# Youth Mental Health and Psychosocial Support: Considerations for Education
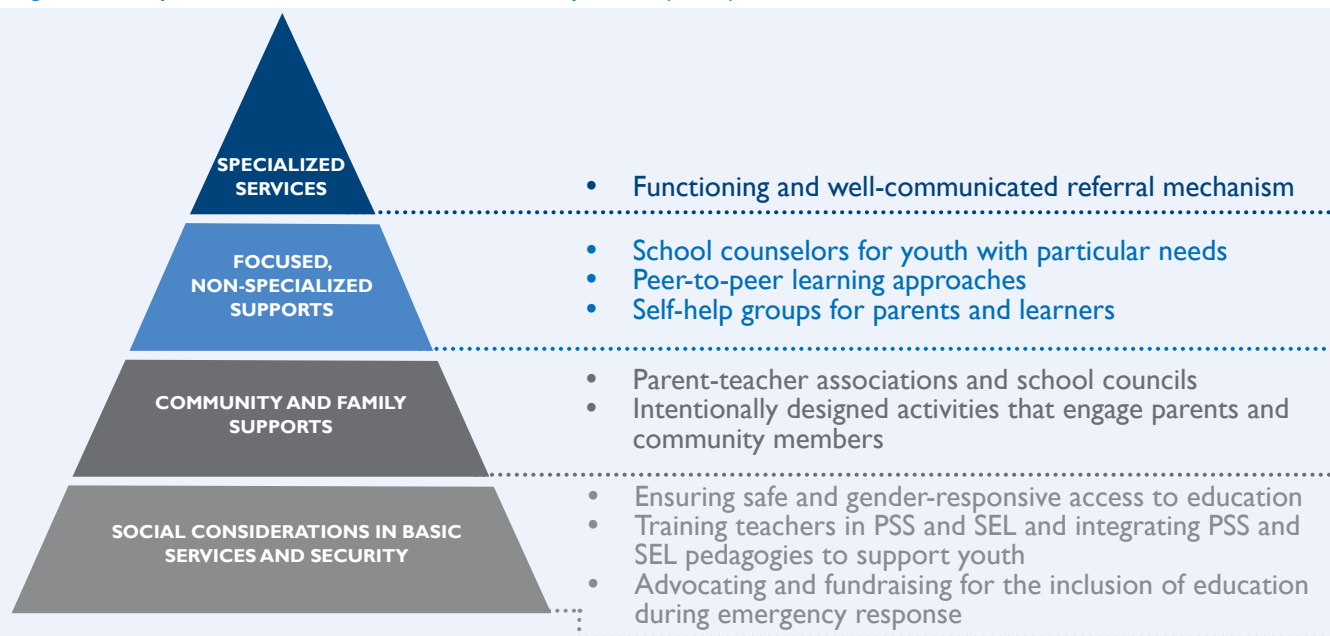
The education system, especially schools, is a core element of youth's social ecology. Schools are where youth engage their peers and teachers, learn critical life and academic skills, and prepare to enter the workforce. For many youth, including those living in conflict-affected areas and low- and middle-income countries, schools provide stability and support.

Integrating mental health and psychosocial support (MHPSS) into education programming is important. This support often takes the form of social and emotional learning (SEL), i.e., the "process of acquiring core competencies to recognize and manage, set and achieve goals, appreciate the perspectives of others, establish and maintain positive relationships, make responsible decisions, and handle interpersonal situations constructively."[1] The Inter-Agency Network for Education in Emergencies (INEE) Guidance Note on Psychosocial Support suggest that SEL sits under the broader psychosocial support (PSS) umbrella. Schools may include SEL as part of their core curricula and/or in their approaches to classroom instruction. Embedding SEL into school systems creates opportunities to measure learning outcomes that relate to students' social and emotional well-being. In addition to SEL, other PSS in education programming includes access to school-based counseling, community-engagement activities, and awareness-raising on topics related to MHPSS.

