

Youth Engagement Synergy in Mental Health Legislation and Programming

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KEYWORDS

• Mental health policy • Participatory youth engagement • Synergy

KEY POINTS

- Ideological interests in broadening youth engagement in implementing mental health legislation and programming are tempered by challenges in defining and measuring the processes and outcomes of engagement in different contexts. Consequently, well-intended engagement strategies fall short of addressing the mental health concerns of youth and raise skepticism about the gains from investing in youth engagement.
- Frameworks of youth engagement should be multidimensional and define (conceptually and operationally) the desired outcomes of whom, why, and how to partner.
- The commitment of time and resources require strategic mapping of youth engagement across a continuum of programmatic activities with the goal of fostering partnership synergy (when possible and appropriate)—an integration of perspectives, resources, and skills that strengthen the collective work of youth, public health advisors, and providers.

INTRODUCTION

Ideological interests in deepening youth participation in mental health legislation and programming are tempered by challenges in defining and measuring the processes and outcomes of youth engagement in different contexts. Consequently, well-intended engagement strategies fall short of reflecting the mental health priorities of youth, raise

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skepticism about the gains from investing in youth engagement, and ultimately widens the gap between policy assumptions about youth mental health and the reality of youth's actual concerns.¹ In this article, we define youth engagement as active and committed decision-making about a problem through respectful interactions and dialogue where everyone's voice is considered with priority given to "experiential representation."^{2,3} We also define policy as "a formal statement or action plan developed by a government agency or statutory body in response to an identified problem. This includes statewide or national legislation, policies, programs, directives, protocols, guidelines, and service models" (p. 5).⁴ This article focuses on engaging youth (age 13–18 years) in developing directives, protocols, guidelines, and service models, with attention on the implementation of legislation intended to advance youth behavioral health. Based on select community engagement models and practice-based lessons drawn from providers, public health advisors, and youth with experiential knowledge of mental health conditions, we will examine the typology, process, and outcomes of youth engagement. The theory of partnership synergy⁵ will then be critically applied to understand how the convergence of different stakeholder experiences, knowledge, and skillsets advance mental health programming beyond what could be achieved by a single group (who are often adult subject matter experts with less experiential knowledge of youth mental health concerns).

PARTICIPATORY APPROACHES TO YOUTH ENGAGEMENT

Partnerships among individuals, organizations, and other community stakeholders have the potential to significantly enhance the success of health interventions. These partnerships have been largely shaped by theories of community-engaged research (CEnR), which includes methodological frameworks that guide the inclusion of community stakeholders in research and program development. For example, participatory action research (PAR) is a methodology (arguably also an approach or value) that aims to generate knowledge and address questions that originate from and significantly impact research participants. The findings, then, directly benefit the population being studied and are often used to promote personal and community changes. Participants are considered coresearchers who are involved throughout the research process. As such, PAR requires continued and sustained relationships between researchers and community members that prioritize mutual learning, skills building, and action-oriented research that addresses health and social disparities.⁶ Other forms of CEnR can include consortiums, coalitions, and alliances that bring individuals and organizations together to promote change within the health system.

Youth Engagement in Research

There have been substantial lessons learned papers and reviews on engaging youth in implementation science research,⁷ mental health and substance use interventions,⁸ and health promotion.^{9,10} These papers have collectively underscored that youth participation enhances research by identifying knowledge/practice gaps,¹¹ highlighting local needs, and clarifying potential pathways toward improved health outcomes.⁸ Moreover, engagement can empower youth by creating spaces for them to address issues that they identify and prioritize.^{10,12} Meaningful engagement not only highlights research that are relevant to local stakeholders and the academy but also equips and enables youth to be "a major force in fighting for equity on pressing health-related issues" (p. 267).⁹ Overall, meaningful youth engagement enhances the ecological validity and application of outcomes and in the process of doing so fosters agency among youth who are most vulnerable to behavioral health challenges.¹²

Youth Engagement in Policy Implementation

Engaging youth in federal policymaking and legislation has gained timely momentum—especially with new technologies, greater inclusion and access for historically excluded and marginalized identities and communities, and the fresh perspectives that successive generations bring to seemingly intractable problems. However, to mitigate “accessorizing” engagement with youth with negligible outcomes, a clearer and more nuanced understanding of the processes, pathways, and outcomes of engagement is needed.¹³

TYPES OF ENGAGEMENT

A finer grain distinction between different forms of youth engagement should be recognized—from one time consultations to youth-led initiatives. Framing youth engagement as a spectrum of activities legitimizes diverse forms (and degrees) of youth involvement to address specific legislation goals. Moreover, it provides accountability for how we engage youth. A recent scoping review of youth participation in policy processes in the United Kingdom reported that young people were most commonly involved in providing input as advisors (eg, members of advisory committees, participation in opinion polls) and far less were involved in setting priorities and goals as “active citizens” (p. 214).¹⁴

Wong and colleagues identified varying degrees of youth participation in health promotion programs that were conceived along a continuum: vessel (lack of youth participation; adult-centric), symbolic (youth have voice with adults assuming most control), pluralistic (youth and adults share control), independent (youth assumes most control), and autonomous (youth have total control).¹⁰ Application of this heuristic was dependent on youth developmental stage, purpose of engagement, and specific expertise that adults and youth bring to a project. In other words, the clarity and specificity of engagement objectives and whom to engage were necessary for meaningful youth partnerships.

