YOUnite

Holistic programme fostering the integration of overweight and adipose youth healthy into the labour market

INSTRUCTIONS FOR TRAINERS

STRESS MODULE

YOUnite

Table of Contents

HEY. I'm prepared!

HEY. I'm qualified!

1. INTRODUCTION

The first three chapters of this Module contain essential instructions and guidelines that are consistent across all six Modules developed within the YOUnite Programme. If you have already reviewed these sections in another Module, you may proceed directly to the Module-specific content. However, we recommend revisiting these chapters if you need a refresher or are new to the YOUnite training materials.

The Instructions for Trainers is a supporting document for the Training Modules developed as part of the YOUnite project, designed to assist trainers, youth workers, and counsellors in working with young people with overweight and obesity, and those at risk of becoming so. The Module activities can be downloaded from the **YOUnite website**.

YOUnite is a project aimed at helping adolescents with overweight and obesity to overcome challenges and improve their employability. Supported by the Erasmus+ programme, the YOUnite project has developed an engaging Training Programme that builds up self-confidence and helps young people cope with socio-economic difficulties and potential sources of discrimination. The objective of the Modules is to provide young people with little prior knowledge in this field the first steps towards a healthier lifestyle, both physically and mentally.

The specific target group for the Training Modules includes young people aged 15 to 24, in particular those who are marginalised or disadvantaged such as NEETs (those not in employment, education, or training) with overweight or obesity. However, the materials can also be used as a preventive tool for young people at risk of overweight or obesity, or to raise awareness about the potential challenges associated with these conditions.

The YOUnite project partners have developed six Training Modules covering Health/Medicine, Nutrition, Sport, Stress, Awareness, and Employability. These Modules are based on non-formal education practices, designed to boost the self-confidence of young people as they prepare to enter the labour market. The Modules can be implemented as a complete programme (all six Modules) or selected individually to suit different needs and circumstances, offering flexibility and adaptability

The Training Programme was first piloted in the summer of 2024 in Austria, Finland, Hungary, and Poland, where youth coaches, trainers, and young participants tested the various Modules. Based on their feedback and evaluations, the materials were refined to enhance their practical application.

Each Module includes detailed activity descriptions necessary for planning and execution, while the **Instructions for Trainers** provides additional, complementary resources.

These instructions are designed to support trainers and teachers who work with youth on a daily basis, equipping them with the tools and knowledge they need to effectively lead the training programme. They are user-friendly and accessible, meaning no prior expertise on the topic is required.

Whether new to the subject or looking to deepen your understanding, these guidelines will help you confidently deliver the Modules and engage with youth in a meaningful way.

The Instructions for Trainers also aim to equip youth workers and trainers with insights into the specific challenges faced by young people with overweight and obesity. Additionally, it seeks to combat weight stigma by promoting weight-inclusive language that fosters a more empathetic and effective approach to health, nutrition, and wellness.

The instructions provide an overview of key considerations for trainers, including how to empower and interact with vulnerable adolescents, particularly those who have not previously engaged with the topic, and how to ensure a supportive and inclusive environment.

2. OBESITY AS A SIGNIFICANT GLOBAL ISSUE

In the European Union (EU), weight problems and obesity are increasing at a rapid rate. In 2019 52.7% of the adult (over 18 years old) EU's population was overweight according to the Eurostat data [1]. Obesity is a serious health problem, it is considered as one of the key risk factors for many non-communicable diseases (NCDs) such as diabetes, hypertension, stroke and cardiovascular diseases [2]. Overweight and obesity are linked to more deaths worldwide than underweight. According to the WHO European Regional Obesity Report in 2022, obesity and overweight problems affected almost 60% of adults and nearly one in three children (29% of boys and 27% of girls) in the WHO European Region [3].

Obesity as a medical condition has direct and indirect effects as well. This medical problem has an undeniable effect on health conditions. Obesity in children and adults increases the risk of several health related problems, such as high blood pressure and high cholesterol which are risk factors for heart disease, type 2 diabetes, breathing problems (asthma, sleep apnea), joint problems such as osteoarthritis and musculoskeletal discomfort. The previously mentioned problems are also associated with psychological problems (anxiety, depression), low self-esteem and lower self-reported quality of life, social problems (bullying, stigma), and for children with obesity there is a high risk for being obese as adults [4].

