REPSSI

Love | Care | Protection for Every Child

REPORT ON THE

8th Mental Health and Psychosocial Support Forum

"SEE US – Amplifying the Voice of Africa's Children and Young People".

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ACDC	Africa Centres for Disease Control and Prevention
ASSMO	Association of Social Science and Management Organizations
AU	African Union
AU-PCRD	African Union Centre for Post-Conflict Reconstruction and Development
AVSI	Associazione Volontari per il Servizio Internazionale (Association of Volunteers in International Service)
AYMs	Adolescents and Young Mothers
CDF	Constituency Development Fund
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organizations
ECD	Early Childhood Development
ESA	Eastern and Southern Africa
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
MACRO	Malawi AIDS Counselling and Resource Organization
MAZ	Medical Association of Zambia
MHPSS	Mental Health and Psychosocial Support
MOE	Ministry of Education - Zambia

ACRONYMS AND ABBREVIATIONS

MP	Member of Parliament
NGO	Non-governmental Organization
PAZ	Psychology Association of Zambia
REPSSI	Regional Psychosocial Support Initiative
ROI	Return on Investment
SADC	Southern African Development Community
SADC-PF	Southern African Development Community Parliamentary Forum
SEL	Social and Emotional Learning
SGBV	Sexual and Gender-Based Violence
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
TESS	Teacher Education and Specialized Services
UKAID	United Kingdom International Development Aid
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations International Children's Emergency Fund
VAC	Violence Against Children
WHO	World Health Organization
YES Health	Youth Engagement and Participation in Global Health Strategy

INTRODUCTION

The 8th Mental Health Psychosocial Support (MHPSS) Forum was held in Lusaka from 25th -29th October, 2025 under the Theme "SEE US – Amplifying the Voice of Africa's Children and Young People". The event that is REPSSI's flagship gathering of mental health and psychosocial experts, policy makers, children, young people, traditional leaders, civil society organizations, religious leaders and government officials held every two years was held in collaboration with the Ministry of Education in Zambia. The 8th MHPSS Forum emphasized the urgent need to prioritize the mental health and psychosocial wellbeing of children and young people across Africa, highlighting integration, partnership, and action as key drivers of sustainable change. The Forum comprised two parts- pre-forum and main Forum both attracting only physical participation with all sessions made accessible to virtual audiences through livestreaming.

OBJECTIVES OF THE FORUM

i. Share innovative indigenous and home-grown models and interventions to provide mental health and psychosocial support.

ii. To provide a platform for children and young people to share experience, learn as well as discuss issues and solutions to matters affecting them.

iii. Disseminate research findings on MHPSS in relation to ECD, HIV, AIDS, SRHR, and VAC, SGBV, climate change, child protection, emergency and humanitarian responses and sustainable livelihood.

iv. Bring together children, young people, practitioners, private businesses, researchers, policy makers, regional bodies and international cooperating partners to discuss solutions to numerous challenges affecting children and young people and negatively impact their enjoyment of mental health and psychosocial wellbeing critical overall well-being.

STRUCTURE OF THE FORUM

Pre-Forum

The Pre-Forum was officiated by the Permanent Secretary, Technical Services in the Ministry of Education through delegation to Director Teacher Education and Specialized Services in the Ministry of Education. Other notable guests at the official opening ceremony were 8 Members of Parliament from Namibia, REPSSI Regional Board Chairperson, Senior Zambian Government Officials and Senior Namibian Parliamentary Officials. The two-day meeting for children and young people was held on the 25th and 26th October at Kalundu Conference Center. It comprised of plenary presentations on various topics; participants reflections; art-based engagements as well as themed recreational activities.

Main Forum

The main forum was held from the 27th to 29th of October, 2025 at the Taj Pamodzi Hotel, officially opened by the President of the Republic of Zambia through delegation to the Ministry of Health and officially closed by Lusaka Province Permanent Secretary. The main forum deliberations included plenary sessions mainly dedicated to policy discussions, breakaway sessions, poster presentations and coffee/tea break networking.

Structure of the Report

This report covers the deliberations of the 8th Mental Health and Psychosocial Support (MHPSS) Forum that took place from the 25th to 29th of October, 2025 in Lusaka Zambia. The report comprises two parts as follows:

Part 1: Pre-Forum
Part 2: Main Forum

PART ONE
PRE-FORUM

INTRODUCTION

The 8th Mental Health and Psychosocial Support (MHPSS) Pre-Forum as an impact platform that brought together 65(28male, 37female) children and young people aged between 13 and 23 years from across Six(6) Eastern and Southern Africa, share lived experiences, and influence regional policy and practice. Deliberations at the Pre-Forum focused on exploring solutions to everyday challenges that impact their mental health, psychosocial wellbeing, and rights as well as mapping out priorities on which they would directly engage policymakers, practitioners, and development partners.

This report captures the key deliberations and outcomes from the 8th MHPSS Children and young people's Forum, held on the 25th and 26th October, 2025 under the theme "SEE US -Amplifying the Voices of Children and Young People in Africa." The theme underscored the urgent need to acknowledge, include, and empower Africa's youthful population, currently estimated at 890 million, with 60% under the age of 25, as active contributors to the continent's development. With projections indicating this number will surpass 1.2 billion by 2050, the forum emphasized that Africa's future prosperity depends on investing in the mental health, resilience, and leadership of its young people. Despite their demographic weight, youth remain underrepresented in decision-making, research, and programming that directly impact their wellbeing. The Forum therefore sought to shift this narrative by centering children and young people's voices, fostering intergenerational dialogue, and positioning young people as co-creators of solutions in shaping a mentally healthy and inclusive Africa.

DAY ONE

OFFICIAL OPENING

The 8th Mental Health and Psychosocial Support Pre-Forum was officially opened by the Permanent Secretary in charge of Technical Services in the Ministry of Education delegated to the Director Teacher Education and Specialized Services, Mr. Sydney Nalube. The official opening ceremony was also attended by Members of Parliament from the Namibian National Assembly led by Honorable. Ephraim Nekongo (MP) and Deputy Chairperson for Gender, Health and Social Security.

In his remarks, Honorable. Ephraim Nekongo (MP), expressed his delight in participating in the (Pre) Forum and highlighted that his delegation was particularly eager to learn from the forum children, young people as well as Zambia's implementation of the Mental Health Act, 2019. This he believed would be helpful in informing the process that his country is currently are undertaking.

Providing historical context, Mr. Kelvin L. Ngoma, REPSSI Regional Head of Programmes, outlined the origins of the MHPSS Pre-Forum, stressing that children and young people too, experience mental health challenges and must be given a platform to express their concerns. He reiterated the importance of investing in children's wellbeing and building supportive environments that enable them to realize their full potential.

Officially opening the Pre-Forum, Mr. Sydney Nalube, Director of Teacher Education and Specialized Services, who delivered the keynote speech on behalf of the Guest of Honor, Dr. Kelvin Mambwe, Permanent Secretary- commended REPSSI and its partners for convening a space dedicated to children and young people's mental health and psychosocial wellbeing. He emphasized that the theme "SEE US" was not merely a slogan, but a call to action, a commitment to securing a resilient and dignified future for Africa's children and young people through collective investment and policy prioritization.

The keynote address on behalf of children and young people across the region was delivered by Bernard Kalungu, a youth representative from Mantapala Refugee Settlement in Zambia. He called on policy-makers to prioritize the growing mental health and psychosocial challenges affecting children and young people that include but are not limited to; stress, anxiety, depression, and the alarming rise in incidences of suicide.

Bernard emphasized the need to strengthen youth–adult partnerships, noting that meaningful collaboration is essential for improving mental health and psychosocial outcomes for children and young people. Reflecting on the Forum theme, "SEE US," he urged decision-makers to view children and young people not as passive beneficiaries but as active partners in shaping policies and solutions to challenges they face.

He concluded by expressing gratitude to REPSSI and its partners for creating a dedicated platform where children and young people could openly discuss the mental health issues that affect them in Eastern and Southern Africa, emphasizing that children and young people's voices must not only be heard, but must inform action.

PARTICIPANT EXPECTATIONS FROM THE PRE-FORUM

The Pre-forum engagements began with children and young people sharing their expectations from the forum as highlighted below;

- My expectation is to find out how exactly will CSOs will ensure they have adequate resources to support mental health services for young people.
- Learn how to drive change on perception of mental health in my community.
- To learn more about GBV prevention initiatives available for girls in Zambia.
- To share experiences of successful initiatives on promoting mental health services for young people.
- To learn more about mental health.
- To identify areas of partnership with Dept. Women, youth and people with disabilities
- Learning and unlearning about mental health and finding solutions to promote progressive initiatives on mental health.
- Networking to forward and develop an Africa shared research agenda to push for a mental health framework.
- Looking forward to learning, engaging and contributing.
- To learn best practices in provision of mental health services for children in displaced communities.
- Creating a better network.
- Share experiences from implementing mental health services.
- To gain more knowledge of the/about the 2063 Agenda and any partnership opportunities.
- Learning, identifying good/working practices, linking how to support organizations.
- Building strategic partnerships to promote mental health services for children in Africa.
- Learn about innovative strategies that can promote mental health and psychosocial care for young people.

SESSION 1:

ICE-BREAKER: MENTAL HEALTH CONVERSATION-SOMATIC EXPERIENCE CELESTE MATROSS, REPSSI SOUTH AFRICA COUNTRY DIRECTOR

The session focused on a somatic experiencing exercise aligned with the forum theme "SEE US," emphasizing the connection between body awareness and emotional well-being. Facilitator Celeste opened the session with an interactive demonstration, guiding participants through a gentle, body-based approach designed to help individuals recognize and release stress or trauma stored in the body. By encouraging participants to notice physical sensations and subtle bodily responses, the exercise promoted self-awareness and allowed the body to naturally restore calm and balance. Celeste explained that somatic experiencing helps individuals understand how the body reacts to fear or tension, supporting the nervous system in retuning to a sense of safety and regulation. She encouraged young participants to practice this technique regularly as a self-care tool, highlighting its role in helping the body shift from a state of survival to one of calm, rest, and emotional equilibrium, thereby strengthening resilience and emotional wellbeing.

Young person from South Africa presenting on psychosocial issues affecting children in her country

SESSION 2: PAINTING FOR CHANGE

Alice Muyambo (Fortitude Arts Legacy)

The session led participants through a therapeutic painting experience that invited them to express their emotions and reflections on mental health beyond words. Guided by the facilitator, children and young people were encouraged to use colors, shapes, and imagery to translate their inner feelings onto canvas, creating a powerful space for self-expression, healing, and connection. Many participants used the opportunity to visually interpret the forum theme "SEE US," illustrating their understanding of visibility, inclusion, and emotional well-being. The atmosphere was reflective and supportive, allowing participants to share their artwork and inspire others with their unique interpretations and lived experiences. The facilitator began by explaining that mental health encompasses emotional, psychological, and social well-being, influencing how individuals think, feel, and act. She emphasized that art therapy is a powerful tool for exploring emotions, reducing stress, and fostering self-awareness. She reminded the young participants that nurturing mental health helps them manage anxiety, express their feelings, build confidence, and strengthen self-esteem. During the reflection segment, participants shared moving insights into their paintings:

Out door games - Children

- One participant illustrated gender-based violence, capturing the pain young girls face daily.
- Another focused on youth potential, showing that with the right support, young people can thrive.
- A third portrayed the message that children's lives matter and that they must be involved in shaping development.
- Others depicted family love and support as a foundation for children's success and self-love as an essential step toward healing and confidence.

The session concluded with the facilitator encouraging children and young people to embrace art as a lifelong tool for self-expression and mental well-being, reminding them that creativity can be both a voice and a form of therapy that nurtures inner strength and resilience.

Save the Children

Little Lion facilitator

DAY TWO

PARTCIPACIPANTS'S REFLECTION OF DAY ONE

- Learnt about the history of the MHPSS Forum and how children's mental health was often neglected in the past.
- Gained knowledge of practical exercises that support stress relief and overall mental health management.
- Learnt about the population of children and young people in Africa and the major challenges they face, including teenage pregnancy, HIV, drug and substance abuse, climate change induced disasters, conflict, and mental health issues.
- Understood the importance of mental health and stress management for daily well-being.
- Learnt how to use the internet responsibly and recognized that social media can sometimes be harmful to children's mental health.
- Discovered how art can be used as a form of therapy to manage emotions and express feelings.
- Realized that children and young people experience worry and stress too, and that emotional support is essential them.
- Acknowledged the importance of seeking help when facing problems, rather than keeping them to oneself.
- Understood that mental health and psychosocial support promotes the overall well-being, confidence, and resilience of children and young people.

