


# Guidelines for the design and implementation of youth participation initiatives to safeguard mental health and wellbeing

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There is growing recognition globally that young people should have opportunities to participate in decisions affecting their lives, such as through advisory groups, representative councils, advocacy or activism. The need for participation is increasingly evident in health and medical governance and leadership at multiple levels. Internationally, both the World Health Organization (WHO) and the Organisation for Economic Co-operation and Development (OECD) have developed several youth advisory mechanisms, including youth councils and networks, as part of their commitment to engage and empower young people globally in decision-making processes.<sup>1</sup> Premier medical research journals, including *The Lancet Child and Adolescent Health*, have also made a commitment to youth participation by developing a youth advisory board.<sup>2</sup> The Australian Government has joined countries in Oceania,<sup>3</sup> Africa<sup>4,5</sup> and Europe,<sup>6,7</sup> as well as the United States,<sup>8,9</sup> in developing Youth Advisory Boards across a range of policy areas.<sup>10</sup> This movement is not limited to health; it is gaining attention across all sectors, from government to corporate and the non-government organisation sector.

With increasing prevalence of youth participation initiatives, there is an urgent need to better understand the impacts of youth participation and engagement activities. For example, significant gaps in our knowledge include the effectiveness of youth involvement and the extent to which their participation improves or strengthens the projects, programs, interventions, policies or services on which they advise. This article examines the impact of these programs on the young participants themselves. It is part of the *Medical Journal of Australia's* 2024 supplement for the *Future Healthy Countdown 2030: Participating for health and wellbeing of Australia's children and young people*, which examines how participating affects the health and wellbeing of children, young people and future generations.<sup>11</sup>

Youth participation is reported to have positive effects on young people, such as building resilience,<sup>12</sup> increasing social skills and self-esteem,<sup>13,14</sup> and promoting mental health.<sup>15</sup> However, emerging evidence indicates that when youth participation is not conducted properly, it may negatively affect youth's mental health.<sup>16</sup> There is an evidence gap around how to prevent potential harms to participating youth, and it is imperative that these potential harms be avoided.<sup>16</sup> For example, when young people are engaged in well designed leadership programs or political activist groups, the participation can support and even improve the mental health and wellbeing of the participants, demonstrating the potential benefits of well structured youth participation initiatives.<sup>16</sup> In these circumstances, youth specifically report a greater sense of hope and purpose<sup>17</sup> and a reduction in stress and anxiety over time.<sup>18</sup> However, when youth participation is poorly structured, such initiatives can cause

## Abstract

**Introduction:** Worldwide, young people are increasingly engaged in participation and decision-making initiatives regarding issues that affect their lives through advisory groups, representative councils, advocacy and activism. Emerging evidence suggests that these initiatives may have an impact on the mental health and wellbeing of the youth involved. These guidelines, which are based on a scoping review of global evidence and led by a youth advisory group with lived experience of participation initiatives, summarise evidence-based recommendations for designing and implementing youth participation initiatives that protect the mental health and wellbeing of the young people involved. Development of these guidelines followed methods outlined by the Appraisal of Guidelines for Research and Evaluation (AGREE) instrument and the strength of the evidence behind each recommendation was aligned with the National Health and Medical Research Council Levels of Evidence and recommendation grading system.

### Main recommendations:

The guidelines include 20 recommendations and three good practice recommendations, addressing the following areas:

- prioritising clear and respectful communication;
- creating safe and flexible practices for young people;
- facilitating social and emotional support;
- empowering young people to participate in meaningful and impactful ways; and
- supporting young people to develop skills.

**Changes in approach as a result of the guidelines:** These guidelines are expected to provide cross-sectoral, global groups with the confidence to design and implement youth participation initiatives, using the best-available evidence, in ways that safeguard the mental health of the participating young people.

harm to the mental health and wellbeing of the young people involved.<sup>19</sup> Given the recent proliferation of youth participation initiatives, formulating evidence-based guidelines to safeguard the mental health and wellbeing of participants is a public health imperative.

