ANNEX I
Agreement 2014-1-ES01-KA202-003545

RATIONALE AND OBJECTIVES.

Mental health, until recently, has received scant attention from policies and strategies at European level. In 2005 the World Health Organization divulged the Mental Health Declaration for Europe as a result of the Ministerial Conference in Helsinki that year. Following this milestone, the European Union initiated a series of responses to address this area, such as the publication of "Green Paper: Improving the mental health of the population. Towards a strategy on mental health for the European Union" in 2005, the manual "Mental Health Policy and Practice across Europe. The future direction of mental health care", published in 2007, and the "European Pact for Mental Health and Well-Being" in 2008.

Conclusions are drawn through these manifestations at European level, such as lack of support to mental health in general, lack of interventions and solutions, the need to tackle stigma and discrimination, and the need for designing training programmes to create a sufficient and competent multidisciplinary workforce.

Another aspect to highlight is the lack of attention given to intervention with people with severe mental disorders. The National Institute of Mental Health, of United States, includes a number of criteria to consider a mental disorder as severe, such as the need of a previous diagnosis, for instance, psychotic disorders, bipolar disorder or recurrent major depressive disorder, lasting more than 2 years and the presence of disability.

The mental health care workers that give direct support to people with severe mental disorders, usually have a low or medium qualification and they use not to receive specific training for working with this target group.

Taking these circumstances into account along with the priorities of the European Union, it is considered as necessary the creation of a proposal addressed to increasing the mental health care workers who directly support people with severe mental disorders.

The **main goal** of the project is to improve the support for people with severe mental disorders through an increase of skills of mental health care workers.

The **specific objectives** are:

- Filling the gap of lack of specific formal training of social and health care professionals who support the particular group of people with severe mental disorders.

- Enhancing knowledge and skills of professionals with low or medium qualification caring for people with severe mental disorder, as well as preventing burnout.

- Disseminating training materials for workers in the mental health care environment, and in particular those who work with people with severe mental disorders.

- Raising awareness of specific support needs required by people with severe mental disorders and the importance of training professionals who work with them.

INNOVATIVE ASPECTS.

One of the innovative aspects of this project lies in its dual purpose. First we intend **to improve the training of mental health care workers who directly support people with severe mental disorder**, so that they acquire the knowledge and skills necessary to perform their job effectively. Second, we will **study the effect of this training activity as a factor for preventing burnout**.

The burnout was defined by Freudenberger (1947) when he observed how volunteers working with drug addicts suffered a range of symptoms including loss of energy and motivation. He defined the term as the feeling of exhaustion, disappointment and loss of interest in work activity that arises especially in those professions that are engaged in service to others, as a result of daily contact with their work (Gil-Monte, 1991). Since then there have been many researches into this subject that have made numerous definitions, theoretical models and components.

Note the contribution of Maslach (1981) who describes burnout as "a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who work with people"; or by Pines, Aroson and Kufry (1981) who defined it as "the mental, physical and emotional exhaustion caused by chronically engagement in emotionally demanding work situations". The latter added as defensive and preventive mechanisms of the syndrome: human relations, supervision, promotion opportunities, continuing education and professional growth.

Research on this subject has focused on the health and educational level. Most of them has as main objective finding related factors to the development of burnout , such as sociodemographic variables (sex, age, marital status), psychological (personality, locus of control, psychopathology) or organizational (working environment, working hours variables, type of contract, type of service) (Garrosa, Moreno-Jimenez, Liang & González, 2008). Other studies attempt to measure the effectiveness of training in coping strategies that help professionals to adequately deal with these stressful situations at work (Fothergill, Edwards & Burnard, 2004). The results we find are vague and inconclusive, so further research is needed to establish clear relationships between different variables. In this regard it is noteworthy that there is a little studied variable which is continuous training and training activities.

