A collection of drawings and stories from the WHO Global School Contest on Mental Health
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World Health Day 2001 was devoted to mental health with the theme “Stop Exclusion: Dare to Care”. As part of the celebration of World Health Day a school contest was organized in which young people were asked to show in pictures and words their understanding of what it means to suffer from a mental illness and what could be done to reduce stigma. We have not adequately recognized that children themselves can be affected by a mental or brain disorder, or that they can be marked by a mental disorder affecting a loved one in the family. It is now known that about one in five of the world’s youth under the age of 15 suffers from mild to severe mental disorders. However, despite the need for early intervention in childhood, most treatments are geared towards adults. Open discussion is a necessary part of prevention and of successful treatment. The aim of this book is to foster such discussions.

An estimated half a million children and adolescents world-wide participated in the contest. The three finalists in the school contest, selected after rigorous competition at local, national, regional and finally global level, were invited to address the Ministers of Health gathered for the 54th World Health Assembly at the United Nations in Geneva. The words of Bibbie Kumangai, Palau (aged 17) and Tang Shu-Wei, China (aged 14) as well as the artwork presented by Dhruv Suri, India (aged 7) left a significant impression in the minds of the Ministers of Health from all countries of the world. It was felt that the words and pictures of the national winners could be put to continuing use by including them in a book that would improve awareness on mental health and provide guidance for greater discussion with young people in schools and communities.

We must draw young people into the debate on how we can make good mental health a reality for everybody. We need to listen and reach out, and be creative in helping them cope with the tremendous pressures and challenges they face in today’s world.

Many would not have imagined the depth of feelings and understanding reflected in the contributions to the Global School Contest. It is hoped that this important document will allow adults and young persons to engage in open dialogue to foster improved mental health for all generations.

Dr Benedetto Saraceno
Director
Department of Mental Health and Substance Dependence
Introduction

This document is a selection of the national winning pictures and stories chosen to illustrate some of the common mental health concerns among the young people who participated in the Global School Contest on Mental Health. It is designed to be read by young people, and used by adults to facilitate discussions in schools and community settings about emotions, mental and brain disorders, and stigma. The book is intended to provide materials that can be of interest to a wide-range of age groups. A discussion guide explaining how to use this book as well as a listing of WHO programmes and resources are provided at the end of this document. This book is not intended to offer a full explanation of the medical conditions described.

A complete list of the national contest winners is included on the last page. Only the first name and initial of the family name are used to guarantee the confidentiality of the story that they have chosen to relate. The global winners are, however, identified since as finalists in the contest they agreed to share their story with the world. Names of individuals used in the stories have been changed to protect their identity as would be required in certain countries. A majority of students submitted essays written in English, which is not their mother tongue. Essays submitted in their native language were subsequently translated into English for the purposes of judging the entries. This is duly noted on each relevant essay. Full details about the school contest may be consulted on the following website: http://www.who.int/world-health-day/school/en.html

Claudia
9 years, Romania
You who now read these lines are healthy. For you the sunshine means warm, stroking rays, flowers mean colourful petals, snow means a beautiful white blanket and summer recalls the blue seas.

But what does a disabled person see, hear and perceive of all these wonders? How does he see the sun, the sea and the snow? I experienced this wonder once. The rays of the setting sun filtered through the branches of the trees in the playground. I wandered around in contemplation when all of a sudden I heard someone crying.

It was a boy of 10 or 12 standing by one of the bushes. He was all alone. “What's the matter?” I asked him. “Are you lost?” I could tell he was shivering. I put my coat around him. Slowly he raised his head. He was unusually timid and looked as if searching for something on the ground.

“A lot of... paper,” he said pointing to the thick brown leaf-litter.

“This is not paper,” I tried to convince him. “They are leaves.” Shaking his head, he gave me an odd look. “A lot of... paper... colour paper, dry... paper,” he said raising his voice to a shout. “Paper, paper!” I tried to calm him down. Then a lady came. “Come on, love, I'll pick some colour papers for you,” she said in a kind tone. It was his mother. She took him by the hand, stroked him and returned my coat.

