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Learning Brief on Mental Health and Psychosocial Support (MHPSS) in Education

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01

What is Mental Health and Psychosocial Support in Education?

For this learning brief, Mental Health and Psychosocial Support in Education is defined as a composite term that is used to describe interventions carried out in schools and other learning environments. These interventions are aimed at promoting mental health and wellbeing and/or to prevent and respond to the mental health conditions of children, adolescents, teachers and caregivers.

02

Who is this brief for?

This internal brief is to be used by UNICEF education teams worldwide. It may be of interest for other UNICEF programmes and divisions to establish alignment, synergies, and collaboration.

03

What is the purpose of this brief?

This internal technical brief provides guidance to UNICEF Education staff on mental health and psychosocial support programming in education. It aims to create a shared understanding among education colleagues about mental health and psychosocial support across all settings where UNICEF works – from humanitarian to development contexts.

This document aligns with [The UNICEF Education Strategy 2019–2030](#), [UNICEF's Global Multisectoral Operational Framework for MHPSS](#) and the [UNICEF Technical Note on MHPSS](#). It also builds on existing UNICEF and partner frameworks, technical guidance, policy documents, and ongoing MHPSS UNICEF programmes and initiatives across the globe.

04

Defining the problem:¹

The effects of mental health problems in childhood and adolescence can persist throughout the life course, with serious health, education and socio-economic implications.

Mental health is fundamental to good health and wellbeing. It can influence academic, social and economic outcomes across one's lifespan. In all countries, rich and poor, mental health conditions and the lack of caring responses remain the cause of significant suffering for children and young people and a top cause of death, disease, and disability. The relevance of schools as a setting for mental health support and promotion is widely accepted; however, mental health and psychosocial support **interventions in schools often fail to be prioritized.**

The pandemic has exacerbated a pre-existing global learning crisis, depriving hundreds of millions of children and adolescents of the right to education. It has also **aggravated the burden of mental health conditions** and raised vast concerns for the mental health of an entire generation of children, their teachers and caregivers. Populations with high rates of socio-economic deprivation end up having the lowest access to care. As a result, **many children and adolescents are not getting the support and services they need** to enjoy good mental health and wellbeing.

Emergencies, including conflict, disasters, and forced migration, disrupt people's lives and have negative effects on the psychosocial development of children. **Children and adolescents living in conflict-affected settings, many of whom are displaced internally or across borders, are at risk of experiencing various forms of mental health problems.** Recent developments in neuropsychology reveal that children exposed to severe adversity often experience a physiological stress response that alters how their brains process information, which can adversely affect their ability to learn and thrive.²

When mental health symptoms emerge even in first grade, academic performance can diminish within two years. Students challenged by mental health issues struggle academically and achieve lower levels of educational attainment³. Engaging in play and stimulation is also crucial for children's mental health and emotional wellbeing in the early childhood years. Play provides a supportive context to help children cope with stress and anxiety. In these early years, **a lack of preschool enrolment can indicate a risk for mental health outcomes.**

1 Data is extracted from the United Nations Children's Fund, The State of the World's Children 2021: On My Mind – Promoting, protecting and caring for children's mental health, UNICEF, New York, October 2021.
2 Anda, R.F., Felitti, V.J., Bremner, J.D. et al., 'The enduring effects of abuse and related adverse experiences in childhood', Eur Arch Psychiatry Clin Neurosci 256, 174186, 2006: <https://doi.org/10.1007/s00406-005-0624-4>.
3 Berberian, M., 'School-Based Art Therapy.' 2019: 10.4324/9781315229379-22.



Despite links between early learning opportunities and child development, about **81 percent of children in the least developed countries do not attend early childhood education**. The failure to address mental health problems at their onset can have significant consequences throughout a child's life, affecting their **development and contributing to poor academic outcomes, higher rates of unemployment, and poorer physical health**.⁴

Absence from school or dropping out before finishing is linked to **social isolation, which in turn can lead to mental health conditions**, including self-harm, suicidal ideation, depression, anxiety and substance use. In 2019, nearly 200 million adolescents and young people of secondary school age were out of school. In addition, 12 per cent of boys and 22 per cent of girls aged 15–19 were not in education, employment or training.⁵

The problem is that children and adolescents are not getting the support and services they need to enjoy good mental health and psychosocial well-being. This is due to gaps in data and evidence; poor and/or inconsistent provision of, and access to, good quality services; insufficient human resources and capacity; low expenditure; and stigma around mental health. Global and national leaders invest far too little in promoting and responding to children's mental health in education settings. Resources for promoting and protecting children and adolescents' mental health (including programmes to support their caregivers and teachers) are scarce and unfairly distributed across countries, regions and communities.

