



PSYCHOLOGICAL HELP: REDUCING DIFFERENCES BETWEEN SOCIETY EXPECTATIONS AND REALITY. METHODOLOGICAL RESEARCH.

This Leonardo da Vinci Partnership (2010-1-LT1-LEO04-02826) connected professionals providing psychological and social help from different EU countries. Partners from Austria, Spain and UK worked together within the framework of the Lifelong Learning Program in order to identify access barriers to psychological help and furthermore propose potential solutions.

The importance of PSYCHOLOGICAL HELP

increases in the time of economical crisis – a challenge to be faced.

Problems of social life such as

- declining wages,
- the risk of dismissal,
- disharmony in families and labour relations

can impact on emotional health. Negative emotions, stress, conflicts, insecurity and instability can all lead to psychological problems.

Psychological care is an effective contribution to a package of solutions in dealing with the consequences of crisis and can **lead to effective conflict solving** in families and the labour market.

Society expectations for psychological and social help

and the reality in consulting usually contradict. People are not sure if they will get real help when they seek psychological and social intervention, guidance and counselling. **Are people motivated to access these support services?**

The preliminary research undertaken during this project in UK, Spain and Austria will clarify the expectations and build the baseline for service development.

The project creates the opportunity to discuss all aspects of psychological and social help and **to form positive attitudes towards psychological and social help services among the public.**



METHODOLOGICAL RESEARCH was undertaken:

- 1) Qualitative research: **opinion of professionals in psychological and social help services.**
- 2) Quantitative research: **opinion of people (potential receivers of psychological and social help).**

FOCUS GROUPS IN AUSTRIA, SPAIN AND UK WITH PROFESSIONALS IN PSYCHOLOGICAL AND SOCIAL HELP SERVICES – WHAT IS ON THEIR MINDS?

Society expectations for psychological and social help and the reality in consulting usually contradict. People are not sure if they will get real help when they seek psychological and social intervention, guidance and counselling. Are people motivated to access these support services?

The discussion brings up a variety of questions in the different countries:

- The **clarification of professions & qualifications** linked to the field in comparison with the other participating countries is brought up as well as
- **access ways and potential barriers for persons in need of psychological and social help.** This brings up question concerning **referral process** is coming up in some of the focus groups in UK and Austria: In general access usually is through GP and GP is kept informed. How is this processed in the other countries? Another kind of referrals are those arranged by employment services in Austria and Spain – unemployed persons get the opportunity of counselling to be supported during this phase, often with the given target to be re-integrated to employment market
- **The wide range of offers is pointed out in the focus group discussions** by the professionals:
 - In UK people can have talking therapies via GP, Community Services, Private Practitioners, Mental Health teams, etc.
 - In Austria the offer varies according to profession of service provider – from psychiatrist consultations, psychological consultations, different psychotherapies, guided support group to live counselling and more.
 - Also in Spain the offers are related to the profession and the diseases that can be treated by these professionals.



- The **confidential agreement** came up in some of the groups, mainly to compare country specific situations on that topic.
- The usefulness of **waiting lists**, especiall when persons in need have long waiting time before able to access the services were especially discussed in UK. It was pointed out that it is most important to receive effective services in the moment people need them.
- The **current economic climate generates more stress for people** and
 - a) **people may well focus on the practicalities** of paying for the roof over their heads, putting food on the table and paying to keep warm, **before dealing with their emotional needs** or
 - b) in the same time **people have less money to attend such services**. In UK especially it was discussed that whilst more people may want a service there were less services on offer and people had less money to pay privately.

All professionals engaged to the focus group discussions brought up many further topics that would be worth diving deeper into them. One point was stressed in all partner countries: **the wish to have the same discussions with person form many different European countries to get insight to country and culture specifics as well as to compare and contrast the existing models, processes and procedures in offering psychological and social help.**

The „QUESTIONNAIRE TO THE PUBLIC“ was established:

All stated questions were taken under consideration to establish the questionnaire to the public with the aim to

- **identify** a set of **most important aspects in providing psychological and or social help**
- **encourage the dialog between the professionals and the general public (common people)** in the field of psychological service

A set of questions was developed by the project team to get insight to the public's opinion on the topic. The quantitative research with specific qualitative elements was carried out in Austria, Spain and UK.