## Design Resources

The Inter-Agency Standing Committee (IASC) Intervention Pyramid (Figure 1) is a helpful tool in designing education programming that effectively incorporates MHPSS services, as is the INEE Guidance Note on Psychosocial Support. The pyramid below has been adapted to reflect the guidance note.

Figure 1: Adapted from the IASC Intervention Pyramid (2007)



| Pyramid Level | Supports |
|---|---|
| **SPECIALIZED SERVICES** | • Functioning and well-communicated referral mechanism |
| **FOCUSED, NON-SPECIALIZED SUPPORTS** | • School counselors for youth with particular needs<br>• Peer-to-peer learning approaches<br>• Self-help groups for parents and learners |
| **COMMUNITY AND FAMILY SUPPORTS** | • Parent-teacher associations and school councils<br>• Intentionally designed activities that engage parents and community members |
| **SOCIAL CONSIDERATIONS IN BASIC SERVICES AND SECURITY** | • Ensuring safe and gender-responsive access to education<br>• Training teachers in PSS and SEL and integrating PSS and SEL pedagogies to support youth<br>• Advocating and fundraising for the inclusion of education during emergency response |

---

[1] INEE, Guidance Note Psychosocial Support facilitating psychosocial wellbeing and social emotional learning, 2018, https://inee.org/resources/inee-guidance-note-psychosocial-support

Table 1 below links illustrative MHPSS in education activities to UNICEF's three dimensions of well-being (individual well-being, interpersonal well-being, and skills and knowledge) and the four domains of USAID's Positive Youth Development (PYD) Framework (assets, enabling environment, agency, and contribution). [2]

Table 1: Illustrative Activities and How They Relate to the Dimensions of Well-being and the PYD Domains

| Dimensions of Well-Being | PYD Domain | Illustrative Activities |
|---|---|---|
| Individual and Interpersonal Well-being | Enabling Environment | Establishing referral systems within the school system, including internal referrals to school counseling services and external referrals to other services that include but are not limited to child protection caseworkers, counseling services, and social welfare. |
| Skills and Knowledge | Assets, Agency | Implementing social and emotional learning curricula in classrooms. |
| Individual and Interpersonal Well-being | Enabling Environment | Providing teachers and educators with psychosocial support. |
| Individual Well-being | Assets, Agency, Enabling Environment | Providing access to self-help curricula that are age-appropriate and developed for use in schools. |
| Skills and Knowledge | Assets, Agency, Enabling Environment | Implementing after-school programs with structured psychosocial activities. |
| Interpersonal Well-being | Contribution, Enabling Environment | Engaging the community in maintaining the school facilities and developing strategies for increasing school safety. |

## Education + MHPSS Case Studies

The following case studies illustrate how MHPSS can be integrated into education programming. The case studies are PRemIum for aDolEscents, which is being implemented in India, and Glasswing International's Community Schools.

