



Draft for consultation - April 2024

AU Strategy on Mental Health and Psychosocial Support for Teachers in Africa



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List of Acronyms

AFTRA	Africa Federation of Teaching Regulatory Authorities
AU	African Union
AUC	African Union Commission
CESA	Continental Education Strategy for Africa, 2016-2025
COVID-19	Coronavirus Disease of 2019
EHW	Education for Health and Wellbeing
EI	Educational International
ESTI	Education, Science, and Technology
GBV	Gender Based Violence
IASC	Inter-Agency Standing Committee
ICT	Information and Communication Technology
IGAD	Inter-Governmental Authority on Development
IEC	Information, Education and Communication
ILO	International Labour Organization
INEE	Inter-agency Network for Education in Emergencies
M&E	Monitoring and Evaluation
MHL	Mental Health Literacy
MHPSS	Mental Health and Psycho-Social Support
PFA	Psychological First Aid
PRC	Permanent Representative Committee
RECs	Regional Economic Communities
SEL	Social-Emotional Learning
SRGBV	School-Related Gender Based Violence
STC	Specialized Technical Committee
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNESCO-IICBA	UNESCO – International Institute for Capacity Building in Africa
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

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II. Foreword

To be written,

III. Executive Summary

Teachers in Africa face various mental health challenges that affect their well-being and performance. The COVID-19 pandemic aggravated existing mental health issues, including social isolation, fear, and anxiety contributing to teacher shortages on the continent. There is a need for a holistic and forward-thinking strategy to bolster the mental health and overall well-being of teachers. Ignoring mental health issues among educators carries significant risks, including heightened absenteeism, reduced productivity due to presenteeism, and increased rates of early retirement on health grounds. These factors have a direct, adverse effect on student welfare, learning experiences, and educational achievements.

Given that teachers represent a significant proportion of government employees in many African nations, it is evident that the educational sector is a strategic platform for promoting mental well-being, preventing psychological harm, and ensuring that those facing mental health challenges receive prompt, equitable, and stigma-free support. Realizing this potential requires a collaborative approach involving all key stakeholders, including governments, employers, employer organizations, teachers, teachers' unions, teachers with lived experience of mental health problems, the health sector, non-governmental organizations, parents, school leaders and school communities.

Despite this knowledge, interventions specifically tailored to support mental health of teachers have been sparse and any available interventions often lack focus. Most initiatives trend towards enhancing teachers' ability to support mental health of students rather than bolstering teacher well-being directly. Moreover, compromised mental health among teachers has been observed to diminish their confidence in assisting students, spawning a vicious cycle where inadequate training and support hinder their perceived efficacy and amplifies their own mental health challenges.

Investing in the mental wellbeing of teachers and teacher educators presents a strategic opportunity

for contributing towards improved learning outcomes at a time the African Union has declared 2024 the Year of Education. This regional strategy on promoting Mental Health and Psycho-Social Support (MHPSS) for teachers and teacher educators will contribute to achieving results set forth by the first strategic Objective of CESA especially through ensuring safe and inclusive learning environments (target 4.a), providing good working, and living conditions to teachers to enhance their status and value in society (target 4. b) and ensuring adequate teacher recruitment, training, and professional development, and working conditions (target 4.c). Moreover, the strategy will address a wide range of stressors affecting teachers and teacher educators such as challenging workplace environment, huge class sizes, long working hours, inadequate salaries among others.

At the global level, the **UNESCO/ILO Recommendation concerning the Status of Teachers (1966)**¹, complemented with the **Recommendation concerning the Status of Higher Education Teaching Personnel (1997)**², constitutes the main global reference framework for addressing teachers' issues. This strategy complements the global agenda for reducing premature deaths from noncommunicable diseases (NCDs) by one third (United Nations Sustainable Development Goal, target 3.4) which includes the promotion of mental well-being and the prevention of mental health conditions. Other global level references include the **WHO Guidelines on mental health at work (2022)**³, the **WHO Comprehensive Mental Health Action Plan, 2013–2030**⁴ outlines a global goal for providing comprehensive, integrated and responsive services in community-based settings (such as workplaces) as well as for promoting and preventing mental health issues. The strategy is also inspired by the IASC Guidelines for MHPSS in Emergency Settings (IASC, 2007)⁵, MHPSS Minimum Service Package (IASC, 2022)⁶ and the Guidance Note: Teacher Wellbeing in Emergency Settings (2022)⁷.

At the regional level, key reference document includes the **Continental Strategy on Education in Africa (CESA, 2016–2025)**⁸ and the **AU Continental**

1 <https://unesdoc.unesco.org/ark:/48223/pf0000126086>

2 <https://en.unesco.org/about-us/legal-affairs/recommendation-concerning-status-higher-education-teaching-personnel>

3 WHO guidelines on mental health at work. Geneva: World Health Organization; 2022.

4 <https://www.who.int/publications/i/item/9789240031029>

5 <https://interagencystandingcommittee.org/sites/default/files/migrated/2020-11/IASC%20Guidelines%20on%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings%20%28English%29.pdf>

6 <https://interagencystandingcommittee.org/sites/default/files/migrated/2023-01/IASC%20MHPSS%20Minimum%20Service%20Package.pdf>

7 <https://reliefweb.int/attachments/463a6e61-7d50-459f-a08e-7b28f90260ac/INEE%20-%20A%20Guidance%20Note%20for%20Teacher%20Wellbeing%20in%20Emergency%20Settings%20v1.0%20EN%20LowRes.pdf>

8 <https://ecosocc.au.int/sites/default/files/files/2021-09/continental-strategy-education-africa-english.pdf>

Strategy on Education for Health and Wellbeing (2023)⁹. The first strategic objective of the **CESA 2016-2025** calls upon Member States to “Revitalize the teaching profession to ensure quality and relevance at all levels” by among key actions recruiting, training, and deploying well qualified teachers as well as promoting their continuous professional development with emphasis on instilling core values, results, and accountability to learners. Another exhortation is for Member States to provide good working and living conditions for teachers to enhance their status and value in society. The strategy was also informed by the UNESCO-IICBA study¹⁰ which pointed to various stressors that teachers and teacher educators were going through, most amplified through the impact of COVID-19 on the education system.

The purpose of this strategy is to improve the mental health and psychosocial wellbeing of teachers and teacher educators in Africa. The strategy offers a comprehensive and coordinated framework for MHPSS interventions in the education sector. The strategy has six objectives: 1) to build the capacity of the education system to deliver MHPSS services; 2) to integrate MHPSS into education policies, curricula, guidelines, and programs; 3) to equip teachers and teacher educators with MHPSS knowledge and skills, including peer training; 4) to establish and strengthen MHPSS coordination mechanisms among relevant stakeholders; 5) to monitor and evaluate MHPSS interventions and use data for improvement and learning; and 6) to engage parents, community leaders, and local organizations to support and provide MHPSS services for teachers and teacher educators. The strategy also aims to increase mental health awareness, reduce stigma, and advocate for more funding and policy support for MHPSS services for teachers and teacher educators.

The strategy is guided by the AU CESA 2016-2025 guiding principles and has identified a few relevant principles from the IASC guidelines on mental health and psychosocial support for emergency settings that should support the implementation of this strategy: **human rights and equity, Person-centred, do no harm, socio-culturally appropriate services, multisectoral integrated support systems and multilayered support**. These principles aim to create a supportive and nurturing environment where both teachers and students thrive.

There is growing evidence for the effectiveness of interventions to protect and promote mental health and wellbeing in the workplace. In this strategy,

there is a balance between interventions directed towards individual educators and illnesses, and interventions for improving working conditions and enhancing mental health. The strategic interventions espoused in this regional strategy are arranged into **four pillars and three cross-cutting priorities**. These are **preventive services, diagnostic and provision of focused, non-specialized support, access to specialized services and rehabilitation and social/community reintegration**. The three cross cutting interventions include: **enabling environment, capacity building of institutions and stakeholders, and health system strengthening**. These strategic interventions were systematically identified based on the evidence on what works to address mental health and psychosocial wellbeing in the education sector.

Mental Health Prevention and Promotion: Recent research suggests that interventions incorporating cognitive-behavioural therapy, resilience training, mindfulness, and healthy lifestyle promotion can significantly enhance mental well-being in adults. The strategy provides evidence-based guidance on organizational interventions such as school leader and teacher training, reductions to workload and schedule changes or improvement in communication and teamwork and individual interventions for the promotion of mental health to enhance resilience and coping abilities of teachers. Promoting a healthy work-life balance by setting clear boundaries between work and personal life, and providing information about available health resources, such as counselling services, helplines, and self-help materials is encouraged.

Diagnostic and provision of focused, non-specialized support: Key components and strategies for providing focused, non-specialized MHPSS support to teachers include developing a system for early identification of teachers who may be struggling with mental health issues and establishing peer support networks where teachers can share experiences, discuss challenges, and provide emotional support to one another. Focused, Non-Specialized Support includes **Psychoeducation:** providing information about mental health, coping strategies, and available resources; **Psychosocial Support:** offering emotional support, active listening, and practical assistance; **Basic Counselling:** non-specialist counselling to address common mental health concerns, and **Referral Pathways:** guiding individuals to appropriate services based on their needs.