Besides obesity's effects on health conditions it also has an economic impact. Obesity is responsible for direct medical costs and non-medical costs.

Direct medical costs may include preventive, diagnostic, and treatment services. Indirect costs relate to sickness and death and include lost productivity.

In the EU, the trend is that annual obesity-related medical care costs account for between 1.9% and 4.7% of the total annual health care costs and 2.8% of the annual hospital costs. Health care expenditures for individuals with overweight and obesity were 9.9% and 42.7% higher, respectively, when compared to adults with healthy weight [5].

Furthermore, there is substantial evidence that people with obesity are less likely to be employed and, when employed, earn lower wages. Overweight and obesity are barriers in the labour market and for professional success (World of Labour, Susan L. Averett) [6].

3. GENERAL GUIDANCE AND UNDERLYING METHODOLOGY TO CONDUCT THE TRAINING: BI-CYCLE MODEL, WAYS TO ENGAGE WITH THE TARGET GROUP, RECOMMENDATIONS TO LEAD THE ACTIVITIES

The purpose of the Training Programme is to introduce young people to the topic and make them more adaptable and better able to join the labour market, and not to 'cure obesity', which is a long-term undertaking. The main focus is on labour market integration rather than health training.

The methods used by trainers may vary, as they come from different backgrounds, have different experiences, and professional profiles. The most important aspect is that the training itself is supposed to be entry-level training to encourage participants to pursue further self-improvement.

> *The Bi-cycle Model can be thought of like a bicycle, two wheels moving at the same time and influencing each other in their movement. The big wheel represents the motivational and relational aspect of the training process, while the small wheel represents the various ways trainers can provide support to the group, such as by giving information, making suggestions, or facilitating activities. Both wheels are essential to keep the training moving forward smoothly.*

A model that served as the basis for the Training Modules methodology is the Bi-cycle Model, presented by SALTO Youth Initiatives Resource Centre [7]. However, the model was modified to better suit the specific needs and purposes of the Training Programme. The methodology aims to provide guidance for the main training phases and will assist in managing the training process during the implementation of the Training Modules.

The Bi-cycle Model has the following phases:

