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## CHILD AND ADOLESCENT MENTAL HEALTH IN ESAR

### Case Study: Advancing Child and Adolescent Mental Health in Namibia

#### NAMIBIA

Namibia faces rising mental health challenges among children and adolescents, driven by poverty, violence and limited access to care - especially in rural areas. In response, the Ministry of Education, Arts and Culture (MoEAC), with support from UNICEF, has integrated mental health into the national School Health Programme. Together, they have developed a national training manual, trained teachers and counsellors, and revitalised school health taskforces to coordinate support.

#### BACKGROUND: THE MENTAL HEALTH LANDSCAPE IN NAMIBIA

Namibia faces a serious adolescent mental health burden, with the WHO<sup>1</sup> reporting that 13 per cent of adolescents aged 15–19 felt seriously hopeless or wished to be dead, a stark warning of the distress many young people face.

Despite being an upper-middle-income country, Namibia remains one of the most unequal globally, with a Gini coefficient of 0.56<sup>2</sup>, reflecting stark income disparity. Many children grow up in environments marked by poverty, violence and limited access to quality services.<sup>3</sup>

1 World Health Organization, 'Adolescent Health in Namibia (2018)', WHO, 2018, <<https://www.afro.who.int/sites/default/files/2019-04/5%20Namibia%20AH27072018.pdf>>.

2 United Nations Development Programme, 'Namibia National Human Development Report 2019', UNDP, 2019, <<https://www.undp.org/sites/g/files/zskgke326/files/migration/na/National-Human-Development-Report-2019.pdf>>.

3 Ministry of Gender Equality, Poverty Eradication and Social Welfare, 'Social Protection Policy', Government of the Republic of Namibia, 2021, <[https://www.civic264.org.na/images/pdf/2022/4/Social\\_Protection\\_Policy\\_2022\\_Final.pdf](https://www.civic264.org.na/images/pdf/2022/4/Social_Protection_Policy_2022_Final.pdf)>.

An estimated 43 per cent of the population lives in multidimensional poverty,<sup>4</sup> and 43 per cent of Namibia's 2.6 million residents are under the age of 18<sup>5</sup>, meaning these challenges weigh heavily on a predominantly young population.

Children and adolescents in Namibia face multiple risks to their mental health. The 2019 **Violence Against Children Study**<sup>6</sup> found that two in five young people experienced physical, sexual, or emotional violence during childhood (39.6 per cent of females and 45.0 per cent of males), while early marriage and teenage pregnancy remain widespread, with more than a third of girls having started childbearing by age 19 – especially those from poor or rural households. Such experiences are strongly linked to distress and poor mental health outcomes.<sup>7</sup> The same report highlights school attendance to be a protective factor: girls aged 13–17 not in school were significantly more likely to experience violence (51.4 per cent) compared to those enrolled (30.3 per cent). However, dropout rates remain high: in 2023, 17,152 learners left school – 12 per cent due to pregnancy – and suicides were reported among both learners and teachers.

While education reforms have expanded access, nearly half of learners who start Grade 1 do not complete senior secondary school, and the mean years of schooling remain low at 7.2 years. In 2023,

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more than 46,000 learners with neurodevelopmental and psychosocial disabilities were enrolled in public schools, underlining the hidden burden of mental health challenges among students.

Mental health services in Namibia are governed by the national mental health policy and delivered through the Ministry of Health and Social Services. However, mental health services in Namibia continue to lag behind other health services, with significant gaps in service availability, quality and equity.

According to the WHO Mental Health Atlas (2021),<sup>8</sup> Namibia has fewer than one mental health professional per 10,000 people and less than 1 per cent of the national health budget is allocated to mental health, most of which is directed to psychiatric hospitals, leaving minimal investment in community-based or preventive services. Although the national policy framework makes provision for community mental health services, there are currently no such facilities in operation – a critical gap given that nearly 70 per cent of the population lives in rural areas.<sup>9</sup> Data gaps further limit the country's ability to address mental health challenges among children and adolescents.<sup>10</sup> Mental health data systems are weak, with no systematic monitoring and limited national research.

Despite a favourable policy environment that includes the Child Care and Protection Act (2015) and a National Policy on Mental Health, implementation remains inconsistent due to financial and human resource constraints. The education system, with more than 800,000 learners across approximately 2,000 schools, provides a critical platform to reach children and adolescents with mental health and psychosocial support.

