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Global Case for Support

UNICEF and WHO joint programme
on mental health and psychosocial well-being
and development of children and adolescents





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Layout by Phoenix Design Aid

A blue square has been inserted in the text of this document to highlight those places where information in Part B of the Study Guide can be found that provides interesting facts or questions to think about when reading a particular paragraph or section.

Across the world, the lives of millions of children, adolescents, and their caregivers are limited by poor mental health and well-being...

...and yet they are not getting the support and services that they need. The COVID-19 pandemic has exposed the extent and severity of the global mental health crisis, highlighting the need to invest and act now. The UNICEF and WHO Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents is an ambitious, 10-year action plan to realize a bold vision for children, adolescents, and their caregivers:

By 2030, children and adolescents living in countries targeted under the Joint Programme will experience reduced suffering and improved mental health and psychosocial well-being and development.

To make this happen, we are seeking \$50 million in investment pledges over the next five years of the Joint Programme.



The opportunity: why now is the time to invest in the mental health and psychosocial well-being and development of children and adolescents

While mental health concerns affecting children, adolescents, and caregivers are not new, the impact of the COVID-19 pandemic has exposed their extent and severity, and highlighted the need to invest and act now. Failure to adequately meet and protect the mental health and psychosocial well-being needs of children, young people, and caregivers at this moment of crisis could put an entire generation at risk, with profound social, educational and economic consequences over the long term.



Increased awareness of the importance of optimizing mental health and developmental trajectories for children and adolescents, with special attention to primary caregivers and families, has created strategic opportunities to act. The inclusion of mental health in the Sustainable Development Goals (SDGs) requires global, regional, and national actors to recognize mental health as a holistic issue relevant to every sector of development, and respond accordingly.


In purely economic terms – as highlighted in *The State of the World's Children 2021* report on mental health and well-being – the return on investment in mental health is tremendous. Research demonstrates that for every US\$1 invested in treatment for common mental health issues, there is a return of US\$4 in improved health and productivity. School-based mental health resilience programmes provide a return on investment of US\$5 for every US\$1 invested.¹

At the same time, the COVID-19 pandemic has provided an entry point for more open discussions around mental health, while the restrictions imposed in response to the pandemic have prompted innovations that could benefit children and adolescents. For instance, the switch to delivering services online and through flexible, community-based approaches was necessitated by the pandemic, but has the potential to make health, education and social service systems more effective, efficient and equitable, and expand access to children and caregivers who have typically not been reached by more traditional approaches. Assessing the impact of temporary school closures has increased awareness of the crucial role that schools and other educational settings play in helping children to build resilient mental health. The pandemic has created an historic opportunity to act on child and adolescent mental health and psychosocial well-being. You have the opportunity to support WHO and UNICEF to address these challenges through the Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents.

¹ UNICEF, *The State of the World's Children 2021: On My Mind: Promoting, protecting and caring for children's mental health*, New York, UNICEF, 2021. <https://www.unicef.org/media/108161/file/SOWC-2021-full-report-English.pdf>.

The issue

Mental health and psychosocial well-being and development are essential for fulfilling the human potential and the rights of children and adolescents everywhere. Nevertheless, every year and in every country the lives of millions of children, adolescents, and their caregivers are

limited by poor mental health and well-being. For instance, depression, anxiety, and behavioural disorders are among the leading causes of illness and disability among adolescents, and suicide is the fourth leading cause of death among 15-19-year-olds.² 

Poor mental health and psychosocial well-being and development limit the lives of children, adolescents, and their caregivers across the world



| | | | |
|---|---|--|---|
|  <p>Around 250 million children under 5 in low- and middle-income countries – 43% of this cohort – are at high risk of not reaching their developmental potential</p> |  <p>Developmental disabilities account for 20% of the disability burden among children and adolescents</p> |  <p>Around 1 in 10 of the world's children and adolescents experiences a mental disorder</p> |  <p>Half of all mental health conditions start by 14 years of age, but most cases are undetected and untreated</p> |
|  <p>Suicide is the fourth leading cause of death in young people aged 15-19</p> |  <p>Poor mental health in adolescence can lead to risky behaviours, including self-harm, tobacco, alcohol and other substance use, risky sexual behaviours and exposure to violence</p> |  <p>Globally, about 1 in 5 children live with a parent or caregiver who has a mental health condition, with implications for child well-being and development</p> |  <p>Among older children, absence from school or dropping out before finishing is linked to social isolation, which in turn can lead to mental health conditions, including self-harm, suicidal ideation, depression, anxiety and substance use</p> |

Sources: *The State of the World's Children 2021: On My Mind: Promoting, protecting and caring for children's mental health* (UNICEF, 2021); Adolescent Mental Health (WHO, 2021); *Global Burden of Disease Study 2019* (IHME, 2022).

2 World Health Organization. 'Adolescent Mental Health'. World Health Organization, 17 November 2021. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>.



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Gender and other social inequalities can influence exposure to factors related to poor mental health and well-being. Once children reach adolescence, gender norms are an important determinant of adolescent exposure to situations or behaviours that can contribute to mental ill-health, and can also determine how adolescents are diagnosed and treated. Globally, girls are more likely than boys to suffer from emotional disorders, such

as anxiety and depression, whereas boys suffer more from behavioural disorders, such as attention-deficit hyperactivity disorder (ADHD) and conduct disorder. Stressful life events that disproportionately affect agency and choice among girls, such as child marriage and early and unintended childbearing – which are often underpinned by gender norms – are likely drivers of depression and anxiety in adolescent girls.

Other factors that can put particular groups of children and adolescents at risk include:

| | | | | | | |
|---|---|---|---|--|---|---|
|  |  |  |  |  |  |  |
| Poverty | Disability | Being out of school | Living in an institution | Being separated from parents | Living with a chronic health condition | Exposure to environmental toxic hazards and stresses |
|  |  |  |  |  |  |  |
| Belonging to a minority group | Peer violence and violence in school | Being LGBTQI+ | Experiencing abuse or neglect | Witnessing domestic violence | Exposure to humanitarian emergencies | Being pregnant or being an adolescent parent |

The challenge



Despite the urgency of the issues, the response has historically been poor: children, adolescents, and caregivers across the world are simply not getting the support and services they need to enjoy good mental health and well-being. A range of factors have hampered progress, including:

- Lack of leadership, investment and coordination across sectors
- Poor frontline capacity
- Insufficient focus on promoting mental well-being and addressing stigma
- Lack of data and evidence on what works



Limited leadership, investment and coordination on mental health

Insufficient resources and investment, insufficient advocacy, and poor interagency and intersectoral coordination limit progress on achieving child and adolescent mental health. Insufficient effort has been made to integrate and coordinate mental health promotion, prevention, care and psychosocial support into other relevant services. Governments and donors have not made mental health and psychosocial well-being and development of children and adolescents a priority, and investment has been meagre and misplaced.

Underinvestment in mental health and psychosocial well-being and development



Sources: *The State of the World's Children 2021: On My Mind: Promoting, protecting and caring for children's mental health* (UNICEF, 2021).

Lack of capacity of frontline health-care providers

Lack of investment means workforces – including community-based workers – are not equipped to address mental health issues across multiple sectors, including primary health care, education, social protection, child protection, and others.

The need for mental health services in humanitarian settings is evident, but there is often a significant gap between need and the services available, particularly in resource-constrained, low- and middle-income country settings affected

Mental health and psychosocial well-being in humanitarian settings

Experiencing violent conflict or other forms of humanitarian disaster can expose children, adolescents, and their caregivers to trauma, loss and uncertainty that can have a significant impact on their mental health and well-being. As with exposure to adverse childhood experiences (ACEs) more generally, in some cases, this impact is short term; in others, it can result in extreme and lasting impacts on well-being that stretch into adulthood. Factors such as household poverty (which may be long term or the result of having to flee), separation from caregivers, disruption to schooling and separation from peers, and escalation in family violence or tension due to stress can compound mental distress. In addition, experiences can accumulate, compounding the impact on mental health. Reflecting this context, an important component of the Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents is to strengthen capacity to deliver community-grounded mental health and psychosocial support to children, adolescents, and their caregivers in humanitarian settings.

by conflict or natural disaster, and those hosting large numbers of refugees. Frontline health-care providers, whether working in the community or in humanitarian settings, often do not have access to good quality mentoring and support services to help them manage their own mental health needs.

Insufficient focus on promoting mental well-being and addressing stigma

Historically, investment has gone into psychiatric services, meaning that almost nothing is spent on mental health prevention or promotion. Where good quality services are available, access to these is often inconsistent. Children, adolescents, and their families may be reluctant to use services or be unaware that they are available. Stigma and discrimination towards children and adolescents with mental health conditions and their families can also act as a barrier to accessing support when it is available.

Children and adolescents who have mental health conditions, as well as children who are cared for by adults who are mentally unwell, are at risk of human rights violations and discrimination, often driven by stigma. These can include inequitable access to education and health services, unnecessary separation from caregivers and institutionalization, and exposure to violence and neglect. Human rights violations and discrimination compound the direct effects of poor mental health and of intersecting inequalities.

