



Community-based Youth Mental Health
Services Delivered by Lay Counsellors

**GUIDANCE FOR
IMPLEMENTATION**

origen

Acknowledgements

Orygen thanks headspace Denmark, Happier Me and Grassroot Soccer for their collaboration and input into the development of this resource, for sharing their insights and for providing case studies that illustrate how existing community-based organisations addressed some of the key steps involved in service design and implementation. We also thank a wider group of collaborators who have provided their time and expertise.



Working with young people, our partners and one another, we're redefining what's possible in global youth mental health research, policy, education and clinical care.

Contents

Lay counsellor-led services: a viable approach to fill a global service gap in youth mental health	1
An introduction to the key features of community-based services using lay counsellors	2
A checklist with key steps to designing and implementing community-based services using lay counsellors	3
PHASE 1 - Mapping youth mental health needs, community resources and the policy environment	5
1.1 Youth mental health needs assessment	5
1.2 Service system mapping and engagement	6
1.3 Policy and legal landscape review	6
PHASE 2 - Building the foundations	7
2.1 Organisational capacity and team building	7
2.2 Governance	7
2.3 Financial planning	8
PHASE 3 - Program design	9
3.1 Program design	9
3.2 Referral pathway development	10
3.3 Program testing and co-design	11
PHASE 4 - Workforce: lay counsellor recruitment and training	12
4.1 Defining the workforce	12
4.2 Lay counsellor recruitment	12
4.3 Initial training curriculum	13
4.4 Lay counsellor supervision	14
4.5 Lay counsellor engagement	16
PHASE 5 - Service infrastructure and community engagement	17
5.1 Service delivery infrastructure	17
5.2 Community awareness and outreach	18
PHASE 6 - Safeguarding, ethics and legal compliance	18
6.1 Safeguarding framework	18
6.2 Informed consent and confidentiality	19
6.3 Ethical practice	19
PHASE 7 - Service development and evaluation	20
7.1 Organisational learning	20
7.2 Evaluation framework	20
PHASE 8 - Sustainability planning	21
8.1 Consolidate program resources	21
8.2 Diversity funding	21
Moving forward	22

Lay counsellor-led services: a viable approach to fill a global service gap in youth mental health

Youth mental health models often rely on accessing a highly trained, specialist clinical workforce. This makes such models of care expensive and at times difficult to scale, particularly in resource-constrained settings. Integrated youth mental health hubs such as headspace in Australia have been successfully adopted in other high-income settings. However, their reliance on a professional workforce that is costly to train creates a bottleneck in care for contexts where services and finances are limited.

The World Health Organization's *Mental Health of Children and Young People Service Guidance* suggests that community-based youth mental health services, often delivered by lay counsellors, are crucial to filling a global service gap. Orygen Global has been working with a range of partners in diverse contexts to better understand the critical steps in supporting the development and implementation of community-based youth mental health services engaging lay counsellors in the delivery of psychosocial brief interventions. While these services vary significantly regarding where and how they operate, they share a fundamental commitment to meeting young people in their own chosen social contexts, where they live, learn, work and socialise.

Purpose

This document provides guidance for organisations seeking to develop a support service for young people that utilises lay counsellors, including peer workers or volunteers. It provides a practical checklist for organisations at the startup phase but is not intended as a comprehensive list by which services should be established. Rather, it provides broad guidance that can facilitate organisational decision making around the practical elements of establishing a community-based model of support for young people. The document assumes that an already established organisation aims to develop a community-based service for young people using lay counsellors as the core workforce, with some preliminary existing organisational capacity available.

Examples of community-based services utilising lay counsellors as their key workforce

Friendship Bench

Lay counsellor-delivered community-based support in the Global South, including Zimbabwe, with an adaptation specifically supporting young people.

Grassroot Soccer

An adolescent mental health organisation working in communities around the globe leveraging the power of soccer to support young people to have healthier lives.

Happier Me

Based in Vietnam, a social enterprise for young people dedicated to social-emotional development.

headspace Denmark

Volunteer-led counselling support offered to young people across Denmark.

Strong Minds

Community-based therapy in East and Southern Africa.

Teenergizer

Empowering young people with mental health and rights-based support in Ukraine, Kazakhstan, Kyrgyzstan and Tajikistan.

Waves for Change

Surf therapy for young people who have experienced violence, a service offered in Cape Town, South Africa.

An introduction to the key features of community-based services using lay counsellors

Based in community settings, services using lay counsellors offer support tailored to their context, from conventional one-on-one supportive conversations and online chats to activity-based programs. Support is delivered by individuals who sit outside the conventional clinical mental health workforce but are well-positioned in young people's communities to build trust and offer psychosocial support related to young people's mental health concerns. This lay workforce includes young people with lived experience of mental health challenges as well as passionate adult advocates who offer empathetic support. These non-specialist workers are trained to deliver activities that promote mental health, prevent mental ill-health and support early signs of mental health challenges - with linkages to clinical support when needed and appropriate.

These low-threshold to entry services often serve as the first access point for young people seeking mental health support. In low-resource settings they may sometimes be the only service available - playing a key role in supporting young people who would not otherwise access help. This also means that whilst they are low-barrier and low-intensity in nature, some of these services support young people who are impacted by social determinants of mental health, including those from lower socio-economic backgrounds or who have experienced violence in conflict settings. As an example, coaches at Waves for Change support young people who have experienced violence and socio-economic hardship. Similarly, Friendship Bench was established in communities where no other mental health support service was available to community members, with services adapted to, in particular, meet the needs of young people.

The lay counsellor model of care recognises that task-shifting is possible for trained community members or peers to offer developmentally appropriate support focused on prevention, early intervention and youth-relevant needs, while lowering costs and reliance on a specialist workforce. Lay counsellor services complement rather than replace clinical care. Additionally, these services offer young people an early and affordable entry point to clinical services across the health and social care sectors through carefully established referral pathways.

