

# Nordic MHPSS Conference 2026

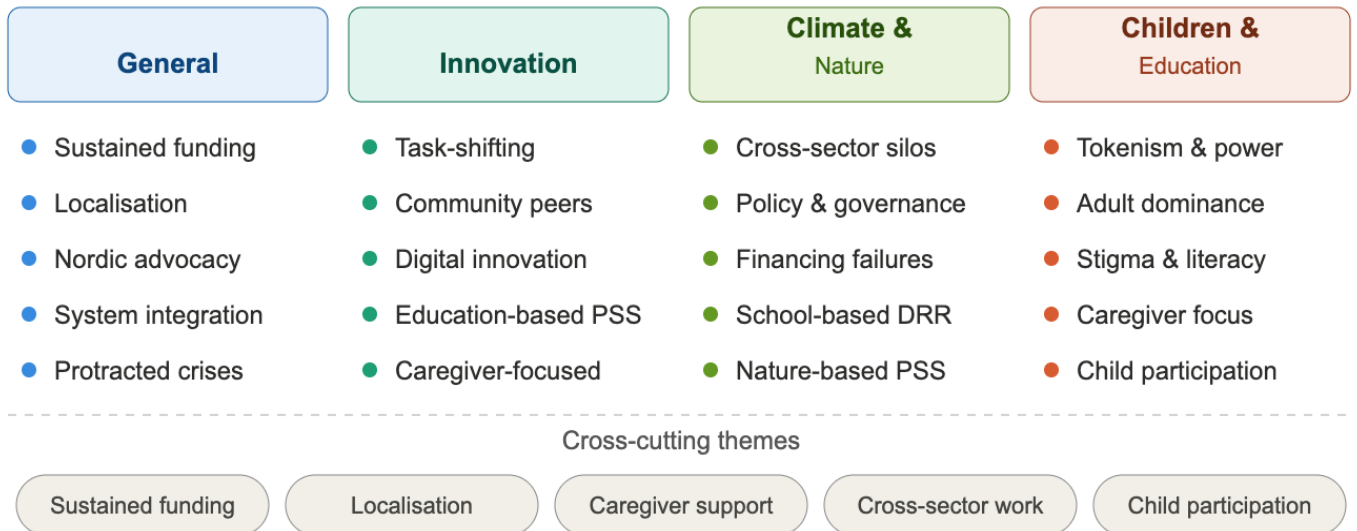
## Survey Findings: Pre-Conference Briefing

96 respondents · 4 thematic streams

### Overview

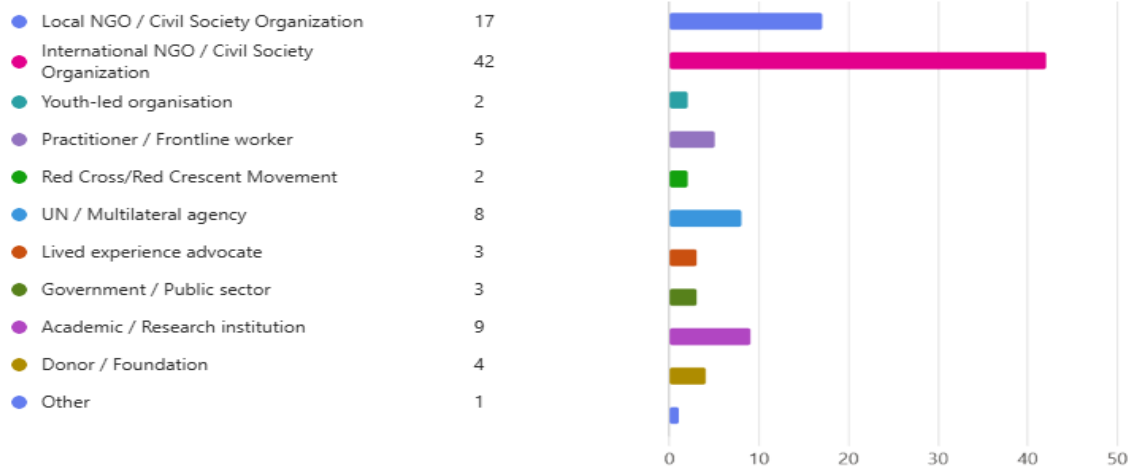
This briefing summarises findings from the global survey conducted ahead of the Nordic MHPSS Conference 2026 in Oslo. The survey collected responses from 96 stakeholders across international and local NGOs, research institutions, donors, practitioners, UN agencies, and youth-led organisations. Geographic coverage spanned Sub-Saharan Africa, South Asia, the Middle East and North Africa, Europe, Nordic countries, and global multi-region contexts.