The COVID-19 pandemic and measures taken in response have worsened many factors that place children and adolescents at risk of poor mental health and psychosocial well-being and development. On a day-to-day level, the pandemic has disrupted many of the foundations that assure children's mental health and well-being, with many children facing heightened isolation, anxiety and stress due to disrupted education and uncertainty about their futures at critical points in their emotional development. Furthermore, those in difficult family contexts of violence, neglect and



abuse have been cut off from external support from teachers and friends. 150 million more children have been pushed into multidimensional poverty, and the pandemic has wiped out gains in reducing inequality.³ School-based mental health programmes and other mental health services for children have also been severely disrupted. The mental health of many caregivers has also been affected by the pandemic, due to the multiple stressors that they have had to face.

Insufficient data and evidence

Comprehensive, age- and sex-disaggregated data on child and adolescent mental health, psychosocial well-being and development, and the mental health and well-being of caregivers are sorely lacking, limiting what we know about exposure to risk factors, prevalence of mental health conditions, and access to available prevention and care services. This is particularly the case for data on children growing up in low- and middle-income countries (LMICs), where

mental health data about children and adolescents only cover about 2 per cent of the population. This makes calculating the global burden of disease due to mental disorders particularly difficult, as nearly 90 per cent of the world's 1.2 billion adolescents live in LMICs.⁴ When data are collected, they are often not comparable. Good quality data on child and adolescent mental health and psychosocial well-being and development are essential for designing and implementing appropriate policies and programmes, and to allocate the resources to assist those in need of support.

Lack of evidence on what works for prevention of mental health conditions in children and adolescents is another significant gap. We also have limited evidence on which strategies are effective for promoting mental health, and how best to address mental health determinants in children, adolescents, and their caregivers. This is particularly the case in development and humanitarian settings, meaning we do not know which approaches are suitable for scale-up to give more children access to the support they need.

³ UNICEF Strategic Plan 2022-2025, draft for review, para.12.

⁴ UNICEF, *The State of the World's Children 2021: On My Mind: Promoting, protecting and caring for children's mental health*.



The response

A shared commitment to addressing these gaps lies at the heart of the UNICEF and WHO Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents (“the Joint Programme”), which aims to promote optimal development and mental health, reduce suffering, and enhance psychosocial well-being and quality of life in children and adolescents.

The Joint Programme is an ambitious, phased, 10-year action plan to expand capacity to deliver for children, adolescents, and their caregivers at all levels and reach impact in countries across the world. Child and adolescent mental health and psychosocial well-being and development are significant priorities for both UNICEF and WHO, integral to realizing both agencies’ commitments to protecting the human rights of children and achieving the SDGs, the WHO Comprehensive Mental Health Action Plan 2013-2030, UNICEF’s strategic plan for 2018-21, as well as related regional plans.

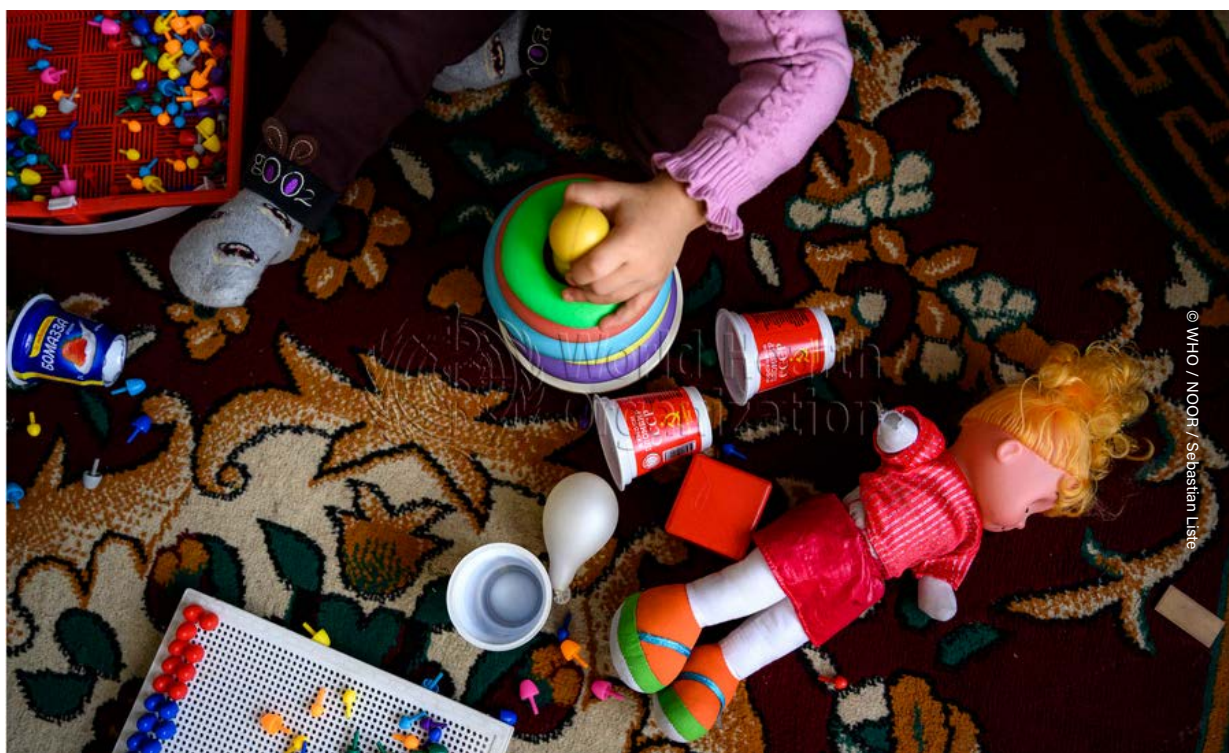
Leveraging complementary strengths

- The Joint Programme will leverage the strengths of both agencies and build on ongoing collaboration and learning between UNICEF and WHO, consolidating partnerships with national governments, civil society – including organizations representing those with lived experience – the private sector, and other stakeholders to accelerate action for children and adolescents’ mental health and psychosocial well-being. UNICEF brings to the table cross sectoral leadership in mental health and psychosocial support (MHPSS), child protection, education, adolescent development and participation, leadership in multisectoral programming, climate change, and a global network of relationships on

the ground and in the field through community-based and civil society organizations and government authorities in both development and humanitarian settings. WHO, as UN lead technical agency on health, brings in an evidence-based approach and existing guidance, leadership and extensive technical expertise in numerous topics relevant to mental health across the life course, both in development and humanitarian settings, as well as experience with convening and coordinating mental health actions, and global networks of experts and partners across regions and countries. Both agencies are opinion leaders and bring in long-term country presence and close working relationships with Governments.

The Joint Programme between UNICEF and WHO will result in concerted action for evidence-based mental health promotion, prevention and care for children, adolescents and their caregivers, with the aim of increasing efficiencies in collaboration and greater impact in countries. Through this Joint Programme, UNICEF and WHO will strengthen their collaboration on programming

and implementation for child and adolescent mental health and psychosocial well-being and development at the global, regional and country levels, sharing their networks of intervention and interacting with countries and intergovernmental organizations on a common basis. Additionally, the Joint Programme will facilitate dialogue with countries through relevant government ministries, including Ministry of Health, Ministry of Education, and Ministry of Social Welfare, as well as their civil society counterparts. An inter-ministerial approach will facilitate the promotion of multidisciplinary, integrated strategies towards addressing socioeconomic determinants of mental health and organization of care. The Joint Programme will leverage existing collaborations and commitments by UNICEF, WHO and partners, to accelerate the implementation of child and adolescent mental health and psychosocial well-being and development strategies in countries. A focus is placed on actions that demonstrate how both agencies coming together can achieve efficiency gains from joint work.



The change we want to see for children, adolescents and their caregivers

Our vision for the Joint Programme is that **by 2030, children and adolescents living in countries targeted under the Joint Programme will experience reduced suffering and improved mental health and psychosocial well-being and development.** To realize this vision, at national, regional and global level, we want to see greater

visibility and awareness of the importance of mental health, and psychosocial well-being and development in children and adolescents, and greater investments. Your investment will help make this happen.

We want to see results across four outcomes:

Outcomes and strategies of the Joint Programme

| | | | |
|---|---|--|---|
| <p>Outcome 1</p> <p>An increased number of countries implement multisectoral and multi-stakeholder strategies and actions for mental health and psychosocial well-being for children and adolescents</p> | <p>Outcome 2</p> <p>An increased number of countries are able to offer improved access to quality care services (across health, education and social services / child protection services) for children and adolescents with mental health conditions, and their caregivers</p> | <p>Outcome 3</p> <p>An increased number of countries are able to offer nurturing, supportive environments for children and adolescents and opportunities for them to strengthen cognitive and socioemotional skills</p> | <p>Outcome 4</p> <p>An increased number of countries are able to generate and use quality data and evidence to inform multisectoral actions and policies for mental health and psychosocial well-being and development of children and adolescents</p> |
| <p>Strategy 1</p> <p>Strengthen effective leadership, governance and advocacy for children and adolescents' mental health and psychosocial well-being and development</p> | <p>Strategy 2</p> <p>Strengthen service delivery and care systems for provision of accessible, integrated, child-, adolescent-, and family-responsive care services for mental health and psychosocial well-being and development, across community-based, health, education and child protection settings</p> | <p>Strategy 3</p> <p>Implement strategies for promotion and prevention in mental health</p> | <p>Strategy 4</p> <p>Strengthen information systems, evidence and research for child and adolescent mental health and psychosocial well-being and development</p> |

How we will make this happen

The Joint Programme will adopt four core, complementary strategies⁵ to provide support to national governments that are ready to step up for children's, adolescents', and caregivers' mental health and psychosocial well-being and development.