This model of care provides services that focus on addressing psychosocial stressors and emotional distress experienced by young people. Key activities typically include self-care, stigma reduction, mental health literacy, mental health promotion, prevention and early intervention. As such, these programs can be a first entry point into a continuum of care for young people, with a shifting of psychosocial support to lay providers. As such, the system allows mental health specialists to focus on those with more complex needs, with the hope that overall quality of care will also improve.



A checklist with key steps to designing and implementing community-based services using lay counsellors

A checklist has been designed to provide an easy reference roadmap for establishing a community-based youth mental health service delivered by lay counsellors.

The checklist may also be useful when exploring this model of care as an option in a new context. It can also support existing organisations with evaluation of current organisational capacity to implement such a service.

The checklist provides a list of recommended priority activities for both program development and implementation, highlighting **Necessary** and **Desirable** steps. The desirable items provide additional activities that can be considered when commencing the program but may have even more relevance as it matures.

The table below summarises the eight key phases of development needed to successfully establish a service. These include activities that run in parallel and often involve iterative development and progress.

Phases	Activity
1 Mapping youth mental health needs, community resources and the policy environment	1.1 Youth mental health needs assessment
	1.2 Service system mapping and engagement
	1.3 Policy and legal landscape review
2 Building the foundations	2.1 Organisational capacity and team building
	2.2 Governance
	2.3 Financial planning
3 Program design	3.1 Program design
	3.2 Referral pathway development
	3.3 Program testing and co-design
4 Workforce: lay counsellor recruitment and training	4.1 Defining the workforce
	4.2 Lay counsellor recruitment
	4.3 Initial training curriculum
	4.4 Lay counsellor supervision
	4.5 Lay counsellor engagement
5 Service infrastructure and community engagement	5.1 Service delivery infrastructure
	5.2 Community awareness and outreach
6 Safeguarding, ethics and legal compliance	6.1 Safeguarding framework
	6.2 Informed consent and confidentiality
	6.3 Ethical practice
7 Service development and evaluation	7.1 Organisational learning
	7.2 Evaluation framework
8 Sustainability planning	8.1 Consolidate program resources
	8.2 Diversity funding

We thank Grassroot Soccer, Happier Me and headspace Denmark for providing case examples to illustrate how existing community-based organisations addressed some of the key steps involved in service design and implementation.

Grassroot Soccer

Grassroot Soccer is an adolescent health organisation that leverages the power of soccer to improve the mental health and wellbeing of adolescents globally. Founded in 2002 by professional soccer players in Zimbabwe, Grassroot Soccer has grown from a promising idea into a world-leading adolescent health organisation, reaching 25 million young people through coaches “near peer mentors”. Grassroot Soccer’s MindSKILLZ program employs a positive, strengths-based approach through soccer language, metaphors and activities to improve the mental health of all young people, helping those struggling with depression and anxiety while preventing others from experiencing poor mental health in the future.

Happier Me

Happier Me nurtures healthy inner strength in individuals and fosters thriving communities. Its signature initiative, Wellbeing Circle, is a student-led program that builds safe spaces in schools where members nurture social-emotional capacities, embrace help-seeking and spark school-wide wellbeing awareness.

headspace Denmark

headspace Denmark is a low-threshold mental health support service for young people aged 12 to 25, with any size or type of mental health concern, from everyday challenges to more serious issues. The model’s core mission is to look at every young person as an expert of their own life, focusing on the young person’s narrative of their own concerns. Through active listening and supportive conversations, young people can find their own ways forward with questions that concern them. Importantly, the service is non-clinical and sits outside of the health care sector.



PHASE 1 Mapping youth mental health needs, community resources and the policy environment

The initial exploration and mapping phase is the first critical step for establishing a contextually appropriate service that addresses community needs. This phase focuses on conducting a comprehensive needs assessment to identify gaps in service availability and quality, while also mapping the existing ecosystem of health, education and community resources. It is important that there be direct engagement with young people at this early stage. Further, consultations with key stakeholders can help build strong evidence for the service and support fundraising at a later stage.

“

...understand the challenges specific to young people in the organisation's local area and what supports are already available

1.1 Youth mental health needs assessment

Before developing a service, it is important to understand the challenges specific to young people in the organisation's local area and what supports are already available. This phase involves gathering data on common mental health issues locally and identifying barriers that prevent young people from seeking help.

Necessary

- Review existing data on youth mental health burden in the target geographic area (prevalence, common presentations).
 - Assess help-seeking behaviours and the stigma landscape relevant to mental health in the community.
 - Document specific vulnerabilities in the target population (e.g., adolescents in school, out-of-school youth, family violence, those affected by conflict, HIV, poverty, displacement).
- Map current formal (clinical or state-funded care, traditional and spiritual healing practices) and informal (general support programs) mental health resources and services available to young people.
- Review your country's national mental health policy, strategy and any existing youth mental health frameworks (there may not be anything in place).
- Conduct qualitative consultations with young people about what they see as key mental health challenges and how they view the supports currently available.
- Based on the results of the above, identify gaps in access, such as financial, geographic, cultural, linguistic, gender-related and disability-related barriers.

Desirable

- If the organisation has university connections and you intend to conduct in-depth interviews with young people and other stakeholders about needs and experiences with youth mental health, you will need to obtain ethics approval.

1.2 Service system mapping and engagement

No service can operate in isolation, so this step focuses on connecting with the people and organisations already working with young people in the local community. The aim of this step is to identify key present and future partners, encompassing government, schools, local faith and community groups, and invite young people to share their views through interviews or focus groups. Building these relationships early and forming an advisory group helps create a strong network of support and advice that will help the service to consolidate.

