EVIDENCE SUMMARY

What Works to Integrate Mental Health and Psychosocial Support into Education Programs in Crisis and Conflict-affected Settings?

August 2022

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Brief Description

The rising number of conflict settings around the world combined with the increasing intensity and duration of those conflicts has had a significant impact on the well-being of children and youth. As a result, there is a growing need to provide high-quality educational and psychosocial well-being support to children affected by short-term and protracted crises. While USAID has contributed to several foundational documents in the area, such as the Inter-Agency Network for Education in Emergencies (INEE) Background Paper on Psychosocial Support and Social and Emotional Learning for Children and Youth in Emergency Settings and the Guidance Note on Psychosocial Support, research on the impact of such programming remains limited. This brief summarizes research-based evidence on effective mental health and psychosocial support (MHPSS) programs and practices for primary school-aged students (ages 6–12) in crisis and conflict-affected settings.

This document contains the following sections:

1. What is Mental Health and Psychosocial Support?
2. Why is Access to MHPSS Important for Learning in Crisis and Conflict Situations?
3. Why is Access to MHPSS Important for Learning in Crisis and Conflict Situations?
4. Case Studies: Examples of Effective Mental Health and Psychosocial Support Programming for School-aged Children in Crisis and Conflict Settings.
5. Summary and Conclusions.

This publication is made possible by the support of the American People through the United States Agency for International Development (USAID). It was prepared by David Kraybill, PhD, of The Ohio State University with Amy Holloway of Knowledge Partners, LLC, under the Data and Evidence for Education Programs (DEEP), Contract No. GS-10F-0245M. The views expressed herein do not necessarily reflect the views of USAID.

SECTION 1:

WHAT IS MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT?

The Inter-Agency Standing Committee (IASC) defines **mental health and psychosocial support** (MHPSS) as any type of support that aims to protect or support psychosocial well-being and prevent or treat mental disorders.[1] Programs targeting MHPSS commonly focus on the individual, parents and caregivers, educational settings, or community settings. Multi-level and multi-sectoral programs that recognize the dynamic relationship between individual psychosocial well-being and the broader context in which we live tend to better address the specific needs of individuals and families within their educational contexts and communities.[2]

Although well-being needs vary tremendously by context and circumstance, some of the most common needs of primary school-aged children include a safe and stable environment, positive thoughts and emotions (e.g., hope for the future), coping skills, self-regulation, nurturing and supportive relationships with adults, a sense of belonging, and regular routines.[3]

RELATED USAID GOALS

USAID's education programs support the achievement of development objectives described in the U.S. Government (USG) Strategy on International Basic Education and the 2018 USAID Education Policy. This brief also supports the Education in Conflict and Crisis Learning Agenda question: Which education interventions are the most effective in improving student well-being in crisis and conflict contexts?

DEFINING KEY TERMS

Mental health refers to a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community. (WHO)

Psychosocial support (PSS) refers to interventions that focus on addressing stress through changes in the environment to make it less stressful (inclusive of the individual's physical environment and social environment), or by broadly applicable information and skills that can be easily disseminated to large groups or by media and are generally relevant to populations under duress. PSS includes approaches that support the psychological and social well-being of an individual, family, or community. PSS may support individual psychological well-being, and/or community social cohesion.

Mental Health and Psychosocial Support (MHPSS) is a composite term used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.

[1] IASC, 2007
[2] INEE, 2016; Psychosocial Working Group, 2005; UNICEF, 2020
[3] INEE, 2016; Lasater et al., 2022; UNICEF, 2019

SECTION 2:

WHY IS ACCESS TO MHPSS IMPORTANT FOR LEARNING IN CRISIS AND CONFLICT SITUATIONS?

Crisis situations can include adversities that affect children or youth, such as household or community violence, lack of access to resources, or food insecurity, as well as adversities that are more distal to the child or youth, such as country conflict, economic instability, disease outbreaks, climate change, natural disasters, and political or social extremism.[4] These adversities commonly lead to acute or protracted displacement, household or community instability, disrupted routines, and a lack of access to basic resources including education and health services.[5]

Evidence from humanitarian contexts highlights the short- and long-term impacts of crisis and conflict experiences on children and youth. Exposure to these experiences is linked with greater psychological distress, depression, anxiety, aggression and post-traumatic stress disorder (PTSD).[6] There is also some evidence suggesting that the emotional and behavioral toll of crisis contexts affects physical health as well as memory and information retrieval, skills that are essential for learning.[7] Children and youth, who are already undergoing rapid developmental changes in their social, emotional, and cognitive capacities, experience these effects disproportionately.[8] Longer-term impacts can include trouble managing typical developmental tasks and emerging mental health concerns.[9] Prolonged exposure to these settings without adequate support can result in toxic stress, or extended activation of the stress response system, which can disrupt brain development and lead to a host of developmental delays and health problems, all of which can affect learning.[10]

