

# 2022-2030 Nordic Road Map for MHPSS in Fragile and Humanitarian Settings

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**Recommended actions for MHPSS to be inspired by and aspire to**  
*To be accompanied by expected global outcomes by end of 2022*

Co-created and endorsed by a multilevel coalition of MHPSS, interdisciplinary and cross-sectoral stakeholders who attended

**A Human Right Left Behind: Nordic Conference on MHPSS in Fragile and Humanitarian Settings**

**Copenhagen, Denmark**

**29-30 August 2022**

# Acknowledgments

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*ADRA Norway, AMNA, Bernard van Leer Foundation, Church of Sweden (ACT Alliance), Competence Centre for Transcultural Psychiatry, Danish Institute for Human Rights, Danish Red Cross, Danish Refugee Council, DanChurch Aid, Directorate-General for European Civil Protection and Humanitarian Aid Organisation, DIGNITY, Education Cannot Wait, Eriks Development Partner, ERIM Consulting, Finn Church Aid, Finnish Red Cross, FORUT, H.M. Queen Silvia's Foundation Care about the Children, International Federation of Red Cross and Red Crescent Societies (IFRC), IFRC PS Centre, International Child Development Programme, International Organisation for Migration, International Rehabilitation Council for Torture Victims, Karolinska, Lancet Youth Commission, LEGO Foundation, Médecins Sans Frontières Denmark, Mental Health and Human Rights Info, MHPSS Collaborative, Ministry of Foreign Affairs of Denmark, Ministry of Foreign Affairs of Norway, Ministry of Foreign Affairs of Sweden, Ministry of Foreign Affairs of the Netherlands, Ministry of Health and Social Affairs of Sweden, Norwegian Agency for Development Cooperation, Norwegian Church Aid, Norwegian Refugee Council, Physicians for Social Responsibility Finland, PlanBørnefonden Denmark, REPSSI South Africa, Save the Children Denmark, SOS Children's Villages International, SOS Children's Villages Norway, Spring Impact, Support Group Network, Sweden International Development Cooperation Agency, Swedish Association of Local Authorities and Regions, Swedish Red Cross, The Human Aspect, Trinity College Dublin, Tromsø University Arctic University of Norway, Tufts University, Ubumi Prisons Initiative, Ukrainian Red Cross Society, UNICEF Denmark, UNICEF Innovation Office, UNICEF Sweden, United for Global Mental Health, United Nations Population Fund, University of Copenhagen, War Child Holland, War Child Sweden, World Health Organisation.*

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## **2022 COPENHAGEN DECLARATION ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN FRAGILE AND HUMANITARIAN SETTINGS**

As Nordic actors, we are committed to respecting human rights, including the right to the highest attainable standard of health, as set out in the Universal Declaration of Human Rights of 1948, including mental health. We share the values of gender equality, sustainability, social welfare and trust in inclusive societies, and strive to reflect these values in our engagement in humanitarian and fragile settings.

***Underlining the complementary work of Nordic governments, civil society, academia, UN agencies, youth organisations, the private sector and institutional donors across the Nordic countries and as presented at the conference “A Human Right Left Behind: Nordic Conference on Mental Health and Psychosocial Support (MHPSS) in Fragile and Humanitarian Settings” held in Copenhagen, Denmark on the 29<sup>th</sup> and 30<sup>th</sup> of August 2022, together we:***