Necessary

- Map and engage primary stakeholders who will be key to support project implementation, but who are not service providers: government health, education and social welfare ministries, local authorities, community leaders, schools, faith leaders, youth groups.
- Map existing youth-facing community organisations, working with young people directly as service providers (Non-Government Organisations (NGOs), community-based organisations, faith-based organisations, peer networks).
- Establish a multi-sector stakeholder advisory group that includes meaningful youth representation. Establish terms of reference and scope of consultations with the group.

Desirable

- Obtain written letters of support or Memoranda of Understanding (MOUs) from key partners prior to program launch.

1.3 Policy and legal landscape review

This phase involves reviewing laws the service will need to comply with, including consent for minors, data privacy, and the specific requirements for reporting child protection concerns.

Necessary

- Review national legislation related to working with minors (consent, safeguarding, confidentiality, duty to report).
- Identify mandatory reporting obligations under child protection law in the country/region.
- Confirm legal minimum age for individual consent to be receiving mental health and wellbeing-related support, as well as requirements for parental/guardian consent.
- Review data protection and privacy laws relevant to record-keeping.

PHASE 2 Building the foundations

Building a successful service requires a well-established program with an appropriately skilled delivery team. This phase includes building a team structure for the service, appointing key leaders and setting up straightforward working processes. The activities listed may run in parallel with the other phases as the organisation develops its capabilities to support the new service being established.

2.1 Organisational capacity and team building

This step focuses on moving from the planning stage to building the team that will manage the day-to-day operations of the service. It involves examining existing organisational resources and how they can be deployed to support the new program and identifying skills or resources that need to be developed.

Necessary

- Evaluate existing resources, skills and financing available in your organisation to support the program development and implementation phases.
- Review the administrative work likely to be involved in service provision and evaluate whether the organisation has the right level of accounting, legal and human resources management skills and capacity.
- Create an organigram for the service illustrating all team members within the organisation and those to be recruited for the service.
- Recruit for roles and skills currently missing from the team.
- Build the initial service team with key leadership roles covering skills related to mental health service development, finance and operations.

2.2 Governance

This step focuses on establishing a governance structure for the service, including key leadership roles, descriptions of roles and responsibilities across the service and roles to be recruited. Examples of common roles include a service manager or a program coordinator. Setting up these formal lines of accountability and oversight provides the professional framework needed to run the service safely and efficiently.

Necessary

- Define the initial operating processes for the team managing the service. This includes key deliverables and milestones for the first year of service, as well as standard operating procedures (which should incorporate the basics of how the service will function and clarity about what will be provided) and critical project management structures.
- Determine the legal entity for the service (some exemplar legal entity types for illustration: association, foundation, social venture, co-operative, charity, community interest company).
- Define accountability functions within the service, such as operational leadership, clinical oversight (internal or external), lay counsellor co-ordination and training, measurement and evaluation.
- Define role descriptions and reporting lines.
- Establish governance procedures for the service's operations and financing.
- Develop workflows and processes, including staff rosters, space allocations at the service delivery location/s and environmental design requirements.

Happier Me

The Happier Me founding team took time to consider the legal entity that would best suit its local work. Due to constraints in the non-governmental sector, it decided to form the organisation as a social enterprise. This route allowed it to incorporate income-generating activities alongside the community-based program that later reduced its reliance on grant funding only.

2.3 Financial planning

The success of the service depends on a realistic and detailed plan for how it will be funded over the long-term. This step involves calculating the operational costs while also actively building relationships with a variety of different funders. It is recommended to diversify where the service's funding comes from to protect the organisation from over-dependence on one source of funding.

Necessary

- Develop an operational budget that includes the costs of human resources, training, supervision, facility costs, materials and evaluation.
- Define the appointment and remuneration status of the workforce, which may include different arrangements for employed lay counsellors and peers as well as students, interns and volunteers.
- Dedicate significant leadership time and resourcing to develop a fundraising strategy, to develop relationships with potential funders and advocate for funding.
- Identify networks and communities that can help with fundraising.
- Map potential funding sources: government health budget, district health funding, donor grants, social enterprise models, community contributions and in-kind contributions such as a community building or facility.

Desirable

- Avoid over-dependence on a single donor by developing a diversified funding strategy. This can include for example, the percentage of desired grant funding, philanthropic funding, funding from corporate social responsibility, donations, and revenue-generating activities.

“

Building a successful service requires a well-established program with an appropriately skilled delivery team.



PHASE 3 Program design

As a next phase, it is essential to think through the key activities of the program. When designing the core program, consider what will be delivered and by who and how, based on the best available evidence for community-based support, with a focus on service accessibility, prevention, early intervention and mental health promotion. Co-designing with young people and refining governance structures during this phase provides the structures and leadership for future iterative service refinement.

3.1 Program design

This step is about defining exactly how the service will help young people. It involves making decisions about the format, such as whether sessions are one-on-one or in groups and choosing activities based on methods that have worked in the past in your or other communities. At this stage it is also important to identify the age range the service aims to serve and establish referral links to other services.

Necessary

- Define the age range that the service aims to support.
 - Define how program activities can accommodate different developmental stages within the target age group.
- Form a co-design working group that includes young people, lay counsellor candidates and community representatives. Engage the working group in all the activities listed to make sure the service meets local needs and is created in discussion with young people.
 - Define the activities to be delivered by lay counsellors.
 - You may decide to design activities yourself based on evidence-based programs or to use programs already available for use, such as the WHO Problem Management Plus [PM+], or Grassroot Soccer's MindSKILLZ intervention.

- Define the format of service.
 - Activities to be delivered individually, in groups or both.
 - The operating hours needed to meet young people's needs.
 - The number of sessions or activities one young person can attend and with what duration and frequency.
 - The modality of the service: in person, online or hybrid.
- If implementing an existing program.
 - Confirm what evidence is available about the activities you plan to implement.
 - Regarding its effectiveness with your target population.
 - If it has been adapted for young people.
 - If further adaptations are needed for the local context.
 - Determine whether the program you aim to implement requires authorisation or licensing for adaptation and use.

