Youth employment programming helps youth develop the skills and knowledge to succeed in the job market. In contexts where youth face extreme poverty, conflict, and/or high rates of violence, integrating mental health and psychosocial support (MHPSS) approaches into youth employment programs can support the development of key social-emotional and soft skills, such as stress, conflict, and anger management, as well as interpersonal communication skills. MHPSS interventions may be connected to youth employment programming in several ways, including support for youth as individuals or their families (as part of a broader program). Conversely, employment-related activities can be included as a complement to an existing MHPSS program.

Many integrated youth employment programs include MHPSS activities to encourage healthy family dynamics, reduce intimate partner violence (IPV), and limit harsh parenting approaches. Often, these programs also aim to reduce violence and target both the individual’s sense of well-being and his or her interpersonal and relationship skills. Other programs prioritize MHPSS interventions but add a youth employment component. These holistic strategies often focus on a target population (e.g., adolescent girls) and include various activities that build self-esteem, as well as employability and leadership skills.

Design Resources
The Inter-Agency Standing Committee (IASC) Intervention Pyramid (Figure 1) below helps program planners effectively layer MHPSS services in youth employment programming. The case studies presented in this sector pull-out provide an overview of the MHPSS components. Each case study maps the program interventions to each layer of the IASC Intervention Pyramid:

- Layer 4 – specialized services
- Layer 3 – focused, non-specialized supports
- Layer 2 – community and family supports
- Layer 1 – social considerations in basic security and services.

Figure 1: IASC Intervention Pyramid (2007)

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1 Catholic Relief Services, Save the Children
2 Mercy Corps
The table below provides illustrative activities and how they relate to UNICEF’s dimensions of well-being (i.e., individual well-being; interpersonal well-being; and skills and knowledge) and the four domains of USAID’s Positive Youth Development (PYD) Framework (assets, agency, contribution, and enabling environment).³

Table 1: Illustrative Activities and How They Relate to the UNICEF Dimensions of Well-being and the PYD Domains

<table>
<thead>
<tr>
<th>Dimensions of Well-Being</th>
<th>PYD Domain</th>
<th>Illustrative Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills and Knowledge</td>
<td>Assets</td>
<td>Deliver a weekly cognitive behavioral therapy (CBT) group-based curriculum to adolescents.⁴</td>
</tr>
<tr>
<td>Skills and Knowledge</td>
<td>Contribution</td>
<td>Structured multi-national group activities (e.g., fitness, arts and crafts, and vocational and technical skills) that help adolescents become more engaged with their emotions and develop empathy.⁵</td>
</tr>
<tr>
<td>Skills and Knowledge</td>
<td>Assets (peer coaches) Enabling Environment (mentors)</td>
<td>Youth peer coaches and mentors are trained in job-readiness skills.</td>
</tr>
</tbody>
</table>

Youth Employment + MHPSS Case Studies

The case examples that follow include Advancing Adolescents developed by Mercy Corps and implemented in Jordan and Syria and the “I am READY” curriculum developed by Catholic Relief Services (CRS) and implemented in the Northern Triangle of Central America.

Advancing Adolescents

The Advancing Adolescents program applies the Profound Stress Attunement (PSA) framework developed for use in prolonged-stress contexts. The PSA approach focuses on the neurological-response impacts of prolonged stress, which can reduce an individual’s ability to understand his or her emotions and the emotional context of his or her family and community.⁶ PSA uses structured group activities and mentorship to help adolescents become more aware of their emotions and establish empathy, subsequently improving their mental and psychosocial well-being. Adolescents can choose from a range of group activities, such as fitness activities, arts and crafts, and vocational or technical skills training. Interventions are delivered by lay coaches, who receive training on how stress physiology affects brain function and how to facilitate experiential learning. See Figure 2 for how these interventions align with the IASC Intervention Pyramid.

