



THE INTEGRAL HEALTH OF THE YOUNG GENERATIONS: A MARIST EDUCATIONAL COMMITMENT

MESSAGE FROM THE MARIST
INTERNATIONAL MISSION COMMISSION



The contemporary complexity of our post-covid world challenges the Marist educational mission for the integral care of the young generations.

In a way that was different in time but and similar in intent, Marcellin Champagnat envisioned the Marist Institute as a promoter of life, and life in abundance, in the face of the multiplicity of conflicts, situations of abandonment, vulnerability and suffering that generated all kinds of illnesses and even the death of children and young people.

As heirs Heirs of Champagnat's legacy, we assume that "to educate children and young people well, we must love them and love them all equally". To do this, we need to move beyond the superficialities and romanticisms widely disseminated when speaking of love, in order to embrace an attentive and active commitment to look beyond and in depth at children and young people.

The younger generations deserve to know the truth of love, through the committed authenticity of those who accompany them, care for them, guide them and urge them towards completeness of life. The movement from From intention to responsible attitude, a processual and transforming journey of co-responsibility that is constructed with the experiences of young people.

Principles such as dialogue, observation and attentive listening will only happen to the extent that each one of us, individually and collectively, foster the culture of belonging, of significant presence and the cultivation sowing of care. For this to develop, besides the willingness to welcome, a careful knowledge of the juvenile realities is required emergent, in order to design preventive, interven-tive and propositive initiatives in assertiveness. Undoubtedly, emotional health needs to leave the agenda of taboo subjects or isolated problems, in order to be assumed in community networks of support and protection.



The young generations no longer put up with hidden, silenced or poorly resolved issues. In some space-time, the anguishes manifest themselves: whether in corporeality, in relationships, in expressions, in social networks, in family bonds and/or in the educational daily life¹. The fact is that the pains of children and young people reveal themselves and emerge before us who also balance our own pains.

Thus, to cultivate and safeguard young people's lives, it is necessary to face their dramas, not to fix them in the reading of the crises, but to find together the assertive steps to overcome them. It is also to look at our fundamental self-care. Much of the emotional health and illness of a child and/or a young person stems from their relationship with the adults around them. In other words, the health of the younger generations depends, to some extent, on the very health of the adult reality that surrounds them. There is no way to expect health from unhealthy environments, it is necessary to intervene. And the best intervention starts with prevention.

Faced with the value of life, prevention is achieved by refining the gaze and sensitive listening in the space-time of the "among us". In the interface between the situation and the hope, the dynamics of articulating and interrelational care is (re)built. For this reason, to look/listen beyond, to look/listen in depth, to look/listen with respect, passes through looking/listening to our children and young people and to ourselves with a spirit of attention, love and commitment.

GETTING TO KNOW THEIR CHILDREN'S DRAMAS

We cannot be a Church that does not weep at the sight of these dramas of its young children. We must never get used to this, because she who does not know how to weep is not a mother²

Our Marist charism was born in the face of compassion for young people and the impulse of the Good Mother in acceptance, identity and mission. Our vocation is historical and looks to the 'signs of the times'. In this look, we recognise that the pandemic has aggravated socio-emotional problems such as depression, stress and social anxiety. The indicators reveal the need for attention to the population in general and to young people in particular.

1 **Position of Marist Brazil on Integral Education and the Social-Emotional Dimension** (1st Ed.) . Brasília, DF. 2021.

2 FRANCISCO, Pope. **Post-Synodal Apostolic Exhortation *Christus Vivit***. Saint Paul: Paulus, 2019.



It is estimated that around 13% of adolescents worldwide experience some form of mental illness. There is even a possibility that this number is underestimated, both due to lack of access to primary care and because it does not take into account the many young people who experience significant psychosocial stress, even if below a diagnosable level³.

The enforced isolation, the uncertainty about the future in the face of the global health situation, human and economic losses are some of the factors that impacted the health of young people. It is noteworthy that the global health crisis affected them precisely at the stage of life when they are forming greater identity affirmation, bonding and interaction with peers, strengthening of autonomy, making choices and attitudes towards the projects and trajectories of present and future life. The pandemic interfered with dreams and expectations, presenting to a juvenile public, characteristic in tenacity, the narrowing of life and death situation.

Furthermore, in the pandemic contexts, children and young people represented a constant threat due to the latent contagion for adults. The young generations were “carriers of death”, since at the beginning of the infection they



were considered less affected by the virus. Thus, the asymptomatic young generations could infect mainly the elderly and adults with comorbidities and consequently kill them. Such complexity impacted more deeply on the lives of children and young people who, besides the risk of dying and losing a loved one, had the potential fear of killing.

