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

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

Together for Every Child's Mental Wellbeing

Voices of Young People and Professionals & Recommendations for an Integrated Mental Health and Psychosocial Support (MHPSS) System within the Child Protection System in Bosnia and Herzegovina

November, 2025.

BOSNA I HERCEGOVINA
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Vlada Brčko distrikta BiH
Odjel za obrazovanje

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WHY THIS BROCHURE

The mental health of children and young people in Bosnia and Herzegovina is not only an individual issue; it is a mirror of our child protection system, trust in institutions, the quality of relationships within the family and school, and the strength of the community. This brochure presents key research findings from young people and professionals from the health, education, and social protection sectors in BiH and aligns them with the UNICEF "Technical Note: MHPSS in Child Protection", offering recommendations for building an integrated, multisectoral system of mental health and psychosocial support (MHPSS).

The brochure brings concise messages from quantitative and qualitative research conducted among:

young people from across BiH, with majority participation of female and male students from the Federation of BiH, as well as young people from RS and Brčko District (182 participants).

professionals from the education, health, and social protection sectors in BiH, who work daily with children and young people (280 participants).

The results are aligned with the "MHPSS support system in child protection", which emphasizes that:

psychosocial support and child protection must be **systematically integrated, multisectoral, and based on the rights of the child**

system responses should be organised through a **layered network of support**, from a safe environment and basic services, through targeted non-specialised[1] support, to specialised[2] MHPSS support systems.

at the centre of everything must be **the "do no harm" approach**, and interventions must be marked by the participation of children and young people, safety, confidentiality, non-discrimination, and dignity.[3]

1 Non-specialised: trained professional and other workers (e.g., teachers, pedagogues, social workers, health workers, youth workers, helpline counsellors, etc.) who are not mental health specialists but provide structured psychosocial support in line with MHPSS standards.
2 Specialised MHPSS services = psychologists, psychiatrists, psychotherapists, specialised centres.
3Core principles: Child rights • "Do no harm" • Safety • Confidentiality • Non-discrimination • Participation of children and young people

02

VOICES OF YOUNG PEOPLE

How do young people see mental health?

"Mental health is a process, not a fixed category."

Unlike the traditional understanding of mental health as "stability", young people see it as a continuous process of self-care. For young people, mental health represents a dynamic process in which a person understands and expresses their emotions, maintains inner balance in stressful situations, and adapts to life challenges.

What matters to young people?

1. Presence, not only advice and quick solutions.

In crisis situations, what matters most to them is that someone is there with them – to listen, remain present, and not minimise what they are going through. Emotional responses often "arrive" only after the crisis has passed, which is why continuous, rather than one-off, support is needed.

"Talking with friends and family means a lot to me; when I share my worries, I often realise that the problem isn't as big as it seemed to me."

"I think the most important thing is that a person in such moments feels understanding, that they know they are not alone and that what they are going through is not something unusual. All people experience stress and difficulties. For me personally, socialising helps the most, going out, talking,

This approach to support reveals that young people primarily seek a safe space for their emotions – a space that is not burdened by pressure to "solve everything quickly". For young people, support does not always take the form of a concrete solution; sometimes the most important thing is confirmation that they are not alone, that what they are going through is part of the human experience, and that someone is accompanying them through it.

"Honest listening, without prejudice and pre-formed attitudes. When someone truly says: 'Here, I'm listening to you, tell me what's bothering you,' and does not interrupt, does not try to fix it immediately, that is already huge support. It doesn't have to be a professional, it can be a parent, friend, brother, sister. Just for there to be a willingness to hear and understand another person. When you start from there, everything else becomes easier."

2. Peer support YES, but it is not a replacement for professional help.

Young people clearly distinguish the role of peers from the role of professionals: friends can listen and empower, but they cannot carry the burden of the therapist role. They want normalisation of going to a psychologist/psychotherapist without stigma.

> "We should be aware that we are not qualified to 'help' others. We can listen, support, direct, but not take on the role of a therapist. The most important thing is to constantly repeat that seeking help is normal, healthy, and logical."

