# Five essential pillars for promoting and protecting mental health and psychosocial well-being in schools and learning environments

## A BRIEFING NOTE FOR NATIONAL GOVERNMENTS

*This briefing is intended for policymakers, national governments, mental health and education coalitions and advocates. It outlines key policy recommendations to strengthen education systems to protect and promote the mental health and psychosocial well-being of children and adolescents, including support for their teachers and caregivers*

Mental health is an integral component of health and well-being and influences academic, social and economic outcomes across the lifespan. Having good mental health means being better able to interact with others, function, cope and thrive. It is a basic human right.[1] Mental health exists on a complex continuum, with experiences ranging from an optimal state of well-being to experiencing severe mental health conditions with related suffering and often an important impact on the capacity to carry out daily activities.

The first two decades of life is a critical period for the development of foundational competencies that can shape a learner's mental health trajectories. At this particular stage of rapid development and learning, children and adolescents are highly susceptible to environmental influences. Experiences and environments can harm mental health. Or they can be shaped to promote and protect it.[2]

World Health Organization

unesco

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for every child

In multiple consultations with adolescents around the globe,[3] they reported perceiving school as a source of self-esteem, a place that fosters greater awareness of the world at large, an environment for spending time with friends, a venue for emotional support and an escape from unhealthy and adverse home environments. At the same time, the school was also noted as a setting where they can experience violence, abuse and extreme academic pressure. Adolescents also highlighted important gender differences in their experiences of school and mental health.

> **Our main difficulty is expressing how we feel. We don't know how to come out and express [things]…we know how we feel, you know, but we don't know how to just come out and say it.**
> – Older boy, Jamaica

> **Whenever you have a session with a psychologist, you pay for them, right?…Now what I would like to have is for that service to be free of charge, so that children can get help without any burden of financial concerns.**
> – Older boy, Indonesia

> **I think we have a hard time with mental health as youth because we do not talk enough about it, because people are scared to talk about it. Maybe if we…[could] express ourselves more without feeling judged or assaulted, maybe we would make some progress.**
> – Older boy, Switzerland



Schools and other learning environments, including in emergency contexts, can be equipped to address children and adolescents' mental health and psychosocial well-being needs. A supportive learning environment should be created – one that safeguards mental health, where all learners and education professionals feel included, supported and valued. Effective integration of mental health in schools can:

- Improve educational outcomes,
- increase learners' mental health literacy,
- promote learners' social and emotional learning,
- help identify at-risk learners and provide support, including through referral pathways to health and social welfare sectors, and
- reduce the likelihood of mental health concerns developing into more severe mental health problems and risk behaviours.[4]

The global disruption to education caused by the COVID-19 pandemic has affected 1.6 billion learners at the peak of school closures worldwide,[5] deepening the pre-existing learning crisis, exacerbating inequality in education, and having a negative impact on mental health among children and adolescents.[6] Although the need to support child and adolescent mental health and psychosocial well-being was already urgent, the pandemic has increased risk factors for mental health problems and further exacerbated disparities in access to mental health and psychosocial support services among children and adolescents.

To tackle the learning crisis and urgently support mental health and well-being needs, UNESCO, UNICEF and WHO are urgently calling on governments to take action, including promoting and protecting mental health and psychosocial well-being so every child is ready to learn and thrive.[7]

Transforming education calls for schools and other learning environments to become more responsive to learners' needs. National governments, education stakeholders, partners and donors must prioritize strengthening education systems to ensure **every child and adolescent has access to safe and supportive learning environments that promote and respond to their learning, development and mental health and psychosocial well-being needs.** This can be done by developing and implementing long-term and sustainable school-based mental health and psychosocial support (MHPSS) policies, strategies and services that respond to learners' and educators' mental health and overall well-being at all times and in all contexts.

# What does mental health and psychosocial support and services in schools look like?

The following pillars should be seen as the basic components of a mental health and psychosocial support in schools policy that governments **must mainstream within existing education policies, plans, and budgets**, including more targeted interventions for children with developmental delays and disabilities.

## PILLAR 1

**Create an enabling learning environment for positive mental health and well-being,** through developing and implementing school-based mental health and psychosocial support policies informed by learners' needs, voices and capacities; and embedding mental health literacy and social and emotional learning in the curricula, from early childhood through to adolescence.

## PILLAR 2

**Guarantee access to early intervention and mental health services and support.** Depending on the context, this could include mental health and psychosocial support services provided by a dedicated health practitioner or trained and supported education sector professional in every school, such as a school counsellor; or ensuring that every school has a well-defined process to guide learners and teachers concerned about the mental health of a learner or teacher, including up-to-date information about locally available in-person or tele-health mental health services provided by the health or social service sectors. Equally important here is to support children and adolescents with mental health problems to optimize their education paths and avoid early school drop outs.

