

COPENHAGEN 2020 ACTION PLAN FOR CHILD, YOUTH AND FAMILY MHPSS

OUTCOMES OF SAVE THE CHILDREN DENMARK'S 75TH ANNIVERSARY CONFERENCE



Photo: Claire Thomas, Save the Children

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FOREWORD

In too many parts of the world today, we are witnessing an unfolding catastrophe in the mental health and psychosocial wellbeing of children, youth and families. The intersection of violent conflicts, mass displacement, pandemics like COVID-19 and the impacts of climate change hugely affect the safety, education, wellbeing and development of children and youth, and the security and livelihoods of their caregivers and families. We are seeing this now, and it will continue and have long lasting, life-threatening consequences, unless measures are taken to address and prevent these threats. There is an urgent need to ensure our actions respond to the needs, are of high quality, appropriately address emerging challenges, and that action plans are inclusive of the voices of children, youth and families with lived experience.

Between 2018 and 2020, a number of expert consultative conferences were held focusing on mental health and psychosocial support (MHPSS) to children, youth and families in adversity. They have helped identify key gaps in research, policy, and practice, and to identify the ways in which we can meet existing and emerging needs in child, youth and family focused MHPSS. Consensus is clear – we must act jointly to promote and protect psychosocial wellbeing and improve the mental health conditions of crisis-affected populations. The Mind the Mind Now - Netherlands Ministerial Mental Health Summit in 2019 resulted in a set of global child and family MHPSS recommendations.

Following on from that, Save the Children Denmark's 75th Anniversary Conference in September 2020 was used to further highlight the need for investing in MHPSS for children and families in adversity. Fifty global experts and youth advocates from 15 different countries took the recommendations from the 2019 Summit and worked on the way forward for the global community to move to concrete action. This resulted in the Copenhagen 2020 Action Plan for Child, Youth and Family MHPSS—a set of practical actions that address current global challenges and solutions to preserve, protect and promote the mental health and wellbeing of the world's most vulnerable – children, youth and families in crisis and conflict-affected settings.

In our capacities as designated authorities of the governments of Denmark and the Netherlands, we recognize the Copenhagen 2020 Action Plan for Child, Youth, and Family MHPSS as critical to achieve our government's respective priorities. They provide a roadmap for whole family approaches that are firmly rooted in the lived realities of children, youth and families; for promoting cross-sectoral and multi-disciplinary approaches to secure children's health, education, protection and wellbeing; for research that unpacks the complexity of vulnerability and resilience in situations of crisis; and, importantly, that articulates meaningful engagement and participation of youth in sharing their vision, creativity and experience. We strongly endorse this Action Plan and we will continue to support the work of committed agencies to advance them among governments, civil society organizations, donors, young people and communities.

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Minister for Development Cooperation
Ministry of Foreign Affairs of Denmark

Ambassador Paul Bekkers
Special Envoy for MHPSS
Ministry of Foreign Affairs of the Netherlands



ENDORSEMENTS

The Copenhagen 2020 Action Plan for Child, Youth and Family MHPSS is endorsed by:



ACTIONS SUMMARY

FIRMLY ROOT MHPSS WITHIN THE SOCIAL ECOLOGY OF THE CHILD



- Invest in and advocate for cross-sectoral MHPSS programming that is truly inclusive and participatory, firmly rooted in the local community and reflective of unique contextual realities.
- Structure funding calls that incentivize and support “whole family” approaches to child and family mental health and psychosocial wellbeing.
- Address social determinants of mental health and the prevention of violence, neglect, and other harmful experiences throughout the life of the child.

ACT EARLY AND CREATE MENTALLY HEALTHY ENVIRONMENTS



- Support multi-disciplinary team services and interagency coordination – across sectors and based in communities – for early detection, response, and prevention of MHPSS concerns for children & their caregivers.
- Scale up innovative approaches & locally adapted delivery systems for MHPSS developed during the COVID-19 pandemic that acknowledge the centrality of mentally healthy environments within the social ecology of children & caregivers.
- Use a developmental approach to consider childhood as a continuum within all programming & response plans.

