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

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Foreword

Across our beloved continent, teachers remain the unsung heroes of Africa's development story. They nurture minds, shape futures, and serve as pillars of stability and hope, often in the face of adversity, resource scarcity, and psychosocial strain. Yet, while we ask so much of our educators, we have not always given equal attention to their well-being. With increasing stressors such as conflict, pandemics, displacement, and systemic underinvestment in the profession, the need to address the mental health of educators has never been more urgent.

The Continental Strategy on Mental Health and Psychosocial Support for Teachers in Africa is an initiative of the CESA (Continental Education Strategy for Africa) Teacher Development Cluster. It marks a significant step forward. As the African Union Commission's Department of Education, Science, Technology and Innovation, we are proud to present this strategy as the first of its kind on the continent—designed to provide a harmonized and context-specific framework for promoting, protecting, and restoring the mental health and psychosocial wellbeing of teachers and teacher educators across Africa.

Developed through a consultative and evidence-informed process, the strategy is anchored in the new Continental Education Strategy for Africa 2026–2035 (CESA 26-35) and aligned with the African Union's Agenda 2063. It builds on existing policy guidance from global and regional partners, including WHO, ILO, UNESCO, and UNICEF, and reflects the contributions of Member States, Regional Economic Communities, teacher unions, civil society organizations, and international development partners.

Structured around four strategic pillars: *enabling environment, teacher training and community sensitization, school-based interventions, and specialized care and reintegration*, the strategy emphasizes both prevention and response. It offers practical guidance for building resilient education systems that place teacher wellbeing at the centre, from policy development and cross-sector coordination to training, early identification, peer support, and referral systems.

As someone who had the honour of overseeing the preparation of this strategy, I extend my deep appreciation to all who contributed to its development, including the countless educators whose voices inspired its priorities. This strategy is a tribute to their resilience and a commitment to ensuring that they are not only seen and heard but also supported. Special thanks are due to UNESCO's International Institute for Capacity Building in Africa (IICBA) for supporting the work towards the startegy as coordinator of the CESA Teacher Professional Development Cluster. Special thanks are also due to the Africa Federation of Teaching Regulatory Authorities and Education International as co-Chairs of the cluster and to the members of the CESA clusters on Teacher Professional Development for their advice.

Let us commit to implementing this strategy with purpose and urgency. By protecting the mental health and wellbeing of teachers, we are investing in the future of education, and ultimately, the future of Africa.

Ms. Sophia Ashipala
Head, Education Division
African Union Commission

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Acknowledgments

The African Union's Continental Strategy on Mental Health and Psychosocial Support (MHPSS) for Teachers in Africa (CS-MHPSS) was prepared under the leadership of H.E. Professor Mohammed Belhocine, Commissioner for Education, Science, Technology and Innovation (ESTI) at the African Union Commission. Guidance was also provided by Professor Saidou Madougou, Director for ESTI, and Sophia Ashipala, Head for Education. Ms. Ashipala managed the process for the preparation of CS-MHPSS. Special thanks are due to Caseley Olabode Stephens at the African Union Commission for his support.

CS-MHPSS is an initiative of the CESA (Continental Education Strategy for Africa) Teacher Development Cluster. It was prepared and approved alongside the African Union's new Continental Education Strategy 2026-2035 (CESA 26-35) and the review of the previous strategy for 2016 to 2025. Over 2,500 people participated in events where ideas for CESA 26-35 were discussed, and over 1,000 individuals and organizations responded to online surveys implemented for the CESA review and new CESA. The preparation of CS-MHPSS benefited substantially from this process. In addition, drafts of CS-MHPSS were presented and discussed with members of the CESA Teacher Development Cluster twice. Key contributors in those discussions included (among others) the Africa Federation of Teaching Regulatory Authorities (AFTRA), Education International Africa, Finn Church Aid, the Inter-Governmental Authority on Development (IGAD), the ILO, UNICEF, and the World Health Organization African Region (WHO AFRO). Apart from the Teacher Development Cluster, members of the CESA Clusters on Women and Girls Education and on Life Skills and Career Guidance also provided inputs. The draft CS-MHPSS was also discussed in May 2024 at AFTRA's 11th annual conference in Lusaka, Zambia. Overall, contributions of Ministries of Education, Regional Economic Communities (RECs), civil society organizations, union representatives, teachers, school leaders, and other stakeholders from across Africa are gratefully acknowledged.

Under the guidance of the AU/ESTI leadership, the strategy was drafted and revised following feedback from consultations under the leadership of the CESA Teacher Development Cluster with special thanks to Victoria Kisaakye, Lucas Halimani, and Quentin Wodon at UNESCO's International Institute for Capacity Building in Africa (UNESCO IICBA). A large number of individuals and organizations provided feedback and suggestions (see Annex 1). Support from UNESCO Regional Offices in Africa under the Our Rights, Our Lives, Our Future (O3) Programme is gratefully acknowledged, including for background work, consultations, and the piloting of MHPSS trainings for educators in over a half dozen countries, laying the groundwork for the preparation of this strategy. O3 is funded by the governments of France, Ireland, Norway, and Sweden. Special thanks are due to Xavier Hospital and Patricia Machawira from the O3 program. Finally, support from the European Union under the Regional Teachers Initiative for Africa and the Government of Japan under two MHPSS projects at UNESCO IICBA is also gratefully acknowledged.

Acronyms

AFTRA	Africa Federation of Teaching Regulatory Authorities
AU	African Union
AUC	African Union Commission
AU/CIEFFA	International Centre for the Education of Girls and Women in Africa
AU/IPED	Pan-African Institute of Education for Development
AU/PAU`	The Pan African University
CESA	Continental Education Strategy for Africa
COVID-19	Coronavirus Disease of 2019
EHW	Education for Health and Wellbeing
EI	Educational International
ESTI	Education, Science, Technology, and Innovation
GBV	Gender Based Violence
IASC	Inter-Agency Standing Committee
ICT	Information and Communication Technology
IEC	Information, Education and Communication
IGAD	Inter-Governmental Authority on Development
ILO	International Labour Organization
INEE	Inter-agency Network for Education in Emergencies
M&E	Monitoring and Evaluation
MOE	Ministry of Education
MOH	Ministry of Health
MHL	Mental Health Literacy
MHPSS	Mental Health and Psychosocial Support
NCD	Non-Communicable Disease
NHS	National Health Service in Scotland
O3	Our Rights, Our Lives, Our Future
PASEC	Programme d'analyse des systèmes éducatifs de la CONFEMEN
PFA	Psychological First Aid
PRC	Permanent Representative Committee
PTSD	Post Traumatic Stress Disorder
RECs	Regional Economic Communities
SEL	Socio-emotional Learning
SRGBV	School-Related Gender Based Violence
STC	Specialized Technical Committee
TTIs	Teacher Training Institutions
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
WHO AFRO	World Health Organization African Region

Executive Summary

Studies suggest a lack of attractiveness of the profession and high rates of burnout among teachers and low job satisfaction. The teaching profession is not seen as attractive in many countries, which can also contribute to poor mental health and a need for psychosocial support among teachers. 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 (lack of 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, depression and suicidal ideation, which can derive into a functional difficulty, even a disability if external support is not available. Burnout is also associated with absenteeism and staff turnover. As for those who continue to work in the same environment despite experiencing burnout, their performance in their role may be affected, and they may have lower job satisfaction and commitment.

Teachers and teacher educators have always been subject to mental health and psychological disorders, but events such as the COVID-19 pandemic and rising conflicts have exacerbated the issues. Mental health is more than the absence of mental health conditions. It is a state of well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their communities. Due to the nature of their work and often poor working conditions, teachers in Africa are prone to be affected by mental health and psychological disorders. Teaching is a demanding and emotional profession that can have negative consequences for teachers' wellbeing. These conditions are likely to have been exacerbated during the COVID-19 pandemic as teachers and learners had to adopt remote learning approaches despite a lack of infrastructure, training, and resources. Many teachers contracted the virus, and some died. Others lost significant pay due to school closures. The threat of contracting the disease coupled with economic difficulties is likely to have jeopardized many teachers' psychosocial wellbeing. Beyond specific events such as the COVID-19 pandemic, conflicts have been rising in Africa, leading to disruptions in education systems and worsening mental health issues.

The mental health and psychosocial wellbeing of teachers and teacher educators is however crucial for the quality of education. Teachers 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 must deal with learners who have mild to moderate psychosocial and mental health issues and refer severe cases to specialized services. Research has shown that the mental health and psychosocial wellbeing of both educators and learners influence learners' cognitive development and learning outcomes, as well as teachers' performance. Stressful environments and burnout lead to increased absenteeism and reduced teaching capacity. Teachers' wellbeing is important not only for themselves, but also for their learners' success and school quality. Teacher stress affects both the quality of teaching and the quality of learning, and it may also harm the wellbeing of learners. Factors affecting teachers' wellbeing include their gender, employment status, education level, teaching experience, coping skills, and displacement.

The African Union's Continental Strategy on Mental Health and Psychosocial Support Teachers in Africa (CS-MHPSS) provides guidance on how to contribute to better mental health for teachers. The strategy builds on existing global, regional and national policies and frameworks related to teacher wellbeing, including WHO and ILO guidance. Prepared alongside the African Union's (AU) new Continental Education Strategy for Africa 2026-2035 (CESA 26-35), CS-MHPSS aims to provide a systematic and harmonized approach towards promoting the mental health and well-being of teachers and educators, preventing mental disorders, facilitating care, enhancing the social and emotional wellbeing of educators, and promoting psychosocial support and recovery of those that had significant impacts and challenges. Through better MHPSS for teachers and teacher educators, the strategy contributes to the achievement of education goals under CESA 26-35 and the broader objectives of the African Union's (AU) Agenda 2063.

The drafting of CS-MHPSS took place alongside the drafting of CESA 26-35. CS-MHPSS was prepared alongside CESA 26-35 and the review of CESA 16-25. Over 2,500 people participated in events where ideas for CESA 26-35 were discussed and over 1,000 individuals and organizations responded to online surveys implemented for the CESA review and new CESA. The preparation of CS-MHPSS benefited from this process. In addition, drafts of CS-MHPSS were

presented and discussed with members of the CESA Teacher Development Cluster twice and discussed in May 2024 at AFTRA's 11th annual conference in Lusaka, Zambia. Contributions of Ministries of Education, Regional Economic Communities (RECs), Teacher Councils, civil society organizations, union representatives, and others are gratefully acknowledged.

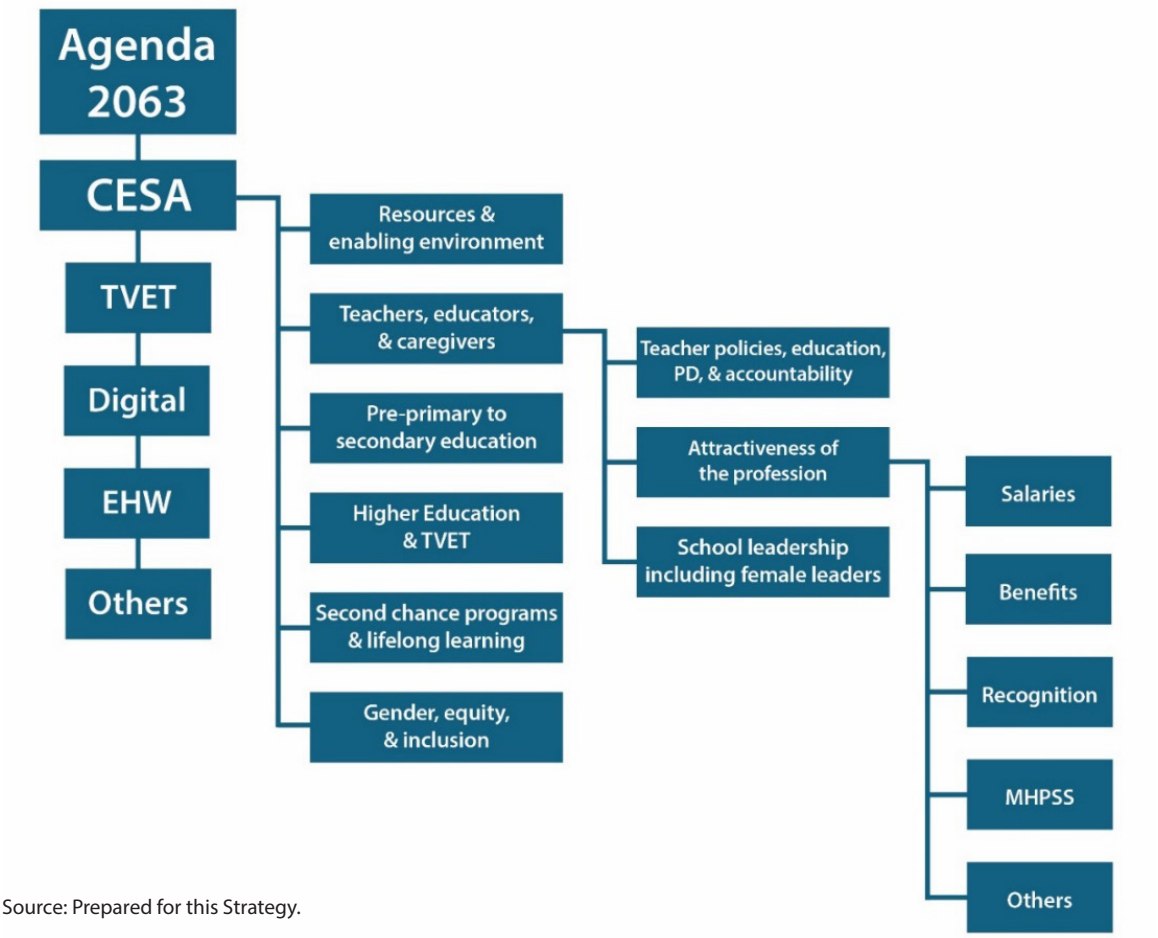
CS-MHPSS will be implemented within the context of CESA 26-35. Figure ES1 visualizes how CS-MHPSS fits within the architecture of CESA 26-35, its six strategic areas, one of which is about teachers, and 20 objectives, three of which are for teachers: (i) Improve teacher policies, education, professional development, and accountability; (ii) Increase the attractiveness of the teaching profession; and (iii) Invest in school leadership including the share of female leaders where needed. While CS-MHPSS relates to teacher policies, it falls for the most part under the objective for the attractiveness of the profession and the well-being of teachers. Apart from issues related to MHPSS, other issues for that objective relate to salaries, non-wage benefits, recognition, etc. Of note, CS-MHPSS also relates to the strategy on education for health and wellbeing for young people and adolescents in Africa recently adopted by the AU.