- *express* our deep concern for the extensive unmet mental health and psychosocial needs of people affected by armed conflicts, violence, disasters, displacement and other sudden and protracted crises;
- *highlight* that mental health and psychosocial needs and vulnerabilities increase extensively as a result of these situations and may resurface or be exacerbated by pre-existing conditions; and *acknowledge* that prolonged exposure to stress and adversity without adequate support has shown to increase the risk of mental disorders, chronic health conditions, socialisation and behavioural issues, cognitive or physical development issues, substance-related disorders, learning and earning potential;
- *acknowledge* that pandemics like COVID-19 exacerbate needs and underscore the necessity of MHPSS in preparation for and in response to public health crises and other emergencies; and recognise the mental health consequences linked to climate change and extreme weather events;
- *recognise* that people of all ages and gender identities living in fragile and humanitarian settings are directly exposed to violence, including sexual and gender-based violence (SGBV), loss and other distressing circumstances and suffer indirect effects, such as the disruption of access to services, protection and support systems that individuals, families, communities and societies depend on, which are further exacerbated by structural inequality, poverty, oppression and discrimination;
- *recognise* that mental health and psychosocial wellbeing is life-saving and critical to the survival, recovery and daily functioning of people affected by armed conflicts, disasters and other emergencies, their enjoyment of human rights and fundamental freedoms and their access to protection and assistance;
- *recognise* that MHPSS is important to prevent distress from developing into more severe conditions and that children, including the youngest, adolescents and youth face particular risks during childhood and later in adulthood if their mental health and psychosocial needs are not met and protected during early childhood and across the life span;
- *underscore* the urgent need to increase efforts across the humanitarian-development-peace nexus to respond by means of prevention, promotion, protection and care and to address long needs and social cohesion; and *emphasise* that most people with access to basic and effective family- and community-level support services and resources demonstrate resilience during the most extreme crises and adversity.

***Building further on existing commitments, together we:***

- *recall* amongst others, the right to the highest attainable standard of health as part of the [Universal Declaration of Human Rights of 1948](#), the [Convention on the Rights of the Child](#), the [Convention on the Rights of Persons with Disabilities](#), the [World Health Organisation’s Mental Health Action Plan 2013-2030](#), the [Beijing Declaration and Platform for Action](#) and the [Conference of Population and Development Programme of Action](#); and *highlight* that mental health promotion is closely linked to the [2030 Agenda for Sustainable Development](#), cutting across the majority of Sustainable Development Goals (SDG) and is a specific target (3.4) of [SDG3: Ensure Healthy lives and promote well-being for all, at all ages](#).
- *recall* the [Constitution of the World Health Organisation](#), which defines health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”; and further recognises that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief and economic or social condition;

- *recall* key UN Resolutions, such as “Strengthening the coordination of emergency humanitarian assistance of the United Nations” (document [A/75/L.44](#)), emphasising mental health and psychosocial services as part of health care and sexual and reproductive health and rights; “International cooperation on humanitarian assistance in the field of natural disasters, from relief to development” (document [A/75/L.11](#)), which emphasises the need for recovery schemes to provide for MHPSS, “Safety and security of humanitarian personnel and protection of United Nations personnel” (document [A/75/L.42](#)) on mental health and other services for staff of UN and other humanitarian actors; and the recent [Intergovernmental Panel on Climate Change Sixth Assessment Report](#) predicting increasing mental health risks with rising temperatures and climate change;
- *recall* the [33<sup>rd</sup> Red Cross and Red Crescent International Conference Resolution](#) committing States and the Red Cross and Red Crescent Movement to prioritise actions that address the mental health and psychosocial needs of people affected by armed conflicts, disasters and other emergencies from 2019;
- *recall* the [2018 Global Ministerial Mental Health Summit](#) in London and the [Global Declaration on Achieving Equality for Mental Health in the 21<sup>st</sup> Century](#), underlining the right of everyone to enjoy the highest standard of physical and mental health, including in humanitarian settings; the 2019 Global Ministerial Mental Health Summit in Amsterdam and the [Global Declaration “Mind the Mind Now”](#) agreeing to integrate and seek opportunities to scale-up MHPSS in humanitarian response, and the need for evidence and innovation to accelerate response at all levels; and the [2021 Global Ministerial Mental Health Summit](#) in Paris and outcomes on mobilising the global community to accelerate progress on rights in mental health and quality care systems.
- *recall* the [2020 Copenhagen Action Plan for Child, Youth and Family MHPSS](#), cementing the importance of integrated and community-based approaches and achieving this through the meaningful engagement and participation of young people in MHPSS processes.

