FRESH Thematic Indicator: Mental Health

Rationale/Summary of Child & Adolescent Mental Health

Mental health is an integral part of health and well-being, as reflected in the definition of health in the Constitution of the World Health Organization: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Mental health, like other aspects of health, can be affected by a range of socioeconomic factors [described below) that need to be addressed through comprehensive strategies for promotion, prevention, treatment and recovery in a whole-of-government approach.

The early stages of life present a particularly important opportunity to promote mental health and prevent mental disorders, as up to 50% of mental disorders in adults begin before the age of 14 years. Suicide is the second most common cause of death among young people worldwide.

The mental health of children and youth can be conceptualized as a tapestry of inter-related threads that can be loosely grouped into four overlapping categories; positive mental health (e.g emotional health, mindfulness, critical thinking, attachments), problems caused by life experiences (e.g. bereavement, stress, divorce), interactions with other health or social problems (e.g. bullying, addictions, discrimination based on race or sexual orientation) and mental illness (e.g. depression, anxiety, suicide). Fundamentally, mental health is about the individual successfully adapting to her/his environment, by making changes in him/herself, by changes being made in their environment or in modifying the interactions between people and their environments. Mental health does not mean absence of mental distress as distress can often be normal or expected and is often a signal that adaptation is needed. Mental health is dependent upon a healthy brain, a healthy body and a healthy environment. Mental health problems can be understood as difficulties in adaptation, either due to individual traits, undeveloped strengths or weaknesses that make it difficult for the individual to adapt, factors in the environment that make adaptation difficult, significant life experiences or incidents or a combination or interactions of the above. A mental disorder can be understood as a failure of adaptation, either due to factors within the individual (for example: genetics), factors unique to the environment (for example severe and ongoing trauma) or a combination thereof.

Social, economic and cultural factors will interact with the social norms of the local community, the practices of families and schools and the individual emotional, genetic, developmental and intellectual characteristics of students to influence mental health. Mental health is interwoven with several other health and social issues affecting young people. Psychological health and well-being is also an independent feature of the child and is comprised of several aspects of the mind. The mental health of children can be more vulnerable during transitions into primary school, between primary and secondary school, into a new neighbourhood, between secondary school and post-secondary studies or work. Such stress, or stress caused by other life events, may cause the onset of a previously latent or manageable mental illness. One of the major complicating factors in preventing or managing mental health problems or illnesses is that social stigma discourages people from seeking medical help or other forms of support.

Strategies/Role of the School

Schools acting with the direction and support of government ministries, school boards and working collaboratively with other agencies and professionals as well as parents and young people, can make a substantial contribution to enhancing the mental health of youth. This may include but not be limited to:

- developing mental health literacy (awareness, knowledge, skills and beliefs among students, educators and parents;
- creating and maintaining supportive social and physical school environments;
- helping to deliver programs that can assist in the identification, triage and referral of young people at risk of mental disorder;
- providing "on site" services and social support to address mental health problems;
- providing on-going liaison with health care providers to meet the needs of youth receiving care for mental disorders;
- promoting staff wellness and more.

These actions can be grouped and coordinated within comprehensive approaches, coordinated agency-school programs and whole school strategies which have been defined as "school mental health" frameworks, plans or “multi-intervention programs” (MIP's).

Similar and related MIP's have been developed to promote social & emotional learning, caring school communities, inclusive schools and child friendly schools. SMH efforts should be aligned with these other strategies as well as be positioned within a larger multi-component approach addressing several health and social issues such as “School Health & Nutrition (World Bank), the Essential Package of Interventions (WFP, UNICEF) or Health Promoting Schools (WHO). The core infrastructure of over-arching policy, core curriculum and education program, minimum services and healthy social and physical environment are defined in the FRESH Core Indicators.

