K4D | Knowledge, evidence and learning for development

Mental health and Psychosocial Support and Social and Emotional Learning support for learning outcomes in conflict-affected settings

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Question

What is the link between mental health and psychosocial support / socio-emotional learning (SEL) support and how can these interventions improve the learning outcomes of children during or after conflict situations?

Contents

1. Overview

The provision of mental health and psychosocial support interventions (MHPSS) is an important strategy for protecting or promoting the general psychosocial wellbeing of individuals and the treatment of more serious mental health issues, particularly in conflict or post-conflict situations. There is little robust evidence of the effectiveness of such interventions, a gap that has already been noted both in the literature and in previous K4D reports. It is therefore not surprising that there is also an evidence gap when it comes to studies which look specifically at the effectiveness of psychosocial support interventions on learning outcomes for children in conflict situations.

In conducting the literature search for this report, several papers which discuss how education can have a positive impact on psychosocial wellbeing were identified. However, the evidence showing the link in the other direction - on the effect of psychosocial support interventions on education outcomes - is sparse. Of the three studies identified which do attempt to show this link between MHPSS and education, one measured school attendance and classroom behaviour only (not learning), while another included academic performance as one element of a multi-component 'school wellbeing' metric. It was therefore impossible to ascertain the extent to which the programme had actually improved learning. The third study identified no effect of the intervention on education outcomes. It is therefore impossible to draw any conclusions about MHPSS and their effects on learning other than that a research link may have been established. However, this is based on evidence from a small number of studies, and often using less objectively verifiable research methods such as self-reported feedback or qualitative interviewing.

There is often confusion about the relationship between mental health and psychosocial support (MHPSS) and social and emotional learning (SEL) support. Given the lack of evidence on MHPSS, this is an important distinction to understand. The Inter-Agency Network for Education in Emergencies (INEE) offers useful clarity on the distinction between the two: SEL is one particular type of intervention within the broad category of MHPSS support. It focusses on developing the competencies that allow individuals to regain social, emotional, and cognitive wellbeing and relate to others in society in a meaningful and constructive way. It is frequently designed to be implemented in schools and with academic achievement as one of the desired outcomes.

As might be expected, the body of evidence which finds direct links between SEL and learning is more established than MHPSS. However, there are still large gaps in the evidence base regarding implementation of these techniques in low and middle-income countries (LMICs), and conflict-affected settings, with the overwhelming majority of studies coming from high-income countries, mainly the United States.

Given the context-specific nature of both MHPSS and SEL it will not be sufficient to rely on this body of evidence alone. There is learning to be had from the US-based studies and the small number of LMICs studies which do exist and can draw a clear link between SEL and learning outcomes. However, further empirical research is needed in order to understand if and how such programmes will work in conflict-affected settings. Aber et al. (2016a; 2016b) makes a useful first step with this but more evidence is required in order to ensure the benefits are transferable.

2. Understanding the link between Mental Health and Psychosocial Support, and Social and Emotional Learning Support interventions

Defining Mental Health and Psychosocial Support

The Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support (MHPSS) in emergency settings have highlighted the importance of access to appropriate MHPSS for all people affected by disasters, conflict and chronic adversities (IASC, 2015). The term MHPSS describes a wide range of support interventions that aim to protect or promote psychosocial wellbeing or prevent losses of psychosocial wellbeing. The exact definition is quite broad and the components of MHPSS interventions can vary depending on the organisation, context, and discipline (e.g. healthcare, education). Any intervention in a crisis setting will depend first on a 'diagnosis' of mental health and psychosocial issues present in the population. However, in general, MHPSS is the process of facilitating resilience within individuals, families, and communities and allowing them to return to normality after being involved in a crisis situation (INEE, 2016; Bangpan, et al., 2017).

The IASC Guidelines (2007) are a key source of information and guidance for understanding how MHPSS should be integrated into conflict-affected settings. They highlight the need to pay attention to context when designing interventions and to ensure responses are multi-layered (IASC, 2007, Jordans, et al., 2016). This ensures that all groups of people, facing different and nuanced psychosocial issues following trauma can have their needs met. The IASC framework is most often shown as a pyramid of interventions (Figure 1), with each layer representing a smaller target group and more individualised or specialised forms of support (IASC, 2007).