CS-MHPSS provides a framework for action with four strategic pillars and three objectives or types of interventions per pillar. The foundation is the enabling environment (Pillar #1). Teacher training and community sensitization help prevent mental health issues (Pillar #2). When mental health issues arise, the first line of response is at the level of schools and communities (Pillar #3), with more specialized care and reintegration services to be available when needed for more serious mental health issues (Pillar #4).

In total, 12 strategic objectives are proposed for action, with three objectives for each pillar (Table ES1).

- **Pillar #1: Enabling environment.** The objectives proposed relate to (i) Teacher policies and well-being; (ii) Multi-sectoral coordination; and (iii) Implementation and monitoring framework. The enabling environment includes developing and implementing comprehensive national policies that align with continental guidelines on the teaching profession, including for teacher well-being. Resources must be

Figure ES1: CS-MHPSS within the Architecture of African Union Guidance on Education

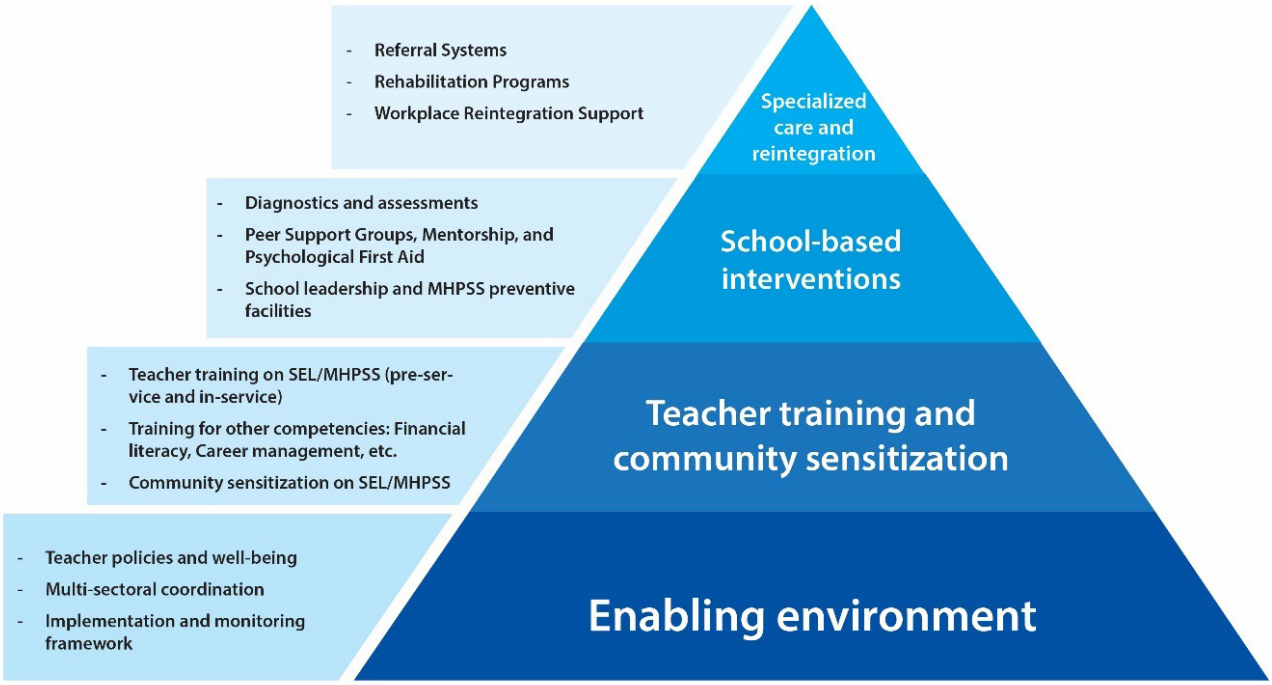


Source: Prepared for this Strategy.

allocated towards mental health initiatives while ensuring that the voices of teachers is heard in policy formulation. Strengthening the capacity of educational institutions is critical to addressing mental health challenges effectively, including through continuous professional development for school leaders, teachers, and stakeholders in mental health literacy. Cross-sector collaboration between health, education, and social services must be promoted to create a holistic support system for teachers, including through multi-sector task forces. National teacher welfare commissions could oversee MHPSS implementation, ensuring that teachers' mental health is addressed comprehensively, with resulting benefits for learners as well.

- **Pillar #2: Teacher training and community sensitization.** The objectives proposed relate to (i) Teacher training on MHPSS (pre-service and in-service); (ii) Teacher training on other competencies; and (iii) Community sensitization on MHPSS. This pillar includes the promotion of preventive measures and mental health awareness for teachers, but also at the level of communities. Investing in preventive and promotional measures that foster mental well-being involves the development of national frameworks for regular training, mental health workshops, and wellness programs tailored to educators. Training programs should equip educators with the skills they need to identify and support colleagues experiencing mental health challenges. Ministries of Education and Health should also collaborate to roll out nationwide campaigns raising awareness on mental health, combating stigma, and encouraging a culture of self-care and peer support in schools and communities.
- **Pillar #3: School-based interventions.** The objectives proposed relate to (i) Diagnostics and assessments; (ii) Peer support groups, mentorship, and psychological first aid; and (iii) School leadership and MHPSS preventive facilities. This pillar includes the establishment of accessible diagnostic and support services in schools or other accessible locations for teachers. This includes setting up non-specialized support systems, such as school-based counselling, to intervene early when teachers face mental health challenges. These services should be well-resourced, widely available, and teachers should be made aware of their availability and how to access them.
- **Pillar #4: Specialized care and reintegration.** The objectives proposed relate to (i) referral systems; (ii) Rehabilitation programs; and (iii) workplace reintegration support. This pillar covers access to specialized mental health and

Figure ES2: CS-MHPSS Framework for Action



Source: Prepared for this Report, adapted from Inter-Agency Standing Committee (2022).

rehabilitation services. Ministries of Health, in partnership with educational bodies, should ensure that teachers receive timely and specialized mental health care when needed. This includes developing teacher-specific rehabilitation programs that cater to their unique challenges. Mental health insurance schemes and partnerships with mental health organizations to improve access to services should be promoted. In addition, the reintegration of teachers into their communities and schools after mental health recovery should be ensured, including by creating support networks and community engagement activities that facilitate a smooth transition back into the workplace. Schools should be equipped to provide peer support systems and reintegration programs for teachers returning from mental health treatment.

Table ES1: Pillars and Strategic Objectives for CS-MHPSS

Pillars and Strategic Objectives
Pillar #1: Enabling environment
1. Teacher policies and well-being
2. Multi-sectoral coordination
3. Implementation and monitoring framework
Pillar #2: Teacher training and community sensitization
4. Teacher training on MHPSS (pre-service and in-service)
5. Teacher training on other competencies
6. Community sensitization on MHPSS
Pillar #3: School-based interventions
7. Diagnostics and assessments
8. Peer Support Groups, Mentorship, and Psychological First Aid
9. School leadership and MHPSS preventive facilities
Pillar #4: Specialized care and reintegration
10. Referral Systems
11. Rehabilitation Programs
12. Workplace Reintegration Support

Source: Prepared for this report.

For CS-MHPSS implementation – including governance, communications, and monitoring, it is best to rely on frameworks already planned for CESA 26-35. CS-MHPSS is expected to be valid for a period of ten years, thereby following the timeframe for CESA 26-35. For CS-MHPSS as for other strategies falling within the scope of CESA 26-35, it is not advisable to set up governance, communications, and monitoring structures separately from the mechanisms for CESA 26-35. Therefore, this strategy relies on the CESA 26-35 governance structures. Key stakeholders include (1) RECs; (2) Member States; (3) AU specialized agencies; (4) CESA clusters, coordinators, and members; and (5) Continental and international partners. The proposed governance includes a Steering Committee and an Operational Committee with five sub-committees. The role of the Operational Committee and sub-committees will be key for implementation. Successful implementation of CS-MHPSS will require policy and technical advisory support among others to: (i) Develop and disseminate new tools and methodologies to meet the needs of Member States and RECs; (ii) Carry out applied research on challenges faced to implement MHPSS interventions; (iii) Promote and assess pilot initiatives to generate knowledge on good practices and lessons learned; and (iv) Serve as a clearinghouse to promote knowledge exchange and dissemination of good practices and lessons learned at the continental level (south-south cooperation, CoPs, web resources, etc.). Through focal points in RECs and Ministries of Education, it will be essential to record innovations and progress towards CS-MHPSS implementation at the national and regional levels and assess the usefulness of the strategy.

Communications will be key to make CS-MHPSS known among stakeholders once the strategy is adopted and to share challenges and opportunities in its implementation. Building on the CESA 26-35 framework, approaches to communications are outlined below, both initially and over time. Outreach will be needed to RECs, Member States, other stakeholders, and the media upon adoption of the strategy. Communications products will need to be adapted to various types of stakeholders, including teachers but also families and communities. Over time, rather than creating a separate CS-MHPSS communications approach, progress on implementing CS-MHPSS should be included in broader CESA communications to keep stakeholders aware of initiatives on CS-MHPSS. This

would also help mainstream MHPSS into education policies as a broader set of actors would receive communications on CESA.

A monitoring and evaluation framework will need to be developed for CS-MHPSS. Two separate issues must be considered: the indicators to be used to monitor implementation and reporting mechanisms.

- **Monitoring indicators:** Assessing progress will not be easy as MHPSS is not included explicitly in indicators used for SDG4. Special efforts will be needed to create valid indicators on MHPSS that can be measured over time. Candidates for intermediary indicators that could help assess success include: (i) Share of Member States with country policies, strategies, or guidance notes on MHPSS for teachers, including appropriate policies and costed plans to prioritize MHPSS for teachers; (ii) Improved knowledge, attitudes, and skills related to MHPSS among teachers and teacher educators as measured through surveys of a representative set of teachers at the country level; (iii) Share of schools with MHPSS interventions including prevention, management and effective linkage to specialized services using a multisectoral approach as measured through appropriate questions included in school censuses; and (iv) Share of countries that integrated MHPSS content in pre-service teaching curriculum and in-service teacher professional development, as measured through reviews of curricula. Practically, it will not be feasible to measure these indicators on a yearly basis, but assessments every few years and for a mid-term review would be needed.
- **Reporting mechanisms:** Every year, AU/ESTI should include a discussion of CS-MHPSS in the annual report on progress towards CESA 26-35 implementation. A more detailed biennial or triennial report would be discussed as part of CESA conferences. The AU/ESTI Department should also draft implementation action plans and update these plans as needed based on feedback from RECs, Members States, and other stakeholders, including teacher unions. A mid-term review should take place. It would coincide with the horizon for the SDGs, so that CS-MHPSS could be adapted for the second half of its decade to the new framework that would be adopted post-SDGs. Upon completion of the decade, a final evaluation should take place to assess the strategy's outcomes and impact.

As less is known on the impact and cost effectiveness of MHPSS interventions than for many other education interventions, strengthening research on MHPSS for teachers is a priority. Research on mental health in the workplace, particularly in education in Africa, has progressed, but gaps remain. These gaps affect the ability to fully understand and address mental health challenges among teachers.

CS-MHPSS is timely and aligned with broader objectives laid out in CESA 26-35. The strategy will not only benefit teachers, but also their learners, families, and communities, as well as the education sector and the economy. 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 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. The benefits of MHPSS for teachers, learners, and society are likely to be large.


Photo Credit: UNESCO-IICBA

I. Introduction

Teachers in Africa face numerous challenges and stressors affecting their well-being and performance, leading to risks of poor mental health. Several recent reports point to a crisis in the teaching profession, globally as well as in Africa[1]. In many African countries, teachers work under low salaries, poor working conditions, and a lack of resources. As is the case for the population overall, teachers are affected by violence, conflicts, displacement, and health risks. In the classroom, they must manage cultural differences that may lead to tensions, language barriers for some learners, and many learners who are well over the normal age for their instruction level. These stressors contribute to teacher turnover, loss and grief, high learner-to-teacher ratios, and high workload. Additional stressors include isolation from family when teachers work in non-family duty stations or refugee camps. These factors negatively impact teachers' mental health and psychosocial status, compromising education quality and learning outcomes.

Psychosocial support is lacking in schools for both teachers and learners. Globally, school-based mental health and psychosocial support (MHPSS) services are available in only 72 out of 142 countries, most of which are high-income countries. WHO's World Mental Health Report confirms that mental health is neglected in most of Africa, with COVID-19 having exacerbated the situation in school communities, affecting learners as well as teachers and teacher educators[2]. A recent study for areas of Ethiopia affected by conflict found that over half of learners and teachers were experiencing mental health issues[3]. Among teachers, levels of stress tended to increase with the distance to school and class size. Depression levels were higher in secondary schools, and in schools experiencing behavioural problems.

This Continental Strategy on Mental Health and Psychosocial Support for Teachers in Africa (CS-MHPSS) provides guidance on how to contribute to better mental health and psychosocial support for teachers. The strategy was prepared under the leadership of the African Union's (AU) Education, Science, Technology and Innovation (ESTI) Department alongside the Continental Education Strategy for Africa 2026-2035 (CESA 26-35)[4]. CS-MHPSS aims to provide a systematic and harmonized approach towards promoting the mental health and well-being of teachers and educators, preventing mental disorders, facilitating care, enhancing the social and emotional wellbeing of educators, and promoting psychosocial support and recovery of those that had significant impacts and challenges. By improving the mental health and psychosocial well-being of teachers and teacher educators, this strategy contributes to the achievement of education goals across the continent. As noted in CESA 26-35, teachers are the backbone of the education system and play a crucial role in shaping learning outcomes for learners. They not only impart knowledge and skills, but also inspire, motivate, and guide learners to achieve their full potential.

CS-MHPSS covers key issues and approaches for improving the mental health and psychosocial wellbeing of teachers and teacher educators in Africa. The strategy also identifies some of the roles and responsibilities of different stakeholders, such as the AUC, Member States, Regional Economic Communities (RECs), development partners, civil society organizations, and teacher unions in promoting comprehensive approaches 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, including WHO and ILO guidance, as well as for the African Union the new CESA 26-35 and the Education for Health and Wellbeing for Young People and Adolescents in Africa Strategy[5]. 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. The following sections cover the methodology for the strategy, key challenges and promising interventions, the strategy's framework for action, and its governance, communications, and monitoring. A brief conclusion follows.