Responses were analysed across four thematic streams: General sector priorities, Innovation, Climate & Nature, and Children & Education. The figure below maps the key themes identified in each stream, along with the cross-cutting priorities that emerged across all four.

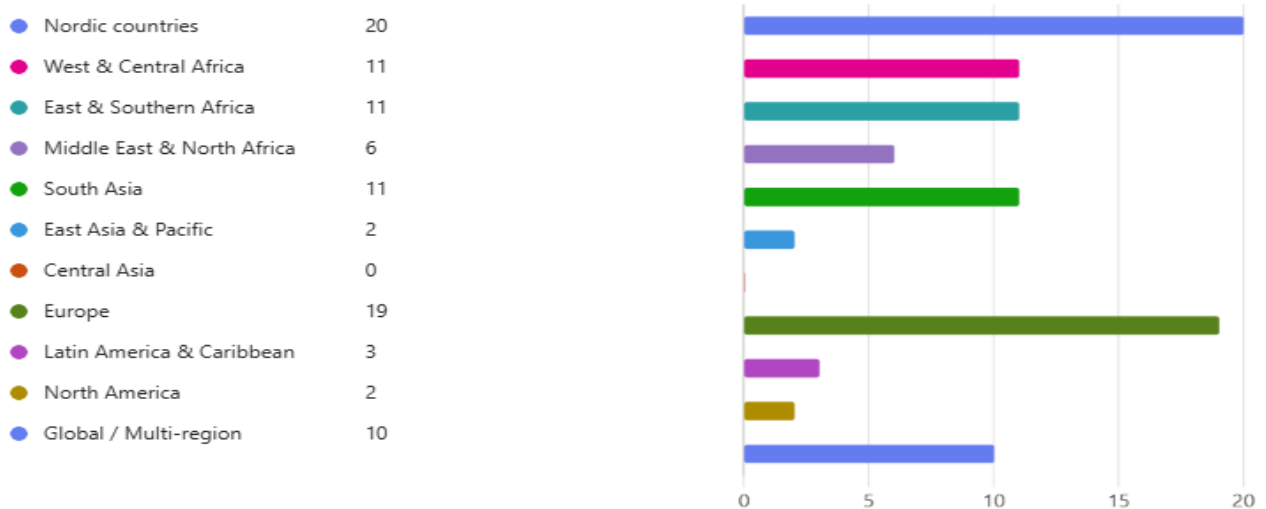


## Respondent Profile

Roughly two-thirds of respondents came from NGOs (split between international and local civil society), with about 10% from academic and research institutions, 10% from UN and multilateral agencies, and the remainder from donors, government, practitioners, and youth-led organisations.



About half of respondents were based in Nordic countries or Europe, with the rest spread across Sub-Saharan Africa, South Asia, and other regions. The geographic focus of respondents' work leaned toward global and multi-region engagement, with particular concentration on Africa and the Middle East.



## General Sector Priorities

### What has changed since Malmö?

The three most-cited shifts since the last conference were increased conflicts and displacement, escalating demand for MHPSS services, and government budget cuts with less predictable funding. Climate crises increasing mental health needs and greater political attention to MHPSS also featured prominently.



### What feels most urgent?

Respondents identified collective advocacy for stable, long-term funding as the most urgent priority, followed closely by expanding services to meet escalating demand and supporting and protecting frontline staff.

### Biggest barriers to expanding MHPSS

Lack of funding and funding uncertainty ranked as the top barrier by a wide margin, followed by an insufficient trained workforce and a lack of political will and leadership.