Figure 1. MHPSS intervention framework, IASC 2007
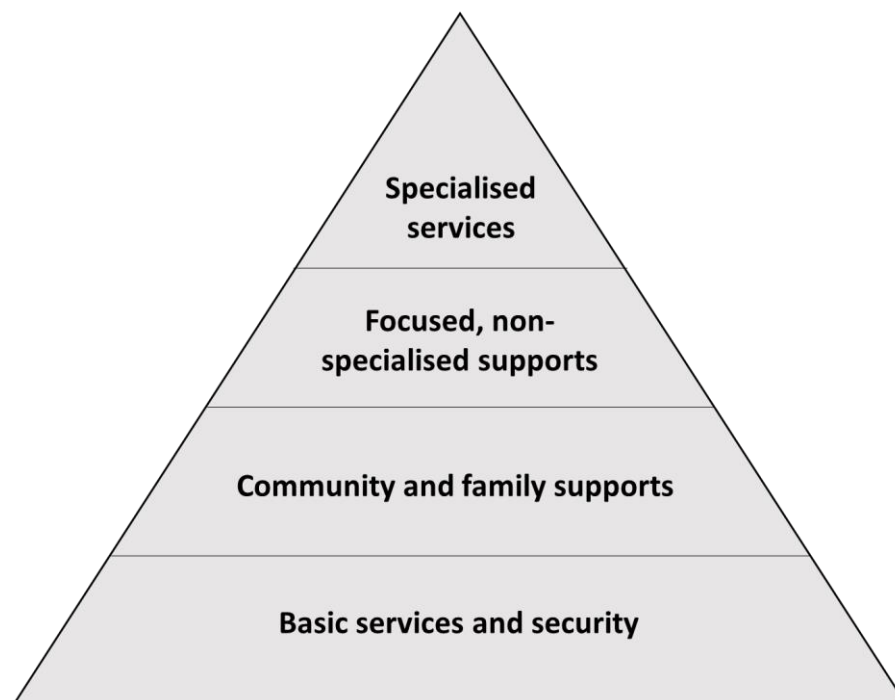
At all levels, psychosocial interventions aim to influence positive change for beneficiaries across three different psychosocial areas:

- **Building skills and knowledge** to boost cognitive development, learning, creativity and the acquisition of useful skills.
- **Improving emotional wellbeing** in order to foster an increased sense of security and confidence, prosocial behaviour and increased self-control and a greater sense of hope for the future.
- **Building social wellbeing** in order to improve individuals' ability to act appropriately in social situations, improving social cohesion; greater and sustained social inclusion (INEE, 2016)

MHPSS interventions are not only broad in their purpose, but in their strategies and delivery methods. However, a 2016 systematic review of MHPSS programmes and their effect on wellbeing (Jordans, et al., 2016) found that the most frequently mentioned delivery methods were as follows:

- **creative expressive:** make use of interactive activities including drama, music, role-play, and drawing or painting.
- **psycho-educational:** support beneficiaries to develop strategies for resilience, stress management, and conflict resolution.
- **cognitive behavioural strategies:** often target at a specific problem,and make use of psychotherapies such as trauma-focused Cognitive Behavioural Therapy (CBT), interpersonal psychotherapy, and traumatic grief psychotherapy.

Linking Social and Emotional Learning with MHPSS

Social and Emotional Learning (SEL), is defined in various ways but broadly speaking, it is a form of learning that helps children and young people to develop and make use of vital knowledge, attitudes, and skills which allow an individual to function within society, understanding both their own thoughts, emotions and social position as well as others. These knowledge, attitudes and skills are divided into three competencies across three domains (cognitive, emotional, and social). The five competencies are outlined below:

1. **Responsible decision-making:** the ability to make constructive choices about personal behaviour and social interaction
2. **Self-awareness:** the ability to recognise one's own emotions and thoughts and their influence on behaviour, assessing strengths and limitations, and developing self-confidence
3. **Self-management:** the ability to regulate emotions
4. **Social awareness:** the ability to understand the social and ethical norms of behaviour.
5. **Relationship skills:** the ability to establish and maintain health relationships (INEE, 2016)

A recent review conducted by the World Bank has also provided a useful overview of the most common components for SEL programmes (albeit most of them from the USA), highlighting teacher training (28 studies) and additions to the curriculum (32 studies) as the most common components. Around 13 studies also included some household components such as parental engagement, and five also included some kind of extra-curricular activities for students (Puerto Sanchez et al., 2016).

