Unlike mHealth, which focuses on mobile devices, eHealth includes broader applications:</p> <ol style="list-style-type: none"> 1. Electronic Health Records (EHRs): Digital versions of patient charts containing medical history, diagnoses, treatments, and test results. 2. Telemedicine and Telehealth: Remote healthcare services like consultations and monitoring via video conferencing and remote devices. 3. Health Information Systems: Integrated systems managing secure health data exchange across providers. 4. Health Apps and Wearables: Devices tracking health metrics and providing health-related information, often linked to broader health systems. 5. Health Informatics: Study and implementation of biomedical data for scientific inquiry and decision-making. <p>eHealth aims to enhance access, quality, efficiency, and cost-effectiveness of healthcare. It modernizes systems by integrating health information and improving communication between providers and patients.</p>
EHRs	<p>Electronic Health Records (EHRs) are digital versions of patients' medical charts that consolidate and store their health information in an electronic format. EHRs typically include a comprehensive range of data such as medical</p>

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	<p>history, diagnoses, medications, treatment plans, immunization records, allergies, radiology images, and laboratory test results.</p> <p>These records are accessible to authorized healthcare providers and organizations, facilitating seamless sharing of patient information across different healthcare settings. EHRs aim to improve healthcare quality and patient safety by providing accurate, up-to-date information for clinical decision-making. They streamline administrative tasks, enhance communication among healthcare teams, and support evidence-based practices.</p> <p>EHRs also enable patients to access their own health information, empowering them to participate more actively in their care. Privacy and security measures are integral to EHR systems to protect patient confidentiality and comply with regulatory standards, ensuring that sensitive health information remains secure.</p>
ICT	<p>Information and Communication Technologies (ICT) refer to a broad range of technologies used to manage and transmit information. ICT encompasses hardware, software, networks, and digital content that enable the capture, storage, processing, and exchange of data. Key components of ICT include computers, smartphones, tablets, servers, telecommunications networks (such as the internet and mobile networks), software applications, and digital platforms.</p> <p>ICT plays a crucial role in various sectors, including healthcare, education, business, government, and entertainment. In healthcare, ICT facilitates the electronic management of health records (EHRs), telemedicine services, health information systems, and medical imaging technologies. It supports efficient communication among healthcare providers and patients, enhances diagnostic capabilities, and improves access to healthcare services.</p> <p>The continuous advancement of ICT enhances its capabilities in data analytics, artificial intelligence (AI), and the Internet of Things (IoT), further transforming how information is utilized and shared across global networks. ICT innovations drive productivity, innovation, and connectivity in modern societies, influencing economic growth and societal development.</p>
IoT	<p>The Internet of Things (IoT) refers to a network of interconnected devices and objects embedded with sensors, software, and other technologies that enable them to collect, exchange, and process data. These devices can range from everyday objects like appliances and wearable devices to industrial machinery and vehicles.</p> <p>IoT devices gather data through sensors and transmit it over the internet or other communication networks to centralized systems or other connected</p>