Even with these adversities, however, affected individuals may have a variety of social resources available to support their mental health and psychosocial well-being. These can include family, community leaders, local government officers, health workers, educators, and peers, among others.[11] For children and youth, the provision of educational supports and services in particular can serve as an essential buffer against the negative mental health and psychosocial consequences of acute and protracted crisis situations.[12] Indeed, learning spaces typically offer a stable, predictable environment during crisis situations and can serve as an entry point for accessing other psychosocial support. [13] The integration of MHPSS programs into learning spaces can ensure such programming is accessible to more children.[14]

Furthermore, children in crisis and conflict settings have been found to show significant resilience in the face of adversity when they are provided with opportunities for social and emotional learning (SEL) in their educational contexts.[15] Safe educational settings can also reduce family or caregiver stress by providing them with the time and space they need to focus on the tasks of daily living without having to worry about

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[4] IASC, 2007; Lasater et al., 2022; Miller & Rasmussen, 2010; Shivshanker et al., 2021
[5] Betancourt & Kahn, 2008
[6] Betancourt & Kahn, 2008; Fegert et al., 2018; Goenjian et al., 2005; Kamali et al., 2020; Mushtaq et al., 2016; Fazel et al., 2012; Turrini et al., 2017; Global Education Monitoring Team, 2019
[7] Borba et al., 2016; Miller & Jordans, 2016; Orrnet, 2019; Global Education Monitoring Team, 2019; UNICEF, 2016
[8] Shaar, 2013
[9] Kousky, 2016; Moore & Varela, 2010
[10] Anda et al., 2011; Shonkoff, 2007; Herringa, 2017
[11] IASC, 2007
[12] Masten, Gewirtz, & Sapienza, 2013; INEE, 2010; INEE, 2016; UNESCO, 2006
[13] Dybdahl & Williams, 2021
[14] Burde et al., 2015; Fazel et al., 2014
[15] CASEL, 2019; INEE, 2016; Jones & Kahn, 2017; Mahoney, Durlak, & Weissberg, 2018; Save the Children, 2008

their children. As a result, educational settings—both formal and non-formal—can offer an ideal context for implementing MHPSS programming.[16]

Despite increased attention on MHPSS programming, there is still very limited evidence on effective programming in low- and middle-income humanitarian contexts.[17] In a recent review of 19 school-based MHPSS interventions, only five were found to have a significant impact on student academic learning (mostly on math skills), although the majority produced small to modest effects on a variety of mental health and psychosocial well-being indicators.[18] Research examining program effects for sub-groups of children, including those with a disability, girls, those from a low socioeconomic background, and those with pre-existing vulnerabilities, is even sparser. As a result, it remains unclear *for whom* existing programs work. [19] Moreover, there is little empirical work discussing effective strategies for increasing program reach (the majority of interventions for school-aged children are delivered in specialized centers and schools).[20] Thus, the need for high-quality and practical evidence around the impact of MHPSS in education programs remains a significant gap in the field.[21]

Learning spaces in crisis and conflict situations can include formal educational settings like classrooms and schools as well as non-formal settings like homes, temporary structures, community spaces, camps, child-friendly spaces (CFSs), etc. Similarly, learning can be accessed in a variety of different ways, including face-to-face instruction, through virtual or online resources, through the radio or television, hybrid or blended learning approaches, among others.

SECTION 3:

Four Guiding Principles for Effective MHPSS Programming in Education in Crisis and Conflict Settings

While a significant body of evidence shows that online learning can produce outcomes equal or greater to F2F learning[22], certain conditions are critical to success, and the research shows that barriers to implementation may be substantial. Technological infrastructure and other systemic conditions within the region or country must be amenable. Higher education systems and HEIs must plan carefully and invest in the needed technology and training. Faculty and students must be persuaded of the merits of online learning, decide to adopt it, and learn to use it. Barriers must be addressed at the level of education ministries, HEIs, educators and their academic units, and students. This section will outline evidence-backed barriers at each level of the education system, as well as strategies for overcoming them.

Although the focus and goals of MHPSS programs and practices vary considerably by context, several theoretical perspectives commonly guide MHPSS work with school-aged children: Bronfenbrenner's socio-

[16] Kamali et al., 2020
[17] Jordans, Pigott, & Tol, 2016; UNICEF, 2019
[18] Lasater et al., 2022
[19] Gallagher, 2018; Lasater et al., 2022; Miller et al., 2021; UNICEF, 2020
[20] Kamali et al., 2020
[21] Blanchet et al., 2017; Kamali et al., 2020; UNICEF, 2020
[22] Means et al. 2009

ecological framework,[23] the Interagency Standing Committee (IASC) pyramid of MHPSS interventions[24], resilience frameworks,[25] whole school or school-family-community partnerships,[26] and social and emotional learning frameworks.[27] Each of these perspectives highlights the value of individual, community, and cultural strengths and resources in MHPSS programming, and recognizes the importance of collaborative relationships and safe environments in supporting mental health and psychosocial well-being in learning spaces. Elements of each perspective can be found in MHPSS programming in education and can be summarized into four guiding principles to inform practice, described below.