Strengthening effective leadership

UNICEF and WHO will work together to enhance the capacity of governments to formulate, monitor and enforce laws, for example to reduce access to means of suicide, reduce access to and availability of alcohol, and protect children from harmful commercial practices. The Joint Programme will support and develop effective holistic integrated national policies to promote children's brain health and well-being and ensure access to quality mental health services. It will augment governmental capacity to coordinate and implement national and subnational multisectoral actions and programmes to improve children and adolescents' mental health and their psychosocial well-being and development, and enhance support to caregivers and families.

□ The Joint Programme will facilitate partnerships with a range of key stakeholders, including civil society, and particularly with young people's organizations, organizations of families and caregivers, and professional associations, to help create more effective and accountable policies and plans, in a manner consistent with the Convention on the Rights of the Child, and the Convention on the Rights of Persons with Disabilities. Explicit attention will be paid to equity, respect for the inherent dignity and human rights of children,

adolescents and caregivers with mental health conditions, and protection of vulnerable and marginalized groups.

UNICEF and WHO will facilitate the inclusion and mainstreaming of mental health issues more explicitly within relevant priority health programmes and partnerships (for instance, on child health, adolescent health, maternal health, disease outbreaks, HIV and AIDS, tuberculosis, noncommunicable conditions, and nutrition), as well as within policies and laws in other relevant sectors, primarily child protection, violence against children (including gender-based violence), early childhood development and education, disability and inclusion, employment, the judicial system, human rights protection, poverty

UNICEF and WHO working together

Leading on mental health and psychosocial support (MHPSS) in emergencies in the Africa region

Across the Africa region, UNICEF and WHO co-lead interagency coordination of MHPSS in emergency response, such as the Ebola Virus Disease response, the ongoing conflict in Tigray, and the COVID-19 response. A key element of this has been supporting implementation of the MHPSS Minimum Service Package (mentioned above), alongside the Inter Agency Standing Committee (IASC) Guidelines for MHPSS in COVID, and training responders in basic psychosocial skills.

5 The strategic framework for the Joint Programme draws on the WHO's *Comprehensive Mental Health Action Plan 2013-2030* (<https://www.who.int/publications/i/item/9789240031029>) and aligns with other guiding documents on mental health of both UNICEF and WHO: UNICEF's *Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children, Adolescents and Caregivers Across Settings* (field test version through Aug 2022: <https://www.unicef.org/reports/global-multisectoraloperational-framework>) and WHO's *World Mental Health Report: Transforming Mental Health for All* (<https://www.who.int/publications/i/item/9789240049338>).

reduction, and development. These efforts are key to meeting the multidimensional requirements of mental health programming.

Strengthening service delivery and care

The Joint Programme will support the continued scaling up of evidence-based quality and affordable care for child and adolescent mental health and psychosocial well-being and development, as part of universal health coverage and service delivery reforms. Mental health care for children, adolescents,

caregivers and families will be integrated and scaled up across all sectors, delivery platforms, and levels – from community to primary to secondary health-care levels – with the involvement of schools, early childhood development centres, peer groups and adolescent recreational centres. The Joint Programme will enhance digital platforms and the continuity of care across providers and levels of care

UNICEF and WHO working together

Caregiver skills training (CST) for families of children with developmental delays or disabilities in Uganda

WHO and UNICEF are working together to strengthen the capacity of care systems to optimize well-being and development trajectories in children with developmental disabilities across regions. In a national initiative in Uganda, caregivers of children with developmental delays and disabilities are learning skills to support their children's communication, positive behaviour and skills for daily living. WHO's CST is currently being offered to groups of caregivers at five sites in central and western Uganda, where it is being used as one of a number strategies to empower caregivers and support child development through engagement in play and home routines. WHO and UNICEF are collaborating to offer early child development programmes to all families (tier 1), while families of children who need more support are offered CST (tier 2). Training packages to deliver needs-assessment and tailored, more specialized early intervention for children with autism and cerebral palsy (tier 3) are in development.

UNICEF and WHO working together

The Mental Health and Psychosocial Support Minimum Services Package (MHPSS MSP)

In spite of significant need, including among children, adolescents and their caregivers, provision of mental health and psychosocial support in emergencies is often fragmented and inconsistent. The Inter-Agency Mental Health and Psychosocial Support Minimum Services Package (MHPSS MSP) is a digital platform that provides clear guidance on the minimum MHPSS activities to be implemented in emergency settings, with the goal of contributing to reduced suffering and improved mental health and psychosocial well-being among populations affected by humanitarian crises. Resources include:

- A clear checklist of actions needed to implement activities
- A selection of relevant guidelines, standards and tools
- A costing tool to estimate the financial resources needed to implement the activities
- A gap analysis tool to identify MSP activities to initiate or strengthen as part of the humanitarian response

Click here to access the MHPSS MSP digital platform.

UNICEF and WHO working together

Reaching children and their teachers to support good mental health in Latin America and the Caribbean

Implementation of a virtual course for School Mental Health Literacy for high school teachers developed by UNICEF and WHO is underway in countries across the region, while a curriculum for School Mental Health Literacy for primary school teachers is being developed with McGill University. Together, the two agencies have run webinars on child and adolescent mental health topics (such as returning to school in the context of COVID), as well as a virtual “hang out” session where young people were invited to post their formula for facing the COVID-19 pandemic (#MY FORMULA CAMPAIGN).

systems. The Joint Programme will also promote self-care, for instance through the use of electronic and mobile health technologies. This requires the implementation of stepped-care child- and family-centred collaborative care models, with a focus on human resource development and the development and monitoring of quality-of-care standards.

WHO and UNICEF will promote strength-based and recovery-based approaches that put the emphasis on mobilizing children’s strengths and responsibilities and those of their family and community. The Joint Programme will work to empower children with mental health conditions and their caregivers, as appropriate, to take part in relationships and activities that are meaningful and achieve their own individual and family aspirations and goals.

The Joint Programme will facilitate tailored, inclusive delivery strategies and services, responsive to the needs of people experiencing vulnerability, marginalization and social exclusion, including: socioeconomically disadvantaged

families; indigenous peoples; persons with disabilities; migrants; refugees; internally displaced people; people living with HIV and AIDS; women and children survivors of violence, abuse and exploitation; lesbian, gay, bisexual, transgender, queer and intersex people (LGBTQI+); and other minority groups.

Promotion and prevention in mental health

The Joint Programme will support broad strategies for mental health promotion, the reduction of risky behaviours, and the prevention of mental health conditions. Strategies will include peer support

UNICEF and WHO working together

Helping Adolescents Thrive initiative

The Helping Adolescents Thrive (HAT) initiative is a joint UNICEF-WHO effort to promote mental health and prevent mental health conditions, and to help prevent self-harm and other risky behaviours, such as harmful use of alcohol and drugs, that have a negative impact on the mental – and physical – health of young people. The package of materials produced under the initiative includes guidelines on promotive and preventive psychological interventions for adolescents, a toolkit to enhance programming, a teacher’s guide and comic books to strengthen socioemotional learning. The HAT approach focuses on enhancing support to caregivers and adolescents, and promoting enabling environments in schools, communities and online. More than 30 countries have been engaged in the process of improving programming for mental health promotion through HAT.

Click here for more on the HAT initiative, including access to the resources.

and school-based programmes, as well as digital and community engagement. These may focus on: promotion of the rights and opportunities of individuals with mental health conditions and stigma elimination campaigns; provision of nurturing care in the early years of life; promotion of core individual attributes and capabilities across childhood and adolescence (such as through early stimulation, early learning, parenting programmes, life skills programmes and socioemotional learning), relationships and connectedness with caregivers and peers; and early intervention through identification, prevention and treatment of developmental, emotional, behavioural or substance use problems.

Strengthening information systems, evidence, and research

UNICEF and WHO will support and facilitate data collection efforts at global, regional and country levels (including through routine data collection

UNICEF and WHO working together

Expanding the research and evidence base in East Asia Pacific

In East Asia Pacific, WHO and UNICEF have worked together to develop a regional conceptual framework on multi-layered health systems and services for children and adolescents, with a focus on the roles of the health, education and social welfare systems. A multi-country study is now underway to explore the applicability of the regional conceptual framework in four national contexts: Malaysia, Philippines, Papua New Guinea and Thailand. The study will provide vital analysis of the capacity of national systems to deliver high quality, accessible mental health services for children and adolescents, and recommendations on how UNICEF and WHO can support the strengthening of child and adolescent mental health systems and services.

platforms and including collection of disaggregated data), analysis, interpretation and use of data on child and adolescent development, well-being and mental health-related indicators, including prevalence of common mental health conditions; self-harm; substance use, risk and protective factors; and determinants, resources and services.

