



FOSTERING SAFE LEARNING ENVIRONMENTS: STRATEGIES FOR ENHANCING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN SCHOOLS

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ABSTRACT

The past years have seen a rapid decline in the mental health of students due to the epidemics, including the coronavirus, the changing climate, and the wars fought by different nations. In an effort to provide students with holistic solutions for their emotional and mental strain, which they have had to deal with from time to time, this opinion article recommends methods that not only strengthen mental health but also address these matters inside an educational setting. According to the article, the construction of a robust educational infrastructure is not complete if it does not consider mental health concerns in a strategic manner. On that, we insisted similarly to the mental health education inclusion into the school program from the first to the last class level in order to get all students emotional intelligence and a positive way to deal with different situations. We also require training of workers and teachers to the point where they can identify and act upon those victims of mental health problems. Thus, schools can concentrate on the making of collaborative ties that bring to bear the minds and expertise of people across a wide range of stakeholders in finding creative solutions. In the end, the focus is laid on the regular check and purification of the mental health support programs for proper functioning and making sure that they can be made and adjusted according to the new circumstances. Let us propose these comprehensive ways of mental health care and try to bring about changes in this sector of education so that students can tolerate the hardness in difficult times.

Keywords: *mental health; children and adolescents; school-based interventions; coping skills*

INTRODUCTION

Young people's mental health has taken a major hit due to global problems, including the 2019 Coronavirus Disease (COVID-19) pandemic, global warming, and geopolitical conflicts. Students' mental health has taken a hit as a result of the COVID-19 epidemic, which has impacted their ability to learn (Barbieri et al., 2022, 2022; Duan et al., 2020; Fegert et al., 2020). Anxieties over the planet's future, sometimes known as "eco-anxiety," are on the rise due to climate change (Comtesse et al., 2021; Hayes et al., 2018; Wu et al., 2020). As a result of trauma, relocation, and instability, young people in conflict-affected regions confront distinct



mental health issues(Betancourt & Khan, 2008; Charuvastra & Cloitre, 2008; Frounfelker et al., 2019; Masten et al., 2015).

Issues like COVID-19, continuing climate change, conflict, energy crises, and socioeconomic stress are now believed to worsen the problem of juvenile mental health, which has been a worry since the late 1990s. Understanding the potential individual and communal impacts of factors like climate change, conflict, and pandemics on mental health is crucial for targeting preventative and therapeutic measures. It is crucial to differentiate this by identifying specific qualities if the prevention must be effective. There is a prerequisite that affects the building of knowing the specific exact effect of each risk factor on mental health.

By distinguishing children and teenagers into particular risk categories depending on the region they live, their social background, and so on, interventions may better fit each group they are directed to (Clement et al., 2015; Patel et al., 2007; Wright et al., 2006). The educating and empowering of the youth to fight against the climate problem leads the way for preventive strategies [15]. Grassroots organizations might be formed with the aim of solving environmental challenges and discussing them in social support (Boluda-Verdú et al., 2022; Pihkala, 2020). The education programs providing trauma therapy and mental care counselling to people who are affected or displaced can be based on peace education (Bürgin et al., 2022; Miller & Rasmussen, 2010), while programs for conflict resolution can also be included(Harris *, 2004; Vestal & Jones, 2004). Another preventive measure to be exercised is giving kids lessons to enable them to handle family financial problems effectively and to develop basic work skills so that they can handle economic stress and uncertainty (Frasquilho et al., 2015; Solantaus et al., 2004).

Schools are the primary sites for the provision of advice and support services for the health of the society of the mind since children often spend as much time at school as they do at home. This becomes especially true during periods of crisis or calamities(Lai et al., 2016). Furthermore, children affected by the conflict will obviously profit, for instance, by getting individualized psychological assistance and academic intervention therapy, which always shift focus from the relief of the symptoms to the needs of the comprehensive and healthy development of the whole individual(Forsberg & Schultz, 2023).

