
RE-IMAGINING POLICY TO PROMOTE YOUTH WELL-BEING AND BRIGHTER FUTURES: COVID-19 AND BEYOND



IAYMH WORKSHOP

The pandemic has had a significant impact on how young people have been able to live, work, study and play. In 2022, 41 young people, mental health professionals and experts from eight countries met at a pre-conference workshop for the sixth International Association for Youth Mental Health (IAYMH) conference to discuss a way forward, including the policy priorities needed to improve youth mental health and what is needed to influence those changes.

This document provides a summary of the presentations, resources and findings from the workshop. Workshop sessions were structured to enable a re-imagining of policy in response to COVID-19 and beyond. The four sessions focussed on: (1) experiences of policy decisions during the pandemic, (2) identifying policy priorities for youth mental health services, (3) how would policy change and who should be involved, and (4) addressing power dynamics and incorporating empathic design.

COVID-19 AND YOUTH MENTAL HEALTH – IMPACT OF POLICY DECISIONS DURING THE PANDEMIC

Research has indicated that young people's mental health worsened significantly during 2020-21 (prevalence doubled or more in many countries). Young people's (and particularly young women's) mental health was more impacted than other age groups (OECD 2021).

Key drivers for the increased experience of mental ill-health by young people related to the pandemic included: loneliness /social isolation /loss of social connection; financial stress, loss of employment (self or family); academic pressures due to disrupted learning; covid infections among self/family or friend affected, including bereavement; as well as blanket news coverage and exposure to misleading information (OECD 2021).

Many countries began to realise the mental health impacts resulting from COVID19 or from policy measures initiated to control the spread of the pandemic. Policies and plans for responding to wellbeing and mental health were developed along with changes to service delivery, including an increase in remote consultations (by phone or video conferencing) and interim funding boosts for services.

Despite these policy and service responses many youth-based organisations surveyed by the OECD reported dissatisfaction with the consideration given to young people and the impacts on their mental health in the policy responses and health information/communications delivered during the pandemic. There was a lack of engagement with young people in the policy decision making process and design and delivery of service responses.

Only 15% felt government considered young people's views when adopting lockdown measures – and more than half felt their government had not incorporated young people's views in financial support and infrastructure investment responses. (OECD 2022)

WORKSHOP DISCUSSION: GOVERNMENT RESPONSES DURING COVID-19

Among workshop participants there was a similar level of dissatisfaction with government engagement with young people and the acceptability of policy responses. While approaches by governments

REVOLUTION IN MIND

differed, most (64.4 %) workshop participants thought that governments had not responded to and considered young people's needs in COVID-19 policy responses. When asked whether they felt that governments engaged and consulted young people about responses to the pandemic, 89.5 per cent strongly or somewhat disagreed.

POLICY EXPERIENCES

- Many governments did not focus on prioritising and balancing public health measures with the impact on young people. It was a crisis-driven response that was slow to focus on young people, and there was little consultation and input from young people about how to best support them.
- While some grants and investments were provided to mental health services, many services were unable to meet increased demand as the workforce was not available.
- Funded initiatives were focused on existing mental health supports rather than youth-led projects. Funding was often not equitably distributed to priority groups with young people most impacted.
- Young people received mixed messages from governments, such as guidelines on how to safely meet outdoors while closing public spaces to discourage socialising.
- Young people experienced a high level of academic stress, with no reduction in responsibilities despite increased difficulties.