### PRemIum for aDolEscents

PRemIum for aDolEscents (PRIDE) is a school-based mental health intervention in India that uses a stepped-care model to provide adolescents ages 11–19 with access to brief PSS to improve their well-being (see Figure 2 for how this intervention maps to the IASC Intervention Pyramid). A stepped-care model provides students with different levels of care based upon their needs. All students start at the first step, and some students are referred to additional steps of care. Step 1 of the low-intensity psychological intervention has two options (1) lay counselor-led sessions to work through a self-help problem-solving workbook or (2) in contexts where resources are limited, a problem-solving workbook. Students who do not respond to the problem-solving intervention enter Step 2 of the program and are referred to the school counselor for individual sessions. Lastly,
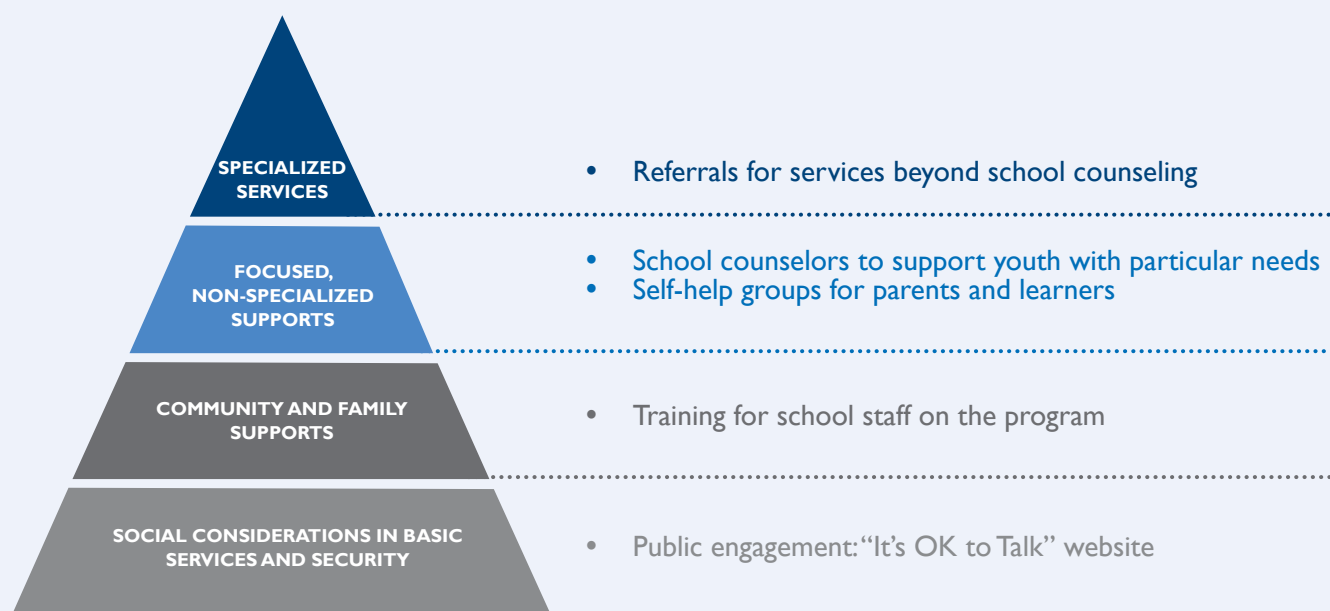
---

[2] UNICEF, Mental Health and Psychosocial Technical Note, 2019, https://www.unicef.org/documents/mental-health-and-psychosocial-technical-note

students demonstrating the need for services beyond school counseling are referred to additional services outside of the school. In addition to the stepped-care model, the program includes a public-engagement component called "It's Ok to Talk" that aims to make it more culturally acceptable to talk about mental health issues in India.

PRIDE has completed a randomized control trial (RCT) of Step 1. The findings showed modest improvements in student well-being as a result of the intervention, and the combination of lay counseling with the workbook was found to be more effective than working through the workbook alone. The RCT findings highlight the effectiveness of using a self-help workbook facilitated by a trained teacher or lay worker as the first line of service for adolescents experiencing distress and/or functional impairments.

More information on PRIDE and the associated research can be found at mhinnovation.net. The public-health campaign "It's Ok to Talk," where youth can share their stories and break the stigma associated with mental health, can be accessed at itsoktotalk.in.

Figure 2: Intervention Pyramid for PRIDE



SPECIALIZED SERVICES
- Referrals for services beyond school counseling

FOCUSED, NON-SPECIALIZED SUPPORTS
- School counselors to support youth with particular needs
- Self-help groups for parents and learners

