

Mental health and psychosocial support in schools: Learner, teacher, caregiver, and community perceptions of programming and impact

Findings from qualitative research featuring the Norwegian Refugee Council's Better Learning Programme in Colombia

**Colombia Learning Brief** 







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### **About the MHPSS Collaborative**

The MHPSS Collaborative is a global platform for research, innovation, learning and advocacy in the field of mental health and psychosocial support (MHPSS). We convene key stakeholders – from children, youth and families with lived experience to service providers, researchers and policy makers – to work together for children's mental health and wellbeing. We develop and share knowledge on the latest innovations and research on MHPSS in fragile and humanitarian settings. We advocate to ensure donors and decision makers hear the voices of children, youth and families and prioritize policy and funding for MHPSS. Visit <a href="https://www.mhpsscollaborative.org">www.mhpsscollaborative.org</a> for more information.

### Introduction

At the end of 2022, 40% of the nearly 110 million persons forcibly displaced globally were children under the age of 18.[1] Displaced children face acute and chronic adversities that significantly threaten their mental health and psychosocial wellbeing.[2] The urgent needs of children in humanitarian crises underpin various policies and programmatic approaches that include increasing attention to both mental health and psychosocial support (MHPSS) services broadly[3] and in education approaches specifically.[4] MHPSS in education in emergencies (EiE), including social-emotional learning (SEL), has been identified as an important pathway to address both children's mental health and psychosocial needs and to improve learning outcomes.[5]

There is increasing recognition that quality education is reflected not just in academic outcomes such as literacy and numeracy, but also in those indicating learner psychosocial wellbeing.[1] Learners are embedded within a context of specific relationships, environments, and systems that notably influence their daily lives, learning, and holistic wellbeing. These socio-ecological factors are complex and context-specific, and can have a significant impact on the efficacy of an intervention aimed at supporting children's growth and learning.[2]



Improved understanding of this social ecology around learners can lead to more relevant and impactful program design and implementation. The perspectives of children, caregivers, teachers, and relevant community and education system stakeholders are critical to understanding not just if an intervention is effective, but how, why, and for who.

This research set out to examine the enabling environments for MHPSS interventions delivered in education settings in humanitarian contexts, with specific focus on the Norwegian Refugee Council's (NRC) Better Learning Programme (BLP) implemented in Colombia.

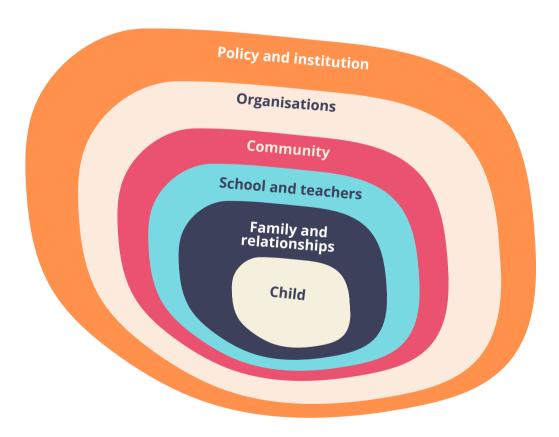


Figure 1: The social ecological framework for understanding children's psychosocial wellbeing in education contexts

#### **Research objectives**

To understand what contributes to an enabling environment for MHPSS interventions and approaches to improve holistic wellbeing, from the perspective of children, teachers, caregivers, and other education actors.

To understand the role of education systems, including schools (and formal and nonformal programmes), and educators in contributing to children's holistic wellbeing from the perspective of children, teachers, caregivers, and other education actors.

To describe similarities and differences of enabling environments for MHPSS interventions across diverse contexts, including both geographic location and type of emergency or adversity.

To understand how an MHPSS intervention may be useful and relevant in dynamic contexts, such as in the case of education interruptions, and what the role of schools is in supporting children's holistic wellbeing.

To understand the perceived impact of NRC's Better Learning Programme in Colombia, in order to contribute to organizational and programmatic learning and implementation.

NRC's BLP is a PSS/SEL programme which is integrated within education programming in crisis affected communities. BLP is a holistic approach to supporting children's recovery from traumatic events experienced during conflict and from the impacts of displacement on both displaced and host communities, by improving conditions for learning. The programme mobilizes a child's support network of caregivers, teachers, and counsellors, encompassing a multi-layered approach to restore a sense of normality and hope. BLP-1 is a classroom-based PSS approach targeting all children and young people; its implementation in targeted locations in Colombia was the focus of study for this research.