Resources and references:

United Nations Policy Brief: COVID-19 and the Need for Action on Mental Health, 2020

OECD 2021 Supporting young people's mental health through the COVID-19 crisis

OECD 2022 Delivering for Youth: How governments can put young people at the centre of the recovery

Strang, L. Lloyd, E., et. al. (2021) Youth Mental Health and Covid-19: 2021 Policy Lab Briefing Note. CSMH Briefing B001. London: ESRC Centre for Society and Mental Health. <https://www.kcl.ac.uk/csmh/assets/youth-mental-health-and-covid-19-2021-policy-lab-briefing-note.pdf>

YOUTH MENTAL HEALTH POLICY RESPONSES IN COVID19 RECOVERY

Several government policy positions highlighting the urgent need to address youth mental health in the recovery response to the pandemic were presented to participants of the workshop as reference points for advocating for change in their own countries and regions. These included the Ministry of Greece; WHO's new program for European Region putting children and young people's mental health at the heart of the recovery (WHO, 2022); and the admission from the U.S. Surgeon General Dr. Vivek Murthy that there was an urgent need to address the nation's youth mental health crisis (US Surgeon General, 2021).

The opportunities in supporting young people's mental health and wellbeing through the COVID19 recovery included the opportunity to build back better, but also building back fairer (OECD, 2022). Such a response requires addressing the determinants of poor wellbeing, including economic, housing, education and employment considerations. In doing so, government need to recognise that the impacts of the pandemic will have been disproportionate for young people already in situations of disadvantage and precarity (Strange, L. et al 2021).

WORKSHOP DISCUSSION: KEY POLICY PRIORITIES FOR YOUTH MENTAL HEALTH

Workshop participants identified priority areas for youth mental health, key themes and action areas emerged around several issues, including service access, social determinants, and youth participation.

POLICY PRIORITY AREAS

Creating more accessible, holistic and youth-friendly services

- Develop targeted services for young people requiring specific supports and reduce existing barriers to care.
- Provide diverse, culturally-relevant treatment options that support culture, community and connection.
- Ensure young people receive the care they want with few or no barriers.
- Connect youth mental health services with education and employment settings.
- Ensure that services provide follow up care and take action after a consultation (e.g. develop a framework for minimum standards).
- Remove bureaucratic barriers to care, such as strict age limits.

Addressing the social determinants of health

- Mental health services should connect young people to non-clinical supports that address determinants and broader needs, such as housing and community support.
- Services and organisations should address stigma and discrimination through policy and advocacy.
- Funding should be made available that encourages partnerships across systems.

Move youth participation from consultation to action

- Embed genuine youth participation at all levels.
- Act on the input that young people provide to avoid tokenism.
- Prioritise inclusive and culturally safe youth participation to ensure that all young people are heard, as well as young people who are not connected to the mental health system.
- Build better mechanisms to shift youth participation opportunities from storytelling to shared power and youth-led projects.
- Provide young people with training and opportunities to speak to decision makers directly.
- Develop best practice youth participation guidelines and frameworks.
- Resource staff and facilitators with experience in youth participation.

Enhancing systems

- Enhance medical information sharing across the system.
- Adequately fund and permanently embed telehealth and digital care into the health system.

Prepare for future events

- Require all levels of government to prepare a response to emergencies or similar events in the future.
- Authentically engage young people on future responses and uniquely consider their impacts, preferences and needs.

Resources and references:

WHO/Ministry of Greece Media Release *Placing children and young people's mental health at the heart of the COVID-19 recovery*, WHO/Europe and Greece launch new programme for European Region 20 March 2022

US Surgeon General 2021 *Protecting Youth Mental Health: The U.S. Surgeon General's Advisory*.

<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

OECD 2020 *Youth and COVID-19: Response, recovery and resilience* <https://www.oecd.org/coronavirus/policy-responses/youth-and-covid-19-response-recovery-and-resilience-c40e61c6/>

Moxon, D., Bacalso, C, and Şerban, A (2021), *Beyond the pandemic: The impact of COVID-19 on young people in Europe*. Brussels. European Youth Forum <https://www.youthforum.org/files/European20Youth20Forum20Report20v1.2.pdf>

WHAT'S NEEDED TO INFLUENCE POLICY?