Children participating

ROUNDTABLE DIALOGUE YOUTH LED SESSION

SESSION 3: SEXUAL REPRODUCTIVE HEALTH AND RIGHTS ACTIVIST, SAT, ZAMBIA. N'GANGWE N'GANDWE

The session began with an introduction to the concept of Sexual and Reproductive Health and Rights (SRHR), where the facilitator emphasized that SRHR is not a new concept but one deeply rooted in global health and development frameworks. She explained that the term was formalized in Africa during the 1994 International Conference on Population and Development (ICPD) held in Cairo, Egypt, marking a significant milestone in advancing reproductive rights, gender equality, and youth empowerment across the continent.

UNDERSTANDING SRHR

Participants actively shared their perspectives on what SRHR means to them, highlighting its importance in promoting health, autonomy, and informed decision-making among adolescents and young people. They noted that SRHR:

- Helps prevent sexually transmitted infections (STIs) and unwanted pregnancies.
- Enables young people to understand their bodies and exercise reproductive autonomy.
- Promotes assertiveness and confidence in making informed decisions about sexuality and relationships.
- Supports access to accurate information and quality SRHR services.
- Prevents sexual and gender-based violence (SGBV) and protects bodily integrity.

SRHR Access Model for Adolescents and Young People

The facilitator outlined the comprehensive SRHR package, classifying it into eight core clusters:

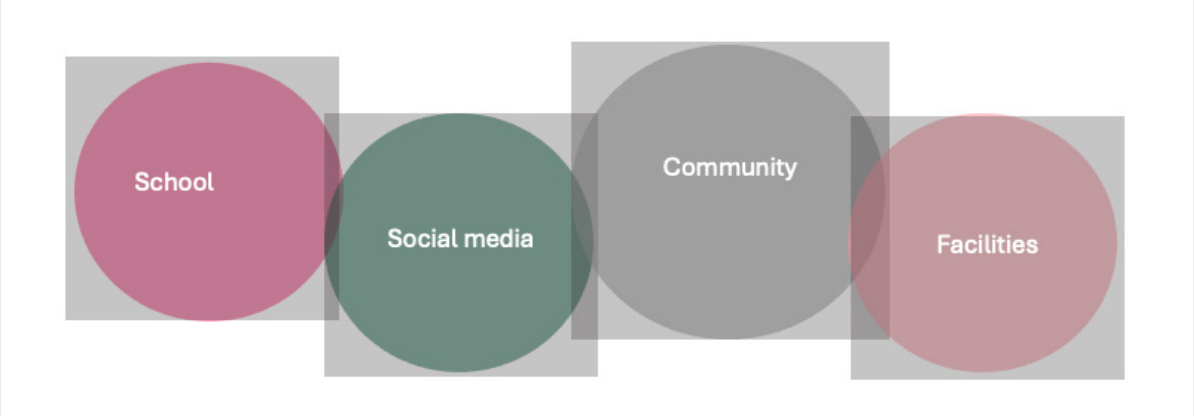
- **Gender-Based Violence**
- **Sexually Transmitted Infections (STIs)**
- **Safe Abortion**
- **HIV Prevention and Care**
- **Reproductive Cancers**
- **Contraception**
- **Fertility**
- **Access to Quality Health Care Services**

KEY DRIVERS OF SRHR ACCESS

The facilitator emphasized that effective access to SRHR for adolescents and young people is driven by four key enablers:

- **Education:** Ensuring access to Comprehensive Sexuality Education (CSE) that equips young people with accurate knowledge and life skills.
- **Information:** Providing reliable and age-appropriate information on reproductive health to counter misinformation and myths.
- **Counselling:** Offering psychosocial and preventive counselling services to guide informed choices and emotional well-being.
- **Service Delivery:** Guaranteeing youth-friendly, accessible, and confidential SRHR services within health facilities and community settings.

NEW MODEL OF SRHR DELIVERY



- **Schools-** Schools are best placed to provide age-appropriate Comprehensive Sexuality Education because they provide structured, consistent and accurate information in a safe environment. This is primarily because children and Young people spend most of their time in school, hence making it the best conduit to reach them with information and service. Provision of comprehensive sexuality education in schools equips young people with relevant knowledge and skills to make informed choices about their sexual and reproductive health.
- **Social media-** Social media fosters an online community and accessible tools useful to promote children and young people's sexual and reproductive health and rights.
- **Community-** The community is one of the most powerful tools to empower young people with knowledge about their sexuality. While communities can shame, victim-blame, or prescribe harmful gender roles, they can also collaborate on prevention and intervention, and collectively shape the behavior of children and young people.
- **Health Facilities-** Health facilities can promote young people's sexual reproductive health rights by providing non-judgmental and accessible youth friendly health services.

The Facilitator concluded the session by informing children and young people that sexual reproductive health and rights is crucial for young people as it empowers them to make informed decisions about their bodies and futures, leading to better health outcomes by preventing unintended pregnancies and STIs, improved educational and socio-economic opportunities for young people. Access to SRHR information and services helps young people avoid violence, achieve their full potential, and break cycles of poverty among young girls.

> **Learning about sexual and reproductive health and rights has helped to understand about my sexual rights such as access to sexual and reproductive health services,**
> Participant's reflection

SESSION 4: MAINSTREAMING MHPSS IN HUMANITARIAN, DISASTER RISK REDUCTION, RESPONSE AND PEACE BUILDING

Nadege Kaswera Vasikenie, Regional Scaling Coordinator - War Child Alliance Foundation (Africa Region) Context

The Team Up and EASE approaches were introduced as innovative psychosocial interventions designed to strengthen emotional regulation, resilience, and social connection among children and adolescents. Team Up is a movement-based psychosocial support model targeting children aged 6–18 years, utilizing structured, trauma- and culturally-sensitive group sessions that incorporate games, body awareness, sports, and movement-based activities.

The facilitator emphasized that play and movement are powerful tools for healing, allowing children to release physical tension, manage emotions, and reconnect with others. Through these activities, participants learn to build trust, communicate non-verbally, and foster a sense of belonging. The Team Up approach provides a safe and predictable space for children to break silence, share experiences, and rediscover their inner strength — their "power within."

NON-VERBAL TEAMING UP

A key feature of Team Up is its non-verbal methodology, which enables inclusive participation regardless of language, culture, or disability. This approach ensures that all children can engage and express themselves freely. Each Team Up session is anchored around specific psychosocial themes, including:

- Fear
- Assertiveness
- Anger
- Stress and Tension
- Conflict
- Respect
- Bullying
- Friendship and Social Connection

Through these themes, children learn essential life skills such as empathy, self-awareness, and peaceful conflict resolution.

OUTCOMES

Implementation of the **Team Up** approach has yielded several notable outcomes, including:

- Strengthened social connections among young participants.
- Improved emotional self-regulation and stress management.
- Increased sense of safety, predictability, and belonging within group settings.
- Enhanced positive outlook and emotional well-being among children.

KEY REFLECTIONS

- The Team Up approach contributes significantly to improving the mental health and psychosocial well-being of young people.
- It is particularly impactful for children aged 6–12 years, helping them understand how emotions affect their behavior and relationships.
- The model integrates protection and resilience-building strategies into all activities, making it both preventive and therapeutic.

CONCLUSION

The session concluded with a practical outdoor activity, where participants engaged in a Team Up play session. This experiential exercise reinforced the session's key message — that movement, connection and play are vital pathways to emotional healing, safety, and resilience for children and young people.

SESSION 5: CHILD LED ADVOCACY: CHILDREN LEADING CHANGE, THE POWER OF ADVOCACY

Kgomotso Papo. Child Rights Specialist – Save the Children

The session began with an engaging discussion on advocacy, as the facilitator invited children and young people to share their understanding of the term. Participants actively engaged and shared their perspectives, describing advocacy as:

- Speaking up for voiceless children and young people in society.
- Raising awareness on issues affecting vulnerable groups.
- Influencing change and promoting issues of importance.
- Taking action to drive social transformation.
- Speaking without fear or favor to demand accountability and justice.

The facilitator then defined advocacy as the **ability to speak out or take action to influence decisions, policies, and attitudes that affect people's lives.** She emphasized that when children and young people advocate, they not only represent their own experiences but also give voice to others whose voices may otherwise go unheard.

Introduction to the African Charter on the Rights and Welfare of the Child (ACRWC)

The facilitator transitioned into a session on the African Charter on the Rights and Welfare of the Child (ACRWC), prompting participants to identify the meaning behind the acronym. She explained that the ACRWC is a **regional human rights instrument adopted by the Organization of African Unity (OAU) in 1990 and entered into force in 1999.** The Charter serves as a comprehensive framework for protecting and promoting the rights of children in Africa, encompassing civil, political, economic, social, and cultural rights.

Key provisions of the Charter include:

- The prohibition of child marriage and harmful cultural practices.
- Protection from violence, neglect, and exploitation.
- The right to health, education, and development.
- Establishment of the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) to oversee implementation and ensure State-Party accountability.
- Recognition of 31 distinct rights specific to African children.

WHY CHILD-LED ADVOCACY MATTERS

The facilitator emphasized that children must be at the center of advocacy efforts, outlining the following reasons:

- Children are experts in their own lived experiences and understand their realities best.
- Policies and decisions directly affect children, making their voices critical in shaping outcomes.
- Children bring creativity, innovation, and authenticity to advocacy initiatives.
- Their involvement inspires communities and leaders to act on pressing issues.
- Advocacy builds leadership, confidence, and citizenship, nurturing a new generation of change makers.

CLOSING REFLECTIONS AND ROLE PLAY

The session concluded with a reminder that children's voices are powerful instruments for social change and must be amplified in every policy and community platform.

To end the day, participants engaged in an interactive role play titled "More Than Just Likes: Digital Safety and the Online Lives of African Children," facilitated by young leaders from the Nelson Mandela Children's Fund (NMCF).

Mitchell, a youth leader from NMCF, urged children to use social media responsibly and purposefully, underscoring its potential as a tool for advocacy rather than validation. She called on civil society organizations to develop digital safety programs in schools to promote online protection, responsible engagement, and mental well-being among children and young people.

SESSION 6: PARALLEL SESSIONS MENTAL HEALTH EDUCATION, AWARENESS AND COMMUNITY ENGAGEMENT

Moderated by Wendy Kunda, 16 – Red Cross Zambia Youth Engagement

Moderated by Lindelwa Sibiya, 22 – Save the Children, Eswatini. In two parallel groups, participants deliberated on questions based on each of the two themes;

- **Mental Health Education, Awareness and Community Engagement**
  - What issues do you care about most?
  - What can help you make change?
  - What action can be taken at the 2025 MHPSS Children Forum?

- **Youth Engagement**
  - What issues do you care about most?
  - What can help you make change?
  - What action can be taken

The following were the overarching issues generated from the group engagements applicable to both themes:

- Track harmonization with global, continental and sub-regional commitments at the national level on provision of mental health services for Children.
- Awareness raising and community mobilization on mental health issues.
- Ensure the involvement of children in policy development, implementation and review.
- Need places of safety for children not only when experience violence.
- Schools have to become sites for ASRHR services and removal of third-party authorization to access services. It's a big part of prevention i.e. access to contraception, ARVs, and pre- postnatal care. (Requires multi-sectoral conversations between the Ministry of Health and the Ministry of Education).
- Need for initiatives that focus on longer-term strategies. There's a need to go beyond the immediate response but to also include longer- term support and mental health healing for children who experience violence.
- Limited data on mental health issues affecting children. It is important to have baseline data/research available to help identify what are the key interventions. (Advocate for inclusion into the Demographic and Health Surveys (DHS).
- Limited data on mental health issues affecting children. It is important to have baseline data/research available to help identify what are the key interventions. (Advocate for inclusion into the Demographic and Health Surveys (DHS).
- Multi-sectoral approach is required to address mental health challenges for children in Eastern and Southern Africa.