9 <https://www.youngpeopletoday.org/post/african-union-supports-education-for-health-and-well-being-to-transform-young-african-s-future>
10 <https://unesdoc.unesco.org/ark:/48223/pf0000387273>

Access to specialized services: Specialized support involves professionals with advanced training and qualifications in mental health. These experts include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. Interventions under this pillar involves conducting awareness raising on existing services, establishment of one-on-one counselling with a specialized counsellor trained in mental health and or psychotherapy, introducing specialized school counselling services where possible, online counselling services among others. Moreover, schools should endeavour to integrate collective support as they have proven to be effective to address work and non-work-related stressors among teachers.

Rehabilitation and social/community reintegration provides recommendations on returning to work following absence associated with mental health conditions and gaining employment for teachers with mental health conditions. Proposed interventions include creating a supportive school environment to reduce stigma. Schools should foster an environment where mental health discussions are normalized. Educating staff and students about mental health reduces stigma. Peer Awareness Campaigns: Students can participate in campaigns that promote empathy and understanding toward teachers dealing with mental health challenges.

Accommodations and Workplace Adjustments: Schools can make adjustments such as modified workloads, changes in classroom assignments, or altered responsibilities based on teachers' needs. Physical Environment: Creating a calm and supportive classroom environment can positively impact teachers' mental well-being. Community Engagement: Involvement in School Activities - Encouraging teachers to participate in extracurricular activities, parent-teacher associations, and school events helps them reconnect with the school community.

Enabling environment: This intervention seeks to support development and implementation of national and sector-specific mental health and psychosocial support policies, strategies and plans that integrates the needs of teachers and teacher educators. The enabling environment underpins and reinforces the circles of support and is shaped by the financing and budget allocations, policies, laws, institutions, culture, and social and gender norms, creating a system that moderates access to mental health and psychosocial services. The enabling environment is made up of four areas: *policy, legislation and financing, Research evidence and data, multisectoral systems and referral pathways and workforce development capacity.*

Capacity building of institutions and stakeholders: This strategy aims at enhancing institutional capacities at all levels. Capacity building activities will aim to strengthen the capacity of education systems and institutions to integrate MHPSS among their priorities and produce operational guides and tools to enhance prevention and effective management including rehabilitation, social and work reintegration of affected teachers and teacher educators. Institutions will be supported to establish school community-based peer support system to address the pressing social needs of the teachers and teacher educators including during the times of crisis such as pandemic, natural, or manmade disasters. In addition to institutions, capacity building activities will target individual teachers and teacher educators so that they gain required skills to enhance their resiliency, prevention, and holistic management of MHPSS cases.

Multisectoral Collaboration: Multiple entry-points are needed for MHPSS to adequately meet the needs of all teachers and educators, including those with mental health conditions or those exposed to serious protection risks or severely distressing or traumatic events. Just as community health and social workers work in collaboration with formal health and social service systems, education systems must operate with input from health, protection, social services, and other systems that support mental health and psychosocial wellbeing. The strategy will support countries to establish functional referral systems within the school system that include internal referrals to school counselling services and external referrals to other services including, health, counselling services, and social welfare.

Further, the strategy identifies the roles and responsibilities of different stakeholders, such as the AU, Member States, Regional Economic Communities, development partners, civil society organizations, teacher unions, employers, private sector and the health sector for a comprehensive approach to addressing the MHPSS needs of teachers and teacher educators at various levels.

The strategy presents a Results Framework, providing guidance on measures of success and a theory of change. Recommended parameters to measure programme success include policies, operational plans in place, pre- and in-service teacher training opportunities on MHPSS, Systems in place to ensure referrals to health and other support services.

1. Introduction

This document presents the African Union (AU) strategy on mental health and psychosocial support for teachers and teacher educators in the Africa region. The purpose of this strategy is to provide a framework and guidance for enhancing the mental health and psychosocial wellbeing of teachers and teacher educators in Africa. Teachers are the backbone of the education system and play a crucial role in shaping the learning outcomes of students. They not only impart knowledge and skills, but also inspire, motivate, and guide learners to achieve their full potential. For that reason, the first strategic objective of the AU Continental Strategy on Education in Africa (2016-2025) calls upon Member States to “Revitalize the teaching profession to ensure quality and relevance at all levels” by among key actions recruiting, training, and deploying well qualified teachers as well as promoting their continuous professional development and lifelong learning with emphasis on instilling core values, results, and accountability to learners. Another exhortation is for Member States to provide good working and living conditions for teachers to enhance their status and value in society, attract the population to the profession, and mitigate the high turnover of teachers, which results in a high financial pressure and poor return of investment for governments. However, teachers in the Africa region face many challenges and stressors that affect their well-being and performance. These include low salaries, poor working conditions, lack of resources, violence, conflict, displacement and health risks. These factors can negatively impact the mental health and psychosocial status of teachers, which in turn can compromise the quality of education and learning outcomes. Yet, according to WHO (2021)¹¹, school-based Mental Health and Psychosocial Support Services (MHPSS) are available in only 72 out of 142 countries (51%), of which 70% are in high-income countries. WHO’s 2022 World mental health report: transforming mental health for all¹² confirms that mental health is a generally neglected area in most of the Africa region and yet COVID-19 accentuated its devastating impact on school communities, including on teachers and teacher educators.

The strategy covers key issues, objectives, principles, approaches, interventions, and the results framework for improving the mental health and psychosocial

wellbeing of teachers and teacher educators in the region. The strategy also identifies the roles and responsibilities of different stakeholders, such as the AU, Member States, Regional Economic Communities, development partners, civil society organizations, teacher unions, employers, private sector and the health sector for a comprehensive approach to addressing the MHPSS needs of teachers and teacher educators.

The strategy builds on existing global, regional and national policies and frameworks related to teacher wellbeing, such as the AU Continental Strategy on Education in Africa (2016-2025), WHO’s Comprehensive Mental Health Action Plan 2013 to 2030, WHO Guidelines on mental health at work (2022)¹³, ILO/UNESCO Recommendation concerning the Status of Teachers (1966), UNESCO Recommendation concerning the Status of Higher Education Teaching Personnel (1997), INEE Teacher Wellbeing Toolkit, the UNESCO Global Report on Teachers (2024), AU Continental Strategy on Education for Health and Wellbeing (2022), among others. In the Transforming Education Summit in 2022, countries called for schools and other learning environments to become more responsive to the multidimensional needs of teachers and learners, including that of their mental health, and psychosocial well-being. To fulfil that call, it is essential to strengthen education systems and communities to ensure that teachers are supported to enable them to carry forward their important work. This can be done by developing and implementing long-term and sustainable school-based mental health and psychosocial support policies, strategies, and services including addressing teachers and teacher educators as first line responders and for their own benefit.

¹¹ WHO. (2021). *Mental Health Atlas 2020*. Geneva.

¹² WHO (2022) *World Mental Health Report: Transforming mental health for all*

¹³ WHO guidelines on mental health at work. Geneva: World Health Organization; 2022.

2. Background and Context

Mental health is more than the absence of mental health conditions. Rather, mental health is a state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their communities (WHO, 2022). An estimated 15% of working-age adults have a mental disorder at any point in time (Ibid). Globally, as of 2019, 301 million people were living with anxiety, 280 million people were living with depression, 64 million people were living with schizophrenia or bipolar disorder, and 703 000 people died by suicide each year (WHO, 2022). Many of these individuals were of working-age. The most prevalent mental health conditions (i.e. common mental disorders such as depression and anxiety) are estimated to cost the global economy US\$ 1 trillion each year, with the cost driven predominantly by lost productivity (WHO, 2022). People living with severe mental health conditions – including psychosocial disabilities (such as schizophrenia and bipolar disorder) – are, for reasons such as stigma and discrimination, largely excluded from work despite the fact that participation in economic activities is important for recovery. High levels of work-related stress are associated with a range of physical problems, including an increased incidence of cardiovascular disease and psychological issues such as depression as well as increased rates of absenteeism (White, 2020). In the UK, work-related stress, depression or anxiety accounted for more than half (54%) of the working days lost in 2018/19 (Ibid). Long-term exposure to work-related stressors can lead to burnout, which is characterized by emotional exhaustion, a feeling of detachment (depersonalization), cynical attitudes towards an individual's own job and a keen sense of professional inefficacy (personal accomplishment). Burnout has been linked with physical health issues such as high blood pressure and cardiovascular disease as well as mental health problems such as anxiety and depression, which can derive into a functional difficulty, even a disability if external support is not available. In addition, burnout is associated with absenteeism and staff turnover. Those who continue to work in the same environment, despite experiencing burnout, perform less well in their role, and have lower job satisfaction and commitment. Mental health issues highlighted above justifies the need for robust strategies to promote good mental health and to prevent and support people living with mental health conditions, especially in Africa.

