Mental health in schools: implementation and evaluation plan

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

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WHO Library Cataloguing in Publication Data

Names: World Health Organization. Regional Office for the Eastern Mediterranean

Title: Mental health in schools: implementation and evaluation plan / World Health Organization. Regional Office for the Eastern Mediterranean

Description: Cairo: World Health Organization. Regional Office for the Eastern Mediterranean, [2021] | Includes bibliographical references.

Identifier: ISBN 978-92-9022-528-7 (pbk.) | ISBN 978-92-9022-533-1 (online)

Subjects: School Mental Health Services | Program Evaluation | Health Plan Implementation | Teacher Training | World Health Organization

Classification: NLM WA 352

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Contents

Acknowledgements

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean would like to acknowledge with thanks the contribution of the following people to this report.

Dr Atif Rahman, Professor of Child Psychiatry, University of Liverpool, Institute of Psychology, Health and Society; Child Mental Health Unit, Alder Hey Children's NHS Foundation Trust; Liverpool, United Kingdom.

Anna Chiumento, ESRC Post-Doctoral Fellow, Institute of Population Health Studies, University of Liverpool, United Kingdom.

Dr Syed Usman Hamdani and Ms Zill-e-Huma, Human Development Research Foundation, Islamabad, Pakistan.

Dr Nazish Imran, Assistant Professor, Child and Adolescent Psychiatry, Department of Psychiatry, King Edward Medical University, Lahore, Pakistan.

Dr Hesham Hamoda, Staff Psychiatrist, Boston Children's Hospital; Assistant Professor, Harvard Medical School; Vice President, International Association for Child and Adolescent Psychiatry and Allied Professions; Boston, United States of America.

Dr Khalid Saeed, Regional Adviser, Mental Health and Substance Abuse, WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt.

Introduction

The World Health Organization (WHO) Eastern Mediterranean Region comprises 21 countries and the occupied Palestinian territory. Around 50% of the population is under 18 years old. Many countries/territories in the Region have witnessed conflict and humanitarian emergencies in recent years. Globally, an estimated 10–20% of children and adolescents are affected by mental health problems: 90% live in low- and middle-income countries (Kieling et al., 2011). Evidence suggests that approximately 50% of all adult mental disorders have an onset before 14 years of age. Children exposed to conflict and naturally-occurring humanitarian emergencies have even higher rates of mental health problems (Attanayake et al., 2009; Reed et al., 2011) and special needs for preventive interventions (Farooq, Ayub & Naeem, 2015; Jordans et al., 2009).

Child mental health has been identified as a priority within the Region, Following consultations with international and regional experts and stakeholders, the WHO Regional Office for the Eastern Mediterranean has developed an evidence-based School Mental Health Programme (SMHP), endorsed by all countries. The SMHP is aimed at those involved in education such as teachers, administrators, nurses, social workers and school counsellors. It emphasizes strategies that can be implemented at low-cost and to scale, incorporating key principles of task-shifting and targeting a non-specialist mental health workforce (World Health Organization, 2008).

This plan proposes a three-step model for intervention adaptation, implementation and evaluation to serve as a basis for the scale-up of the SMHP in countries of the Eastern Mediterranean Region.

In Step 1, countries implementing the SMHP will be required to nominate in-country trainers to be trained by master trainers from WHO. The first stage adaptation of the SMHP by the in-country trainers will be completed with the master trainer during training of the trainers (ToT) workshops. In Step 2, following the ToT workshops, the in-country trainers will train a cohort of 5–10 champion facilitators (local schoolteachers or other staff nominated by schools with the motivation and time to be trained by the in-country trainers and who are willing to cascade down the training to the teachers at their own schools followed by regular supervision by the in-country trainers) in their own countries and complete the second phase adaptation in a training and adaptation workshop. The purpose of Steps 1 and 2 is to inform the adaptation of the materials to the local context. In Step 3, the implementation and evaluation of the programme will take place in selected areas of each participating country to examine the acceptability and feasibility of the first implementation of the programme; this is to inform the scale-up and more robust evaluation. The results of the evaluation will be used to refine the intervention for scale-up and to demonstrate the feasibility and effectiveness of the intervention to policy-makers.

Steps 4 and 5 are not within the scope of this document, but could be undertaken with WHO support if in-country resources are made available (please see Table 1 for a summary of the SMHP evaluation framework).

Table 1. Evaluation framework

Implementation level and actor	Outcome	Collected by	Data uses	Stage of collection	Routine monitoring?
System EMRO Government ministries Regional bodies with policy and budget authority	Policy level data on policies related to child mental health and education	EMRO	Inform need for additional policy and budget engagement for SMHP	Step 1	Yes
	Policy level data on policies related to child mental health and education	National governments EMRO	Inform need for additional policy and budget engagement for SMHP at national level	Step 3	Yes
	Aggregate data on programme implementation	National governments	Tracking reach of the SMHP nationally	Step 3	Yes
	Aggregate data on child mental health and educational improvements	National governments	Tracking overall improvements as a result of the programme	Step 3	Yes
Organizational Schools Local mental health centres Local and regional health and education authorities	Individual school buy-in	In-country trainers Regional authorities	Inform of school readiness for SMHP. Track school-level improvements to promote mental health of children	Step 2	Yes (as SMHP extends to new schools)
	Documented national level adaptation of SMHP	Master trainer In-country trainers	Identify SMHP adaptations to ensure appropriateness to national context	Step 1	No
	2–4 competent in-country trainers	In-country trainer	Verified competency of in-country trainers to pass on knowledge and skills to champion teachers	Step 1	No
Group Teachers and school staff	Local level adaption of SMHP	Champion teacher In-country trainer	Identify SMHP adaptations to ensure appropriateness to local (group) context	Step 2	Yes (as new SMHP extends to new schools)
	5–12 competent champion facilitators in each country	In-country trainer	Verified competency of in-country trainers to pass on knowledge and skills to teachers in their schools	Step 2	Yes (as new champion teachers trained)

	Champion facilitator experiences of implementing SMHP	In-country trainer	Track unexpected SMHP strengths & challenges from champion teacher perspective. Suggest programme improvements	Step 3	Yes
	Champion facilitator knowledge of SMHP	In-country trainer	Ensure knowledge and skills retained over time	Step 3	Yes
Individual Individual teachers Parents Children and youth	Teacher experiences of implementing SMHP	Champion teacher	Track unexpected SMHP strengths and challenges from teacher perspective Suggest programme improvements	Step 3	Yes
	Teacher knowledge of SMHP	Champion teacher	Ensure knowledge and skills retained over time	Step 3	Yes
	Teacher self-report social and emotional well-being	Champion teacher	Track programme impact upon teacher well-being	Step 3	Yes
	Self-report of social and emotional well-being from individual children who are being provided with targeted SMHP support by champion teachers	Champion teacher	Track programme impact upon the social and emotional well-being of children provided targeted SMHP support	Step 3	Yes

EMRO = WHO Regional Office for the Eastern Mediterranean.
SMHP = School Mental Health Programme.

In Step 4, each country will then begin the process of scale-up to a greater number of schools by repeating steps 2 and 3 in a phased manner. The aim of this step is to scale-up the adapted SMHP to district level (50+ schools) and to build local capacity to prepare for further district and provincial level scale-up.

Step 5 consists of a more robust evaluation of the programme using randomized controlled designs embedded within the scaled-up implementation. The aim of this step is to develop an evidence base on the effectiveness and cost-effectiveness of the SMHP to inform policy development and fund allocation by each government to sustain the programme.

Step 1.
WHO training of national trainers and adaptation workshop

Aims

- Train a cohort of national programme trainers.
- Inform SMHP adaptation to national context.

Participants

- Master trainers and nominated national programme trainers.

The national trainers should have the following credentials:

- a background in working with children and/or schools;
- experience of delivering training;
- where possible a background in mental health;
- be linked to institutions involved in and responsible for delivery of the SMHP.

Procedures

- WHO will contract a team of four SMHP master trainers to deliver ToT and adaptation workshops.
- WHO will invite 15–20 (2–4 per participating country) national SMHP trainers (national trainers) for a ToT and adaptation workshop in Cairo. The national trainers will be trained in SMHP content and delivery and level 1 adaptation using the WHO adaptation framework.
- The timetable and agenda for the ToT and Level 1 adaptation workshops are provided in Appendix 1.
- All adaptations will be documented through the framework provided in Appendix 2. All completed frameworks will be reviewed by the WHO team to ensure conformity with the original SMHP manual.