4 Choi, A., 'Emotional wellbeing of children and adolescents: Recent trends and relevant factors', OECD Education Working Papers, No. 169, OECD Publishing, Paris, 2016, <https://doi.org/10.1787/41576fb2-en>.

5 United Nations Children's Fund, *The State of the World's Children 2021: On My Mind – Promoting, protecting and caring for children's mental health*, UNICEF, New York, October 2021.



05

Global data Estimates:⁶

50 per cent of all mental disorders begin by the age of 14. Worldwide, it is estimated that more than 13 per cent of adolescents aged 10–19 live with a diagnosed mental disorder (89 million adolescent boys and 77 million adolescent girls aged 10–19).

Suicide is the fifth most prevalent cause of death for adolescent boys and girls aged 10–19. Every year, almost 46,000 children and adolescents between the ages of 10 and 19 end their own lives – about one every 11 minutes.

Children and young people also report psychosocial distress that may not rise to the level of epidemiological disorder but disrupts their lives, health, and prospects for the future.

The annual loss in human capital arising from mental health conditions in children aged 0–19 is US\$387.2 billion.

In contrast, school-based interventions that address anxiety, depression and suicide provide a return on investment of US\$21.5 for every US\$1 invested over 80 years. A 2015 study in England found that **over seven years, every US\$1 invested in a school-based mental resilience programme generated a net return on investment of US\$5.08.**

⁶ Global estimated are extracted from: United Nations Children's Fund, The State of the World's Children 2021: On My Mind – Promoting, protecting and caring for children's mental health, UNICEF, New York, October 2021.

06

The solution:

Supporting good mental health in schools and learning environments is vital in helping children and adolescents to learn and thrive.

The UNICEF Education Strategy 2019-2030 focuses on 1) advancing equitable access to learning opportunities, 2) improving learning outcomes, 3) promoting universal access to transferable skills development, and 4) promoting intersectoral approaches using schools as platforms to deliver integrated services, including mental health and psychosocial interventions for children, adolescents and teachers. MHPSS in education in emergencies is also a fundamental part of UNICEF's [Core Commitments for Children in Humanitarian Action](#), released in 1998 and revised in 2020. The importance of education for individuals, families, and communities affected by emergencies is emphasized in the [IASC Guidelines on MHPSS in Emergencies](#). It states that: "loss of education is often among the greatest stressors for learners and their families, who see education as a path toward a better future". Access to formal and non-formal education in a supportive environment builds learners' intellectual and emotional competencies, provides social support through interaction with peers and educators, and strengthens learners' sense of control and self-worth.

A growing body of evidence⁷ confirms the importance of evolving the capacity of schools and early childhood education services to promote mental health and assist children and families dealing with mental health problems. Schools, mobile

schools and temporary learning spaces bring children and adolescents together in safe environments where mental health and psychosocial support can be provided. Referrals to specialist services can also be processed, and quality and continuity of learning can be guaranteed. Equally important is to support parents/caregivers' mental health, including the mental health of pregnant adolescents and adolescent caregivers, as this directly impacts their ability to provide the nurturing care needed to ensure their children's optimal development and wellbeing. This type of support can be integrated within the education sector.

School-based mental health interventions can take various forms. These range from whole-of-school programmes to promote mental wellbeing and initiatives aimed at improving teachers' and school staff' mental health literacy, to targeted interventions focusing on at-risk students. By ensuring the wellbeing of both student and teacher, schools experience better results, including better mental health and education outcomes and increased retention.

