

2ND EDITION

National Award For Good Mental
Health Practices Spain
4th Edition - 2021
Category "Sensitization"



@CROQUETAMENTAL

Practical Guide for Youth Mental Health



LET'S TALK?

YES!

YES IN GREEN!



FEAFES Salud Mental
EXTREMADURA

Program: Mental Health Promotion.



JUNTA DE EXTREMADURA

Consejería de Sanidad y Servicios Sociales

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Numerous studies support that the population group of young people is the one that has suffered the most from the effects of the pandemic at a psychological and emotional level.

The study carried out by the University of Extremadura (UEX) and presented by the Extremadura Youth Institute in the 7th Extremadura Youth Plan (2021-2024) tells us that more than half of the population between 14 and 30 years old perceive feeling that they have Mental Health problems related to anxious symptoms and more than 10% report suffering from a type of Mental Disorder.

Added to the impact of this data, we observe through continuous feedback that we maintain with the group of young people that we work with that there is a significant gap in the knowledge of Mental Health. Above all, with regard to the identification of Mental Disorders and emotional management.

In addition, something that we don't want to overlook is that, although awareness of the need to take care of Mental Health has increased, the stigma around Serious Mental Disorder (SMD) continues more present than ever.

Thus, more and more, there is talk of anxiety, depression, discomfort, active participation in forums, debates, and social networks; it can even be said that the idea of Mental Health has been "romanticized". However, it is still difficult to talk about Personality Disorders, Bipolar Disorder, schizophrenia or any type of Serious Mental Disorder (SMD).

With this new edition we hope that the guide “@Croquetamental” is focused on breaking down prejudices, not only among young people, but also teachers, mothers and fathers, caretakers, in short, for all the people who accompany our young people in their emotional development.

For this purpose, throughout the entire guide, we have included some myths that accompany Mental Health along with the reality that debunks them.

If it is important to talk about Mental Health, it is also important to talk about SMD.

What will not change in this new edition is that it is a guide made by young people, to resolve all their doubts and concerns. Based on the data they provide us and reviewed by them so that the language and content is as accessible as possible.

And, of course, with the continuity of the work that began in 2021 with Youth Mental Health Information and Guidance Service, with the group of young “allies” and the presence in social networks (Instagram, TikTok) among many other initiatives.

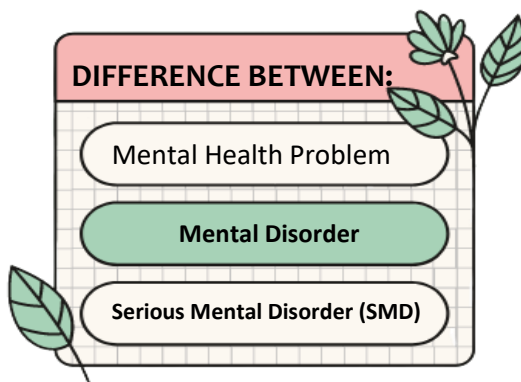


According to the World Health Organization, “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Mental Health, therefore, is a state of well-being that makes it possible to live with quality, to relate with one another satisfactorily, to perform and face the troubles of life with strength and good disposition; it’s what facilitates and makes viable a harmonious and balanced life.

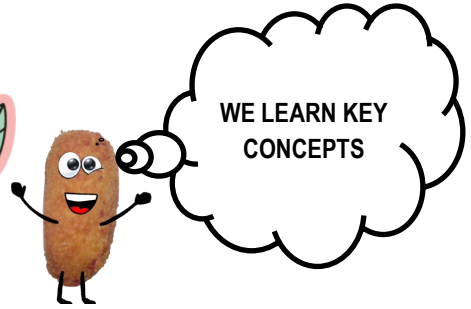
Mental Health relates to the ability to face and overcome life’s adversities without losing emotional balance. This concept is related to autonomy, adaptation, self-esteem, resilience, and a sense of coherence. In other words, there can be no Health without Mental Health, since one goes with the other, it is a whole.

That is why it is important to know the difference between:



Myth: Mental Health problems do not affect everyone. It can’t happen to me.

Reality: Throughout their lives, 1 in every 4 people will suffer from some type of Mental Health problem.



MENTAL HEALTH PROBLEM

When we suffer from a condition in our life that limits us or when we do not know how to manage it in an adequate manner, causing discomfort in our day to day.