Evaluation

- Country-level situation analysis data are to be collected by national trainers during the workshop. The tool is attached as Appendix 3.
- National trainers are to be evaluated using a pre-post training questionnaire administered before and on completion of the 5-day training. The tool is attached as Appendix 4.
- The training is to be evaluated using course evaluation forms administered daily and on completion of the training. The tool is attached as Appendix 5.

Outputs

- 2–4 competent national trainers/country.
- Country-level data from each country.
- Documented first phase of adaptation prior to training of champion facilitators.

Step 2.
In-country training of "champion" facilitators and adaptation workshop

Aims

- Cascade SMHP training to "champion" facilitators (teachers or other staff members).
- Explore the appropriateness of the adapted SMHP to the goals and needs of the teachers and schoolchildren in the local context and carry out further adaptations to the local context.

Participants

- National trainers and nominated champion facilitators will participate.
- Champions should have the following credentials:
    - be nominated by schools with commitment from head to provide assured time for delivery including supervision from master trainers;
    - be motivated and skilled to implement SMHP in school;
    - be willing to accept responsibility for cascading training within their own school setting, providing the primary point of contact for day-to-day supervision of teachers in their schools.

Procedures

- National trainers will select an area for pilot implementation (5–10 schools) and engage school heads and other key stakeholders (ministries, school health administrators, etc.).
- Through their respective institutions national trainers will invite 5–10 champion facilitators from participating schools for training.
- The champion facilitators will be trained in SMHP content and delivery and level 2 adaptation using the WHO adaptation framework.
- All adaptations will be documented through the framework provided in

Appendix 2. All completed frameworks will be reviewed by the WHO team to ensure fidelity with the original SMHP manual.

- **Evaluation**

- School-level situation analysis data will be collected by champion facilitators prior to the workshop. The tool is attached in Appendix 6.
- Champion facilitators will be evaluated using a competency questionnaire administered before and on completion of the 5-day training. The tool is attached as Appendix 4.
- The training is to be evaluated using the training feedback questionnaire administered on completion of the training. The tool is attached as Appendix 5.

Outputs

- 5–12 competent champion facilitators. Over time, champions become a resource for further intervention scale-up through their experiences; they also act as agents of change within the schools, community and education system.
- Data generated at school level from participating schools in each country.
- Documented second phase of adaptation is carried out prior to the initial implementation.

Step 3.
Small-scale implementation and evaluation of SMHP

Aim

- Pilot implementation of the WHO SMHP programme in 5–10 schools to provide information about the feasibility and acceptability of the programme once implemented with a small group of schools, teachers and school children in the local context.

Participants

- National trainers.
- Champion facilitators from the participating schools.
- All teachers and other delivery agents in the participating schools.
- All school children and their families.
- Local providers of mental health if available.

Procedures

- Training and supervision of all teachers and other delivery agents in participating schools by the champion facilitators.
- Setting up a cascade model of supervision – master trainers supervise national trainers remotely; national trainers supervise champion facilitators remotely; champion facilitators supervise teachers and delivery agents in their respective schools.
- Development of specialist referral pathways for children with severe problems.

Evaluation

- Data will be collected from all participating schools using a mixed methods design.

- Quantitative evaluation: data will be collected at baseline (before implementation begins) and 8 months after implementation through:
    - country and school level situation analysis;
    - competency levels of national teachers, champion facilitators and all delivery agents;
    - strengths and difficulties questionnaire (SDQ) for all children aged 11–17 years (Appendix 7);
    - Form A: Child identified for intervention (Appendix 8);
    - Form B: Child referral to specialist facility (Appendix 9).
- Qualitative evaluation: data will be collected from key informants after 8 months of implementation. Detailed methodology is attached as Appendix 10.

Outputs

- Information on the feasibility, acceptability and effectiveness of the programme on a small scale.
- Information to refine the programme before larger scale-up.
- Refinement of cascade training and supervision models and procedures.
- Locally adapted manual for scaled-up implementation in local schools.

Appendix 1.

Timetable and agenda for the training and adaptation workshops

(Training materials are available in your training folders.)

Time	9:00-9:45	9:45-10:30	11:00-11:45	12:45-1:30	1:30-2:15	2:45-3:30	3:30-4:15	4:15-5:00
Day 1	Opening remarks Introductions Global and regional context for school mental health programmes Objectives of this training Evaluation framework Pre-test		Lecture Why school mental health?	Lecture Normal childhood development 1	Exercise What can be done to promote healthy development	Lecture Normal childhood development 2	Lecture Mental health promoting schools	Exercise Characteristics of a good school and a good teacher
			Exercise Impact of mental health in the classroom			Exercise How to promote a healthy moral development		
Day 2	Lecture Mental health promoting schools 2 and 3	Exercise Classroom strategies for disruptive behaviours	Lecture Other health promoting efforts that impact mental health	Lecture Recognition and referrals for common mental health problems	Exercise Cases 1-4	Lecture Interventions for cases 1-4	Exercise Cases 5-8	Lecture Interventions for cases 5-8
Day 3	Exercise Cases 9-11	Lecture Interventions for cases 9-11	Post-training evaluation	Supervised facilitation practice sessions	Supervised facilitation practice sessions	development 2	Supervised facilitation practice sessions	Supervised facilitation practice sessions

Day 4	Supervised facilitation practice sessions	Supervised facilitation practice sessions	Supervised facilitation practice sessions	Supervised facilitation practice sessions	Supervised facilitation practice sessions	Introduction to adaptation framework and adaptation group work	Adaptation group work continued	Adaptation plenary presentation
Day 5	Supervision guidelines	Implementation plan	Reflections and closing					

Appendix 2.
WHO SMHP adaptation framework

Background

The recommended framework for documenting adaptations to the SMHP has been developed from an existing framework for documenting the adaptation of psychological interventions (Bernal, Bonilla & Bellido, 1995; Bernal & Sáez-Santiago, 2006). The framework contains 8 adaptation principles: language, persons, metaphors, content, concepts, goals, methods and context (summarized in Table A2.1; after Chowdhary et al., 2013). Each principle has features of operationalization to be addressed. We have added a ninth principle, security, to the framework, to be employed where the SMHP is being delivered in unstable settings. This has been included as an additional adaptation principle to recognize and identify potential complexities associated with adapting interventions for delivery in humanitarian contexts.

Evidence on training non-mental health professionals in mental health interventions in low- and middle-income countries identifies considerations that overlap with this framework, including language, metaphors and local idioms of distress, family involvement in treatment, appropriate illustrations in manuals and a high level of intervention and manual structure (Patel et al., 2010, Rahman et al., 2007; and Murray et al., 2011). For these reasons this framework is considered appropriate for documenting SMHP adaptations.

Calls for research to pay attention to and be integrated with the adaptation process have been made (Rogler, 1989, 1999). Therefore, the framework moves beyond documenting why adaptations were made to identify the evidence for specific adaptations – including primary research (e.g. qualitative assessments, intervention training and process evaluations) as well as existing research and practice evidence. A final addition is documenting the timing of specific adaptations with a view to identifying the adaptation phases, revealing the ongoing nature of the adaptation process.

