RECI
Swiss Network for Education & International Cooperation

Education Forum 2025 – Open Space Report

Workshop Title: Mental health of children in emergency contexts

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Main issues, questions discussed:

- **Mental health is foundational** to learning; trauma and stress must be addressed before cognitive learning can occur (UNESCO).
- **Well-being vs. mental health**: distinction between social-emotional well-being (community-based, holistic) and clinical mental health (medical/therapeutic).
- **Stigmatization** of mental health remains a barrier; especially in conservative or crisis-affected contexts.
- **Mental health needs exist in all settings**, not only in emergencies: children in high-income countries may still be affected by trauma or instability.
- **Lack of resources** hampers timely access to support: long wait times for professional help are common.
- **COVID-19 exposed the cost** of social isolation and the need for connection, routine, and safe environments.
- **Safe spaces** are critical: psychological healing is not enough without an environment that fosters safety and inclusion.
- **Healing methods** can include sport, arts, crafts, and recreation, not just clinical approaches.
- **Peace education** and trauma healing can be embedded through everyday activities, not just formal curricula.
- **Trusted adult model** (non-judgmental facilitator role) empowers students and builds trust.
- **Youth voices** (e.g. Swiss students citizens' assembly) offer valuable insight but struggle to influence policymakers.
- **Parental involvement is essential**, especially where intergenerational trauma or mental health issues exist in the parents' experience.
- **Digital tools** (e.g. breathing apps) and **low-resource methods** (e.g. grounding techniques, active listening) can be effective and scalable and do not always require a mental health professional.
- **Immediate availability of support** is crucial: mental health services must be accessible without delay.
- **Student councils and peer-led models** empower youth and create supportive ecosystems.
- **Listening and presence** can have meaningful impact; mental health response need not be fully professionalised to be effective.

- **Donors still need convincing** that mental health and psychosocial support are core emergency education needs.

Conclusions and recommendations:

- **Integrate mental health and well-being into education response frameworks** from the outset of emergencies, prioritising both professional and community-based approaches.
- **Embed psychosocial and peacebuilding activities** (e.g. sports, arts, theatre, breathing exercises) in daily routines to restore normalcy and support recovery.
- **Train teachers and school staff** to use basic psychosocial and grounding techniques, act as trusted adults, and facilitate safe, inclusive spaces.
- **Support scalable, low-resource interventions** (e.g. peer support, digital breathing tools) that do not depend on specialised professionals.
- **Ensure immediate access** to mental health support, avoiding long delays in care, especially in emergency settings.
- **Recognise and address stigma** around mental health through community outreach, youth-led dialogue, and culturally sensitive communication.
- **Involve parents and caregivers**, particularly in trauma-informed approaches, and consider gender-sensitive strategies to ensure participation.
- **Establish mechanisms for youth participation** in programme design and policy dialogue, including channels to bring their recommendations to decision-makers.
- **Advocate with donors** to recognise mental health and psychosocial support as essential components of emergency education, not secondary or optional