LITERATURE REVIEW

The World Health Organization defines mental health as the capacity to maximize one's potential, manage one's responses to everyday challenges, work successfully and efficiently, and make a meaningful contribution to one's community (Health et al., 2005). Researchers in the past decade have shown that between 10% and 20% of the world's kids are dealing with a diagnosable mental condition(Cavioni et al., 2021; Erskine et al., 2015; Kieling et al., 2011). “Also, within the context of the COVID-19 pandemic, the risk of mental health issues in children and adolescents has increased due to stress and social isolation (Comtesse et al., 2021; Wu et al., 2020).” Supporting programs to raise awareness and access to mental health care is



best done at educational institutions(O'Connor et al., 2018; O'Reilly et al., 2018). Essential life skills are also imparted to students in the classroom, such as self-control, resilience, and social awareness (Greenberg et al., 2003; O'Reilly et al., 2018; Weare, 2010). Also, kids are told to cut down on their antisocial behavior, problems both within and outside of themselves, and academic struggles(Cefai & Cooper, 2017).

Research on mental health programs in schools has shown promising results when they focus on fostering resilience, SEL (social and emotional learning), decreasing risky behaviors, and preventing emotional, behavioral, and social issues (Cefai et al., 2018). When individuals of all ages (kids, teens, and adults) engage in social and emotional learning (SEL), they develop the skills necessary to live healthy lives, including the ability to regulate their emotions, build and maintain healthy relationships, comprehend and empathize with the experiences of others, and make wise decisions—position 36. “The CASEL model(CASEL. *What Is the CASEL Framework?*, n.d.; Grazzani et al., 2022). outlines the development of self-awareness, self-management, social awareness, relational skills, and responsible decision-making as integral to social and emotional learning.” Two comprehensive meta-analyses identified that schools implementing SEL curricula had students with better social-emotional skills, higher academic achievement, more self-confidence, a more positive attitude toward school and other people, fewer behavioral problems, less emotional suffering, and fewer symptoms of internalization (Caldarella et al., 2009; Durlak et al., 2011) observed that children who participated in a social-emotional development program held in the second grade had fewer internalizing problems and more pro-social behavior compared to classmates who did not have such a program. Achievements in the education sector showed sizable improvements in the academic outcomes of high-risk students for SEL (Harris *, 2004). One other study proved that kindergartners who had participated in SEL lessons had other-centered social behavior much improved(Veríssimo et al., 2022). Additionally, a social-emotional learning program in Swedish schools was shown to have a good effect on students' self-management, self-image, self-esteem, happiness, and the decrease of both internalizing and externalizing difficulties, according to a study(Caldarella et al., 2009).

In their research, Veríssimo et al. examined fifty pupils whose ages varied from Ten to Thirteen. Exposure to many environmental risk factors, such as poverty, family dysfunction, and domestic violence, together with enrollment in a high-risk public school, put these youngsters at increased risk. Adequate behavioral adjustment, anxiety, pleasure, and happiness were all enhanced by the intervention, but overall, it failed to address emotional or behavioral concerns (Veríssimo et al., 2022). “Based on CASEL's framework, an intervention examined 1299 students to determine if there was a link between better self-awareness (i.e., emotional self-regulation, self-esteem, and self-reflection) and better psychological wellbeing (i.e., resilience to adversity)(Mertens et al., 2022).” Resilience and psychological health were linked to gains in self-esteem and emotional self-regulation after 14 weekly 90-minute classes, but gains in self-reflection were not (Mertens et al., 2022).



Results from social and emotional learning programs may vary by participant age, as shown in the study. Social and emotional learning (SEL) programs have been shown to be beneficial for students of all ages in various studies. However, some studies have found that the effects of SEL programs last longer when administered to children in the early years of childhood (ages 5–10) or to adolescents in middle school (ages 11–13) than to high school students (Taylor et al., 2017).