4 United Nations Children's Fund, 'Namibia Multidimensional Poverty Index Report 2021', UNICEF, 2021, <<https://www.unicef.org/esa/media/9041/file/UNICEF-Namibia-Multidimensional-Poverty-Index-2021.pdf>>.

5 National Statistics Agency (NSA) Namibia Population Projection, 2011-2041

6 Ministry of Gender Equality, Poverty Eradication and Social Welfare, Namibia Statistics Agency and International Training and Education Center for Health at the University of Washington, Violence Against Children and Youth in Namibia: Findings from the Violence Against Children and Youth Survey, 2019, Government of the Republic of Namibia, Windhoek, Namibia, 2020.

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8 World Health Organization, *Mental Health Atlas 2021*, WHO, 2021, <<https://www.who.int/publications/i/item/9789240036703>>.

9 Thanises, A.C. & Meshelemiah, J.C.A., 'An incongruence between policy, practice, and cultural values: implications for mental health services in Namibia', *Journal of Ethnic & Cultural Diversity in Social Work*, 2024, <<https://psycnet.apa.org/doi/10.1080/15313204.2024.2374805>>.

10 Chipare, A.M., Mupazvihwo, T. et al., 'Mental Health Research in Namibia: A scoping Review of Literature', *Medical journal of Zambia*, vol. 48, pp. 119–124, DOI: 10.55320/mjz.48.2.872.

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## SCHOOL-BASED MENTAL HEALTH PROGRAMMING

Namibia has made important progress in expanding access to education, introducing Universal Primary Education in 2013 and Universal Secondary Education in 2016, which helped push enrolment rates above 80 per cent. However, educational outcomes remain a concern: nearly half of learners who start Grade 1 do not complete senior secondary school, that mean years of schooling stand at just 7.2. While education from Grade 1 to Grade 7 (primary to middle school) is compulsory for all children aged 6 to 16 years, secondary education remains optional.<sup>11</sup> Violence against Children, including corporal punishment and bullying in schools, continues to affect children's emotional security and academic engagement.

The EMIS 2023 report sheds light on the hidden burden of mental health challenges in schools. More than 46,000 learners with neurodevelopmental and psychosocial disabilities were enrolled from pre-primary to grade 12, while 17,152 learners dropped out, 50 per cent of them girls. Pregnancy accounted for 12.2 per cent of dropouts among girls. Alarmingly, 13 learner suicides were also reported, and in 2022, 18 teachers died by suicide. These figures highlight the urgent need

for schools to address the drivers of distress among both students and educators.

Namibia has a long history of school health programming. The **National Policy for School Health (2008)** laid the foundation, followed by the launch of the **Integrated School Health Programme (ISHP) in 2016**, aimed at improving the health and wellbeing of learners, educators and school personnel. The ISHP outlines a broad package of services, such as regular check-ups, vaccinations, nutrition education programmes, mental health counselling sessions and necessary medical interventions if required. Social issues affecting learners are addressed in partnership with the Department of Social Development. Namibia has also adopted the **WHO's Health Promoting School Initiative** as a key strategy to reduce health-related barriers to learning.

Namibia's School Health Programme, jointly led by the Ministry of Education, Innovation, Arts and Culture (MoEIAC) and the Ministry of Health and Social Services (MoHSS), has begun to place mental health and psychosocial support (MHPSS) at its core. However, progress is uneven. While some urban schools benefit

11 Ministry of Education, Arts and Culture, 'EMIS Education Statistics 2023', Government of the Republic of Namibia, July, 2024.

from basic services, many rural schools still lack the resources and infrastructure needed to provide meaningful mental health support.<sup>12</sup>

### UNICEF'S CONTRIBUTION: STRENGTHENING SYSTEMS AND SCALING INTERVENTIONS

UNICEF has been a key partner to MoEAC in advancing inclusive, quality education in Namibia – ensuring that all children, particularly those facing physical or mental health challenges, are supported to thrive in school.

To enhance school safety, UNICEF provided both technical and financial assistance to support research and the development of the [National Safe Schools Framework \(NSSF\)](#). This included facilitating stakeholder consultations and validation processes to ensure the framework was contextually appropriate and widely endorsed.

In parallel, UNICEF has worked closely with national stakeholders to revitalise the School Health Programme, placing a strong emphasis on MHPSS. This work has focused on building the capacity of the education and health workforce, strengthening systems, developing tools and resources, engaging communities and generating evidence to inform practice.

A key contribution has been the development and rollout of a [National Training of Trainers Manual on School Health](#), which features a dedicated module on mental health and psychosocial well-being.

