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Public participation in mental health programming: insights into the ways young people are involved in the development, delivery, and evaluation of mental health initiatives in school and community spaces

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ABSTRACT

Despite recent investments in England's school mental health initiatives, these interventions continue to face challenges in sustainability and relevance. Youth participation in developing, delivering, and evaluating services can enhance their fit within school and community contexts. While evidence highlights the benefits of youth participation, little is known about the engagement approaches used as part of these mental health interventions. This study applied Davies's (2009) Matrix Model to categorize 76 mental health participation activities across six local authorities in England. Findings reveal variations in youth influence and decision-making across participation methods, outlining key characteristics, aims, and features as reported by professional stakeholders. The results emphasize the need for intentional and transparent selection of participation approaches that align with programme goals. These insights have practical implications for school leaders, mental health researchers, intervention developers, and educational stakeholders seeking to integrate meaningful youth participation into mental health initiatives.

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Introduction

An increasing number of young people in England are facing mental health challenges, which has strained the National Health Service and highlighted gaps in timely, accessible care (Sadler et al., 2018; Vizard et al., 2020). Schools and community settings have emerged as critical access points for mental health services, offering both universal and targeted programmes to address these issues. However, challenges remain regarding the sustainability and long-term effectiveness of these interventions, as many programmes lack the resources or engagement necessary to maintain their impact after initial funding concludes (March et al., 2024). Engaging stakeholders, particularly young people, in the

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co-design, delivery, and evaluation of services ensures interventions remain effective, relevant, and responsive to shifting community needs (Ezaydi et al., 2023; Foulkes & Stapley, 2022; Haldane et al., 2019). This collaborative approach fosters a sense of shared ownership and accountability, strengthens long-term commitment, and enhances the sustainability of initiatives by building trust and capacity among participants (Kirby & Bryson, 2002).

Emerging evidence highlights how participatory practices in education and community health settings improve the way systems of care are experienced and designed, enhancing their effectiveness and decision-making processes (James, 2007; Vahdat et al., 2014). Specifically, young people and staff involved in collaborative efforts state that research tools designed by or with young people include more youth-friendly language, which may enhance accessibility for the target population. Additionally, they report improved links between organizations and the wider community, as many organizations engaged in participatory activities with young people do so in partnership (Viksveen et al., 2022). Previous literature has highlighted various forms of youth participation in research and healthcare settings, including involvement in the community, individual care and treatment, service and project design, training and education, monitoring and evaluation of initiatives, and commissioning of services (Faulkner, 2009; Gray, 2002; Jones et al., 2024). While both grey and white literature provide practical guidance on various methods of youth engagement, a significant gap in the literature remains regarding how youth participation is implemented within youth systems, particularly in mental health programming within school and community settings (Borland et al., 2001; Hill, 2006). There is little empirical evidence on how frequently different forms of youth participation are used, the reasons for their selection, and how their aims and features differ in practice. Understanding these distinctions is critical for ensuring that participation efforts align with their intended goals and that young people are meaningfully engaged at appropriate levels. This study aimed to explore the range of public participation possible when involving young people in the creation, evaluation, and delivery of mental health and wellbeing programmes within school and community spaces. It also examined whether different participation methods correspond to varying levels of young people's influence and involvement.

Youth participation models

A review of the literature indicates that research on youth participation has primarily focused on the development of models and frameworks centred around participation typologies, with particular emphasis on the varying levels of power and decision-making opportunities available to young people (Barros et al., 2020; Slay & Stephens, 2013). Perhaps the most famous of these models is Hart's (1992) *Ladder of Youth Participation* (see Supplementary Online Materials for more details on the Ladder of Youth Participation). The Ladder consists of eight rungs, each representing increasing levels of youth decision-making and influence. Though it was not intentionally created as an assessment tool, R. Hart (2008) argues that the ladder effectively helps groups assess young people's agency in initiating projects, using clear language that is suitable for diverse ages and abilities to facilitate discussions on power dynamics. Critics of the ladder model contend that this framework implies that programmes positioned higher on the

ladder are inherently superior. Furthermore, they maintain that by restricting programmes to the ladder model, service providers miss the opportunity to represent young people's ideas and influence at various stages and sequences of programme development (Reddy & Ratna, 2002). Instead, they propose that participation can occur at different stages of service development and delivery and in varying needs or contexts, and that organizations themselves should determine the standards for the level of this involvement (Larsson et al., 2018). Popular models that adopt non-linear formats for participation include the *Spectrum, Wheel*, and *Degrees of Participation* (Davidson, 1998; Shier, 2001; Treseder et al., 1997). For example, Treseder et al., (1997) retain Hart's categories – such as 'assigned but informed' and 'children-initiated, shared decision-making' – but do not rank them. Instead, they emphasize that young people's involvement spans across a wide range of participation opportunities and that the 'lower rungs' of engagement can be crucial for empowering young people and equipping them with the tools and skills needed for 'higher rungs' of participation (See Supplementary Online Materials for more details on Treseder et al., (1997) Degrees of Participation Model).

