



Output 3.1

Workshops involving all health system levels (district, regional and national) held on 20-21 Jan 2026

“Addressing mental health and psychosocial support needs of children and youth in Italy”

Part of the multi-country project Child & Youth wellbeing and mental health first
REFORM/IM2023/025

January 2026

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2. 1 Introduction

The project "**Addressing mental health and psychosocial support needs of children and youth in Italy**", promoted by the Ministry of Labour and Social Policies, the Ministry of Health and ProMIS, funded by the European Union under the Technical Support Instrument and implemented by UNICEF, aims to promote an integrated approach between health, educational and social services, to build an accessible, responsive, and youth-centered support system for mental health and psychosocial well-being.

With the support of **SDA Bocconi School of Management**, the project conducted a comprehensive mapping of existing services across all regions of Italy and analysed significant case studies. This process revealed both enabling factors and barriers to integration, offering concrete recommendations to strengthen intersectoral collaboration.

A defining feature of the initiative is the active involvement of young people—not just as beneficiaries, but as co-creators. Their participation in awareness-raising, consultation, and decision-making ensures that services reflect their real needs and fosters a sense of ownership and empowerment.

The workshops held on 20 and 21 January 2026 aimed to consolidate, validate and reach consensus on the project's recommendations, with a view to their effective uptake across national, regional and local authorities. The goal was to encourage the implementation of a shared and replicable operating model for delivering high-quality mental health and psychosocial support to minors across Italy and across governance levels.

During the workshops, the good practices that emerged from the case studies and the evidence collected in the district workshops were presented, offering concrete ways forward to improve cross-sectoral collaboration. It was a moment of discussion and co-planning, dedicated to defining operational recommendations aimed at the different levels of governance—national, regional and district—so that each territory could adapt and implement effective and sustainable solutions.

The meetings were attended by representatives of national ministerial authorities, regional health, education and social directorates, heads of health districts and territorial services, experts in mental health and psychosocial support (MHPSS), as well as youth organizations and young people themselves, who were invited to contribute their perspectives and experiences. Invitations were initially shared with regional representatives, who then disseminated the information to the relevant local authorities within their territories. The invitations were also circulated among the Project Advisory Board. In addition, professional associations (*SINPIA - Italian Society of Child and Adolescent Neuropsychiatry*, *CNOAS - National Council of Social Workers*, *CNOP - National Council of Psychologists*, *ANCI - National Association of Italian Municipalities*) supported outreach by distributing the information to their respective members.

Over the course of two days, the initiative featured four 90-minute webinars, each structured around the Valentijn integration model¹, which guided the analysis of good practices and enabling factors throughout the project.

Webinar 1 – Facilitated and Stigma-Free Access

This session focused on how to ensure access to MHPSS services that are simple, inclusive, and free from structural, cultural, and psychological barriers. The aim is to create pathways with multiple entry points that respect adolescents’ decision-making autonomy and foster trust.

A truly accessible approach requires safe, non-judgmental spaces where young people can seek support without fear of stigmatization, using modalities that protect anonymity and reduce the bureaucratic barriers traditionally associated with health services.

Around 100 participants attended the event (participation list in annex 1), mainly professionals from the local district (health district, social workers, etc) and from the regional authorities. Presentations are in annex 2.

Webinar 1– Facilitated and Stigma-Free Access Accesso facilitato e privo di stigmatizzazione - TSI sulla salute mentale degli adolescenti Meeting-Join Microsoft Teams	
20 January 2026 – from 9:00 to 10:30	
9:00 – 9:15	Welcome note – Paolina Marone - UNICEF
9:15 – 9:25	Presentation of the topic – Viviana Mangiaterra, Bocconi University
9:25 – 9:30	Recommendations from the Youth Advisory Board – Francesco Bonatesta
9:25 – 10:00	Experiences from the field: <ul style="list-style-type: none">- Centro Adolescenti per la prevenzione del disagio giovanile, Torino- Monica Agnesone e Alessandro Gullotta- SAMIFO– ASL Roma1 – Giancarlo Santone- PIPSM ASL Roma1 – Chiara Quartieri
10:00 - 10:25	Discussion: <i>Which elements could support the adoption of similar initiatives in your local areas?</i>
10:25 10:30	Closing Remarks – Cristina Tamburini, Ministry of Health

