

GOALS OF THE Nordic headspace COLLABORATION

Ensure that **health promotion and prevention** take a much more central position in youth mental health support.

- **This requires a change in mindset throughout the Nordic region.**

Advocate for the **essential involvement of civil society** in providing support to children and young people, and for collaboration with the public sector.

- **Civil society, volunteers, and the public sector must work together.**

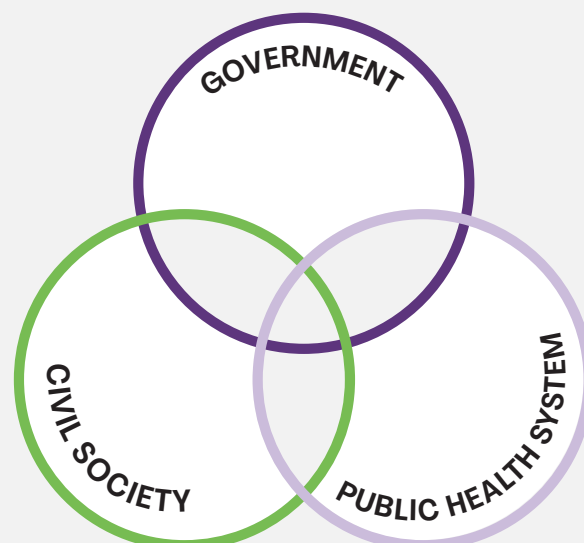
Advocate for **sustainable and long-term financing of civil society proposals** such as headspace throughout the Nordic region.

- **The focus should be on helping young people, not on seeking funding.**

Expand the headspace offering to children and young people in **all the Nordic countries**, adapted to local conditions and traditions.

- **Expanding the model to Sweden and Finland**

We need new approaches in the public sector.
Civil society must be integrated in youth mental health offerings.



THE HEADSPACE APPROACH

- Anonymous, free and easy access
- Health promotion and early intervention focused
- Seen as a community collaborator
- Continuous quality improvement
- What works for young people works for headspace
- Proven to be a stable long-term partner
- Young people as volunteers remains a critical success factor

This approach is endorsed by WHO in their *Mental health of children and young people service guidance*:

“Individuals without a background in child mental health can be trained to deliver mental health care effectively. Task-sharing can be done with individuals with and without clinical backgrounds, including youth lay counsellors.”

HEADSPACE DENMARK	HEADSPACE NORWAY	HEADSPACE ICELAND
Established in 2013	Established in 2022	Established in 2018
37 centres	5 centres	4 centres
90 000 YP supported since commencement + 460 000 reached by health promoting activities	5 680 YP supported in 2024	2 700 YP supported since commencement
<ul style="list-style-type: none"> • Volunteer counsellors supported by paid staff • Low intensity intervention • Counselling, not therapeutic • Close partnerships with municipalities incl. seconded municipal employees in centres • Health promoting outreach activities to schools 	<ul style="list-style-type: none"> • Volunteer counsellors supported by paid staff • Low intensity intervention • Counselling, not therapeutic 	<ul style="list-style-type: none"> • Paid counsellors • Low intensity intervention • Counselling, not therapeutic • Focus on trauma-informed care • Health promoting activities to sports clubs