> "If we have knowledge about mental health, we should share it, but with caution, because advice from therapy is individual and cannot be transferred to others. We cannot play the role of a therapist. Our task is to be support, to normalise talking about emotions, and to encourage others to seek professional help when they need it."

At the same time, young people emphasise that they often have more trust in peers, because they share similar experiences and language:

> "Unfortunately, many from older generations have never sought treatment or have suppressed problems through addictions… That is why peer support is much more important to me. People of my generation understand these topics, and not because we are modern, but because we are informed. The West didn't bring anxiety, but knowledge about it and ways to cope with it. Peer support means more to me because people of my generation share experiences, know the terminology, and can identify."

3. A safe space for conversation.

For young people, mental health is not only an individual responsibility, it is built in relationships and communities. But that community must be safe: without judgement, without minimising problems, and without labels. Schools, universities, youth centres, and online platforms must be places where they can turn without fear of being mocked or marked.

> "I remember when I first went to the school psychologist in high school, the reactions were: 'That's for crazy people.' Even though today I try to fight that stigma, that pattern of thinking is deeply ingrained."

> "Young people avoid seeking help because from an early age they are told they should be silent and endure. You always hear the same: 'it's nothing serious', 'we were in the war', 'you don't know what real problems are'. Because of that, many learn to suppress their emotions and think they don't have the right to seek support. Still, I think things are changing now. Young people today are driving change, openly talking about mental health, and that makes me proud."

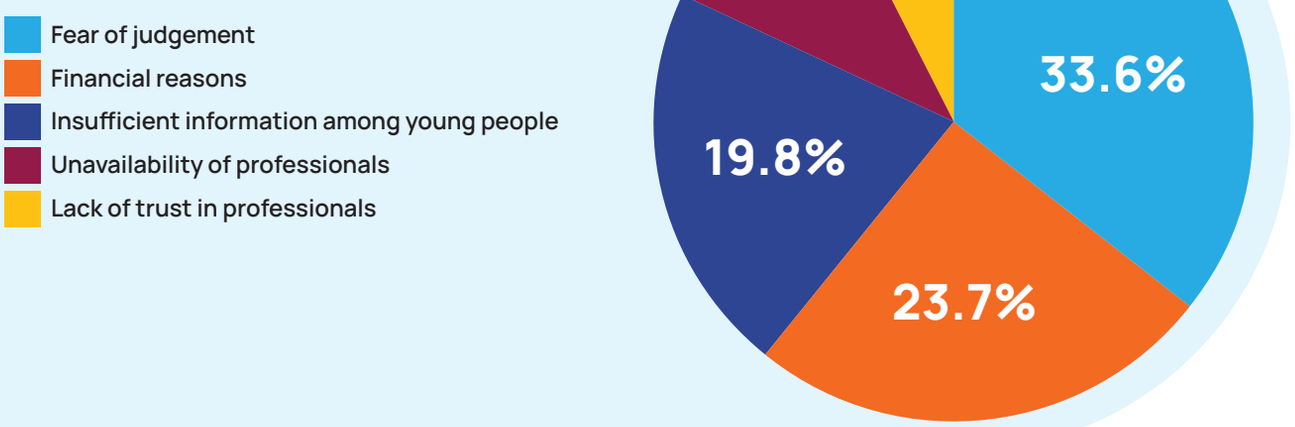
Such attitudes indicate that the stigma towards mental health is still a serious obstacle in the search for support. Many young people have grown up with messages that diminish feelings, they encourage silence and create the impression that "they have no right to ask for help".

> "In my opinion, prevention should start much earlier, from parents, from kindergarten, from primary school. If parents and children worked from an early age on understanding emotions and behaviour regulation, there would be much less need for universities later to invest additional efforts to fix the consequences."

> "I think it is important that we speak honestly, that we share what we feel, but in a safe environment. We should admit that not everything is perfect and that everyone has their own struggles. For me personally, conversation helps me recognise patterns and connect feelings with what triggered them. When I share that, I see that I'm not alone and that others also go through similar things. So we should speak out loud, first to ourselves, and then to others, where we feel safe."