- Paolina Marone and Daria Rostirolla from UNICEF ECARO presented the project within the broader European and national context of rising adolescent mental health needs. The initiative combined a systematic review of international evidence, a multiregional mapping of Italian services, and five case studies analysed through the Rainbow Model of Integrated Care, followed by participatory workshops across four regions to co-design operational priorities. The resulting recommendations were organised into ten thematic areas, including

stigma-free access, active youth engagement, family involvement, equity, continuity of care, multisectoral integration, the central role of schools, interoperable information systems, monitoring and evaluation, and long-term sustainability. A distinctive component was the meaningful involvement of adolescents through the Youth Advisory Board, whose contributions helped shape the project's direction.

- Professor Viviana Mangiaterra from SDA Bocconi School of Management presented the webinar's thematic focus. Adolescents and young people continue to face significant barriers in accessing mental health services—long waiting lists, fragmentation between health, education and social services, and fear of judgment or diagnostic labelling—challenges that are even more severe for vulnerable groups such as migrants, adolescents with disabilities and those in socio-economic hardship. Although all regions offer basic services, accessibility and capacity vary widely, and poor intersectoral integration undermines continuity of care, particularly at the critical transition to adulthood at age 18. Evidence shows that school-based and digital entry points help lower access thresholds, multidisciplinary services better support adolescents with complex needs, and community-based and youth-participation models (including Youth Spaces, Youngle and Open G) foster trust and early help-seeking. Digital tools provide anonymity and rapid contact but also risk excluding digitally marginalized youth and require robust protocols, data governance and integration within care pathways. The case studies highlight that services embedded within the public system—such as SaMiFo and PIPSM—benefit from stable funding, institutional mandates and system-level legitimacy, enabling sustained outreach and intersectoral collaboration, whereas project-based initiatives remain fragile and uneven over time. The resulting recommendations emphasize the need to address stigma through organizational approaches, actively design low-threshold and culturally sensitive access pathways, institutionalize youth participation, strengthen digital governance and interoperability, and ensure political and financial anchoring to achieve sustainable improvements in adolescent mental health access and equity.
- Francesco Bonatesta, speaking on behalf of the members of the Youth Advisory Board, highlighted three key priorities. First, he stressed the need to make services more accessible for the most vulnerable groups by ensuring that they are free of charge, offering more flexible opening hours, reducing linguistic barriers through cultural mediators, and addressing the issue of mandatory parental consent for minors. Second, he called for greater awareness among adults, so that they can provide better listening, understanding and support to young people. Third, he underlined the importance of improving communication about the available services, ensuring better outreach through the communication channels most commonly used by young people—particularly social media—and by adopting a more youth-friendly language.
- The three case studies presented a diverse set of strengths and challenges. In Turin, the *Centro Adolescenti* functions as the main hub for initial intake and then refers adolescents to outreach clinics located as close as possible to their homes. To reduce stigma and make services more accessible, outpatient activities are intentionally placed

outside traditional healthcare facilities, and the central site operates within a youth-friendly apartment. Despite broad opening hours, several barriers remain—such as parental consent for minors, mandatory GP referrals, and user fees, which the centre hopes the region will eventually remove. Over the past year, the service has begun shifting its operational model from a traditional assessment-and-treatment approach to one centred on facilitating access and guiding young users. A crucial element of this shift is the first telephone contact, designed to offer immediate orientation and convey an experience of open, barrier-free access. Strengthening collaboration with general practitioners and paediatricians remains essential. The initial clinical psychological consultation is structured across three sessions: an appointment with parents, a direct observation of the adolescent, and a final meeting to share the assessment and agree on a care plan.

