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## **“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**

### **Project Inception report**



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## I. Foreword

Italy requested support from the European Commission under Regulation (EU) 2021/240 establishing a Technical Support Instrument ("TSI Regulation")<sup>1</sup>. After assessing the request for technical support, the European Commission decided to fund the request and provide technical support to Italy together with UNICEF.

The technical support is being provided as a part of a multi-country project, with Italy participating alongside Andalusia (Spain), Cyprus, and Slovenia. The four authorities have a common aim to improve the provision of mental health and psychosocial support to children and young people through the project. **In Italy support is being provided in the area of mental health and psychosocial support for adolescents (10-19 year old), with special attention to the most vulnerable groups, with the purpose of developing better integration of health, education and social services.**

The project was launched in Rome, on the 26 January 2024, and the first pre-meeting of the Steering Committee took place on the same day. Subsequently, as part of the Inception Phase, UNICEF has supported the finalization of the Terms of Reference of the Steering and Advisory Committees, the identification of additional stakeholders to be consulted during the project, and the refinement of the methodology of the project. UNICEF has also secured a programme coordinator and is identifying academic institutions that will support the analytical part of the project.



<sup>1</sup> Regulation (EU) 2021/240 of the European Parliament and of the Council of 10 February 2021 establishing a Technical Support Instrument, OJ L 57, 18.2.2021, p. 1–16.  
<http://data.europa.eu/eli/reg/2021/240/oj>



## II. Report

### List of abbreviations

AC	Advisory Committee
DG REFORM	Directorate-General for Structural Reform Support
ECARO	Regional Office for Europe and Central Asia
EU	European Union
LEA	Essential Levels of Assistance
MHPSS	Mental health and psychosocial support services
MH	Mental health
ProMIS	Programma Mattone Internazionale Salute
SC	Steering Committee
SDG	Sustainable Development Goals
UNICEF	United Nations Children's Fund

## 1. Introduction

The European Commission is supporting four EU Member States in the context of a multi-country technical support project titled “Child & Youth wellbeing and mental health first”. The project is being implemented in Italy, together with Spain (concretely in Andalusia) Cyprus and Slovenia.

UNICEF has been identified to provide the technical support for this multi-country project covering Andalusia (Spain), Cyprus, Italy and Slovenia. In Italy, the Ministry of Health, the Ministry of Labour and Social Policies and Programma Mattone Internazionale Salute (proMis) are the beneficiary authorities.

This inception report is related to the Italian component of the multi-country project, ‘address mental health and psychosocial support needs of children and youth in Italy’.

This inception report has been developed by UNICEF Europe and Central Asia Regional Office. The inception report has been informed by discussions with the officials from the Ministry of Health, Ministry of Labour and Social Policies, ProMIS, and DG Reform and stakeholders engaged during the project kick-off meeting.

The inception report builds on the project description of action (DOA) providing an update on the set-up activities and project management and more details on the methodology to be applied in undertaking project outputs.

## 2. Purpose of the initiative

The overall objective of this project is to support Italy in providing integrated, participatory, and comprehensive mental health and psychosocial support to adolescents (age 10-19 years old).

In fact, mental health and psychosocial support services in Italy are addressed by two policy frameworks: social care policies and health-care policies. Although interconnected, social care and health care services have long been provided within a highly fragmented landscape composed by separate institutions and service providers characterised by distinct types of services. However, starting from the 2000s, the Italian MHPSS system has progressively been moving to an integrated health and social approach. The Ministry of Health (MOH) has recognised that health-care processes must be carried out through both specialised mental health services (mental health departments MHD, and/or child and adolescent neuropsychiatric services) and by integrating healthcare, social care and educational services.

However, inconsistent regional regulations and the power imbalance among the different regions challenge the provision of a standardised health and social integration model which would ultimately ensure the continuity of care. In addition, coordination challenges among bodies responsible for establishing programmes (Ministry of Health, Ministry of Labour and Social Policies, regions, and local authorities) and those providing psychosocial support services (private and public health and social services) hinder integration between the health and social sectors and prevent the provision of psychosocial support services in a cross-sectoral manner.

The main outcome will be that national and local authorities will be better equipped to provide children and youth friendly mental health services (including promotion and prevention) seamlessly across sectors. This will be achieved through the following outcomes:

**Outcome 1:** National and local authorities are equipped with better evidence on needs and opportunities in the provision of mental health services to adolescents in the regions, including

existing gaps and good practices in cross-sectoral delivery of MHPSS services, for better integration and delivery of MHPSS services to children and youth across sectors.

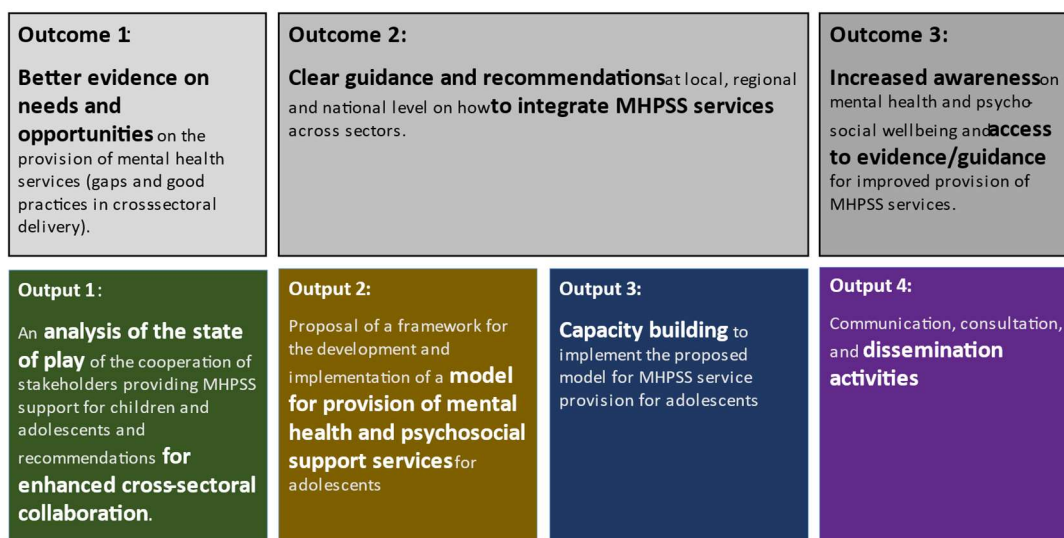
**Outcome 2:** Authorities and service providers in Italy have clear guidance and recommendations at local, regional, and national level on how to better integrate MHPSS services across sectors to support adolescents 10-19 years old.

**Outcome 3:** Authorities, service providers and the public at large have increased awareness on mental health and psychosocial wellbeing and access to evidence and guidance for improved provision of MHPSS services.

The technical support project will identify ways to improve the integration of MHPSS services for adolescents (10-19 years old) at local level, with the aim to improve access to and effectiveness of services in place, with a specific attention given to vulnerable young people. The support measures will assess the current state of play of the cooperation amongst various stakeholders involved in providing MHPSS and of the challenges for their cross-sectoral collaboration. Based on the existing models of care, successful collaboration protocols will be identified for their adaptation and adoption in a pilot form in three different districts. Based on the lessons learnt from this exercise, and with an extensive consultative process – including professionals from different sectors (school, social and health care) and members of civil society who work with children and youth, recommendations will be developed for the District, Regional and National level, to support a more effective integration of services. The involvement and consultation of young people in discussing and finding solutions for health and social care issues of their concern will be an integral part of this exercise, as young people will be part of the TSI project governance and consulted on key deliverables.

The above process has been articulated around four areas of work with specific outputs (initial assessment; design and piloting; validation and enabling environment; awareness raising and dissemination).