Table A2.1. Bernal framework: adaptation principles and operationalisation

Adaptation principle	Operationalization	
	What is involved	Examples of operationalization
1. Language	Appropriate use of emotional expression and verbal style	Translation into local language Technical terms replaced by informal language more commonly used in conversation.
2. Persons	Consideration of the role of cultural similarities and differences in the facilitators/ students matching	Facilitator–student matching (e.g. same sex) Facilitator–student relationships (therapeutic skills, e.g. empathetic listening) Management of role of family in supporting student
3. Metaphors	The use of metaphors/ symbols/sayings/idioms in communicating information about students problems and strategies to address these	Use of materials with cultural/ age relevance e.g. pictures Use of culturally relevant stories and examples Use of local idioms (e.g. expressions/ sayings common in local language and appropriate to age of the children)
4. Content	Content that includes appropriate references to values, customs and traditions	Incorporation of local practices into treatment (e.g. meditation or prayer) Additional elements of treatment to address cultural factors
5. Concepts	How the students problem is conceptualized and communicated	Addressing stressors (e.g. social isolation, dysfunctional behaviours and stigma) Somatic concepts (bio-psycho-spiritual-social model) Social concepts (e.g. status of women) Religious concepts (e.g. suffering as a punishment from God)
6. Goals	Goals that reflect knowledge of values, customs and traditions	Student-led goals (including facilitator management of goal setting) Clarifying goals (e.g. do they aim to improve function, mental well-being etc.) Extending goals (e.g. once a small goal has been met, extending it to a larger goal)
7. Methods	Procedures to allow achievement of goals appropriate to culture	Adaptation of training and supervision methods (e.g. to match facilitator level) Student engagement adaptations (e.g. how to ensure student buy-in) Adaptations to techniques for treatment delivery (e.g. supervision structures; adapting techniques to better fit school environment)

8. Context	social/economic/political context in which student embedded	Increase accessibility (e.g. school-based approach) Ensure feasibility (e.g. integration with facilitators' other commitments; links to specialist mental health services) Ensure acceptability (e.g. school and community engagement, fit with local health/illness narratives) Ensure compliance to treatment (e.g. role of family members/community/ specialist mental health care providers)
9. Security*	Humanitarian/ conflict context	Specific adaptations relating to conflict-affected setting (e.g. safety training/ protocols) Adaptations to delivery schedule and implementation in response to security context

*This is an addition to the adaptation framework specific to this study

Important considerations before using the framework

This document presumes that the intervention being adapted is already (a) generic (no specific western sociocultural elements/examples) and (b) written in plain, lay person's English. In order to apply this framework, these points of decontextualization need to occur before adaptation to the local context.

The term "local social context" is used to cover not only issues of language and cultural knowledge, attitude and practices but also local resources and the health system context.

How to use the framework

Table A2.2 contains the full adaptation framework. The first column shows each of the adaptation principles, then four blank columns cover: what changed; the reason for the change; the evidence for why this change is appropriate (e.g. local expertise, research evidence, local feedback); and the date that the change was made. Everything that is changed in the manual or in the way the SMHP is delivered within a particular setting should be documented in this framework.

The idea is that this table is used throughout the adaptation process for each setting. In this way, the progressive nature of changes and refinement of adaptations will be identified. For example, initial adaptations could include adding a locally-relevant story. On piloting, it may then be found that this story is not working as anticipated and a student recommends another story that seems more appropriate and more widely known. Therefore, in consultation with others working in your setting,

a collective decision is made to update the manual with this new story. This sort of continual learning is a common element of adapting manuals to the local setting and is an important part of making the SMHP locally acceptable and relevant.

It is critical that adaptations are documented in this framework so that the SMHP master trainers can review changes that are made and ensure that these remain consistent with the original intention of the manual. It is important that changes do not change key principles of each strategy known to be effective in supporting specific types of mental health problem.

Techniques to aid identifying aspects of the manual that require adaptation

Identify changes that need to be made for adaptation to the local social context (e.g. items that could not easily be translated, images that require contextualisation, sections where a story or example could be inserted to illustrate the point in a locally relevant way). Gain feedback on language, content and appropriateness for delivery to the target population.

- In small groups show each segment identified to require discussion and potential adaptation and collect comments by asking:
    - "How do you understand this text/picture/explanation/activity, etc.? What does this mean to you? What do you think of this?"
    - "How relevant is the text/picture/explanation/activity for your setting (or not)? Do you think the activity is feasible to implement (or not)?"
    - "Are there any issues with this segment? Is it acceptable (e.g. non-offensive) in your setting?"
- Record comments for each segment on comprehensibility, acceptability and relevance in the intervention adaptation monitoring form.
- Record possible changes to be made to manual/package/programme in the SMHP adaptation framework documentation form (see Table A2.2).

Systematically document comments from participants on the comprehensibility, acceptability and relevance of the sections discussed in the adaptation framework.

Table A2.2. SMHP adaptation framework

• Adaptation principle	What changed (page no. and line)	Why it changed	Evidence base (local expertise, local piloting, research, practice literature, etc.)	Date adaptation made
Language: Translation and simplification in local language • Translation into local language • Technical terms replaced by informal language more commonly used in conversation				
Persons • Facilitator–student matching (e.g. same sex) • Facilitator–student relationships (therapeutic skills, e.g. empathetic listening) • Management of role of family in supporting student				
Metaphors • Use of materials with cultural/age relevance (e.g. pictures) • Use of culturally relevant stories and examples • Use of local idioms (e.g. expressions/sayings common in local language and appropriate to age of the children)				
Content: appropriate references to values, customs and traditions • Incorporation of local practices into treatment (e.g. meditation or prayer) • Additional elements of treatment to address cultural factors				
Content: how the student's problem is conceptualized and communicated • Addressing stressors (e.g. social isolation, dysfunctional behaviours and stigma) • Somatic concepts (bio-psycho-spiritual-social model) • Social concepts (e.g. status of women) • Religious concepts (e.g. suffering as a punishment from God)				

Goals: that reflect knowledge of values, customs and traditions • Student-led goals (including facilitator management of goal setting) • Clarifying goals (e.g. do they aim to improve function, mental well-being, etc.) • Extending goals (e.g. once, a small goal has been met, extending it to a larger goal)				
Methods: to allow achievement of goals appropriate to culture • Adaptation of training and supervision methods (e.g. to match facilitator level) • Student engagement adaptations (e.g. how to ensure student buy-in) • Adaptations to techniques for treatment delivery (e.g. supervision structures; adapting techniques to better fit school environment)				
Context: social/economic/ political context in which student is embedded • Increase accessibility (e.g. school-based approach) • Ensure feasibility (e.g. integration with facilitator's other commitments; links to specialist mental health services) • Ensure acceptability (e.g. school and community engagement, fit with local health/illness narratives) • Ensure compliance to treatment (e.g. role of family members/ community/specialist mental health care providers)				
Security: NB only complete this section when working in insecure settings • Specific adaptations relating to conflict-affected setting (e.g. safety training/protocols) • Adaptations to delivery schedule and implementation in response to security context				

Appendix 3.
Country-level situation analysis

Template for cover letter

To,

.....

.....

.....

Re: Current situation analysis of school mental health initiatives in the country

Respected Colleague,

School, with its strategic position and easy access to students, families and communities, can play a key role in mental health promotion, prevention and early detection of psychological distress, mental disorders and substance abuse, as well as in ensuring that children and adolescents who need health and social services receive appropriate care and support.

You may be aware that WHO has launched a School Mental Health Programme in many countries in the WHO Eastern Mediterranean Region. In this regard, we need your help to conduct a situation analysis in our country. The aim of this situation analysis is to provide an overview of what is being done at country level to promote the psychosocial well-being of students and communities as part of the Health Promoting Schools Initiative or as part of other programmes.

We are kindly asking you and your team to fill in the attached questionnaire regarding any school mental health initiatives in your city/district. This questionnaire has been developed by the WHO Regional Office for the Eastern Mediterranean specifically to conduct a situation analysis on current efforts for the promotion of mental health and psychosocial well-being at school in the Region.

We thank you in advance for your time and cooperation. Kindly return the completed questionnaire in the attached addressed envelope.

Regards,

Rapid assessment of interventions, resources, opportunities and gaps in school mental health promotion

Information on respondent

Name of country/province/city: .....

Date of completion: ..... Month ..... Year .....

Contact details of person/persons responsible for answering the questionnaire:

Name: .....

Title/position: .....

Mailing address: .....

.....

Telephone:..... Fax:.....

E-mail: .....

Name: .....

Title/position: .....

Mailing address: .....

.....

Telephone:..... Fax:.....

E-mail: .....

Section 1. Policy

1.1 Which of the following issues are addressed in existing policies/strategies?

Issue	National health policy/strategy	Mental health policy/strategy	Adolescent health strategy	School health strategy	Health promotion strategy	Education policy/strategy	Special needs education strategy	Others (specify)
Promotion of students' mental health								
Promotion of teachers' mental health								
Forbidding/discouraging physical punishment and violence								
Prevention of bullying								
Promoting community participation in school management								
Promoting the creation of teachers' and parents' associations for mental health								
Other (specify)								

1.2. Is there any other useful information you would like us to consider regarding policy on mental health promotion in schools?

.....

.....

.....

.....

.....