- The *SAMIFO – Health Centre for Forced Migrants* highlighted several strengths. It operates as a complex operational unit, ensuring continuity even through political or administrative transitions. The service collaborates closely with both non-profit and for-profit organisations, a key asset for supporting refugee rehabilitation and access to employment opportunities, including traineeships. SAMIFO offers strong social-health integration, with cultural mediation embedded into its model, and ensures coordinated pathways between primary care and specialist services. It also invests in training for ASL staff and reception-centre professionals, with particular attention to preventing vicarious trauma. The model is fully free of charge, supported by multiple referral pathways, and grounded in a strong commitment to person-centred care. However, challenges remain. Its regional mandate covers a very large geographical area, limiting reach for some users. Opening hours do not fully match current demand, and certain activities still depend on project-based funding, making long-term sustainability more difficult.
- The *PIPSM* experience underscored the importance of a systemic, school-based approach to mental health promotion. School interventions cannot be limited to early detection of distress; they must contribute to fostering a culture of openness, shared responsibility, and mental health literacy. This requires a solid alliance between local health services, schools, and families. The programme shifts from a thematic to a whole-school approach, encouraging schools to take on a sustained health-promoting role. Teacher training follows a cascading model: teachers themselves—rather than external experts—are trained to become health promoters within their institutions. Mental health can only be effectively promoted when the school has an internal network and a comprehensive, whole-school strategy.

In secondary schools, PIPSM places strong emphasis on peer education. Active in 18 institutes, the programme's main strength lies in its structured school-to-work pathway for peer educators, such as the CTO students involved. Peer educators act as key intermediaries between students, helping them understand available services and contributing to stigma reduction. They are supported through dedicated spaces for listening, reflection, and supervision, reinforcing their role as bridges between young people and support systems.

- In closure, Cristina Tamburini, Ministry of Health, underlined the importance of promoting mental health across all settings of young people's lives. This requires a stronger focus on the social determinants of mental health and on understanding their impact more systematically. Within the recently approved National Mental Health Action Plan, a dedicated chapter has been included on the protection of mental health in children and adolescents, with particular attention to the transition to adulthood. She stressed the need to advance a "mental health in all policies" approach, ensuring that every sector contributes to creating supportive environments. A multi-year financial allocation has been secured through the national budget to support the implementation of the plan, marking a significant step toward structural and long-term action. Finally, she emphasised the essential role of young people in shaping policies that concern them, underscoring the importance of involving them meaningfully in all phases of planning and decision-making.

Webinar 2: Integration Beyond Care

The second webinar took place on 20 January 2026 from 11:00 to 12:30 and **explored multisectoral collaboration**, where integration was achieved through cooperation among professionals, organizations and communities. The objective was to move beyond traditional clinical interventions and adopt a **holistic approach** that recognizes the therapeutic value of social inclusion, recreational and educational activities, and peer-to-peer support as legitimate components of psychosocial well-being.

This model **promotes collaborative networks** that extend beyond care delivery, fostering resilience and empowerment through practical experiences and shared social spaces. The session highlighted successful examples of collaboration, showing how **interdisciplinary cooperation** can improve service effectiveness and reduce fragmentation. Participants also discussed concrete strategies to scale up these practices, adapt them to different territorial contexts and ensure their sustainability over time.

Around 100 participants attended the event (participation list in annex 1), mainly professionals from the territorial district (health district, social workers, etc) and from the regional authorities. Presentations are in annex 3.

Webinar 2 – Integration beyond clinical care	
L'integrazione oltre la cura. TSI sulla salute mentale degli adolescenti Meeting-Join Microsoft Teams	
20 January 2026 – from 11:00 to 12:30	
11:00 – 11:15	Welcome note – Paolina Marone, UNICEF ECARO
11:15 – 11:25	Presentation of the topic – Oriana Ciani, Bocconi
11:25 – 11:30	Recommendations from the Youth Advisory Board
11:30 – 12:00	Experiences from the field: <ul style="list-style-type: none">- Giovani al centro, Francesco Guarnieri- ASL Carpi, Giulio Martinelli- Centro di DesTEENazione - Perugia
12:00 - 12:25	Discussion: <i>Which elements could support the adoption of similar initiatives in your territories?</i>
12:25. 12:30	Closing remarks – Stefania Boscato, Ministry of Labour and Social Policies

- Paolina Marone, from UNICEF ECARO, opened the meeting by emphasising the importance of moving beyond traditional clinical care toward broader forms of integration. She noted that adolescent well-being also relies on school environments, sports, peer relationships and meaningful daily activities. She highlighted a more expansive understanding of integration—one that recognises social inclusion, learning opportunities, peer support and shared social spaces as therapeutic components, rather than merely complementary to clinical interventions.