Guiding Principle 1: ***The provision of a safe, stable learning space is essential for supporting the well-being of school-aged children in crisis and conflict-affected settings.*** Crisis and conflict commonly disrupt or destroy the social ecology (e.g., schools, family, social networks) of children. The result is commonly a lack of predictability and structure in daily life and a loss of security.[28] Caring and culturally responsive practices, and structures that allow for consistency in practice and predictable routines, are essential elements of a safe and stable learning space.[29]

A safe, stable learning space offers children a place where they can engage in structured activities, learn, and play during conflict and crisis situations.[30] Children tend to feel safe and secure in these spaces because they know what to expect and when to expect it. The integration of families and caregivers into the planning of activities can enhance participation in these spaces and create learning environments that reflect the cultural values and norms of all children in the learning space. A growing body of evidence has clearly demonstrated that safe, caring, and predictable learning spaces, which allow children to return to some level of normalcy in their lives, can support children's learning and well-being, especially for children who have experienced serious or prolonged adversity.[31]

There are several ways that spaces can be made safe and nurturing for children and adolescents to ensure they feel comfortable, supported and protected. INEE's Minimum Standards for Education in Emergencies describes safe learning environments as those being free from physical or psychological harm, where children and adolescents are protected against threats, danger, injury, and loss[32]. Specifically, in Domain Two: Access and Learning, Standard Two: Protection and Well-being, several factors and key considerations for making spaces safe are identified, including:

- Distance between learners homes and learning spaces, including their access routes
- Learner participation through activities that include problem solving, decision-making, risk deduction, and positive social interactions to promote emotional, physical and social well-being
- Clear policies on bullying and gender-based violence
- Enriching curriculum with safety messages and PSS
- Trained teachers and school leaders on non-violent classroom management

Similarly, in the Child Protection Minimum Standards, Standard 23 highlights the connection between education protection by emphasizing how a lack of access to education has a direct negative impact on

[23] Bronfenbrenner, 1992
[24] World Health Organization, 2007; IASC, 2007
[25] Cicchetti, 2016; Masten & Narayen, 2012
[26] Wignall & Grace, 2021
[27] CASEL, 2005
[28] Betancourt et al., 2011; Machel, 2001
[29] CASEL, 2005; CASEL, 2008
[30] United Nations Children's Fund, 2018
[31] Berg et al., 2017; Metzler et al., 2019; Reed et al., 2012
[32] INEE Minimum Standards, 2010

learner's well-being and development, by placing them at increased risk. This standard also identifies key actions to support the safety and well-being of learners, such as:

- Develop referral pathways and train education workers on how to refer children with protection needs
- Train educators and school personnel on safeguarding procedures and policies that prohibit the use of corporal punishment or other degrading forms of punishment
- Enable teachers to support protective learning environments through training them on psychosocial first aid (PFA), positive discipline, child protection principles, social emotional learning and gender and disability-sensitive approaches
- Conduct joint needs assessments with education and child protection staff

Education programs that consider these factors are well positioned to keep learners safe and promote their well-being.

Guiding Principle 2: Nurturing and consistent relationships *with educators and peers in learning spaces can protect children from the negative effects of acute and protracted crisis situations.* Crisis and conflict situations can significantly disrupt children's social relationships in school, particularly when educators and communities lack the resources and capacities to provide supportive, responsive relationships.[33] Research has clearly demonstrated that a supportive classroom environment, marked by caring and responsive educator-child and peer relationships, provides children with the safe, supportive learning environment they need for positive development. Positive educator-child relationships, commonly marked by high levels of closeness and low levels of conflict between the educator and the child, can help buffer the negative effects of conflict and crisis situations on children's development.[34] These interactions can be fostered through three broad domains of practice, including emotional support (e.g., positive emotional climate and support of children's emotion), organization of the learning environment (e.g., routines, behavior management), and quality of instruction (e.g., activities used to engage children in learning and interactions).[35]

Educator's own well-being needs must be addressed before they can be expected to support the safety, well-being and cognitive development of school-aged children in crisis and conflict-affected settings[36]. Teachers and facilitators require robust ongoing teacher professional development and well-being support to ensure they understand the way in which to create protective learning environments, integrate SEL and MHPSS programming into their classrooms, and refer learners for individual specialized MHPSS support when required. In order for teachers to change their teaching methods and integrate new content into their lessons, they also need access to resources to ensure their well-being is prioritized. Similarly to children, teachers in crisis and conflict-affected settings are experiencing anxiety and feelings of insecurity, which may disrupt teaching progress and ultimately learning[37]. Teacher well-being needs to be prioritized in conjunction with teacher professional development inclusive of pre-service and in-service training with a focus on peer support networks, coaching and mentorship.