There is often confusion about the link between MHPSS and SEL, with some claiming they are, in fact, the same thing (INEE, 2017). The INEE provides a useful overview of the convergences and divergences of the two approaches:

"the psychosocial support approach has specific core principles, a matrix of interventions, and a multi-layered response system, within which fall a wide array of programs, including SEL programs. Hence, SEL represents a specific line of programming that falls under the PSS umbrella" (INEE, 2016 p.14)

The overall focus of both MHPSS and SEL interventions is on building resilience in order to foster positive adjustment following trauma. However, SEL tends to be non-specialised and therefore covers the bottom two layers of the IASC MHPSS pyramid (Figure 1). The table below shows where the SEL and MHPSS principles and competencies overlap:

Table 1: Mapping MHPSS domains and SEL competencies

MHPSS Domains	SEL Competencies
Skills and knowledge	• Responsible decision-making
Emotional wellbeing	• Self-awareness • Self-management
Social wellbeing	• Social awareness • Relationship skills

Based on this definition provided by INEE, SEL interventions make up just one set of tools in a much larger toolbox of MHPSS interventions, albeit with a more specific focus. However, there are several more distinctive features of SEL, compared to MHPSS, including a more established connection to education.

Firstly, while SEL can be used with adults, it is generally considered a child (and youth) centred approach that aims to support the building of skills in order to improve resilience and socio-emotional skills. It does not normally focus on preventing problems. In contrast, MHPSS can be preventative, curative, or a strategy for promoting well-being.

Secondly, SEL is intentionally linked to education, as it is intended to be delivered in academic settings. MHPSS can take place in a variety of settings. Further, SEL is in some ways a pedagogical approach and designed to be implemented in learning spaces and integrate with learning routines. It is thought to work best when it complements other school strategies for child development.

Finally, PSS is a more responsive, short-term approach which attempts to address a limited set of issues. PSS is often put in place during the immediate aftermath of a crisis or in the initial stages of a crisis response. This initial response therefore lays the foundations for more focussed and planned SEL interventions. However, PSS and SEL are not necessarily sequential, and often the two to run alongside each other (INEE, 2016).

3. How can these interventions improve the learning outcomes of children during or after conflict situations?

Beyond the more general and widely documented economic and social importance of education that makes it the focus of government and donor attention in LMICs, there is a more specific case for supporting education interventions in conflict-affected situations. Much of the literature points to there being both short and long-term benefits for wellbeing, particularly because of the stability the school environment provides (Burde et al., 2015). Education often restores a sense of normality

for those living otherwise disrupted lives as well as providing social support through interactions with peers and educators (IASC, 2007; Betancourt et al. 2014). In fact, research has shown that the loss of education is one of the greatest stressors in post-conflict settings, particularly given how schooling is often seen as a route out of poverty or to a more prosperous life by children and their families (INEE, 2016; Burde et al., 2015). Thus the effect of education on the wellbeing of children is widely documented and accepted.

Previous DFID K4D reports have highlighted the dearth of evidence relating to MHPSS and SEL interventions in humanitarian settings (Boateng, 2017; Mattingly, 2017). This report has found a similar evidence gap for MHPSS and SEL interventions on education outcomes in these settings. As suggested above, where there is evidence, relating to education, the link tends to be the other way round i.e. that participation in schooling and education has an effect on psychosocial outcomes, rather than psychosocial interventions having an impact on educational outcomes. The evidence that is available tends to be less robust. However, there are a few studies in each domain which suggest possible links between MHPSS, SEL and education outcomes.

Evidence linking MHPSS with education outcomes

A recent systematic review (Bangpan et al., 2017) conducted as part of the Humanitarian Evidence Programme sought to synthesise the evidence on MHPSS programmes for people affected by humanitarian crises in LMICs. The review identified 82 research papers relating to MHPSS interventions. Of these, 40 studies related to the impact of MHPSS programmes on children and young people but only two looked at any measure of educational or academic outcome. The review concluded that, although there are studies available which look at this link, the body of evidence is not currently large enough to make any confident statements about the effectiveness, or lack thereof, of MHPSS on learning outcomes for LMICS. Beyond this finding, the systematic review also notes the need for further research on the effects of MHPSS more generally, not just on education outcomes (Bangpan et al., 2017).