They set off on the path towards the swings.

I looked around. This strange child might be right: the autumn leaves did look like coloured paper. Then the little boy let go of his mother's hand, grabbed a fistful of leaves and ran to me. He stopped right in front of me. “Good boy... leaves... for you.” For an instant I was lost for words. “Are you giving them to me?” “Leaves... for you,” he said and turned round. By then his mother had reached us.

“Don't be angry with him. He is like this. He is sick, but we love him very much...,” she said quietly. I did not know what to answer. I just stood there in the autumn dusk with a bunch of leaves in my hand looking at the now empty path...

Dear little boy, wherever you may be in this world, I am sending you this message even if you cannot comprehend the meaning of these words. You have given me the nicest gift of all. You have given me understanding, the ability to accept you as you are and to see the wonder of you... to see the human being in you.
Mental Health

Health, as defined by the WHO Constitution, is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

From an adult's perspective, mental health is seen as an integral part of health which enables a person to realize his or her own intellectual, emotional and relational abilities. With a balanced or positive mental outlook, each person is more capable of coping with the stresses of life, can work productively and fruitfully, and is better able to make a positive contribution to his or her community. Mental and brain disorders, by affecting mental health, hinder or diminish the possibility of achieving this. Preventing and treating mental and brain disorders helps a person to achieve his or her full potential.

Defining mental health is the subject of on-going debate. It is difficult to pinpoint one precise definition because of cultural differences and varying beliefs. A possible description could be that: Mental health is the ability of the individual, the group and the environment to interact with one another in ways that promote personal well-being, the best possible development and use of mental skills, and the achievement of individual and collective aspirations, in keeping with the ideals of justice, and with a view to achieving and preserving fundamental equality.

Many of the young people participating in the Global School contest have offered their own view of the definition of mental health.

Christine
14 years, Federated States of Micronesia
Mental health includes how you like, accept and feel about yourself; how well you relate to others; and how you meet the demands of your daily life. A person with good mental health is in touch with his or her emotions and expresses them in acceptable and healthy ways. Such an individual can usually deal with the problems and frustrations of life without being overwhelmed by them.

Aniel
17 years, Dominican Republic
Often apparently normal people feel pity, pain and fear but the saddest is that there are some who go as far as abhor, despise and forget that the mentally ill are human beings too. Yes of course they are, they have feelings and from their heart flows the same blood as ours, they breathe, feel, laugh and cry just like us and need warmth, care and, above all, love. In the face of all these difficulties it is a wonder that they somehow manage to survive since they don’t have the same internal and external resources as we do, but they value their existence more than normal people, they live every second of their lives and reward us with their smiles.

Andrea
11 years, Ecuador
The health of the mind depends on our thoughts. If they are positive our life is much more tolerable and we will act more positively towards our family and society.
Mental health is the ability to deal in a reasonable way with the stresses and changes of everyday life. When we have good mental health, we like ourselves and we accept ourselves as we are. Mental health, like physical health, cannot be taken for granted. Working to achieve and maintain a high level of mental health should be a specific goal in each person’s plan for achieving total health.

Everyone has varying levels of mental health at different times. Mental health does not mean feeling happy all the time. It does not mean always being in control. It does not mean never falling apart or never feeling angry, afraid or insecure.

In fact, being able to feel and deal with a variety of emotions and situations are key components of a person’s mental health. Being down, identifying why, doing something about it, and bouncing back can give a person a true sense of accomplishment and worth and strengthen his/her mental health in the process.