***Through this Declaration, we commit ourselves, and ask our partners to join us to:***

- 1) Prioritise integration of MHPSS across all sectors and stages of humanitarian response, preparedness, recovery, development and sustaining peace to address mental health and psychosocial needs, including prevention and protection, starting from pregnancy and early childhood and continuing throughout the life course, focusing on evidence-based, sustainable and best practices in quality delivery;
- 2) Increase multi-year investments, strengthen the resilience of national- and community-level health and social systems in fragile and humanitarian settings, and scale innovative, contextually relevant, age- and gender-sensitive and evidence-based interventions to ensure the mental health and psychosocial needs of all people, especially those most at-risk of discrimination or marginalisation, are always met;
- 3) Exchange and collaborate with stakeholders across different levels and sectors in the Nordic region and engage children, including the youngest, adolescents, youth and caregivers affected by crises to innovate and strengthen joint strategies according to the capacities and needs of local actors and communities, in line with internationally agreed-upon guidelines, that endeavour to transfer leadership to local actors;
- 4) Champion a holistic and rights-based approach that promotes non-discrimination, equality, solidarity and seeks to advance the SDG-agenda, drawing on shared Nordic values and institutions such as universal health coverage, social safety nets and whole-of-society solutions through multi-stakeholder partnerships and strong cooperation with local actors, especially women- and girls-led organisations;
- 5) Welcome the recommendations and priorities for action co-created by delegates at the conference and catalogued in the 2022-2030 Nordic Road Map for MHPSS in Fragile and Humanitarian Settings and aspire to implement these.

## Endorsements

The following organisations have jointly adopted the 2022 Copenhagen Declaration on MHPSS in Fragile and Humanitarian Settings and 2022-2030 Nordic Road Map for MHPSS in Fragile and Humanitarian Settings following the conference held in Copenhagen 29-30 August 2022:

1. ACT Church of Sweden
2. ADRA Norway
3. Bernard van Leer Foundation
4. DanChurch Aid
5. Danish Institute for Human Rights
6. Danish Red Cross
7. Danish Institute Against Torture (DIGNITY)
8. Education Cannot Wait
9. Feinstein International Center
10. Finn Church Aid
11. FORUT Norway
12. HealthRight International
13. International Child Development Programme (ICDP) Norway
14. IFRC Reference Centre for Psychosocial Support
15. International Organisation for Migration (IOM)
16. International Rehabilitation Council for Torture Victims (IRCT)
17. LEGO Foundation
18. Mental Health and Human Rights Info (MHHRi)
19. MHPSS Collaborative
20. Ministry of Foreign Affairs of Denmark
21. Norwegian Church Aid
22. Norwegian Network for Global Mental Health
23. Norwegian Refugee Council
24. Save the Children Denmark
25. SOS Children's Villages Norway
26. Spring Impact
27. Support Group Network
28. Swedish Red Cross
29. The Human Aspect
30. Trinity Centre for Global Health
31. Ubumi Prisons Initiative
32. UNICEF Denmark
33. UNICEF Innovation
34. UNICEF Sweden
35. United for Global Mental Health
36. United Nations Population Fund (UNFPA)
37. War Child Holland
38. War Child Sweden



# 2022-2030 Nordic Road Map for MHPSS in Fragile and Humanitarian Settings



**A catalogue of recommended actions for MHPSS to be inspired by and aspire to**  
*Co-created in August 2022 and finalised and endorsed in October 2022*