### **Methods**

To achieve the research objectives, the target population for participation in the research included children, teachers, caregivers, implementing organization staff, school administration and boards, community-based education actors, and education officials (at local, regional, sub-national, and national level). The research team collected data from 214 total participants across 5 locations in Colombia. This included data collection via 22 Focus Group Discussions (FGDs) and 8 Key Informant Interviews (KIIs) at 10 distinct schools. Education stakeholders included students (87), teachers (68), caregivers (35), principals (4), secretary of education staff (5), and NRC implementers (15). The participating learners were aged 5-20 and included internally displaced persons (IDPs), migrants, indigenous, and armed conflict victims. Data was analyzed via qualitative software (MAXQDA) using thematic analysis, via team collaboration amongst the lead researcher and the Colombia research coordinator.



### Colombia context

Colombia is facing a deep-rooted humanitarian crisis, fueled by internal conflicts since 1958 and resulting in over 2.17 million IDPs by 2022.[1] This crisis has been compounded by the arrival of more than 2.47 million Venezuelan migrants by May 2023.[3] These factors have led to widespread community displacement, poverty, and disruption to daily life.

The nation is recognized as the third most neglected in terms of displacement crises globally, as reported by NRC in 2022,[3] with a mere 38% of its funding needs met and dwindling media attention to the conflict. Education has been particularly impacted, with displaced children facing numerous educational barriers and schools in IDP-dense areas struggling with overcrowding and limited resources.

A notable aspect of this crisis is the urgent need for MHPSS programming, particularly for impacted children, adolescents, and the larger educational communities. Prolonged exposure to violence and instability has led to heightened levels of anxiety and depression among children and youth. While Colombian laws mandate mental health care and early detection in schools, there is a significant gap between policy and implementation of such programs, especially in rural and conflict-affected areas. The lack of mental health programming in schools, coupled with the limited reach of state mental health services in many regions, underscores the urgent need for enhanced MHPSS initiatives to address the growing mental health crisis among Colombia's children and youth.

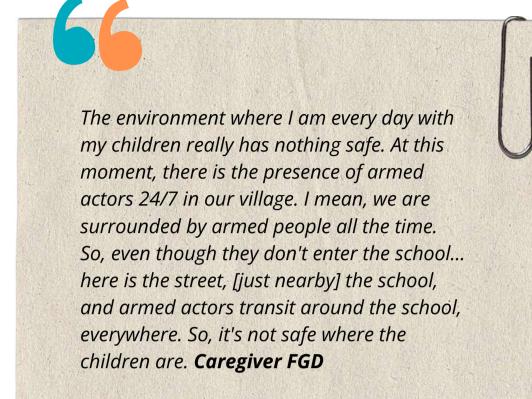




## **Main findings**

## Understanding and responding to context of intervention

Understanding Colombia's diverse context and its ongoing challenges is essential in order to design and implement effective and appropriate MHPSS programming. Challenges across regions include acute emergencies, structural violence, and effects of historical and ongoing armed conflict—all of which profoundly impact the mental health of children and communities broadly. Issues include natural disaster such as flooding; displacement both internally and across borders; and domestic violence and substance abuse. These adversities vary in intensity and impact across different locations, and are addressed by communities and education systems in different ways.



Communities perceive safety in educational contexts differently across locations, but largely agree that children and adolescents face significant threats outside homes and schools. For example, urban areas face most notably drug-related dangers, and rural areas contend with both armed conflict and environmental hazards. The presence of indigenous and migrant populations adds complexity to the contexts, including additional challenges of providing culturally and context appropriate support. Across all locations of this research, there was a scarcity of MHPSS services available, though communities described great need for such support. The research additionally emphasizes the importance of context-sensitive programming that addresses both the educational process and community-specific needs for effective mental health and wellbeing support.

## Perceptions of holistic wellbeing and the role of education

This research underscores the significant role of education in contributing to learner wellbeing and highlights diverse perceptions of educational community members on the value and purpose of school. Across locations, schools are seen as vital for developing social and emotional skills; offering safety and support to learners; and providing access to opportunities and basic needs. In conflict affected locations, this research emphasizes the role of education in teaching tolerance and empathy so children can grow within diverse populations.

Perceptions of school safety differ markedly among students, teachers, and caregivers, and are influenced by local contexts and the presence of armed groups or harassment. Relationships with teachers and school staff that are trusting and supportive help students to feel both physically and emotionally safe. Children, teachers, caregivers, and other education actors all emphasized that such relationships and the stability of education were essential to learner holistic wellbeing.

In all research locations, support to teacher wellbeing was lacking, with educators describing emotional strain and their own psychosocial challenges. Teachers are exposed to the same contextual risks as their students and need their own support in order to address their own mental health and psychosocial wellbeing, which in turn can improve their capacity to help their students to cope with these risks and challenges. Additionally, most schools visited did not have a school psychologist or counselor on staff, or had one per hundreds or even thousands of learners. Overall, this group of findings emphasizes the need for MHPSS programs to align with community perceptions and address the holistic wellbeing of all stakeholders, including teachers.

