

# E-Training Manual



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## 1 Introduction

The Training Manual is designed for trainers delivering the EDU-MENT blended-learning programme on mental health in home and residential care.

It provides clear guidance, step-by-step instructions, and ready-to-use materials for every stage of the training—mandatory self-study, in-class practice, verification checklists, and evaluation rubrics.

The manual enables trainers to:

- guide participants through structured self-study and interactive learning materials,
- lead practice activities and case-based exercises,
- assess progress using provided checklists and rubrics,

For a full overview of the module structure, workload, and assessment plan, please refer to the accompanying [Module Descriptor](#), which provides detailed information about learning outcomes, content, and assessment requirements.

### 1.1 How to Use This Manual

Manual specifies:

- (a) mandatory participant self-study content with links;
- (b) in-class activity scripts;
- (c) verification checklists with scoring; and
- (d) evaluation rubrics.

## 2 Self-Study Materials

All learners must complete the assigned materials prior to the session.

To accommodate different learning preferences and levels of digital literacy, all self-study materials are available in two formats. Interactive learning materials are complemented by PDF versions covering the same core content, provided by the trainer. Trainers are encouraged to share the PDF materials with learners upon enrolment, particularly for those who prefer linear reading or have limited digital confidence.

Learners first review a short orientation on how to use the Learning Platform and Genially/Gamma materials before self-study:

- Platform access navigation tutorials with Technical Support Contacts
- [How to navigate through interactive learning materials](#)

Upon enrolment, the trainer sends an [orientation email](#) to all learners and coordinates the date and logistics for the live session(s) (e.g., via a scheduling poll), confirming the final schedule by email.

### 2.1 Learning Segment 1 – Introduction to Psychosocial Monitoring and Digital Tools

Objective: Understand the importance of early detection and digital tools in psychosocial care.

Self-Study Materials (must be completed BEFORE class):

- [Overview of Psychosocial Needs in Older Adults](#)
- [Screening tools for the early detection of psychosocial and mental health issues in long-term care](#)
- [Interactive Online Demo of EDU-MENT Tool](#)

Reference documentation for the EDU-MENT screening tool, including the full item structure, scoring procedures, severity thresholds, automatic trigger rules and interpretation guidance, is provided as part of the self-learning materials and via direct links. A consolidated overview of use conditions, scoring logic, severity interpretation, and

automated recommendations is provided in the Supplements EDU-MENT [Screening Tool – Use Conditions, Scoring Procedures, and Interpretation Framework](#).

## 2.2 Learning Segment 2 – Integrating Holistic Care Strategies Based on EDU-MENT Findings

Objective: Utilise EDU-MENT results to provide holistic care.

Self-Study Materials (must be completed BEFORE class):

- [Holistic Care: Integrating Jean Watson’s Caring Theory](#)
- [Fall Prevention Strategies, Medication Safety, and Home Adaptations](#)

## 2.3 Learning Segment 3 – Addressing Loneliness and Social Engagement Using Digital Tools

Objective: Apply strategies to reduce loneliness and isolation in older adults by facilitating social interactions and networks.

Self-Study Materials (must be completed BEFORE class):

- [Introduction to Social Isolation and Its Health Impact](#)
- [Digital Interventions for Reducing Social Isolation and Loneliness in Older Adults](#)
- [Scenario-Based Learning Assignment](#)

## 2.4 Learning Segment 4 – Facilitating collaboration between nurses, doctors, and psychologists to provide comprehensive care

Objective: Explain the principles of effective interdisciplinary collaboration in delivering holistic care.

Self-Study Materials (must be completed BEFORE class):

- [Overview of Collaboration in Healthcare](#)
- [SBAR Communication Tool](#)
- [SBAR Tool – Residential & Home Care](#)

## 2.5 Learning Segment 5 – Promotion of psychosocial competence and self-organization

Objective: Enable nurses to better cope with daily challenges, emotional stress, self-care, and stress management.

- [Time Management Tips for Nurses & Frameworks](#)
- [Caring for Self with Jean Watson's Caritas Processes](#)
- [Local Resources on Self-organization, Stress Management, and Emotional Resilience](#)

### 3 In-Class Practice Activities (Trainer Scripts)

The trainer verifies completion of the quiz before In-Class Practice Activities using the checklists provided. Then proceed with Trainer-led practice sessions.

**Use:** Tick boxes before admitting the learner to in-class activities.

Name	Seg1 done ( <input type="checkbox"/> / <input checked="" type="checkbox"/> )	Seg2 done ( <input type="checkbox"/> / <input checked="" type="checkbox"/> )	Seg3 done ( <input type="checkbox"/> / <input checked="" type="checkbox"/> )	Seg4 ( <input type="checkbox"/> / <input checked="" type="checkbox"/> )	Seg5 done ( <input type="checkbox"/> / <input checked="" type="checkbox"/> )	Quiz ( <input type="checkbox"/> / <input checked="" type="checkbox"/> )	Evidence / Notes
							(Date/time, learner signature or LMS log) / (LMS “completed” status or trainer note)

Below you can find some points to consider prior to In-Class Practice Activities.

Trainers should anticipate varying levels of digital confidence. Where needed, learners may follow activities using printed or PDF case materials, with the focus placed on interpretation and clinical decision-making rather than platform navigation.

#### Pre-session checklist for Trainer

- **Verify** prerequisites using above Tick Box.
- **Prepare** materials: case packets (print and/or distribute activities A-D, remind learners to download them from e-platform, SBAR template, all checklists/rubrics (A–D), flipchart/slides, timer.
- **Set up** tech/room: breakout groups of 3–4, screen-share/whiteboard ready; have a low-tech backup (paper templates).
- **Remind** participants on ethics/GDPR: anonymisation reminder; no identifiers in discussion or screenshots.

#### Trainer approach.

- Keep inputs brief; maximise hands-on time.
- Distribute, observe, and use probing questions (“What domain drives risk?”, “What action is time-critical?”).
- Reinforce clinical judgement; the tool supports, it does not replace it.
- Ensure psychological safety and equitable participation.

### **Timekeeping.**

- Announce timings at start; give 5-minute and 1-minute cues.
- Keep debriefs focused on why decisions were made, not just what.

### **Assessment & QA.**

- Use the 1–3 scoring scale per checklist item; document scores and key feedback.

### **Safety & escalation.**

- Remind participants, if a scenario raises acute risk themes, remind the local escalation pathway;
- For real cases (Activity D), ensure no identifiable details are shared.

### **Close-out.**

- Summarise common strengths/gaps;
- Set Activity D expectations and deadlines; share support contacts.
- Share support contacts.

### 3.1 Activity A – Self-Guided Practice (pre-set case studies)

Prerequisite: Learners completed the Learning Segments self-study.

Purpose: Strengthen skills in applying the EDU-MENT tool using two practice cases from community and nursing home settings.

Time: 60 min.

Trainer Steps:

- Brief (5 min): remind anonymisation principles; confirm reports will be saved.
- Work (40 min): learners complete all 44 items for both cases; save reports.
- Circulate [Self-Guided Practice](#) & support: clarify items/domains as needed.
- Quick debrief (15 min): common input issues; note for later.
- EDU-MENT report is automatically generated. [A sample report is available in the Supplement.](#)

Completion checklist (per learner):

Item	<input type="checkbox"/> / <input checked="" type="checkbox"/>	Notes	Score (1–3)*
Both case inputs completed			
Reports saved/exported			
No major inaccuracies vs case data			

[\\*see Scoring Scale \(per checklist item\)](#)

### 3.2 Activity B – Case-Based Scenario Exercise (review, interpret, plan)

Prerequisite: Learners completed the Learning Segments self-study.

Purpose: Transition from data entry to interpretation and care planning.

Time: 80 min (incl. 5-min presentations).

Trainer Steps:

- Brief (10 min): Introduce the activity goals and outline the process. Clarifies objectives: identify key domains, review triggered assessments, evaluate automated recommendations, and create a short care plan.
- Individual reflection (10 min): Identify the most critical domains and any triggered assessments, evaluate the fit of the automated recommendations.
- Group work (30 min): Distribute [Review → Interpret → Plan](#). Select the top two domains, critically judge the automated recommendations and add one new recommendation, draft three priority actions for the care plan.
- Presentations (5 min/group): Present findings on a flipchart or slide.
- Debrief (25 min): compare interpretations across groups; emphasise clinical judgement.

Completion checklist (per group):

Item	<input type="checkbox"/> / <input checked="" type="checkbox"/>	Notes	Score (1–3)*
Top 2 domains identified correctly			
Triggered assessments discussed accurately			
Automated recommendations critically evaluated			
1 additional recommendation added			
3 priority actions defined			
Presentation clear and within time			

[\\*see Scoring Scale \(per checklist item\)](#)

### 3.3 Activity C – SBAR

Prerequisite: Learners completed all required self-study segments.

Purpose: Practice structured clinical communication by reporting EDU-MENT screening results using the SBAR framework for two case studies.

Time: 75 min (incl. 5-min presentations).

Trainer Steps:

- Brief: 10 min: Introduce the activity goals and outline the process, provide a short refresher on key SBAR principles.
- Group work (40 min): Distribute the [SBAR case studies](#) and [template](#). Remind participants to keep reports concise. Explain that each group will: complete the SBAR table for both provided cases, and present one SBAR handover orally, followed by a short Q&A.
- Presentations and debrief (25 min): groups present their selected SBAR handover, trainer leads discussion and provides feedback.
- A [sample group output of SBAR](#) is provided in the Supplementary Materials for trainer reference.

Completion checklist (per group):

Item	□/ ☑	Notes	Score (1–3)*
SBAR table fully completed for both cases			
Oral SBAR presentation clear and concise			
Key findings and recommendations are accurate			

[\\*see Scoring Scale \(per checklist item\)](#)

### 3.4 Activity D – Independent Activity (own practice case)

Prerequisite: Learners completed all Learning Segments self-study.

Purpose: Apply the tool in real practice (anonymised case).

Timing: 60 min

Trainer Steps:

- Brief in class (35 min): Circulate [Independent Activity](#); explain the Independent Activity, each learner selects an older adult ( $\geq 65$  years) for screening, review anonymisation rules, provide instructions for completing the tool, saving the report, and writing the reflection.
- Independent practice (15–20 min): Conduct the EDU-MENT screening on the selected anonymised client.
- Self-reflection (10 min): write a short reflection
- Submission (5 min): Save and send the EDU-MENT report and reflection to the facilitator.
- A [sample output of a 3-point care plan structured using the nursing process and sample reflection](#) is provided in the Supplementary Materials for trainer reference.

Completion checklist (per learner):

Item	<input type="checkbox"/> / <input checked="" type="checkbox"/>	Notes	Score (1–3)*
Tool completed on real anonymised case			
Report saved and submitted			
Holistic care plan (3 concise actions) provided			
Self-reflection submitted			

[\\*see Scoring Scale \(per checklist item\)](#)

## 4 Ethics/GDPR & Safety

All EDU-MENT training activities comply with ethical principles and the General Data Protection Regulation (GDPR), including transparency, data minimisation, purpose limitation, and accountability.