3 UNITED NATIONS CHILDREN'S FUND (UNICEF); JOHN HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH (JHU). **On My Mind: How Adolescents Experience and Perceive Mental Health Around the World**. New York, 2022. Available at: <https://www.unicef.org/media/119751/file>

In moments of transgression of the isolation rules, carried out by different people and age groups, it was only young people that were labeled as “dangerous” and showing an alarming lack of commitment. This factor reveals social traits that label young people as the only social offenders. The subjective mark of “being dangerous” makes possible the aggravation of wounds in the juvenile self-image and constitutes potentially dysfunctional bonds.

Nevertheless, even before the pandemic, the indicators and young people themselves were already alerting us to the need to provide comprehensive health care. The increase in cases of suicide in the world was already known, which was the third highest cause of death for people between 15 and 19 years old⁴. The non-suicidal self-injury was also a growing phenomenon pointed out by educators and coyncellors.

All these points should not, however, lead to an idea that there is something pathological inherent to the adolescent and young person today. Understandings that lead to the belief that the new young generations are morally worse than previous ones and that adolescence is a kind of syndromic condition, almost pathological, come from an adult-centric perspective that disregards the socio-historical construction of the juvenile condition⁵.

In addition, such an understanding removes responsibility from society and the community environment and places the young person as solely responsible for their illness. It is not uncommon to hear adults complaining and referring to the younger generations as less resilient and more sensitive. This is a stigma which blames and focuses the gaze on behavioural aspects, when it is known that there is a set of factors and influences which make up the position of a young person in the world. Many times, children and young people express in their behaviour, the dramas imprisoned in their interiority. It does not seem sustainable for a young person, nor for anyone else, the demands of full development, when the trajectories lack an attentive look, care and commitment to life and its experiences in integrality.

What are the possibilities, then?

4 PAN-AMERICAN HEALTH ORGANIZATION (PAHO). **Adolescent mental health**. Available at: <https://www.paho.org/pt/topicos/saude-mental-dos-adolescentes>

5 OBSERVATORIO JUVENTUDES PUCRS/REDE MARISTA; ASSESSORIA DE PROTEÇÃO A CRIANÇA E AO ADOLESCENTE DA REDE MARISTA; GERENCIA EDUCACIONAL DA REDE MARISTA; NÚCLEO DE APOIO PSICOSSOCIAL PUCRS. **Mental health of adolescents and young people in educational contexts: relationships of human care**. Porto Alegre: Marist Centre of Communication, 2020. Available at: <https://bityli.com/6UFsUG>

CONSIDERING INTEGRAL HEALTH AN INCOMPARABLE WEALTH

Health is the first of all natural goods. No wealth can compare to it, and a moment's reflection is enough to be convinced of this⁶

Socio-emotional health is an essential component of health as a whole and is closely associated with it. It is postulated that mental health is not merely the absence of disease, but the presence of a state of well-being that enables coping with life contingencies, putting skills into practice, learning, working and contributing to the community. It is not, therefore, a dimension that antagonises disease and can be promoted despite the presence of any diagnosis. It is a fundamental issue for society, as it impacts on the construction of relationships and the development of the person and the community.

It is understood that the reasonable arrangement of some experiences in life favours socioemotional development. The presence of affectionate and supportive relationships, for example, provides the opportunity for integration in a community and confers belonging and support. The experience of pleasant emotions, such as hope, gratitude, joy, love, fun, also contribute, generating a balance with the challenging contingencies of human existence.

It is also listed the possibility of engaging in something that allows putting into practice and discovering talents, skills and personal preferences as fundamental to socioemotional development. The



⁶ FURET, Jean-Baptiste. **Guide to schools for use in the houses of the Little Brothers of Mary:** Document of the 2nd General Chapter of the Marist Institute. Brasília: UMBRASIL, 2009.

sense of meaning in life, in turn, leads to a broadened look at experiences, which are put into perspective, leading to transcendence and to the meaning of the difficulties and sufferings inherent to the human condition.

The possibility of achieving achievements and dreams, which depends on equal opportunities, is another important factor. Finally, basic care with physical health, such as quality of sleep, food safety and physical exercise, complement the list of actions that favour the flourishing of emotional health. All these elements help to think of actions aimed at health promotion and not only the prevention of diseases based on the idea of risk.