## Integration of mental health services for adolescents and young people



### 3. Synergies with other multi-country technical support projects on mental health

The project is part of a multi-country technical support that is carried out in Spain (concretely in Andalusia) Cyprus, Italy and Slovenia and that aims at improving the provision of mental health, wellbeing and psychosocial support to children and young people. The project comprises a set of tailor-made actions in which all beneficiary authorities will take part with the objective of delivering adequate outputs to national and regional specificities. The common activities will encourage mutual learning and sharing of good practices and efficiencies, synergies and replicability of the proposed actions as well as fruitful collaboration in addressing possible common problems.

The common set of actions comprise:

**Monthly meetings** of the UNICEF coordination teams of the 4 components, to discuss advancements, possible solutions to specific issues, planning of common activities. The meetings are foreseen every last Thursday of the month.

**An internal repository** to ensure access to key deliverables and share information. The site is available to all partners of the multi-country project: Child & Youth wellbeing and mental health first.

The internal repository has been created on the SharePoint site <https://unicef.sharepoint.com/teams/ECAR-DGREFORM-MHPSS>. This SharePoint platform is a common repository that enables efficiency and streamlines processes as it is a one-stop-shop for all documents/references related to the TSI. This digital workspace offers an opportunity to collaborate online in real-time on common documents and keep everyone informed on the updates. It includes 5 main libraries:

- One library per each country/region.
- One “Common” library to share activities that are common across all 4 projects (e.g. webinars, etc.).

UNICEF project leads for each project will be responsible for uploading relevant material upon clearance from DG REFORM and the beneficiary authorities. UNICEF staff will have editing and view rights, non-UNICEF staff may be granted editing rights when working on specific files. Editing rights are to be granted by UNICEF staff accordingly.

**Publication of relevant information** related to this multi-country project on websites of both organisations, DG REFORM and UNICEF.

**Three online webinars** involving all beneficiary authorities, along with DG REFORM, UNICEF counterparts and relevant stakeholders to be defined within the Steering Committee of each project.

The webinars aim to exchange information on the progress in each of the project's component and encourage discussion and mutual learning on topics that are relevant for all beneficiary authorities, based on the work undertaken in the 4 participating EU Member States. The webinars will revolve around a specific theme (i.e. Youth involvement, Sustainability and replicability, ect.) that will be determined at a later stage in agreement with DG Reform. Hereby a tentative calendar for the three events, with a tentative proposal of topics to be covered that will then be later discussed and adapted in consideration of project advancements.

	Tentative date	Possible topics
1 <sup>st</sup> Webinar	October 2024	Inception phase Assessment phase- exchange on the main overall findings, including common challenges and opportunities. Communication activities
2 <sup>nd</sup> Webinar	May-June 2025	Project status Specific theme (i.e. Youth involvement) Mid-term review Communication activities
3 <sup>rd</sup> Webinar	November 2025	Final phases of the project Specific theme Sustainability and replicability Communication activities

**A meeting in person in Brussels.** Upon discussions with DG REFORM, it was agreed to attempt to organise an in-person meeting in Brussels, which would increase the level of interaction, networking and exchange. To this end, DG REFORM will submit the request to TAIEX (Technical Assistance and Information Exchange) as an interservice request, with the rationale that there is value in replacing the webinar by an in-person event and that for this reason TAIEX support would be needed. If the TAIEX request will be accepted, travel costs of Member States representatives will be covered by TAIEX along with a meeting room and interpretation, while UNICEF will be asked to provide support in the preparation of the agenda of the in-person event and with covering travel costs for UNICEF staff attending the event. Should the TAIEX proposal not be accepted, UNICEF will proceed with organizing a 4th webinar as included in the DoA.

The tentative timeline for the event is May 2025, during the European Mental Health Week. The projects' results will be discussed, and good practices will be presented, with a view to replicability in different contexts.

#### 4. Project team

UNICEF is responsible for coordinating and administering the technical support and is responsible for the organisation of the activities and the development of the outputs. This is done in close cooperation with the European Commission (DG REFORM).

The UNICEF project team consists of technical and support staff, and sub-contracted organization(s) to ensure the implementation of the project, including through agreements with partners and experts.

The team includes:

Regional Health Adviser, Adolescent MHPSS Specialist, UNICEF ECARO – responsible for the project management and coordination and technical supervision. Their tasks will also include reviewing all key deliverables, quality assurance and creating linkages with other existing initiatives, such as the European Child Guarantee activities within UNICEF and across EU Member States, including TSI projects on the implementation of the European Child Guarantee, as well as the Joint Action MENTOR – Mental health together funded by HADEA in the field of mental health, in view of sharing best practices and fostering mutual learning.



UNICEF Project Coordinator in Italy - responsible for the overall management and coordination, organisation of PSC and PAC meetings (establishing various committees) in an inclusive manner, engaging with and mobilizing high-level decision-makers and stakeholders across the two ministries and a broader network of stakeholders, establishing standard operation procedures and mechanisms for smooth implementation and monitoring of the process for the entire project period; this person will be the main contact point for the other partners, including the European Commission;

Mental Health and Psychosocial Support Specialist in Italy - responsible for technical lead in MHPSS, assessment, capacity building and youth engagement. The Specialist will work under the Regional Health Adviser, and closely with UNICEF Child Protection (CP) and Adolescent Development and Participation (ADAP) teams, in close coordination with the TSI Project Manager as well as with the Project Advisory Group and the Youth Advisory Board (YAB) to develop, quality assure and finalize guidance, tools, and capacity building plan for harmonized approach to MHPSS. The Specialist will work closely with the national stakeholders and beneficiary authorities of the TSI project (i.e. Ministry of Health, Ministry of Labour and Social Policy and PROMIS Programma Mattone Internazionale Salute).

Adolescent Mental Health Consultant – responsible for the quality assurance of the capacity building plan for harmonized approach to MHPSS. The consultant will overview the methodology and will bring valuable suggestions and contributions from UNICEF's experience in other countries.

Institutional Consultancy will support in the analysis of play of the cooperation of stakeholders providing mental health and psychosocial support services (MHPSS) for children and adolescents and recommendations for enhanced cross-sectoral collaboration in Italy (Output 1).

The UNICEF Office in Brussels will support the administrative execution of the Action outside the scope of this project.

Additional staff members/consultants may be sought out by UNICEF during the project to support key outputs, within the space of the budget.

## 5. Project coordination

The project will be coordinated through a Project Steering Committee co-chaired by senior management representatives of the Italian Ministry of Health, the Italian Ministry of Labour and Social Policies and ProMIS Programma Mattone Internazionale Salute. The meetings will be held monthly, and minutes will be documented and circulated by UNICEF.

The PSC is established as part of the project implemented in cooperation with the beneficiary authorities of Italy and DG REFORM.

Membership: The PSC is composed of representatives from UNICEF, DG REFORM, and the beneficiary authorities. Each party will appoint focal points for the PSC. These focal points will be tasked to coordinate within their organizations/institutions.

Objectives of the PSC: The PSC is the decision-making and final validation body of the project. It oversees all planned activities, ensuring effective coordination and engagement.

Specific objectives:

- Oversee the project's progress and ensure that it aligns with the project's objectives.
- Review and approve project deliverables.

- Facilitate coordination and communication among project stakeholders.
- Resolve any issues that may arise during the project implementation.

The committee will be arranged and operate according to the approved TOR which can be found in annex 2.

The project will also be informed and guided by a Project Advisory Committee (PAC). The PAC includes stakeholders involved in MHPSS sector in Italy who have been invited by the Ministries to join the PAC. The PAC will be actively involved in providing information, input, and guidance throughout the whole project and its outputs.

The role of the PAC is to provide technical guidance on the main project activities to the implementing team and to contribute to the main project outputs. The PAC will also foster ownership in a participatory manner among key stakeholders in Italy on the proposed activities and subsequent outputs of the project reinforcing the involvement of regional and local actors in the project.

PAC members are representatives of the main institutions and stakeholders as well as professionals or experts across sectors in the field of mental health and wellbeing of children and young people. Additional members can be appointed to the PAC by the beneficiary authorities on needs basis, and additional input and expertise can also be sought by UNICEF through key informant interviews, request for inputs to documents and providing dedicated slots in the PAC meetings for relevant presentations and sharing of data/experiences to draw from best practices.