Activities A–C are purely educational and use pre-defined, fictional cases. They do not involve screening of real individuals and do not include real personal data.

Only Activity D (Independent Activity – own practice case) involves the application of the EDU-MENT tool to a real practice case selected by the participant. For this activity, participants must obtain informed consent, documented in line with local institutional practice. Where required by local policy, written consent must be obtained.

The real practice case used in Activity D must be fully anonymised prior to data entry into the EDU-MENT tool. No direct identifiers are collected, and any indirect identifiers are limited and generalised to prevent re-identification, in line with GDPR data minimisation principles. The entry of names, initials, exact dates of birth, addresses, personal identification numbers, or other identifying details is not permitted. Aliases and codes must be used instead.

Anonymisation in Activity D is the responsibility of the participant. The trainer provides guidance and reminders, but cannot technically verify the identity of the individual behind the case. The consortium cannot be held responsible for identifying information entered contrary to the instructions in this Manual.

Although EDU-MENT training relies on anonymised data, confidentiality remains a professional obligation. In Activity D, the identity of the individual behind the real practice case may be known only to the participant who selected the case and must not be disclosed to trainers, other participants, or any third parties. Information generated during training must not be disclosed outside the EDU-MENT training context and must be handled securely.

All training data stored on the EDU-MENT platform are anonymised and stored at UCY premises and facilities, in accordance with UCY data retention policies. Data are retained for the duration of the EDU-MENT project and any mandatory post-project audit or reporting period, after which they are securely deleted or irreversibly anonymised.



Acting as a Data Controller does not imply unrestricted access to data; access and responsibility are strictly limited to the authorised purpose and scope of use within the EDU-MENT training programme. Platform access is role-based and restricted to authorised users; appropriate technical and organisational security measures are applied.

All data are processed exclusively for educational purposes within the EDU-MENT training programme, based on participants' consent. The EDU-MENT tool supports screening and learning activities and does not replace professional clinical judgement.

These ethical and GDPR provisions apply only to EDU-MENT educational use. Any use beyond this context is subject to the policies and regulations of the local institution and the national regulations.

## 5 Supplements

### 5.1 EDU-MENT Modules Descriptor

<b>Module title:</b>	EDU-MENT
<b>ECTS Credits:</b>	5
<b>LEVEL:</b>	EQF 6
<b>Duration:</b>	4-6 Weeks
<b>Description / Module Aims</b>	
<p>EDU-MENT training nurses to detect and address the psychosocial needs of older adults using digital tools and evidence-based approaches. Learners gain skills in early detection, holistic care planning, interdisciplinary collaboration, and self-care strategies. The modules integrates self-directed study with guided practice to ensure application of the EDU-MENT screening tool and related interventions in home and residential care.</p>	

#### Delivery Method

Blended learning:

- Online self-learning (asynchronous): interactive Genially/Gamma materials, self-paced readings, and lectures accessible on the EDU-MENT project website.
- Trainer-led practice sessions: in-person sessions where the trainer guides learners through scenario-based and case-based activities using the EDU-MENT tool to reinforce and apply the knowledge gained during self-study.

#### Description of Learning Process

There are 125 effort hours in this 5 ECTS training program. These hours are composed of:

- Self-directed learning activities
- Interaction with a trainer
- Independent Practice Case

#### Indicative Content

- Introduction to Psychosocial Monitoring and Digital Tools (25 hours)

- Application of the EDU-MENT Tool for Early Detection (25 hours)
- Integrating Holistic Care Strategies Based on EDU-MENT Findings (30 hours)
- Addressing Loneliness and Social Engagement Using Digital Tools (25 hours)
- Facilitating collaboration between nurses, doctors, and psychologists to provide comprehensive care (10 hours)
- Promotion of psychosocial competence and self-organization: Enabling nurses to better cope with daily challenges, emotional stress, self-care, and stress management (10 hours)

### Learning Outcomes

On successful completion of EDU-MENT training learner will be able to:

1. Detect and document psychosocial changes in older adults using the EDU-MENT tool.
2. Develop and implement holistic, evidence-based care plans.
3. Facilitate interdisciplinary collaboration and effective clinical communication.
4. Apply strategies to reduce loneliness and enhance social engagement.
5. Demonstrate self-care, stress management, and organisational skills for sustained professional practice.

### Learning & Teaching Methods

- Online interactive Infographics, Presentations, Videos,
- Guided Self-Reading of Texts
- Independent Further Readings
- Scenario-based and case-based exercises
- Workgroup activities
- Independent practice case

### Estimated Learning Times:

Type	Hours
Online self-learning (asynchronous)	≈80 Hrs
Trainer-led practice sessions (Cases A-C, reflection)	≈20 Hrs
Independent practice case	≈25 Hrs

## Entry Requirements

Registered nurses.

## Assessment Methods/Evaluation:

Assessment Type	Method	% of Final Grade	Outcomes Assessed
Quiz after self-learning	Multiple-choice / short-answer quizzes embedded in the online platform, covering all self-learning segments	40 %	Demonstrate comprehension of core concepts and digital tool use
Workgroup / Scenario-based Activity	Trainer-assessed group work during live sessions (Activities A-C)	20 %	Collaboration, critical thinking, and communication skills
Independent Practice Case	Application of the EDU-MENT tool to one anonymised real-world case, report generation, and reflective care plan (Activity D)	40 %	Apply knowledge, analyse data, and develop holistic care strategies

## Learning Outcomes – Activities – Assessment Matrix Overview

Learning Outcome	Key Learning Activities	Assessment Method & Weight
1. Detect and document psychosocial changes in older adults using the EDU-MENT tool	Self-Study Segments 1–3; Activity A (Self-Guided Practice); Activity D (Independent Practice Case)	Online Quiz after self-learning – 40 %; Independent Practice Case – 40 %
2. Develop and implement holistic, evidence-based care plans	Activity B (Case-Based Scenario); Activity D	Independent Practice Case – 40 %
3. Facilitate interdisciplinary collaboration and effective clinical communication	Self-Study Segment 2.4; Activity C (SBAR)	Workgroup/SBAR Role-Play – 20 %
4. Apply strategies to reduce loneliness and enhance social engagement	Self-Study Segment 3; Activity B	Online Quiz – 40 %; Workgroup – 20 %
5. Demonstrate self-care, stress management, and organisational skills	Self-Study Segment 2.5; Reflection in Activity D	Independent Practice Case (reflection) – part of 40 %

**Assessment policy.** Successful result  $\geq 60\%$  overall

## 5.2 Trainer Email on EDU-MENT Training

Below is a sample orientation email.

Please adapt it to your local context and fill in the missing details: dates and times (with time zone), modality and join link/location, platform URL and login guide, quiz deadline, Activity D submission deadline, support contacts (email/phone and hours), GDPR wording if required, and the trainer's name, institution, and signature.

Dear [Name/Team],

Welcome to the **EDU-MENT** training. We're excited to learn with you.

We invite you to review our EDU-MENT [materials link] and complete the Online Quiz here: [platform link].

These foundations will prepare you for our live sessions. In the live sessions, we'll walk through the EDU-MENT tool together, solve realistic cases, practise SBAR handovers, and get practical feedback for your setting.

**When:** [dates/times, time zone]

**How:** [Zoom/Teams/in-person] → [join link/location]

**Support:** Platform access [URL]; login guide [link]; tech help [email/phone], [hours].

The **Training Manual (Handbook)** is attached for your reference.

If you have any questions or run into any issues, please reach out at any time—we're here to help.

Kind regards,

**[Trainer Name]**

[Institution] · [Email] · [Phone]

### 5.3 Developing a Digital & Non-Digital Intervention Plan for an Older Adult Experiencing Loneliness

#### Scenario

One of your clients, M.G., an 82-year-old older adult, has been screened using the EDU-MENT tool. The results indicate an elevated risk of loneliness. The UCLA Loneliness Scale confirms this with a high score. You are tasked with developing an intervention plan using evidence-based strategy based on the data provided.

#### Assessment Results (EDU-MENT Tool)

- Mental health risk: Moderate
- Loneliness: “Often feels left out,” “sometimes feels isolated”
- Social support: One daughter abroad, calls once a month
- Functional status: Independent in life activities, some difficulties with digital devices
- Environment: Rarely joins group activities, spends most time alone

UCLA Loneliness Scale: **High loneliness risk**

#### Your Task

1. Interpret results: What do they show about the client’s loneliness?
2. Select three interventions (remember materials on Digital interventions and Caring), e.g.:
  - high-evidence digital (e.g., scheduled video calls with family, structured telephone befriending...).
  - low-evidence digital (e.g., robot companion, VR sessions...).
  - non-digital (e.g., small group activity, peer storytelling...).
3. Plan feasibility: Describe steps, resources, barriers, and possible solutions for each intervention.
4. Create an integrated care plan (using the nursing process or another framework suitable for your setting):
  - Nursing diagnosis
  - Short- and long-term measurable goals



- Selected interventions feasible in the setting (nursing home or community)
- Evaluation (e.g., EDU-MENT and UCLA reassessment after 6–8 weeks)

### Submission Instructions

Prepare your care plan in a written document (1 page). Make sure it is clear, structured, and feasible for your chosen setting.

Submit the completed document to your **trainer** for [assessment](#). The trainer will review the document using the checklist below, assigning 1–3 points per item according to the scoring scale.

## 5.4 SBAR Tool – Residential & Home Care

Use SBAR tool to facilitate efficient and safe communication about clients, including care transitions, facility transfers, and interagency handover. Feel free to adapt the tool according to your and/or clients' needs.

SBAR Step	Guidelines	
<b>S</b> <b>Situation</b>	identify yourself & role (e.g. community nurse, residential care coordinator)	<input type="checkbox"/>
	Identify client (name, age, gender)	<input type="checkbox"/>
	State primary diagnosis or condition (suspected or confirmed)	<input type="checkbox"/>
	State reason for communication or transfer (e.g. sudden change in condition, specialist input needed)	<input type="checkbox"/>
<b>B</b> <b>Background</b>	Admission date or start of service	<input type="checkbox"/>
	Relevant medical, functional, or social history	<input type="checkbox"/>
	Recent changes in status (ABCDE assessment or equivalent)	<input type="checkbox"/>
	Relevant observations, labs, or imaging	<input type="checkbox"/>
	Current care interventions (e.g. mobility assistance, wound care, oxygen therapy)	<input type="checkbox"/>
	Relevant psychosocial or environmental factors (e.g. caregiver stress, home safety issues)	<input type="checkbox"/>
<b>A</b> <b>Assessment</b>	State your clinical or functional assessment of the client's status	<input type="checkbox"/>
	State your clinical or functional assessment of the client's status	<input type="checkbox"/>
	Describe recent trends (improving, worsening)	<input type="checkbox"/>
	Report response to interventions provided	<input type="checkbox"/>
<b>R</b> <b>Recommendation</b>	State your recommended actions or concerns (e.g. GP review, transfer to acute care, urgent physiotherapy)	<input type="checkbox"/>
	Define the urgency or timeline (e.g. within 1 hour, same day, next visit)	<input type="checkbox"/>
	State contingency plans (e.g. "If GP visit delayed, continue monitoring vitals every 30 min")	<input type="checkbox"/>
	Ask receiver to repeat back key information, clarify any questions	<input type="checkbox"/>

Here is the SBAR framework adapted to the EDU-MENT screening tool.

