Mental Health, Youth and Learning Environments

The Third Global Model World Health Assembly,

Having considered the report by the Director-General on the prevention and management of noncommunicable diseases, promotion of mental health and well-being, and treatment and care of mental health conditions[1];

Recalling resolutions WHA66.8 (2013) on the comprehensive mental health action plan 2013–2030, WHA77.3 (2024) which supports the integration of mental health and psychosocial support in schools and education settings during crisis situations, as it is mentioned in operative paragraph 1.10, WHA55.10 (2002) which addresses the global toll on mental health, WHA67.8 (2014) on addressing neurodevelopmental disorders in adolescents and adults and WHA56.21 (2003) on covering mental health promotion;

Recognizing that maintaining mental health is essential to overall health, well being and human development, and that learning environments play a vital role in shaping emotional, social and cognitive development that affects the current and future quality of life;

Recognizing also the need for culturally sensitive and gender-responsive strategies in promoting youth mental health;

Noting with deep concern that depression, anxiety, post traumatic stress disorder (PTSD) among others , are the leading cause of illness and disability among adolescents, affecting one in seven young people aged 10–19, and that suicide remains the third leading cause of death among those aged 15–29, while global spending on mental health averages less than two percent of nationals health budgets, leaving most adolescents without access to needed care especially in low resource settings;

Reaffirming the Sustainable Development Goals, especially SDG target 3.d and SDG 4, which call for, respectively, ensuring healthy lives and equitable access to education;

Acknowledging that learning environments can either support or undermine mental health, depending on the level of inclusiveness, psychological safety, social, and academic support they offer to students and recognizing the critical role of a stable and positive school climate in fostering emotional resilience and wellbeing;

Emphasizing the concern around the lack of awareness and the necessity of reducing stigma, promoting inclusion, fostering supportive environments and ensuring equitable access to mental health services, as well as improving the availability of such resources particularly for

[1] Document EB 154/7.

marginalized and vulnerable youth, including but not limited to those going through crisis situations, such as conflicts, pandemics and natural catastrophes;

Recognizing the importance of strong coordination between the education and health sectors to create environments that promote social connection, resilience, and mental well-being, vis-à-vis academic and/or vocational success;

Noting that the COVID-19 pandemic severely disrupted education and social relationships for millions of students, exacerbating stress, isolation, learning loss and mental health disorders, including depression and anxiety with particularly severe impacts on marginalized and vulnerable groups leading to increased mental health challenges highlighting the need for targeted interventions to support their mental health and well-being;

Alarmed by the growing impact of social media and digital platforms on young people's mental health, including cyberbullying, online harassment, and exposure to harmful content;

Welcoming WHO's Global School Health Initiative, the WHO and UNESCO partnership for promoting health and learning, the Helping Adolescents Thrive (HAT) a joint WHO-UNICEF initiative by the which emphasizes mental health as a vital component of holistic education and the WHO UNESCO initiative making every school a health promoting school which fosters social development among youth;

Noting with concern the loss of educational infrastructure in conflict zones, as well as the attacks against teachers and students, issues that disrupt the well being of school communities world-wide and jeopardizes learning processes of the youth, since they increase cases of post traumatic disorders, stress, anxiety, depression, among other related mental health conditions;

Determined to advance coordinated efforts to develop and ensure equitable, effective, and adequate mental health support facilities for mentally unstable youth within learning environments to ensure sustainable implementation of mental health services;

Highlighting the potential of advanced digital health technologies, including evidence-based AI-driven tools and tele-mental health services, to expand access to personalized and culturally sensitive mental health support,

1. URGES Member States:

(1) to strengthen national strategies and policies, in collaboration with international partners, in order to reduce stigma surrounding mental health, spread awareness, encourage shared responsibility and promote support services among youth within education systems;

(2) to urge the creation of formal MOUs (memorandums of understanding) between school-based services, hospitals and community-based specialized mental health providers to create seamless, multidirectional referral pathways for youth;

(3) to establish a Multi-Tiered System of Support (MTSS) by formally linking the Ministries of Health and Education of a Country, local, national and international actors such as local, cultural and religious leaders with 3 tiers, including by:

(a) promoting awareness regarding coping mechanisms, how to dismantle the stigma regarding abuse of all kinds, through awareness programs and frequent ThinkTalks in schools by said leaders;

(b) encouraging youth leaders to act as representatives of the student community and to bridge the gap between students who seek help and providers of care;

(c) providing interventions and care for students experiencing mental health issues that have an effect on their participation and performance in schools, both academically and socially;

(4) to implement standardized, WHO and/or UNICEF approved mental health testing for adolescents using the WHO-Five Well Being Index (WHO-5) questionnaire and The Measurement of Mental Health Among Adolescents at the Population Level (MMAP) which helps to bridge the data gap in low middle income countries and can be provided with the help of trained counsellors or written surveys;

(5) to address the challenges of mental health caused due to non-attendance by using the Measures Against School Refusal to Ensure Learning Without Leaving Anyone Behind (COCOLO Plan) along with the Team School approach, which has already been implemented in Japan in alignment with the Ibasho concept by offering diversified learning spaces with the use of AI and ICT tools, allowing schooling from home;

(6) to promote sustained, evidence-based national mental health literacy campaigns, in partnership with youth leaders, aimed at reducing stigma among youth, educators, and parents using both traditional methods as well as youth-friendly digital platforms;

(7) to integrate mental health promotion, evaluation, tracking systems, data availability, preventive measures, and early intervention into school health programmes, including training school faculty to identify and support students with mental health needs especially in low- and medium-income countries where access to professional services remains limited;