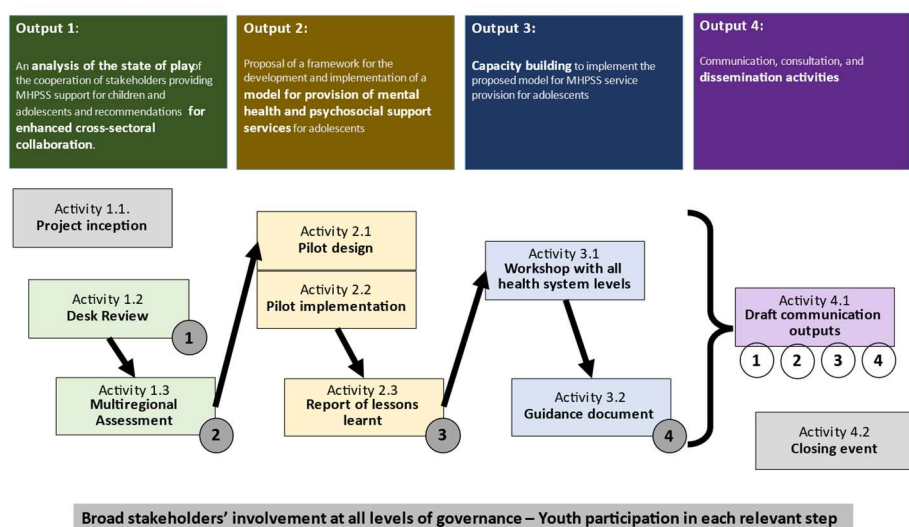
The PAC will meet at least 6 times (and on a need basis) during the lifetime of the project to oversee the main stages of development of the project. When needed, ad-hoc meetings or consultations with members may occur.

Full modalities of the PAC can be found in the TOR in annex 3.

## 6. Main objectives and activities

The technical support project encompasses eight activities, preceded by an inception phase and followed by a dissemination event common to the four countries supported with this TSI project.

The sequence of activities is illustrated below, with a description of each activity.



The first set of activities (desk review and regional assessment) will contribute to answering some common questions:

- What are the models for mental health and psychosocial support delivery for children and adolescents 10-19 years old by the health system, by social services and in education settings?
- Which areas of service are most in need of improvement?
- What are the main gaps in collaboration and service integration?
- Which areas of collaboration and integration work best (including examples of good practices)?
- Which factors (practices, approaches, incentives, organizational set ups) support collaboration and could be leveraged?
- What are the barriers preventing better collaboration from being implemented at present?

To make sure not to overlook any existing documentation on current practices in the delivery and integration of mental health services in Italy, a desk review will focus on collecting all available evidence, while the assessment will build on the desk review to further map the models for the delivery of services in the regions, identifying challenges and good practices.

The desk review will be complemented by informants' interviews, using a snowball technique, to ensure that all relevant available documents (including grey literature and institutional documentation) will be captured, ensuring a comprehensive mapping of models for mental health service delivery and psychosocial support in the different regions.

The regional assessment will complement the desk review with a survey, expanding the number of experts reached through interviews, and allowing to document experiences not yet fully captured in the existing documentation. Besides completing the picture of the current situation, the assessment will provide the information necessary to identify key recommendations to be tested in the following phase of this project ("pilot" in three districts).

The research activities will revolve around a user-centered approach, in which the mental health and psychosocial support needs of children and adolescents are considered holistically.

### **Activity 1.1. – Project Inception**

This phase laid the foundations for the project, developing an initial planning and defining the methodologies that will be applied. A detailed implementation is being developed, and a coordination mechanism put in place to steer the process and allow for in-course corrections.

The different activities comprised:

- Set up a project Steering Committee (PSC), with agreed Terms of Reference, composed of UNICEF, DG REFORM and the beneficiary authorities as a decision making and final validation body of the project. The PSC will meet on a monthly basis at least in the first phase of the project (at least quarterly during the project duration) to oversee all planned activities, ensuring effective coordination and engagement. The meetings of the PSC can be held face to face, remotely, or in hybrid mode, depending on the needs.
- Set up an Advisory Committee, with agreed Terms of Reference, with a consultative role in cooperation with Ministry of Health, Ministry of Labour and Social Policies and ProMIS, and relevant stakeholders identified by the Steering Committee.

- The existing Youth Advisory Board (YAB), as member of the PAC, will be involved in guiding the project in line with the decisions of the PSC. This is to ensure that all stages of the project are aligned with the goals and needs of youth and maintain a child-centred approach.
- Inception report, including an initial overview of the findings from the kick-off meeting and feedback from the first Steering Committee meeting.

The project was launched with a physical kick-off meeting that took place on the 26th of January 2024 with a wider group of stakeholders in cooperation with the Advisory Committee and the Youth Advisory Board.

**Activity 1.2 – Desk Review. Assessment of the level of integration of systems providing mental health and psychosocial support for youth and children and recommendations for enhanced cross-sectoral collaboration.**

The desk review will include:

- Definition of the information to be gathered and analyzed.
- Refinement of the areas to be investigated and the research questions to be answered (with a plan for the analysis, to ensure we will focus on actionable information). Below a starting point is provided for further inputs:
  - Mapping of the availability of promotive, preventive, and curative services in each sector (health, social services, schools), the main challenges they face, and the gaps that need to be addressed.
  - Identification of positive and negative deviance in the integration of mental health services to young people, and the success factors and obstacles responsible for them.
  - Mapping of key stakeholders and approaches to integration across sectors, level of interventions, conditions, and minimum requirements in each sector and cross-sectoral for their implementation.
  - Identification of good practices and success factors that could be adapted and replicated in different contexts.

The desk review will collect all the existing evidence on service integration models at national and regional levels. It will aim to identify the gaps and barriers for collaboration, and the areas of service which are most in need of improvement.

The review will also identify good practices and success factors in the different integration models. It will consolidate existing information, shaping the following assessment and avoiding any duplication of data collection.

Desk reviews have the advantage of being fast, inexpensive, and relatively quick. On the other hand, they can capture only what is already documented. This review will be selective: the objective is to gather information relevant to the research questions identified and endorsed by the Committees rather than a broad description of the situation of mental health services in the Italian Regions.

The review will likely cover working arrangements, relevant policy reforms currently in progress, policies, tools, and instruments related to integration of services. Stakeholders in the Advisory Committee will be the first source of documentation and will help identify additional entities that could share further documentation and information, using a snowball technique. It will follow a 4-step approach:



- 1) Protocol development – starting from the research questions, the inclusion and exclusion criteria for studies will be defined (including time period and geographic area) and basic criteria against which literature documentation will be selected (potentially including region, strength of evidence, relevance and level of academic/popular interest). An information management process will be set up, to ensure clear recording of identified literature.
- 2) Identify literature – the titles and abstracts will be reviewed against inclusion/exclusion criteria. A snowballing approach will be implemented by reviewing bibliographies and references of the identified literature for further sources.
- 3) Data extraction - the relevant initiatives, support schemes, policies, etc. will be extracted, recorded, collated and contextual and background information will be associated, where available, using a standardized reporting tool.
- 4) Map and synthesize state-of-play; identify themes and trends.

The first result will be a mapping of the different models applied in the different Italian regions for mental health and psychosocial support delivery for children and adolescents 10-19 years old in the three main areas of the healthcare system, the social services and the education setting, as well of the different stakeholders involved, their role and support provided.

The mapping will be the basis for in-depth analysis of the main gaps in collaboration and service integration, the barriers for better collaboration, possible areas of improvement and best practices in each single context.

Results will be presented in a comprehensive report and synthesized in a presentation (for communication purposes).

**Activity 1.3 – Multiregional Assessment. Situation analysis to integrate the findings from the desk review, to help define the needs, views on and challenges related to MHPSS services integration with a special focus on vulnerable groups and older adolescents.**

The assessment will include mapping of resources, existing working arrangements, tools and instruments as well as barriers and gaps in policies, institutions, governance, and resources for cross-sector collaboration.