The Joint Programme will generate advice on accountability and surveillance frameworks to track the impacts of global, regional and country-level actions. The Joint Programme will support the generation and dissemination of knowledge on evidence-based practices, innovative solutions for universal and tailored interventions with children, caregivers and families, and scalable approaches for promotion, prevention and care for mental health and psychosocial well-being and development of children and adolescents.

Core principles

The Joint Programme is underpinned by several core principles. Planning, implementation, and evaluation will be child- and family-centred, gender equal and inclusive, and will prioritize human rights-based, equity-focused, environmentally sustainable, and community-based approaches that are adapted and acceptable to the sociocultural environment and care systems in countries where the Joint Programme will be implemented. Support to the most vulnerable, disadvantaged, and marginalized children, adolescents and caregivers will be prioritized, including by addressing the root causes and preconditions leading to inequalities, discrimination and vulnerability that profoundly impact on mental and psychosocial well-being. The Joint Programme will commit to fostering effective and integrated multisectoral strategies and to supporting whole-of-government and whole-of-society engagement and cooperation with states and other stakeholders, in line with universal health coverage principles and to ensure the sustainability of impacts. Finally, activities will be carried out to the highest professional and ethical standards and in a way that is transparent and predictable.

How you can help make this bold vision a reality

With your support, UNICEF and WHO offices at global, regional and national levels can build the technical and advisory capacity to support national stakeholders to deliver for children, adolescents, and caregivers. Together, we can work towards a vision that **by 2030, children and adolescents living in countries targeted under the Joint Programme will experience reduced suffering and improved mental health and psychosocial well-being, and development.** Specifically, we will strive to achieve the following joint goals across each of our regions and countries of operation:



Outcomes of the Joint Programme



1. Multisectoral and multistakeholder strategies, and / or actions for mental health and psychosocial well-being of children and adolescents are in place and implemented



2. Children and adolescents with mental health conditions, and their caregivers, have improved access to quality care services (across health, education and social services / child protection services)



3. A nurturing supportive environment for children and adolescents and opportunities for them to strengthen cognitive and socioemotional skills is in place



4. Good quality data and evidence are generated and available to inform multisectoral actions and policies for mental health and psychosocial well-being and development of children and adolescents

To meet the goals that will lead towards the realization of this vision, US\$50 million is required over the next five years:

| | Objective and Action | Proposed Results | Strategic Pillar |
|---|--|--|---|
| Phase 1 Start-up Funding (2022-2023) | <p>Immediately increase technical capacity in a minimum of 3 regions and 7 countries that have already initiated discussions and planning for joint work on mental health.</p> <p>Multiple consultations with stakeholders and strengthening of capacities so these 7 countries can create multi-year plans to implement the Joint Programme on mental health.</p> | <p>Regional and country office will have the necessary capacity, tools and expertise to start implementing the Joint Programme, aiming to consolidate the work in Phase 2.</p> | <p>1: Strengthen effective leadership, governance and advocacy for children and adolescents' mental health and psychosocial well-being and development</p> <p>4: Strengthen information systems, evidence and research for child and adolescent mental health and psychosocial well-being and development</p> |
| Phase 2 (2024-2027) | <p>Increase capacity to all regions, and increase the number of countries in the Joint Programme to 20.</p> | <p>Implementation and roll out of countries' multi-year plans and regional workplans across regions.</p> | <p>1: Strengthen effective leadership, governance and advocacy</p> <p>2: Strengthen service delivery and care systems for provision of accessible, integrated, child-, adolescent-, and family-responsive care services for mental health and psychosocial well-being and development, across community-based, health, education and child protection settings</p> <p>3: Implement strategies for promotion and prevention in mental health</p> <p>4: Strengthen information systems, evidence and research</p> |
| Phase 3 (2028-2030) | <p>Sustained capacity across regions, and expansion of joint work to 30 countries.</p> | <p>Joint mental health work and country level impact across all regions of operation.</p> | <p>1: Strengthen effective leadership, governance and advocacy</p> <p>2: Strengthen service delivery and care systems</p> <p>3: Implement strategies for promotion and prevention in mental health</p> <p>4: Strengthen information systems, evidence and research.</p> |

Our budget requirements

The Joint Programme is estimating its financial requirement at USD \$50million over the next five years, through to the end of the Joint Programme's second phase in 2027. Contributions will be managed by UNICEF HQ (as Administrative Agent under the rules governing UN Joint Programmes) and allocated to individual countries and regions, based on the advancement of country cases for support for implementation. There will also be the option for multi-year contributions, for those donors who may not be in a position to make lump sum commitments.

To further guide the allocated budget per country, countries will align with the results framework of the Joint Programme, and as part of joint cases for support agreed at country level, develop a results framework and corresponding results-based budget over various implementation phases. Not only will this guide the funds disbursed to countries, it will also ensure accountability and transparency.

How will the budget for the Joint Programme be used?

Combined regional office and headquarters costs for the Joint Programme are calculated at 30% of the total, leaving 70% of all costs for targeted in-country work.

At country level, the budget will ensure on-the-ground technical capacities to promote a coordinated multisectoral and multistakeholder approach towards promotion of mental health, development and well-being of children and

young people. Budgets will contribute to adequate staffing coverage to engage strategic partners, including young people, to advance policy dialogue and to promote integration of child and adolescent mental health into relevant systems-strengthening and public health monitoring efforts.

At the regional level, the budget will be used to address current gaps in capacities to provide technical support to countries towards development and implementation of tailored, locally-relevant strategies, help document good practices, facilitate knowledge generation and exchange within each region, and advocate for increased investments and accountability towards child and adolescent mental health. UNICEF and WHO Regional Offices will assess priority needs, technically support and collaborate with country offices, and contribute to sharing of learning, joint planning, monitoring and evaluation within the region and contribute to coordination across regions, by taking part in Joint Programme Technical Advisory Group Coordination meetings.

Global level tasks will include high-level advocacy to position child and adolescent mental health, development and wellbeing on the highest political agendas and the development of normative tools. UNICEF and WHO headquarters will accelerate leadership and coordination of the Joint Programme, facilitate engagement of global partners and mobilization of resources, provide technical inputs based on regional and country needs, and facilitate monitoring and evaluation and accountability across regions.

Annexes

1. Key principles and parameters of the Joint Programme

The Joint Programme document outlines a set of collaborative actions by WHO and UNICEF across key programmatic areas that can increase the predictability and effectiveness of the two organizations and facilitate greater impact at scale. The Joint Programme will leverage existing collaborations and commitments by UNICEF, WHO, and partners, to accelerate the implementation of child and adolescent mental health and psychosocial well-being and development strategies in countries. A focus is placed on actions that demonstrate how both agencies coming together can achieve efficiency gains from joint work. Impact will be measured by a number of agreed indicators.

A number of principles underpin the joint action by the two organizations:

1. UNICEF and WHO will maintain the centrality of children, adolescents, caregivers, and families in planning, implementation and evaluation of joint actions, with the explicit goal of promoting child-, adolescent- and family-supportive environments, and child-, adolescent- and family-centred respectful care and services, from pre-conception to adolescence.
2. WHO and UNICEF will prioritize human rights-based, equity-focused and community-based approaches to programming, in line with the UN Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities, so that these approaches remain central to their collaboration, alongside accountability to affected populations.
3. UNICEF and WHO commit to carrying out all their activities to the highest ethical and professional standards, both within their respective organizations and externally, in conformity with the humanitarian and development nature of their work.
4. WHO and UNICEF commit to foster effective and integrated multisectoral strategies, to address proximal and distal determinants of mental health, reduce fragmentation and siloes, and position action for child and adolescent mental health as integral to the child and adolescent health and SDGs.
5. WHO and UNICEF commit to support whole-of-government and whole-of-society engagements and cooperate with States and other stakeholders to improve access to mental health promotion, treatment and recovery for children, adolescents and caregivers, in line with universal health coverage principles.
6. Collaboration between WHO and UNICEF builds on the respective leadership roles and active membership in relevant global, regional and field-based mental health and psychosocial support coordination, policy and advocacy fora. This collaboration recognizes the respective roles of the two agencies under the Interagency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings, the United Nations Inter-Agency Network on Youth Development, the WHO/UNICEF/World Bank informal coordination group on Nurturing Care for Early Childhood Development and other partnerships at global and regional levels, with WHO contributing leadership in health-related issues, and UNICEF playing a leading role in intersectoral programming.

7. WHO and UNICEF will jointly prioritize support to the most vulnerable, disadvantaged, marginalized and most affected children, adolescents and caregivers, including by addressing the root causes and pre-conditions leading to inequalities, discrimination and vulnerability.