PROMOTING YOUTH LIFE IN ABUNDANCE AND IN COMMUNITY COMMITMENT

The development, in some countries, of public policies aimed solely at the rehabilitation of individuals who already have a diagnosed mental disorder shows a bias towards a pathogenic paradigm, reactive in the face of illness, as well as relegating socio-emotional care exclusively to professionals in the area⁷. It is true that social and emotional health is best addressed with the help of specialized professionals. But more and more schools have assumed their part in the composition of care and health promotion networks, since children and young people spend most of their time in educational initiatives. Often, even before the family, it is the educators who foresee emotional problems.

The fact is that many schools are investing in health professionals to problematize, train and build practices in this field. In this aspect, the socioemotional dimension provides an opportunity for a learning process through which children and young people work and integrate into their lives the concepts, values, attitudes and skills that allow them to understand and manage their emotions, constitute a personal identity, develop attention and care for others, collaborate, establish positive relationships, make responsible decisions and learn to deal with challenging situations assertively, constructively and ethically.

For this, it is always necessary to reflect on the meaning and expected impact of projects aimed at the promotion and prevention of social and emotional health

⁷ KEYES, Corey L. M. (2013). Promoting and Protecting Positive Mental Health: Early and Often Throughout the Lifespan Study of Positive Mental Health. In C. L. M. Keyes (Ed.), **Mental Well-Being: International Contributions to the Study of Positive Mental Health** (pp. 3-28). Springer. <https://doi.org/10.1007/978-94-007-5195-8>



and submit them to constant evaluation. As well as, it is worth questioning the very role of the school, both as a place of care, as well as, of illnesses. The promotion of integral health requires zeal in these commitments with our preferred public.

This caution prevents pedagogical co-optation aimed at a logic of adaptation of the subjects to contexts of productivist pressure and/or the confusion of the understanding of good performance as the constitution of perfect subjects. It could also be mentioned the anthropological reductionism which limits children and young people to the sphere of the commanded and/or the depository of knowledge.

The care for each young person and their sociability implies pedagogical intelligence, so that one does not fall into modes of thinking, interests and agendas which, in truth, are not effectively and/or efficiently committed to the health and dignity of young people. It is necessary to evaluate if, in fact, all and any initiative would have some positive impact on the lives of young people. But how do we find out? The most powerful way is to invite young people to integrate the processes that discuss the health and education agenda of their own condition.

It is necessary, therefore, to abandon the individualistic understanding of health, which leads to the conclusion that the only way out is to wait and refer when situations become serious (reinforcing a conception of illness as a private subjective experience, isolated from the context). We will see that there are numerous possibilities of caring for and accompanying groups of young people in the various fields of Marist action, promoting life in abundance. Community living can be a source that promotes and repairs the health of our young people and of ourselves.

We emphasize the Marist mission in its central objective, although not as its only goal, community formation. We keep in mind that environments have a direct impact on the formation of personality and also on the condition of young people. Young people respond to the environment through socialisation. The pandemic has deprived a generation of children and young people of their face-to-face sociability. The digital environment, already naturalized in many juvenile experiences, has become almost the only vision of the world for many. The adult universe has a responsibility to the integral health of the younger generations, to contribute to their interrelationships so that community environments - physical and digital - become more and more dialogic sources of health.

Another problematisation becomes necessary. Stereotypes and anachronisms in conceptions such as “this generation today is weak”; “in my time young people were not like that”; “before the internet the world was better”, “the pandemic has slowed down knowledge”, in absolutely nothing contribute to a community relationship that fosters self-esteem, self-acceptance and intergenerationality with the younger generations. If the commitment is to improve the health of young people youth health through education, there is also a need for clarity in our thinking and joint practices, given that these reveal the links we have with young people.

WITH YOUNG PEOPLE, BUILDING LINKS THAT PROMOTE AND PREVENT HEALTH

To create homes, “houses of communion,” is to allow prophecy to take flesh and make our hours and days less rough, less indifferent and anonymous. It is to create bonds that are built with simple, daily gestures that we can all carry out. As we all know very well, a home needs everyone’s collaboration. No one can remain indifferent or aloof, because each one is a necessary stone in its constructio⁸

8 FRANCISCO, Pope. **Post-Synodal Apostolic Exhortation *Christus Vivit***. Saint Paul: Paulus, 2019.





Health promotion and prevention are two distinct concepts, although they operate together. Promotion refers directly to the cultivation of certain personal and environmental factors, independently of the presence or absence of pathology⁹. Let us think of the violets, familiar Marist symbol. Promotion is similar to the process of caring for a flower. We have to water it, fertilize it and light it to the extent of its needs, giving it the conditions to bloom adequately.