Engagement will remain tokenistic and its outcomes negligible if youth are expected to carry the burden of adapting to spaces where the “rules” of engagement (eg, language and culture) can isolate and leave them questioning their capacity to contribute. This underscores the importance of contextualizing youth experiences and expertise in legislation implementation, rather than “retrofitting youth participation to a well-established research [legislation] program” (p. 7).¹⁵ A noteworthy approach has been supporting dialogue, learning, and action that collectively address the links and tensions between policy, practice, and the daily realities for youth.^{1,16} This highlights the importance of alternative approaches to exchanging ideas and knowledge with youth that move beyond conventional meetings and focus groups to innovative applications of media,¹⁷ photovoice,¹⁸ and art.¹⁹ Important elements of this collaborative inquiry approach are specificity and action. The goal of engaging youth is to act and respond to a *specific* behavioral health issue. Moreover, spaces that intentionally invite such exchanges must establish and sustain a practice ethos that provides meaningful resources for youth that can be practically applied beyond the immediate partnership (eg, leadership development, deepening professional networks), monetarily reimbursement, relevant training, and clear mutually agreed upon roles and expectations.^{15,20} Of note, youth living in poorly resourced rural or urban areas or who identify with groups marginalized by society may face greater challenges in higher levels of engagement. Identifying who to engage can often become an exercise of convenience, whereby the same group of youth are repeatedly tapped to advise on programming and policy. The time and resources required to identify, train, and mentor emerging youth leaders to advocate in policy spheres often compete with

other organizational demands. As such, deep and intentional engagement with youth is less prioritized.¹⁵ What then are examples of youth engagement in the United States Government (USG) and what lessons can we draw?

FEDERAL AND LOCAL APPROACHES TO YOUTH ENGAGEMENT

The Interagency Working Group on Youth Programs composed of 21 federal entities focused on coordination and collaboration of youth initiatives, ranging from participation in advisory councils to internship programs.²¹ While an exhaustive accounting of all forms of youth engagement by the federal government is beyond the scope of this article, in successive sections we will outline a framework for youth engagement based on existing activities within the USG and highlight select best practices. A comprehensive assessment of youth engagement strategies conducted by the Office of the Assistant Secretary of Policy and Evaluation in 2019 published guidelines based on youth engagement efforts in 12 agencies and departments with 2 goals—to support the agency mission and support the development of young adults.²² This can be accomplished in the following ways.

Youth-Led Initiatives

The United States Agency for International Development (USAID) supports initiatives that help ensure that youth are integrated in global policy development and implementation.²³ *Youth Excel*, for example, aims to expand the reach of USAID work by supporting regional youth-led organizations to engender locally developed solutions to issues young people face.²⁴ The initiative supports implementation science scholarship and equips young people for policy translation and advocacy work. In addition to regional initiatives, the Oregon Office of Recovery and Resilience supports youth-led organizations to develop a youth peer support certification program. This approach ensures that peer support programs remains independent from clinical settings and can maintain financial sustainability without relying on Medicaid reimbursements for their peer support initiatives.²⁵

Several grassroots youth-led initiatives have emerged in collective response to state violence against Black youth. Consider *Black Youth Project 100 (BYP100)*, a national organization of Black youth activists founded in 2013 with chapters in New York, Chicago, the District, Oakland, and New Orleans. With the goal of mobilizing local organizing among Black activists and organizers (18–35 years old), they focus on leadership formation, direct action, advocacy, and education, collectively through a Black, queer, and feminist lens. In partnership with other organizing groups, for example, BYP100 developed the *Erase the Database* campaign to end selective surveillance and profiling of Black and Brown communities in Chicago. Their 4 year efforts led to its dismantling in 2023.²⁶ BYP100 was conceived from a national research project spearheaded by Cathy Cohen, to understand factors that shape the civic and political actions of Black youth. Findings from this Black Youth Project underscored (yet again) that “true empowerment of young people cannot be imposed on them. It is a process that must develop from their leadership, insight, and experience” (p. 234).²⁷ This implies engagement, but ultimately deferring to the wisdom and experiential insights of young activists and organizers.

