

Knowledge Builder

SERIES NO. 1

Piloting the Good School Toolkit's Mental Health Guide

Introduction

The Good School Toolkit (GST) is an evidence-based approach to prevent violence against children (VAC) in schools. It aims to transform the operational culture of the entire school and improve relationships between teachers, learners and the surrounding community. Raising Voices has developed, refined and adapted the GST over many years of learning and innovation. Increasingly, children's mental health priorities are emerging as an area of concern, given the intersections between violence and mental wellbeing. It is estimated 1 in 7 children globally experience a mental health disorder¹, a reality that remains unaddressed in many VAC prevention programs. To fill this gap, Raising Voices set out to better understand children's own experiences of mental health and explore creative approaches to promote positive mental health in schools². In 2023 we finalized the GST mental health guide to enhance children's overall wellbeing. This Knowledge Builder summarizes key learning from the pilot in four Ugandan schools.

Mental Health Guide Details

The mental health guide (<https://raisingvoices.org/resources/mental-health-guide/>) is designed to be implemented alongside the GST. It contains school activities, discussion guides and tools supported by child-friendly materials (e.g., booklets, posters, etc.). Similar to all GST activities, it is school-led and implemented by teacher and student protagonists. The mental health guide aims to:

- reduce stigma and increase empathy around mental health challenges faced by students and teachers;
- provide language to sensitively communicate about mental health challenges and needs; and
- build basic skills such as meditation, journaling, and help-seeking to promote overall mental health among all students on a day-to-day basis.

The Mental health module's six core sessions



1. World Health Organization (WHO) <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
2. Raising Voices' journey with mental health programming and research can be found in our 2024 Learning paper "Understanding the Impact of COVID-19 School Closures on Adolescents' mental health in Uganda". <https://raisingvoices.org/resources/understanding-the-impact-of-covid-19-school-closures-on-adolescents-mentalhealth-in-uganda/>



Who is the mental health guide for?

All primary and secondary schools implementing the Good School Toolkit!

Timeframe | Location of the pilot

October 2023 to May 2024 in 4 schools in Kampala and Wakiso districts, Uganda. This included 2 primary and 2 secondary schools.



Methods

The aims of piloting the GST mental health guide was to illuminate gaps, strengths and opportunities for improvement. More specifically, we assessed acceptability, understanding, relevance, feasibility, indications of change and captured actionable recommendations. Four schools were purposively selected for the pilot, representing rural, urban, private and government-aided schools. All the selected schools had experience with implementing GST.


Learning from the pilot draws on a diverse dataset to capture a range of experiences and perspectives. These include 10 school level observations of mental health activities, 6 review meetings with teachers and students at the start, middle and end of the pilot, 44 recorded notes from facilitators and various program reports summarizing learning from trainings and meetings with schools. We also engaged in various reflective discussions at Raising Voices to interpret emerging findings.

All data were collected with close alignment to ethical protocols that centered child safety, agency and appropriate referral services as needed. Qualitative analysis involved thematic coding and a data summary process to compare, contrast and identify common themes. Descriptive analysis of the quantitative data was conducted using Microsoft Excel. Key limitations include using notes (rather than full transcriptions) of the FGDs, which did not indicate the sex of the speakers. Additionally given this is a small pilot, we are unable to generalize beyond the participating schools.

What we Learned

1. Overall the guide was acceptable to students and teachers and the content resonated with day-to-day realities. Some gaps in language clarity and understandability were noted.

- Given the pilot schools had experience with GST, students and teachers related well to key topics exploring the connections between violence and mental health. In addition, the examples shared in the guide were found to be aligned with the ethical values and standards of primary and secondary schools.
- Students generally found the content relevant and helpful for their lives. They said the materials contained familiar scenarios with helpful ways to overcome daily problems, including bullying, stress from school pressures, and family problems.
- Teachers perceived that the guide included “something for them” especially the self-care content which bolstered their support.
- While students appreciated the simple content, some words were difficult to understand. They recommended unpacking new concepts with clear definitions and further simplify technical sections.
- We also noted some differences between primary and secondary, with some secondary students sharing that the cartoon booklets were “child-like.”
- A few motivated learners opted to share mental health ideas with peers in their home communities and expressed a desire to have the ideas translated into their local language.



