



EXECUTIVE SUMMARY

The role of remote modalities in implementing mental health and psychosocial support programs and services in the education sector

1. Overview

This document provides a summary of research examining current remotely delivered interventions that promote the mental health and psychosocial wellbeing of learners, educators, and caregivers in the education sector.

The study was guided by three research questions:

1. What evidence do we have on the use, advantages and constraints of using remote modalities to implement mental health and psychosocial support services for learners, caregivers, and teachers in the education sector?
2. What are the promising interventions that can respond to the mental health and psychosocial wellbeing needs of children and adolescents while learning at a distance or as an alternative for blending remote and face to face learning approaches?
3. What are the key recommendations and considerations for policymakers seeking to introduce mental health and psychosocial support services into remote learning modalities?

The findings presented in this study are based on a global rapid review of available evidence to identify promising mental health and psychosocial support (MHPSS) programs that have characteristics suitable for remote delivery in low, middle-income, and emergency contexts. The review covers learners aged 3 to 18 years in formal (early learning, pre- primary, primary, and secondary schools), and informal education settings, including the home during COVID-19. Delivery modes focus on paper-based, radio, phone, TV, and digital approaches that support MHPSS needs in the education sector.

Based on analysis of academic literature, policy documents, and consultation with experts responsible for the implementation of MHPSS programs in education sector, the findings of this study demonstrate that remote modalities offer great potential to support the mental health needs of learners, adolescents, educators, and caregivers. The complete study is available here: [Full Report](#).

2. Mental health and psychosocial support in the education sector

Early childhood education, schools, and learning environments play a critical role in promoting, protecting, and caring for children's and young people's mental health and are more influential on children's development than any other social institution besides the family. However, the COVID-19 pandemic has disrupted education systems globally, and research also indicates that mental health conditions have increased across all age groups. Yet the pandemic also offers the chance to support the MHPSS needs of learners in new and innovative ways, and strengthen and develop national policies and practices that support learners', caregivers' and educators' mental health and wellbeing in the education sector.

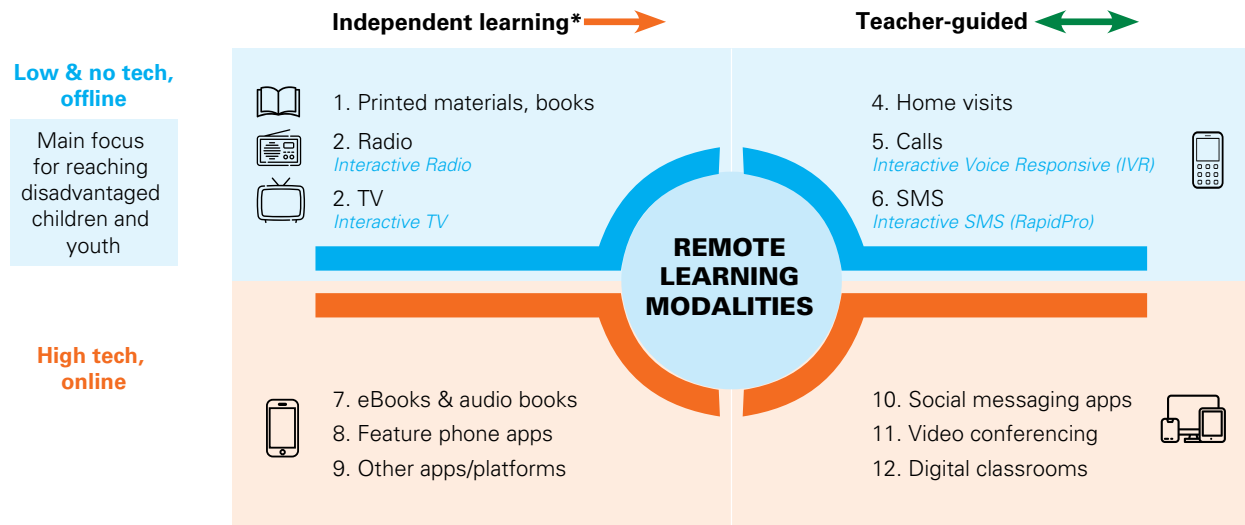


3. Remote modalities and MHPSS

Remote modalities have long been utilised in low income and humanitarian contexts to support learning continuity during periods of disruption due to conflict, natural disasters, illnesses, and epidemics,

but have been yet reached their potential in the field of MHPSS. Remote learning modalities can be one-way (educator-learner) or two-way (a loop between educator and learner).

Remote Learning Modalities Matrix



* Ideally supported by parents/caregivers

Source: UNICEF (2020)

In most low-income and middle-income country settings, a combination of remote learning modalities are used, given significant digital divides. These include printed kits, TV and radio streaming services, offline digital interventions, internet and mobile-based programs (including WhatsApp), mobile broadcasting, and other internet-based technologies.

Benefits of Using Remote Modalities for MHPSS in Education Settings

There are many benefits for remote modality use in the field of MHPSS. While remote learning modalities have primarily been used to support continuity of learning during the COVID-19 pandemic, they also offer opportunities to support the MHPSS needs of learners

during and after the pandemic. The key benefits identified in this study include *increased access, support for learners with disabilities, and capacity building of parents/caregivers and educators.*

Risks and Limitations of Using Remote Modalities for MHPSS

There are also some risks associated with remote modality use in the field of MHPSS. In the most disadvantaged communities that have limited access to any form of digital technology, remote *delivery cannot always replace face to face support.* *Digital fatigue and too much time on devices,* and child safety can also be a concern. *Equitable access to devices and data,* is perhaps the biggest limitation when it comes to the implementation of remote modalities for MHPSS in educational settings, particularly digital interventions.