Training and Technical Assistance

In 2016, the Substance Abuse and Mental Health Services Administration (SAMHSA) produced *Youth Engagement Guidance: Strategies, Tools, and Tips for Supportive and Meaningful Youth Engagement in Federal Government-Sponsored Meetings*

and Events.”²⁸ There have been substantive efforts to engage peers, youth, and families in programs and technical assistance services. The partnership between the *National Training and Technical Assistance Center for Children, Youth and Family* (NTTAC) and *Youth MOVE National*, for example, was established to develop to nurture and support youth leadership and initiatives.²⁹

Additionally, the Administration for Children and Families’ Children’s Bureau supports the *Young Adult Consultant* program, to help build state-level capacities to engage youth and families more meaningfully. A hallmark of this program is training youth to provide technical assistance in implementation of federal policies in child welfare programs with the goal of not only strengthening the delivery of the program but also providing financial remuneration, opportunities for peer leadership, and future planning for future career and/or educational opportunities.

Last, in Los Angeles, integrating formal high school education with leadership development programs tailored for system-involved youth aged 16 to 24 years has been a hallmark of FREE LA High School (Fight for the Revolution that Will Education and Empower Los Angeles), established by the Youth Justice Coalition in 2007.³⁰ This innovative program provides youth who have been expelled from schools or returning home from incarceration with an alternative to traditional or continuation schools that often do not adequately meet their needs or recognize their potential. A state-accredited core high school (not general education diploma [GED]) curriculum is integrated with skill-based trainings in direct action organizing, public policy development and advocacy, activist arts, campaign research, and media communication.

Youth Advisory Council

Prioritizing support and training of local youth-led initiatives necessitates a formal mechanism that enables youth and policy bodies to work together. The Federal Emergency Management Agency (FEMA), for example, convened a *National Youth Advisory Council* that formally engaged 15 children (8th to 11th grades) as young as 13 years of age. Similarly, the *Maryland Youth Advisory Council* (MYAC), coordinated by the Governor’s Office, serves as liaison between youth and policymakers to ensure that youth concerns are raised in legislative bodies. Their commitment to initiate and foster political conversations among youth instills a sense of civic engagement and responsibility. Equally important, MYAC plays a crucial role in educating young minds on pressing political issues, equipping them with the knowledge and tools to contribute meaningfully to the decision-making process.

Several promising studies have shown that youth participation in advisory bodies such as the ones mentioned earlier has been associated with positive youth leadership and skills development, healthier decision-making, and confidence.³¹ Moreover, adult leaders reported positive effects on their own development and contributed.³² The outcomes of these efforts (both proximal and distal), however, have not been consistently documented or measured, rendering program replication and scalability a continued challenge. This underscores the importance of consistently linking youth engagement activities to underlying processes and outcomes to which we will now turn.

ONE SIZE DOES NOT FIT ALL: MEASUREMENT AND PROCESSES

The increased attention on youth involvement in mental health legislation and programming has not been matched by the development of measures that describe keys mechanisms and outcomes of engagement. The existing body of literature has largely addressed community engagement informing research and has consistently

underscore the necessity for rigorous psychometric testing and replication of reliable and valid tools that describe different dimensions of community engagement.³³ Describing and evaluating meaningful youth engagement remains a challenge because the degree and type of engagement varies throughout a project and across different projects.³⁴ Additionally, engagement activities result in a range of proximal and distal outcomes. Notwithstanding these constraints, several noteworthy assessment scales hold notable relevance in measuring youth engagement in policy legislation spheres. They highlight the importance of measuring engagement processes, activities, and their outcomes.

In order to measure youth engagement, processes that address how we approach youth must be identified. These processes are ideally characterized by trust, capacity to resolve conflicts, and commitment to collective empowerment.^{35,36} The *Engage for Equity* project developed a quantitative survey that assessed elements of the process such as participant characteristics (eg, motivation to participate, cultural identities), relationships (eg, mutual learning, self and collective reflexivity), and partnership structures (eg, formal agreements, time invested in partnership).^{35,37} Although the length of this instrument (7 scales and 23 subscales) limits the feasibility of administration, select items can be adapted for specific youth populations and engagement objectives. One notable principle of research partnerships that apply to youth engagement is equitable and clearly defined relationships between partners.³⁸ Aguilar-Gaxiola and colleagues further underscored the importance of trust and sustained relationships in youth partnerships, which requires substantial commitment of time and integration into an institution's ethos and structural supports.³⁹

Second, measuring the degree and nature of youth involvement in various policy legislative activities are vital. Without valid indicators of specific engagement activities, asserting the value and effectiveness of partnerships remains difficult. Carman and colleagues' *Multidimensional Framework for Patient and Family Engagement*, for example, mapped specific activities across an engagement continuum: consultation, involvement, and partnership/shared leadership.⁴⁰ Other measures of activities were based on the key principles of CEnR.⁴¹ For example, select principles—foster co-learning, capacity building for all partners (eg, facilitate equitable partnerships), and plan for long-term commitments—can be appropriately applied to youth partnerships in policy work.