2.1 Mental Health and Wellbeing of Teachers

Teaching professionals are at an increased risk of common mental health disorders compared with other occupations. Findings from the Wellbeing in Secondary Education (WISE) pilot study found that, among a sample of 555 secondary school teachers, scores on the Warwick Edinburgh Mental Wellbeing Scale were approximately four points below the average of the general working population (Rhiannon Evans, 2018). Additionally, 19.4% reported experiencing moderate to severe levels of depression on the Patient Health Questionnaire, compared with a general population prevalence of 8–10%. Poor mental health amongst teachers is associated with adverse work-related outcomes such as absenteeism, presenteeism and health-related workplace retirement. Failure to address teachers' mental health and wellbeing can detrimentally influence student health. Poor teacher-student relationships in secondary school predict student psychiatric disorders and later exclusion (Rhiannon Evans, 2018). Meanwhile, positive relationships are associated with lower levels of student depression and increased educational achievement. Teachers are also the professionals most likely to have routine contact with students regarding their mental health. However, poor wellbeing reduces teachers' belief in their ability to support students, with this problem being compounded by a lack of training in how to effectively do so. In turn, this threatens teachers' own mental health, as they recognize their unfulfilled potential to help.

To date, there have been limited interventions aiming to support teacher mental health, with most focusing on teachers' competencies in supporting students. Two large scale randomized controlled trials (RCT) have evaluated the effect of providing teachers with mental health training within secondary school settings. A cluster RCT evaluated the impact of delivering Youth Mental Health First Aid training to school staff. The study found positive changes in staff mental health knowledge, attitudes, and confidence in helping young people (Rhiannon Evans, 2018). More recently, the Saving and Empowering Lives in Europe project, a three arm RCT across 10 European countries, compared the effectiveness of training teachers to recognize and support students at risk of suicide, raising student awareness about mental health and suicide, and screening by professionals (Rhiannon Evans, 2018). The teacher training element did not demonstrate a large effect, and the authors suggested that poor teacher wellbeing may have reduced their ability

to support students. Neither of these secondary school-based interventions included a component to improve the mental health of teachers themselves; therefore, there is an evident need to develop interventions that address this outcome.

Studies have revealed that teachers and teacher educators experience work-related stress such as anger, anxiety, tension, frustration, or depression resulting from aspects of their teaching work and mediated by the perception that job demands are a threat and by coping mechanisms activated in response (Lina, 2006). A range of factors including salary, condition of services, teacher-pupils ratio, dissatisfaction, and teaching resources have been linked with stress and poor mental wellbeing among teachers and teacher educators. These result in a state of emotional suffering characterized by symptoms of depression such as lost interest, sadness, hopelessness, anxiety restlessness, feeling tense and social dysfunction (A. T. Olagunju, 2021). Kovess-Mastefy *et al.*, 2006 revealed that the main factors causing stress among teachers at high schools included behaviors of pupils, lack of resources required at school, desire to pursue their career and lack of support from school leaders (Courville, 2018). These findings underscore the need for attending to mental health and psychosocial needs of teachers and teacher educators to enhance their wellbeing and enable them to play well their teaching roles.

Teachers and teacher educators' mental health and psychosocial wellbeing is one of the prerequisites for quality teaching due to their two folded role in education system. Besides delivering course contents; teachers and teacher educators provide psychosocial support to learners including informal counselling services. However, these responsibilities usually leave teachers susceptible to burnout, reduced efficacy, and attrition, as well as more generally feeling overwhelmed by the emotional intensity of the work. Furthermore, the status of teaching settings doesn't provide necessary tools and resources for teachers and teacher educators to provide psychosocial support to learners in an effective manner. Issues related to lack of adequate preparation through pre-service teacher training and absence, or ineffective referral networks make it difficult to provide comprehensive mental health and psychosocial support (Phillippo, 2017). Little investments have been made to strengthen preventive, management of mental disorder and psychosocial support among teachers and teacher

educators as well as the social re-integration of affected teachers and teacher educators (Olagunju, 2021).

2.2 Mental Health and Wellbeing of Teachers in Africa

Teachers and teacher educators have always been subject to mental health and psychosocial disorders even prior to advent of COVID-19 pandemic due to nature of their work especially in developing settings such as Africa. For example, a study conducted in Nigeria revealed that four in every ten teachers had psychological distress, representing many-fold the rates reported in the general population, and significant burden was prevalent in 51.5%. Perceived burden correlated significantly with psychological distress, anxiety/depression, and social dysfunction. In addition, with the wide penetration of the Information Technology, the cyberbullying due to problematic social media has been reported among teachers (Olagunju, 2021).

The COVID-19 pandemic created the largest disruption of education systems in human history, affecting nearly 1.6 billion learners in more than 200 countries. Closures of schools, institutions and other learning spaces impacted more than 94% of the world's student population (Chhetri, 2021). The United Nations Educational, Scientific and Cultural Organization (UNESCO) estimated that 191 countries had implemented some form of national school closures related to COVID-19, affecting more than 90% of all enrolled learners worldwide by April 2021. The psychosocial effects of the long-term school closure on both teachers and learners have been a great concern of the education sector. Many teachers in Africa contracted the virus, and a sizeable number succumbed to COVID-19. In South Africa, more than 1,650 teachers lost their lives due to COVID-19 related complications between March 2020 and February 2021¹⁴. It has also been reported that in some schools, teachers' salaries were reduced to 50% while other teachers completely lost their contracts due to the COVID-19 crisis, most especially those working in privately owned schools. The threat of contracting the disease coupled with economic difficulties incurred by the pandemic may have jeopardized teachers' psychosocial wellbeing (Sandeep Kumar, 2021). A study by UNESCO IICBA in 2021 showed that depression was the most common psychological impact among teachers and teacher educators in

14 <https://www.iol.co.za/news/politics/angie-motshekga-1-650-teachers-have-died-of-covid-19-between-march-2020-and-february-2021-ff1beb76-4827-44be-bb08-90c9f03fb6ea>

selected sub-Saharan African countries, affecting 31.0% and 33.0% of them respectively. Anxiety was the second most common impact, affecting 24.6% and 25.5% of them respectively. Stress was the least reported impact, affecting 20.8% and 19.9% of them respectively (UNESCO-IICBA, 2021).

Moreover, the COVID-19 pandemic strained the pre-pandemic developing education system across Africa; in which lack of basic Information Technology infrastructure, classrooms, didactic materials were affecting the quality of teaching and overall morale of teachers and teacher educators. Lack of systematic and quality delivery of preventive, promotive, management, rehabilitation, and referral networks for specialized care of mental health and psychosocial disorders affecting teachers and teacher educators contribute to increasing trend in unhealthy coping mechanisms such as alcoholism, drug abuse, GBV including among teachers and teacher educators. Besides COVID-19 related factors, various mental health and psychosocial issues affecting teachers and teacher educators have been reported over the past decade. Excessive stress and burnouts are among the most psychosocial challenges that were found to affect teachers and teacher educators of Africa.

The mental health and psychosocial wellbeing of teachers and teacher educators is crucial for the quality of education in Africa. They are expected to not only teach the course content, but also provide emotional support, guidance, and counselling to learners at all levels of the education system. They also deal with learners who have mild to moderate psychosocial and mental health issues and refer severe cases to specialized services. However, teachers and teacher educators face many challenges and stressors that affect their own mental health and psychosocial wellbeing. Teaching is a demanding and emotional profession that can have negative consequences for teachers' wellbeing (Fernández-Berrocal, 2017). Research has shown that the mental health and psychosocial wellbeing of both educators and learners influences students' cognitive development and learning outcomes, as well as teachers' performance (Donald Skinner, 2019). Furthermore, studies have shown that stressful environments and burnout lead to increased absenteeism and reduced teaching capacity (Roeser, 2013). Teachers' wellbeing is important not only for themselves, but also for their students' success and the school's quality (Greenberg, 2009). Teacher stress affects both the quality of teaching and the quality of learning, and it may also harm the wellbeing of learners. The factors that affect teachers' wellbeing include their gender, employment status, education

level, teaching experience, coping skills, and displacement (UNICEF, 2021).

2.3 Global and Regional Policy Context

At the global level, the UNESCO/ILO Recommendation concerning the Status of Teachers (1966), complemented with the Recommendation concerning the Status of Higher Education Teaching Personnel (1997), constitutes the main global reference framework for addressing teachers' issues. The Global and Regional International Communities made strong commitment to promote education through investment in teaching profession including teachers and teacher educators' health and wellbeing. This has been translated in adoption of global and regional commitments as reflected in various strategic documents such as the United Nations Sustainable Development Goals 2015-2030, the AU Continental Education Strategy for Africa 2016-2025, the Incheon Declaration, and the Education 2030 Framework for Action, among others. The adoption of the United Nations Sustainable Development Goals in September 2015 with Goal 4 dedicated to Education demonstrates strong political commitment of UN member states to using Education as a catalyst and enabler for achievement of all other goals. Given the cross-cutting nature of Education, it is important to highlight that besides SDG4, education remains part and parcel of other SDGs and targets including SDG3 target 7 (Health and Wellbeing), SDG 5 target 6 (Gender Equality), SDG8 target 6 (Decent Work and Economic Growth, SDG 12 target 8 (Responsible Consumption & Production) and SDG 13 target 3 (Climate Change Mitigation) (UNESCO, 2018). The World Health Organization (WHO) recognizes the importance of Mental Health and Psychosocial Support for teachers and teacher educators, especially in the context of the COVID-19 pandemic, which has exacerbated the existing challenges and vulnerabilities faced by this group. According to WHO, "teachers are essential workers who play a critical role in ensuring that children continue to receive a quality education during the COVID-19 pandemic. However, they also face increased stress and anxiety due to the multiple demands and risks associated with their work in this unprecedented situation. Teachers need adequate support to cope with these challenges and to maintain their mental health and well-being". WHO developed resources and guidelines to assist teachers and teacher educators in managing their MHPSS needs, such as the "Teacher Well-being Self-Care Plan" and the "Psychosocial Support for Teachers During COVID-19".