Guiding Principle 3: MHPSS programs that place a strong emphasis on social and emotional or soft skill development produce greater learning outcomes and more positive social and emotional skills compared to MHPSS programs without a strong SEL component. The terms

[33] Barber, 2001; Hodes, Jagdev, Chandra, & Cunniff, 2008; Peltonen & Punamaki, 2010

[34] Pianta, 1999; Thompson & Raikes, 2007; Wolf et al., 2018

[35] Hamre et al., 2013

[36] Falk, Varni, Frisolli, Johna, 2019

[37] Winthrop and Kirk, 2008

"social and emotional skills" and "soft skills" refer to a set of cognitive skills (e.g., attention focusing and shifting, impulse control, planning, and goal setting), social skills (e.g., perspective taking, prosocial behavior, and conflict resolution), and emotional skills (e.g., emotion knowledge, emotion regulation, and empathy) that shape how individuals interact with one another.[38] Social and emotional learning (SEL) is the process by which individuals learn and apply these skills in a way that allows them to be successful in learning spaces, work, and the community.[39] Although the Collaborative for Academic Social and Emotional Learning (CASEL) framework is a widely -recognized and commonly used framework in the education field, it was developed in the United States and based on western ideals and social norms, so it is therefore critically important to identify contextually relevant SEL frameworks to guide MHPSS programming.

Explore SEL is an online platform that pulls together social and emotional learning (SEL) frameworks used around the world, and includes a series of localization tools, which are an excellent resource for identifying culturally relevant SEL skills. The development of these skills are commonly challenged in crisis and conflict situations due to the extreme levels of stress children experience and the disruption in their regular routines.[40] Indeed, children who experience crisis and conflict situations commonly demonstrate poorer learning and memory skills as well as poorer emotion regulation.[41] As such, social-emotional skills are thought to be a critical component of MHPSS programming.[42] Education programs that integrate MHPSS and SEL programming commonly include three broad domains of practice: (1) support for SEL through activities that focus on culturally appropriate coping mechanisms, conflict manage techniques, and life skills, (2) promotion of feelings of safety, trust in others, self-worth, and hope for the future, and (3) building positive relationships with educators, peers, parents and community members by creating a sense of belonging and resuming cultural traditions and activities.[43] In a recent review of school-based MHPSS interventions, programming related to all of these activities led to improved psychosocial well-being or learning in a majority of studies.[44]

It is important to recognize, however, that SEL programming should be considered promotive and not preventative, especially in crisis and conflict situations. In other words, simply teaching social-emotional skills cannot prevent the development of mental health issues, nor cure individuals with existing disorders. Preventing and responding to mental health disorders is highly complex, and requires a broad array of interventions. Thus, SEL programming should be viewed as one means to equip children and youth with key social-emotional competencies (e.g., positive coping mechanisms, stress management skills, positive relationships, etc.) that can aid them in managing their emotions and overcoming adversity. With this in mind, for children and youth diagnosed with mental health needs, SEL programming should be combined with targeted or specialized mental health support.[45] For example, the Inter-agency Standing Committee (IASC) on Mental Health and Psychosocial Support (MHPSS) identified four levels of support that include both SEL and MHPSS services:

> **Level 1**: which offers basic services and security (i.e., provides the conditions necessary for supporting overall student and teacher well-being- a critical precursor for developing SEL skills)

[38] USAID, 2019; USAID and Education in Crisis & Conflict Network, 2018
[39] Jones et al., 2019
[40] Center on the Developing Child, 2016; Lasater, 2022; UNICEF, 2020
[41] INEE, 2016; Shonkoff et al., 2012
[42] INEE, 2016
[43] INEE, 2018
[44] INEE, 2018; Lasater et al., 2022
[45] Shivshanker et al., 2021

Level 2: which offers supportive generalized activities (e.g., stress management, executive function activities, positive parenting programs, etc.)

Level 3: which offers more focused but not specialized supports (e.g., non-focused trauma recovery techniques, group therapy)

Level 4: which provides specialized services to children and youth with significant psychological problems (e.g., cognitive behavioral therapy, testimony therapy).[46]

Guiding Principle 4: ***Evidence from crisis and conflict contexts has clearly demonstrated the value of active collaboration between educators, families/caregivers, and communities for supporting MHPSS in learning spaces.*** At the core of most MHPSS programming is the notion that individuals are embedded in a set of nested social systems (e.g., family, learning space, neighborhood, community, etc.). Children's development— both social and academic—is a result of increasingly complex interactions within and across these social systems.[47] Moreover, every social system, interpersonal interaction, or combination of the two is unique to each child, illustrating the complexity and variability of human development.[48] Risk and protective factors for MHPSS in crisis and conflict settings exist not just at the individual level, but also at the family, peer, classroom, and community level. As such, prevention efforts that take a broad approach, utilizing multi-layered, multi-sectoral MHPSS programs that foster family and community participation, have been encouraged by organizations such as Save the Children and the Inter-Agency Standing Committee (IASC).[49] In fact, learning spaces have been found to bring together the wider community during times of crisis, thereby strengthening the supports available to children.[50] In many crisis and conflict-affected contexts, learning spaces serve as a central pillar of the community, as a place to convene and advocate for increased access to education and psychosocial well-being services, as well as a place to access information about income-generating activities and food distribution and receive vaccinations, hygiene materials, etc. Studies have demonstrated that multi-sectoral programs that address the comprehensive needs of individuals and their families are associated with greater feelings of safety, self-efficacy, and well-being, especially for girls.[51]