### Where are MHPSS needs greatest?

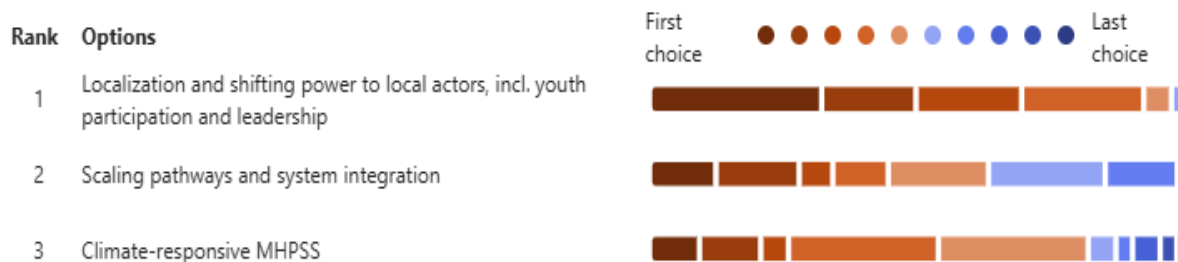
Ongoing and protracted crises were highlighted as the phase where needs are greatest today. Respondents pointed to the systematic under-resourcing of long-running crises as donor attention and media coverage shift to newer emergencies. Long-term recovery, preparedness, and acute emergency phases were ranked similarly below.

“Ongoing and protracted crises are neglected and forgotten and don’t attract the same media attention as the newest crises.”

### Approaches most ready to scale

Group-based psychosocial support was seen as the approach most ready to scale in the next 2–3 years. The main barrier to scaling was lack of sustainable funding.

### Oslo Open Pledge 2026: Top priorities



Localisation and shifting power to local actors (including youth participation and leadership) ranked as the top priority for the Oslo Open Pledge, followed by scaling pathways and system integration, and climate-responsive MHPSS.

## One action for Nordic actors

Three themes dominated responses on the single most important action Nordic actors should take. First, committing to sustainable, flexible, multi-year pooled funding for MHPSS. Second, shifting power and resources to local and community-based organisations. Third, using Nordic diplomatic capital to champion MHPSS in international fora at the UN and EU level. A fourth theme called for embedding MHPSS into national health, education, and social protection systems rather than delivering it through siloed projects.

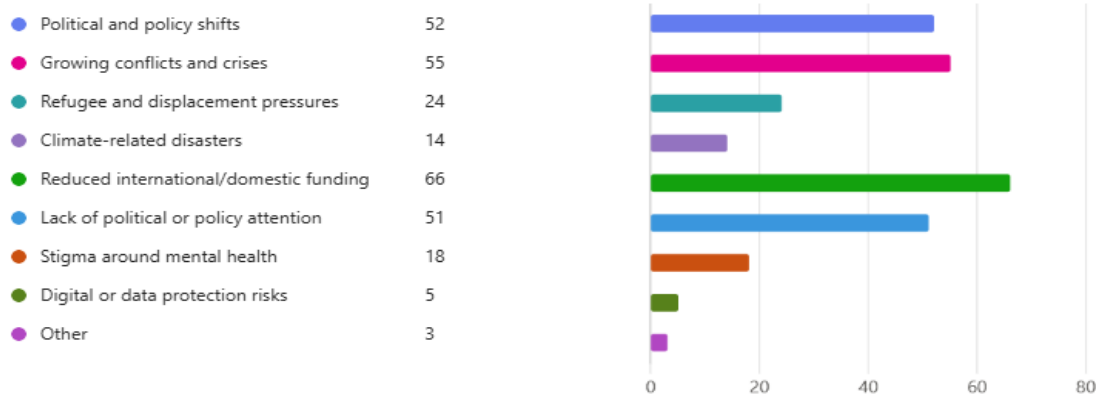
*“Support and fund locally led, long-term MHPSS ecosystems—by shifting resources directly to community-based organisations.”*

## Strengthening the Open Pledge

Regular public progress reporting and country scorecards were seen as the mechanism that would most strengthen implementation of the Open Pledge recommendations, followed by donor earmarking for MHPSS, stronger advocacy at the UN and global level, and youth monitoring panels.

## Investment priorities and threats

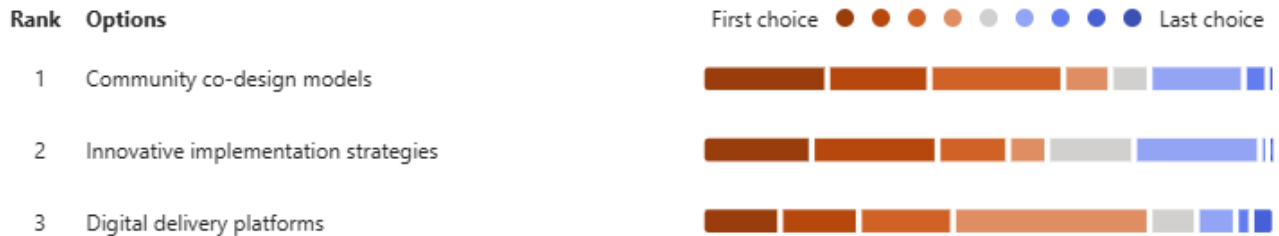
Community-level prevention, workforce systems, and cross-sector integration ranked as the top areas where investment should focus. The biggest threats to integrating MHPSS into wider systems over the next two years were reduced international and domestic funding, growing conflicts and crises, political and policy shifts, and lack of political or policy attention.