QUESTIONNAIRE TO THE PUBLIC ON „PSYCHOLOGICAL HELP“

Based on the focus group results the following topics had been integrated to the questionnaire to the public:

- Has the person ever attended one or more of the listed services for psychological help?
- Was it helpful / successful for the person?
- How did the person access the service?
- For future problems would the person be willing to attend one or more of the following services?
- On what occasions would the person be willing to attend a service?
- How often would the person like to attend such a service?
- What would be barriers for the person to attend such a service?
- What would help the person / what would motivate the person to access these services in the future?
- If an occasion occurs and the person does not want to attend a service whom would the person like to ask for support?

Quantitative results were expected on a level appropriate for preliminary research, space for qualitative answers was given:

- The variety of possible answers to the quantitative questions was limited based on the topics discussed in the focus groups, the country specific situations and the experience of the project partners.
- To achieve answers that could be compared and contrasted 30-50 questionnaires had to be filled by interested persons in each participating countries.

Statistical parameters questioned:

Based on the country specific needs the persons were asked to give information about their age, gender, nationality, ethnic origin, educational background and type of employment.

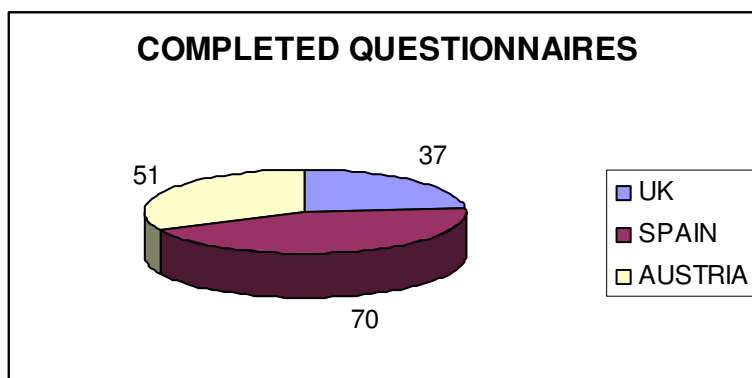


QUESTIONNAIRE TO THE PUBLIC ON „PSYCHOLOGICAL HELP“ RESULTS OF THE STATISTICAL PARAMETERS

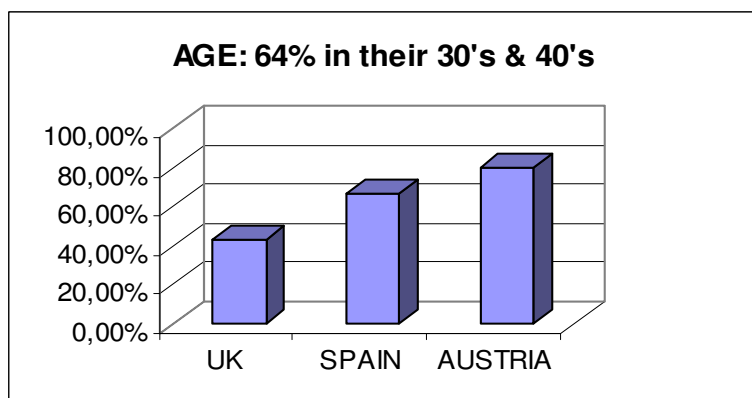
The results of the preliminary research are based on the following statistic parameters:

All partner invited persons from the public to participate in the research. Depending on the background of the partner organisation most of the questionnaires were either completed by clientes directly attending a service of the company or by mail/email after being adressed by mailing.

In total **158 completed questionnaires** could be compared:

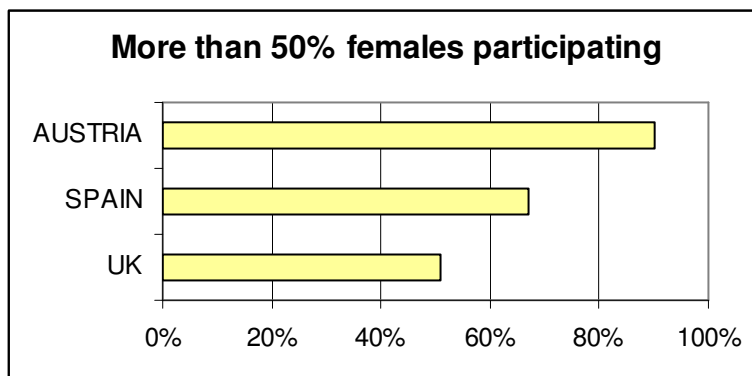


AGE: The persons completing the questionnaires were between 20 and 70 years old. In UK the age of the persons taking part in this reasearch was more evenly divided, in Spain and Ausptria the pick was in the range of 30's and 40's.