- motivating;
- getting to know;
- building the relationship;
- identifying needs and competences;
- supporting;
- evaluating;
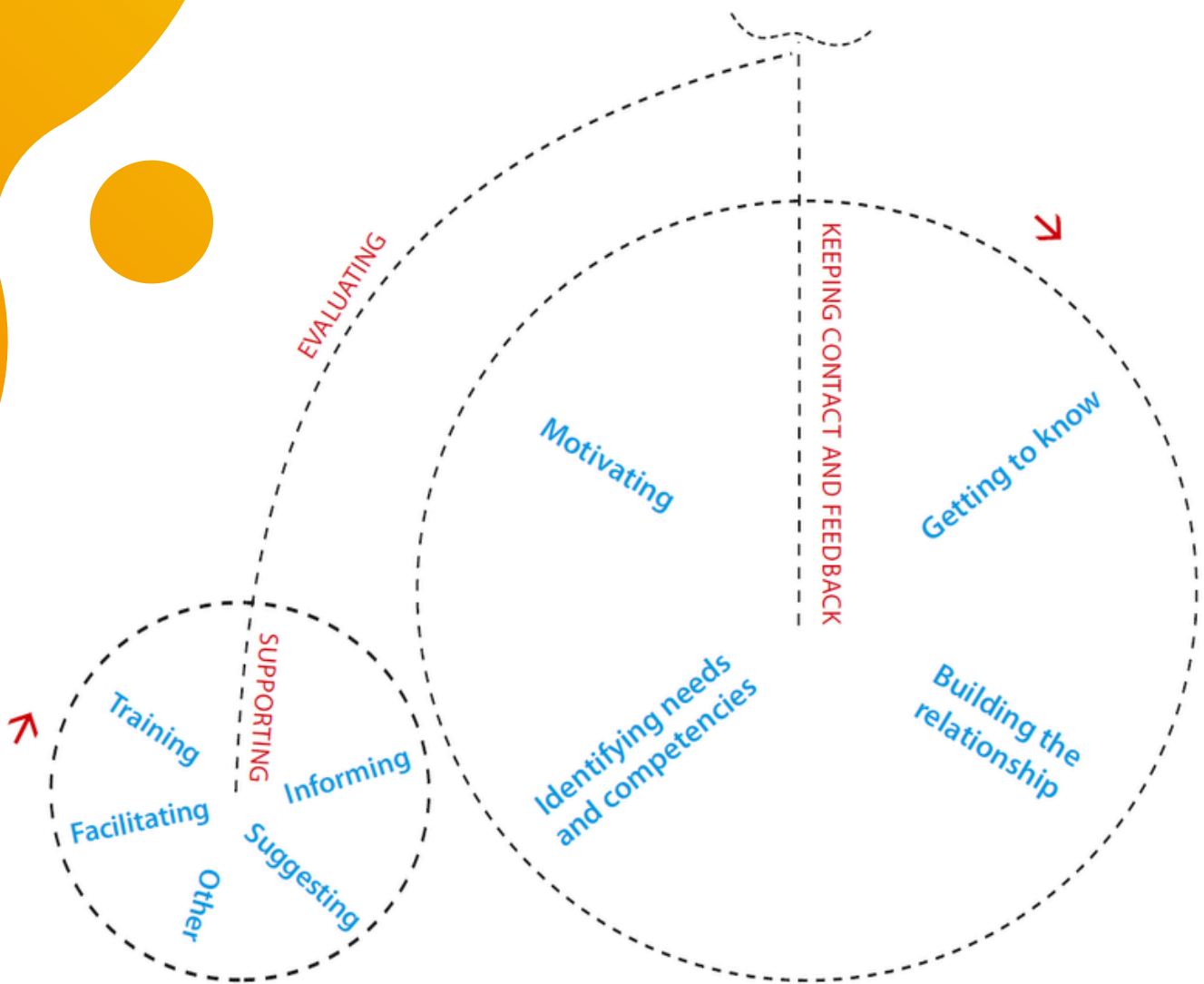- keeping contact and feedback.

Figure 1. Bi-cycle model. Source: SALTO Youth Initiatives Resource Centre (2006)

Trainers play a pivotal role in achieving the objectives of the Training Module as they are the ones who undertake the crucial work represented by the bigger wheel. The expertise and guidance provided by trainers are essential. Trainers act as the driving force behind the implementation of the Module, guiding participants towards successful integration into the labour market.

In simple terms, the small wheel represents what occurs during the training, while the larger wheel illustrates how it is happening, with a focus on group dynamics.

To understand the model, we have to go through each phase that is in the bigger, front wheel.

Motivating

Trainers are instrumental in inspiring and maintaining the focus of participants throughout the implementation of the Training Module. To effectively motivate young people, put yourself in their position: *what would inspire and energise you if you were part of the group?* Consider these elements to enhance motivation:

- **A safe, healthy environment (physical).** Ensure that the training space is comfortable and conducive to learning.
- **A nurturing environment (emotional).** Foster a supportive atmosphere where participants feel valued and understood.
- **Positive, respectful, and supportive relationships.** Build trust with the group by showing genuine care and respect as their trainer.
- **Setting realistic and achievable goals.** Help participants set attainable objectives that they can work towards, which will provide a sense of accomplishment.

Getting to know

Trainers facilitate the process of getting to know the group of participants who take part in the training. In this stage, the trainer focuses on understanding the participants' backgrounds and experiences.

This involves creating a welcoming and safe space where young people feel comfortable sharing their personal stories, challenges, and aspirations, ensuring a deeper understanding of individual needs. Try to get as much information as possible at the beginning of your training process to have a clear picture of the young people you will work with and the tasks to be undertaken accordingly.

To help young people reflect on their self-image and for you to get to know what their deepest wishes, dreams and fears are, it is suggested to use the method 'Personal Mind Map'. Please refer to the further readings [24, 25] in the final chapter for more detailed information on this method.