II. Methodology

The drafting of CS-MHPSS took place alongside the drafting of CESA 26-35. CS-MHPSS was prepared alongside the African Union's new Continental Education Strategy 2026-2035 (CESA 26-35) and the review of the previous CESA for 2016 to 2025. Over 2,500 people participated in events where ideas for CESA 26-35 were discussed and over 1,000 individuals and organizations responded to online surveys implemented for the CESA review and new CESA. The preparation of CS-MHPSS benefited substantially from this process. In addition, drafts of CS-MHPSS were presented and discussed with members of the CESA Teacher Development Cluster twice. Key contributors in those discussions included (among others) the Africa Federation of Teaching Regulatory Authorities (AFTRA), Education International Africa, Finn Church Aid, the Inter-Governmental Authority on Development (IGAD), the ILO, UNICEF, and the World Health Organization African Region (WHO AFRO). The draft of CS-MHPSS was also presented and discussed in May 2024 at AFTRA's 11th annual conference in Lusaka, Zambia, with additional comments received after the event. Formal consultations with Member States took place during the presentation of the strategy at the African Union's Specialized Technical Committee on Education, Science, Technology, and Innovation (STC-ESTI).

CS-MHPSS aims to provide analysis and outlines a comprehensive framework while remaining short. A strategy can consist primarily of a set of recommendations without detailed analysis. As another approach, a strategy can be more focused on a few key objectives with more detailed analysis of how to achieve these objectives. Both approaches have potential benefits and drawbacks, and both approaches may serve different purposes or audiences. This strategy aims to avoid the risk of going too much into details and losing the big picture, and that of going for the big picture but remaining at the surface so-to-speak with recommendations that may be too generic to be practically useful. Keeping in mind this twin challenge, and the need to keep the document relatively short, five simple principles (ABCDE) from CESA 26-35 were adopted to draft CS-MHPSS and try to make it both thorough and user-friendly (Box 1).

Box 1: ABCDE Principles for Drafting CS-MHPSS adapted from CESA 26-35

Adaptable. The aim is to provide guidance that can be adapted to different contexts, not prescribe ready-made solutions. The needs faced by education systems and constraints to improve outcomes vary. Approaches must be flexible to be helpful in a wide variety of contexts not only for Member States and Regional Economic Communities, but also for other stakeholders, including educational institutions, development partners, civil society organizations, teacher unions, and the private sector.

Brief. CS-MHPSS aims to be brief as shorter documents are more likely to be read, especially by policymakers. The strategy does not replace more detailed analyses: it is meant to provide a framework for action.

Consultative. Alongside the preparation of CESA 26-35, the preparation of CS-MHPSS involved multiple consultations and online surveys to gather feedback from a wide range of stakeholders. Members of the CESA Teacher Development Cluster as well as other key organizations provided feedback.

Documented. CS-MHPSS aims to be well documented, with endnotes and references enabling readers to dig deeper. Collating in one place key resources may perhaps be a key benefit from this work.

Evidence-based. CS-MHPSS is evidence-based while not being prescriptive, recognizing that "what works" remains a matter of debate, depends on context, and may change over time.

Research for the strategy relied on various data sources, including online surveys with stakeholders. Analysis is based among others on: (i) a review of relevant documents at the continental, regional, and country level, with a particular focus on documents from the AU; (ii) a review of the academic literature and the grey literature emerging among others from international organizations (e.g., UNESCO, UNICEF, ILO, World Bank, AfDB, and others), civil society organizations, and national institutions; (iii) inputs from discussions with individuals from target groups and AUC staff and leadership; and (iv) primary data collection through online surveys as part of the process for the new CESA 26-35. The strategy also builds on work on MHPSS for teachers at UNESCO IICBA, including trainings supported by UNESCO's Our Rights, Our Lives, Our Future (O3) programme and larger projects supported by the Government of Japan.

III. Challenges and Promising Interventions

The prevalence of mental health issues is high globally. An estimated 15% of working-age adults have a mental disorder at any point in time. 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. Many of these individuals are of working-age. Common mental health 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[6].

Teachers and teacher educators have always been subject to mental health and psychological disorders, but events such as the COVID-19 pandemic have exacerbated the issues. Mental health is more than the absence of mental health conditions. It is a state of well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their communities[7]. Due to the nature of their work and often poor working conditions, teachers in Africa are prone to be affected by mental health and psychological disorders[8]. Teaching is a demanding and emotional profession that can have negative consequences for teachers' wellbeing[9]. These conditions are however likely to have been exacerbated during the COVID-19 pandemic as teachers and learners had to adopt remote learning approaches despite a lack of infrastructure, training, and resources[10]. Many teachers contracted the virus, and some died. Others lost significant pay due to school closures. The threat of contracting the disease coupled with economic difficulties is likely to have jeopardized many teachers' psychosocial wellbeing[11]. Statistics suggest high levels of depression, anxiety and stress among teachers in Africa (Box 2).

Box 2: Mental Health Status of Teachers in Africa: Selected Statistics

A study carried during the pandemic across 22 African countries estimated that depression affected a third of teachers and teacher educators, while a fourth suffered from anxiety and a fifth from high stress[12]. The estimates are likely to be higher in contexts of emergencies. For example, findings from a recent situational analysis in areas of Northern Ethiopia that were recently affected by conflict are provided in Annex 2. Severe or high distress affects 57.6% of learners. Teachers are also highly likely to be distressed. Most teachers as well as learners lack basic awareness about mental health and well-being issues for themselves and their peers and are unfamiliar with the steps to take when faced with such challenges. Only half (50.7%) of teachers feel confident in their capacity to help learners with MHPS needs. Teachers also report low levels of job satisfaction, as is the case in many other countries in Africa[13].

Beyond specific events such as the COVID-19 pandemic, conflicts have been rising in Africa, leading to disruptions in education systems and worsening mental health issues. In refugee-hosting countries and communities, teachers face heightened stress and burnout due to overcrowded classrooms, insufficient pedagogical materials, dilapidated infrastructure, and limited professional development opportunities[14]. Conflicts lead to school closures and risks for teachers not to be paid. While conflicts, crises, and epidemics affect male and female teachers differently, women tend to be especially at risk, including for violence within and outside of the household. Some organizations provide fragmented conflict-specific assistance for teachers' well-being, but systematic, gender-responsive, government-led interventions are rare.

More broadly, studies suggest high rates of burnout among teachers and low job satisfaction. 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 (lack of 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, depression and suicidal ideation, which can derive into a functional difficulty, even a disability if external support is not available. Burnout is also associated with absenteeism and staff turnover. As for those who

continue to work in the same environment despite experiencing burnout, their performance in their role may be affected, and they may have lower job satisfaction and commitment[15]. A scoping review[16] found a high prevalence of burnout, stress, anxiety, and depression among teachers. The correlates of stress, burnout, anxiety, and depression identified in the review include socio-demographic factors such as sex, age, marital status, as well as school (organizational) and work-related factors including the years of teaching, class size, job satisfaction, and the subject taught.

The mental health and psychosocial wellbeing of teachers and teacher educators is however crucial for the quality of education. Teachers 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 must deal with learners who have mild to moderate psychosocial and mental health issues and refer severe cases to specialized services. Research has shown that the mental health and psychosocial wellbeing of both educators and learners influences learners' cognitive development and learning outcomes, as well as teachers' performance[17]. Stressful environments and burnout lead to increased absenteeism and reduced teaching capacity[18]. Teachers' wellbeing is important not only for themselves, but also for their learners' success and school quality[19]. Teacher stress affects both the quality of teaching and the quality of learning, and it may also harm the wellbeing of learners. Factors affecting teachers' wellbeing include their gender, employment status, education level, teaching experience, coping skills, and displacement[20].

The economic costs of poor mental health for teachers are likely to be high, as is the case for societies overall. An estimated 15% of working-age adults have a mental disorder at any point in time. 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. Many of these individuals were of working-age. The most prevalent mental health conditions 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. People living with severe mental health conditions – including schizophrenia and bipolar disorder – are, for reasons such as stigma, discrimination and stereotyping, largely excluded from work even though participation in economic activities is important for recovery.

WHO provides public health guidance on mental health in the workplace. WHO guidelines[21] 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 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[22]. They 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 recommendation is to promote an enabling environment with cross-cutting actions to improve mental health at work through leadership, investment, rights, integration, participation, evidence and compliance. The guidance recognizes that governments have an important role to protect and promote mental health at work, by developing legal and policy frameworks to encourage the implementation of interventions to protect and promote mental health and providing guidelines and quality assurance standards for training and psychosocial interventions.

While research on MHPSS for teachers is limited, there is evidence on the effectiveness of programmes that support mental health and wellbeing. National Health Service in Scotland's review underscores key approaches for bolstering teacher mental health and well-being, spotlighting work-related stress management and well-being promotion[23]. Mindfulness-based interventions show promise, yielding positive mental health outcomes, notably in stress perception. However, results vary for depression, anxiety, and burnout metrics. One intervention (WISE) involves three components, namely a staff peer support service, teacher training in Mental Health First Aid, and a teacher mental health awareness raising session[24]. An evaluation concluded that while the components were largely acceptable, addressing the broader context and systemic factors is crucial for meaningful improvements in teacher well-being.

School connectedness or belonging refers to feelings of being supported and having positive relationships at school[25]**.** It has been positively correlated with higher levels of teacher wellbeing and negatively correlated with decreased motivation and teacher attrition. Student interactions, support from leadership, and collaborations with parents are associated with teacher occupational wellbeing and school connectedness[26]. Connectedness relates to collegiality, trust, and values as predominant factors promoting wellbeing[27], with teacher voice and horizontal leadership styles essential building blocks to teacher wellbeing. School connectedness also refers to student–teacher relationships, supportive school culture and positive organisational climate, with specific mention of trust between school leaders and teachers[28]. Leadership practices conducive to teacher autonomy and constructive feedback also matter[29].

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. However, 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. Also, some practices by teachers such as corporal punishment may negatively affect mental health among students (Box 3). 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.

Box 3: Teacher Practices and Students' Mental Health

Teacher must also be made aware that some practices negatively affect the mental health of their students. This is the case with corporal punishment which remains widespread in African classrooms and is still not banned in over 60 countries globally. In Francophone Africa, data on corporal punishment from PASEC (*Programme d'analyse des systèmes éducatifs de la CONFEMEN*) suggest that more than a third of teachers in sixth grade of primary school use corporal punishment in the classroom, leading to almost two-thirds of students being beaten by teachers, with econometric analysis suggesting a negative effect of the fear it creates on learning[30]. Innovative approaches have been proven to work to reduce violence by teachers in the classroom[31]. Another issue is that of petty corruption or the request for favours by teachers or school officials. Afrobarometer data for three dozen African countries suggest that one in five parent is affected by petty corruption for placement of their children in school[32]. Such practices undermine trust in teachers among parents and communities, as well as students themselves.

In Africa, promising interventions have been implemented to support teachers' mental health and well-being. Examples of programs at the country level or multi-country are provided below.

In Mozambique, a Resilience Building program developed in collaboration with local NGOs, focuses on building resilience among teachers and learners in disaster-prone areas. It includes MHPSS components such as peer support groups, teacher training on psychological first aid, and integration of socio-emotional learning (SEL) into the curriculum. The program has proven effective in helping communities recover from the psychological impacts of natural disasters and conflict. In collaboration with the Ministry of Education and Human Development and education cluster partners, UNICEF developed a training manual and is rolling out trainings for teachers about MHPSS in education settings, especially in but not limited to emergency-affected areas including practical guidance on pedagogical approaches to supporting learners' well-being[33].

In Nigeria, the Safe Schools Rebuild Initiative was developed in response to the Boko Haram insurgency in the North which heavily disrupted the education system. It focuses on providing MHPSS to learners and teachers through trauma-informed teaching practices. The initiative includes teacher training on how to support learners who have experienced

trauma, with a strong emphasis on creating safe, supportive, and inclusive learning environments. The programs offer counselling, stress management workshops, and resilience training to help teachers cope with the challenges they face. The program is based on evidence from similar post-conflict settings, demonstrating its effectiveness in improving teacher confidence and student outcomes[34].

In Zambia, a promising intervention is the 15-month child-centered Teachers' Diploma Programme on Psychosocial Care, Support, and Protection. Delivered through distance learning, the program equips teachers with the knowledge and skills to create safer, more supportive school environments and to strengthen school–community relationships. A randomized controlled trial in Lusaka and the Eastern Provinces demonstrated significant positive outcomes for participating teachers, including improved self-care, access to teaching resources, perceptions of safety, social support, and gender equity. Positive effects were also observed among students, particularly in areas such as future orientation, peer respect, feelings of safety, and reduced experiences of bullying and sexual abuse. These findings highlight the program's potential to enhance teacher well-being while also improving student outcomes[35].

In Tanzania, a curriculum initiative integrates Mental Health Literacy (MHL) into the existing curriculum, leading to improved knowledge, decreased stigma, and positive help-seeking efficacy among teachers[36]. The program improved educators' knowledge about mental health and reduced mental illness stigma amongst educators. Participation in the initiative also increased educators' sense of confidence in helping a colleague in need of mental health support. Educators reported that participation reassured them about their current practices in response to mental health issues and led to greater consultation with colleagues about challenges encountered with students, as well as increased awareness of their own mental health. The African Guide initiative improved educators' confidence to seek help for themselves, colleagues, students, friends, and family[37]. Furthermore, the initiative enhanced mental health knowledge and reduced stigmatizing attitudes towards mental illness amongst participating educators. 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.

Across Africa, trainings in Côte d'Ivoire, Eswatini, Ethiopia, Kenya, Madagascar, Malawi, and Uganda have yielded positive feedback. The trainings were conducted using a comprehensive guide on the integration of MHPSS in teacher education programs and institutions. The guide comprises seven chapters designed to raise awareness, identify early signs of chronic stress and mental illnesses among teachers, and refer them to specialists, especially in cases of severe mental illnesses that require further care. Additionally, the guide contributes to restoring a sense of normality, dignity, and hope within the profession by strengthening existing pathways for accessing targeted and specialized support for teachers facing challenging and extreme working conditions[38].

As other examples, UNICEF has implemented MHPSS interventions across multiple countries, including Liberia, Sierra Leone, and South Sudan. These interventions aim to integrate MHPSS into the broader educational system by training teachers on psychological first aid, SELand peer support, developing MHPSS curricula, and providing resources to schools. The programs contribute to improving student mental health outcomes and enhance teachers' capacity to address psychosocial issues in the classroom[39].

Overall, these and other programs demonstrate a commitment to supporting the mental health and well-being of educators across Africa, recognizing the critical role they play in shaping the future of education. By integrating international and local evidence-based strategies, educational systems can better support the mental health and well-being of teachers, ultimately contributing to a more resilient and effective teaching workforce. This holistic approach not only enhances the quality of education but also ensures that teachers are equipped to handle the demands of their profession while maintaining their mental health.

Box 4: Training Guides for Promoting MHPSS for Teachers in Africa

UNESCO IICBA has produced a series of guides to facilitate the implementation of MHPSS for teachers in Africa. Four guides have been completed or are near completion at the time of finalizing this strategy.

