SCHOOL MENTAL HEALTH
POLICY GUIDE FOR NIGERIA

OCTOBER 2019

GUIDE DEVELOPED BY:



ASSOCIATION FOR CHILD
AND ADOLESCENT PSYCHIATRY AND
ALLIED PROFESSIONS IN NIGERIA
(ACAPAN)

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Background

Nigeria has a predominantly youthful population, with about 40% of the population being children and adolescents under the age of 18. Of these, it is estimated that 59 % of children aged 6 - 12 attend primary school and 49% of those aged 13 - 18 attend secondary school. Schools play an important role in the lives of all children as a place where they receive the necessary preparation to become responsible future citizens. Good health has been recognized as a prerequisite for children to succeed in school and this includes all aspects of health including mental health. Nigeria has a school health policy which has been in existence since 2006. However, awareness and implementation of this policy by school communities has been poor, and the policy lacks a robust mental health component. Over the last two decades, there have been varying attempts by researchers and clinicians working in the field of child and adolescent mental health to implement school mental-health programmes in Nigeria. This has been largely through identification of common mental-health problems and needs in school children, mental- health literacy programmes, and piloting of various intervention strategies. However, till date there is still a paucity of sustained programmes of this kind within the country.

This document aims to provide the necessary guidelines to ensure that every Nigerian child enjoys good mental health within the school setting. A key strategy to ensuring sustained attention to school mental health is to situate these guidelines within the current existing framework for school health programmes in the country. Therefore, it is recommended that this policy guide is incorporated as an expansion to the currently existing school health policy which is currently lacking any appreciable mental health content. Doing this will ensure that both physical and mental health receive potentially equal attention and can both share the benefits of advocacy drives. As such, it is recommended that the bulk of the initial advocacy work for this policy guide should emphasize the paucity of mental health contents in the current school health policy, and the need to incorporate same in the next review of the policy.

This document was developed using the WHO guidelines for developing school health policies for children and adolescents which include gathering of information and data for policy

development, gathering of evidence for effective strategies, determination of the areas for action, and identification of the major roles and responsibilities of different stakeholders and sectors.

A. Aims and objectives of the Policy guide

This policy guide aims to establish the goals and procedures to ensure that every Nigerian child enjoys optimal psychological wellbeing at school.

B. Recommendations

:

1. Each school should have a written school mental health policy document which should be part of the comprehensive school health policy. The document should highlight how each school intends to meet the mental health needs of students .
2. The school mental health policy should take into consideration the developmental stage of each child and their sociocultural backgrounds.
3. The school mental health policy should be in keeping with children's rights as spelt out in the Child Rights Act and be inclusive to accommodate those with disabilities.
4. The design and implementation of school mental health programs should be such that priority areas are in a pyramidal form. At the base of the pyramid, where the most attention should be focused is the effort to *promote* mental health. These include investing in the social and physical environment of schools; positive student engagement; curriculum-based mental-health literacy initiatives; and fostering healthy partnerships between the school, home, and the community. At the middle of the pyramid are *preventive* efforts such as social and life-skills training; targeted risk-factor reduction; and accommodation of individual difficulties within the school. *Intervention* efforts should be at the top of the pyramid.
5. Mental health promotion, prevention, treatment and recovery should be integral parts of the policy. Mental health promotion should include activities such as:

    a) Keeping children in school by actively tracking and mitigating truancy and drop-out
    b) Improving school engagement through a physically aesthetic school environment
    c) Ensuring safe-environment by raising awareness about and having a clear policy for ensuring protection from bullying, intimidation, victimization, school-gang activities, sexual harassment, and/or gender-based violence

a) Ensuring safety and protection outside of school environment by raising awareness about child abuse and neglect
b) Improving general mental-health literacy of teachers through targeted training
c) Improving the mental health literacy of students through curriculum based mental health education covering all aspects of mental health literacy including coping skills, recognition of symptoms, information seeking, help-seeking, and support
d) Establishment of Health/Mental Health clubs
e) Developing effective and safe alternatives to corporal punishments in schools
f) Improving the quality of teacher/student and student/student relationships
g) Suicide prevention strategies
h) Teaching safe use of the social media
i) Teaching life skills and assertiveness
j) Extracurricular activities especially sports and faith-based spiritual activities