At regional level, member states of the African Union recognize investment in Education including the promotion of teaching profession as a key strategy to accelerate the social economic development of the continent and sustaining progress to harness the demographic dividend. This is well reflected in the Continental Education Strategy for Africa (CESA 2016-2025) which has a standalone strategic objective dedicated to teachers and teaching profession: **“Revitalize the teaching profession to ensure quality and relevance at all levels”**. The regional strategy on promoting MHPSS for teacher and teacher educators will contribute to achieving results set forth by the first strategic Objective of CESA especially through ensuring safe and inclusive learning environments (target 4.a), providing good working, and living conditions to teachers to enhance their status and value in society (target 4. b) and ensuring adequate teacher recruitment, training, and professional development, and working conditions (target 4.c). Moreover, the strategy will address a wide range of stressors of teachers and teacher educators such as long working hours, huge class sizes and inadequate salaries among others.

It is evident that this strategy on Mental Health and Psychosocial Support for teachers and teacher educators builds on these existing policies and frameworks, as well as on evidence-based practices and lessons learned from various countries and regions.

2.4 What Works to Support Teachers’ Mental Health and Wellbeing

This section brings together international review-level evidence about the effectiveness of programmes that aim to support teachers and teacher educators’ mental health and wellbeing. This is followed by analysis of individual programmes that have been implemented and evaluated in Africa.

WHO provides evidence-based global public health guidance on mental health programmes at workplaces and recommends organizational interventions, manager and worker training, and individual interventions for the promotion of positive mental health and prevention of mental health conditions, as well as recommendations on returning to work following absence associated with mental health conditions and gaining employment for people living with mental health conditions (WHO, 2022). WHO guidelines make strong

recommendations for training and interventions that improve mental health literacy, strengthen skills to recognize and act on mental health conditions at work, and empower workers to seek support. The WHO and ILO policy brief also make recommendations for preventing work-related mental health conditions through psychosocial risk management which includes using organizational interventions to reshape working conditions, cultures, and relationships (ILO&WHO, 2022). They also call for support for workers with mental health conditions to participate fully and equitably in work through reasonable accommodations, return-to-work programmes and supported employment initiatives. Another recommended strategic intervention is to create an enabling environment with cross-cutting actions to improve mental health at work through leadership, investment, rights, integration, participation, evidence and compliance. Furthermore, WHO/ILO recognize that governments have an important role to protect and promote mental health at work, by: developing legal and policy frameworks to require or encourage the implementation of interventions to protect and promote mental health; providing guidelines and quality assurance standards for training and psychosocial interventions (WHO, 2022).

NHS Health Scotland’s review underscores key approaches for bolstering teacher mental health and well-being, spotlighting work-related stress management and well-being promotion (White, 2020). Mindfulness-based interventions show promise, yielding positive mental health outcomes, notably in stress perception. However, results vary for depression, anxiety, and burnout metrics. In the same report, (White, 2020) observes that Emerson et al reported significant anxiety and depression improvements in 44% of studied cases, while Lomas et al noted mindfulness’ effectiveness in managing burnout in two-thirds of the studies. Overall, mindfulness positively influences teachers’ mental well-being, with Klingbeil and Renshaw’s meta-analysis indicating small to medium effect sizes.

An evaluation of the WISE study concluded that while the components were largely acceptable, addressing the broader context and systemic factors is crucial for meaningful improvements in teacher well-being¹⁵. The WISE study’s primary aim is to improve the mental health and wellbeing of teachers through provision of a peer support service and training in supporting students. The intervention’s theory of change is informed by social support theory. Social

¹⁵ [Wellbeing in Secondary Education \(WISE\) Study to Improve the Mental Health and Wellbeing of Teachers: A Complex System Approach to Understanding Intervention Acceptability | Prevention Science \(springer.com\)](#)

support offers problem-focused coping strategies and emotion-focused supportive strategies, both of which can have a positive impact on physical and mental health (Rhiannon Evans, 2018). The WISE intervention involves three components, namely a staff peer support service, teacher training in Mental Health First Aid, and a teacher mental health awareness raising session.

School connectedness (Andrew Sawatske, 2023), sometimes referred to in the literature as belonging, refers to feelings of being supported and having positive relationships at school (Mankin et al., 2018; Renshaw et al., 2015). This psychosocial phenomenon has been positively correlated with higher levels of teacher wellbeing and negatively correlated with decreased motivation and teacher retention in the teacher wellbeing literature. McCallum et al. (2017) espouses that student interactions, support from leadership, and collaborations with parents are a correlational link between teacher occupational wellbeing and school connectedness. The importance of connectedness was previously elucidated by Acton and Glasgow (2015), who listed collegiality, trust, and values as predominant factors promoting wellbeing. They elaborated their view that current school operational systems in Australia silence teacher voice and undervalue horizontal leadership styles they describe as essential building blocks to teacher wellbeing. Viac and Fraser (2020) offer a different understanding of school connectedness focusing on student–teacher relationships, supportive school culture and positive organisational climate, with specific mention of trust between school leaders and teachers. Grant (2017) advocates positive leadership practices, such as teacher autonomy and constructive feedback, as critical in retaining teachers in complex schools.

A school mental health literacy curriculum resource training approach that integrates Mental Health Literacy (MHL) into existing school curriculum through training teachers may be an effective and sustainable way to increase the MHL (improved knowledge, decreased stigma and positive help-seeking efficacy) of teachers in Tanzania (Stan Kutcher, 2016). As this study replicated the results of a previous intervention in Malawi, authors recommended its consideration and scale up in both countries and applying this resource and approach in other countries in East Africa.

UNICEF in collaboration with WHO and UNESCO published a briefing note for national governments on five essential pillars for promoting and protecting mental health and psychosocial well-being in schools and learning environments (UNICEF, WHO, UNESCO, 2022).

Pillar 1: Create an enabling learning environment for positive mental health and well-being, through developing and implementing school-based mental health and psychosocial support policies informed by learners’ needs, voices and capacities; and embedding mental health literacy and social and emotional learning in the curricula, from early childhood through to adolescence.

Pillar 2: Guarantee access to early intervention and mental health services and support. Depending on the context, this could include mental health and psychosocial support services provided by a dedicated health practitioner or trained and supported education sector professional in every school, such as a school counsellor; or ensuring that every school has a well-defined process to guide learners and teachers concerned about the mental health of a learner or teacher, including up-to-date information about locally available in-person or tele-health mental health services provided by the health or social service sectors. Equally important here is to support children and adolescents with mental health problems to optimize their education paths and avoid early school dropouts.

Pillar 3: *Promote teacher well-being. Ensuring that there are policies, strategies and services in place to support the mental health and well-being of teachers and that of nonteaching staff and all involved in the care and support of learners in schools (including caregivers). This also includes ensuring sufficient additional human resources to ensure teachers are not expected to take on the role of trained mental health staff.*

Pillar 4: Enhance MHPSS capacity in the education workforce. School-based mental health programmes should be built on a solid foundation of national, regional and local education professionals, including school administrators, teachers and mental health workforce professionals (e.g., school psychologists, school social workers, school counsellors, school nurses and doctors, etc.) that work in partnership with children, families and community-based mental health services. Ensure that every teacher, school manager and education professional has access to learning opportunities and training to strengthen their knowledge and capacities to promote all learners’ mental health and well-being in a systematic way, both in national teacher training and in-service training opportunities.

Pillar 5: Ensure meaningful collaboration between the school, family, and community to build a safe and nurturing learning environment that creates a sense of belonging for every learner. This means emphasizing the need for strong and frequent

communication between learners, caregivers and teachers, to align understanding of the strengths and needs, and build complementary strategies and support mechanisms between the home and educational setting to meet those needs. Learners and families are active agents in their own well-being and bring their own skills and resources for coping and building resiliency. They can provide insight on school strengths and areas of need, programme selection, implementation considerations, and ongoing quality assessment and progress monitoring. The process of meaningful and ethical participation can itself result in more trusting relationships, increased self-confidence and self-esteem, and an increased sense of mastery and control, each of which enhances young people's well-being and resilience.

In conclusion, positive psychology interventions, such as mindfulness-based programs and gratitude interventions, have shown promise in fostering teacher wellbeing. Additionally, factors like emotion regulation, positive workplace environments, and teacher self-efficacy play crucial roles in promoting teachers' wellbeing, while negative workplace atmospheres and feelings of marginalization contribute to burnout. More important to note, interventions solely focusing on awareness-raising and peer support, like the WISE program, may not be as effective in improving teacher mental health and wellbeing without addressing the systemic drivers of the issue, such as complex student and staff needs and workload. Therefore, a comprehensive approach that combines skills training, support, and whole-school elements to tackle structural determinants is recommended for enhancing teachers' mental health and wellbeing.