Schools and learning environments that intentionally promote students' mental health and wellbeing, attendance and attainment, give children and adolescents the best possible chance to fulfil their potential. For instance, social and emotional

⁷ Dray, J. And cols., 'Systematic Review of Universal Resilience-Focused Interventions Targeting Child and Adolescent Mental Health in the School Setting'. *Journal of the American Academy of Child and Adolescent Psychiatry*, 56(10), pp. 813–824, 2017, <https://doi.org/10.1016/j.jaac.2017.07.780>.

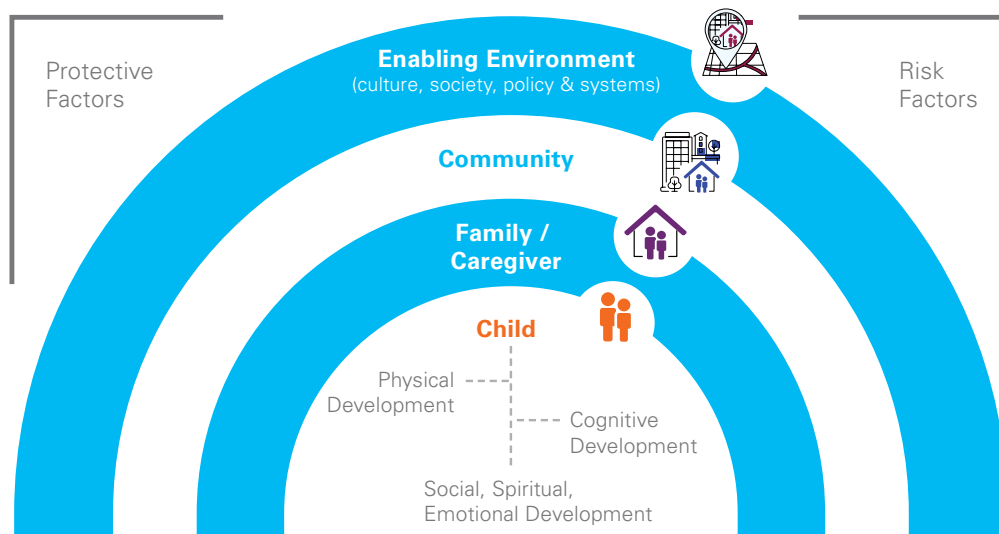
learning approaches that include whole-of-school interventions, and specific interventions for at-risk children and young people, have proven effective.⁸

Mental health services, when embedded within educational systems, create a continuum of integrative care that can promote health, mental health, and educational attainment. Mental health promotion and prevention interventions in schools can enhance psychological wellbeing and prevent the onset and burden of mental health conditions. Likewise, schools are also critical to help identify and provide early interventions for children and adolescents facing multiple stressors due to prolonged exposure to conflicts, forced displacement, or climate change-related crisis.

MHPSS in education must build on the strengths of children, caregivers, and communities and be informed by the social-ecological framework (see Figure 1), which posits that child development and wellbeing are embedded within the context around them. This context includes friends and families, schools and communities, sociocultural influences, as well as broader political and economic factors. Addressing each of these components is critical for safeguarding children's mental health and wellbeing.

There is no one-size-fits-all approach to school-based mental health and psychosocial support. Strengthening education systems to respond to the mental health and psychosocial support needs of students and education personnel will mean different things to different countries. Schools and early childhood education services can be equipped to address children, caregivers and teachers' mental health needs by creating a supportive learning environment. An environment that safeguards mental health, where all children and education professionals feel included, supported, and valued. Such an environment also promotes a culture in which mental health and wellbeing is talked about openly, and where programmes and curricula that increase mental health literacy and promote the development of transferable skills are implemented. This approach supports early identification and intervention for those needing additional mental health support (ensuring linkages to community-based mental health care), while also increasing caregivers and community engagement to support children's learning and overall wellbeing. It is also essential to encourage cross-sectoral collaboration between health, social protection and child protection actors and systems at the national and sub-regional levels.

Figure 1
The social ecological model has the child as its centre



⁸ United Nations Children's Fund, The State of the World's Children 2021: On My Mind – Promoting, protecting and caring for children's mental health, UNICEF, New York, October 2021.