STRENGTHENING LEARNING ENVIRONMENTS

One of the most significant risk factors for mental health disorders among refugee children and teenagers is exposure to violence [45]. According to 2019 estimates from the World Health Organization (WHO), 17% of individuals living in war zones need non-specialized mental health assistance due to mild to serious mental problems [46]. “Half of all mental diseases start before the age of 14, and three-quarters by the mid-20s (*Child and Adolescent Mental and Brain Health*, n.d.)” Approximately 10–20% of children and adolescents throughout the globe deal with mental problems. Forcible displacement resulting from persecution, war, brutality, human rights breaches, or occurrences significantly disrupting public order was expected to have affected 82.4 million people by the end of 2020, with 42% being under the age of 18 (*Refugee Statistics / USA for UNHCR*, n.d.). Unfortunately, many conflict-affected youth lack access to safe places to learn, which can help bring some normalcy to their otherwise chaotic lives and to a good education, which can help them feel supported socially and emotionally through their interactions with teachers and classmates.

The health, education, and overall welfare of girls in areas where there is conflict are jeopardized due to the specific difficulties these girls encounter. “Girls in South Sudan, the Lake Chad Basin, and the Rohingya refugee camps want to go to school so much, but they don't have a say in the matter and are often excluded because of prejudice and poverty in their families.” Further, the girls voiced their dissatisfaction with the fact that they “have little or no access to information about health, and, particularly in the area of mental health, have extremely restricted access to health services” (*Adolescent Girls in Crisis*, n.d.).

A shift in perspective is necessary if children of school age are to have access to educational environments that are both physically and socially secure, as well as conducive to learning. Schools should take a more comprehensive approach that teaches children social and emotional abilities and prioritizes their well-being rather than concentrating on memorization. Incorporating MHPSS (Mental Health and Psychosocial Support) into educational programs has the potential to yield numerous learning outcomes. “These outcomes may pertain to academic achievement, various measures of intrapersonal and interpersonal skills and wellbeing, coping capacity (resilience), child development, and the creation of safe, supportive, and healing learning environments.” Several beneficial impacts have been shown in school-based programs, including resilience training, social and emotional skills, and mental health within EiE (education in emergencies). Some of these benefits include better mental health

(less stress, anxiety, and depression), better health outcomes (fewer teen pregnancies and drug abuse), higher staff morale, and an overall improvement in students' and teachers' social and emotional skills. “Other benefits include higher academic achievement and attainment, improved school attendance, engagement, and motivation, and a decrease in negative student behavior (like bullying, violence, and juvenile crime) as cited in the International Network for Education in Emergencies (INEE), (*INEE Background Paper on Psychosocial Support and Social & Emotional Learning for Children & Youth* | INEE, n.d.).

There are still challenges to incorporating MHPSS programming, which includes SEL, into educational services and structures, particularly in settings with limited resources, despite the fact that there is broad consensus on the necessity of this paradigm shift, including from the IASC (Inter-Agency Standing Committee) Reference Group on MHPSS in Emergency Settings (Betancourt et al., 2013). “The effectiveness of interventions in improving the social and psychological well-being of refugee adolescents goes beyond only alleviating PTSD (posttraumatic stress disorder) symptoms; there is a shortage of data on this front as well.”

Because of the importance of the child's local environment, or ecology, in meeting students' MHPSS needs, classrooms should take this into account(Betancourt et al., 2013)(Figure 1). The school system alone cannot bear the burden.

The health of caretakers, educators, and education professionals, in addition to the development of nurturing communities and environments for children, must be prioritized if we are to attain the goal of high-quality education and improved learning outcomes. A recently published landscape review on teacher wellness stresses the need for instructors to attend to their own psychological needs so that they can meet the cognitive and psychological demands of their pupils.