The focus will be on a comparative analysis of regional policies on MHPSS support for children and young people. The assessment will help to identify a few models that work particularly well on the ground.

Subsequently a SWOT analysis and minimum requirements for adoption of good practices will be developed. Children and youth will be involved in the consultations to capture gaps and good practices in MHPSS service delivery.

The assessment will help to complete the information collected through the desk review, providing a mapping of experiences that may not have been documented formally yet, and it will allow to get to a deeper qualitative analysis.

A comparative analysis of regional policies on MHPSS support for children and young people will help to identify the success factors of certain regional integrations and collaborations, as well as gaps and possible failures. The possible barriers in filling those gaps and the opportunities for addressing them will be further explored.

The assessment will consider three dimensions of quality in healthcare, to better identify the possible areas of improvement:

- 1) Technical Quality - refers to the effectiveness of healthcare services from a technical/clinical perspective, typically assessed leveraging specialised expertise of service providers.
- 2) Perceived Quality - refers to how patients subjectively perceive their mental health and psychological support experiences, and it helps to ascertain the user-friendliness of services, impacting access.
- 3) Timeliness – refers to the prompt access to support services, without detrimental delays due to barriers (financial, social, logistic...) in the access to services.

In consideration of the specific target, the assessment will also consider the equity, appropriateness and safety in MHPSS service delivery.

To carry out the assessment, the following tools will be used.

- Survey: this will be the main tool and will use a standardized questionnaire administered to all regions and (tentatively) to a few health, social and school districts per region. It will cover relevant sectors (health, social, education) and levels of care (promotion, prevention, curative). It will provide comparable information between regions and models in the provision of services. It may span from the provision of service to personnel and capacity, to financing and governance (depending on results of the desk review and the reflections of the Advisory Committee). The questionnaire will be developed with an information analysis mocked up, to keep the filling time as short as possible, and to ensure that each data point is necessary for the analysis. The tool will be tested among a selected group in the Project Advisory Committee and further fine-tuned before final dissemination and collection of results. The activities that will be performed are detailed below:
  - Analysis of the results of the desk research and identification of the key areas of further investigation (personnel, capacity, governance, etc);
  - Identification of the target group of respondents and dissemination strategy.
  - Development of the survey;
  - Testing of the survey among a selected group in the Project Advisory Committee;
  - Fine tuning of the survey;
  - Dissemination and collection of results.
- To refine the survey questions, other tools, such as key informants' interviews, focus groups and workshops with service providers, administrators, and beneficiaries (young people and caregivers) will be used. Each tool has advantages and limitations, and they can be used complementarily. Additionally, these tools could be used during the next step when analyzing results of the survey to gain a better understanding of its findings as necessary, adding qualitative information. Interviewees/participants will be selected to be representative of different regional contexts (defined using availability of services, level of integration of services, uptake of services by the target population group) as well as different service areas (educational, social, health). The results of the mapping done with the desk review will help to refine these selection criteria. Also, interviewees may be purposefully identified to gain further insight into the answers provided in the questionnaires as needed. If focus groups and webinars will be used, the groups will be

homogeneous, as different groups will provide information on different aspects of services (e.g. beneficiaries will provide insight on perceived quality and user friendliness, while service providers will be more likely to provide insight on limitations in services due different incentives/disincentives, and administrators are a good source of information on shortcomings in the delivery platforms/systems).

During interview preparations, the questionnaires will be prepared and refined, ensuring a clear and concise structure and wording and appropriate length – the interview should ideally not exceed one hour – to ensure high quality answers that cover the research questions to the extent needed. Interview guidelines will ensure that preparatory steps, communication protocols and transcripts/reports on the interviews are respected.

The interviews will be reflected in interview notes, and relevant findings subsequently synthesised. Interviewees' personal data will always be stored and managed in full adherence to GDPR.

The information gathered will be analysed and consolidated to support the identification of good integration practices that could be adapted and adopted.

### Report with results

A final synthesis document will gather the information collected through the Desk Review and the Regional Assessment. Besides summarizing the main results, this document will provide information relevant to the next phase of the project, the identification of practices and recommendations to be tested in three districts of three different regions (Outcome 2). The practices and recommendations identified will be grouped based on their nature as follows:

- Recommendations aimed at improving marginally the integration of service delivery at local level.
- Recommendations aimed at informing structural changes in the way services are provided/integrated with greater impact.
- Recommendations aimed at leveraging existing opportunities in a strategic way, to maximize impact.

**Activity 2.1 – Pilot design.** Good practices in the integration of MHPSS services and ways to successfully transfer them to different contexts will be selected for testing on the ground.

The work done in activity 1 will feed into the activities of this work package.

- **Pilot design** - The information generated in the first phase – with the systemic mapping of integration practices across regions, sectors, and levels of care for mental health and psychosocial support – will be essential to inform the design of the second phase, the proposal of a framework for the development and implementation of a model for mental health and psychosocial support provision for adolescents (10-19 years old), which will be structured as follows:
- **Identification of the districts for the pilot** - The testing of good practices will be carried out in three districts belonging to three different regions which are geographically distant and with different service organization models. The desk research and regional assessment conducted in the activity 1 will be the starting point for the identification of the regions that will participate in the pilot. After consulting the extended Advisory Committee, the three sample regions will be identified and contacted to obtain their agreement to participate in the pilot study.

- **Selection of Good Practices** - Good practices in the integration of MHPSS services and ways to successfully transfer them to different contexts will be selected among the most promising identified through the desk review and regional assessment. Considerations for selection in the good practices may include the following criteria:
  - **Effectiveness** – the practice must work and achieve results that are measurable;
  - **Efficiency** – the practice must produce results with a reasonable level of resources and time;
  - **Relevance** – the practice must address the priority MHPSS problems in the region/district;
  - **Ethical soundness** - the practice must respect the rules of ethics for dealing with MHPSS in teenagers;
  - **Sustainability** - the practice must be implementable over a long period of time using existing resources, or additional resources that are likely to be sustained over time;
  - **Possibility of duplication** the practice must be replicable in the pilot region/s;
  - **The involvement of partners and the local community** - the proposed practice must involve satisfactory collaboration between several stakeholders and the participation of the affected community, to increase acceptability;
  - **Political commitment** - The proposed practice must have support from the relevant national or local Authorities.

The extended Advisory Committee, together with selected key informant consultations, will provide inputs and guidance in the identification of the good practices to test, success factors and transferability requirements to be tested in three Health and Social Districts.

**Activity 2.2 – Pilot implementation.** Testing of good practices in three Health and Social Districts from three different regions which are geographically distant and with different service organisation models.

This exercise will bring practitioners from different backgrounds and services to work together in an integrated way. This will include both prevention measures through psychosocial activities and specialised support and care for those in need.

- **Identification of relevant local stakeholders** - Further to the identification of the 3 pilot regions, the regional stakeholders that will be involved in the testing of the best practices and recommendations for the integration of MHPSS will be identified and selected. The competent local public authorities will be involved, starting from the local NHS (Distretto Socio Sanitario) and the local social District (Ambito Territoriale Sociale) as well as the Local school offices (Uffici Scolastici Territoriali).
- **Analysis of Internal and external context** - In the three regions, “Pilot kick-off workshops” with all relevant stakeholders will be organised, to inform on the objectives of the project and present the selected best practices. The kick-off workshop will serve to collect information and modalities on the actual implementation. These could include:
  - Relevant internal and external context, including timeframes and requirements that may affect implementation decisions
  - Indicators that need to be measured (with identification of baseline indicator)
  - Implementation team
  - Organizational readiness assessment (resource availability, dedicated and committed staff, readiness to change) will help developing capacity building strategies that leverage strengths and address identified needs.