3.2 Referral pathway development

Lay counsellor-led services often provide the first line of support to young people. Embedded in local communities, these services are aimed to be the easiest to find and access. As such, the service is likely to receive young people with concerns across the mental health spectrum, including those with more complex mental health needs. In this phase it is essential to map and build referral pathways with timely escalation points to specialist services for when they are needed. Map out local services and create a two-way system for sharing information safely.

Necessary

- Map all existing services to which young people may need to be referred: primary health care, hospital psychiatry, social services, legal aid.
- Map emergency pathways: what to do in case of acute suicidality, psychosis or physical danger, identify crisis services available 24/7 in the area and a protocol for what should happen if no services are available locally.
- Develop a two-way referral system.
 - Lay counsellors refer up.
 - Receiving services refer down with standardised, simple referral forms adapted for literacy levels.
- Establish a secure referral register and tracking system and define follow-up protocol when referral is not completed.

Desirable

- Establish formal referral agreements or Memoranda of Understanding with key receiving services.

Grassroot Soccer

Grassroot Soccer maps existing health and social welfare systems in each community and puts in place localised referral systems to help young people who need more specialised care. Examples are provided below.

In Kenya, coaches work in partnership with the Ministry of Health to identify and refer participants to Ministry of Health services for mental health psychosocial support services, HIV testing and counselling, sexual and reproductive health services (including gender-based violence screening/support), school guidance and counselling and child protection and/or safeguarding services.

In Zimbabwe, coaches provide escorted referrals for participants to their respective health facilities and serve as community-based distributors providing short-term contraceptives, HIV self-testing kit distribution, treatment adherence support and basic mental health first aid as well as facilitating linkage to clinic-based services which remain the responsibility of the Ministry of Health. As the MindSKILLZ pilot in Zimbabwe fell under the WHO Special Initiative for Mental Health, coaches also managed these referrals which were integrated into the WHO mhGAP program, with young people needing specialised support referred to mhGAP-trained health care workers.

In Malawi, coaches deliver MindSKILLZ as part of the Ministry of Health's Emergency Response Taskforce in internally displaced person camps. In this emergency response context, coaches referred participants directly to services within the camps and/or to a social worker who could facilitate appropriate connections.



3.3 Program testing and co-design

To ensure the service resonates with young people's wellbeing needs, it is important to collaborate with them in developing activities and materials related to the service. This phase involves holding workshops to adapt language, tools and materials so they are culturally appropriate and easy to understand. Additionally, it is important to test these materials with a small group before they are utilised in the service to determine what works and what may require changes.

Necessary

- ❑ If implementing an existing program that needs local adaptation, translate all program materials. Conduct workshops with lay counsellors and young people to evaluate whether the adapted materials meet local needs.
- ❑ Develop materials to run the planned activities. This includes handouts for lay counsellors and young people, documentation needed to register the young person coming to the service, documentation needed to refer the young person to other services and consent forms.
- ❑ Pilot-test the materials and activities of the service before full rollout. The pilot involves running the service and activities with a small number of young people to evaluate lay counsellors' and young people's experiences with the service and implement any recommended changes.

Grassroot Soccer

Grassroot Soccer applies the principle of “nothing about us without us” to its work and believes young people are the experts in their lives and needs. We put this into practice by engaging young people at every point in the program life cycle to ensure our work meets their needs - from design to implementation to evaluation. This includes ensuring active youth participation in program design and curriculum development workshops, the pre-testing of new games/activities, gathering qualitative feedback from participants and our coaches to improve program quality and training youth researchers to help evaluate our programs.

In 2023, we launched a Youth Advisory Committee (YAC), composed of young people who serve as an internal advisory and advocacy body. The YAC consists of 15-20 exceptional master coaches from the communities we serve. With YAC members seconded to our different functional units, they influence our organisational strategies and can participate in opportunities for personal and professional growth.

Grassroot Soccer's signature MindSKILLZ mental health promotion and prevention program was designed with young people in Africa. Design workshops were held with coaches, staff and young people to guide its development. The workshops included discussions on priority mental health issues and interests and pre-testing activities and materials with young people in Zimbabwe, Zambia and Kenya. A common elements approach was taken, based on review of existing literature of what works in adolescent mental health and avoided designing a traditional therapeutic program.

PHASE 4 Workforce: lay counsellor recruitment and training

A core characteristic of community-based youth mental health services engaging lay counsellors is the task-shifting approach. This approach highlights the important role trained community members, peers or volunteers play in addressing the mental health and wellbeing needs of young people. This phase focuses on the recruitment and training of individuals who are well-positioned within young people's communities to build trust and support mental health and wellbeing needs. Because lay counsellors often have no prior mental health-specific training, it is important to dedicate time in this phase to developing the training curriculum to cover core competencies, such as active listening, problem solving, risk management and safeguarding.

4.1 Defining the workforce

This step focuses on defining exactly what lay counsellors are authorised to do or not do, while setting rules for when a case must be escalated to a senior professional.

Necessary

- ❑ Define in writing the scope of practice for lay counsellors to clarify what is and is not appropriate for them to perform in their role.

4.2 Lay counsellor recruitment

The service identifies the characteristics of the lay counsellor workforce.

Necessary

- ❑ Define selection criteria for lay counsellors.
 - Minimum education.
 - Age range.
 - Languages spoken.
 - Knowledge of local community.
 - Composition of workforce; including gender balance, community representation, lived experience of mental health challenges (if appropriate), and proximity to age group served.
 - Capacity to engage in the service (to ensure they are not overburdened through other helper roles).
- ❑ Develop a transparent, community-based recruitment process, including how the community is informed about the opportunity and how lay counsellors are selected.
- ❑ Conduct police or working with children checks or, as a minimum, conduct community reference and/or character checks specific to safeguarding young people.