- **Child Marriage**
  - SADC Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage –To date, only a few Countries have domesticated the Model Law thereby presenting a challenge in addressing the vice. The importance of this particular legislation is that it goes beyond the age of marriage – it's actually mitigation strategies to retrieve girl's already in child- marriages and to give them opportunities they otherwise would not have.
  - Need to address cross-border abductions and the legal issues relating to exploitation of children.

- **Alcohol and Drug abuse**
  - One of the key issues is to lobby for more recreational facilities for children and strengthen provision of counselling services for children to learn to cope without drugs.

The deliberations resulted in a call for action which the young delegates agreed to present to the main Forum delegates.

CALL TO ACTION

Children's Statement: Empowering Children's Voices for Change in Our Communities!

We, the children and young people of Sub-Saharan Africa, are speaking today to share our voices, our challenges, and our hopes for change. Our message is simple: our mental health matters, and we need adults, communities, and leaders to listen and to act with us.

1. Mental Health, Education, Awareness, and Community Engagement

Our challenges

Too often, our communities don't really see or hear us. Parents and teachers are busy on their phones or focused elsewhere, leaving many of us to struggle alone. The stigma around mental health makes us hide our feelings, and there's little understanding of what we are going through. Poverty, child labor, and gender inequality make it even harder to focus on learning and growing. We also see how our environment our homes, schools, and communities shapes our mental wellbeing, but this is not taken seriously. We worry about too many things children should never have to worry about.

Our solutions

We want safe spaces where we can talk openly about mental health, without fear or shame. Schools should offer free counselling or therapy, and parents should be more present and engaged in their children's emotional lives.

We want to use our talents, arts, and creativity to express our feelings and build awareness. Mental health should be linked with education and the Sustainable Development Goals, because when our minds are healthy, our communities grow stronger too.

And we ask for practical support like access to electricity and safe learning environments so that every child can study, create, and thrive.

The following were the deliberations from young people on the subject of youth engagement and the call to action toward actualizing meaningful and impactful youth engagement.

CALL TO ACTION

1. Youth Engagement and Participation Is Key

Our challenges

Adults often say they want to hear our opinions, but they don't really listen. In many African cultures, we are taught to be quiet, to be respectful, and for boys not to cry but this stops us from being honest about our struggles. Young people with disabilities are often left out completely.

Our solutions

We need adults, parents, teachers, and leaders to truly listen to us, to include our ideas in decision-making, and to respect our perspectives on mental health.

We want awareness campaigns that include boys as well as girls, that show mental health is real for everyone.

Give us a seat at the table in community meetings, school boards, and national forums because the youth are not just the future; we are the present.

2. Outcomes of Poor Mental Health

Our challenges

When children's mental health is ignored, it leads to serious problems like child marriage, teenage pregnancy, alcohol and drug abuse, and dropping out of school. Too often, children who experience these challenges face shame and judgment instead of support.

Our solutions

We want schools and families to welcome young mothers back without stigma, and for teachers to be kind, understanding, and supportive. We need programmes that educate about mental health, sexuality, and life skills, so children can make informed choices. Governments across Sub-Saharan Africa should align their policies to ensure that every child no matter their background or mistakes can access education, care, and a hopeful future.

We demand that, our leaders, parents, teachers, and community members to stand with us. Listen to our voices. Work with us, not for us.

Let's end the silence around mental health and replace it with empathy, education, and action. Together, we can build communities where every child feels seen, supported, and empowered to lead change with courage, creativity, and hope.

CLOSING REMARKS

In closing the Pre-Forum, REPSSI South Africa Programmes Manager, Makananelo Makape, expressed heartfelt appreciation to all participants for their time, effort, and meaningful contributions throughout the forum. She highlighted the power of collective engagement, stating that:

> **The beauty of this convening is that we brought together children and young people with diverse experiences and backgrounds, and from that, we co-created outcomes that are urgently needed to strengthen mental health and psychosocial support for children across the region.**

She reaffirmed REPSSI's commitment to ensuring that the insights and recommendations generated by young people will not remain symbolic, but will inform real action and policy influence.

Red Cross Providing First Aid

PRE FORUM IN
PICTURES

PART TWO
MAIN MHPSS FORUM

INTRODUCTION

The main Mental Health and Psychosocial Support Forum was held from the 27th to 29th of October at the Taj Pamodzi Hotel gathering 529(248 male and 281 female) from cross the world. The forum graced by the His Excellency, Dr. Hakainde Hichilema, President of the Republic of Zambia through delegation to the Minister of Health Dr. Elijah J. Muchima – MP, attracted various delegates that included Minister of Justice (Zambia), Members of Parliament from Namibia and Zambia, Children and young people, Traditional Leaders from Lesotho, South Africa, Zambia and Zimbabwe, Senior Government Officials from East and Southern Africa, Regional bodies- African Union Committee of Experts on the Rights and Welfare of the Child, African Union-PCRD, African Centre for Diseases Control and Prevention, SADC-Parliamentary Forum, researchers, academia, media regional and national NGOs, children and young people. The Forum deliberations were made through:

- **Plenary sessions on various policy issues**
- **Break away sessions**
- **Poster presentations**

Left to right ; Dr. Jackson Mwewa –REPSSI Zambia Board Chairperson, Mr. Patrick Onyango, CEO of the Regional Psychosocial Support Initiative (REPSSI) (second right), Hon. Dr. Elijah Muchima, Minister of Health of Zambia, and Ms. Gigi Gosnel-REPSSI Regional Board Chairpers, Board, Mr. Alex Mapushi, Lusaka Province Permanent Secretary and His Royal Highness Chief Choongo Chairperson of REPSSI during the Opening Ceremony

DAY ONE

WELCOME REMARKS

Deputy Permanent Secretary for Lusaka Province, Mr. Alex Chipo Mapushi officially welcomed forum delegates to Lusaka and Zambia. In his remarks, he brought a grounded perspective to the forum's theme, reminding the audience that in Lusaka, the challenges of urban life, unemployment, HIV/AIDS, and poverty often manifest in silent psychological suffering.

> **Mental health has for too long been a footnote in public health discourse, but this forum declares it a headline.**
>
> He expressed pride that Zambia was chosen to host the 2025 MHPSS forum.

REMARKS FROM REPSSI

Ms. Gigi Gosnell – REPSSI Regional Board Chairperson shared a poem inspired by her experience of the challenges faced by children and young people in the slums of Kibera in Nairobi, Kenya. She reminded delegates that REPSSI's work spans two decades of integrating MHPSS into child protection, education and health systems.

She stated that the 2025 MHPSS Forum is more than a conference, but a collective insistence that mental health and psychosocial wellbeing is foundation to justice, peace, and sustainable development."

She celebrated the power of African knowledge systems, community leadership, and the courage of young people who demand to be 'seen and heard'. She further challenged the delegates to engage in courageous dialogue and consider radical inclusion. Her words set a high moral tone for the forum.

VOICES OF YOUNG PEOPLE: YOUTH CALL TO ACTION

Ms. Kunda Wendy and Ms. Mphatso Mapara, spoke on behalf of children and young people across Africa, delivering a powerful, memorable and emotionally message that served as a reminder to policymakers, service providers, and traditional leaders that visibility must translate into action. They highlighted the importance of not only recognizing the presence and participation of young people but also ensuring that their voices meaningfully influence decisions, programmes, and resource allocations that affect their lives. Some of the words uttered include;

> **When we say SEE US, we mean "see our potential, not just our pain.**
>
> **Please listen to us,**

Mphatso urged policy makers to create a safe space in schools and communities where young people can talk about mental issues affecting them without being stigmatized.

SOLIDARITY MESSAGES FROM PARTNERS

MS. NADEGE V. KWASERA:
WAR CHILD ALLIANCE FOUNDATION

Ms. Kwasera described the theme "SEE US" as a powerful reminder that advocacy for children and young people must be rooted in visibility, dignity, and action. She emphasized the ongoing need for evidence-based research and interventions among REPSSI partners and urged policymakers to view children and young people not as passive beneficiaries, but as leaders in shaping solutions to their own challenges.

SHE CLOSED HER REMARKS WITH THREE ESSENTIAL PRINCIPLES:

- **Be kind and supportive**
- **Care for all children**
- **Act — even the smallest step matters**

MR. COMAS SAKALA:
SECRETARY GENERAL, ZAMBIA RED CROSS SOCIETY

Mr. Sakala reaffirmed the Red Cross and Red Crescent Movement's commitment to integrating MHPSS in all levels of community health and crisis response. Reflecting on Zambia's 2023–2024 cholera outbreak, which claimed over 700 lives, he highlighted the deep psychological impact on children, young people and women, and the role of mental health first aid in recovery.

> **"Resilience is impossible without psychological healing. No one must be left behind not in crisis, not in climate change."**

MR. AMOS MWALE: CHAIRPERSON, ZAMBIA LIFE SKILLS AND HEALTH EDUCATION TASKFORCE

In his remarks, Mr. Mwale reminded the room that young people are not just the future — they are the present architects of Africa's destiny. He urged adults in leadership to ensure youth voices shape policies and services. Speaking directly to the youth, he said:

> **"We will count on you but you must also count on us to fight for your inclusion."**

MRS. LIBAKISO INNOCENTIA MATLHO: EXECUTIVE SECRETARY, AFRICAN UNION CENTER FOR POST CONFLICT RECONSTRUCTION AND DEVELOPMENT

Mrs. Matlho delivered a strong regional message, linking mental health to peacebuilding and post-conflict recovery. She announced the African Union's newly adopted continental guidelines for MHPSS in conflict and post-conflict settings, validated in September 2025 with REPSSI's technical support.

> **"The era of promises is over. It is time for tangible change rooted in community realities, owned by our people, sustained by African institutions."**

PROFESSOR. RAGNHILD DYBDAHL: AFRICA CENTRES FOR DISEASE CONTROL AND PREVENTION

Prof. Dybdahl connected mental health to the African Union's "new public health order" under Agenda 2063. She stressed that mental health must be positioned as central to health systems, not an afterthought in emergencies.

> **"Mental health is the heartbeat of resilience."**
>
> She closed with a line from Bob Dylan:
>
> **"May we always be courageous, stand upright, and be strong. May we stay forever young.**

MS. NYASHA S. TURUZA:
SADC PARLIAMENTARY FORUM

Ms. Turuza highlighted the intersection of SRHR, gender justice, and climate change, drawing from community partnerships in Zimbabwe. She stressed that legal reform and parliamentary action must go hand-in-hand with psychosocial support.

"We cannot talk about mental health without confronting the silence around violence."

MRS. ALICE M. SAILI:
UNESCO ZAMBIA

Mrs. Saili reminded policymakers that mental health and basic needs are inseparable from learning and dignity. She highlighted the Our Rights, Our Lives, Our Future programme, implemented with REPSSI, which embeds life skills and health education in Zambia's public schools.

"Children cannot learn if they are hungry, afraid, or unheard. Mental health in education is not an add-on; it is the foundation."

ADDRESS BY HIS ROYAL HIGHNESS

His Royal Highness Chief Choongo, Chairperson of the House of Chiefs, spoke with the dignity and wisdom that only a traditional leader can bring, grounded the discussion in Africa's cultural and spiritual reality:

"A nation can be wealthy and educated but without health, it is lifeless. He pledged that traditional leaders would champion community level sensitization on mental health, child marriage prevention and the reintegration of girls into school. Chiefs must make program culturally relevant if they are to succeed."

The Chief reaffirmed the traditional leadership's role as custodians of community wellbeing. He stressed that a nation's success depends on the health of its people and called for unity in strengthening family and community support systems.

FORUM KEYNOTE ADDRESS

The keynote address was delivered by Professor. Mark Tomlinson, a Clinical Psychologist and Public Health Researcher from Stellenbosch University. His presentation centred on the concept of the "poly-crisis" a world confronted by overlapping and interconnected challenges including climate change, poverty, conflict, and social breakdown. Drawing on his extensive global experience in mental health and public health systems, Professor Tomlinson shared six essential lessons for addressing these complex and interrelated crises. He emphasized that building resilient systems requires approaches that are integrated, inclusive, and grounded in equity and evidence. He highlighted that the mental wellbeing of communities cannot be addressed in isolation from the broader social, economic, and environmental determinants of health. Sustainable progress, he noted, depends on how societies collectively respond to these intersecting challenges with compassion, innovation, and accountability.