Participants were provided with an overview of the necessary ingredients for how we can 'shift the needle' to achieve policy change in youth mental health. These included:

- Understanding data and research – tools included the WHO Mental Health Atlas/ burden of disease information and prevalence data.
- Understanding the current policy and funding context for mental health in the region/country – WHO Mental Health Atlas
- Understanding the political context and where power and influence comes from.
- Understanding and building coalitions of awareness, support and lived and learned experience.

There are many theoretical and practical models for policy translation and impact. In this workshop the EVITA (EVIDence To Agenda setting) framework for evidence-based mental health policy agenda setting in low- and middle-income countries was introduced. This sets out the complex but interconnected ecosystem for policy impact.

FIGURE 1 EVITA FRAMEWORK

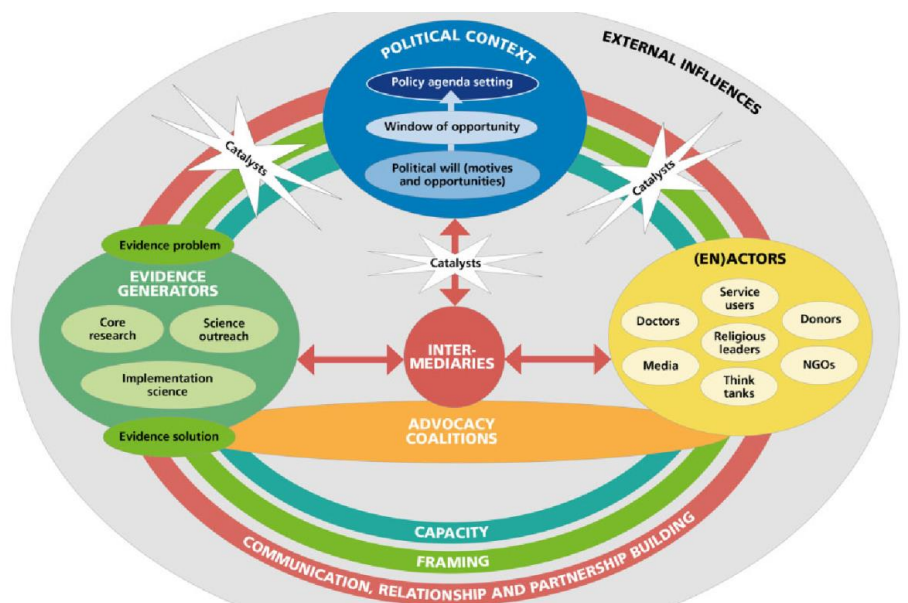


Figure 1 EVITA (EVIDence To Agenda setting) Framework 1.1 (2020).

HOW DO YOU COMMUNICATE FOR IMPACT?

The session covered practices and principles that United for Global Mental Health uses when using public communications for advocacy. The practices covered included:

- Listen and learn from the experts first - researchers, practitioners, PWLE etc.
- Prioritise championing the marginalised - those from LMICs, PWLE
- Maintain neutrality - champion all not a few, adjust as situation changes
- Build high level champions and influential partnerships - governments, UN agencies
- Secure support from world leaders - UNSG, WHO DG, heads of state, etc
- Be clear where have maximum impact and add maximum value - keep reviewing
- Adjust our strategy - as others enter mental health and/or adopt our approaches
- Put others before ourselves - in benefit, funding and profile.

These practices are framed within three key principles:

1. Answer the questions that are being asked – ensure that you are providing the decision-makers on your issue (directly or in-directly) with the information that they need to make the right decision, it is often what they are asking for but may not be what you originally thought needs to be communicated.
2. Clarity and brevity; evidence and depth – the best communication for change balances being both concise and 'to the point'; supported by background evidence documents for the proposed change.
3. One size communicating does not fit all – it is critical to understand your audience and what type of communication they will respond to.

WORKSHOP DISCUSSION: INGREDIENTS FOR MAKING POLICY CHANGE IN YOUTH MENTAL HEALTH

Participants identified several factors that can support policy change across these areas and, importantly who should be involved.