INTEGRATE MHPSS ACROSS HEALTH, PROTECTION AND EDUCATIONAL SYSTEMS



- Advocate for MHPSS integration across sectors through research on effectiveness and articulating the general benefits to practitioners, donors, organizations, and governments.
- Develop a common, accessible, and contextually relevant language for MHPSS across sectors and actors (e.g. health, protection, education)
- Adapt the common IASC MHPSS M&E framework to be more cross-sectoral and easier for various sectors to use

TRANSLATE MHPSS EVIDENCE INTO PRACTICE



- Make engagement in research more accessible to those it will impact, including youth.
- Train and build capacity for researchers on how research can influence policy.
- Continue to clarify how vulnerability and resilience of children and families are defined and measured, including in evaluating the effectiveness of interventions.

ENABLE MEANINGFUL YOUTH ENGAGEMENT AND PARTICIPATION



- Decrease asymmetries of power between adults & young people in MHPSS program development, advocacy, & research.
- Respect the service and expertise of youth in tangible and meaningful ways.
- Clearly define the role of youth, and ensure they are not an afterthought.

DEVELOPING THE ACTIONS

HISTORICAL BACKGROUND

A series of key recommendations for strengthening the quality and scale of child and family Mental Health and Psychosocial Support (MHPSS) have been developed by the global MHPSS community over the period of 2018-2020 (see landmark events below). Save the Children Denmark's 75th Anniversary celebration took up this key theme and created a platform to carry forward the torch for this crucial issue – to strengthen the mental health and wellbeing of children and families in fragile and humanitarian settings.



PRE-CONFERENCE VIRTUAL WORKSHOP AND CONSULTATION PROCESS

Save the Children Denmark and the MHPSS Collaborative convened youth and adults in over 15 countries and from diverse perspectives (advocates, practitioners, donors and governments) in a consultative process to bridge the recommendations to action. Using the following four child and adolescent priority recommendations from the 2019 Netherlands Ministerial Mental Health Summit as a basis, fifty participants, including 20 youth, participated in a pre-conference workshop. They reflected together on the current state of the field, achievements and gaps, and on how best to move the dialogue forward to meet emerging challenges for child and family mental health and wellbeing.

(The four recommendations from the child and adolescent working group for the [2019 Netherlands Ministerial Mental Health Summit](#) can be found [here](#), see particularly pages 39-44.)

- Firmly rooting MHPSS within the **social ecology of the child** and strengthening the capacity within family and community systems surrounding children and adolescents.
- The importance of **acting early** and creating **mentally healthy environments** for children, from the early years through childhood and adolescence.
- Ensuring a **cross-sectoral approach**, mainstreamed and integrated within health, protection and educational systems.
- **Translating evidence into practice**, including how best to optimize the development of children and adolescents in adverse circumstances; understanding the factors influencing vulnerability and resilience of children, adolescents and their carers in different contexts; and assessing the current state of MHPSS evidence and implementation science in helping to inform quality care

The pre-conference workshop paid particular attention to the meaningful participation of *children, youth, and their families and communities* with lived experience in all processes and programs to design and strengthen contextualized, effective community-based solutions. A smaller group of youth and adult “champions” took this conversation forward in developing the Action Plan for Child, Youth and Family MHPSS. Through a process of consultations, they worked to ensure clarity and consensus on targeted actions and any updates needed for each recommendation.

From this process emerged a new, fifth recommendation that we hope will shape the way forward in investing in the talents, knowledge, experience and power of authentic and meaningful youth participation:



Strengthen and provide greater avenues and opportunities for **the meaningful engagement and participation of youth**, to ensure they are deeply integrated into programs, policies and research in authentic ways.

The following report summarizes the findings and actions developed through the pre-conference workshop and champion consultation process for the five recommendations.