What prevents young people from seeking help?

Quantitative data



Fear of judgement and gossip, especially in smaller communities.

"I come from a small town where everyone knows each other. I wouldn't feel privacy if I went to a psychologist, because I know someone could see that I was there, and it would quickly be talked about... That makes me uncomfortable not because I think the psychologist would talk about me, but because I don't want someone to recognise me and start guessing."

Concern about being "labelled" by a diagnosis.

"I know more examples of people who got a diagnosis in 30 minutes, without deeper understanding, without a real conversation. That is frightening. The worst of all is that then a person identifies with that diagnosis. They become 'that illness', because that's how the brain works, when we get an explanation for something, we start interpreting ourselves through it."

Financial inaccessibility of private therapy.

"Let's not forget that many do not have access to quality help. In schools, psychologists are often present only formally, in health centres they are overloaded, and private therapies are too expensive. So, the problem is not only in wrong diagnoses, but also in unequal access – many would like help, but they don't have the means."

Formal, superficial, and overburdened support in public services.

"She was there for half an hour, for the first time, filled out a single questionnaire, and left with a diagnosis and a prescription. When I heard that, I couldn't believe it. I started wondering what is actually happening in a profession that is supposed to

"I never had the feeling that anyone at school genuinely wanted to offer help or open up space for conversation. It often seemed to me that school pedagogues and psychologists 'read' and categorize students more than they actually listen to them. As if I were becoming a statistic rather than a person. That put me off, because I don't like it when someone puts me in a box and takes away my individuality".

5. Online support can help, but it must not be the only option, and it must be safe, high-quality, and clearly defined.

"A chatbot can explain why and how, but it can't feel what it's like. It can't recognise tone, pain, irony, fear. That's why now I use it only when I need quick advice or a technical solution, but when it comes to emotions, it has to be with a human being."

"Artificial intelligence will never be able to replace a professional who has knowledge, experience, and the ability to understand emotions. Human contact, word, and gaze have a value that no algorithm can provide."

Messages from young people

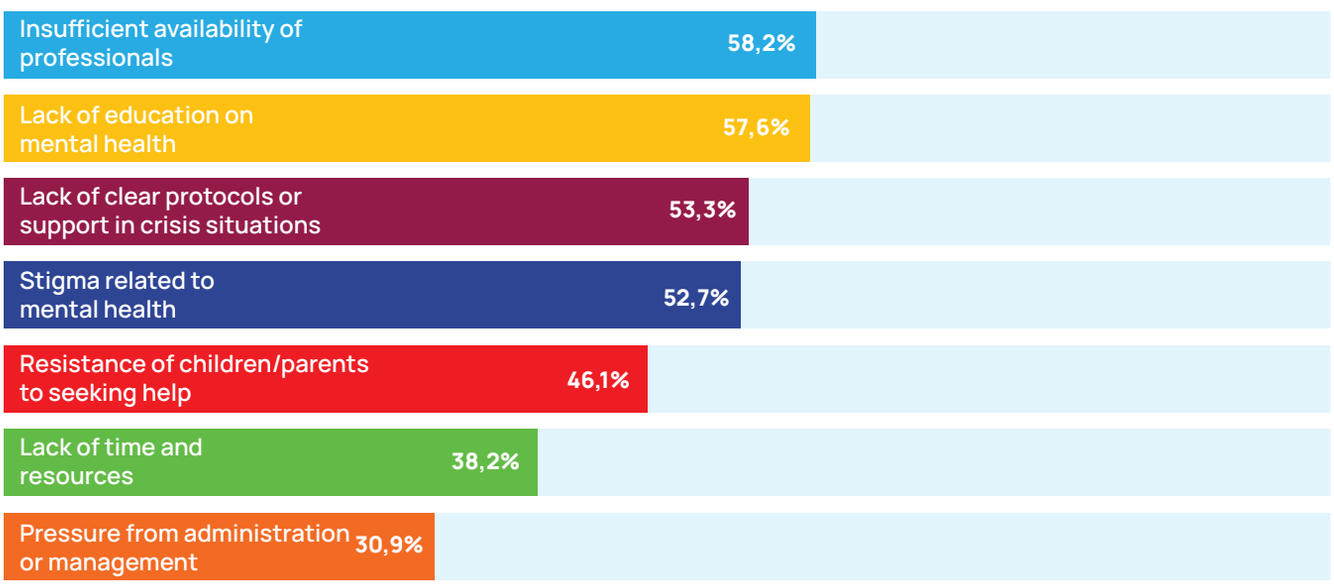
Young people want to be partners in creating solutions.

