

The global costs and benefits of mental health and psychosocial support interventions in education settings across the Humanitarian-Development Nexus

This policy brief is intended for policymakers, national governments, mental health and education coalitions, practitioners, and advocates. It provides an overview of the findings of a global cost-benefit analysis on mental health and psychosocial support (MHPSS) interventions in education settings across the Humanitarian-Development Nexus. The policy brief firstly outlines the global economic costs of mental health conditions among children and adolescents affected by humanitarian emergencies due to the adverse impact upon school completion. It further describes the economic benefits of addressing the mental health needs of children and adolescents through MHPSS interventions.

Background

Globally, over 250 million children and adolescents experience mental health conditions, many of which are currently undiagnosed and untreated.¹ Half of all mental health conditions emerge before age 14, and early onset in childhood or adolescence of conditions like anxiety, post-traumatic stress disorder, and depression is associated with worse life outcomes.² Moreover, many children and young people report psychosocial distress that does not rise to the level of a clinically diagnosed disorder yet still disrupts their lives, health and future prospects.

One of the most powerful risk factors for mental health problems among children and adolescents is exposure to life-threatening events such as natural or human-made emergency events.^{3,4} Children and adolescents are particularly vulnerable to negative mental health impacts due to emergency events from a combination of physiological, cognitive, and developmental factors. Most children and adolescents who endure such events experience psychological distress, however, for many, this improves over time.⁵ Nonetheless, more than 20 per cent of children and adolescents affected by emergencies are likely to experience a mental health condition.⁶

Education, mental health, and economic potential are interconnected, with a strong linkage between child and adolescent mental health and educational achievement.⁷

As demonstrated during the COVID-19 pandemic with widespread school closures, disruptions to learning are associated with significant declines in lifetime income.⁸ Learning loss and disruptions in education may reduce opportunities to develop mental health resilience and a range of skills and knowledge needed to achieve one's economic potential.⁹ Failing to address mental health needs among children and adolescents can negatively impact academic achievement and employment readiness. Interventions to promote mental health and psychosocial well-being in educational settings can thereby be beneficial over the longer term by mitigating negative downstream impacts of psychosocial distress, such as reduced learning outcomes, cognition, and lifetime earning potential.⁹

Mental health and psychosocial support (MHPSS) interventions aim to promote mental well-being and/or prevent and respond to mental health conditions.

When implemented in education settings, these interventions can potentially improve the life trajectories of the world's most disadvantaged children and adolescents by improving their mental health and learning outcomes.^{10,11} The interventions

range from promoting mental health and psychosocial well-being, preventing mental health conditions among young people at high risk, and improving access to mental health care. Implementation in education settings enables these programmes to reach substantial numbers of children and adolescents and so can make an important contribution to achieving the Sustainable Development Goals.¹²

To respond to an evidence gap regarding the quantifiable costs and benefits of implementing MHPSS interventions in countries across the Humanitarian-Development Nexus, UNICEF commissioned a global cost-benefit analysis (global CBA) to:

1. Estimate the **'cost of inaction'** of addressing mental health conditions among crisis-affected children and adolescents;
2. Illustrate the **global economic benefits and costs of investing in a range of MHPSS interventions** among highly vulnerable children and adolescents who have been displaced due to emergency events.

The global CBA included countries categorized as medium, high, and very high risk for emergency events by the [INFORM Risk Index](#). The analysis focused on children and adolescents aged 10–17 as there was limited evidence on how MHPSS interventions affect younger children aged 5–10.



The economic cost of inaction to address the mental health needs of children and adolescents affected by humanitarian emergencies

The cost of humanitarian emergencies in relation to a child or adolescent refers to the reduction in their future lifetime earnings that would be expected to result from the education, social, and emotional deficits they experience due to mental health conditions attributable to their exposure to emergency-related life-threatening experiences.