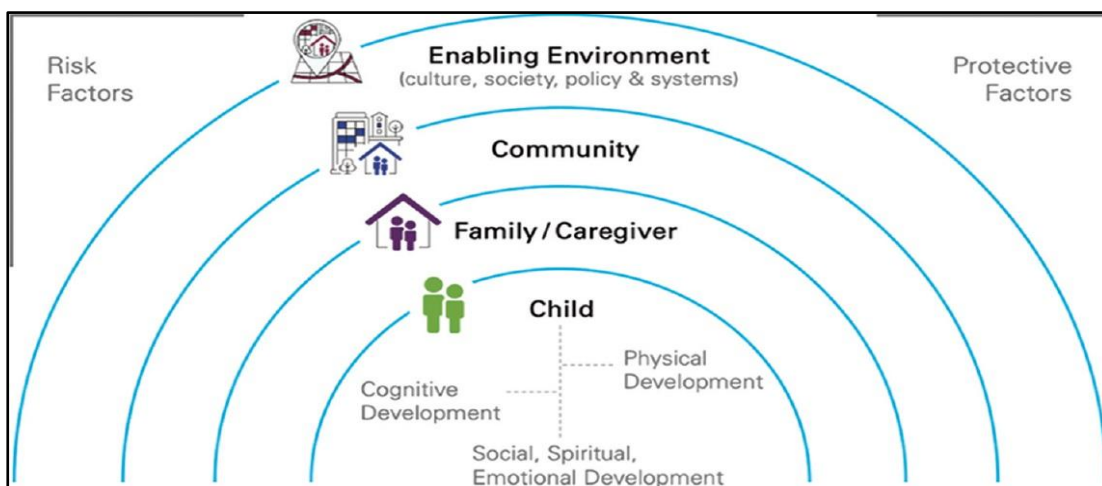


Figure 1: The Social Ecological Framework. United Nations Children's Fund Child, Adolescent, and Caregiver Mental Health and Psychosocial Support Operational Framework on a Global Scale (2021)



School-based Interventions

Adolescents and children exposed to horrific experiences during conflict showed improved symptoms of post-traumatic stress disorder (PTSD), sadness, anxiety, and impairment in everyday activities after participating in school-based programmes that also strengthened protective characteristics such as social support, hope, and coping mechanisms. School psychologists provided group psychosocial support counseling to students, students participated in creative expression activities, students learned about the effects of trauma, participants practiced relaxation techniques, improved their coping abilities, and participants increased their academic and overall self-efficacy. The following five categories of interventions used in educational settings were uncovered by this research.

Intervention by teachers. Children who have experienced trauma as a result of a traumatic event might benefit from teacher interventions that increase their ability to provide a nurturing learning environment free from emotional and psychological dangers. Children impacted by the crisis in eastern Ukraine showed signs of improvement after participating in a teacher intervention program (Bogdanov et al., 2017). As part of the intervention, researchers tested the hypothesis that providing teachers with professional development opportunities will have a beneficial effect on students' mental health by encouraging educators to foster an accepting and accepting learning environment. Training sessions were attended by 3,842 educators from 5 regions in Eastern Ukraine. Training sessions were conducted for instructors of students in the treatment group, but no such sessions were held for teachers in the control group. Teachers learned how to provide a safe space for students to express and process their emotions in the classroom and how to communicate these ideas effectively throughout the sessions. Teachers who had taken part in the training taught a lesson to 191 students who were part of the treatment group. In contrast, the 208 students who made up the control group continued with their usual classroom work. Children in the treatment group had significantly better levels of emotional comfort, peer connections, and prosocial behavior compared to the control group in both the pre-and post-intervention evaluations. Results showed that children's well-being was improved when teachers were involved.

Support from school psychologists. Adolescents and children exposed to traumatic experiences during conflict showed substantial improvement in symptoms of post-traumatic stress disorder (PTSD) when they participated in psychosocial support counselling programs facilitated by qualified school counselors, social workers, and educators. Bogdanov et al. examined the mental health of students who had been referred to a school psychologist and who had attended seven or eight group sessions with the mental health professional to determine the efficacy of the intervention. Based on the results of the baseline survey that assessed the mental health of school-aged children, 319 more children from the districts of Donetsk and Luhansk were recommended to see a psychologist. Trained school counselors conducted an intervention to provide psychological assistance to the students. There was a significant decline in the percentage of students reporting severe traumatic stress after the school psychologist began



working with them. Psychologists' interventions significantly improved children's psychological well-being, according to the study's authors. Kids' levels of hyperactivity and traumatic stress may be reduced with an intervention that lasts for seven to eight weeks.