Desirable

- ❑ Where feasible, involve community leaders and young people in recruitment of lay counsellors.



Happier Me

Upon joining Happier Me, volunteers spend two months on probation allowing them to get to know the organisation, while demonstrating their commitment to the program.

4.3 Initial training curriculum

To make sure that the service provides safe and high-quality support to young people, it is important at this stage to consider the skills and training lay counsellors will need before they begin working with young people. The training should be well structured and cover core areas, including active listening, problem-solving, risk identification and safeguarding. Also consider the use of practical methods like role-plays and supervised practice. Training a large enough group at the beginning helps protect the service from staff turnover and ensures every counsellor feels confident and prepared for their role.

Necessary

- ❑ Define what the training model and methodology for lay counsellors should look like. Consider applying a train-the-trainer model: provide training for an initial set of master trainers who are then able to train others to become master trainers and lay counsellors to deliver the core service activities.
- ❑ Develop the training program for lay counsellors.
 - Include core competency modules.
 - An overview of key developmental stages and related mental health concerns that are most frequent in the general population.
 - Counselling skills; including active listening, psychoeducation, conducting supportive conversations, confidentiality and boundaries, using role play, case vignettes.
 - Risk identification, safeguarding, cultural safety, reporting.
 - Self-care.
 - Include supervised practice sessions.
 - Train lay counsellors in how to make a warm handover to other services.
 - Consider existing training packages covering these competencies, such as the WHO/UNICEF EQUIP program.
 - Ensure the training program is grounded in the specific activity or intervention selected for the service.
- ❑ Train a large pool of lay counsellors, hence mitigating the impact of potential dropout.
- ❑ Issue certificates of completion of training.
- ❑ Maintain a register that identifies who is undergoing and who has completed training.

Desirable

- ❑ Consider including child and adolescent development content in the training program, focusing on developmental stages of the 12-18 age group compared with the 18-25 age group, adolescent brain development, and trauma-informed approaches.
- ❑ Consider including youth-specific mental health content; depression, anxiety, trauma/PTSD, substance use, suicidality, and gender-based violence.
- ❑ Consider training in the use of validated, culturally adapted screening tools appropriate for the age group.
- ❑ Consider developing basic and advanced levels of training to support the ongoing professional development of lay counsellors.

headspace Denmark

headspace Denmark's initial training consists of three parts. First, volunteers complete some online modules through the online headspace Academy portal. Here, volunteers work through written and video material as preparation for the face-to-face training. headspace Academy is accessible at any time, allowing volunteers to refresh their memory whenever they need. It also offers additional material for volunteers with interest in further developing their knowledge.

After completing the online preparatory study, volunteers attend a two-day face-to-face training workshop with other newly recruited volunteers from the centre or region. The education consists of teaching, workshops, role-playing and facilitated dialogues covering everything a volunteer needs to know to begin participating in face-to-face counselling with young people.

At this point, a volunteer is ready to begin holding counselling conversations with young people. There are always two volunteer counsellors in each session, so the new volunteer is paired with a more experienced volunteer for mentoring. In this way, the new volunteer has an opportunity to observe how the experienced volunteer works and can practice their skills in a safe environment. Over time, the new volunteer will become more confident and can participate more actively in the session. At some point, once they have enough experience, they can become the mentor for new volunteers.

Grassroot Soccer

Grassroot Soccer engages peer educators (coaches) who are young community leaders, usually 18-35 years of age, who it trains as peer mentors and program facilitators. Coaches receive the following support, with the depth and breadth of the support dependent upon project resources.

Coach support visits

These visits are conducted with the objectives of improving the coaches' ability and competence to deliver effective SKILLZ interventions and empower SKILLZ participants, identifying areas for improvement for further training and development, ensuring quality, fidelity and consistency of SKILLZ intervention delivery in line with expected delivery standards and providing coaches with overall support and encouragement.

Coach academy sessions

These sessions are facilitated learning sessions which bring coaches together to equip them with capacity building skills and knowledge to assist in their SKILLZ work and implementation, as well as professional development and the development of soft skills of use to them both during and beyond the duration of the program. Core topics could include: facilitation skills, health information, child protection and safeguarding, life skills, financial empowerment and employability skills.

SKILLZ Program debriefs

These sessions provide a peer-learning opportunity to bring coaches together to reflect on challenges, share updated programmatic information, follow up on needs identified during coach support visits and plan for upcoming SKILLZ implementation.

Coach refresher training workshops

These one-to-three-day workshops are conducted to refresh and upskill existing coaches and master coaches. They review previous content or receive updated information regarding curricula, health information and services, and/or facilitation of services.

4.4 Lay counsellor supervision

Supporting young people's wellbeing can be demanding, therefore receiving regular professional guidance and emotional support is important for the wellbeing of the lay counsellor team. This step focuses on setting up individual and group supervision sessions, or clinical secondary consultation, led by qualified professionals to advise on cases and manage risks. Clinical oversight through direct supervision or secondary consultation will also help manage more complex or high-risk cases that exceed the scope of community-based support. Operational supervisors and other clinical consultants can help the service to decide when it is the right point to refer a young person to a more specialist service, should such services be available.

Necessary

- ❑ Designate a qualified service supervisor or consultant, with clinical experience (for example a psychologist, psychiatric nurse, social worker or equivalent) for each cohort of four to eight lay counsellors on shift.
- ❑ Schedule individual supervision at minimum fortnightly for the first three months, then monthly thereafter, using a structured supervision format: case review, skills feedback, safety flagging, wellbeing check-in.
- ❑ Establish a protocol for risk assessment and define mandatory escalation criteria (e.g., active suicide plan, disclosure of abuse, psychosis, substance dependency).
- ❑ Establish a reporting protocol for all high-risk case discussions and decisions in a case supervision log. This should include how lay counsellors are to report high-risk cases and the opportunities available for them to debrief.
- ❑ Develop and implement a lay counsellor wellbeing and self-care plan, including monitoring for secondary traumatic stress and burnout.
- ❑ Provide continuing education/ refresher training to build the skill level of the lay counsellors.