Third, engagement outcomes have included provider and community perceptions of productivity, inclusivity, individual empowerment, and sustainability of collaborations.^{42,43} The *Community impacts of research-oriented partnerships*, for example, quantified the potential benefits of community–university research partnerships in health and social service fields. The perceived benefits were broadly categorized as access to and use of information, community development, and personal research skill and knowledge development.⁴⁴ Of particular relevance to youth engagement was the *Community Impact Scale* which included measures of widening social capital (eg, access to mentors/future employers, network of advocates and allies), personal growth and self-concept (eg, sense of purpose and accomplishment).⁴⁵ Aguilar-Gaxiola and colleagues proposed that any outcome measure must be sufficiently flexible, dynamic, and relevant to a broad range of community stakeholders.³⁹ Beyond individual perceptions of engagement outcomes, several distal outcomes have included policy changes and improved overall health of community residents.⁴⁶

The Center for Mental Health Services (CMHS) at SAMHSA is currently in the process of developing the *engaged partnership for equitable care (EPEC) assessment*, an unpublished compendium of 91 quantitative and 17 qualitative survey items that assess key dimensions of engagement including organizational context, activities, process,

and outcomes. These EPEC items were adapted from 15 published quantitative measures on community research partnerships and coalition building.^{5,33,34,36–39,43,44,46–51} The aim of the EPEC is to offer a flexible “menu” of items that users can select based on the specific groups being engaged and the underlying purpose. Given that these measures primarily focused on research–community collaborations, the selected items were tailored to measuring how engagement is implemented in the contexts of grants supported by CMHS. Ongoing efforts to refine and assess the utility of EPEC underscore the importance of measuring the various dimensions of youth engagement particularly when supporting grants that address behavioral health priorities for youth. Clarifying processes, activities, and outcomes of youth engagement will shed light on potential mechanisms that enable effective and sustainable partnerships. Can the collective (and often divergent) experiences, skills, and perspectives of youth and policymakers improve mental health legislation and programming? If so, how? This is a question we will explore next.

SYNERGY: STRENGTH IN NUMBERS

With the growing interest of donors and organizations to promote a higher degree of collaboration among researchers, community organizations, and target populations, there has also been an increase in the desire to understand what makes these partnerships flourish. Many have hypothesized that successful partnerships that cocreate research and knowledge can also result (and may indeed rely on) synergy and trust.^{52,53} By combining strengths, knowledge, and capabilities, synergy “gives collaboration its unique advantage...[it is] the power to combine the perspectives, resources, and skills of a group of people and organizations...” (p. 183).⁵ It is important to note that synergistic partnership is more than collaboration. When partners combine their collective resources successfully, they are able to conceptualize a problem and develop an intervention in a way that they would not have been able to individually.⁵⁴ When stakeholders with diverse backgrounds, perspectives, and skillsets collaborate, comprehensive thinking and action are fostered and the entire picture can be addressed, in contrast to individuals or organizations addressing only their siloed or specialized areas.⁵⁵ Additionally, successful synergistic partnerships can result in responsive interventions by linking science to local experiences and resources.⁵⁶

Barriers to Partnership Synergy

Despite the well-established merits of partnership synergy, applying these principles in practice present unique challenges.⁵⁵ This can be attributed to the considerable time and resources required to establish (and maintain) such partnerships, as well as adjusting to new forms of interaction, administration, and leadership.^{57–59} Additionally, when addressing the complex socioeconomic issues that many partnership face, it may require many years to create systemic change, rendering outcome measurement a challenge.^{55,60,61}

As previously discussed, leadership plays an integral role in fostering synergy; many leaders already contend with competing demands and do not have the capacity or resources to deepen and nurture youth partnerships.⁶² Additionally, while diversity in partner backgrounds is sought after, navigating these differences can also heighten tension and conflict.⁵⁵ A synergistic partnership may feel unfamiliar to some organizations, and navigating diverse professional and cultural spaces without a pre-existing relationship and in an environment where skepticism and competition are the norm could pose significant challenges.⁵⁵ As referenced earlier, the literature has shown that trust is key to building strong partnership synergy.⁶³

How Is Synergy Created? Frameworks for Assessing the Process

Given all the abovementioned challenges, it is vital to develop and evaluate process and outcome measures that will help promote the quality of synergistic partnerships and therefore the quality of health interventions. Brush and colleagues found that very few community-academic partnerships “use a conscious and systematic approach to guide and evaluate their progress” (p. 28).⁵² Thus, there has been on-going efforts to document various factors that promote optimal partner functioning. This has included partner participation, communication and quality of relationships, adequate staff support and resources, strong leadership and management, good governance and decision-making models, and external environmental factors.^{61,62} Lasker and colleagues extended this research by developing a framework that outlines the various determinants of partnership synergy, which is defined as “the pathway through which partnership functioning influences partnership effectiveness” (p. 182).⁶⁴ This includes resources, which are considered the “basic building blocks of synergy,” and encompasses financial support, space, equipment and goods, skills and expertise, information (eg, data, perspectives, values and ideas of various stakeholders, contextual and cultural knowledge), connections to different groups (eg, target population, decision-makers, government leaders and agencies, funders, other community partners), endorsements, and convening power (p. 189).⁶⁴ Partnership characteristics also play a role in creating synergy. Lasker and colleagues argue that it is the types of partners, not necessarily the number that provides a nuanced, comprehensive, and locally informed understanding and action plan to address a problem. The quality of interactions is also determined by relational dynamics among partners. An emotionally and culturally respectful environment that fosters trust, as well as healthy management of conflict and power differentials, is identified as a way to promote a shared sense of ownership in the partnership.⁵⁵ Leaders play a significant role in fostering spaces in which these values are promoted and carry the responsibility of modeling respect for partners’ differing perspectives, bridging cultural differences, and sharing resources, ideas, and power. These leaders, whether in formal or informal roles must effectively convey the unique achievements of the partnership, beyond what individual partners can achieve independently. This helps foster an environment in which each partner can contribute their expertise, aligning their roles with their specific skills and experiences. The last determinant of successful partnership synergy presented by Lasker and colleagues is the external environment. While partners may not have control over numerous factors, such as a history of mistrust, skepticism, or competition for resources within the community, these issues still deserve attention no less when navigating engagement.⁵⁴