SBAR Step	Guidelines	
<b>S</b> <b>Situation</b>	Identify yourself and your role.	<input type="checkbox"/>
	Identify the client (ID, age, gender, setting).	<input type="checkbox"/>
	State the <b>main reason</b> for your communication (e.g., change in condition, follow-up after screening, safety concern).	<input type="checkbox"/>
<b>B</b> <b>Background</b>	Medical conditions and medications	<input type="checkbox"/>
	Functional status and mobility level	<input type="checkbox"/>
	Social support and living arrangements	<input type="checkbox"/>
	Recent changes or events affecting health and wellbeing	<input type="checkbox"/>
	Environmental or safety concerns from the screening	<input type="checkbox"/>
<b>A</b> <b>Assessment</b>	Overall EDU-MENT risk category (low, moderate, high).	<input type="checkbox"/>
	Main contributing factors (medical, emotional, social, environmental)	<input type="checkbox"/>
	Summarise relevant screening tool scores (PHQ-9, GAD-7, PSS, UCLA Loneliness, etc.)	<input type="checkbox"/>
	Trends (improving, stable, deteriorating)	<input type="checkbox"/>
<b>R</b> <b>Recommendation</b>	State <b>what needs to happen next</b> (e.g., referral, review, change in care plan, mental health support).	<input type="checkbox"/>
	Include <b>time frames</b> (urgent, same day, routine follow-up).	<input type="checkbox"/>
	Include contingency plans	<input type="checkbox"/>
	Ask receiver to repeat back key information, clarify any questions	<input type="checkbox"/>

## 5.5 Activity A Self-Guided Practice: Work through pre-set sample case studies using the tool

This exercise is designed to help you practice using the EDU-MENT screening tool in a safe, structured way before applying it in your own clinical practice.

You will be given two detailed case studies (one from community nursing, one from a nursing home).

Each case includes enough information to complete all 44 checklist items across the six domains of the EDU-MENT tool.

Please read each case carefully, then use the tool to complete the screening.

After filling out the tool, you will be provided with a report. Save the report for your next exercise.

### Case Study 1: Community Nursing

*(Use this description to complete the tool – answer 44 items)*

#### Demographic Characteristics and Health & Comorbidities

- Female, 76 years, primary school education, low income.
- Lives alone in a rural area; husband died 2 years ago.
- Flooding in her village last year.
- Chronic conditions: type 2 diabetes, hypertension, osteoarthritis.
- 5 medications daily (metformin, amlodipine, hydrochlorothiazide, paracetamol, ibuprofen).
- Walks with a stick, cannot drive.
- Family history of depression (mother).
- No mental health professional is currently involved.
- Chronic knee pain (moderate to severe, daily).
- Hearing difficulty (hearing aids), mild vision problems (glasses).

#### Cognitive & emotional

- Occasional memory lapses, sometimes confused with bills.

- Experienced bereavement (husband).
- Sometimes struggles with decisions.
- No trauma disclosed, no hallucinations, no delirium.

### **Sleep & nutrition**

- Insomnia (difficulty falling asleep), about 6 h/night + naps.
- Weight gain of 3 kg in the past year.
- Diet unbalanced (low fruit/vegetables).

### **Community & lifestyle**

- Limited support network: daughter visits monthly.
- Often lonely, rarely visits friends.
- Alcohol rarely, no tobacco or drugs.
- Gardening used to be a hobby, now rarely active.
- Light physical activity only.

### **Personal space & environment**

- Home moderately clean but cluttered.
- Belongings moderately organised.
- No hoarding.
- Personal hygiene fair.

## Case Study 2: Nursing Home

*(Use this description to complete the tool – answer all 44 items)*

### Demographic Characteristics and Health & Comorbidities

- Male, 82 years, secondary school education, average pension.
- Nursing home resident for 3 years, urban area.
- Chronic conditions: COPD, hypertension, chronic pain, mild dementia.
- 8 medications daily ((salbutamol inhaler, tiotropium inhaler, paracetamol, tramadol, donepezil, amlodipine, furosemide, omeprazole).
- Wheelchair-dependent.
- Dementia diagnosis, depressive symptoms.
- No family history known.
- Regular medical follow-up, no psychologist.
- Severe chronic pain.
- Significant hearing loss (no aids), cataracts awaiting surgery.

### Cognitive & emotional

- Memory problems and frequent disorientation.
- Needs assistance with finances.
- Bereavement (wife, 5 years ago).
- Difficulty making decisions.
- Possible trauma (military), mild speech difficulty.
- Delirium during infections.
- Occasional visual hallucinations.

### Sleep & nutrition

- Disturbed sleep, multiple awakenings.
- Unintentional weight loss of 5 kg in 6 months.
- Poor appetite, prefers sweet/soft foods.

### Community & lifestyle

- No close family visits.
- Reports daily loneliness.

- Does not join group activities.
- Former smoker, no alcohol, no drugs.
- No hobbies.
- Sedentary, wheelchair-bound.

### **Personal space & environment**

- Room cluttered, hoards newspapers.
- Disorganised belongings.
- Hygiene poor, requires assistance.
- Neglected appearance.

## 5.6 Activity B Case-Based Scenario Exercise: Review, Interpret, and Plan

This exercise is designed to help you develop skills in interpreting EDU-MENT screening reports and linking findings to clinical decision-making and care planning.

### Step 1 – Receive the report

You will be provided with a sample EDU-MENT tool report (based on the Sample case studies).

The report includes:

- Domain scores (A–F)
- Total severity score
- Triggered potential additional assessments (IQCODE, PHQ-9, PSS, GAD-7, UCLA)
- Automated recommendations

### Step 2 – Individual reflection

Review the report on your own.

Identify:

- Which domains are most critical?
- Which additional assessments were triggered?
- Do the recommendations fit the case?

### Step 3 – Group work

Form small groups (3–4 participants).

Each group is assigned one EDU-MENT report (Community Nursing or Nursing Home).

Time: 20 minutes total (15 min group work + 5 min short presentation).

### Group task

Work together to complete the following:

A. Identify (5 min)

- Mark the two domains with the highest severity.

- Note the triggered assessments.

#### B. Interpret (5 min)

- Decide if the automated recommendations are appropriate.
- Add one additional recommendation you would make.

#### C. Plan (5 min)

- Draft a short care plan (max. 3 bullet points) with priority actions.

### Output

Each group prepares a short flipchart or slide, including:

- Key risks
- Triggered tools
- One additional recommendation
- Three priority care actions following holistic care principles

Groups will then present briefly to the class (2 minutes each).

## 5.7 Activity C SBAR Case study in Home Care & Residential Care

You have received screening results from the EDU-MENT tool for your assigned clients. Your task is to:

- *Report the findings* to another healthcare professional using the SBAR framework.
- Use the case descriptions provided and *complete the SBAR table* for each case (or use the SBAR template).
- After finishing both case studies, use the SBAR framework to *report on a real client you have assessed* with the EDU-MENT screening tool.

### Case Study 1 – Community Nursing (Home Care Visit)

Mrs. Anna K., 78, female, living alone in a rural area, widowed 6 months ago. Secondary school education, moderate pension income.

Presenting situation: The community nurse visits Mrs. K. for a routine preventive check-up. During the visit, Mrs. K. reports ongoing sleep difficulties, lack of appetite for vegetables and fresh food, and reduced energy. She mentions missing her husband and feeling less motivated to socialise. Physical appearance appears tidy, but her home environment shows moderate clutter.

EDU-MENT Total score: 35 (moderate mental health risk)

- Demographics: 7 points – older age, rural location, lives alone, moderate income
- Health & Comorbidities: 8 points – hypertension, osteoarthritis, five regular medications, mild hearing impairment, limited mobility (uses cane)
- Cognitive & Emotional: 7 points – occasional memory lapses, mild difficulty with decisions, occasional confusion, bereavement
- Sleep & Nutrition: 4 points – insomnia (frequent waking), suboptimal diet (low vegetable/fresh food intake)
- Community & Lifestyle: 7 points – minimal support network, occasional loneliness, no hobbies, light activity only
- Environment: 2 points – moderately clean, moderately organised

Additional tools:

- PSS 21/40 (elevated stress),

- UCLA Loneliness (moderate loneliness).
- Alert and oriented, with occasional memory lapses.

Relevant observations: Mrs. K. is alert and oriented during the visit, but occasionally loses her train of thought. She is open to conversation and willing to consider activity groups, but expresses uncertainty about how to start.

SBAR Element	Your Notes
Situation	
Background	
Assessment	
Recommendation	

### Case Study 2 – Nursing Home (Residential Care)

Mr. Peter S., 84, male, resident in an urban nursing home. Tertiary education and, adequate pension.

EDU-MENT screening results:

- Total score: 34 (moderate to high mental health risk)
  - A. Demographics: 3 points – older age, in care facility, urban, tertiary education
  - B. Health & Comorbidities: 13 points – diabetes, COPD, congestive heart failure, arthritis; taking 8 medications daily; unable to walk without a frame; severe hearing impairment (but no hearing aid)
  - C. Cognitive & Emotional: 6 points – mild memory issues, occasional confusion, difficulty making decisions
  - D. Sleep & Nutrition: 4 points – oversleeping (10–11 hours), weight gain in the past 6 months, diet adequate
  - E. Community & Lifestyle: 8 points – family visits once per month, frequent loneliness, no hobbies, sedentary lifestyle
  - F. Environment: 0 points – clean and organised room, good hygiene

Additional tools triggered:

- PHQ-9: 12 – moderate depression
- GAD-7: 9 – mild anxiety

Relevant observations: Mr. S. is polite and cooperative but gives short answers. Hearing impairment appears to limit his engagement in group settings. He shows reduced motivation and spends much of the day watching television or resting.

SBAR Element	Your Notes
Situation	
Background	
Assessment	
Recommendation	

Submit the completed document to your **trainer** for assessment.