## Executive Summary

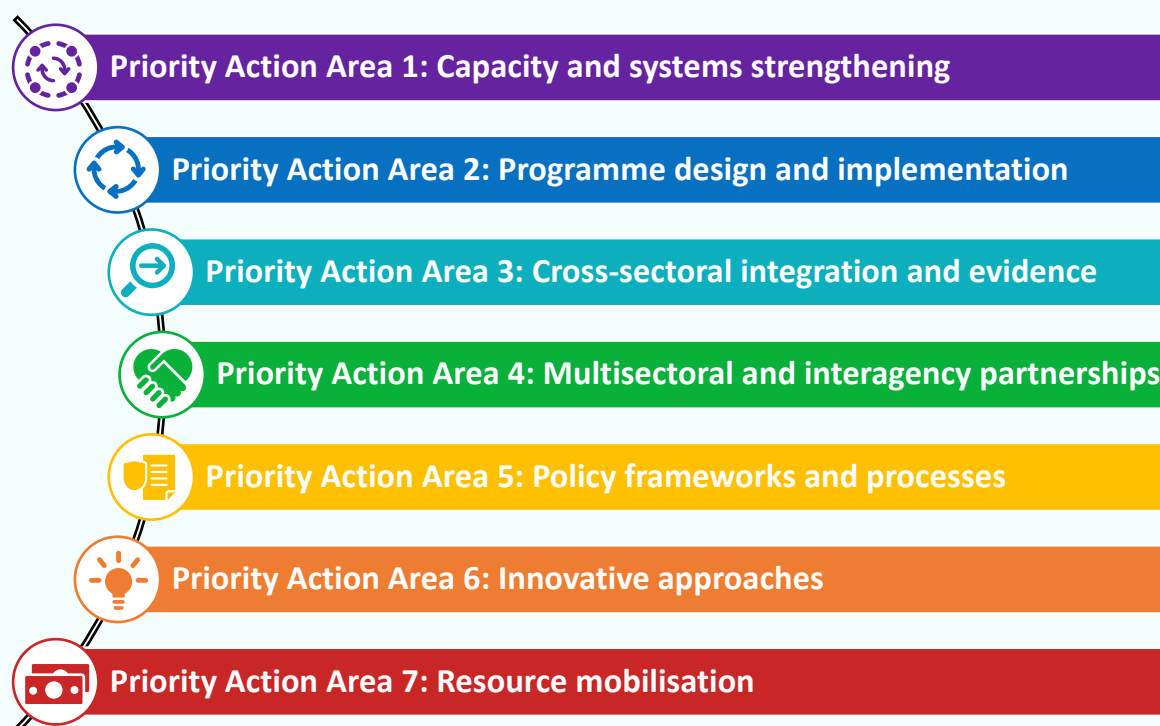
On 29 and 30 August 2022, 120 delegates met in Copenhagen for the *Nordic Conference on MHPSS in Fragile and Humanitarian Settings*. The delegates represented more than 60 actors **across governments, civil society, UN agencies, academia, private foundations, institutional and government donors and youth organisations**. The delegates shared and exchanged ideas, formed partnerships and inspired new ways of working to achieve their common goals and leveraging their shared values as a region.

The results of the conference were the launch of a regional Nordic network on MHPSS, agreements to endorse the *2022 Copenhagen Declaration on MHPSS in Fragile and Humanitarian Settings*, and a series of inspirational and aspirational recommendations to inform the network's actions on MHPSS: *The 2022-2030 Nordic Road Map for MHPSS in Fragile and Humanitarian Settings*.

The recommended actions are based on discussions and consensus reached during the conference's roundtable and panel sessions. After the conference, the recommendations were collated into seven action areas. These areas establish priorities for enhanced regional coordination and collaboration on strategies and activities to capitalise on the collective capacities and resources of the Nordic region, while helping ensure approaches and outcomes are consistent across stakeholders and sectors.

Though they can be taken independently, the priority action areas are interconnected and essential to the foundation of effective and sustainable MHPSS. The underlying assumption of the recommendations is MHPSS as a multi-layered system of complementary support carried out across all sectors in the humanitarian development nexus.

**The Road Map is intended to be a living document, reassessed and updated every other year in relation to evolving needs and realities identified by Nordic MHPSS network members and stakeholders.** For the purposes of the Road Map, the term "all stakeholders" comprise members of the network and their partners across governments, civil society organisations, academia, private foundations, institutional and government donors, UN agencies and youth organisations. The recommended actions do not capture every possible or necessary action or outcome, nor are they an endpoint for MHPSS in fragile and humanitarian settings. They are a non-exhaustive set of minimum standards that individually and collectively guide the joint strategies and activities of humanitarian stakeholders and actors in any sector or setting worldwide based on their existing mandates, priorities and strengths.