The following parameters define the joint actions and commitments of the two organizations:

- a. **Predictability:** The programmatic areas of joint action will be implemented as the predefined relationship and response by both WHO and UNICEF at regional and country levels, and serve as the basis to ground-truth the key elements of a 3-phased approach as part of a 9-year action plan that extends through 2030.
- b. **Gender, Equality, and Inclusion:** UNICEF and WHO agree to implement principles of gender mainstreaming and inclusion of persons with disabilities, refugees, asylum seekers, migrants, stateless persons, internally displaced population, minority groups, and other disadvantaged populations in joint actions at all levels, aligned with the human rights principles of equality and non-discrimination, best interest of the child, privacy and confidentiality, participation, accountability, as well as elements of the right to health (availability, accessibility, acceptability and quality)
- c. **Transparency:** To ensure smooth cooperation at the field level, UNICEF and WHO agree to sharing information at country, regional and global level with regards to any planned activities within the focus areas of this joint programme, including potential needs assessments and subsequent analysis and activities. An appropriate coordination mechanism will be set up within and across levels for decision making both on the programmatic and operational aspect of the Joint Programme.
- d. **Environmental sustainability:** All transformative actions will be taken in an environmentally conscious manner that reduces damage and waste, leaves a light footprint, and brings efficiencies through the use of innovative green approaches.
- e. **Joint advocacy:** UNICEF and WHO agree to conduct joint advocacy at the country, regional and global levels with a view to effect positive policy change in mental health.
- f. **Coordinated resource mobilization:** WHO and UNICEF agree on information sharing and early warning in regard to resource gaps, with commitment for joint resource mobilization with sovereign and private sector donors for core areas set out within this joint-programme document. The agencies will seek funds through their regular channels and, as relevant, jointly. The agencies will strive to attract new funding, in particular from non-traditional donors and from traditional donors interested in funding mental health activities and innovations across the humanitarian / development and peace nexus and will not tap into each other's funding sources.
- g. **Risk identification and management:** UNICEF and WHO agree to jointly conduct regular assessment of the key risks that would affect the commitments under this joint programme and agree on mitigating actions. The agencies will also commit to continued monitoring and evaluation and sharing information on risk management efforts within their respective programme areas more broadly, to better inform the collaboration across regions and countries.
- h. **Implementation:** The implementation of the Joint Programme between 2020 and 2030 envisages a 3 phased approach as part of a 10-year action plan that extends through 2030. Implementation is a phased, long-term process which takes time and varies depending on the context and available resources.

2. Phases for implementation



Start up (6 months following signature)

Engagement of partners, mapping of needs and resources, and development of detailed action plan and M&E plan. Establish governance, coordination and monitoring mechanisms at global, regional, and country levels. Carry out needs assessment and resource mapping. Develop a detailed action plan for collaborative efforts, in consultation with regions and countries, as well as strategies for engagement of users. Develop Monitoring and Evaluation Plan for the subsequent phases of the joint programme.



Phase 1 (2021-2023)

Initial LEARNING & IMPLEMENTATION. The focus will be on: costing estimates, evidence / knowledge / data gap analysis, expanding partnerships at all levels and mobilizing resources; development and field testing of programme models; testing and validating data collection tools and indicators; baseline data collection and target-setting in countries; development of technical / implementation tools for service delivery; capacity building at regional and country levels; strategic support to countries for implementation of core programme strategies; development and implementation of strategic and coherent evidence and knowledge management action plan.



Phase 2 (2024-2027)

Mid Term EXPANDING SCALABLE MODELS. Full implementation of all core programme strategies in an increased number of countries, with a focus on integration across sectors and equity (reaching vulnerable people). Documentation of successful scale-up models. An external mid-term evaluation of the Joint Programme will be conducted.



Phase 3 (2028-2030)

Long term NATIONAL COVERAGE OF MODELS. Continued efforts in countries with a focus on addressing gaps emerged in the evaluation of phase 2, improving service coverage and sustaining results. An external Impact evaluation in countries and sharing of lessons learnt.

3. Joint Programme core strategies

The Joint Programme aims to promote optimal development and mental health, reduce suffering, and enhance psychosocial well-being and quality of life in children and adolescents.

The Joint Programme builds on ongoing collaboration and learning between UNICEF and WHO and consolidates a common child- and family-centred strategy to promote children and adolescents' mental health and psychosocial well-being and development, aligning messages to inform policy development and programming in countries. We expect that the programme will leverage partnerships with UN and development agencies, academic institutions and nongovernmental organisations, the private sector, organisations representing the voices of people with lived experiences and their family members, and policy makers from national and international agencies, to accelerate action for children and adolescents' mental health and psychosocial well-being.⁶

Proposed strategies of joint action will leverage existing mandates, capacities and comparative advantages, and build on areas of ongoing work with the greatest potential to demonstrate the effectiveness and efficiency of an expanded partnership.

The objective is to develop a more predictable relationship with a number of core commitments and mutual accountabilities to deliver a better environment and opportunities for children, youth, and their caregivers, and families. This document serves as a framework for a 10-year Joint Programme on mental health and psychosocial well-being and development of children and adolescents, which will guide our

joint action, as part of a new global agreement which will reflect best practice, UN reform principles and transformation.

At the heart of the WHO and UNICEF joint programme on mental health and psychosocial well-being and development of children and adolescents are four core strategies. The Joint Programme core strategies detailed below, along with the related outcomes and implementation milestones, apply to the humanitarian and development spheres and nexus, and are aligned with the WHO Comprehensive Mental Health Action plan 2013-2030.

Strategy 1. Strengthen effective leadership, governance and advocacy for children and adolescents' mental health and psychosocial well-being and development.

Enhance capacity of governments to formulate, monitor and enforce laws, such as for reducing access to means of suicide, reducing the accessibility and availability of alcohol, and protecting children from harmful commercial practices, and develop effective holistic integrated national policies to promote children's brain health and well-being and ensure access to quality mental health services. Augment governmental capacity to coordinate and implement national and sub-national multisectoral strategies and programmes to improve children and adolescents' mental health and their psychosocial well-being and development, and enhance support to caregivers and families.

Facilitate partnerships with a range of key stakeholders, including civil society, and particularly with youth, organizations of families and caregivers, and professional associations,

⁶ Any proposed joint UNICEF and WHO engagement with non-state actors will be subject to and consistent with the relevant rules, regulations, policies, administrative procedures and practices of both WHO and UNICEF.

to help create more effective and accountable policies and plans, in a manner consistent with relevant international human rights instruments (i.e. the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities), and with explicit attention to equity, respect for the inherent dignity and human rights of children and adolescents with mental health conditions, and the protection of vulnerable and marginalized groups.

Facilitate the inclusion and mainstreaming of mental health issues more explicitly within relevant priority health programmes and partnerships (for instance, children's health, adolescents' health, maternal health, disease outbreaks, HIV/AIDS, tuberculosis, noncommunicable conditions, nutrition), as well as within other relevant sectors' policies and laws (primarily related to child protection, violence against children, including gender-based violence, early childhood development and education, disability and inclusion, employment, the judicial system, human rights protection, poverty reduction and development) as important means of meeting the multidimensional requirements of mental health programming.

Strategy 2. Strengthen service delivery and care systems for provision of accessible, integrated, child-, adolescent-, and family-responsive care services for mental health and psychosocial well-being and development, across community-based, health, education and child protection settings.

Support the scaling up of evidence-based quality and affordable care for children and adolescents' mental health and psychosocial well-being and development, as part of universal health coverage and service delivery reforms. This involves the integration and strengthening of mental health care for children, adolescents, carers and families across all sectors, delivery platforms, and levels – from community to PHC to secondary levels; involvement of schools, ECD centres, peer-groups and adolescent recreational centres; digital platforms; continuity of care

across providers and levels of care systems; and the promotion of self-care, for instance, through the use of electronic and mobile health technologies. It requires the implementation of stepped care child- and family-centred collaborative care models, with a focus on human resource development and the development and monitoring of quality-of-care standards.

Promote a strength-based recovery-based approach that puts the emphasis on mobilizing children's, family and community strengths and responsibilities, and empowering children with mental health conditions and their carers, as appropriate, to take part in relationships and activities that are meaningful and achieve their own individual and family aspirations and goals.

Facilitate tailored, inclusive delivery strategies and services, responsive to the needs of people experiencing vulnerability and marginalization / social exclusion, including socioeconomically disadvantaged families, indigenous peoples, persons with disabilities, migrants, refugees, internally displaced populations, people living with HIV/AIDS, women and children survivors of violence, abuse and exploitation, lesbian, gay, bisexual, transgender, queer and intersex people (LGBTQI), and other minority groups.

Strategy 3. Implement strategies for promotion and prevention in mental health.

Responsibility for promotion of psychosocial well-being and development and mental health and prevention of mental health conditions extends across all sectors, as poor mental health is strongly influenced by a range of social and economic determinants, such as income level, physical health status, discrimination, and exposure to adverse childhood experiences.

Broad strategies for mental health promotion, the reduction of risky behaviours, and the prevention of mental health conditions, including peer support, school based provision, as well as digital and community engagement, may focus on: promotion of the rights and opportunities of



individuals with mental health conditions and stigma elimination campaigns; the provision of nurturing care in the early years of life; the promotion of core individual attributes and capabilities across childhood and adolescence (such as through early stimulation, early learning, parenting programmes, life skills programmes, socioemotional learning), relationships and connectedness with carers and peers; and early intervention through identification, prevention and treatment of developmental, emotional, behavioural or substance use problems.

Strategy 4. Strengthen information systems, evidence and research for child and adolescent mental health and psychosocial well-being and development.