#### Namibia's school-based MHPSS services follow a three-tiered model:

- i) promotion of well-being and life skills for all learners;
- ii) prevention and early identification of psychosocial challenges; and
- iii) referral of learners requiring more specialised support to appropriate services.

UNICEF has also supported the delivery of training across all levels – from national and regional education officers to school principals, life skills teachers and counsellors. These efforts are coordinated through national and regional *School Health Taskforces*, which bring together representatives from education, health, gender, youth and community sectors. The taskforces play a critical role in ensuring that school health initiatives are well-coordinated and multi-sectoral in nature.

UNICEF, in partnership with the MoEAC, is initiating new work on teacher mental health and wellbeing as a critical foundation for improving learner learning and psychosocial support. Following nationwide consultations and the 2022 National Conference on Transforming Education, systemic challenges – such as high teacher workloads, poor working conditions and gaps in training – were identified as key barriers to quality education. Teachers face increasing stress and burnout while also serving as frontline providers of psychosocial support to learners. A forthcoming situation analysis will explore how teacher wellbeing influences teaching quality, mental health and learner outcomes, guiding future policies and support systems.

### RESULTS ACHIEVED

- **Policy Review and Advocacy:** UNICEF co-led the revision of Namibia's national school health policy and supported its update for cabinet approval. UNICEF also contributed to drafting the forthcoming Teaching Profession Bill and its Regulations, which will lead to the establishment of the Teaching Profession Council of Namibia – a key body to safeguard teacher wellbeing and uphold professional standards.
- **Strengthening Governance and Coordination:** UNICEF helped reinforce governance structures by actively participating in the national steering committee on school health, strengthening coordination between MoEAC and MoH. This included support to regional and national multi-sectoral school health task forces. UNICEF also conducted field visits to schools, providing

12 Katangolo-Nakashwa, N. & Mfidi, F, 'Exploring the hurdles of implementing National School Health Policy in Namibian Schools: insights from stakeholders', BMC Health Services Research, vol. 25, 2025, DOI: 10.1186/s12913-024-12197-0.

practical recommendations that informed steering committees at both levels.

- **Capacity Building:** Over the past five years, UNICEF has supported the training of more than 60,000 education personnel across all 14 regions using the Integrated School Health Manual. This included life skills teachers, principals, education inspectors, regional school health task forces and counsellors, positioning them as frontline providers of psychosocial support in schools. These actors now play a critical role in identifying learners at risk and linking them to community health services. In earlier years, UNICEF also trained school management committees to strengthen their role in school safety and child protection under the Education Act.
- **Development of Key Resources:** UNICEF led the development of Namibia's Integrated School Health Training Manual, incorporating mental health as one of its components. Developed with government and UN partners, the manual is now in use nationwide.

## LESSONS LEARNED

- **Mainstreaming MHPSS Builds Lasting Change and Secures Buy-In:** Embedding MHPSS within the broader School Health Programme has strengthened alignment with national education systems and improved stakeholder buy-in. By engaging life skills teachers, school counsellors and school leadership, the programme ensures that mental health is not treated as a standalone issue but is woven into the fabric of everyday school life and learning.
- **Investing in Coordination Delivers Results:** The establishment of national and regional School Health Taskforces – bringing together multiple ministries and community stakeholders – has

played a key role in supporting regular training, guiding implementation and rolling out school health services, including those on MHPSS.

- **Co-Creation Strengthens Commitment and Sustainability:** A key takeaway from developing the school health manual was the importance of involving government stakeholders from the ideation phase. Regular feedback loops with ministries ensured strong national ownership and sustained use of the materials.
- **Everyone Has a Role in School Mental Health:** Effective implementation relies not only on life skills teachers but also on school principals, subject teachers, regional officers and community actors. Over-reliance on a few trained individuals (e.g., one life skills teacher per school) creates gaps in delivery.
- **Ongoing Capacity-Building Sustains Quality:** While basic training exists, life skills teachers require continuous professional development and support to remain effective in handling complex MHPSS cases. There is also a need to capacitate all teachers – not just life skills educators – with foundational knowledge in mental health and psychosocial support.

## NEXT STEPS

UNICEF will prioritise teacher well-being and support structures by finalising the national teacher wellbeing study and rolling out the Teaching Profession Bill and Council. These measures will help address burnout, improve morale and professionalise teaching standards – key to delivering effective school-based mental health support. At the same time, training and data systems will be expanded by broadening foundational MHPSS training to all teachers and staff and integrating school-based mental health indicators into EMIS to strengthen monitoring and guide resource allocation.

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