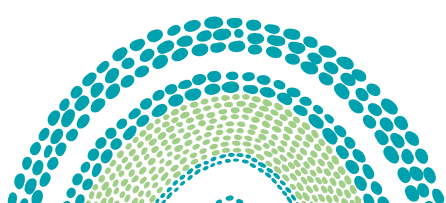
“Most teachers in the room felt that the discussion on self-care was the most impactful. They felt that for once they had an opportunity to discuss something “for them.” - Teacher in a review meeting

“What is in the book is what we go through in our daily lives and these sessions suggest ways to overcome daily problems we encounter. “ - Student in a review meeting

2. Despite some challenges related to referral services and timing, the pilot demonstrated good feasibility with strong facilitation, exposure and engagement across the four pilot schools.

- Schools were willing to provide time for mental health activities and some teachers utilized their lunch breaks to run sessions. A common challenge, however, was identifying free blocks of time for the sessions and completing longer activities.
- Schools engaged with the variety of suggested materials and activities, including facilitating skits and other activities during school-wide assemblies, embedding sessions into class periods, etc. Overall schools reported high participation across their students, especially those that allocated more structured time within the school curriculum.
- Students emerged as strong facilitators—particularly those who were leading other GST activities. However, they occasionally faced challenges and distractions from other students. This was mitigated when teachers intervened to support the facilitators.
- Feasibility was boosted through careful selection of facilitators, prioritizing students already engaging in the GST activities and/or those holding leadership positions.
- All schools were provided a list of mental health referral services for students in need of further support. However, many shared that accessibility was a challenge, due to cost and other barriers.

3. Indications of change are promising, with findings suggesting positive shifts in perceptions, understanding, care strategies and supportive behaviors towards oneself and others.

- Students and teachers’ understanding of mental health concepts deepened. They began to un-learn commonly held stereotypes that view mental health difficulties as “insanity” “madness,” “laziness,” or “slow learners.” As language in the school started to shift, students felt more open to talk about their mental health needs.
 - Students and teachers reported incorporating more self-care activities into their lives, such as exercise, praying, dancing, and listening to to/making music. Teachers further highlighted looking at nature and relaxing while watching television.
 - Students and teachers gained new skills, including improved coping mechanisms, emotional regulation and increased empathy for others. This led to reduced conflicts among peers and improved teacher-student relationships. For boys in particular, these sessions helped un-learn gender stereotypes that made it difficult for them to seek support of talk about their problems. Some shared that for the first time, they learned that crying was not a sign of weakness.
 - Students shared they began reaching out to peers who were going through different challenges and offering some encouragement to them. Some were originally peer counselors and students’ leaders but didn’t know how to support their peers going through difficult times. The guide enhanced their skills and knowledge.
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From Insight to Action

Program findings from the pilot led to the following improvements to the mental health guide:

- Simplified language and added visuals, especially for primary school children. For example, we replaced the phrase “mental health being on a continuum” to “mental health being on a scale,” and developed an illustration to provide more clarity. Added suggestions on session length (based on the average times from the pilot) to support facilitators in planning the sessions.
- Provided definitions for key words and any time we introduced a new word, for example anxiety, depression, self-care etc.
- Developed further guidance on how best to implement the proposed activities, for example by adding talking points for school assemblies, skits for learners to role play, among others.



Recommendations

Learning from the pilot points to the following considerations for implementing the mental health guide in schools:

1. The mental health guide requires “fertile ground” e.g., a violence-free environment to promote mental health and overall wellbeing. In other words, we need to ensure schools are actively working to prevent violence against children alongside positive mental health promotion.
2. Create a separate time for sessions and keep them short, breaking down modules into smaller discussion sessions as needed. Resist the temptation to allocate breaks/lunch time for this engagement.
3. Boost quality by carefully selecting and training student facilitators, prioritizing those already engaging in similar activities and/or holding leadership positions.
4. Simple and understandable content is key, however finding a ‘one-size-fits-all’ approach for primary and secondary schools is a challenge. Schools can select from (and further tailor), the diversity of tools and content included to strengthen resonance and understandability for their students.
5. It is critical to develop a referral plan at the start for external support and crisis intervention. Ideally referral services should map onto existing infrastructure that is free and locally accessible.

About the Knowledge Builder series: The Knowledge Builder series aims to provide short, accessible synopses of Raising Voices research and learning, and how these insights have been applied in practice.

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