



Mind the Child: Together for Every Child's Mental Wellbeing



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Odjel za obrazovanje

NARRATIVE REPORT PHASE I
(1 July – 31 December 2025)



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1. Context and Rationale

The mental health and psychosocial well-being of children and adolescents are shaped by a complex interaction of the systems that surround them – family, education, health and social protection systems, and the wider community. Drawing on Bronfenbrenner's ecological systems theory, the child is placed at the centre of this network of relationships, whereby effective child protection in the context of mental health and psychosocial support (MHPSS) requires coordinated, multisectoral and trauma-sensitive responses focused on emotional safety, resilience and long-term well-being.

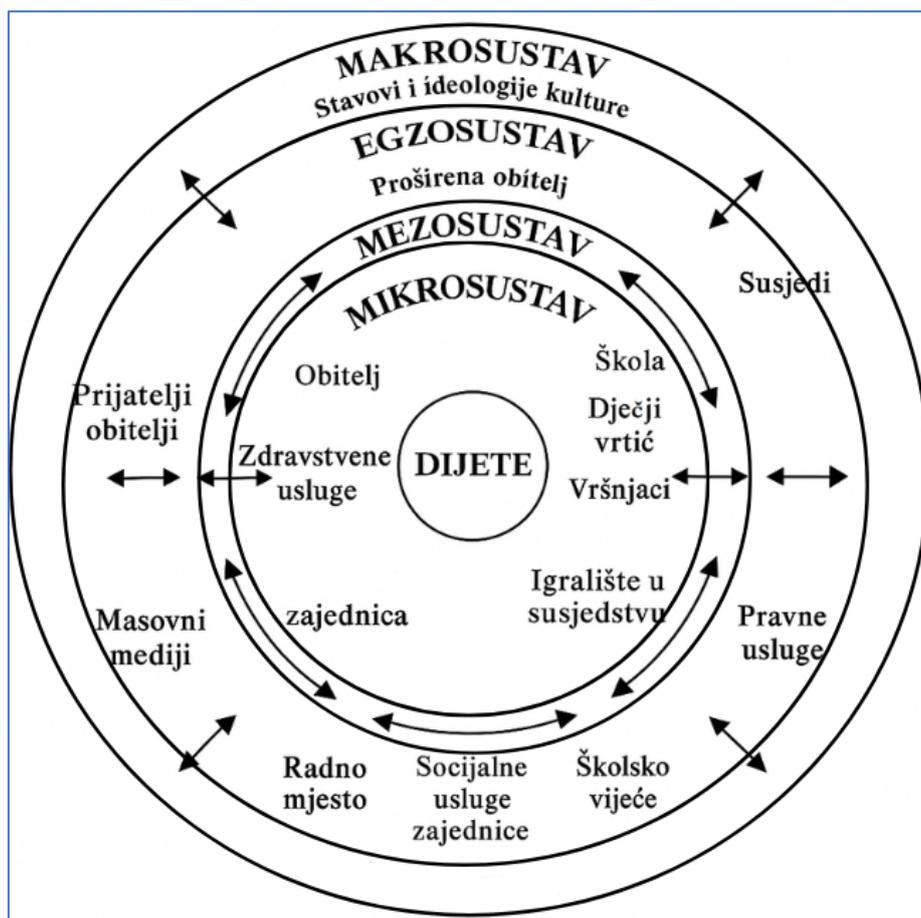


Figure 1. Bronfenbrenner's Ecological Systems Theory

In Bosnia and Herzegovina, child protection and MHPSS systems continue to face challenges related to fragmentation, limited intersectoral coordination and insufficiently harmonised operational frameworks. These challenges hinder professionals' ability to provide consistent and timely responses, particularly when working with children and young people exposed to increased risks, including violence, neglect, social exclusion and crisis situations. Additional pressure on existing systems was observed following the COVID-19 pandemic, which led to a significant increase in the need for mental health and psychosocial support among children and adolescents.

Experiences from emergency situations, including the floods in Jablanica and Konjic in 2024, have highlighted that sudden-onset crises can have an immediate and profound impact on children's psychosocial well-being. These contexts further emphasise the importance of systematically integrating disaster risk reduction (DRR) and emergency preparedness into child protection and MHPSS policies and practices, as an integral part of institutional responses.

In partnership with UNICEF and with the support of relevant line ministries in Bosnia and Herzegovina, previous initiatives implemented by BHIDAPA – including Virtual Crisis Interventions, Here and Now: Interdisciplinary Networks of Professionals, and Care for Adolescent Girls – have confirmed the value of interdisciplinary and collaborative approaches to child protection within the MHPSS context. These initiatives contributed to the development of shared ethical and terminological standards and highlighted the need for continuous capacity strengthening of professionals, as well as for meaningful involvement of children and young people in processes that directly affect them. Research conducted within these programmes (Badurina & Hadžić, 2022) further indicated an increase in insecure attachment patterns among children, associated with early trauma and institutional gaps, underscoring the importance of early intervention and relationship- and trust-based practices.

This project builds on the results and methodologies developed within the UNICEF-supported initiative “Breaking Barriers: Protecting Adolescent Girls” (2023–2024), implemented in partnership with UNICEF Bosnia and Herzegovina and relevant ministries. The initiative engaged more than 300 professionals and 60 adolescents in structured consultations on MHPSS and child protection, resulting in the development of interdisciplinary training modules and supervision models. Phase I of the present project draws on these experiences and expands their thematic and institutional scope, including additional professional sectors and a broader age range of children and young people.

The implementation of Phase I of the project (1 July – 31 December 2025) focused on researching and defining a shared concept of child protection within the MHPSS context, through mapping existing practices, professional experiences and the voices of children and young people. Beyond the initially planned scope, the research process ultimately included a total of 462 valid participants (182 children and young people and 280 professionals), thereby strengthening the representativeness and reliability of the findings and providing a robust empirical basis for identifying key challenges and needs within the child protection system.

The final period of Phase I was marked by an inter-phase, during which the research findings were systematised, synthesised and validated through the development and publication of a dedicated publication and the organisation of a national multisectoral conference entitled “Mind the Child”. This inter-phase played a crucial role in translating empirical findings into shared messages and recommendations, and in linking research with practice and future policies, in line with UNICEF MHPSS standards and the principles of do no harm, child and youth participation, and intersectoral collaboration.

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1.1. Project Phases

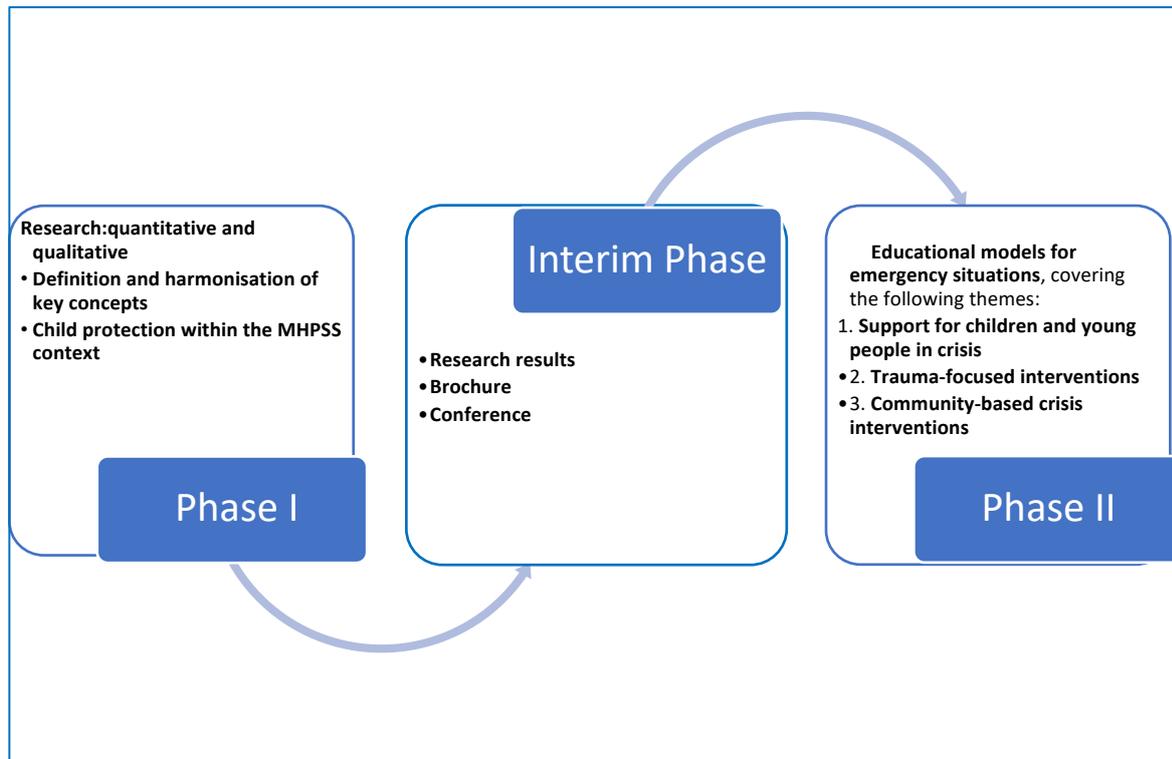


Figure 2. Project Phases

The project “Mind the Child – Together for Every Child’s Mental Wellbeing” is structured into two main project phases, with an intermediate phase serving as a connecting and validation mechanism between research findings and future capacity-building interventions.

1.1.1. Project Phase I – Research and Definition of a Shared Child Protection Concept within the MHPSS Context

Project Phase I encompassed preparatory and research activities aimed at establishing a shared, multisectoral understanding of child protection within the mental health and psychosocial support (MHPSS) framework.

At the outset of Phase I, relevant ministries in the Federation of Bosnia and Herzegovina, Republika Srpska and Brčko District were formally informed about the project, and the necessary approvals for its implementation were obtained. In parallel, research instruments were developed, including quantitative questionnaires and focus group discussion guides, tailored for professionals from the education, health and social protection sectors, as well as for children and young people across Bosnia and Herzegovina.

A particular focus of Phase I was placed on defining and harmonising key concepts relevant to child protection in the MHPSS context, in line with UNICEF strategic priorities emphasising coordinated, multisectoral approaches to working with children and families.

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Research activities under Phase I were conducted between July and October 2025, using a combination of qualitative and quantitative methods. A total of 466 questionnaires were collected, of which 462 were valid (182 children and young people and 280 professionals), providing a strong empirical basis for analysing needs, challenges and existing practices within the child protection system in Bosnia and Herzegovina.