07

MHPSS in Education: Six key programmatic priorities for 2022–2025

The following are the six key programmatic priorities to promote and respond to children's, adolescents, and teachers' mental health and psychosocial wellbeing in learning environments.



01 Increase mental health literacy among children and adolescents, their teachers and caregivers. Talking openly about mental health in schools and other learning environments by developing and implementing a school curriculum that includes physical, social–emotional and psychological aspects of student health, safety, nutrition and well-being. Providing opportunities to strengthen teachers' and caregivers' abilities to promote and protect children's mental health and wellbeing, encouraging positive, healthy family/caregiver relationships.



02 Embedding transferable skills in the curriculum from early childhood to adolescence. Promoting universal access to transferable skills for children and adolescents of all ages, gender, and abilities in formal and non-formal learning environments.



03 Workforce development. Building the capacity of teachers and other school staff so they can support children (of all ages, gender and abilities) and their mental health and wellbeing.



04 Integrating MHPSS in Education disaster preparedness for effective response and to 'build back better' in recovery, rehabilitation, and reconstruction. Children and adolescents affected by war, extreme violence and natural disasters often see their education disrupted and face multiple and prolonged stressors. A proportion of children and adolescents exposed to great adversity might experience mental health problems. UNICEF supports the implementation of MHPSS activities in schools and learning environments to meet the immediate and critical MHPSS critical needs of children and adolescents, caregivers, and teachers (based on needs and community priorities). This includes scaling MHPSS services in schools, increasing support to teachers, building resilient systems, strengthening coordination, coherence, and ensuring collaboration between humanitarian and development work.



05 Supporting teacher well-being. Policies, tools, and support to promote the mental health and wellbeing of education staff.



06 Increased access to MHPSS services through schools. Providing direct mental health and psychosocial support services in schools and learning environments or ensuring linkages with MHPSS services outside schools. Ensuring effective collaboration across sectors to develop and implement tools, referral pathways, and practical protocols to refer children and adolescents to the specialized services they might require.

08

A Theory of Change for Mental Health and Psychosocial Support in the Education sector

The **overarching vision** of the Education Strategy 2019–2030 is improved learning and skills development for boys and girls, from early childhood to adolescence, particularly for the most marginalized and those affected by humanitarian situations. Consequently, the overarching vision of the Mental Health and Psychosocial Support in Education programming is: **from early childhood to adolescence, boys and girls improve learning and skills development within a safe learning environment that promotes and responds to their mental health and psychosocial wellbeing needs in all contexts.**

The ToC for mental health and psychosocial support in the education sector is an application and adaptation of UNICEF’s Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children, Adolescents and Caregivers Across Settings. The Global Multisectoral Framework for MHPSS provides a shared framework across health, education, social welfare and protection. The Education MHPSS TOC should be used along with the Global Framework to ensure strong a strong multisectoral approach to MHPSS at UNICEF.

The following Theory of Change (ToC) diagram presents the vision and change pathway on how each outcome will be achieved in the education sector.

The ToC stipulates that,

if

children and adolescents have increased access to **promotive, preventive, and responsive mental health and psychosocial support services** in schools and learning environments across the humanitarian to development nexus.

if

the **education workforce is strengthened** to respond to the learning, safety and mental health and psychosocial support needs of children and adolescents in schools and learning environments across the humanitarian to development nexus.

if

countries have **strengthened education systems** with a focus on integrating promotive, preventive, and responsive MHPSS services for children, adolescents, caregivers, and teachers, across the humanitarian to development nexus.

...then, more children and adolescents, particularly the most marginalized and vulnerable, have **improved mental health and psychosocial wellbeing, and are more likely to remain in school, improve learning and skills, and realize their full potential within a safe learning environment.**

