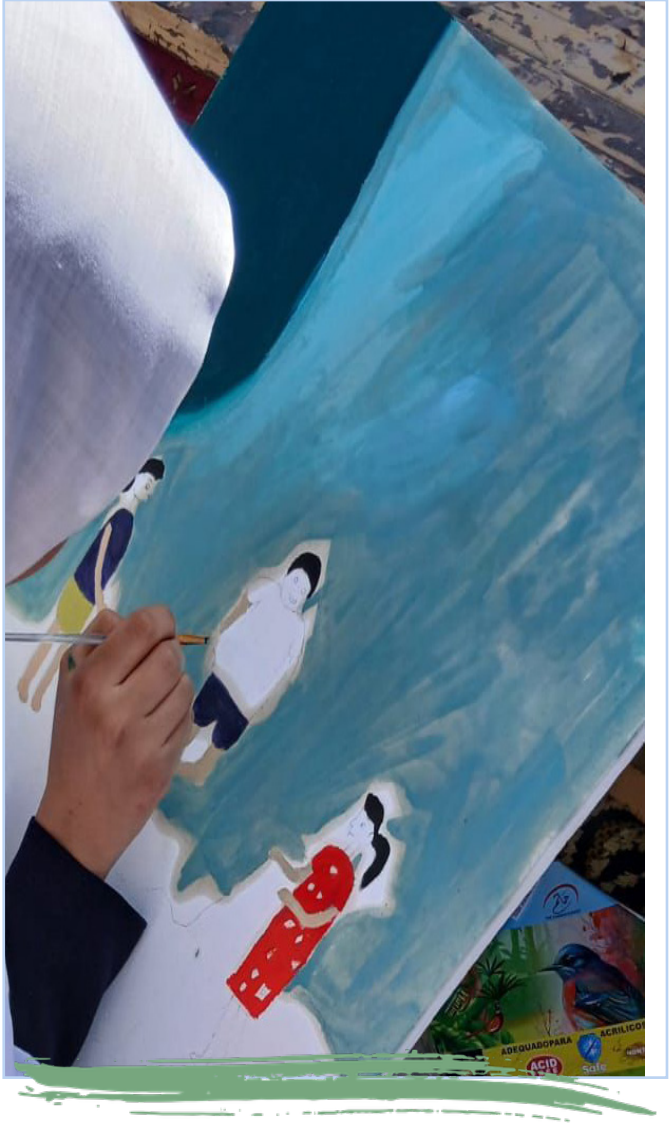


LEARNING BRIEF

Arts-based MHPSS for Children in Balochistan

Evaluation of the Youth Association for Development's Arts-Based MHPSS Program in Balochistan

PEACE OF MIND FOUNDATION

YAD

THE MHPSS COLLABORATIVE

BACKGROUND

Since 2023, the Youth Association for Development (YAD) has implemented a trauma-informed, arts-based mental health and psychosocial support (MHPSS) program for Afghan refugee and host community children aged 6–12 in Quetta, Pakistan.

The program is implemented in eight partner schools in Hazara Town, Quetta, where specialized Healing Rooms provide dedicated, nurturing spaces in which children can process emotions, build resilience, and develop emotional and social skills through creative expression. The program integrates four primary therapeutic modalities in the Healing Rooms: play-based activities, art-based activities, music-based activities, and collective healing and reflection activities, delivered through a structured 22-week curriculum. The sessions are facilitated by specialized trauma art therapists.

The program has served 320 children per six-month cohort across eight partner schools, for a total planned

INSIDE THE HEALING ROOM

Each partner school has a dedicated Healing Room — a supportive, non-classroom space stocked with art and music supplies. Children referred into the Healing Room take part in a structured 22-week curriculum, led by a trained trauma art therapist, that combines four modalities:

- Play-based activities, using games and structured play to build trust and emotional safety.
- Art-based activities such as drawing and painting, giving children a non-verbal channel to express and process difficult feelings.
- Music-based activities, including singing and instruments, used both for expression and for calming and grounding.
- Collective healing and reflection activities, where children share and process experiences together as a group.