1. Toolkit for Case Management (2025). This toolkit is for case managers, school counsellors, teachers, and school leaders to understand the key steps for identifying at-risk students, conducting a diagnosis, and providing coordinated support, including referral pathways. It suggests a phased approach that teachers can follow on what needs to be done first and what comes next in managing cases. The current guide is framed within the context of Ethiopia but will be adapted to other countries.

2. Teacher Manual (2025). This training guide focuses on how teachers can address the needs of learners by providing practical guidance with activity ideas. It allows teachers to integrate MHPSS-related activities in the classroom to help learners better understand what well-being means, what common mental problems are, and how they can manage their emotions, among other topics. The current guide is again framed within the context of Ethiopia but will be adapted to other countries.

3. Regional Training Guide (2023). Developed as part of an initiative to enhance resilience and strengthen psychosocial support for teachers and teacher educators across Sub-Saharan Africa, this guide has been utilized in numerous national and multi-country training programs for educators and policymakers. Designed as an evidence-based resource, it serves three key purposes: a psychosocial support manual, a school-based training guide, and a practical toolkit for teachers and teacher educators.

4. Institutionalizing MHPSS for teachers (forthcoming): IICBA is working with the Ministry of Education, the Ministry of Health, and the Teachers Service Commission in Kenya to develop a practical guide for institutionalizing MHPSS for teachers in the education system. The guide provides step-by-step guidance aligned with national policies and will be adapted for Africa more generally. The guide offers strategies to: (i) Integrate MHPSS into teacher policies, curricula, training, school-based interventions, school inspections, and budgets; (ii) Leverage existing structures (e.g., School Health Committees, Guidance and Counselling, mentorship programs, etc.) to avoid new costs; and (iii) Monitor progress through EMIS and Teacher Performance Appraisal and Development systems.

Source: All guides are available at https://www.iicba.unesco.org/en/training-guides.

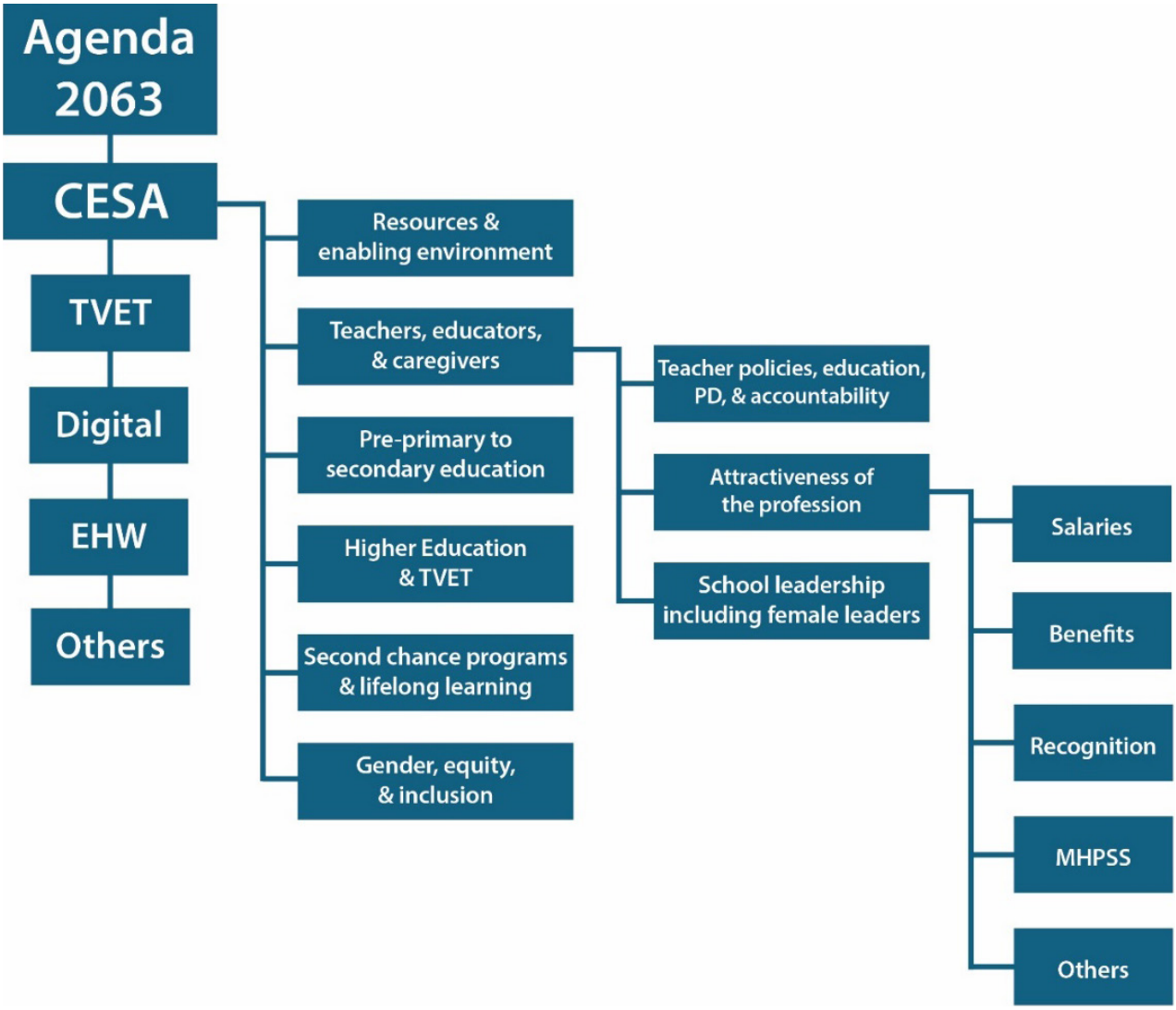
Photo Credit: UNESCO IICBA

IV. Framework for Action

Policy Context

CS-MHPSS provides guidance on MHPSS for teachers in Africa within the broader context of the African Union's Continental Education Strategy for Africa 2026 to 2035 (CESA 26-35). Figure 1 visualizes how CS-MHPSS fits within the architecture of the African Union's guidance on education. CESA 26-35 provides the overarching policy framework[40]. As shown on the Figure, it has six strategic areas, one of which is about teachers, educators, and caregivers. The six strategic areas comprise a total of 20 objectives, three of which are for teachers, educators, and caregivers: (i) Improve teacher policies, education, professional development, and accountability; (ii) Increase the attractiveness of the teaching profession; and (iii) Invest in school leadership including the share of female leaders where needed. Even though CS-MPSS relates to teacher policies, it falls for the most part under the objective for the attractiveness of the profession and the well-being of teachers. Apart from issues related to MHPSS, other issues related to salaries, non-wage benefits, recognition, etc., also fall within that strategic objective. Of note, CS-MHPSS also relates to the strategy on education for health and wellbeing for young people and adolescents in Africa recently adopted by the African Union[41] before the new CESA 26-35. As shown in Figure 1, other strategies that fall under the overarching framework of CESA 26-35 include the new strategy being prepared on technical and vocational education (TVET)[42] as do policy guidelines on digitizing teaching and learning in Africa[43].

Figure 1: CS-MHPSS within the Architecture of African Union Guidance on Education



Source: Prepared for this Strategy.

CS-MHPSS builds on global guidance and recommendations related to both teachers and mental health, combining both to come up with practical guidance for Member States, RECs, and other stakeholders.

- **On teachers**, at the global level, key documents include the UNESCO/ILO Recommendation concerning the Status of Teachers (1966)[44], complemented by the Recommendation concerning the Status of Higher Education Teaching Personnel (1997)[45]. More recently, recommendations on the profession were issued by the United Nations Secretary-General's High-level Panel on the Teaching Profession[46] in which mental health for teachers and learners is briefly mentioned. These documents constitute a reference framework for addressing teachers' issues, but the fact they do not discuss mental health in depth is one of the reasons for providing this strategy[47].
- **On mental health,** CS-MHPSS supports the global agenda for reducing premature deaths from noncommunicable diseases (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 references include the WHO Guidelines on mental health at work (2022)[48], the WHO Comprehensive Mental Health Action Plan, 2013–2030[49], which 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 Inter-Agency Standing Committee (IASC) Guidelines for MHPSS in Emergency Settings[50] and MHPSS Minimum Service Package[51]. Also relevant is the Guidance Note on teacher wellbeing in emergency settings from the Inter-agency Network for Education in Emergencies[52].

In drafting CS-MHPSS to promote mental health, prevent and treat common mental disorders among teachers, and enhance their resilience and productivity, a few principles must be observed. Key principles and priorities that guide the strategy should include the following:

1) **Well-being at the core of educational interventions** – Prioritize the mental, emotional, and psychosocial well-being of teachers and teacher educators across Africa. All strategies and interventions should be centred around supporting their overall health, resilience, and professional fulfilment, recognizing that their well-being is foundational to effective education. Encourage teachers and educators to prioritize their own mental health and well-being.
2) **Inclusivity and equity** – Ensure equitable access to MHPSS resources for all teachers, regardless of their geographical location, socio-economic background, gender, refugee camps/ emergency contexts, or any other factors. The strategy should promote inclusivity by addressing disparities and ensuring that no teacher is left behind.
3) **Cultural relevance and sensitivity** – Develop and implement MHPSS strategies that are culturally relevant, respecting the diverse traditions, languages, and practices across African countries. This ensures that interventions are context-appropriate and resonate with local communities.
4) **Capacity strengthening** – Invest in comprehensive capacity-building initiatives for educational institutions, educators, and support staff. This includes training, resources, and tools to enhance their ability to effectively deliver MHPSS services and integrate these into their daily practices.
5) **Systemic integration** – Embed MHPSS within national and regional education policies, curricula, and programs across Africa. Mental health support should be an integral part of the educational system, ensuring that it is sustainably implemented and accessible at all levels of education.
6) **Early intervention and preventive care** – Emphasize early identification, intervention, and preventive care to address mental health issues before they escalate. This includes creating mechanisms for timely support and proactive measures to promote well-being among teachers.
7) **Multi-stakeholder collaboration** – Encourage strong collaboration and partnerships among governments, educational institutions, NGOs, communities, and international organizations. A coordinated approach ensures a comprehensive

support network for teachers and fosters innovation and resource-sharing.

8) **Continuous learning, monitoring, and evaluation** – Implement ongoing monitoring, evaluation, and learning processes to assess the effectiveness of MHPSS interventions. Regular feedback loops and data-driven adjustments should be made to ensure the strategies remain relevant and impactful, leading to continuous improvement.

Strategic Pillars and Objectives

CS-MHPSS provides a framework for action with four strategic pillars and three objectives or types of interventions per pillar. The foundation is the enabling environment (Pillar #1). Teacher training and community sensitization help prevent mental health issues (Pillar #2). When mental health issues arise, the first line of response is at the level of schools and communities (Pillar #3), with more specialized care and reintegration services to be available when needed for more serious mental health issues (Pillar #4).

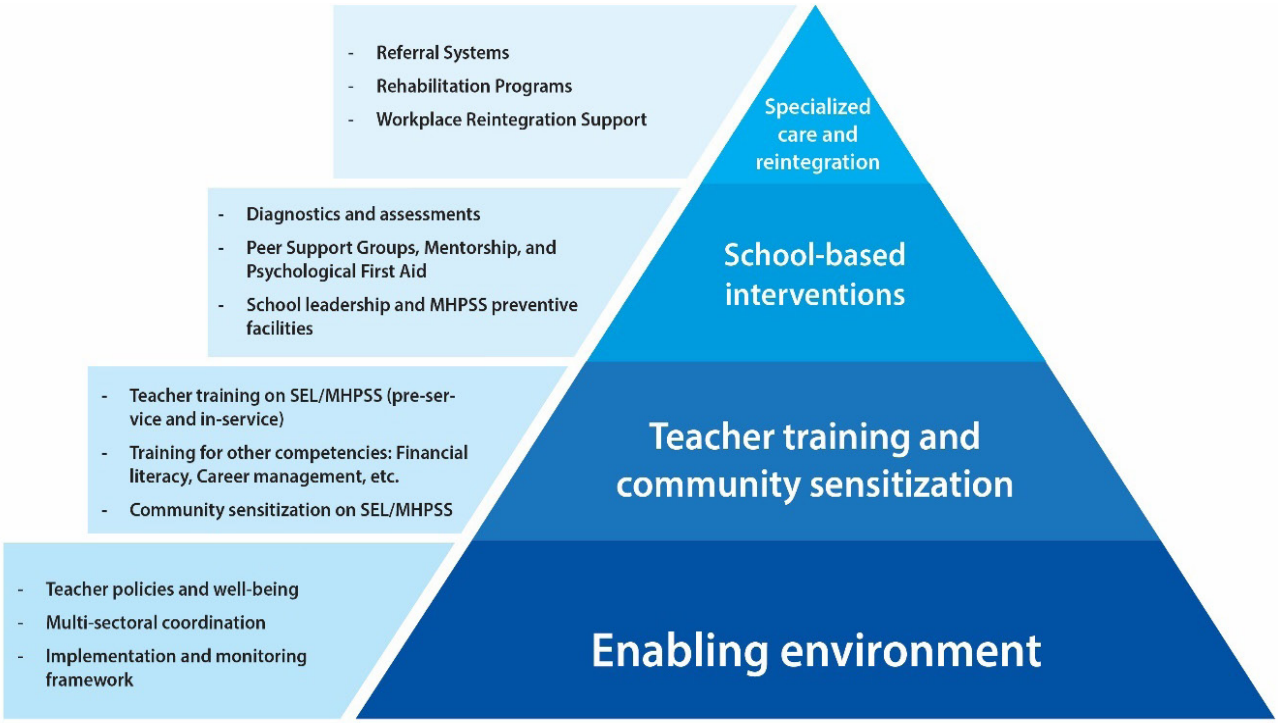
In total, 12 strategic objectives are proposed for action, with three objectives for each pillar (Table ES1).