1.1.1.1. *Intermediate Phase – Validation and Translation of Findings into Joint Recommendations*

Based on the findings of Phase I, an intermediate phase was implemented as an integral component of Phase I, playing a crucial role in translating research results into usable, jointly understood and system-relevant outputs.

The intermediate phase focused on:

- validation of findings through expert and participatory dialogue;
- synthesis of results into formats applicable for practice, training and decision-making;
- establishment of a shared understanding of child protection within the MHPSS framework, as a foundation for future education and systemic recommendations.

Key activities of the intermediate phase included:

- structuring research findings into thematic areas relevant to practice and policy;
- development and publication of a brochure integrating the voices of children, young people and professionals, highlighting identified challenges and recommendations;
- organisation and implementation of a national multisectoral conference “Mind the Child”;
- facilitation of multisectoral dialogue among institutional representatives, professionals, civil society organisations and young people;
- collection of participant feedback to further refine recommendations and future training modules.

A) The Conference as a Key Validation Mechanism

The national conference “Mind the Child”, held on 18 December 2025 in Sarajevo, brought together 83 participants from across Bosnia and Herzegovina, representing the health, education, social welfare and child protection sectors.

The conference served as the central validation mechanism for Phase I findings and as a platform for multisectoral dialogue. It enabled joint reflection on research results and their translation into practice-oriented recommendations, with active participation from institutions, professionals, civil society organisations and young people. In this way, the conference contributed to establishing a shared understanding of child protection within the MHPSS context and linking research findings to subsequent project steps.

Discussions during the conference confirmed the relevance of the identified challenges and highlighted the need for:

- strengthening multisectoral cooperation;
- clearer definition of roles and procedures in work with children at risk;
- a systemic approach to mental health and psychosocial support for children, young people and professionals.

The intermediate phase thus represents a critical bridge between research (Phase I) and future system capacity strengthening (Phase II), ensuring that subsequent project steps are empirically grounded, contextually relevant and aligned with the real needs of the child protection system in Bosnia and Herzegovina.

To further illustrate the scope, quality and participatory nature of the activities implemented during Phase I, the following section presents visual documentation from the national conference and the public presentation of the research results.



Supported by **Figure 2. Geographic distribution of participants and professional profiles**



Photograph: Conference "Mind the Child", Sarajevo, 18 December 2025 (BHIDAPA archive)



Photograph: Conference "Mind the Child", Sarajevo, 18 December 2025 (Source: BHIDAPA archive)



1.1.2. Project Phase II

The second phase of the project, planned for 2026, will focus on strengthening system capacities and competencies for responding to emergency and crisis situations. Phase II will include the development and implementation of educational modules on support for children and young people in crisis, trauma-informed interventions, and community-based crisis response.

These activities are closely aligned with the objectives of the Joint Swiss–UN Programme “Disaster Risk Reduction for Sustainable Development in Bosnia and Herzegovina”, as well as with relevant national Disaster Risk Reduction (DRR) priorities. The focus of Phase II will be on strengthening the capacities of institutions and frontline professionals, with the aim of ensuring timely, coordinated and child-centred responses before, during and after crisis situations.

The project components also support national efforts to ensure that every child grows up in a safe family environment by strengthening the skills and capacities of child-protection professionals. In line with the IPA 2020 programme and the Roadmap for the Deinstitutionalisation of Children 2023–2030, the project further promotes trauma-informed and inclusive practices. Through targeted trainings and intersectoral collaboration, the project consolidates the shift towards child- and family-centred care.

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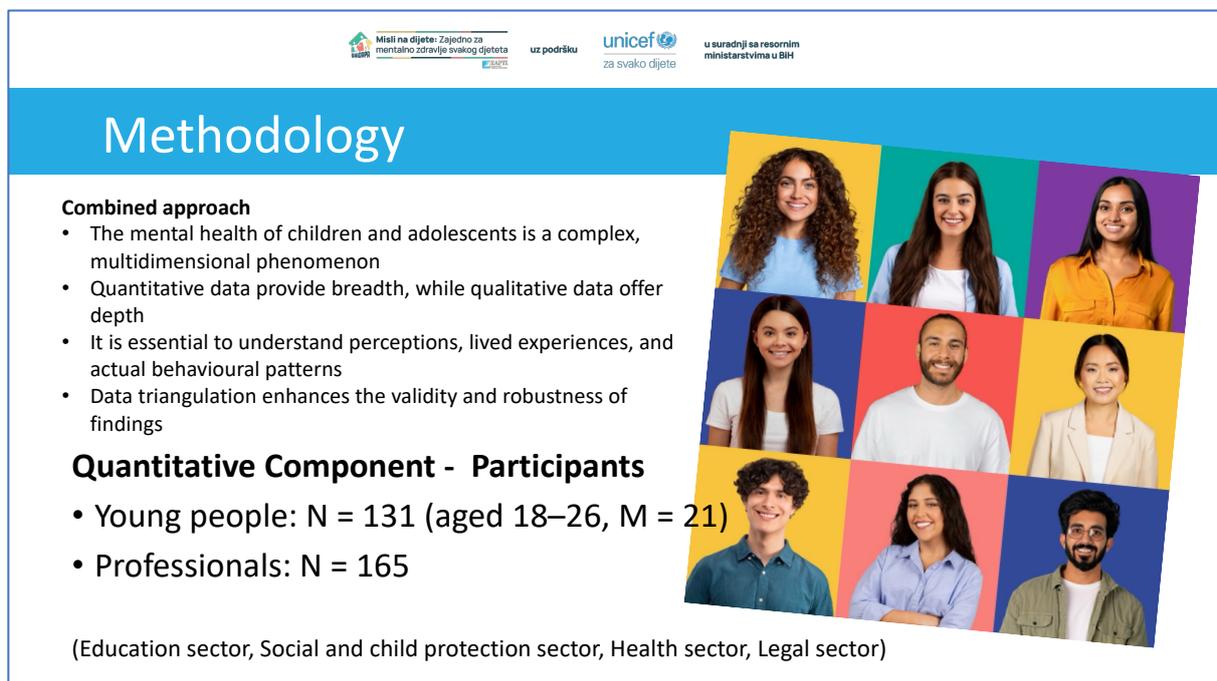
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2. Methodology – Phase I

Phase I of the project “Mind the Child” (July–December 2025) was based on a mixed-methods research design, combining qualitative and quantitative approaches in order to obtain a comprehensive understanding of existing practices, challenges and needs related to child protection in the context of mental health and psychosocial support (MHPSS) in Bosnia and Herzegovina.

This approach enabled the collection of in-depth insights through the experiences of children, young people and professionals, alongside a broader quantitative overview generated through structured questionnaires.



Methodology

Combined approach

- The mental health of children and adolescents is a complex, multidimensional phenomenon
- Quantitative data provide breadth, while qualitative data offer depth
- It is essential to understand perceptions, lived experiences, and actual behavioural patterns
- Data triangulation enhances the validity and robustness of findings

Quantitative Component - Participants

- Young people: N = 131 (aged 18–26, M = 21)
- Professionals: N = 165

(Education sector, Social and child protection sector, Health sector, Legal sector)

uz podršku unicef za svako dijete u suradnji sa resornim ministarstvima u BiH

Figure 3. Research methodology

2.1. Research design

The research was conducted using a mixed-methods approach, which included:

1. Qualitative research through focus group discussions (FGDs) with professionals and young people;
2. Quantitative research through online questionnaires administered to the same target groups.

This design enabled data triangulation, enhancing the reliability and validity of findings and ensuring that the results reflect both the depth of lived experiences and the breadth of systemic patterns.

2.2. Sample

The research sample included two key target groups:

- Professionals from the health, education and social protection sectors, including staff employed in public institutions and related services;
- Young people aged 18–25, including university students in Bosnia and Herzegovina and abroad.

The total number of participants was 462 (after excluding four invalid questionnaires), including:

- 280 professionals,
- 182 young people.

The qualitative component included:

- 115 professionals, and
- 51 young people.

The sample ensured geographical representation across Bosnia and Herzegovina (Federation of BiH, Republika Srpska and Brčko District), as well as diversity in professional roles and educational contexts of young participants.

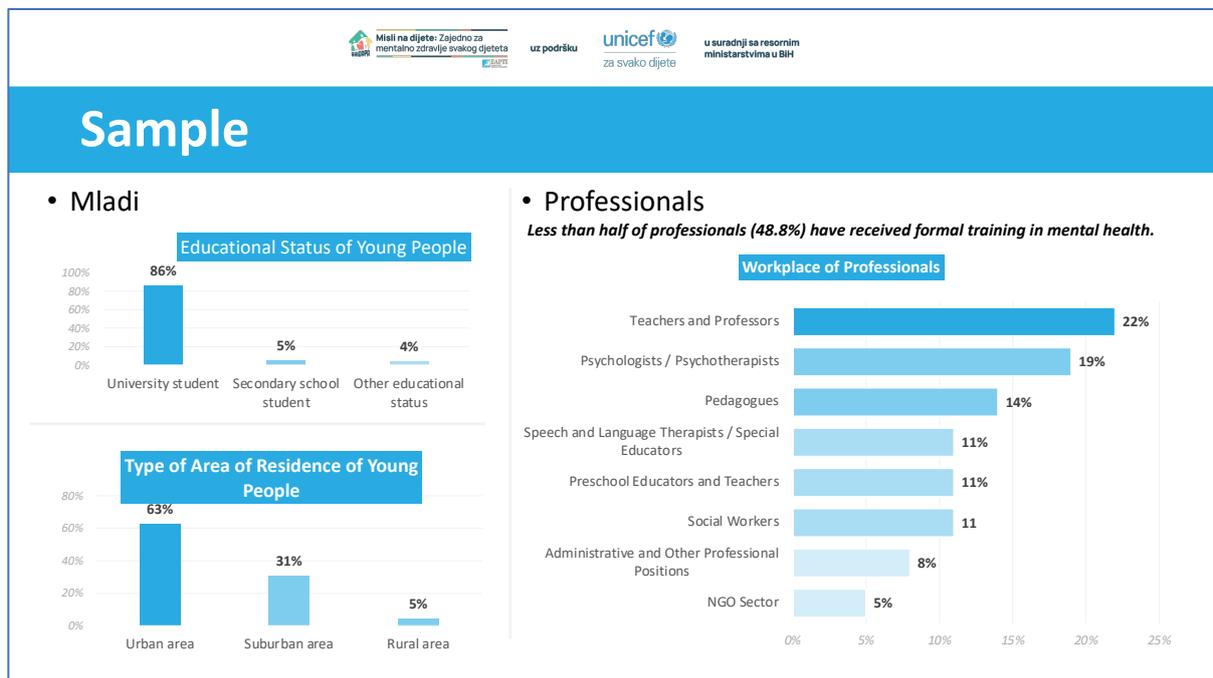


Figure 4. Research sample

2.3. Purpose of the research

The objective of the research was to provide a comprehensive and integrated insight into the mental health of children and young people in Bosnia and Herzegovina, as well as into the capacities of existing systems to deliver psychological and psychosocial support (MHPSS).