Prevention, on the other hand, alludes to strategies to prevent a certain disorder from taking hold or increasing its impact on people's lives⁸. Going back to the metaphor, it is to avoid, through certain actions, that some insect or plague weakens or destroys the plant. Whoever proposes to take care of a life needs to be implicated with his/her role in its adequate development and in the removal of eventual harmful factors.

When it comes to promotion, many aspects have already been addressed earlier in this text that can contribute to the development of empowerment strategies.

9 BRESSAN, Rodrigo Affonseca; KIELING, Christian; ESTANISLAU, Gustavo M; MARI, Jair de Jesus. Mental Health Promotion and Mental Disorders Prevention in the School Context. In BRESSAN, Rodrigo Affonseca; ESTANISLAU, Gustavo M. **Saúde Mental na Escola: O que os Educadores Devem Saber**. Artmed: Porto Alegre, 2014.

They go through community levels - including school and family - and individual levels. This is a field where it is worth investing in the so-called protective factors, such as safe and respectful bonds, adequate educational and parental practices, clear and consistent rules, development of social skills, emotional regulation, self-esteem, autonomy and social support, for example.

Prevention is related to actions that mitigate potential risk factors and/or to reduce the impact of already installed problems. We can classify it in two types, one more focused on the problem and the other on the population. The first classification, older, divides prevention into: primary - when one seeks to reduce a risk factor - secondary - when there is already a disease/problem present, requiring early intervention - and tertiary - which aims to reduce the damage or interrupt the grievance in progress. The second, more recent classification, divides prevention into universal - aims to serve an entire population - selective - aimed at groups that have some specific vulnerability - and indicated - focused on a smaller number of people, in general who already present certain signs and symptoms indicative of certain problem situations.

Among the risk factors that can be the target of preventive action are *bullying* and *cyberbullying*, violence of all kinds, food insecurity, alcohol and drug use, teenage pregnancy, family conflicts, inadequate educational practices, isolation, prejudice regarding the search for help in mental health, communication problems and deficits in social skills, among others.

The educational and training spaces - with all the actors involved, the relationships established, the norms and policies, the physical structures - in themselves already configure a favourable or unfavourable environment for health to flourish. More than just formal actions, each one can help to build a true spirit of caring family. Facing this, there are two powerful questions we can ask ourselves: “how can I be contributing to the suffering of the other?” and “how can I mitigate the suffering of the other?”.

We participate in the suffering of others when we are indifferent, pretend not to see, use derogatory words, have authoritarian attitudes, focus on performance and numerical results rather than on the human, do not listen carefully, judge and label the pain of others, exclude, discriminate and give up.

On the other hand, we can reduce pain and/or promote the good living when we contribute to a respectful and participatory atmosphere, remain attentive to

behavioural changes and (explicit or veiled) requests for help, show affection and concern, offer quality time to listen and dialogue, openly discuss sensitive topics, build wide care networks (involving schools, families, churches, health and care services, institutions and community leaders), value the presence and potential of each person, respect limitations, promote contact with art, nature, sport and sport and promote the development of a healthy life, families, churches, health and assistance services, institutions and community leaders), we value the presence and the potential of each one, we respect limitations, we promote contact with art, with nature, with sports, with others, we encourage self-care practices and we build clear, fair and collaborative rules in the spaces in which we circulate.

AS MARISTS, CALLED TO CARE FOR THE YOUNG GENERATIONS

The Marist presence is significant in the mission of socio-emotional education of children, adolescents, young people, school administrators, teachers and leaders.

Among the **main initiatives present** in our spaces, we identify:

- The incorporation in curricular and educational plans, in the strategies and delineation of contents for socioemotional training, either through the development of emotional intelligence, self-control skills, self-confi-