3. Goal

The overall goal of this strategy is to provide a systematic and harmonized approach to promoting mental health and well-being, prevent mental disorders, facilitate care, enhance recovery, and promote psychosocial support for teachers and teacher educators in Africa.

3.1 Strategic Objectives

- To enhance education system capacity to provide quality and integrated basic preventive interventions for mental health and psychosocial support among teachers and teacher educators.
- To support the integration of Mental Health and Psychosocial Support within national education policies, teacher training curricular, guidelines and workplace programs for teachers and teacher educators.
- To equip teachers and teacher educators with competencies related to MHPSS, mental health promotion and prevention of mental health conditions including training, peer support and facilitating access to mental health care to respond to mental health needs among their colleagues.
- To establish and strengthen leadership and interagency coordination mechanisms involving relevant stakeholders, including government agencies, NGOs, educational institutions, and teachers' unions to plan, implement, and monitor MHPSS programs.
- To regularly assess the effectiveness of MHPSS interventions, and use data to adapt strategies, allocate resources effectively and establish mechanisms for sharing data on teacher well-being, stress levels, and mental health needs.
- To involve school owners, managers, parents, community leaders, and local organizations, including community health centres and NGOs to create a supportive environment and provide accessible MHPSS services for teachers and teacher educators.
- To raise awareness about mental health and reduce stigma and advocate for increased funding and policy support for MHPSS services for teachers and teacher educators.



4. Guiding Principles

The MHPSS strategy is designed in harmony with the guiding principles of the AU CESA, 2016-2025. It incorporates a variety of international guiding principles that have been broadly accepted, including the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. These foundational principles are essential for creating and maintaining conducive environments that are vital for the successful execution of the MHPSS strategy. They provide a framework for the delivery of MHPSS services to teachers, ensuring that their mental health and psychosocial well-being are supported.

1. **Human rights and equity** - The strategy should promote the human rights of all affected educators, and foster inclusive, non-discriminatory, and respectful environments for all individuals to thrive. To maximize fairness in the availability and accessibility to mental health and psychosocial support services for teachers and teacher educators irrespective of their gender, age, language groups, ethnic groups and living areas (rural/urban).
2. **Person-Centred** – Encourage participation of teachers and teacher educators across all the cycle of MHPSS programming to ensure that services are well tailored to their group or individual needs at their school.
3. **Do No Harm** by ensuring that people do not go beyond their capacity while providing or receiving services; any professional services should be culturally sensitive and based on recent scientific evidence available.
4. **Socio-culturally appropriate services:** Build on available resources and capacities, by using as many local supports as possible, encouraging home grown solutions so that local communities learn to help themselves and finding ways to strengthen school communities to address MHPSS.
5. **Multi-sectoral collaboration:** Integrated support systems that ensure any mental health and/or psychosocial support services are linked to wider systems, such as the universal health coverage, education, and social welfare systems. This helps ensure sustainability for long-term support if required.
6. **Multi-layered support** refers to the need to ensure that teachers and teacher educators receive ALL forms of assistance – ranging from having access to basic needs and safety, being part of a school community and social/biological family, having access to school based services for further support as well as more technical and specialized services if needed.

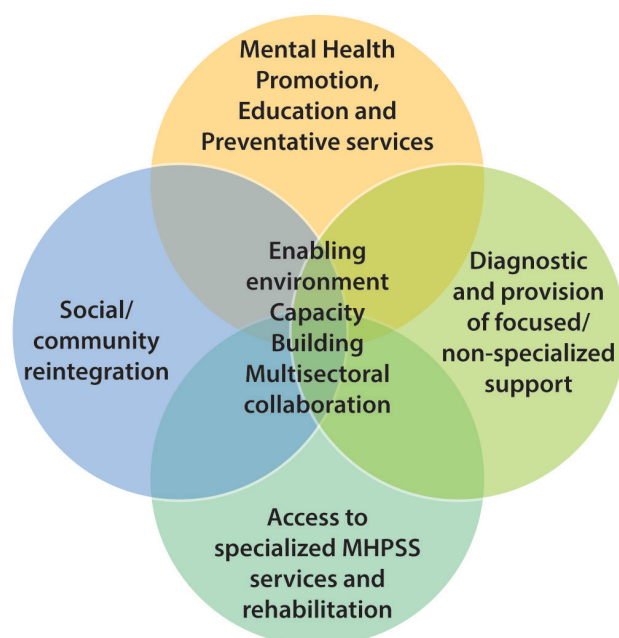


5. Strategic Interventions

The strategic interventions of the regional strategy are arranged into four pillars and three cross cutting priorities. These are preventive services, diagnostic and provision of focused, non-specialized support, access to specialized services and rehabilitation and social/community reintegration. These strategic pillars and interventions were systematically identified based on the evidence presented earlier in this strategy.

The strategic pillars form a systematic approach of promoting mental health and psychosocial wellbeing of teachers and teacher educators through putting in place preventive measures across sectors that address causes and contributing factors for the most common psychosocial and mental health disorders affecting teachers and teacher educators, establishment of school community based systems to provide focused and non-specialized support, facilitation of access to specialized services using a case management approach as well as establishment of supportive systems to ensure effective social reintegration of affected teachers and teacher educators back to the school community.

Figure 1: The Four Pillars of the MHPSS strategy for Teachers in Africa



5.1 Pillar 1: Preventive and Promotional Services

Promotion is about mental health awareness, stress management and social support system, workplace policies and their linkages to the other pillars. Effective strategies for promoting the mental health and wellbeing of teachers include enhancing their mental health literacy (MHL) through competency-based training on managing common challenges of difficult work environment and preparedness to adapt learning and education to emergency settings. In addition, prevention interventions aims at building capacities for teachers in social and emotional learning. This will enhance their resilience to social and work-related stress and will equip them with required skills to support their peers and learners. There should be advocacy to enhance technical support for designing the implementation and evaluation of pre-service and in-service professional development programs to develop teachers' MHPSS capacity. This should support programs that give teachers MHPSS literacy training, subject matter knowledge and appropriate skills to support transferable skills development. These skills include psychological first aid as well as the use of non-judgmental, teacher friendly, and normalizing language with teacher and teacher educators exhibiting any sign of distress or mental health issues.

5.1.1 Training of Teachers and Teacher Educators on MHPSS

The strategy aims to support countries to train teachers and teacher educators in mental health literacy and awareness, and other individual interventions delivered directly to teachers. Teachers and teacher educators should be equipped with knowledge and skills that enables them to identify, refer and make follow-up or support their peers in need of MHPSS.

5.1.2 Addressing Basic Social Needs of Teachers

The strategy advocates for Member State governments to enhance the empowerment, recruitment, remuneration, motivation, qualification, and support of teachers and educators within well-managed and resourced systems. Increased support will enable teachers' capacity to provide for their families' basic needs (salaries increment with experience and qualifications), financial and non-financial incentives for best performers including public recognition, promotion, acknowledgement among others.

5.1.3 Inclusion of SEL and PSS in Pre-Service Teacher Curriculum

Introduce Social and Emotional Learning (SEL) and Psychosocial Support contents in pre-service teacher curriculum and organize trainings for in-service teachers and teacher educators. Strong SEL supports are more critical in new learning climate to maintain strong and supportive relationships; build resilience and coping skills; and support the social and emotional assets shown to buffer against the negative effects of trauma and stress. The introduction of SEL will enhance the main important skills such as self-knowledge, self-control and self-regulation, empathy, and compassion, valuing and accepting cultural diversity, interpersonal relationships, decision making and respect. This in turn will result in the outcomes of increased knowledge and skills in appreciating differences, informed decisions, cohesion or group spirit or unity and connectedness. Ultimately, this leads to holistic teacher development and an increased impact on a broader school environment with more resilience to external physical and emotional pressures.

5.1.4 Strengthening Leadership and Management Skills of School Leaders

Skills gaps in management and leadership for school leaders is among causes of low motivation and unnecessary tensions and pressures felt by teachers and teacher educators. This intervention aims to strengthen capacity of school leadership in people management and emotional intelligence. This will result in more empathy and peaceful resolution of disagreements and enhanced capacities for conflict management, increased team spirit among teachers and teacher educators, among other benefits.

5.1.5 Promoting School Based MHPSS Preventive Facilities

The intervention aims to support countries to promote after-school programs with structured psychosocial activities, sports competitions among teachers and teacher educators, establishment of MHPSS peer-learning platforms in school environment such as clubs, and establishment of community of practice for knowledge sharing. One of the best practices is the establishment of a wellness program for teachers and teacher educators. Wellness is about learning or defining oneself by making choices and taking care of one's body and mind. It is also about choosing right and healthy decisions. These programs are usually initiated by school leaders, guide, and support teachers on how to be physically fit or healthy in all

aspects. Some of the benefits of wellness programs are adoption of health lifestyles such as weight loss, decreased stress from work, increased job satisfaction and improvement in morale. Positive impact of wellness program cascades positivity in all aspects like overall wellbeing of a person.