## PILLAR 3

**Promote teacher well-being.** Ensuring that there are policies, strategies and services in place to support the mental health and well-being of teachers and that of non-teaching staff and all involved in the care and support of learners in schools (including caregivers). This also includes ensuring sufficient additional human resources to ensure teachers are not expected to take on the role of trained mental health staff.

## PILLAR 4

**Enhance MHPSS capacity in the education workforce.** School-based mental health programmes should be built on a solid foundation of national, regional and local education professionals, including school administrators, teachers and mental health workforce professionals (e.g., school psychologists, school social workers, school counsellors, school nurses and doctors, etc.) that work in partnership with children, families and community-based mental health services. Ensure that every teacher, school manager and education professional has access to learning opportunities and training to strengthen their knowledge and capacities to promote all learners' mental health and well-being in a systematic way, both in national teacher training and in-service training opportunities.

## PILLAR 5
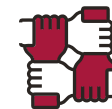
**Ensure meaningful collaboration between the school, family, and community to build a safe and nurturing learning environment** that creates a sense of belonging for every learner. This means emphasizing the need for strong and frequent communication between learners, caregivers and teachers, to align understanding of the strengths and needs, and build complementary strategies and support mechanisms between the home and educational setting to meet those needs. Learners and families are active agents in their own well-being and bring their own skills and resources for coping and building resiliency. They can provide insight on school strengths and areas of need, programme selection, implementation considerations, and ongoing quality assessment and progress monitoring. The process of meaningful and ethical participation can itself result in more trusting relationships, increased self-confidence and self-esteem, and an increased sense of mastery and control, each of which enhances young people's well-being and resilience.

## When implementing the pillars the following considerations are important:

- **Governments must ensure sufficient human and financial resources and institutional support and capacity are available** to promote and protect children, adolescents', teachers' and caregivers' mental health and psychosocial well-being in every school and learning environment from early childhood to adolescence.

- **Mental health and psychosocial programmes implemented in school settings must consider the do no harm principle and be informed by evidence** and supported by best practices. For instance, the WHO UNICEF Helping Adolescents Thrive Toolkit and related resources provide evidence-based approaches to promoting and protecting adolescents' mental health in schools in close liaison with other community-based health services.

- **Mental health and psychosocial support interventions and services in education must be tailored to the children and adolescents' context and build on the strengths of children, caregivers and communities.**



The engagement of children, adolescents and caregivers in designing and in the delivery of school mental health programmes and services is critical. Strengthening education systems to respond to the mental health and psychosocial support needs in-depth understanding of the local context. Children and adolescents' mental health and psychosocial well-being can be influenced by interactions with peers and families, by their experiences in schools and communities, sociocultural aspects, and broader political and economic factors. Addressing these components is critical for understanding and safeguarding children's mental health and well-being in the school context.

- **School-based mental health programmes must be inclusive and consider the specific needs of children and adolescents of all genders and abilities, with focused attention to children and adolescents with mental health conditions.** Structural factors such as prevailing beliefs, norms and values – especially concerning gender, disability, race and sexuality – can influence learners' experience in schools. School-based mental health programmes must consider the specific needs of children and adolescents exposed to marginalization and vulnerabilities to avoid enhancing stigma, discrimination and exclusion of risk groups in communities and equalize opportunities for all children and adolescents to enjoy an optimal standard of mental health and well-being. For instance, different forms of discrimination can be tackled through gender-responsive social and emotional learning programmes.

- **Comprehensive programmes and services to promote and protect learners must be multilayered and multisectoral.** Health, education, social welfare and child protection, among other sectors, need to contribute. UNICEF's Multisectoral operational framework was developed to support the development of programmes across sectors to improve the mental health and psychosocial well-being of children, adolescents and their caregivers globally.