# Innovation

## Highest transformation potential

Community co-design models ranked first for system transformation potential, followed by innovative implementation strategies and digital delivery platforms.



## Barriers to scaling innovation

Funding risk aversion was identified as the biggest barrier to scaling MHPSS innovation. Other significant barriers included workforce capacity constraints, infrastructure gaps, and institutional resistance.

## Where digital tools add most value

Respondents saw the greatest value in digital MHPSS tools for remote service delivery, workforce training and supervision, and quality assurance.

## Innovations that moved from pilot to scale

The most-cited scaling success was task-shifting and mhGAP-based models: training non-specialists to deliver mental health care, particularly via WHO’s mhGAP and PM+ programmes. Community-based peer support models came next, valued for community ownership and sustainability. COVID-19 accelerated a third category—digital and remote innovation, including phone-based counselling and app-mediated interventions. Education-based programmes such as the Better Learning Programme (scaled to 35 countries) also featured.

“Scale was enabled by government ownership, task-shifting to non-specialists, standardised tools, and sustained donor support.”

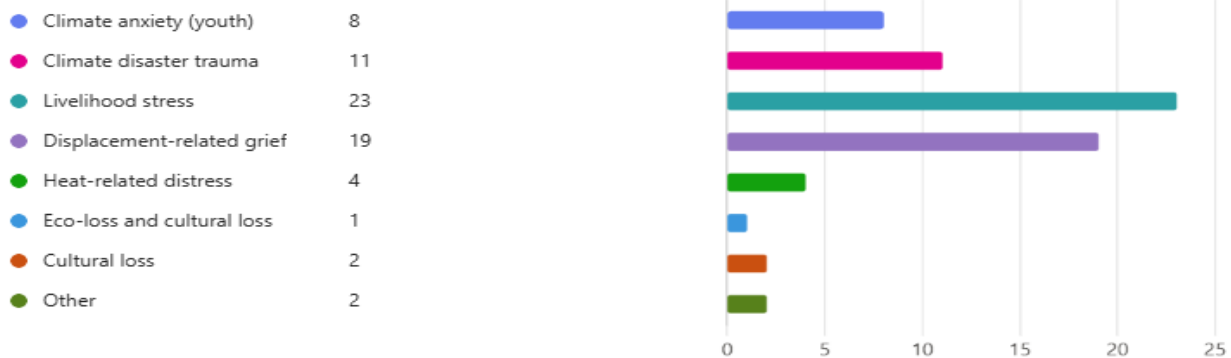
## Protecting children’s mental health: innovation recommendations

The strongest call was for integrating MHPSS into schools and community spaces via trained non-specialists (teachers, caregivers, volunteers). Respondents also emphasised caregiver-centred, two-generation approaches—treating caregiver wellbeing as the foundation for child mental health. A third recommendation focused on child-centred digital tools adapted for low-resource settings.

## Climate & Nature

### Fastest-growing climate-MHPSS challenges

Livelihood stress and displacement-related grief were identified by roughly two-thirds of respondents as the fastest-growing climate- and nature-related mental health challenges.



### Most promising intervention types

Livelihood-plus-psychosocial models and disaster preparedness integrated with MHPSS were the top two intervention types for climate-MHPSS integration. Nature-based approaches and indigenous knowledge integration tied for third.

### Most scalable interventions

School-based disaster risk reduction (DRR) was the most frequently cited option for scalability, valued for its integration into existing education systems and its dual benefit of building both disaster preparedness and psychosocial resilience. Livelihood-psychosocial integration models, disaster preparedness with embedded MHPSS, and nature-based approaches were also highlighted. Indigenous knowledge was described as untapped infrastructure that is already present in communities and does not require external importation.