THE ACTIONS

THEME 1: FIRMLY ROOT MHPSS WITHIN THE SOCIAL ECOLOGY OF THE CHILD



Firmly root MHPSS within the **social ecology of the child** and strengthen the capacity within family and community systems surrounding children and adolescents.

The consultation process revealed strong consensus for a social-ecological approach to secure the mental health and wellbeing of children, youth and families. Progress includes greater attention to social ecology in guidelines for coordinated MHPSS approaches, but continued attention is needed to translate these recommendations into policy, funding, cross-sectoral coordination and intervention practices. In particular, attention is needed to meaningfully engage children, youth and families in co-creation and implementation in ways that acknowledge them as the experts in their own experience and in navigating resources and challenges within their unique contexts; to create “whole family approaches” that include detection and prevention of adverse mental health for all family members; and to effectively acknowledge and address the social determinants of wellbeing that include the root causes of suffering and poor developmental outcomes. Reinforcing the recommendations above, proposed actions include:

ACTION: INVEST IN AND ADVOCATE FOR CROSS-SECTORAL MHPSS PROGRAMMING THAT IS TRULY INCLUSIVE AND PARTICIPATORY, FIRMLY ROOTED IN THE LOCAL COMMUNITY AND REFLECTIVE OF UNIQUE CONTEXTUAL REALITIES.

- Engage children, youth, carers and their communities to co-create and deliver humanitarian MHPSS interventions that are rights-based, holistic and truly reflective of lived experience.
- Create a paradigm shift in how we approach participation, capacity building and ownership of programming, with support, guidance, and investment in youth-, caregiver- and community-led programs; and create healthy participation indicators to monitor and measure continual improvement.

ACTION: STRUCTURE FUNDING CALLS THAT INCENTIVIZE AND SUPPORT “WHOLE FAMILY” APPROACHES TO CHILD AND FAMILY MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING.

- Engage donors in a key role in promoting approaches that are locally led and that support family-centered programming in multi-sectoral work.
- Ensure mental health for caregivers, supporting their recovery from adverse events and positive coping, and providing social and practical support so they can meet the development and wellbeing needs of children.

- Take a “whole family” approach to programming, with detection and prevention of adverse mental health risks for all family members and consistent with how *families* are locally defined – including extended family, intergenerational families and siblings.

ACTION: ADDRESS SOCIAL DETERMINANTS OF MENTAL HEALTH AND THE PREVENTION OF VIOLENCE, NEGLECT, AND OTHER HARMFUL EXPERIENCES THROUGHOUT THE LIFE OF THE CHILD.

- Incorporate the prevention of violence, neglect, and other harmful experiences in early childhood and beyond, through all developmental stages of childhood and adolescence.
- Acknowledge and apply a cultural and social lens on the psychological and emotional consequences of difficult life circumstances, such as poverty, hardship, and lack of access to education and livelihood opportunities for youth.
- Address the root causes of adversities through a multi-sectoral and multi-disciplinary approach, beyond a sole focus on individual psychological therapies.
- In addition to a risk-reduction approach, ensure well-being is incorporated into community programming in public health responses, and capture the social determinants of health and wellbeing.

THEME 2: ACT EARLY AND CREATE MENTALLY HEALTHY ENVIRONMENTS



Act early and create **mentally healthy environments** for children, from the early years through childhood and adolescence.

Participants in the consultation process clearly recognized that acting early in the life course to address risk factors translates to “prevention of mental health problems later in life, improved health capital and potential benefit for the next generation” (Mind the Mind Now Report, 2019). They also underscored the importance of multi-disciplinary services from pregnancy and across the life course, and that interventions and programs across all sectors have a contribution to make towards children’s mental health and development. For example, a clear understanding of child development indicators that are sensitive to social emotional development in nutrition programs, breastfeeding and health outreach will enhance both health and nutrition outcomes as well as have multiplier effects on children’s holistic development (including mental health), healthy family dynamics and caregiver and child wellbeing. They emphasized the need to address unique challenges and opportunities to promote mental health and wellbeing across developmental trajectories and to capitalize on innovative Covid-19 MHPSS responses in creating mentally healthy environments.