The Personal Mind Map is a powerful tool for self-reflection, getting to know each other and resource oriented youth work.

Getting to know each other stage is an important foundation to a strong relationship that will hopefully be productive and fruitful to both the trainer and the group. This is the trainer's chance to get to know the key characters and players in the group: who is leading, who has the ideas, who is most passionate about the training, who is the most committed, who is the joker, who is more sceptical, and many others.

Besides, please remember that getting to know each other means giving the opportunity to young people to get to know you as well. What experiences brought you there, what kind of person you are, what type of activities you did as a young person, what are the values you would stand for.

Building the relationship

It means essentially managing group dynamics, which is managing the interactions between participants as well as between the group and you. In practice, your aim is to create a positive environment by developing your skills as an observer and communicator. You need to be able to understand both verbal and non-verbal signals to know what is happening with each participant. This understanding will help you get the most out of the group and adapt to different communication styles. It is important to avoid negative attitudes that can prevent group members from expressing themselves naturally.

To achieve this, it is essential to apply socio-psychological skills like empathy, patience, adaptability that are essential for human interaction. These skills will help you understand group dynamics and, when combined with strong communication skills, will allow you to support young people in managing their aspirations, coping with change, and developing skills for the labour market.

Your effectiveness in building a good relationship with the group will often depend on your experience, your ability to listen, observe, and establish dialogue, as well as maintaining an open-minded attitude and the ability to work with different personalities.


Identifying needs and competences

It is very important that you find out what competences and abilities the members of the group have already and which ones they need to develop in order to reach the targets of the training. Do not worry if you find out that the group is missing some essential capabilities to do a given task related to the training.

Through a Training Module they will have the chance to develop them and your task as a trainer will be to help the group to identify their own learning objectives to be reached.

Supporting

It is about providing ongoing guidance and encouragement throughout the Module training. The trainer acts as a mentor and coach, offering personalised advice and resources to help participants achieve their goals. This involves helping participants set realistic goals, and being available to address any challenges they may face. The trainer should create a supportive network around the participants, making them feel continuously encouraged and guided throughout their journey.
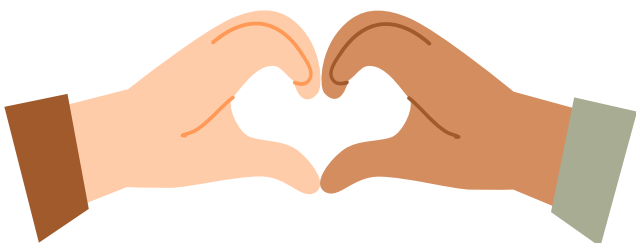
Evaluating

this involves measuring the progress and outcomes of the training. The trainer should use various methods like feedback forms, self-assessment exercises, or group discussions to gather insights on the effectiveness of the training.

Providing constructive feedback and encouraging participants to reflect on their progress helps identify what has been achieved and what areas need improvement. The trainer's role is to ensure that evaluation is a continuous process, allowing for adjustments that enhance the training's impact.

Keeping contact and feedback

maintaining contact involves continuous communication and the exchange of information between the trainer and the young people. It is important for the trainer to be responsive to any questions that arise during the training. Make sure the young people know when and how they can reach you if they need help.

Regarding feedback, it is essential to create an environment where both you and the young people can give and receive feedback. To ensure feedback is productive and beneficial, keep in mind the following:

- Feedback should be clear, concrete and understandable to the person or group receiving it.

- The person or group should be able to accept the feedback and see it as constructive.

- Feedback should provide actionable information that the person or group can use to improve.

Make sure the feedback you give is focused on the needs of the person or group receiving it, not on your own needs. This helps avoid defensive reactions and encourages positive changes.

At the same time, use feedback from the young people to reflect on and improve your own training practice.

The do's and don'ts when talking about obesity and overweight

There are several different ways in which obesity is commonly described in the media and throughout society which can contribute to weight stigma. These can include:

- Language that does not put the person first.

- The use of derogatory and pejorative labels.

- Inaccurate or misplaced use of medical jargon.