By assessing the level of synergy early in the process of partnership, stakeholders can gain information on if, and to what degree, the collaborative process is thriving before intervention outcomes can be measured.⁴⁸ Weiss and colleagues developed a 9 item measure to assess particular elements of synergy that included the extent to which the combined perspectives, knowledge and skills of the partners contribute to the thought process and resulting actions of the collaborators, and the partnership’s relationship to the larger community.⁴⁸ While this scale operationalizes synergy as a product of good quality partnership processes, the Jones and Barry and Loban and colleagues’ synergy scales were developed to measure synergy as both a partnership process and outcome.^{65,66}

Partnership Synergy: A Realist Youth Perspective

As discussed, synergy is a combination of perspectives, resources, and skills that youth, providers, and funders bring to the partnership that results in strengthening

their collective work.⁶⁴ In other words, synergy means to simply work together. However, we argue that successful youth engagement does not necessarily involve “working together.” To understand why, we must examine the origins of youth engagement and what constitutes its success.

The growing youth movement is intended to uplift and amplify youth voice and engagement within systems that directly impact and serve them. Rather than leading, youth have historically experienced the contrary in systems that have contradicted, erased, and dismissed their involvement in their own treatment. This discrimination and ageism persist, ranging from patronizing tokenistic practices that center textbooks (which were largely written by, for, and centering white, cisgender, heterosexual norms, and culture), service providers, clinicians, and parents (largely in that order) over the youth they purport to serve.

Youth are not seeking nor asking for synergistic engagement, per se. Instead, the movement arguably expects systems to not work toward achieving an equal “combination of perspectives, resources, and skills.” In fact, equal partnerships that strengthen collective work may hold no interests. Many youths want systems to actively take a back seat to their own agendas and simply listen and allow for bodily autonomy and a majority say over their own lives. Synergy practically works when multiple stakeholders have a shared goal, and they work and agree equally, coming to a collective consensus on ways to move forward. Regrettably, in most cases, youth, practitioners, and policy makers do not come together in this manner. Thus, synergy not only fails, but it should not succeed for some. For those youth who are willing to (cautiously) engage in policy work and behavioral health initiatives, several pragmatic recommendations are noteworthy.

Guidelines for Authentic Youth Synergy

Equitable practices

Authentic youth engagement work is not simply seeking consensus. Instead, it permits and urges youth to lead conversations that are about them. It prioritizes them in decision-making processes about their welfare and treatment. This trust and respect should be unwavering, recognizing that they are the foremost experts on their experiences and identities. Their perspectives warrant not only validation but also should remain beyond scrutiny or questioning, regardless of others’ perceptions or understanding of them. Youth should not just be equal partners striving toward synergy, but rather, hold the defining voice. However, the roles of practitioners and funders continue to carry inordinate power, privilege, and authority.

Flexibility and adaptability

Engagement models should be designed with the understanding that individuals may require different supports to participate effectively. This involves being mindful of any assumptions and practices that cater only to neurotypical and heteronormative perspectives. Adopting a one-size-fits-all approach will unlikely be successful. Rather, being flexible, adaptive, and open to the unique needs of the youth and providing them with a safe and inclusive space to voice those needs will foster an environment of authentic and meaningful connection.

Meaningful participation

Central to meaningful participation is empowered action. It is essential that youth not only be present at the decision-making table but also actively involved in discussions that directly shape the course of action. This entails recognizing and respecting their perspectives, opinions, and lived experiences as critical elements of the decision-making process. In practice, this involvement should extend beyond the initial phases,

encompassing on-going participation in implementation, feedback, refining strategies, and editing stages. Regular assessment is vital to ensure that the voices of youth remain consistently interwoven through the engagement process.

Continuous learning

Continuously provide and encourage training for practitioners to deepen their understanding of youth perspectives and behavioral health issues. Simultaneously, ensure accessible learning opportunities and resources for youth to gain a better understanding of the behavioral health challenges they face and the available support.