### A sample group output SBAR

SBAR Element	Your Notes
Situation	<p>Community nurse reports findings from a routine preventive home visit.</p> <p>Client: Female, 78 years, living alone in a rural area.</p> <p>Reason for communication: Moderate psychosocial risk identified through EDU-MENT screening, with concerns related to sleep, loneliness, and stress.</p>
Background	<p>Widowed 6 months ago. Lives alone with limited social contact.</p> <p>Chronic conditions: hypertension, osteoarthritis.</p> <p>Medication: five regular medications.</p> <p>Mobility limited (uses a cane); mild hearing impairment.</p> <p>No current mental health follow-up.</p> <p>Diet suboptimal, low intake of fresh food.</p> <p>Home environment moderately cluttered but safe.</p>
Assessment	<p>EDU-MENT total score: 35 (moderate mental health risk).</p> <p>Key contributing domains:</p> <ul style="list-style-type: none"> <li>• Cognitive &amp; Emotional: bereavement, reduced motivation, occasional confusion.</li> <li>• Sleep &amp; Nutrition: insomnia, poor dietary habits.</li> <li>• Community &amp; Lifestyle: loneliness, limited social engagement.</li> </ul> <p>Triggered tools:</p> <ul style="list-style-type: none"> <li>• PSS: 21/40 (elevated stress)</li> <li>• UCLA Loneliness Scale: moderate loneliness</li> </ul> <p>Client is alert, oriented, and receptive to support but unsure how to initiate changes.</p>
Recommendation	<p>Monitor psychosocial status and repeat screening.</p> <p>Address sleep difficulties and stress management.</p> <p>Support gradual social re-engagement and connection to local resources.</p> <p>No urgent referral required at this stage; follow-up in community nursing care.</p>

## 5.8 Activity D Independent Activity: Apply the EDU-MENT tool to a case from your own practice

This exercise is designed to help you practice using the EDU-MENT screening tool in your practice.

### Step 1: Select a client

- Choose an older adult ( $\geq 65$  years) in your **home care** or **nursing home setting**.
- Ensure the client is appropriate for a mental health and psychosocial screening.
- Keep the case fully anonymised – do not enter names or personal identifiers.

### Step 2: Conduct screening

- Use the EDU-MENT tool to complete all relevant checklist items.
- Allow 10–15 minutes for the assessment.
- Save the tool's automatic scoring and report for your next exercise.

### Step 3: Prepare a concise care plan and reflection

- Draft a three-point holistic care plan based on the screening findings.
- Write a short self-reflection ( $\approx 5$ –7 minutes or 150–200 words) covering:
  - Key findings and triggered domains
  - How the results align with your clinical judgment
  - Any challenges or insights from using the tool.

### Sample 3-Point Care Plan

This sample care plan is based on Case Study 1 – Community Nursing (Mrs. Anna K.) and illustrates an expected level of analysis and documentation for Activity D step 3. In this Manual, a ‘3-point care plan’ refers to three priority nursing problems/diagnoses, each with SMART goal(s), key interventions, and evaluation criteria.

Nursing diagnosis	Goal	Intervention	Evaluation
Risk for Loneliness	Within 8 weeks, the client will report reduced feelings of loneliness and participate in at least one meaningful social contact per week,	<ul style="list-style-type: none"> <li>-Establish a caring, trusting nurse–client relationship through authentic presence and active listening.</li> <li>-Encourage participation in one locally available social or community activity adapted to mobility level.</li> <li>-Facilitate regular contact with a family member (e.g. scheduled phone or video calls).</li> </ul>	Reassess loneliness after 6–8 weeks using client feedback, the UCLA Loneliness Scale, and follow-up EDU-MENT screening to monitor change and guide further interventions or referrals.
Disturbed Sleep Pattern	Within 4 weeks, the client will report improved sleep quality, with fewer nocturnal awakenings and a perceived improvement in restfulness	<ul style="list-style-type: none"> <li>-Educate on basic sleep hygiene measures (regular sleep schedule, reduced daytime napping).</li> <li>-Support development of a calming evening routine that promotes comfort and security.</li> <li>-Monitor sleep pattern and refer to the general practitioner if sleep difficulties persist or worsen despite initial nursing interventions.</li> </ul>	Review sleep quality after 4 weeks through client self-report and repeat relevant EDU-MENT domains to evaluate progress and determine need for GP referral.

Nursing diagnosis	Goal	Intervention	Evaluation
Ineffective Coping	Within 6 weeks, the client will verbalise at least one effective coping strategy and demonstrate improved emotional adjustment to daily life.	<ul style="list-style-type: none"> <li>- Provide emotional support and allow expression of grief and feelings in a respectful, non-judgemental manner.</li> <li>- Encourage identification and use of personal strengths and previously effective coping strategies.</li> <li>- Support engagement in meaningful daily activities that foster purpose and self-worth.</li> <li>- Monitor coping and refer to the general practitioner or Community Mental Health Centre if difficulties persist or worsen.</li> </ul>	Evaluate coping through client self-report, observed engagement in daily activities, and follow-up EDU-MENT screening to inform further support or referral decisions.



## Sample Reflection

This sample reflection is based on Case Study 1 – Community Nursing (Mrs. Anna K.) and illustrates the expected level of reflective analysis for Activity D, Step 3.

### Description:

The EDU-MENT screening indicated a moderate psychosocial risk, mainly in emotional well-being, sleep, and social engagement. This aligned with my observations and the client’s narrative of bereavement, fatigue, and reduced motivation.

### Reflection:

The tool supported a structured overview and helped me prioritise domains for follow-up. Some responses likely reflected a recent life event rather than persistent symptoms, so I needed to interpret results in context and avoid over-pathologising normal grief.

### Learning:

I will combine EDU-MENT follow-up with brief, person-centred check-ins and agreed review dates. The tool supports monitoring and planning, while clinical judgement and responsibility remain with the nurse.

## 5.9 Scoring Scale (per checklist item)

This simple 1–3 scale ensures consistent evaluation across Activities A, B, C and D.

Score	When to Use	Typical Indicators
<b>3 – Excellent / Complete</b>	The criterion is fully met with no or only very minor issues.	<ul style="list-style-type: none"> <li>• All required fields correctly completed.</li> <li>• Data fully consistent with case information.</li> <li>• Report saved/exported without errors.</li> <li>• Presentation or reflection clear, concise, and on time.</li> </ul>
<b>2 – Good / Minor issues</b>	The criterion is mostly met but there are small inaccuracies or minor omissions that do <b>not</b> affect overall interpretation.	<ul style="list-style-type: none"> <li>• 1–2 minor data-entry errors.</li> <li>• Slightly incomplete notes or minor formatting issues.</li> </ul>
<b>1 – Needs improvement / Incomplete</b>	The criterion is only partially met or contains major errors that limit the usefulness of the output.	<ul style="list-style-type: none"> <li>• Missing significant data fields.</li> <li>• Report not saved or incorrect file.</li> <li>• Major mismatch between input and case data.</li> <li>• Presentation or reflection unclear or not delivered.</li> </ul>

### How to Apply

- **Per checklist item** (e.g., “Both case inputs completed,” “Top 2 domains identified correctly”) decide the score separately.
- Use **3** when the learner/group meets the requirement completely and accurately.
- Use **2** when minor corrections would make it complete.
- Use **1** when key elements are missing, inaccurate, or show lack of understanding.

## 5.10 Completion Checklist – Digital & Non-Digital Intervention Plan

This checklist is used by the trainer to assess each learner’s one-page intervention plan.

Item	☐/ ☑	Notes	Score (1–3)*
<b>Interpretation of results</b> – clearly summarises key findings from EDU-MENT and UCLA (loneliness level, risk factors)			
<b>Three evidence-based interventions selected</b> – at least one high-evidence digital, one low-evidence digital, and one non-digital, all justified with course materials			
<b>Feasibility analysis</b> – describes steps, required resources, potential barriers and solutions for each intervention			
<b>Integrated care plan</b> – includes nursing diagnosis, short- and long-term measurable goals, selected interventions, and evaluation plan (e.g., re-assessment with EDU-MENT/UCLA after 6–8 weeks)			
<b>Structure &amp; clarity</b> – one-page document, well organised and concise			

### How to Apply

- Use **3** when the learner fully meets the requirement accurately and completely.
- Use **2** when the requirement is mostly met but needs minor corrections or clarifications.
- Use **1** when key elements are missing, inaccurate, or show limited understanding.



## 5.11 EDU-MENT Screening Tool – Use Conditions, Scoring Procedures, and Interpretation Framework

### Important Reminder

This tool is intended for screening and guidance purposes only. It provides an overview of potential mental-health risks and does not replace a clinical diagnosis. Results must always be interpreted alongside clinical judgment, clinical observations, and team discussions. Client confidentiality is mandatory; names or personal identifiers must not be entered, and each client should be recorded by code only.

### Scoring Procedures

The EDU-MENT tool follows a structured process where the nurse completes a checklist for each domain. The system then automatically determines the level of concern and generates a Client Report. Nurses use these results to monitor clients, plan care, or initiate further assessment or referrals when needed. The entire screening usually takes 10–15 minutes and can be completed either by domain or in a single session. It assesses six domains: Demographic Characteristics, Health & Comorbidities, Cognitive & Emotional Function, Sleep & Nutrition, Community & Lifestyle, and Personal Space & Environment. Each domain is evaluated independently and provides its own severity score. Results are presented as percentages, absolute scores, and leading risk domains. This provides a clear overview of the client’s needs, guiding care planning, follow-up actions, and potential referrals. The scoring system ensures that each client receives individualized attention based on their specific demographic context, rather than a generic risk assessment.

The EDU-MENT tool offers recommendations for further screening assessments based on the level of concern identified in each domain. When a domain shows low concern (green), routine monitoring is sufficient, and no immediate follow-up is required unless the nurse’s clinical observation and experience suggest otherwise. When a domain shows moderate concern (yellow), it is advised to monitor and reassess, and the tool recommends considering additional assessments to better understand the client’s situation. When a domain indicates high concern (light red), further assessment is strongly recommended, suggesting that additional validated screening tools or follow-up actions may be necessary. Additional assessments help inform clinical understanding but do not provide a diagnosis.

## Severity Thresholds (Color-Coded Results)

Severity thresholds are based on the proportion of higher-concern responses within each domain and are expressed as a percentage score ranging from 0 to 100%. Each domain result is presented using a simple color-coded system:

● **Green (0–33%) – Low Concern:** This result indicates a low level of concern based on the available information. No immediate action is required at this stage. Optional extra assessments may be used if the nurse wishes to further explore specific aspects, at the nurse's discretion.

● **Yellow (34–66%) – Moderate Concern:** This result suggests that some areas require monitoring. Reassessment is recommended, and the use of extra assessment tools is advised to better understand the client's situation and determine whether further action is needed.

● **Light Red (67–100%) – High Concern:** This result indicates a higher level of potential risk and may require closer observation, additional assessment, or referral to appropriate professionals such as a doctor, psychologist, or social worker. Light red does not indicate a diagnosis or an emergency; it highlights the need for increased attention and follow-up.

Results should always be interpreted in combination with the nurse's clinical judgment, client history, and current observations.