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⁶ Ibid
The impact evaluation on Advancing Adolescents found the following:

- **Social connectedness:** Participating adolescents had 4.8 more friends from other nationalities than adolescents in the control group.
- **A sense of safety and security:** Adolescents who participated in the program had more access to safe spaces in the community and felt safer and more secure.
- **Future thinking:** Youth who participated in the program had greater confidence in their futures, including their job prospects.
- **Gender:** Participating adolescents had an increased tolerance for female leaders in the workplace. Girls reported higher levels of confidence in themselves and in their ability to achieve their goals.
- **Coaches:** Coaches were volunteers from the community who were trained on emotional and behavioral self-regulation, the PSA model, and experiential learning. The evaluation showed that the strength of the impact seen in participants was directly related to the strength of the relationships that the adolescents established with their coaches. The stronger the relationship the stronger the increase in their well-being.

Following the successful randomized control trial, Mercy Corps added an employment component to the program. A new evaluation found no significant impact on employability among participants, though well-being continued to increase. In addition, girls participating in the new model reported an increase in weekly pay; however, the increase was not high enough to be considered significant. The evaluation noted that the employment-focused interventions were likely not designed well enough to achieve the desired results. More information on the Advancing Adolescents approach can be found here.

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7 Mercy Corps, “Middle East Regional Report - Mercy Corps.”
I am READY: Cognitive Behavioral Therapy-informed Curriculum

I am READY is a cognitive behavioral therapy-informed curriculum that covers the development of intrapersonal and interpersonal skills (see Figure 3 for how the curriculum tracks with the IASC Intervention Pyramid). The curriculum has been used in El Salvador, Guatemala, and Honduras with youth in schools (12–15 years old), other development programs (16–25 years old), and prisons (18+ years). This evidence-based curriculum helps program participants recognize and manage thoughts, feelings, and behaviors. CRS has found it to be effective in working with highly distressed populations and in reducing violent behaviors among juvenile and adult offenders. While the aim of I am READY is to reduce violent behavior, it has been integrated into CRS’s youth workforce-development program, YouthBuild, which aims to increase employment skills and opportunities.

Each session of the curriculum introduces a theme and includes a practice lab, each lasting approximately one hour. The sessions are facilitated by trained coaches, who receive ongoing training, support, and supervision from project leadership on curriculum content and the core approach. More information on I am READY is available here.

Figure 3: I am READY Curriculum Intervention Pyramid
Illustrative PYD or Youth-focused Indicators for MHPSS

Table 2 provides illustrative indicators for measuring the impact of MHPSS interventions integrated into violence prevention, peace, and security programming. The indicators are grouped by the measurement area and sector. The reference key identifies the source for each indicator. Indicators without a source were developed specifically for this toolkit.

**Reference Key**
* USAID
** UNICEF – Operational Guidelines
*** Inter-Agency Standing Committee (IASC)

Table 2: Illustrative Indicators for Integrating MHPSS into Youth Employment Programming

<table>
<thead>
<tr>
<th>Measurement Area</th>
<th>Sector</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Implementation and Access</td>
<td>MHPSS**</td>
<td>Number of MHPSS standard operating procedures, referral pathways, and service directories developed[^8]</td>
</tr>
<tr>
<td>Function</td>
<td>MHPSS**</td>
<td>The ability to carry out essential activities for daily living, which will differ according to factors such as culture, age, and gender</td>
</tr>
<tr>
<td>Mental Health and Well-being</td>
<td>MHPSS**</td>
<td>Subjective well-being improved including feeling calm, safe, strong, hopeful, capable, rested, interested, and happy; not feeling helpless, depressed, anxious, or angry[^9]</td>
</tr>
<tr>
<td></td>
<td>MHPSS**</td>
<td>Social connectedness referring to the quality and number of connections an individual has (or perceives to have) with other people in their social circles of family, friends, and acquaintances (social connections may also go beyond one’s immediate social circle and extend, for example, to other communities)[^10]</td>
</tr>
<tr>
<td></td>
<td>MHPSS**</td>
<td>Number of people with mental health and psychosocial problems who report receiving adequate support from family members</td>
</tr>
<tr>
<td></td>
<td>MHPSS**</td>
<td>Increased ability to recognize and respond positively to emotions at the conclusion of training/programming</td>
</tr>
<tr>
<td></td>
<td>MHPSS</td>
<td>Increased ability to plan and set goals at the conclusion of training/programming</td>
</tr>
</tbody>
</table>

[^9]: Ibid