COMMUNITY AND FAMILY SUPPORTS
- Training for school staff on the program

SOCIAL CONSIDERATIONS IN BASIC SERVICES AND SECURITY
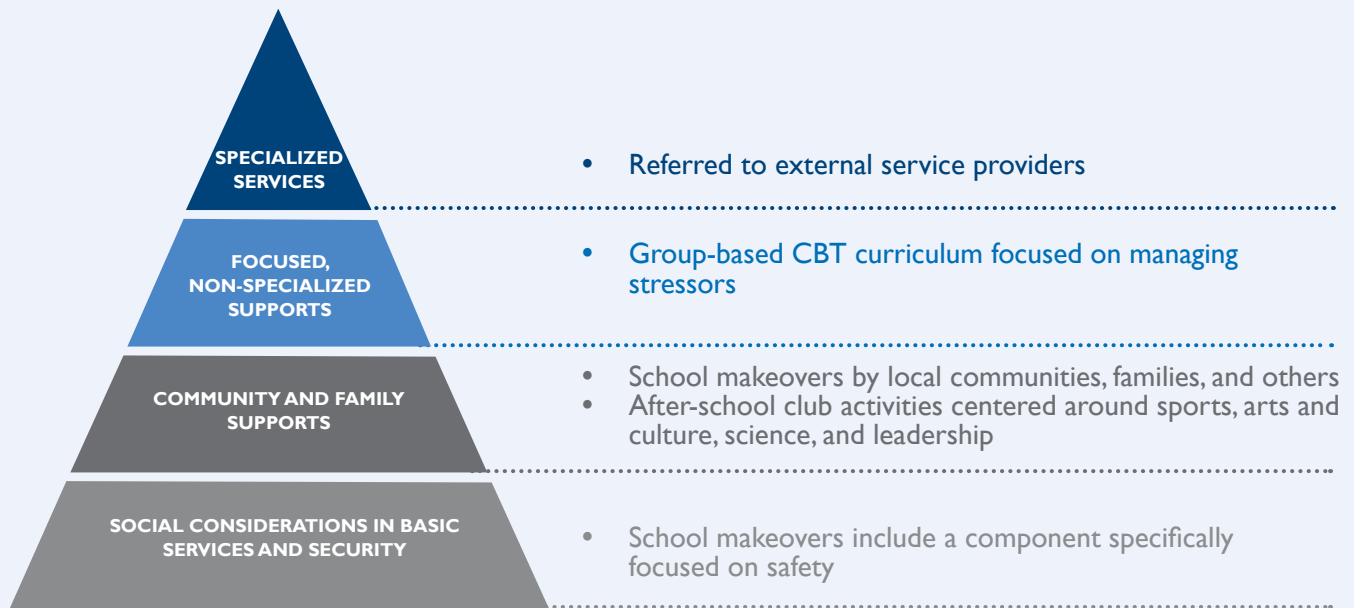- Public engagement: "It's OK to Talk" website

## Glasswing International's Community Schools

Glasswing International's Community Schools approach aims to improve the overall well-being of children and youth by transforming schools into safe spaces and offering after-school programs that support youth's social and emotional development by building life skills (see Figure 3 for details on how this approach maps to the IASC Intervention Pyramid). Glasswing delivers MHPSS within its community schools through two core approaches:

- **Extreme School Makeovers** transform public schools by helping the school, community-based organizations, local businesses, and the surrounding community provide students with safer and more supportive school environments. Teachers, community members, parents, and children/youth, the community, and other partners work with the school to improve its overall education and environment by (1) creating safe, healthy, and stimulating environments, (2) supporting academic enrichment, (3) developing life skills, and (4) integrating communities.

- The **After-School Program** approach follows a specific curriculum that includes low-intensity cognitive behavior therapy (CBT) interventions to reduce and prevent violence through the provision of psychosocial interventions to youth ages 10–16. The first half of each one-and-a-half-hour, twice-weekly session focuses on common stressors faced by the students coupled with group discussions about managing those stressors. The second half of the session is structured around "club" activities from four categories: (1) leadership, (2) art and culture, (3) sports, and (4) science.[3]

Figure 3: Intervention Pyramid for Glasswing International's Community Schools



| SPECIALIZED SERVICES | • Referred to external service providers |
| FOCUSED, NON-SPECIALIZED SUPPORTS | • Group-based CBT curriculum focused on managing stressors |
| COMMUNITY AND FAMILY SUPPORTS | • School makeovers by local communities, families, and others  • After-school club activities centered around sports, arts and culture, science, and leadership |
| SOCIAL CONSIDERATIONS IN BASIC SERVICES AND SECURITY | • School makeovers include a component specifically focused on safety |

An impact evaluation conducted by the Pontifical Catholic University of Chile found the Glasswing approach contributed to "improved academic performance, positive behavior change, [a] better school environment, and increased emotional resilience."[4] Their research found the approach reduced absenteeism (by 23 percent), reduced violence (as reported by teachers), increased academic achievement, and positively impacted emotional regulation and socioemotional skills (self-reported).