One of the two studies included in Bangpan et al. (2017) to measure education-related outcomes was a Randomised Control Trial (RCT) researching the impact of the Youth Readiness Intervention (YRI) (Betancourt et al., 2014) in Sierra Leone. The YRI integrated evidence-based therapies from Cognitive Behavioural Therapy (CBT) and group interpersonal therapy to address both mental health symptoms and functional problems, including interpersonal deficits, difficulties with regulating emotions, and risky behaviours. Both therapies had demonstrated effectiveness in treating the effects of trauma elsewhere (outside conflict or LMIC contexts) including depression, anxiety, and interpersonal deficits. The intervention was delivered over 10 to 12 sessions and also included community and family meetings. The study considered several primary outcomes including emotional, social and behavioural measures. Effects on learning outcomes were measured in addition.

The learning outcomes were measured using teacher-reported observations of students in the intervention and control group with the findings indicating that children who had undergone the intervention had better school attendance than the control group. Teachers also reported that the children in the intervention group exhibited better classroom behaviour. However, no measures of academic performance were included in the study (Betancourt et al., 2014; Bangpan et al., 2017).

The 2017 systematic review (Bangpan et al., 2017) also identified several studies of the effect of Narrative Exposure Therapy (NET) interventions, one of which looked at the impact of a NET programme in Sri Lanka and included measures of school performance (Schauer, 2008). The study found evidence to support the effectiveness of NET interventions on their primary outcomes of

interest, such as a reduction in trauma symptoms, reduced depression scores and reduced functional impairment, the study symptoms of functional impairment. However, there was no significant effect on school grades for language, sports or arts subjects.

One study, which was not included in the Bangpan et al. (2017) review was a 2011 study of the Psychosocial Structured Activities (PSSA) programme implemented in Northern Uganda. The study demonstrated a link between the PSSA intervention and learning outcomes. PSSA is a school-based approach, based on techniques used in crisis affected settings across several other countries, including Palestine and Sri Lanka. However few other studies of the intervention exist, certainly none which focus on learning outcomes. The PSSA focusses on using children's' natural resilience to help them recover from trauma and is delivered across 15 progressively structured sessions leading from themes of safety and control, through to those of awareness and self-esteem, personal narratives, coping skills, and future planning. The programme incorporates play therapy, drama, art and movement and is delivered within schools.

The study used a non-experimental design, using a combination of qualitative focus group discussions and self-reported assessment by children, parents and teachers to measure child-wellbeing. The researchers constructed a measure of child wellbeing from the teachers' perspective which included their perceptions of whether children's attendance at school had improved, whether they were more engaged and interested and whether or not they were making academic progress.

The findings indicated that parents, teachers and children themselves all considered that children's well-being had improved. Unfortunately, the nature of the study design does not allow the researchers to understand what component of the 'wellbeing measures' were most prominent (i.e. academic achievement) nor which intervention component had most effect on these outcomes. It does, however, contribute to the sparse existing evidence base around these kinds of intervention (Ager et al., 2011).

Overall, the body of evidence around MHPSS is weak. In what is already a sparse landscape of research, the link to education outcomes is often secondary to social, emotional and cognitive outcomes, or based on less robust methodologies.

Evidence linking SEL with education outcomes

As already stated, SEL interventions are more directly linked to education and learning environments than MHPSS. The theory on which SEL interventions are based suggests that social, emotional and academic skills are, in fact, related. Further, research suggests that the development of social and emotional skills is best accomplished through integrated SEL classroom activities, by engaging students in school structures and through parental and community involvement (Durlak et al. 2011; IRC 2013).