POLICY CHANGE ACTIONS AND AGENTS

Factors that can support policy change

- Ensuring evaluation and economic analysis.
- Repurposing existing projects to seize relevant opportunities.
- Actively screen for new ideas from young people, their families and support people, and mental health experts.
- Share power with young people and build the pathways and mechanisms for young people to advocate for their needs directly.
- Build relationships and mechanisms for ongoing engagement with government and the public service.
- Presenting solutions, which may include understanding programs and policies implemented in other contexts or engaging researchers and policy communicators to develop and communicate the solution.

Who to include in policy development and change

- Young people.
- Families and support people.
- Advocacy coalitions and partnerships.
- Schools and universities.
- Advocates, organisers and changemakers.
- Clinicians and researchers.
- Celebrities.
- Governments and government departments.
- Consultancy groups.
- Healthcare services, organisations and peak bodies.
- Elders and community knowledge keepers.

Resources and references:

WHO Mental Health ATLAS 2020 <https://www.who.int/publications/i/item/9789240036703>

WHO Data Registry: Mental Health Policy <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/2950>

Orygen and World Economic Forum 2020 Global Framework for Youth Mental Health https://www3.weforum.org/docs/WEF_Youth_Mental_Health_2020.pdf

Votruba, N., Grant, J., & Thornicroft, G. (2020). The EVITA framework for evidence-based mental health policy agenda setting in low- and middle-income countries. *Health Policy and Planning*, 35, 424 - 439.

HAVING YOUNG PEOPLE AT THE CENTRE

Participants were provided a presentation on considerations for youth participation and engagement in policy making and an example of how that had been achieved in the Ministry of Health in Singapore on a developing an online mental health intervention for young people, mindline.sg.

The benefits of having young people at the table were shared, including the betterment of policies through the use of user-centred design, gaining trust amongst youth, nurturing future youth leaders, as well as building movements. The concept of "New Power" was introduced as well, as a model to understand the importance of youth co-ownership in policy design.

FIGURE 2 "NEW POWER" SCALE

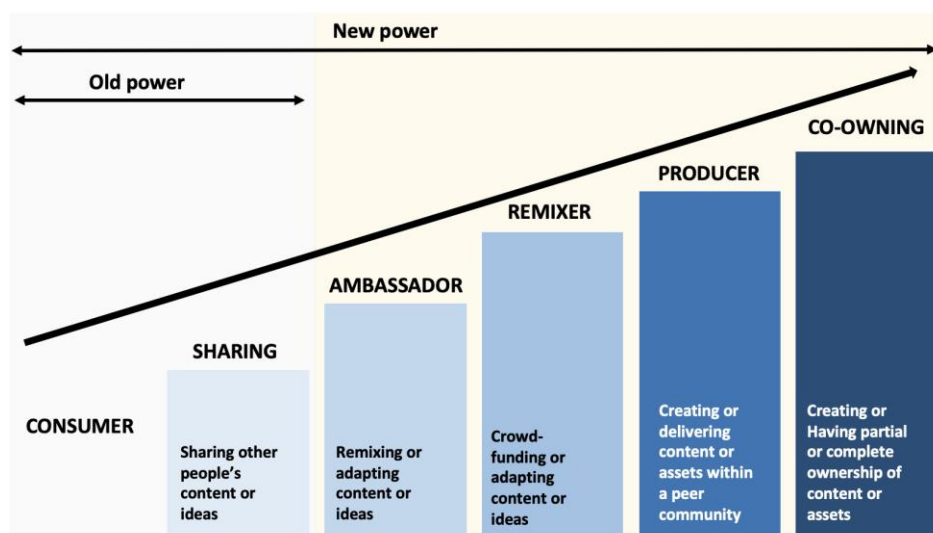


Figure 2. Adapted "New Power" scale for the International Association of Youth Mental Health Conference 2022, Heimans, J., & Timms, H. (2014). Understanding "new power". *Harvard Business Review*, 92(12), 48-56.