## Domain D: Sleep & Nutrition – Specific Scoring

Important: Unlike other areas, Sleep & Nutrition scoring focuses on specific answers rather than percentage thresholds. This means that even if a client's responses indicate a lower overall problem percentage, certain answers (such as severe insomnia or very short sleep duration) can automatically raise the risk level. Insomnia results in a yellow score, indicating that monitoring is necessary, but immediate action isn't. Insomnia combined with fewer than five hours of sleep per night triggers a light red score, signaling higher concern and the need for further evaluation or referral. This method helps nurses prioritise follow-up appropriately without over-pathologising common sleep issues.

## Triggers for Extra Assessment Tools

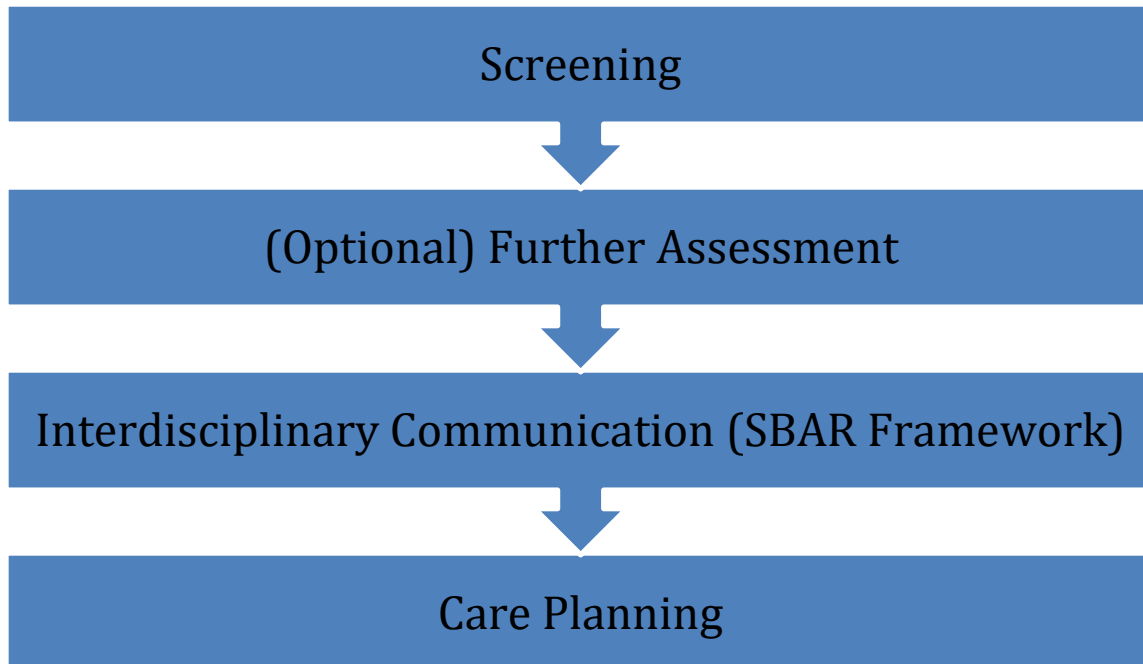
Additionally, the EDU-MENT tool provides recommendations for additional screening assessments can be used based on the level of concern identified in each domain. When a domain shows low concern (green), routine monitoring is sufficient, and no immediate follow-up is required unless clinical observation or professional experience indicates otherwise. When a domain shows moderate concern (yellow), monitoring and reassessment are advised, and the tool suggests considering further assessment to better understand contributing factors. When a domain shows high concern (light red), further assessment is strongly recommended, indicating that additional validated screening instruments or follow-up actions may be necessary to better support clinical decision-making.

A range of validated extra assessment tools is available within the EDU-MENT project, including tools addressing sleep quality, nutritional status, perceived stress (e.g. PSS), mood and anxiety (e.g. PHQ-9, GAD-7), loneliness (e.g. UCLA Loneliness Scale), cognitive function (e.g. Short IQCODE, AD8). These assessments help identify hidden risks, confirm observations, and support clinical decision-making, but do not provide a diagnosis. Recommendations are guidelines; the nurse decides when and whether to use them, prioritizing domains with the highest risk and always considering the client's context.

The EDU-MENT screening tool is intended for use by trained nurses and other qualified healthcare professionals working in community, home care, primary care, or similar settings. The tool supports, but does not replace, professional assessment and decision-making and should not be used for self-assessment or diagnostic purposes.

### **Step-by-step guidelines:**

The flow below illustrates a structured pathway from initial EDU-MENT screening, through optional domain-specific assessment and interdisciplinary SBAR communication, to concise, individualised planning guided by professional judgment.



### **Step 1 – Screening**

Complete the EDU-MENT screening and review the domain-level results using the color-coded system as an initial guide.

### **Step 2 – (Optional) Further Assessment**

Where results indicate moderate or high concern, consider the following additional screening assessments related to each domain to gain further insight.

#### Domain A. Demographic Characteristics

Possible extra assessments:

- UCLA Loneliness Scale
- PSS - Perceived Stress Scale

#### Domain B. Health & Comorbidities

Possible extra assessments:

- PHQ-9- Patient Health Questionnaire-9
- GAD-7 General Anxiety Disorder-7

- PSS - Perceived Stress Scale

### Domain C. Cognitive & Emotional Function

Possible extra assessments: (Choose one of the following)

- IQCODE- Informant Questionnaire on Cognitive Decline in the Elderly
- or AD8- Eight-item Interview to Differentiate Aging and Dementia)
- or KPSS- Kratek preizkus spoznavnih sposobnosti

### Domain D. Sleep & Nutrition

Possible extra assessments:

- PHQ-9- Patient Health Questionnaire-9
- GAD-7 General Anxiety Disorder-7
- PSS- Perceived Stress Scale

### Domain E. Community & Lifestyle

Possible extra assessments:

- UCLA Loneliness Scale
- PSS - Perceived Stress Scale

### Domain F. Personal Space & Environment

Possible extra assessments:

- PHQ-9- Patient Health Questionnaire-9
- GAD-7 General Anxiety Disorder-7

(Choose one of the following)

- IQCODE- Informant Questionnaire on Cognitive Decline in the Elderly
- or AD8- Eight-item Interview to Differentiate Aging and Dementia)
- or KPSS- Kratek preizkus spoznavnih sposobnosti

### **Step 3 – Interdisciplinary Communication (SBAR Framework)**

If results are not all green, or if concerns persist after additional assessment, findings should be communicated to the interdisciplinary team using the SBAR framework to ensure clear, structured, and consistent information sharing:

- **Situation:** Briefly describe the current concern and key screening findings.
- **Background:** Provide relevant clinical, social, or contextual information.
- **Assessment:** Summarize screening results, additional assessment findings, and clinical observations.
- **Recommendation:** Propose next actions, such as referral, further evaluation, or specific interventions.

SBAR supports timely collaboration with professionals such as physicians, psychologists, social workers, or other relevant team members.

### **Step 4 – Care Planning**

Following interdisciplinary discussion, develop a concise 3-point care plan tailored to the client’s needs. The care plan should include:

1. Immediate priorities and actions  
(e.g. safety measures, symptom management, short-term support)
2. Referrals or interventions  
(e.g. clinical referrals, psychosocial support, community or social services)
3. Monitoring and follow-up  
(e.g. reassessment timeline, indicators to review, responsibility allocation)

The care plan should be documented, shared as appropriate, and reviewed regularly. Professional judgment remains central throughout all steps, ensuring that actions are proportionate, person-centred, and context-sensitive.

## Understanding the Generated Client Report

After completing the assessment, the system generates a Client Report. This report provides a severity score and color for each completed domain, along with clear explanations of what the result indicates. It also includes recommended resources available in the nurse's country and optional extra assessment tools for any identified risks. Results are presented as percentages and color-coded categories to support easy understanding. The report emphasizes that results are meant as guidance, not definitive decisions, and that professional judgment remains essential in interpreting the findings. Results should always be interpreted in the context of the nurse's clinical observation, experience, and knowledge of the client's individual circumstances. Each domain in the Client Report is analyzed separately, with higher scores indicating greater concern. Answers marked as "Not able to assess" are excluded and do not influence the scoring. Low-concern (green) results generally indicate that routine monitoring is sufficient, unless clinical observation suggests otherwise. The report is designed to support care planning, guide follow-up actions, and inform referral decisions, while always placing professional judgment at the core.

## 5.12 EDU-MENT Sample report

Patient id:23

Date of Completion:15. januar 2026

**Disclaimer:** This tool is intended for screening purposes only and does not replace a clinical diagnosis. Results should always be interpreted alongside the nurse's professional judgment. Patients with emotional, psychological, or cognitive concerns should be referred for professional support. The color-coded results (green, yellow, light red) serve as guidance, not as final decisions. Avoid using identifiable patient details, refer to patients by code only.

### A. How to read the results:

This report summarizes the results from the EDU-MENT Mental Health Screening Tool, which assesses several domains of mental health and well-being. Each domain receives a severity score, with higher scores showing greater concern. Answers marked "Not able to assess / Unwillingness to respond" are excluded from the calculation.

#### Interpretation:

- **Green (0–33%) – Low concern:** No immediate action is required. This does not mean that action is unnecessary, but that the level of risk is considered low. Extra assessments are available if you wish to investigate further.
- **Yellow (34–66%) – Moderate concern:** Some points to monitor. Monitor or reassess. The available extra assessments are advised for further investigation.
- **Light red (67–100%) – High concern:** May require closer observation or referral. Follow up with the available extra assessment or referral (e.g., doctor, psychologist, social worker).

Note1: Light red does not imply a diagnosis or emergency; the tool only highlights potential risk factors. Nurses should interpret results together with their clinical judgment and any additional patient observations.

Note2: If a domain shows high concern (light red), consider administering the relevant further assessment tool(s) for a more detailed evaluation.

### B. Summary

#### Domain A. Demographic characteristics:

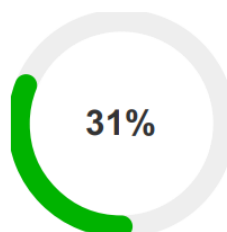
Total Number of questions:8

Highest risk score:16

Questions with not able to assess answer: 2

Highest risk score excluding score of selected 'not able to assess answer' questions: 13

Score: 4 / 13



If the Demographic Characteristics domain has high scores, it suggests that the person may be at increased mental health risk due to factors such as income, gender identification, and residence in a remote area. While these characteristics may not be directly linked to mental health, they can contribute to social isolation, financial stress, or limited access to healthcare, all of which can have an impact on overall well-being.

Suggested Actions:

❖ Financial and social support: To address financial stress, refer patients to **local social services, financial counseling, or assistance programs** to help alleviate financial strain. For those with gender identity concerns, ensure access to affirming mental health care and connect them to **LGBTQ+ support networks or resources**. For individuals in rural or remote areas, provide information about **telehealth services or community outreach programs** to reduce isolation. Encourage **participation in local or online community groups, social clubs, or senior centers** to help strengthen social support networks and combat social isolation. Regarding the social determinants of health such as housing, education, and healthcare access refer the patient to relevant community-based organizations or **social workers** for further support.