Each participation model has its own strengths and limitations, as such it is essential to consider one's objectives when selecting a model. The central argument for exploring participation through the lens of power and decision-making is the ability to ascertain the degree of influence that young stakeholders possess within these spaces (Hart, 1992; Slay & Stephens, 2013). However, one key element that does not appear to be addressed in the vast majority of models of participation is the differentiation between the types of stakeholder involvement. Tim Davies's (2009) Matrix of Participation is a model that incorporates both the types (e.g. focus groups, advisory panels, or co-design workshops) and degrees (e.g. adult-initiated with young people's consultation vs. youth-initiated and directed) of involvement. Davies's model consists of a vertical axis and a horizontal axis (See Supplementary Online Materials for more details on Davies's (2009) Matrix Model of Participation). The vertical axis represents Hart's original categories, while the horizontal axis classifies different participation approaches (Davies, 2009). This model encourages organizers and facilitators to consider the breadth of engagement opportunities they provide to young people, as Davies contends that it is precisely the ongoing involvement in various participation activities that builds networks and encourages young people to participate and remain engaged with programmes (Davies, 2009).

Youth public participation in mental health programming

At present, while existing literature provides practical guidance on implementing youth engagement in school and community programmes, the specific aims and characteristics of each participation method remain unclear (Davies, 2009; Kirby & Bryson, 2002). Additionally, there is limited insight into how different forms of participation influence the balance of power and decision-making between young people and professionals. Understanding these differences could support more intentional selection of participation activities that align with the desired goals of youth involvement. A more in-depth examination of participation in mental health care revealed that, to date, no empirical studies have synthesized the different ways in which young people can engage in the creation, delivery, and evaluation of mental health initiatives in school and community settings (Charles & Haines, 2014; Kirby & Bryson, 2002). However, without understanding

the forms of youth public participation currently present in mental health programming, it is challenging to comprehensively evaluate the extent of influence young people have in the systems designed for their care.

Mapping participation by form or activity type is a crucial step towards a better understanding of young people's public involvement in their mental health care. First, different forms of participation may have unique aims or features specific to the activity type. If organizations do not assess their range of engagement offerings, they may end up providing a limited or restricted way for young people to participate, thus missing out on potential benefits that the full spectrum of participation opportunities could offer (Davies, 2009). Second, evaluating participation activities in relation to the level of power or decision-making that young people can exercise may provide greater insight into the degree of influence they can exert within various forms of participation (Davies, 2009). For example, young people who collaborate with professionals on feedback surveys or consultations may play a different role compared to those involved in governance. Assessing the level of influence young people can have within each activity offers essential context for discussions on power dynamics and decision-making among these stakeholders. Finally, it facilitates important learning in the field; documenting the frequency of different forms of participation currently occurring in school and community spaces may offer further transparency and clarity regarding the processes that guide this approach.

This study sought to address the knowledge gap regarding youth participation activities in school and community settings by examining the range and extent of such activities within HeadStart, a seven-year (2016–2022) national lottery-funded programme designed to explore innovative strategies for improving young people's mental health and wellbeing and prevent serious mental health issues. HeadStart partnered with six local authorities across England (Blackpool, Cornwall, Hull, Kent, Newham, and Wolverhampton) to design and implement a range of mental health and wellbeing initiatives for young people aged 10–16 years (A local authority is an organization tasked with overseeing and managing public services and facilities within a specific geographic area). Throughout the programme, the Evidence-Based Practice Unit (EBPU), a partnership between University College London (UCL) and Anna Freud, evaluated the mental health initiatives delivered by the six partnerships. These included whole-school, year-group, and class-level interventions, as well as community-based initiatives.

A key factor in selecting the HeadStart programme was its strong commitment to involving young people in the design, delivery, and evaluation of mental health interventions and services. Each partnership was required to collaborate with a local panel of young people who actively contributed to shaping mental health initiatives. These young collaborators participated through various channels, including awareness-raising campaigns, mentoring, online surveys, advisory groups, and the recruitment of new HeadStart staff. While the programme encompassed a wide range of mental health training, services, and curricula, this study specifically focused on the participation activities carried out by HeadStart partnerships and examined the extent to which these initiatives engaged young people (Evidence Based Practice Unit, 2023). Specifically, this study aimed to: (1) assess the extent to which participation activities engaged young people using Davies's (2009) Matrix Model of Participation, (2) understand how frequently different forms of participation were employed, and (3) evaluate the aims and features of various

participation activities. The overarching research question guiding this study was: What does collaboration with young people in mental health programming look like in school and community spaces?

Method

To address the overarching research question, the team conducted a qualitative descriptive research analysis of youth participation activities within HeadStart. Qualitative descriptive analysis allows for an exploration of a phenomenon that provides a more developed and holistic description of the concept being studied, helping answer the 'what,' 'when,' 'where,' and 'how' of a construct (Kim et al., 2017). This method of data analysis entailed systematically gathering information on the range and frequency of participation activities, where the methods of youth involvement were recognized, scrutinized, and quantified across the different partnership sites. Data were gathered through written summaries provided by participation leads from six HeadStart localities, notes from online consultation meetings, and supplementary outputs from participation activities. The analysis followed the six-step framework of descriptive analysis outlined by Loeb et al. (2017; refer to Table 1 below). This approach provided a detailed understanding of how young people collaborated in mental health programming across school and community spaces, highlighting the aims, features, and frequencies of participation activities.

Once ethical approval from the IOE Ethics committee was obtained (Z6364106/2021/09/65 social research), the participation leads of the six HeadStart local authorities were invited to a general meeting in August 2021, during which participants were informed about the aims of the study. After this meeting, each partnership area was sent a summary form requesting that participation leads report on the events and activities conducted throughout the funding period. The summary form included sections on the main aims,

Table 1. Summary of study design, data collection, and analysis approach for HeadStart participation activities.