Mental Health and Psychosocial Support in the Education sector

IMPACT	From early childhood to adolescence, boys and girls improve learning and skills development within a safe learning environment that promotes and responds to their mental health and psychosocial wellbeing needs across the humanitarian to development nexus.		
LONG-TERM OUTCOMES	Improved access to MHPSS in learning environments 1. Children and adolescents have increased access to promotive, preventive and responsive mental health and psychosocial support services in learning environments, in development, humanitarian and fragile contexts.	Improved MHPSS capacity of the education workforce 2. The education workforce is strengthened to respond to the learning, safety and mental health and psychosocial support needs of children and adolescents in schools and learning environments, in development, humanitarian and fragile contexts.	Strengthened care systems for MHPSS services 3. An increased number of countries have strengthened education systems for equitable access to promotive, preventive, and responsive MHPSS services from early childhood to adolescence, including teachers and caregivers in learning environments in development, humanitarian, and fragile contexts.
INTERMEDIARY OUTCOMES	1.1. Children aged under-5 and their caregivers have increased access to holistic care, including early childhood education and community as well as education support networks focused on improving mental health and wellbeing. 1.2. Children and adolescents have increased access to transferable skills (also called SEL, life skills) development programmes in all learning environments. 1.3. Children and adolescents are equipped with knowledge that contributes to caring for themselves and others' mental, emotional, social, and physical wellbeing. (mental health literacy) 1.4. Children and adolescents affected by humanitarian crises and fragile contexts are provided with gender- and age-appropriate targeted support to meet their learning and MHPSS needs (CCC's) . 1.5. School communities are actively engaged in building safe, non-violent, inclusive, and effective learning environments that promote all children and adolescents' mental health and wellbeing.	2.1. Teachers and other education professionals have increased access to MHPSS capacity development opportunities, tools, supervision, and technical support to respond to children and adolescents' MHPSS needs. 2.2. Increased mental health and psychosocial support workforce in schools and learning environments. 2.3. Teachers and other education professionals have access to support systems for developing and maintaining positive mental health .	3.1. Countries have increased availability of data, research, and intervention evidence around MHPSS programming in education, including impact on education outcomes. 3.2. Countries design risk-informed education sector plans that includes promotive, preventive, and responsive MHPSS service for children, adolescents, caregivers, and teachers in learning environments 3.3. Countries develop and/or strengthen evidence-based policies, programmes and strategies to deliver promotive, preventive and responsive mental health and psychosocial support services for children, adolescents, caregivers, and teachers in learning environments.
ASSUMPTIONS		BARRIERS	
<ul style="list-style-type: none"> • There is political will from governments to invest in promoting the mental health and psychosocial well-being of children, adolescents, caregivers and teachers. • Donors, the private sector, and governments prioritize investments in school-based mental health and psychosocial support interventions. • Education authorities are willing to make the required changes in terms of inclusion and roll-out of new adapted curricula, collaboration across ministries, support communities in enhancing children, adolescents and teachers' mental health and psychosocial well-being. • All education partners, including communities, are capacitated and willing to use data and evidence to plan and monitor school-based mental health and psychosocial support interventions. • Improved capacity of government and partners to integrate promotive, preventive, and responsive MHPSS services in learning environments. • Increased capacity of health, education and social welfare workers to coordinate and collaborate to ensure access to different MHPSS services for children, adolescents, and caregivers across sectors. • Data, research, and implementation evidence is increasingly available to inform policy and programming for children and adolescents' mental health and psychosocial well-being in schools and learning environments. 		<ul style="list-style-type: none"> • Limited resources to implement promoting, preventing and responsive mental health and psychosocial support services in schools and learning environments. • Stigma around how society reacts towards individuals with mental health problems. Mental health problems represent a taboo for many communities and there is a poor understanding of mental health in general. • Children, caregivers and teachers' lack knowledge about mental health and services. This includes knowing when and where to seek help. • Students may not access support because they do not believe they need support • In some contexts, it is unclear what mental health care involves. • Limited mental health resources and services are available to meet population mental health care needs. • Limited investment in MHPSS services in schools and learning environments. 	

01

Children and adolescents have **increased access** to promotive, preventive and responsive mental health and psychosocial support services in learning environments, in development, humanitarian and fragile contexts.