Key Lessons:

- **Resist Despair:** Even small, consistent actions contribute meaningfully amid global crises. Perseverance is essential.
- **Mental Health is Contextual, Not Individual:** Mental distress is often a response to external pressures such as poverty or displacement. Solutions must address community conditions, not just individual symptoms.
- **Scaling Responsibly:** Successful interventions depend on context, relationships, and political will, not mere replication of models.
- **Children Are Not "Human Capital":** They deserve support today not only for what they will contribute in the future, but because it is morally right.
- **Amplify Children's Voices:** He provocatively suggested that children as young as 12 should have voting rights, arguing that it would compel society to take their perspectives seriously.
- **Centre Children in Policy-Making:** He stated that a society built for children's well-being is a successful and just society for all.

FORUM OFFICIAL OPENING REMARKS

The Guest of Honor, His Excellency, Dr. Hakainde Hichilema, President of the Republic of Zambia, represented by Hon. Dr. Elijah Muchima, Minister of Health, officially opened the forum. He appreciated the convening and its importance, stating that the theme, "see us," is not merely a slogan. It is a clarion call. It is a plea from the nearly 890 million children and young people of Africa, who are not just the future, but the present of this continent.

> **The collective plight of our children and young people is heavy. From the scourge of HIV and early unintended pregnancies, to the trauma of violence, conflict, and displacement, to the existential anxiety induced by climate change, our young people are carrying burdens that no child should ever have to bear.**

In his address, the Guest of Honour reaffirmed the Government's unwavering commitment to prioritizing the mental health and wellbeing of Zambia's children and young people. He emphasized that mental health is integral to the nation's development agenda, noting that it cannot be treated as a peripheral issue but as a cornerstone of national development.

> **My government recognizes that the mental wellbeing of our children and young people is not a peripheral issue, but a cornerstone of national development. Data from our Zambia Statistics Agency, alongside various national studies and reports, paints a clear picture. We see the interconnected challenges: limited access to adolescent-friendly health services, the persistent threat of HIV, a rise in non-communicable diseases, and the psychosocial toll of these health burdens. We see the pressure on our education system and the need for more robust psychosocial support for both learners and teachers.**

He highlighted the Government's recognition of the growing interlinkages between health, education, and social protection, and called for enhanced collaboration among sectors to strengthen adolescent-friendly services, expand access to psychosocial care, and invest in sustainable mental health interventions.

He commended REPSSI and its partners for their leadership and positioning Zambia as a regional driver of MHPSS innovation.

> **We will not treat mental health as a side issue," he declared. "It is the cornerstone of a healthy, productive, and peaceful society.**

OPENING PLENARY SESSION

Session Focus: Bridging the Gap: From Policy to Practice in MHPSS and SRHR Integration. Experience sharing on the role of Members of Parliament in fostering integration of Mental Health and Psychosocial Support (MHPSS) and Sexual and Reproductive Health and Rights (SRHR) within national policies, the Case of Zambia.

SESSION CHAIR: MR. HENRY MWANZA

Panelists: Honorable. Princess Kasune (MP)- Minister of Justice Republic of Zambia, and SRHR Caucus member; Honorable. Sunday Chanda (MP) - SRHR Caucus Secretary General & Committee legal affairs, Human Rights and Governance; Honorable. Twaambo Mutinta (MP)- SRHR Caucus Member & Chair Committee on Education, Science And Technology.

SUMMARY OF DELIBERATIONS

The session explored the critical role of legislators in bridging the gap between policy and practice in the integration of MHPSS and SRHR. Panelists underscored the importance of a holistic approach to health that recognizes the intersection between mental wellbeing, sexual and reproductive health, and social determinants of health.

Hon. Mutinta Twaambo, MP highlighted that the Zambian Parliamentary Caucus on Sexual and Reproductive Health and Rights (SRHR) has been instrumental in advancing SRHR policy discussions that now increasingly integrate mental health. He observed that issues affecting young people such as unintended pregnancies, unsafe abortions, and early marriages carry significant mental health implications. He urged for the 2025 MHPSS Forum to generate actionable policy recommendations that priorities mental health and psychosocial support.

Hon/ Sunday Chanda, MP stressed the need to strengthen mental health service delivery at community level, noting that challenges such as unsafe abortions in his constituency are linked to limited psychosocial support. He commended REPSSI's ongoing initiatives in Kanchibiya Constituency and called for greater multi-sectoral collaboration to scale up mental health and psychosocial services at community level.

Hon. Princess Kasune called for the 2025 MHPSS Forum to evolve from Regional gathering to a continental platform for promoting mental health and psychosocial support across Africa. She underscored the urgency of localizing mental health services and mainstreaming mental health education within school curricula. She further emphasized the need to domesticate international frameworks and tools at community and school levels, citing the incorporation of mental health concepts in the Life Skills and Health Education curriculum as a positive step forward.

REFLECTIONS AND AUDIENCE ENGAGEMENT

During the discussion, participants raised concerns about Africa's slow progress toward achieving the Abuja Declaration commitments on health financing. They challenged parliamentarians to mobilize domestic resources and advocate for increased mental health funding.

Participants also proposed that Members of Parliament in Zambia should consider leveraging the Constituency Development Fund (CDF) to establish youth-friendly Centres providing psychosocial support services. In response, Honorable Sunday Chanda acknowledged that mental health remains under-prioritized and often misunderstood, making it difficult to advocate for CDF allocation. He stressed the importance of raising community awareness to normalize mental health conversations and drive grassroots demand for services.

REPSSI CEO Patrick Onyango Mangen and Professor Mark Thomilson

BREAKAWAY SESSIONS

BREAKAWAY SESSION ONE: ADVANCING MENTAL HEALTH, GENDER EQUALITY, AND CAREGIVER WELLBEING IN CRISIS AND DEVELOPMENT SETTINGS

Session Chair: Dr. Jackson Mwewa.
Session focus: This session brought together innovative approaches to transforming gender norms, strengthening parenting in conflict-affected contexts, and integrating mental health and SRHR outcomes among young people. Discussions demonstrated how behaviour change, psychosocial support, and family-centered interventions can serve as pathways to resilience and community wellbeing.

Panelists: Solomon Otale (AVSI); Chol Thok Jok (War Child Alliance); Moreblessing Manditsera (REPSSI Zimbabwe).

Summary of deliberations

The session featured three presentations showcasing innovative, evidence-based approaches that integrate mental health, gender transformation, and reproductive health to improve outcomes for young people and families in vulnerable settings.

The first presentation explored a gender messaging intervention in Rwamwanja Refugee Settlement in Uganda, demonstrating how visual campaigns portraying men in caregiving and domestic roles can challenge entrenched gender norms. The intervention showed that even in severely impoverished communities, positive imagery and re-education can shift attitudes, promote shared household responsibility, and contribute to peacebuilding. Concerns about gender bias were addressed by clarifying that the messaging reflected community-driven evidence rather than external assumptions.

The second presentation introduced **"Be There,"** a Family Stress Model–based programme designed to strengthen parenting capacity in conflict-affected settings. Through nine structured sessions, the intervention supports caregiver mental health, stress management, and positive parenting, ultimately improving child well-being. The discussion highlighted the need for monitoring transparency and encouraged stakeholders to review the model's documented outcomes.

The final presentation demonstrated the impact of integrating MHPSS into SRHR services for adolescent and young mothers aged 10–24 in Hatcliffe. The programme achieved significant reductions in suicidal ideation (32% to 9%) and anxiety (40.1% to 18.6%), increased antenatal care attendance by 35%, and improved uptake of HIV testing by 40%. Additionally, 80% of participants gained financial independence, reducing stress and increasing autonomy in SRHR decision-making.

The deliberations reinforced the value of linking mental health with gender, parenting, and reproductive health interventions to address root causes of vulnerability and strengthen resilience.

Key Takeaway

The session reinforced that mental health, gender equality, and caregiving are interlinked foundations for peace and resilience. Transforming social norms, empowering families, and integrating mental health into reproductive health and development frameworks remain critical to achieving holistic wellbeing for children, adolescents, and communities across Africa.

BREAKAWAY SESSION TWO: INNOVATIONS IN EARLY CHILDHOOD DEVELOPMENT AND PSYCHOSOCIAL SUPPORT

Session Chair: Professor Tamara Chansa-Kabali

Session focus: This session explored innovative models for integrating mental health and psychosocial support (MHPSS) within early childhood development (ECD), focusing on young parents, ECD practitioners, and caregivers in diverse African contexts. Presentations showcased community-driven, evidence-based, and technology-enabled approaches that strengthen the wellbeing of children, parents, and caregivers.

Panelists: Mercedes Kunene (Sefako Makgatho Health Science University); REPSSI Mozambique; Moroesi Makhetha (Stellenbosch University)

Summary of Deliberations

The session explored innovative models linking early childhood development (ECD) with mental health and caregiver wellbeing, demonstrating how psychosocial support, technology, and community ownership can strengthen developmental outcomes for children across Africa.

The first presentation focused on community-based parenting interventions in Mozambique, where a youth-led ECD model has enhanced parenting confidence, increased male involvement, and improved programme sustainability through savings groups. The findings showed that when young mothers are supported through both social and economic networks, long-term resilience is strengthened and child outcomes improve.

The second presentation drew attention to the growing crisis of depression and anxiety among early childhood development practitioners in South Africa. Evidence demonstrated that high stress levels among educators directly affect the emotional climate and quality of learning for young children, reinforcing the need to embed practitioner mental health into national ECD policies, training frameworks, and workplace support systems.

The third presentation introduced the "Parent-App for Kids Tanzania," a hybrid digital parenting tool co-designed with local parents to promote responsive caregiving, early learning, and caregiver wellbeing for children aged 4–6. Operating offline and using culturally relevant content, the app

demonstrated how digital innovation can bridge service gaps, extend psychosocial support to hard-to-reach caregivers, and scale learning beyond physical classrooms.

Collectively, the presentations underscored that mental health is not an add-on to early childhood development, it is foundational to how children grow, learn, and relate to the world.

BREAKAWAY SESSION THREE: RESILIENCE, STIGMA, AND PSYCHOSOCIAL WELLBEING AMONG ADOLESCENTS LIVING WITH HIV

Session chair: Lisa K. Mambwe

Session focus: The session focused on strengthening adolescent mental health and psychosocial wellbeing within the HIV response in Eastern and Southern Africa. It featured three compelling presentations that explored resilience amidst stigma, psychosocial challenges of migrant adolescents, and youth-led mental health advocacy in crisis and conflict settings. Collectively, these presentations highlighted the urgent need for integrated, compassionate, and community-driven responses to support adolescents and young people living with HIV.

Panelists: Patrick Mbulaje (MACRO); Constantine Mitengo (RIATT-ESA); Mercy Nyakoyo (Horn of Africa Youth Network)

Summary of Deliberations

The first presentation focused on the mental health and psychosocial needs of adolescents living with HIV in Malawi, demonstrating how peer-led safe spaces and community support structures are helping young people build resilience in the face of persistent stigma. The model showed clear benefits in improving treatment adherence, reducing isolation, and strengthening emotional wellbeing among adolescents.

The second presentation highlighted the compounded stigma experienced by migrant adolescents living with HIV in fragile contexts across East and Southern Africa. It revealed how displacement, discrimination, and weak protection systems intersect to undermine both mental health and access to essential HIV services. The evidence showed that migrant youth often face policy invisibility, institutional neglect, and multiple layers of exclusion.

The final presentation explored youth-led mental health advocacy in disaster and conflict-affected settings, showing how children and young people are not just beneficiaries of support but active drivers of community healing. By engaging in peer support networks, advocacy campaigns, and psychosocial outreach, young people demonstrated their capacity to restore hope and build collective resilience during crises.

Across all discussions, there was strong consensus that stigma, whether internalized, social, or institutional remains one of the greatest threats to wellbeing, continuity of care, and self-determination for adolescents living with HIV. The session reaffirmed that mental health cannot be treated as an add-on, but as an integrated and essential pillar of HIV response.

