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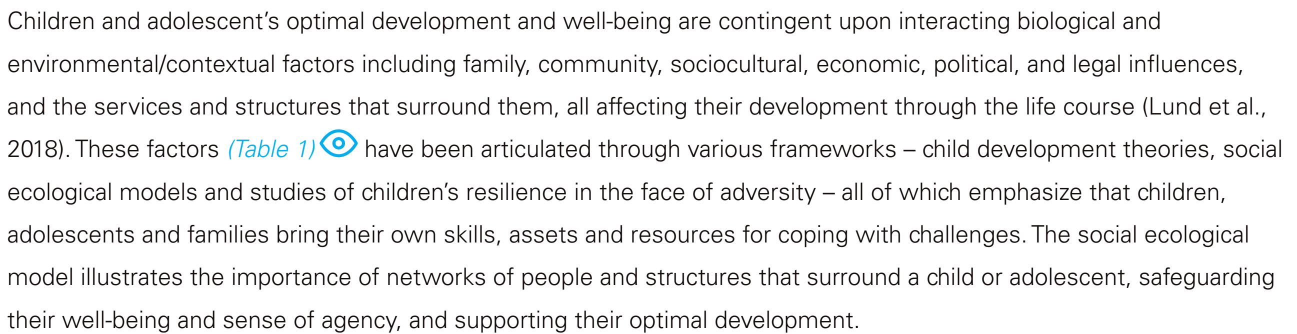
BRIEF ON
THE SOCIAL ECOLOGICAL MODEL



Children and adolescent's optimal development and well-being are contingent upon interacting biological and environmental/contextual factors including family, community, sociocultural, economic, political, and legal influences, and the services and structures that surround them, all affecting their development through the life course (Lund et al., 2018). These factors *(Table 1)* have been articulated through various frameworks – child development theories, social ecological models and studies of children's resilience in the face of adversity – all of which emphasize that children, adolescents and families bring their own skills, assets and resources for coping with challenges. The social ecological model illustrates the importance of networks of people and structures that surround a child or adolescent, safeguarding their well-being and sense of agency, and supporting their optimal development.

Figure 1.
Social Ecological Model

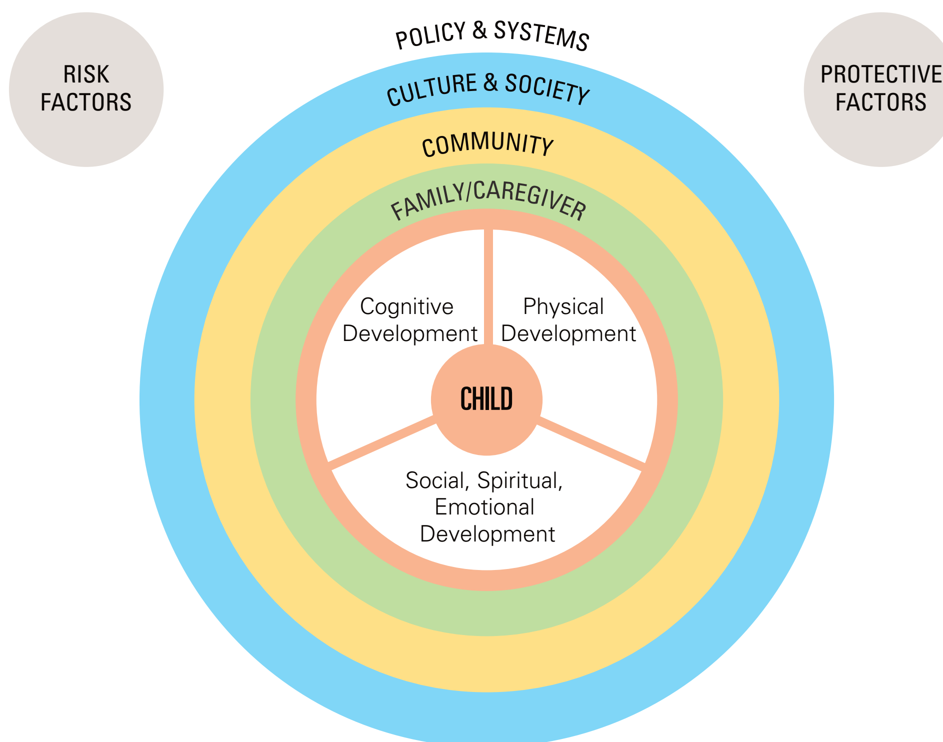


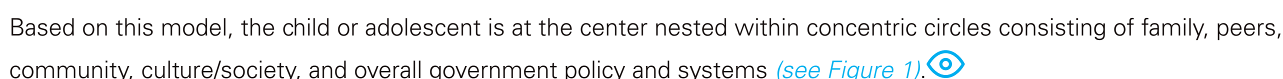
Table 1.