SECTION 4:
CASE STUDIES: EXAMPLES OF EFFECTIVE MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT PROGRAMMING FOR SCHOOL-AGED CHILDREN IN CRISIS AND CONFLICT SETTINGS.

In the section below, we will highlight some of the research to present a set of case studies to illustrate how the four evidence-based guiding principles identified in the MHPSS literature and outlined above have been operationalized across different settings. These program examples are included to provide concrete examples of programs that have been developed and implemented to exemplify the guiding principles, but we recognize this is not exhaustive, and many other case studies could be included to highlight effective practices. Each example offers information on which guiding principle or principles the program

[46] Global Education Monitoring Team, 2019
[47] Bateson 2015; Lerner & Callina 2013; Bronfenbrenner & Morris, 2007; Overton 2015.
[48] Fischer & Bidell 2006
[49] IASC, 2019; Save the Children, 2018b; UNICEF, 2020
[50] INEE, 2018
[51] UNICEF, 2010

represents, where the program has been implemented and evaluated, a description of the program content and structure, and an overview of the evidence supporting the program's effectiveness. Each case study also offers some insight into program challenges and areas for future research.

Example 1 provides an illustration of Guiding Principle 2: *Nurturing and consistent relationships with educators and peers*. Teaching Recovery Techniques (TRT) is a group-based, weekly intervention designed to help children and youth understand mental health and well-being and better utilize the adults and peers in their lives to help them recover from exposure to a crisis or conflict situation.

Program: Teaching Recovery Techniques (TRT)
Developer/Implementers: The Children and War Foundation
Location/s: Palestine, Gaza, Thailand
Target Groups: Primary-school (ages 7–12) students
Best Practice/s: Nurturing and consistent relationships
Targeted MHPSS Outcome/s: Peer and sibling relationships
Program/Practice Description: TRT, which draws on trauma-focused cognitive behavioral therapy techniques to address trauma and post-traumatic stress, is a manualized group-based intervention designed to use children's natural social resources (e.g., adults or peers) and shared experiences to help them recover from trauma. Through experiential activities (e.g., drawing, writing, play, narration), TRT offers educational programs about trauma and its effects on coping and helps children recognize and regulate their emotions. As a result, children are expected to be better able to communicate, symbolize, and share their experiences with peers. The program is delivered in five (typically weekly) sessions to children on topics such as psychoeducation (e.g., defining and recognizing mental health indicators), relationship skills, affective modulation skills, cognitive coping and processing, trauma narrative, and mastery of trauma reminders. In addition, there are two sessions delivered to adults or caregivers focusing on psychoeducation and the causes and consequences of trauma as well as strategies for helping children cope with past and ongoing trauma. Adults and caregivers are also provided with information on how to seek help if the child still needs supports after the program. Sessions for both children and adults last, on average, about two hours.
Impact: Mixed
Evidence of Effectiveness/Promise: Evidence of impact includes decreased post-traumatic stress, depression, and grief in Palestine, Gaza, Syria, Lebanon, and Thailand as well as short-term (but not long-term) decreases in post-traumatic stress in the United Kingdom; others have found no impact from TRT.
Challenges/Future Research Directions: Mixed findings from the TRT program have been explained by factors such as implementation issues (e.g., infrequent or inconsistent engagement with activities, staff not adequately trained to administer the program), continued instability in the context, recruitment challenges, and high rates of drop out at follow-up. For example, Diab et al. (2015) found no evidence of impact on maintaining or increasing resilience at follow-up. The authors concluded that TRT may not be appropriate to overcome the level of trauma that children and youth experienced. They also noted that the lack of caregiver involvement may have reduced the impact of their program, suggesting that a multi-tiered or targeted intensive program along with active engagement with families or caregivers may be important for producing stronger effects.
References/Resources: Barron, I. G., Abdallah, G., & Smith, P. (2013). Randomized control trial of a CBT trauma recovery program in Palestinian schools. Journal of Loss and Trauma, 18(4), 306–321. El-Khani, A., Cartwright, K., Maalouf, W., Haar, K., Zehra, N., Çokamay-Yılmaz, G., & Calam, R. (2021). Enhancing Teaching Recovery Techniques (TRT) with parenting skills: RCT of TRT+ parenting with trauma-affected Syrian Refugees in Lebanon utilising remote training with implications for insecure contexts and COVID-19. International Journal of Environmental Research and Public Health, 18(16), 8652.

