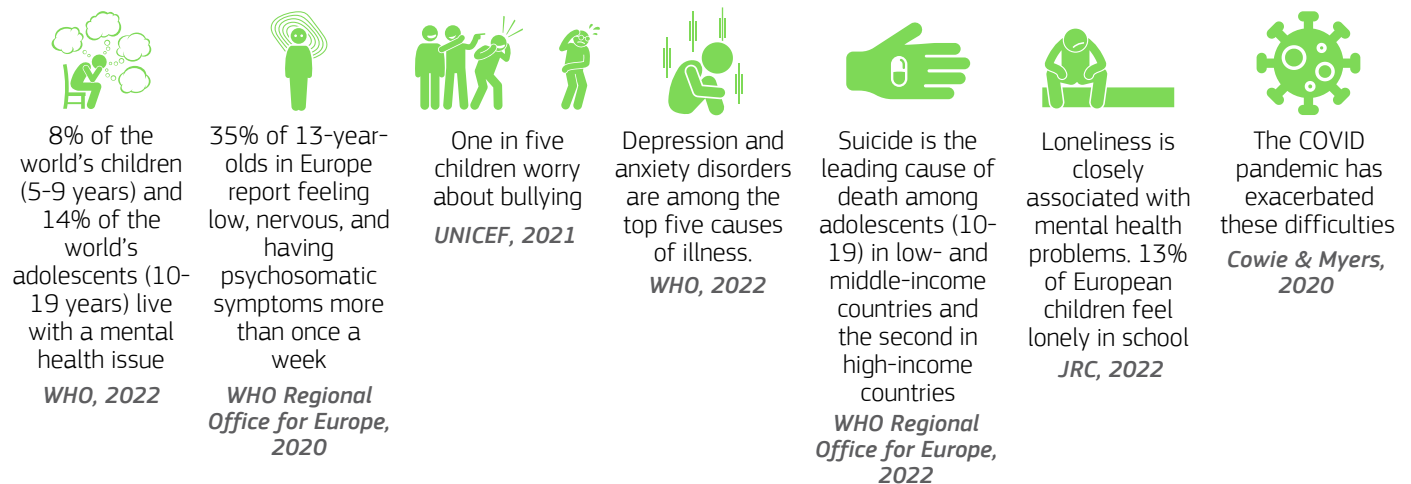European Commission

Well-being and Mental Health through Education

Positive mental health as defined by the World Health Organisation (WHO), refers to a state of well-being where children and young people realise their own abilities, learn to cope with common stresses of life, develop a positive sense of identity and the ability to manage thoughts and emotions, build social relationships, and acquire an education that fosters active citizenship. A whole school approach to well-being and mental health, in which all school actors (teaching and non-teaching staff, learners, parents and families) and external stakeholders have an essential role to play, leads to the promotion of positive mental health. Education involves sowing the seeds of emotional well-being (through the promotion of social and emotional learning) where children understand their emotions and can express themselves as valued members of the school community.

What are mental and emotional health difficulties?

8% of the world's children (5-9 years) and 14% of the world's adolescents (10-19 years) live with a mental health issue
WHO, 2022

35% of 13-year-olds in Europe report feeling low, nervous, and having psychosomatic symptoms more than once a week
WHO Regional Office for Europe, 2020

One in five children worry about bullying
UNICEF, 2021

Depression and anxiety disorders are among the top five causes of illness.
WHO, 2022

Suicide is the leading cause of death among adolescents (10-19) in low- and middle-income countries and the second in high-income countries
WHO Regional Office for Europe, 2022

Loneliness is closely associated with mental health problems. 13% of European children feel lonely in school
JRC, 2022

The COVID pandemic has exacerbated these difficulties
Cowie & Myers, 2020

Risk and protective factors for mental and emotional health

Risk factors

- Family factors: low quality of social relationship with parents, adverse childhood experiences like neglect, domestic abuse or specific family circumstances like death of a parent or parental criminality.
- Social and environmental factors: the cycle of disadvantage, poverty, economic crisis, deprivation, deviant community, social isolation, discrimination, migrant background, homelessness.
- Individual factors (noting, however, that often individual factors are strongly influenced by children's family and social background): chronic physical illness, communication difficulties, high alcohol/drugs/substance abuse, academic failure, under-age sexual activity.

Protective factors

- Family factors: supportive relationships with adults, material resources, regular family income, consistent discipline, support for education.
- Social and environmental factors: access to good educational facilities, support network in community, positive school policies for behaviour, effective anti-bullying policies, schools linked to social and psychological services, and local community networks.
- Individual factors: a sense of mastery, good social skills, participation in extracurricular activities (sport, arts), good health, positive self-esteem.

Education and Training

Mental disorders

Internalising disorders

Depression – a common mental health disorder, characterised by sadness and misery, poor concentration, lethargy, social withdrawal, eating disorders and a negative view of self and environment.

Suicidal thoughts and self-harm – common among students with depression. Self-harming behaviour (more common among girls) peaks in mid-adolescence. Suicide is a leading cause of death in adolescence, with boys particularly at risk.

Anxiety includes generalised anxiety, separation anxiety and specific phobias, such as obsessive-compulsive disorders (OCD), social phobia and panic disorders. Often accompanied by unease, worries about identity and body image. Separation anxiety involves excessive clinging to parents or school refusal.

Externalising disorders

Aggressive behaviour is common during childhood and adolescence, often linked to attention deficit disorder (ADD), typically involving hyperactivity and short attention span.

Alcohol/drug abuse rates are higher among young people with mental health disorders. High-risk drinking/drug abuse link to permanent disability and even death, as well as crime, anti-social behaviour, stigmatisation and social exclusion.

Examples of how schools can promote mental health and well-being

1 Promote the emotional health and well-being of all children, where the school is a zone of safety, e.g. Schools of Sanctuary.
LEARN MORE ▸

2 Create whole school policies grounded in knowledge about mental health issues in youth, e.g. RESCUR Surfing the Waves.
LEARN MORE ▸

3 Form good relationship with parents/carers, e.g. Pharos programme.
LEARN MORE ▸

4 Work collaboratively in multi-disciplinary teams at school and in community, e.g. EU Guidelines – Rights of the Child
LEARN MORE ▸

5 Develop a combination of intervention methods that build resilience, self-esteem, coping skills, e.g. SHIFA project.
LEARN MORE ▸

6 Strengthen the whole school as a supportive, cooperative and caring community, e.g., Anti-Bullying Alliance.
LEARN MORE ▸

7 Address barriers such as stigma, enable vulnerable students to develop agency and voice, and to become integrated into altruistic peer groups, e.g. Anti-Bullying Ambassador programmes
LEARN MORE ▸

8 Actively promote inter-cultural relationships and belongingness in the peer group, develop nurturing relationships between staff and students, e.g. The Haven Project
LEARN MORE ▸

9 Ensure that students have access, when needed, to relevant professional support from educational psychologists, counsellors and psychotherapists, e.g. (Trauma-Focused Cognitive Behaviour Therapy (TF-CBT)
LEARN MORE ▸

10 Promote a healthy and active lifestyle from a young age and throughout education. This will enhance protective factors such as healthy nutrition, regular physical activity, no tobacco and alcohol use, no drugs, and protection from aggressive (online) marketing of unhealthy food options
LEARN MORE ▸

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