- **Implementation** - With the information gathered during the workshop, an implementation plan will be developed, discussed and validated with the regional stakeholders. The implementation plan will include:
  - Intervention overview. Description of the intervention, its purpose, underlying principles, core components, and evidence base.
  - Implementation team, their roles, and the team structure.
  - Work plan, with a description of the activities for before and during implementation and a timeline.
  - Monitoring and Evaluation plan, with the indicators that need to be measured and the frequency of the monitoring and evaluation, as to inform the change of practices and adapt during implementation as needed. The Project implementation data will be collected and recorded monthly.

Local **Mid-term workshops** will be conducted tentatively in March 2025 to analyse the progress and performance of the (project) pilot, its outputs, as well as potential barriers. The workshop will also provide the implementing team with additional guidance and external view, and practices tested may be adjusted as needed based on the experience matured during the first part of the pilot.

Technical advice will be guaranteed at the start and for the entire duration of the adoption of best practices in the three Social and Health Districts selected.

**Activity 2.3 – Report with lessons learnt.** Development of a report describing the good practices identified and tried, their replicability, the minimum requirements to do so and recommendations for monitoring and evaluation, as well as data and lessons learnt during the trial in the three districts.

This report will provide the initial recommendations on how to best integrate services and the protocols used during the piloting exercise in the three districts.

It will focus on the district level and on practical ways to integrate services, describing the good practices identified and tried, their replicability, the minimum requirements to do so.

**Activity 3.1 – Workshop with all HS levels.** A combination of in-person and remote capacity building workshop with national ministerial authorities, regional directorates authorities and health district authorities to validate for broader use the recommendations resulting from the trial in the three districts and to generate recommendations for each governance level (district, regional and national).

This workshop will consolidate and validate the recommendations from the report on how to improve integration of MHPSS in the regions.

It will be themed around how to engage and consult young people to foster their participation in MHPSS decision making and how to reach those who are most vulnerable.

Recommendations for the regional and national level will be developed, to create the enabling environment for mental health services integration (policies, incentives, resource allocation and monitoring/ reporting requirements) at regional and national level.

**Activity 3.2 – Guidance document.** Develop a final brief that documents the outcome of the workshops and that includes recommendations to improve integration of MHPSS for sub-national and national authorities and service providers.

This document will capture the main findings of the previous activities, and complement them with the outcomes of the workshops, including recommendations to improve integration of MHPSS for sub-national and national authorities and service providers.

#### **Activity 4.1 – Draft communication outputs. Preparation of communication/dissemination materials.**

UNICEF will support the development of materials for dissemination of the lessons learnt and impact achieved with this exercise. These will include:

- a project presentation in PPT providing a technical overview of the project and defining the context, approach, deliverables/outputs, activities, key findings, and lessons learned.
- a project description summary (in Word format, max. 500 words), including: project title, summary, context, support provided, results achieved.
- A project public brief (in Word format), intended to feature the minimum material that can be used for this project's presentation and its results to the public (e.g., DG REFORM site).
- Social media texts, visual materials, project video to advertise the main project achievements and milestones.
- Production of children and youth friendly messages, to be used for broader communication and built on ongoing campaign(s) and other communication resources.
- Key messages on MHPSS will be produced, to be used to inform communication campaigns that may take place as part of other initiatives. Messages that could inform youth-friendly communication materials will be based on feedback by the Youth Advisory Board.

Throughout the project implementation phase, UNICEF, in close coordination with DG REFORM, will prepare relevant press releases and social media posts for the key phases or events of the project.

To facilitate internal communication with beneficiaries and key stakeholders, including reviewing and collecting feedback on various outputs, UNICEF has set up a shared working site for the project and Steering Committee members were granted access to the relevant documents and draft outputs. The Advisory Committee, on the other hand, will receive the deliverables by email.

#### **Activity 4.2 – Closing event**

At the closing event we will present the results of the project, collected in the 4 outputs of the project, to cover the analysis report, the recommendations for enhanced cross-sectoral collaboration, the model for the provision of MHPSS as well as recommendations to implement the model. The event will facilitate exchange of good practices and lessons learnt amongst relevant local, regional and national stakeholders.

### **7. Updated recommendations typology**

Based on the discussions and agreements captured in the minutes of the first Steering Committee, the following principles and timeline will inform the implementation of the activities illustrated above.

## **1. Identification of success factors and minimum requirements**

Given the heterogeneity of Italian regional models, rather than identifying one successful model to replicate in different contexts the exercise will aim to identify success factors for a good integration of mental health (MH) services for young people, that can be applied to different existing models.

When success factors are identified, it will be important to also define what are the minimum requirements already present in the different delivery platforms that we aim to integrate. In fact, in some contexts mental health services provided in different sectors are weak to a point that integrating them would not be meaningful nor possible.

All the above will inform the choice of the pilot regions/districts that can invest in integration of Mental Health services, and it will be wise to link the resulting recommendations to upcoming initiatives and existing institutional opportunities.

Conversely, some recommendations should be applicable in different contexts and support also weaker settings.

## **2. Reflect further on service integration**

In the inception phase, it will be important to better define “integrated services”, to avoid any confusion and define the scope of this exercise further.

The provision of services in the health sector is ruled by the Essential Levels of Assistance (LEA), but there is a gap in the delivery of services for young people, and we want to go beyond the delivery of clinical interventions, looking into prevention and promotion of mental health and psychological well-being.

In the social sector, the aim is to align and integrate the results of the project with the existing LEPS Essential Level of social services /Livelli Essenziali di Prestazione Sociale), which are currently being implemented, as well as to strengthen actions in the field of support to minors. Still, here too, it is important to go beyond the treatment of critical cases, looking into psychosocial support. In addition, the different sectors are not integrated with each other, which is the reason for this exercise in the first place.

## **3. Desk review vs initial assessment**

It will be important to distinguish between the desk review and the initial assessment that will inform the practical exercise in three districts. To make sure we do not overlook any existing documentation on current practices in the delivery and integration of mental health services in Italy, a desk review will focus on collecting all available evidence, while the assessment will build on the review to map the models for the delivery of services in the regions, identifying challenges and good practices.

The scope and content of these two exercises will be further refined and submitted to the Advisory Committee for improvement and endorsement. In the meanwhile, members of the Advisory Committee will share relevant information and documentation with the programme coordinator under recruitment.

## **4. Type of recommendations resulting from the exercise**

It was agreed that three types of recommendation will emerge from the exercise:

Recommendations aiming at improving marginally the integration of service delivery at local level. These recommendations will emerge from the analysis of positive outliers and good practices; they will require limited investments or building efficiencies. While the impact may be only marginal, they should be applicable in most regional contexts.

Recommendations aiming at informing structural changes in the way services are provided/integrated with greater impact. While these recommendations may look more aspirational in nature, there will be some contexts that will be able to adopt them, given budget availability and political momentum.

Recommendations aiming at leveraging existing opportunities in a strategic way, to maximize impact. These recommendations will be more transient, since they will be linked to current opportunities, but have the potential of great impact because they leverage significant resources available. Some examples of big initiatives that could be leveraged are: EU structural funding provided to seven regions, the European Child Guarantee, the efforts on access to social support and on delivery models for social integration.

## 8. Timeline

The timeline for the project is illustrated below. While this provides an initial estimate of the duration of different activities, it is to note that: the time allocated to the pilot is generous, to absorb any possible delays in the previous activities; the total duration of the project is 26 months; the relative duration of the activities may vary, and the Steering Committee will oversee its implementation and agree on possible adjustments.