The research focused on understanding the experiences, needs and coping patterns of children and young people, alongside an assessment of the attitudes, competencies and challenges faced by professionals working in the education, health, social and child protection systems.

By combining quantitative and qualitative data, the research aimed to identify key risks, barriers and protective factors affecting child and youth mental health, and to compare identified needs with existing institutional and sectoral capacities, thereby providing an evidence base for strengthening the MHPSS system in line with the best interests of the child and a rights-based approach.

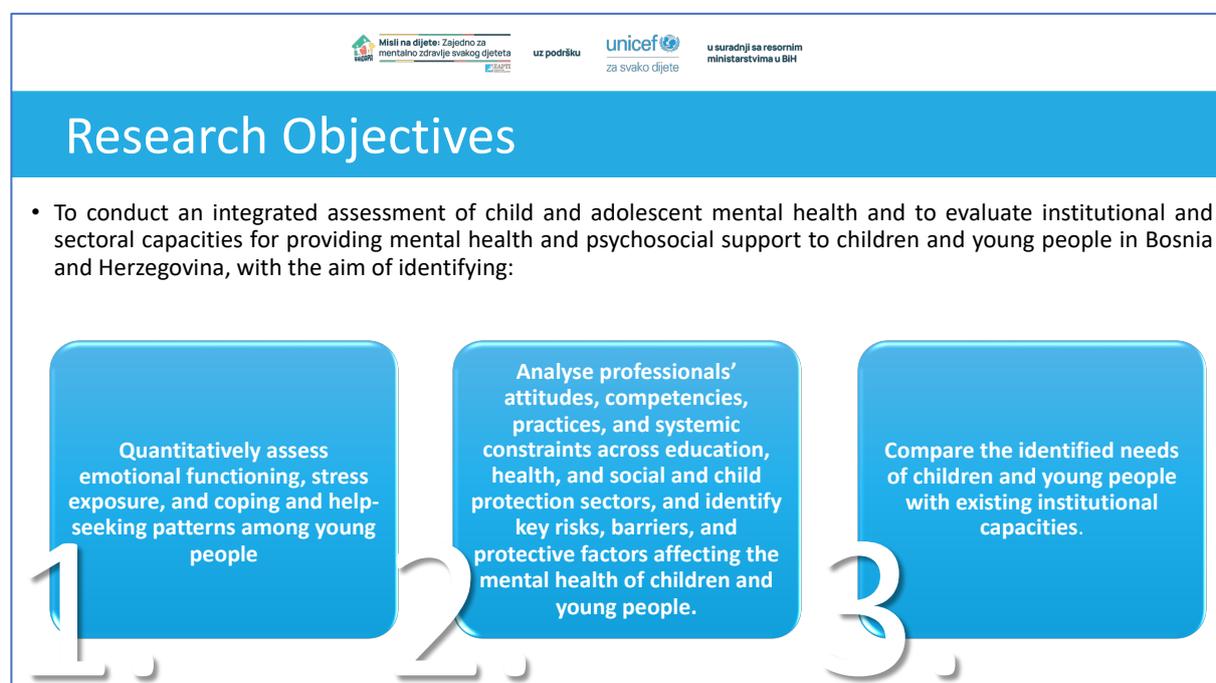


Figure 5. Research objectives

2.4. Research tools

The following research tools were developed and used for the purposes of the study:

- Semi-structured focus group guides, specifically adapted for:
 - professionals, with a focus on institutional practices, challenges and intersectoral cooperation;
 - young people, with a focus on lived experiences, perceptions of support and relationships with systems;
- Informed consent forms for young participants taking part in focus groups;
- Informed consent forms for professionals participating in focus groups.

In addition, online questionnaires were developed for both professionals and young people, covering questions related to:

- availability and quality of MHPSS services;
- intersectoral coordination and cooperation;
- experiences of crisis and stress situations;
- perceptions of child protection within the existing system.

All tools were developed in line with UNICEF principles of participation, clarity and contextual sensitivity, ensuring accessibility, ethical integrity and relevance to the local context.

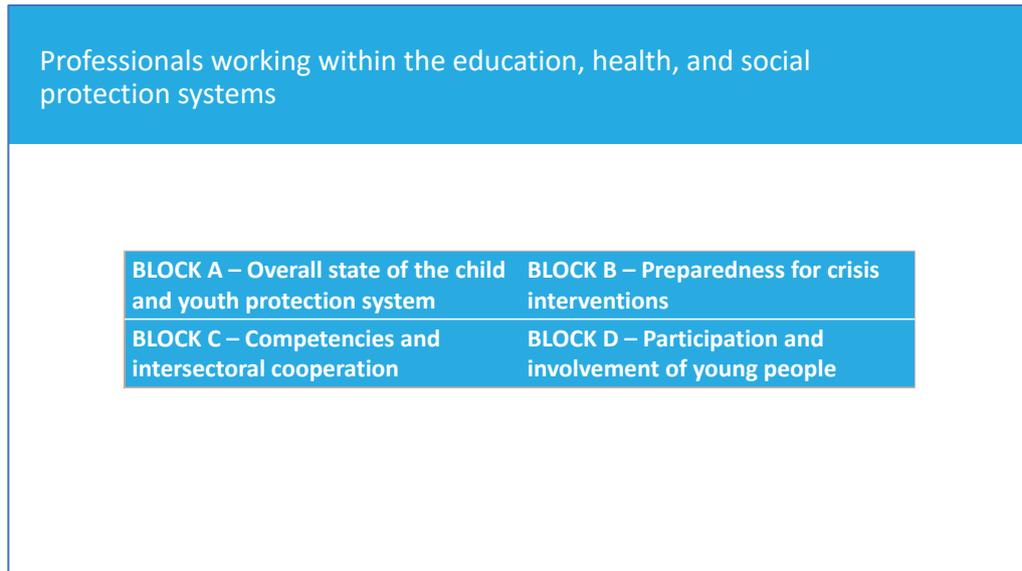


Figure 6. Thematic frameworks of focus groups with professionals



Figure 7. Thematic frameworks of focus groups with young people

2.5. Data collection procedures

The qualitative component of the research was conducted in September 2025 via the online platform Zoom, through a total of 16 focus group discussions:

- 10 focus groups with professionals,
- 6 focus groups with young people aged 18–25.

All focus group discussions were audio-recorded with the prior consent of participants. Verbatim transcripts were subsequently prepared to enable systematic and rigorous qualitative analysis. The quantitative component of the research was conducted in parallel, using online questionnaires. Data collection was completed by 30 September 2025.

Posebna pažnja posvećena je osiguravanju sigurnog i povjerljivog online okruženja za sve učesnike.

2.6. Ethical considerations

The research was conducted in full compliance with high ethical standards and UNICEF child protection principles, including:

- informed consent from all participants;
- clear explanation of the purpose of the research and participants' rights;
- voluntary participation and the right to withdraw at any time;
- protection of privacy and confidentiality;
- adherence to the “do no harm” principle.

All data were collected and processed in an anonymised format, in accordance with applicable data protection standards.

2.7. Data analysis

Data analysis was conducted through two complementary components:

1. Qualitative data were analysed using thematic analysis, identifying key patterns, themes and shared narratives emerging from the experiences of professionals and young people.
2. Quantitative data were analysed using descriptive statistics, enabling the presentation of distributions, frequencies and trends relevant to MHPSS and child protection.

The integration of qualitative and quantitative findings enabled a deeper understanding of systemic challenges, while also identifying existing strengths and good practices that provide a foundation for the further development of project activities.

3. Implemented activities (Phase I)

Phase I of the project “Mind the Child– Together for Every Child’s Mental Wellbeing”, implemented during the period July–December 2025, focused on research and the definition of a shared concept of child protection within the context of mental health and psychosocial support (MHPSS). Activities under this phase were implemented in accordance with the approved Programme Document, with an expanded scope compared to the initially planned activities, thereby further strengthening the representativeness and relevance of the results.

3.1. Engagement and information of institutions

During July and August 2025, activities were undertaken to formally inform and engage relevant institutions at the state, entity, cantonal and Brčko District levels. The project “Mind the Child” was presented through the submission of the project document and accompanying materials to competent authorities, together with formal requests for approval to participate in the research activities.

In line with the requirements of the Programme Document, complete supporting documentation was submitted, and official approvals were obtained from the following institutions, among others:

- ⇒ Federal Ministry of Labour and Social Policy;
- ⇒ Federal Ministry of Education and Science;
- ⇒ Ministry of Health of the Federation of Bosnia and Herzegovina;
- ⇒ Ministry of Health and Social Welfare of Republika Srpska;
- ⇒ Department of Education of the Government of Brčko District;
- ⇒ relevant cantonal ministries.

This process ensured an institutional framework for legitimate, ethically grounded and intersectorally supported implementation of the research activities.

3.2. Implementation of qualitative and quantitative research – focus groups

Within Phase I, a total of 16 focus group discussions were organised and conducted in September 2025 via the online Zoom platform:

- 10 focus groups with professionals from the health, education and social protection sectors;
- 6 focus groups with young people aged 18–25.

The qualitative component of the research included:

- 115 professionals from different parts of Bosnia and Herzegovina (Federation of BiH, Republika Srpska and Brčko District);
- 51 young people, including students from universities in Bosnia and Herzegovina and abroad.

Focus group discussions enabled an in-depth exploration of experiences, challenges and needs related to child protection and MHPSS, from the perspectives of both professionals across sectors and young people themselves.

3.3. Implementation of quantitative research

In parallel with the focus group discussions, quantitative research was conducted in September 2025 using online questionnaires targeted at professionals and young people. Data collection was completed on 30 September 2025.