Social Ecological Model: Key Definitions

Risk factor: Any attribute, characteristic or exposure that increases the risk of developing an adverse mental health outcome ***Protective factor: Any attribute, characteristic or exposure that that reduce risk factors, or independently act to increase positive outcomes***		
Level	**Risk factors**	**Protective factors**
Individual	• Genetic or familial predisposition • Gender, age • Childhood neglect • Discrimination due to minority status (e.g. gender identity/ sexual orientation, belonging to a minority group, etc.) • Ethnicity • Disability or chronic health condition • Socio-economic status • Exposure to trauma (witnessing or experiencing), including involvement in armed groups. • Post-conflict/ emergency/crisis/natural disasters/ displacement/ insecurity/ or other hardships (i.e. hunger, housing) including household-level. • Experience of physical or sexual abuse	• Self-esteem • Coping styles • Civic engagement • Individual agency/ locus of control • Religious beliefs and practices • Access to livelihoods (including household-level) • Supportive and inclusive learning pathways (schools, training centers, etc.) • Access to care and support services
Family and peer	• Loss of caregiver/family member • A history of mental health conditions, including depression, suicide and self-harm within the family • Alcohol and substance use within household • Intimate partner violence (witnessing or experiencing) • Household-level economic stress • Caregiver poor mental health • Caregiver trauma exposure • Abuse and neglect within family • Stigma and discrimination	• Parental support and parental monitoring • Secure attachment • Positive family functioning • Nurturing care including responsive caregiving • Mother's education • Quality of home environment • Caregiver positive mental health • Peer social support • Participation and engagement
School-level	• Destruction of schools/ lack of access to inclusive educational opportunities • Violence experienced at school – by peers or teachers • Lack of connectedness and a sense of belonging to schools – including through teasing, discrimination, stigma experienced at school. • Lack of capacity of teachers • Lack of accessible physical environment and education materials	• School retention/ level of schooling achieved • Teacher social support • Counselling/peer to peer support • Social cohesion programs • Mental and physical health promotion in school settings and in educational plan/ curricula
Community-level	• Disruption of social networks • Changes in gender or religious dynamics • Cultural norms/ concepts, i.e. hiding distress, etc. • Community-level violence • Stigma and discrimination / Prevailing perceptions of mental health/illness and acceptable coping strategies within communities	• Cultural norms/ practices/ concepts, i.e. adherence to ideology and connection to land • Community acceptance • Trust • Community cohesion

Level	Risk factors	Protective factors
Macro-level	• Housing/ settlement options – i.e. temporary vs. permanent • Ongoing conflict • Displacement status, i.e. refugees, IDPs • Limited access to services in deprived communities and humanitarian contexts • Modes of delivery of humanitarian aid	• Supportive policies and legal frameworks • Trust in national system and government • Children and adolescent specific mental health policies • On the move support (migrants) • Disability inclusive services and assistance in all contexts

Based on this model, the child or adolescent is at the center nested within concentric circles consisting of family, peers, community, culture/society, and overall government policy and systems *(see Figure 1)*.



Interventions for young children are aimed at minimizing harm that can disrupt their development and overall psychosocial well-being. Such interventions capitalize on the crucial window of opportunity in the first five years of life when children are most ready to acquire new skills and adapt. MHPSS interventions may include parenting/mother-baby groups, infant stimulation and feeding programs, and various early childhood development (ECD) approaches including nurturing care which entails giving young children opportunities for early learning, through interactions that are responsive and emotionally supportive. Interventions also need to support the health and well-being of caregivers, as detriments to their physical health or mental health, pose risks to child mental health.

Education serves a critical role in establishing (and re-establishing) safety and structure in the lives of primary school-aged children, and offers a mechanism that supports their resilience, coping and overall mental health and psychosocial well-being. Organized psychosocial activities further provide opportunities for creativity, play and recovery from stressful events. Intervention strategies must consider how best to include children with disabilities, and those with mental and neurodevelopmental health conditions, such as by promoting equal access to learning environments and tailoring structured psychosocial activities (sports, games and creative activities) to ensure their full participation.

Older children and adolescents face the crucial developmental transition (both physical/puberty and mental) from childhood to adulthood and changing relationships while taking on new responsibilities. As both biological and sociocultural factors drive mental health in adolescence, mental health conditions and psychosocial problems may present differently between girls and boys.

Mental health conditions are associated with many varied risk factors such as poverty, food-insecurity, neglect, substance abuse, witnessing or experiencing violence including gender-based violence (GBV), sexual abuse, recruitment by armed forces and armed groups, forced migration and forms of child labor. Protective factors include access to quality education, nurturing caregivers, and social stability in the family, support by peers and in the community. Participation and engagement, such as peer support activities, can engage older children and adolescents in discussion on relevant issues, giving them an opportunity to voice their concerns and ideas which can help them realize their own agency through their contributions to recovery efforts in their communities.