5.2 Pillar 2: Diagnostic and Provision of Focused, Non-Specialized Support

There is still a general low health seeking behaviours among teachers and teacher educators in the Africa region especially for services related to MHPSS. This is due to various factors including ignorance, stigma, and or difficult access to services. Hence the strategy will contribute to increased demand creation through awareness raising of MHPSS issues among school community. These will inform the school community about different types of mental health disorders and their disastrous effect on health and learning outcomes in general. Moreover, school community should be informed about existing MHPSS services including community support and linkages to specialized services. Key components and strategies for providing focused, non-specialized MHPSS support to teachers include developing a system for early identification of teachers who may be struggling with mental health or social issues, and establishing peer support networks where teachers can share experiences, discuss challenges, and provide emotional support to one another. Promoting a healthy work-life balance by setting clear boundaries between work and personal life, and providing information about available health resources, such as counselling services, helplines, and self-help materials is encouraged.

5.2.1 Capacity Building of Key School Personnel

Interventions under this pillar aim to raise awareness on existing services. This will be accompanied by continuous capacity building of key school personnel and teachers' associations in early diagnosis of MHPSS cases and provision of quality focused, non-specialized support. This will enable teachers and teacher educators to access services in their working environment.

5.2.2 Establishment of MHPSS Service Delivery

Trained personnel should be supported to deliver individual or group psychological interventions for teachers and teacher educators. All activities should

be coordinated by school or district MHPSS focal persons that will be identified by their peers while considering gender balance. These will foster a friendly and enabling environment for MHPSS across the school. Teachers and teacher educators will be given access to self-help curricula and resources. Schools should be supported to increase the mental health and psychosocial support workforce in schools and learning environments. School mental health and psychosocial support professional staff include school psychologists, school counsellors, school social workers and other qualified mental health and psychosocial support service providers. While specialized professionals are ideal, creative and context-specific solutions can significantly impact teacher mental health even in resource-constrained settings. Pragmatic examples include leveraging community health workers, local leaders, and volunteers and training them to provide basic MHPSS support to teachers, utilizing existing health and education infrastructure. School nurses, social workers, and community health clinics can play a role. Sensitize these professionals to MHPSS needs and encourage collaboration.

Schools should provide focused and non-specialized MHPSS whereas specialized services will be referred to health facilities or school based specialized Mental Health specialist or counsellors.

5.3 Pillar 3: Access to Specialized Support

Interventions under this pillar involves advocacy and awareness raising on existing services, establishment of one-on-one counselling with a specialized counsellor trained in mental health and or psychotherapy, introducing specialized school counselling services where possible, online counselling services among others. Moreover, schools should endeavour to integrate collective support as they have proven to be effective to address work and non-work-related stressors among teachers.

Referral networks between schools and health facilities should be established or strengthened including promoting collaborative work with social services, health and education to address mental health and psychosocial wellbeing cross-sectorally. Finally, financial accessibility to services should be addressed through advocacy for integration of MHPSS in the benefit package of health insurances scheme for teachers and teacher educators.

5.4 Rehabilitation and Social/Community Reintegration

Workers with mental health conditions and psychosocial disabilities experience significant barriers to sustaining their participation in work despite their interest, willingness, and capacity to participate in work (WHO, 2022). Work accommodations seek to ensure that the outcomes that stakeholders value are improved: sustaining time on the job (i.e. tenure) and improved mental health. However, stigma and fear of repercussions remain critical barriers to workers' confidence in feeling safe to disclose their mental health status, and consequently to access accommodations. Efforts to reduce mental health stigma at work and actively promote relevant equality or discrimination legislation may help to make persons who would benefit from disclosure feel supported to do so.

5.4.1 Establish Peer Support Groups for Teachers

Create peer support groups where teachers can share their experiences, seek advice, and provide emotional support to one another. These groups can help reduce feelings of isolation and provide a safe space for teachers to discuss their challenges.

5.4.2 Community Involvement

Engage the broader school community—parents, students, civil society organizations and colleagues—in understanding and supporting teachers with mental health challenges. By fostering a supportive environment, teachers can feel more accepted and understood.

5.4.3 Collaborate with Mental Health Professionals

Form interdisciplinary district and school-based mental health teams that include counsellors, psychologists, and social workers. These teams can collaborate on case management and intervention plans. Establish clear referral pathways to connect teachers with external mental health services when needed. Conduct anti-stigma campaigns within the school community to raise awareness about mental health. Encourage teachers to seek help when experiencing mental health challenges. Normalize seeking support by modelling help-seeking behaviour.

5.5 Cross Cutting Pillars

Three cross cutting priorities namely enabling environment, capacity building and multisectoral collaboration have been identified. These will determine the success of the strategy at various levels and across sectors. Promotion of mental health and psychosocial support policies, strategies and legal frameworks integrating the needs of teachers and teacher educators will need to be developed and adopted by member states. The strategy calls for capacity building of institutions and individuals on effective implementation of MHPSS national strategies and guidelines. Finally, the MHPSS program for teachers and teacher educators will rely on strong multi-sectoral systems, hence the need for strong collaboration of various stakeholders using a multisectoral approach including gender and community development sectors. Specific considerations for teachers and teacher educators, especially those serving in emergency and humanitarian contexts, should be put in place to ensure no one is left behind and those at greatest risk are supported equitably.

5.5.1 Enabling Environment for MHPSS Wellbeing Created

This intervention seeks to incite and support development and implementation of national and sector-specific mental health and psychosocial support policies, strategies and plans that integrates the needs of teachers and teacher educators. The enabling environment underpins and reinforces the circles of support and is shaped by the financing and budget allocations, policies, laws, institutions, culture, and social and gender norms creating a system that moderates access to mental health and psychosocial services. The enabling environment is made up of four areas: policy, legislation and financing, Research evidence and data, multisectoral systems and referral pathways and workforce development capacity. The strategy will support countries to establish or strengthen systems that facilitates easy access to affordable and non-stigmatizing MHPSS for all teachers and teacher educators as well as other people in need from the school community, ensure a supportive environment for voice, agency and action of advocates and users of MHPSS, including teacher and teacher educators, teachers' association, and learners, among others.

Policy, Legislation and Financing

Support the operationalization of international conventions calling for the protection of workers' physical and mental health through national

policies in occupational safety and health. Identify and address specific stressors within the educational environment, such as heavy workloads, administrative demands, and student behaviour challenges. Advocate for manageable class sizes and administrative support. Foster a school culture that values mental health and well-being for all staff members. Recognize and appreciate teachers' efforts, celebrate achievements, and create a positive work atmosphere.

Research Evidence and Data

An increase is required in better-quality evidence – utilizing validated and culturally suitable measures of mental health outcomes, psychosocial risks, and work-related outcomes – which assesses organizational and individual interventions that mitigate the known risk factors to workers' mental health. This includes clear specification of the risk factors addressed by the intervention, and designs which allow for establishing which components of the intervention have had an impact on the outcomes.

Multisectoral Systems and Referral pathway

Implement functional referral systems across primary health care, social welfare and protection, and education sectors. Ensure seamless coordination and collaboration among these sectors to address teachers' mental health needs

5.5.2 Capacity Strengthened Across all Levels of Education System

MHPSS of teachers and teacher educators is an area that have been overlooked in most of countries across Africa. There is a lack of basic resources, technical guidance and tools that would facilitate the implementation of MHPSS across education systems. Moreover, pre-service and in-service teachers are not well-enough prepared nor trained to deal with MHPSS issues affecting learners or affecting teachers or teacher educators themselves. For the above reasons, the regional strategy will aim to strengthen capacities of education institutions at all levels along with key stakeholders in the education sector.

5.5.2.1 Capacity building of education institutions

This strategy aims at enhancing institutional capacities at all levels. Capacity building activities will aim to strengthen the capacity of education systems and institutions to integrate MHPSS among their priorities and produce operational guides and tools to enhance prevention and effective management including rehabilitation, social and work reintegration of affected teachers and teacher

educators. Institutions will be supported to establish school community-based peer support system to address the pressing social needs of the teachers and teacher educators including during the times of crisis such as pandemic, natural, or manmade disasters.

5.5.2.2 Capacity Building of Individuals

In addition to institutions, capacity building activities will target individual teachers and teacher educators so that they gain required knowledge and skills to enhance their resiliency, prevention, and holistic management of MHPSS cases. Holistic management will entail early diagnosis, mental health services, psychosocial support services, specialized care, focused care, community, and family supports focus and non-specialized MHPSS support as well as referral linkages to specialized services. The whole process will require a multisectoral collaboration between various stakeholders especially the education, health, family and social services, among others.

5.5.2.3 Improved School Community Capacity

The strategy aims to improve non-stigmatizing, accessible, available, and quality MHPSS service delivery including linkages with the primary health care, social welfare and protection, and education systems and structures.