A total of 466 questionnaires were received, of which 462 were valid for analysis, including:

- 280 questionnaires completed by professionals;
- 182 questionnaires completed by young people.

This expanded quantitative sample enabled additional analysis of patterns and trends in perceptions and experiences related to MHPSS and child protection at the system level.







Quantitative research: survey questionnaires

- 1. Socio-demographic questionnaire**
 - Sex/gender, age, education status
 - *For young people:* living arrangements, previous help-seeking experience, exposure to crisis situations.
 - *For professionals:* sector of employment, workplace/position, years of experience, prior training in the field of mental health.
- 2. Youth mental health scales**
- 3. Help-seeking behaviours and patterns**
- 4. Attitudes towards mental health and MHPSS interventions (professionals and young people)**
- 5. Institutional capacities – scales for professionals**



Figure 7. Quantitative research – overview of questionnaires

3.4. Alignment between planned and implemented activities

The Programme Document for Phase I initially planned the inclusion of approximately 150 professionals and young people through focus group discussions, as well as the organisation of one national conference for validation of findings.

Due to high interest among participants and the identified need for broader coverage, the research process was expanded to include additional focus groups and a quantitative survey.

The total number of participants increased to 462, without altering the core project logic or objectives of Phase I.



This expansion contributed to:

- strengthened representativeness of the sample;
- increased reliability and validity of findings;
- deeper understanding of systemic challenges and existing good practices.

The expanded scope was fully aligned with the objectives of Phase I and UNICEF strategic priorities related to evidence-based programming and participatory approaches.

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4. Key Findings of Phase I

4.1. Summary of key research findings

Integrated qualitative and quantitative findings from Phase I of the project indicate a set of interrelated systemic, institutional and individual challenges within the field of mental health and psychosocial support (MHPSS) for children and young people in Bosnia and Herzegovina.

The findings confirm that, despite a high level of professional commitment and a growing awareness of the importance of mental health, the existing child protection system remains insufficiently coordinated, unevenly capacitated, and only partially responsive to the needs of children and young people, particularly in crisis and emergency situations.



Photograph: Public presentation of the research methodology and preliminary findings (Sarajevo)

4.2. General indicators of young people's mental health

Quantitative findings show that:

- the average level of life satisfaction among young people is $M = 7.17/10$;
- satisfaction with psychological well-being is $M = 3.78/5$.

These results indicate a moderate level of subjective well-being, alongside significant space for preventive and developmental interventions.

- In addition: 51% of young people reported that they had spoken at least once with a professional about mental health.

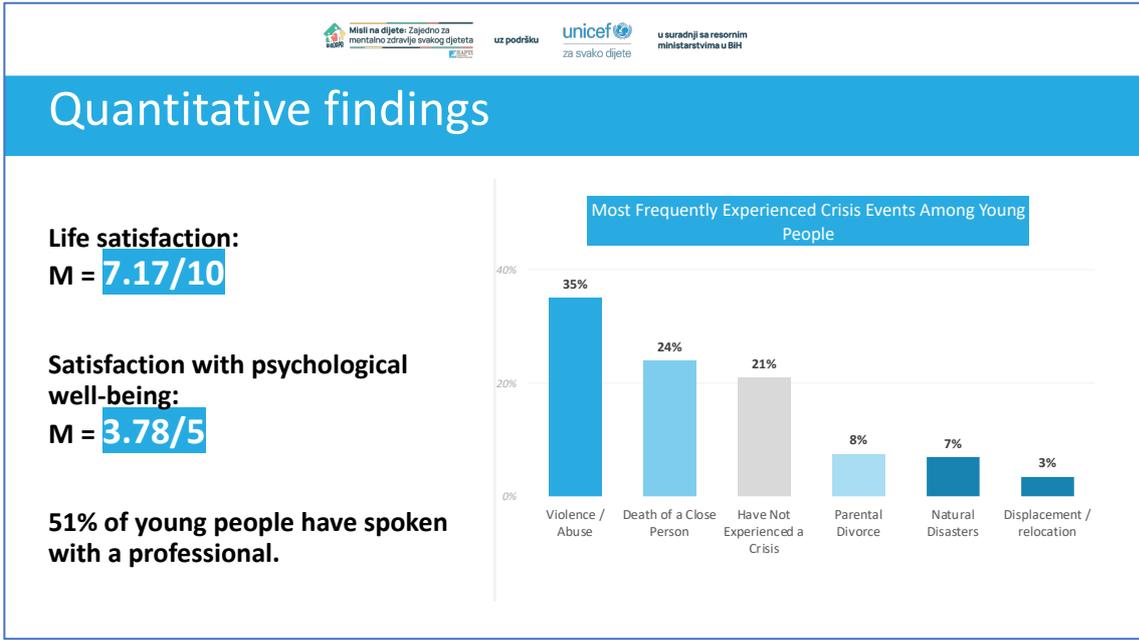


Figure 3. Life satisfaction and psychological well-being of young people

However, qualitative findings from focus group discussions reveal a significant gap between the formal availability of services and the perceived accessibility of support.

Young people consistently highlighted:

- fear of stigma;
- financial barriers;
- lack of clear and accessible information on where and how to seek help;
- ambivalence toward institutions, including low levels of trust in professionals.

“I would say that mental health is talked about a lot today — in schools and among young people. But I think many people know the word, not the meaning. In my environment, there is still fear and stigma around saying you have a mental health problem, going to therapy, or opening up about your emotions. Vulnerability is seen as something shameful. So I think young people have heard of ‘mental health’, but do not deeply understand it. They often avoid the idea that ‘mental ill-health’ is also part of the human experience and that seeking help is not something to be ashamed of.” (Focus group participant, 19 years old)

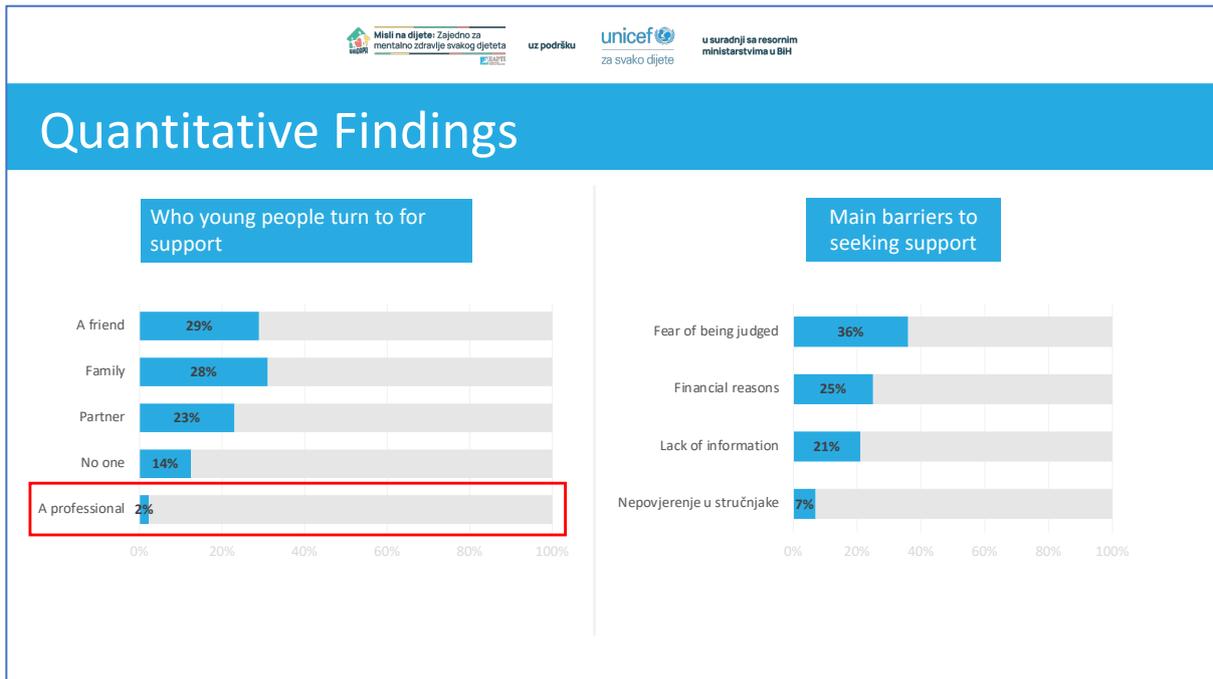


Figure 4. Most common barriers faced by young people in seeking help

4.3. Perspective of professionals

Professionals from the health, education and social protection sectors identified structural and organisational limitations of the system as key barriers to providing quality support to children and young people.

Key findings include:

- less than half of professionals (48.8%) have received formal education or training in mental health;
- pronounced workload and administrative burden, reducing time available for direct work with children;
- lack of clear protocols for action in crisis situations;
- reliance on individual professional commitment rather than systemic support.

“The system functions only as much as individuals are willing to go the extra mile. This is not sustainable.” (Focus group participant – social protection sector)

Identified capacity gaps among professionals

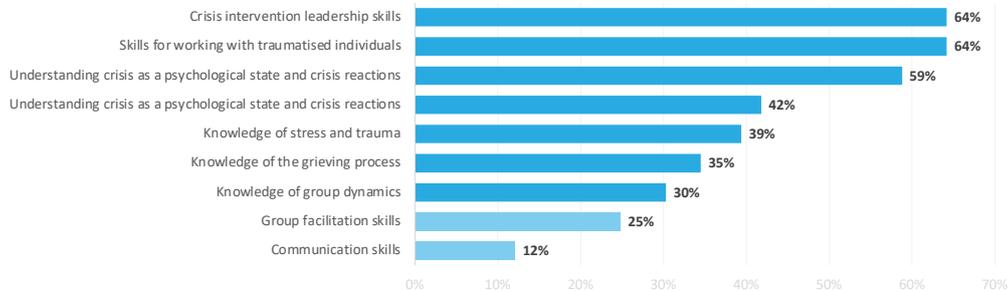


Figure 5. Missing competencies and institutional capacities

Professionals predominantly identified barriers as structural rather than individual, indicating a clear need for system-level responses.