Self-esteem is directly related to your general level of wellness. How you feel mentally and physically, as well as how you take care of yourself, your health habits are all affected by what you think of yourself. Having high self-esteem promotes good mental health.
Sadness and Depression

Young people can feel sad. Young people, even the very young, feel sadness in much the same way as adults. Sadness is a normal feeling when a person experiences a loss, such as the death of a friend, pet, or relative. Sadness usually goes away after a time during which the person grieves the loss. Talking with others is an important part of this grieving process. Grieving may involve remembering times with the person or thing that has been lost, or wanting to see things and places associated with the lost person or object. Support from family and friends is most helpful. Staying involved or getting involved again with school and activities is also useful. It is not a good idea to try to avoid thinking about the person or object that is being mourned. There is nothing to be ashamed of about being sad.

Being depressed means that the young person remains sad for longer than a normal period of grieving. Sometimes it may not be possible to recognize what the person is depressed about. Depression may have biological roots. Disturbed sleep, loss of appetite, loss of interest in activities, and withdrawal may be signs of depression. Suicide can occur more frequently in depressed youth. Some will try to rid themselves of the depression by using alcohol or drugs, but these usually only make the feelings worse. Professional treatment is often the best solution for depression. With talking therapies, activities and medication, improvement can be expected.

Charlene
16 years, Malta
The teacher asked me whether depression was considered to be a mental illness. I panicked; I was so out of focus that I said the first thing that came to mind. No!
Day dreaming, withdrawal, mood swings, distraction, aggressiveness, drug abuse, loneliness and contemplating suicide are just a few symptoms of depression. Up to now I had never considered depression as a mental illness. I am worried for I might actually be another victim of this so-called illness. No I cannot possibly be! I mean who at one point in life has not thought about ending all of this misery, all of the heartache and pain? Sure it is not normal to think about it every single day, upsetting myself up to a point where I am so blind that I inflict cuts and bruises. Yes I know! You are probably wondering what could have gone wrong in my life for me to have such a bitter taste of it already.
Well here is a little insight. From a young age I have learned that no matter how often I asked or had been promised something, I never got it. By the age of seven I was doing chores other children wouldn’t even dream about. I grew up before time, wanting my mother to be there with me like the rest of my schoolmates, my father would not stop putting me down and telling me how stupid I was and still am. So I stopped the crying, but something more frightening took its place. Raw, hot anger flowed through my veins up to a point where I would imagine killing him or anyone who dared to upset me. From smoking cigarettes, to smoking pot. My most desired wish is to actually find the courage to end this charade. I thought that by taking drugs and resorting to alcohol I would speed things up. I have no friends for I lash out at them for no reason. I do this to rid myself of the anger that is eating me up. Wouldn’t the world be a whole lot better without me? My best friend died of cancer a few months back. She was too young to die. I vowed that I would avenge her death by living and doing what she would have wanted me to do and doing what she would have wanted to do. I gave up the drugs and alcohol, I confronted my fears and released the demons from within me, making way in the maze to my heart.
Vladimir
14 years, Republic of Moldova
(translated from Moldovan)
They are there. I am here in black shadow that never leaves me. It does not let the light of joy go through, it is so cold that not a single child can come to me in order to become my friend...

They laugh. I am always sad. I do not remember what a teacher has said at the lesson and I cannot receive good marks. But for a long while I want to have at least one friend, want to be praised at least once at school for I study well.

My Granny says that my Dad was not thinking at all “when making that child”. He thinks only about drinking, kicks up rows at home, offends Mom and blames her for giving birth to a needless child.

I feel so sad and embittered deep in my heart as if tears with blood are mounting in my heart...

Simona
9 years, Lithuania

Mona
9th grade, Tunisia
(translated from Arabic)
My friend was one of the most brilliant pupils when I knew her in the early years of primary school. Then she became undecided, scared, and solitary, avoiding her friends; and her grades were getting worse by the day.