Grassroot Soccer

Coaches (near peer mentors) play a role as 'carers' when they deliver Grassroot Soccer programs to adolescents, and they in turn take on a 'significant' burden of care.

Findings from the Grassroot Soccer global Coach wellbeing assessment were used to develop a comprehensive guidance on Coach wellness, launched in July 2024. The guidance aims to equip staff, teams, and partners with the information they need to promote Coach wellness and access to wellness resources. While also aiming to empower Coaches with the tools to care for themselves and receive specialised mental health services and support when needed. The Coach wellness guidance includes the following key recommendations.

- Coaches to undertake compulsory debrief sessions with a mental health professional.
- Guided self-care and group activities for the promotion of positive mental health for coaches.
- Quarterly wellbeing assessments for coaches.
- Specialised referral pathways for coaches with acute needs.

headspace Denmark

headspace Denmark has developed a number of structures to provide supervision for volunteers.

First, the two volunteers participate in briefings with a paid counsellor both before and after each conversation with a young person. The pre-briefing explores any information already known about the young person, for example from previous sessions or from when they contacted headspace; allocates roles between counsellors; and allows volunteers to identify skills they would like to practice in the conversation. The de-briefing then focuses on reflecting on the conversation; identifying additional support needs for the young person; sharing feedback between the volunteers; and checking in on the volunteers' wellbeing.

Every three months, volunteers also participate in group supervision with a trained external supervisor to discuss cases, challenges or broader themes. In each session, a volunteer presents a youth-case or specific difficulty to the group. The supervisor facilitates the discussion, encouraging multiple perspectives, critical thinking and exploration of possible actions. The goal is for volunteers to gain insight, clarity and confidence in their work with young people.

Finally, volunteers participate in a development conversation with the paid staff member once per year to reflect on their experience at headspace, check in on wellbeing, plan development opportunities and ensure the volunteer's needs are being met.

4.5 Lay counsellor engagement

Keeping the team of lay counsellors motivated and committed is essential for the long-term sustainability of the service. This phase focuses on creating a strategy for personal and professional growth for lay counsellors, including opportunities to become peer supervisors or community leaders. This phase will vary significantly based on whether lay counsellors have employment status or are engaged as volunteers.

Necessary

- Create a lay counsellor engagement strategy, to include ways in which lay counsellors remain engaged and motivated to support the service.
- Develop a retention strategy for lay counsellors: include motivational structures such as providing them with reference letters and inviting them to community events and team building activities.
- Create pathways for lay counsellors to progress (e.g., from junior to senior counsellor).
- Develop a handover and exit protocol for when lay counsellors leave the program.

headspace Denmark

headspace Denmark organises regular community events for volunteers. These events give time and space to volunteers to get to know one another, build their teams and have fun together, while acknowledging that they are giving back to their communities and are supporting local needs.

In addition, advanced training for volunteers supports their ongoing development and engagement. Volunteers who have developed significant experience in counselling are invited to a four-hour advanced training session, after which they can become mentor counsellors for newer volunteers and take more responsibility in the centre. This allows them to further develop their own skills but also recognises their expertise and their ongoing commitment to headspace.

Grassroot Soccer

Coaches also receive professional upskilling through access to the following opportunities:

Youth Advisory Committee (YAC)

The YAC is an advocacy and advisory committee composed of young people that influences strategic organisational direction. The Committee consists of 15-20 coaches, master coaches and trainers from the communities we serve. YAC members are seconded to Grassroot Soccer's different functional units and they influence our organisational strategies, giving them an opportunity for personal and professional development opportunities. YAC members also have opportunities to participate in global youth engagement platforms.

Thought leadership

Coaches can co-develop and present abstracts at local, national and international conferences, representing both Grassroot Soccer and partner organisations on global stages. They can serve as credible spokespersons and advocates (sharing firsthand experience implementing evidence-based programs with young people) and showcase program impact, lessons learned and best practices at key conferences, forums and events. Coaches may also contribute to panel discussions, workshops and symposia, elevating youth voices and community perspectives within professional and academic spaces.

Grassroot Soccer Emerging Leaders' Fellowship

The Fellowship is a professional development opportunity designed for current or former coaches, master coaches or grassroots soccer interns. The program builds individual skills in specific Grassroot Soccer functional areas while deepening impact across the organisation. Fellows have the opportunity to participate in and/or lead projects as well as receive mentorship from various Grassroot Soccer team members. Fellowships are awarded on an annual basis, with each term lasting up to two years. The number of Fellowships available and their specific focus is determined annually based on organisational need and available resources. Each Fellowship is time-bound and by the end of the term, Fellows are expected to have developed skills and experience needed to pursue opportunities beyond Grassroot Soccer.



PHASE 5 Service infrastructure and community engagement

Implementing a community-based service requires creating an environment that feels safe, comfortable, accessible and developmentally appropriate for young people. This phase involves finding and co-designing the right environment and infrastructure for the service, building on the collaborative platform of existing community resources.

5.1 Service delivery infrastructure

This step involves determining the best venue for the service and securing delivery spaces, such as a school or a community facility. The physical environment must provide a feeling of safety and comfort for sensitive conversations. It is also important that the conversations during activities cannot be overheard. Further, visitors should be able to enter without fear of being judged.

Necessary

- Secure safe, private, accessible and non-stigmatising physical spaces for key program activities (schools, community halls, health posts, dedicated spaces).
- Ensure spaces meet minimum privacy standards.
- Assess and address safety risks in delivery spaces, including for female and LGBTIQ+ clients.