SERIOUS MENTAL DISORDER (SMD)

It is characterized by a series of Mental Health conditions based on a criteria of symptoms, duration (chronic), and the presence of serious difficulties in personal, social, work, and daily life functioning. All this causes significant discomfort in the person, either directly or indirectly (relationships, development of their autonomous life, etc.)



- ⇒ **Hallucinations** (we think the TV is speaking to us, we even answer it. Or we hear thoughts aloud.)
- ⇒ **Ideas of reference** (we think that what other people say always is directed towards us.)
- ⇒ **Empty feelings** (nothing emotionally satisfies us. We feel a strong emotion of loneliness and misunderstanding.)
- ⇒ **Ideas of prejudice** (we think that other people do things to make us feel bad or to hurt us.)
- ⇒ **Apathy and/or abulia** (we feel unmotivated or that we are unable to have the drive to do things that we like.)

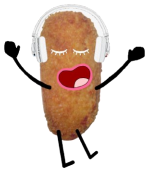


We talk about Health, about Mental Health.

HOW TO TAKE CARE OF OUR MENTAL HEALTH:

The main thing is to try not to expose yourself in a prolonged or intense way to stressful factors, since stress is one of Mental Health's main enemies along with having difficulty recognizing what we are feeling.

For this reason, in order to prevent or reduce stress, it is fundamental that we practice a series of healthy habits:



Let's dedicate time to ourselves and to activities that make us feel good.

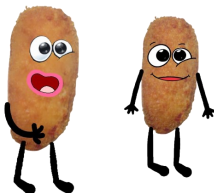


Let's play sports.



Let's have a good sleep and hygiene routine.

Let's avoid consuming alcohol, cannabis or other drugs.



Let's maintain strong and healthy social relations.

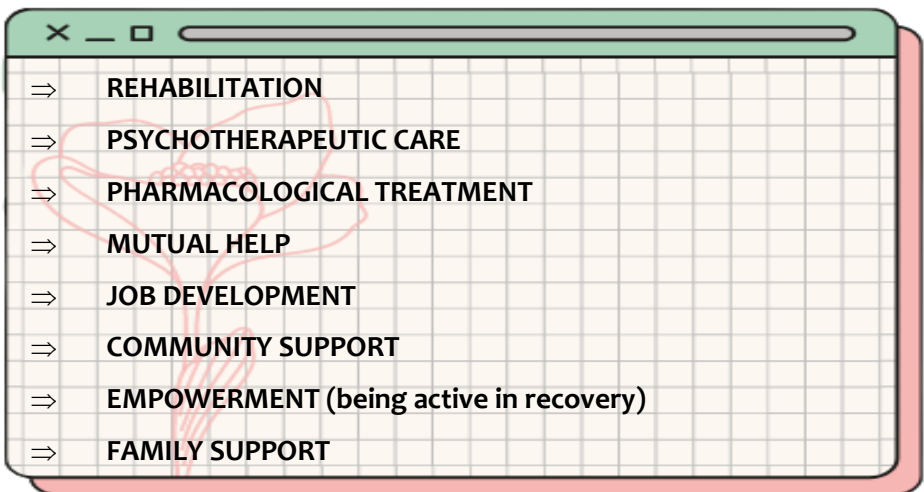


In short, having a Mental Health Problem can be somewhat circumstantial because you do not have the tools to deal with a personal situation or moment.

However, having a SMD is a characteristic that will stay with the person permanently, but it must be taken into account that it is a characteristic among many others that one must learn to live with, and it may not affect at all as long as healthy lifestyle habits are followed and the necessary actions are taken to learn to live with it.

For example, there are people that suffer from strokes and are able to recover thanks to rehabilitation and a healthy lifestyle. Well, the same happens with a SMD.

Mental Health can be recovered with:



Myth: Mental Health recovery doesn't exist.

Reality: With professional assistance and/or adequate treatment, the person with Mental Health problems can recover.

DID YOU KNOW...

50% of Mental Health problems begin **before the age of 15**, and **75% before the age of 18**.

In young people **between 15 and 29 years old**, **SUICIDE** is the **first external cause of death** and **triples in LGBTI youth**.

27.4% of young people between the ages of **15 and 19** think that **gender violence is normal**.

In recent years, the number of **SMD diagnoses in young people** has **skyrocketed**.

More than 20% of minors present **some type of mental pathology** during childhood that requires specialized attention.