	2023	2024												2025												2026
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
Activity	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Activity 1.1 - Project inception	☆																									
Activity 1.2 Desk Review																										
Activity 1.3 Multiregional Assessment																										
Output 1 Analysis of the state of play																										
Activity 2.1 - Pilot design																										
Activity 2.2 - Pilot implementation																										
Activity 2.3 Report with lessons learnt																										
Output 2 - Framework for a model for provision of MHPSS																										
Activity 3.1 Workshop with all HS levels																										
Activity 3.2 Guidance document																										
Output 3 - Capacity Building to implement the model																										
Activity 4.1 Draft Communication Outputs																										
Output 4 - Communication, consult. and dissem																										
Multi Country common activities																										
☆ Project Kick-off meeting																										
★ Project Closing event																										
👥 Common events																										



## 9. Quality assurance

UNICEF plays a key role in principal quality assurance, including in doing quality assurance visits during strategic moments, such as the collection of data in the supply and demand mapping. UNICEF will also work to ensure that potential challenges and shortfalls are identified quickly and acted on with a clear strategy to mitigate risks. Next level of the quality assurance stays with the members of the Project Steering Committee. The project Steering Committee will review documents, provide guidance, and work to ensure sustainability of the project.

**With regards to data protection and Privacy**, UNICEF remains strictly committed to coordinating and controlling the compliance of all activities with the General Data Protection Regulation, EU 2016/679 - “GDPR” on the protection of natural persons regarding the processing of personal data, that came into force on 25 May 2018.

## 10. Language

Coordination meetings and communications among the project team and Steering Committee will be carried out in English. Activities will be carried out in Italian (including 2.1. and 3.1) since Italian providers and experts from all levels will be the main interlocutors, developers, and beneficiaries of the content. Interpretation for the key meetings, up to 20 working days, will be arranged by UNICEF. DG REFORM will try whenever possible to provide support for interpretation (at least 8 weeks advance notice is necessary to use EC interpretation services). Written deliverables will be drafted by UNICEF in Italian, consultation versions will be machine-translated into English and final versions will be available in English and Italian.

## 11. Risk analysis and mitigation plan

The risk analysis will aim at answering the following questions:

- Which events could negatively affect the service?
- How likely is it the risk will negatively affect the service?
- What impact would the risk have?
- How strong would this impact be?

Upon identification of a certain risk, it will be evaluated in terms of its likelihood (what is the probability that the risk will occur?) and potential impact (should it occur, what will be the severity of the risk’s impact?). Evaluation will be carried out based on a 5 point scale.

All identified risks will be added to the Risk Log, namely a central repository for all risks identified throughout the project. For each risk, the Log includes information such as risk likelihood, impact, level, risk response strategies, and an account of the team members tasked with the responsibility of dealing with the risk, including:

RISK	Activity	Likelihood	Impact	Mitigation measure
Limited availability of data sources	A 1.2	Low	Medium	Structured approach to literature review with clearly defined criteria for the selection of the relevant sources.
Limited feedback from the survey	A 1.3	Low	High	Ensuring the correct identification of the target group of respondents and accurate dissemination strategy, with clear explanation on project objectives to promote involvement. Reminders

				and follow-ups will help ensure an appropriate level of response.
The identified Best Practices are not adapted for the context in which they will be applied and implemented	A 2.1	Medium	High	success factors and transferability requirements will be thoroughly analyzed and discussed, also with the guidance of the Advisory Board.
Lack of buy in from and subnational authorities to adopt the framework and proposals.	A 2.2	Low	High	Ensuring high-level and wide range of stakeholder engagement in process to ensure buy-in for the products developed and to ensure work is aligned to sub-national contexts and policies.
Lack of shared understanding of the project	All	Medium	High	Clarify project objectives, roles and responsibilities. Keep all teams informed on project's progress through regular alignment meetings.
Lack of availability of key project participants	All	Medium	Low	Detailed project and meeting plans will be agreed in advance to secure the availability of project participants. Regular and fixed meetings/ conference calls will be scheduled.
Discouragement to travel (due, for instance, by competent authorities' decision at national/EU level)	All	Low	High	We will ensure that all meetings and events can be hosted online.
Untimely feedback from key stakeholders	All	Medium	Medium	A variety of data collection methods are envisaged in the project methodology – ranging from desk-based research to targeted surveys or focus groups. This will allow to consistently collect feedback from stakeholders throughout the entire project.

## Attachments

1. Minutes of the first Steering Committee Meeting
2. ToR of the Project Steering Committee
3. ToR of the Advisory Committee



## Annex 1 – Minutes of the first Project Steering Committee Meeting

### Project Steering Committee Meeting

Rome, 26 January 2024

#### Participants

DG REFORM: Emilie Rosier

United Nations Children's Fund - UNICEF: Ivan Mai, Francesca Lazzaroni, Gabriele Fontana  
Progetto Mattone Internazionale – ProMis : Lisa Leonardini, Giovanni Vigano', Paola Semisa  
Ministry of Health - MoH : Daniela Plescia, Giovanni Nicoletti, Giuseppe Salamina, Chiara Cicarelli, Cristina Tamburini

Ministry of Labour and Social Policy - MoL : Boscato Stefana, Cavanelli Cristina, Carla Antonucci

Istituto Superiore di Sanità ISS : Maria Luisa Scattoni, Francesca Fulceri

#### Kick Off Presentation

Gabriele Fontana presented the process and key activities described in the concept note, and opened the floor for discussion. (Slides shared)

#### Discussion

##### 1. Additions to the Advisory Committee

The following suggestions were provided and endorsed, to ensure that the Advisory Committee includes all relevant expertise and stakeholders (in addition to DG Reform, UNICEF, ProMis, MoH, MoL, ISS and YAB):

Interregional Technical Group on Mental Health: representatives from Emilia Romagna and Friuli

ANCI - Associazione Nazionale Comuni Italiani

Ufficio del Garante per l'infanzia e l'adolescenza

Ministero dell'Istruzione e del Merito (equivalent to Ministry of Education, MoE) (with official invitation from the other two ministries)

UNASAM - Unione Nazionale delle Associazioni per la Salute Mentale (Association of Users and Families)

SINPIA Società Italiana di Neuropsichiatria dell'Infanzia e dell'Adolescenza and AIP- Associazione Italiana Psicologi.

It was communicated that the MoH will not be able to provide official representatives until the current reorganization is completed. Still, the current participants will provide support for the time being and ensure continuity in case of any future changes.

##### 2. Identification of success factors and minimum requirements

Given the heterogeneity of Italian regional models, it was agreed that rather than identifying one successful model to replicate in different contexts, the project intervention (Output 2) will aim to identify success factors for a good integration of mental health (MH) services for young people, that can be applied to different existing models.

When success factors are identified, it will be important to also define what are the minimum requirements already present in the different delivery platforms that we aim to integrate. In fact, in some contexts mental health services provided in different sectors are weak to a point that integrating them would not be meaningful nor possible.

It will then be important to choose for the pilot regions that can invest in integration of MH services, and it will be wise to link the resulting recommendations to upcoming



initiatives and existing institutional opportunities. For instance, recommendations could contribute to the development of National Plan Health and Quality (until 2029). Conversely, some recommendations should be applicable in different contexts and support also weaker settings.

### **3. Reflect further on service integration**

In the inception phase, it will be important to better define “integrated services”, to avoid any confusion and define the scope of this exercise further.

The provision of services in the health sector is ruled by the Essential Assistance Levels (Livelli Essenziali di Assistenza, LEA), but there is a gap in the delivery of services for young people, and we want to go beyond the delivery of clinical interventions, looking into prevention and promotion of mental health and psychological well-being.

In the social sector, integration may be happening a bit more, as it is the case for migrants and refugee children. Still, here too, it is important to go beyond the treatment of critical cases, looking into psychosocial support. In addition, the different sectors are not integrated, which is the reason for this exercise in the first place.

Points for consideration that were discussed: Importance of a streamline approach, using the same terminology; Continuity in terms of human resources: some municipalities have invested in a team of people for the long term; Gap regarding a health budgeting model (there is no such model specifically for youth)

### **4. Desk review vs initial assessment**

It will be important to distinguish between the desk review and the initial assessment that will inform the practical exercise in three districts. To make sure we do not overlook any existing documentation on current practices in the delivery and integration of mental health services in Italy, a desk review will focus on collecting all available evidence, while the assessment will build on the review to map the models for the delivery of services in the regions, identifying challenges and good practices.