Facilitators are trained to recognize signs of distress and refer children needing more specialized care to a clinical psychologist. Caregivers of children with more severe needs are also engaged directly through supportive sessions in the Healing Room.

reach of 1,280 children across four cohorts over a two-year implementation period (2024-2026).

This brief is intended for organizations, education and MHPSS stakeholders, policy-makers, and donors interested in using arts-based MHPSS interventions for child and youth wellbeing in humanitarian settings. It presents findings from a mixed-methods evaluation of the third cohort of learners that participated in the YAD arts-based MHPSS program. The evaluation was commissioned by PoM and conducted by the MHPSS Collaborative in close partnership with YAD.

The evaluation served two purposes: to assess change in the psychosocial wellbeing of participating children over the program period and the program's perceived contribution to that change and to generate learning to inform ongoing refinement of program design and delivery. Ten research questions guided the evaluation, spanning program relevance, perceived impact, differential outcomes by group, unintended consequences, and sustainability. These can be summarized under four key questions:

How relevant and appropriate is the program to the psychosocial needs of Afghan refugee and host community children, and how is it perceived by children, families, and communities?

- How has the program contributed, directly or indirectly, to children's psychosocial wellbeing—and to caregivers' and teachers' knowledge and practice?
- Were there any unintended positive or negative consequences of the program?
- How can the program be sustained and locally owned, and what should be strengthened to achieve greater impact going forward?

METHODS

The evaluation used a mixed-methods convergent design integrating quantitative and qualitative approaches. The quantitative component used a single-arm, repeated-measures pre-post design, assessing the same children at baseline (October - November 2025) and endline (April 2026) using the Student Learning in Emergencies Checklist (SLEC-26). This tool is a 26-item scale covering five domains: sense of safety and adaptability, emotion regulation, school support, family support, and present and future wellbeing. All children received the classroom-based intervention, so a control group was not feasible within the same cohort. Scores were analyzed for 135 matched children using paired-samples t-tests and Wilcoxon signed-rank tests as appropriate, with Holm-Bonferroni correction applied across domain-level comparisons.

Qualitative data was collected between May and June 2026 through 13 focus group discussions (FGDs) with 63 participants across five groups: learners, teachers, parents and caregivers, YAD program staff, and local education and psychology stakeholders. Learner sessions incorporated a structured before-and-after drawing exercise to support child-friendly, age-appropriate data collection. Sessions were conducted in local languages and analyzed using deductive thematic analysis anchored to the Theory of Change and the evaluation's research questions.

FINDINGS

The context and psychosocial burden

Balochistan is Pakistan's second-largest refugee-hosting province, home to approximately 209,000 registered Afghan refugees[1]. It is also the least developed province, with a multidimensional poverty rate of approximately 70%[2]. In recent years, conditions for Afghan refugees have deteriorated sharply. Escalating enforcement operations—including harassment, arbitrary detention, bribery by law enforcement, and large-scale deportations—caused widespread fear and psychological distress across refugee communities[3]. Mental health services in the province are severely under-resourced, with psychiatric services available in only 5 of 36 districts[4]. Balochistan has Pakistan's highest rate of out-of-school children at 69%[5].

All participant groups in this evaluation described a consistent picture of the state of psychosocial wellbeing of children. This included emotional

distress (fear, anxiety, sadness, and suppression of emotion), behavioral challenges (reactive anger, peer conflict, social withdrawal), and disengagement from learning. These were described as the ordinary condition of many children's lives in the communities the program serves— a picture consistent with recent regional evidence that Afghan refugee children in Pakistan report high rates of depression and anxiety linked to displacement and protection risks.

Psychosocial wellbeing improved significantly

Children who participated in the program showed a statistically significant and substantial improvement in self-reported psychosocial wellbeing between baseline and endline. Across 135 matched children, the mean total SLEC-26 score rose from 2.14 to 2.90 on the five-point scale — a gain of 0.76 points (95% CI 0.68–0.84) and a large effect size (dz = 1.57).