Professionals: Institutional support in working with children and young people



Figure 6. Professionals: Institutional support in working with children and young people

- Activities aimed at promoting the mental health of children and young people are clearly integrated into the strategic plan of the institution where I work. (M = 2.99)
- My institution has sufficient resources to provide mental health support for children and young people. (M = 2.89)

- The institution where I work has clearly defined protocols for monitoring and evaluating psychosocial interventions provided to children and young people. (M = 2.88)
- I have access to materials and tools for providing psychological first aid to children and young people. (M = 2.83)
- Children and young people have sufficient access to safe spaces for conversation and support. (M = 2.66)
- My institution provides supervision and training related to working with trauma and crisis situations. (M = 2.10)

4.4. Shared challenges and complementary barriers

The analysis shows that barriers identified by young people and those identified by professionals differ in their manifestations, but share common underlying causes.

Key shared findings include:

1. Shortage of qualified staff

Young people experience the consequences (limited availability of services), while professionals identify the causes (insufficient human resources).

2. Information gap

Young people lack clarity on where to seek support, while professionals report insufficient specialised knowledge to respond to complex needs.

3. Insufficient system preparedness for crisis situations

Absence of standardised, child-focused protocols for emergency and crisis response.

4. Stigma as a bidirectional barrier

Prevents young people from seeking help and professionals from providing timely and adequate support.

5. Financial barriers

When public services are unavailable, private services remain inaccessible to most children and young people.

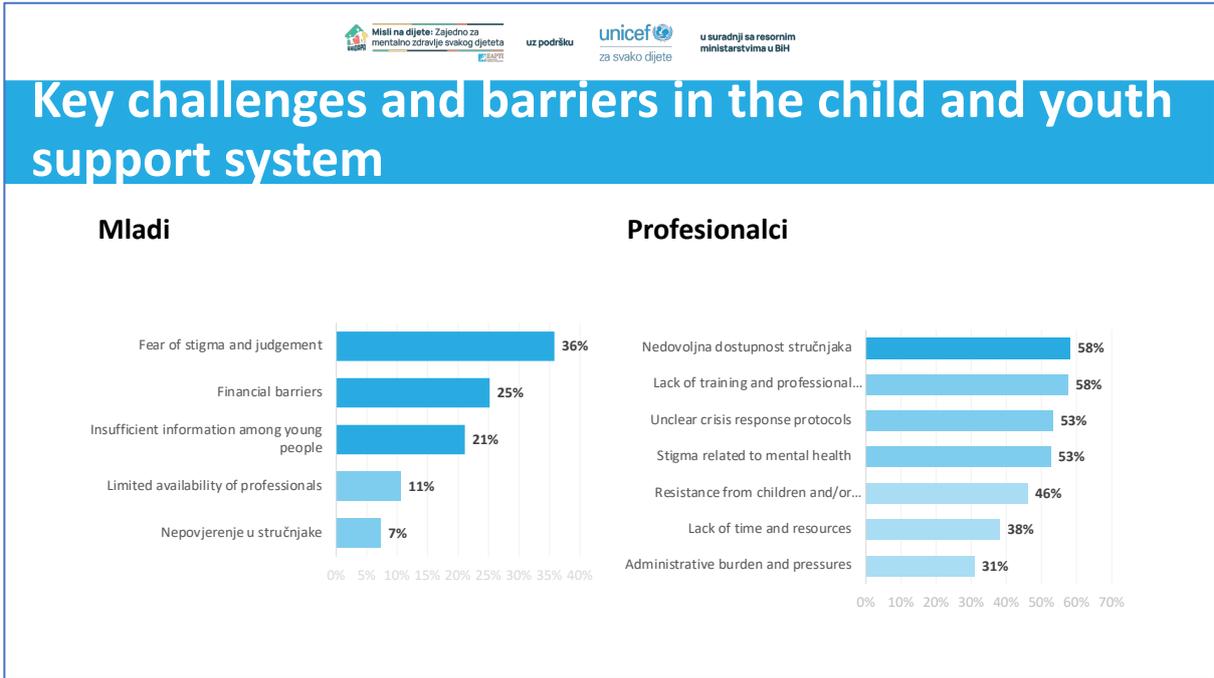


Figure 7. Comparative overview of barriers (young people vs professionals)

4.5. System preparedness for crisis and emergency situations

Findings indicate that while there is significant professional capacity and experience in working with children, young people and families, institutional mechanisms for crisis preparedness require further strengthening in order to ensure a consistent, coordinated and child-centred response.

Professionals from the health, education and social protection sectors consistently highlighted the lack of clearly defined procedures and protocols for responding to sudden or complex crises, such as natural disasters, public health emergencies, or psychosocial crises arising from family, school or community dynamics. Reliance on individual judgment and informal practices undermines timeliness, continuity and coherence of support for children and families.

Experiences from the COVID-19 pandemic and the 2024 floods in Jablanica and Konjic further confirmed that crisis situations significantly increase the psychosocial needs of children and young people, and that without predefined coordination mechanisms, responses risk becoming fragmented and uneven. In such contexts, children at risk — including those exposed to violence, loss, displacement or disruption of education — face additional barriers in accessing appropriate support.

The findings also show that crisis preparedness is not systematically integrated into routine child protection and MHPSS practices, but is often activated only after a crisis occurs. The absence of continuous training, shared response scenarios and clearly defined intersectoral



roles limits the system's ability to act preventively and to provide early, trauma-sensitive support.

In line with UNICEF technical guidance on MHPSS within child protection systems, the findings of Phase I clearly point to the need to systematically embed preparedness, response and early intervention in crisis and emergency situations into institutional child protection frameworks. This includes strengthening professional competencies for community-based crisis interventions, enhancing intersectoral coordination, and developing standardised, child-centred protocols that ensure timely, consistent and high-quality responses in situations of increased risk.

In accordance with the principles of do no harm, intersectoral collaboration and the best interests of the child, the following section summarises the key conclusions of Phase I as a foundation for planning subsequent interventions.

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4.6. Conclusions of Phase I

Based on the integrated qualitative and quantitative findings of Phase I of the project “Mind the Child”, the following key conclusions can be drawn:

1. There is a clear need for a shared, multisectoral understanding of child protection within the MHPSS context.
Findings confirm that sectors use inconsistent terminology and approaches, which hinders coordinated action and continuity of support.
2. The voices of children and young people reveal a significant gap between service availability and actual accessibility.
Despite some contact with professionals, barriers such as stigma, lack of information and distrust of institutions limit timely help-seeking.
3. Professionals demonstrate strong motivation and responsibility, but face structural system constraints.
Lack of formal training, clear protocols and sufficient time for direct work with children limits the quality and consistency of responses.
4. System preparedness for crisis and emergency situations remains insufficiently integrated into routine child protection and MHPSS practices.
Experiences from pandemics and natural disasters highlight the need for planned, coordinated and child-centred response mechanisms.
5. The expanded research scope (462 participants) significantly strengthened the validity and representativeness of Phase I findings.
Participation of children, young people and professionals from different sectors and regions enabled a deeper understanding of challenges as well as existing strengths.
6. Findings from Phase I clearly indicate the need for further project steps to translate research insights into concrete capacity-building and systemic interventions.
This includes strengthening professional competencies, improving intersectoral collaboration and institutionalising evidence-based, participatory approaches grounded in the best interests of the child.

The conclusions of Phase I provide a solid foundation for continuing the project through Phase II, which will focus on the development and implementation of educational and operational models to strengthen child protection system responses in crisis and emergency situations, in line with UNICEF standards and national priorities.

What can we conclude?

- 1. Young people and professionals identify different types of barriers, yet together they point to the same core issue: the need to strengthen systemic mental health support.**
→ Barriers perceived by young people are mainly related to lack of information and stigma, while barriers identified by professionals are linked to work organisation and system functioning.
- 2. The shortage of qualified professionals represents the most significant objective barrier within the child and youth support system.**
→ Young people experience the consequences, while professionals identify the root cause.
- 3. There is a two-way information gap: young people do not know where or how to seek help, while professionals lack sufficient training to provide adequate support.**
→ Young people are unsure whom to approach, while professionals are not sufficiently trained to respond to the specific needs of children and young people.
- 4. The system is not sufficiently prepared for crisis situations.**
→ When responding to crisis situations involving children and young people, professionals often lack specific knowledge, skills, and clearly defined protocols.
- 5. Stigma represents a shared barrier, operating at different levels.**
→ Stigma functions as a two-way barrier: it prevents children and young people from seeking help, and it limits professionals' ability to provide timely and comprehensive support.
- 6. Financial barriers remain significant.**
→ When support within public services is not available, services in the private sector are financially inaccessible to the majority of children and young people.
- 7. Professionals are administratively and operationally overburdened, which directly reduces the quality and accessibility of support.**
→ Work organisation does not allow professionals to focus on their primary role – providing psychological support.
- 8. The barriers encountered by children, young people, and professionals are complementary.**
→ The child and adolescent mental health support system needs to be strengthened both for service providers and for children and young people as end users.
- 9. Effective interventions must be beneficial for children, young people, and professionals alike.**
→ Only parallel and integrated interventions can simultaneously respond to the needs of young people and strengthen the capacities of professionals.

Figure 8. Research Conclusions

5. Recommendations (Phase I)

Based on the findings of Phase I of the project “Mind the Child”, and in line with UNICEF technical guidance on Mental Health and Psychosocial Support (MHPSS) within child protection systems, the following recommendations have been formulated to strengthen a systemic, coordinated and child-centred response.

5.1. Recommendations at the system level

1. **Develop and align a shared multisectoral framework for child protection within the MHPSS context.**

It is recommended to establish common definitions, terminology and core principles of action that are jointly accepted and applied across the health, education, social and child protection sectors, in line with UNICEF MHPSS standards.

2. **Systematically integrate preparedness, response and early intervention for crisis and emergency situations into existing child protection frameworks.**

This includes the development and institutionalisation of child-centred crisis response protocols, with clearly defined roles and coordination mechanisms between sectors.

3. **Ensure continuity of mental health and psychosocial support for children and young people beyond the acute crisis phase.**

Strengthening preventive and developmental MHPSS interventions is recommended in order to support long-term well-being and resilience of children and young people.

5.2. Recommendations for practice and capacity strengthening

1. **Develop structured education and training programmes for professionals in MHPSS and crisis interventions.**

Training programmes should be evidence-based, aligned with UNICEF guidance, and tailored to the needs of professionals from different sectors, with a strong focus on trauma-informed approaches and work in crisis contexts.

2. **Strengthen intersectoral collaboration through joint trainings, supervision and exchange of practice.**

It is recommended to establish spaces for continuous professional dialogue, reflection and learning, in order to ensure a consistent and coordinated system response.