Indicators Table

Indicators	Data Collection Frequency	Data Collection Method
FRESH PILLARS		
EQUITABLE SCHOOL HEALTH POLICIES		
1. Existence of a national comprehensive l School Mental Health policy requiring the delivery of multiple interventions from the education, health, mental health, social protection & law enforcement ministries and agencies.	Every 3-5 years	Policy review
2. Existence of a national-level curriculum unit mental health within a core set of standards for health, education.	Every 3-5 years	Curricula review
3. Percentage of schools that have or follow a written policy/guideline/rule about the identification, referral and immediate responses to mental health problems and disorders.	Every 3 to 5 years	Global SHPPS
SAFE LEARNING ENVIRONMENT		
1. Percentage of schools in which policies and procedures are in place to ensure that	Every 3-5 years	School survey

students are educated within a positive social environment.		
2. Percentage of schools in which policies and procedures are established and enforced on bullying and discrimination.		
3. Percentage of schools in which policies and procedures for involving and informing parents about mental health issues are established and followed.	Every 3 to 5 years	Global SHPPS
4. Percentage of schools that have protocols and procedures to respond to individual student needs related to trauma, violence and bereavement.		
5. Percentage of schools that have emergency response plans that include mental health considerations as part of the recovery plan.		
SKILLS-BASED HEALTH EDUCATION		
1. Total number of health, education sessions focusing on mental health literacy per year within the national curriculum.	Every 3-5 years	Curricula review
1a. Percentage of schools that have procedures, classroom instruction, staff development and student activities to reduce the stigma associated with mental health problems and disorders.	Every 3-5 years	School survey
1b Percentage of schools that have procedures, school routines and other supports to encourage all students to participate in extra-curricular activities.		
3. Percentage of teachers who have received (locally defined minimum standards of) training in mental health literacy.	Every 3-5 years	Training records and EMIS
SCHOOL-BASED & SCHOOL-LINKED HEALTH SERVICES		
1. Percentage of local education authorities that have written agreements with their respective health, mental health, law enforcement and social protection agencies on student referrals for MH problems.	Every 3-5 years	School activity reports
2. Percentage of local educational authorities that have access to an informal but organized set of community-based services and agencies that can respond to the MH problems of their students.		
3. Percentage of schools that have a designated staff member (guidance counsellor, school nurse, trained teacher etc.) available to		

support students, families or teachers undergoing significant MH problems		
4. Percentage of students (by sex) that have received information or been referred for MH problems.	Every 3-5 years	School activity reports
5. Average waiting time between school referral of students with MH problems and the start of delivery of information, counselling or other support services	Every 3-5 years	Monitoring reports
SCHOOL_BASED, SCHOOL-LINKED SOCIAL SUPPORT and SAFE PHYSICAL ENVIRONMENT	Every 3-5 years	Monitoring reports
1. Percentage of schools that have established an annual plan to improve/maintain a positive social environment in the school.	Every 3-5 years	Project documents
2. Percentage of schools that participate or lead community awareness activities related to MH and/or specific problems such as bullying, depression, etc.	Every 3-5 years	Project documents
3. Percentage of schools that have policies and procedures to encourage students to be safe and respectful on social media.		Monitoring reports
4. Percentage of schools that have explicitly identified safe spaces within the school in which students can gather and interact socially.	Every 3 to 5 years	Global SHPPS
5. Percentage of schools that have identified unsafe areas on school grounds, near the school or on student transportation routes and are working with parents, municipalities and law enforcement/protection agencies to mitigate related risks.	Every 3 to 5 years	Global SHPPS
LEARNING		
1. Percentage of students who have reached adequate levels of mental health literacy.	Every 3-5 years	Student survey
2. Percentage of students who know where and how to access trustworthy services and support for MH problems in the school, neighbourhood and on the Internet		
ATTITUDES, BEHAVIORAL INTENTIONS		
1. Percentage of students who would be willing to express support and encourage fellow students to seek help.	Every 3 to 5 years	HBSC/GSHS
2. Percentage of students who feel that their teachers care about them and their concerns.	Every 3 to 5 years	HBSC/GSHS

3. Percentage of students who feel that they can talk with their parents about their problems.	Every 3 to 5 years	HBSC/GSHS
4. Percentage of students who feel that they can talk about their problems with their friends	Every 3-5 years	HBSC/GSHS
IMPACT		
1. Prevalence of depression and anxiety within the child and adolescent population.	Every 3 to 5 years	Student survey, GSHS
2. Rates of suicide by children and adolescents		

Sources and Further Information

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