RECOMMENDATIONS:

- Embed mental health and psychosocial support within all HIV interventions targeting adolescents and young people.
- Invest in youth-led, peer-support structures that enable safe expression, mentorship, and leadership.
- Design policies and services that address intersectional stigma linked to HIV status, mobility, gender, and sexuality.
- Strengthen collaboration across health, education, migration, and social protection sectors.
- Generate and use local evidence to inform inclusive, scalable, youth-centred models.

The session reaffirmed that resilience is built through inclusion, trust, and community. Participants emphasized that healing is not the absence of pain, but the courage to face it collectively, transforming lived experience into advocacy and systems change. The session closed with a shared commitment to reframe adolescent mental health from a peripheral concern to a pillar of sustainable HIV and development programming.

Traditional Leaders from SADC region pose for Group photo at 8th MHPSS Forum

DAY TWO

MORNING PLENARY SESSION

THE HUMAN CAPITAL IMPERATIVE -BUILDING PROSPERITY BY INVESTING IN AFRICA'S YOUNGEST GENERATIONS

Session Chair: Alice M. Saili- UNESCO Zambia.

Session focus: The session examined the role of human capital investments, particularly through Mental Health and Psychosocial Support in shaping Africa's sustainable prosperity. Discussions centred on positioning the well-being of children and young people as the cornerstone of national and regional development, emphasizing that mental health and education are not peripheral social issues but essential economic strategies.

Panelists: Professor Ragnhild- Africa CDC, Prof. Mark Tomlinson (Stellenbosch University), Ms. Nyasha Sekai Turuza – SADC-PF, Mphatso Mapar- Youth Representative

Summary of Deliberations

The session opened with the Moderator asserting that the well-being of Africa's young people should not be treated as a secondary social concern but as the foundation of sustainable prosperity. She highlighted that investing in children's mental health and education is a long-term economic strategy capable of unlocking the continent's most powerful form of human capital. She noted the intersection of multiple global disruptions, technological, environmental, and geopolitical which amplify the urgency of preparing children and youth for adaptive resilience in an unpredictable world. The discussion emphasized transforming the moral argument for child wellbeing into a strategic economic and policy imperative.

SPEAKERS' HIGHLIGHTS

Investing in Youth as Partners, Not Beneficiaries

Prof. Dybdahl called for a paradigm shift in policy design; from viewing children and youth as passive recipients of care to recognizing them as active partners and co-creators of health and development systems. She presented Africa CDC's Youth Engagement and Participation in Global Health Strategy (YES Health), which institutionalizes youth advisory roles in digital health, emergency preparedness, vaccination, and maternal-child health.

It was emphasized that; youth constitute 65–70% of Africa's population and play a central role in strengthening the continent's health system resilience. However, domestic financing for health remains inadequate, with only two countries having achieved the 15% Abuja Declaration target. To ensure sustainable health outcomes, the integration of Mental Health and Psychosocial Support (MHPSS) into primary health care is essential. Moreover, intergenerational inclusion must be prioritized in policy design and implementation to guarantee that young people are not just beneficiaries but active partners in driving health and development agendas.

Mental Health as Core to Human Capital Development

Prof. Tomlinson linked early childhood mental health to national productivity, emphasizing that "the kinds of brains Africa will need in the next 20 years" depend on quality early childhood interactions. He presented evidence that investments in early childhood development (ECD) yield the highest long-term returns."

He emphasized that the early years of life, particularly ages 0–6, represent the most cost-effective period for investment in national development, as they lay the foundation for lifelong learning, productivity, and well-being. Evidence shows that countries allocating at least 25% of their education budgets to early childhood programmes achieve stronger social and developmental outcomes. Mental health, therefore, must be recognized as a foundational pillar of both education and economic planning rather than a peripheral concern. Moreover, simple, empathetic interactions by caregivers, teachers, and health workers serve as powerful and low-cost interventions that significantly enhance children's emotional and cognitive development.

The Role of Nutrition and Early Childhood Development

Ms. Nyasha Sekai Turuza emphasized the integral role of nutrition in child development, asserting that "a nourished child can think, learn, and dream." Drawing from Zimbabwean experience, she linked school feeding programs to improved psychosocial stability and cognitive performance.

She stressed that nutrition and mental health are deeply interconnected components of early childhood development (ECD). Sustainable progress in this area requires SADC countries to establish dedicated budget lines for mental health and psychosocial well-being, while shifting from reliance on donor funding toward stronger domestic resource mobilization.

Youth Voice on Inclusion and Normalizing Mental Health Conversations

Speaking from her lived experience, Ms. Mphatso challenged adults to move from symbolic youth engagement to authentic partnership. She highlighted the stigma young people face when expressing mental distress and called for intergenerational dialogue and peer support models.

She added that adults must normalize open conversations on mental health and sexuality to create safe and supportive environments for young people. Meaningful youth participation should be consistent and integrated throughout all stages of programme design, implementation, and decision-making, rather than limited to consultation. Families and communities play a vital role as primary spaces for psychosocial support, fostering trust and emotional wellbeing. As emphasized by the youth representative, the call is clear: "Talk with us, not about us."

Thematic Discussion Summary and audience reflections

Mental health was acknowledged as both an economic and social investment rather than a welfare issue, underscoring its centrality to national development. Delegates called for the enactment of legislation mandating domestic MHPSS funding and the inclusion of well-being impact assessments across all sectors. Political and traditional leaders were encouraged to model openness and empathy as a means of reducing stigma and fostering inclusive dialogue. A strong consensus emerged around three foundational pillars of sustainable human capital, Early Childhood Development, Youth Participation, and Community-Based MHPSS Integration. Additionally, cultural frameworks such as Ubuntu were reaffirmed as vital anchors for social cohesion and collective resilience.

- **Domestic Financing:** Participants underscored that less than 10% of health budgets currently go to mental health, with most funds directed toward tertiary care rather than community-based services. Calls were made to achieve the Abuja target and allocate at least 10% of health budgets to MHPSS.
- **Structural Determinants:** Delegates linked poor mental health to poverty, housing, and inequality, emphasizing the need for multi-sectoral policy linkages among health, education, and employment.
- **Youth Participation:** Participants noted that many youth engagement models remain tokenistic. Governments were urged to ensure youth representation in all policy and technical bodies.
- **Leadership and Stigma Reduction:** Speakers encouraged leaders to publicly share mental health experiences to normalize conversations and reduce stigma.
- **Research and Lived Experience:** Delegates emphasized compensating individuals with lived experience when contributing to MHPSS research or design processes.
- **Cultural and Community Approaches:** Ubuntu was highlighted as a culturally grounded foundation for psychosocial well-being and social belonging.

RECOMMENDATIONS AND CONCLUSION

The plenary session concluded with a set of key reflections and recommendations aimed at strengthening Africa's human capital through strategic investment in mental health and psychosocial well-being. Participants emphasized early investment, prioritizing ages 0–6 years as a critical window for psychosocial development and calling for the allocation of at least 20–25% of education and health sector budgets to early childhood programmes.

On domestic financing, delegates urged countries to pursue the Abuja target of allocating 15% of national budgets to health, with a minimum of 10% directed to community-based MHPSS, while exploring innovative financing mechanisms and private-sector partnerships.

Cross-sectoral integration was highlighted as essential, with a call to embed MHPSS across education, social protection, gender, and climate resilience programmes, addressing broader social determinants such as housing, safety, and economic stability.

Under leadership and accountability, participants encouraged public figures to model openness about mental health to reduce stigma and to establish concrete accountability mechanisms for MHPSS implementation.

In advancing youth-led accountability, the session recommended institutionalizing youth advisory structures within national ministries, SADC, AU, and Africa CDC frameworks, ensuring consistent and meaningful youth engagement beyond token consultations.

Finally, on representation of lived experience, participants emphasized the need to provide structured support and fair compensation to individuals with lived experience who contribute to programme design, advocacy, and research, recognizing their insights as integral to effective policy and practice.

Hon. Aboubekrine El Jera, Member of the African Committee of Experts on the Rights and Welfare of the Child and Special Rapporteur on Health, Development, and Welfare of the Child, delivers a presentation during the 8th MHPSS Forum

BREAK AWAY SESSIONS

BREAKAWAY SESSION ONE: EARLY CHILDHOOD DEVELOPMENT AND EMOTIONAL LITERACY

Session Chair: Florence Nkhuwa – Childline/Lifeline Zambia.
Session Focus: The session focused on innovations in early childhood education and emotional well-being, showcasing scalable models adaptable for low-resource settings. Discussions highlighted how emotional literacy and psychosocial learning can be integrated into early education systems to enhance both developmental and protection outcomes for young children.

Panelists: Clever Ndanga (Think Equal); Mercia Lourino Nhavoto (Girl Child Rights); José Joaquim (Unipessoal); Rosemary Ayiera (REPSSI Kenya).

Summary of deliberations

The first presentation highlighted the Think Equal Social and Emotional Learning (SEL) Approach, demonstrating how the "Mood Meter" tool enables children aged 3–6 years old to identify, express, and regulate emotions. Implemented under the UKAID-funded TEACH initiative in partnership with REPSSI, the model equips teachers to recognize early signs of trauma, neglect, or distress, transforming classrooms into safe environments for emotional expression and early child protection. With take-home SEL kits, the approach also strengthens parental engagement, ensuring continuity of emotional support beyond the school setting. Evidence presented affirmed improved empathy, reduced classroom conflict, greater teacher responsiveness, and earlier reporting of abuse cases positioning SEL as a scalable, low-cost mechanism for embedding psychosocial support into national ECD curricula.

The second presentation focused on psychosocial support for survivors of gender-based violence in Cabo Delgado, Mozambique, where conflict and displacement have heightened risks for women and girls. The response model integrates trauma counselling, community safe spaces, and referral pathways linking health, legal, and protection services. Emphasis was placed on locally trained para-counsellors, language-appropriate care, and mobile outreach for internally displaced populations. The discussion stressed that GBV recovery must address both psychological healing and social reintegration, not just emergency response.

The third presentation examined child protection interventions in Chinga, Murrupula District (Nampula), where community child protection committees work alongside traditional leaders to monitor cases of abuse, exploitation, and child labor. The model demonstrated that empowering community structures, rather than relying solely on formal systems creates faster, culturally aligned protective responses. Strengthened case management, community-based reporting, and family support mechanisms were shown to reduce child neglect and school dropout rates.

The fourth presentation centred on breaking mental health and SRHR barriers among adolescents in Kibra sub-County, Nairobi. The initiative integrates youth-friendly SRH services with mental health counselling, peer mentorship, and safe-space clubs led by trained youth champions. Findings revealed a reduction in stigma toward both mental health care and contraception use, increased service uptake among adolescents, and improved confidence in negotiating relationships and bodily autonomy. The model reinforces the need for combined MHPSS-SRHR programming where socio-economic vulnerability, gender norms, and psychological stress intersect.

BREAKAWAY SESSION TWO: INTEGRATING MHPSS INTO MATERNAL AND CHILD HEALTH THROUGH INDIGENOUS AND INCLUSIVE APPROACHES

Session Chair: Dr. Claire Green – REPSSI Regional Board Member.
Session Focus: This segment explored psychosocially informed maternal and child health models implemented in Malawi, Tanzania, and Uganda, emphasizing community-driven and culturally grounded approaches to prevention and care.

Panelists: George Alufandika (REPSSI Malawi); Alex Enock (Investing in Children and Strengthening their Scieties - Tanzania); Joseph Irumba (AVSI).

Summary of Deliberations

The session explored three complementary models advancing mental health and psychosocial support (MHPSS) for adolescents, young mothers, and vulnerable communities. Evidence from Mozambique demonstrated how community-based parenting initiatives are strengthening the emotional resilience of young mothers and fathers while improving early childhood outcomes through peer-led support and economic inclusion. A case study from Tanzania highlighted the effectiveness of indigenous, community-owned approaches such as dialogue circles and Community Healing Days in reducing child marriage and shifting harmful gender norms by blending cultural practices with SRHR education. Insights from Uganda further showed that combining cash transfers with psychosocial support significantly reduces depression and anxiety among young mothers, proving that income alone is not enough, emotional stability and social belonging are central to sustainable empowerment. Together, these models affirmed that meaningful mental health gains emerge where services are integrated, culturally rooted, and led by communities themselves.