I was used to seeing her tears, her blood-shot eyes, and her sad desperate look. She kept away from me, as though she wanted to avoid any ties to other human beings, so I decided to tell the science teacher about her predicament, hoping he could find a solution. He began by treating her very kindly, and asked her to stay after class to find out more about her problem, so that it could be placed in the proper perspective by the social worker and the school physicians, with the aim of helping her overcome the obstacles. Two months later I felt that she was gradually regaining her former academic skills, as well as her normal relations with other students; she recovered her usual gaiety, and was happy because I could help her snap out of her self-imposed isolation and negative attitude towards life. She later told me that the loss of her dearly beloved father had caused her such depression and sadness about life.
Annie
17 years, Samoa
A friend of mine suffered from depression for quite a long time. He was so stressed out. He had too much on his plate and the support given to him just wasn’t enough. He felt his happiness at a distance and his life in a misery. He turned to drugs for help that was never offered. It was an addition to his problems. Sufferers of mental illness react to their condition in different ways. Some blame other people for their behaviour. Others detach themselves from reality and seem completely unresponsive to their surroundings.

They may cause physical harm not only to others, but themselves. Mental illness can affect persons of any age, race, religion or financial status.

The brain disorders are treatable! I care and my message to the world is, exclusion of mental illness must be stopped, and we are the only ones who can do it if we open our eyes and see for ourselves the real problem. DARE yourselves to CARE because it’s affecting you too!

Veliana
6 years, Bulgaria

(Translated from Serbian) Their sad lives float behind the fog made of tears. But they wish to live cheerfully too, with a smile shining on their faces. Let us support them with our love!

Maribel
8 years, Ecuador

Ivana
13 years, Yugoslavia
(Translated from Serbian)
Suicide

Some young people feel so sad or depressed that they feel life is not worth living. Sometimes a child or adolescent will feel this even when it is not obvious they are sad or depressed. Some adolescents, if they drink too much or take drugs, may get so “down” that they think of killing themselves. It is important to realize that children and young people may have these thoughts, and that they may kill themselves. Sometimes they do not mean to die but the action they choose leads to their death. It is important for anyone who has these suicidal feelings to realize that killing oneself will not solve the problem. Bad situations can be made better by talking or working with others to solve the problems. Friends or relatives of someone who feels suicidal should point the person towards community groups and professionals that are able to help them.

Shaima
14 years, Maldives
Three years before when I was only 11 years old, Farida was 12 years. She used to have a very unusual behaviour. She did not have many friends and she was always excluded from society, feeling lonely and always brooding. She used to feel as if she was deprived of affection from her family and friends. I felt very sorry for her and I did my best to help her. Farida once told me that at times she used to get so frustrated that she felt like committing suicide. I always told her to control her temper. I told her that she also had a talent and nobody is perfect. I also asked my aunt who was a counsellor to help her. Luckily before her condition advanced we were able to get her the required treatment and cure her. I am very happy to see Farida leading a successful life now – helping special children who God has created in a special way. Though people like us are a drop in the ocean to help the special children, we would be glad to help anyone in this world to make the world a better place to live in by daring to care (for) the excluded children from the society.

Anton
14 years, Philippines
My friend, Roy was very friendly and never forgot to wear a smile. Until one day when he was summoned to the Principal’s office because he was implicated for using prohibited drugs. After the investigation, his behaviour changed drastically. He was terrified as to the reaction of his parents because they are very strict. He told me he wanted to commit suicide, so I informed my teachers. They tried to appease and support him. Yet our efforts were futile when one Friday night he took his life. I cried until it ran dry and realized that I could still make up for a friend that was lost. I became active in the programmes conducted by the school in stress management, defence mechanisms, parent relationships and others. The atmosphere became one big family. Let us remember that life is a continuous saga of mystery - a puzzle can never be finished if a single piece is missing to complete the whole picture.
Brian
15 years, Kenya

John seemed a normal person from the outside. I guess he had a talent for hiding what he felt. Obviously, being his best friend, he told me everything. He was tormented by an emptiness he felt inside. He told me he was slowly dying from his parents’ lack of concern. He hungered for their attention.

At the tender age of ten, he had had his first experience with drugs. Like any good friend, I did the most natural thing, talking him out of it but no amount of coaxing would change his present mentality. He felt in drugs, he had filled the emptiness inside. Being young then, I thought teachers would punish him rather than help him, so, I kept grown-ups out of it. He knew how to hide his feelings so no-one would have guessed he was on drugs.