Support and facilitate data collection efforts at global, regional and country levels (including through routine data collection platforms and including collection of disaggregated data), analysis, interpretation and use of data on child and adolescent development, well-being and mental health related indicators including prevalence of common mental health conditions, self-harm, and substance use, risk and protective factors, determinants, resources and services.

Advise on accountability and surveillance frameworks to track impacts of global, regional and country-level actions.

Support the generation and dissemination of knowledge on evidence-based practices, innovative solutions for universal and tailored interventions with children, carers and families, and scalable approaches for promotion, prevention and care for mental health and psychosocial well-being and development of children and adolescents.

Enhanced partnerships at all level and engagement of young people and families will be instrumental to the implementation of all strategies.

Implementation of core strategies

The implementation of core strategies across settings will entail careful consideration of the following key cross-cutting concerns:

Promotion and protection of human rights of children and adolescents with mental health conditions and related disabilities

In light of the widespread human rights violations and discrimination experienced by children and adolescents with mental health conditions and their families, including inequitable access to education and health services, unnecessary separation from carers and institutionalization, and exposure to violence and neglect, a human right based approach is essential in programmatic actions for improving children and adolescents' mental health and psychosocial well-being and development. Such an approach will promote and advance deinstitutionalization and care reform efforts, facilitating enhanced accountability, including judicial and quasi-judicial, and social accountability.

Ethical issues related to delivering services to minors and to persons with psychosocial and intellectual disabilities, parental consent to inform child consent and assent, voluntary participation in treatment, privacy and confidentiality will be carefully considered, along with the implications of reaching families in the context of stigmatizing and discriminatory environments.

Gender equality

Gender inequalities shape all aspects of children's mental health and well-being, and it is important to note both gendered determinants and gendered outcomes. Girls are more likely to experience violence, lower education, poverty, and psychological distress and as a result face a higher likelihood of internalizing conditions such as depression and anxiety. Mental health conditions in male adolescents put them at high risk of suicide, conduct disorder, alcohol and substance use, and interpersonal violence. When compared with older mothers, adolescent mothers

are at increased risk for mental health problems, particularly postpartum. The joint programme strives to improve understanding and knowledge on gender inequalities in mental health and promote gender-responsive and transformative strategies for mental health promotion and care (i.e., reducing gender barriers / gaps in agency or control over resources in combination with reducing barriers to access).

Determinants of mental health and psychosocial well-being and development

There are a wide range of structural factors, family and individual experiences and circumstances that put specific groups of children and adolescents at risk of suboptimal development and mental health. The planning, implementation and evaluation of the joint programme strategies will involve careful consideration of the impact of multiple, intersecting inequalities on demand for and access to care in the local context, along with inclusive and tailored approaches to reach all children and adolescents, including in particular those who are more likely to experience vulnerability, marginalization, and / or poor mental health, such as children living in poverty, with disabilities, out-of-school, in institutions, orphans, minority groups, LGBTQI, or those exposed to violence and humanitarian emergencies.

Contextualization of strategies

Care models, strategies and interventions will be adapted to the sociocultural environment and care systems in countries, including human resource capacity across sectors. The joint programme will take a contextualized approach to child and adolescent mental health programming, and support contextually relevant programmes and strategies at national and local level. It will facilitate sharing of innovations across countries.

Biopsychosocial approach

The joint programme fosters a biopsychosocial approach to children, adolescents and caregiver's mental health, which systematically considers biological, psychological, and social factors and their complex interactions in

understanding health, well-being, development, illness and health care delivery. The joint programme promotes the mainstreaming of psychosocial interventions to improve cognitive and emotional skills, in the context of broader strategies to address interpersonal, social, or environmental factors at family, school and community level. Every effort will be made to reduce risks of overdiagnosis, overtreatment, and inappropriate use of pharmacological treatments for mental health conditions in children and adolescents. To this end, WHO and UNICEF will carefully consider conflict of interests of third parties (i.e., private sector).

Family-centred approach

By promoting a family-centred approach, the joint programme seeks to ensure a holistic approach to the environment of the children and adolescents. UNICEF and WHO recognize the importance and impact of caregiving on child and adolescent well-being and will work to keep the family at the forefront of service provision and systems support. Caring for caregiver mental health and psychosocial well-being, supporting positive parenting techniques, and promoting healthy family relationships will be a core component of the overall approach of this joint programme.

Sustainability of impacts

Strengthening of planning, coordination and monitoring mechanisms, with definition of roles across government sectors, and meaningful

engagement of civil society, including youth, caregivers and families, will be the foundation for enhancing and sustaining impacts in countries. Capacity development at regional, country and subnational level will be prioritized as an essential enabler for successful implementation of the joint programme and a critical lever for acceleration of equitable coverage for care.

Engagement of service users as partners for strengthened child and adolescent mental and psychosocial well-being and development

Those most impacted – including children and adolescents, their caregivers, and their communities – broadly recognize the limitations of governments and donors to adequately support the necessary preventative, promotive and responsive environment people need for well-being. Service users, including children, adolescents and caregivers with lived experience, can offer a unique body of knowledge and ideas in matters that affect their lives – in private and public spheres, in the home, in alternative care settings, at school, in the workplace, in the community, in social media, and in broader governance processes – which make them singularly positioned to lead and influence in matters impacting them and their communities. Facilitating the safe and meaningful participation of children, adolescents and caregivers in planning, implementation and monitoring of activities for child and adolescent mental health and psychosocial well-being and development must be a priority.

4. Results framework

Vision

All children and adolescents achieve the highest possible standard of mental health and psychosocial well-being and development.

Strategic fit

The collaboration is expected to catalyse accelerated action for mental health and psychosocial development of children and adolescents at all levels. This is understood to serve as an accelerator towards attaining all SDGs targets including universal health coverage for children and adolescents.

The collaboration highlights specifically the following targets to guide national programming and investment: targets 3.4 (by 2030, there is a one third reduction of premature mortality from NCDs through prevention, treatment and promotion of mental health and well-being); target 3.5 (to strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol), target 4.2 (by 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education), and target 16.2 (to end all forms of violence).

Enhanced collaboration on this front will also drive results for WHO GPW13 Targets and UNICEF Strategic Plan commitments, as well as achievement of UNICEF's updated Core Commitments for Children (CCCs) in Humanitarian Action, and WHO Comprehensive Mental Health Action Plan 2013-2030.

The joint programme aims to contribute to the realization of the above-mentioned targets by supporting governments and its partners accelerate actions for children and adolescent's mental health and psychosocial well-being and development in countries. There should be efforts

to integrate the goals, outcomes and outputs set forth in this joint programme into the United Nations Sustainable Development Cooperation Framework (UNSDCF) of countries.

Expected impact, implementation milestones (outcomes) and related outputs

Expected impact*: By 2030, children and adolescents experience reduced suffering and improved mental health and psychosocial well-being, and development.

**Specific targets will be set after careful review of baseline data, in the first phase of the programme implementation.*

The four implementation milestones and corresponding outputs apply across development and humanitarian settings:

Implementation milestone (outcome)

1. An increased number of countries implement multi-sectoral and multi-stakeholder strategies and actions for mental health and psychosocial well-being for children and adolescents [Number of countries to be determined following baseline assessment]

Output 1.1:

Countries have strengthened multisectoral governance and coordination mechanisms for planning, implementation and monitoring of actions and delivery of entitlements pertaining to child and adolescent mental health and psychosocial well-being and development.

Output 1.2:

Countries have developed or updated multisectoral strategies or action plans that integrate mental health and psychosocial well-

being and development within health, social welfare, child protection, and education, and in line with international guidelines and human rights instruments.

Output 1.3:

Accountability processes and mechanisms for remedy and redress in cases of mental health-related discrimination or stigmatization are enhanced.

Output 1.4:

Governments have enhanced capacities to engage local partners, such as civil society organizations, community-based organizations, non-governmental organizations, children, adolescents and caregivers' networks and advocates.

Output 1.5:

Social mobilization and investment of resources for children and adolescents' mental health and psychosocial well-being are strengthened at all levels.

Implementation milestone (outcome)

2. An increased number of countries are able to offer improved access to quality care services (across health, education and social services / child protection services) for children and adolescents with mental health conditions, and their caregivers.

Output 2.1:

Intervention packages integrating early recognition and care for mental health conditions for children and adolescents are mainstreamed through services at primary and secondary health care and community level.

Output 2.2:

Workforce capacity is enhanced to deliver coordinated evidence-based child- and adolescent-responsive care for children and adolescents with mental health conditions through the health, social welfare, child protection, education and social services / social protection services.

Output 2.3:

Local capacities of care systems are improved for implementation of locally developed / adapted

standards for provision of child -, adolescent- and family- responsive care services.

Output 2.4:

Care pathways and collaborative care mechanisms are enhanced for implementation of stepped-care approaches to mental health care for children, adolescents and their caregivers, improved coordination among services and improved transition between children, adolescents and adults' services.

Output 2.5:

Intervention packages and workforce capacity building are costed and financed to ensure sustainable delivery of child- and adolescent-responsive care for children and adolescents as well as delivery of caregiver support.