The theory of change illustration below, adapted from the Collaborative for Academic, Social, and Emotional Learning (CASEL, 2013) illustrates how SEL approaches are linked to outcomes for children and youth, including education:

Figure 2: SEL intervention theory of change. Adapted from CASEL (2013)
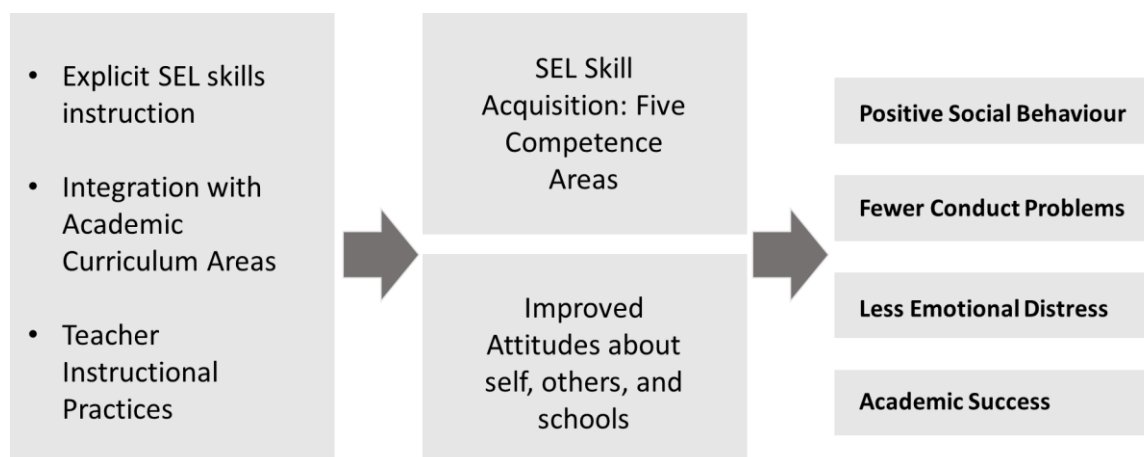
Despite this more explicit link with education, evidence generated form LMICS or crisis-affected settings is sparse. There is still a need to understand both whether and *how* SEL works in these settings (Aber 2016b).

One study, which claims to have been the first to make the link between SEL and learning outcomes in a conflict-affect setting (Aber et al., 2016a; 2016b) examines the effectiveness of the 'Learning to Read in a Healing Classroom' (LRHC) intervention in the Democratic Republic of Congo (DRC). The LRHC is a school-based programme that uses teacher professional development to improve the academic skills and socioemotional development of primary school children in conflict affected countries. The intervention itself has been implemented in twelve countries, however to date, only the DRC programme has been the subject of rigorous independent evaluation. The cluster-randomised control trial finds that the teacher training programme has a significant and positive result on students' maths and literacy outcomes. Further study to ascertain the causal pathway that leads to this result was less conclusive. However, the study claims that it has provided the first direct link between SEL programmes and learning achievement in developing countries which is of value in itself. Further work is needed to understand the mechanisms underlying the improvements (Aber et al 2016a, Aber et al 2016b).

SEL in high-income settings

Despite the sparse evidence base from low- and middle-income countries, there is a much more substantial body of research relating SEL interventions to educational achievement outcomes in high-income countries. The majority of these are US-based studies of universal SEL interventions (i.e. delivered to the general school population, rather than to groups who have experienced traumatic events). Many such studies have found strong evidence that promoting SEL can ensure emotional wellbeing and reduction of aggression and that this overall improvement of psychosocial wellbeing is related to improved academic outcomes (Burde et al., 2015; Bangpan et al., 2016; Sanchez Puerta et al., 2016).

What is promising for the application of SEL methodologies to crisis settings is that there is evidence from high-income countries to suggest that high-risk children (i.e. those with pre-identified behavioural problems) benefit more than others from SEL interventions. While the context and nature of what constitutes 'high-risk' (i.e. low-income background etc.) is rather different in these studies, this nonetheless at least provides a positive indication of how the intervention will transfer (Burde et al., 2015; Sanchez Puerta et al., 2016).

There is a clear lack of studies which measure the effect of SEL on learning outcomes in LMICs and / or conflict-affected settings. However, there is a more established link between SEL and learning outcomes from the high-income literature. While it is difficult to ascertain how transferable the learning from these studies is, it has had a clear influence on donor organisations already, including USAID and the World Bank, both of whom have published policies or research relating to the effectiveness of SEL on learning outcomes referencing these high-income country studies (Sanchez Puerta et al., 2016; USAID, 2018).

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