- The presentation of Oriana Ciani, from Bocconi University, focused on the concept of integration beyond clinical care, emphasising that effective support for adolescents requires continuity of experience across all their life contexts—including families, schools, communities and digital environments. It highlighted that integration is not about adding more services, but about connecting them so that young people encounter coordinated, youth-friendly pathways supported by social, educational and community resources. The speaker outlined where systems tend to break down—particularly during the 17–25 transition, due to fragmentation between health, school and social sectors—and presented insights from international and Italian models showing that non-clinical levers such as social inclusion, peer support, sports and education play a therapeutic role. Examples demonstrated how multidisciplinary teams, culturally sensitive approaches, school partnerships and digital first-contact tools can reduce stigma, promote early access and strengthen resilience. The final message stressed that integrated access points, linking functions and stable partnerships with schools and the third sector are essential if systems are to truly meet adolescents where they are in their daily lives
- Francesco Bonatesta, representing the Youth Advisory Board, presented the group’s recommendations on this topic. He noted that care pathways often risk becoming self-contained, as young people are sent back into the same environment they initially sought to move away from. For this reason, he stressed the need to integrate clinical care with other activities that foster socialisation and help young people overcome isolation. He highlighted the importance of dedicated youth centres where adolescents can interact, engage in recreational activities and feel part of their communities. Many of the recommendations had been further developed within the DesTEENazione project. However, he underlined that communication remains a major gap: young people often do not know that services and youth centres exist. Beyond clinical care, he encouraged the development of parallel pathways that accompany or even prevent the onset of distress, including creative alternatives such as theatre workshops. Finally, he emphasised the importance of education on emotional literacy and empathy as part of a broader preventive approach.
- The *Giovani al Centro* project of ASP 3 Catania, presented by Francesco Guarnieri, targets adolescents within the juvenile justice system, turning social and community-based activities into fully recognised therapeutic tools. The model places strong emphasis on family involvement and is considered a key reference service for juvenile justice pathways. Guarnieri described a consolidated working culture built around a multidisciplinary team that integrates clinical, educational and pedagogical perspectives. An additional level of integration has been introduced through structured coordination among all actors involved, ensuring regular monitoring of each case and assigning responsibilities across the participating cooperatives. This multilayered integration has fostered a strong person-centred approach, strengthening coherence and continuity across the entire support pathway.
- The *Spazio Giovani* of Carpi, part of the Family Counselling Centre network of AUSL Modena, presented its long-standing peer education programme, which engages more than 500 fourth-year high-school students across the province each year. Dr. Giulio Martinelli, clinical psychologist and psychotherapist, explained that peer educators—trained and

supervised by Spazio Giovani psychologists—facilitate discussions among peers on topics such as emotional well-being, sexuality, contraception, prevention of sexually transmitted infections, and risks related to alcohol and substance use. The programme grants school credits and turns students into active agents of prevention rather than passive recipients. Active for over 20 years, the initiative is effective when it is genuinely embraced by schools; peer educators act as bridges between services and classrooms, promoting circular, age-appropriate dialogue and enhancing students' awareness of available services. All services provided through the counselling centres are free of charge under Emilia-Romagna regional legislation, and adolescents may access them independently.

Dr. Martinelli also outlined the criticalities of peer education: it does not work when imposed from above or when not accepted by students. Every year, many young people are trained on a voluntary basis (“scouted”), without selecting only those who appear to be the most suitable in advance. Each school and class has its own dynamics, and even students considered more turbulent may unexpectedly prove highly effective, gaining a strong sense of responsibility through the role. The programme further extends prevention into primary schools, helping familiarize children with services early on. Compared with one-off expert interventions, the peer-led approach was described as fostering deeper personal growth, engagement and long-term impact. In response to a participant's question, Dr. Martinelli clarified that, for the moment, peer-education activities can continue to be integrated within the school's educational offer, with authorization managed internally by the school.

The session continued with a presentation of the Multifunctional Center “DesTEENazione” of Perugia, a pilot initiative promoted by the Ministry of Labour and Social Policies within the Italian Child Guarantee framework. The project aims to create multifunctional spaces for adolescents across the country, supporting autonomy, participation, inclusion, and overall well-being through integrated educational, cultural, sports, and guidance services. Mrs Gasparrini from the Municipality of Perugia shared insights from the project's early implementation phase, emphasizing the importance of co-design with schools, social services, and community stakeholders to ensure both individualized support and broader systemic responses. She highlighted the role of community pacts, inter-service alliances, and the integration of socio-educational activities with psychological support—provided by a team of four psychologists—to address the “grey area” of adolescent distress outside clinical settings and to strengthen prevention and promotion efforts.