The prevalence of **Mental Disorders** in boys and girls **aged 10 to 19** in Europe is **16.3%**, while the **world figure** for the same age group is **13.2%**. This means that **9 million adolescents** between the ages of 10 and 19 in Europe live with a **mental disorder**.

DID YOU KNOW...

According to “Save the Children” Mental Disorder cases have tripled in children.

According to the 2021 Extremadura Youth Report, it is stated that...

46.3% say they have Sleep Disorders. And 29.2% confirm they have panic attacks.

55.4% of these young people perceive feeling anxious.

11.6% report suffering from OCD (Obsessive Compulsive Disorder) and 8.6% reflect being convinced that they suffer from PTSD (Post-Traumatic Stress Disorder).

12% reflect being convinced that they suffer from a serious illness (symptoms that can be identified with Anxiety Disorder).

FAQ*

FREQUENT QUESTIONS



*The following questions below are real. They are asked by young people that interact with us through our social networks.

◆ How do I know if I have a Mental Health problem?

The answer to this can only be given by a Mental Health specialist. However, we are going to see some RED FLAGS that can tell us when to consult a professional:

I am always tired.

I am very upset by any change or by doing things that I do not control.

Sometimes I feel on top of the world, but other days I feel the worst.

I have a lot of very negative thoughts or thoughts that I do not like.

I have been sad for quite a while.

I think that everything would be better without me.

I can't cope with my day-to-day activities

I no longer do things that I used to like.

I consume to avoid what I am feeling.

For a while now everything bothers me.

Myth: Young people do not have Mental Health problems.

Reality: 75% of Mental Health problems begin before the age of 18.

FAQ*

FREQUENT QUESTIONS

◆ What do I do if I realize that I am not well?

Discuss it with your environment.

Go to your family doctor.

Consult a Mental Health specialist.

◆ How do I know if I need help?

“If you are thinking about asking for help, it is a sign that you need it”.



S.I.O YOUTH

MENTAL HEALTH INFORMATION
AND GUIDANCE SERVICE FOR THE YOUTH

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✉ **SALUDMENTALJUVENTUD@GMAIL.COM**

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🌐 **WWW.FEAFESEXTREMADURA.COM**

INICI DE EXTREMADURA

FEAFES EXTREMADURA



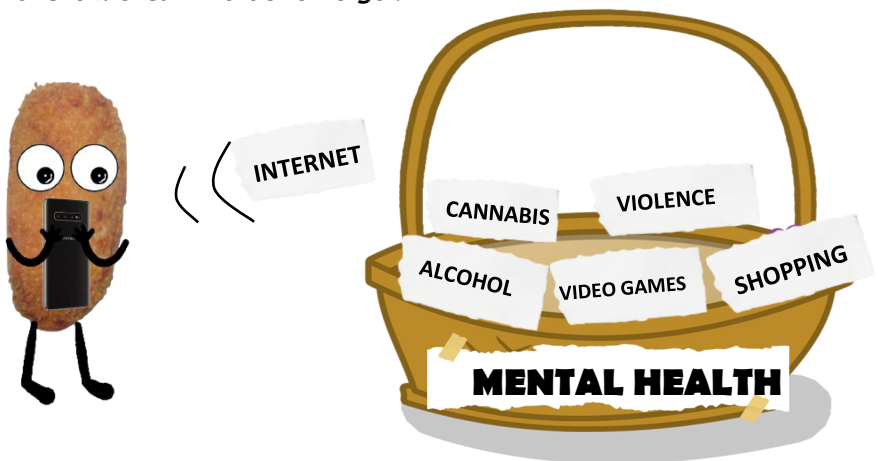
◆ How do addictions influence our Mental Health?

If we speak about addictions, we are referring to addiction with or without substance. Not only drugs, but also shopping, internet, video games...

And we must say that addictions in general CAN provoke Mental Health problems, they can because like everything, it is a matter of increasing the probability that we have according to our genetic predisposition and environmental factors that surround us in our lives.