As such, these guidelines position youth participation as voluntary in advocacy, advisory or activism activities with a decision-making component. Participation can include passive forms of engagement, such as advisory groups, or more active, youth-led initiatives, such as found in activism.<sup>16</sup> The design and development of the scoping review underpinning these guidelines, as well as guideline recommendations, were co-designed with youth participants, but other forms of youth involvement include research-practice partnerships, which are a type of iterative, interactive youth participatory action research.<sup>20,21</sup>

There are existing co-designed guidelines to inform the development of youth participation programs in a way that

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considers the participants' mental health.<sup>22-24</sup> However, there has been limited empirical research synthesising the impact of participation on youth mental health and wellbeing, or the characteristics of activities associated with better or worse mental health and wellbeing outcomes. To address this gap, a scoping review was conducted to investigate the scope and nature of evidence detailing how youth participation initiatives can influence mental health and wellbeing.<sup>16</sup>

The questions investigated by the scoping review included:

- What is the evidence for associations between youth participation and mental health and/or wellbeing outcomes for participants?
- What are the components or processes of youth participation activities that promote or diminish mental health and/or wellbeing?
- What are the evidence gaps in the literature examining youth mental health and/or wellbeing outcomes related to participation activities?

Based on this scoping review, the current document provides the first evidence-based guidelines on youth participation programs.

## Methods

The development of these guidelines followed methods outlined by the Appraisal of Guidelines for Research and Evaluation (AGREE) instrument.<sup>25</sup> The guidelines were developed using a three-staged process: (i) a scoping review of the evidence on the mental health impacts of youth participation, which was co-designed in conjunction with young people with expertise through lived experience in youth participation (the Youth Mental Health Advisory Team [YMHAT]); (ii) a deliberative dialogue process with the YMHAT to translate the findings of the scoping review into evidence-based recommendations; and (iii) external review by the Youth Advisory Board. The Youth Advisory Board is a group of youth advisors separate from the YMHAT who provide feedback on academic research, especially research that engages with young people.<sup>26</sup> External review by the Youth Advisory Board further validates the guidelines because the guidelines were assessed by a broader range of diverse young people who also have experience in youth participation ([Supporting Information](#), note 1). This section provides further detail about the YMHAT, the methodology of the scoping review, the methodology of the deliberative dialogue, the strengths and limitations of the evidence and risks associated with the guidelines, the external review of the guideline, and future directions. [Box 1](#) summarises the relevant expertise of the researchers and YMHAT.

## The Youth Mental Health Advisory Team

The YMHAT is an advisory group of eight young people (aged 15–24 years) with experience of participation through leadership programs, such as youth parliaments, community coalitions and intercultural youth advocacy initiatives, as well as international youth-led organisations. The YMHAT includes young people with different gender, sexual and cultural identities, who reside in different states across Australia, and who have varying experiences with youth participation. Specifically, the YMHAT members have experience on youth advisory boards on Olympic committees, local governments, health and clinical governance

committees, and a government-funded health promotion organisation. Some members also have lived experience of mental disorders. The YMHAT was established in 2022 for the purpose of co-producing and providing expertise on the scoping review and accompanying guidelines as part of the broader Youth Participation Project. YMHAT members were initially recruited via existing youth advisory groups connected to the research team's institutional networks. They were selected based on their lived experience of diverse youth participation initiatives across Australia.<sup>26,27</sup> The YMHAT was involved in all stages of the research process in all Youth Participation Project activities — further details are included in the scoping review.<sup>16</sup>

## Scoping review on the mental health impacts of youth participation

The scoping review adhered to the reporting standards of the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) and the Joanna Briggs Institute (JBI) guidelines for scoping reviews.<sup>28,29</sup> The search strategy comprised free text terms, Medical Subject Headings (MeSH) terms and keywords to reflect four core constructs: “participation”, “youth”, “mental health” and “wellbeing” (the full search terms for one database are available in the [Supporting Information](#), note 2). We searched peer-reviewed databases, including MEDLINE, PsycINFO and Embase, for quantitative, qualitative or mixed-methods studies published between 1 January 1995 and 3 July 2023. We sourced grey literature from Google Scholar, Google, CADTH, ETHOS, HMIC, OpenGrey, clinical trials, and WHO. Further detail is available in the protocol.<sup>30</sup>

Eligible resources examined the relationship between participation and engagement activities and mental health and wellbeing outcomes among young people aged between 15 and 24 years, in accordance with the United Nation's definition of “youth”.<sup>31</sup> Participation was defined as voluntary youth engagement in advisory, activism or advocacy activities with a decision-making component around issues relevant to young people. Activities included, but were not limited to, civic and political engagement, leadership and governance, advisory groups, co-production, and youth participatory action research. Following consultations with the YMHAT, the scoping review included a comprehensive conceptualisation of mental health (ie, depression, anxiety and distress) alongside wellbeing terms (ie, satisfaction, self-esteem and confidence), as the benefits of youth participation may not meet the threshold for shifting the prevalence of mental illness but can still have broader, tangible benefits for wellbeing. Notably, the scoping review only included studies that asked youth directly about their mental health and wellbeing experiences, rather than presumed or proxy reports. Eligible resources were published in English, examining all countries, sexual orientation, gender identities, marginalised groups, and culturally and linguistically diverse groups. Screening and analysis methodology are available in the scoping review.<sup>16</sup>