Implementation milestone (outcome)

3. An increased number of countries are able to offer nurturing supportive environments for children and adolescents and opportunities for them to strengthen cognitive and socioemotional skills.

Output 3.1:

Capacities of health, child protection, education, and social service / welfare workforce strengthening are enhanced for promotion of cognitive, emotional and social development and well-being in children and adolescents, prevention of mental health conditions, reduction of self-harm and substance use.

Output 3.2:

Youth and families are increasingly engaged in and have access to mental health promotive and preventive strategies through peer-to-peer and self-help interventions, including through digital platforms.

Output 3.3:

Caregivers are better able to cope with stress and have improved knowledge and competencies for providing early learning opportunities, responsive caregiving, positive parenting.

Output 3.4:

Schools are better able to implement whole-of-schools approaches for reduction of bullying,

stigma and discrimination, and promotion of mental health and psychosocial well-being, development and inclusion.

Implementation milestone (outcome)

4. An increased number of countries are able to generate and use quality data and evidence to inform multi-sectoral actions and policies for mental health and psychosocial well-being and development of children and adolescents.

Output 4.1:

Evidence on effective interventions is strengthened and there is improved ability to effectively and sustainably scale up innovations, including digital technology, for child and adolescent mental health and psychosocial well-being and development.

Output 4.2:

Countries are better able to monitor progress in children and adolescents' mental health and psychosocial well-being and development, with age-, gender- and disability disaggregated information.

Fig. 1: Joint Programme strategic framework



5. Participants in the programme and partnerships

UN Parties

UNICEF and WHO are joining forces to implement the Joint Programme. The agencies are described in terms of their contribution to catalysing and supporting actions on children and adolescents' mental health and psychosocial well-being and development in Section 9 of the full programme document (legal context / basis of relationship).

The Programme will enhance coordination and collaboration in the area of mental health and psychosocial well-being and development of children and adolescents and strengthen joint actions at global, regional and country levels, for improved impact in countries. The Programme will be delivered between relevant UNICEF and WHO HQ, regional and country offices, with each bringing its own added value to the Programme.



National governments

Governments and their agencies (i.e. Ministries of Health, Education, Social Welfare, and other agencies locally involved with programmes related to children and adolescents' development, well-being and mental health) will be the primary partners in the Programme. The national governments will be responsible for planning, implementing and monitoring multisectoral action for promotion of mental health and psychosocial well-being and development in children and adolescents, and prevention and care of mental health conditions, through effective and sustainable coordination mechanisms that include nongovernmental partners. The role of the governments will be to design their plans, provide overall leadership and strategic direction for implementation, resource the scaling up of programmes and interventions throughout the country, and facilitate documentation and sharing of lessons learnt.

Other partners

UNICEF and WHO, in collaboration with national governments and agencies, will look to identify partners to support the resourcing and implementation of the Programme. This will include financing, implementing and technical partners. Partners will include agencies at global,

regional and local levels, including other UN agencies, bilateral and multilateral development agencies, NGOs, academia, philanthropic organizations, and private sector entities.

The Partners will help harmonize and align with other relevant programmes at global, regional, or country level; support the implementation, monitoring and evaluation of the Programme again at global, regional and / or country level; and / or support the development of local solutions and with generation and dissemination of knowledge. The partners will aim to mobilize stakeholders and resources for the Programme. This includes publicizing the Programme and identifying opportunities for collaboration between international organizations and country-level partners. It may also involve participating at or organizing international events to widely disseminate acquired experience, attract new partners, or facilitate engagement of and inclusion of inputs from persons with lived experience. Launching international challenges may also be considered to stimulate innovation and make sure that innovations are linked to actual countries' needs.

The Parties will work with national governments and other partners to disseminate lessons learned, through case studies and other technical tools in order to encourage effective rollout of the Programme.

6. Joint Programme monitoring framework

| Expected Impact, Implementation milestones (outcomes) & outputs | Indicators | Means of verification | Collection methods (with indicative frequency) |
|---|---|--|--|
| <p>Expected impact: By 2030, children and adolescents experience reduced suffering and improved mental health and psychosocial well-being, and development.</p> | <p><i>Specific targets and outcome indicators will be defined in the first phase of the Joint Programme implementation. Examples of indicators that are being proposed in relevant UNICEF and WHO data management initiatives include the following:</i></p> <p>Percentage of adolescents (10-19 years) reporting a suicide attempt, by age group (10-14, 15-19 years) and sex [MMAP & GAMA]</p> <p>Percentage of adolescents (10-19 years) with depression and/or anxiety, by age group (10-14, 15-19 years) and sex [MMAP & GAMA]</p> <p>Proportion of children 24 to 59 months of age who are developmentally on track in health, learning and psychosocial well-being, by sex (SDG 4.2.1)</p> | <p>Governmental administrative and / or other relevant records</p> | <p>Vital registration data</p> <p>Household surveys such as UNICEF-supported MICS or Demographic and Health Surveys; use of ECDI2030</p> |
| <p>Implementation Milestone (Outcome) 1. An increased number of countries implement multisectoral and multi-stakeholder strategies, and/or actions for mental health and psychosocial well-being of children and adolescents</p> <p>[Number of countries to be determined following baseline assessment]</p> | <p>Number of countries that are reporting on the implementation of multi-sectoral and multistakeholder strategies and/or plans for mental health and psychosocial well-being for children and adolescents.</p> | <p>Governmental administrative and/or other relevant records</p> | <p>Survey / compilation of data from government programme managers (Annual)</p> |

| Expected Impact, Implementation milestones (outcomes) & outputs | Indicators | Means of verification | Collection methods (with indicative frequency) |
|--|--|--|--|
| <p>Output 1.1 Countries have strengthened multisectoral governance and coordination mechanisms for planning, implementation and monitoring of actions and delivery of entitlements pertaining to child and adolescent mental health and psychosocial well-being and development.</p> | <p>Number of countries with functioning, national, multisectoral, multi-stakeholder coordination mechanism for planning, implementation and monitoring of actions and delivery of entitlements pertaining to child and adolescent mental health and psychosocial well-being and development.</p> <p>Number of countries in humanitarian settings with multi-sectoral mental health and psychosocial support technical working groups, addressing child and adolescent mental health and psychosocial well-being and development.</p> | <p>Governmental administrative records</p> | <p>Qualitative assessment and review of governmental administrative records (Annual)</p> |
| <p>Output 1.2 Countries have developed or updated multisectoral strategies or action plans that integrate mental health and psychosocial well-being and development within health, social welfare, child protection, and education, and in line with international guidelines and human rights instruments.*</p> <p><i>*This to be defined (to reflect a focus on universal health coverage, deinstitutionalization, biopsychosocial approaches to care and the "leave no one behind" approach)</i></p> | <p>Number of countries that have developed or updated multisectoral strategies or action plans that integrates mental health and psychosocial well-being and development within health, social welfare, child protection, and education, and in line with international guidelines and human rights instruments.*</p> | <p>National policies documents</p> | <p>Qualitative assessment and review of national policies documents (Bi-Annual)</p> |

| Expected Impact, Implementation milestones (outcomes) & outputs | Indicators | Means of verification | Collection methods (with indicative frequency) |
|---|--|---|---|
| <p>Output 1.3 Accountability mechanisms for remedy and redress in cases of mental health related discrimination or stigmatization are enhanced.</p> | <p>Number of countries that have established accountability mechanisms for remedy and redress in cases of mental health-related discrimination or stigmatization are enhanced</p> | <p>National policies documents and national relevant legislation</p> | <p>Review of case law and administrative procedures established under national polices and legislation (Bi-Annual)</p> |
| <p>Output 1.4 Governments have enhanced capacities to engage local partners, such as civil society organizations, community-based organizations, non-governmental organizations, children, adolescents and caregivers' networks and advocates.</p> | <p>Number of countries where representatives of children, adolescents and families (inclusive of gender diversity) have been supported to help design, implement, and/or monitor the implementation of strategies for children and adolescents' mental health and psychosocial well-being and development.</p> <p>Number of countries in humanitarian settings where representatives of children, adolescents, and families (inclusive of gender diversity) have been supported to help design, organize and implement mental health and psychosocial support emergency responses.</p> | <p>Programme monitoring documents / reports</p> <p>Programming monitoring reports</p> | <p>Assessment of programme documents / records documents (Annual)</p> <p>Child and family / caregiver questionnaires (Biannual)</p> |