*“Nature-based approaches to psychosocial well-being are the most scalable. They are low-cost, easy to implement, adaptable across settings, culturally acceptable, and can be integrated into existing education and community programs without requiring specialised infrastructure.”*

### Barriers and governance gaps

Funding limitations were the primary barrier to scaling climate-MHPSS interventions (cited by 38% of respondents). The key governance gap was cross-sector silos: climate and MHPSS operate in separate institutional lanes with no shared frameworks, joint planning, or accountability. MHPSS remains largely absent from climate governance at all levels, from national adaptation plans to global climate architecture.

### Defining success

About one-third of respondents selected stronger community resilience as the preferred measurable outcome for successful climate-MHPSS integration.

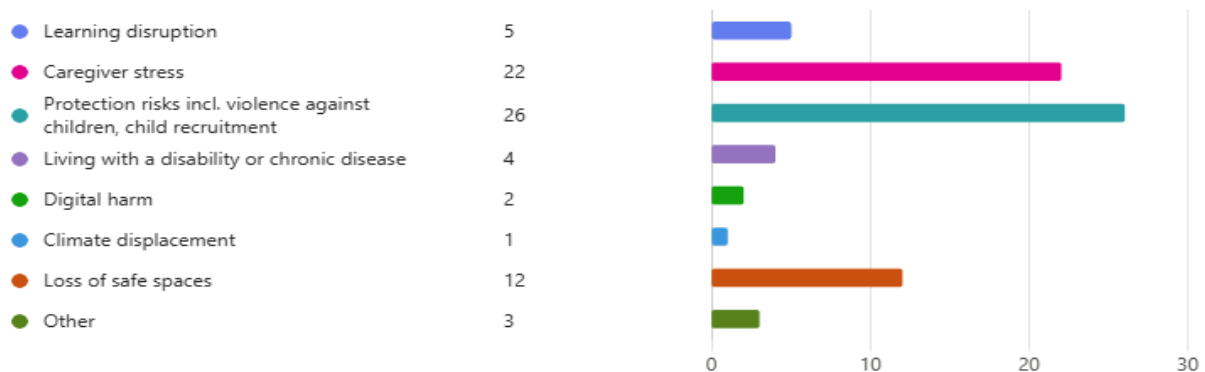
## Children and climate: recommendations

Three priorities emerged. First, integrating climate literacy and DRR into school curricula alongside psychosocial support. Second, using nature-based activities and green child-friendly spaces as low-cost, culturally adaptable tools. Third, strengthening caregiver and community preparedness, including empowering children as active participants in climate response.

## Children & Education

### Biggest threats to children’s mental health

Protection risks including violence against children and child recruitment were cited by approximately 35% of respondents as the greatest threat. Caregiver stress was a close second at roughly 30%, followed by loss of safe spaces.



### Strongest-impact interventions

Social and Emotional Learning (SEL), parenting support, and early childhood development were the top three child- and adolescent-focused MHPSS interventions identified as showing the strongest impact. These same interventions, along with play-based healing, were also rated as the most scalable in humanitarian settings.

### Barriers to scaling child-focused interventions

The most frequently selected barriers were financing limitations, workforce training gaps (including supervision), poor coordination between education, protection, and health systems, and education system capacity constraints.

### Child protection outcomes to track

Reduced violence exposure and improved caregiver-child relationships were highlighted as the two most important child protection outcomes that should be tracked alongside mental health indicators.

### Barriers to meaningful child and youth participation

The dominant theme was tokenism: children are consulted but rarely given genuine decision-making power. Adult-driven systems and institutional risk aversion compound this, with safeguarding concerns sometimes used to restrict rather than enable participation. Stigma, low MHPSS literacy among caregivers and decision-makers, and short-term donor cycles that do not build in participation from the outset were also cited.

*“The biggest barrier is the tokenistic engagement of children and youth, who are consulted but not given real decision-making power.”*

## **Child-focused recommendations**

The most consistent recommendation was to treat caregiver wellbeing as the foundation for child mental health, through two-generation approaches and structured parenting support in emergencies. System integration across education, health, and child protection was the second priority. Respondents also called for meaningful child and youth participation as co-designers across the full programme cycle, and for play-based and expressive activities in safe, structured environments.

*“Caregiver mental health and wellbeing should be the starting point in addressing child mental health.”*

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*This briefing was prepared to orient conference participants ahead of the Nordic MHPSS Conference 2026 in Oslo. The full survey analysis, including detailed thematic breakdowns and additional figures, is available as a separate document.*