## Deliberative dialogue to develop evidence-based guidelines

Between March and May 2024, the YMHAT expert group held a series of meetings, during which they reviewed the key findings from the scoping review. Deliberative dialogue, which is a system of co-listening and thinking,<sup>32,33</sup> was used to distil scoping review evidence and YMHAT members' lived experience expertise into

**1 Group membership: relevant expertise and involvement**

Role and career stage	Name	Discipline and institution	Content expertise	Location	Members' role in the guidelines' development group
Expert (YMHAT)	Kailin Guo	Youth Mental Health Advisory Team (YMHAT), Matilda Centre, University of Sydney	Lived experience of youth participation and the impact on wellbeing	Perth	<ul style="list-style-type: none"> <li>Designed the deliberative dialogue meeting for YMHAT members</li> <li>Author on these guidelines</li> <li>Co-author on the scoping review</li> </ul>
Expert (YMHAT)	Danica Meas	YMHAT, Matilda Centre, University of Sydney	Lived experience of youth participation and impact on wellbeing, lived experience of mental ill-health	Melbourne	<ul style="list-style-type: none"> <li>Author on these guidelines</li> <li>Co-author on the scoping review</li> <li>Created <a href="#">Supporting Information</a>, note 3</li> </ul>
Expert (YMHAT)	Dominik Mautner	YMHAT, Matilda Centre, University of Sydney	Lived experience of youth participation and positive impact on wellbeing	Sydney	<ul style="list-style-type: none"> <li>Author on these guidelines</li> <li>Co-author on the scoping review</li> </ul>
Expert (YMHAT)	Fulin Yan	YMHAT, Matilda Centre, University of Sydney	Youth participation, lived experience	Sydney	<ul style="list-style-type: none"> <li>Author on these guidelines</li> <li>Co-author on the scoping review</li> </ul>
Expert (YMHAT)	Imeelya Al-Hadaya	YMHAT, Matilda Centre, University of Sydney	Lived experience of youth participation and the impact on wellbeing	Sydney	<ul style="list-style-type: none"> <li>Author on these guidelines</li> <li>Co-author on the scoping review</li> </ul>
Early career researcher	Marlee Bower	Mental Health, Matilda Centre, University of Sydney	Social determinants of mental health	Sydney	<ul style="list-style-type: none"> <li>Research lead, research support, senior author on scoping review</li> </ul>
Early career researcher	Scarlett Smout	Mental Health, Matilda Centre, University of Sydney	Lifestyle and social determinants of adolescent mental health	Sydney	<ul style="list-style-type: none"> <li>Research support including review and editing of guidelines</li> <li>Author on the scoping review</li> </ul>
Early career researcher	Amarina Donohoe-Bales	Mental Health, Matilda Centre, University of Sydney	Youth participation, social determinants of mental health	Sydney	<ul style="list-style-type: none"> <li>Research support</li> <li>Co-lead author on scoping review</li> </ul>
Early career researcher	Lily Teesson	Mental Health, Matilda Centre, University of Sydney	Youth participation, social determinants of mental health	Sydney	<ul style="list-style-type: none"> <li>Research support</li> <li>Co-lead author on scoping review</li> </ul>
Established researcher	Maree Teesson	Mental Health, Matilda Centre, University of Sydney	Research, policy, leadership, organisational governance	Sydney	<ul style="list-style-type: none"> <li>Research perspective advisor, policy perspective advisor</li> <li>Co-author on scoping review</li> </ul>
Early to mid-career researcher	Stephanie Partridge	Nutrition and public health, Susan Wakil School of Nursing and Midwifery, University of Sydney	Youth participation, public health nutrition, social determinants of health	Sydney	<ul style="list-style-type: none"> <li>Research support</li> <li>Co-author on scoping review</li> </ul>
Mid-career researcher	Magenta Simmons	Orygen, National Centre of Excellence in Youth Mental Health, Victoria	Lived experience youth participation in mental health research and service contexts; policy and governance leadership	Melbourne	<ul style="list-style-type: none"> <li>Research support</li> <li>Co-author on scoping review</li> </ul>
Early career researcher	Mariam Mandoh	Nutrition and public health, Susan Wakil School of Nursing and Midwifery, University of Sydney	Youth engagement and participation in public health	Sydney	<ul style="list-style-type: none"> <li>Research support</li> <li>Co-author on scoping review</li> </ul>
Mid-career researcher	Emma Barrett	Mental Health, Matilda Centre, University of Sydney	Youth participation, mental health, trauma	Sydney	<ul style="list-style-type: none"> <li>Research support</li> <li>Co-author on scoping review</li> </ul>