5.5.2.4 Conduct Advocacy with Members States for the Promotion of the MHPSS

The implementation of the strategy will rely on buy-in from governments of Member States. Concerted efforts will be deployed to get the endorsement of countries through the existing coordination bodies such as African Union and Regional Economic Communities. This will require advocacy and provision of technical support to key ministries for the inclusion of MHPSS for teachers and teacher educators in national education policies. IICBA, UNESCO country offices, UNICEF and development partners in collaboration of Ministries of Education

will play an important role in dissemination of the strategy and advocacy with Member States for effective integration and or strengthening the MHPSS programs for teachers and teacher educators.

5.5.2.5 Establishment of National MHPSS Task Forces

Countries will be advised to establish (if non-existent) national MHPSS task forces that will coordinate the revision of policies and strategies to integrate the MHPSS of teachers and teacher educators. Countries should endeavour to build on existing coordination structures to minimize duplication. For example, countries that have already career guidance committees/taskforce could build on them to promote mental health and psychosocial support of teachers and teacher educators. Besides coordination, the taskforce will also lead on resource mobilization to support the development and operationalization of the national strategies. Where possible, governments are advised to allocate public resources to the MHPSS initiatives to ensure ownership and sustainability.

5.5.3 Multisectoral Collaboration

Multiple entry-points are needed for MHPSS support to adequately meet the needs of all teachers and educators, including those with mental health conditions or those exposed to serious protection risks or severely distressing or traumatic events. Education systems must operate with input from health, protection, social services, and other systems that support mental health and psychosocial wellbeing. Other structures also serve as entry-points, such as schools, social service systems, community centres and safe spaces, and community organizations, such as CSOs, women's cooperatives and religious organizations. The strategy will support countries to establish referral systems within the school system that include internal referrals to school counselling services and external referrals to other services including, health, counselling services, and social welfare.

6. Results Framework

Goal: Improved mental health and psychosocial wellbeing of teachers and teacher educators contributing to achievement of education goals.

The outcomes are further elaborated into intermediary outcomes that contribute to mental health and psychosocial wellbeing by:

1. Addressing the systems and structures that are central to creating societies that value and respect individual and school community mental health and psychosocial wellbeing across the social ecological model through strengthening the MHPSS service delivery infrastructure; and
2. Addressing the individual teacher and teacher educators’ mental health and psychosocial wellbeing by responding to their individual needs (personal wellbeing), their relational needs (interpersonal wellbeing), and the skills and knowledge necessary for mental health and psychosocial wellbeing.

Theory of Change: If countries deliver a unified package of interventions that aims to strengthen resilience, prevent mental health and psychosocial disorders and effective management of affected teachers and teacher educators, they will be better able to attract more individuals to the teaching profession, improve existing teacher retention, deliver quality teaching hence contributing to improved learning outcomes and quality of education across Africa.

Expected Results: By 2030, all AU Member States will have institutionalized the provision of MHPSS for teachers and teacher educators across all levels of the education system to improve prevention, management and rehabilitation of teachers and teacher educators with MHPSS needs.

- Increased % of schools with functioning community based Mental Health promotion and prevention programmes for teachers in Africa.
- Improved knowledge, attitudes and skills related to all MHPSS thematic priorities among teachers and teacher educators.
- % of schools that provides comprehensive package of MHPSS interventions including prevention, management and effective linkage to specialized services using a multisectoral approach.
- Number of countries that integrated MHPSS content in pre-service teaching curriculum and in-service teacher professional development.
- Number of countries with policies and costed strategies in place that prioritize MHPSS for teachers and teacher educators.

Intermediate Results

Result 1:

Improved enabling environment for MHPSS across the policy, legislation and financing systems, the MHPSS workforce, multisectoral supports and referral pathways, and MHPSS research and data.

Result 2:

Capacity Strengthened at across all levels of education system

Result 3:

Operational guidance, foundations, & systems in place to support MHPSS delivery across member states (training guides and user manual, integration of MHPSS in pre-service teacher curriculum, strengthened coordination)

Result 4: Monitoring/

reporting, evidence building and learning to advance MHPSS

6.1 Operational Guidance, Foundations, and Systems in Place to Support MHPSS Delivery Across Member States

The implementation of MHPSS program will require clear operational guidance, building foundations and service delivery systems across the education sector. This will imply the following priority interventions:

- Design and implementation of monitoring and reporting systems,
- Supportive supervision systems for quality assurance and
- Knowledge management and dissemination.

6.1.1 Design and Implementation of Monitoring and Reporting Systems

This strategy will aim to support countries to assess MH and PSS needs of teachers and teacher educators, design monitoring and reporting systems which integrates MHPSS related indicators to facilitate the tracking of progress and ensuring accountability. Advocacy will be conducted at the level of RECs and AU to harmonize the reporting to facilitate the tracking of the progress at regional or continental level as well as timely detect bottlenecks and support countries to take corrective measures in a timely manner.

6.1.2 Establishment of Supportive Supervisions Systems

For quality assurance, countries will implement supportive supervision systems across all levels of the education system. This will not only build the capacity of teachers and teacher educators in MHPSS but also will contribute to ensure quality MHPSS services including protection of the rights of clients such as confidentiality and data protection. There will be continuous technical (including clinical) supervision and in-service training for MHPSS staff through the implementation of the program. This will allow countries to strengthen information systems, evidence, and research on MHPSS (Rosemary Madzore, 2021). Moreover, institution of a mentorship policy for teachers on MHPSS which consider alternative mentorship models will provide role modelling and social support functions to teachers and teacher educators (Hudson 2017). By performing these roles, mentors will help mentees to develop a sense of professional self, acceptance, and confirmation; they become role models for the mentees (Maphosa et al. 2007). This will help them to develop trust, collaboration, and maintain constant communication between mentor and mentee.



7. Implementation: Roles and Responsibilities

Stakeholder Level	Responsibilities for implementation of the Strategy
<i>AUC</i>	<ul style="list-style-type: none"> • Integration of MHPSS for teacher and teacher educators into the continental strategy for Education for Health and Wellbeing. • Disseminate the regional strategy for MHPSS across regional economic communities and member states in collaboration with REC Secretariats. • Support a continental campaign for EHW including MHPSS. • AUC advocate for and support implementation of MHPSS for teachers and teacher educators. • CESA Technical Cluster and Sub-cluster oversee implementation of the continental strategy for MHPSS. • The Specialized Technical Committee of Education and Science, Technology Innovation (STC /EST) will be responsible for assessing progress of implementation of the strategy, evaluating, and reporting on it within the broader strategy of EHW. • Create platforms for Permanent Representative Committee (PRC) engagement and sharing of good practices at AU level.
<i>RECs</i>	<ul style="list-style-type: none"> • Facilitate regional harmonization of implementation tools and standards for MHPSS. • Establish MHPSS communities of practice led by champion countries in the region. • Provide support to Member States to ensure MHPSS planning contributes to achieving EHW strategy and CESA goals. • Coordinate South-South collaboration for experience sharing and peer-learning.
<i>Member States</i>	<p>Education</p> <ul style="list-style-type: none"> • Develop and implement school based MHPSS policies informed by learners and teachers' needs, voices, and capacities. • Equip teachers with knowledge and skills to support students' emotional well-being and address psychosocial challenges. • Integrate MHPSS in the pre-service curriculum for teachers. • Increase domestic financing and allocation for EHW related pillars in line with international commitments including MHPSS. • Promote practices that reduce stress, encourage self-expression, and foster collaborative behaviour. • Collaborate with health professionals to identify early signs of mental health issues among teachers. • Develop and institutionalize processes that facilitate national dialogue among all stakeholders to respond to MHPSS targeted results and outcomes at national level. • Integrate MHPSS within humanitarian education responses during crises. <p>Health</p> <ul style="list-style-type: none"> • Collaborate with education authorities to develop policies that prioritize mental health and well-being in educational settings. • Advocate and provide guidance for the integration of MHPSS into teacher training programs and educational curricula. • Provide training and capacity-building sessions for teachers on recognizing signs of mental distress, stress management, and self-care. • Establish referral pathways to connect teachers with appropriate mental health services when needed. • Contribute to research on teacher mental health and the effectiveness of MHPSS interventions and collect data to inform evidence-based strategies and monitor the impact of support programs.

<i>International Development and Humanitarian Partners</i>	<ul style="list-style-type: none"> • Mobilize resources to fund MHPSS initiatives and contribute technical assistance in support of MHPSS. • Advocate for policies that prioritize teacher mental health and work with governments to integrate MHPSS into education policies. • Support development of national strategy, guidance and teaching and learning materials with harmonized MHPSS and SEL content and approaches • Support capacity development and development of operational guidance • Align financial and technical assistance and cooperation plans with national and regional needs and priorities for implementation of MHPSS Strategy • Support national level leadership through MoE to generate support for MHPSS.
<i>Civil Society and Private Sector Partners</i>	<ul style="list-style-type: none"> • Advocate for mental health awareness and destigmatization. • Provide training and capacity-building programs for teachers, helping them recognize signs of distress, cope with stress, and support their own well-being. • Engage with local communities to create safe spaces for teachers to discuss mental health concerns. • Support co-curricular and school community led MHPSS interventions for teachers and teacher educators in coordination with relevant government ministries. • Allocate resources and funding to MHPSS initiatives for teachers. Corporate Social Responsibility efforts can include training sessions, workshops, and awareness campaigns. • Private sector innovations, such as mental health apps or telehealth platforms, can be adapted for teachers.
<i>Academic and Higher Education Partners</i>	<ul style="list-style-type: none"> • Support development of pre-service and in-service teacher training materials on MHPSS related topics, particularly at tertiary levels • Generate evidence on MHPSS implementation to inform curriculum reform, and teacher learning practices. • Conduct rigorous research on MHPSS interventions, exploring their effectiveness, best practices, and impact on teachers' well-being. • Supporting research and knowledge management through creation of learning platforms for teacher and teacher educators. • Develop guidelines for implementing MHPSS strategies, ensuring alignment with international and regional standards and local contexts. • Train MHPSS trainers who can cascade knowledge to a broader teacher community.