6. Early identification of mental health problems among students should be a priority. The strategies to do this should include:
    a) Timely (at intake and yearly) screening for psychological morbidity as part of routine school health screening program
    b) Screening of all under-5 children in pre-schools and early elementary school pupils for neuro-developmental disorders
7. Universal, selected and targeted interventions in line with WHO health-promoting school framework should be incorporated into the school mental health programme. Priority areas should include:
    a) Training of members of the school ecosystem (senior students, teachers, school counselors, school nurses) on basic mental-health first aid and mental-health intervention strategies
    b) Training of pre-school and elementary school teachers on basic behavioral intervention for neuro-developmental disorders in children
    c) In-service training of teachers should incorporate mental health, and each teacher should attend at least one such training every three years.

d) Setting up and equipping of school-based mental-health team comprising of teachers, school psychologists, school nurses, and student representatives for the purpose of intervention for identified mental-health problems among students
e) Facilitating linkages of school mental-health teams with neighboring community-/hospital-based CAMH services

8. There should be particular attention to other aspects of health that directly affect brain health such as nutrition and physical exercise.
9. Teacher wellbeing, support, & professional development should be addressed within individual school mental health policies.
10. Clear policy on reduction of school-based disabilities which may arise as a direct consequence of mental and developmental disorders. The priority areas should include:
    a) Integration of stigma-reduction strategies into school-based mental health services
    b) Facilitation of the establishment of in-school support programs for students with incapacitating mental-health problems including intellectual disabilities
    c) Facilitation of inclusive-learning (learning support) for children with neuro-developmental disorders and other related disabilities.
11. Each school should have a school health committee to adapt the policy to the school culture and monitor the implementation and evaluation of the policy. Committee members should include a representative of the school administration, student representative, parent teacher's representative, a teacher, school health professional (if available), and external mental health professionals (if available). These should meet on a regular basis as agreed by the committee.

C. Monitoring and implementation of the policy

Implementation Plan

The strategies for implementation should have the following priorities

a. Identify potential partners and stakeholders
b. Assign roles for each potential partner/ stakeholders for each priority mental-health needs earlier identified
c. Integrate school mental health policy, as designed, into the existing school health policy

a. Potential partners/ stakeholders

There are potential partners/stakeholders within and outside the school ecosystem who have roles to play in the implementation of school mental health policy. These stakeholders are as shown below:

i. Within the school ecosystem

1. School Authority/ Management
2. Regular Teachers
3. Special Teachers (special-education and sports coordinators)
4. School counsellors
5. School psychologists/Social workers
6. School clergy

ii. Outside the school ecosystem (individuals and entities)

1. Parents/ Parent-Teacher Associations
2. Specialist mental-health service providers (Psychiatrists and psychologists)
3. Other specialist child-developmental service providers (Applied Behaviour Analysts; Speech and Language Therapists; Child Physiotherapists)*
4. Social-welfare/juvenile justice agency of State
5. Faith-based organisations
6. Non-governmental and community-based Organisations (NGO, CBO)
7. National Health Insurance Systems

8. Ministry of Education
9. Security Agencies

**Schools may aspire to have them as part of the school regular staff*

D. Priority Areas

Some of the priority areas and assigned roles for stakeholders are as shown in Appendices 1, 2, and 3 (see Appendix). In coming up with this role assignment, we drew heavily from the principles of task-shifting. This is a principle in which highly trained specialist professionals train other providers to provide a simplified version of certain aspects of an otherwise highly technical service. It is an evidence-based practice and is one of the current directions for health services in resource constrained settings.

E. Actualization Plan

Since this is a policy-guide, the final development and implementation rests with the Ministry of Education. Also, as much as this guide is grounded in existing literature and practice around the world, the final policy needs to be co-produced by all relevant stakeholders using this guide as a template. Therefore, we recommend the following action plan:

1. Adoption of the policy guide as working document for the drafting and implementation of school mental health policy for Nigeria
2. Co-production of the final policy with relevant stakeholders such as (teachers, school counselors, child mental health practitioners, NGOs working in the field, student representatives, Ministry of Education, Ministry of Health etc)
3. Stakeholders' input could be obtained through round table discussions, focus groups and key informant interviews. The focus of these interviews will be to obtain the relevant psychological, social and cultural aspects of child mental health (and development); management of mental, emotional, behavioural, and developmental disorders in children; and policy suggestions towards school-based mental health programs. In the course of these interviews, specific questions should be asked about the state of implementation of existing school health policies and what can be done to improve same.