This status was maintained until during a prize giving day in the school he passed out and started foaming at the mouth. He was rushed to hospital where he was diagnosed with an overdose of about nine non-medicinal drugs. The doctor in charge confessed to never seeing anything like it. It was a miracle he survived.

A couple of months later, he was suffering from anxiety, depression, insomnia, everything that is brain-related. This was all the reason he needed to take his life.

John turned to drugs because his parents never really cared. The emptiness inside made him susceptible to any consolation coming his way. Unfortunately for him, it was drugs. Does anyone ever stop and think about what the mentally ill are going through?

In conclusion, remember a little concern will save a life that has so much potential.

Sara
13 years, Lebanon

(translated from French)

I had a friend at school who seemed to be perfectly healthy, although she had a hard time following classes. Her classmates thought that she was lazy and stupid, and she felt isolated, left out of the group; she kept to herself as she couldn’t join in their games.

One day, I went up to her and smiled: she couldn’t believe her eyes and burst out crying. I calmed her down, and we became friends from that day on.

One day, she was doing her utmost to learn her lessons, but she just couldn’t manage. When her daddy had died, her mother had married a man who was very severe, and who beat her on the slightest pretext. I remember well that before the end of year exams he threatened her and told her he would kill her if she failed. She was scared of him and believed it. She started studying and I tried to help her, but she had a mental problem. That’s why she couldn’t succeed. On the last day of class, she bid me farewell with tears in her eyes. The next day, I learned that she was dead; she had committed suicide by swallowing poison.

It was a terrible shock, and I cried my heart out. I still ask myself who is to blame for her death. Is it her stepfather? Is it the school? Is it the State? Is it her social background? I hope that I shall find out one day.
Drug and alcohol abuse and addiction in parents can be very upsetting to young people. A parent drinking an alcoholic beverage is not unusual unless there is some religious reason for not drinking. However, drinking too much can lead to many stresses in a family. Common family problems can include the loss of a job, emotional or physical violence, lack of money for basic family needs, or isolation from friends. The young person can sometimes feel the need to step in to protect a brother or sister or the other parent from being abused by the one who is drinking. For the young person to feel helpless and sad at these times is understandable. The child or adolescent should not feel responsible for the parent’s behaviour or drinking problem, even when the parent may try to blame him or her.

Sometimes, when the parent is not drinking or taking drugs, the young person can tell them how much it hurts to see them drinking. In some situations, the best solution may be for a relative or agency to take the young person away from home and into care for their own protection. All family members are likely to need help to be able to understand and be part of solving a drinking or drug problem. Talking to a trusted adult would be a good way to seek assistance which may be found in the school nurse, family doctor or in youth groups and community associations.

Alcohol or drug abuse in a parent

Odalisa
12 years, Belize
M y Dad, although I love him very much, does not live with my family. He fell into the vicious grip of crack cocaine, which severely changed his mentality and behaviour seven years ago. I noticed my father arriving late from work frequently and always criticizing and screaming at my mother. My dad started to pawn our household items, my mother’s personal items and even took the money my grandfather gave me at times. I was part of this miserable life for about two years until my mother decided to separate from my Dad. I was relieved, yet so sad. I desperately wanted to help him. After the separation, my mother went to counselling, which I also attended. Through these sessions I understood that my Dad’s addiction was an illness. This drug made him feel in control and dominant for a while, but then he lost control and became a slave to the drug. This addiction made him change his attitude towards us. My loveable Dad became a tyrant, a frantic miserable person always getting himself into brawls. He became very lazy and would shun everyone while thinking that everyone was out to harm or persecute him. Anytime I had the opportunity to speak with him I would encourage him to go to a rehabilitation centre to cure himself. My prayers were answered six months later. My Dad found help and was sent to a rehabilitation centre where he spent about three months. He is not completely cured but at least he is not in the “deep dungeon” as before. He now has a job and lives with my grandmother. He will never be the person he was, but I feel my prayers, my good intentions and my boundless love helped my Dad to find the meaning of life.