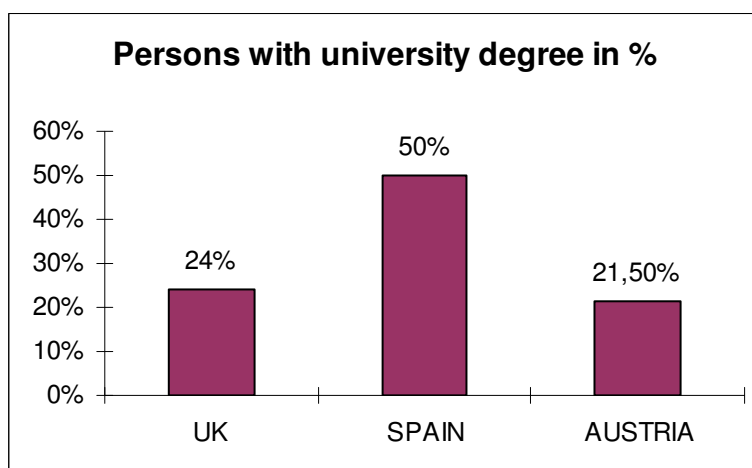


Gender: Among all persons participating the group of females was in all countries over 50%.



Nationality: The majority of these males and females were British, Spanish and Austrian; 14% had Hungarian, German, Dutch, American, Asian or African background.

Educational Background: The educational background of the participating persons included primary/secondary education as well as professional education. 34% of the persons had a university degree.



Employment: Beside persons of the different types of employment like employed (full time as well as part time) and self-employed, retired persons, volunteers and persons on maternal leave participated; 17, % of all were unemployed.

IN AUSTRIA, SPAIN AND UK THE PUBLIC CONTRIBUTED WITH THEIR EXPERIENCE AND NEEDS – WHAT ARE THEIR REQUIREMENTS TO ACCESS THE SERVICES OF PSYCHOLOGICAL AND SOCIAL HELP OFFERED?

In this preliminary research the public was asked to give insight to their practice in attending services of psychological or social help. Based on the variety of offers on the market and the country specific differences the given options of services attended were:

- Voluntary support groups
- Life counselling
- Psychotherapy
- Psychologist
- Social worker/Social Counsellor
- Neurologist/Psychiatrist
- Crisis telephone support (hotline)
- Probation Services
- GP
- Residential Rehab/clinic/private hospital

In total more than 80% of the participating persons attended one or more of these services.

- In Austria especially consulting the psychologist, having psychotherapy or life counselling was mainly among the attended services. For the 80% of the Austrian sample group that already experienced attending such a service it was helpful/successful.
- In UK the persons preferably attended psychotherapy or consulted the GP or a social worker/counsellor. All stated the consultations were a helpful/successful experience, many gave personal comments on this experience.
- The Spanish persons preferably consulted the GP or the psychologist. The majority counted it as helpful/successful.

Many of the people are also willing to attend these services in the future. Here the preferences differ a little from the services already attended. In

- In Spain 50% want to attend voluntary support groups. Of course the services of the GP, the psychiatrist and the psychologist are also high ranked. An increase up to 40 % can be seen also in the option to attend a Residential Rehab/clinic/private hospital.
- Also in UK the option to join a voluntary support group was chosen by more than 40%. Similar to Spain the services of GP, the psychiatrist and the psychologist are preferred to other types of services. The opportunity to go to a Residential Rehab/clinic/private hospital was only chosen by about 20% of the persons participating.
- In Austria most of the persons are willing to attend a service again. In case of need they would choose to consult a psychologist or a life counsellor or go to psychotherapy.