We are going to exemplify this with a metaphor:

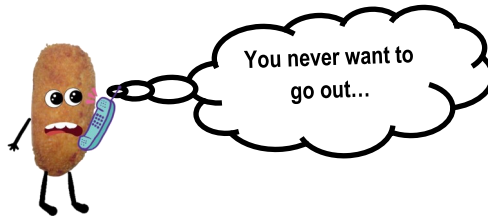
"We all have a basket at birth, some come with blank papers and others full of papers that say "Mental Health Problems". You have to think that with every unhealthy habit that we make, we add one more ballot to the basket of our Mental Health, which increases our vulnerability of suffering from SMD. There will be people who never overflow the basket, however, there will be others who, after putting in the first ballot, suffer a crisis or the Mental Disorder emerges."





◆ How does our Mental Health affect social relationships?

Our emotions guide our life. Our emotional states guide our relationships. For this reason, if we feel well, there are usually changes in the way we relate with each other because, even if we are not aware, our behavior or attitude changes.



◆ How Social Media affects body worship?

Body worship is understood as an obsession with our physique that leads us to live a life centered on rites to have a certain physical appearance, even producing health risk behaviors.

This obsession is influenced by social networks due to the self-demand of showing a positive body image.

Body worship and social media have generated an increase in eating disorders and emotional problems.



Myth: People with Mental Health problems can't work.

Reality: With the necessary adaptations and health everyone can work in equal conditions.



“Suicide has become one of the leading causes of death in young people from the age of 14 and some studies find rates between 15 - 20% of teens with suicidal ideation accompanied by feelings of hopelessness and helplessness”.

◆ **What situations can lead someone to think about suicide?**

Sometimes, people go through moments in their life in which the emotional burden to which they are subjected to is so big that they consider it impossible to deal with it, generating great suffering.

IT IS NOT COWARDICE OR BRAVERY, IT IS SUFFERING

**FACTORS THAT
INCREASE THE
VULNERABILITY**

- > **Personality factors.**
- > **Social factors.**
- > **Mental Health factors.**
- > **Biological factors.**
- > **Familiar factors.**
- > **Work factors.**

◆ **Is talking about suicide good?**

It is good to talk about suicide prevention.

Speaking saves lives because suicide can be prevented.

Suicide is a Public Health problem, for this reason, asking for help is necessary and vital.

In addition, it is important to know and have good information to eliminate taboos and false beliefs.

◆ **What things can help us know that a person is thinking about ending their life?**

There are a lot of signs that can alert us that a person is attempting suicide or self-harm, for example:



—>The communication that they have is with feelings of hopelessness or anger. Ex: “I’m not worth anything”

—> They show direct or covered messages about hurting themselves or ending their life. Ex: “Everything would be better without me”

—> They reduce Social Relations. They avoid hanging out with family and friends.

—> They increase the use of alcohol or drugs.

—> They give farewell messages in their environment or possessions.

—> They don’t show interest in things that they used to like.

◆ **How can we help a person that is going through a difficult problem or situation like thoughts of suicide?**

There is no better help than accompaniment and support for the person. However, it is also important that we search for help from professionals that can intervene in an appropriate manner.

Thus, during this process, it is fundamental that we remain attentive to any warning signs that we can observe, talk to them and make them feel understood at all times.

TIPS FOR COMMUNICATING WITH SOMEONE THAT SUFFERS

- > Show understanding with what they tell us, without telling our own experiences.
- > Be open to **listening to everything** that they want to tell us.
- > Try **not to give advice** unless asked.
- > Sometimes we just need to be, **silence** also is support.
- > Make ourselves available.
- > **Empathize**, in order to gain trust and be able to offer them help to request professional attention.
- > Return the **emotion** that they transmit to us in their speech: “I feel lazy, without desire...” -”I see that you feel exhausted”. This will make them feel heard.

PRACTICE ACTIVE LISTENING

Myth: People with Mental Health problems cannot have children.

Reality: The condition of a good/bad father/mother is not associated with any diagnosis.

SMD IN DAY TO DAY



**VIDEO TESTIMONY OF A YOUNG MAN WITH A MENTAL DISORDER:
<https://www.youtube.com/watch?v=1e0BOOeLByY>**

“#SINFILTROS

*The main barrier of **Serious Mental Disorder (SMD)** is the STIGMA. And the best way to break it is by listening to those who experience it first-hand.*

*One can recover from **SMD**. It is not invisible, and we must know that it can happen to anyone. For this reason, it must be made visible.*

SMD IN DAY TO DAY



“The person facing a Mental Health diagnosis, like their family, most of the time do not understand the situation they are facing.”

“I would like for people to go beyond and take interest in me for more than my Serious Mental Disorder. I don't want them to reduce me to a label.”