The research studies linking burnout and training activities have been developed mainly in teaching. We found that teachers who conducted training activities and updated knowledge noted less symptoms related to burnout (Esteve, 1997; Maldonado & Villar, 1999) symptoms. It has also been studied the relationship between training and other variables such as suffering from somatic symptoms, job satisfaction, psychological well-being and burnout in health professions. It has been found that professionals who receive ongoing training (attendance at conferences, courses, seminars, etc.) manifest less somatic symptoms and fewer symptoms of burnout, increased job satisfaction and wellbeing.

Many of the studies conducted in health care settings put their interest in highly qualified staff, but few are focused on direct care staff. This type of staff is required to have a less qualified training but are equally vulnerable to the development of burnout.

For this reason, although the training was not a variable studied classically, it can be highly relevant in preventing burnout. When a professional has the training necessary to perform their job correctly and feel capable of doing, self-efficacy and feelings of personal accomplishment may increase. Direct care workers often have a very specific and general training, so the fact of training them in very specific topics and applied to the field of mental health will promote self-efficacy and burnout prevention.

For all the above, we propose a study that will measure the levels of burnout for direct mental health care professionals working with people with severe mental disorder. The training will be used as a means to reduce levels of burnout. First, the initial level of burnout will be measured by the Staff Burnout Scale for Health Professional (SBS) of Jones (1980). Then the training activity will take place and finally will be measured again

the level of burnout with the same questionnaire. The hypothesis proposed is that professionals will decrease their score on the questionnaire thanks to the training.

As mentioned above, another key objective of the project is to provide professional expertise on the target group, people with severe mental disorders. To confirm that the training has any effect, we will develop an ad hoc questionnaire to assess satisfaction with the training received.

Since the study will be conducted in different countries, we will investigate the existence of burnout in mental health care workers from other countries and the effect of training.

COOPERATION AND COMMUNICATION ALONG PARTNERSHIP.

Communication between partners is an essential element of the work, and the means will be email, phone, steering group meetings and videoconference meetings. The latter allow a dialogue and fluid control of how the work is done, but without imposing an additional cost.

While the lead partner is Fundación Diagrama, the work is proposed to be developed cooperatively and synergistically by all partners. Most of the tasks are common. In some of them each entity will collect information from their own country, and in others will predominate joint work and decision-making.

The communication becomes at all times in a horizontal task, and communication processes are not only to make joint decisions, but that the partners know what the objectives and activities of each phase of work are and in what situation is each one regarding the goal to achieve, so that they can overcome misunderstandings and gaps, optimizing the outcome.

Communication is an ongoing process, which nevertheless includes actions at specific times.

On one side there are main actions of communication among partners, including steering group meetings:

- **Initial videoconference meeting, in month 1**: The objective is making contact between partners to prepare the first work phase, the first steering group meeting of partners and to clarify doubts about the project.

- **Steering group launch meeting in the UK, month 2**: Objectives and activities planning will be reviewed so that will be favored the achievement of the expected results.

- **Steering group meeting in Belgium, month 5**: The objective is to present the report by each partner in relation to the practices identified in each country during the months 2, 3 and 4, and perform the same set of analyzes among all partners.

- **Videoconference meeting, month 7**: It will serve to present the work phase on the design and delivery of training for professionals and to plan the tasks of each partner in relation to the creation of the training guide.

- **Videoconference meeting, in month 14**: Once carried out the task assigned to each partner, the final contents of the training manual will be discussed and analyze. It will also be planned the next steering group meeting.

- **Steering group meeting in Germany, month 18**: The main objective is the joint preparation of the training to be conducted in each of the countries.

- **Steering group meeting in Spain, month 23**: Coinciding with the dissemination final conference there will be a steering group meeting between partners in order to analyze the results achieved during the project and to resolve any questions before finalizing and justifying the project.

In relation to the actions of communication with stakeholders, we have to differentiate between entities that do not have resources, services or programmes themselves, such as Action with Communities in Rural Kent or Diagrama Gemeinnützige GmbH, and that have the added task of contacting other organizations of the environment working with people with severe mental disorders, and those working directly with the target group and therefore they have direct contact with health care workers for the implementation of the project.