- Failure to acknowledge the wider context regarding causal aspects of obesity.

This type of language risks simplifying obesity and its causes, fails to capture the wider drivers and determinants of obesity, and creates a negative image of people affected by obesity. This in turn can reinforce misconceptions about obesity and contribute to weight stigma.

People First Language refers to putting an individual before the medical condition that is being discussed. For instance, it is preferable to say 'a person with obesity' as opposed to 'an obese person' or any other critical labels. The use of people first language is really important as it helps to avoid de-humanising individuals living with chronic diseases.

The use of people-first language ensures that we are not labelling an individual with their disease. This is something that can be applied in a number of different scenarios, and we encourage its use when talking about obesity.

Examples of words and phrases to avoid	Alternative language and considerations
✗ Obese person ✗ Obese subject/participant ✗ Obese children	✓ Person/individual with obesity ✓ Subject/participant with obesity ✓ Children with obesity

Despite increasing evidence that obesity is caused by multiple factors, many people still see obesity as the result of individual behaviours and choices. When talking about obesity, it is not uncommon for individuals to use certain words for dramatic effect. While these are often not meant to be targeting a person directly, their use should still be avoided.

Examples of words and phrases to avoid	Alternative language and considerations
✗ "Curse" ✗ "Strain" ✗ "Plague"	✓ Use accurate facts and figures ✓ Be clear on what the problem is rather leaving it open to interpretation ✓ Avoid ambiguous language ✓ Be explicit on the health consequence. For example, *"Obesity can affect our health in x, y and z ways."*

Obesity should be referred to as a disease rather than a condition. In contrast, overweight is typically defined as a medical condition based on body mass index (BMI). When using the term "overweight," it should be employed either as a noun or an adjective in person-first language [8]. For example, both "people with overweight" and "people who are overweight" are acceptable; however, "overweight people" is not.

Outside of a scientific, clinical, or public health context, more neutral and inclusive terms can be used, such as "individuals with a higher weight" or "persons with a larger body."

Practical tips for trainers and educators working with youth with overweight and obesity

Engaging with the target group of youth people with overweight and obesity as a group requires a thoughtful and sensitive approach. Here are some dos and don'ts to consider when leading activities.

Dos:

ʊ **Establish a non-judgmental and supportive environment where participants feel comfortable sharing their thoughts and experiences.**

Example: Begin sessions with ice-breaker activities that encourage everyone to speak, ensuring all voices are heard without criticism or interruption. Use phrases like "Thank you for sharing" to validate contributions.

ʊ **Employ respectful and inclusive terminology that promotes positivity and acceptance.**

Example: Use people-first language and always frame discussions in a positive light, focusing on well-being rather than weight alone.

ʊ **Recognise that each participant's journey with obesity is unique, and validate their feelings and perspectives.**

Example: During discussions, acknowledge individual experiences by saying things like, "I understand that everyone's journey is different, and it is important to respect each person's story."

ʊ **Encourage open dialogues where participants can express their thoughts, questions, and concerns freely.**

Example: Create an anonymous question box where participants can submit questions or concerns they may feel uncomfortable voicing aloud. Address these questions in a group setting to foster open communication.

- **Provide evidence-based infor-mation about obesity and healthy lifestyle choices to empower informed decision-making.**

Example: Share resources such as pamphlets or videos from reputable health organisations and explain the science behind nutrition and exercise in an accessible way. Host a Q&A session to clarify any doubts.

- **Help participants reflect on their experiences and challenges, connecting the information to their lives.**

Example: After a lesson on healthy eating, ask participants to reflect on their current eating habits and discuss what changes they might want to make. Encourage sharing by prompting with questions like, "How do you think this could apply to your daily life?"

- **Foster a sense of belonging among participants through peer support activities and opportunities for connection.**

Example: Organise group activities that require teamwork, like a group walk or cooking class, to encourage bonding. Encourage participants to share what they learned or enjoyed about the activity.

Don'ts:

- **Refrain from making assumptions or judgments based on appearance or experiences, treating all participants with respect.**

Example: Avoid comments like "You look like you need more exercise." Instead, focus on general statements that apply to everyone, such as "It is great to find activities we all enjoy."