the current guidelines. Deliberative dialogue was chosen as it supports participants to examine multiple perspectives and forms of evidence to achieve a common understanding. One YMHAT member planned the structure of the meeting based on deliberative dialogue principles. First, the YMHAT reflected on the evidence in the scoping review and explored various viewpoints. This involved the YMHAT comparing their own experience of youth participation with the evidence found in the scoping review, considering where they overlapped, differed, and which points they thought were most important. Second, the YMHAT summarised the key points they agreed on and discussed and deliberated on contentious issues. Finally, the YMHAT drafted the main guidelines. After the meeting these guidelines underwent iterative feedback and revisions within the group via email until consensus was reached. Once recommendations were decided, the research team again cross-referenced the recommendations with scoping review evidence

to determine the strength of evidence supporting each one, which is further detailed below.

**Appraisal of evidence strengths and limitations, and consideration of harms and benefits**

Each of the recommendations are informed by evidence from the scoping review<sup>16</sup> and outcomes of the deliberative dialogue with the YMHAT. A detailed discussion of the strengths and limitations of evidence is available in the scoping review.<sup>16</sup> Briefly, the evidence had several key strengths. Studies examining the positive effects of youth participation on mental health and wellbeing used diverse designs, including longitudinal and cross-sectional designs and qualitative approaches. Although a small number of studies used nationally representative datasets, most used convenience sampling, which arguably aligns with the voluntary nature of youth participation. Notably, no study

employed gold-standard designs such as randomised controlled trials or blinded sampling. However, the included qualitative studies provide contextualised and nuanced evidence, which captures young people's subjective experience of participation more appropriately than gold-standard quantitative designs. The practical applied focus of the included studies, coupled with the varied and extensive lived experience expertise that the YMCHAT applied when appraising these studies, enhances their external validity and relevance to real-world practice.

Limitations include probable publication bias; few articles report negative experiences of youth engaging in participation programs, potentially skewing the overall picture. Due to the varied study designs in the underlying scoping review, causality and direction of effects between participation components and key outcomes remain uncertain. In some studies, it was unclear whether mental health and wellbeing were directly affected by the identified components of participation or through participation itself. Given better mental health is linked with motivation to be civically engaged,<sup>34</sup> there is uncertainty on the direction of causality in the correlation between youth participation and positive mental health and wellbeing. Finally, many studies included in the underlying scoping review did not use validated mental health and wellbeing measures.<sup>16</sup>

The strength of the evidence behind each recommendation was determined with consideration of the National Health and Medical Research Council (NHMRC) Levels of Evidence and recommendation grading system.<sup>35</sup> Given the non-clinical nature of the present guidelines, only three relevant dimensions were considered: quantity of evidence (number of studies in support of the guideline), level of evidence (in evidence hierarchy), and consistency across studies. With consideration of each of these dimensions, the strength of evidence underpinning each recommendation was graded from A to D ([Supporting Information](#), table 1). As per the recommendations from NHMRC, in instances where recommendations were developed based on expert consensus between the YMCHAT members but identified as a gap in evidence in the scoping review, these recommendations are clearly signposted as a good practice recommendation (GPR) based on expert opinion. A table containing a grade for each of these three dimensions for each recommendation is available in the [Supporting Information](#), table 2, but the overall grade is listed next to each recommendation in [Box 2](#).

Based on the NHMRC grading system, for a recommendation to receive a strength of evidence of A or B, the level of evidence (in evidence hierarchy) must be graded at an A or B. As mentioned, the non-clinical nature of youth participation initiatives means most studies did not employ gold-standard trial methodologies. As such, most of the guidelines automatically achieve a low strength of evidence. However, our view is that the non-clinical nature of the guidelines should be considered when determining the strength of evidence required to support each recommendation.