- Promote programmes to increase pre-school enrolment and to support caregivers to strengthen their skills in responsive caregiving, improving their abilities to monitor and respond to children's emotional and other development needs.
- Support programmes that provide vulnerable families with structured activities to enhance mother/father/caregiver-infant positive interaction through play, reading, learning together, etc.
- Transferable skills programmes are one type of intervention within the broad category of MHPSS support. Build, adapt and implement contextualized transferable skills programmes for children of all ages, gender, and abilities in schools and other learning environments, including building contextualized digital solutions to deliver transferable skills programmes for children and adolescents.
- Enhance the role of education systems in developing the skills of children, including adolescents and youth, to participate in their communities and make meaningful contributions to community resilience, social cohesion and peace, particularly in education in emergency contexts.



- Increase mental health literacy among children and adolescents by supporting education authorities to develop and implement a school curriculum,⁹ which includes physical, social-emotional, and psychological aspects of student health, safety, nutrition, and wellbeing.
- Increase/ develop programmes that engage communities in building safe, non-violent, inclusive, and effective learning environments that promote all children and adolescents' mental health and wellbeing
- Support education authorities with comprehensive guidance for school management, teachers, and other education personnel to implement inclusive health, mental health, and wellbeing curricula in pre-primary, primary, and secondary schools and other non-formal learning environments.
- Support the implementation of psychological group interventions¹⁰ led or supervised by mental health professionals in schools and learning environments.
- To increase the mental health literacy of children and adolescents, develop and promote educational materials to equip children with the knowledge and skills they need to safeguard their mental health and wellbeing (while meeting the diverse needs of children of different ages, genders, and disabilities).
- Advocate for budget allocation to implement minimum MHPSS services in schools/learning environments.
- Ensure linkages between humanitarian and development coordination mechanisms (e.g., education sector working group, development partners' group, local education group) to ensure continuity and scale-up of MHPSS services in schools and learning environments.
- Advocate and engage with health, child protection and other relevant authorities and partners to strengthen the country's capacity to integrate MHPSS in disaster risk reduction and resilience programmes in the education sector.

Some additional considerations to respond to the MHPSS needs of children, adolescents and teachers in education in emergency contexts:

- a. Integrate MHPSS considerations into planning, design, implementation, and analysis of multi-cluster/sector assessments.
- b. Advocate that education in emergencies responses ensure inclusive and equitable quality education, with a focus on responding to the immediate and critical MHPSS needs of children, adolescents, caregivers, and teachers affected (e.g., psychological first aid, identification of children that need specialized support, etc.)
- c. Identify children and adolescents struggling to cope with the crisis and provide a strengths-based approach targeted support to promote mental wellbeing, facilitating referrals to other services as needed.
- d. Engage systematically with affected groups, especially out-of-school children, including adolescents and young people, as well as marginalized communities, to identify their educational and MHPSS priorities and exert influence on the setting and infrastructure of educational services.
- e. Collaborate with communication for development (C4D) teams to develop and disseminate action-oriented key messages for the whole school community to help teachers, parents and caregivers understand normal and common stress reactions, also to promote culturally and age-appropriate coping mechanisms and provide accurate information around the child and family centered MHPSS services available.
- f. Ensure responses are in line with the Inter-agency Network for Education in Emergencies (INEE) Minimum Standards for Education: Preparedness, Response and Recovery, including the INEE PSS/SEL technical note.

⁹ The curricula are universally designed to ensure that children and adolescents develop knowledge and understanding, skills, and attitudes they need to care for themselves and others' mental, emotional, social, and physical wellbeing, including when and where to seek help. Training curriculum design considers age, gender, abilities, and culturally sensitive appropriate subject contents.

¹⁰ This type of intervention aims to support and improve the mental health and psychological well-being of children that have been exposed to great adversity and traumatic events and are demonstrating difficulties to cope with the situation.

02

The education **workforce is strengthened** to respond to the learning, safety and MHPSS needs of children and adolescents in schools and learning environments, in development, humanitarian and fragile contexts.