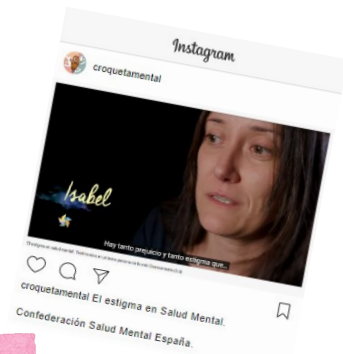
“My world of frustrations and fears exploded when I became aware that my mind had failed, but it was too late, nobody saw it coming, I didn't express it, I woke up in a room and now I had to learn to live with a schizophrenia diagnosis.”

“She was totally convinced that she had telepathic ability, firmly believing that it was true.”

“Sometimes you need them to clearly tell you if you are going to be able to have a job, a family. In my world, that hope did not exist.”

“If you drag for years a continuous discomfort, there comes a time when you explode. It doesn't come across your mind that it will never happen to you, but it comes, it happens to you and the error is not looking for help in time.”

SMD IN DAY TO DAY



“I had no social life, I tended to isolate myself, but I didn’t have information, I didn’t know what to do, who to talk to nor if what was happening to me was normal.”

“At no time did I consider ordering my mind. By entering into the game of my inner voice that did not communicate my reality with others for fear of rejection, my mind began to suffer.”

“Somehow you try to hide everything that is happening to you, verbalizing everything can be shameful, you hide because of fear of what they’ll say. There comes a point when your friends can no longer do anything for you, they are not prepared to receive something like this.”

Link videos “First person testimonies from the Web Diversamente”

[https://www.youtube.com/watch?](https://www.youtube.com/watch?v=8uZl3rcizgk&list=PLY1dPA7j5VIGTo_fxR3B7QS6baNBOPG-m)

[v=8uZl3rcizgk&list=PLY1dPA7j5VIGTo_fxR3B7QS6baNBOPG-m](https://www.youtube.com/watch?v=8uZl3rcizgk&list=PLY1dPA7j5VIGTo_fxR3B7QS6baNBOPG-m)

Myth: It is impossible to prevent a Mental Health problem.

Reality: One of the main forms of preventing in Mental Health is the reduction of one’s exposure to risk factors (addictions, traumas, social surrounding)



As we mentioned at the beginning, to take care of our Mental Health it is fundamental to know how to recognize and manage what we are feeling. Therefore, we are going to see what emotions are, their types and components.

EMOTION VS FEELING

Emotion

Is the first response to a stimulus. It is intense but for a short duration.

Feeling

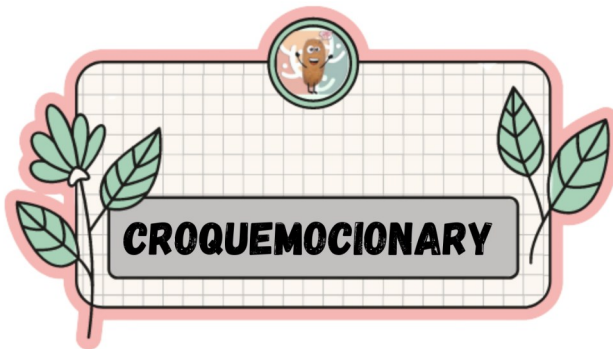
It comes after an emotion when the information is processed. It can be linked to other emotions and is longer lasting although less intense.

Does feeling and emotion mean the same thing?

Yes, they are synonyms.

No, they differ based on the duration.

It is the same thing, but the feeling is more intense.



All emotions have an **adaptive function** that helps us to survive. For this reason, they are not positive or negative but **pleasant or unpleasant**.

Furthermore, they all have **3 components**:

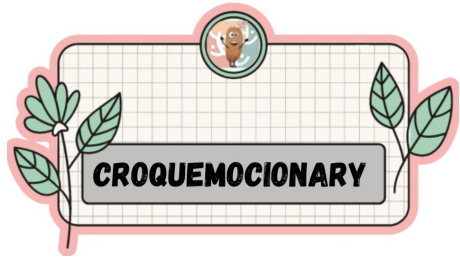
Physiological: reaction that is caused in the organism after a stimulus. These are involuntary (we do not control them). Ex: hormonal changes, temperature, blood supply...

Behavioral: causes a change in behavior. Ex: we modify gestures, posture, breathing, movement...