ACTION: SUPPORT MULTI-DISCIPLINARY TEAM SERVICES AND INTERAGENCY COORDINATION – ACROSS SECTORS AND BASED IN COMMUNITIES – FOR EARLY DETECTION, RESPONSE, AND PREVENTION OF MHPSS CONCERNS FOR CHILDREN AND THEIR CAREGIVERS.

- Make explicit the role and contribution of interventions and programs for children and families across all sectors toward securing children’s mental health and development, in the design of multi-disciplinary cross-sectoral services and coordination.
- Develop feasible and relevant social and emotional development indicators within, e.g., nutrition programs, breastfeeding and health outreach.
- Create multi-disciplinary teams, including local actors, to improve early detection, response and prevention by providing a greater number of access points to reach vulnerable children and families (schools, health centers, community centers), and promoting functional referrals to enhance child and caregiver wellbeing across multiple key outcomes.

ACTION: SCALE UP INNOVATIVE APPROACHES AND LOCALLY ADAPTED DELIVERY SYSTEMS FOR MHPSS DEVELOPED DURING THE COVID-19 PANDEMIC, THAT ACKNOWLEDGE THE CENTRALITY OF MENTALLY HEALTHY ENVIRONMENTS WITHIN THE SOCIAL ECOLOGY OF CHILDREN AND CAREGIVERS.

- Build off the momentum gained during the Covid-19 pandemic that opened discourse on mental health and psychosocial wellbeing as a key humanitarian priority.
- Further develop, evaluate and scale up the innovative resources and approaches developed for child and family MHPSS during the Covid-19 pandemic.
- Fund further reflection on the new reliance on technology, as well as the need for tailored, locally adapted delivery systems, to reach the most vulnerable (including populations with varying internet connectivity) while leveraging the creativity and technological skills of youth.

ACTION: USE A DEVELOPMENTAL APPROACH TO CONSIDER CHILDHOOD AS A CONTINUUM WITHIN ALL PROGRAMMING AND RESPONSE PLANS.

- At a minimum, ensure a developmental understanding within all child and family MHPSS approaches at both national and community levels, to ensure cross-referrals and transition into other programs.
- Incorporate outcomes appropriate for developmental age groups, from prenatal to early childhood and youthhood (including adolescents and young adults).
- Integrate a developmental approach into response plans and driven forward through cluster systems and national coordination mechanisms.

THEME 3: INTEGRATE MHPSS ACROSS HEALTH, PROTECTION AND EDUCATIONAL SYSTEMS



Ensure a **cross-sectoral approach**, mainstreamed and integrated within health, protection and educational systems.

In the consultation, despite general agreement on the importance of the social ecology of children and “whole family” approaches, participants noted that humanitarian aid responses continue to operate in silos. Better coordination of MHPSS through cluster systems, more thoughtful funding structures and creating multi-disciplinary teams can help to foster a holistic approach that addresses children’s health, education, environment, positive stimulation, and minimizes exposure to risks and adversity. True integration is needed (not just having other sectoral actors ‘tick a box’ for MHPSS) and can be assisted through developing a common language and adapting the IASC Common MHPSS M&E framework for ease of use by other sectoral actors. The following actions are proposed to move forward this important recommendation:

ACTION: ADVOCATE FOR MHPSS INTEGRATION ACROSS SECTORS THROUGH RESEARCH ON EFFECTIVENESS AND ARTICULATING THE GENERAL BENEFITS TO PRACTITIONERS, DONORS, ORGANIZATIONS, AND GOVERNMENTS.

- Aim for MHPSS as an integrated (and not just mainstreamed) pillar within other sectors to achieve holistic and well-coordinated supports through varied entry points and via multi-disciplinary teams.
- Shift from sector-specific to cross-sectoral funding streams.
- Provide multi-year funding to demonstrate the impacts of integration and sustained programming of sufficient intensity.