Another intervention that was conducted in schools looked at how well a counseling program worked for Palestinian youths in the Gaza Strip who had experienced trauma as a result of the conflict (El-Khodary & Samara, 2020). School counselors, social workers, and educators facilitated a psychosocial support counseling program for 572 children. Results from both the pre- and post-intervention periods demonstrated that the school-based counseling program reduced the incidence of post-traumatic stress disorder (PTSD) among youths who had experienced traumatic experiences related to war. Furthermore, the therapy program has reduced symptoms of post-traumatic stress disorder (PTSD), as well as emotional, physical, and cognitive functioning impairment, particularly among females. After exposing children and adolescents to terrible experiences during conflict, the researchers found that a school-based counseling program effectively reduced symptoms of post-traumatic stress disorder (PTSD).

Classroom-based intervention (CBI). Children affected by the conflict in the post-conflict area of Poso, Indonesia, were able to reduce symptoms of post-traumatic stress disorder (PTSD), functional impairment, and hopelessness through classroom-based group interventions that utilized cognitive behavioural therapy techniques and creative expression (Susanty et al., 2016). Protective variables (social support, hope, coping mechanisms) and distress symptoms (PTSD, depression, anxiety, impairment in daily chores) were the targets of this CBI, which was a targeted, preventative intervention. Cognitive behavioral therapy and creative expression provided the theoretical foundation for the CBI. Children were inspired to participate in group activities, dance, music, theatre, and cooperative games via the creative expressive components. Children were able to express themselves creatively and dramatist Cally using the cognitive behavior therapy components, and they were also able to get psychoeducation on topics relating to their discomfort. First, the CBI session included the following topics: (1) information, safety, and control; (2) stabilization, awareness, and self-esteem; (3) the trauma story; (4) coping strategies, resource identification, and reconnection to the social environment; and (5) future planning. Community members volunteered to lead the CBI; most of them were certified educators, such as Sunday school and public school teachers, who had received training in session facilitation. Hope, coping mechanisms, and social support were found to be stronger, while symptoms of post-traumatic stress disorder (PTSD), sadness, anxiety, and impairment in everyday activities were shown to be reduced. Children impacted by conflict reported a modest reduction in PTSD symptoms and impairment in functioning, as well as an increase in optimism, according to research (Susanty et al., 2016).

Programme for Better Learning (BLP). For youths who have experienced trauma as a result of armed war, the Better Learning Programme (BLP) is a means to better academic performance and less stress. Psychoeducation and normalization of stress responses, relaxation methods,



strengthening of coping abilities, social support, parental participation, and other components of cognitive behavioral therapy (CBT) are used in BLP to target academic underachievement. Further, BLP intends to fortify the following educational initiatives: (6) enhancing students' ability to study for academic success, (7) boosting students' confidence in their own abilities to succeed in school and in life, and (8) changing the way teachers evaluate their student's progress and the impact of trauma and stress on their student's performance in the classroom(Forsberg & Schultz, 2023). Forsberg and Schultz conducted a randomized control trial of a BLP intervention among conflict-affected youth in the Gaza Strip. The results showed that the students who participated in the intervention had a decrease in stress-related symptoms, improved study skills, school functioning, self-efficacy, and long-term effects in their ability to self-regulate negative emotions.

Psychoeducation that takes trauma into account (TIPE). Somali immigrants in Kenya reported an uptick in perceived social support and a significant improvement in PTSD symptoms after participating in trauma-informed psychoeducation (TIPE), an intervention that is culturally appropriate and taught by peers(Im et al., 2018). In order to help refugees become more resilient, the TIPE modules used preexisting psychoeducational programs. During the TIPE sessions, participants learned about the many ways trauma may affect a person's physical health, mental health, relationships with others, and spiritual well-being. They then worked on developing psychosocial competencies, including techniques for dealing with difficult emotions, identifying and using support networks, and learning to resolve conflicts.