4. The challenges and needs (resource-related, personnel-related and institutional factors) for the policy suggestions in the present form should also be obtained from stakeholders.
5. All the information and views gathered from (3 & 4) above should be used to amend the policy suggestions after identifying the strengths, weaknesses, opportunities and threats to the Policy (SWOT analysis).
6. Round-tables could be held in different regions of the country to develop the policy further and contextualise it to the different regions of the country.
7. Lessons learnt from all the activities should be used to develop the final school-health policy.
8. After information gathering and drafting of the policy the Ministry Education, in conjunction with school health committees in selected regions of the country, should develop a plan for pilot implementation of the school -mental health policy. This step should delineate the roles, responsibilities, actions and timelines specific to each school; and include information about who will be responsible to make what change, by how much, where and when.
9. Lessons from the pilot implementation should be used to generate scale-up plans, supervision and monitoring guidelines, and funding suggestions.
10. In the course of implementation, implementation reports should be generated and further modifications should be effected based on realities such as state priorities change; community needs change; emerging new health science, information, and technology; and new Federal or state guidance or standards.

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APPENDICES:

Priority areas of school mental health policy: assignment of roles for partners/stakeholders

Appendix 1: School mental health promotion priority areas and assigned roles

Priority area	Relevant stakeholders	Assigned role
Keeping children in school: Social and physical security measures; and mitigating drop-out	Ministry of Education	Expand or initiate as a deliberately funded policy, the school-feeding program to ensure children have nutritional support in school
	Security Agencies	Initiate a save-schools sub-unit within the security outfit within localities, especially in highly volatile regions, to provide security coverage for school children against criminal elements such as kidnappers, terrorists, and the likes
	Social-welfare/juvenile justice agency of State	School social-welfare unit to investigate all cases of established truancy/delinquency with a view to identify and intervene in any social/behavioural factors which may contribute
	School Authority/ Management	Supervise the implementation of the school-feeding program; the save-school initiatives; and the school welfare systems by appointing and retaining a dedicated supervising officer
Improved general mental-health literacy of teachers and students	Ministry of Education	Providing the administrative mandate for and supervising the training of teachers on the implementation of a school-based mental-health curriculum
	Specialist mental-health service providers	Develop a curriculum-based mental-health literacy training schedule using earlier identified gaps in school health-education curricula as guide. Schedule should have taught-components and self-instructional materials. The curriculum developed can be used as training guide for teachers. For large coverage, school counselors/psychologists, some highly motivated regular/special teachers, as well as some students (as peer-educators) can be trained as trainers.
	Regular Teachers/ Special Teachers	Deliver the curriculum, which they have already been trained on, as part of the regular health-education classes. Some may also play roles in training other teachers as earlier identified
Establishment of Health/Mental Health clubs	School Authority/ Management	Foster the establishment of a health/mental health club among student volunteers. The aim is the identification and dissemination of information on priority health/ mental health issues in schools. Also, appoint a staff coordinator

	Specialist mental-health service providers	Periodic scheduled visits to the Health/mental health club activities to provide talks and stimulate open discussions on topics such as ills and remedies for school bullying, intimidation, and victimization; school-gang activities; sexual harassment; and/or gender-based violence; and safe use of social media; dangers of drug abuse; and for resilience-building activities such life skills/assertiveness training
	Regular Teachers/ Special Teachers/ School Counsellor/ School Psychologist/ School Social worker	Coordinate the activities of the Health/Mental Health Club and serve as liaison person between school authority and collaborating specialist mental-health service establishment/provider
Raising awareness about child abuse and neglect	Social-welfare/juvenile justice agency of State	Periodic meetings with students (through the Health/mental health club), teachers and parents (through the Parent-Teacher Association), and communities to disseminate information on child abuse and neglect
Extracurricular activities especially sports and faith-based spiritual activities	Special Teacher (Sports coordinator)	Regular sports activities, including both competitive and non-competitive sports as a form of resilience and self-esteem enhancing strategy
	School Clergy/Faith-based organizations	Regular faith-based activities geared towards spiritual enrichment and spiritual counseling
Improving the quality of teacher/student and student/student relationships	School Counsellor/ School Psychologist/ School Social worker	Facilitating and coordination of periodic student-teacher interphase, with a view to identify potential areas of improvement in quality of relationship
Developing effective and safe alternatives to corporal punishments in schools	Specialist mental-health service providers/ School Counsellor/ School Psychologist/ School Social worker	Facilitation open discussions in teachers forum about the potential ills of corporal punishment and working with them to periodically develop context appropriate alternatives