The Sarajevo Declaration emphasises: the participation of young people as partners, destigmatisation of seeking help, safe (including online) spaces for conversation, accessibility of support without discrimination, and the obligation of institutions to ensure privacy and respect for the dignity of the child.

03

VOICES OF PROFESSIONALS & KEY CHALLENGES

What does the system look like from professionals' perspective?



1. The system is "putting out fires".

Professionals describe the child and youth protection system as reactive and fragmented: interventions often come late, without clear protocols for early identification, risk assessment, and long-term support. Children and young people return to the same environment without continuous care.

> "Awareness of the importance of mental health, especially the mental health of children, is very poorly developed. That is, in my opinion, the key problem. Because of that, problems in children are not recognised in time, neither in early childhood nor before starting school. Only when they come to school do problems become visible, but then it is already too late for prevention."

> "I would say that the biggest problem is the relationship between prevention and reaction. We mostly react only when the problem has already appeared, we put out fires, instead of acting preventively. I think that not enough preventive programmes are implemented, especially in schools and local communities."

Along with reactivity, professionals emphasise lack of time, capacity, and staff. Due to overload, treatments are shortened or spaced out, and children who need more intensive support often cannot receive it in the public system.

> "The biggest obstacle is time. There are many problems, they are increasingly complex, and psychologists cannot within working hours see all children and provide the intensity of treatment that is needed. Due to large workload and small capacities, treatments are spaced out."

> "Briefly and concretely for school age: in health centres psychologists are overloaded, so we often refer students privately for continuous psychotherapeutic work. In the health centre usually one to two meetings are carried out and that's it. The health sector should strengthen capacities or, if psychologists are in schools, require additional education in psychotherapy."

At the same time, systemic decisions sometimes result in a child being returned to the same risky environment:

> "For example, we had a case of a child who was removed from the family due to violence, sent to relatives, and the following year returned to the same family. The teacher who reported the case was disappointed and discouraged because she wondered what the point of reporting is if in the end nothing changes."

In schools, professional services work at the very limit of capacity: the number of psychologists, pedagogues, and social workers corresponds neither to the number of students nor to the complexity of challenges they face daily. While schools become one of the few places where children and young people can express difficulties, expectations towards professional services grow faster than the capacities available to them.

> "For example, in one school with 1,600 students, only one psychologist, one pedagogue, and possibly one social worker work, if there is one at all. Because of that, it often happens that for all problems the professional service is blamed for not recognising the problem, but in fact it is physically impossible to meet all the demands placed on them."

> "Investment always goes where there is project interest, where there are international donors and available funds. That, unfortunately, means the system reacts reactively, not strategically. Such projects last a limited time, funds are spent, and there is no sustainability. That is not a systemic response to the needs of children and young people with mental health problems. We need a permanent, coordinated protection system in which the health sector, the education system, and the social protection system are clearly connected, not only project activities that shut down when funding ends."

2. Lack of an integrated multisectoral response

Cooperation depends on individuals and personal contacts

Instead of stable, formal cooperation mechanisms, professionals describe a system that functions primarily thanks to personal relationships. Where motivated individuals exist, cooperation flows; where they do not, processes simply stop.

> "I have never encountered refusal of cooperation, but everything mostly happened informally – through phone calls and agreements. On the other side there was always a person willing to help, but it depends on personal contacts. In situations when someone did not answer or was not available, I had no mechanism to secure an urgent service, examination, or support."