4. Promising Remote MHPSS interventions in the Education Sector

The most effective mental health and psychosocial support interventions share several key characteristics, which should be considered when selecting, designing, or implementing an intervention:

- **Evidence-based** as demonstrated by evaluations of effectiveness and/or impact.
- **Accessible** in terms of cost and reach
- **Includes training and support for teachers and caregivers**
- **Targeted support** for learners, educators, and carers with different MHPSS needs
- **Co-designed interventions** involving learners, educators, caregivers, and/or clinicians are often more effectiveness
- **Effective use of technology** including flexible modes, ease of use, engaging materials, and practical and interactive learning activities

Any effective remote MHPSS intervention in the education sector should also:

1. Support and respond to different mental health and wellbeing needs amongst learners, educators, and caregivers
2. Provide a safe and positive environment for learners and adult participants / trainers and other stakeholders
3. Support the development of high-quality relationships between participants and program delivery staff, and build community knowledge and engagement
4. Offer relevant, appealing, and engaging activities for learners, which can support learners at different stages of development
5. Be inclusive, culturally responsive, and appropriate for learners of different ages, abilities, and genders

Sample Promising Interventions

Based on the characteristics above, this study identified several examples of promising MHPSS interventions that utilise remote delivery. All programs are free to access, with a range of modalities represented. This list is not exhaustive but illustrates the ways in remotely delivered MHPSS programs can support learners, educators, and caregivers in the education sector.

Innovations in MHPSS interventions

Current developments in the field of MHPSS are increasingly rapidly, particularly in relation to digital innovation. Though not yet widely used in low income or emergency contexts, *chatbots*, *teacher centred/focused MHPSS interventions*, and *digital self-care interventions* for MHPSS are particularly innovative in the field of MHPSS using remote modalities, and demonstrate evidence of effectiveness in high income contexts. These types of remote interventions will likely continue to be implemented more broadly in the education sector in the future.



Intervention	Country reach	Delivery modality		
	Reach potential for LICs ● High ● Moderate ● Low	Remote modality ● Low tech ● Moderate tech ● High tech		
7 Cups: Anxiety & Stress Chat	191 countries	Phone 📞	Online/digital 📄	
Be Strong Online	11 countries	Online/digital 📄		
Better Learning Program*	Jordan, Lebanon, Palestine	Phone 📞	Radio 📻	Online/digital 📄
Colors of Kindness	Bangladesh, India, Kenya, Palestine	Paper based 📖	Online/digital 📄	
Girl Rising	144: USA, India, Pakistan, Kenya, Guatemala, Thailand	TV / video/ film 📺		
habaybna.net	8: Jordan, countries in MENA region	Phone 📞	Online/digital 📄	TV 📺
Inside Out –We All Belong	28 countries, New Zealand, others	TV / Video 📺	Paper based 📖	
La Aldea	Colombia, Mexico, Venezuela	Paper based 📖	Online/digital 📄	Radio 📻
MeeToo	UK	Online/digital 📄		
MindUP 2.0	USA, 13 countries including Uganda	TV / Video 📺	Online/digital 📄	
Play at Home Games	15 countries around the world	Paper based 📖		
Pure Edge	USA	Online/digital 📄		
School Day Wellbeing	26: Finland, Africa, Sth America, China, India	Online/digital 📄		
SEL Kernels	Brazil, Canada, Niger, Nigeria, Sierra Leone, USA	Mixed Mode	TV / Video 📺	Paper based 📖
SESAME Workshop	USA, other countries	TV / Video 📺	Online/digital 📄	

5. Recommendations

Policy Makers



Mainstream remote delivery services in the integration of MHPSS in the education sector



Enhance digital literacy of educators, caregivers, and learners



Improve professional capacities and competences



Adapt and Contextualise MHPSS interventions



Develop innovative and engaging solutions



Invest in Evidence Generation and knowledge sharing



Prioritise educator wellbeing



Protect children from violence



Integrate training support for caregivers

Educators



Enhance your capacities to deliver MHPSS remotely



Support the development of policies and procedures to promote learner and educator mental health and psychosocial wellbeing



Practice self-care



Stay connected



Use remote modalities to continue supporting social and emotional learning



Try different methods and modalities to promote and protect the mental health of learners



Engage caregivers



Know the referral process

Education in Emergencies



Prioritise children affected by emergencies



Include MHPSS in Assessment



Invest in preparedness



Support Teachers and Foster Accountability



Maximise reach and relevance

6. Conclusion

Remote modalities are now being used to support mental health and psychosocial needs in the education sector. This area of research remains ongoing, but the findings of this study demonstrate that remote modalities offer great potential to support the mental health needs of learners, adolescents, educators, and

caregivers. It is our hope that by reflecting on the characteristics of effective remote modalities for MHPSS, mental health support will be recognised as both integral to educational practice, and achievable during periods of crisis and beyond.

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