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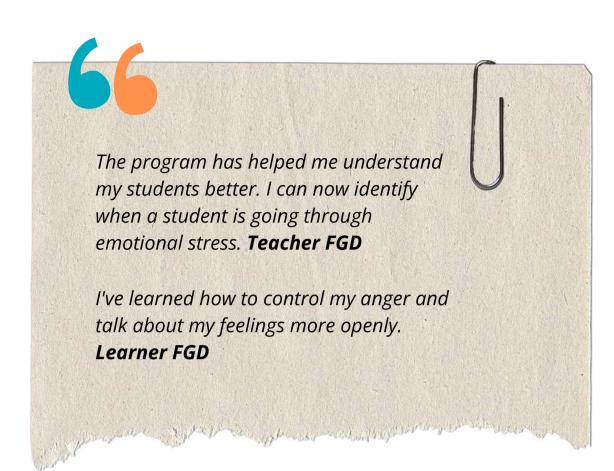
I think something important [...] is the trust that we give to the students. Because through trust, they approach us and tell us about the problems they have, the needs they have, what they face daily, what they experience in their homes. So, I think that is the most important thing we can offer them, and based on that, we can give them advice and guide them for their future life. **Teacher FGD** 

# Perceptions of impact of NRC's Better Learning Programme (BLP)

The research emphasizes that, overall, BLP is well-received by teachers and caregivers. It is valued for introducing playful, non-traditional activities into the classroom, as well as for positively impacting learners' emotional management skills. Teachers highlight BLP's role in diversifying classroom activities and improving students' ability to manage emotions. Caregivers appreciate the program's positive behavioral impacts on their children. Satisfaction levels overall, however, vary based on how extensively BLP is integrated with other educational strategies or programs. In some locations, caregivers, students, and teachers expressed higher satisfaction with BLP due to more explicit messaging from NRC around its implementation.

BLP's positive impact is closely tied to implementers' belief in its value. Those who personally benefit from or believe in the program's goals are more effective in teaching and transmitting its benefits to learners. This was specifically true of teachers and school administrators, who were often champions of BLP in their schools.

BLP's primary objectives are recognized as fostering holistic learner wellbeing, offering psychosocial support, enhancing pedagogical methods, and building institutional capacity. Despite these goals, children often resort to personal coping mechanisms outside of school, suggesting a gap in the application of BLP strategies in their daily lives in the Colombian context at present. At the time of this research, BLP had been implemented in pilot phase only, and implementers noted that a longer duration of implementation, as well as more local support and buy-in, will likely lead to more widespread adoption of BLP strategies in children's daily lives both in and out of school.



The contextualization of BLP to suit various locations of implementation is crucial for its sustainability and effectiveness. Implementation of BLP by NRC in Colombia offers a diversity of examples of such contextualization, from standard integration with other education programme activities, to new strategies for involving caregivers, to adapting content in order to reflect local indigenous practices. Despite these significant efforts, BLP still faces challenges like cultural resistance, logistical barriers, and limited resources, which affect its widespread implementation and long-term sustainability in different regions. These barriers highlight the need for comprehensive support and strategic planning for the successful integration and sustainability of BLP (and, in turn, other MHPSS programs) into diverse educational settings.



### **Call to action**

To effectively implement MHPSS programs such as BLP, implementers should focus on creating standardized approaches with the flexibility to adapt to regional and cultural nuances. This calls for the development of contextualization tools to address unique local needs, as evidenced by the BLP implementation in Colombia. BLP offers important examples of openness and support of programming to such contextualization, which other implementers of MHPSS programming could learn from.

Additionally, advocating for the integration of MHPSS into national curricula, training, and policies is crucial to ensure continuity and sustainability. Implementers are urged to document and share best practices, lessons learned, and case studies to build capacity and facilitate knowledge exchange both on a national and global scale. While mental health of children is often reflected in national education policies, the financial and political commitment required to assure such policy translates to action at the school level is still lacking.

Recognizing the value of local knowledge is essential; programs should be led or co-led by local entities to ensure cultural relevance. Furthermore, a focus on sustainable models is vital, including the integration of MHPSS into teacher training and linkage to national risk management plans with cascading models. Interdisciplinary collaboration is key, as MHPSS intersects with education, health, and social work.

Lastly, a context-sensitive approach is crucial for effective implementation. This involves understanding the specific challenges, needs, and capacities of each community. Ensuring safety, both emotional and physical, is foundational for MHPSS interventions. This includes creating safe environments in schools, providing secure transportation, and fostering relational safety. Cultural sensitivity and contextualization should be integrated into program planning, adapting to local beliefs and practices, and addressing logistical challenges in migrant populations.

The recommendations included in this report aim to optimize the impact and sustainability of MHPSS programs, emphasizing the need for standardized yet flexible approaches; policy integration; local knowledge utilization; and a context-sensitive, safety-focused implementation strategy.

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