- **Steer clear of language that reinforces stereotypes or negative beliefs about obesity, and avoid hurtful or stigmatising terms.**

Example: Instead of saying, "People with obesity are lazy," focus on the complexities of weight management, like "There are many factors that affect a person's weight."

Do not pressure participants into sharing personal information or use tactics that may shame or embarrass them.

Example: Avoid forcing anyone to share their weight or personal struggles. Instead, encourage voluntary sharing by creating a safe space and saying, "Share only what you feel comfortable discussing."

Encourage participants to seek guidance from healthcare professionals for personalised advice, rather than providing medical recommendations.

Example: Instead of giving medical advice, guide participants to consult a doctor for personal health concerns. You might say, "It is best to talk to your healthcare provider about this to get advice that is tailored to you."

Discourage comparisons among participants and emphasise individual progress and growth.

Example: Avoid statements like "Look how much weight he lost!" Focus instead on personal achievements by saying, "You have made great progress in your journey, and that is what matters most."

Emphasise shared experiences and common goals, avoiding actions that may inadvertently isolate participants.

Example: Use inclusive language such as "We are all here to support each other," rather than singling anyone out. Activities should be designed to include everyone, regardless of fitness level or ability.

Acknowledge the multifaceted nature of obesity, avoiding oversimplified explanations or solutions.

Example: Instead of saying, "Just eat less and exercise more," discuss the complex factors that contribute to obesity, such as genetics, environment, and emotional health, and validate these complexities.

4. GOALS OF THE STRESS MODULE, STRESS CHALLENGES IN CONNECTION TO OVERWEIGHT AND OBESITY, SCIENTIFIC INSIGHTS ON STRESS AND OBESITY

The overarching goal of the Stress Module is to enhance understanding and awareness of stress and its impact on various aspects of health and daily functioning. Participants will acquire the knowledge and skills necessary to identify stressors, manage stress effectively, and promote overall well-being through stress management techniques.

Specific objectives include:

- To define stress, explain its mechanisms, and illustrate its effects on health, social interactions, and personal and professional life.

- To establish the connection between stress and obesity through education and discussion.

- To teach participants to recognise signs of stress and introduce basic coping strategies for stress management.
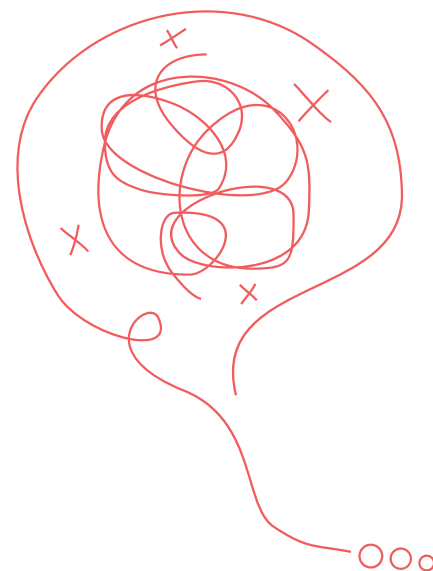
Stress challenges in connection to overweight and obesity

Stress affects our bodies through hormones that play a key role in regulating metabolism and food intake. One of the main hormones involved in this process is leptin, which is secreted by adipose tissue. Leptin regulates feelings of satiety and influences fat burning.

Stress can also impact levels of ghrelin, another hormone associated with appetite [9]. Ghrelin is produced mainly in the stomach and stimulates hunger by increasing appetite. In stressful situations, ghrelin levels can rise, leading to increased caloric intake.

Stress significantly affects the hypothalamic-pituitary-adrenal (HPA) axis, a key endocrine system that plays an important role in regulating the body's response to various stressors.

Other hormones also play a crucial role in regulating appetite, forming a complex system of signals that control food intake in response to different stress stimuli. As a result, the hormonal impact of stress can lead to appetite dysregulation, which in turn affects body weight and metabolic processes.

In addition to medical factors, psychological factors also influence stress levels and, consequently, body weight and eating habits [10]. Many people struggle with emotional stress overeating, where, under severe stress or difficult emotions, they turn to food as a temporary distraction. Consuming favourite foods can provide temporary relief and reduce tension in the body.