- **Pillar #1: Enabling environment.** The objectives proposed relate to (i) Teacher policies and well-being; (ii) Multi-sectoral coordination; and (iii) Implementation and monitoring framework. The enabling environment includes developing and implementing comprehensive national laws and policies that align with continental guidelines on the teacher profession, including for teacher well-being. Resources must be allocated towards mental health initiatives while ensuring that the voices of teachers is heard in policy formulation. Strengthening the capacity of educational institutions is critical to addressing mental health challenges effectively, including through continuous professional development for school leaders, teachers, and stakeholders in mental health literacy. Cross-sector collaboration between health, education, and social services must be promoted to create a holistic support system for teachers, including through multi-sector task forces. National teacher welfare commissions could oversee MHPSS implementation, ensuring that teachers' mental health is addressed comprehensively, with resulting benefits for learners as well.
- **Pillar #2: Teacher training and community sensitization.** The objectives proposed relate to (i) Teacher training on MHPSS (pre-service and in-service); (ii) Teacher training on other competencies, including financial literacy; and (iii) Community sensitization on MHPSS. This pillar includes the promotion of preventive measures and mental health awareness for teachers, but also at the level of communities. Investing in preventive and promotional measures that foster mental well-being involves the development of national frameworks for regular training, mental health workshops, and wellness programs tailored to educators. Training programs should equip educators with the skills they need to identify and support colleagues experiencing mental health challenges. Teachers should be equipped with skills to identify, support, and refer colleagues or students experiencing mental health challenges, without acting as professional psychologists. Ministries of Education and Health should also collaborate to roll out nationwide campaigns, raising awareness on mental health, combating stigma, and encouraging a culture of self-care and peer support in schools and communities.
- **Pillar #3: School-based interventions.** The objectives proposed relate to (i) Diagnostics and assessments; (ii) Peer Support Groups, Mentorship, and Psychological First Aid; and (iii) School leadership and MHPSS preventive facilities. This pillar includes the establishment of accessible diagnostic and support services in schools or other accessible locations for teachers. This includes setting up non-specialized support systems, such as school-based counselling, to intervene early when teachers face mental health challenges. These services should be well-resourced, widely available, and teachers should be made aware of their availability and how to access them.
- **Pillar #4: Specialized care and reintegration.** The objectives proposed relate to (i) Referral Systems; (ii) Rehabilitation Programs; and (iii) Workplace Reintegration Support. This pillar covers access to specialized mental health and rehabilitation services. Ministries of Health, in partnership with educational bodies, should ensure that teachers receive timely and

specialized mental health care when needed. This includes developing teacher-specific rehabilitation programs that cater to their unique challenges. Mental health insurance schemes and partnerships with mental health organizations to improve access to services should be promoted. In addition, the reintegration of teachers into their communities and schools after mental health recovery should be ensured, including by creating support networks and community engagement activities that facilitate a smooth transition back into the workplace. Schools should be equipped to provide peer support systems and reintegration programs for teachers returning from mental health treatment.

A simple visual aims to facilitate communications around the pillars and objectives. Figure 2 conveys the idea that MHPSS services must be built from the bottom up. The first pillar is the foundation, followed by three pillars related to preventive interventions, support at the school level when mental health issues arise, and specialized care and support reintegration when needed. For each of the four pillars, three strategic interventions are identified, as shown in Table 1. The aim is to enhance the mental health and psychosocial well-being of teachers and teacher educators in Africa by providing a systematic, harmonized, and multi-tiered approach that promotes mental well-being, prevents mental disorders, facilitates care, enhances recovery, and fosters a supportive and resilient educational environment.

Figure 2: CS-MHPSS Framework for Action



Source: Prepared for this Report, adapted from Inter-Agency Standing Committee (2022).


Photo Credit:UNESCO IICBA

Table 1: Pillars and Strategic Objectives for CS-MHPSS

Pillars and Strategic Objectives
Pillar #1: Enabling environment
1. Teacher policies and well-being
2. Multi-sectoral coordination
3. Implementation and monitoring framework
Pillar #2: Teacher training and community sensitization
4. Teacher training on MHPSS (pre-service and in-service)
5. Teacher training on other competencies
6. Community sensitization on MHPSS
Pillar #3: School-based interventions
7. Diagnostics and assessments
8. Peer Support Groups, Mentorship, and Psychological First Aid
9. School leadership and MHPSS preventive facilities
Pillar #4: Specialized care and reintegration
10. Referral Systems
11. Rehabilitation Programs
12. Workplace Reintegration Support

Source: Prepared for this report.

Pillar 1: Enabling Environment

SO1: Teacher policies and well-being: The enabling environment should ensure that teachers operate in a supportive, inclusive, and stress-reducing context, which is vital for their mental well-being and overall job satisfaction. National policies should integrate the MHPSS needs of teachers and teacher educators. This requires identifying and addressing specific stressors within the educational environment, such as heavy workloads, administrative demands, and student behaviour challenges, as well as ensuring manageable class sizes. A positive school culture should be promoted to emphasize respect, collaboration, and well-being, including through mental health awareness programs, open communication between staff and leadership, and a culture of peer support. Work-life balance must be encouraged through flexible working conditions, adjusted teaching loads when needed, and mental health days to reduce stress and prevent burnout. Efforts to address stigma at work and build workers' confidence in feeling safe to disclose their mental health status are key for reducing fear of repercussions not to prevent teachers from disclosing mental health challenges or returning to their position after seeking specialized care. Anti-discrimination and anti-harassment legislation may help to ensure that teachers who need help feel supported to ask for such help. Recognizing and appreciate teachers' efforts, celebrate achievements, and create a positive work atmosphere is also essential[53]. More broadly, the level of attractiveness of the teaching profession, including aspects related to salaries and benefits, also affect teachers' satisfaction and mental health.

SO2: Multi-sectoral coordination. Multisectoral collaboration is key for MHPSS. By leveraging the strengths and resources of various sectors such as education, health, social services, and community organizations, a comprehensive and coordinated support system can be created. This approach ensures that educators may receive holistic care, enhancing their well-being and professional effectiveness.

- **Health services:** Establishing strong partnerships with local health services, including mental health clinics, hospitals, and counselling centres facilitates access to specialized care and ensures that teachers receive timely and appropriate mental health support. Multiple entry-points are needed for MHPSS support to adequately meet the needs of all teachers and educators. Education systems need health, protection, social services, and other systems to support the MHPSS needs of teachers. Collecting anonymous data (psychological assessments) on teacher well-being to track the impact of interventions and identify areas for improvement is also required.
- **Education institutions:** Education systems must work with universities and teacher training colleges to integrate MHPSS into pre-service and in-service training programs to ensure that educators are equipped with the knowledge and skills to manage their mental health and support their peers. This will be discussed further under strategic objective 4.
- **Community organizations:** Partnering with community organizations, such as non-profits and social service agencies, helps in providing resources and support for teachers, including peer support groups, mental health awareness programs, and stress management workshops. Collaborating with community-based entities also helps ensuring that the support provided is culturally relevant and accessible, addressing

the specific needs of teachers in their local context.

- **Private sector:** Engaging with the private sector to secure funding, resources, and expertise is key, including through corporate social responsibility initiatives, sponsorship of mental health programs, and pro bono services. Partnerships with the private sector may also help developing digital mental health tools, employee assistance programs, and wellness programs.
- **Interdisciplinary teams:** Forming interdisciplinary teams that include educators, mental health professionals, social workers, and policy makers can help develop and implement comprehensive MHPSS strategies that address the multifaceted needs of teachers. National MHPSS task forces can integrate MHPSS for teachers and teacher educators in broader frameworks, building on existing coordination structures to minimize duplication. For example, countries that have already career guidance committees or taskforce could integrate MHPSS in their work. Besides coordination, taskforces must also lead on resource mobilization for sustainability.
- **MHPSS in emergency settings:** Multi-sectoral coordination becomes even more important in emergency settings. Countries should prioritize MHPSS interventions for teachers in emergency settings. The COVID-19 disruption of education, like other emergency situations, led to numerous challenges, including teachers leaving the profession. Building resilience through curriculum preparedness and adaptation of education during emergencies, along with special support for teachers, is essential to facilitate continued education and retention in service.

SO3: Implementation and monitoring framework. Capacity building of institutions and individuals on effective implementation of MHPSS strategies and guidelines is key for implementation. Capacity building activities must strengthen the capacity of education systems and institutions to integrate MHPSS among their priorities and produce operational guides and tools for prevention as well as care, including rehabilitation and the social and work reintegration of affected teachers and teacher educators. Institutions should be supported to establish school community-based peer support system to address the needs of teachers and teacher educators including during the times of crisis such as pandemic, natural, or man-made disasters. As discussed in Part III, strong monitoring frameworks are also needed to assess progress towards implementing MHPSS interventions and their impact on teachers' mental health.

Pillar 2: Teacher Training and Community Sensitization

SO4: Teacher training on MHPSS (pre-service and in-service): Enhancing the competencies of teachers and teacher educators in mental health literacy and awareness is key, both pre-service and in-service. Training must equip teachers and teacher educators with the knowledge and skills needed to identify, refer, and support peers requiring MHPSS. Training on Social and Emotional Learning (SEL) should be part of the training package as SEL helps in ushering a new learning climate based on strong and supportive relationships, resilience and coping skills, and support for social and emotional assets to buffer against the negative effects of trauma and stress. SEL can promote skills such as self-knowledge, self-control and self-regulation, empathy, and compassion, valuing and accepting cultural diversity, interpersonal relationships, decision making and respect. Ultimately, what is required is holistic teacher development to promote a school environment with more resilience to external physical and emotional pressures.

SO5: Teacher training for other competencies: During consultations for the development of this strategy, the need for training teachers in other competencies emerged strongly, particularly in areas such as financial literacy. Financial literacy training equips educators with the knowledge and skills necessary to manage personal finances effectively. This matters in a context where financial debt is a significant contributor to mental health issues among educators. By learning to budget, save, and invest wisely, teachers can reduce financial stress, enhance their economic resilience, and improve their overall well-being. Moreover, financially empowered teachers are better positioned to model and teach these critical life skills to learners, promoting long-term financial literacy across generations.

By enhancing their financial knowledge and skills, teachers can take control of their financial situations, alleviate stress, and focus more effectively on their

teaching roles, leading to improved well-being and job satisfaction.

Similarly, access to online resources on MHPSS and tackling cyberbullying are key issues. Digital literacy has become a vital competency in today's increasingly technology-driven world. Training in digital literacy enables teachers to navigate digital platforms confidently, access online teaching resources, and use technology to streamline administrative tasks. This not only enhances teaching effectiveness and learner engagement but also reduces the frustration and stress often associated with lack of resources and inadequate digital skills. As teachers gain confidence in using technology, they experience a greater sense of control and competence in their professional roles, contributing to improved job satisfaction and well-being.

SO6: Community sensitization on MHPSS: The broader school community—parents, families, learners, civil society organizations and colleagues—must be engaged to understand and support teachers with mental health challenges. Teachers should be encouraged to participate in community activities and events that promote social interaction and a sense of belonging. This can include volunteer opportunities, social gatherings, and collaborative projects with local organizations. For teachers recovering after specialized care, family counselling and support groups can facilitate a more holistic recovery. By fostering a supportive community environment, teachers can feel more accepted and understood. This may also enhance cultural sensitivity and inclusivity in MHPSS, reducing stigma and increase awareness.

Pillar 3: School-based Interventions

SO7: Diagnostics and assessments: Early identification (psychological needs assessment) and provision of accessible, non-specialized support for educators, as well as establishing peer support networks where teachers can share experiences, discuss challenges, and provide emotional support to one another, can go a long way in addressing mental health and psychosocial challenges within the school environment. By implementing diagnostic tools and fostering peer support, a culture of well-being and resilience can be promoted among teachers. This requires regular screening and assessment among teachers to identify challenges early through surveys, self-assessment tools, and periodic check-ins with trained personnel.

SO8: Peer Support Groups, Mentorship, and Psychological First Aid: A first response mechanism to mental health issues consists in focused, non-specialized support mechanisms in schools such as peer support groups, mentorship programs, debriefing sessions, and access to mental health first aid. These resources empower teachers to manage stress, anxiety, and other common challenges before they escalate into more serious issues. Additionally, training educators in basic counselling and psychological first aid equips them with the skills to support their colleagues and learners effectively. Digital tools and platforms can also be used to enhance access to MHPSS services. This could include online counselling, mental health apps tailored for teachers, and virtual support groups, making it easier for educators to seek help discreetly and conveniently. Peer support groups where teachers can share their experiences, seek advice, and provide emotional support to one another can help reduce feelings of isolation and provide a safe space for teachers to discuss their challenges[54]. Peer support groups also provide opportunities for professional development through knowledge sharing, skill-building workshops, and collaborative problem-solving. Teachers can learn new teaching strategies, classroom management techniques, and self-care practices from peers, enhancing their effectiveness in the classroom. Peer support can serve as early warning systems for identifying signs of distress or burnout among teachers. Peers may notice changes in behaviour, mood, or performance and can provide support, encouragement, and referrals to appropriate MHPSS resources or interventions. Early diagnosis and accessible, non-specialized support help create a school culture where mental health is openly addressed, reducing stigma and promoting well-being. This benefits teachers by enhancing their resilience and capacity to cope with stress while also fostering a healthier, more supportive educational environment overall.

SO9: School leadership and MHPSS preventive facilities: Various programs in schools can promote well-being, including 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, team-building activities, teacher learning circles, and establishment of community of practice for knowledge sharing. A good practice 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 to guide and support teachers on how to be healthy[55]. Skills gaps in management and leadership for school leaders also need attention as they contribute to low motivation and unnecessary tensions. Strengthening capacity of school leadership in people management and emotional intelligence can lead to more empathy and peaceful resolution of disagreements as well as enhance conflict management and increase team spirit among teachers. When feasible, including financially, school mental health and psychosocial support professional staff should ideally include psychologists, counsellors, social workers and other qualified mental health and psychosocial support service providers. This can work even in resource-constrained settings by leveraging community health workers, local leaders, and volunteers and training them to provide basic MHPSS support to teachers through existing health infrastructure. School nurses and community health clinics can also play a role. At the minimum, training is needed for school leaders and support staff to recognize signs of mental health issues and understand referral processes, empowering school personnel as first responders and facilitators of access to specialized care. Schools can provide one-on-one counselling or online services with financial accessibility to services addressed through the benefit package for teachers and teacher educators (e.g., health insurance schemes).

Pillar 4: Specialized care and reintegration

SO10: Referral systems for specialized care: Access to specialized support and rehabilitation is a critical component of any comprehensive MHPSS strategy for teachers. Given the increasing pressures and complexities of the teaching profession, educators require more than just basic support; they need access to specialized services that can address more severe or persistent mental health issues. Clear and efficient referral pathways are needed to connect teachers with mental health professionals, such as psychologists, counsellors, and psychiatrists. A stepped care approach is recommended with community nurses and primary care health workers first before mental health specialists. This requires collaboration with the health sector to integrate mental health in primary care and community settings and avoid multiple referral pathways that may fragment efforts. Protocols are needed for identifying when a teacher's needs go beyond the scope of non-specialized support and ensuring transition to professional care tailored to the teacher's specific needs. Through collaborations between schools and mental health professionals, educators can access specialized services, such as therapy, counselling, and crisis intervention.

SO11: Rehabilitation programs: Rehabilitation programs may include counselling, therapy, and other forms of specialized support designed to address issues such as burnout, depression, or trauma. The goal is to assist teachers in regaining their mental and emotional well-being, enabling them to return to their professional duties with renewed strength. When they return to school, teachers may need continued access to rehabilitation to maintain their mental well-being and perform effectively in their roles.