The scope and content of these two exercises will be further refined and submitted to the Advisory Committee for improvement. In the meanwhile, members of the Advisory Committee will share relevant information and documentation with the programme coordinator under recruitment.

### **5. Type of recommendations resulting from the exercise**

It was agreed that three type of recommendation will emerge from the exercise:

1. Recommendations aiming at improving marginally the integration of service delivery at local level. These recommendations will emerge from the analysis of positive outliers and good practices, they will require limited investments or building efficiencies. While the impact may be only marginal, they should be applicable in most regional contexts.
2. Recommendations aiming at informing structural changes in the way services are provided/integrated with greater impact. While these recommendations may look more aspirational in nature, there will be some contexts that will be able to adopt them, given budget availability and political momentum.
3. Recommendations aiming at leveraging existing opportunities in a strategic way, to maximize impact. These recommendations will be more transient, since they will be linked to current opportunities, but have the potential of great impact because they leverage significant resources available. Some examples of big initiatives that could be leveraged are: the EU structural funding provided to seven regions, the European Child Guarantee, the efforts on access to social support and on delivery models for social integration.

Further points for consideration that were discussed: recommendations should include sustainability for the implementation; they could be formulated for the short and long term.

**Agreed actions and way forward**

- UNICEF will recruit the project coordinator, to be based in Rome (ongoing)
- All: to proceed with invitation of additional members of the Advisory Committee
- MoH: to inform when official nominations will be possible
- MoH and MoL: to explore participation of MoE
- UNICEF to share revised ToRs for Advisory Committee and Steering Committee for further improvement and finalization (done)
- UNICEF to share these minutes of the preparatory meeting
- UNICEF to share the inception report that will entail all elements as agreed in the Description of the Action
- UNICEF to share the ToR for the external consultant that will run the assessment phase with PSC
- UNICEF to call the next PSC meeting to follow-up on the previous points and agreements discussed during the kick off meeting on week of the 4<sup>th</sup> of March.

## Annex 2 - TOR for the Project Steering Committee

### Project Steering Committee (PSC) -Scope of work and responsibilities-

#### 1. Project overview

The Italian government is launching a project to address mental health and psychosocial support needs of children and adolescents in Italy, with a special attention to the most vulnerable groups (10-19 years old). The project aims to develop better integration of health, education and social services in the delivery of quality mental health and psychosocial support to children and youth, as well as to promote young people's participation in awareness raising and decision making on matters concerning their wellbeing.

The European Commission is supporting four EU Member States in the context of a multi-country technical support project which aims at improving the provision of mental health, wellbeing and psychosocial support to children and adolescents. The project will be implemented in Italy, together with Spain, (concretely in Andalusia) Cyprus and Slovenia.

Regarding the Italian context, this project is funded by the European Union via the Technical Support Instrument and implementation is supported by UNICEF - Europe and Central Asia Regional Office (ECARO) in cooperation with the European Commission - Directorate-General for Structural Reform Support (DG REFORM).

The beneficiary authorities are the Italian Ministry of Health, the Italian Ministry of Labour and Social Policies and ProMIS Programma Mattone Internazionale Salute.

More specifically, the Project aims to support the above authorities to:

- Assess the adequacy and effectiveness of the current status of the systems, services and mechanisms, including at local and regional level, to address mental health and psychosocial support needs of children and adolescents in Italy (10-19 years old) and formulate recommendations for a more integrated and participatory system.
- Define a cross-sectorial framework for developing and implementing an integrated model at national and subnational level to support children and adolescents' mental health and psychosocial wellbeing.
- Build capacity of national, regional and local stakeholders to implement the defined integrated model for mental health and psychosocial support provision in close cooperation with youth and children.
- Raise awareness among national, regional and local authorities, stakeholders and general public on the importance of mental health and psychosocial support for children, adolescents and young people and share knowledge, evidence and guidance for improved provision of mental health and psycho-social support services.

A team of national and international consultants is being deployed by UNICEF to carry out the project activities contributing to achieving these results.

**Time frame:** The project activities began in December 2023 and are planned to continue until the end of February 2026, for a total of 26 months.

#### 2. Project Steering Committee (PSC)

The PSC is established as part of the project implemented in cooperation with the beneficiary authorities of Italy and DG REFORM.

**Membership:** The PSC is composed of representatives from UNICEF, DG REFORM, and the beneficiary authorities. Each party will appoint focal points for the PSC. These focal points will be tasked to coordinate within their organizations/institutions.

**Objectives of the PSC:** The PSC is the decision-making and final validation body of the project. It oversees all planned activities, ensuring effective coordination and engagement.

**Specific objectives:**

- Oversee the project's progress and ensure that it aligns with the project's objectives.
- Review and approve project deliverables.
- Facilitate coordination and communication among project stakeholders.
- Resolve any issues that may arise during the project implementation.

The PSC will review and approve the following key deliverables of the project, as per the Description of the Action:

- An assessment report of the state of play of all the existing evidence barriers and enablers to on MHPSS service integration on national and local level to reach children and adolescents in Italy (10-19 years old) with direct involvement of the Youth Advisory Board.
- Proposal of a framework for the development and implementation of a model for MHPSS provision for the target group based on a pilot implementation in three health and social districts from three different regions in Italy.
- Capacity building activities to implement the proposed model.
- Awareness raising strategies on the importance to address mental health and psychological wellbeing of children and young people and dissemination of lessons learnt and best practices.
- Project related communication materials and products.

**Feedback and review:** UNICEF will communicate the draft outputs to the PSC for review according to the project workplan. PSC members may provide comments on draft outputs within *15 working days from transmission*, for UNICEF's consideration. Feedback may also be provided in the framework of the PSC meetings, where UNICEF may present preliminary findings and drafts to ensure timely feedback and discussion of the most relevant issues.

**Meetings:** The PSC will meet every month starting 26 January 2024. Meetings can be held face to face, remotely, or in hybrid mode, depending on the needs and opportunities. The meetings could have a maximum duration of 2 hours. Due to interpretation requirements, changing in the timing of the established meetings shall remain exceptional.

The Secretariat of the PSC will be led by the Project Team Lead from UNICEF with the mandate to provide support to the PSC's activities and meetings. It will facilitate coordination and communication among members of the core project team and the PSC, ensuring that their actions align with the decisions made by the PSC.

A preliminary agenda shall reach all members at least five (5) working days before the scheduled date for the meeting. Meeting minutes will be taken in English for the purpose of the project records and key action points will be machine-translated into Italian. Minutes will be shared within ten (10) working days after the meeting has taken place.

**Language:** The working language of the PSC will be English. If needed, Italian interpretation will be provided as per contractual agreement.

**Membership:**

DG REFORM focal points:

1. Emilie Rosier
2. Oana Dumitrescu

Key responsibilities of DG REFORM include:

- Ensure that project activities align with the strategic goals and priorities of DG REFORM and that the project contributes to broader initiatives within the European Commission.
- Provide technical expertise from DG REFORM's perspective on matters related to structural reform support, particularly in the context of mental health and psychosocial support for children and young people.
- Participate actively in the review and approval process of project deliverables, offering insights and recommendations based on the expertise of DG REFORM.
- Communicate relevant information and updates from DG REFORM to the PSC and facilitate dialogue between DG REFORM and other PSC members.

Leading Ministry of Health focal points:

1. Giovanni Nicoletti
2. Cristina Tamburini
3. Giuseppe Salamina

Ministry of Labour and Social Policy focal points:

1. Carla Antonucci
2. Stefania Boscato
3. Cristina Calvanelli

ProMIS focal points:

1. Lisa Leonardini
2. Giovanni Viganò
3. Fabio Abbrescia
4. Sandita Florea
5. Paola Semisa

Italian National Institute of Health focal points:

1. Gemma Calamandrei
2. Maria Luisa Scattoni
2. Francesca Fulceri

Key responsibilities of beneficiaries include:

- Actively contribute to the execution of project activities ensuring alignment with national objectives and priorities.
- Collaborate closely with the project team to facilitate seamless coordination and communication among relevant stakeholders, both within their ministry and externally.
- Serve as a liaison between the project team and government counterparts, representing the project's interests and providing updates on progress, challenges, and achievements to ensure alignment with broader governmental strategies.
- Establish and maintain an effective feedback mechanism within their ministry collecting input and insights from relevant actors including the Youth Advisory Board to inform project decision-making and enhance the quality of project deliverables.
- Provide timely reports to the PSC on the progress and challenges faced in the implementation of project activities within their ministry, contributing valuable insights to the decision-making process.