In today's world, with easy access to food, stress eating has become a common, effortless way to cope with difficult emotions. The most commonly experienced emotions that trigger an increased need for food are anxiety, anger, loneliness, or boredom. Emotional eating can also occur during episodes of depression.

The pandemic period, marked by isolation and numerous restrictions, was particularly stressful. These factors contributed to a rise in the prevalence of overweight and obesity.

Scientific insights on stress and obesity

According to Hans Selye, the creator of the concept of stress and a prominent researcher on the topic, stress is defined as "response of the body to any demand, whether it is caused by, or results in, pleasant or unpleasant conditions. [11]" This definition is reaction-based, as it primarily focuses on the body's physiological response to any demands imposed on it. Stress can also be conceptualised as a process in which a person perceives events as overwhelming or threatening to their well-being. In stressful situations, both physical reactions originating from the body and psychological reactions can lead to a sense of ill-being.

Stress mechanism

Stress is a complex psychophysiological reaction involving intricate interactions between the body and mind, leading to various symptoms such as abdominal pain, diarrhoea, numbness in the hands, and difficulty breathing [12]. It disrupts general psychological well-being, manifesting as anxiety, worry, and feelings of danger.

Stress arises in response to challenging situations that we either cannot control or that demand efforts near or at our maximum capacity. Researchers define difficult situations as those in which achieving a positive outcome requires a change in our usual course of action.

This necessitates behaviour different from what has been used in similar circumstances, often leading to psychological tension or fear. Such perceived difficulty typically engenders a sense of personal threat and diminishes feelings of security, resulting in subjective stress experienced by the individual.

Furthermore, the genesis of stress is influenced by a person's previous experiences, interpretations of external and internal events, and learned response patterns [13]. Whether an external stimulus is perceived as difficult or threatening depends on the individual's interpretation of it. Cognitive processes, such as perception, explanation, evaluation, and interpretation, play a crucial role in shaping stress responses.

If young people positively appraise their ability to cope, the situation may appear less challenging or may not be experienced as stressful at all. Conversely, if self-assessment is negative or ambiguous, the situation is perceived as difficult, leading to stress.

It is essential to understand that the source of stress is not solely the difficult situation itself but also the individual's coping mechanisms and their assessment of the situation's threat to their ability to cope. Stress becomes destructive when it is disproportionate to the situation or the person's capabilities, hindering action rather than driving it. Chronic excessive stress, even if not intensely felt, can be particularly harmful as it perpetuates further obstacles regardless of the objective difficulties present [14].

Reactions to stress

There are three types of stress responses:

- **Inhibition** is occasionally seen in people but is more common in animals and is manifested by immobility or silence [15].

- **Escape** can take many forms, such as a holiday to escape work or work to escape boredom. A behaviour very similar to escape is avoidance, which involves not participating in threatening situations. Avoidance is associated with anxiety, while escape is accompanied by fear or panic [16].

- **Aggression** may manifest as verbally expressing anger or even through aggressive behaviour. This type of reaction is common in people with competitive tendencies [17].

Additionally, stress can lead to other behaviours such as smoking, drinking, or overeating. If stress is severe enough to affect health, the effects can be varied. Stress can cause new illnesses or exacerbate existing ones. It is most closely related to diseases such as heart disease, gastrointestinal disorders, allergies, and skin conditions. It can also reduce the body's resistance to colds, flu, and other more serious illnesses.