*Teachers and other education personnel play a crucial role in promoting and protecting learners' mental health and psychosocial well-being. Positive relationships with teachers and other educators can ensure children and adolescents feel safe, seen, supported and have a sense of belonging. Studies have shown that higher levels of school belonging were associated with lower mental health problems across young adulthood. Supportive relationships between learners and teachers have been found to positively influence children's engagement and attainment in school, build their social and problem-solving skills, and contribute to a sense of purpose and agency. All these are promotive and protective factors for lifelong mental health and well-being. It's important to equip teachers and other educators with the competencies and technical support to implement programmes and curricula that:*

*i. increase mental health literacy and promote the development of transferable skills (also referred to as social and emotional learning);*

*ii. Facilitate early identification and early intervention for those needing additional mental health and psychosocial support (ensuring linkages to community-based mental health care); and*

*iii. increase caregiver and community engagement to support children's learning and overall well-being.*

# Top Ten Reasons Why Mental Health and Psychosocial Support in Schools and Learning Environments is Important

How education systems integrate promotion of mental health and psychosocial well-being, and prevention and early identification interventions into learning environments directly contributes to whether children and adolescents access support when they need it most. Comprehensive school-based mental health and psychosocial support, including policies, education workforce capacity development and increased mental health and psychosocial support services and programmes, can lead to enhanced academic achievement and increased retention, reduce learners' risk behaviour (such as peer violence and self-harm) and improve mental health and psychosocial well-being

outcomes. Depending on the context, these interventions can be delivered independently or as part of a broader school health approach.

In emergencies, integrating mental health and psychosocial support within humanitarian education responses is imperative to protect children and adolescents from the negative effects of crisis and adversity.[8] By creating stable routines, fostering hope, reducing stress, encouraging self-expression, and promoting collaborative behaviour learning environments can contribute to effective learning and well-being. Overall, schools and learning

environments can provide a physical safe space needed when coping with loss, fear, distress and violence. Schools also offer stability and structure and support learners to build the coping and interpersonal skills they need to cope with change.

Supporting children's and adolescents' mental health and well-being within learning environments is crucial to ensure they are given the best chance to participate fully and e quitably in their learning. They are many reasons why education systems should accelerate action and investment in learners' and teachers' mental health.

**Here are the top ten:**

## 1
**Mental health is fundamental to good health and well-being and is critical to children's learning, development and thriving.**
The benefits of better mental health extend beyond psychological well-being itself, from social equity and inclusion to economic growth and prosperity.[9]

## 2
**The UN Convention on the Rights of the Child commits all countries to promote and protect child and adolescent mental health.[10]**
Promoting good mental health should also be seen as a catalyst to fulfilling States' international legal obligations to ensure children can access and enjoy all of their rights.

## 3
**Mental health and psychosocial well-being is a significant concern for adolescents around the globe**.
They want mental health and psychosocial support services to be more available and less stigmatized.[11]

## 4
**Half of mental health disorders begin by the age of 14,[12] so it is critical to intervene as early as possible.**
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.[13]

## 5
**Evidence increasingly confirms the importance of strengthening the capacity of schools and early childhood education services to promote mental health and assist children and families dealing with mental health problems.[14]**
School-based MHPSS interventions in humanitarian contexts also deliver benefits for education and learning. Positive outcomes in school attendance, grade averages, math and literacy test scores[15, 16, 17] and reduced functional impairment related to psychological distress have all been demonstrated.[18, 19, 20]

## 6
**Schools and learning environments, including early childhood education centres, provide the opportunity to reach large numbers of children and adolescents,**
including those from marginalized communities and impacted by emergencies who may otherwise not be able to access mental health promotion and prevention programmes.[21] **Schools have more influence on children's development than any other social institution,** besides their family.[22]

## 7
**For children and adolescents whose home environment is not safe and nurturing, the school can be a crucial safety net supporting basic social, emotional and physical needs**.
Adverse childhood experiences, including exposure to different types of violence, can have consequences that affect cognitive development, physical and mental health, educational achievement and professional achievements.[23]

## 8
School-based programmes **for social and emotional learning are linked to mental health benefits in countries at all income levels**.
These programmes equip children and adolescents with essential cognitive, behavioural and emotional competencies that help them succeed academically, manage life's challenges, and build and maintain positive interactions with others.[24]

## 9
**Schools are an important element of community-based mental health support.**
Schools offer a robust platform for promotion of mental health and well-being, prevention and early identification interventions, and facilitates children and adolescents access to treatment of mental health conditions (when linked with health, mental health and social services).[25]

## 10
**Prevention and treatment of mental disorders in adolescents leads to improved health and well-being over time and yields gains in learning and education outcomes – all of which can translate into benefits to national economies over an individual's lifespan.**
School-based programmes to prevent anxiety, depression and suicide among adolescents had an average return on investment of 21.5, meaning that of every US$1 invested in the package, we expect $21.5 in benefits to the country's economy over an 80-year period.[26]

# Examples of school-based mental health interventions

### Kazakhstan
*Mental health promotion and suicide prevention in schools*

The government of Kazakhstan developed and implemented the Adolescent Mental Health and Suicide Prevention (AMHSP) programme, an intersectoral, school-based response that aims to strengthen the national education and health systems' ability to respond to adolescents' mental health and psychosocial needs. The AMHSP includes three fundamental strategies: i) universal mental health promotion to increase learners' knowledge of mental health and reduce stigma and barriers to care; ii) selective prevention to identify learners at risk and iii) access to specialized services, ensuring referral services for learners to primary health care and mental health services. See more here.