On the first, the **communication process** must include:

- During the training for professionals working with people with severe mental disorder, they have to contact with local organizations to make the training implementation proposal.

In addition, **communication actions for all partners** include:

- For the exchange of good practices phase, the possibility of contacting local entities that can contribute with training activities implemented previously.
- Assessment of training needs of professionals working with people with severe mental disorder.
- Information to entities and/or professionals about the training to be implemented.
- Information through reports to professionals on the institutions visited by partners in the steering group meetings.
- Information to the general public about the project through the partners' websites.
- Information to stakeholders on the dissemination final conference.

EXPECTED RESULTS.

The **results outlined in the project** are:

- Improved quality of care for people with severe mental disorder, adjusting interventions to their needs.

- The improvement of professional skills of direct care for people with severe mental disorder.

- Increased knowledge of organizations and professionals in mental health intervention through the dissemination of materials resulting from the project.

- Awareness raising of the different social actors regarding the circumstances and needs of people with severe mental disorder.

The actions will aim to achieve the objectives through the creation of **intellectual outputs, multiplier events or training activities**, such as:

- Report on good practices identified in relation to the training of professionals working with people with severe mental disorder.

- Report of visits to resources, programmes, services or centers working in the field of mental health.

- Training guide for professionals who direct care for people with severe mental disorder.

- Burnout prevention study.

- Dissemination via internet: The partners will create a section on their own websites with information about the project and the resulting documentation thereof, which will be updated throughout the project.

- Information and ideas exchange meetings with networks of organizations linked to the partners, and that will be scheduled throughout the project.

- Final Conference: During month 23 of the project a final conference of the project will be held in Spain in which there will be a presentation of the project, the findings and recommendations, and the resulting materials.

- A training course for professionals who directly care for people with severe mental disorder, to improve knowledge and skills.

More specifically, with respect to the **burnout prevention study** that will take place, and always based on previous research, we expect to find the following results:

- Mental health care workers will present high scores on the SBS questionnaire assessment of burnout.

- Once the training is delivered, the scores on the SBS will decrease.

- Mental health care workers will manifest satisfaction with the training performed, showing high scores on a satisfaction questionnaire.

- There will be no differences in the previous burnout levels in professionals from different countries, ie, all professionals regardless of their origin presented higher scores on the SBS.

- The training event will be equally effective in all countries, understanding the effectiveness and lower scores on the SBS questionnaire.

- The professionals of all countries will show a high degree of satisfaction with the training received.

While these are the results we want to obtain, it is noteworthy that the lack of previous research on specific area as well as the high variability of the results make our predictions not to be based on solid and consistent studies. In this sense, if we get the expected results and find that the training of professionals is a variable that prevents burnout, will be a breakthrough in the investigation of this construct. Besides the strengths of this study are the possibility to compare both, the professionals burnout levels in different countries, and the effect of the training received and satisfaction with such training in all of them.

PROJECT MANAGEMENT: BUDGET AND TIME.

Financial control:

- In months 1 and 2, during the initial videoconference meeting and the steering group launch meeting, the lead partner will instruct on the eligibility of expenditure and the financial information requested.
- The partners will send two intermediate financial expenditure reports to the applicant during the project, in months 8 and 16.
- In month 24 partners will send a final expenditure report.
- The applicant will review the financial reports of expenditures from partners and will give appropriate instructions to make the necessary corrections.

Time management:

- All partners are responsible for managing time properly and meeting deadlines.
- In particular, the applicant will take control over the timing of the activities, according to the work plan established and the deadlines required.
- Members shall inform the applicant in case there are no expectations of meeting a prescribed period of time, and the applicant will coordinate any adjustments in the work plan.
- Control over the timing of activities will be especially relevant during months 4, 6, 17, 22 and 24, as those are the deadlines of important work sub-phases.

MONITORING AND EVALUATION.

The evaluation will be carried out continuously, and with the purpose, not only to check that the objectives are achieved, but that continuous feedback can make the project adaptable aiming at benefiting mental health care workers and people with severe mental disorder.