Study	Details
Design	**Qualitative Descriptive Analysis** examining youth participation activities across six local HeadStart partnerships (Blackpool, Cornwall, Hull, Kent, Newham, Wolverhampton).
Data Collection Materials	**Summary Forms**: Completed by participation leads to report on events and activities (included aims, outcomes, participatory elements, and links to outputs). **Consultation Meetings**: Online meetings with participation leads (30 min–1 hr) to discuss the aims, features, and feedback on participation activities.
Data Analysis Approach	**Six-Step Framework of Descriptive Analysis** **Step 1**: Review of literature on youth participation to describe the phenomenon, including scrutiny of popular youth participation models. **Step 2**: Consideration of variables of interest in youth participation methods, including power, decision-making, and range of engagement activities offered. **Step 3**: Selection of Davies's (2009) 'Matrix of Participation' as a means of capturing variations of participation activities by degree of youth involvement. **Step 4**: Classification of activities using Davies's matrix through independent and collaborative review of written summaries and consultation notes to determine whether observable patterns existed in the data collected. **Step 5**: Creation of the heat map superimposed on Davie's 'Matrix of Participation" to depict the range of activity types and frequency of use, alongside degree of power and involvement young people had within each method. **Step 6**: Review of Findings as a Research Team

Participants and Procedures.

intended outcomes, and participatory elements of the activities and events that the partnerships had conducted. It also provided a section for the partnerships to include links to any existing outputs or resources created from the participation activities. Subsequently, consultation meetings were arranged and held between November 2021 and February 2022 with each participation lead ($N = 6$) to collect further information on the main aims and features of different participation activities. These consultation meetings were held online and lasted between 30 minutes and 1 hour. Although the meetings were not recorded, professionals were informed that notes would be taken on the information they provided. During these meetings, participation leads were invited to share an overview of the participatory activities they conducted in their locality, the ways in which and the extent to which young people were involved in the projects, and to give general feedback on how these activities progressed.

Data collection

Data sources used for analysis included written summaries submitted by HeadStart partnerships regarding participatory activities and notes taken during consultation meetings with the six participation leads. The written summaries of participatory activities included an overview of the projects, the expected outcomes from the participation activities, and any outputs or links generated from the collaborative efforts. Examples of outputs provided by HeadStart partnerships included a website created for young people by young people, co-produced research reports, short clips or films depicting the lived experiences of youth participants regarding mental health stressors, and the creation of an online mental health toolbox. Summary forms and consultation notes from the six local authorities were compiled into a Microsoft document and shared amongst the researchers involved in the classification of participation activities.

Data analysis

The analysis of HeadStart participation activities and events was conducted using Loeb et al.'s (2017) six-step framework of descriptive analysis. The first step of this analysis involved reviewing literature on the construct of youth participation methods to better understand the features of this phenomenon that were most salient to the aims of the research question. Step two included a critical analysis of participation models utilized with young people, assessing the benefits and advantages of each model for categorizing youth participation activities based on their applicability, comprehensiveness, and relevance to the study's objectives. In step three, measures for best representing the features of the phenomenon of youth participation were evaluated. Given the range of initiatives and activities occurring within each locality, Davies's 'Matrix of Participation' (2009) model was chosen to encompass the breadth, depth, and forms of participation activities carried out within HeadStart. The 'Matrix of Participation' (2009) model was specifically utilized because it delineates the types of participation activities conducted in school and community spaces, as well as the degree of involvement young people have during these events or activities – an element unique to this model of participation.

Step four involved collating information on participation activities within each of the HeadStart partnerships. Notes from consultation meetings were integrated into the

written summary forms provided by each of the six local authorities, and a consolidated Microsoft Word document was created. In this phase, the researcher and a panel of four Anna Freud HeadStart team members met to review the Microsoft Word document. First, each team member independently classified the participation activities from each HeadStart partnership. During the independent classification, if a partnership had more than ten activities listed, only ten participation activities were classified to ensure a manageable and focused analysis while maintaining consistency across partnerships with varying numbers of reported activities. For example, one local authority listed only four participation activities, and researchers independently classified all four activities. However, another local authority listed thirty-two participation activities. In this case, ten participation activities were randomly selected and independently classified by each researcher. Next, the team met together to review their individual classifications and collaboratively determined where each participation activity fit on the matrix. It is important to note that the researchers acknowledged that some activities could be categorized in one or more sections of the matrix. Therefore, a 'best fit' approach to categorization was adopted to ensure that various perspectives informed the classification of activities. Additionally, while all partnerships completed written summary forms, participation leads did so to varying degrees and in different ways. For example, some partnerships reported the specific number of young people involved, provided links or documents to resources and outputs created, and specified individual conferences, trainings, and participation groups that took place within their locality. Others only reported larger-scale campaigns or ongoing participation groups that occurred throughout the entire funding period, without mentioning individual events, the number of young people involved, or the youth outcomes associated with participation activities. For activities or events not easily categorized, the panel collaboratively discussed their perspectives and came to a consensus on classification. A total of 76 participation activities from the six HeadStart partnerships were reviewed, and 53 of these were classified. The activities that were not classified lacked adequate or sufficient information regarding key details of the programme, such as the specific goals, features of the initiative, or the nature of youth involvement, making it unfeasible to accurately determine their classification. For the activities that were classified, examples for each classification group have been provided to demonstrate the variety of youth participation activities that can exist within school and community spaces.

