



Education in Emergencies, Mental Health and Psychosocial Support



Education in Emergencies is a powerful vehicle to promote the mental health and wellbeing of children and young people trapped in crises. In humanitarian responses, EiE can serve as an anchor of connection, meaning and positive relationships for children, young people and their communities.

Good mental health is the state of well-being in which a person realises her or his own abilities, can cope with the normal stresses of life and is able to contribute to the community.¹ Positive mental health in children and young people is reflected in a positive sense of identity, ability to manage thoughts and emotions, capacity to build relationships, and ability to learn.² Mental health is critical to children and young people's success in school and life.

The mental health of children and young people can be disproportionately affected and easily overlooked in the context of emergencies. The amount of damage, destruction and disruption of school and family routines caused by the crisis can be overwhelming and stressful for children, young people and their caregivers, with impacts on mental health and wellbeing. Importantly, not all children and young people respond in the same ways. Some can react right away, while others may show signs of difficulty much later. Some might have more severe, longer-lasting reactions.

To address these effects, the field of Mental Health and Psychosocial Support (MHPSS) aims to support and promote children and young people's mental health and psychosocial wellbeing, and prevent or care for mental health problems.³ Under this umbrella, Socio-Emotional Learning (SEL) helps children and young people develop the social and emotional skills to understand and manage emotions, set and achieve goals, show empathy, maintain positive relationships, and make responsible decisions.⁴

Integrating MHPSS and SEL in schools and through education in emergency situations is vital to promoting children and young people's wellbeing and learning. It can provide them with supportive environments, help them develop essential life skills and build caring relationships with peers and adults. Moreover, this approach can also support the mental health of teachers and caregivers and help them acquire the skills to support others.

"I love the learning center. I have been through a lot back in Myanmar. When we learn and play here, I feel peace in my heart, and forget what has happened to me."

***-Janat, 12, adolescent girl,
Rohingya refugee in Bangladesh.***

What We Know

Children and young people who have access to education while enduring a crisis can live and thrive – by themselves and with others.

Excluding survival needs, a prompt return to education is the most critical intervention to protect and promote children and young people's recovery during and after a crisis. Education mitigates the psychosocial impact of conflicts and disasters, by giving children and young people a sense of normalcy, stability, structure and hope for the future. It can also build their intellectual and emotional competencies, provide social support through interaction with peers and educators, and strengthen their sense of self-worth.

Urgent Actions

Integrate sustainable MHPSS and SEL into education policy, curricula and practice.

Invest in whole-of-school approaches to MHPSS and SEL in education, including in emergency responses, moving beyond a sole focus on curriculum and assessment to consider how the educational experience affects children's development and wellbeing. Mainstream the development of social and emotional skills and competencies through the curriculum. Establish and communicate cross-sectoral referral systems between education and health sectors.

For children and young people in emergencies, integrating MHPSS and SEL in education can cost-effectively improve their learning.

SEL, as a component of MHPSS in education, supports the development of social and emotional competencies that strengthen academic performance and lifelong learning. SEL can foster in children and young people the development of self-awareness, emotional literacy, cognitive flexibility, improved memory, resilience, persistence, motivation, empathy, social and relationship skills, effective communication, listening skills, self-esteem, self-confidence, respect, and self-regulation.

Investing in MHPSS through education yields massive returns to children and young people, and to societies.

MHPSS services embedded in education can create a continuum of holistic care that can enhance psychological wellbeing and prevent the onset and burden of mental health problems. School-based interventions addressing anxiety, depression and suicide in adolescents aged 10-19 have a return on investment of US\$88.70 on every dollar invested in lower/middle-income countries, and of US\$67.60 in low-income countries.

Children and young people with SEL skills can help build stronger, more socially cohesive communities.

Children and young people's social and emotional wellbeing and resilience are essential to any long-term post-conflict reconstruction, development process, or longstanding peace. In fact, developing SEL skills in learning spaces is often identified as a key objective in programmes intended to build social cohesion before, during, and after crisis and conflict.