# Priority Action Area 1: Capacity and Systems Strengthening

**We recommend that all stakeholders including governments, donors, civil society actors, academia and UN agencies...**

- 1.1. Systems Strengthening:** Invest in strengthening national and community MHPSS systems and structures across a continuum of care, including first response, referral pathways and safeguarding, to prevent, prepare for, and quickly respond to mental health needs with local solutions.
- 1.2. Localisation:** Engage with and guarantee the representation of local leaders, actors and members of the community, including young people, in all key decision-making bodies for interagency coordination and standards, working towards the long-term transfer of power from global to local.
- 1.3. Migration:** Raise awareness, invest in ongoing capacity strengthening and supportive supervision, and introduce policy and guidance reviews that guarantee refugees, migrants and displaced people, irrespective of legal status, especially at-risk groups such as LGBTQIA+ or people with disabilities, access to dignified mental health services at any stage of a crisis, journey or (re)settlement.
- 1.4. Capacity Strengthening:** Ensure a skilled workforce by strengthening capacity of local authorities, lay providers and frontline and non-specialist actors across sectors in basic, contextualised MHPSS and survivor-centred, trauma-informed and age- and gender-sensitive competencies.
- 1.5. Staff Care:** Protect and promote the mental health and wellbeing of their humanitarian staff and volunteers, regardless of their place of duty or status as national or international staff, or long-term or short-term employment, acknowledging existing stigma and discrimination associated with mental health challenges and the interconnectedness of wellbeing and capacity.
- 1.6. Resources:** *Donors and governments should in particular,* prioritise long-term, multi-year and flexible funding for MHPSS based on local resource needs and capacities and in alignment with existing national and community strategies, promoting cross-sectoral interaction.

***“Today mental health is everybody’s business but nobody’s responsibility.”***



## Priority Action Area 2: Programme Design and Implementation

**We recommend that all stakeholders including governments, donors, civil society actors, academia and UN agencies...**

- 2.1. Principles:** Ensure all stages of MHPSS programme design and implementation respect the principles of do no harm, neutrality, impartiality, independence, equity, inclusion and accountability.
- 2.2. Approaches:** Prioritise holistic, evidence-informed, rights-based and locally-led MHPSS, interdisciplinary and intersectoral approaches from the beginning of life and throughout the life course that are based on locally identified needs and priorities to enhance innate coping mechanisms and resilience.
- 2.3. Innovation:** Implement design processes for co-creating, piloting, adapting, failing and scaling new and innovative programmes and approaches, including the safe use of digital technologies, that are grounded in the local context.
- 2.4. Localisation:** Centre the needs and perspectives of local actors and affected people, including infants, children, youth, caregivers, elderly, minority groups, people with disabilities, migrants and displaced people, and other marginalised groups, throughout the programme cycle, including defining needs and solutions, planning, implementation and evaluation.
- 2.5. Evidence:** Collaborate and form long-term partnerships to inform, implement and build evidence on multi-component and multi-sectoral MHPSS interventions that target the whole ecosystem surrounding individuals, families and communities.
- 2.6. Accountability:** Honestly and transparently monitor, evaluate and report on the effects of MHPSS programme and service implementation, establishing quality assurance, accountability and safeguarding mechanisms that are present and used throughout.



*“Children’s mental health is a human rights issue and calls for a community-oriented approach. Our point of departure must always be the affected people themselves.”*

## Priority Action Area 3: Cross-sectoral Integration and Evidence

**We recommend that all stakeholders including governments, donors, civil society actors, academia and UN agencies...**

- 3.1. Integration:** Ensure humanitarian staff and volunteers across sectors have fundamental knowledge of mental health conditions, risk and protective factors for psychosocial wellbeing and MHPSS approaches.
- 3.2. Evidence:** Collaborate with MHPSS, transdisciplinary and cross-sectoral partners to further generate evidence on the impact and added value of MHPSS integration across sectors such as education, protection, health, early childhood development, migration, sexual and gender-based violence, livelihoods, shelter and WASH.
- 3.3. Data:** Improve the quality and use of data, including using participatory and survivor-centred approaches for collecting, analysing, using and sharing data, in adherence to relevant data protection laws and protocols.
- 3.4. Social-emotional Learning:** Continue to invest in and conduct research on innovative social-emotional learning and mental health and psychosocial wellbeing within learning environments to further inform the integration of MHPSS into school programmes in fragile and humanitarian settings.
- 3.5. Early Childhood:** Prioritise research on and integration of early childhood development and mental health in all child and parenting-oriented programmes across sectors such as education, protection, health, nutrition and WASH.
- 3.6. Play:** Build evidence on and integrate high quality and culturally appropriate play-based interventions into programming for young children, children, adolescents and youth as well as teachers, caregivers and families to support mental health and psychosocial wellbeing across the life span and ecosystem.