The process will be led in each country by each partner, who employ professionals with experience in European projects and projects' evaluation. To do so, they will take into account the various sources of information, such as professional, their own centres, programmes or services, local organizations or users with whom they work.

Regarding evaluation methodology must include:

- The use of questionnaires developed to assess the achievement of objectives.
- Qualitative information provided by the partners, other organizations, professionals or the target group.

The evaluation will be structured in phases as shown below:

- **Initial assessment**: A questionnaire for partners to discuss their expectations at the beginning of the project will be created. During the first steering group meeting the doubts expressed will be discussed.

- **Monitoring during the project**: All information provided in videoconferences, meetings, calls and emails on the achievement of objectives, results and fulfillment of expectations, will be used as an indicator of the progress of the phases.

- **Final evaluation**: At the end of the project the partners will fill in a questionnaire on the results, the work process and satisfaction with their expectations.

- **Training evaluation**: Through a satisfaction questionnaire, participants will assess the quality of it.

- **Evaluation within the burnout prevention study**: To evaluate the levels of burnout will used the Staff Burnout Scale for Health Professional (SBS) of Jones (1980). This questionnaire is specifically designed to measure burnout in health professions. It is a Likert scale of 20 items with 7 response alternatives. It consists of four factors: job dissatisfaction, psychological and interpersonal stress, negative

consequences of stress and non-professional relationships with patients. The satisfaction evaluation of the training is done through an ad hoc questionnaire. The sample shall consist of all direct care professionals who work with people with severe mental disorder who are in the different centres or resources.

- **Evaluation of the final conference**: There will be a satisfaction questionnaire for the participants and also will be requested the opinion on the results presented at the conference.

PROJECT RISKS.

The risks that we can find are related to communication between the partners, the level of practitioners' involvement and the quality of the training course. To surmount them we have the following tools:

- To eliminate the risk related to **communication among partners**, the coordinator will give periodic information on the progress of the project, at the beginning, during and at the end of each phase. Through emails and telephone will be sent information and doubts will be solved.

The videoconferences will be necessary to implement the project phases (such as the identification of good practices) and developed before the meetings, which will make them more efficient, specifying objectives and planning them. The videoconferences will be preceded by emails communicating the agenda.

Before the steering group meetings will be sent a work plan and at the end a summary of the findings.

- To eliminate the risk related to the **involvement of practitioners in the training**, each partner will contact institutions and organizations in their country (in case it is necessary whether they do not have own centres, services or programmes). These will propose practitioners in their organization who meet certain requirements to be part of the training: those working with people with severe mental disorders, those who have a high motivation for training, etc.

- To eliminate the risk associated with the **quality of the training**, there will be a sub-phase of training needs assessment among professionals involved, through what will be ensured that essential needs are met. Furthermore the partners will involve

relevant experts on the subject of their environment who are able to review the contents of the training.

INDICATORS OF ACHIEVEMENT.

Taking into account the objectives, there are a series of evaluation indicators obtained through various evaluation tools and that we summarize below.

Referring to the objective of **training** received by professionals working with people with severe mental disorder:

- Number of people receiving training.
- Level of involvement of professionals in training, measured by a questionnaire for partners.
- Quality of training, measured through a questionnaire for professionals.
- Impact of training in professional development of mental health care workers, measured by a questionnaire.

Regarding the goal of **improving care** for people with severe mental disorder:

- Level of involvement in the training of professionals and organizations, measured by a questionnaire.
- Level of influence on organizations and professionals who have access to materials and project documentation and work with people with severe mental disorder, measured by a questionnaire to those organizations and professionals.
- Number of people supported by professionals who have received training.
- Number of people supported by the organizations involved in the project.

About the purpose of **disseminating information**, products, reports, publications and project materials to organizations, professionals, authorities and other stakeholders:

- Number of downloads from the website.
- Number of persons or entities that have been emailed documentation resulting from the project.
- Number and type of information and documentation provided in meetings with network of organizations.
- Number of professionals who are sent documentation resulting from the project.
- Number of organizations that are sent documentation resulting from the project.