Desirable

- Develop a secure appointment scheduling system that is appropriate to the local literacy and technology context.
- Establish a system for secure storage of all written records that may be kept about the young people who visit the service, (e.g.; locked paper files or encrypted digital storage).

Grassroot Soccer

During the course of a group session, it is not always feasible to ensure private and confidential spaces. Grassroot Soccer trains its coaches to identify safe physical spaces, liaise with the appropriate gatekeepers to provide access to those spaces and build relationships with those gatekeepers to ensure continual access to those physical spaces. Where possible, coaches schedule sessions that minimise the risk of disruption. While a private and quiet space is ideal, this is not always possible. Interventions often take place in open spaces, such as a school courtyard or community field where there may be curious learners or community members. In other instances, community interventions occur in areas with program identifiers such as HIV clinics or social worker offices or organisational offices known to deliver mental health programs, which can lead to stigma associated with participating in the program.

To address the broader enabling environment, Grassroot Soccer engages with parents, teachers and community members to destigmatise mental health. Where time and resources allow, Grassroot Soccer partners with organisations able to run more intensive programming.

In addition to identifying physical safe spaces, coaches make themselves available before or after practice, where participants know they can hold more personal conversations. There are prompts in the curriculum for coaches to remind participants of when and where they can meet and of who their supporters are, so they can reach out to them if needed.

In certain programs, coaches also have designated times where it is known they will be at a clinic or a designated safe space where participants meet with them for a conversation and/or for coaches to escort them to the appropriate service.

Coaches are also trained as to when confidentiality must be maintained, or when referrals are necessary. This involves coaches explaining to the participants the conditions where confidentiality may need to be broken in instances of imminent harm, while providing clear referral to services. The goal is not to achieve perfect privacy but ethical handling of sensitive conversations and ensuring access to appropriate support.

5.2 Community awareness and outreach

At this stage, the team can start working on how young people who may want to use the service will be aware of it and feel comfortable in utilising it. Good practice includes creating a suitable awareness campaign, co-designed with young people, to explain what the service offers.

Necessary

- Develop a community awareness campaign, co-designed with young people, that uses appropriate channels (radio, social media, community events, peer networks).
 - The campaign may include outreach events hosted directly by community champions who may be young people informally discussing mental health and youth-relevant topics.
 - Engage schools, youth clubs, vocational training centres and religious institutions as referral and promotion partners.
- Develop a social media and public relations strategy to support outreach.
 - Develop simple messaging about who the service is for, what it offers, that it is free and confidential and how to access it.
 - Conduct ongoing community dialogue to address concerns and misconceptions as they arise.

Desirable

- Establish a peer referral network among young people so a wider range of young people can become aware of the service and use it when they feel the need for support.

PHASE 6 Safeguarding, ethics and legal compliance

As the service supports young people, including minors, it must be compliant with local legal and ethical frameworks. Considerations will likely include consent to receive services and share information, confidentiality, child protection and safeguarding. In this phase, the service is encouraged to establish its own policies for any mandatory reporting, child protection and data protection. These policies will serve to protect the young people, the lay workforce and the mandate of providing non-clinical support.

6.1 Safeguarding framework

This phase involves creating a clear safeguarding policy and training all staff to recognise and report signs of abuse or neglect.

Necessary

- Adopt or develop a safeguarding policy tailored to the country context and age group served (12-17 and 18-25).
- Train all staff and lay counsellors in recognising signs of abuse, neglect or exploitation, understanding the duty to report, the reporting pathway and supporting a young person who discloses personal information.
- Establish a clear procedure for what is to be put in place when a safeguarding concern is identified: documentation, reporting, support for the young person and follow-up.
- Based on the initial needs assessment and stakeholder mapping, confirm contact protocols with statutory child protection authorities and confirm reporting procedures with local authorities.
- Develop a do-no-harm protocol: minimise the risk of re-traumatisation through assessment and intervention processes.
- Ensure lay counsellors are not in positions of dual authority with respect to clients (e.g., teacher-student, pastor-congregant).

Desirable

- Designate a Safeguarding Lead for the program.

6.2 Informed consent and confidentiality

This step focuses on developing age-appropriate consent forms and explaining in simple, everyday language when information must be kept private and when it might need to be shared for safety reasons, in alignment with local law.

Necessary

- ❑ Develop age-appropriate consent and assent protocols: parental consent and child assent, independent consent.
- ❑ Clearly explain confidentiality and its limits to the young person during the welcome conversation.
- ❑ Ensure young people understand what information may be shared and with whom, in plain, non-technical language.
- ❑ Develop a process for managing consent when a minor does not wish for parents or guardians to be informed.
- ❑ Establish a process for managing consent for young people with intellectual disabilities or impaired decision-making capacity.

Desirable

- ❑ Review consent protocols with legal and ethical advisors before program launch.

6.3 Ethical practice

Ethical guidelines ensure that the service maintains professional boundaries and treats every young person with respect. In this phase, the team develops a code of conduct for staff and creates a youth-friendly way for young people to submit complaints should they have concerns.

Necessary

- ❑ Develop a code of conduct for lay counsellors that includes professional boundaries, dual relationships, social media, gifts and sexual conduct.
- ❑ Establish a complaints mechanism for lay counsellors and for young people that is accessible, confidential and youth-friendly.
- ❑ Ensure there is a safe process for lay counsellors to raise any concerns about their supervisors.
- ❑ Develop a protocol for lay counsellors working in small communities or living in the same communities as the young people receiving the service. This protocol can cover areas such as what to do if they meet a young person in public who had used the service, or if a young person who they personally know attends the service.

Desirable

- ❑ Obtain ethical approval from a relevant national or institutional ethics committee if the program is to include research activities.

PHASE 7 Service development and evaluation

Continuous data collection and evaluation of the service are essential to demonstrate what is working well in the service, what should be refined and what value can be demonstrated to funders. This phase involves the development of research and monitoring processes. The data gathered can provide qualitative and quantitative input to enable evidence-informed adaptations to the program.