In the fifth step, a heat map was created from the data points superimposed onto Davies's (2009) 'Matrix of Participation.' The map demonstrated both the range of activity types and the frequency at which each type of participation activity occurred (see Figure 1). To generate the heatmap, participation activity classifications were first recorded in a spreadsheet, with each activity assigned a category from the matrix based on consensus coding. Activities were then quantified by their frequency within each classification group. The classification categories of Davies's (2009) matrix model were then used, alongside notes from written summaries and consultation meetings, to highlight the main aims and features of different types of participation activities. The frequencies of participation activities within each classification cell were translated into a heatmap using excel, where colour gradients were applied to visually represent the concentration of activities in each category. To better understand how stakeholders conceptualized and implemented collaboration in school and community activities, the

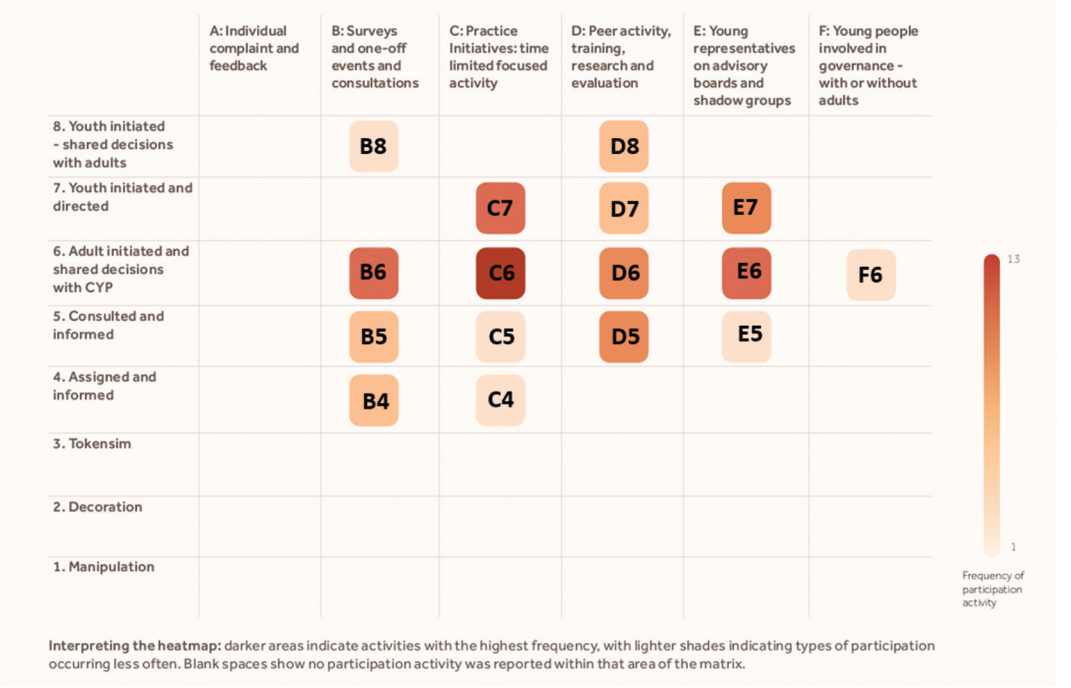

Figure 1. Heat map of participation activities within HeadStart. This figure was taken from "*Youth Participation in HeadStart: review of youth participation across a diverse multi-service youth mental health and wellbeing programme*" by Brunskill et al., 2023, in *Evidence Base Practice Unit* (HeadStart Case Study 7). When reviewing the matrix, it is important to examine both the types of activities (labelled horizontally) and the level of power and influence that young people had within each activity type (labelled vertically). For example, in cell B8, a participation activity occurred that involved a one-time survey, event, or consultation initiated by young people.

question, 'What was the main purpose or intended outcome of the activity?' from the summary forms was analysed. Examining the aims behind participation activities provided insight into the reasons stakeholders prioritized including young people and how this emphasis shaped the design and execution of each participatory initiative. Similarly, to ascertain the key features of participation activities, the research team reviewed the summary forms, consultation meeting notes, and supplemental links or outputs provided by partnerships. Additionally, attention was given to both the ways in which young people were involved in each type of activity and, if reported, the level of influence young people had throughout the activity.

Patient and public involvement (PPI) statement

This study was conducted in collaboration with participation leads from the six HeadStart partnerships, who played a key role in providing data on youth participation activities and offering insights into local implementation. These stakeholders were actively engaged in shaping the data collection process by submitting detailed written summaries of activities and participating in consultation meetings to clarify and expand on reported initiatives. Additionally, the research team worked alongside a panel of four Anna Freud researchers familiar with the structure of the HeadStart Programme to classify participation activities using Davies's (2009) 'Matrix of Participation,' ensuring that multiple perspectives informed the categorization process.

Young people were not directly involved in the research design or data collection process. This decision was made due to the nature and timeline of the study. Specifically, this study focused on mapping existing participation structures rather than gathering first-hand accounts of youth experiences. Given that the research aimed to systematically examine how participation activities were implemented across different localities, the study relied on professional stakeholders with direct oversight of these initiatives. Furthermore, as the data primarily consisted of retrospective reports on programme activities rather than real-time engagement with young participants, the involvement of young people in the research process was not feasible.

Results

Findings from the six local authorities across England highlight the varied ways young people participate in designing, developing, and evaluating mental health programming in school and community spaces. Participation methods ranged from one-off activities, such as surveys and consultation groups, to sustained engagement through peer-led initiatives, training, advisory boards, and governance roles. A key insight from mapping participation activities onto Davies's (2009) participation matrix was the relationship between participation forms and levels of youth decision-making. The heatmap illustrates how youth participation is distributed within school and community settings, offering insight into the extent to which decision-making power is shared with young people or retained by adult stakeholders (see Figure 1).