Cultural inclusivity

The research often overlooks the intersecting identities of the involved youth. Given diverse identities, backgrounds, and experiences, it is crucial to consider factors such as gender identity, gender expression, race, and socioeconomic status when striving to establish a safe and inclusive environment. It is imperative to critically assess whose voices may be missing, ensuring a diverse range of experiences and identities are represented among both youth and practitioners.

CLINICS CARE POINTS

Based on a critical review of select research on community engagement and partnership synergy, we recommend the following:

- Facilitate the acculturation to youth participation, challenge compartmentalization to promote an institutional ethos that prioritizes authentic (not perfunctory) youth engagement. Streamline youth engagement into existing processes to ensure ongoing and active engagement.
- Prioritize measurement of process and outcomes of youth engagement—with a focus on the value of engagement for diverse groups of youth.
- Unlearn and refine reflexive ageist rules when engaging youth. Be receptive to learning and adapting to the needs, feedback, and leadership of youth.
- Provide youth with requisite resources, information, and support to meaningfully contribute to and lead policies discussions that directly impact their health and well-being.
- Consider willingness, capacity, and extent of youth participation—which can be fluid throughout the course of a project. Tailor engagement objectives, training, and support to specific groups of youth.
- Youth we engage may or may not represent target population—perfect representation may not be possible. However, intentional representation of various identities—racial, ethnic, gender identity, sexual orientation, abilities, and specific lived experiences—should be prioritized and financially supported.

In conclusion, this article underscores the immense significance of youth leadership within policy spheres, cautioning against well-intentioned yet oversimplified approaches that treat youth engagement as a monolith task. By emphasizing the diverse facets of meaningful engagement and the necessity of clarity regarding who, why, and how we engage, as well as the varied outcomes, we shed light on the potential pitfalls of superficial engagement efforts. Without delving into this level of depth, youth engagement risks remaining a symbolic gesture, falling short of realizing its true transformative potential in mental health policy, legislation, and programming.

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REFERENCES

1. Percy-Smith B. 'You think you know? You have no idea': youth participation in health policy development. *Health Educ Res* 2007;22(6):879–94.
2. Bauer MS, Kirchner J. Implementation science: what is it and why should I care? *Psychiatr Res* 2020;283.
3. Martin GP. "Ordinary people only": knowledge, representativeness, and the publics of public participation in healthcare. *Social Health & Illness* 2008;30(1):35–54.
4. Haynes A, Turner T, Redman S, et al. Developing definitions for a knowledge exchange intervention in health policy and program agencies: reflections on process and value. *Int J Soc Res Methodol* 2014;18(2):145–59.
5. Lasker RD, Weiss ES, Miller R. Partnership synergy: a practical framework for studying and strengthening the collaborative advantage. *Milbank Q* 2001;79(2): 179–205.
6. Schneider B. Participatory action research, mental health service user research, and the hearing (our) voices projects. *Int J Qual Methods* 2012;11(2):152–65.
7. Denison JA, Pettifor A, Mofenson LM, et al. Youth engagement in developing an implementation science research agenda on adolescent HIV testing and care linkages in sub-Saharan Africa. *AIDS* 2017;31(3):S195–201.
8. Dunne T, Bishop L, Avery S, et al. A review of effective youth engagement strategies for mental health and substance use interventions. *J Adolesc Health* 2017; 60(5):487–512.
9. Ozer EJ, Abraczinskas M, Duarte C, et al. Youth participatory approaches and health equity: conceptualization and integrative review. *Am J Community Psychol* 2020;66(3–4):267–78.
10. Wong NT, Zimmerman MA, Parker EA. A typology of youth participation and empowerment for child and adolescent health promotion. *Am J Community Psychol* 2010;46:100–14.
11. McCabe E, Amarbayan M, Rabi S, et al. Youth engagement in mental health research: a systematic review. *Health Expect* 2023;26(1):30–50.
12. Prebeg M, Patton M, Desai R, et al. From participants to partners: reconceptualising authentic patient engagement roles in youth mental health research. *Lancet Psychiatr* 2023;10(2):139–45. [https://doi.org/10.1016/S2215-0366\(22\)00377-7](https://doi.org/10.1016/S2215-0366(22)00377-7).
13. Wiles LK, Kay D, LA L, et al. Consumer engagement in health care policy, research and services: a systematic review and meta-analysis of methods and effects. *PLoS One* 2022;17(1).
14. Macauley T, Rolker HB, Scherer M, et al. Youth participation in policy-making processes in the United Kingdom: a scoping review of the literature. *J Community Pract* 2022;30(2):203–24.
15. Simmons MB, Fava N, Faliszewski J, et al. Inside the black box of youth participation and engagement: development and implementation of an organization-wide strategy for Orygen, a national youth mental health organization in Australia. *Early Intervention in Psychiatry* 2021;15(4):1002–9.
16. Kemmis S. Exploring the relevance of critical theory for action research: Emancipatory action research in the footsteps of Jurgen Habermas. In: Reason P, Bradbury H, editors. *The handbook of action research, participative inquiry and practice*. Thousand Oaks, CA: Sage; 2001. p. 91–102.