Given the present lack of evidence-based guidelines for youth participation with mental health and wellbeing focus and the ongoing proliferation of youth participation initiatives, the potential benefits of these guidelines (albeit with strength of evidence constraints) far outweigh any potential harm. It is worth noting the guidelines were developed in line with the scoping review evidence on characteristics of initiatives that were associated with increased youth mental health and wellbeing, while at the same time aiming to avoid the characteristics that were associated with decreased youth mental health and wellbeing.

## Guidelines' target audience

The intended audience for the guidelines includes individuals of all ages, organisations, and institutions who aim to develop youth engagement or participation activities while being mindful of the mental health and wellbeing of their youth participants. The guidelines ensure evidence-based decision making regarding the appropriateness of such activities, their design, recruitment and evaluation. In addition, they can inform the development of institutional policies or standards related to youth participation.

## External review

An independent consortium of young people from the Youth Advisory Board provided an external review of the guidelines. This Board comprises nine culturally, linguistically and gender-diverse members, aged 16–25 years, with representation from metropolitan, rural, regional and remote areas of Australia ([Supporting Information](#), note 1). The Youth Advisory Board members were consulted through open-ended questions during a roundtable event in April 2024 to garner feedback on the draft guidelines; they assessed concordance between the guidelines' recommendations and key findings from the scoping review; and they evaluated applicability, relevance and feasibility with respect to their direct experience and expertise in youth participation and mental health. Board members endorsed the guidelines, provided minor updates around the phrasing, and highlighted additional considerations to incorporate within the recommendations section, including the important role of wellbeing plans ([Box 2](#), point 3.3) and linking to cultural or pastoral support ([Box 2](#), point 3.5) in supporting young people's mental health in participation contexts. They also emphasised that mentally healthy youth participation should necessarily consider and respond sensitively to participants' cultural, ethnic, linguistic and social diversity in all participation processes. YMCHAT members and co-authors considered and implemented the Youth Advisory Board's feedback in forming the final recommendations.

## Recommendations

[Box 2](#) sets out 23 recommendations for the design and implementation of youth participation initiatives to safeguard mental health and wellbeing.

## Applicability and resource implications

These guidelines aim to support the development of high quality, evidence-based youth participation initiatives that enhance the mental health and wellbeing of young participants. By following the guidelines, organisers should feel more confident in their efforts. However, small or grassroots organisations might find it challenging to implement some of the more resource-intensive recommendations, such as providing remuneration, break rooms, additional support staff, training for support staff, or access to external mental health services. To address these challenges, we wish to emphasise that these guidelines are an aspirational framework designed to guide practice.

## Implementation and monitoring of the guidelines

These guidelines can be used as a checklist for the youth participation initiative organisers, and, where possible, can

**2 Recommendations for the design and implementation of youth participation initiatives to safeguard mental health and wellbeing**