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	<p>devices. This data can include environmental conditions, operational status, usage patterns, and more.</p> <p>The primary goal of IoT is to enhance efficiency, automation, and decision-making across various sectors such as manufacturing, healthcare, transportation, and smart cities. By enabling real-time monitoring, remote management, and predictive analytics, IoT improves operational efficiency, reduces costs, and enhances user experiences.</p> <p>Security and privacy concerns are critical in IoT due to the large volume of sensitive data generated and transmitted. As IoT continues to evolve, it promises to revolutionize industries by creating interconnected ecosystems that drive innovation and enable new services and business models.</p>
ICD-11	<p>ICD-11, the International Classification of Diseases, 11th Revision, developed by the WHO, is a global standard for diagnosing and categorizing mental and behavioral disorders. It covers a wide range of conditions including schizophrenia, mood disorders (like depression and bipolar disorder), anxiety disorders, substance use disorders, eating disorders, and personality disorders. Each disorder in ICD-11 is defined by specific diagnostic criteria, promoting consistent diagnosis worldwide and aiding communication among healthcare professionals.</p> <p>Healthcare providers, researchers, and policymakers internationally use ICD-11 to classify and monitor mental health conditions, ensuring uniformity in reporting and statistical analysis. Updated with new scientific insights, ICD-11 reflects advancements in understanding mental health, enhancing diagnostic accuracy and relevance. Additionally, it integrates mental health classifications with physical health conditions, injuries, and other health issues, promoting a comprehensive approach to healthcare and facilitating holistic treatment strategies.</p> <p>Overall, ICD-11's role in mental health is pivotal for clinical diagnosis, research, epidemiology, and policy formulation, contributing to global efforts to enhance mental health services and outcomes.</p>
mHealth	<p>mHealth, short for mobile health, utilizes mobile devices like smartphones, tablets, and wearables to support healthcare delivery, patient monitoring, and health information access. It encompasses health apps for monitoring, wellness, and mental health support, wearable devices for tracking health metrics, and telemedicine for remote consultations and monitoring. Remote monitoring allows real-time health data collection and intervention, while mobile access to health information empowers informed decision-making and efficient healthcare service utilization.</p> <p>mHealth benefits include improved healthcare access, reduced costs, enhanced patient engagement, and personalized healthcare solutions. It plays a crucial role in modern healthcare by overcoming traditional barriers</p>

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	<p>and leveraging mobile connectivity to deliver timely care and support. Challenges include ensuring data security, regulatory compliance, app usability, and maintaining user engagement. Overall, mHealth applications provide versatile health-related services directly to users, promoting proactive health management and wellness.</p>
PMHP	<p>"PERSONS WITH MENTAL HEALTH PROBLEMS" refers to individuals who experience conditions that affect their mental well-being and functioning. These conditions can vary widely in severity and type, ranging from common disorders like depression and anxiety to more severe conditions such as schizophrenia or bipolar disorder.</p> <p>The term emphasizes that mental health issues are medical conditions that can impact a person's thoughts, emotions, behaviors, and overall quality of life. It encompasses a broad spectrum of challenges that individuals may face, including mood disorders, psychotic disorders, anxiety disorders, personality disorders, and substance use disorders, among others.</p> <p>People with mental health problems may require various forms of support, treatment, and care depending on the nature and severity of their condition. Support can include therapy, medication, lifestyle adjustments, and social support networks. It's important to recognize that mental health problems are common and can affect anyone, and seeking appropriate help is crucial for managing and improving mental well-being.</p>
WHO	World Health Organization

DIFFERENCES BETWEEN

SELF-MANAGEMENT OF HEALTH VS SELF-MANAGEMENT OF MENTAL HEALTH

There is a distinction between self-management of health and self-management of mental health, primarily due to the nature of the conditions being managed and the approaches involved:

1. Nature of Conditions:

- **Health:** Self-management of health typically refers to managing chronic physical conditions such as diabetes, hypertension, asthma, or cardiovascular diseases. These conditions often require monitoring of physical symptoms, adherence to medication regimens, dietary adjustments, and lifestyle modifications.
- **Mental Health:** Self-management of mental health involves managing conditions related to emotional and psychological well-being, such as anxiety disorders, depression, bipolar disorder, PTSD, and others. This includes strategies for coping with stress, regulating emotions, cognitive restructuring, and engaging in therapeutic activities.

2. Approaches to Self-Management:

Health: Self-management of physical health often involves monitoring physiological parameters (e.g., blood pressure, blood glucose levels), adhering to medical treatments prescribed by healthcare providers, maintaining a healthy diet, regular exercise, and possibly avoiding certain behaviors or substances.

Mental Health: Self-management of mental health focuses on emotional regulation, developing coping strategies (e.g., mindfulness, relaxation techniques), maintaining social connections, engaging in activities that promote well-being, and potentially participating in psychotherapy or counseling.

3. Support Systems:

Health: In self-management of physical health, support systems may include healthcare professionals (doctors, nurses, dietitians), self-help groups, and digital health tools (e.g., apps for medication reminders, fitness tracking).

Mental Health: Self-management of mental health often involves support from mental health professionals (psychiatrists, psychologists, counselors), peer support groups, online forums, and mental health apps that offer

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resources for mood tracking, relaxation exercises, or mental health education.