3. **Invest in the mental health and well-being of professionals working with children and young people.**

Systemic support for professionals is recognised as a key prerequisite for the quality, sustainability and effectiveness of services within the child protection system.

5.3. Recommendations related to children and young people

1. **Ensure meaningful and continuous participation of children and young people in the design, implementation and evaluation of MHPSS services.**
Participatory mechanisms should be developed to enable children's and young people's voices to actively inform policies and practices that directly affect them.
2. **Improve access to clear, youth-friendly information on available support services.**
This includes the development of communication tools and channels that reduce stigma and encourage timely help-seeking.

5.4. Recommendations for subsequent project phases

1. **Use Phase I findings as the foundation for the design and implementation of Phase II of the project.**
Phase II should focus on operationalising the recommendations through the development of educational modules, strengthening system capacities, and enhancing preparedness for crisis and emergency situations.
2. **Ensure continuous monitoring and evaluation of intervention effects.**
It is recommended to establish mechanisms for outcome monitoring and learning, enabling adaptive implementation in line with the evolving needs of children, young people and the system.

5.5. Lessons Learned (Phase I)

The implementation of Phase I of the project "Mind the Child" enabled the identification of a set of key lessons learned that are relevant both for the further development of the project and for the broader strengthening of the child protection system within the context of mental health and psychosocial support (MHPSS).

1. Participatory and mixed-method research approaches proved essential for the relevance and credibility of findings.

The combination of qualitative and quantitative methods, together with the active involvement of professionals and young people, enabled a deeper understanding of systemic challenges and real needs on the ground, which would not have been sufficiently captured through administrative or sector-specific analyses alone.

2. Smisleno The voices of children and young people represent an indispensable source of insight into system accessibility.

While formal availability of services exists, young people's experiences clearly highlighted barriers that cannot be identified without their direct participation, including stigma, mistrust in institutions and lack of clear information on available support.

3. High levels of professional motivation cannot compensate for structural weaknesses of the system.

Phase I demonstrated that the quality of support for children often relies on individual professional commitment, which is not sustainable in the absence of clear protocols, systemic support and continuous capacity development.

4. Preparedness for crisis and emergency situations requires a planned and pre-defined approach.

Reliance on ad hoc solutions and individual judgement during crises leads to fragmented responses and increases risks for children and young people. Crisis preparedness must be systematically integrated into regular child protection and MHPSS practices.

5. Intersectoral collaboration needs to be operational, not only declarative.

Phase I confirmed that formal cooperation between sectors is insufficient without shared tools, a common language, joint trainings and structured spaces for continuous reflection and coordination in practice.

6. Care for the mental health and well-being of professionals is a prerequisite for quality and sustainability of services.

Secondary traumatization, burnout and professional pressure were identified as factors that directly affect the quality of support provided to children and young people, highlighting the need for systemic supervision and supportive mechanisms.

Lessons learned from Phase I have been directly integrated into the design and implementation of Phase II of the project.

6. Next Steps – Phase II

Building on the findings, conclusions and recommendations of Phase I, Phase II of the project will focus on the operationalisation of research insights through structured capacity-building and institutional development, in line with UNICEF standards and national priorities.

The key directions of action in Phase II include:

- **Development and implementation of structured training modules** for professionals from the health, education and social protection sectors, with a focus on:
 - support to children and young people in crisis situations,
 - trauma-informed and community-based interventions,
 - crisis interventions and early recovery aligned with MHPSS principles.
- **Strengthening intersectoral coordination and joint practices** through shared trainings, exchange of experiences and the establishment of clearer procedures for action in crisis and emergency situations.
- **Mainstreaming crisis preparedness principles** into regular child protection practices, in alignment with national disaster risk reduction (DRR) frameworks and relevant international guidelines.
- **Continuous inclusion of children and young people** in the design and evaluation of interventions, ensuring that Phase II remains grounded in participation and the best interests of the child.

Through these actions, Phase II will contribute to the development of sustainable, evidence-based and systemically applicable models for strengthening MHPSS and child protection systems.

6.1. Timeline of Phase II (including the training calendar)

Phase II of the project is planned for implementation throughout 2026 and is aimed at strengthening the capacities of professionals to respond to crisis and emergency situations through structured training and reflective supervision activities. Implementation will follow a phased introduction of thematic training modules, combined with continuous intersectoral cooperation and monitoring of learning processes and practical application.

Phase II activities are planned within the following indicative timeframes:

1. **First quarter of 2026** – preparation and implementation of the training module *“Supporting Children and Young People in Crisis”* for 100 professionals;
2. **Second quarter of 2026** – implementation of training on *Trauma-Focused Interventions* for 100 professionals;

3. **Third and fourth quarters of 2026** – trainings and practical modules on *Community-Based Crisis Interventions*, including reflection and evaluation, for 25 professionals.

Based on the indicative activity calendar, Phase II trainings are planned as follows:

1) Phase II activities are planned within the following indicative timeframes:

1) First Quarter 2026 – “*Supporting Children and Young People in Crisis*” (online)

- **Group 1:** 22 Jan, 29 Jan, 5 Feb, 12 Feb and 19 Feb 2026 (Thursdays, 09:00)
- **Group 2:** 26 Feb, 5 Mar, 12 Mar, 19 Mar and 26 Mar 2026 (Thursdays, 09:00)

2) Second Quarter 2026 – “*Trauma-Focused Interventions*” (online)

- **Group 1:** 23 Apr, 30 Apr, 7 May, 14 May and 21 May 2026 (Thursdays, 09:00)
- **Group 2:** 28 May, 4 Jun, 11 Jun, 18 Jun and 25 Jun 2026 (Thursdays, 09:00)

3) Fourth Quarter 2026 – “*Community-Based Crisis Interventions*” (in-person / intensive format)

- **Large group:** 17–19 Sept 2026 (three-day, full-day format)
- **Small group 1:** 22–24 Oct 2026 (three-day, full-day format)
- **Small group 2:** 19–21 Nov 2026 (three-day, full-day format)

6.2. Reflective Systemic Supervision (throughout 2026)

In line with the project document, **reflective systemic supervision** will be implemented following the training modules as a form of continuous professional support.

Supervision will provide space for:

- reflection on complex cases and crisis situations,
- strengthening intersectoral coordination in practice,
- improving the quality of interventions, and
- identifying and preventing secondary traumatization and burnout among helping professionals.

The exact schedule and dynamics of supervision sessions will be defined in accordance with participants’ needs and the overall implementation plan.



7. Alignment of the Project with National and Global Frameworks

This project is directly aligned with UNICEF's global and national priorities and contributes to the operationalisation of key recommendations of the Sarajevo Declaration on the Mental Health of Children and Young People (2024), including the need for shared definitions, multisectoral education, and the meaningful participation of young people in building a responsive and accountable Mental Health and Psychosocial Support (MHPSS) system.

The project also supports the implementation of the INSPIRE Strategies (WHO & UNICEF, 2016), the United Nations Convention on the Rights of the Child, and the Sustainable Development Goals, in particular SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality), SDG 10 (Reduced Inequalities), and SDG 16 (Peace, Justice and Strong Institutions).

By placing children and young people at the centre of system reform, the project seeks to contribute to the development of a sustainable, sensitive and evidence-informed model of child protection—one that prioritises early support, builds trust in services, and ensures that every child has access to support and services grounded in dignity, safety and mental well-being.

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8. Final Conclusion

Phase I of the project “Mind the Child – Together for Every Child’s Mental Wellbeing” has established a strong foundation for advancing the child protection system within the context of mental health and psychosocial support (MHPSS) in Bosnia and Herzegovina. Through a participatory research approach, an expanded scope of engagement, and multisectoral dialogue, the project enabled a clear identification of systemic challenges, as well as existing capacities and strengths.

The findings of Phase I confirm that there is a solid basis for the further development of an integrated, child-centred and coordinated response, alongside a clearly articulated need for strengthening the capacities of professionals and institutional frameworks. The validation of findings through the intermediary phase further ensured their relevance, credibility and acceptance among key stakeholders within the child protection system.

The continuation of the project through Phase II represents a logical and necessary step towards translating research insights into concrete, sustainable interventions that contribute to the well-being of children and young people, strengthen child protection systems, and advance UNICEF’s strategic objectives in the field of mental health and psychosocial support.

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9. Annexes

9.1. Annex 1. Overview of Research Participants

- Overview of focus group participants by region
 - Federation of Bosnia and Herzegovina: 70 participants
 - Republika Srpska: 39 participants
 - Brčko District: 6 participants

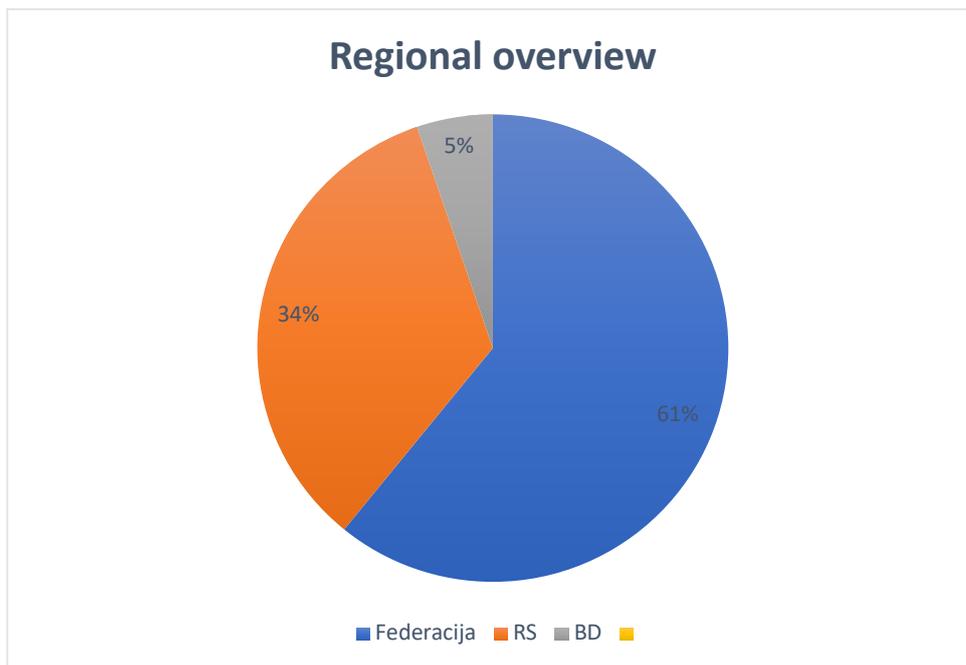


Figure A1. Distribution of focus group participants by region

A significant proportion of participants came from the Federation of Bosnia and Herzegovina, while participation from Republika Srpska and Brčko District was also ensured, confirming the geographical coverage of the research.