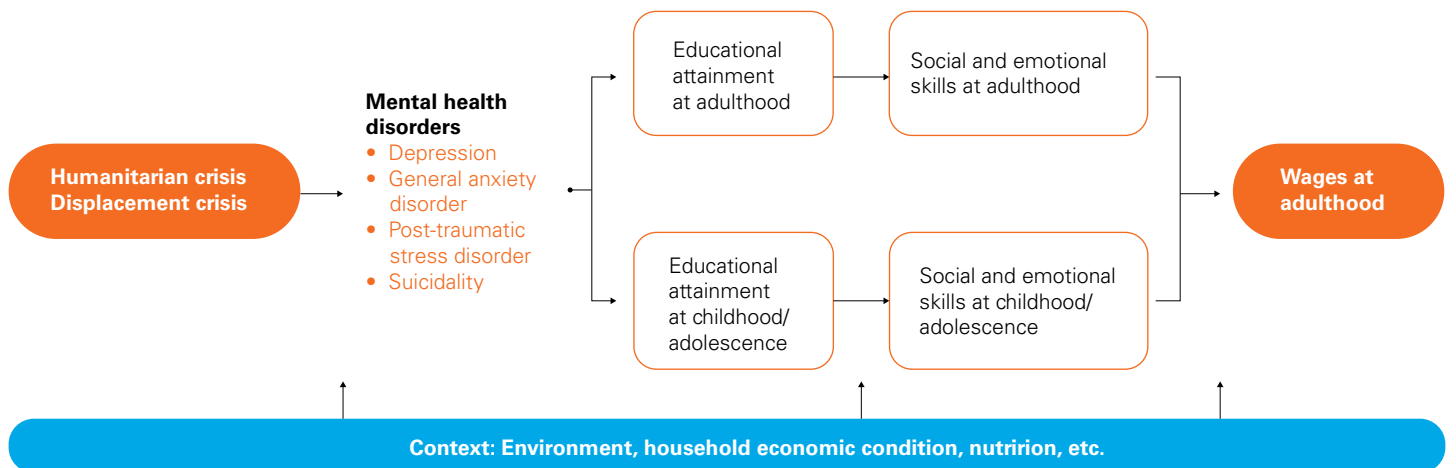
The 'cost of inaction' refers to the loss in lifetime earnings from failing to address their mental health and psychosocial support needs. This is estimated in terms of weakened human capital development due to lower school enrolment and completion, limited social and emotional skills development, and lower employment. This estimate included both children and adolescents who have been displaced due to emergencies, as well as young people who have been affected but not displaced.



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Pathways for poor mental health to adversely impact human capital in humanitarian emergencies



The 'cost of inaction' for failing to address the mental health needs of children and adolescents across the 66 countries with medium to very high risk for humanitarian emergencies totals US\$203 billion (in 2022). The 26 countries with a very high risk for humanitarian crisis included in the cost of inaction analysis would experience the highest economic costs, losing the equivalent to US\$106 billion in potential lifetime earnings.

Failing to address the mental health needs of the 25.8 million children and adolescents who were affected but not forcibly displaced by emergencies and who live with mental health conditions would result in US\$151 billion of lost earnings over their lifetime.

Without further action, the 7.6 million crisis-affected children and adolescents who were forcibly displaced in 2022 and live with mental health conditions would be projected to lose US\$52 billion in lifetime earnings.

Cost-benefit analysis of MHPSS interventions

The global cost-benefit analysis (CBA) estimates the potential economic benefits from implementing MHPSS interventions for children and adolescents affected by humanitarian emergencies using an illustrative population sub-group. The global CBA model follows a cohort of internally displaced children and

adolescents aged 10–17 in 52 low- and middle-income countries, and examines the anticipated lifetime benefits of the improved mental health, educational attainment, and social and emotional skills they would gain from a range of illustrative MHPSS interventions. The selected interventions are complementary, each addressing a different stage of the continuum of care, from mental health promotion to prevention and care (treatment).*



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* The interventions were chosen based on a review of peer-reviewed literature and were included if they focused on school-aged children and adolescents, described costs per person, and had a known impact on mental health and psychosocial well-being. Interventions implemented in education settings were prioritized. The selected interventions focused on children and adolescents between the ages of 10–17 as there was limited evidence on the impact of interventions for those between the ages of 5–10.