Improvement was consistent across all five measured domains, and gains in every domain remained statistically significant after correction for multiple comparisons: sense of safety and adaptability (+0.67), emotion regulation (+0.68), school support (+0.77), family support (+0.81), and present and future wellbeing (+0.90, the largest domain gain). The consistency of improvement across domains (rather than change concentrated in one or two areas) indicates a broad-based positive shift in children's self-reported wellbeing over the program period. Exploratory analysis found gains were broadly similar across gender and age groups, and were not concentrated among any particular subgroup.

Arts-based activities as a channel for expression

Drawing, painting, music, and storytelling gave children an effective way to communicate feelings they had no other way to express. Adults across all groups explained that many children arrive with emotional pain and no verbal outlet, and that art allowed communication in ways that felt natural and less threatening than being asked to speak directly. Teachers described children who had remained withdrawn and silent becoming more open and communicative through creative activity.

Parents corroborated this pattern, describing children who had become expressive at home, bringing drawings or other art home and using creative activity spontaneously to process what they felt, and sometimes sharing with the family

> *"The biggest improvement is that he now talks openly about his feelings. Before, he kept everything inside and rarely shared what was troubling him. Now he tells me about his day, his friends, and even when he feels sad or worried. His confidence has also improved. He willingly participates in school activities, enjoys spending time with friends, and smiles much more than before. (Mother)*

Figure 1. SLEC-26 scores at baseline and endline (n = 135)

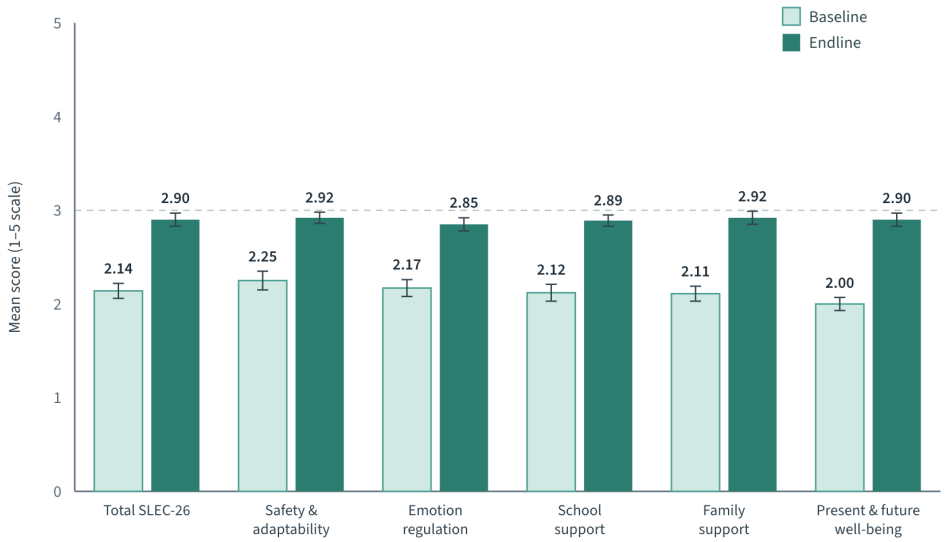


Figure 1: Baseline and endline SLEC-26 scores (n = 135). Mean SLEC-26 scores at baseline (light) and endline (dark) for the total scale and each domain. Error bars show 95% confidence intervals. Every scale increased.

Psychological safety within the Healing Room

Children consistently described feeling safe in the Healing Room in a way they did not feel elsewhere. This included both physical safety and the experience of psychological and emotional safety, where participation was invited rather than demanded. Program staff described the session architecture as designed to produce this feeling. Sessions opened with a warm-up or check-in that let children settle before engaging with session activities, participation was never coerced, and facilitators adapted sessions in real time based on children's emotional state on a given day— sometimes changing planned activities entirely when the group needed something different.

> *"The YAD program is very structured and well integrated into school activities. We observed that children actively engage during drawing, painting, storytelling, and group sessions. These activities reduce stress and encourage participation even among children who are normally very quiet. I believe the program succeeds because it creates emotional safety while remaining enjoyable and child-friendly. (Local Education Actor)*

The Healing Room as a physical space mattered too. Children described it as feeling different from the classroom and external stakeholders who had visited or observed sessions described the environment as calm and child-centered.