-
- dence, metacognition, cooperation, awareness, critical reflection;
- The empathetic boost through the solidarity culture of youth engagement in volunteering and missionary programmes;
 - Attention to daily coexistence from the grammar of humanist solidarity that highlights the salutary approach starting from human bonds (overcoming the vision of the “other” as someone who “hurts me”, as an “enemy” because he/she is “different”);
 - Offering spaces for recreation, artistic creation with a multiplicity of languages where the community can express what cannot be put into words;
 - Investment in spaces for the development of organic health: care for the body, physical activities, sports, cooperative games, among others;
 - Programmes for the prevention of (cyber) bullying and the regulation of aggressiveness;
 - Educational and assertive disciplinary development, not isolating the young person in cognitive development;
 - Training and capacity building for parents and/or guardians, including specific content on mental health and social and emotional management;
 - Provision of psychology or school guidance services that outline, advise and contribute with formative content and intervention in socio-emotional situations and sensitive conversations between students, families and educators;
 - Updating and training about integral health for Marist collaborators;
 - Guaranteeing spaces in which a good professional atmosphere and a positive climate of personal and community development can be strengthened;
 - Strengthening and cultivating the value of family spirit in canonical and work relationships;
 - Pastoral services accompanying the socio-educational needs of children and young people;
 - Adherence to protective legislation to guarantee and promote the rights of children and young people.

Animated for a new culture of care and therefore, we dream of contributing to the socio-emotional education of our children and young people in the different mission scenarios. Therefore, overcoming the adult-centric culture by assuming the pedagogy of listening, of meaningful presence and intergenerational dialogue, requires knowing what happens concretely with the young generations.

To this end, **we encourage** diligent accompaniment with children and young people:

- Facilitate spaces for intentional listening where each child and young person is respected from the principle of protagonism and awareness of their rights. Health is one of the most relevant issues in guaranteeing the basic right to life. Demanding and promoting access to primary health care is fundamentally one of the post-pandemic global challenges;
- Develop campaigns and dialogical initiatives on socio-emotional health to address the increasing difficulties and current conditions of children, adolescents and young people (distress, depression, isolation, stress, anxiety);
- Promote emotional literacy programmes in socio-economic environments with high vulnerabilities, through solidarity support and cooperation with university institutions or social centres;
- Expand the attention of guidance departments to contribute adequately to the attention of students in their particular needs;
- Involve families in the local community in comprehensive development programmes that help children as well as adults develop healthy emotional habits and safe environments in their homes, local community and schools.
- Caring for those who care for, educate and protect the younger generations. The managers should have a sensitive look at the professionals who work with children and young people, since they also need attention to health and full development. Humanizing programs focused on the employees' social and emotional quality of life, with a proposal of mutual help, empathic listening channels and work valuation, are becoming more and more assertive, as they have an impact on the care of all those assisted;
- Ethical channels that provide the opportunity for listening, mediation, conflict resolution and the readjustment of conduct, supported by institutional regulations based on Marist values, transparent and accessible to the educational community.

Among the strategies to be put in place to (co-)create emotionally healthy educational and working environments, we are challenged to care for the Marist Brothers themselves, managers, educators, administrative technicians and mission leaders. Thus, together with the managers, it is important to **take action**:

- Training programs and development of social skills with an interactive, collaborative and co-responsible focus, aiming at the prevention, promotion and joint solution of situations and problems that impact the



integral health of the Brothers and Marist collaborators;

- Monitoring the professional and training trajectories of employees, providing greater access to the health system in specific cases;
- Inclusive and diligent attention to the integral health of pregnant professionals, in the period of puerperium, breastfeeding and early motherhood, due to the organic, emotional, social and labour readaptabilities imbricated in this moment of life;
- Promotion of a committed, ethical and transparent work environment, in which employees feel at ease to dialogue with management on health issues, free from embarrassment;
- Curricular integration in the continuing training of employees, highlighting social skills and socio-emotional maturity linked to any of the subjects and areas offered;
- Encouraging collaborative work in support networks between schools, social centres, public bodies, universities and other Marist works, with a view to creating support programmes for communities in greatest need.

WHAT CAN BE EXPANDED IN TERMS OF ACTIONS?

- To diagnose the socio-emotional realities of the people who circulate in our institutional spaces (children, young people, collaborators, religious),



counting on the support of research centres, so that actions can be developed in an ethical and evidence-based manner, as well as systematically evaluated;

- To strengthen education with health and assistance in the development of training on the socio-emotional theme for managers, leaders and collaborators, in order to mitigate the constant warning of these professionals about the lack of formal training on the themes of suffering, illness, self-injurious behaviour, suicidal ideation and postvention in the face of childhood and youth trauma;
- To act in the face of situations of suffering and death that are part of daily life in the most vulnerable territories where hunger, poverty, social injustice and indifference hurt the dignity of so many children and young people, suppressing their basic right to exist;
- To conduct dialogue rounds, projects and opportunities for intergenerational coexistence, giving support to the practical issues that qualify and endure the humanizing climate in Marist spaces;
- Provide opportunities for peace assemblies, support groups, restorative circles, movements for safe childhood and youth;