SO12: Workplace reintegration support: Community and social integration are vital for teachers' reintegration into their school and for them to regain their confidence, reestablish professional relationships, and contribute meaningfully. Work accommodations may be needed, such as flexible work arrangements, mentorship programs, and ongoing mental health support to ensure a smooth transition back to their professional roles. As mentioned earlier, peer support networks can help teachers share their experiences, offer mutual support, provide emotional support to one another, and build a sense of community. Reintegration support not only supports teachers' recovery but also strengthens the overall school community, creating a more inclusive, supportive, and resilient educational environment.

V. Governance, Communications, and Monitoring[56]

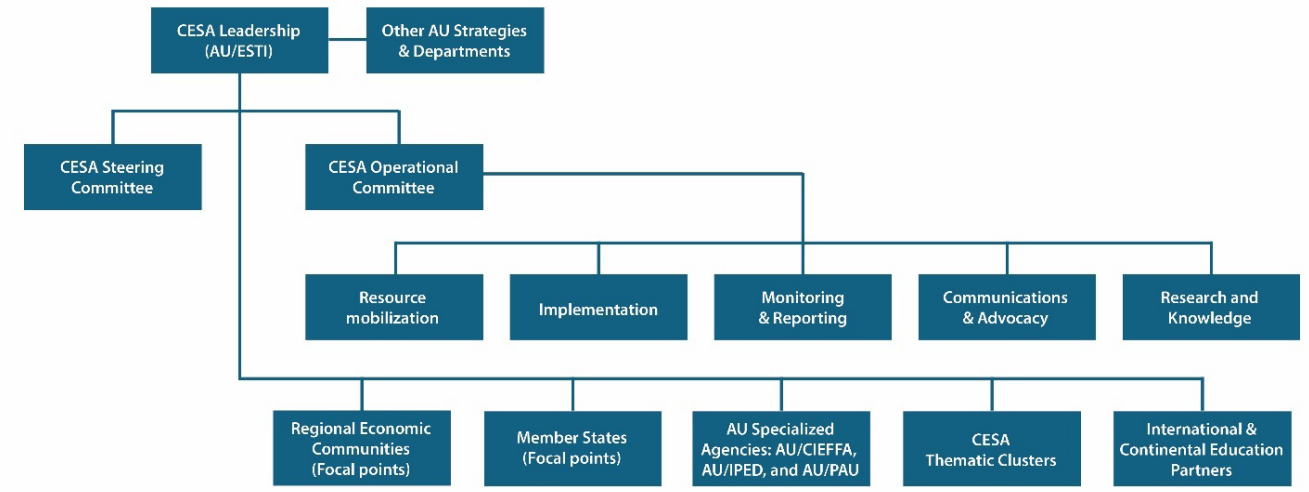
For CS-MHPSS implementation – including governance, communications, and monitoring, it is best to rely on frameworks already planned for CESA 26-35. CS-MHPSS is expected to be valid for a period of ten years, thereby following the timeframe for CESA 26-35. For CS-MHPSS as for other strategies falling within the scope of CESA 26-35, it is not advisable to set up governance, communications, and monitoring structures separately from the mechanisms for CESA 26-35. Therefore, this strategy relies on the CESA 26-35 governance structure shown in Figure 3. Key stakeholders include (1) RECs; (2) Member States (not only Ministries of Education, but also teacher unions and National Teacher Councils); (3) AU specialized agencies, both those under AU/ESTI and others such as the Centers for Disease Control Africa (CDC Africa); (4) CESA clusters, coordinators, and members; and (5) Continental and international partners. The proposed governance includes a Steering Committee and an Operational Committee with five sub-committees. Key responsibilities are as follows:

- **AU/ESTI Department:** The Department is responsible for implementing CS-MHPSS in partnership with RECs, Member States, and other stakeholders. This includes: (i) Providing political leadership towards integrating MHPSS for teachers and teacher educators into broader education policy, including through the AU decision-making structures, notably the Specialized Technical Committee on Education, Science, Technology, and Innovation (STC-ESTI), the Permanent Representatives Committee (PRC), the Executive Council and the Assembly of the African Union Heads of States and Governments (AU Summit); (ii) Promoting and advocating for the adoption and implementation of CS-MHPSS and STC-ESTI decisions related to MHPSS for teachers; (iii) Encouraging high profile stakeholders such as Heads of State, ministers, parliamentarians and other leaders to champion investments in MHPSS for teachers in Africa, highlighting its importance to the learning environment for children; (iv) Including MHPSS in efforts to coordinate and host continental dialogue platforms and forums for experience sharing and the promotion of education and skills development in Member States; (v) Engaging RECs, Member States, and other stakeholders in jointly coordinating and harmonizing MHPSS as well as other education policies, programs and tools through dialogue; and (vi) Coordinating CS-MHPSS implementation with other strategies within the broad framework set out in CESA 26-35.
- **Steering and Operational Committees:** As CS-MHPSS falls with the broader framework of CESA 26-35, guidance would be provided by members of the CESA 26-35 Steering Committee, and implementation would be coordinated by members of the CESA 26-35 Operational Committees. The functions and membership for both committees are laid out in more detail in CESA 26-35. Coordination would need to be ensured with the implementation of the education strategy for health and well-being also adopted by the AU. The CESA 26-35 operational committee would meet twice a year and five sub-committees would tackle: (i) Resource mobilization; (ii) Implementation (events, pilot projects, production of guidance related to specific objectives, etc.); (iii) Monitoring and reporting; (iv) Research and knowledge; and (v) Communications and advocacy.
- **RECs and Member States:** RECs and Member States have similar roles in their areas of responsibility. This includes for RECs: (i) Providing technical advisory support to Member States to take ownership of CS-MHPSS; (ii) Integrating CS-MHPSS objectives within regional priorities and programs; (iii) Encouraging regional and inter-regional networking to share knowledge, tools, and resources for successful adoption and adaptation of CS-MHPSS at the country level; (iv) Enhancing awareness and advocacy of CS-MHPSS among Members States, partners, and stakeholders including educational institutions as well as the private and civil society organizations; and (v) Engaging other stakeholders in jointly coordinating and harmonizing CS-MHPSS policies and programs in Africa. REC focal points for CESA 26-35 could serve as liaison with the AUC on CS-MHPSS matters. For Member States, this includes: (i) Promoting national and sub-national ownership of CS-MHPSS; (ii) Integrating CS-MHPSS objectives within country priorities and programs as appropriate based on context; (iii) Encouraging national level networking to share knowledge, tools, and resources for successful adoption and adaptation of CS-MHPSS at the country level; (iv) Enhancing awareness

and advocacy of CS-MHPSS among country stakeholders including educational institutions, the private, and civil society organizations; and (v) Engaging with relevant stakeholders in coordinating and harmonizing CS-MHPSS policies and programs. As for RECs, CESA 26-35 Focal points would serve as liaison with the AUC on CS-MHPSS matters.

- **AU Specialized Agencies and Clusters:** Under ESTI, AU/CIEFFA, AU/IPED, and AU/PAU have a special role in supporting the implementation of CESA 26-35 and therefore CS-MHPSS in their respective areas of expertise, namely girls' and women's education, data and monitoring, and higher education. The agencies are also coordinators or members of CESA clusters. But other agencies should also have a role, including CDC Africa. Within the CESA cluster mechanism, CS-MHPSS falls within the areas of responsibility of the Teacher Development Cluster, but is also relevant for other clusters, providing opportunities for synergies across clusters.
- **International, continental, and other partners:** This category covers a broad range of stakeholders. International partners should support CS-MHPSS through their expertise, projects, and resource mobilization, including with direct support to the AU/ESTI Department. Among continental partners, AUDA-NEPAD has a special role for CESA 26-35 and therefore for CS-MHPSS in (i) coordinating and implementing continental priority projects and pilot initiatives; (ii) providing technical advisory support to African Union Member States and RECs; and (iii) promoting collaboration, possibly through Communities of Practice.

Figure 3: Governance Structure for CS-MHPSS Following CESA 2026-2035



Source: Prepared for this report.

Box 5: Continental Strategy on Education for Health and Well-being of Young People

Apart from coordination of the implementation of CS-MPHSS with CESA 26-35, coordination will also need to be ensured with the implementation of AU's recently approved Continental Strategy on Education for Health and Well-being of Young People[57]. As noted in that strategy, the health and well-being needs of young people are inextricably linked to their ability to participate in and attain education. Early and unintended pregnancy (EUP), HIV and AIDS, and gender-based violence (GBV) have an impact on the physical and mental health and well-being of young people, as do nutritional challenges and other causes of morbidity and mortality. These in turn affect their life prospects. The Continental Strategy on Education for Health and Well-being of Young People aims to enhance the physical, mental, and reproductive health of young people while contributing to the achievement of education goals.

The role of the CESA 26-35 Operational Committee and sub-committees will be key for implementation. Successful implementation of CS-MHPSS will require policy and technical advisory support provided under the guidance of the CESA 26-35 operational committee among others to: (i) Develop and disseminate new tools and methodologies to meet the needs of Member States and RECs; (ii) Carry out applied research on challenges faced to implement MHPSS interventions; (iii) Promote and assess pilot initiatives to generate knowledge on good practices and lessons learned; and (iv) Serve as a clearinghouse to promote knowledge exchange and dissemination of good practices and lessons learned at the continental level (south-south cooperation, CoPs, web resources, etc.). Through CESA 26-35 focal points in RECs and Ministries of Education, it will also be essential to record innovations and progress towards CS-MHPSS implementation at the national and regional levels and assess the overall usefulness of the strategy.

Communications

Communications will be key to making CS-MHPSS known among stakeholders once the strategy is adopted and to share challenges and opportunities in its implementation. Building on the CESA 26-35 framework, approaches to communications are outlined below, both initially and over time:

- **Initial communications:** Outreach will be needed to RECs, Member States, other stakeholders, and the media upon adoption of the strategy, alongside outreach for CESA 26-35. Communications tools to be used for this purpose could include an abridged (simplified) version of the strategy, briefs on key strategic areas, infographics, videos, social media campaigns, press releases, etc. Communications products will need to be adapted to various types of stakeholders, including teachers but also families. As a website is created by AU/ESTI to serve as a repository for "all things CESA 26-35," it should include a section devoted to Teachers, including CS-MHPSS.
- **Communications over time:** Rather than creating a separate CS-MHPSS communications approach, communications on CS-MHPSS should be included in a broader CESA newsletter to keep stakeholders aware of progress towards implementing CS-MHPSS, which could also help in mainstreaming MHPSS into broader education policies. MHPSS issues should be considered for inclusion in the biennial or triennial CESA conference that would be organized to keep momentum towards implementation and showcase deliverables. CS-MHPSS deliverables should be shared widely at other AU and partner events. The success or lack thereof of the CS-MHPSS communications strategy should be assessed together with the broader assessment of the CESA 26-35 strategy's implementation, with a report produced for the CESA conference. In communications and at events, links between CS-MHPSS and issues related to other sectors, especially health, should be emphasized to showcase the importance of those sectors for the implementation of CS-MHPSS. At the conference, inter-ministerial sessions could be used for this.

Data, Monitoring, and Evaluation

A monitoring and evaluation framework will need to be developed for CS-MHPSS. The framework should include indicators that will be monitored to assess progress. Every year, AU/ESTI should include a brief discussion of CS-MHPSS in the annual report on progress towards CESA 26-35 implementation. A more detailed biennial or triennial report would be discussed as part of CESA conferences. The AU/

ESTI Department should also draft implementation action plans and update these plans as needed based on feedback from RECs, Members States, and other stakeholders. A mid-term review should take place, again in line with the timing for CESA 26-35. The timing of this review would coincide with the horizon for the SDGs, so that CS-MHPSS could be adapted for the second half of the decade to the new framework that would be adopted post-SDGs. Upon completion of the decade, a final evaluation should take place to assess the strategy's outcomes and impact. On monitoring, apart from assessing progress towards CS-MHPSS objectives, it will be important to assess if and how the strategy proves useful to RECs, Member States, and other stakeholders in drafting their own sector plans, policies, and regulatory frameworks.

On indicators for monitoring, it is important to be selective, building on lessons from the CESA 16-25 Review. The CESA 16-25 monitoring framework proved too complex for implementation. As a result, the monitoring framework for CESA 26-35 has been streamlined and aligned with SDG4 monitoring. This presents a challenge for CS-MHPSS monitoring as MHPSS is not included explicitly on SDG4. Special efforts will therefore be needed to develop valid MHPSS indicators that can be measured over time. As shown in Figure 5, candidates for intermediary indicators that could help assess success – and provide an implicit theory of change for CS-MHPSS, include: (i) Share of Member States with country strategies or guidance notes on MHPSS for teachers, including appropriate policies and costed plans to prioritize MHPSS for teachers; (ii) Improved knowledge, attitudes, and skills related to MHPSS among teachers and teacher educators as measured through surveys of a representative set of teachers at the country level; (iii) Share of schools with MHPSS interventions including prevention, management and effective linkage to specialized services using a multisectoral approach as measured through appropriate questions included in school censuses; and (iv) Share of countries that integrated MHPSS content in pre-service teaching curriculum and in-service teacher professional development, as measured through reviews of curricula. Practically, it will not be feasible to measure these indicators on a yearly basis, but assessments every few years, and certainly for a mid-term review, would be needed. At the school level, interesting initiatives have been implemented to measure mental health, and more generally assess the school climate – these initiatives can provide useful lessons for national mechanisms[58].

Photo Credit: UNESCO IICBA

Figure 4: Intermediate Results Indicators and Theory of Change

Goal:

Improved mental health and psychosocial wellbeing of teachers and teacher educators contributing to achievement of broader education goals

Achieving the goal requires:

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 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 psychological disorders, and support 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, and thereby contribute to improved learning outcomes and higher quality of education across Africa.

Monitoring indicators:

AU Member States will have fully institutionalized a comprehensive MHPSS framework for teachers and teacher educators, integrating preventive, promotional, and educational services; diagnostic and non-specialized support; access to specialized services and rehabilitation; and social/community reintegration at all levels of the education system. Key indicators include:

1. Share of Member States with country strategies or guidance notes on MHPSS for teachers, including appropriate policies and costed plans to prioritize MHPSS for teachers.
2. Improved knowledge, attitudes, and skills related to MHPSS among teachers as measured through surveys of representative sets of teachers at the country level.
3. Share of schools with MHPSS interventions including prevention, management and effective linkage to specialized services using a multisectoral approach as measured through appropriate questions included in school censuses.
4. Share of countries that integrated MHPSS content in pre-service teaching curriculum and in-service teacher professional development, as measured through reviews of curricula.