Section 2. Availability of school-based mental health services

2.1. Are the following services available in schools? By whom are they provided?

Services	Available			Provided by	
	In all schools	In some schools	Not available	School staff	care staff regularly visiting schools
Monitoring child development					
Screening for learning difficulties or any other mental and substance abuse disorder*					
Psychosocial counselling					
Identification/management of any mental and substance abuse disorder**					
System of referral					

*Please specify if the service is available only in a district, or only in some schools, etc.

**Please specify for which disorder.

2.2. Is there any other useful information you would like us to consider regarding the availability of school-based mental health services?

.....

.....

Section 3. Links with the community

3.1 Is there any community mental health project in the country?

◯ Yes (specify) ◯ No

3.2. Are schools participating in/linked to any community mental health project?

◯ Yes (specify) ◯ No

3.3. Any other comments

.....

.....

Section 4. Resources, opportunities and gaps

4.1. Who is currently responsible for school health management at national level?

- ◯ School health officer/Ministry of Health
- ◯ School health officer/Ministry of Education
- ◯ School health/Health Promoting Schools Initiative technical team
- ◯ Other (specify)

4.2. If a national school health coordinating/technical committee is in place, who is currently part of it?

.....

.....

4.3 Who is currently responsible for school health management at regional/district level?

.....

.....

4.4 Is there any quality assurance/accreditation system in place for the school health initiative?

◯ Yes, national standards for school health available ◯ No

4.5 How is school health monitored? Tick all statements which reflect your country's current situation.

- ◯ Regular supervisory visits
- ◯ Sporadic supervisory visits
- ◯ Checklist for supervisory visits available
- ◯ Checklist for supervisory visits not available
- ◯ Receive regular reports from district school health focal points
- ◯ Receive regular reports from schools
- ◯ Indicators available
- ◯ Indicators not available
- ◯ Health Promoting Schools Initiative programme evaluation conducted
- ◯ No monitoring system in place

4.6 Who is responsible for coordinating school health interventions at school level?

.....

.....

4.7 Which of the following human resources are available at school and community levels and engaged in school health activities?

- ◯ Parents' association
- ◯ Community organizations
- ◯ Social worker
- ◯ Peers
- ◯ Psychologist
- ◯ Students' association
- ◯ Nongovernmental organizations
- ◯ Nurse
- ◯ Teachers
- ◯ Psychosocial counsellor

4.8 Which of the following links between schools and health care services are available:

- ◯ Nurse assigned to school
- ◯ Nurse visiting school on a regular basis
- ◯ Nurse available in case of need
- ◯ Referral system in place for medical problems identified at school
- ◯ Guidance received from health care services about students' special needs or health conditions

4.9 Indicate the sources of funding for existing interventions on mental health promotion in schools.

- ◯ Ministry of Health ◯ Ministry of Education ◯ WHO ◯ UNICEF
- ◯ UNESCO ◯ NGO ◯ Schools budget ◯ Communities
- ◯ Other (specify) .....

4.10 Indicate the sources of funding for school mental health initiatives.

- ◯ Ministry of Health ◯ Ministry of Education ◯ WHO ◯ UNICEF
- ◯ UNESCO ◯ NGO ◯ Local association/organization
- ◯ Schools ◯ Communities
- ◯ Other (specify) .....

4.11 Do you expect that any of the donors currently engaged in health and education interventions in your country would be interested in supporting mental health promotion initiatives in schools?

- ◯ Yes (specify) ..... ◯ No ◯ Don't know

4.12 In your opinion, is there any specific priority need for mental health promotion interventions in schools in addition to the ones which are already available? Please specify below.

.....

.....

.....

4.13 Do you foresee any potential challenge in the introduction/scale-up of school-based mental health promotion interventions?

- ◯ Lack of government commitment
- ◯ School health programme officers' workload
- ◯ Weak cooperation between Ministry of Health and Ministry of Education
- ◯ Lack of technical expertise
- ◯ Lack of commitment at school level
- ◯ Nonavailability of required professionals
- ◯ Excessive workload of teachers
- ◯ Excessive workload of social/health care professionals
- ◯ Weak links between school and community
- ◯ Financial constraints
- ◯ Social and health care services
- ◯ Other (specify) .....

4.4 Any other suggestion or recommendation for future actions on mental health promotion in schools.

.....

.....

Thank you for your time.

Appendix 4.

Pre-post training evaluation of national trainers, champion facilitators and teachers

Information on respondent

Age: ..... Sex: Male ◯ Female ◯

Education: Matric ◯ Intermediate ◯ Bachelor ◯
Masters ◯ Higher qualification ◯

What type of school do you work in? (select one)
Primary ◯ Secondary ◯ Both ◯

Teaching experience (years): .....

Length of time working in current school (years): .....

Have you ever taken a session/workshop before on this topic? Yes ◯ No ◯

If yes, where did you do this training/learning? (Please check all that apply)

◯ in a professional development (in-service) workshop

◯ in a continuing education/professional certification course

◯ I have read and learned about this on my own

◯ Other (please specify) .....

Mental health literacy

Each item in the table below describes an area of knowledge, skill, ability or attitude relevant to school mental health. Please indicate if you agree or disagree with the statement or don't know.

Serial no.	Statement	Yes	No	Don't know
1	A child not wanting to look directly into other people eyes and disliking being touched may be having sensory processing problems.			
2	Acquiring a set of values or ethics or an ideology as a guide to behaviour is a developmental task of primary school age children.			
3	Frequently getting into fights, showing defiance or stealing may be a sign of mental illness.			
4	A 3–5 year old child can often distinguish between fantasy and reality.			
5	Having students with special educational needs in mainstream school has a negative impact on students.			
6	Family conflicts, poor self-esteem and school failure are risk factors for a student's well-being.			
7	If a student starts to become disruptive, reprimand early to avoid escalation.			
8	Frequently leaving the class due to pains and aches that do not appear on weekends or holidays may be a warning sign of mental illness.			
9	The parietal area of the brain is used in decision-making and ability to control behaviour.			
10	Providing one positive comment for every negative comment throughout the school day helps in managing disruptive behaviour in class.			
11	Students with anxiety problems may freeze or be unable to participate in activities.			
12	Cyberbullying is bullying that take place using technology.			
13	Avoiding school and frequent absences may be a behavioural manifestation of a mental health problem.			
14	Children with sensory processing problems may be accommodated by positioning their desks away from others or getting them to stand at the back of the line.			
15	A multi-step plan for waiting helps in managing disruptive behaviour in the classroom.			
16	Poor sleep or appetite and excessive sadness for long periods may be signs of mental illness.			
17	Several mental disorders can affect nutrition.			
18	Post-trauma problems may include acting younger than age and inability to perform previously acquired skills.			
19	Having thoughts or beliefs that are unusual and not shared in the individual's culture may be due to psychosis.			
20	Limiting the time children consume different types of media (computers, smartphones) to 4–5 hours is recommended.			

21	Talking too loudly may result from hyperactivity and impulsivity problems.			
22	Nutritional deficiencies have little impact on cognitive and emotional development in children.			
23	An identifiable stressor may or may not be evident in mental disorders.			
24	Inattention problems may present with daydreaming and not listening when spoken to.			
25	An important suicide prevention strategy is restriction of access to means of suicide.			
26	Time out is not a good strategy for behaviour problems in children.			
27	A student being irritable, angry and demonstrating marked changes in behaviour may be suffering from depression.			
28	Students with conduct problems never engage in power struggles.			
29	A child appearing withdrawn, anxious and fearful in classroom is due to oppositional problems rather than sensory problems.			
30	Students blurting out answers before teacher finishes questions may be due to hyperactivity/impulsivity problems.			

Stories

Please read the stories carefully and answer the questions. (Each statement to be answered separately.)

Story 1

Hassan, a 7-year-old boy in second grade, is very bright and intelligent, but you notice that he has difficulty concentrating on the task and despite all your efforts he has difficulty waiting his turn and always blurts out the answers. He also cannot sit still. He moves around in the class disturbing others. He is not organized and always seems to lose his notebooks and homework.

Among the following, which strategies could be implemented by teachers to support Hassan?

Serial no.	Strategy	Yes	No
1	Allow extra time for the student to complete tasks at recess.		
2	Praise/reinforce the child for doing the "right thing" when he follows steps, organizes desk and other goals prioritized for him.		
3	Provide preferential seating (near the door) and clarify rules of personal space.		
4	Isolate the student from the rest of the group by sending him out of the class so that he will not interfere with the rest of the class learning.		
5	Break tasks down into 10–20 minute segments so that the students can move/shift within the classroom appropriately.		