❖ Resources in your country:

Cyprus:

**Local social services/ social workers:**

- Social Welfare Services [[www.dmsw.gov.cy](http://www.dmsw.gov.cy)]

**Assistance programs/services:**

- NOESIS Cognitive Center & Tech Solutions [[www.noesis.cy](http://www.noesis.cy)]
- MindMeUp [[www.mindmeup.cy](http://www.mindmeup.cy)]
- Cyprus Care Community [<https://cypruscarecommunity.com/>]

**LGBTQ+ support networks:**

- Queer Cyprus Association [[www.iglyo.org/](http://www.iglyo.org/)]
- Accept LGBTQI Cyprus [[www.accept.cy](http://www.accept.cy)]

**Telehealth services:**

- iClinic [[www.iclinic.com.cy/](http://www.iclinic.com.cy/)]
- WeCare [[www.wecare.com.cy/](http://www.wecare.com.cy/)]

**Social clubs, or senior centers:**

- Daily Center for Elderly People-Municipality of Strovolos [[www.strovolos.org.cy/en/home-page/the-municipality/tour-in-strovolos/daily-center-for-elderly-people/](http://www.strovolos.org.cy/en/home-page/the-municipality/tour-in-strovolos/daily-center-for-elderly-people/)]
- 55 Plus Minus Together Cyprus [[www.facebook.com/groups/364055885988116/](https://www.facebook.com/groups/364055885988116/)]
- Cyprus Third Age [[c3a-cyprus.org/](http://c3a-cyprus.org/)]

Slovenia:

**Local social services/ social workers:**

- Ministry of Labour, Family, Social Affairs and Equal Opportunities [[www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-delo-druzino-socialne-zadeve-in-enake-moznosti/](http://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-delo-druzino-socialne-zadeve-in-enake-moznosti/)]
- Centres for Social Work / Centri za socialno delo [[www.scsd.si/centri-za-socialno-delo/](http://www.scsd.si/centri-za-socialno-delo/)]

**Assistance programs/services:**

26, 09:13

Final Patient Report – Edu-Ment

- Integration of geriatric care for older adults / Integracija geriatrične oskrbe starejših  
[www.podprimostarejse.si/](http://www.podprimostarejse.si/)
- MIRA – National Mental Health Programme / Mira Nacionalni program duševnega zdravja  
[www.zadusevnozdravje.si/](http://www.zadusevnozdravje.si/)

**Telehealth services:**

- HomeDOctor [www.home-doctor-info.jjs.si/templates/sl/index.html](http://www.home-doctor-info.jjs.si/templates/sl/index.html)

**Social clubs, or senior centers:**

- Multigenerational Centres / Večgeneracijski centri [www.gov.si teme/vecgeneracijski-centri/](http://www.gov.si teme/vecgeneracijski-centri/)

Austria:

**Local social services / social workers:**

- Federal Ministry for Labour, Social Affairs, Health, Care and Consumer Protection – Coordinates Austria's social services system and regional support structures [www.sozialministerium.gv.at/](http://www.sozialministerium.gv.at/)
- Pro Mente Austria – Austrian umbrella organization for mental health associations and services [www.promenteaustria.at/](http://www.promenteaustria.at/)
- Caritas Austria – Emergency aid, social counseling, and support during crises.  
[www.sozialministerium.gv.at/](http://www.sozialministerium.gv.at/)
- Diakonie Austria – Social services, inclusion programs, and psychosocial [www.diakonie.at/](http://www.diakonie.at/)
- Hilfswerk Austria – Offers home care, family support, and psychosocial counseling [www.hilfswerk.at/](http://www.hilfswerk.at/)

**Assistance programs / services:**

- GO-ON Suicide Prevention Austria (SUPRA network) – National suicide prevention initiative with regional platforms. [www.suizid-praevention.gv.at/](http://www.suizid-praevention.gv.at/)
- Austrian Mental Health Strategy – “Health Targets Austria” (Target 3: Promote psychosocial health for all population groups) [www.gesundheitsziele-oesterreich.at/](http://www.gesundheitsziele-oesterreich.at/)
- Psychosocial Services (PSD) in federal states – Community-based psychiatric care offered throughout Austria. Providers include regional governments, Pro Mente, Caritas, Diakonie, and others. Example Tyrol: [www.psd-tirol.at/](http://www.psd-tirol.at/)

**LGBTQ+ support networks:**

- Rosengarten Tirol – Regional LGBTQ+ support and networking organization.  
[www.rosengartentirol.at/](http://www.rosengartentirol.at/)
- HOSI Tirol (Homosexual Initiative Tyrol) – Community group offering support, education, and activism.  
[www.hositirol.at/](http://www.hositirol.at/)
- Queer Base – Support network for LGBTIQ refugees in Austria. [www.queerbase.at/](http://www.queerbase.at/)

**Telehealth services:**

- MINDBASE – Digital platform for mental health and early intervention, especially for young people.  
[www.sdw.wien/projekt/mindbase-die-digitale-plattform-fuer-psychische-gesundheit](http://www.sdw.wien/projekt/mindbase-die-digitale-plattform-fuer-psychische-gesundheit)
- Instahelp – Online psychotherapy and mental health support. [www.instahelp.me](http://www.instahelp.me)
- Austrian Health Hotline 1450 – 24/7 telephone and digital health advice service. [www.1450.at](http://www.1450.at)
- Online counseling by Austrian family counseling centers [www.familienberatung.gv.at](http://www.familienberatung.gv.at)

**Social clubs or senior centers:**

- Social clubs or senior centers [www.pensionistenklubs.at](http://www.pensionistenklubs.at)

- Austrian Seniors' Association (Österreichischer Seniorenbund) – National association representing the interests of older people. [[www.seniorenbund.at](http://www.seniorenbund.at)]
- Multigenerational Houses Platform – Promotes intergenerational interaction and inclusion through shared activities [[www.mehrgenerationenhaeuser.at](http://www.mehrgenerationenhaeuser.at)]
- Tyrol Seniors' Department – Coordinates regional senior programs and social opportunities. [[www.tirol.gv.at/gesellschaft-soziales/senioren](http://www.tirol.gv.at/gesellschaft-soziales/senioren)]
- Senior Center Völs (example of a municipal senior center) [[www.voels.gv.at](http://www.voels.gv.at)]

## Domain B. Health & Comorbidities:

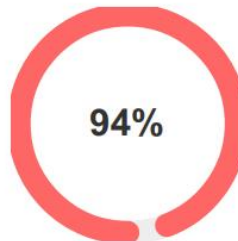
Total Number of questions:9

Highest risk score:19

Questions with not able to assess answer: 1

Highest risk score excluding score of selected 'not able to assess answer' questions: 17

Score: **16 / 17**



If the Health & Comorbidities domain has high scores, it suggests that the person may be at increased mental health risk due to the presence of multiple chronic illnesses, significant medication use, or diagnoses of mental health conditions. These factors, especially in combination, can increase the strain on both physical and mental health, leading to potential psychological challenges like depression, anxiety, and stress.

Suggested Actions:

- ❖ **Physical Health Management:** Collaborate with healthcare providers for comprehensive disease management. Ensure coordinated care for patients with multiple chronic conditions. [Educate patients on potential side effects and interactions from their medications.](#) Educate patients on potential side effects and interactions from their medications. Refer to assistive technology providers for products such as medication reminders and smart pillboxes to ensure proper medication intake. Refer patients to pain management specialists or physiotherapists if experiencing significant pain. Refer to audiologists and ophthalmologists for evaluation and management of impairments. Provide information on available aids to help patients communicate and engage socially.
- ❖ **Mental Health and Support Services:** Refer patients with a mental health diagnosis or family history for specialized care and therapy. Explore available support systems, such as **counseling and psychotherapy services**. Provide referrals to physiotherapists or occupational therapists if mobility is impaired. Assess the need for **mobility aids and make appropriate adjustments in the home environment**.
- ❖ **Recourses in your country:**

Cyprus:

**Assistive technology providers :**

- NOESIS Cognitive Center & Tech Solutions [[www.noesis.cy/](http://www.noesis.cy/)]
- MK Prosopsis [[www.mkprosopsis.com/](http://www.mkprosopsis.com/)]

**Pain management specialists or physiotherapists:**

- Physio & Kinisis™ [www.physiokinisiscy.com/](http://www.physiokinisiscy.com/)
- Cyprus Pain Clinic [www.painclinic.com.cy/](http://www.painclinic.com.cy/)

**Audiologists and ophthalmologists:**

- Cyprus Audiology Center [www.cyprusaudiology.com/](http://www.cyprusaudiology.com/)
- Ophthalmos Research and Educational Institut [www.opthalmiccentre.com/](http://www.opthalmiccentre.com/)

**Counseling and psychotherapy services:**

- NOESIS Cognitive Center & Tech Solutions [www.noesis.cy/](http://www.noesis.cy/)
- MindMeUp [www.mindmeup.cy/](http://www.mindmeup.cy/)

**Occupational therapists:**

- NOESIS Cognitive Center & Tech Solutions [www.noesis.cy/](http://www.noesis.cy/)
- Cyprus Association of Occupational Therapists [www.wfot.org/member-organisations/cyprus-cyprus-association-of-occupational-therapists](http://www.wfot.org/member-organisations/cyprus-cyprus-association-of-occupational-therapists)

**Mobility aids and make appropriate adjustments in the home environment:**

- Able Tools Ltd [www.abletools.com.cy/](http://www.abletools.com.cy/)
- Orthohouse [www.orthohouse.com.cy/](http://www.orthohouse.com.cy/)

Slovenia:

**Assistive technology providers:**

- Assistive technology providers [www.uri-soca.si/](http://www.uri-soca.si/)
- Health Insurance Institute of Slovenia (HIIS) / ZZZS [zavarovanec.zzs.si/medicinski-pripomocki/](http://zavarovanec.zzs.si/medicinski-pripomocki/)

**Pain management specialists or physiotherapists:**

- Slovenian Association of Physiotherapists / Združenje fizioterapevtov Slovenije [www.physio.si/](http://www.physio.si/)
- Slovenian Association for Pain Management / Slovensko združenje za zdravljenje bolečine [www.szzb.si/](http://www.szzb.si/)
- University Rehabilitation Institute – Soča / URI Soča [www.uri-soca.si/](http://www.uri-soca.si/)

**Audiologists and ophthalmologists:**

- Slovenian Association of Ophthalmologists / Združenje oftalmologov Slovenije [www.zos-szd.si/](http://www.zos-szd.si/)

**Counseling and psychotherapy services:**

- Slovenian Association of Physiotherapists / Združenje fizioterapevtov Slovenije [www.physio.si/](http://www.physio.si/)