- Routinely ask how other sectoral projects pertain to the mental health and psychosocial wellbeing of children, youth and families.
- Research the effectiveness of cross-sectoral mainstreaming and integration to identify the benefits.
- Use a top-down / bottom-up approach to advocacy in unison – as local as possible and as international as necessary – by those developing calls for proposals and those submitting for funding.

ACTION: DEVELOP A COMMON, ACCESSIBLE, AND CONTEXTUALLY RELEVANT LANGUAGE FOR MHPSS ACROSS SECTORS AND ACTORS (E.G. HEALTH, PROTECTION, EDUCATION).

- As progress continues in rooting MHPSS within established fields, acknowledge the lack of a common language across sectors of what constitutes MHPSS, with confusion arising from different job titles and different terminologies for interventions (e.g., “Psychosocial Support (PSS)”, “Social and Emotional Learning (SEL)”).
- Work to align sector-specific terminology with MHPSS language, particularly in capacity building.
- Develop a Theory of Change with associated actions across and within sectors to foster mutual understanding of the aims of MHPSS programming and pathways to achieve positive outcomes.

ACTION: ADAPT THE IASC COMMON MHPSS M&E FRAMEWORK TO BE MORE CROSS-SECTORAL AND EASIER FOR VARIOUS SECTORS TO USE.

- Collaboratively develop a joint set of cross-sectoral MHPSS indicators, including quality indicators for implementation relevant to education, protection, livelihoods, safety, security, and violence outcomes.
- Tailor the common M&E framework indicators (potentially adding or reducing some) to facilitate ease of use by all sectoral actors and reporting in one database to learn from cross-sectoral integration.

THEME 4: TRANSLATE EVIDENCE INTO PRACTICE



Translating evidence into practice, including how best to optimize the development of children and adolescents in adverse circumstances; understanding the factors influencing vulnerability and resilience of children, adolescents and their carers in different contexts; and assessing the current state of MHPSS evidence and implementation science in helping to inform quality care.

The consultation group recognized the need for the global community to better understand research priorities to build evidence for immediate, medium, and longer-term, sustainable solutions. This includes candid discussions to share setbacks – interventions that do not work – along with successes. Research should not occur in isolation, but rather, should engage 1) policymakers to ensure buy-in implementation of evidence-based outcomes, 2) donors to increase accessible research training to ensure a pipeline of younger researchers, and 3) practitioners to better access and make use of research findings if provided easier to use formats (e.g., beyond dense journal articles). Furthermore, two-way translation between research and practice is important – not only to integrate evidence into practice – ‘*research-based practice*’ – but also to research what is coming from practice in real settings – ‘*practice-based research*’. Research agendas must include a stronger focus on operational and systemic factors, such as analyzing barriers and facilitators to implementation in real-life settings. The group also encouraged broadening the scope of operations research agendas, underscoring “lack of evidence of effectiveness is not equivalent to evidence of lack of effectiveness” with regards to under-researched areas.

ACTION: MAKE ENGAGEMENT IN RESEARCH MORE ACCESSIBLE TO THOSE IT WILL IMPACT, INCLUDING YOUTH.

- Eliminate geographic and generational inequities to engagement in research by youth and local practitioners and researchers through resources, pathways, and opportunities for engagement, knowledge translation, and improving accessibility.
- Provide concrete and supportive mentorship and capacity building to foster youth-led and youth-engaged research projects.
- Fund research consortiums led by in-country researchers (along with knowledge exchange and peer mentorship between local and global academic institutions), to expand evidence for “real world” research, relevant to local priorities and influential to MHPSS practice and policy changes.

ACTION: TRAIN AND BUILD CAPACITY FOR RESEARCHERS ON HOW RESEARCH CAN INFLUENCE POLICY.