The experience with my Dad has taught me so much which will prepare me to face the future. I learned that people are so sensitive and they are not always what they seem at first. I believe no one should criticize or condemn any one if they have not “walked” in the persons’ shoes. I also know that love heals!
Nestor
17 years, Philippines
My father was an alcoholic and the memories wound me. His need for alcohol controlled him. I was ashamed of him. His drinking caused us to reject him and this caused him to drink even more. That my father has broken free from the chains that held him captive all his life is testament of one reality: Man is capable of change, great change at that.

Elena
16 years, Cyprus
I am a girl about sixteen years old, who suffers from a problem that has coloured everything in my life. I am an adult child of an alcoholic person, my father. I had to grow up quickly because my father used to beat me up a lot after having drunk. My alcoholic father affected me, especially in my teenage years. It affected both my family life and the life with my friends because I felt lonely, depressed, isolated, away from anything and everybody and excessively guilty. I was judging myself without mercy. The guilt I’d felt over my father’s drinking for as long as I could remember had become intolerable.

Never in my life had I expressed myself, not because I didn’t want to but because I wasn’t allowed to express my feelings unless he found them acceptable. I wanted to find a solution to this problem. I learned many things in a workshop and the whole experience helped me to face the problem of my alcoholic father. I may have lost both love and security, self-esteem, trust, the ability to express my feelings and first and foremost my childhood but I think that all these passed and I have to go on with my life.

Bibbie
17 years, Palau
Global Winner of the School Contest (category 15-18 years of age)
There is no such thing as a perfect world today, not even a perfect family. Each and every family has problems of their own which I think is pretty normal. They go through good and bad times but as a family they overcome and survive their fears and problems. I was born to a loving father and mother. I have two brothers and a sister and I am the second to the oldest. Life was pretty much okay. Both my parents worked and we went to school. They were always there to help and discipline us. We were a happy family.

Bibbie
(continued)
But somehow one day things all changed. My father started drinking alcohol and soon became an alcoholic. Everything about him changed. He didn’t care about the way he looked, was often in a bad mood, and would say mean words he’d never use. He ate less, lost a lot of weight, and would drive around in his car drinking all night and coming home late. Sometimes he would wake us up in the middle of the night for no reason. My father kept on drinking and what I felt for him before gradually changed. I was angry with him all the time even when he told me that he loved me. I started to avoid him in public places because I was afraid he’d embarrass me. I couldn’t bring myself to say “hello” or give him a hug. At home I would stay in my room and not talk to him.

My first year in high school came and my father was still drinking. I shut him off totally from my world. I felt like I didn’t need him anymore. Sometimes when he was drunk he would tell me that he loved me and that he was sorry for everything and what had become of him. It always made me cry so hard for even though I was being so harsh to my father, I always had that soft spot for him. I loved him so dearly. I began to understand that he had a problem that he couldn’t help. Alcoholism had taken over his life and we were not helping him overcome it. We just let him go by without a single thought that he needed our help the most even though he didn’t admit it. I understood very well that alcoholism was a disease that mined not only the life of the alcoholic but also the lives of many who loved him, especially the family.

One day, my father told us that he was going to stop drinking for good. We were so happy to hear this and very eager to help him. He stopped drinking but it wasn’t that easy for him. You see, after many years of consuming alcohol, his body and his mind depended on it. So it was very hard to stop all of a sudden. He often went to Behavioural Health for help and even joined the Al-Anon, which he graduated after six weeks. A few months after his withdrawal, he started telling my mom that someone was after him and that he did not want to live in this world anymore. He was depressed. The next morning, my younger brother woke me up because something had happened to my father. I was so confused and afraid, hoping that he was okay. But to my total shock and confusion, he was sitting on the floor and leaning against the wall soaked with blood. I felt like my heart had been torn to pieces. I cried so hard and I felt so lonely. I could not believe that he had to go that way and not in a peaceful state. My father was a good man. I understand now that he could not have helped himself without our help. I have learned to respect and understand those who are different from us in order to help them. Sometimes that’s all it takes.