**Occupational therapists:**

- Chamber and Association of Occupational Therapists of Slovenia – Professional Association / Zbornica in društvo delovnih terapevtov Slovenije - strokovno združenje [www.zdts.si/](http://www.zdts.si/)

**Mobility aids and make appropriate adjustments in the home environment:**

- Health Insurance Institute of Slovenia (HIIS) / ZZZS [www.zavarovanec.zzs.si/medicinski-pripomocki/](http://www.zavarovanec.zzs.si/medicinski-pripomocki/)

Austria:

**Assistive technology providers:**

- Austrian Social Insurance Medical Devices Directory [www.medizinprodukteregister.at/FAQs](http://www.medizinprodukteregister.at/FAQs)



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- Orthotec – Assistive devices and rehabilitation products [[www.orthotechnik.at/](http://www.orthotechnik.at/)]
- Hilfsmittelservice Tirol – Regional assistive devices provider [[www.rotekreuz.at/tirol/ich-brauche-hilfe/pflegemittel](http://www.rotekreuz.at/tirol/ich-brauche-hilfe/pflegemittel)]

**Pain management specialists or physiotherapists:**

- Physio Austria – National Association & Therapist Directory [[www.physioaustria.at/](http://www.physioaustria.at/)]
- Austrian Pain Society (Target 3: Promote psychosocial health for all population groups) [[www.oesg.at/](http://www.oesg.at/)]
- o Pain Outpatient Clinic – Tirol Kliniken Innsbruck [[www.tirol-kliniken.at/](http://www.tirol-kliniken.at/)]

**Audiologists and ophthalmologists:**

- Austrian Medical Chamber – Physician search engine [[www.arztsuche24.at/](http://www.arztsuche24.at/)]
- Austrian Society of Ophthalmology [[www.augen.at/](http://www.augen.at/)]
- Cochlear Implant Center – Tirol Kliniken Innsbruck (Audiology Department) [[www.tirol-kliniken.at/](http://www.tirol-kliniken.at/)]

**Counseling and psychotherapy services:**

- Austrian Federal Association for Psychotherapy – Therapist directory [[www.psychotherapie.at/](http://www.psychotherapie.at/)]
- Crisis Helpline Austria – 24/7 support (Tel. 142) [[www.telefonseelsorge.at/](http://www.telefonseelsorge.at/)]
- Instahelp – Online psychotherapy platform [[www.instahelp.me/](http://www.instahelp.me/)]
- Psychosocial Services Tyrol (PSD Tirol) [[www.psd-tirol.at/](http://www.psd-tirol.at/)]

**Occupational therapists:**

- Occupational Therapy Austria – National Association & Therapist Finder [[www.ergotherapie.at/](http://www.ergotherapie.at/)]

**Mobility aids and home adaptations:**

- Federal Ministry of Social Affairs – Support for assistive devices and home adaptations. The Austrian Ministry provides financial support and coordination through regional offices of the Sozialministeriumservice for mobility aids, technical assistive devices, and housing adaptations for persons with disabilities or elderly individuals. [[www.sozialministeriumservice.at/](http://www.sozialministeriumservice.at/)]
- Housing Advice Tyrol – Barrier-free housing and adaptations. Regional service providing consultation and guidance on accessible housing, adaptation of living spaces, and support for vulnerable groups (e.g., older migrants, persons with disabilities). [[www.tirol.gv.at/gesellschaft-soziales/diversitaet/integrationsangebote-fuer-zugewanderte-in-tirol/wohnen/](http://www.tirol.gv.at/gesellschaft-soziales/diversitaet/integrationsangebote-fuer-zugewanderte-in-tirol/wohnen/)]
- Hilfsmittelservice – Assistive products and consulting (via public health insurance). Central portal of the Austrian Health Insurance Fund (ÖGK) for approved assistive devices (e.g., walking aids, wheelchairs, orthopaedic supports) including cost coverage guidelines. [[www.gesundheitskasse.at/cdscontent/?contentid=10007.870456&portal=oegkportal](http://www.gesundheitskasse.at/cdscontent/?contentid=10007.870456&portal=oegkportal)]
- Austrian Red Cross – Rental and provision of nursing and mobility equipment. Offers rental services and support for care-related materials such as wheelchairs, hospital beds, toilet chairs, and more, often in cooperation with municipalities. [[www.rotekreuz.at/ich-brauche-hilfe/pflegemittel](http://www.rotekreuz.at/ich-brauche-hilfe/pflegemittel)]

**Domain C. Cognitive & Emotional Function:**

Total Number of questions:8

Highest risk score:14

Questions with not able to assess answer: 0

Highest risk score excluding score of selected 'not able to assess answer' questions: 14

Score: 12 / 14

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## Austria:

### **Speech/language therapy:**

- Logopädie Austria – Bundesverband der Logopäd:innen. Provides speech-language therapy for people with communication, language, speech, and swallowing disorders. Includes a searchable directory of certified therapists. [[www.logopaedieaustria.at/](http://www.logopaedieaustria.at/)]
- Speech and Language Therapy Services at Tirol Kliniken (e.g., Univ. Clinic for Phoniatics and Speech Therapy). Offers diagnostics and therapy for speech, language, and voice disorders. [[www.tirol-kliniken.at/](http://www.tirol-kliniken.at/)]

### **Psychological support / trauma counseling / neuropsychology:**

- Austrian Federal Association for Psychotherapy (ÖBVP). Therapist directory for psychotherapy, including trauma therapy and counseling for emotional distress. [[www.psychotherapie.at/](http://www.psychotherapie.at/)]
- Austrian Society for Clinical Neuropsychology. Specialist network for neuropsychological diagnostics and therapy (e.g., memory problems, cognitive impairments). [[www.oegn.at/](http://www.oegn.at/)]
- Crisis Helpline Austria (Telefonseelsorge, Tel. 142). Nationwide 24/7 crisis support for emotional distress, grief, and acute psychological needs. [[www.telefonseelsorge.at/](http://www.telefonseelsorge.at/)]
- Psychosocial Services Tyrol (PSD Tirol) Multidisciplinary services for individuals with emotional and cognitive impairments, trauma, psychiatric diagnoses, or psychological distress. [[www.psd-tirol.at/](http://www.psd-tirol.at/)]
- Psychologists and trauma therapists (searchable via ÖGP website) [[www.boep.or.at/](http://www.boep.or.at/)]

### **Memory clinics / dementia care / support for cognitive decline:**

- MAS Alzheimerhilfe – Memory and dementia support services. Cognitive training, family support, case management and consultation across Austria. [[www.alzheimerhilfe.at/](http://www.alzheimerhilfe.at/)]
- Memory consultation service at Tirol Kliniken (Univ. Clinic for Psychiatry and Psychotherapy). Diagnostic and treatment services for memory loss, dementia, and cognitive disorders. [[www.tirol-kliniken.at/](http://www.tirol-kliniken.at/)]
- Demenzservicestelle Tirol (Dementia Information and Counseling Office). Regional contact point for people with dementia and their relatives. [[www.demenz-tirol.at/](http://www.demenz-tirol.at/)]

### **Grief counseling and emotional support groups:**

- Hospiz Österreich – Grief counseling, palliative care support, and bereavement groups [[www.hospiz.at/](http://www.hospiz.at/)]
- Hospizteam Tirol – Regional grief counseling and accompaniment. Offers grief groups, one-on-one support, and community-based care. [[www.hospiz-tirol.at/](http://www.hospiz-tirol.at/)]

## **Domain D. Sleep & Nutrition:**

### **Notes:**

**In cases where the patient reports insomnia, the results for this domain will typically appear in the yellow range to alert you that further investigation may be required.**

**If the patient has insomnia and sleeps fewer than 5 hours per night, the results will appear in the light red range, indicating a higher level of concern and the need for more detailed follow-up or further**

### assessment.

Total Number of questions:7

Highest risk score:14

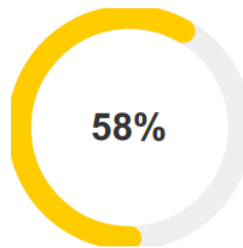
Patient reports Insomnia: Yes

Patient sleeps fewer than 5 hours: No

Questions with not able to assess answer: 1

Highest risk score excluding score of selected 'not able to assess answer' questions: 12

Score: 7 / 12



If the Sleep & Nutrition domain has high scores, it suggests that the person may be at increased mental health risk due to factors related to poor sleep patterns, irregular sleep cycles, or nutritional challenges. Issues such as insomnia, REM sleep disorders, over-sleeping, or under-sleeping can have significant effects on both physical and mental health, contributing to fatigue, mood disturbances, and cognitive impairments. Additionally, weight changes (whether gain or loss) and poor dietary habits can exacerbate these risks, leading to issues such as depression, anxiety, and stress. These factors can create a cycle where poor sleep and nutrition negatively impact mental health, and vice versa, increasing the risk of more severe psychological conditions.

Suggested Actions:

- ❖ For patients experiencing insomnia, REM sleep disorders, over-sleeping, or under-sleeping, refer them to a **sleep specialist** for further evaluation and management. Consider recommending a [sleep hygiene](#) program. For patients with poor or suboptimal dietary habits, refer them to a **nutritionist or dietitian** for personalized advice on improving eating habits. For patients with significant weight changes (gain or loss), especially those with a poor nutritional pattern, consider referring them to a **weight management program or bariatric counselor**.
- ❖ Recources in your country:

Cyprus:

**Sleep specialists:**

- Nicosia Sleep Lab | Sleep experts in Cyprus [\[www.nlc.cy/\]](http://www.nlc.cy/)

**Nutritionists/dietitians:**

- The Cyprus Dietetic & Nutrition Association [\[www.cydadiet.org/\]](http://www.cydadiet.org/)

Slovenia:

**Sleep specialists:**

- MIRA [\[www.zadusevnozdravje.si/dusevno-zdravje/pogoste-dusevne-tezave-in-motnje/nespecnost/\]](http://www.zadusevnozdravje.si/dusevno-zdravje/pogoste-dusevne-tezave-in-motnje/nespecnost/)

**Nutritionists/dietitians:**

- Professional Association of Nutritionists and Dietitians / Strokovno združenje nutricionistov in dietetikov [www.nutridiet.splet.arnes.si/](http://www.nutridiet.splet.arnes.si/)

#### Austria:

##### **Sleep specialists:**

- Austrian Sleep Research Association (ÖGSM/ASSM). National directory of certified sleep specialists and sleep laboratories offering diagnostics and treatment for insomnia, REM disorders, and other sleep conditions. [www.schlafmedizin.at/](http://www.schlafmedizin.at/)
- Sleep Laboratory – Tirol Kliniken (University Hospital Innsbruck). Specialized sleep diagnostics including polysomnography and interdisciplinary treatment for sleep disorders. [www.tirol-kliniken.at/](http://www.tirol-kliniken.at/)
- Austrian Health Insurance Fund (ÖGK). Provides coverage for sleep diagnostics and therapy upon referral by a general practitioner or specialist. [www.gesundheitskasse.at/](http://www.gesundheitskasse.at/)