Program: Teaching Recovery Techniques (TRT)

Kangaslampi, S., Punamäki, R. L., Qouta, S., Diab, M., & Peltonen, K. (2016). Psychosocial group intervention among war - affected children: An analysis of changes in posttraumatic cognitions. Journal of Traumatic Stress, 29(6), 546–555.

Pityaratstian, N., Piyasil, V., Ketumarn, P., Sitdhiraksa, N., Ularntinon, S., & Pariwatcharakul, P. (2015). Randomized controlled trial of group cognitive behavioural therapy for post-traumatic stress disorder in children and adolescents exposed to tsunami in Thailand. Behavioural and cognitive psychotherapy, 43(5), 549–561.

Example 2 provides an illustration of Guiding Principle 1: *safe, stable learning spaces* and Guiding Principle 3*: an emphasis on social and emotional or soft skill development.* The Psychosocial Structured Activities Program (PSSA) is a locally driven learning-space-based intervention designed to help children and youth better understand and manage their feelings of safety and to support social-emotional or soft-skill competencies like social awareness and coping skills.

Program: Psychosocial Structured Activities Program (PSSA)

Developer/Implementers: Save the Children

Location/s: Uganda

Target Groups: Primary-school (ages 7–12) students, their educators, and their parents/caregivers

Best Practice/s: Safe, stable learning environment, social-emotional or soft skill development

Targeted MHPSS Outcome/s: Resilience, feelings of stability, and local indicators of child well-being (determined through focus groups with parents, teachers, and children).

Program/Practice Description: PSSA is a school-based, multi-phased approach designed to use students' resilience to help them recover from their stressful or traumatic experience. The program is delivered as 15 one-hour structured lessons delivered over five weeks by regular classroom educators. Lesson topics begin with safety and control and continue through self/social awareness, coping skills, and future planning, among others. Lessons are delivered through play, drama, art, and movement. There are also parental, community engagement, and support resources.

Impact: Yes

Evidence of Effectiveness/Promise: Evidence of impact includes significantly greater increases in child well-being (as rated by parents and children) for the treatment (i.e., PSSA) group compared to the control group and for older children and girls compared to younger children and boys; there was no evidence of impact for teacher ratings. Other studies of the PSSA program have provided evidence of a positive impact on student attendance rates, grades, and teacher-student interactions in the classroom.

Challenges/Future Research Directions: There is no evidence of change in teacher ratings of well-being, likely because the follow-up was conducted 12 months later and a new teacher was rating the child's well-being; future evaluation studies involving teachers should consider collecting follow-up data before children switch teachers to better determine program impact. The current evaluation focused on the classroom-based component of the PSSA. Future studies could explore the independent and combined effects of the parent and community components of the program. Finally, like many programs, the focus on sub-groups of children (e.g., different aged children or girls) was relatively limited, due in part to small sample sizes in these sub-groups. Future research should intentionally incorporate sufficiently large subsamples to determine for whom the program works.

References/Resources:

Program: Psychosocial Structured Activities Program (PSSA)

Ager, A., Akesson, B., Stark, L., Flouri, E., Okot, B., McCollister, F., & Boothby, N. (2011). The impact of the school - based Psychosocial Structured Activities (PSSA) program on conflict-affected children in northern Uganda. Journal of child psychology and psychiatry, 52(11), 1124–1133.

Wilson, A.K. (2007). Evaluation of Save the Children in Uganda's pilot phase of the Child Resilience Program in Schools in northern Uganda. New York: Program on Forced Migration and Health, Columbia University.

Example 3 provides an illustration of Guiding Principle 1: *safe, stable learning spaces* and Guiding Principle 4*: active collaborations.* The Better Learning Program (BLP) is a tiered learning-space-based intervention delivered by educators and counselors and supported by families in the home. Tier 1 is delivered to all children and is designed to educate children about mental health and well-being and offer coping strategies. Tier 2 is a targeted individual- or group-based program designed to help children and youth with chronic symptoms of trauma develop strategies to manage their symptoms. Strategies for Tiers 1 and 2 are reinforced and practiced at home.