Based on the focus group discussions it could be said that the results **on the type of referral** could be expected. In all countries self-referral was among the top 3, in UK over 40% stated this is their way of access. In Spain the respondents on referral showed that over 50% had an referral by the GP. In the discussions after having presented the results this was clarified - it could be linked to system and culture. In Austria referral by personal recommendation was high ranked and can be explained with the fact that many of the services have to be paid by the clients themselves so they prefer to rely on personal recommendation.

Occasions on which the people would be willing to attend one or more of the services were divided in 2 groups: „personal related“ and „work related“. The given options could be answered with Yes or No (multiple choice):

„**Personal related**“ options:

- | | |
|---------------------------|--------------------|
| ○ Alcohol Problems | ○ Gambling |
| ○ Bereavement/Loss | ○ General Finance |
| ○ Debt | ○ Health Emotional |
| ○ Domestic abuse/Violence | ○ Health Physical |
| ○ Drugs | ○ Housing |
| ○ Family Relationship | ○ Relationship |

In Spain and UK both „Bereavement/Loss“ and „Relationship“ were ticked by more than 50%. In UK also „Family Relationship“ was a reason for more than 50%. In Austria the answers were more diverse. The participants would attend such a service due to many problems but most of them excluded „depts“ from that. This



might be based on the fact that in case of depts in Austria we have a special support called „Schuldnerberatung“ which can be attended.

„Work related“ options:

- Absence/Attendance at work
- Bullying and harassment
- Discrimination
- Industrial injury
- Unemployment
- Redundancy
- Relationships
- Traumatic incident during work
- Work/life balance
- Work related career problems
- Work related health problems
- Work related emotional problems
- Work related stress

In Austria most persons would be willing to attend such a service in case of „Bullying and harassment“. In UK persons would attend such service due to many of the given reasons. The answers were divided more evenly with a slight peak at „Work related emotional problems“. In Spain „Bullying and harassment“ and „Work related stress“ were the options with the most „Yes“ – answers.

„How often would you attend such a service“ showed the following results: In UK persons would attend such a service on weekly basis, some fortnightly. In Austria „weekly“ had the highest answers – more than 30% of the participants would attend such a service on weekly basis. In Spain the persons would also highranked „weekly“, most of the persons answered that it depends on the problem.

Asking the persons about the **barriers for attending one or more of these services** the answers could be chosen out of the following options (multiple choices):

- Money
- Fear
- Confidentiality issues
- Waiting lists
- Stigma
- Lack of trust in the service
- Lack of information about the services offered

In Austria 90% see the barriers for attending such a service in „money“, some gave „fear“ or „waiting list“ as second reason. In Spain „money“ was the given answer from about 50% of the participants, about 45% gave „confidentiality issues“ as reason. In UK the peaks are similar to Spain: 43% responded „money“ and 32% „confidentiality issues“ as reason.

Asking the participating persons „**What would help you/what would motivate you to access these services in the future?**“ as an open question brought some insight to personal needs and country specifics. In UK the following topics were

named : 30% of the persons have the need of „good accessibility“; „flexible appointments“ as well as „assistance with funding“ and „confidentiality“ were also mentioned as motivating factors. Among others the need of services was listed as well as family support. In Austria only 25% answered this question at all. As motivation they mentioned „costs paid by social insurance“, „motivation by urgent need“, „good experience from friends“ as well as „more acceptance of using that services from society“. The listed factor „more info about services“ mirrors some arguments stated during the focus group discussions in Austria where the professionals discussed that some persons might not have enough information about the different services offered. In Spain a variety of answers was written to that question. Many persons stated they would be motivated to attend one or more of the services if they actually would need help. 35% see it as a help to attend such a service if they were included in the National Health Services. The wish to have more information about professionals and therapies was stated by over 30% as well as the wish for „financial help to pay for private services“. Some people stated the need to be sure that professionals help people to see the things in a different way and give important advices.

The project partners decided also to ask for alternatives the participants would like to attend/consult in case psychological and/or social help would be needed and therefore posed the following final question: „**If an occasion occurs and you do not want to attend a service whom would you like to ask for support?**“ The answers given:

Ask for support	ES	UK	AT
Family	57%	60%	90%
Friends	30%	84%	63%
Colleagues	0	26%	2%

Culture specific elements of course influence these answers. In cultures with family relations as a core value family members will be consulted more often. For example in Austria the 63% who would consult friends mainly had double votings with for „family“ and „friends“.