- Overview of focus group participants by sector:
 - Health sector: 17 participants
 - Education sector: 42 participants
 - Social protection sector: 56 participants

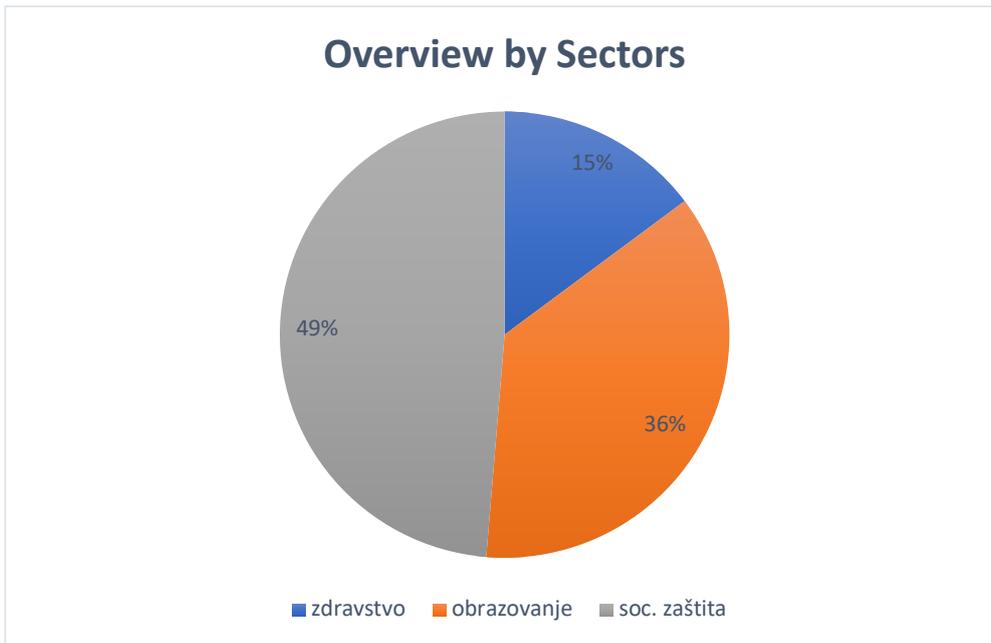


Figure A2. Distribution of focus group participants by sector

The largest proportion of participants came from the social protection sector, reflecting its central role within the child protection and support system for children and young people.

Following the completion of focus groups with professionals in the first half of September 2025, six focus groups with young people aged 18–25 were conducted in mid-September and late September 2025. All participating young people were students enrolled at universities in Bosnia and Herzegovina and abroad, including the University of Sarajevo, International University of Sarajevo (IUS), University of East Sarajevo, University of Banja Luka, University of Ljubljana, and the University of Amsterdam.

The participation of young people from Bosnia and Herzegovina, as well as those studying abroad, ensured diverse perspectives and enabled comparative insights based on different educational and social contexts.

Dates of focus groups with young people (18–25 years):

- 11 September 2025 – 3 focus groups
- 23 September 2025 – 2 focus groups
- 26 September 2025 – 1 focus group

Fri, Sep 26	
18:00 - 19:00	Fokus grupa 6M (18:00-19:00) Meeting ID: 819 2200 2037
Tue, Sep 23	
19:00 - 20:00	Fokus grupa 5M (19:00-20:00) Meeting ID: 848 6202 6293
18:00 - 19:00	Fokus grupa 4M (18:00-19:00) Meeting ID: 867 6516 4881

Thu, Sep 11	
19:00 - 20:30	Fokus grupa 1M (19:00-20:30) Meeting ID: 819 7352 1066
14:00 - 15:30	Fokus grupa 3M (14:00-15:30) Meeting ID: 899 6457 8322
12:00 - 13:30	Fokus grupa 2M (12:00-13:30) Meeting ID: 833 9069 0084

A total of 51 young people participated (39 young women and 12 young men).

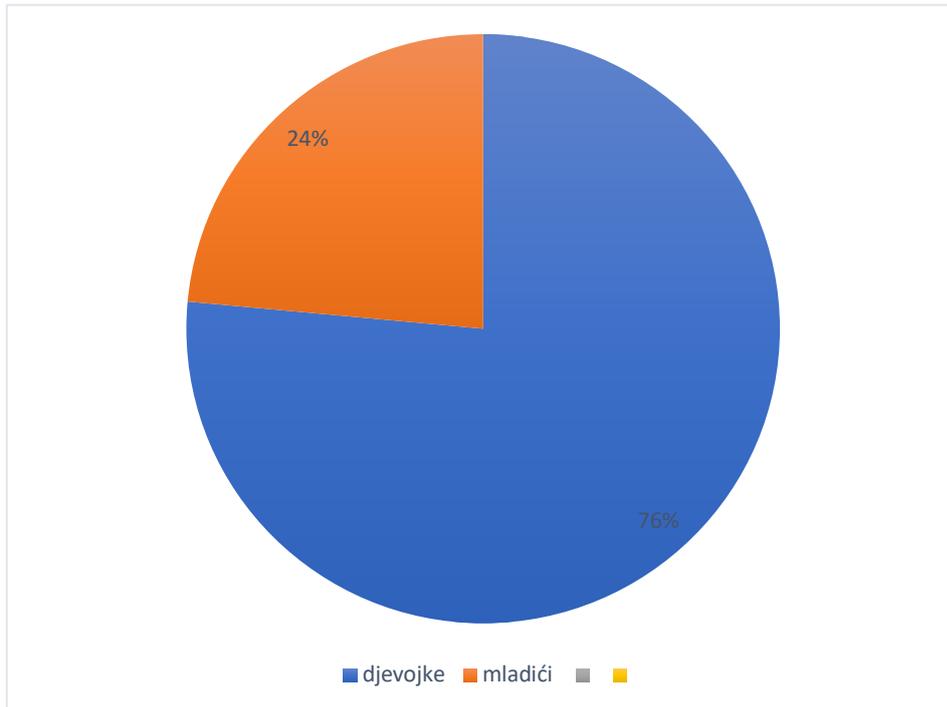


Figure A3. Distribution of focus group participants by gender

- Overview of participants in the quantitative component of the research

In addition to the qualitative component, a quantitative survey was conducted in September 2025 using an online questionnaire. By 30 September 2025, 466 questionnaires were collected, including more than 280 completed by professionals and approximately 182 completed by young people.