(8) to ensure that all students regardless of their social and economic background will have targeted outreach programs that will engage marginalized and vulnerable students and their families in mental health services as well as having access to proper and consistent mental health support in their learning environments by appointing well trained and licensed counselors and psychologists in schools, organizing awareness programs and campaigns for the students and also extending support to conflicted, war torn and rural areas;

(9) to fully engage digital and tele-health platforms to extend mental health support to remote and underserved schools;

(10) to include young leaders in forums linked to national ministries of education and health, so local policy-makers and the international community acknowledge their specific needs, concerns and solutions regarding the promotion of mental health in learning environments;

(11) to promote supportive school cultures where integrated health education promotes the flourishing of each child by integrating mental and emotional well being with the everyday process of learning, and to help them develop skills in order to understand emotions, empathize with others, deal with stress in healthy ways, and build resilience;

(12) to provide Social And Emotional Learning (SEL) Classes in every school at least bi-weekly, which focuses integrating mental health education and providing students with tools to cope with life challenges, and being sensitive to all cultural backgrounds;

(13) to promote coordinated and comprehensive approaches to mental health in all schools that involve school leadership, engagement of parents, religious leaders, to reduce stigma, increase acceptance of mental health services to create inclusive learning environments that foster well-being and belonging;

(14) to address the impact of stigma and discrimination societies by implementing awareness campaigns, peer-support initiatives, and community-based projects that promote social inclusion of mental health struggle;

(15) to collect data and evaluate initiatives at national and subnational levels in order to foster mental health services for youth and in learning environments, as well as measuring its outcomes for the well-being of the local population, in order to share best practices and successful solutions with the international community, so the actions can be adapted and implemented in other Member States**;**

(16) to upload the reports submitted by the Health Promoting School (HPS) committees after review by the government and the Educational Policy Report into a shared WHO Database protected by the Principles on Personal Data Protection and Privacy Adopted by the UN High-Level Committee on Management (HLCM);

(17) to allocate sustainable and adequate resources and strengthen partnerships between organizations and improve the education, health, and social protection sectors with a particular focus on improving access to mental health services for youth rural and underserved communities, including services from either private, public, or faith-based organizations that support families, children, and vulnerable populations, to promote mental health and well-being in schools;

(18) to adopt WHO Symposiums on improving the mental health of students in learning environments and how to make every school a health promoting school by organizing symposiums on the basis of regional groups, inviting specialists in mental health and representatives of the WHO and UNESCO to take part in these discussions, establishing a pre-drafting committee to draft a Declaration on making every school an HPS predicated on the Implementation Guidance provided by the WHO and UNESCO and adopting said declaration during the course of the symposium and laying this as the foundation for the tailored implementation of HPS in each regional group;

2 CALLS UPON international, regional, national, and local partners and stakeholders from across the health, education, and social sectors, as appropriate:

(1) to share best practices and evidence-based approaches for school mental health programmes especially those implemented in schools that promote inclusivity, safety, and emotional well-being especially adaptable to post-crisis contexts;

(2) to aid developing and landlocked nations in the development of digital and community-based mental health platforms to reach young people in rural or remote areas, providing equitable access to mental health resources beyond urban centres;

(3) to collaborate on and provide necessary grants for research identifying effective interventions to promote resilience and well-being in schools;

(4) to support national and international efforts to promote mental health across learning environments through funding, capacity building, and technical assistance with particular focus on low- to middle-income areas where existing infrastructure is limited while ensuring transparency of data sharing;

(5) to urge the inclusion and prioritization of youth voices in the design, implementation, and evaluation of mental health initiatives in schools through platforms that allow youth to share their voices with policy makers;

(6) to encourage private sector engagement in expanding access to digital tools and services that promote mental health in schools, while ensuring data security;

(7) to provide guidance and training for educators, school staff, and students on the safe and effective use of digital mental health tools, ensuring that technological interventions complement in-person support and promote overall wellbeing;

(8) to strengthen collaboration with media and technology companies to engage in improved censorship and raise awareness about mental health issues;

(9) to engage faith-based organizations, communities, and other sectors, in supporting and expanding mental health initiatives in religious schools and traditional institutions that play a

role in local education and community life;

(10) to encourage cooperation and exchange of good practices among developing countries, with support from international partners, to ensure equitable access to school mental health programmes, such as a "Mentorship Program" for marginalized and vulnerable youth;

(11) to provide Gratitude Journals to students until high school as suggested in the HAT Comic Book that is part of the WHO's Helping Adolescents Thrive initiative where students can practice gratitude writing which helps in fostering better mental health;

3 REQUESTS the Director-General:

(1) to continue supporting Member States in implementing the comprehensive mental health action plan 2013–2030 and improve their mental health services and coverage;

(2) to provide technical support and pilot programs to Member States, especially low- and middle- income countries, where appropriate and requested, to help build national capacities in their efforts to create, access and improve school community training and mental health services, such as post-conflict and humanitarian settings, to facilitate easily navigable pieces of technology by which youth of any age can get immediate services for their mental condition, to demonstrate scalable models of school-based mental health care;

(3) to urge local governments to create campaigns, in partnership with NGOs, private and public sectors, and civil society initiatives in order to engage parents, teachers, school staff and community leaders to foster a supportive environment for youth;

(4) to strengthen partnerships and coordination with UNESCO, UNICEF, and other relevant organizations to expand the Global School Health Initiative while ensuring collaboration with regional networks and local NGOs to contextualize initiatives within community realities;

(5) to provide biannually, regional and international reports on progress in the implementation of this resolution and the development of actions related to the SDG 3 and 4 for future World Health Assemblies to consider.