---

[3]  Lelys Dinarte and Pablo Egana-delSol, "Preventing Violence in the Most Violent Contexts: Behavioral and Neurophysiological Evidence," Policy Research Working Paper 8862, World Bank, 2019, https://glasswing.org/wp-content/uploads/2019/07/World-Bank-Study-Preventing-Violence-in-the-Most-Violent-Contexts-Behavioral-and-Neurophysiological-Evidence.pdf

[4] Ibid

## Illustrative PYD or Youth-focused Indicators for MHPSS

Table 2 provides illustrative indicators for measuring the impact of MHPSS interventions that are integrated into education programming. The indicators are grouped by the measurement area and sector. The reference key identifies the source for each indicator. Indicators without a source were developed specifically for this toolkit.

**Reference Key**
* USAID
** UNICEF – Operational Guidelines
*** Inter-Agency Standing Committee (IASC)

Table 2: Illustrative Indicators for Integrating MHPSS into Education

| Measurement Area | Sector | Indicators |
|---|---|---|
| Safety | Education* | At least one indicator that addresses external safety such as:<br>• Percentage of students saying that they have missed one or more days of class this school year because (insert safety issue affecting attendance)<br>• Survey data on student and teacher perceptions of school safety |
| Program Implementation and Access | Education* | Percentage of teachers/facilitators who receive at least one support visit per month |
| | Education* | Percentage of teachers/facilitators who follow scripted lesson plans in social and emotional learning during observation |
| | Education* | Proportion of schools/learning spaces with referral systems to mental health, psychosocial, and social services |
| | Education* | Proportion of schools/learning spaces offering mental health/ psychosocial support for children and youth |
| | Education* | Number of teachers in U.S. Government (USG)-supported programs trained on how to support learners' psychosocial well-being (USAID F-indicator 3.2.1-44) |
| | Education* | Proportion of schools/learning spaces with psychosocial support or counseling available for teachers |
| | MHPSS** | Number of MHPSS standard operating procedures, referral pathways, and service directories developed[5] |
| Function | MHPSS | Ability of caregivers to cope with problems (through, for example, stress management, conflict management, problem-solving, or parenting skills, knowledge of where to seek help or information, and resources needed to access care) |
| Mental Health and Well-being | Education* | Percentage of learners showing increased psychosocial well-being using context-specific and validated index/measure of well-being |
| | Education* | Friendships and peer connections increased among learners compared to before the crisis |

---

[5] United Nations Children's Fund, Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version), New York: UNICEF, 2018, https://www.unicef.org/media/52171/file

| Measurement Area | Sector | Indicators |
|---|---|---|
| | Education* | Percentage improvement of student well-being using context-specific and validated index/measure of well-being |
| | Education* | Percentage of learners showing increased psychosocial well-being (using context-specific index/measures of well-being) |
| | MHPSS** | Subjective well-being improved including feeling calm, safe, strong, hopeful, capable, rested, interested, and happy; not feeling helpless, depressed, anxious, or angry[6] |
| | MHPSS*** | Social connectedness referring to the quality and number of connections an individual has (or perceives to have) with other people in their social circles of family, friends, and acquaintances (social connections may also go beyond one's immediate social circle and extend, for example, to other communities)[7] |

[6]  United Nations Children's Fund, Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version), New York: UNICEF, 2018, https://www.unicef.org/media/52171/file

[7]  IASC Key Impact Indicator: https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-common-monitoring-and-evaluation-framework-mental-health-and-psychosocial-support-programmes