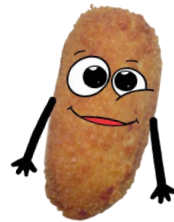
Cognitive: what we process on a mental level. The information that is activated can be more or less conscious. This influences our subjective experience.

Ex: "What a scare. I almost had a heart attack." "It's normal that I feel a little sad after failing, I have to take some time to recover and try again."

HAPPINESS



It is the emotion directly associated with pleasure and happiness. It can appear before moments of overcoming and in states of well-being.



POSTURE AND BREATHING

shoulders back, chest and head up. Face: no tension, relaxed jaw. More diaphragmatic (deeper) breathing.

PHYSIOLOGICAL RESPONSE:

Increased heart rate. Increased endorphins and dopamine.

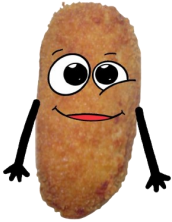
FUNCTION:

Incentivize action to repeat pleasurable and beneficial behaviors.

Myth: People with Mental Health problems are violent and unpredictable.

Reality: Violence cannot be attributed to a SMD, people with Mental Health problems tend to be more often victims than offenders.

HAPPINESS



Fun

Gratification

Humour

Pleasure

HAPPINESS

Excitement

Optimism

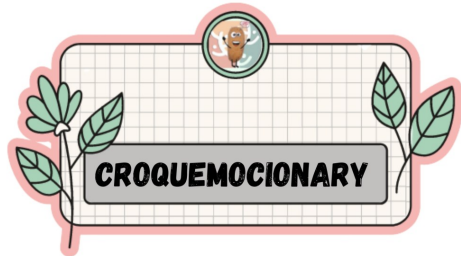
Enthusiasm

Euforia

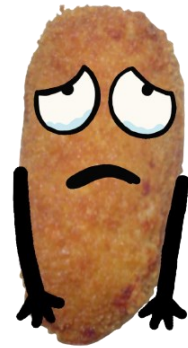
Freedom

Rejoice

SADNESS



It is characterized by a **decline in mood** and a significant reduction in the level of cognitive abilities such as **memory, attention, etc. and activity**. That is to say, we remain turned off, we don't pay much attention to our daily aspects.



PHYSIOLOGICAL RESPONSE:

Decreased energy. There is a decrease in the level of serotonin (activity).

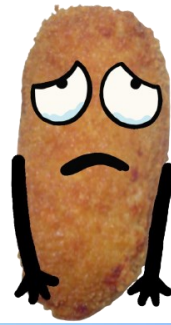
POSTURE AND BREATHING:

Dropped shoulders towards the chest, lowered head. Face: without muscle tone, narrowed eyes.

FUNCTION:

Find your happy place to feel **protected** and look for other options. Also look for social help.

SADNESS



Nostalgia

Pessimism

Suffering

Pity

SADNESS

Mourning

Depression

Grief

Bitterness

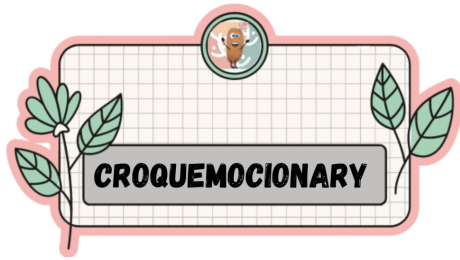
Unwillingness

Pain

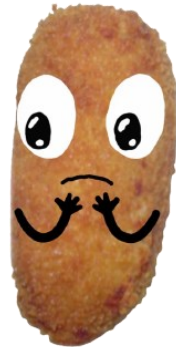
Myth: They cannot live in society because they don't adapt.

Reality: With the necessary help and resources they can live an independent and autonomous life.

FEAR



It is characterized by a feeling of great **tension** with an elevated **concern** for our **safety and health**. A **fight or flight** reaction is activated.



PHYSIOLOGICAL RESPONSE:

Increased heart rate and **blood flow** to the **extremities** (that explains the paleness of the face). It increases **adrenaline**.

POSTURE AND BREATHING:

We stoop, as if seeking refuge. We cross our arms or bring them closer to protect ourselves.

Face: Raised eyebrows opening the eyes widely, the jaw becomes tense.
Breathing: is agitated by the nose and the mouth.

We inflate our chest quickly.