Encourage a positive school climate that makes children and young people feel safe and connected.

Teachers and personnel should be trained in MHPSS and SEL, tailoring approaches to children and young people's evolving and differentiated MHPSS and learning needs. Schools should also provide access to quality preventive interventions that provide timely and adapted psychological first aid and clear pathways to specialised services for children and young people needing extra MHPSS support.

Support teachers' mental health and wellbeing, as an end in itself.

The EiE community can do more to support teachers working in emergency settings. This includes understanding how teachers are instrumental to students' learning outcomes, as well as recognising, valuing and supporting their capacities, knowledge and needs. Teachers' wellbeing should be actively promoted through clearly defined work conditions, peer support, and stress management spaces, and providing tools for school planning. Teachers must be supported in their efforts to advocate for better compensation and policy change at the national level.

Tackle mental health stigma and discrimination, together.

Joint efforts by governments, donors, the humanitarian community and practitioners are needed, to dismantle mental health misconceptions, associated stigma and discrimination. This means promoting mental health literacy – supporting children, young people, caregivers and teachers in better understanding how to promote positive mental health. This is not only an issue for health specialists. They should also know how to recognise signs of distress, in themselves and others, and how to seek help when needed.

Invest in developing new evidence supporting the MHPSS-EiE nexus.

Despite rapid growth in research on MHPSS/SEL, significant gaps in the evidence and the implementation of tools remain. For example, research on clarifying how children and youth's psychosocial wellbeing intersects with emergencies and education is limited. There is limited awareness of the available approaches to promoting MHPSS and SEL, the contextual implications of MHPSS and SEL tools, or the appropriate use of these tools. This is also an opportunity to invest in locally designed and led research, not least because there is little evidence on the impact of teacher wellbeing efforts and programmes.

GET THE FACTS

Emergencies impact children and young people's mental health and wellbeing, affecting their ability to learn and thrive

Even before the COVID-19 pandemic, children and young people globally were already living a mental health crisis⁵

- 166 million adolescents aged 10-19 – that is, 13% worldwide – live with a diagnosed mental disorder.
- Suicide is the fourth leading cause of death for young people aged 15-19.
- Half of all mental health conditions are first diagnosed at 14 years of age.

Sustained adversity threatens children and young people's mental health, learning, and wellbeing

- Exposure to adversity, particularly in early childhood, can lead to lifelong impairments in learning, behaviour, and both physical and mental health.⁶
- In emergencies, children and young people are often exposed to toxic stress – a stress response in children that is strong, frequent, and prolonged, accompanied by the absence of adequate adult support.⁷ Toxic stress in early childhood will have a broad impact, particularly on learning and memory.⁸ Later in life, it can cause problems maintaining attention spans, and impulse and emotional control, which are essential for the learning process.⁹
- When exposed to adversity, children and young people may have trouble connecting with others in school. For example, children who have lost loved ones will often tend to withdraw from peers and teachers at school.¹⁰
- Experiencing violence during childhood can also lead to aggressive or disruptive behaviours.
- Teachers, school staff, and parents who have experienced adversity themselves can also suffer from its effects, affecting their interactions with students and peers. Conversely, students' own experiences can affect teachers' well-being through vicarious trauma, which occurs when someone experiences negative effects from working with others who have experienced trauma.¹²

Further Reading

Inter-Agency Standing Committee (IASC) (2007)

[IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings](#)

Inter-agency Network for Education in Emergencies (INEE) (2018)

[Guidance Note on Psychosocial Support: facilitating psychosocial wellbeing and social and emotional learning](#)

UNICEF (2021)

[The State of the World's Children 2021: On My Mind – Promoting, protecting and caring for children's mental health](#)

United Nations Children's Fund (UNICEF), United Nations High Commissioner for Refugees (UNHCR), United Nations Population Fund (UNFPA), World Health Organization (WHO) (2021)

[The MHPSS Minimum Service Package](#)

**The members of the Geneva Global Hub for Education in Emergencies contributed their knowledge and expertise to this document. [Contact us.](#)*

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