17. Hilder C, Collin P. The role of youth-led activist organisations for contemporary climate activism: the case of the Australian Youth Climate Coalition. *J Youth Stud* 2022;25(6):763–811.
18. Banik A, Knai C, Klepp KI, et al. What policies are there and what policies are missing? A Photovoice study of adolescents' perspectives on obesity-prevention policies in their local environment. *Obes Rev* 2023;24.
19. De Roeper J, Savelsberg HJ. Challenging the youth policy imperative: engaging young people through the arts. *J Youth Stud* 2009;12(2):209–25.
20. Coates D, Howe D. Integrating a youth participation model in a youth mental health service: challenges and lessons learned. *Child Youth Serv* 2016;37(3): 287–300.
21. Interagency Working Group on Youth Programs. Youth engaged 4 change. 2023. Available at: <https://engage.youth.gov>. [Accessed 13 September 2023].
22. Irons A, Kates A. Youth engagement at the federal level: a compilation of strategies and practices. 2019. Available at: <https://youth.gov/sites/default/files/YES-Report.pdf>. [Accessed 13 September 2023].
23. United States Agency for International Development (USAID), Youth in development policy, Available at: <https://www.usaid.gov/sites/default/files/2022-12/USAID-Youth-in-Development-Policy-2022-Update-508.pdf> (Accessed September 13, 2023), 2022.
24. USAID, Youth Excel. Youth Excel: our knowledge, leading change. Available at: <https://www.irex.org/project/youth-excel-our-knowledge-leading-change#component-id-1312>. [Accessed 13 September 2023].
25. Tawa K., Kim E., Howdershelt M., The Center for Law and Social Policy. Giving the (young) people what they want: A policy framework for youth peer support. Available at: <https://www.clasp.org/publications/report/brief/giving-the-young-people-what-they-want-a-policy-framework-for-youth-peer-support/>. (Accessed 22 April 2024), 2023.
26. Cherone H, Blumberg N. Police oversight board votes to permanently scrap new Chicago gang database. 2024. Available at: <https://news.wttw.com/2023/09/07/police-oversight-board-votes-permanently-scrap-new-chicago-gang-database>. [Accessed 18 January 2024].
27. Cohen CJ. *Democracy remixed: Black youth and the future of American politics*. Oxford University Press; 2010.
28. SAMHSA Center for Mental Health Services, Youth engagement guidance: strategies, tools, and tips for supportive and meaningful youth engagement in federal government-sponsored meetings and events, Available at: https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/sma16-4985.pdf, (Accessed September 13, 2023), 2016.
29. National training & technical assistance center. 2023. Available at: <https://nttacmentalhealth.org/nttac-team/partners/>. [Accessed 21 September 2023].
30. Coalition YJ. FREE LA high school. 2024. Available at: <https://youthjusticela.org/free-la-high-school/>. [Accessed 16 January 2024].
31. Haddad K, Jazquez F, Vaughn L. A scoping review of youth advisory structures in the United States: applications, outcomes, and best practices. *Am J Community Psychol* 2022;70(3–4):493–508.
32. Zeldin S. Youth as agents of adult and community development: mapping the processes and outcomes of youth engaged in organizational governance. *Applied Developmental Science* 2004;8(2):75–90.

33. Mrklas KJ, Merali S, Khan M, et al. How are health research partnerships assessed? A systematic review of outcomes, impacts, terminology and the use of theories, models, and frameworks. *Health Res Pol Syst* 2022;20(133):1–17.
34. Jagosh J, Macaulay AC, Pluye P, et al. Uncovering the benefits of participatory research: implications of a realist review for health research and practice. *Milbank Q* 2012;90(2):311–46.
35. Boursaw B, Oetzel JG, Dickson E, et al. Scales of practices and outcomes for community-engaged research. *Am J Community Psychol* 2021;67(3–4):256–70.
36. Oetzel JG, Boursaw B, Margariti M, et al. Exploring theoretical mechanisms of community-engaged research: a multilevel cross-sectional national study of structural and relational practices in community-academic partnerships. *Int J Equity Health* 2022;21(59):1–12.
37. Oetzel JG, Zhou C, Duran B, et al. Establishing the psychometric properties of constructs in a community-based participatory research conceptual model. *Am J Health Promot* 2015;29(5):e188–202.
38. Hoekstra RA, Mrklas KJ, McKay RC, et al. A review of reviews on principles, strategies, outcomes and impacts of research partnerships approaches: a first step in synthesizing the research partnership literature. *Health Res Pol Syst* 2020; 18(51):1–23.
39. Aguilar-Gaxiola S, Ahmed SM, Anise A, et al. Assessing meaningful community engagement: a conceptual model to advance health equity through transformed systems for health: organizing committee for assessing meaningful community engagement in health & health care programs & policies. *NAM Perspective* 2022. <https://doi.org/10.31478/202202c>.
40. Carmen KL, Dardess P, Maurer M, et al. Patient and family engagement: a framework for understanding the elements and developing interentions and policies. *Health Aff* 2013;2:223–31.
41. Goodman S, Thompson VLS. The science of stakeholder engagement in research: classification, implementation, and evaluation. *Translational Behavioral Science* 2017;2017(7):489–91.
42. Tiggs BB, Miller D, Dudding KM, et al. Measuring quality and outcomes of research collaborations: an integrative review. *J Clin Translational Sci* 2019; 3(5):261–89.
43. Savitz LA. Managing effective participatory research partnerships. *Joint Comm J Qual Patient Saf* 2007;33(12):7–15.
44. King G, Servais M, Kertoy M, et al. A measure of community members' perceptions of the impacts of research partnerships in health and social services. *Eval Progr Plann* 2009;32:289–99.
45. Srinivas T, Meenan CE, Drogin E, et al. Development of the community impact scale measuring community organization perceptions of partnership benefits and costs. *Mich J Community Serv Learn* 2015;5–21. Spring 2015.
46. Duran B, Oetzel JG, Magarati M, et al. Toward health equity: a national study of promising practices in community-based participatory research. *Progress in Community Health Partnerships: Research, Education, and Action* 2019;13(4): 337–52.
47. Khodyakov D, Stockdale S, Jones F, et al. An exploration of the effect of community engagement in research on perceived outcomes of partnered mental health services projects. *Soc Ment Health* 2011;1(3):185–99.
48. Weiss ES, Anderson RM, Lasker RD. Making the most of collaboration: exploring the relationship between partnership synergy and partnership functioning. *Health Educ Behav* 2002;29(6):683–98.