Story 2

A teacher has noted a big change in 16-year-old student Amr's attitude and classroom behaviour a few months after he has witnessed a terrorist attack. He has become very withdrawn, appears distracted and his mood has changed to sad and irritable. He is also noted to be "jumpy" and leaps off his chair on hearing any sudden noise. Amr admits to getting daily memories, flashbacks and nightmares related to a shooting he witnessed.

Among the following, which strategies could be implemented by teachers to support Amr?

Serial no.	Strategy	Yes	No
1	Academic demands may need to be decreased.		
2	No need to worry as it is a normal response to the situation and will get better by itself.		
3	Consider school events discussing terrorism to help the student recall the event in order to get over it.		
4	Teach relaxation techniques to diminish escalating distress.		
5	Allow the child to write down an intrusive thought or flashback to discuss with the teacher.		

Story 3

Joseph is a 6-year-old boy. He has no friends at school and doesn't seem interested in interacting with others. He spends a lot of time in class trying to line objects up and when excited he displays a flapping hand movement. He is mostly nonverbal except for a few words he has learnt recently and he doesn't look his teacher in the face. The teacher learns that he has had these problems since his first year.

Among the following, which strategies could be used by teachers to improve

Joseph's social communication and engagement with others?

Serial no.	Strategy	Yes	No
1	Use language that is clear to the student, like metaphors.		
2	Request the student to look at the teacher rather than bending down.		
3	Explain nonverbal communications (facial expressions for happiness, anger, disgust, surprise, etc.) to help students accurately recognize emotions of others.		
4	Provide visual rather than only verbal directions.		
5	When the student gets excited or escalates behaviour, be firm and use reprimands to control the student.		

Story 4

Hamad is a 15-year-old boy who is described by his teachers as "very difficult". He refuses to follow instructions and appears to enjoy defying authority, whether that of his teachers or parents. He has not been regular in attending school. His parents report that he hangs out with "a bad group of kids" and have caught him smoking. When he is at school he frequently gets into physical fights with other students and has been suspended a few times.

Among the following, which strategies could be implemented by teachers to support Hamad?

Serial no.	Strategy	Yes	No
1	Avoid providing the student with many alternate choices as this will escalate the problem.		
2	Have students role-play how to resolve conflicts.		
3	Identify the student's good efforts even if the results are not successful.		
4	Use consistent cues, words and signals to identify inappropriate behaviours.		
5	Use "you need to" statements frequently to ensure compliance.		

Story 5

Mariam is a 12-year-old girl. She always appears worried and frequently bites her nails. She frequently leaves class with complaints of a headache that only occurs during school days. She is always worried about her family – as if something bad would happen to them while she is at school. Sometimes when she gets anxious, she feels her heart pounding and her body trembling; she becomes short of breath and starts to feel sweaty.

What strategies could be implemented by the teacher to support Mariam?

Serial no.	Strategy	Yes	No
1	Allow the student to phone her family a few times during the school hours to reassure her that they are alright.		
2	Have students use a fear thermometer to identify what most frightens them.		
3	Encourage shallow breathing and positive self-talk.		
4	Discuss her difficulties in the class so that class peers can support her.		
5	If she is afraid to speak in front of the class, allow her to speak into a tape recorder.		

Story 6

Yasmine is a 10-year-old girl. Her teachers have noticed she has been appearing sad over the past three months. She frequently cries in class and appears excessively emotional. She no longer feels motivated to complete her work or engage in classroom discussions. At home, her parents have noticed that she has been irritable and is quickly triggered by her sister. She complains of being very tired and being unable to focus and has lost weight.

Which of the following strategies in your opinion, may be helpful for Yasmine?

Serial no.	Strategy	Yes	No
1	Grade the student based on work completed rather than work assigned.		
2	Help the student to identify her mood every day and steps she can take if her mood is low.		
3	Provide class notes to the student and consider academic assignments that are in keeping with the with student's interests.		
4	Discourage any physical activity due to tiredness to ensure adequate rest.		
5	Do not challenge the student's negative thoughts.		

Story 7

Fahad is a 17-year-old boy. His teachers noticed in the last month that he has become very different and is "no longer his usual self". He appears very withdrawn and refuses to eat any food in the classroom, noting that his classmates are trying to poison him because "they are jealous". He has also been mumbling to himself and interacting with someone who is not there. His parents feels that relatives have performed black magic on him.

What strategies could be implemented by the teacher to support Fahad?

Serial no.	Strategy	Yes	No
1	Have a discussion with the student to convince him out of his distorted thoughts.		
2	Try to change topic, activity, setting or staff to de-escalate the situation if unusual thoughts increase.		
3	Model and practice positive self-talk.		
4	Allow the same amount of time to complete assignments in order to avoid any discrimination.		
5	Help the student evaluate the evidence for his conclusions and see reality.		

Story 8

Hatem, a 7-year-old boy, has been complaining of stomach ache when it is time for school and refuses to go. No physical cause for the pain has been found. He says he would rather stay home with his mother and that he worries something bad will happen to her while he is away. A few months back while at school his mother had a seizure and was hospitalized for a few weeks.

What strategies could be implemented by the teacher to support Hatem?

Serial no.	Strategy	Yes	No
1	Allow the child to spend time at first in the classroom so that his studies are not affected.		
2	Make school more magnetic (something to look forward to on arriving, such as playing with peers, etc.) and advise parents to make home more boring in the case of school refusal.		
3	Have his parents call in to school to check on him.		
4	Identify a staff member who can take the child home if distressed during class time.		
5	Have the student use “strength” cards to manage stress.		

Story 9

15-year-old Mahmoud has a history of bullying other students. Recently he has been targeting some younger students, including Hassan, who is an 11-year-old soft-spoken boy. Mahmoud has been chasing Hassan in the playground and has taken away his sandwich. He calls him names and has engaged in a few fights with him.

What strategies could be implemented by the teacher to support Mahmoud?

Serial no.	Strategy	Yes	No
1	Describe rules in positive language for students (respect for others, keep your hands to yourself, etc.).		
2	Tape record or videotape the student and review the student's social behaviour in the class with his peers.		
3	Place the student in a social skills group at lunch or other times.		
4	Have students describe how they think others feel when a conflict occurs.		
5	Slowly outline the student's alternatives and likely consequences when refusal occurs. Do not allow the student to consider and choose options as it will escalate the problem.		

How confident do you feel in helping a student with a mental health problem?

1	2	3	4	5
Not at all	A little bit	Moderately	Quite a bit	Extremely

Teachers' self-efficacy

Each item below describes an area of efficacy in engaging student learning. Please answer each question as honestly as possible using the "level of agreement" scale below and circle the most appropriate answer to the right of each statement.

1	2 - 3	4 - 5 - 6	7 - 8	9
Nothing	Very little	Some	Quite a bit	A great deal

Serial no.	Statement	Response
1	To what extent can you use a variety of assessment strategies?	1 2 3 4 5 6 7 8 9
2	To what extent can you provide an alternative explanation or example when students are confused?	1 2 3 4 5 6 7 8 9
3	To what extent can you craft good questions for your students?	1 2 3 4 5 6 7 8 9
4	How well can you implement alternative strategies for working with students?	1 2 3 4 5 6 7 8 9
5	How much can you do to control disruptive behaviour in the classroom?	1 2 3 4 5 6 7 8 9
6	How much can you do to get children to follow classroom rules?	1 2 3 4 5 6 7 8 9
7	How much can you do to calm a student who is disruptive or noisy?	1 2 3 4 5 6 7 8 9
8	How well can you establish a classroom management system with students?	1 2 3 4 5 6 7 8 9

9	How much can you do to get students to believe they can do well in schoolwork?	1 2 3 4 5 6 7 8 9
10	How much can you do to help your students value learning?	1 2 3 4 5 6 7 8 9
11	How much can you do to motivate students who show low interest in schoolwork?	1 2 3 4 5 6 7 8 9
12	How much can you assist families in helping their children do well in school?	1 2 3 4 5 6 7 8 9

Thank you for your time.