- Support education authorities to design and implement a needs assessment, strategy, and implementation plan for the professional development of teachers around MHPSS.
- Support the design and implementation of pre-service and in-service teacher training aimed at increasing their knowledge, capacity and helping skills competency to assist children and adolescents in learning about mental health, developing healthy habits, as well as developing transferable skills.¹¹
- Develop the capacity and support teachers and other education professionals to better support their own mental health and wellbeing and implement classroom activities to promote their students' mental health and wellbeing.
- Advocate for more incentives so that the education workforce increasingly participates in training and other MHPSS capacity development opportunities.
- Support education authorities and partners to develop and assess digital solutions (apps/smartphones/helplines) to deliver transferable skills programmes.
- Support education authorities and partners to develop and implement classroom teaching materials to equip children of all ages with the knowledge and skills they need to safeguard their mental health and wellbeing.
- Advocate for the inclusion of MHPSS dedicated staff¹² and resources in the national/subnational school system planning and budget, including special considerations to respond to crisis (school attacks, natural disasters, and other emergencies, etc.).
- Advocate and provide technical support to Education authorities and other relevant stakeholders for the inclusion of teacher wellbeing in national education policies, including advocacy and policy support for adequate pay, appropriate working conditions, equity, parental leave.
- Support policies and programmes to enhance teacher wellbeing.

¹¹ Evidence suggests that professional development is most effective when it is focused on a specific subject, tailored to topics relevant to the local context, and provides supporting materials, coaching, and collaboration opportunities to complement the training.

¹² School mental health and psychosocial support professionals include school psychologists, school counsellors, school social workers, and other qualified mental health and psychosocial support service providers. Where MHPSS qualified staff are unavailable, a high-capacity individual (such as a teacher or a headteacher) can be trained and supported (including through the adjustment of the tasks allocated) to fulfil the role of MHPSS focal point, providing support, identifying needs and referring as appropriate.

03

An increased number of **countries have strengthened education systems for equitable access** to promotive, preventive and responsive MHPSS services from early childhood to adolescence, including teachers and caregivers in learning environments in development, humanitarian, and fragile contexts.

- Support education authorities to develop/strengthen/scale-up national/subnational strategies/plans and policies to address the MHPSS needs of children, adolescents, and teachers in schools and learning environments. The strategies/plan/policies are informed by analysis of the MHPSS needs of children, adolescents and teachers.
- Support education authorities to consider the MHPSS needs of children, adolescents, teachers, and caregivers in education sector analysis, planning, budgeting and monitoring.
- Support education authorities to assess the current education system challenges and to identify opportunities to strengthen and support the education workforce to promote the mental health and psychosocial wellbeing of the school community.
- Support education authorities to develop a national/subnational action plan with incremental steps to deliver/scale-up/innovate and finance MHPSS services in schools and learning environments.
- Support education authorities to develop and implement tools, referral pathways, and practical protocols to refer children and adolescents to the specialized services they might require.
- Support the development of referral pathways with other sectors to ensure children and adolescents have access to mental health and psychosocial support services within or outside of schools/ learning environments.
- Advocate and advance legislation that establishes the guidelines and standards for promotive, preventive and responsive MHPSS services in schools and learning environments, and reduces disparities in mental health service delivery, especially among underserved populations.
- Strengthen the country's capacity to integrate MHPSS in the conflict/disaster risk reduction/climate national plans, including coordinating multi-tier approaches to service delivery to address children, adolescents, caregivers, and teachers' immediate MHPSS needs during emergencies.
- Contribute to cross-sectoral initiatives to gather evidence and conduct systematic analysis around children, adolescents, caregivers and teachers' mental health and psychosocial support needs, availability, and barriers to access MHPSS services.
- Support education authorities to improve data collection and intervention evidence around MHPSS interventions in schools and learning environments.
- Foster public and private partnerships to develop, pilot, and to scale cost-effective solutions to deliver MHPSS services for children, adolescents, caregivers and teachers in schools and learning environments.