No partnerships implemented individual complaint or feedback forms as a means of youth participation, nor were any activities classified as manipulation, decoration, or tokenism. One-off events and consultations were the most common participation

methods, typically structured around young people providing input rather than leading the process. Most were adult-initiated, with only one youth-initiated activity recorded in this category. Beyond one-off engagements, young people participated in longer-term initiatives when resources, funding, and time allowed. These included practice-based projects, peer-led training, advisory roles, and governance opportunities.

Time-limited, practice-based initiatives were the most frequent form of participation utilized ($N = 13$), with decision-making power typically shared between adults and young people. Peer activities, training, research, and evaluation varied in the level of youth influence. While peer-led initiatives encouraged youth-led decision-making, research and evaluation projects more often involved shared decision-making between young people and professionals. In contrast, youth representation on advisory boards and governance roles remained predominantly adult-initiated, reflecting the formal and structured nature of these positions. To gain a more in-depth understanding of the varying participation methods utilized in school and community spaces, the aims and features of each type are presented in the section below.

Aims and features of participation methods

This section outlines the aims and features of each participation method, drawing on written summary forms and consultation meetings with participation leads across the six local authorities. A detailed breakdown of each participation method follows, with a summary of aims and key features in Table 2. To allow for a clearer understanding of both the nature of each activity and the degree of youth influence and involvement for each participation method, examples of activities are provided alongside their corresponding alphanumeric codes from the heatmap.

A. *Individual Complaint and Feedback:*

No activities were categorized in this form of participation

B. *Surveys & One-Off Consultations and Events*:

In school and community spaces, these participation activities primarily focused on gathering young people's perspectives on existing mental health initiatives and their preferences for future provisions. A key strength of this approach was its ability to capture a wide range of opinions, offering professionals valuable insights into service reception and areas for improvement. However, this method was limited to specific points in time, meaning it provided snapshots rather than continuous forms of engagement. Summary forms highlighted how these activities informed decision-making processes. For instance, participation leads noted that monthly meetings served as key spaces for professionals to gather feedback from young people, shaping various time-limited initiatives. One example included a campaign addressing the issue of teacher shouting, which emerged from young people's reports of anxiety and stress related to classroom dynamics.

Table 2. Features and aims of youth participation activity types.

Activity Type	Aims	Features
Individual Complaint & Feedback Forms	Consolidation of direct feedback from young people post-development of mental health services	• Limited agency, young person restricted to giving feedback post – development of services and initiatives
Individual Surveys and Consultations	Consolidation of young peoples' perspectives and preferences on mental health programming (both post and pre development)	• Typically involved the views of a large number of young people • Implemented before creation of services and initiatives to include young people's perspectives in programme development • Focused on gathering information, not making changes to youth systems
Practice Initiatives, Time-Limited Activities	Creation of time-limited youth activities in school or community spaces	• Different types of activities were implemented • Captured a larger range of young people as provided activities with different topics of focus • Activities were not always sustained or integrated into the youth systems
Peer Activities, Trainings, Research, Evaluation	Young people upskilling, knowledge building, or shared own expertise through various means	• Young people took on leadership roles • Young people learned from their peers • Upskilling opportunities for young people • Research and evaluation initiatives created resources • External funding and/or outside providers involved in some activities
Representation on Advisory Boards	Young people served as representatives to share expertise and lived experience with youth-based organizations and services	• Young people gave direct input into resources needed within the community • Most young people needed training to be representatives on advisory boards or shadow groups • Young people were involved in the creation of initiatives from the beginning • Some partnerships reported outcomes related to sustained changes within youth systems
Involvement in Governance	Young people involved in governance including influencing policies and decision making on programme creation and delivery alongside key stakeholders in the school or community	• Young people had power to influence policies and practices within their communities • Some partnerships reported outcomes related to systems change for young people within school and community settings • Most young people needed training to be involved in governance

Participation in these activities varied, ranging from young people being assigned roles to initiating and co-leading projects alongside adults. Examples included:

- **Consultation sessions [B4]**: Several hundred young people completed anonymous questionnaires, while over a hundred participated in face-to-face consultations about potential service provisions.
- **Collaborations with local councils [B5]**: An interdisciplinary group of young people passionate about climate change worked with their local council, leading to networking sessions and a co-designed youth conference.
- **Mystery shoppers [B6]**: Young people anonymously attended youth events and services in HeadStart areas to assess their effectiveness. Their feedback

informed improvements and highlighted both strengths and areas for development.

- **Young person conference [B8]** : Consultations between young people and schools led to the organization of three youth-led conferences focused on topics that young people themselves identified as priorities.

C. *Practice initiatives and time-limited focused participation activities*

This category had the highest number of youth-initiated and youth-directed activities, with a diverse range of topics and initiatives emerging within school and community settings. Summary forms highlighted projects related to social action, climate awareness, art workshops, and films based on youth experiences.

These initiatives often equipped young people with specific skills or knowledge, leading to tangible outputs and resources for their communities. Participation leads noted that this method allowed for multiple simultaneous campaigns, some initiated by youth funding programmes and others by young people themselves. The time-limited nature enabled broad engagement across topics but also meant that even successful initiatives weren't always sustained within existing systems. Examples of how young people engaged in these initiatives included:

- **Social action projects [C4]** : Young people co-produced and led social action projects, identifying topics and sharing responsibilities. These projects were then implemented in schools and community spaces with youth involvement.
- **Developing a wellbeing strategy for a whole-school approach [C5]** : A group of young people, supported by co-production practitioners, developed a school-wide strategy focused on student wellbeing.
- **Summer programme planning [C6]** : Young people co-produced and organized summer programmes for youth in their local authorities.
- **Youth film project [C7]** : More than 100 young people collaborated to create and design films on topics they deemed important, such as reducing stigma around mental health. These films served as educational tools for their peers.

