

Summary report on the

Regional consultation for review and finalization of the school mental health package for health- promoting schools

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Cairo, Egypt
17–19 December 2014



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Organization**

Regional Office for the Eastern Mediterranean

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Contents

1.	Introduction.....	1
2.	Summary of discussions	2
3.	Conclusions.....	3
4.	Recommendations.....	5

1. Introduction

A regional consultation for review and finalization of the school mental health package for health-promoting schools, organized by the WHO Regional Office for the Eastern Mediterranean, was held on 17–19 December, 2014, in Cairo, Egypt. The objectives of the consultation were to: review and finalize the school mental health package; develop a phased plan for implementing the finalized package; and develop a roster of resource people to assist in the implementation of the package in health-promoting schools in countries.

Preparatory to the regional consultation, a module for early recognition and management of common mental disorders among schoolchildren had been drafted and circulated among a group of experts over the last year. The feedback received was incorporated in a draft version that was reviewed during the consultation.

The participants in the consultation were experts with regional and international experience of setting up school mental health programmes, and all had been involved in reviewing the module. As background to the meeting, a review of epidemiological studies on mental health problems among schoolchildren in countries of the Region and on the effectiveness of school mental health interventions was also undertaken.

In his opening message, Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, emphasized the need for integrating a mental health package into school health programmes, given that around 35% of the Region's population was below the age of 14 and approximately 50% of all mental disorders in adults started before that age. He noted that epidemiological studies from the Region and from low- and middle-income countries had shown that 12–29% of children aged 5–15 years suffered from mental disorders and that learning and emotional problems were important risk factors for school dropout.

Furthermore, the findings of the Global School Health Survey had shown that 15–23% of students in eight countries in the Region had seriously considered attempting suicide, while more than 15% of students in six countries in the Region had actually attempted suicide in the last year.

Dr Alwan stressed that lack of human and informational resources, compounded by the prevailing complex emergency situation in 16 of the 22 countries of the Region, further underlined the need for school health programmes to have a mental health component incorporated into them. He also observed that research had demonstrated that the adoption of school mental health programmes had led to improvement in the social, behavioural and emotional functioning of students, as well as to improvement in their academic performance and the well-being of teachers.

2. Summary of discussions

After intensive discussion, a number of main issues were identified regarding the format, organization and content of the draft module.

Overall, there were concerns over the length and complexity of the module, the use of medical terminology and diagnostic categories, and the placement of the case studies, and screening and assessment instruments, in the main body of the module.

It was felt that the main objective of the module needed to be stressed as being to aid in the early identification and management of common mental disorders in school age children rather than in the promotion of mental health.

It was also felt that there was a lack of logical ordering of the suggested interventions and a lack of clarity regarding the roles and responsibilities of school staff and parents in their implementation.

Finally, it was felt that there was a paucity of supporting materials such as a training guide with lesson plans and handouts for parents and children.

Regarding the implementation plan, a number of challenges were identified, including the paucity of epidemiological studies and evidence on school-based mental health interventions and programmes from the Region, and the lack of financial and trained human resources, especially in the low- and middle-income countries in the Region.

It was felt that there was a need for the engagement of key decision-makers and stakeholders within countries in the implementation of the school mental health programme, as they vary from country to country in the Region. In this respect, an advocacy plan and materials for decision-makers was needed.

The need for translation of the module into Arabic and other regional languages and for cultural adaptation was also noted.

3. Conclusions

Regarding the format, organization and content of the module, there was consensus on the following conclusions:

- the title of the module needs to reflect that this is meant to help with early identification and management of common mental disorders in school age children;
- the table of contents should match the text of the module;
- a variant of the transdiagnostic approach should be used to cluster the number of diagnostic categories in the draft module into developmental, emotional and behavioural problems, and descriptor terms such as “global delay” and “responding to internal stimuli” should be simplified, while replacing the terms “disorders” and

“signs and symptoms” with “challenging behaviours” and “suspect emotional, behavioural and cognitive issue”;

- group the interventions suggested using a common element approach;
- “beef-up” section 1 and 2 of the module, specifically the sections on normal child development, brain and behaviour, discipline techniques (especially use of corporal punishment), effects of social media and body image issues, and remove section 2.4;
- merge sections 3 and 4 of the module, beefing-up the section on roles and responsibilities of parents, teachers and different health professionals and referral guidance;
- add a section on self-care for school teachers and beef-up the section on resources, providing hyperlinks;
- increase the number of case vignettes and specifically include a couple on substance use disorders and distressing events/situations; and
- all the case vignettes should be removed from the module and be part of the training guide instead.

Regarding the implementation plan, the following conclusions were agreed upon:

- there is a need to engage the stakeholders in countries in development of a phased implementation plan to integrate a mental health component into existing school health initiatives;
- there is a need to translate the module for pilot testing in a limited number of countries in the Region;
- the module needs to be adapted after pilot testing and evaluation in a limited number of countries in the Region using standardized tools and methodology;
- there is a need to review existing surveys and questionnaires to identify a core set of indicators for the school mental health programme integrated within school health programmes;

- there is a need to develop human resource capacities for implementation of the school mental health programme using pre- and in-service training; and
- there is a need to strengthen regional and international networks to overcome financial and human resource constraints and to disseminate and share information.

4. Recommendations

Member States

1. Support the development of the literature review, in particular by providing evaluation and programme reports and access to grey literature on the epidemiology of mental health problems in school age children, and on school mental health programmes in countries of the Region, to develop individual country profiles.
2. Help identify academic institutions that have the capacity to host a website/portal for school mental health to facilitate networking and information sharing.
3. Scale-up implementation of evidence-based school mental health interventions.

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4. Facilitate the finalization of the draft module and organize pre-pilot stakeholder consultations to assess the feasibility of pilot testing in selected countries of the Region.
5. Facilitate the development of support materials such as a training guide and advocacy, educational and training materials and tools for pilot testing of the module.

6. Support the countries involved in pilot testing of the module to conduct cascade training for identified school personnel staff to enable them to identify and manage common mental health problems.
7. Support countries in developing and implementing an evaluation plan for the pilot phase of implementing the module.
8. Disseminate the results of the evaluation of the pilot phase.
9. Expedite the development of life skills education and parenting skills training modules to supplement the module on early recognition and management of common mental health problems in schoolchildren.
10. Support countries in scaling-up the implementation of evidence-based school mental health interventions.
11. Review existing surveys and questionnaires to identify a core set of indicators for the school mental health programme integrated into school health programmes.
12. Facilitate the development and pilot testing of a composite tool to be used by countries for monitoring and evaluation of the school mental health programme.
13. Commission a literature review, including grey literature, on the epidemiology of mental health problems in school age children and on school mental health programmes in countries of the Region in order to develop individual country profiles.
14. Explore with academic institutions in countries of the Region the possibility of hosting a website/portal for school mental health to facilitate networking and information-sharing.
15. Support a network of regional and international experts to assist in implementing school mental health programmes through the development of the relevant tools, instruments, guidance materials, implementation and evaluation plans, and through resource generation.



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