PRESENTATION OF THE RESULTS to professionals:

The presentation of the results was discussed by professionals of all partner countries to reflect and further develop a set of recommendations for colleagues, called „Innovative Toolkit“ , as a final result.



PSYCHOLOGISTS TRANSNATIONAL DISCUSSION: HORIZONTAL ISSUES ISSUES THAT AROSE FROM THIS DISCUSSION

In the transnational partnership meeting held in Whitstable UK in November 2011 the **research results were presented to professionals in the of psychological and / or social help in Austria, Spain and UK**. The **professionals met together to discuss the results** to the preliminary research.

The provided **set of questions** as basis for discussion was applied in the first round in smaller groups based on country of origin, later on in the transnational discussion in the plenum.

1. **„The importance of psychological help increases in times of economic crisis?“** was in general answered with „Yes“. It was stated that there might be a limiting fact: „From a professional point of view we agree with the answers in the questionnaire result, but we also see that people in times of crisis don't access services, as basic needs such as money and other issues come first.“
2. **„Negative emotions, stress, conflicts, insecurity and instability can all lead to psychological problems?“** brought the following answers :

Austrian group	UK group	Spanish group
<p>Yes – different situation for</p> <ul style="list-style-type: none"> ○ negative emotion and stress - > physical problems ○ Conflicts: physical and psychological ○ insecurity & instability 	<p>Of course, all of them considered psychological problem which affect daily life if they last in time. It demands focused support to address individual issues and empower people to take control.</p>	<p>If someone goes through a nasty situation for a time, it could affect his/her emotional stability. The necessity of attending to a psychological service is in a way determined by the economic situation of the person. A different person faces the same situation in a different way. This is determined by different factors, for example emotional support, their set of values.</p>



3. **„Psychological Care is an effective contribution to a package of solutions in dealing with the consequences of emotional crisis?“** Here the professionals agreed with some narrowing points: Without any doubt, professional help is going to contribute to solve any problems when there is a lack of abilities. Only when the person accessing a service is motivated to change psychological care is an effective contribution. It furthermore has to be taken under consideration that for some packages are a good solution, others need stand alone offers.
4. Furthermore the professionals discussed the question **„People are not sure if they will get real help when they seek psychological and social intervention or guidance or counselling?“** with rather contradictive results. Some professionals are sure that most of the times people have a lack in confidence of the service and their expectations don't correspond to the reality. Others state that according to the focus group discussions and the preliminary research with the questionnaire to the public they think that when people have a problem, they try to solve it using existing resources. Some professionals said that this depends on the people – some know that they will really get help others are not sure or even don't know. The discussion also brought up the problem of referrals: if persons are not referred (e.g. by GP) to appropriate help they won't get it.
5. Questioning **„Are people motivated to access these support services?“** the professionals referred to the preliminary research. According to the results of the research people are motivated to access these services, the problems they find are money first and waiting lists second. The fact that in the questioned public also stated very clearly that among their motivation also is the urgent need, the professionals discussed this from their professional point of view. Some of them feared that the individuals might wait too long and so it could be a rather late moment when they access these services. The discussion also brought up that social stereotypes have contributed to create prejudices and a negative image, which makes the population doubt about the quality and the results of psychological services. Furthermore some persons also might not be wanting to burden someone else with their problem which reduces motivation to access such support services.
6. This led to discuss the results in terms of **„access barriers to receiving support“**. Here the 2 major factors „money“ and „lack of confidence“ could also be confirmed from the professionals experience. It was also point of discussion that persons still might not have enough information about the services and / or might not have proper access to the information about these services e.g. to a lack of experience in using ICT to search for information.