Reflections and Key Recommendations

Participants highlighted the need to fully embed MHPSS into maternal, child, and adolescent health systems, rather than treating it as an auxiliary service. Traditional and faith leaders were recognized as critical allies in normalizing psychosocial care, supporting the reintegration of young mothers, and dismantling stigma. The session further emphasized the importance of incorporating psychosocial indicators into national health monitoring systems to advance accountability and data-driven decision-making. Dr. Green closed the discussion by reinforcing that low-cost, locally owned models remain the most scalable pathway for building community resilience and strengthening service delivery for young mothers and their children.

Key Recommendations

Integrate MHPSS into all maternal, child, and adolescent health programmes to ensure holistic care

- Partner with traditional and faith leaders to reduce stigma and reinforce community-driven protection systems.
- Embed psychosocial well-being indicators within national health information systems.
- Prioritize investments in early childhood and adolescence as strategic entry points for long-term human development.
- Secure sustainable domestic financing by positioning mental health within universal health coverage frameworks.
- Transition from youth consultation to shared ownership, ensuring young people co-design solutions and systems.
- Collectively, these reflections reaffirmed that investing in Africa's youngest generations is not a supplementary agenda but the cornerstone for achieving Agenda 2063's vision of "The Africa We Want."

BREAKAWAY SESSION THREE: STRENGTHENING PSYCHOSOCIAL RESILIENCE: INNOVATIVE MODELS FOR SOCIAL WORK AND YOUTH EMPOWERMENT IN AFRICA

Session Chair: Moses Mwanza.
Session Focus: This session showcased innovative models for strengthening psychosocial support systems and fostering community resilience among vulnerable populations across Africa.

Panelists: Julio Mutemba (REPSSI Mozambique); Prof. Given Hapunda.

Summary of Deliberations

The session highlighted two complementary models advancing mental health and psychosocial support for children and young people in crisis-affected communities. In Mozambique, a national initiative has strengthened the capacity of social workers to deliver structured psychosocial and mental health services in contexts of conflict and natural disasters, where children make up more than 60 percent of the affected population. Through a partnership with UNICEF, ASSMO, and the Ministry of Gender, the programme delivered targeted MHPSS training, mentorship, and supervision, supported by an e-learning platform that has now been formally adopted by government for continued national use. A total of 321 social workers were trained, signaling a scalable pathway for institutionalizing child-focused mental health care.

A second model from Kenya demonstrated how community-led youth empowerment initiatives cultivate resilience by strengthening young people's sense of belonging, purpose, and participation. Evidence from three counties showed that depression and substance abuse erode resilience, whereas community collaboration and skills-based programming build emotional strength, agency, and social cohesion. The findings reinforced the importance of enabling environments where young people are not passive recipients of support but active shapers of their own wellbeing and futures.

Collectively, the deliberations underscored the need for capacity building, youth inclusion, and locally led models that centre psychosocial wellbeing as a core development priority rather than an optional add-on.

Overall, the session reinforced that strengthening psychosocial service delivery and empowering communities are mutually reinforcing strategies essential for sustainable mental health and resilience across Africa.

BREAKAWAY SESSION FOUR: ENHANCING YOUTH EMPLOYABILITY – A CATALYST FOR IMPROVED MENTAL HEALTH AND WELL-BEING

Session Focus: This session featured diverse and innovative models from Uganda, Zambia, and Southern Africa, highlighting how skills development, psychosocial integration, and digital empowerment can enhance youth well-being and resilience while addressing root causes of vulnerability among children and adolescents.

Session Chair: Henry Mwanza – REPSSI Zambia.
Panelists: Innocent Cwinyai (AVSI), Mike Mwenda (REPSSI Zambia), Refilwe Mokoena (Nelson Mandela Children's Fund).

Summary of Deliberations

The session brought together three distinct yet interconnected models demonstrating how economic empowerment, psychosocial support, and digital literacy can collectively reduce vulnerability among children and young people.

AVSI presented the Graduating to Economic Resilience project implemented in rural Uganda, where high levels of child marriage and displacement have created urgent protection needs. Through apprenticeship and livelihood training, 546 out of 548 youth successfully completed the programme, with 93 percent becoming self-employed and the remainder absorbed by skilled artisans. The project showed that apprenticeship training not only equips young people with income-generating skills but also restores dignity, increases agency, and significantly reduces drivers of child marriage and exploitation.

A Zambian initiative on integrating mental health and psychosocial support into economic strengthening for adolescent and young mothers demonstrated that improving household income is not enough without addressing emotional well-being and family dynamics. By combining soft-skills training, psychological support and male involvement in caregiving, the programme reduced domestic violence, improved confidence among young mothers and created more stable home environments, resulting in reduced demand for external psychosocial services.

The third presentation on digital agency highlighted the growing risks faced by Africa's children online, including cyberbullying, overdependence on AI tools, and the circulation of explicit content. Child-led online safety initiatives, supported by partnerships with academic institutions and community platforms, have begun to normalize conversations on mental health, digital ethics and child protection. Youth-run campaigns are now reshaping online behaviour and calling for safer digital ecosystems.

Key Discussions and Insights

The Q&A session explored how whole-household approaches and seed capital contribute to youth retention in livelihood programmes, the strategic role of traditional leaders in preventing early marriages, and the need for parental guidance in navigating online risks. Participants also reflected on the scope of psychosocial interventions, ranging from first aid and referral pathways to community advocacy and faith-based engagement. Persistent challenges include inadequate funding, weak coordination among partners, and limited volunteer capacity at grassroots level.
Audience Reflections and Recommendations.

Participants agreed that these models collectively demonstrate the value of integrated development approaches that treat economic empowerment, mental health, and digital citizenship as interconnected pillars of child and youth resilience. The discussions pointed to a shift toward inclusive, community-driven programming that recognizes young people as actors, not beneficiaries.

Recommendations included:

- Scaling apprenticeship and skills programmes to address economic drivers of child marriage and strengthen youth dignity.
- Embedding mental health and psychosocial support into all livelihood and social protection initiatives.
- Equipping children with digital literacy and leadership skills to navigate and influence online spaces safely.
- Engaging traditional and faith leaders as partners in prevention, protection, and reintegration
- Securing sustainable funding for psychosocial services beyond short-term emergency or project cycles.
- Promoting whole-family approaches that recognize the role of fathers and male caregivers in child protection and wellbeing.

The session reaffirmed that youth employability, psychosocial resilience, and digital empowerment are interlinked pillars of holistic development critical for achieving sustainable well-being and protection outcomes across Africa.

BREAKAWAY SESSION FIVE:
THE WISDOM OF EXPERIENCE: A DIALOGUE BETWEEN SERVICE PROVIDERS AND TRADITIONAL LEADERS ON HOME-GROWN SOLUTIONS TO END TEEN PREGNANCY, VIOLENCE AGAINST CHILDREN

Session Chair: Namakando Simamuna – Marie Stops Zambia.
Session Focus: This panel discussion explored the intersection between adolescent health, sexual and reproductive health and rights (SRHR), and mental well-being, highlighting the role of traditional leaders and emphasizing the importance of community-driven, youth-inclusive, and multi-sectoral approaches to improving adolescent outcomes. Through the moderated dialogue, panelists unpacked the realities facing adolescents, discussed barriers to accessing SRHR and mental health services, and explored collaborative solutions involving health systems, traditional leaders, and communities.

Panelists: Shirley Raman - Social Work and Development Expert, Department of Social Development, South Africa; Lynne Mushabati -Health Provider, Chipata Level One Hospital, Zambia; Kondwani Nyirenda - Peer Educator, Chipata Level One Hospital, Zambia; Mercy Maliro - Adolescent Health Provider, Kanyama Hospital, Zambia; Joyce Mbewe - Peer Educator, Kanyama Hospital, Zambia.

Summary Discussion

The Social Work and Development Expert provided compelling insights into the various forms of violence that adolescents and young people experience across their life course, including sexual, emotional, and structural violence and highlighted how these deeply affect their mental health, self-esteem, and overall development. She underscored the urgent need to strengthen the capacity of social workers, health professionals, and frontline service providers with the skills and knowledge required to identify, prevent, and respond effectively to violence against women and girls. Drawing from her experience in the Department of Social Development in South Africa, she emphasized that prevention must go beyond reactive case management to include proactive community engagement, inter-sectoral collaboration, and integration of psychosocial support within health and social service systems. She further called for continuous professional development, trauma-informed care approaches, and stronger referral networks to ensure survivors receive holistic, compassionate, and sustained support. She highlighted the dilemma of reporting SGBV cases while maintaining confidentiality, calling for clearer inter-sectoral coordination between traditional systems and statutory law.

Peer educators highlighted teenage pregnancy, stigma, and misinformation as persistent SRHR challenges affecting adolescents, particularly in low-income and peri-urban communities. They noted that cultural taboos and lack of comprehensive sexuality education contribute to early sexual debut, unplanned pregnancies, and unsafe abortions. From a psychosocial perspective, REPSSI emphasized that these challenges directly impact adolescents' emotional health leading to anxiety, low self-esteem, and depression. Health providers further observed that peer pressure, parental silence, and cultural expectations significantly shape adolescents' attitudes toward

sexuality, relationships, and health-seeking behaviour. The discussion reinforced that adolescents require safe spaces, accurate information, and supportive families to make informed choices about their bodies and relationships.

Providers underscored that stigma, lack of privacy, and judgmental attitudes in health facilities deter adolescents from seeking SRHR and mental health services. Long waiting hours, inadequate infrastructure, and absence of dedicated adolescent corners were identified as key barriers. To address this, panelists advocated for youth-friendly spaces, trained personnel, and stronger confidentiality mechanisms. They also discussed the ethical complexities of balancing confidentiality with mandatory reporting obligations in cases of sexual and gender-based violence (SGBV). Innovations such as peer-led outreach, integrated counselling, and school-based psychosocial programs were highlighted as effective in bridging SRHR and mental health support. The session called for mainstreaming MHPSS within adolescent health programs and scaling community-level interventions that build trust and continuity of care.

The panel emphasized that sustainable adolescent well-being requires strong partnerships between traditional leaders, faith institutions, health systems, and communities. Traditional leaders were urged to use their influence to promote adolescent rights, reduce stigma, and champion inclusive SRHR and mental health dialogues. Providers and peer educators echoed the need for joint investments in youth-friendly services, mentorship programs, and awareness campaigns. Panelists concluded that adolescents' meaningful participation in designing and monitoring these interventions is crucial for impact and ownership.

Chiefs' Reflections and Recommendations

Traditional leaders provided practical reflections following the discussion calling for:

- **Integrated Approaches:** They emphasized the need for a multi-sectoral response that combines psychosocial, spiritual, and parental dimensions in addressing addiction, violence, and poor mental health among adolescents.
- **Partnership and Localization:** Chiefs recommended that organizations collaborate directly with traditional leaders and support implementation at the constituency level, including exchange visits across chiefdoms for shared learning.
- **Faith Sector Accountability:** The church was challenged to take greater responsibility, as some youth gatherings within church settings have become risky spaces for early sexual activity.
- **Community Engagement:** Chiefs recommended field visits to hospitals and communities for partners and policymakers to appreciate on-the-ground realities.
- **Documentation and Learning:** Traditional leaders noted that many chiefdoms are already advancing SRHR and SGBV prevention initiatives but lack documentation and visibility; they commended Malawi for its legal precedent in holding the state accountable for denying a girl access to safe abortion care.
- **Addressing Youth Vulnerabilities:** Alcohol and substance abuse among adolescents were identified as emerging threats requiring urgent community-based interventions.

Conclusion

The session concluded that addressing adolescent health, SRHR, and mental well-being demands holistic, inclusive, and context-driven approaches. Integrating psychosocial support within SRHR services, fostering youth leadership, and strengthening collaboration with traditional and faith leaders were recognized as critical pathways to building resilient, informed, and empowered young people. The dialogue reaffirmed that adolescent well-being is both a community and national responsibility, central to achieving sustainable development and social justice in Africa.

PLENARY DISCUSSION: TRADITIONAL LEADERSHIP ADDRESSING CHILD MARRIAGE AND TEENAGE PREGNANCY AMONG CHILDREN AND ADOLESCENTS

Session Chair: Amos Mwale – Centre for Reproductive Health and Education.