PRIORITIZATION OF MENTAL HEALTH IN SCHOOLS

The home, the classroom, and the neighborhood all play a role in shaping a child's growth and development. In times of crisis, families play a crucial role in helping children's mental health, but schools also play an essential role in encouraging mental well-being. Handling mental health concerns in all settings is critical to providing thorough care. The school has a special chance to be a part of this support system since it is the main place where kids spend a lot of time(Fernando et al., 2010).

Promoting students' emotional, social, and psychological health alongside their cognitive growth is the goal of a more comprehensive school mental health program (Loughry et al., 2003). This method helps students develop into well-rounded people who are ready to take on the world after graduation. It is critical to have a robust educational system that promotes academic achievement by means of early intervention, comprehensive development, inclusion, resilience, elimination of stigma, staff health, and more robust communities(Committee on Developing Evidence-Based Standards for PsychosocialInterventions for Mental Disorders et al., 2015). “A welcoming, supportive, and empowering learning environment is essential for all students, including those dealing with mental health issues, and inclusive learning environments that recognize and accommodate varied needs help to achieve this goal (Hoover & Bostic, 2021).” A strategy like this helps kids and teens develop important life skills that will



help them succeed in the long run, such as dealing with stress, adapting to new situations, and getting back up after falling.

The ability to learn and do well in school depends on one's mental health (Yu et al., 2022). Taking a proactive approach to mental health concerns allows us to see and handle such problems before they become worse. Early intervention to avert more serious mental health issues may result in improved student achievements and less strain on educational institutions. Students may build resilience via a proactive and comprehensive strategy that promotes mental health and well-being.

Proactive school-wide initiatives to address these concerns mitigate the stigmatization of mental health disorders (Friedrich & Mason, 2018). Because of this, the school atmosphere is more accepting, and children are more likely to ask for assistance when they need it. Educators and support workers are also included in the mental health emphasis. Supporting students' mental health has made schools more robust and better able to withstand disruptions(Botha &Kourkoutas, 2016; Gueldner et al., 2020).

Finally, communities gain when schools prioritize mental health. The classroom is where students have the most chances to meet new people and develop friendships. They aid in the development of good social skills, emotional intelligence, and empathy, all of which are important for one's mental health. Teachers and students who prioritize their mental health are more likely to have successful lives, enjoy meaningful relationships, and make a positive impact on society.

Some of the policy implications discussed in the mental health literature include making mental health services in schools more adequately funded, raising school-wide awareness and promotion of mental health, improving methods of early detection, intervention, and treatment, and including mental health literacy in teacher preparation programs. Incorporating mental health education into school programs is also highly encouraged.

INTEGRATION OF MENTAL HEALTH EDUCATION IN CORE CURRICULA

Schools may do their part to raise mental health literacy levels among faculty and students by including lessons on mental health in required coursework(Gulliver et al., 2010). Increased health literacy among youth has the potential to improve their future health and well-being by teaching them important coping mechanisms, increasing their emotional intelligence, and bolstering their general health.

In times of crisis, there are several arguments in favour of including mental health education in school curriculum(Lawson et al., 2019):

- Normalizing talks about mental health, reducing stigma, and encouraging open discourse among parents, teachers, and students all contribute to a more welcoming environment.



- Students may gain insight into their feelings, ideas, and actions via mental health education. In order to identify and address mental health problems, self-awareness is crucial.
- Teaching students how to deal with difficult emotions, such as stress and worry, could be a part of school curricula. To successfully navigate social settings and form healthy relationships, this skill is essential.
- Early mental health education may help reduce the prevalence of mental health issues by educating children to identify the symptoms of mental illness and where to get treatment if they need it.

Table 1. Integration of mental health education into core curricula.