##### **Nutritionists / Dietitians:**

- Austrian Association of Dietitians (Verband der Diätologen Österreichs). National registry of licensed dietitians; offers individualized nutritional counseling for weight management, malnutrition, and chronic disease prevention. [www.diaetologen.at/](http://www.diaetologen.at/)
- Clinical Nutrition Department – Tirol Kliniken. Hospital-based and outpatient dietary services for older adults, including weight loss/gain, diabetes, and nutrition-related therapy. [www.tirol-kliniken.at/](http://www.tirol-kliniken.at/)
- Nutrition services via public health insurance (ÖGK, BVAEB, SVS). Reimbursable dietary counseling programs available through Austria's main health insurance providers with medical indication. [www.gesundheitskasse.at/](http://www.gesundheitskasse.at/)

##### **Weight management programs / Bariatric counseling:**

- Fonds Gesundes Österreich (FGÖ) – National Health Promotion Fund. Supports evidence-based community programs for nutrition, healthy lifestyle, and weight management across Austria. [www.fgoe.org/](http://www.fgoe.org/)
- Obesity Centers at University Hospitals (e.g., Innsbruck, Vienna, Graz). Multidisciplinary teams offering counseling, medical weight loss programs, and preparation for bariatric surgery. [www.tirol-kliniken.at/](http://www.tirol-kliniken.at/)

## **Domain E. Community & Lifestyle:**

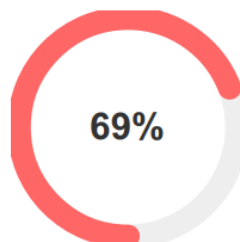
Total Number of questions:8

Highest risk score:16

Questions with not able to assess answer: 0

Highest risk score excluding score of selected 'not able to assess answer' questions: 16

Score: 11 / 16



If the Community & Lifestyle domain has high scores, it suggests that the person may be at increased mental health risk due to factors such as loneliness and limited social support. These issues can contribute to feelings of

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isolation, which are closely linked to mental health challenges like depression and anxiety.

Suggested Actions:

- ❖ Referral to Social Services: Consider referring the patient to local community services that can provide support for social isolation. Suggest the patient participate in local community activities, volunteering, or senior centers that could help combat loneliness.
- ❖ Resources in your country:

Cyprus:

**Local social services/ social workers:**

- Social Welfare Services [[www.dmsw.gov.cy](http://www.dmsw.gov.cy)]

**Social clubs, or senior centers:**

- Daily Center for Elderly People-Municipality of Strovolos [[www.strovolos.org.cy/en/home-page/the-municipality/tour-in-strovolos/daily-center-for-elderly-people](http://www.strovolos.org.cy/en/home-page/the-municipality/tour-in-strovolos/daily-center-for-elderly-people)]
- 55 Σύν Πλήν Μαζί Κύπρος - 55 Plus Minus Together Cyprus [[www.facebook.com/groups/364055885988116/](https://www.facebook.com/groups/364055885988116/)]
- Cyprus Third Age [[www.c3a-cyprus.org/](http://www.c3a-cyprus.org/)]

Slovenia:

**Local social services/ social workers:**

- Ministry of Labour, Family, Social Affairs and Equal Opportunities [[www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-delo-druzino-socialne-zadeve-in-enake-moznosti/](http://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-delo-druzino-socialne-zadeve-in-enake-moznosti/)]
- Centres for Social Work / Centri za socialno delo [[www.scsd.si/centri-za-socialno-delo/](http://www.scsd.si/centri-za-socialno-delo/)]

**Social clubs, or senior centers:**

- Multigenerational Centres / Večgeneracijski centri [[www.gov.si/teme/vecgeneracijski-centri/](http://www.gov.si/teme/vecgeneracijski-centri/)]

Austria:

**Local social services / social workers:**

- Federal Ministry of Social Affairs, Health, Care and Consumer Protection. Coordinates nationwide social welfare services, support for older adults, and regional implementation through district social offices. [[www.sozialministerium.at/](http://www.sozialministerium.at/)]
- Caritas Austria – Social counseling and support services. Offers housing aid, financial counseling, psychosocial support, and senior services through local branches. [[www.caritas.at/hilfe-angebote/beratung-sozialhilfe](http://www.caritas.at/hilfe-angebote/beratung-sozialhilfe)]
- Volkshilfe Austria – Social services and community support. Provides outreach services, mobile social work, and support for socially isolated or vulnerable older people. [[www.volkshilfe.at/](http://www.volkshilfe.at/)]
- In Tyrol: Bezirkssozialzentren Tirol (District Social Services). Publicly funded local social workers offering case support, referrals, and networking for older persons. [[www.tirol.gv.at/gesellschaft-soziales/soziale-dienste/](http://www.tirol.gv.at/gesellschaft-soziales/soziale-dienste/)]

**Social clubs, or senior centers:**

- Pensioners' Clubs of the City of Vienna (Pensionistenklubs Wien). A broad network of community spaces for social interaction, creative workshops, fitness activities, and digital support. [www.pensionistenklubs.at/](http://www.pensionistenklubs.at/)
- Austrian Seniors' Council (Österreichischer Seniorenrat). National representation of senior organizations, offering guidance on engagement opportunities and local activities. [www.seniorenrat.at/](http://www.seniorenrat.at/)
- Red Cross Austria – Community Cafés and Senior Circles. Regional Red Cross groups facilitate social spaces and outreach to reduce loneliness and isolation. [www.roteskreuz.at/](http://www.roteskreuz.at/)
- In Tyrol: Senior:innenzentrum Völs (Senior Center Völs). Example of a municipal senior center offering daily activities, social events, and neighborhood-based support [www.voels.gv.at/](http://www.voels.gv.at/)
- Mehrgenerationenhäuser Tirol (Multi-generational Houses). Intergenerational meeting points that offer inclusive activities to strengthen local community bonds. [www.familienbund.at/projekte/mehrgenerationenhaeuser-tirol/](http://www.familienbund.at/projekte/mehrgenerationenhaeuser-tirol/)

## Domain F. Personal Space & Environment:

Total Number of questions:4

Highest risk score:8

Questions with not able to assess answer: 1

Highest risk score excluding score of selected 'not able to assess answer' questions: 6

Score: 6 / 6



If the Personal Space & Environment domain has high scores, it suggests that the person may be at increased mental health risk due to factors such as loneliness and limited social support. These issues can contribute to feelings of isolation, which are closely linked to mental health challenges like depression and anxiety.

Suggested Actions:

❖ For patients with cluttered living spaces or disorganized personal belongings, consider referring them to home assistance services to help manage daily chores and ensure a clean environment. If hoarding tendencies are present, it is essential to recommend a mental health assessment to explore the underlying psychological issues such as hoarding disorder, which can be associated with conditions like OCD or severe anxiety. For patients with poor personal hygiene or appearance, it's essential to address possible underlying physical, mental, or cognitive challenges, such as depression, cognitive decline, or physical disability. Referral to a **personal care assistant or a healthcare professional specializing in geriatric or disability care** may be necessary. Encourage the patient to maintain [personal hygiene routines](#), which can have positive effects on both their physical health and self-esteem. A person with **poor personal hygiene** and **disorganized living conditions** might be experiencing cognitive decline, depression, or a lack of support. It is important to ensure they receive a **comprehensive mental health assessment** by a **geriatric psychiatrist or mental health professional** for further evaluation and possible intervention.

❖ Resources in your country:

Cyprus:

#### **Mental health:**

- NOESIS Cognitive Center & Tech Solutions [[www.noesis.cy/](http://www.noesis.cy/)]
- Mental Health Services of the Ministry of Health in Cyprus [[www.gov.cy/moh/en/about/mental-health-services/](http://www.gov.cy/moh/en/about/mental-health-services/)]

#### **Care services:**

- MM Care Services [[www.facebook.com/p/MM-Care-Services-100063736616453/](https://www.facebook.com/p/MM-Care-Services-100063736616453/)]
- GESY (Cypriot Health System) [[www.gesy.org.cy/sites/Sites?d=Desktop&locale=en\\_US&lookuphost=en-us/&lookuppage=hiohomecare](http://www.gesy.org.cy/sites/Sites?d=Desktop&locale=en_US&lookuphost=en-us/&lookuppage=hiohomecare)]

#### Slovenia:

#### **Mental Health:**

- Ministry of Health / Ministrstvo za zdravje [[www.gov.si/teme/dusevno-zdravje/](http://www.gov.si/teme/dusevno-zdravje/)]
- Mental Health Centres / Centri za duševno zdravje [[www.zadusevnozdravje.si/kam-po-pomoc/centri-za-dusevno-zdravje/](http://www.zadusevnozdravje.si/kam-po-pomoc/centri-za-dusevno-zdravje/)]

#### **Care services:**

- Mental Health Centres / Centri za duševno zdravje [[www.zadusevnozdravje.si/kam-po-pomoc/centri-za-dusevno-zdravje/odrasli/](http://www.zadusevnozdravje.si/kam-po-pomoc/centri-za-dusevno-zdravje/odrasli/)]

#### Austria:

#### **Mental health:**

- Psychosocial Services Tyrol – Regional centers for mental health support. Multidisciplinary outpatient support for individuals with mental health conditions (depression, OCD, cognitive decline). Services include psychiatric evaluation, social work, and psychotherapy. [[www.psz.tirol/](http://www.psz.tirol/)]
- Austrian Society for Geriatric Psychiatry and Psychotherapy. Professional network of geriatric psychiatrists and mental health experts focusing on dementia, depression, and complex psychological conditions in older adults. [[www.oegpp.at/](http://www.oegpp.at/)]
- Crisis Helpline Austria – 24/7 support (Tel. 142). Immediate anonymous support for people in psychological crisis situations. [[www.telefonseelsorge.at/](http://www.telefonseelsorge.at/)]

#### **Care services (personal assistance, home support, hygiene help):**

- Austrian Red Cross – Home care and personal assistance. Nationwide service offering mobile nursing, personal hygiene support, and home care assistance for older or disabled people. [[www.rotekreuz.at/](http://www.rotekreuz.at/)]
- Hilfswerk Austria – Mobile care and household support. Professional in-home care including help with hygiene, daily structure, and home environment organization. [[www.hilfswerk.at/](http://www.hilfswerk.at/)]
- Caritas Austria – Social care and home support services. Offers household help, personal care assistance, and dementia support across Austria via regional branches. Pflegedienste Tirol – Regional home nursing services coordinated by the state [[www.tirol.gv.at/leicht-lesen/gesellschaft-und-soziales/mobile-dienste/](http://www.tirol.gv.at/leicht-lesen/gesellschaft-und-soziales/mobile-dienste/)]