Participants discussed the early stages of project implementation, including questions related to staffing—whether dedicated personnel should be assigned or whether existing staff from different services could carry out the activities. They also reflected on whether such initiatives should be primarily driven by regional strategic plans or emerge from the needs and proposals of individual services.

The session was concluded by Stefania Boscato from the Ministry of Labour and Social Affairs, who emphasized that the TSI has been a strategically important project, fully aligned

with the Ministry's integration policies. She highlighted the social roots of youth distress and the essential collaboration with the Ministry of Health. Integration, she noted, begins with listening—especially to young people, who must be at the center of policy design. She stressed the value of strong networks that create fertile ground for positive experiences, as well as the importance of system-level actions such as strengthening multidisciplinary teams and increasing the number of social workers. These efforts aim to go beyond care and uphold the constitutional principle of removing obstacles to human development. She also referenced the national competition leading to 3,800 new hires—including socio-pedagogical educators and psychologists—within the public welfare system. Finally, she underscored that dialogue with local territories is essential, as policies succeed only when they emerge from local needs.

Webinar 3: Monitoring and Evaluation

A key element for ensuring the effectiveness and sustainability of MHPSS services is the adoption of standardized monitoring and evaluation systems, which are essential for documenting results, informing continuous improvement, and supporting the replicability of service models. This requires indicators that go beyond clinical outcomes, including dimensions of psychosocial well-being, equity, and user satisfaction.

The webinar took place on the 21st of January from 9:00 to 10:30 CET. Around 100 participants attended the event (participation list in annex 1), mainly professionals from the territorial district (health district, social workers, etc) and from the regional authorities. Presentations are in annex 4.

The discussion focused on how to integrate monitoring and evaluation tools into governance processes, ensuring transparency, accountability, and a solid foundation for evidence-based policies.

Webinar 3 - Monitoring and Evaluation	
Monitoraggio e Valutazione - TSI sulla salute mentale degli adolescenti Meeting-Join Microsoft Teams	
21 January 2026 – From 9:00 to 10:30	
9:00 – 9:15	Welcome note – Paolina Marone, UNICEF ECARO
9:15 – 9:30	Presentation of the topic – Elisabetta Trincherò, Bocconi
9:30 – 10:00	Experiences from the field: <ul style="list-style-type: none">- PIPPI Padua University- JA MENTOR – Istituto Superiore di Sanità
10:00 - 10:25	Discussion: <i>Which elements could support the adoption of similar initiatives in your territories?</i>
10:25. 10:30	Conclusions by the Istituto Superiore di Sanità

- Prof. Elisabetta Trincherò from SDA Bocconi highlighted the central role of monitoring and evaluation in ensuring that MHPSS services for adolescents are effective, equitable, and sustainable. She emphasized that evaluation should not be seen as a technical requirement but as an essential condition for visibility, advocacy, and long-term impact. Drawing on evidence from the case studies, she noted the limitations of traditional approaches focused solely on clinical outcomes and stressed the need for multidimensional indicators that include psychosocial well-being, equity, continuity of care, and user satisfaction. Prof. Trincherò underlined that systematic, standardized data collection is still rare, often fragmented or reliant on project-based resources, and that strengthening routine evaluation practices is critical for supporting decision-making, continuous improvement, and the scalability of innovative models.
- The presentation by Professors Paola Milani and Andrea Petrella introduced the LEPS P.I.P.P.I. framework, highlighting its role in supporting vulnerable families through

integrated, preventive, and child-centred social interventions. They emphasized the shift from an individualistic notion of vulnerability to an ecological understanding, where children’s developmental needs, parental responses, and family resources are assessed together. The speakers presented the participatory and transformative evaluation approach at the core of P.I.P.P.I., which involves families directly in reflective processes and promotes shared decision-making within multidisciplinary teams. They also illustrated the multidimensional “Mondo del Bambino” model and the RPMonline platform, tools that enable continuous assessment, documentation, and collaborative planning across services. Finally, they stressed that interoperability between social and health systems, along with unified governance and evidence-informed practices, is essential for ensuring that every child and family receives coherent and effective support across the entire care continuum.