7. Asking „**What potential solutions can we propose?**“ the professionals came up with a number of ideas in the group discussions as well as in the plenum:
 - Based on the results of the research the professionals stated that major factor would be a cost-free access to the psychological and social services offered.
 - Bringing the services closer to the people with appropriate information, advertising and mass media presence would definitely be a positive factor to reduce their access barriers.
 - The professionals also proposed that the following potential solutions could be supporting more motivation to access these services:
 - It would be helpful if doctors would recommend more often other treatments instead of just giving pills.
 - The greater communication between services could support too.
 - The GPs should offer the persons a more broaden variety of services they could attend.
 - Based on the country specific situations the professionals also stated that many efforts should be taken to overcome the barrier of tabooing problems that cause the need of psychological and /or social help.
8. Questioning specifically **the professionals' thoughts on the qualitative research results of the focus groups** the professionals agreed that the results reflect the reality. They compared the country specific situations and pointed out that referrals from GP are quite common in all countries but in some countries the access can be linked to educational background - higher educational background goes along with more use of services.
9. The professionals were then asked to specifically speak about **the results of the quantitative research by the questionnaires to the public**. The discussion brought up some points like
 - In Austria mainly women responded – We wonder what about men?
 - Similarities between UK and AT in terms of some of the answers
 - Differences in the answers from Spain where expected due to culture (family's friends)
 - Psychological Services give a solution to most of the respondents problems.
 - The number of people willing to attend psychological service increases and usually these persons tend come again once they know the services offered.
10. The answers to the last questions in the transnational discussion among professionals on the results „What products would you like to see as a result



of this research?" will contribute to the set of recommendations called „innovative toolkit“:

- Advertisement for people to use psychological help
- Explaining every service.
- More use of ICT
- Local communication and noticeboards.
- Leaflets
- A small reference book with indications to guide people to the psychological services.
- Create a leaflet with the different services available and a simple explanation of them.
- An information campaign about the benefits of using psychological services to solve a problem which can `t be controlled and is determining our daily life

The further discussion among the professionals in the field of psychological and social help from Austria, Spain and UK was to address horizontal issues which encouraged delegates to discuss the access barriers to psychological services and to consider potential solutions. The results will contribute to the set of recommendations that can be used as an innovative toolkit for professionals working in psychological and social help services.

To establish a set of recommendations in terms of an „innovative toolkit“ professionals in the field of psychological and social help from Spain and Austria exchanged experience and good practice of attracting the public in such services during the transnational partner meeting in Februar 2012 in Gijon/Spain. They furthermore established recommendations based on the research results and the Whitstable discussion which will contribute to the „innovative toolkit“.

DEVELOPING A SET OF RECOMMENDATIONS:

Based on the results of

- the **qualitative research** undertaken during the **focus group** discussion
- the preliminary research (quantitative) by **questionnaires addressed to the public**
- the **transnational discussion among professionals in the field of psychological and social help from Austria, Spain and UK** during the transnational meeting in Whitstable/UK (11/2011) und Gijon/Spain (02/2012)

a set of recommendations was developed.



SET OF RECOMMENDATIONS

The set of recommendations is addressed to providers of psychological and social help services. It should contribute to

- **minimize access barriers** and to
- **motivate persons to attend such services.**

RECOMMENDATION 1 – SPECIFIC INFORMATION:

The need of more **information about the services in the field of psychological and social help** was clear stated. To **inform the public more detailed** it is not only necessary to inform about single services, it is most necessary to give an **overview of all services offered combined with**

- **ways of access** to the specific services
- clear explanation of the **service process**
- **level of confidentiality** for the specific service (professional secrecy e.g. in single consultations vs. less intimacy in support groups)
- **costs** arising for the service / offers for free
- **possible beneficial outcomes for the clients**
- **interrelation with other services** in the field of psychological and social help

Due to the stated need of the public it would be helpful to inform about the **qualification of the professionals offering the services** in terms of

- qualification required to perform the service and
- additional qualifications the professional has that improve his way of working

Most important is **structuring the information about the offered services clear and user-friendly** so that persons who have no experience with the services have an opportunity to compare and contrast easily.

The choice of information media is in correlation with culture specifics a major factor for this information:

1. The needs of the target group have to be taken under consideration as the target group is rather diverse in terms of cultural background, age,



gender, living area (rural versus urban) and ICT access. As the information needs to reach everybody

- persons who are now in need of a service right now as well as
- all others who might once in their lives come in a situation where a psychological or social help service could be needed

the whole information has to be wide spread. Further more it is not enough to inform once or twice. To have countable recognition of the information it is necessary to continue informing the public for a long period of time.