- Translate implementation science research findings – even if complex – for field practitioners, donors and other non-MHPSS experts to guide programming and policy.
- Gather and share practical examples that illustrate when and how research has influenced policy, in order to build researcher skills in translating findings into effective policy change.
- Close the gap between informal (lived experience), and formal (scientific) knowledge, and ensure research findings and MHPSS impact are understood in context.
- Apply implementation research to help the global community understand how to implement sustainable MHPSS and establish immediate, medium, and long-term solutions and impact indicators.

ACTION: CONTINUE TO CLARIFY HOW VULNERABILITY AND RESILIENCE OF CHILDREN AND FAMILIES ARE DEFINED AND MEASURED, INCLUDING IN EVALUATING THE EFFECTIVENESS OF INTERVENTIONS.

- Clarify the operational definition of resilience and vulnerability in different contexts and cultures, ways to measure these as outcomes, and methods to study resilience as a process through the lifespan.
- Mitigate ambiguity in the concept of resilience and ‘strengths-based approaches’ used in many MHPSS programs, and increase focus on promotive/protective factors and processes that facilitate resilience in children, youth and families in specific contexts – particularly humanitarian settings.



Strengthen and provide greater avenues and opportunities for the **meaningful engagement and participation of youth**, to ensure they are deeply integrated into programs, policies and research in authentic ways.

Youth champions expressed a clear desire to authentically and meaningfully engage in research, policy, and programming, with responsibility, leadership, and building long-term relationships to invest in their futures. They challenged adults to start a new mindset, with honest communication, active listening, respect, and validation for their expertise in understanding both mental health concerns as well as what interventions are effective in their youth cohort. They ask for a bi-directional sharing of information between themselves and their mentors or adult colleagues, a pathway through which youth can develop, and groups to facilitate capacity building of youth leaders. They call for validation of their lived experience, and closing the gap between informal, lived experience and formal scientific knowledge.

ACTION: DECREASE ASYMMETRIES OF POWER BETWEEN ADULTS AND YOUNG PEOPLE IN MHPSS PROGRAM DEVELOPMENT, ADVOCACY AND RESEARCH.

- Eliminate the power differential through co-creation of initiatives, studies, and programs that engage youth from project inception through to implementation and delivery.
- Place youth in leading roles in developing and facilitating programs and conferences, with adults providing financial resources, capacity building and support as needed.
- Give youth autonomy, agency and bargaining power, so they can discuss concerns and opinions about a project or initiative, thereby ensuring more meaningful contributions.
- Consult youth to ensure realistic and unbiased expectations for those in the global South to participate, work and consult in the MHPSS field (e.g., without the requirement for 5-10 years of experience) – particularly those burdened with daily life struggles or lacking reliable internet.

ACTION: RESPECT THE SERVICE AND EXPERTISE OF YOUTH IN TANGIBLE AND MEANINGFUL WAYS.

- Treat youth as the experts they are – with intimate knowledge of the struggles faced by children and youth, and experts in how to engage and educate adults to best address issues important to them.
- Validate the agency and expertise of youth with financial compensation, responsibility and accountability when they are consulted and invited to share their experience and expertise.
- Utilize the expertise of youth in educating adults in the home and schools on how to raise MHPSS awareness for children across the developmental lifespan, and create opportunities for youth and adults to connect, partner and engage in safe conversations.

ACTION: CLEARLY DEFINE THE ROLE OF YOUTH, AND ENSURE THEY ARE NOT AN AFTERTHOUGHT.

- Define clear roles and responsibilities to empower youth in their contribution to MHPSS in various ways (for example, in supporting early childhood interventions) – both as recipients of an intervention or program, as well as facilitators or implementors.
- Align adult priorities (e.g., to publish, obtain funding, develop a program or workshop) with youth priorities (e.g., for mentorship, personal and professional development).
- Consistently engage the same youth in long-term projects – from the beginning of a program or conference to its completion – to build their experience, trust, and respect.