- Mrs. Chiara Ciacchella presented the EU4Health Joint Action “Mental Health Together – MENTOR,” outlining its aim to promote mental health across Europe through the sharing of experiences, the integration of evidence-based practices, and the adaptation of initiatives to support sustainable personal and community-level change. She explained that MENTOR involves 43 partners across 20 countries and is structured into six macro-areas and thirteen activities running from 2024 to 2027. A core component is the creation of a European catalogue of community-based programmes, designed to identify, classify, and disseminate promising, good, and best practices in mental health promotion. Mrs. Ciacchella highlighted the focus on youth and vulnerable groups—such as migrants, refugees, and socio-economically disadvantaged communities—and described the criteria distinguishing innovative interventions, including their preventive focus, non-medicalised approaches, and emphasis on social inclusion and equity. She also outlined the submission process for practices, aligned with EU standards, with a deadline of 30 April 2026, and emphasized the added value of MENTOR validation in terms of visibility, transferability, and opportunities for scaling and EU funding.
- Participants asked brief clarifications on the deadline for application, publication of the catalogue on MENTOR sites, the purpose of connecting implementers with practice owners, and the reference framework to guide preparation.
- Mrs. Cirulli from the Istituto Superiore di Sanità concluded the session highlighting several aspects that are particularly important and shared by all, starting from the common goal of improving everyone’s health. She emphasized the need to move from qualitative to quantitative evaluation, in a participatory way, explaining how essential this is for defining work objectives aimed at improving people’s health and quality of life. Another key aspect is sustainability: best practices allow us to focus on approaches with a higher likelihood of success. Continuity, she noted, can be ensured through systematic evaluation and ongoing improvement.

Webinar 4: Youth Engagement

The active involvement of adolescents in the design and implementation of MHPSS services represents both an ethical and operational imperative. This approach shifts young people from being passive beneficiaries to becoming active co-creators, valuing their direct experience in defining services that are culturally appropriate and truly responsive to the needs of the target population. The session explored tools and strategies to make youth participation structured, continuous, and influential, ensuring that young people’s voices are integrated into decision-making processes at all levels. 80 participants attended the event (participation list in annex 1), mainly professionals from the territorial district (health district, social workers, etc) and from the regional authorities. Presentations are in annex 5.

Webinar 4 - Youth Engagement Coinvolgimento dei giovani - TSI sulla salute mentale degli adolescenti Meeting-Join Microsoft Teams 21 January 2026 – From 9:00 to 10:30	
9:00 – 9:15	Welcome note – Paolina Marone, UNICEF ECARO
9:15 – 9:30	Presentation of the topic – Sarah Martelli and Maddalena Grechi, UNICEF ECARO
	Recommendations from the Youth Advisory Board
9:30 – 10:00	Experiences from the field: <ul style="list-style-type: none">- YOUNGLE- Local Youth Council – Parma (Parma Giovani)
10:00 - 10:25	Discussion: <i>Which elements could support the adoption of similar initiatives in your territories?</i>
10:25. 10:30	Conclusions by ProMIS

- Paolina Marone from UNICEF introduced the session by highlighting that, throughout previous webinars on access, service integration, and monitoring, one recurring element emerged—young people themselves. The discussions emphasized the need to move beyond occasional consultations toward meaningful, structured youth participation that influences how services are designed, delivered, and evaluated. Adolescents must be recognized not only as recipients of services but as knowledgeable partners whose lived experience strengthens effectiveness.

Key recommendations centered on three areas: ensuring youth involvement in all phases of programming through structured decision-making mechanisms; integrating peer education as a long-term, system-level component rather than a temporary initiative; and training professionals in participatory methodologies that foster inclusive engagement. These

insights build on successful existing practices, such as Youngle and the Youth Council of Parma, highlighting the importance of reaching vulnerable youth as well.

- Sarah Martelli and Maddalena Grechi from UNICEF introduced UNICEF’s approach to **adolescent and youth participation**, emphasizing that young people—1.8 billion worldwide—must be recognized as rights-holders and agents of change. Participation is framed as a fundamental right under Article 12 of the UN Convention on the Rights of the Child, which guarantees adolescents the ability to express their views freely and be heard in all decisions affecting them. Effective participation requires safe spaces, opportunities to express their voice, an audience that listens, and a real influence on outcomes. UNICEF promotes meaningful participation that is transparent, voluntary, respectful, youth-friendly, inclusive, risk-sensitive, and accountable.