Appendix 5.
Training feedback questionnaire

Course evaluation forms

Feedback form for each day

ID:		
Name of the training module(s) covered today (please write in the space below):		
Please answer the questions below:		
Question	**Response**	**Remarks**
1. Overall quality of this training	◯ Very good ◯ Moderate ◯ Needs improvement	
2. Length of the modules covered	◯ Too short ◯ Adequate ◯ Too long	
3. The lecture/instructions of the facilitator	◯ Difficult to understand ◯ Adequate ◯ Easy to understand	
4. Amount of participatory training	◯ Need more ◯ Moderate ◯ Need less	
5. Are you confident in providing training on these modules?	◯ Confident ◯ Somewhat confident ◯ Not confident	
6. Are you confident in providing supervision on these modules?	◯ Confident ◯ Somewhat confident ◯ Not confident	
7. What did you like the most, or consider most useful in these modules?		
8. What did you learn from these modules that you anticipate using in your work?		
9. Was there anything you did not understand well during this module? Please provide specific examples.		
10. What would you suggest to improve this training module?		

Feedback form to be collected at the end of each day.

Thank you.

End-of-training summary evaluation

ID:			
Your details:			
Name	Affiliation	Area (location)	Discipline
Training workshop			

Please answer the questions below.		**Remarks**
1. The facility or venue where training took place	◯ Very good ◯ Adequate ◯ Inadequate	
2. Number of participant in workshop	◯ Too much ◯ Adequate ◯ Too few	
3. Length of the whole training workshop	◯ Too short ◯ Adequate ◯ Too long	
4. General quality of the training	◯ Very good ◯ Moderate ◯ Not good	
5. The training was helpful in understanding of: • social emotional child development.	◯ Very helpful ◯ Helpful ◯ Not helpful	
• mental health-promoting schools	◯ Very helpful ◯ Helpful ◯ Not helpful	
• addressing student mental health problems in classroom	◯ Very helpful ◯ Helpful ◯ Not helpful	
6. Use of participatory training (group exercises, case studies etc.)	◯ Very good ◯ Adequate ◯ Not good	
7. How confident do you feel in recognizing and addressing mental health problems in students	◯ Significantly confident ◯ Somewhat confident ◯ Not confident	
8. How confident do you feel in knowing when to refer a student for additional help	◯ Significantly confident ◯ Somewhat confident ◯ Not confident	

9. What are the three most important things you learned during this training and will use in your practice?
1 2 3
9. What presentation/training styles were the most effective for you? (for example, case studies, lecture, group exercise?)

10. What would you suggest to improve the training? Are there any other comments or suggestion for improvement?

Thank you.

Appendix 6.
School-level situation analysis

Template cover letter

Respected Principal,

A positive school environment can promote healthy social and emotional development during the early years of life and is an important responsibility of health promoting and child-friendly schools.

We kindly ask that you and your team fill in the attached psychosocial environment profile by answering questions about your school that are grouped in seven "quality areas."

We assure you that all the information provided will remain confidential, and the names and addresses of any schools/individuals will not be included in any report.

The findings will help us to design school mental health programmes to train, sensitize and mobilize teachers and parents regarding children's emotional, behavioural and psychological problems.

We thank you in advance for your time and cooperation.

On behalf of:

School Mental Health Research Team

Baseline needs assessment form for schools

Adapted from the School Mental Health Quality Assessment Questionnaire (SMHQAQ).

Please rank each item below based on your current practice in school. Please select the number that best reflects the degree to which the item is developed and/or implemented (where 1 = not in place at all and 6 = fully in place).

Item	Ranking
Have you conducted assessments on common risk and stress factors faced by students (e.g. exposure to crime, violence, substance abuse)?	1 2 3 4 5 6
Do you have services in place to help students contend with common risk and stress factors?	1 2 3 4 5 6
Do you conduct screening and follow-up assessments to assist in the identification and appropriate diagnosis of mental health problems?	1 2 3 4 5 6
Is there a clear and effective protocol in your school to assist your decision-making and care for more serious situations (e.g. self-reporting of suicidal/homicidal ideation)?	1 2 3 4 5 6
Have you helped your school develop an advisory board (including youth, families, administrators, educators, school health staff and community leaders) for its mental health programmes?	1 2 3 4 5 6
Do you offer activities promoting school-wide mental health?	1 2 3 4 5 6
Are you actively involved in developing and implementing training and educational activities for educators on the identification, referral and behaviour management of social/emotional/behavioural problems in students?	1 2 3 4 5 6
Do you offer group, classroom and school-wide prevention activities?	1 2 3 4 5 6
Do you offer intensive treatment services to youth and families, including individual, group and family therapy?	1 2 3 4 5 6
Are you using or helping to develop communication mechanisms to ensure that information is appropriately shared and that student and family confidentiality is protected?	1 2 3 4 5 6
Do you actively collaborate with other professionals in your school (other health/mental health providers, educators, administrators)?	1 2 3 4 5 6
Are you knowledgeable about existing mental health and related resources for students in the school and community and is this information readily available?	1 2 3 4 5 6
Are you working closely with other community health and mental health providers and programmes to improve cross-referrals, enhance linkages and coordinate and expand resources?	1 2 3 4 5 6

Thank you.

Appendix 7.

Strengths and difficulties questionnaire (SDQ) – child version

For each item, plase mark the box for not true, somewhat true or certainly true. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems strange! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's name ..... Male/Female .....

Date of birth .....

	Not true	Somewhat true	Certainly true
Considerate of other people's feelings	○	○	○
Restless, overactive, cannot stay still for long	○	○	○
Often complains of headaches, stomach-aches or sickness	○	○	○
Shares readily with other children (treats, toys, pencils etc.)	○	○	○
Often has temper tantrums or hot tempers	○	○	○
Rather solitary, tends to play alone	○	○	○
Generally obedient, usually does what adults request	○	○	○
Many worries, often seems worried	○	○	○
Helpful if someone is hurt, upset or feeling ill	○	○	○
Constantly fidgeting or squirming	○	○	○
Has at least one good friend	○	○	○
Often fights with other children or bullies them	○	○	○
Often unhappy, down-hearted or tearful	○	○	○
Generally liked by other children	○	○	○
Easily distracted, concentration wanders	○	○	○
Nervous or clingy in new situations, easily loses confidence	○	○	○
Kind to younger children	○	○	○
Often lies or cheats	○	○	○
Picked on or bullied by other children	○	○	○
Often volunteers to help others (parents, teachers, other children)	○	○	○
Thinks things through before acting	○	○	○
Steals from home, school or elsewhere	○	○	○
Gets on better with adults than with other children	○	○	○
Many fears, easily scared	○	○	○
Sees tasks through to the end, good attention span	○	○	○

Signature ..... Date .....

Parent/Teacher/Other (please specify:)

Thank you very much for your help

Appendix 8.

Form A: Child identified for intervention

Could you please provide the following information regarding the child?

Name: .....

Sex: Male/Female Date of birth: ..... Age .....

School name: ..... Class .....

How would you rate the child's academic performance?

Excellent ◯ Good ◯ Satisfactory ◯ Needs improvement ◯

How punctual is the child?

Excellent ◯ Good ◯ Satisfactory ◯ Needs improvement ◯

Nature of the difficulties child is presenting in school along with the duration of these problems:

1. .....

2. .....

3. .....

Severity of these problems at baseline:

Mild Moderate Severe

1 2 3 4 5 6 7 8 9 10

Interventions tried:

1. .....

2. .....

3. .....

Severity of these problems after intervention:

Mild Moderate Severe

1 2 3 4 5 6 7 8 9 10

Is there any other information regarding the child that you would like to share with us?

.....

.....

Name of teacher who completed the form: .....

Strengths and difficulties questionnaire completed: Yes ○ No ○

Thank you for your cooperation.

Appendix 9.

Form B: Child referral form

Referral form for care provider

Could you please provide the following information regarding the child?

Name: .....

Sex: Male/Female Date of birth: ..... Age .....

School name: ..... Class .....

How would you rate the child's academic performance?

Excellent ◯ Good ◯ Satisfactory ◯ Needs improvement ◯

How punctual is the child?

Excellent ◯ Good ◯ Satisfactory ◯ Needs improvement ◯

Nature of the difficulties the child is presenting in school, along with duration of these problems.

1. .....

2. .....

3. .....

Severity of these problems at baseline:

Mild Moderate Severe

1 2 3 4 5 6 7 8 9 10

Interventions tried:

1. .....

2. .....