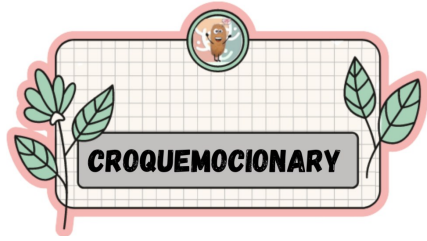
FUNCTION:

We protect from **dangerous** situations or from uncertainty.

FEAR



DISGUST



It is characterized by a feeling of **revulsion or avoidance** at the possibility, real or imaginary, of ingesting a **harmful** substance that can harm us. The subjective feeling is a great displeasure and rejection.



PHYSIOLOGICAL RESPONSE:

Gastrointestinal **discomfort** occurs. As well, it is accompanied by a drop in tension and decreased sensitivity of the skin. At a chemical level, the production of serotonin, which increases the feeling of nausea

POSTURE AND BREATHING:

Move away, lean the body backwards. **Face:** raising of the upper lip, frowning and lowering of the corners of the mouth, sticking out the tongue. **Breathing:** slow and choppy, with the chest.

FUNCTION:

Reject things that can cause **discomfort**.

Myth: It is better that they are in a Mental Health hospital.

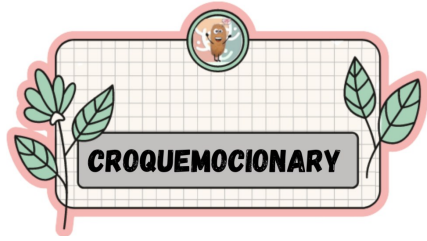
Reality: Besides in the most acute episodes, it has been shown that people who are cared for by the community have a better recovery.

DISGUST



* Some authors consider it a feeling derived from FEAR, for this reason in the universe it is represented linked to it.

ANGER



The biggest characteristic of anger is the increase of the feeling of heat and tension. This feeling comes from when we find ourselves under **situations** that produce **frustration** or where we believe that our **rights are being violated**.



PHYSIOLOGICAL RESPONSE:

Muscular tone, heart rate, and blood flow increases, above all in the **arms and hands**.

Norepinephrine and dopamine increase.

POSTURE AND BREATHING:

Clenched fist, body leaning forward, arms slightly raised. Face: the jaw clenches, brows frown, and nostrils flare.

Breathing: abrupt and accelerated, through the nose.

FUNCTION:

Facing a danger or **competing and/or defending** a resource.

ANGER



Fury

Rage

Temper

Frustration

ANGER

Unfriendliness

Untrustworthin

Resentment

Hate

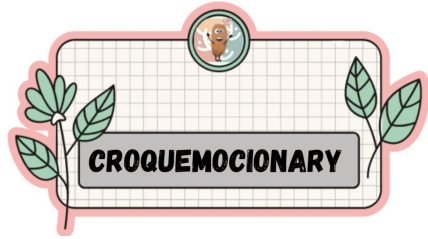
Revenge

Ess

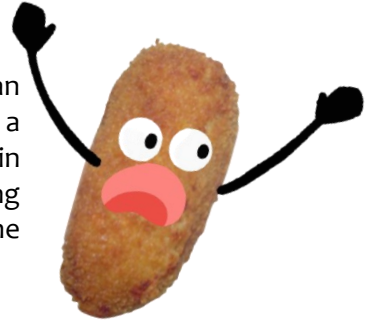
Myth: If you suffer from a disorder, it is because you drink, consume drugs, or don't care for yourself.

Reality: Although consumption is a risk factor, it does not mean that it is the main cause of development of a disorder.

SURPRISE



It is caused after the appearance of an **unexpected** stimulus. It is accompanied by a feeling of **uncertainty** along with a state in which the person feels a sensation of having a blank mind, as if paralyzed. Hence the expression “to run out of breath”.



PHYSIOLOGICAL RESPONSE:

heart rate decreases, **muscle tone** increases. The substance that is secreted in the greatest quantity with surprise is adrenaline.

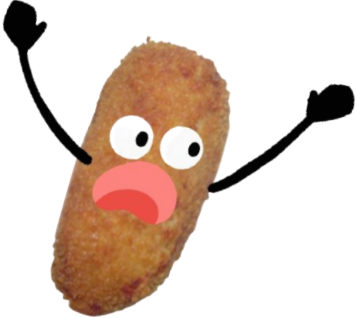
POSTURE AND BREATHING:

hands in front of the body, body leaning back. Foot forward.
Face: maximum elevation of the eyebrows, eyes wide open, like the mouth.
Breathing: stops, and we start breathing very quickly, with the chest.