8. Conclusion

Teachers in Africa face various mental health challenges that affect their well-being and performance. COVID-19 pandemic aggravated existing mental health issues, and generated new ones such as social isolation, fear and future anxiety. All this brought urgency to the need for a comprehensive and proactive approach to support teachers' mental health and wellbeing. The stakes for not addressing mental health among teachers are high as work-related issues such as increased rates of absenteeism, presenteeism, and premature retirement due to health concerns inevitably affects student welfare, learning and psychological health outcomes.

In most countries in Africa, teachers constitute the highest percentage of government employees. Thus, the education sector workplace offers considerable potential to influence mental health by preventing harm and promoting positive aspects of work, and by facilitating timely, safe, and non-discriminatory support for those showing signs of mental health problems. Realizing this potential requires a collaborative approach involving all key stakeholders, including governments, employers, employer organizations, teachers, teachers unions, teachers with lived experience of mental health problems, the health sector, non-governmental organizations, parents and school communities.

This regional mental health and psychosocial support strategy for teachers in Africa has been developed to promote positive mental health, prevent and treat common mental disorders, and enhance teachers' resilience and productivity. It is timely, especially after the COVID-19 experience. The strategy will not only benefit teachers, but also their students, families, and communities, as well as the education sector and the economy as a whole. Prevention and early intervention are key to minimizing the prevalence and incidence of poor mental health and the severity and lifetime impact of mental disorders and mental illnesses among teachers and teacher educators. The evidence used in this strategy demonstrates that improving teacher mental health can improve educational outcomes, increase teachers' mental health literacy and their ability to help identify at-risk learners and provide support, including through referral pathways to health and social welfare sectors.

Next Steps

- **Dissemination**

The strategy will be made available on the African Union website in English and French. National ministries of education and Teacher Training Institutions will be notified of the strategy through

the AU Teacher Development Cluster and UNESCO's regional and country offices. The strategy will be shared with a broad network of international partners, including representative organizations for persons responsible for or committed to the health, safety and well-being of teachers, as well as nongovernmental organizations and UN agencies.

- **Implementation**

National Ministries of Education, representative bodies for teachers and employers are expected to take the lead in the implementation of the strategy. UN agencies such as UNESCO-IICBA and UNESCO regional and country offices will support implementation at country level. Implementation may also be supported locally through Ministry of Health and nongovernmental organizations supporting the education sector.

- **Monitoring and evaluation of the uptake and implementation of the strategy**

The AU and partners will monitor uptake and implementation of the strategy in national policies, curriculum and programmes by reviewing the number of countries that have adapted or endorsed the strategy. The AU will provide technical support to RECs and national ministries of education on routine data collection and integration of indicators into the Education Management Information System (EMIS) or Teacher Management Information System (TMIS) to assess how national policies and service delivery on MHPSS for teachers have been adapted in rolling out the strategy. The AU and partners will collect regular feedback from implementation activities and key stakeholders to evaluate the usefulness and impact of the strategy.

Research

There is a need to further develop the evidence base to consolidate our understanding of the problems, for example, to improve causal inference regarding risk and protective factors and mechanisms of action. Almost all high-quality research evidence on work and mental health stems from high-income countries. More and high-quality research from African countries is urgently needed.

Future updating of the strategy

The strategy is expected to be valid for a period of five years. The AU Department of Education, in consultation with technical experts, will continue to follow research development in mental health promotion, prevention and interventions for teachers. If high level evidence for specific interventions emerges or other important considerations arise which may have an impact on the current strategy, the AU will coordinate an update of the strategy.

10. Annexes

Key Definitions/Glossary:

Psychosocial: Psychosocial refers to “the dynamic relationship between the psychological and social dimension of a person, where the one influences the other” (IFRC Reference Centre for Psychosocial Support, 2014, p. 11).

Mental Health and Psychosocial Conditions

A wide range of disorders that affect an individual's cognition, emotion and/or behaviour and interfere with the individual's ability to learn and function in the family, at work and in society. In many circumstances, many of these conditions can be successfully prevented and/or treated. They include mental and substance use problems, severe psychological distress, intellectual disabilities, and suicide risk (UNICEF, 2020).

Mental Health and Psychosocial Support

A composite term used to describe any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorders.

Psychosocial support: PSS refers to the “processes and actions that promote the holistic wellbeing of people in their social world. It includes support provided by family and friends” (INEE, 2010a, p. 121). PSS can also be described as “a process of facilitating resilience within individuals, families and communities” (IFRC Reference Centre for Psychosocial Support, 2009, p. 11). PSS aims to help individuals recover after a crisis has disrupted their lives and to enhance their ability to return to normality after experiencing adverse events.

MHPSS Workforce

MHPSS practitioners who have professional, on-the-job training, and technical competencies in mental health and psychosocial support, including those with the following backgrounds: child and adolescent psychology, counselling psychology, psychotherapist, expressive art therapists, family therapist, educational psychologist, social workers, school counsellors, psychiatric care, psychiatrists, psychiatric nurses, occupational therapists, doctors/primary care physicians and nurses trained in mental health and/or staff who meet the necessary years of on-the-job training and technical competencies for the services that they are delivering. (UNICEF, 2020)

(MHPSS) in Emergency Settings to describe ‘any

type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental health condition’ (MM Jalal Uddin, 2020)

Psychosocial support, or “PSS”, is the “processes and actions that promote the holistic wellbeing of people in their social world. It includes support provided by family and friends [and schools].”¹ PSS can also be described as “a process of facilitating resilience within individuals, families and communities.”² PSS aims to help people recover after a crisis has disrupted their lives and to enhance their ability to return to normal life after experiencing stressful events (INEE, 2010) (IFRC, 2008).

Mental Health Interventions: Interventions that address mental conditions through personalized care delivered to individuals or small groups with similar conditions. These include psychotherapy, psychoeducation to clients and their families, and pharmacology (USAID, 2021).

Psychosocial Interventions: Interventions that focus on addressing stress through changes in the environment to make it less stressful (inclusive of the individual's physical environment and social environment), or by broadly applicable information and skills that can be easily disseminated to large groups or by media and are generally relevant to populations under duress (USAID, 2021)

Wellbeing: Wellbeing is defined as a condition of holistic health and the process of achieving this condition. It refers to physical, emotional, social, and cognitive health. Wellbeing includes what is good for a person: having a meaningful social role; feeling happy and hopeful; living according to good values, as locally defined; having positive social relations and a supportive environment; coping with challenges through positive life skills; and having security, protection, and access to quality services. The ACT Alliance and Church of Sweden identify seven important aspects of wellbeing: biological, material, social, spiritual, cultural, emotional, and mental (ACT Alliance & Church of Sweden, 2015, pp. 42-43).

Social and emotional learning: SEL has been defined as “the process of acquiring core competencies to recognize and manage emotions, set and achieve goals, appreciate the perspectives of others, establish and maintain positive relationships, make responsible decisions, and handle interpersonal situations constructively” (Elias, Zins, Weissberg et al., 1997). The qualities SEL aims to foster include self-awareness, emotional literacy, cognitive flexibility, improved memory, resilience, persistence, motivation, empathy, social and

relationship skills, effective communication, listening skills, self-esteem, self-confidence, respect, and self-regulation (INEE, 2016, pp. 10-11).

Resilience: Another concept related to and overlapping with PSS is resilience. Often referred to as an outcome, resilience refers to a process by which individuals in adverse contexts recover and even thrive. In fact, the resilience is the capacity of a system, community, or individual potentially exposed to hazards to adapt. This adaptation means resisting or changing to reach and maintain an acceptable level of functioning and structure. Resilience depends on coping mechanisms and life skills, such as problem-solving, the ability to seek support, motivation, optimism, faith, perseverance,

and resourcefulness (The Sphere Project, 2017). Resilience occurs when protective factors that support wellbeing are stronger than risk factors that cause harm. Activities that promote PSS and SEL can contribute to resilience by promoting the core competencies that support wellbeing and learning outcomes (i.e., skills, attitudes, behaviours, and relationships), and which in turn allow children and youth and the education systems they are part of to manage and overcome adversity. It is also important to note that individual resilience is often boosted by community support, including interactions with peers, family, teachers, community leaders, and so on (Diaz-Varela, Kelcey, Reyes et al., 2013).



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