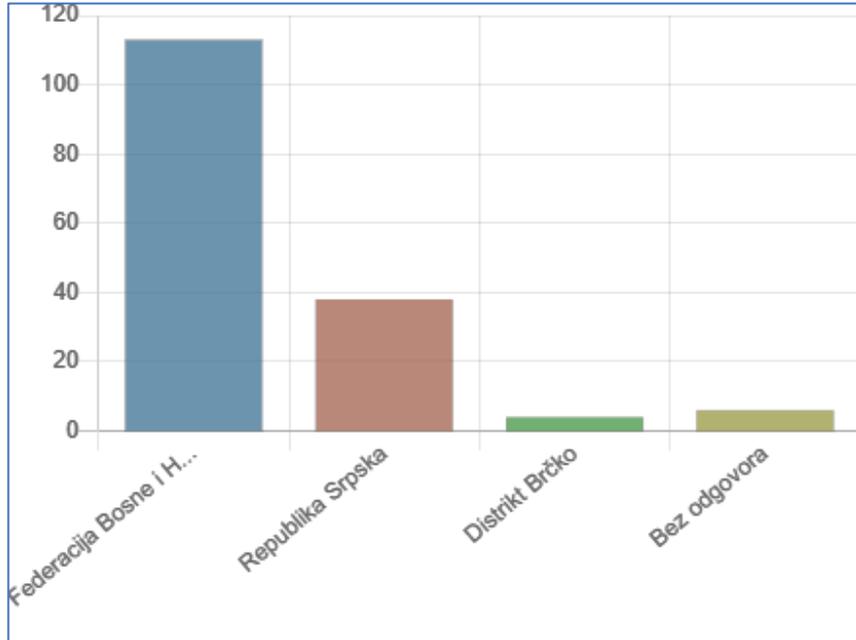


Figure A4. Distribution of professional respondents by region of residence

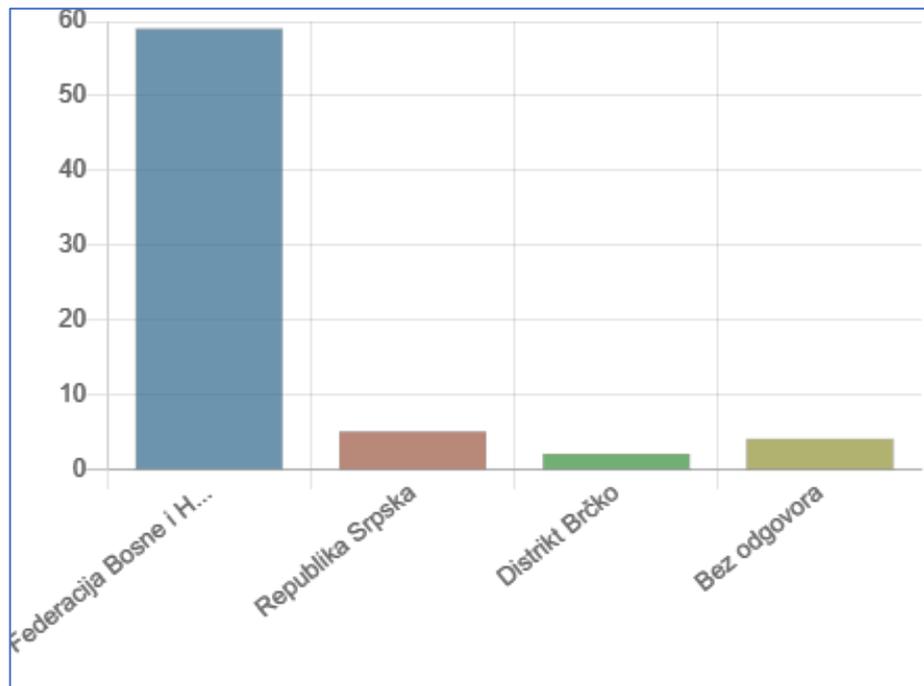


Figure A5. Distribution of young respondents by region of residence

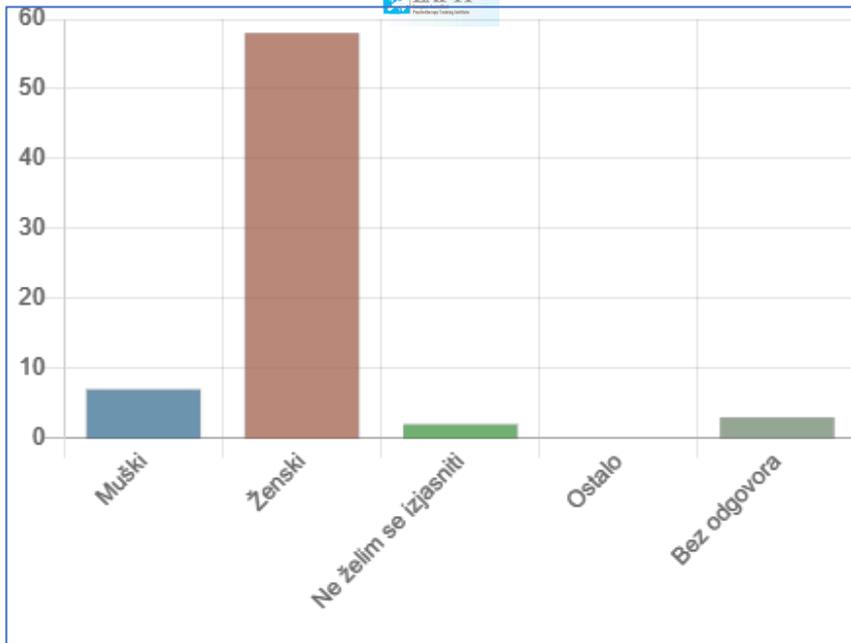


Figure A6. Distribution of respondents by gender (total sample)

9.2. Annex 2. Visual Documentation and Publications

- Visual documentation from the Conference - “Mind the Child: Together for Every Child’s Mental Wellbeing”



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Metodologija

Kombinirani pristup

- Mentalno zdravlje djece i adolescenata je kompleksan, višedimenzionalan fenomen
- Kvantitativni podaci daju širinu, a kvalitativni dubinu
- Potrebno je razumjeti i percepcije i iskustva i stvarne obrasce ponašanja
- Triangulacija za veću validnost

Kvantitativni dio:

Studijonici:

Mladi: N=131 (18-26 godina, M=21)

Profesionalci: N=165

(obrazovni sektor, javne i privatne zdravstvene i obrazovne ustanove, javni sektor)



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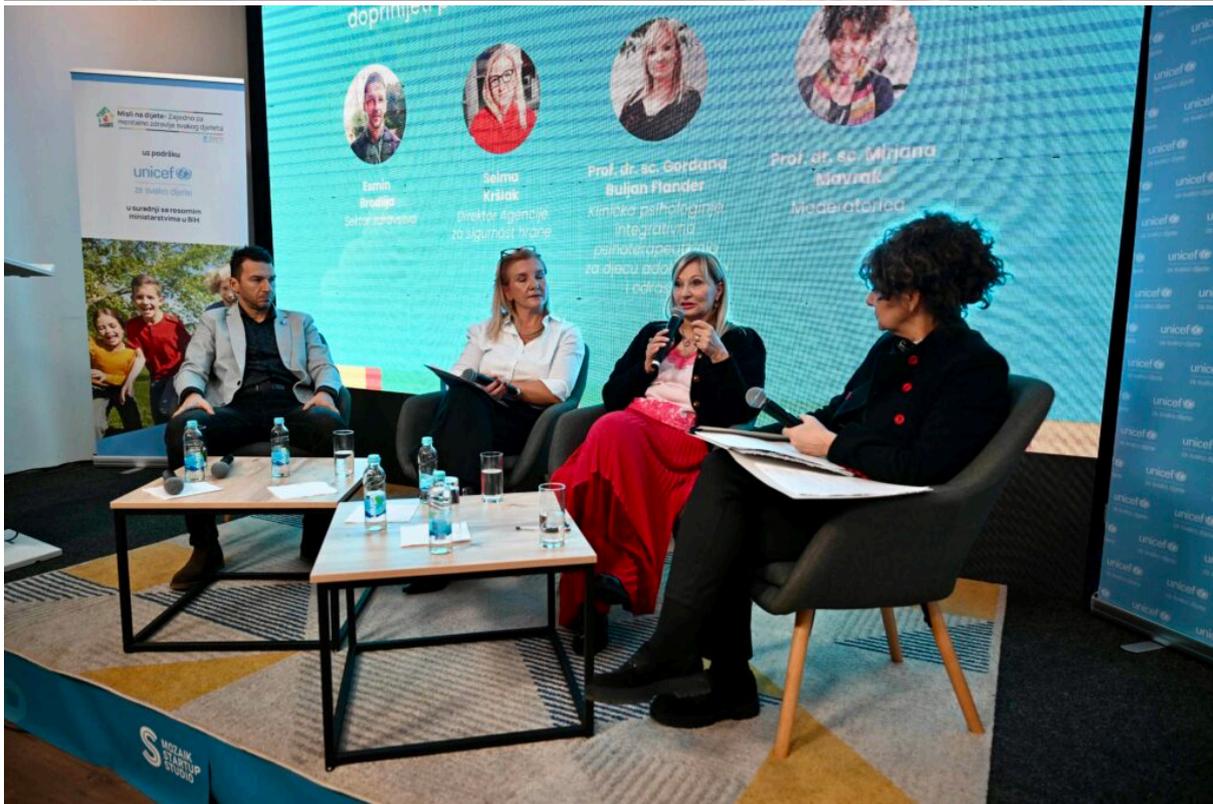


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Available at:

<https://bhidapa.ba/en/news/together-for-childrens-and-adolescents-mental-health-key-outcomes-of-the-mind-the-child-conference/>

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- Publication - "Mind the Child: Together for Every Child's Mental Wellbeing", available in Latin and Cyrillic scripts:



Latin:

<https://bhidapa.ba/wp-content/uploads/2025/12/Publikacija-Mentalno-zdravlje-mladih-LATINICA.pdf>



Cyrillic:

<https://bhidapa.ba/wp-content/uploads/2025/12/Publikacija-Mentalno-zdravlje-mladih-CIRILICA.pdf>

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10. Acknowledgements and Appreciation for Support and Collaboration

10.1. Implementation Team and Professional Support

Project implementation is led by the BHIDAPA team, bringing together experts in mental health and psychosocial support (MHPSS), psychology and psychotherapy, with additional support from specialists in economics and communications. The team operates in close coordination with UNICEF and relevant line ministries, ensuring consistent application of the do no harm principle, meaningful participation of children and young people, and strict data protection and confidentiality standards.

Core team (key roles and responsibilities):

Dr. sc. Mirela Badurina – Project Lead

Strategic leadership of the project, coordination with UNICEF and institutions, and oversight of implementation quality and reporting.

Dželila Mulić Čorbo, MSc Psychology – Project Coordinator

Operational coordination of activities, logistics, communication with participants and partners, and monitoring of planned activities.

Adi Grebović, MSc Economics – Project Assistant

Administrative and financial support, record-keeping, and technical support for activities and reporting.

Dr. sc. Katarina Mišetić – Head of the Research Team

Methodological leadership of the research, integration of qualitative and quantitative findings, and contribution to the formulation of key messages and recommendations.

Tanja Tankosić Girt, MSc Psychology – Lead for Qualitative Research and Supervision

Design and facilitation of the qualitative component (focus groups), thematic analysis, and development of the supervisory and reflective framework.

Prof. Dr. sc. Mirjana Mavrak – Expert Consultant and Conference Moderator

Professional support in structuring the conference programme and facilitating multisectoral dialogue and validation of findings.

Irma Bečar, MSc Communications – Head of Communications and Public Relations

Coordination of communication activities, ensuring project visibility, preparation of public materials, and coordination of technical support for conference organisation and implementation.



External Expert Contributions / Guest Experts

Prof. Dr. sc. Gordana Buljan Flander – Expert consultations and contribution to the development of recommendations; lead facilitator of the online training modules “*Child in Crisis*” and “*Trauma-Focused Interventions*”, with a key role in translating Phase I findings into practical training content.

Prof. Dr. sc. Lidija Arambašić – Co-facilitator of the training “*Community-Based Crisis Interventions*” (in-person / intensive format), with a focus on crisis response, trauma-informed practice, and coordination of community-level support.

Assist. Prof. Dr. sc. Bruna Profaca – Co-facilitator of the training “*Community-Based Crisis Interventions*” (in-person / intensive format), with a focus on practical intervention models and support for frontline professionals.

Finally, we extend our sincere gratitude to UNICEF, the relevant sectoral institutions, research participants, professionals, and young people for their trust, contributions, and collaboration throughout the implementation of Phase I of the project.

THANK YOU.

A community is only as strong as the protection it provides to every child.

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11. References and Key Documents

The implementation, analysis, and reporting of Phase I of the project “*Mind the Child*” were informed by the following key international and national documents, frameworks, and research outputs:

- UNICEF (2024). *Technical Note: Mental Health and Psychosocial Support in Child Protection*.
- Mišetić, K., Tankosić Girt, T., Badurina, M., & Mulić Čorbo, Dž. (2025). *Mind the Child: Together for Every Child's Mental Wellbeing – An Integrated (Quantitative and Qualitative) Study with Youth and Professionals from the Education, Health, and Social Protection Sectors*. UNICEF & BHIDAPA.
- EIATSCYP (2024). *Sarajevo Declaration on the Mental Health of Children and Young People*.
- Inter-Agency Standing Committee (IASC) (2017). *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*.
- United Nations (1989). *Convention on the Rights of the Child*.
- World Health Organization & UNICEF (2016). *INSPIRE: Seven Strategies for Ending Violence Against Children*.
- United Nations (2015). *Sustainable Development Goals* (particularly SDGs 3, 5, 10, and 16).

These documents provided the normative, ethical, and evidence-based foundation for the research design, analysis, recommendations, and the planned transition to Phase II of the project.



Mind the Child: Together for Every Child's Mental Wellbeing



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