Protocols exist partially (e.g., reporting violence), but rarely include psychosocial support after the incident

In schools and communities, certain protocols are applied, especially in the area of violence prevention, while guidelines related to emotional and psychosocial support after crisis situations are still not harmonised.

> "At the school level we do not have clear protocols or guidelines for responding in crisis situations. Everything is left to the school as an independent institution. Relevant ministries and mental health centres, despite numerous crisis situations in the last five years in the Canton, in BiH and the neighbourhood, have not offered systemic solutions. We only have a protocol for acting in cases of peer violence."

> "In schools there is a protocol for violence prevention, but it does not foresee psychological support. It only defines reporting steps, forms and responsibilities, but not emotional support or work after the crisis."

Feedback between institutions is irregular or absent

Feedback and mutual exchange of documentation differ across settings. In some cases, professionals state that exchange is fast and efficient, while in others it takes more time and steps to reach a joint overview of the situation.

> "Due to data protection, 'NN' is often written in letters. Practically, the child comes and says: 'They sent me from the Centre', without documentation."

"Multidisciplinary cooperation often relies on private contacts, so it goes faster. But many colleagues don't have that. Someone will call three or four times and give up. Greater availability of services is needed, just as the school is expected to be available… cooperation exists and can be very good, but it requires clear channels, defined roles and realistic deadlines – not relying on 'I know someone'."

The judiciary is often "absent" from multidisciplinary teams.

In cases of violence and neglect, involvement of judicial institutions remains inconsistent.

"When serious family problems occur, such as neglect or violence, then we hit a wall… So, laws and protocols exist but are not implemented. When neglect occurs, the court and police withdraw. In practice, schools end up carrying the burden of the system, from education to interventions, and that is not sustainable."

"We in the Centre for Social Work do not have adequately developed intersectoral cooperation, neither with the prosecutor's office, nor with the court, nor with the mental health centre. In the Centre for Social Work we are only now trying to form a counselling service within the institution. Currently we work in teams, but the focus is mostly on court cases and divorces, while psychotherapeutic and counselling work is still not systemically established."

3. Lack of specific knowledge within the mental health and psychosocial support system (MHPSS).

There is a serious gap between the needs of children and young people and the system's capacity to work with trauma and complex cases.

"Unfortunately, our local community does not have a child psychiatrist. The nearest one is in Banja Luka, which is about 250 kilometres away, and that is truly a major problem. Sarajevo is closer to us, but our children are not covered by health insurance there. So, we do not have access to a child psychiatrist, and this creates serious difficulties for us."

"It seems to me that specific expertise is lacking. If a child has a behavioural disorder, they should work with a professional who has received additional training in that area. Conducting a forensic interview requires specialised education. Instead, we often hear: "Let the psychologist handle it," or any other professional worker. As a result, the picture is fragmented: in some places excellent, in others very poor…"

Most professionals do not have specialised education in child/adolescent trauma

"Education almost does not exist; everything depends on the personal motivation of individuals.
How much someone is ready to persist and invest in themselves, that much the system 'lives'. Everything else rests on people's enthusiasm, not on institutional support."

"When we talk about trauma, I must emphasise that none of us has adequate education for working with children who have survived traumatic experiences. In all of Banja Luka I know maybe two psychologists who seriously deal with children with trauma. That is very exhausting and demanding work. Whoever takes on such cases must have appropriate education not only to help the child, but also to protect themselves. Without education, it is easy to do even greater harm."

Clear guidelines, supervision, and systemic accountability are lacking – decisions often rely on improvisation and personal courage

"For a while, when domestic violence was in focus, we had a formed multidisciplinary team and an established intersectoral approach. Then protocols on cooperation were made and procedures were clearly defined – everyone knew what they do and what their part of responsibility is. But when it comes to children with mental health problems, such programmes do not exist."