09

UNICEF Mental health and psychosocial support in education Country examples



Bhutan

Early environments of care: Strengthening the foundation of children's development, mental health and well-being



Brazil

Prioritizing children and adolescents' mental health and protection during school reopening



China

Supporting the socio-emotional learning and psychological wellbeing of children through a whole-school approach



Colombia

Supporting the learning and socio-emotional development of refugee children



Ecuador

Mental health and psychosocial well-being services are integrated in the education system



Jamaica

A whole-school approach to improve learning, safety and wellbeing



Kazakhstan

Mental health promotion and suicide prevention in schools



Mongolia

A multi-level, cross-sectoral response to improving adolescent mental health



Mozambique

Responding to multiple emergencies – building teachers' capacity to provide mental health and psychosocial support before, during, and after crises



Nicaragua

A community-based approach to support the psychosocial wellbeing of students and teachers



North Macedonia

Learning social and emotional skills in pre-school creates brighter futures for children



State of Palestine

Providing psychosocial support and promoting learning readiness during compounding crises for adolescents in Gaza

10

List of selected resources for MHPSS in Education programming

Developing a multi-sectoral MHPSS framework

- UNICEF's Global Multi-sectoral Operational Framework for Mental Health and Psychosocial Support of Children, Adolescents and Caregivers Across Settings (Demonstration Version) (UNICEF, 2021).
- UNICEF's updated Evidence and Practice Review on MHPSS,
- A Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings, (IASC, Geneva, 2017).
- INEE Measurement Library.

Gathering evidence and conducting analysis

- UNICEF Guidance around Situation Analysis of Children's Rights and Well-being, UNICEF's Updated Evidence and Practice Review on MHPSS_ (UNICEF, 2021).
- IASC Reference Group MHPSS Assessment Guide (IASC, 2012).
- Recommendations for Conducting Ethical Mental Health and Psychosocial Research in Emergency Settings (IASC, 2014).

Transferable skills (also called SEL) programming

- UNICEF Global Framework on Transferable Skills (UNICEF, 2019).
- UNICEF adolescent education and skills site (UNICEF Web).
- The Easel Lab from Harvard Graduate School of Education.
- Life Skills and Citizenship Education Initiative Middle East and North Africa (UNICEF, 2017).
- Best Practices on Effective SEL/Soft Skills Interventions in Distance Learning (USAID, 2020).
- Social-Emotional Learning Distance Learning Activity Pack (Save the Children, 2020).

MHPSS in education in emergencies

- INEE Background Paper on Psychosocial Support and Social and Emotional Learning for Children and Youth. (INEE, 2018).
- Mental Health and Psychosocial Support MINIMUM SERVICE PACKAGE.
- UNICEF's Operational Guidelines on Community-Based Mental Health and Psychosocial Support in Humanitarian Settings (UNICEF, 2018).
- INEE Guidance Note on Psychosocial Support (INNE, 2018).
- INEE PSS-SEL Training Module (INNE, 2019).

- Education in Emergencies Competency Framework (INEE, 2020).
- Psychosocial Support – Social and Emotional Learning Training Module. (INEE, 2019).
- SEL and PSS Measurement and Assessment Tools in Education in Emergencies: Identifying, Analyzing, and Mapping Tools to Global Guidance Documents. (INEE, 2020).
- Technical Note, Linking Disaster Risk Reduction (DRR) and Mental Health and Psychosocial Support (MHPSS)- Practical Tools, Approaches and Case Studies.pdf (IASC, 2020).
- Education in Emergencies - Child Protection Collaboration Framework (Global Education Cluster, 2020).
- Operational Considerations for Multi-sectoral Mental Health and Psychosocial Support Programmes during the COVID-19 Pandemic. (IASC, 2020).
- MHPSS in Humanitarian Emergencies: What Should Humanitarian Health Actors Know, booklet. (IASC, 2010).
- Advocacy Package, IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (IASC, 2011).
- Global Alliance for Disaster Risk Reduction and resilience in the education Sector.

MHPSS implementation packages for children and adolescents

- Help Adolescents Thrive (HAT): Guidelines on mental health promotive and preventive interventions for adolescents (UNICEF and WHO, 2020).
- UNICEF Caring for the Caregiver Package (UNICEF, 2019).
- I Support My Friends: Peer-to-Peer Psychological First Aid Training for Children and Adolescents. (UNICEF, 2020).
- The Adolescent Kit: Adapted Resource Package for COVID-19 (UNICEF, 2020).
- IRC's Safe Healing and Learning Spaces Toolkit. (IRC, 2016).
- Boxes of Wonder (Save the children, 2018).
- Safe Healing and Learning Spaces Toolkit (SHLS) (IRC, 2016).
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