Participants also discussed the relevance of the well-known Hart's Ladder of Participation for youth engagement, remarking on the need to account for youth autonomy in determining levels of participation. Tokenism was also a common concern across country representatives - many shared that it can happen at all levels of youth participation. Many were convicted of the need for adult advocates to continue championing the importance of the youth voice.

FIGURE 3 MODIFIED HART'S LADDER OF PARTICIPATION: UNDERSTANDING DEGREES OF YOUTH PARTICIPATION

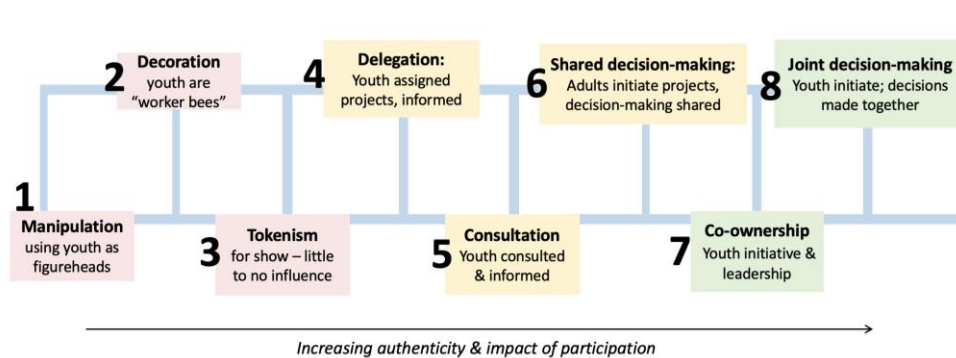


Figure 3 Modified Hart's Ladder of Participation

WORKSHOP DISCUSSION: EXAMPLES OF EMPATHY MAPPING

During the session, participants engaged in an activity to put themselves in the place of a young person who has an opportunity to participate in a policy making project and understand the types of challenges, barriers, narrative, internal dialogue, and motivations for them to engage. The activity, Empathy Mapping, was drawn from the world of design thinking, a user-centred approach to solving problems. As a policy maker or someone supporting young people to engage in policy making, this activity provides a valuable way to think through what structures, supports, environmental and power considerations that need to be taken into account and addressed in the engagement process.

To undertake this activity participants were provided with an empathy map tool which can be found here: <https://gamestorming.com/wp-content/uploads/2017/07/Empathy-Map-Canvas-006.pdf>

EMPATHY MAPPING TO INFORM POLICY

| | |
|----------------|---|
| Group 1 | <p>Who is our young person: New refugee who's gender non-conforming/gender fluid and fled a place of harm</p> <p>What do they hope to change: Want to help other refugees to get refugee status for the protection of same characteristics</p> <p>What do they see: Lack of visibility; Stigma, judgement – even in new system; and Fear of safety for family back home</p> <p>What do they hear: Unhelpful solutions; Tokenisation; Turned away from supports.</p> |
| Group 2 | <p>Who is our young person/s: Youth advisory groups</p> <p>What do they hope to change: Young people to have an equal voice</p> <p>What do they see: Juggling different hobbies/studies/jobs/interests; other participants who generally have access to resources and are privileged</p> <p>What do they say: Why aren't you listening? Where is this info going? Why are you putting this back onto me to enact?</p> |

Resources and references:

UN Youth and Political Participation: <https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-political-participation.pdf>

James, A. M. (2007). Principles of youth participation in mental health services. *Medical journal of Australia*, 187(S7), S57-S60.

Heimans, J., & Timms, H. (2014). Understanding "new power". *Harvard Business Review*, 92(12), 48-56.

Day, C. (2008). Children's and young people's involvement and participation in mental health care. *Child and Adolescent Mental Health*, 13(1), 2-8.

FOR MORE INFORMATION

To find out more about this workshop, contact speakers/facilitators or to stay engaged in any future project contact:

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