Considering the objective of **raising awareness** among different social actors in relation to the needs of people with severe mental disorder:

- Level of influence on changing attitudes of professionals, as measured by a questionnaire for professionals.
- Level of influence on changing the attitude of people involved in the final conference, as measured by a questionnaire to the attendees.
- Level of involvement of organizations in meetings planned exchange, measured by a questionnaire for members.

In relation to the **burnout prevention study**, to evaluate the levels of burnout will used the Staff Burnout Scale for Health Professional (SBS) of Jones (1980). This questionnaire is specifically designed to measure burnout in health professions. It is a Likert scale of 20 items with 7 response alternatives. It consists of four factors: job dissatisfaction, psychological and interpersonal stress, negative consequences of stress and non-professional relationships with patients.

The satisfaction evaluation of the training is done through an ad hoc questionnaire.

The sample shall consist of all direct care professionals who work with people with severe mental disorder who are in the different centres or resources.

With data from the scores on the SBS, before and after the training, a pre-test post-test analysis of the data will be carried out using the most appropriate statistical techniques depending on the distribution and parametric characteristics.

To analyze the data relating to the satisfaction of professionals we will make descriptive analyzes to determine the frequency of their responses.

It will similarly analyze the data for the different partners and statistical techniques will be selected for comparing the data obtained in the resources of the various countries.

ACTIVITIES.

0. GENERAL MANAGEMENT.

0.1. General coordination.

Includes all activities related to project coordination, cooperation between partners, communication, work process control, etc.

0.2. Financial control.

It will conduct a financial control of expenditure led by the applicant, and where the other partners will provide the required information.

0.3. Initial videoconference meeting.

The purpose of the initial videoconference meeting is the contact between partners to prepare the first phase of work, the first steering group meeting of partners and to clarify doubts about the project.

0.4. Launching steering group meeting in UK.

The purpose of the launch meeting is to review the objectives and planning of activities so that the achievement of the expected results will be favoured.

0.5. Evaluation.

The evaluation process will be continuous and various instruments such as questionnaires, interviews or scales will be used.

1. EXCHANGE OF GOOD PRACTICES.

1.1. Good practices review on training.

During this work phase there will be 2 actions:

- Collection of information about good practices that have been carried out in the participating countries in relation to training of professionals working in the field of mental health.

- Preparation of a report on good practices identified.

1.2. Exchange of good practices identified on training.

The actions of this phase of work are:

- First, a steering group meeting in Belgium to exchange the identified practices will be held.
- Second, a report of best practices identified will be developed.

1.3. Visit to resources.

The activities to be carried out are:

- The steering group meetings includ visits to different resources, programmes, services or centres where models of intervention with people with severe mental disorder are implemented. Conclusions for future training course contents will be drawn.
- In order to be able to present intervention models of the different resources, programmes, services or centres, a report will be elaborated to be used for dissemination purposes.

2. TRAINING FOR MENTAL HEALTH CARE WORKERS.

2.1. Design of training.

The activities planned for this phase are:

- Videoconference to plan the training design phase.
- Assessment of training needs of professional who direct care for people with severe mental disorder.
- Development of a training proposal by the applicant with the contribution of other partners.
- Creation of the modules of the training course by all partners.
- Videoconference for reviewing the contents developed.
- Creating the final training guide.

2.2. Delivery of training.

- Steering group meeting in Germany with the aim of deepening and preparing the implementation of training in each of the participating countries.
- Delivering the training course for professionals working with people with severe mental disorder.

3. BURNOUT PREVENTION STUDY.

3.1. Study phase

One of the innovative aspects of this project lies in the study of the effect of the training as a means of preventing burnout.

3.2. Conclusions.

Once the study phase has been completed, a report on conclusions will be elaborated.