Recommendation	Evidence
<b>1. Prioritise clear and respectful communication (both verbal and non-verbal) with participants from the outset</b>	
1.1. Ensure young people feel heard and listened to throughout all participation processes.	C
1.2. Be transparent about the scope and purpose of activities to be undertaken to reduce the risk of burnout and overcommitment.*	C, ↔
1.3. Define roles, responsibilities, and expectations of activities and other forms of engagement that may be required including sharing of lived experience.*	C, ↔
1.4. Define how contributions will be acknowledged.*	GPR
1.5. Define who young people can approach with questions or for support during or after the participation process.	C
1.6. Offer regular opportunities throughout participation programs for young people to provide feedback and appropriately use this feedback to enhance programs. Consider allowing youth to give anonymous feedback to safeguard confidentiality.*	C, ↔
<b>2. Create safe spaces and flexible practices for young people</b>	
2.1. Ensure the space is physically and psychologically safe and non-judgemental for participants by asking young people involved about their specific needs and recognise and acknowledge any potential power imbalances. If young people aged under 18 years are involved, abide by local regulations regarding background checks for working with children.*	C
2.2. At a bare minimum, consider the diversity of the group (eg, cultural, language, lived experience), unless the program is aimed towards a specific demographic of young people, and acknowledge any potential power imbalances. Prioritise broad promotion of youth participation opportunities to ensure a diverse range of young people can apply and participate, including entry-level positions that require little to no prior youth participation experience.*	C, ↔
2.3. Ensure that participation is flexible (eg, offering hybrid in-person/online participation). Flexibility can accommodate young people's time and availability, health and physical needs (eg, mobility constraints or need for breaks), neurodivergence, communication preferences, and work capacity. Advise young people they can take a break or withdraw from activities at any time.*	C, ↔
2.4. Provide notice regarding content, especially that which might be emotionally triggering or distressing.*	C, ↔
2.5. Where feasible, offer remuneration for young people's time and expenses (including travel and accommodation if appropriate).	GPR
<b>3. Facilitate social and emotional support</b>	
3.1. Create opportunities for youth participants to foster social connection and shared enjoyment.	C
3.2. Offer opportunities for debriefing, especially where participation has required young people to draw on lived experiences of mental ill-health, or when anticipated goals of participation were not achieved.*	D
3.3. Encourage young people to create their own wellbeing plans, including support and emergency contacts, strategies to avoid burnout, and agency for their own wellbeing during participation.*	C
3.4. Involve adult allies to support young people during and after activities. Carefully select allies with competencies to support participants and when possible, provide appropriate training. Allies may be selected based on their lived experiences (eg, cultural identity) or interests of the group.	D
3.5. Where appropriate and feasible, consider providing access to external psychological support, and cultural or pastoral resources.	GPR
3.6. Consider an alumni system where former participants can continue to engage with facilitators and peers.	C
<b>4. Empower young people to participate in meaningful and impactful ways</b>	
4.1. Update young people on program progress and any impact resulting from their participation.*	C
4.2. Where original goals have not been sufficiently achieved, debrief participants on what has been achieved and opportunities/potential for future impact.	C, ↔
4.3. Support youth decision making where possible. If a program is adult-initiated, where appropriate, create and support avenues for youth-led aspects through which young people can engage in shared decision making with adults.*	C
4.4. Create opportunities (with appropriate support and mentoring) for young people to directly advocate to and engage with relevant stakeholders.	D, ↔
<b>5. Support young people to develop skills</b>	
5.1. Consider what skills, personal, and professional development opportunities can be offered to young people. Provide relevant and supported opportunities for young people to learn and practise skills in a safe, equitable, and empowering way (eg, rotating opportunities for leadership, delivering training programs, public speaking workshops, online safety training).	C
5.2. Where possible, provide mentoring and training to build young people's skills. Link participants with further opportunities for continued skill development and networking by using organisational networks.	C

A, B, C, D = strength of evidence from strongest to weakest based on the modified National Health and Medical Research Council Levels of Evidence and recommendation grading system (see Methods section).<sup>35</sup> GPR = good practice recommendation, based on expert consensus between the members of the Youth Mental Health Advisory Team but with a gap in evidence in the scoping review. \* Minimum requirement, where resource constraints prevent implementing all recommendations. ↔ Evidence suggested that not meeting the recommendation was harmful to young peoples' mental health and wellbeing. ♦

also be provided to participants with an anonymous feedback mechanism to allow them to submit their perspective on whether the initiative is adhering to the guidelines. For

single-time point participation initiatives, these guidelines can be used in the development phase and as a feedback mechanism following the initiative. For ongoing initiatives, these guidelines

can be implemented during the development stage, periodically throughout the initiative duration, and as a feedback mechanism following the initiative. The [Supporting Information](#), note 3 presents an example of a monitoring and evaluation framework provided by a YMCHAT member.

## Future directions

The landscape around youth participation and methods for ensuring positive youth involvement is a dynamic space. These guidelines reflect the latest evidence and offer an evidence-based complement to broader guidelines that have developed their suggestions through consultation with young people, albeit without a rigorous evidence base.<sup>22-24</sup> An ongoing review of the guidelines will be necessary to ensure the most recent evidence is integrated. We anticipate the guidelines to be updated in five years, subject to a systematic review of research conducted during the intervening period. To facilitate improvements within this timeframe, we recommend that future research on youth participation ensures high quality and rigour. This includes using longitudinal study designs, validated measures of mental health and wellbeing, and ensuring that participation activities are voluntary for the youth involved and evaluated by external parties to minimise bias. Also, as most of the research in the scoping review was generated in the Global North, the guidelines may reflect a Western lens. Future research efforts should explore how the implementation and mental health and wellbeing impacts of youth participation occurs within the Global South. Further, evidence should explore the mental health and wellbeing

impacts of the good practice recommendations, as these are informed by expert consensus, but the scoping review did not find empirical evidence that explored these. These good practice recommendations include providing remuneration (eg, time and expenses), access to external psychological support, and cultural or pastoral resources. In addition, we have identified several evidence gaps within the scoping review<sup>16</sup> where best practices are still unknown, and addressing these should be a priority for future research.

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## Supporting Information

Additional Supporting Information is included with the online version of this article.