Confidence and self-esteem

Increased confidence was a key outcome of the program. It was described by learners reflecting on their own experience, teachers observing classroom behavior, caregivers describing changes at home, program staff, and external local actors. In the before-state drawing activity, learners depicted low self-worth such as staying silent when teachers asked questions, remaining at the back of the room, avoiding activities out of discomfort, and comparing themselves unfavorably to peers.

The shift in the after-state drawings was specific about why things changed. Multiple learners pointed to facilitators praising their creative work as the turning point that, over time, changed how they felt about themselves. Learners also pointed to seeing their peers participate and feeling safe within the group dynamic; this, in turn, led them to feel confident in their ability to take part.

Adults reflected on this outside the Healing Room too. Teachers noted students who had been quiet and withdrawn became more willing to interact with peers and participate in classroom activities. Parents, too, described significant changes in their children's confidence reflected at home and with family.

> *"The greatest change I have observed is my daughter's self-confidence. She now believes in herself and willingly participates in school competitions and classroom discussions. She even performs small presentations in front of the family, something she would never have done before. She has also become emotionally happier. She laughs more, talks openly with us, and enjoys drawing and creative activities at home. (Mother)*

Emotional regulation

Alongside confidence, the change participants described most frequently was a shift in how children managed their emotions, particularly anger, anxiety, and general distress. Children described learning to pause rather than react immediately. They named concrete strategies such as drawing when angry, listening to music when stressed, taking deep breaths, talking to someone they trust, that they used outside of sessions. Program staff pointed to the session's closing ritual (breathing techniques, grounding activities, quiet reflection) as an important way for children to practice regulation repeatedly in a supported environment.

Parents and teachers observed this shift. Fathers described a reduction in aggressive behavior and emotional outbursts at home as one of the most frequently named changes. Mothers observed that children were more able to pause before reacting and to talk about what was wrong. Teachers corroborated this in the classroom, describing reduced disruptive behavior, calmer responses to frustration, and less reactive conflict with peers. The SLEC-26 emotion regulation domain gain (+0.68) aligns with these accounts.

Peer belonging and social participation

Children who had described their before-state as one of isolation described their after-state in terms of belonging and enjoying time with friends and classmates. The group session structure itself— where everyone was encouraged to participate equally and creative activities did not require verbal confidence to join— functioned as an entry point to peer connection.

Parents observed improved relationships from the outside, describing fewer conflicts with siblings and peers and greater willingness to engage with neighbors and community members. Teachers described reduced peer conflict and stronger cooperative behavior during group activities.

School engagement and hope for the future

Improved school engagement— including motivation, concentration, and classroom participation— was described consistently by learners, parents, and teachers. Adults often linked this to improved emotional regulation freeing up children's capacity to engage and learn. Learners, teachers, and caregivers described greater engagement in learning that was a result of the positive school-based experiences in the Healing Rooms. The SLEC-26 school support domain, which measures children's sense of support from teachers and school, showed a gain of +0.77.

> *"I noticed positive changes in… classroom behavior and emotional stability. Students became more engaged during lessons and more willing to communicate with teachers and peers. The program created a visible positive impact on both emotional wellbeing and learning participation. (Teacher)*

At the close of learner sessions, children described specific, hopeful, and outward-looking future aspirations, such as becoming a teacher who helps children learn, a doctor who keeps people healthy, a psychologist who helps other children manage their emotions, and an architect who designs safe homes for people. These were often explicitly linked to their own positive experience of the program. This pattern is supported directionally by the present and future wellbeing domain of the SLEC-26, which showed the largest gain of any domain (+0.90) and captures children's general sense of their present circumstances and future prospects.