Session Overview: The plenary was moderated by Mr. Amos Mwale, Executive Director – Centre for Reproductive Health and Education; and brought together traditional leaders from across the SADC region, to explore the critical role of customary authority in addressing child marriage and teenage pregnancy. The session linked these issues to the broader mental health challenges faced by young people and emphasized that while legal frameworks are necessary, real transformation occurs through community-level cultural change driven by traditional leadership.

The moderator underscored that ending child marriage requires systemic cultural reform rather than reliance on legislation alone, positioning traditional leaders as key partners in national accountability mechanisms and first responders to social crises within their communities.

Key Presentations and Interventions

His Royal Highness Senior Chief Choongo, Chairperson of the House of Chiefs (Zambia), outlined ongoing efforts within Zambian chiefdoms to strengthen by-laws, establish Chiefdom Development Committees that integrate social workers and educators, and support adolescent girls returning from early marriages. He reaffirmed that chiefs, as custodians of culture, are uniquely placed to influence community behavior and lead social transformation when adequately resourced and included in development planning.

Traditional leaders across Zambia shared complementary initiatives, including:

- Community Policing Models: Enhancing local protection systems to identify and respond to child marriage cases.
- School Reintegration Programs: Supporting girls who have dropped out due to early marriage or pregnancy to return to school.
- Faith–Traditional Collaborations: Partnering with religious leaders to challenge harmful norms and promote positive parenting and moral responsibility.
- By-law Enforcement: Introducing punitive measures for parents and guardians who marry off underage girls.

The discussion highlighted that integrating traditional authority with modern governance strengthens community protection mechanisms and improves accountability in safeguarding children and adolescents.

KEY DISCUSSION POINTS AND REFLECTIONS

1. **Role of Traditional Leaders in Ending Child Marriage:**
   Traditional leaders reported implementing community-driven strategies, such as Chief Kawaza's Chiefdom Development Strategic Plan in Katete District, which prioritizes ending child marriage and restricts marriage under the age of 23. With REPSSI's technical support, local taskforce committees have been established to raise awareness and enforce these by-laws. Chief Kula further emphasized a holistic approach, including penalties for families who facilitate early marriages.

2. **Addressing Substance Abuse among Young People:**
   The House of Chiefs of Zambia serves as the Secretariat of the Southern Africa Network of Traditional Leaders on Drug Demand Reduction, an African Union–backed initiative. This program equips chiefs with knowledge on drug prevention, treatment, and care, enabling them to address substance abuse and related mental health issues among youth. In Monze District, six chiefs formed an association to promote community awareness and combat mental health disorders in their chiefdoms.

3. **Preventing Teenage Pregnancy, HIV, and STIs:**
   In Itezhi-Tezhi Chiefdom, traditional leaders are working with key stakeholders to implement community awareness programs that address sexual health challenges, including teenage pregnancy, HIV, and STIs. These interventions promote education, dialogue, and early prevention through culturally sensitive approaches.

Emerging Issues

- Traditional leadership remains a central pillar in addressing harmful social norms, promoting adolescent protection, and linking cultural structures with formal health and education systems.
- A multi-sectoral approach is necessary, integrating psychosocial, spiritual, and family-based strategies to tackle root causes of child marriage and adolescent mental health challenges.
- Chiefs advocated for partnerships with ministries and CSOs, inclusion of youth voices in traditional councils, and improved documentation of chiefdom-level progress on SRHR and mental health.
- The church was challenged to strengthen its role in guiding young people, with concerns raised about risky behaviors emerging in religious gatherings.
- Substance abuse and depression among youth were recognized as urgent priorities requiring community-driven prevention and response mechanisms.

CONCLUSION

The plenary concluded that traditional leadership is indispensable to sustainable child protection and adolescent well-being in Africa. Chiefs are not only custodians of culture but also catalysts for social transformation when engaged as equal partners in governance and development. The session called for continued collaboration between chiefs, civil society, and government structures, alongside evidence-based documentation of community efforts.

Day Two of the Forum closed with a unified call for holistic, inclusive, and youth-centered investment in Africa's future, emphasizing that sustainable development must integrate mental health, education, empowerment, and local leadership as the foundation for achieving a resilient and prosperous Africa.

Red cross Team

DAY THREE

Day three focused on advancing accountability, rights-based approaches, and community-driven solutions for adolescent and youth mental health across Africa. The day's sessions emphasized **policy alignment**, **service integration**, and **youth leadership** as critical drivers for transforming mental health systems.

PLENARY SESSION ONE: SPECIAL SESSION ON THE ROLE OF PARLIAMENT IN ADVANCING PROMOTION OF MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING

Session Chair: Mr. Kelvin L. Ngoma, REPSSI Regional Office.
Session Focus: The high-level dialogue featured Ephraim Nikongo Members of Parliament Namibia, Hon. Princess Kasune Minister of Justice Zambia and Hon. Aboubekrine El Jera - Special Rapporteur for Health and Social Welfare- ACERWC and Director- DSD, Botswana

Panelists: Ephraim Nikongo, Members of Parliament Namibia; Hon. Princess Kasune Minister of Justice, Zambia; Hon. Aboubekrine El Jera -Special Rapporteur for Health and Social Welfare- ACERWC.

Hon. Princess Kasune, opened the plenary by thanking REPSSI for organising the 8th MHPSS forum. Speaking to the theme SEE US, she called on REPSSI and other collaborating partners to extend provision of mental health services to young people in marginalised communities.

Youth representatives underscored the importance of **accountability mechanisms** that enable adolescents to directly engage policymakers and hold institutions responsible for mental health commitments. The session concluded with a shared commitment to embed MHPSS more deeply within **education, social welfare, and justice systems**, reaffirming that children's rights and psychosocial well-being are inseparable pillars of Africa's development agenda. Given a youth representative from Namibia called on policy makers to formulate laws on mental health that align on human dignity and international treaties.

PLENARY SESSION TWO:
35 YEARS OF THE AFRICAN CHARTER ON THE RIGHTS AND WELFARE OF THE CHILD (ACRWC)

Session Chair: Dr. Rose Chikopela – Chalimbana University -Zambia.

Session Focus: The plenary session marked the 35th anniversary of the ACRWC, underscoring the intrinsic link between child rights and psychosocial well-being. Representatives from the African Union, UNICEF, and the Zambian Ministry of Community Development reflected on regional progress in mainstreaming mental health within child protection systems. Discussions highlighted the growing recognition that MHPSS must be embedded across education, justice, and social welfare sectors to uphold the rights and dignity of children. Youth delegates reinforced the need for accountability structures that enable adolescents to engage decision-makers directly, shifting from tokenism to genuine participation.

Panelists: Mr. Ben Mokwadi, Director of Social Development, Botswana; Hon. Ephraim Nkole, Member of Parliament, Namibia; His Royal Highness Chief Kasekete; Ms. Sibongile M, Director of Psychosocial Support, South Africa.

Summary of deliberations

- **Mr. Mokwadi:** outlined Botswana's progress in operationalizing the African Charter, which the country ratified in 2001 and later translated into law through the Children's Act of 2009. He highlighted key national investments in child protection, including social protection programmes, child support grants, and strengthened birth registration systems. Botswana has also institutionalized child participation through structured consultative forums. However, he noted that significant challenges persist, particularly the tension between progressive child protection laws and entrenched cultural practices, which continue to undermine full implementation of the Charter.
- **Hon. Nikongo:** reflected on Namibia's implementation of the Child Care and Protection Act of 2015, which advances children's rights through mandatory education, child grants, and mechanisms for youth participation. While Namibia has made strides in legislative alignment, he raised concern over an alarming increase in youth suicides, calling attention to the urgent shortage of trained psychosocial professionals. He stressed that without stronger investment in mental health services, legal frameworks alone cannot safeguard children's well-being.
- **Ms. Sibongile:** shared South Africa's approach to embedding psychosocial support in the education system, including the deployment of over 11,000 youth assistants to strengthen school-based mental health services. She discussed the rollout of suicide prevention toolkits and mental health literacy training for educators, positioning trauma-informed schools as safe spaces for both learners and staff. She affirmed that academic performance and emotional well-being must be treated as interdependent, not separate priorities.

- **Chief Kasekete:** presented a culturally grounded model of child protection driven by traditional leadership. In Zimbabwe, community-led campaigns are being used to tackle teenage pregnancy, child marriage, and HIV, supported by sensitization workshops and peer education. He emphasized that safeguarding children requires a shift in collective mindset, where communities, not just institutions share responsibility for protection. His intervention demonstrated the role of traditional authority in advancing child rights when aligned with national policy.

Conclusion

The plenary concluded with a collective call to move beyond policy rhetoric and toward concrete action that delivers real change for children across Africa. Participants emphasized the need for sustained and dedicated financing for child and adolescent mental health, stronger community-led accountability to eliminate harmful practices, and the meaningful inclusion of children and young people in decision-making spaces. The path forward requires shifting from commitment to measurable impact, ensuring that every child in Africa not only receives protection in law, but also experiences psychosocial safety, dignity, and a genuine sense of belonging in practice.

BREAK AWAY SESSIONS

BREAKAWAY SESSION ONE: STRENGTHENING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT FOR CHILDREN AND ADOLESCENT THROUGH INNOVATIVE COMMUNITY-DRIVEN APPROACHES

Session Chair: Ms. Nyasha S. Turuza (SADC Parliamentary Forum).
Session Focus: The session focused on innovative, community-driven approaches that strengthen mental health and psychosocial support for children and young people, highlighting the role of youth-led accountability, integrated livelihood and psychosocial models, and technology-enabled child protection systems. Through shared evidence and field experiences, the discussions demonstrated how empowerment, safe spaces, and responsive services can reduce vulnerability, build resilience, and ensure that children and adolescents have access to timely, dignified, and holistic mental health support.

Panelists: Mr. Mike Tembo (New Generation Vision); Ms. Lukia Nagadya (AVSI Uganda); Ms. Florence Nkhuwa (Childline/Lifeline Zambia).

Summary of Deliberations

The session on Broadcasting Change highlighted how community-led monitoring and radio programming are elevating youth engagement and accountability in mental health service delivery in Zambia. Through youth-hosted radio shows, adolescents created open, stigma-free spaces for discussing mental health, which led to increased awareness, improved trust between young people and health facilities, and inspired follow-on initiatives such as the Mental Health Talk Show on UNZA Radio. Participants recommended embedding community-led monitoring within district health plans, establishing ethical standards for youth monitors, and integrating findings into the District Health Information System, while the moderator underscored the power of radio as a tool for public participation and collective action.

The presentation on self-efficacy and mental well-being among refugee and host community youth in Uganda shared evidence from AVSI's Cash Plus Care model, which pairs financial assistance with psychosocial support, life-skills training, and caregiver engagement. The programme demonstrated that young people with stronger self-belief showed reduced anxiety, better coping skills, and increased participation in education and community work, while caregivers reported improved emotional regulation and parenting capacity. The session reinforced that economic support alone is insufficient without parallel investments in psychosocial resilience, aligning well with WHO's layered approach to mental health in humanitarian settings.

The discussion on access to psychosocial support for survivors of sexual and gender-based violence showcased how the Childline/Lifeline Zambia helpline provides immediate counselling, crisis intervention, and structured referral pathways through a 24-hour toll-free line. Handling more than 15,000 child protection cases annually, the service connects survivors to shelters,

legal services, and healthcare within 24 hours and offers follow-up counselling to support long-term recovery. Key challenges raised included underreporting, lack of private phone access for minors, and counsellor shortages in rural districts. Participants called for investment in digital infrastructure, expanded counsellor training, and stronger links between national helplines and local protection systems, noting the model's success in combining technology with trauma-informed care.

BREAKAWAY SESSION TWO: ENHANCING ADOLESCENT HEALTH AND RESILIENCE THROUGH SUSTAINABLE AND RESPONSIVE POLICY REFORM

Session Chair: Ms. Lisa K. Mambwe

Session Focus: This session brought together diverse perspectives on adolescent health, resilience, and policy reform in complex settings. Presentations explored the reintegration of child mothers through education in crisis-affected communities, a regional analysis of early and unintended pregnancy policies in Eastern and Southern Africa, and the transformative role of lived experience in shaping mental health recovery systems. Through evidence, policy insights, and youth-led advocacy, the session underscored the need for holistic, inclusive, and rights-based approaches that centre young people especially those navigating displacement, stigma, and structural barriers as agents of change rather than passive beneficiaries.