4. Stigma and Awareness:

Health: Physical health conditions are generally more widely recognized and discussed openly in society, with less stigma attached to seeking medical treatment or managing these conditions.

Mental Health: Mental health conditions historically carry more stigma, which can affect how individuals perceive and manage their own mental health. Self-management in mental health may involve overcoming stigma, seeking appropriate resources, and advocating for personal needs in a supportive environment.

In essence, while both types of self-management share the overarching goal of empowering individuals to take an active role in their health, the specific strategies, challenges, and support systems can differ significantly between managing physical health conditions and managing mental health conditions. Each requires tailored approaches to address the unique needs and symptoms associated with either domain of health.

DIFFERENCES BETWEEN

HEALTH APPS vs WELLNESS APPS

Health and wellness apps are both designed to improve users' well-being, but they serve different purposes and target different aspects of health:

1. Health Apps:

- **Purpose:** Health apps focus on managing specific health conditions or tracking vital health metrics.
- **Examples:** Examples include apps for diabetes management (e.g., glucose tracking), cardiovascular health (e.g., blood pressure monitoring), mental health (e.g., mood tracking), and chronic disease management (e.g., asthma or arthritis management).
- **Functionality:** These apps often involve monitoring and managing medical conditions through features such as symptom tracking, medication reminders, health record management, and interaction with healthcare providers.

2. Wellness Apps:

- **Purpose:** Wellness apps emphasize overall well-being, lifestyle improvement, and preventive health measures.
- **Examples:** Examples include fitness apps (e.g., workout planners, step counters), nutrition apps (e.g., calorie counters, meal planners), mindfulness apps (e.g., meditation guides, stress reduction tools), and sleep tracking apps.
- **Functionality:** Wellness apps typically focus on promoting healthy habits, improving physical and mental fitness, enhancing relaxation and mindfulness, and fostering general well-being.

Key Differences:

- **Focus:** Health apps focus on managing specific health conditions or medical needs, while wellness apps focus on overall lifestyle improvement and preventive health measures.
- **Target Audience:** Health apps are often used by individuals managing chronic conditions or specific health concerns, while wellness apps appeal to individuals seeking to improve their overall health and quality of life.
- **Functionality:** Health apps are more medically oriented, involving monitoring health metrics and interacting with healthcare providers, whereas wellness apps are geared towards promoting healthy behaviors, fitness, and mental well-being.

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In essence, health apps are designed to manage medical conditions and health-related data, while wellness apps aim to enhance overall lifestyle, fitness, and well-being through various lifestyle interventions and health-promoting activities.

**DIFFERENCES BETWEEN
TELEMEDICINE vs TELEHEALTH**

Telemedicine and telehealth are related concepts that both involve the use of technology to deliver healthcare services remotely. While they are often used interchangeably, there are subtle differences between the two:

- **Telemedicine:** Telemedicine specifically refers to the remote clinical services provided by healthcare professionals to patients. It involves the diagnosis and treatment of medical conditions through telecommunications technology. Telemedicine typically focuses on direct clinical services such as virtual consultations, remote monitoring of vital signs, and conducting medical examinations via video conferencing or other electronic means. It is primarily concerned with the delivery of medical care from a distance, aiming to replicate the traditional in-person healthcare encounter as much as possible.
- **Telehealth:** Telehealth, on the other hand, encompasses a broader scope of remote healthcare services beyond clinical care. It includes not only clinical services provided by healthcare professionals (telemedicine) but also non-clinical services such as health education, provider training, administrative meetings, and public health services delivered remotely. Telehealth can involve a wider array of healthcare professionals, including physicians, nurses, psychologists, social workers, and allied health professionals. It focuses on leveraging technology to enhance healthcare delivery, improve access to health services, and support health-related activities across various settings.

In summary, telemedicine is a subset of telehealth that specifically deals with clinical healthcare services provided remotely, whereas telehealth encompasses a broader spectrum of healthcare-related activities that can include both clinical and non-clinical services delivered through telecommunications technology. Both telemedicine and telehealth aim to improve healthcare access, efficiency, and outcomes by utilizing digital communication tools to connect healthcare providers with patients and other stakeholders.