D. *Peer activity, training, research and evaluations*

Participation activities in this category focused on peer learning, youth-led training, and research or evaluation of mental health services. These activities empowered young people to take leadership roles and develop skills in problem-solving, public speaking, community organizing, and networking.

Peer activities involved young people learning from and supporting each other, while training initiatives included both youth-led sessions for their peers and for professionals in their communities. Research and evaluation projects, conducted independently or alongside professionals, provided insights into youth mental health needs and informed service improvements. For example, young participants

played a key role in shaping targeted tools and resources, such as a befriending service for isolated students. However, many of these activities relied on grant funding and external partnerships, making their sustainability contingent on continued access to these resources. Examples of participation in this category included:

- **Creation of an online resilience tool [D5]** : Over three years, around 1,000 young people co-designed a tool to promote online safety, attending workshops and discussions to shape its content. The tool helps young people identify and manage harmful online behaviours.
- **Young people advisory group [D6]** : Young people co-developed and co-delivered projects, forming advisory groups focused on participation and resilience-building within their communities. These groups also organized school-based events such as assemblies and awareness sessions.
- **Youth-led trainings [D7]** : Young people co-produced training sessions for over 200 professionals, including senior council staff, commissioners, and local health providers. They also adapted in-person training into an e-learning programme.
- **Young researchers group [D8]:** Two young people led research groups, overseeing the design, fieldwork, analysis, and dissemination of findings on youth mental health topics.

E. *Young representatives on advisory boards and shadow groups*

This form of participation involved young people working alongside professionals from various youth organizations to provide feedback on initiatives, goals, and activities. These roles offered young people a high degree of influence, allowing them to engage in decision-making processes related to mental health programming.

Participation leads reported that young representatives were actively involved in designing, implementing, and evaluating services and resources. However, young people taking on these roles often required training to prepare for meaningful participation. For example, one HeadStart partnership trained young commissioners to award small grants to local organizations. Examples of participation activities in this category included:

- **Youth voice groups [E5]** : A group of young people met monthly with their local HeadStart team to review projects and services, providing input on marketing, service changes, and project development.
- **HeadStart steering group [E6]** : Meeting quarterly, this group – comprising young people, youth-support professionals, and senior decision-makers – collaborated to identify and address challenges in their local authority.
- **Youth networks [E7]**:Young people from different organizations formed a resilience-focused youth network, creating a space for discussions on political and social issues they were passionate about.

F. *Young people involved in governance with or without adults*

In this form of participation, young people took on governance roles within local councils as experts based on their lived experiences. Governance refers to the structures, policies, and decision-making systems that uphold young people's rights (Hart et al., 2016). Reports from professionals and summary forms indicated significant overlap between young people's roles in governance and advisory boards. Like advisory board members, youth involved in governance had direct influence over policies and practices in their communities. However, these roles were typically adult-initiated, with professionals inviting young people to contribute based on their experiences. Additionally, some partnerships reported that these governance activities contributed to systems-level changes in schools and community services. Examples included:

- **Citizen's assembly [F6]** : Young people co-designed and produced a climate change zine and hosted online sessions on the 'climate emergency' over two days. The goal was to educate peers and address climate-related anxiety.

Discussion

This qualitative descriptive analysis explored the range of public participation employed in youth mental health within school and community programmes across six local areas in England. HeadStart implemented a broad spectrum of youth participation activities, from one-off events such as surveys and consultations to more sustained engagements, such as advisory boards and governance representation. Mapping participation activities onto Davies (2009) matrix provided a nuanced analysis of how different forms of participation shape young people's involvement and influence. It also highlighted how youth participation in mental health programming is implemented in real-world school and community contexts (Ezaydi et al., 2023; Tindall et al., 2021). Previous literature has documented similar forms of youth participation in mental health research and healthcare settings; however, this research specifically underscores the range of participation that occurs when discussing youth mental health and wellbeing in school and community spaces (Borland et al., 2001; Faulkner, 2009; Gray, 2002, Hickman Dunne & Mahmood, 2022; Hill, 2006).

Guidance on youth participation has primarily assessed broad categories of power and decision-making in youth-adult partnerships without connecting these to specific forms of engagement (Arnstein, 1969; Hart, 1992; Slay & Stephens, 2013). This study, however, provides a more detailed understanding both by contextualizing the activities used and examining the level of influence young people exercised within the activities. The heatmap generated from Davies (2009) Matrix Model illustrated that while various forms of participation were present in school and community spaces, time-limited practice initiatives were the most prevalent. The highest frequency of participation activities fell into the 'adult-initiated, shared decision-making' section of the matrix, regardless of the form of participation. Additionally, complaint and feedback forms were not utilized, and no activities were classified as manipulation, decoration, or tokenism, suggesting that increased practice and policy guidance may be raising awareness of meaningful participatory approaches (Cook, 2008; Omeni et al., 2014; Sinclair, 2004; Thomas, 2007).

However, findings indicate that professionals still held substantial power in collaborations. More research is needed to explore whether adult-initiated participation activities empower young people by scaffolding their engagement or constrain authentic youth-led decision-making.