| Expected Impact, Implementation milestones (outcomes) & outputs | Indicators | Means of verification | Collection methods (with indicative frequency) |
|---|--|--|---|
| <p>Implementation Milestone (Outcome) 2. An increased number of countries are able to offer improved access to quality care services (across health, education and social services/ child protection services) for children and adolescents with mental health conditions, and their caregivers.</p> | <p>Percentage of (i) girls and boys with mental health conditions, and (ii) their caregivers, accessing mental health care or psychosocial care. (disaggregated by condition, sex and age group / population)</p> <p>e.g. Proportion of adolescents with depression who are using services over the last 12 months [%].</p> <p>Numerator: Cases of depression in receipt of services, derived from routine information systems or a baseline and follow-up survey of health facilities in one or more defined geographical areas of a country.</p> | <p>Governmental administrative and / or other relevant records and programme documents</p> | <p>Data collection (disaggregated by condition and age group/ population) through governmental administrative records and implementing partner data</p> |
| <p>Output 2.1 Intervention packages integrating early recognition and care for mental health conditions for children and adolescents are mainstreamed through services at primary and secondary health care and community level.</p> | <p>Proportion of primary health care child health outpatient services which integrate child developmental monitoring and counselling.</p> <p>Proportion of community-based and primary and secondary health care services that integrate age, disability and gender responsive evidence-based interventions for children with mental health conditions and their carers.</p> <p>Proportion of primary and secondary health care services that integrate maternal mental health interventions.</p> <p>Proportion of adolescent health outpatient services which provide age, disability and gender responsive, evidence-based interventions for assessment and management of mental health conditions.</p> <p>Proportion of schools which have age, disability and gender responsive and age sensitive mental health and psychosocial support services.</p> | <p>Governmental administrative and / or other relevant record (e.g. care protocols)</p> <p>Checklist using criteria related to UHC benefit package and evidence based guidelines</p> | <p>Qualitative assessment and review of governmental administrative records (Biannual)</p> |

| Expected Impact, Implementation milestones (outcomes) & outputs | Indicators | Means of verification | Collection methods (with indicative frequency) |
|--|--|--|--|
| <p>Output 2.2 Workforce capacity is enhanced to deliver coordinated evidence-based child- and adolescent-responsive care for children and adolescents with mental health conditions through the health, social welfare, child protection, education and social services / social protection services.</p> | <p>Number and proportion of professionals across sectors (i. health ii. education iii. social services) trained and supervised to provide evidence-based interventions and support to children and adolescents with mental health conditions.</p> | <p>Programme monitoring reports including training records</p> | <p>Qualitative assessment of capacity building records using quality standard checklists for children and adolescents' mental health and psychosocial well-being and development programmes (e.g., mhGAP and IASC MHPSS Guidelines standards) (Annual)</p> |
| | <p>Number of countries which have carried out national i) health, ii) education, and ii) social welfare sectoral workforce assessment and analysis within the past four years.</p> | <p>Workforce mapping / analysis report</p> | <p>Qualitative assessment using the Social Service Workforce Mapping Toolkit and others. (Biannual)</p> |
| | <p>Number of countries which have workforce strengthening plans that include mental health and psychosocial well-being and development as an area of capacity development for i) health care providers, ii) education care providers, and ii) social welfare care providers.</p> | <p>Approved strategic plan and review of its contents</p> | <p>Qualitative assessment and review of national strategies (Biannual)</p> |

| Expected Impact, Implementation milestones (outcomes) & outputs | Indicators | Means of verification | Collection methods (with indicative frequency) |
|--|--|---|--|
| <p>Output 2.3 Local capacities of care systems are improved for implementation of locally developed / adapted standards for provision of child-, adolescent- and family-responsive care services.</p> | <p>Number of countries that monitor the implementation of care standards for provision of child-, adolescent- and family-responsive care services.</p> | <p>Governmental administrative records</p> | <p>Qualitative assessment and review of governmental administrative records (Biannual)</p> |
| <p>Output 2.4 Care pathways and collaborative care mechanisms are enhanced for implementation of stepped-care approaches to mental health care for children, adolescents and their caregivers, improved coordination among services and improved transition between children, adolescents and adults' services.</p> | <p>Number of countries that have improved care pathways and collaborative care mechanisms in the past four years, in line with available guidance.* (Criteria to be defined in the indicator methodology sheet)</p> | <p>Governmental procedural documents such as care coordination plans, care and referral protocols and other SOPs.</p> | <p>Qualitative assessment and review of governmental procedural documents (Biannual)</p> |
| <p>Output 2.5 Intervention packages and workforce capacity building* are costed and financed to ensure sustainable delivery of child- and adolescent-responsive care for children and adolescents as well as delivery of caregiver support</p> | <p>Number of countries that have i) intervention packages for integration of mental health care and ii) workforce capacity building costed and financed *Criteria and core elements for "intervention packages" and "workforce capacity" to be defined</p> | <p>Governmental administrative and/or other relevant records</p> | <p>Review of national strategies and other governmental documents (Biannual)</p> |
| <p>Implementation milestone (Outcome) 3. An increased number of countries are able to offer nurturing supportive environments for children and adolescents and opportunities for them to strengthen cognitive and socioemotional skills.</p> | <p>Number and proportion of adolescent boys and girls who received socioemotional skills training in the past 12 months. Number of countries that implement programmes for caregivers training on strategies to promote children's development and well-being (criteria for the minimum scale for the programme implementation to be defined).</p> | <p>Programme monitoring documents / governmental administrative records</p> | <p>Qualitative assessment (Biannual)</p> |

| Expected Impact, Implementation milestones (outcomes) & outputs | Indicators | Means of verification | Collection methods (with indicative frequency) |
|--|--|---|--|
| <p>Output 3.1 Capacities of health, child protection, education, and social service/welfare workforce are enhanced for promotion of cognitive, emotional and social development and well-being in children and adolescents, prevention of mental health conditions, reduction of self-harm and substance use.</p> | <p>Number of countries with a national curricula for i) paediatricians; ii) primary health care workers in child outpatient health services; iii) teachers and iv) social service workers that integrates promotion of cognitive, emotional and social development and well-being in children and adolescents, prevention of mental health conditions, reduction of self-harm and substance use.</p> <p>Number of health, education, and social care providers trained on the above.</p> | <p>Governmental administrative and / or other relevant records and programme monitoring reports</p> | <p>Government administrative records and programme monitoring reports (Annual)</p> |
| <p>Output 3.2 Youth and families are increasingly engaged in and have access to mental health promotive and preventive strategies through peer-to-peer, and self-help interventions, including through digital platforms.</p> | <p>Number of adolescent girls and boys who took part in peer-to-peer, and self-help mental health promotive and preventive interventions (such as through youth clubs, digital platforms, etc.)</p> | <p>Governmental administrative and / or other relevant records and programme monitoring reports</p> | <p>Review of governmental administrative records / programme monitoring documents (Biannual)</p> |
| <p>Output 3.3 Caregivers are better able to cope with stress and have improved knowledge and competencies for providing early learning opportunities, responsive caregiving, positive parenting.</p> | <p>Number of caregivers that received evidence-based intervention to improve children or adolescents' mental health and psychosocial well-being and development (disaggregated by age group of children)</p> <p>Number of caregivers that received evidence-based intervention to improve their own well-being and mental health.</p> <p>Number of caregivers provided with community-based mental health and psychosocial support in humanitarian settings.</p> | <p>Governmental administrative and/or other relevant records and programme monitoring reports</p> | <p>Review of governmental administrative records / programme monitoring documents (Biannual)</p> |

| Expected Impact, Implementation milestones (outcomes) & outputs | Indicators | Means of verification | Collection methods (with indicative frequency) |
|--|--|---|--|
| <p>Output 3.4 Schools are better able to implement whole-of-schools approaches for reduction of bullying, stigma and discrimination, and promotion of mental health and psychosocial well-being, development and inclusion.</p> | <p>Number of schools (as aggregated data across the countries implementing the programme) that have integrated strategies to strengthen supportive environments in their policies and activities (e.g., school staff training in basic psychosocial concepts, anti-bullying and antidiscrimination policies, stigma reduction campaigns).</p> | <p>School policy documents and activity reports</p> | <p>Qualitative assessment based on school policies and activity reports (biannual)</p> |
| <p>Implementation Milestone (Outcome) 4. An increased number of countries are able to generate and use quality data and evidence to inform multi-sectoral actions and policies for mental health and psychosocial well-being and development of children and adolescents.</p> | <p>Number of countries that have compiled and analysed data pertaining to children and adolescents' mental health and psychosocial well-being obtained through the health, education and social information systems in the past two years.</p> <p>Number of countries that have updated relevant care protocols, standards, or strategies, on the basis of locally-generated data in the past two years.</p> | <p>Programme monitoring & governmental administrative records</p> | <p>Qualitative assessment (Biannual)</p> |
| <p>Output 4.1 Evidence on effective interventions is strengthened and improved ability to effectively and sustainably scale up innovations, including digital technology, for child and adolescent mental health and psychosocial well-being and development.</p> | <p>Number of generated evidence and knowledge products that focus on effective MHPSS interventions and approaches defined by priority research gaps relevant to child and adolescent mental health, psychosocial well-being and development in (1) low resource settings; and (2) humanitarian settings.</p> | <p>Programme monitoring & governmental administrative records</p> | <p>Assessment and programme documents / records documents (Annual)</p> |
| <p>Output 4.2 Countries are better able to monitor progress in children and adolescents' mental health and psychosocial well-being and development, with age-, gender and disability-disaggregated information.</p> | <p>Number of countries which routinely collect and report (at least every two years) a core set of identified and agreed indicators for child, adolescent, and psychosocial well-being and development by age group, gender, and disability.</p> | <p>Governmental administrative and/or other relevant records and programme monitoring reports</p> | <p>Assessment and programme documents / records documents (Biannual)</p> |

Global Case for Support
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Development of Children and Adolescents

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