4. PROJECT DISSEMINATION.

4.1. Website.

From the beginning of the project the partners will create a section on their own official websites in which documents for dissemination will be updated.

4.2. Dissemination of reports.

The reports prepared for the project and that will be released to other professional organizations and stakeholders, are:

- Good practices Report.
- Report on visits to resources, programmes, services or centres.
- The training guide.
- Burnout prevention study.

4.3. Network meetings.

La red de organizaciones con las que los socios tienen contacto serán unos de los objetivos de la difusión a través de reuniones informativas y coloquios de intercambio de ideas que se planificarán a lo largo del proyecto.

The network of organizations with which the partners have contact will be one of the objectives of dissemination through information and brainstorming seminars that will be scheduled throughout the project meetings.

4.4. Final conference.

Upon completion of the project will be organized in Spain a final conference to disseminate the project, to be attended by professionals, organizations, policy makers and other stakeholders.

TARGET GROUPS.

People with severe mental disorder:

These are the ultimate and real beneficiaries who have to be favoured by the improvement of skills of professionals who work with them, so that interventions best fit their needs.

Mental health care workers:

Professionals are those who work with the ultimate beneficiaries, and they are the workforce that devotes more hours of direct contact to this target group.

Centres, services and programmes, and other local organizations:

On one side we can find centres, services or programmes that belong to one of the partners. It is the case of Fundación Diagrama, which due to its geographical and staff expansion, can reach a wide audience within the institution itself, as are those who work on their centres, services or programmes, but also contacts with local organizations will be encouraged. This also occurs with the Groep Ubuntu and Catching Lives, which have their own resources and a large number of professionals.

On the other hand, the other partners will focus more on outreach to external local organizations in the field of mental health, belonging to their environment, as they do not have their own centres or services on mental health.

The aforemention centres, services, programmes or local organization will be contacted for the training of professionals and/or dissemination of the project.

Other stakeholders:

The general public, public authorities and other stakeholders are recipients of the spread and impact of the project, either through the information on the websites of the partners, the final conference, etc.

IMPACT.

The project will have an impact on three main groups: the final beneficiaries, key professionals and organizations.

The impact over **final beneficiaries**, that is people with severe mental disorder, will be:

- Overall improvement of care for the person.
- Greater adjustment between the service provided and their needs.
- A most appropriate personal treatment.

The impact for **key professionals**:

- More skills to meet and address the needs of people with severe mental disorder.
- Better theoretical and scientific preparation for tackling the daily work.
- More practical preparation for the resolution of conflicts and situations.
- Increased number of personal resources and skills to care for people with severe mental disorder.
- Greater control stress generated by everyday work situations.
- Awareness raising about the needs and circumstances of the group of people with severe mental disorder.

The impact on the **organizations** working with professional that will receive the training:

- Improved services and programmes.
- Increased ability to meet the needs of the group of people with severe mental disorder.
- Improving the skills and motivation of professionals.
- Awareness raising in relation to the needs of people with severe mental disorder.
- More capacity in terms planning and intervention with the staff available.

Impact of the project at the local, regional, national, European and/or international levels.

While the project is aimed at specific groups, such as those related to direct intervention with people with severe mental disorder, the dissemination mechanisms that will be implemented include other stakeholders such as organizations in the field of general health and mental health in particular, and public authorities. The results and products of the project are open to the general public, public authorities, organizations, etc., and indeed their participation is planned through instruments such as the information on the websites of the partners, briefings and debate and the final conference. This is to extend the main purpose of the project is education, training and awareness to all stakeholders at local, regional or national level, and in different countries of Europe, so that the impact extends to European level.

Measurement of impact.

As mentioned in the evaluation section, the impact will be assessed through questionnaires that involve the participation of professionals who are part of the training and the centres, programmes, services or organizations that will be contacted during the project. Indicators for evaluation are:

- Training impact assessment in professional development, measured by a questionnaire.

- Burnout level of key professionals, measured before and after the training.

- Level of influence on organizations and professionals who have access to materials and project documentation and work with people with severe mental disorder, measured by a questionnaire to those organizations and professionals.