Panelists: Mr. Alfred Biribonwa Agaba (AVSI Foundation -Uganda)**;** Ms. Roseline Hwati (RIATT-ESA); Mr. Rabson Banda (Elevated Initiatives – Zambia); Ms. Wankumbu Simukonda (United Hospital – Malawi).

Summary of Deliberations

Mr. Agaba presented AVSI's Education Cannot Wait: A New Start for Child Mothers in Polycrisis Contexts, which outlined Uganda's Accelerated Education Program (AEP) designed to re-integrate child mothers into school systems within refugee and host communities. The model condenses a seven-year curriculum into three structured learning levels and integrates life-skills and parenting support. With a 79 percent re-enrollment rate, an 80 percent national exam pass rate, and a rise in positive parenting practices from 49 to 74 percent, the programme demonstrated that combining education, psychosocial support, and community mobilization can break cycles of exclusion and affirm the call to "Keep Her in School."

Building on this, Ms. Hwati presented a regional policy analysis on early and unintended pregnancy in Eastern and Southern Africa, reinforcing the importance of community-driven solutions and enabling policy environments. She highlighted that holistic, family-centred approaches—especially when combining life-skills, parenting, and teacher training—are essential to sustaining school re-entry and preventing repeat dropout among adolescent mothers.

Mr. Banda shared Zambia's first Peer-Led Mental Health Recovery Initiative in higher education, implemented in partnership with the University of Zambia. Using the CHIME Model (Connectedness, Hope, Identity, Meaning, and Empowerment) and Photo-voice methodology, over 300 Peer

Recovery Wellness Coaches were trained, leading to reduced stigma, the establishment of the university's first Mental Wellness Club, and direct engagement of more than 600 students. The initiative demonstrated the transformative power of co-produced, peer-led mental health systems. Key recommendations included embedding recovery coaching in institutional structures, securing sustainable financing, and integrating peer-support models in national mental health policy frameworks.

Ms. Simukonda addressed the intersecting psychosocial and medical challenges facing adolescents and young people living with HIV in Malawi, particularly around viral load suppression. Barriers such as delayed communication of results, treatment fatigue, stigma, and limited negotiating power in sexual relationships were outlined. The peer-support model implemented at United Hospital, using trained adolescent peer educators, improved adherence, emotional support, and patient–provider trust. Key action points included ensuring dedicated ART staff, scaling peer-support training, and integrating mental health and SRHR services to create holistic, youth-friendly HIV care.

Key Reflections

Participants stressed the importance of sustained community engagement and caregiver inclusion to address stigma and support adolescent mothers. There was strong consensus on the need to institutionalize peer-led recovery models in higher education, expand psychosocial support for adolescents living with HIV, and fully integrate mental health within SRHR programming to enable truly comprehensive adolescent health systems.

Conclusion

The session reaffirmed that meaningful implementation of the African Charter on the Rights and Welfare of the Child now requires a deeper focus on the intersections between education, SRHR, and mental health. Case studies from Uganda, Zambia, and Malawi illustrated that youth-led approaches, community ownership, and inclusive policy reform are essential for advancing resilience among the next generation. Delegates committed to scaling evidence-based models, strengthening cross-country learning, and embedding psychosocial support within national education and health systems to ensure that no adolescent is left behind.

Dr. Rose Chikopela, Lecturer at Chalimbana University, moderated a panel discussion on "Commemorating 35 Years of the Adoption of the African Charter on the Rights and Welfare of the Child: Progress Made in Advancing the Rights and Welfare of the African Child" during the just-concluded REPSSI 8th Regional Mental Health and Psychosocial Support (MHPSS) Forum 2025.

BREAKAWAY SESSION THREE: REPSSI SYMPOSIUM – EVIDENCE -BASED MODELS FOR INTEGRATING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) INTO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Session Chair: Dr Tandiwe Tembo.
Presenter: Ms. Mokgadi Malahlela (Best Health Solutions.)
Session Focus: This session explored evidence-based approaches to integrating MHPSS into SRHR programs across East and Southern Africa, with a focus on addressing the intersecting challenges of adolescent mental health, reproductive health, disability inclusion, and digital innovation in service delivery.

Key Highlights and Discussion Points
Ms. Mokgadi Malahlela, an early childhood development specialist and long-time collaborator with REPSSI, reflected on her work supporting the integration of mental health and SRHR for adolescents and young people in diverse cultural settings across five countries. The integrated model aims to empower adolescents, strengthen psychosocial resilience, and expand access to SRHR services, especially in resource-limited and marginalized areas.

The presentation emphasized that young people with disabilities and those in rural or hard-to-reach areas face significant barriers to mental health care and reproductive health information. Innovative responses included the use of THANDO, a digital chatbot providing confidential, youth-friendly mental health and SRHR information. The platform offers personalized recommendations and real-time support while working to minimize data costs for users. Participants underscored the need for ongoing collaboration with mobile service providers to ensure affordability and digital inclusion.

Ms. Malahlela highlighted the importance of training healthcare providers to adapt to changing adolescent needs and to apply integrated care approaches that combine psychosocial and reproductive health support. Policymakers were urged to establish dedicated budget lines and strengthen inter-ministerial coordination to ensure sustained investment in adolescent health and mental well-being. Advisory boards for marginalized youth, including those with disabilities, were recommended to ensure representation and inclusivity in program design and policy formulation.

Community-based organizations were identified as essential partners for implementation, as they maintain close links with young people and ensure continuity of care and accountability. Strengthening youth-led programming, leadership, and collaboration was recognized as key to building sustainable and locally driven adolescent health initiatives.

Presentation: War Child – Preventing Illegal Child Recruitment in the DRC.
The War Child segment examined the legal and psychosocial dimensions of illegal child recruitment in the Democratic Republic of Congo (DRC), where children as young as six are involved in armed conflict. Presenters discussed government efforts to reinforce legal protections under the UN Convention on the Rights of the Child and ongoing reintegration programs for children leaving

armed groups. Participants emphasized the need to address root causes such as poverty, trauma, and social exclusion, and called for integrated models combining mental health, education, and livelihood support. The role of peer facilitators in reducing stigma and building community resilience was also highlighted.

Key Action Items

- Engage presenters and stakeholders to review evaluation findings and identify opportunities for policy uptake and replication.
- Explore government partnerships to create youth-friendly spaces and expand access to SRHR and mental health services.
- Collaborate with mobile network providers to secure free or subsidized data access for digital platforms like THANDO.
- Strengthen youth participation in advisory boards and decision-making processes, ensuring inclusion of adolescents under 18.

Questions and Responses Summary

- **On child recruitment:** The DRC's representative outlined the legal framework protecting children's rights, highlighting ongoing reintegration programs and the need for poverty alleviation to prevent re-enlistment.
- **On digital interventions:** Ms. Malahlela explained THANDO's development, funding, and partnerships with mobile companies and the Department of Health, emphasizing digital accessibility and youth inclusion.
- **On government accountability:** Participants discussed the role of the Constituency Development Fund (CDF) in bringing development closer to communities, including health investments such as ambulances and police vehicles. Improved coordination between the Ministries of Health and Local Government was recommended to enhance program outcomes.

CONCLUSION

The session reaffirmed that integrating MHPSS into SRHR is vital for holistic adolescent development, particularly for marginalized and vulnerable groups. The combined use of digital innovation, community-based programming, and inclusive policy frameworks offers a scalable pathway for improving adolescent mental health and reproductive well-being across the region. Delegates agreed on the need for sustained investment, multi-sectoral coordination, and youth leadership to ensure that no adolescent is left behind in accessing equitable, quality, and compassionate care.

FORUM CLOSING PROGRAMME

The closing ceremony was graced by entertainment by Africa Directions

- Presentation of 8th MHPSS Forum Communique.
- Director of Ceremonies- Kunda Mando introduced the closing ceremony programme.
- Highlights from the speech the 8th Mental and Psychosocial Support Forum Themed SEE US came with the call to action on prioritizing children's mental health at the center of development. Closing the forum, Lusaka Province Acting Permanent secretary stated mental health is a key component of ensuring a better future for the children of Africa. He reemphasized the theme SEE US is a collective action call to all African Countries to invest in the mental health. He further urged that the forum resolution through a communique should be use as a commitment not to let the children down.

CLOSING REMARKS

The 8th Regional Mental Health and Psychosocial Support (MHPSS) Forum, held under the theme "SEE US" concluded with a collective call to action for governments, partners, and institutions to position children's mental health at the Centre of Africa's development agenda.

Speaking on behalf of the REPSSI, Ms. Gigi Gosnell officially announced the **Kingdom of Lesotho as the host of the 9th MHPSS Forum in 2027 under the Theme, "Hear. Act. Change. Co-Creating with Africa's Children and Young People."** This was followed by a vote of thanks delivered by Professor Jackson Mwewa. Professor Mwewa reiterated that the theme **"SEE US"** is not symbolic, but a reminder that when policymakers see, listen to, and invest in the mental well-being of African children, they invest in the future of the continent itself. He extended appreciation to the Government of Zambia and His Excellency President Hakainde Hichilema for championing mental health as a national and regional priority. He also acknowledged the solidarity of international and regional partners, including UNESCO, UNICEF, the African Union, SADC, WHO, War Child Alliance, and the Nelson Mandela Children's Fund, alongside traditional leaders, researchers, educators, young delegates, and REPSSI leadership under Ms. Gosnell and CEO Mr. Patrick Mangen.

The Forum was officially closed by Lusaka Province Acting Permanent Secretary, Mr. Alex Mapushi, on behalf of the Minister of Health. In his remarks, he affirmed that mental health is fundamental to securing Africa's future and urged stakeholders to treat the Forum's resolutions as a renewed call to action rather than an endpoint. He stressed that the "SEE US" theme reflects a continental responsibility to translate commitments into national policies, budget allocations, workforce development, and community-led programmes. He emphasized that the outcomes of the Forum, once captured in the official communiqué, should guide governments in mainstreaming MHPSS across sectors.

MEDIA COVERAGE

The 8th Regional Mental Health and Psychosocial Support (MHPSS) Forum generated significant media visibility across broadcast, print, and digital platforms. Coverage amplified advocacy messages from the Forum, with a strong focus on child and adolescent mental health, intergenerational partnerships, and the role of political leadership in driving systemic change. Multiple outlets highlighted President Hakainde Hichilema's continental call to action, resulting in wide public engagement and positioning MHPSS as a development and governance issue—not just a health concern.

Media Houses that Covered the Forum include: Times of Zambia, Daily Nation, Crown TV, Kalemba, Capital FM, Lusaka Times, SABC, Q TV, QFM

SAMPLE HEADLINES & LINKS

- "Hichilema champions mental wellness for Africa's next generation" – **Kalemba (28 October, 2025)** https://web.facebook.com/share/p/1CjYojsd5e/.
- "HH calls for continental action on children's mental health" – **Daily Nation (24 October, 2025).**
- "Mental Health on Government's agenda – HH" – **Times of Zambia (28 October, 2025).**
- "President HH calls for action on mental health in Africa's youth" – **Capital FM (27 October, 2025)** https://web.facebook.com/share/p/14MrBgbeELC/.
- "REPSSI, Partners knuckle down on mental health menace" – **Times of Zambia (1 November, 2025).**
- "Young people call for strengthened mental health and psychosocial support" – **Crown TV (29 October, 2025)** https://web.facebook.com/watch/?v=1319040376364613.
- **REPSSI hosts mental health and psychosocial forum** https://youtu.be/mw9nu9c-yO0 **- SABC Channel Africa (23rd November, 2025).**
- **Images link** https://mhpssforum.repssi.org

The level of media uptake demonstrated growing public and political interest in mental health as a human rights, development, and governance priority. The coverage also amplified youth voices and reinforced Forum outcomes such as the need for sustained financing, policy reform, and accountability in delivery of MHPSS services across Africa.

FORUM IN PICTURES

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