Appendix 2: Priority areas for early identification and treatment of mental-health problems and assigned roles

Priority area	Relevant stakeholders	Assigned role
Screening for psychological morbidity as part of routine school health screening program	Specialist mental-health service providers	Identify simple screening tools such as Strength and Difficulty Questionnaire, Child Behaviour Checklist (among others) with which school counselors and others will be trained to screen children for psychological morbidity
	School Counsellor/ School Psychologist/ School Social worker	Screen children for psychological morbidity, either routinely or as indicated
Screening of pupils for neuro-developmental disorders	Other specialist child-developmental service providers	Identify simple screening tools such as Pre-School Language Screener; Modified Autism Checklist; Social Communication questionnaire (among others) with which teachers and others will be trained to screen children for neuro-developmental disorders
	Teachers (including special-education teachers)	Screen children for neuro-developmental disorders, either routinely or as indicated
Training of members of the school ecosystem on basic mental-health first aid/ intervention strategies	Specialist mental-health service providers	Providing the training on mental-health first aid and basic psychological interventions for common mental disorders. This is either delivered to the stakeholders directly or via a train-the-trainer initiative among carefully-selected individuals and stakeholders within the school ecosystem, or a combination of both Setting up and equipping of school-based mental-health team comprising of teachers, school psychologists, school nurses, and student representatives for the purpose of intervention for identified mental-health problems among students

	School Counsellor/ School Psychologist/ School Social workers	Implementation of students' training on mental-health first aid using the Health/ Mental-health Clubs as platform Providing basic mental-health services such as cognitive-behavior therapy, motivational interview, relaxation training (among others) to children in need of such
Training of pre-school and elementary school teachers on basic behavioral intervention for neuro-developmental disorders in children	Other specialist child-developmental service providers	Providing the training on basic techniques of interventions for neuro-developmental disorders including applied behaviour analysis techniques, speech and language therapy techniques, and special education techniques. This is either delivered to special teachers in schools, dedicated special education staff, or any other dedicated staff directly or via a train-the-trainer initiative among carefully-selected individuals and stakeholders within the school ecosystem, or a combination of both Setting up and equipping a Special Education Needs (SEN) unit for neurodevelopmental interventions in schools
Facilitating linkages of school mental-health teams with neighboring community-/hospital-based CAMH services	Specialist mental-health service providers/ School authority	Formulation and adoption of memoranda-of-understanding between parties detailing the terms and process of collaboration
Suicide prevention strategies	Specialist mental-health service providers/ School authority / CBOs	Organization of programs (around days such as the Day of African Child; World Health Day; World Suicide Prevention Day; World Mental Health Day etc to educate students about suicide and suicidal behaviors; and to implement preventive interventions, such as coping skills training, early screening and detection of suicidal behaviors with subsequent intervention referral

Appendix 3: Assigned roles for mental/neuro-developmental disability reduction

Stigma-reduction strategies	**All stakeholders**	**Open discussion forum integrated into the Health/Mental Health Club activities**
In-school support programs for students with incapacitating mental-health problems /neurodevelopmental disorders	Other specialist child-developmental service providers/Teachers/School Authority	Facilitating the establishment of Special Education Needs Unit where learning support based on applied behaviour analyses (ABA) techniques, special education techniques, speech and language therapy techniques, and other supportive techniques are provided to children with mental/neurodevelopmental disabilities within the school environment. This will be coordinated by trained dedicated teachers/facilitators
Refurbishment of and capacity building in the existing 'special education' facilities in the country	Specialist mental-health service providers/ Other specialist in child-developmental service providers/Teachers/School Authority/Ministry of Education	Widespread capacity building targeted at improving knowledge and skill of staff in the following areas: applied behaviour analyses (ABA) techniques, special education techniques, speech and language therapy techniques, and other supportive techniques are provided to children with mental/neurodevelopmental disabilities such as occupational therapy, physiotherapy, and others. Other interventions include upgrade of infrastructure generally and disability-reducing infrastructure specifically.



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