- Level of influence on attitudes change by professionals, measured by a questionnaire for professionals.

- Level of influence on attitudes change by people involved in the final conference, as measured by a questionnaire to the attendees.

The information will be compiled in the last months of the project. However, the actions aimed at the sustainability of the project aims the consortium continue to keep active and responding to needs in the field of mental health, and continue networking with organizations. Thus it is foreseen that the questionnaires used at the end of the project to assess the impact, is used again as a tool for the evaluation one year after the project completion.

PROJECT DISSEMINATION.

The audience selected in guiding the project meets the criteria for achieving the project objectives, and that directly or indirectly contribute to improve care for people with severe mental disorder. The following list describes the audience, ordered from most to least relevant, considering that the more direct the contact, the more capacity to change reality.

The **target audience** is as follows:

- Mental health care professionals who work directly with people with severe mental disorder: In narrow sense, we find those who participate directly in the training, and broadly the project will reach other professionals who may benefit from the resulting materials.

- Centres, services and programmes, and other local organizations who work with people with severe mental disorders. We can differentiate between the following:

    - On one side we can find centres, services or programmes that belong to one of the partners. It is the case of Fundación Diagrama, which due to its geographical and staff expansion, can reach a wide audience within the institution itself, as are those who work on their centres, services or programmes, but also contacts with local organizations will be encouraged. This also occurs with the Groep Ubuntu and Catching Lives, which have their own resources and a large number of professionals.

- On the other hand, the other partners will focus more on outreach to external local organizations in the field of mental health, belonging to their environment, as they do not have their own centres or services on mental health.

- Other stakeholders: The dissemination mechanisms will be implemented including other stakeholders such as public authorities or the general public.

Responsible for the dissemination activities.

Those responsible for the dissemination of the project are the partners. Each one will have specific responsibility in their country, which may be developed by all of them effectively considering that the base is the contact with intervention centers, services, programmes and local organizations. The partners also have extensive experience of participation in European projects and dissemination of project results.

Regarding the dissemination through the Internet, partners will create a project section in their own websites. The partners themselves have an audience that regularly or occasionally visit their websites. The dissemination through internet, therefore, is more efficient if the information is integrated in the already created sites, rather than if a new website exclusively for the project is created. Past experience has shown that the number of visits and dissemination are higher in the medium and long term.

Channels for dissemination activities.

The means of dissemination are internet, events, as the final conference and meetings with centres, services, programmes or local organizations, and the training course. Specifically, the dissemination plan includes:

- Dissemination of reports such as: Report on good practices identified in relation to the training of professionals working with people with severe mental disorder; report of visits to resources, programmes, services or centers working in the field of mental health; training guide for professionals who direct care for people with severe mental disorder; burnout prevention study.

- Dissemination via internet: The partners will create a section on their own websites with information about the project and the resulting documentation thereof, which will be updated throughout the project.

- Meetings aimed at delivering information and exchanging ideas with networks of local organizations, as well as with centres, services or programmes, and that will be planned throughout the project. Information on the training course will be provided, which allows it to be replicated, by other centers, services or organizations.

- Final conference: At the end of the project will take place in Spain a final conference to present the project's conclusions and recommendations, and the resulting materials and outputs.

SUSTAINABILITY.

Project sustainability is ensured through a series of actions:

- Supporting, providing materials, intellectual outputs and other documentation, entities seeking to replicate the training for professionals working with people with severe mental disorder.

- Conducting the training course in other organizations that do not have resources and want to train their professionals.

- The impact will be evaluated one year after the end of the project through questionnaires that involve the participation of professionals who are part of the training and the organizations that have been contacted during the project.

- Networking with other local organizations, centres, services or programmes, after the end of the project. Meetings with the aforementioned resources will be maintained, in which monitoring of the impact will be carried out.

- The partnership will think about covering new needs, and will deeply consider new intervention aspects for people with severe mental disorder in order to develop proposals for future project.