*“When you involve and listen to people, you automatically learn that the root causes of their psychosocial distress require an intersectoral response.”*



*“The Nordic countries must continue supporting ongoing and new efforts to generate MHPSS evidence across all sectors. We must work together beyond this conference and across borders, with a longer-term vision to identify and scale best practices in each sector.”*

## Priority Action Area 4: Multisectoral and Interagency Partnerships

**We recommend that all stakeholders including governments, donors, civil society actors, academia and UN agencies...**

- 4.1. Coordination:** Prioritise the institutionalisation of MHPSS coordination from global to field levels, including intersectoral and multilevel working groups and coalitions.
- 4.2. Collaboration:** Promote current and new practical and innovative means of and platforms for cross-sectoral and interdisciplinary collaboration on MHPSS between actors and stakeholders across the nexus.
- 4.3. Engagement:** Engage members of affected communities, including adolescents and young people, particularly those who are most at-risk or discriminated against, in formal and informal coordination structures at all levels.
- 4.4. Resource and Data Sharing:** Safely and ethically share and translate data on best and emerging MHPSS practices on open-source platforms and strategically pool resources to maximise impact and avoid duplication of services.
- 4.5. Evidence:** Focus on aligning practice with research and research with practice to ensure that programmes demonstrate long-term efficacy and policies are backed by existing and emerging high-quality evidence on MHPSS produced within all sectors.
- 4.6. Safeguarding:** Support the development of interagency guidelines on setting up safe codes of conduct reporting and complaint mechanisms to protect the wellbeing of local staff and short-term volunteers as well as people at risk or in particularly vulnerable circumstances, such as young girls and boys, LGBTQIA+ and people with disabilities.

***“When we talk about coordination, we should consider the Norwegian word for interaction: ‘Samhandling.’ It reminds us to do more than simply coordinate across sectors and disciplines, but to collaborate.”***



## Priority Action Area 5: Policy Frameworks and Processes

**We recommend that all stakeholders including governments, donors, civil society actors, academia and UN agencies...**

- 5.1. Positive Change:** Showcase that positive change is possible by accentuating the natural coping skills and resilience of all human beings and avoiding the use of lived experience from people who are still emotionally suffering as well as narratives of the “other” that directly or indirectly cause harm to individuals and society.
- 5.2. Economic Case:** Help to build a strong economic case for investing in MHPSS in humanitarian crises to maximise the impact of humanitarian action and sustainable recovery and development interventions.
- 5.3. Human Rights and Dignity:** Find synergies and build on complementary agendas and common understanding of human rights and Nordic values through joint statements, aligned interventions and engagement.
- 5.4. Triple Nexus:** Advocate for long-term engagement and bridging to development and peace, as well as ensuring full integration of mental health in the overall approach to peace and security, the economy and environment, and measuring progress and addressing future challenges regarding the SDGs.
- 5.5. Internal Advocacy:** Advocate and mobilise internally to achieve greater impact externally, particularly by identifying MHPSS champions and pushing for leadership engagement.
- 5.6. Humanitarian Diplomacy:** Examine legal frameworks and policies and approaches used to address mental health in local contexts and support revisioning and implementing to better uphold human rights and address stigma and discrimination.

***“MHPSS is lifesaving and crucial for unlocking life opportunities and rebuilding a future, especially for young people. Let’s work together across the Nordic countries to make sure MHPSS is not a luxury but a right for the millions of crisis-affected people around the world.”***



## Priority Action Area 6: Innovative Approaches

**We recommend that all stakeholders including governments, donors, civil society actors, academia and UN agencies...**

- 6.1. Co-creation:** Prioritise co-creation as a methodology to facilitate empowerment and maximise sustainability, in recognition of community members as experts on the context, mental health needs and best solutions.
- 6.2. Scaling-up:** Encourage efforts to adapt and scale-up effective MHPSS innovations and innovative approaches across cultures and contexts.
- 6.3. Integration:** Collaborate to help advance new and innovative approaches to integrate MHPSS across all sectors, especially sectors in which MHPSS research, institutional funding or political commitment are lacking.
- 6.4. Advocacy:** Advocate for institutional processes, governance structures and investment models that ensure the innovation ecosystem in the Nordic countries are leveraged to strengthen global MHPSS outcomes in fragile and humanitarian settings.
- 6.5. Partnerships:** *Donors and governments should in particular,* encourage multisectoral and interagency partnerships across the nexus to find new solutions and strengthen systems that promote, protect and care for mental health in the long run.
- 6.6. Funding:** *Donors and governments should in particular,* build in long-term and flexible funding opportunities for civil society and researchers to collaborate and innovate in MHPSS, including space for failing and learning.