-
- Promote assemblies of children, adolescents and young people so that they can contribute with visions and ideas based on their condition, generating spaces of belonging and safety, always accompanied by adults who are trained to deal with sensitive issues that are sometimes relegated to the internet or to silence;
 - To offer multidisciplinary support services to students, employees and vocational staff, which are well-known and accessible and which carry out actions not only individually but also collectively, for the purposes of health promotion and prevention;
 - To encourage networking among these professionals and researchers to exchange experiences, materials, support and strengthen initiatives;
 - Develop pedagogical aids for different audiences (quick guides, podcasts, videos, books, games and pedagogical materials, among others) on socioemotional topics;
 - To strengthen the principles of the institutional positionings about what is understood by integral education and social and emotional dimension and to enlarge the diffusion of the already existing ones, so that they can guide the other materials built under the perspective of the charisma of the Institute;
 - Generate systematic spaces for training and listening to families, making them partners of the institutional spaces and further qualifying their care capacity;
 - To seek humanisation, spirituality and sensitivity as paths with the new leaders. Cultivate the psychological security of employees, so that they can address their feelings in relation to their work and develop in an upright, responsible and authentic way.

The agenda of socio-emotional health should not be closed in on itself, but should be discussed and cared for by us Marists. Together with our Superior General of the Marist Institute, we are encouraged to look beyond through the systemic of care, since “Our educational mission, with young people and those most in need, assumes a fundamental value in these times”¹⁰.

We acknowledge the sum of efforts and initiatives in integral health developed in different spaces of the Marist educational work. They are lives signified and strengthened by our work. Our joint gestures continue in this contemporary

10 BARBA, Br Ernesto Sánchez. **Thanks to the Holy Father**. 2022. Available at: https://champagnat.org/wp-content/uploads/2022/03/UdienzaSantoPadre_Maristas-H-Ernesto_EN.pdf

situation, responding to the commitment to care made fruitful by Marcellin Champagnat for the Montagnes who present themselves before us.

It is urgent to be where the children and young people of today are. To walk with them in the reality they experience. To provide opportunities for healthier daily environments. So that together, we can learn to live building a new culture of caring for life, promoting the dignity of children, young people and all of us.

On behalf of the Marist International Mission Commission

Br. Marcelo Bonhemberger

Observatorio de la Juventud PUCRS / Rede Marista (Brasil Sul-Amazônia)

* Patrícia Espíndola de Lima Teixeira

* Luiz Gustavo Santos Tessaro

If you wish to share your ideas, reflections or experiences with the Commission as a result of these messages, you can write to the email fms.cimm@fms.it

ISBN: 979-12-80249-13-5

General Government: Br. Luis Carlos Gutiérrez Blanco (Coordinator, Vicar General); Br. Ben Consigli (General Councilor); Br. Ken McDonald (General Councilor).

General Administration: Andrea Rossi (FMSI); Br. Ángel Diego García Otaola and Br. Francis Lukong (Secretariat of Solidarity); Br. Gregorio Linacero Melón (Projects); Br. Jorge Gaio (General Bursar); Br. José Sánchez Bravo and Br. Nino Pizarro (Secretariat of Education and Evangelization); Br. Valdicer Fachi (Cmi).

Regions: Br. Francis Jumbe (Region of Africa – Prov. Southern Africa); Leonardo Soares (Region of América Sur – Prov. Brasil Centro-Norte); Br. Rodrigo Espinosa (Region of Arco Norte - Prov. México Central); Br. Farancis Rahmat (Region of Asia – Prov. East Asia); Br. Christophe Schietse (Region of Europe – Prov. L'Hermitage); Br. Kevin Wander (Region of Oceania – Prov. Star of the Sea).

Networks: Analía Ruggeri (Network of Solidarity – Prov. Cruz del Sur); Frank Malloy (Network of Schools – Prov. Star of the Sea); Br. Marcelo Bonhemberger (Network of Universities – Prov. Brasil Sul-Amazônia); Miguel Fernandes (Network of Marist Youth – Prov. Brasil Centro-Sul).

Invited psychologists: Alma Yareth Vázquez Lugo (México Central), Diego Castro (Brasil Centro-Sul), Jacqueline Gil Zenteno (México Central), Luz Adriana Hernández Alva (México Central), María del Socorro Alvarez Noriega - Coco (México Central), Rosablanca González (Red Corazón Solidario, Cruz del Sur – Uruguay) and Saulo Pfeffer Geber (Brasil Centro-Sul).