Intermediate Results

Result 1: Improved enabling environment for MHPSS (policy, legislation, and financing), strengthened MHPSS workforce, multisectoral support, referral pathways, and research and data.

Result 2: Capacity strengthened across all levels of education system.

Result 3: Operational guidance, foundations, and systems in place to support MHPSS delivery (e.g., training guides, user manuals, MHPSS curricula pre-service and in-service, coordination).

Result 4: Monitoring and reporting, evidence building, and learning to advance MHPSS for teachers and teacher educators.

Source: Prepared for this strategy.

As less is known on the impact and cost effectiveness of MHPSS interventions than for many other education interventions, strengthening research on MHPSS for teachers is a priority. Research on mental health in the workplace, particularly in education in Africa, has progressed, but gaps remain. These gaps affect the ability to fully understand and address mental health challenges among teachers. Research is needed among others in the following areas[59]: (i) Gender-specific impacts – there is limited research on how mental health issues affect male and female teachers differently, and how gender-specific interventions can be designed and implemented effectively; (ii) Longitudinal studies – there is a lack of long-term studies tracking the mental health of teachers over time, especially in relation to ongoing conflicts and crises; (iii) Cultural contexts – research is needed to understand how cultural differences influence the mental health of teachers and the effectiveness of various interventions, accounting for the risk of stigma; (iv) Integration of mental health services – there is a gap in understanding how to best integrate mental health services within existing educational and health systems in African countries; and (v) Support systems: There is a need for more research on the effectiveness of different support systems, such as peer support groups, professional development programs, and mental health training.

Given that MHPSS for teachers is a new area of practice for education systems in Africa, feedback loops from research and evaluation to practice will be important. For quality assurance, countries will need to implement supportive supervision systems across all levels of the education system. Incorporating structured feedback mechanisms to ensure continuous improvement. This could involve regular surveys, focus groups, or feedback sessions with participants to gather insights on their experiences and suggestions for enhancement. This will not only build the capacity of teachers and teacher educators in MHPSS but also will contribute to ensure quality MHPSS services that protect the rights of clients such as confidentiality and data protection. Technical (including clinical) supervision will be needed for in-service training on MHPSS including to strengthen information systems, evidence, and research[60]. Mentorship programs and policies for teachers on MHPSS could provide opportunities for role modelling and social support[61], with mentors through trust, collaboration, and communication between mentor and mentee helping mentees develop a sense of professional self, acceptance, and confirmation[62].


Photo Credit: UNESCO IICBA

VI. Conclusion

Teachers in Africa face various mental health challenges that affect their well-being and performance. Conflicts and other crises including the COVID-19 pandemic have aggravated existing mental health issues, and generated new ones such as social isolation, fear and future anxiety. There is an urgent need for a comprehensive and proactive approach to support teachers' mental health and wellbeing, including to avoid increased rates of absenteeism, presenteeism (i.e., lost productivity or reduced performance), turnover, short- and long-term disability, and premature departure or retirement due to health concerns. As teachers make up a significant portion of public sector employees, the education sector stands out as a crucial platform for fostering mental well-being, preventing psychological harm, and ensuring that individuals facing mental health challenges receive timely, equitable, and stigma-free support. Realizing this potential requires a collaborative approach involving multiple stakeholders, including the AUC, RECs, Member States, international organizations, teacher unions, and the teachers themselves. Partnerships on MHPSS are also needed with the health sector, civil societies, communities, and parents.

CS-MHPSS is timely and aligned with broader objectives laid out in CESA 26-35. The strategy will not only benefit teachers, but also their learners, families, and communities, as well as the education sector and the economy. 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 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. The benefits of MHPSS for teachers, learners, and society are likely to be large.

Photo Credit: UNESCO IICBA

Annex 1: Consultations

The African Union's Continental Strategy on Mental Health and Psychosocial Support for Teachers in Africa (CS-MHPSS) was prepared under the leadership of H.E. Professor Mohammed Belhocine, Commissioner for Education, Science, Technology and Innovation (ESTI) at the African Union Commission. Guidance was also provided by Professor Saidou Madougou, Director for ESTI, and Sophia Ashipala, Head for Education. Ms. Ashipala managed the process for the preparation of CS-MHPSS. Special thanks are due to Caseley Olabode Stephens at the African Union Commission for his support. The strategy was prepared alongside the African Union's new Continental Education Strategy 2026-2035 (CESA 26-35) and the review of the previous strategy for 2016 to 2025. The preparation of CS-MHPSS benefited from this process. Drafts of CS-MHPSS were discussed with members of the CESA Teacher Development Cluster twice. Members of the CESA Clusters on Women and Girls Education and on Life Skills and Career Guidance also provided inputs. Finally, CS-MHPSS was discussed in May 2024 at AFTRA's 11th annual conference in Zambia.

Under the guidance of the AU/ESTI leadership, the strategy was drafted and revised following feedback from consultations by Victoria Kisaakye, Lucas Halimani, and Quentin Wodon at UNESCO's International Institute for Capacity Building in Africa (UNESCO IICBA). Support from UNESCO Regional Offices in Africa under the Our Rights, Our Lives, Our Future (O3) Programme funded by the governments of France, Ireland, Norway, and Sweden is gratefully acknowledged. Special thanks are due to Xavier Hospital and Patricia Machawira from the O3 program. Support from the Government of Japan under two MHPSS projects at UNESCO IICBA is also gratefully acknowledged.

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Annex 2: Glossary of Terms

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 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).

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.

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)

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)

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).

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)

Psychosocial support, or 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). PSS can also be described as "a process of facilitating resilience within individuals, families and communities" (IFRC Reference Centre for Psychosocial Support, 2009). 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

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).

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).

Annex 3: Example of MHPSS Diagnostic

For a situational analysis informing a project in Northern Ethiopia, data were collected in the summer of 2024 to assess mental health and well-being among teachers and students. The focus was on three northern regions (Afar, Amhara, and Tigray) that endured two years of conflict from 2020 to 2022. A mixed research method was followed using surveys with 527 teachers, 925 learners, and 30 principals participating and key informant interviews and focus group discussions. Key findings were as follows.[63] These findings suggest the need for MHPSS for teachers and learners in post-conflict contexts in Ethiopia, but this need is likely to be observed in other contexts as well as in other countries in Africa.

Awareness: Most learners and teachers lack basic awareness about mental health and well-being issues for themselves and their peers and are unfamiliar with the steps to take when faced with such challenges. They also do not have the knowledge and skills they need to identify signs and symptoms of common mental health conditions – for example how to help friends emotionally, or where to go for support and help when they or their friends feel stressed or worried at school. Likewise, teachers also lack awareness of MHPS issues for themselves and for learners. Teachers also feel that they are not encouraged to openly discuss MHPS and well-being issues at school and lack specific mental health guidelines and strategies.

Distress: Teachers and learners experienced moderate to severe levels of distress, with statistically significant differences between boys and girls and between female and male teachers where boys being more affected than girls. Across the three regions, severe or high distress affects 57.6% of learners. Teachers are also highly likely to be distressed (moderate to severe distress), with female teachers more prone to depression and anxiety.

Coping Mechanisms: Many learners and teachers lack knowledge on how to cope with MHPS well-being challenges. Learners do not know where and how to seek help for emotional challenges and confirmed that their school is not doing much to support learners' mental health. While some teachers report that they pay attention to their own MHPS well-being and know some of the things they can do to make themselves feel better when needed, many still struggle with coping mechanisms. Likewise, teachers' practices do not give enough attention to the learners' MHPS well-being – for example, teachers may not be able to engage in counseling or recreational activities that can promote the well-being of learners. It is likely that limited attention from the education system, absence of mental health professionals, inadequate support system, lack of skills and awareness among teachers and supervisors, and an absence of service providers and referral pathways contribute to those issues.

Support Systems: School systems provide limited or no support to address teachers' and learners' well-being needs. Learners do not have access to MHPSS systems to identify stressors and they do not access professional services to manage MHPS problems. There are also no indigenous practices available to learners to address MHPS issues. Teachers also report the unavailability of specialized services such as guidance and counseling, or designated spaces for relaxation and social interaction, which could help manage MHPS problems. Referral centers for severe MHPS cases are also lacking. Only half (50.7%) of teachers feel confident in their capacity to help learners with MHPS needs. Even though training programs have been conducted in some areas with the participation of different stakeholders, they probably were not comprehensive and tailored enough to the specific needs of teachers and could therefore not equip them with the necessary skills.

Learning Environment: Many learners and teachers have concerns about their physical safety when at school and when going to and from school. Learners are exposed to verbal violence or abuse such as bullying (in person or online) as well as physical violence (such as fights). Sexual violence is also reported, all of which likely contribute to MHPS issues at school. Some learners do not behave in an orderly manner at school. Teachers share that schools are not free of substance abuse (alcohol and khat) and weapons, and one in four do not know what to do in case of an emergency or dangerous situation. On a positive note, learners feel that they are valued and respected as students, which can help to develop effective communication and collaboration between themselves and their environment, including teachers, and enhance the learning experience. This is especially important for girls in terms of their retention in school, as it may give them a sense of safety and inclusion in the classroom. Overall, female teachers have a relatively more positive perception of

the physical safety of their school and its environment than male teachers. Learner-learner, learner-teacher, and teacher-teacher interactions and the schools' connection to the outside community are seen as positive but may need to be strengthened to improve the peace and safety of the learning environment.

Job Satisfaction: Teachers reported low job satisfaction. This may affect how teachers manage their own and their learners' well-being and may be intermingled with the coping mechanisms teachers use for managing their well-being. Motivation is low as teachers feel unsafe both at home and at school and feel depressed and hopeless, probably due in part to unpaid salaries. This has compromised their social status and undermined their motivation to teach and support their learners. Dealing with inadequate teaching materials and resources is an additional challenge, as is a perceived high workload. Teachers are also not satisfied with policies and regulations on career development, suggesting that career incentives, remuneration, development opportunities, and promotions may not be adequate.

Policies: The education system is not yet effectively supported by MHPSS well-being policies and strategies, but efforts are undertaken by the Ministry of Education to remedy the situation. There are general provisions in the Second Education and Training Policy and the Ethiopian Education Sector Development Program VI (ESDP VI), but the absence of a specific MHPSS support policy and guideline are gaps. Steps have been taken by the Ministry of Education, particularly by the Teachers and Educational Leaders Development Desk, to integrate MHPS support and Social Emotional Learning (SEL) into the curriculum to address the needs of teachers and learners, including for pre-service education for teachers, and MHPSS is being integrated in trainings for teacher, including a recent training in the summer of 2024 that reached 60,000 teachers. The Ministry is committed to strengthening MHPSS for teachers.

References

Acton, R., and Glasgow, P. (2015). Teacher Wellbeing in Neoliberal Contexts: A Review of the Literature. *Australian Journal of Teacher Education*, 40 (8).

African Union Commission (2015a). *Continental Education Strategy for Education in Africa 2016-2025 (CESA 16-25)*. Addis Ababa: African Union.

African Union Commission (2015b). *Agenda 2063: The Africa We Want.* Addis Ababa: African Union.

African Union Commission (2018). *Continental Strategy for Technical and Vocational Education and Training (TVET) to Foster Youth Employment*. Addis Ababa: African Union.

African Union Commission (2020). *Policy Guidelines on Digitizing Teaching and Learning in Africa*. Addis Ababa: African Union.

African Union Commission (2023). *Education for Health and Wellbeing for Young People and Adolescents in Africa Strategy*. Addis Ababa: African Union.

African Union Commission (2025). *Continental Education Strategy for Education in Africa 2026-2035 (CESA 26-35)*. Addis Ababa: African Union.

Agyapong, B., Obuobi-Donkor, G., Burback, L., and Wei, Y. (2022). Stress, Burnout, Anxiety and Depression among Teachers: A Scoping Review. *International Journal of Environmental Research and Public Health*, 19(17), 10706.

Alemnew Wubete, A., Andargie, S., Azmeraw, E., Mogesse, M. G., Moritani, K., Tefera-Kibret, B., and Wodon, Q. (2024). *Mental Health, Psychosocial Well-Being, and the Learning Environment among Teachers and Learners in Northern Ethiopia: A Situational Analysis.* Addis Ababa, Ethiopia: UNESCO International Institute for Capacity Building in Africa.

Baker, A., Mackenzie C., and Wodon, Q. (2024). School Climate Surveys for Learners and Teachers: A Case Study from South Africa. *EducA*, 10: 131-150.

Barron Rodriguez, M.R., Cobo Romani, J.C., Munoz-Najar, A. and Sanchez Ciarrusta, I.A. (2022). *Remote Learning During the Global School Lockdown: Multi-Country Lessons*. Washington, D.C.: World Bank Group.

Chhetri, S.P. (2021). A Literature Review on Impact of COVID-19 Pandemic on Teaching and Learning. *Higher Education for the Future*, 8(1), pp. 133-141.

Corrente, M., Ferguson, K., and Bourgeault, I.L. (2022). Mental Health Experiences of Teachers: A Scoping Review. *Journal of Teaching and Learning*, 16(1), pp. 23-43.

Courville, M. d. (2018). *Le bien-être psychologique des enseignants du primaire et du secondaire des commissions scolaires francophones du Québec*. Universite de Montreale.

Devries, K.M., Knight, L., Child, J.C., Mirembe, R., Nakuti, J., Jones, R., Sturgess, J., Allen, E., Kyegombe, N., and Naker, D. (2015). The Good School Toolkit for reducing physical violence from school staff to primary school students: a cluster-randomised controlled trial in Uganda. *The Lancet Global Health*, 3(7), e378-e386.

Evans, R., Brockman, R., Grey, J., Bell, S., Harding, S., Gunnell, D., Campbell, R., Murphy, S., Ford, T., Hollingworth, W., Tilling, K., Morris, R., Kadir, B., Araya, R. and Kidger, J. (2018). A cluster randomised controlled trial of the Wellbeing in Secondary Education (WISE) Project – an intervention to improve the mental health support and training available to secondary school teachers: protocol for an integrated process evaluation. *Trials*, 19, Article 270.

Fernández-Berrocal, P., Gutiérrez-Cobo, M.J., Rodriguez-Corrales, J. and Cabello, R. (2017). Teachers' Affective Well-being and Teaching Experience: The Protective Role of Perceived Emotional Intelligence. *Frontiers in Psychology*, 8, Article 2227.

Fourie, A., and de Klerk, W. (2024). The Psychological Well-being of School Teachers in South Africa: A critical review. *Journal of Psychology in Africa*, Vol. 34, No. 1, 95–105.

Frank, J., Mustard, C., Smith, P., Siddiqi, A., Cheng, Y., Burdorf, A., and Rugulies, R. (2023). Work as a social determinant of health in high-income countries: past, present, and future. *Lancet*, 402, pp. 1357-1367.

