Knowledge hub
-
Collection of best practices

Summary of the best practice

1. Title of the best practice (e.g. name of policy, programme, project, etc.) *

    Mental Health Awareness Compaign

2. Country or countries where the practice is implemented *

    Syrian Arab Republic

3. Please select the **most relevant** Action Track(s) the best practice applies to *

    ☑ Action Track 1. Inclusive, equitable, safe, and healthy schools

    ☐ Action Track 2. Learning and skills for life, work, and sustainable development

    ☐ Action Track 3. Teachers, teaching and the teaching profession

    ☐ Action Track 4. Digital learning and transformation

    ☐ Action Track 5. Financing of education

4. Implementation lead/partner organization(s) *

   MOE/WHO

5. Key words (5-15 words): Please add key descriptive words around aims, modalities, target groups etc. *

   mental health awareness covid-19 exam anxiety bullying

6. What makes it a best practice? *

   The subjects are addressed for the first time, especially to study the Psychological effects of long war on students.

Description of the best practice

7. Introduction (350-400 words)
   This section should ideally provide the context of, and justification for, the practice and address the following issues:
   i) Which population was affected?
   ii) What was the problem that needed to be addressed?
   iii) Which approach was taken and what objectives were achieved? *

   Exam anxiety is a subject has never spoken about before despite how important it's for students. So there were a campaign targeted students in public schools in April just before the general exams (The ninth grade certificate and the baccalaureate certificate). The subjects were: Exam anxiety management /students 12-18 years/ - bullying /6-12 years/ - and health awareness about covid-19 for all students.

8. Implementation (350-450 words)
   Please describe the implementation modalities or processes, where possible in relation to:
   i) What are the main activities carried out?
   ii) When and where the activities were carried out (including the start date and whether it is ongoing)?
   iii) Who were the key implementation actors and collaborators? (civil society organizations, private sector, foundations, coalitions, networks etc.)?
   iv) What were the resources needed (budget and sources) for the implementation? *

   > The campaign took place from 3/4/2022 to 28/4/2022. There were interactive activities involved students like (drawing-songs and poems about the subjects-play roles).
   > Preparing phase: in collaboration with MOE and WHO/Mental health department there were trainings for stuff (doctors-nurses-health educators-psych advisors and social advisors) on mental health subjects like (MH GAP-SMHP..)
   > Implementation phase: 140 teams were formed. Each team consists of (1 doctor- 1 nurse - 1 educator - 1 psych advisor - 1 social advisor). They visited 2715 schools (basic & high schools) and targeted 1.111.109 students in 14 governorate.
   > WHO provided The budget for (training - transporting -brochures..).

9. Results – outputs and outcomes (250-350 words)
   To the extent possible, please reply to the questions below:
   i) How was the practice identified as transformative? (e.g., impact on policies, impact on management processes, impact on delivery arrangements or education monitoring, impact on teachers, learners and beneficiary communities etc.);
   ii) What were the concrete results achieved with regard to outputs and outcomes?
   iii) Has an assessment of the practice been carried out? If yes, what were the results? *

   > Doctors monitored 830 cases (329 exam anxiety- 154 behaviour disorder)
   > Psycho advisor monitored 3227 cases (1457 exam anxiety - 1317 bullying).
   > Social advisor monitored 1264 cases (510 exam anxiety - 548 bullying).
   > Health educators and nurses gave 1125 sessions about mental health during covid-19 - 1370 sessions about bullying and 1573 sessions about exam anxiety.
   > The main achieve: The students talked about their fears and psycho pain for the first time and there were listeners for them. also some emergencies cases were monitored and treated immediately and professionally. three teenagers lives were saved.
   > note: The final report has not finished yet.

10. Lessons learnt (300 words)
    To the extent possible, please reply to the following questions:
    i) What were the key triggers for transformation?
    ii) What worked really well – what facilitated this?
    iii) What did not work – why did it not work? *

    Students were able to handle exam anxiety. 2287 cases were monitored.
    1865 bullying cases were monitored.
    Students learnt how to relax and loose tension (relax techniques).
    Experts discussed bullying issues with students. Students learnt many messages like (not to make fun of my classmate disability - What I see fun might harm others...)

11. Conclusions (250 words)
    Please describe why may this intervention be considered a "best practice".
    What recommendations can be made for those intending to adopt the documented "best practice" or how can it help people working on the same issue(s)? *

    Discussed for the first time. Attempt to study the Psychological effects of long war on students.
    Hidden psycho issues were monitored.
    Students learnt many techniques.
    Discussed & explained thoroughly all the subjects.
    Students have new perspectives.
    We are planning to repeat and extend this campaign so it could reach all the schools and students. There are many challenges of course like budget-transportation-time...

12. Further reading
    Please provide a list and URLs of key reference documents for additional information on the "best practice" for those who may be interested in knowing how the results benefited the beneficiary group/s. *

    We are working on the final report. you can follow MOE Facebook page for further information.