Caregiver awareness and the home environment

Improved awareness of children's psychosocial needs amongst caregivers was an intended

program outcome, and evidence was strongest in the mothers' focus groups. Mothers described an initial state of feeling helpless— aware something was wrong with their child but lacking a framework for understanding it— that shifted as they observed their children using drawing and music to manage distress and became more communicative at home. Fathers described similar behavioral changes in their children but did not describe the same shift in their own understanding of children's emotional needs, suggesting this outcome was only partially achieved and possibly unevenly distributed between mothers and fathers.

Notably, children's use of creative practice extended beyond the program space. Mothers described children drawing, singing, and creating spontaneously at home, though this was often limited by the absence of art materials outside of sessions. This suggests children had internalized arts-based coping as a tool for managing their emotional lives, choosing to use it without prompting from a facilitator. This is a meaningful signal that program effects may extend beyond the Healing Room itself, even if there are notable limitations to it due to access to materials.

> *"My daughter has become much more emotionally open. She now goes to school happily and no longer complains of stomach aches or fear before leaving home... She also enjoys drawing at home and often explains the meaning of her pictures. I feel that these creative activities have helped her express emotions that she previously kept hidden. (Mother)*

Differential needs across groups

The evaluation's design did not permit systematic comparison of outcomes across demographic groups, but qualitative evidence offers some description of differential need. Afghan refugee and host community children faced overlapping but distinct challenges. There were refugee-specific stressors such as fear of deportation/return, restricted movement, and exclusion from host community peer networks that did not apply equally to host community children. Both groups showed similarly meaningful gains on the SLEC-26.

On gender, the learner accounts were similar for girls and boys. One point of differentiation was that male learners were somewhat more likely to describe pre-program emotional suppression in explicitly gendered terms such as the belief that expressing emotion was incompatible with strength or masculinity. Implementing staff identified female-specific barriers to access and full participation, including family responsibilities, cultural restrictions on girls' movement, and the need for caregiver permission.

As a school-based program serving enrolled children at the eight partner schools, the current program model does not extend to out-of-school children or, without further adaptation, to children with disabilities. Both were populations that program staff and local actors named as children who may benefit strongly from such a program. While such populations were out of scope for the current program model, exploring ways to reach them may be worth considering as the program evolves—especially given that this was consistently brought up in interviews as groups likely to benefit strongly from this kind of support.

IMPLEMENTATION AND LEARNING

The program's cultural fit and relevance were consistently affirmed across adult participant groups. The use of non-verbal, arts-based methods was specifically described as well-suited to a population that often lacks the verbal emotional literacy or cultural permission to discuss feelings directly.

Three effective mechanisms were consistently named: (1) arts-based, non-verbal modalities that provide an alternative channel for expression where verbal expression is constrained by language, culture, or gender norms; (2) skilled, responsive facilitation that included a non-coercive participation norm, real-time adaptation to children's emotional state, and consistent affirmation of children's contributions; and (3) the therapeutic function of the group itself, where participation and shared creative practice produced a sense of belonging and empowerment.

On facilitation specifically, program staff described a session architecture built around structure and flexibility. Sessions follow a consistent format of

warm-up, guided creative activity, group reflection, and closing ritual, but facilitators exercise real-time judgment about what children need on a given day, sometimes abandoning planned activities entirely if children arrive distressed or unsettled. This kind of responsive facilitation requires significant social-emotional skill, and several learner accounts traced their own confidence gains directly to the experience of being noticed and praised by a facilitator.

No participant in any of the focus group described a negative or unintended harmful consequence of the program. One positive unintended consequence emerged from teacher accounts. Teachers described their own wellbeing improving as classroom management became easier and daily stress reduced as students became calmer and more cooperative.

Three gaps emerged as priorities for program development:

- Targeted and ongoing caregiver engagement was the most consistent gap named across every adult participant group. Caregivers' awareness of children's needs grew primarily through informal observation rather than named program engagement, and caregivers lacked tools and frameworks to reinforce the program's work at home.
- Teacher integration of trauma-informed practice showed the weakest evidentiary support of the Theory of Change outcomes. Teachers observed changes in students but did not describe changes in their own classroom practice, though they named the desire for additional training to support the MHPSS needs of children in their classrooms. Communication between teachers and Healing Room facilitators was described as informal and sometimes limited, identifying an opportunity for improvement.
- The program does not currently adapt its curriculum or facilitation approach for children with disabilities—a population that is often among the most vulnerable in Balochistan, and are already present among enrolled learners in the partner schools. YAD staff, teachers, and local education stakeholders named this as a notable gap.