"We 'walk' children and parents between institutions. A victim of domestic violence in 2 hours visits up to six addresses; everyone 'questions' her, and the result is minimal. A place is missing that gives a timely, unified response. Wrong referrals are also common: people come to the Centre for Social Work for rights that are not within our jurisdiction."

"The biggest problem is the lack of communication and coordination among institutions. If we from the Centre for Social Work do not send the letter several times, we often get no response. I believe cooperation would be more effective if there were clear coordination and accountability – that it is known who, when, and how reacts."

4. Care for helping professionals – almost non-existent.

Professionals work under constant emotional strain, with chronic stress, secondary traumatisation, and burnout. Supervision and support for staff are not systematically ensured but depend on individual initiative.

> "Another major drawback is that we, the employees in schools, also do not have any psychological support. At work we often experience burnout and exhaustion, but we have no one we can turn to for help."

> "What about our own stress and emotions during and after the crisis, and how to avoid professional burnout? We move from one crisis into another. Those who work on themselves, have supervision or intervision, still do not have enough team and institutional support. The consequence is pronounced burnout in all segments."

> "I will speak from the perspective of the education sector, because helping professions working in schools: pedagogues, social workers, educators, rehabilitators, and the occasional psychologist have no form of supervision. There is no organised education either, unless someone self-initiatively joins additional education programmes, as I have been doing for several years through BHIDAPA. So, everything depends on personal initiative and enthusiasm of the individual."

5. There are examples of good practice

"Some local models (e.g., obligation of feedback between sectors, joint planning of support) show that integrated solutions deliver results – but they are still the exception, not the rule."

"In Republika Srpska the situation is slowly but surely changing. Thanks to UNICEF and the Association of Supervisors of BiH, a major project was recently implemented through which 23 new supervisors in social work were educated. Currently, 15 centres for social work have applied to participate in supervision cycles – eight meetings, from autumn to February of the following year. During the education itself, supervisions were a practical part of the programme, so more than 20 centres have already participated in free supervision meetings."

"In Sarajevo, so-called multisectoral meetings have been functioning for some time. They are organised when a certain problem appears with a child — then representatives of the Mental Health Centre, Centre for Social Work, police, school, and, if needed, parents gather. The goal is to jointly find a solution for a specific case."

The Sarajevo Declaration calls for: integrated mental health and psychosocial support protocols, mandatory care for professionals, and inclusion of children and young people in creating policies and services.

04

WHAT IS MISSING IN RELATION TO MHPSS STANDARDS IN CHILD PROTECTION?

In comparison with UNICEF guidelines for providing support in the area of mental health and psychosocial support within child protection, the research results point to several key gaps:

1. **There is no consistent, layered network of support.**

Support is either too formal and bureaucratised or completely left to private initiative. Prevention, early intervention, and continuous follow-up are not systemically regulated.

2. **Limited participation of children and young people.**

Young people clearly want to participate, but are rarely included in the design of programmes, school policies, or services that concern their mental health.

3. **Weak integration of mental health and psychosocial support (MHPSS) into existing child protection protocols.**

Protocols mostly relate to reporting and procedure, without clear steps for emotional support to the child before, during, and after the crisis.

4. **Insufficient protection of privacy and dignity.**

Young people's fear of stigma and "labelling" shows that standards of safety, confidentiality, and non-discrimination are not yet consistently lived in practice.

5. **Absence of systemic care for professionals.**

The absence of supervision and MHPSS support systems for staff is directly contrary to the "Do no harm" principle and threatens the quality of child protection.

05

RECOMMENDATIONS AND A JOINT CALL: HOW TO BUILD AN INTEGRATED CHILD PROTECTION (MHPSS) SYSTEM IN BIH?

Recommendations are structured in line with the layered approach from the UNICEF Technical Note (from basic safety to specialised services), using the voices of young people and the experience of professionals as a starting point.

5.1. System and policies (basic services & safety)

What is needed:

Include MHPSS standards in **laws, by-laws, and strategic documents** in the areas of health, education, social protection, justice, and security.

Define minimum MHPSS standards in child protection: availability, quality, confidentiality, crisis response, protection from secondary victimisation.