Task	Description
Develop age-appropriate curricula(Keim et al., 2022)	Ensuring that the curriculum is relevant and interesting, mental health education should be customized to meet the developmental requirements of students of various ages.
Train educators(Glazzard& Rose, 2019)	Mental health education, warning sign recognition, and referral services should all be part of a teacher's professional development.
Foster a supportive environment(Bröder et al., 2020)	Encouraging open discourse about mental health, providing resources, and supporting students in their mental health journey should be the school's culture.
Encourage parental involvement(Bröder et al., 2020)	Parents have an important mandate to help children with their mental health. Academic parents play an active role in education by organizing an array of tools (materials, lessons, and correspondence) and infusing them into their daily communication habits.
Use interactive and engaging teaching methods(Sibley et al., 2017)	In order to keep the learners curious and guarantee absorption, mental health education should utilize a mix of teaching styles. As an example, they can use brainstorming sessions, employ multimedia tools, or engage students in role-playing activities.
Focus on social-emotional learning(Atkins et al., 2010)	The incorporation of social-emotional learning concepts into the educational program may improve students' capacity for self-awareness, social awareness, relationship-building, and responsible decision-making.
Evaluate and update curricula(McDaniel et al., 2014)	Make sure the curriculum is up-to-date and relevant by regularly assessing the efficacy of mental health education and making adjustments based on student needs.



It is important to consider the age of the recipients when customizing treatments for mental health aid to work effectively. Stress management, understanding complex emotions, and coping with academic and social pressures are important in adolescent interventions, while younger students may need self-awareness, basic coping mechanisms, and emotional literacy emphasis.

The nature of treatments should also change with pupils' growth and development cognitively and emotionally.

Again, the challenges faced by learners may dictate the nature of the remedies employed. For example, personalized treatment plans could be useful to children and teenagers who have just experienced a traumatic event or gone through a difficult family situation. If it is a continuous issue like academic pressure or internet problems associated with social media, one can employ group programs that teach resilience skills and coping methods.

Interventions are also shaped by regional context. Rural schools might concentrate on lowering social isolation rates and improving access to mental health care services in their vicinity, while urban schools would be more inclined to tackle drug abuse cases and gang violence. The first thing to do for schools in the affected areas of natural calamities or violent extremism is to offer trauma-informed counseling services to students in partnership with community organizations and policymakers.

Teachers can gain much from mental health professionals if they know how to recognize mental problems in their learners and when it is necessary to intervene. Schools are taking innovative approaches like Mental Health First Aid, which trains teachers how to quickly identify symptoms of mental health issues among their students' fraternity and respond promptly. Circle Time or Advisory Periods are some of these programs that should be initiated because this provides them with an opportunity to talk about the same pathways. Enforcing politeness, a therapist or staff with prior training should moderate such talks. They designate parts of the library specifically for students so they can read about different aspects related to mental challenges, such as causes, treatments, and local support materials. One such example is the Mindfulness in Schools Project, which provides resources and programming related to mindfulness for schools (Mohammadi et al., 2020).

Screening may be done to identify students who may need mental health assistance, inform them about their choices, and make it possible for them to contact providers. One way of dealing with this is screening students to determine if they require mental health help, informing them about the available options, and then linking them up with service providers.

Several challenges faced by schools in performing these tasks include limited financial resources, the inability to hire qualified personnel, and differences in teachers', parents', and children's understanding or acceptance of psychological problems. Engaging with local mental



health organizations, pursuing grants, and arranging regular training and awareness-creation sessions are some ways that could be used to address these difficulties(Hoover & Bostic, 2021).

CONCLUSION

A large number of MHPSS treatments concentrate on strengthening the family unit as a whole to promote better caregiver health and stronger parent-child relationships. Interventions aimed at improving children's mental health during times of war and displacement could benefit from using measures pertaining to caregiver health and parenting skills. In the event of a violent conflict, schools must take extra precautions to ensure the safety of their children. Reaching more children in need is made comparatively straightforward with school-based interventions. Programs implemented in schools to help children and adolescents cope with mental health concerns and develop resilience after suffering trauma as a result of conflict were very effective. School psychologists, teachers, and administrators may all have a role in supporting students who have overcome trauma. However, in times of war, limited school access might make school-based therapy difficult to implement.

Statements and Declarations

Ethical Approval: This manuscript contains no studies with human participants performed by the author.

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