Negative effects of stress

When discussing the negative effects of stress, we distinguish between somatic, psychological, and behavioural effects [18]. In particular, it is worth mentioning:

Somatic effects of stress

- Chronic headaches, migraines
- Abdominal pain
- Muscle pain
- Other psychosomatic diseases

Psychological effects of stress

- Increased risk of depression
- Anxiety
- Neurosis
- Phobias

- Feelings of anxiety (even after the tense situation has ended)
- Lack of appetite, weight loss
- Eating disorders, excessive appetite, weight gain ("eating" stress)
- Other psychosomatic diseases
- Excessive body weight leading to overweight and obesity (diet-related diseases)
- Constant fatigue
- Insomnia
- Emotional symptoms: crying, anger, worrying, forgetfulness, loss of sense of humour, impaired concentration, and decision-making ability
- General decline in functioning

Behavioural effects of stress

- Smoking cigarettes, drinking alcohol
- Failure to comply with organisational and environmental requirements
- Lack of a healthy work-life balance
- Lowered self-esteem

Short-term stress is associated with feelings of anxiety and increased tension [19]. In such situations, we may observe an increased heart rate, higher blood pressure, pupil dilation, and accelerated breathing. Chronic stress leads to far-reaching changes in the body and behaviour, including reduced immunity and contributing to the development of depression and anxiety disorders [20].

Stress as a consequence of difficult situations

A difficult situation arises when young people feel unable to meet the demands placed upon them. Common types of difficult situations include:

- Deprivation that is characterised by unmet essential needs, both biological and psychological. A particularly perilous form of deprivation occurs with the loss of a sense of life's meaning associated with the disappearance of cherished values [21].

- Overload which occurs when one feels overwhelmed and unable to cope. Physical, mental, and psychological capacities are limited, and pushing beyond these limits can result in feelings of discouragement, fatigue, lethargy, indifference, apathy, and ultimately, extreme exhaustion.

- Impediments where one lacks the necessary knowledge, information, or tools, or faces physical or social obstacles hindering progress, such as a tree blocking the road or peer pressure.

- Physical or social threats that involve risks to one's life, health, social status, or other cherished values, such as acceptance by one's community [22]. In response, individuals may attempt to remove or escape from the danger, but the anxiety accompanying these efforts often impairs effectiveness. This is due to the inverse relationship between anxiety levels and intellectual performance, where higher tension leads to poorer thinking and less effective action.

In extreme danger, panic may lead individuals to take actions that paradoxically increase the risk. Assessing a situation as a threat is more likely when one perceives the environment as hostile and believes they lack the strength or ability to control it. Conversely, viewing a situation as a challenge is a healthier approach, where the demands are seen as difficult but manageable, benefiting the body, mind, and spirit.

5. RELEVANT TERMINOLOGY

The stress terminology provided below is mainly based on definitions from the Occupational Safety and Health Administration [23].

Stress is a biological phenomenon and the body's response to the appearance of a specific **stressor** (a stimulus that triggers a stress response). In other words, stress is the body's reaction in the form of mobilisation of energy to overcome a variety of obstacles, demands, difficulties and barriers regardless of whether it is accompanied by pleasant or unpleasant feelings. Stress is called bad stress, very negatively affecting the body. It has a long-term effect, which affects the well-being of the person experiencing it. Chronic nervous tension effectively disorganises life, a person experiencing such a condition copes less well with everyday life situations, and gets sick more often.

Eustress is the so-called good stress that mobilises, gives strength, energy and determination for active action. Eustress motivates, effectively supports thought processes and speeds up the decision-making process with regard to action.

Biological stress is a type of stress determined by an adaptive response, psychological stress and organisational stress.

Workplace stress is the harmful physical and emotional responses that occur when the requirements of a job do not match the capabilities, resources, or needs of the worker.

Trigger is an external event or circumstance that causes uncomfortable emotions or psychiatric symptoms.

Mental health distress includes emotions like stress, grief, or feeling sad or anxious, but the feelings are temporary and not part of a diagnosable condition.

Anxiety is an emotion characterised by feelings of tension, worried thoughts, and physical changes such as increased blood pressure, sweating, trembling, dizziness, or a rapid heartbeat.

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Acknowledgments:

YOUnite is a project aimed to help adolescents with overweight and obesity in overcoming challenges and improving their employability on the labour market. YOUnite project, supported by the ERASMUS+ programme is seeking to develop a new engaging and self-confidence building training programme to support young obese people to cope with socio-economic difficulties and any other potential source of discrimination.

The partnership is led by ÖSB Consulting (Austria) with partner organisations from Finland (ACR), Hungary (EMINA), Poland (Zdrowy Ksztalt), and Austria (ÖSB Social Innovation).

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