Building on these findings, prior research has often framed participation as striving towards a 'pinnacle,' emphasizing youth-led collaboration in youth-adult partnerships. However, it has largely overlooked contextual factors – such as timing, resources, and skills – that shape why specific participation methods are chosen at different stages (R. A. Hart, 1992; Slay & Stephens, 2013). The findings from this study indicate that participation in school and community settings occurs at different stages of service development and delivery, engaging young people in ways that reflect their capacities, interests, and skills, as well as the resources, time, and availability of professionals involved. Participation in these spaces is not a singular event but an evolving process where young people's roles and responsibilities seem to shift over time.

HeadStart professionals identified an initial information-gathering stage as essential for assessing youth perspectives, identifying needs, and setting the foundation for deeper engagement. One-off activities such as consultations, workshops, and surveys were viewed as critical tools to inform subsequent involvement. Following this, youth participation focused on competency and capacity building, providing opportunities for young people to develop skills, knowledge, and confidence. This stage included structured initiatives such as training, practice-based projects, peer-led activities, and research or evaluation efforts. Capacity-building was reported as an essential element for supporting young people's transition into more engaged roles and meaningful decision-making. Professionals in this study indicated that without assessing the capacities, skills, or competencies of young collaborators in relation to the participation activities they engaged in, organizations risked tokenistic or superficial involvement of young people, regardless of the level of power or decision-making they offered. Furthermore, these findings support Davies's (2009) argument that participation activities positioned in the middle of the matrix help young people develop the skills, confidence, and understanding of participation work necessary for larger systems change. Finally, participation on advisory boards and governance contributed to commissioning services and shaping mental health policies and practices within their communities where young people were involved throughout the process. Professional stakeholders reported that this form of engagement provided young people with a platform to contribute meaningfully to programme and service development, allowing them to sit at decision-making tables alongside professionals. Young people played a role in determining what services were commissioned, how they were implemented, and how they were evaluated, ensuring their lived experiences informed programme design. However, stakeholders emphasized that young people required training and ongoing support to participate effectively in these roles. Additionally, this level of involvement was seen as having the potential to drive systems change, as programme administrators gained greater awareness of the value of youth input and developed more inclusive engagement practices. Further research is needed to explore the extent of this impact and the mechanisms through which youth participation influences systemic change.

These findings suggest that youth participation in applied settings requires an iterative, ongoing approach. This perspective conceptualizes participation as cyclical (see

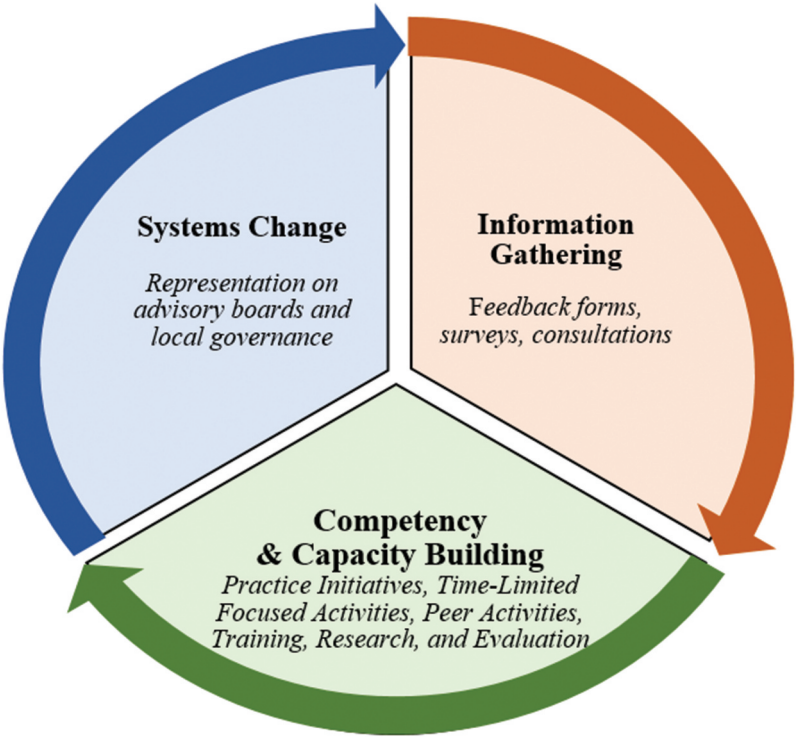

Figure 2. Cyclical phases of youth participation work.

Figure 2 for a visual representation), with participation activities aligning with specific phases of service commissioning, delivery, and evaluation, as well as the broader goals of youth-serving organizations. It also reflects the practical realities of school and community settings, where co-production of mental health services is not universally feasible at all times. Rather than viewing participation as a checklist or hierarchy to be climbed, organizations should assess which forms best align with their current capacity and goals. As Reddy and Ratna (2002) have previously suggested, the opportunity to represent young people's ideas and influence at various stages and sequences of programme development is important. As such, better understanding of how young people are meaningfully involved in different phases of participation work, including information gathering, capacity building, and systems change are all critical, and their interplay ensures sustainable and meaningful youth engagement over time. This understanding shifts the focus from a rigid endpoint of co-production to a more flexible approach, wherein diverse participation methods serve complementary functions within youth-serving systems. Future research should explore how organizations effectively navigate these cyclical phases and what conditions enable youth to transition between them fluidly, ensuring participation remains a meaningful and evolving process.

Strengths and limitations

Categorizing youth participation by power dynamics and activity type provided valuable insights into young people's roles in mental health programming within schools and

communities. It highlighted effective practices and areas needing improvement in collaboration with youth, clarifying their influence and the distribution of power in these activities. Responses from partnerships revealed the extent of young people's impact on service development, while descriptions of participation activities outlined key aims and features of each method.