2. The **choice of the specific media** will have to be done carefully. Among others the information could be spread via
 - a. Leaflets
 - b. Articles in newspapers & magazines
 - c. Websites
 - d. Social networks
 - e. Documentaries or discussions about the services offered broadcasted on TV and / or radio
3. Initiated as a **multi-media advertising campaign**, a good mix of media will achieve results. The integration of public health fairs that give information on identification of problems based on state of the art research as well as on existing service could perfectly contribute to that. In Austria these fairs already show great results in minimizing barriers to access such services. "Open days" where professionals inform about their offers of psychological and social help services are a further instrument to inform the public within a multi-media advertising campaign.
4. Of course each **professional offering one or more services** in the field of psychological and social help could contribute to the need of information by **reflecting on the existing personal / institutional information instruments as well as the content of this information**. Improvement of the types of information and the content could bring clearness to the clients about the offered services. Evaluation of the specific information offered especially from clients and interested public could be good tool for improvement. Recommendations would be easier to make for the clients. The level of trust in the offered service could be increased by this.

Clear information about the services and proper access to the provided information is important for the persons willing to attend these services. Furthermore it can be a gate opener for others.



RECOMMENDATION 2 – HEALTH EDUCATION CAMPAIGNS:

To broaden the acceptance of psychological problems within the society health education campaigns could break down existing prejudices.

Perhaps, due to this lack of knowledge we may think that stereotypes on what psychology is and what it involves are still present in our society. Among these **stereotypes**, we may find the following ones:

- Only problematic people consult psychologists,
- “People tend to think ‘if I attend to psychological help’, ‘people may think I am crazy’”
- “I should solve all my problems without any help”,
- “I’ll visit a psychologist just if I can’t put up with my problems”
- “Psychologists only deal with severe mental disorders.”
- “Somebody may know I’m attending psychological help and this fact may damage my public or social image”.
- “Only weak, immature and without any sort of social and family help people visit psychologist.” It may be considered as a symptom of weakness.

Public health education campaigns should

- target **to raise the acceptance of** attending a **psychological and /or social help service**
- **invite to speak** more open **about problems** and the need for help
- **describe more clear** the various **problems** that could be worked on with psychological and or social help
- support persons to **consider accessing to these services as something natural and common**, by giving preventive information to persons of all ages in order to finish with the social barriers.
- inform society to **access services as soon as possible when problems arise** (prevention)
- **promote free help services** of psychological and social help with qualified professionals: family mediation services, self-help groups, individual therapy and family therapy from social entities.

These campaigns have **to reach persons** not only from urban regions but **also from disadvantaged, rural regions**. **Accompanying measures** to public health education campaigns would be making psychological **services more accessible** to people, for example installing them in ground floor offices, in schools, or bringing them closer to unemployed people, e.g. during their courses.

Health education campaigns can make psychological and social help services more tangible to the public and will relativise the persons’ expectations.



RECOMMENDATION 3 – EVALUATION OF SERVICES

For providing a good quality of services **the integration of feedback** possibility would be very helpful to have good insight to the clients' opinion and their specific needs. **The creation of analysis tools** in order to reflect on the quality of the psychological and social help given will provide the opportunity of adapting these services based on the public's needs.

Within the evaluation the **following parameters could provide more information** about the clients' perception and the success factors:

- **scales of satisfaction** taking into account the help given
- **professional's treatment**
- **services' quality**
- **professional-client's relationship**

Analyzing the results also on a **regional and/or profession specific level** will give the opportunity to adapt not only the service per se but also information campaigns, health education programs and professional education.

Evaluation of psychological and social help services offered gives the opportunity to adapt based directly on the clients' needs.

RECOMMENDATION 4 – CONTINUING VOCATIONAL EDUCATION:

Professionals in the field of psychological and social help services need to be highly qualified to provide these services very well. To guarantee the public not only the certified qualification but also the usage of state-of-the-art methods and settings professionals should be **obligated to attend retraining and professional vocational education offers**. Lifelong learning would assure the public that they are attending "good professionals" which also can be recommended by the public to friends and family in case of need.

More professional organizations could establish an obligatory continuing vocational education program for professionals offering psychological and/or social help services.

Based on country specifics one or more of these recommendations could be implemented to reduce differences between society expectations and reality.

E-JOURNAL






Psychological help:
reducing differences between society expectations and
reality. Methodological research.

PROJECT

The added value of this project has been an international collaboration of professionals in psychological and social help. The project created the opportunity to discuss all aspects of psychological and social help and to form positive attitudes towards psychological and social help services among the public.

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