FUNCTION:

stop the activity in order to **concentrate** on the unforeseen stimulus.

SURPRISE



Anticipation
Amazement
surprised
confusion
SURPRISE
disconcert
perplexion
weirdness
Bewilder
astonishment
impact

ABOUT FEAFES EXTREMADURA

FEAFES Mental Health Extremadura is an Extremadura Federation of Associations of People with Mental Health and Family problems. It represents more than 4,000 families, with a total of **10 Federated Associations** throughout the region.

#FeafesInNetwork



#DoingMentalHealthInExtremadura



MISSION

The improvement of the quality of life of people with mental disorders and their families, the defense of their rights and the representation of the Associative movement.



VISION

We want to consolidate ourselves as a leading organization in Mental Health and as that associative movement that unites all people with Mental Health problems and their families.



VALUES

Leadership, Universality, Participation, Democracy, Transparency, Self-determination, Justice, Efficacy, Solidarity.



PILLARS on which we base our work philosophy.

COMMUNITY MODEL

“Attention to the Mental Health of the population must be done in their environment, in their place, in the Community”.

EMPOWERMENT AND RECUPERATION

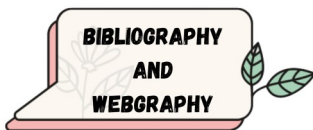
“Nothing for us without us”.

RESPECT FOR RIGHTS

“All human beings are born free in dignity and rights”.

FIGHT AGAINST THE STIGMA

“I am like you”.



- ◇ Confederación Salud Mental España. (2018). *Las palabras sí importan. Guía de estilo sobre Salud Mental para medios de comunicación*. Confederación SALUD MENTAL ESPAÑA.
- ◇ Confederación Salud Mental España (2020): *Informe sobre el estado de los Derechos Humanos en Salud Mental: 2019*. Confederación SALUD MENTAL ESPAÑA.
- ◇ Feafes SM Extremadura (2020): *Guía Salud Mental y Mujer: Tus derechos son los míos*.
- ◇ Feafes SM Extremadura (2020): *Derechos Humanos y Salud Mental. Aproximación a la perspectiva de Derechos Humanos en Salud Mental*.
- ◇ Feafes SM Extremadura (2020): *La Salud Mental: Un estado de bienestar. Guía informativa sobre Salud Mental en Extremadura*.
- ◇ Feafes SM Extremadura (2019) *Buenas prácticas en la información sobre la prevención del Suicidio*. Campaña de sensibilización dirigida a Medios de comunicación. www.feafesextremadura.com.
- ◇ Organización Mundial de la Salud (2021). *Constitución de la Organización Mundial de la Salud*.
- ◇ UNICEF. (2021). *En mi mente: Promover, proteger y cuidar la salud mental de la infancia*.
- ◇ Consejo de la Juventud de Extremadura (2021). *Estudio Juventud en Extremadura*.
- ◇ Bisquerra, R. (2020). *El Universo de las Emociones*. Recuperado de :
 - www.feafesextremadura.com
 - <https://saludextremadura.ses.es/smex/>
 - www.consaludmental.org

Accreditations :
Member Mental Health Spain.
Member of CERMI Extremadura.

Awards :

“Tolerance Award” by the Association of Human Rights of Extremadura, ADHEX.
“National Good Practices Award” to the Observatory of Mental Health by Mental Health Spain.
“National Good Practices Award” to the guide “Women and mental health. Your rights are mine”.
“National Good Practice Award” to the guide “@CROQUETAMENTAL. Practical Guide for Youth Mental Health”.

RESOURCES

Mental Health Information and Guidance Service for the youth.



FEAFES Salud Mental
EXTREMADURA

S.I.O. JUVENTUD

SERVICIO REGIONAL DE INFORMACIÓN Y ORIENTACIÓN EN
SALUD MENTAL PARA ADOLESCENTES Y JÓVENES

682 632 100 

Suicidal behavior hotline.



Hotline for all forms of violence against women.



Emergency hotline, including Mental Health emergencies.



Directory link of health centers in Extremadura:

<https://saludextremadura.ses.es/web/Directories>

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