49. Goodman MS, Thompson VLS CAJ, et al. Evaluating community engagement in research: quantitative measure development. *J Community Psychol* 2017;45(1): 17–32.
50. Srinivas T, Meenan CE, Drogin E, et al. Development of the community impact scale measuring community organization perceptions of partnership benefits and costs. *Mich J Community Serv Learn* 2015;Spring 2015;5–21.
51. *Aligning Forces for Quality*. Active engaged consumer survey. Available at: <http://forces4quality.org/af4q/download-document/4999/Resource-Active%20engaged%20survey.pdf>. [Accessed 9 April 2023].
52. Brush BL, Baliardi JM, Lapides S. Moving toward synergy: lessons learned in developing and sustaining community–academic partnerships. *Progress in Community Health Partnerships: Research, Education, and Action* 2011;5(1).
53. Coombe CM, Chandanabhumma PP, Bhardwaj P, et al. A participatory, mixed methods approach to define and measure partnership synergy in long-standing equity-focused CBPR partnerships. *Am J Community Psychol* 2020;66(3–4): 427–38.
54. Taylor-Powell EB, Rossing B, Geran J. *Evaluating collaboratives: reaching the potential*. Madison, WI: University of Wisconsin-Cooperative Extension; 1998.
55. Kreuter MW, Lezin NA, Young LA. Evaluating community-based collaborative mechanisms: implications for practitioners. *Health Promot Pract* 2000;1(1):49063.
56. Richardson WC, Allegrante JP. Shaping the future of health through global partnerships. *Critical Issues in Global Health* 2000;2000:375–83.
57. Cheadle A, Beery W, Wagner E, et al. Conference report: community-based health promotion—state of the art and recommendations for the future. *Am J Prev Med* 1997;13(4):240–3.
58. Fawcett SB, Lewis RK, Paine-Andrews A, et al. Evaluating community coalitions for prevention of substance abuse: the case of Project Freedom. *Health Educ Behav* 1997;24(6):812–28.
59. Wandersman A, Goodman RM, Butterfoss FD. Understanding coalitions and how they operate. In: Minkler M, editor. *Community organizing and community building for health*. New Brunswick, NJ: Rutgers University Press; 1997. p. 261–77, chap 261.
60. Roussos S, Fawcett S. A review of collaborative partnerships as a strategy for improving community health. *Annu Rev Publ Health* 2000;21(1):369–402.
61. Provan KG, Brinton Milward H. Do networks really work? A framework for evaluating public-sector organizational networks. *Public Administrative Review* 2001; 61(4):414–23.
62. Mitchell SM, Shortell SM. The governance and management of effective community health partnerships: a typology for research, policy, and practice. *Milbank Q* 2000;78(2):241–89.
63. Lucero JE, Boursaw B, Eder MM, et al. Engage for equity: the role of trust and synergy in community-based participatory research. *Health Educ Behav* 2020; 47(3):372–9.
64. Lasker RD, Weiss EE, Miller R. A practical framework for studying and strengthening the collaborative advantage. *Journal Partnership Synergy*, New York Academy of Medicine 2011;179–205.
65. Jones J, Barry MM. Exploring the relationship between synergy and partnership functioning factors in health promotion partnerships. *Health Promot Int* 2011; 26(4):408–20.
66. Loban E, Scott C, Lewis V, et al. Measuring partnership synergy and functioning: multi-stakeholder collaboration in primary health care. *PLoS One* 2021;16(5).