Ensure **stable financing** of MHPSS services, beyond short-term projects – especially for services intended for children and adolescents.

Establish **central and cantonal/entity coordination mechanisms** that connect sectors and oversee implementation of protocols.

5.2. Families, schools, and communities (promotional and preventive activities)

What is needed:

Introduce systemic emotional education programmes in schools and universities (recognising emotions, regulation, peer support, seeking help), with active participation of young people in designing content.

Develop safe physical and online spaces where children and young people can talk without judgement (school trust corners, youth centres, student counselling services).

Conduct anti-stigma campaigns that clearly communicate that seeking help is a sign of strength, not weakness.

Include parents through workshops and counselling services so they learn how to listen without minimising, comparing, and intimidating.

5.3. Targeted non-specialised MHPSS support

Priorities:

Training for professionals employed on the frontline of intervention – teachers, pedagogues, social workers (CSW), police, health workers, mental health centre teams, and other relevant services – through joi**nt multisectoral trainings** on the basics of **mental health and psychosocial support (MHPSS), psychological first aid, risk recognition and safe referral, for faster and harmonised reactions and fewer misunderstandings among helpers.**

Develop and adopt **unified multisectoral protocols:**

- for procedures in cases of suspected abuse, neglect, and violence
- for crisis events in schools and the community
- for case tracking across multiple institutions.

Ensure mandatory feedback mechanisms between institutions so that a child does not remain without support between systems.

Formalise and support **multidisciplinary teams in schools and centres** (psychologist, pedagogue, social worker, doctor) with clear roles.

5.4. Specialised mental health and psychosocial support services

What is missing and what needs to be built

Strengthen capacities and the number of specialised providers: clinical psychologists; accredited child and adolescent psychotherapists (e.g., ECP[1] /EAP[2]); systemic/family therapists; therapists for trauma-focused interventions (CBT[3] /TF-CBT[4]) and EMDR[5]; professionals for complex cases; child and adolescent psychiatrists and psychiatrists; pediatricians; counselling therapists.

Ensure financing from the state budget so that children have access to specialised support, including services of the non-governmental and/or alternative sector (e.g., private practice).

Establish clear referral pathways from school, health centre, and centre for social work to **specialised mental health and psychosocial support services**, and – when necessary – to the **police and judiciary**, with mandatory feedback.

Develop and standardise specialised systemic trainings for working with children and young people who have survived violence, neglect, conflict/displacement, disasters, loss of a close person, and other high-risk experiences — with supervision and outcome evaluation, in line with international standards.

1 European Certificate of Psychotherapy (ECP)
2 European Association for Psychotherapy (EAP)
3 Cognitive Behavioural Therapy (CBT)
4 Trauma-Focused Cognitive Behavioural Therapy (TF-CBT)
5 Eye Movement Desensitization and Reprocessing (EMDR)

06

KEY CROSS-CUTTING ELEMENTS: MHPSS PRINCIPLES THAT APPLY ACROSS ALL LEVELS

1

"Do no harm"

every intervention must safeguard the safety, dignity, and integrity of the child and young people.

2

Participation of children and young people

include young people in the design, implementation, and evaluation of programmes.

3

Non-discrimination

special attention to children and young people from marginalised groups.

4

Confidentiality and ethics

clear procedures for data protection and informed consent.

5

Care for professionals

regular supervision, education, psychological and psychotherapeutic support for those who care for others.

6

Sustainability

abandoning an ad hoc project approach and investing in stable, lasting, and coordinated structures.

07

JOINT MESSAGE

Young people in BiH clearly convey:

"We want you to hear us, not just fix us".

Professionals make it clear that:

"We can do more and better, but we cannot do it alone and without a system."

This brochure is a call to decision-makers, institutions, professionals, organisations, and communities to:

connect existing resources

ensure standardised, accessible, and safe mental health and psychosocial services

include the voices of children and young people in every step.

Together we can build a system in which care for the mental health of children and young people is real, accessible, and sustainable – every day, for every child.

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