3. .....

Severity of these problems at the time of referral:

Mild Moderate Severe

1 2 3 4 5 6 7 8 9 10

Is there any other information regarding the child that you would like to share with us?

.....

.....

Name of teacher who is making the referral: .....

Strengths and difficulties questionnaire completed: Yes ○ No ○

Thank you for your cooperation.

Appendix 10.
Key informant interview guides

Purpose

The purpose of conducting key informant interviews is to gather a range of perspectives about the SMHP from those training and supervising, delivering and receiving the programme. Interviews are an opportunity for people to give open and honest feedback about what they see as the SMHP's strengths and weaknesses and to make suggestions to improve it in the future.

Methods

Interviews

Individual in-depth interviews are suggested as the best way to collect views about the SMHP from a range of key informants. We recommend individual interviews rather than focus group discussions because of their ability to allow people to give their full opinion without being restricted by feeling there are some things they can and cannot say in front of colleagues or teachers, etc.

Interviews should be conducted by persons with prior training and experience of the key principles of qualitative interviewing. Where possible, these should be independent persons whose sole role it is to evaluate the SMHP. This is preferable because it allows key informants to give their honest opinions and is likely to encourage complete explanations of experiences without leaving out information seen as "common knowledge" between people involved in the SMHP. Where it is not possible to have an independent person conduct interviews, it is especially important that the interviewer fully explain to participants that what is said in interviews will not impact upon their current or ongoing employment, role in the project or receipt of services. It is also important to emphasize that the interviewer would like to hear key informants full and honest review of the SMHP, including both positive and negative experiences, in order to help improve the programme for future implementation.

For these interviews we follow the qualitative interviewing methods as outlined in the Design, Implementation, Monitoring and Evaluation (DIME) model (Applied Mental Health Research Group, 2013). In this method all interviews are to be conducted by a pair of interviewers trained in the key principles of qualitative interviewing. To record the interviews one interviewer will ask the questions

whilst the second interviewer makes a written verbatim record of both interviewer questions and key informant responses, providing a complete verbatim record of the interview. No identifying information will be collected during the interview; all data will be anonymous; and no recording devices will be used.

Specific considerations when interviewing children

When interviewing children we recommend a minimum age of 12 years. This is because children younger than this find it difficult to engage in interviews. It is very important that interviews are conducted in a location children feel safe in, and that any requests for an accompanying person (friend, teacher, other adult) are respected and accommodated.

Ethical considerations

Prior to conducting all interviews, it is important to gain voluntary informed consent from each key informant. In the case of children it is also important to have the consent of a parent or other legal guardian before speaking to the child. If the intention is to use the data gathered from these interviews to write reports or research papers or make presentations, it is important that the project is reviewed by an independent ethical review committee, and written informed consent is obtained from all participants.

It is also important to:

- ensure the anonymity of key informants – this is achieved by ensuring that no identifiable information such as a person's name or contact details are recorded (except on informed consent forms which should always be stored separately from interview data);
- interview in an appropriate private location where the key informant feels comfortable and where the conversation will not be overheard or interrupted (as far as possible);
- respect cultural norms, for example through gender matching the interviewer and key informant, or for cross-gender interviewing to chose an interview location that is public but out of earshot of others, e.g. underneath a tree;
- remain attuned to signs of distress or discomfort in the key informant and to be prepared to end the interview early to address these;
- always show respect for the information key informants offer you, even if this includes viewpoints you disagree with;
- ensure that all information is objectively and completely recorded in the written verbatim interview transcript.

Key informant interview guide for use with SMHP national trainers/ supervisors

1. Greet person. Interviewers introduce themselves.

2. Explain the purpose of key informant interviews following the informed consent process. Possible explanation of key informant interview process:

You are participating in the School Mental Health Programme. We would like to ask you some questions about your experience of this programme to help us to think about its strengths, weaknesses and how it could be improved. There are no right or wrong answers to the questions we are going to ask. We will be speaking to a number of people, asking everyone questions on the same topics. Your responses to these questions will at all times remain confidential; we will never connect your name to what you have said. If you feel unable to answer a question please say and we will move on to the next one. We expect the interview to last between 30 minutes and one hour. Are you clear on the purpose of the interview? Do you consent to take part?

3. If the key informant consents to being interviewed, find a private location (if not already in one). If the key informant declines to participate thank them and leave.

4. In an exercise book document the date and site of the interview, age and sex of the interviewee, who they are (e.g. national trainer/supervisor, facilitator, recipient) and initials of the two interviewers.

5. Begin in-depth interview: record all responses in the notebook. No audio recordings are to be made.

Interview process: One interviewer asks the questions while the other interviewer records the interview in the exercise book. Record everything that is asked by the interviewer (questions and probes) and everything that is said by the interviewee in response to each question.

Explanation of next section of the interview: The next set of questions relate to your experience of the SMHP. Please answer in as much detail as you can and where possible use specific examples to illustrate what you are saying. Any names that you use will be changed to ensure anonymity of what has been said.

- Role in the programme:
    - Can you describe your role in the SMHP?
    - Explore how they came to be part of the SMHP.
    - Can you tell me what you enjoy about being part of the SMHP?
    - Can you tell me what you find challenging about being part of the SMHP?
- Being trained in the SMHP:
    - Can you describe to me your experience of being trained in the SMHP by the master trainers?
    - Explore views of the training materials, the training format and the trainers.
    - Can you identify any previous experience or training that you have that you feel helped you benefit from the training?
    - Do you have any suggestions or recommendations for training other SMHP national facilitators?
- SMHP concepts:
    - How would you describe the content of the SMHP?
    - Who would you identify as being the students it is aiming to help?
    - Can you give a brief overview of the sort of skills it covers for supporting students?
    - Do you think the content of the SMHP is appropriate for teachers to deliver?
    - Explore why/why not to include potential alternative facilitators.
    - How could it be improved?
- Training SMHP facilitators:
    - Can you tell me what format you followed when training SMHP facilitators?
    - Did you feel this format was sufficient for covering the material in the SMHP?
    - If you were to deliver the SMHP training again, would you change anything about the format?

- How did you find the experience of training others in the SMHP?
- Were there any strategies/techniques that you used in your training that you felt were particularly effective?
- Were there any approaches to training that you would not use again?
- How well did you feel the facilitators understood the SMHP at the end of training?
- Did this match your expectations of how much they would understand? Why/why not?
- Do you have any suggestions for how facilitators understanding could be enhanced as a result of training?

- Supervising SMHP facilitators:
  - How would you describe your role of supervising SMHP facilitators?
  - Overall, how much time does this role require?
  - Does this fit with your other commitments?
  - Is this role more or less demanding than you were expecting?
  - Can you describe a situation where you feel your supervision has been effective and led to successful implementation of the SMHP?
  - Do you feel this role has enhanced your expertise in supporting student mental health?
  - How/how not?
- Joint working:
  - Have you had experiences of working in collaboration with national health/mental health services to address the needs of a student?
  - If yes, can you describe this? Did this interaction inform the way you responded to similar cases?
  - If no, is this because input was not required, or for another reason (e.g. unaware of how to refer)?
- Acceptability and appropriateness of SMHP:

- Do you feel the SMHP is an appropriate way to manage the mental health needs of school-aged children?
- Why/why not?
- Suggestions for improvement?
- Do you think having the SMHP affects mental health awareness in schools?
- How/ how not?
- Do you have any concerns about the appropriateness of the SMHP in your setting?

6. Both interviewers review the written record with the key informant still present. If anything is not clear, ask for clarification and correct written notes.

7. Ask the key informant if they have anything to add. Additional information is added to the interview notes as required.

8. Ask the key informant if they would like to receive a summary of findings and recommendations from speaking to everyone. If yes, on a separate sheet of paper to the interview record, write down the person's name and contact information (telephone number/e-mail address, etc.).

9. Thank person and leave.

Key informant interview guide for use with SMHP facilitators

1. Greet person. Interviewers introduce themselves.

2. Explain the purpose of key informant interviews following the informed consent process. Possible explanation of key informant interview process:

   You are participating in the School Mental Health Programme. We would like to ask you some questions about your experience of this programme to help us to think about its strengths, weaknesses and how it could be improved. There are no right or wrong answers to the questions we are going to ask. We will be speaking to a number of people, asking everyone questions on the same topics. Your responses to these questions will at all times remain confidential; we will never connect your name to what you have said. If you feel unable to answer a question please say and we will move on to the next one. We expect the interview to last between 30 minutes and one hour. Are you clear on the purpose of the interview? Do you consent to take part?