Program: Better Learning Program (BLP)

Developer/Implementers: Norwegian Refugee Council (NRC)

Location/s: Palestine, West Bank, Gaza

Target Groups: Primary-school (ages 7–12) students, their educators, and their parents/caregivers

Best Practice/s: Safe, stable learning environment, active collaboration

Targeted MHPSS Outcome/s: Reduction in nightmares, coping skills, self-regulation, self-efficacy, community efficacy, mastery

Program/Practice Description: BLP is a learning-space-based program designed to improve the learning conditions for school-aged children through a two-part trauma-focused educational program implemented by educators and counselors and supported by parents in the home. BLP 1, a general prevention program, provides psychoeducation and coping skills to all children in a learning space. Educators discuss normal responses following a crisis, including how the mind and body work together, and teach students coping strategies like relaxation methods (e.g., tense and release, breathing activities, visualizing a safe space, and stretching exercises). BLP 2, a targeted intervention program, provides children with chronic symptoms of traumatic stress with a sequenced set of group or individual sessions focused on calming strategies and self-regulation. Using drawing, BLP 2 endeavors to reduce the frequency of nightmares that students experience as a result of trauma. Together, BLP 1 and BLP 2 aim to diminish negative behavior and help students regain lost learning capacity by integrating coping strategies into daily teaching practices. Students experience a total of eight weekly counseling sessions across the program. Sessions focus on stress reduction strategies, respecting peers, and behaving appropriately.

Impact: Yes

Evidence of Effectiveness/Promise: Evidence of impact includes improvements in children's well-being (e.g., feelings of safety, overall satisfaction with life), enhancements in their ability to concentrate (e.g., capable of focusing at school, capable of performing my best at school), and decreases in the number of nightmares students report. Counselors and parents also reported greater connections between educators and families and parents indicated they had a stronger understanding that nightmares can be an indicator of traumatic stress.

Challenges/Future Research Directions: Although there is evidence of the benefits of BLP 2 for children and educators alike, there have been no impact studies of BLP 1. Nevertheless, descriptive data show that teachers report improved concentration and focus as well as greater self-regulation among their students following implementation of BLP 1 strategies. They also noted that students were significantly calmer following their use of relaxation exercises. Future research should attempt to evaluate the impact of BLP 1 practices to determine whether the provision of broad

Program: Better Learning Program (BLP)

supports is beneficial. Additionally, pre- and post-test studies have demonstrated that students in BLP 2 perform at or above grade level prior to participation in the program (although there were still positive impacts of the program as well); this suggests that BLP 2 may attract higher performing students, making it difficult to determine the impact of the program on all students. Future studies should attempt to recruit diverse learners to better assess the impact of BLP 2 on student learning outcomes. Finally, like many MHPSS research studies, sample sizes were relatively small and sub-samples often even smaller, especially for pre- and post-test analyses. Future research should focus not only on recruiting a sufficient sample for testing hypotheses (whole group and subgroup) but retaining that sample for follow-up analyses.

References/Resources:

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Example 4 provides an illustration of Guiding Principle 1: *safe, stable learning spaces,* guiding principle 2: *nurturing and consistent relationships*, and Guiding Principle 3: *an emphasis on social emotional or soft skill development.* Healing Classrooms is a learning-space-based intervention designed to provide educators with the skills and strategies they need to support children and youth who have experienced a crisis or conflict situation. Program components include brief stress or emotion management activities, executive function tasks, and a social-emotional or soft skill curriculum.

Program: Healing Classrooms

Developer/Implementers: International Rescue Committee funded by USAID

Location/s: DRC, Lebanon, Niger, Nigeria

Target Groups: Primary-school (ages 7–12) students, their educators, and to some extent their parents/caregivers

Best Practice/s: Safe, stable learning environment, social-emotional or soft skill development, nurturing and consistent relationships

Targeted MHPSS Outcome/s: Learning-space climate and culture, student sense of safety, stress and emotion management/regulation, executive function skills (e.g., focused attention, working or short-term memory, self-control), social skills, conflict resolution, and perseverance.

Program/Practice Description: Healing Classrooms aims to enhance the role that learning spaces and educators play in children's psychosocial well-being following a crisis. Through integrated educator resource materials, which promote the development of a child-centered, emotionally supportive, predictable learning environment, Healing Classrooms provide educators with the knowledge and resources to address the unique needs of their students. Healing Classrooms also fosters a collaborative teaching environment through weekly grade-level meetings, monthly school-level meetings, and quarterly school-cluster meetings. These meetings are designed to create an environment where educators can share information and where they feel valued and supported, thereby improving the climate and culture of schools and increasing educator well-being. To accomplish these goals, educators are encouraged to address each student by name, use positive discipline, employ small group activities as a means to foster peer interactions, connect academic learning with students' lives, encourage the use of students' home language, and create regular, predictable classroom routines, among other practices. Each component of Healing Classrooms is delivered differently. Activities focused on stress and emotion management (i.e., mindfulness) are designed to be implemented during transitions and breaks; activities that foster executive function skills (i.e., brain games) are 5–10 minutes long and designed to be played during transitions and breaks as well; finally, the SEL curriculum consists of 30-minute daily

Program: Healing Classrooms

lessons. Although there is some variation across sites, the program has been implemented for as little as six months and as long as two years.

Impact: Yes

Evidence of Effectiveness/Promise: Evidence of impact includes improved student behavioral regulation and positive perceptions of educators as well as improved literacy and numeracy in Lebanon and Niger; other studies suggest that Healing Classrooms promotes students' sense of control and belonging, feelings of self-worth, peer relationships, and personal attachments.