### Viet Nam
*School-based mental health services to support adolescent mental health*

The Ministry of Education and Training (MOET) and the Ministry of Labour, Invalids and Social Affairs (MOLISA) Viet Nam have adopted several health care-related policies to address child and adolescent mental health challenges. These include the development of school counselling programmes, provision of inclusive education for children with disabilities, intervention to address the negative impact of COVID-19 on learners' mental health and well-being, and promotion of learner mental health awareness through a comprehensive School Health Programme through MOET. MOLISA has been implementing policies to develop community-based mental health care for children and adolescents, including mental health care in the context of schools. The Government of Viet Nam continues working to strengthen workforce capacity across health, education, and social sectors to promote and protect the mental well-being of learners and strengthen cooperation across sectors and partners to improve early identification and mental health care. See more here.

### Ecuador
*Mental health and psychosocial well-being services integrated in the education system*

The education system in Ecuador created a service called DECE (Department of Student Counselling). It consists of a multidisciplinary team of professionals with experience and training that contributes to promoting learners' psychological and social well-being. DECES ensures that schools are safe and nurturing environments where learners are supported to reach their full potential. It also assures coordination and collaboration among learners, school professionals and caregivers with a focus on supporting the development of social and emotional skills, providing psycho-emotional support and linking learners with the services and care they need. They were a fundamental support for the educational community during the COVID-19 lockdown. See more information here.

### Thailand
*Improving integration of mental health and pszychosocial support services (MHPSS) for children and young people in Thailand*

In Thailand, national policy and legislative frameworks recognize the importance of mental health care, prevention and promotion. During the pandemic, the Royal Thai Government in partnership with UNICEF: a) introduced the HERO initiative, an application-based programme to help teachers monitor and manage learners who have behavioural, emotional or social problems; and b) conducted a situational analysis on the status of MHPSS services across sectors. Informed by evidence, the Department of Mental Health is leading on the development of an integrated vision and coordinated operational plan across sectors to reduce stigma and strengthen response, prevention and promotion. The Ministry of Education has prioritized children's health and well-being for learning, and committed to changing school environments, cultures and curricula, combining screening and referral and social and emotional skill building.

### Mozambique
*Building teachers' capacity to provide mental health and psychosocial support before, during and after crises*

In Mozambique, chronic vulnerability to natural disasters, regional insecurity, and the COVID-19 pandemic have highlighted the urgent need to embed mental health and psychosocial support (MHPSS) interventions into capacity development for teachers and other duty-bearers. In collaboration with the Ministry of Education and Human Development and education cluster partners, UNICEF developed a training manual and is rolling out trainings for teachers about MHPSS in education settings, especially in but not limited to emergency-affected areas including practical guidance on pedagogical approaches to supporting learners' well-being. See more information here.

### Egypt, Iran, Pakistan
*Multicomponent School Mental Health Programme*

The WHO Eastern Mediterranean Region developed an evidence-based manualized School Mental Health Programme (SMHP). The SMHP manual provides guidelines for universal and targeted interventions for addressing common emotional and behavioural problems in schoolchildren. It is tailored to be provided by non-specialists, such as teachers, administrators, school nurses, social workers and school counsellors. SMHP focuses on mental health prevention and promotion, fostering a positive culture of well-being in schools, tiered interventions applicable to classroom settings, and early identification and referral for specialized support. This initiative has been implemented in Egypt, Pakistan and the Islamic Republic of Iran.

## Resources

- UNICEF State of the World's Children Report, October 2021
- WHO World Mental Health Report, 2022
- WHO Guidelines on mental health promotive and preventive interventions for adolescents, 2020

- GLOBAL MULTISECTORAL OPERATIONAL FRAMEWORK for Mental Health and Psychosocial Support of Children, Adolescents and Caregivers Across Settings
- The Mental Health and Psychosocial Support Minimum Services Package – to guide interventions for an effective MHPSS emergency response
- The State of the Global Education Crisis: A Path to Recovery

- Helping Adolescents Thrive Initiative The package includes a Toolkit, Comic and a Teachers Guide.
- The MHPSS and EiE Toolkit, developed by IFRC, REPSSI and APSSI with support from MHPSS.net and funding from Education Cannot Wait.
- UNESCO: Ready to learn and thrive: school health and nutrition around the world; highlights

## Endnotes

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