***“We need to create more time and space for innovation, particularly processes that connect practitioners, donors, researchers and local communities to think through problems and solutions together. We cannot expect quick or sustainable solutions from the outside.”***



## Priority Action Area 7: Resource Mobilisation

### We recommend that all governments and donors...

- 7.1. **Accountability:** Fund MHPSS programmes and services in every phase of a humanitarian crisis that meet minimum standards and are carried out in an ethical manner, abiding by the humanitarian principles of neutrality, independence and impartiality.
- 7.2. **Integration:** Increase long-term and multi-year funding for the integration of MHPSS programmes and systems across all sectors.
- 7.3. **Collaboration:** Form long-term strategic alliances with civil society actors, UN agencies, governments and academia in the humanitarian and development sectors to mobilise resources in an evolving and lasting manner according to local needs and capacities.
- 7.4. **Innovation:** Provide opportunities, time and flexibility in funding for researchers and actors to co-create, implement and document innovative, scalable and sustainable approaches to address mental health and psychosocial needs.
- 7.5. **Coordination:** Coordinate with other donors to agree on conducive ways to mobilise resources and mainstream quality standards and reporting mechanisms on MHPSS.
- 7.6. **Advocacy:** Advocate for the meaningful integration and standardisation of evidence-based MHPSS and indicators on mental health and psychosocial wellbeing overtime as an essential component of programming across all sectors.



***“Donors must also not work in silos. It is critical that as donors we pool funds and bring together a wide range of actors to jointly achieve better, and more holistic and long-term results.”***

# Spotlight on **YOUTH ENGAGEMENT**

Millions of children and young people around the world live in communities affected by conflict, violence, poverty, climate change and forced displacement, with the consequences exacerbated by structural inequities and inequalities, discrimination, oppression and racism. They face an increased risk of developing mental health conditions with enormous consequences to the global burden of disease and lost productivity. Engaging children and young people and ensuring their meaningful participation in all conversations and decision-making processes related to their wellbeing, assures the development of sustainable and context relevant policies and solutions.

## Recommendations

The 2022 Nordic Conference's Youth Advisory Committee endorses the recommendations from the [2020 Copenhagen Action Plan for Child Youth and Family MHPSS](#) to "enable meaningful youth engagement and participation."

### **Action: Decrease asymmetries of power between adults and young people in MHPSS programme development, advocacy and research.**

- Eliminate the power differential through the co-creation of initiatives, studies and programmes that engage youth, from their inception to implementation and delivery.
- Place youth in leading roles in developing and facilitating programmes and meetings, 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 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 facing 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.
- Utilise 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 (e.g., in supporting early childhood interventions) – both as recipients of an intervention or programme, 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).
- Engage the same youth in long-term projects consistently – from the beginning of a programme or meeting to its completion – to build their experience, trust and respect.



## Expected Global Milestones by 2026 and 2030

### *To be developed during national-level workshops by December 2022*

During the Nordic Conference on MHPSS in Fragile and Humanitarian Settings in Copenhagen, the newly launched Nordic Network on MHPSS agreed on a series of recommended actions that are urgent and critical to addressing mental health and psychosocial needs in fragile and humanitarian settings. The recommendations fall under seven interconnected priority action areas that are essential to achieving effective and sustainable MHPSS across all sectors and illustrative of the shared ideals and principles of the Nordic-based and international stakeholders who helped conceive them.

Following the conference, the national MHPSS networks plan to reconvene to consider the wide range of outcomes, outputs and activities needed to realise the vision laid out by the priority action areas and recommendations. The second edition of the Nordic Road Map on MHPSS will therefore outline expected milestones – intermediate and longer-term outputs and processes as well as expected outcomes by 2030.



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