7.1 Organisational learning

This step focuses on checking in regularly to hear directly from young people and staff about their experiences.

Necessary

- ❑ Establish monthly check-in sessions among the service's core leadership to iteratively define key milestones, evaluate operational capacity and identify any gaps.

7.2 Evaluation framework

To prove that your service is working and to keep improving it, it is important to set up a simple system to track how many young people use the service, their progress and whether the program is being delivered as intended.

Necessary

- ❑ Allocate team resourcing to establish a monitoring, evaluation and learning plan to measure the effectiveness of the service.
- ❑ Develop a Theory of Change articulating how program activities lead to intended outcomes for young people.
- ❑ Track core process indicators: number of clients enrolled, sessions attended, dropout rates, referrals made and completed, adverse events, equity indicators, lay counsellors' wellbeing.
- ❑ Develop a cost description or cost-effectiveness analysis if feasible, to support advocacy with funders and government.
- ❑ Design a simple case management and data recording system, either paper-based or digital.
- ❑ Establish a process and schedule for data aggregation, cleaning and analysis (preferably quarterly).

Desirable

- ❑ Conduct fidelity assessments on a yearly basis to evaluate whether all lay counsellors deliver the activities in the way intended. This may include a process and outcome evaluation, external evaluation and a qualitative inquiry, summarising results in a dashboard for program managers.
- ❑ Select validated culturally adapted outcome measures appropriate for the age group, for example; Patient Health Questionnaire for Adolescents (PHQ-A), WHO Disability Assessment Schedule (WHODAS), Generalised Anxiety Disorder (GAD-7), Post Traumatic Stress Disorder Checklist (PCL-5), Strengths and Difficulties Questionnaire for Adolescents (SDQ).
- ❑ Train lay counsellors and supervisors in data collection, recording accuracy and privacy protection.
- ❑ Share findings with the program team, the community and policymakers in accessible formats (not only academic reports).
- ❑ Establish a learning loop to review findings quarterly, adapt program accordingly and document changes.

Grassroot Soccer

Data collection is integrated in program implementation. In exploring mobile data collection in low resource contexts, we have learnt that despite the efficiency that comes with a paperless approach, in low resource settings it is better to record manually on paper for coaches to later capture the data on the SKILLZ app.

This provides a means of verification against which to check electronically recorded data and serves as an effective data backup method. It is important to note that this approach is highly dependent on the availability of significant monitoring and evaluation capacity.

For new services, it is important to ensure data systems are set up with validations to allow only relevant answers (e.g. range of number options), drop-down or select type questions, rather than open-ended responses.

“

Ethical guidelines ensure that the service maintains professional boundaries and treats every young person with respect.

PHASE 8 Sustainability planning

Planning for long-term sustainability of the service should begin early, supporting the service to move from initial pilot funding to longer-term financing or even integration in the public budget. Sustainability for an organisation means having a plan to maintain its core structure and activities, with the capacity to flexibly adapt to the available funding landscape.

8.1 Consolidate program resources

In this phase it is recommended to focus on documenting processes in the service and determine what can be replicated elsewhere.

Necessary

- Document the program model in a replicable, transferable format (program manual, implementation guide, training package).
- Build local training capacity: train trainers who can train subsequent lay counsellor cohorts without external support.

Desirable

- Develop a scale-up plan: define what core components must be preserved with fidelity compared to what can be adapted.
- Establish a quality assurance system for expansion sites: standardised training, supervision structures, data systems.

8.2 Diversity funding

Dedicate time and resourcing to ongoing advocacy with government health and education departments to recognise lay counsellor-led approaches as a cost-effective pillar of the national youth mental health system.

Necessary

- Engage health ministry, district health offices and school health departments to advocate for integration the model into existing health and education systems.

Happier Me

An organisation's success is not always about growth, but about making sure that the core service activities can be maintained. This includes making sure there is sufficient resourcing and financing for the organisation in the long run and that all lay counsellors feel supported, engaged and that their mental health is also addressed.

headspace Denmark

headspace Denmark's initial pilot was funded by private philanthropy, which was time-limited. As such, planning for more long-term, sustainable funding options was crucial. Using the evidence generated through the pilot project, we were able to demonstrate the value that headspace offered to society and hence secure public funding. Now, approximately 80% of headspace Denmark's funding comes from the Danish Government and municipalities. This investment has also created a viable financing model for scaling, supporting our growth from five to 41 centres.

Moving forward

This document is intended as a practical guidance to support organisations in designing and implementing community-based youth mental health services that utilise lay counsellors.

The guidance aims to offer an implementation plan which also serves as an adaptable starting point for diverse contexts. It reflects an ambition for a future in which a growing number of locally grounded services can respond effectively to the mental health needs of young people – worldwide.

Deliberately, the guidance focuses on reaching sustainability rather than scaling: recognising that establishing and maintaining a trusted, community-embedded service is a significant achievement and that youth mental health needs are often best addressed within specific local contexts, rather than through uniform expansion.

At the same time, this work highlights several opportunities for the field.

- The development of a community of practice among organisations implementing such models.
- Increased cross-regional collaboration and evaluation to strengthen the evidence base in youth mental health.
- The continued evolution of this guidance as experience accumulates.

Into the future, this will support a greater understanding of long-term sustainability and where appropriate, pathways to scale.





REVOLUTION IN MIND *ory gen*

GET IN TOUCH

IF YOU'D LIKE MORE
INFORMATION ABOUT
ORYGEN, PLEASE CALL
+61 3 9966 9100 OR
SEND AN EMAIL TO
INFO@ORYGEN.ORG.AU

ORYGEN.ORG.AU

35 POPLAR ROAD
PARKVILLE VIC 3052
AUSTRALIA

FOLLOW US ON