3. If the key informant consents to be interviewed, find a private location (if not already in one). If the key informant declines to participate, thank them and leave.

4. In an exercise book document the date and site of the interview, age and sex of the interviewee, who they are (e.g. national trainer/supervisor, facilitator, recipient) and the initials of the two interviewers.

5. Begin the in-depth interview: record all responses in the notebook. No audio recordings are to be made.

Interview process: One interviewer asks the questions while the other interviewer records the interview in the exercise book. Record everything that is asked by the interviewer (questions and probes) and everything that is said by the interviewee in response to each question.

Explanation of next section of the interview: The next set of questions relate to your experience of the SMHP. Please answer in as much detail as you can and where possible use specific examples to illustrate what you are saying. Any names that you use will be changed to ensure the anonymity of what has been said.

- Role in the programme:
  - Can you describe your role in the SMHP?

- Explore how they came to be part of the SMHP.
- Can you tell me what you enjoy about being part of the SMHP?
- Can you tell me what you find challenging about being part of the SMHP?

- Being trained in the SMHP:
  - Can you describe to me your experience of being trained in the SMHP by your national trainer?
  - Explore views of the training materials; the training format; and the trainers.
  - Can you identify any previous experience or training that you have that you feel helped you benefit from the training?
  - Do you have any suggestions or recommendations for training other facilitators?
- SMHP concepts:
  - How would you describe the content of the SMHP?
  - Who would you identify as being the students it is aiming to help?
  - Can you give a brief overview of the sort of skills it covers for supporting students?
  - Do you think the content of the SMHP is appropriate for teachers to deliver?
  - Explore why/why not to include potential alternative facilitators.
  - How could it be improved?
- Training:
  - Can you describe how you found the SMHP training?
  - Explore positive/negative views of format; training materials; training content.
  - Were there any strategies/techniques used in the training that you felt were particularly helpful?
  - Were there any approaches to the training that you found unhelpful?

- How well do you feel you understood the SMHP at the end of the training?
- Did the training match your expectations?
- Why/why not?

- Supervision:
  - Can you describe your understanding of the role of the SMHP supervisor?
  - Has your supervisor fulfilled your expectations in undertaking this role?
  - How/how not? Please give examples.
  - Can you describe a situation where you feel your supervision has been effective and led to successful implementation of the SMHP?

- Joint working:
  - Have you had experiences of working in collaboration with national health/ mental health services to address the needs of a child?
  - If yes, can you describe this? Did this interaction inform the way you responded in similar cases?
  - If no, is this because input was not required, or for another reason (e.g. unaware of how to refer)?

- Acceptability and appropriateness of SMHP:
  - Do you feel the SMHP is an appropriate way to manage the mental health needs of school-aged children?
  - Why/why not?
  - Suggestions for improvement?
  - Do you think having the SMHP affects mental health awareness in schools?
  - How/how not?
  - Have you had any feedback from parents relating to the SMHP?
  - Ask for specific examples and details. Explore positive/negative feedback.
  - Do you have any concerns about the appropriateness of the SMHP in your setting?

6. Both interviewers review the written record with the key informant still present. If anything is not clear, ask for clarification and correct written notes.

7. Ask the key informant if they have anything to add. Additional information is added to the interview notes as required.

8. Ask the key informant if they would like to receive a summary of the findings and recommendations from speaking to everyone. If yes, on a separate sheet of paper to the interview record, write down the person's name and contact information (telephone number/e-mail address, etc.).

9. Thank the person and leave.

Key informant interview guide for use with SMHP teachers

1. Greet person. Interviewers introduce themselves.

2. Explain the purpose of key informant interviews following the informed consent process. Possible explanation of key informant interview process:

   You are participating in the School Mental Health Programme. We would like to ask you some questions about your experience of this programme to help us to think about its strengths, weaknesses and how it could be improved. There are no right or wrong answers to the questions we are going to ask. We will be speaking to a number of people, asking everyone questions on the same topics. Your responses to these questions will at all times remain confidential; we will never connect your name to what you have said. If you feel unable to answer a question please say and we will move on to the next one. We expect the interview to last between 30 minutes and one hour. Are you clear on the purpose of the interview? Do you consent to take part?

3. If the key informant consents to be interviewed, find a private location (if not already in one). If the key informant declines to participate, thank them and leave.

4. In an exercise book document the date and site of the interview, age and gender of the interviewee, who they are (e.g. national trainer/supervisor; facilitator; recipient) and initials of the two interviewers.

5. Begin the in-depth interview: record all responses in the notebook. No audio recordings are to be made.

Interview process: One interviewer asks the questions while the other interviewer records the responses in the exercise book. Record everything that is asked by the interviewer (including probes) and everything that is said by the interviewee in response to each question.

Explanation of next section of the interview: The next set of questions relate to your experience of the SMHP. Please answer in as much detail as you can and where possible use specific examples to illustrate what you are saying. Any names that you use will be changed to ensure the anonymity of what has been said.

Role in the programme:

- Can you describe your role in the SMHP?
- Explore how they came to be part of the SMHP.

- Can you tell me what you enjoy about being part of the SMHP?
- Can you tell me what you find challenging about being part of the SMHP?

- Being trained in the SMHP:
  - Can you describe to me your experience of being trained in the SMHP by your national trainer?
  - Explore views of the training materials; the training format; and the trainers.
  - Do you feel the training was appropriate to your level of previous expertise on student mental health and the role you were expected to undertake following training?
  - Do you have any suggestions or recommendations for training other teachers?
- SMHP concepts:
  - How would you describe the content of the SMHP?
  - Who would you identify as being the students it is aiming to help?
  - Can you give a brief overview of the sort of skills it covers for supporting students?
  - Do you think the content of the SMHP is appropriate for teachers to deliver?
  - Explore why/why not to include potential alternative facilitators.
  - How could it be improved?
- Training:
  - Can you describe how you found the SMHP training?
  - Explore positive/negative views of format; training materials; training content.
  - Were there any strategies/techniques used in the training that you felt were particularly helpful?
  - Were there any approaches to training that you found unhelpful?
  - How well do you feel you understood the SMHP at the end of the training?

  - Did the training match your expectations?
  - Why/why not?
- Supervision:
  - Can you describe your understanding of the role of the SMHP supervisor?
  - Has your supervisor fulfilled your expectations in undertaking this role?
  - How/how not? Please give examples.
  - Can you describe a situation where you feel your supervision has been effective and led to successful implementation of the SMHP?
- Joint working:
  - Have you had experiences of working in collaboration with national health/ mental health services to address the needs of a child?
  - If yes, can you describe this? Did this interaction inform the way you responded in similar cases?
  - If no, is this because input was not required, or for another reason (e.g. unaware of how to refer)?
- Acceptability and appropriateness of SMHP:
  - Do you feel the SMHP is an appropriate way to manage the mental health needs of school-aged children?
  - Why/why not?
  - Suggestions for improvement?
  - Do you think having the SMHP affects mental health awareness in schools?
  - How/how not?
  - Have you had any feedback from parents relating to the SMHP?
  - Ask for specific examples and details. Explore positive/negative feedback.
  - Do you have any concerns about the appropriateness of the SMHP in your setting?

6. Both interviewers review the written record with the key informant still present. If anything is not clear, ask for clarification and correct written notes.

7. Ask the key informant if they have anything to add. Additional information is added to the interview notes as required.

8. Ask the key informant if they would like to receive a summary of the findings and recommendations from speaking to everyone. If yes, on a separate sheet of paper to the interview record, write down the person's name and contact information (telephone number/e-mail address, etc.).

9. Thank person and leave.

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Schools provide a great opportunity to promote mental health and emotional well-being, prevent mental health problems and identify and support children who are experiencing emotional difficulties. The School Mental Health Programme for countries of the WHO Eastern Mediterranean Region includes a mental health in schools training package for educators to enable them to better support the mental health needs of their students and to take practical steps that are implementable in school settings. The package includes lecture outlines, slide presentations and handouts and a reference manual. This implementation and evaluation plan proposes a three-step model for the adaptation, implementation and evaluation of the Programme in countries to serve as a basis for the scale-up of the training.

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