However, the diverse nature of the HeadStart programme meant that some activities did not neatly fit within the matrix, often overlapping multiple categories. Participatory projects also evolved based on youth engagement and systemic needs, complicating classification. As a result, some participation activities may have been categorized based on their most dominant features rather than capturing their full complexity. This could have led to an oversimplification of certain activities, potentially obscuring the fluid and dynamic nature of youth participation within the programme.

Additionally, as this study consulted only professional stakeholders, it captured participation activities from an institutional perspective rather than young people's lived experiences. This limitation means that some aspects of youth influence – particularly informal or less structured contributions – may not be fully reflected in the findings. Future research should incorporate young people's perspectives to better understand how they perceive their roles and influence in these initiatives.

Furthermore, the decision to implement specific participation methods seems to have been shaped by systemic factors such as funding structures and organizational priorities. These constraints may have led to a reliance on adult-initiated participation approaches, potentially limiting opportunities for more youth-led initiatives. This highlights the need to consider how external pressures influence participation design and whether these structures facilitate or hinder meaningful youth involvement.

Moreover, variations in how professionals reported young people's influence may have led to gaps in the data, making it difficult to fully capture power dynamics across all activities. while the heatmap effectively illustrates trends in participation types, it is important to recognize its limitations. Some local authorities had significantly fewer reported activities than others, creating potential distortions in comparisons. Variations in density across the heatmap may reflect reporting differences rather than actual disparities in participation. As such, the heatmap may not fully represent the breadth of participation activities across the six local authorities. It should therefore be interpreted as a tool for identifying patterns in variations of participation types and levels of youth involvement rather than as a strict comparative measure. Future studies should aim for more consistent data collection across regions to ensure a more balanced comparative analysis.

In spite of the challenges of classifying participation activities and the necessity of adopting a 'best fit' approach, as well as the differences in the level of detail provided by local areas, the heatmap remains a valuable tool for visualizing broad patterns in youth participation. Specifically, it serves to illustrate overarching trends, offering insights into how participation activities are structured and where certain forms of engagement allow for more youth involvement and influence. This, in turn, can inform future efforts to refine and standardize participation reporting practices and provide more transparency on how young people are involved in different methods of collaboration.

Future directions

While the matrix model effectively captured the range of youth participation activities in mental health programming, future research could explore alternative or complementary frameworks to deepen our understanding of participation dynamics. Other models may offer additional insights depending on research objectives. For instance, combining categorical models (such as Davies's, 2009) with non-categorical approaches could provide a more nuanced perspective. Existing critiques of rigid participation hierarchies (e.g. Arnstein's ladder, Hart's model) suggest the need for frameworks that better capture the complexities of youth engagement (Sinclair, 2004; Checkoway, 2011). Integrating Lundy's (2007) model, which considers space, voice, audience, and influence, could help examine how professionals foster environments that enable meaningful youth participation. This approach would allow future research to move beyond mapping participation activities to understanding the conditions that promote young people's agency in decision-making processes.

Further, while this study focused on professionals' perspectives on participation activities, future research should incorporate young people's voices to explore their experiences of power and influence. Prior studies suggest that youth and adults often perceive participation and power dynamics differently (Omeni et al., 2014; Thomas, 2007). Comparative research that examines both youth-led and adult-led accounts could provide critical insights into whether certain participation methods truly empower young people or, conversely, reinforce adult control under the guise of collaboration (Cook, 2008; Hart, 1992).

Lastly, when classifying participation activities, it may be beneficial to do so in phases to better capture the evolving nature of youth engagement. Participation has been recognized as an iterative process rather than a single event (Sinclair, 2004; Checkoway, 2011), yet many studies evaluate participation as a static outcome rather than a fluid experience. A phased approach – examining participation before, during, and after an activity – could provide greater insight into how young people's roles evolve over time. Prior to an activity, researchers could identify anticipated participation forms and stakeholder roles, along with any structural limitations. During the activity, researchers could assess whether the process unfolds as intended and whether young people's influence shifts over time. Finally, post-activity evaluation could examine facilitators and barriers to meaningful participation, as well as youth perceptions of agency, satisfaction, and role alignment within the project. Incorporating these stages would offer a more dynamic understanding of how participation unfolds and ensure that youth perspectives are integrated throughout the research process. By adopting these approaches, future research can provide a more dynamic account of youth participation, ensuring that frameworks reflect the realities of engagement in practice and better support meaningful collaboration in mental health programming.

Conclusion

While there has been a notable increase in policy guidance regarding the involvement of young people in the systems designed for their care, there remains limited research on when and why specific participation methods are chosen and implemented in school and community-based mental health settings. This study addressed this gap by examining both the types of participation activities used in practice and the degree of youth influence within

them. Categorizing participation activities according to their methods of engagement and power dynamics provided a structured way to understand how participation operates in applied settings. Findings reveal that participation is not uniform; rather, different forms of engagement align with distinct goals or phases of participation work. Specifically, findings suggest that effective youth participation requires intentional selection of methods that match the intended level of youth influence rather than a one-size-fits-all approach. Stakeholders can use these insights to critically assess whether their current participation practices align with their intended goals and to implement context-responsive approaches that foster sustained youth engagement. Overall, this study contributes to ongoing discussions on youth participation by mapping participation activities to their associated aims and features, providing practical insights for stakeholders – such as school administrators, mental health practitioners, and policymakers – seeking to refine participation strategies. Future research should further explore how young people themselves perceive these participation structures and their effectiveness in influencing mental health programming.

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