Global CBA Illustrative MHPSS interventions

MHPSS Intervention	Mental health Continuum	Facilitator	Original country of implementation
School-based group Cognitive Behavioral Therapy (CBT) for children and adolescents with symptoms of depression	Prevention	Teachers, school personnel (counsellors and nurses), or health staff	Global (meta-analysis)
School-based Socio Emotional Learning (SEL) skills education	Promotion	Teachers	India
Community-based group therapy for out-of-school adolescents	Treatment	Community-health workers	Sierra Leone

To compare the economic costs and benefits of investing in MHPSS interventions the global CBA uses benefit-cost ratios (BCR). A BCR illustrates the benefits accrued per dollar invested. The lower the implementation costs relative to the expected benefits, the higher the BCRs, and interventions with benefits larger than US\$1 per US\$1 invested are considered to provide good value for money.

Each of the illustrative interventions assessed in the global CBA were evaluated to be good investments with high benefit-cost ratios that indicate that the expected economic benefits outweigh implementation costs for each of the 52 countries included, and in each world region.



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Costs and benefits of MHPSS interventions for children and adolescents (2022)

MHPSS intervention	Averted lifetime earning loss (US\$ 2022)	MHPSS implementation costs (US\$ 2022)	Global benefit-cost ratio
School-based group CBT	343 million	6.0 million	US\$57 in benefits per US\$1 invested
School-based SEL skills education	6.4 billion	28.6 million	US\$225 in benefits per US\$1 invested
Community-based group therapy	17.4 billion	441.7 million	US\$39 in benefits per US\$1 invested

Key findings



Failing to address the mental health needs of children and adolescents aged 10–17 who have been affected by humanitarian emergencies would result in the **equivalent of a global US\$203 billion loss of potential lifetime earnings** (in US dollars, 2022).



The economic benefits of investing in MHPSS across the mental health continuum **strongly outweigh the implementation costs.**



School-based social emotional learning skills education offers a particularly **strong benefit-to-cost ratio across all countries at risk for humanitarian emergencies.**

Recommendations

The recommendations below will contribute to enabling every child and adolescent to have access to safe and supportive learning environments that promote and respond to their learning, skills development and mental health, as well as their psychosocial well-being needs.

- Promoting mental health and psychosocial well-being and treating mental health conditions are essential to improving downstream impacts on education and future economic outcomes.
- Implementing complementary mental health promotion, prevention and treatment interventions can respond to the diverse mental health needs of children and adolescents across the Humanitarian-Development Nexus.
- Investing in interventions to promote children and adolescents' mental health in learning environments should be a high priority.
- Investing in school-based interventions that prevent exacerbation of mental health conditions for additional benefits. Although the direct benefits result from reducing the overall population burden of disease, such interventions can also reduce health-care expenditure and social losses attributable to premature mortality and years of life lived with disability.
- Establishing specific mental health and psychosocial support services for marginalized groups such as refugees, children and adolescents on the move, children and adolescents with disabilities, those living with HIV and survivors of gender-based violence.

- Upscaling and strengthening the capacities of the MHPSS workforce in the education sector, including teachers, school staff, as well as health staff, will ensure learners receive adequate support for their mental health needs. This includes support to frontline responders for appropriate care for their own mental health needs.
- Ensuring that young people have a say. Continued support is needed to provide all young people, especially those with lived experience of mental health conditions, with the means for active and meaningful engagement.



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Published by

UNICEF Education Section Programme Division

3 United Nations Plaza

New York, NY 10017

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Cover photo:

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The policy brief was developed by UNICEF's Education Section. It was authored by a group of experts from RTI International.

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