The presentation also highlighted key UNICEF initiatives that operationalize youth participation. These include *The Future We Want* campaign, the **U-Report On The Move** platform for migrant and refugee youth, and Italy’s **Youth Advisory Board (YAB)** for the EU Child Guarantee. The YAB has engaged in surveys, workshops, policy recommendations, advocacy, events, and co-governance processes. Within the TSI programme on mental health, YAB members contributed to research, participated in European stakeholder meetings, developed recommendations and a video for the final event, and joined the programme’s Advisory Committee. The message is clear: structured, continuous youth engagement strengthens policy and programming impact and remains central to UNICEF’s ongoing work.

- Martina Tundo, representing the Youth Advisory Board, emphasized that meaningful youth involvement is essential because young people’s lived experience enriches projects and makes them more effective. She explained that the YAB has been deeply engaged in mental health initiatives, using tools such as their Instagram page—an important channel for dialogue with peers—and a podcast dedicated to psychosocial well-being. The group has contributed to multiple projects and events from the very beginning, ensuring fully integrated youth participation. Martina concluded with key recommendations: youth must be involved to ensure services truly respond to their needs; peer education should become a structural, long-term approach; and professionals should be trained in participatory methods such as active listening and youth-inclusive communication. She also highlighted the importance of raising awareness among young people themselves to strengthen engagement and co-creation.
- The webinar then highlighted experiences from the field, beginning with Youngle, an online peer-to-peer psychological support service for youth aged 14–25. Youngle offers anonymous, free chats managed by trained volunteers who work under the supervision of psychologists and educators, serving as a low-threshold entry point capable of reaching needs that often remain hidden. Active for more than ten years, it now operates across nine Italian regions with 20 centers, 140 peers, and 45 professionals, adapting its model to local contexts—from municipal management to integration within health services. Martina

Ferrara, a peer from Youngle Cremona, described Youngle as a space of continuous interaction where peers play an integral role in every phase of the project. She emphasized outreach as a core activity—visiting schools, participating in local events, and using social media to raise awareness. Martina noted that Youngle’s strength lies in combining the technical knowledge of professionals with the accessible, shared language of peers, who can translate complex information into something relatable for their generation. She also explained that becoming a peer varies by city but generally involves contacting the local team, an introductory process supported by Youngle’s established know-how, and onboarding into their dedicated chat platform.

Several participants asked additional information on how Youngle works and how to activate it in other regions.

- The second experience presented was the Local Youth Council of Parma, introduced by its President, Francesco Sansone. Established in 2025 as part of the city’s successful bid to become European Youth Capital 2027, the Council brings together youth associations, informal groups, and individual young people aged 16 to 35 to identify the needs of the new generations and contribute directly to shaping Parma’s youth policies. Francesco described how the initiative began with informal youth mobilization during the 2023 candidacy process, grounded in the belief that project governance should be genuinely youth-led. Rather than adopting a traditional Youth Municipal Council—seen as too dependent on public-administration structures—the city co-created a more sustainable model inspired by Italy’s National Youth Council. All local youth organizations were invited to collaborate, resulting in a jointly written manifesto submitted to the municipality, which formally recognized the Council as a private association with an institutional role. The body is structured into eight thematic groups, one of which focuses specifically on well-being and quality of life, covering areas such as sports, art, theatre, and dance.
- Giovanna d’Iseppi from ProMIS closed the meeting by underscoring the importance of hearing directly from young people, especially in a period when youth are often portrayed as increasingly disengaged. She noted that mental health remains a central priority at both European and national levels, and highlighted how ProMIS – the International Health Brick Programme – has accompanied the project closely alongside the Ministry of Health and the Ministry of Labour. As a national network that supports the internationalization of Italy’s regional health systems, coordinated by the Regions and promoted by the Ministry of Health, ProMIS strengthens Italy’s presence in European and international contexts and helps regional administrations access EU programmes, funding opportunities, and health-related policies. Giovanna emphasized that this collaboration is crucial for ensuring strong connections with local territories and for fostering the exchange and scaling of innovative projects that can be replicated across different regions.