SUSTAINABILITY AND LOCAL OWNERSHIP

Program staff and local actors offered the most substantive engagement with sustainability, describing the ultimately necessary shift from program-delivered support to capacity embedded in schools, families, and communities. This means caregivers equipped to support children at home, teachers applying trauma-sensitive approaches, schools equipped to support learners, and communities able to recognize distress and know where to turn.

This has not yet been accomplished systematically, which is unsurprising due to the timeframe of the program. For example, parents described observing changes in their children rather than gaining new tools themselves and teachers described observing the program rather than integrating its approaches into their own practice. Still, informal foundations are already emerging— such as mothers sharing progress with neighbors or teachers expressing genuine appetite for more training — suggesting real potential for more deliberate sustainability investment going forward.

CONCLUSION

This evaluation set out to assess whether YAD's arts-based MHPSS program made a meaningful difference to the psychosocial wellbeing of the children it served in Cohort 3. The evidence supports a positive overall assessment. The program reached children who genuinely needed it, in a context where alternative support was largely absent. It worked through mechanisms— non-verbal creative expression, skilled and responsive facilitation, and the therapeutic function of the group— that are coherent with its Theory of Change and that participants described with specificity and consistency across independent groups.

The program produced significant and broad-based improvements in children's self-reported psychosocial wellbeing, corroborated by qualitative evidence from multiple participant groups and validated by external professionals. The changes described — in how children managed their emotions, related to peers, engaged with school, and felt about themselves and their futures — were observable and meaningful in the lives of the children and families involved.

At the same time, the program did not achieve everything its Theory of Change envisioned. Caregiver awareness and engagement, and teacher integration and skill development were only partially realized. Still, the effects produced within six months were substantial; whether they persist without continued reinforcement is not yet known. The recommendations below build on what the evidence shows is working, address the gaps the evidence has made visible, and invest in the conditions that would allow the program's effects to outlast the cohort.

RECOMMENDATIONS

The recommendations below are written for a general audience of organizations, donors, and practitioners interested in designing or strengthening arts-based MHPSS programs for children in similar humanitarian and crisis-affected settings—not only for this program's current partners. They draw on what this evaluation found to work, the gaps it surfaced, and lessons likely to generalize beyond this specific program.

- Pair non-verbal, arts-based modalities (art, music, play, storytelling) with skilled, responsive facilitation. The combination—not either element alone—is what allows children who lack the language, cultural permission, or trust to talk about their feelings directly to still process and regulate emotion safely.

- Differentiate activities by age band within the target age range, since younger and older children tend to engage differently with play-based versus more reflective, discussion-oriented activities. Alongside existing arts-based modalities, extend program options to include movement-, play-, and sports-based activities, which can reach children who engage less readily with drawing, music, or storytelling.

- Build sessions around a consistent, predictable structure (a check-in, guided activity, group reflection, and closing ritual) while giving facilitators real flexibility to adapt in the moment to children's emotional state on a given day, including setting aside the planned activity when needed.

- Invest specifically in caregiver engagement, not only child-facing activities. Simple take-home tools, such as basic art materials, a short, illustrated activity guide, a brief distress-recognition sheet in the local language, can help caregivers reinforce the program at home. This can meaningfully shift caregivers' own understanding of children's psychosocial needs, not just their children's behavior.