Grant, M.C. (2017). A Case Study of Factors that Influenced the Attrition or Retention of Two First-Year Special Education Teachers. *Journal of the American Academy of Special Education Professionals*, Winter 2017, pp. 77-84. Grand Canyon University.

Hudson, P. (2017). Mentoring as professional development: 'Growth for both' mentor and mentee. *Professional Development in Education*, 39(5): 771-783.

IDMC-NRC (2020). *Global Report on Internal Displacement 2020*. Geneva: Internal Displacement Monitoring Centre and Norwegian Refugee Council.

International Labour Office (2024). *United Nations Secretary-General's High-Level Panel on the Teaching Profession: Recommendations and Summary of Deliberations*. Geneva: International Labour Office.

ILO/UNESCO (1966). *Recommendation concerning the Status of Teachers*. Adopted on 5 October 1966 by the Special Intergovernmental Conference on the Status of Teachers, Paris: UNESCO/ILO.

Inter-agency Network for Education in Emergencies (INEE) (2022). *Guidance Note on Teacher Wellbeing in Emergency Settings*. New York: INEE

Inter-agency Network for Education in Emergencies (INEE) (2024). *Minimum Standards for Education: Preparedness, Response, Recovery*. New York: INEE

Inter-Agency Standing Committee (IASC) (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC

Inter-Agency Standing Committee (IASC) (2022). *The Mental Health and Psychosocial Support Minimum Service Package*. Geneva: IASC

Kaggwa, M.M., Najjuka, S.M., Bongomin, F., Mamun, M.A. and Griffiths, M.D. (2022). Prevalence of depression in Uganda: A systematic review and meta-analysis. *PLoS ONE*, 17(10), e0276552.

Kaljee, L., Zhang, L., Langhaug, L., Munjile, K., Tembo, S., Menon, A., Malungo, J. (2016). A randomized-control trial for the teachers' diploma programme on psychosocial care, support and protection in Zambian government primary schools. *Psychology, Health and Medicine*, 22(4), 381–392.

Kenya Teachers Service Commission (TSC). (2025, forthcoming). *Institutionalizing Mental Health and Psychosocial Support Services in Kenya's Education Sector: A Practical Guide for County Directors, Teacher Educators, School Leaders and Teachers*. Nairobi, Kenya: Teacher Service Commission.

Kumar, S., Fatima, U., Shah, R., and Gupta, U. (2021). Challenges at the Time of Covid-19, and Innovation to Combat with Situation. *International Journal of Scientific Research and Engineering Trends, 7(4), pp. 123-130.*

Klingbeil, D. A., and Renshaw, T. L. (2018). Mindfulness-based interventions for teachers: A meta-analysis of the emerging evidence base. *School Psychology Quarterly*, 33(4): 501–511.

Kutcher, S., Wei, Y., Gilberds, H., Ubuguyu, O., Njau, T., Brown, A., Sabuni, N., Magimba, A., and Perkins, K. (2016). A school mental health literacy curriculum resource training approach: effects on Tanzanian teachers' mental health knowledge, stigma and help-seeking efficacy. *International Journal of Mental Health Systems*, 10, Article 50.

Madzore, R., Rembe, S., and Chinyama, N. (2021). Development and Psychosocial Support to Trainee Teachers by Mentors during Teaching Practice in Zimbabwe. *Journal of Social Science*, 66(1-3), pp. 1-15.

Maphosa, C., Shumba J, Shumba, A. (2007). Mentorship for students on teaching practice in Zimbabwe: Are student teachers getting a raw deal? *South African Journal of Higher Education*, 21(2): 296–307.

McCallum, F. (2021). Teacher and Staff Wellbeing: Understanding the Experiences of School Staff. In M.L. Kern and M.L. Wehmeyer (Eds.), *The Palgrave Handbook of Positive Education* (pp. 715-740). Cham: Springer.

Nayihouba, A., and Wodon, Q. (2022). La corruption dans les écoles en Afrique: Ampleur et corrélats. *Educatio*, 12 : Article 3.2.

Njora, H., Kamonjo, F. W., Muriithi, W., and Wodon Q. (2023a). Kenya: Exploring Burnout among School Teachers and University Lecturers. Part 1 – School Teachers. *IICBA Knowledge Brief* 2023-41. Addis Ababa: UNESCO IICBA.

Njora, H., Kamonjo, F. W., Muriithi, W., and Wodon Q. (2023b). Kenya: Exploring Burnout among School Teachers and University Lecturers. Part 2 – University Lecturers. *IICBA Knowledge Brief* 2023-42. Addis Ababa: UNESCO IICBA.

Njora, H., and Wodon, Q. (2024). *Criteria to Consider when Implementing Best Teacher Awards, in Teacher Regulation for Quality and Quantity: Can It Be Done?* Proceedings of the 2024 International Federation of Teaching Regulatory Authorities Conference, Brisbane, Australia: IFTRA, 2024, 102-104.

Nwokeocha, S., Kah, E. D., Njora, H., Sessay, A., and Wodon, Q. (2023). *West Africa – Investing in Teachers and School Leaders: Professional Standards, Working Conditions, and Teacher Education.* Addis Ababa, Ethiopia: UNESCO IICBA.

Olagunju, A. T., Akinola, M. A., Fadipe, B., Jagun, O. O., Olagunju, T. O., Akinola, O. O., Ogunnubi, O. P., Olusile, O. J., Oluyemi, O. Y., and Chaimowitz, G. A. (2021). Psychosocial wellbeing of Nigerian teachers in special education schools. *Journal of Autism and Developmental Disorders*, 51(4), 1131–1141.

Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., Chisholm, D., Collins, P.Y., Cooper, J.L., Eaton, J., Herrman, H., Herzallah, M.M., Huang, Y., Jordans, M.J.D., Kleinman, A., Medina-Mora, M.E., Morgan, E., Niaz, U., Omigbodun, O., Prince, M., Rahman, A., Saraceno, B., Sarkar, B.K., De Silva, M., Singh, I., Stein, D.J., Sunkel, C., and Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet*, 392, pp. 1553-1598.

Roeser, R.W., Schonert-Reichl, K.A., Jha, A., Cullen, M., Wallace, L., Wilensky, R., Oberle, E., Thomson, K., Taylor, C. and Harrison, J. (2013). Mindfulness training and reductions in teacher stress and burnout: Results from two randomized, waitlist-control field trials. *Journal of Educational Psychology*, 105(3), pp. 787-804.

Salvagioni, D.A.J., Melanda, F.N., Mesas, A.E., González, A.D., Gabani, F.L. and Andrade, S.M. (2017). Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PLOS ONE*, 12(10), e0185781.

Sawatske, A., Leonard, C., Harris, J., and Dally, K. (2023). The Case for Special Education Teacher Wellbeing: A Multidimensional Review of the Evidence and Future Directions. *Australasian Journal of Special and Inclusive Education*, pp. 1-14.

Skinner, D., Sharp, C., Marais, L., Serekoane, M., and Lenka, M. (2019). A qualitative study on teachers' perceptions of their learners' mental health problems in a disadvantaged community in South Africa. *Curationis*, 42(1), a2040.

Uddin, M.M.J. and Tasnim, M. (2020). Mental Health and Psychosocial Support (MHPSS) in COVID-19 Outbreak. *Bangladesh Journal of Infectious Diseases*, 7(S1), pp. S38-S44.

UNESCO (1997). *Recommendation concerning the Status of Higher-Education Teaching Personnel*. Adopted on 11 November 1997 by the General Conference of UNESCO, Paris: UNESCO.

UNESCO (2018). *Unpacking the Sustainable Development Goal 4*. Paris: UNESCO.

UNESCO IICBA (2023a). *Assessment of the Psychosocial Impact of COVID-19 on Teachers, Teacher Educators and Learners and Psychosocial Support Needs in Selected Sub-Saharan African Countries*. Addis Ababa: UNESCO International Institute for Capacity Building in Africa.

UNESCO IICBA (2023b). *Mental Health and Psychosocial Support for Teachers in Africa: Training Guide*. Addis Ababa: UNESCO International Institute for Capacity Building in Africa.

UNESCO IICBA (2025a). *Mental Health and Psychosocial Support in Schools Series: Ethiopia Teacher Manual*. Addis Ababa: UNESCO International Institute for Capacity Building in Africa.

UNESCO IICBA (2025b). *Mental Health and Psychosocial Support in Schools Series: Ethiopia Toolkit for Case Management*. Addis Ababa: UNESCO International Institute for Capacity Building in Africa.

UNESCO and ITTF (2024). *Global Report on Teachers: Addressing Teacher Shortages and Transforming the Profession*. Paris: UNESCO.

UNICEF (2021). *Mental Health and Psychosocial Support Case Study*. New York: UNICEF.

UNICEF (2022). *Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children, Adolescents and Caregivers Across Settings*. New York: UNICEF.

UNICEF, WHO, UNESCO (2022). *Five essential pillars for promoting and protecting mental health and psychosocial well-being in schools and learning environments: a briefing note for national governments*. Paris: UNICEF, WHO, UNESCO.

van Fleet, J., Boyer, D. and Tikolo, O. (2015). *Safe Schools Initiative: Protecting the Right to Learn in Nigeria – October 2015 Update*. New York: Global Business Coalition for Education.

Vazi, M.L.M., Ruiter, R.A.C., van den Borne, B., Dumont, K., Martin, G.M., and Reddy, P. (2011). Indicators of subjective and psychological wellbeing as correlates of teacher burnout in the Eastern Cape. *International Journal of Education Administration and Policy Studies*, 3(10), pp. 160-169.

Veyrac, H. and Dumas, A. (2015). Souffrance des enseignants du secondaire; accompagnement de neuf enseignants français en demande d'aide. *Perspectives interdisciplinaires sur le travail et la santé*, 17(1).

Viac, C. and Fraser, P. (2020). *Teachers' Well-Being: A Framework for Data Collection and Analysis*. OECD Education Working Paper No. 213. Paris: OECD Publishing.

White, J. (2020). *Supporting teachers' mental health and wellbeing: Evidence Review*. Edinburgh: NHS Health Scotland.

WHO (2013). *Comprehensive mental health action plan, 2013-2030*. Geneva: World Health Organization.

WHO (2022a). *WHO guidelines on mental health at work*. Geneva: World Health Organization.

WHO (2022b). *World mental health report: transforming mental health for all*. Geneva: World Health Organization.

WHO and ILO (2022). *Mental health at work: policy brief*. Geneva: World Health Organization.

Wodon, Q., Fèvre, C. Malé, C., Nayihouba, A., and Nguyen, H. (2021). *Ending Violence in Schools: An Investment Case*. Washington, DC: The World Bank, The Global Partnership to End Violence against Children, and Safe to Learn.

Endnotes

1 UNESCO and ITTF (2024).

2 WHO (2022b), see also Barron Rodriguez et al. (2022), and Chhetri (2021).

3 Alemnew Wubete et al. (2024).

4 African Union Commission (2025).

5 African Union Commission (2023).

6 WHO (2022a). For more information on the link between work and mental health, see Frank et al. (2023), Kaggwa et al. (2022), Patel et al. (2018).

7 WHO (2022a), see also Uddin and Tasnim (2020).

8 In Nigeria for example, four in every ten teachers were found to have psychological distress with perceived burden correlated significantly with psychological distress, anxiety/depression, and social dysfunction. Cyberbullying has been reported among teachers (Olagunju, 2021).

9 Fernández-Berrocal et al. (2017).

10 Impact of covid on children, see UNICEF, WHO and UNESCO (2022).

11 Kumar et al. (2021).

12 UNESCO IICBA (2023a).

13 On job satisfaction and burnout in Kenya, see Njora et al. (2023a, 2023b). On teacher policies and satisfaction as well as perceptions of their status in West Africa, see Nwokeocha et al. (2023).

14 IDMC-NRC (2020).

15 Salvagioni et al. (2017).

16 Agyapong et al. (2022).

17 Skinner et al. (2019), see also Fernández-Berrocal et al. (2017).

18 Roeser et al. (2013).

19 Corrente et al. (2022).

20 UNICEF (2021).

21 WHO (2022a).

22 WHO and ILO (2022).

23 White (2020), see also Klingbeil and Renshaw (2018).

24 Evans et al. (2018).

25 Sawatske et al. (2023).

26 McCallum et al. (2017).

27 Acton and Glasgow (2015).

28 Viac and Fraser (2020).

29 Grant (2017).

30 Wodon et al. (2021).

31 Devries et al. (2015).

32 Nayihouba and Wodon (2022).

33 UNICEF (2021).

34 van Fleet et al. (2015).

35 Kaljee et al. (2016)

36 Kutcher et al. (2016).

37 Kutcher et al. (2016).

38 UNESCO IICBA (2023b).

39 UNICEF (2022), see also Fourie, A., and de Klerk, W. (2024).

40 African Union Commission (2025). On CESA 16-25 (African Union, 2015a), see the recent review (African Union Commission, 2025).

41 African Union Commission (2023).

42 African Union Commission (2018).

43 African Union Commission (2020).

44 For a discussion of these recommendations, see ILO and UNESCO (2022).

45 UNESCO (1997).

46 International Labour Office (2024).

47 For example, the recommendations from the United Nations Secretary-General's High-level Panel on the Teaching Profession mention mental health only very briefly twice, stating that *"working conditions should promote teachers' mental health and holistic well-being"*, and that *"professional development should also prioritize strategies for supporting the mental health and psychosocial wellbeing of students."*

48 WHO (2022a).

49 WHO (2013).

50 Inter-Agency Standing Committee (2007).

51 Inter-Agency Standing Committee (2022). See also Inter-agency Network for Education in Emergencies (2024).

52 Inter-agency Network for Education in Emergencies (2022).

53 Teacher awards can be useful in this respect. For guidance on such awards, see Njora and Wodon (2024).

54 These networks can offer a platform for sharing experiences, strategies for managing stress, and providing mutual support, thus reducing isolation and stigma associated with seeking help. Hearing similar experiences from peers validates teachers' feelings and struggles, normalizing common stressors. This validation can reduce feelings of self-doubt, guilt, or inadequacy. Engaging in regular peer support activities fosters trust and positive relationships among teachers within the school community. Strong peer connections promote a supportive and collaborative work environment, leading to increased job satisfaction and morale.

55 Some of the benefits of wellness programs are adoption of healthy 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.

56 This section closely follows the framework proposed for CESA 26-35 in African Union (2024a).

57 African Union Commission (2023).

58 Baker et al. (2024), and Vazi et al. (2011).

59 Corrente et al. (2022).

60 Madzore et al. (2021).

61 Hudson (2017).

62 Maphosa et al. (2007).

63 Alemnew Wubete et al. (2024).

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