Evidence from the DRC indicates that educators experienced significant increases in job satisfaction and increases in motivation for the experienced lead educators (Wolf et al. 2015).

Challenges/Future Research Directions: Reliance on student self-report measures to assess many of the outcomes and perceptions of the environment may have limited estimates of the impacts of the program; a variety of assessment approaches, including observation, should be considered. Qualitative data could provide important explanations for unexpected findings, but these data were not collected for this study. Additionally, teaching and learning materials need to be adapted to reflect the values and norms of each implementation context, which involves collaboration between educators and other community members in the development of the materials. Such action is necessary to truly understand the impact of Healing Classrooms in diverse contexts. Finally, Healing Classrooms is one of only a small number of programs that demonstrates impact on learning outcomes, suggesting that additional research is needed in this area.

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Each of these case studies was selected to illustrate at least one of the four guiding principles (outlined in section 3 of this brief) of MHPSS practice in education in emergencies (EiE) contexts and each illustrates the value of individual, community, and cultural resources. Although some programs target only one guiding principle, a majority of programs incorporated multiple principles, which further reflects the complexity of providing MHPSS in crisis and conflict settings.

SECTION 5:
SUMMARY AND CONCLUSIONS

The literature reviewed for this brief points to four key Guiding Principles of effective MHPSS practices. The literature also offers insight into specific programs that reflect those principles.

Summary of Guiding Principles and Related Implementation Practices)

Key Findings

1. The provision of a safe, stable environment is essential for supporting the well-being of school-aged children in conflict and crisis settings.
2. Fostering nurturing and consistent relationships with adults and peers can protect children and youth from the negative effects of acute and prolonged crisis and conflict situations.
3. Programs and practices that place a strong emphasis on social and emotional or soft skill development for all children, produce greater learning and more positive social and emotional skills than MHPSS programs without a strong SEL emphasis. Nevertheless, for some children and youth, access to targeted psychosocial support and mental health services is essential to supporting well-being.
4. Evidence from both high-income countries (HIC) and low- and middle-income countries (LMIC) has clearly demonstrated the value of active collaboration between families, communities, and educational settings for MHPSS.

Key Considerations for Education Programs

1. School-aged children and educators in conflict and crisis-affected contexts who are engaged in SEL activities in learning spaces should also have access to MHPSS services to ensure their comprehensive well-being needs are met. This will require linkages with other sectoral services and functional referral pathways to ensure children can receive targeted (i.e., structure psychosocial support activities) and/or specialized (i.e., counseling with a trained mental health practitioner) as needed.
2. MHPSS programming in educational contexts should be locally grounded and locally led. Given the range of cultural norms around mental health and well-being, this would involve input not just from educators but also from families or caregivers and from community members.

Priorities for Future Research

1. Rigorous mixed-methods research is needed on the effectiveness of group-based, rather than individually delivered, psychosocial interventions.
2. Studies are needed to determine for whom (i.e., sub-group studies) and under what conditions interventions work.
3. Evaluations of programs that span multiple social systems (e.g., child, family, learning space, community) are needed to assess the effectiveness of such programs in crisis and conflict settings.
4. Longitudinal studies are required to address weaknesses in existing intervention studies and to determine the longevity of program effectiveness.

In addition to these findings, the literature review clearly indicated a need for additional rigorous evaluation studies aimed at determining not only program effectiveness, but also identifying for whom the programs work and under what conditions they work. This research base can be accomplished if studies offer clear descriptions of how programs were delivered, how data were collected (i.e., when, using what measures, how those measures were adapted, etc.), and how the data were analyzed (e.g., pre/post-test comparison, etc.). Only then can we strengthen the body of research needed to support effective MHPSS programming in education in crisis and conflict settings. Importantly, it was difficult to determine whether programs and practices were ability-appropriate for all children and youth. Such equitable and inclusive practices, often situated within a universal design for learning (UDL) framework, provide all students with an equal opportunity to learn and develop.[52] Yet, most UDL programming does not provide guidance for creating equitable and inclusive mental health and psychosocial supports in the classroom. Given what we know about the value of MHPSS to the learning and well-being for all learners, this may be an important next step for UDL.

[52] CAST, 2018

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To request more information or technical assistance on programming, or to supply additional research or information of relevance to this brief, please contact jjohna@usaid.gov. For further information please visit Education Links.

Acknowledgements

Thank you to the staff of the Center for Education in USAID's Bureau for Development, Democracy, and Innovation for their guidance and support in developing this evidence summary. Specific reviewers include Julia Johna, Rebecca Pagel, Deborah Greebon, Elizabeth Drevlow, Nina Weisenhorn, Anna Spector and Rina Dhallax, Additionally, the author would like to thank Amy Mulcahy-Dunn of EnCompass LLC, for her support in the technical guidance and review of this report.

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