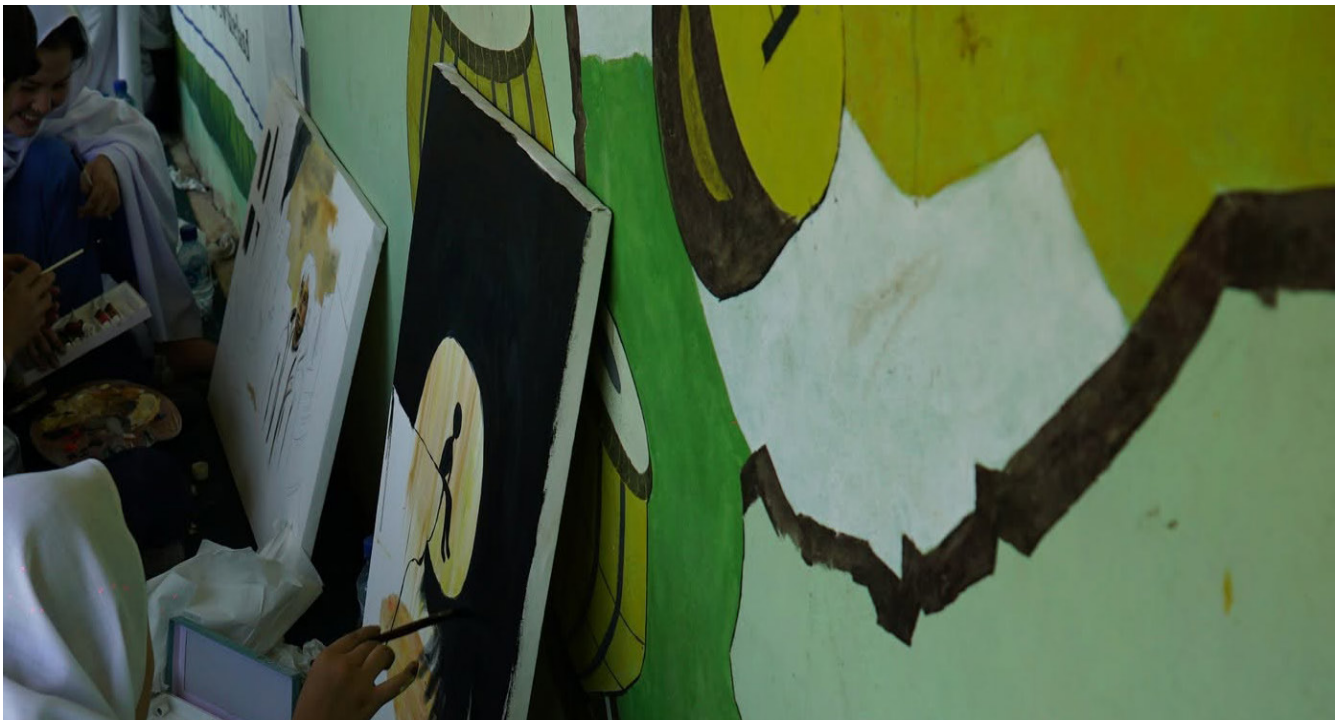
- Consider separate caregiver sessions for mothers and fathers where gender roles are likely to shape awareness and engagement differently, rather than assuming mixed sessions reach both equally. Expand outreach beyond parents where relevant, since grandparents, extended family, and other community caregivers often play a significant day-to-day role in children's lives and could be brought into awareness-building efforts, as well.

- Establish a structured, regular communication channel between program facilitators and other frontline adults in children's lives (teachers, school staff), so each can flag children who may need additional support and share relevant progress.

- Provide teachers with structured training on recognizing and responding to MHPSS needs in the classroom, paired with ongoing coaching or follow-up support rather than a single training session. Teachers are often best placed to notice early signs of distress, but need sustained support to translate training into day-to-day practice.

- Be explicit about who the program does and does not reach when it is delivered through a fixed set of institutions such as schools,. If outreach to non-enrolled or out-of-school children becomes a priority, design it with the explicit goal of supporting children's entry into or return to formal education, rather than as a permanent parallel track.

- Name and design for gender-specific barriers to access—caregiver permission requirements, mobility restrictions, scheduling conflicts with domestic responsibilities—rather than assuming a mixed-gender intervention reaches girls and boys equally by default.



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ABOUT THIS DOCUMENT

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All photos in this brief taken by YAD during the programme. Find more photos and documentation from the program on their social media channels:

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Our warmest thanks

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