UNICEF focal points:

1. Gabriele Fontana
2. Nicola Dell' Arciprete
3. Francesca Lazzaroni
4. Ivan Mei
5. Paolina Marone

Key responsibilities of UNICEF include:

- Serve as the primary liaison between UNICEF and the PSC, ensuring that project activities align with the agreed-upon work plan and objectives.
- Communicate project updates, progress reports, and any relevant information to the PSC in a timely and transparent manner.
- Submit all project deliverables, including draft outputs and reports, to the PSC for review and approval within the specified timelines.
- Coordinate and facilitate PSC meetings, including preparing the preliminary agenda, ensuring timely distribution to members, and organizing necessary logistics for both face-to-face and virtual meetings.
- Collect feedback received from PSC members on project deliverables, ensuring that UNICEF considers and addresses comments during the drafting process.



## Annex 3 - TOR for the Project Advisory Committee

### Project Advisory Committee (PAC)

#### Scope of work and responsibilities

##### 1. Project overview

The Italian government is launching a project to address mental health and psychosocial support needs of children and adolescents in Italy, with a special attention to the most vulnerable groups (10-19 years old). The project aims to develop better integration of health, education and social services in the delivery of quality mental health and psychosocial support to children and youth, as well as to promote young people's participation in awareness raising and decision making on matters concerning their wellbeing.

The European Commission is supporting four EU Member States in the context of a multi-country technical support project which aims at improving the provision of mental health, wellbeing and psycho-social support to children and adolescents. The project will be implemented in Italy, together with Spain, (concretely in Andalusia) Cyprus and Slovenia.

Regarding the Italian context, this project is funded by the European Union via the Technical Support Instrument and implementation is supported by UNICEF - Europe and Central Asia Regional Office (ECARO) in cooperation with the European Commission - Directorate-General for Structural Reform Support (DG REFORM).

The beneficiary authorities are the Italian Ministry of Health, the Italian Ministry of Labour and Social Policies and ProMIS Programma Mattone Internazionale Salute.

More specifically, the Project aims to support the above-mentioned authorities to:

- Assess the adequacy and effectiveness of the current status of the systems, services and mechanisms, including at local and regional level, to address mental health and psychosocial support needs of children and adolescents in Italy (10-19 years old) and formulate recommendations for a more integrated and participatory system.
- Define a cross-sectorial framework for developing and implementing an integrated model at national and subnational level to support children and adolescents' mental health and psychosocial wellbeing.
- Build capacity of national, regional and local stakeholders to implement the defined integrated model for mental health and psychosocial support provision in close cooperation with youth and children.
- Raise awareness among national, regional and local authorities, stakeholders and general public on the importance of mental health and psychosocial support for children, adolescents and young people and share knowledge, evidence and guidance for improved provision of mental health and psycho-social support services.

**Time frame:** The project activities began in December 2023 and are planned to continue until the end of February 2026, for a total of 26 months.

##### 2. Scope of work and responsibilities of the Advisory Committee

The Italian Ministry of Health, the Italian Ministry of Labour and Social Policies and ProMIS Programma Mattone Internazionale Salute are convening a Project Advisory Committee (PAC) for this project to serve as a consultative body and to foster ownership in a participatory manner among key stakeholders in Italy on the proposed activities and subsequent outputs of the project. The PAC has an overall guiding and consultative function based on the jointly and approved TOR under the leadership of the Steering Committee.

The role of the PAC is to provide technical guidance on the main project activities to the implementing team and to contribute to the main project outputs. The PAC will also

reinforce the involvement of regional and local actors in the project, a process that will be facilitated by the Chair.

**PAC members** are representatives of the main institutions and stakeholders as well as professionals or experts across sectors in the field of mental health and wellbeing of children and young people.

**The PAC will meet at least 6 times** (and on a need basis) during the lifetime of the project to oversee the main stages of development of the project. As and when needed, ad-hoc meetings or consultations with members may occur. The meetings may be held online or in-person. Estimated duration of the meetings is 2 hours.

#### Meeting 1: Q1 2024

To review the plan of activities and related timelines and methodology and ensure the engagement of key stakeholders in the assessment. Any Other Business (AOB)

#### Meeting 2: Q3 2024

To review the progress of the desk review and multiregional assessment, including the recommendations for enhanced cross-sectoral collaboration and youth participation.

AOB

#### Meeting 3: Q4 2024

To review the pilot design, including the outcomes from the consultations with experts and practitioners to identify good practices, success factors and transferability requirements to be tested in three Health and Social Districts. AOB

#### Meeting 4: Q2 2025

To review the progress of the pilot implementation and the report on lesson learnt on the testing of good practices in three Health and Social Districts. AOB

#### Meeting 5: Q3 2025

To review the progress of the guidance document as outcome of the workshops, including recommendations to improve integration of MHPSS for sub-national and national authorities and service providers. AOB

#### Meeting 6: Q4 2025

Final meeting to capture the lessons learnt across the whole project implementation. AOB

**Papers for review will be circulated** ahead of each PAC meeting at least 7 working days and presented at the meeting by the project team. PAC members will be invited to comment on the relevant documents at each meeting or, if they are unable to attend the meetings, to provide comments and feedback in writing (no later than 10 working days after the meeting). Minutes of the meeting will be shared within 10 working days following the meeting.

The project team may additionally consult with smaller groups or individually with PAC members as needed to collect feedback.

**A project final meeting** will be held at the end of the project, to present the final outputs and to which the AG members will also be invited.

### **3. Composition**

Chair: Programma Mattone Internazionale Salute - ProMIS

#### Members:

- Ministry of Health – Giuseppe Salamina, Cristina Tamburini, Giovanni Nicoletti
- Ministry of Labour and Social policies - Boscato Stefania, Calvanelli Cristina, Carla Antonucci
- ProMIS - Programma Mattone internazionale Salute – Lisa Leonardini, Paola Semisa, Giovanni Viganò, Fabio Abbrescia, Sandita Florea
- DG REFORM – Emilie Rosier, Oana Dumitrescu

- UNICEF – Gabriele Fontana, Ivan Mei, Maddalena Grechi and Elisa Grifantini, Francesca Lazzaroni, Paolina Marone
- National Institution of Public Health (Istituto Superiore di Sanità) – Maria Luisa Scattoni, Francesca Fulceri, Gemma Calamandrei, Francesca Cirulli
- Ministry of Education and Merit
- Youth Advisory Board (YAB) – Francesco Bonatesta, Martina Tundo
- ANCI – National Association of Italian Municipalities
- Inter-Regional Technical Group on Mental Health (Regione Emilia Romagna and Regione Friuli Venezia Giulia)
- Ufficio del Garante per infanzia e l'adolescenza Irene Archillett (tbc)
- UNSAM (Association of Users and their Families) – UNASAM - Unione Nazionale delle Associazioni per la Salute Mentale - Presidente Gisella Trincas
- Società Italiana di Neuropsichiatria dell'Infanzia (SINPIA)
- Consiglio Nazionale Ordine degli Psicologi – David Lazzari
- Consiglio Nazionale Ordine degli Assistenti Sociali – Barbara Rosina

Membership to the Project Advisory Committee (PAC) is granted by the Project Steering Committee, which is comprised of representatives from the Italian Ministry of Health, the Italian Ministry of Labour and Social Policies and ProMIS Programma Mattone Internazionale Salute, DG REFORM and UNICEF.