Global Winner of the School Contest

Bibbie
8 years, Lithuania
I abele
25
Anxiety

It is normal to feel nervous sometimes when facing fresh challenges such as a new school, new friends, travel to a new place or when dealing with an illness or a stay in hospital. Talking with parents or friends can help to lessen this nervousness. Finding out more about what the experience may be like helps to make the situation more comfortable. Sometimes this normal nervousness can become more serious and then it may be called anxiety. Anxiety can also be a serious problem resulting from a traumatic experience, such as, witnessing an accident, the death of a person, being involved in a fight, et cetera. When a young person feels very anxious they may re-experience the original frightening experience and suffer from sleep disturbance or have problems concentrating. Sometimes, when this anxiety happens it can be helped by talking with others, especially parents. However, sometimes there is a need for professional advice. It is not a good idea to try to treat nervousness or anxiety by taking alcohol, drugs or medication without the advice of a doctor.

Anxiety

Adam
15 years, Hungary
It was a grey monotonous day. Heavy drizzle filled the air and sprinkled everything that lay bare on the cheerless streets. The sun shied away from showing itself through the clouds, allowing but the odd ray to reach the ground still dozing at midday. Fog enveloped the streets like a menacing deluge. The continuous clatter of the bus tamed into quiet thuds along the gravel road. The world seemed so uniform through its window, always the same frames running before my eyes.

There was only one element of this scene that grabbed me. It was a young girl and a lady next to her. The two of them were seated in the front row of the bus. The girl stared rigidly into empty space. The woman beside her was her mother. She kept stroking the girl's hand and talking to her: “It'll be all right. We'll make it there. Don't worry, I'll look after you and never let you down. Don't worry. Don't worry.”

Momentarily a sign of life flickered in the dark jail, but then her face reverted to its petrified traits and became as sullen as the landscape around them. It was touching to see them like that. The child made the odd gesture of recognizing some of the things around her, but then her expressive features would become void of all life just like before.

A few metres from the bus stop, the mother tried to help the girl to her feet. She almost made it but the moment she let go of her, the girl fell back onto the seat. The lady despaired. She muttered to herself: “This is where we get off. Oh, Lord, help us!” But the child could not get off. Her mother tried again, her eyes full of tears. She tensed her muscles, gritted her teeth and lifted her daughter. She almost tore her coat in her desperate effort to lift her child. The lifeless body suddenly filled with a spur of energy and the girl made it to her feet on her own. Bashfully, the lady looked around. You could tell that the people's pitying gaze bothered her. She ran her hand down the sleeve of her coat and led her daughter away. The girl held onto her mother the way one clings to life. I thought she would never let go… Following this exhausting effort, they got off the bus and wandered off. As the window next to me had slightly cleared, I was able to follow the two hugging figures for a long time as they walked off into infinity…
Mental Retardation

All people can think, learn new things and remember what they learned. Some people can do this faster than others. However, there are some children and adults who have great difficulty in doing this and are much slower. They may have mental retardation or learning disabilities. These problems may develop during the growth of the unborn baby or could occur due to a major illness in early childhood. These children should not be regarded as abnormal or bad. In fact, these children may have some very special skill, a pleasant personality or a kind heart. What they need is our special attention and some additional help, so that they can do their best. We need to include them in our usual activities. It will enrich their lives, as well as ours.

Jae-Young
17 years, Republic of Korea
A man named Kim lives in my neighbourhood. He has developmental delay. As a young boy, I had no way of understanding the meaning of this term. I was merely happy and thankful that a person bigger and older than me would play with me. However, as I learned the meaning of the words “developmental delay”, my friends and I began to ignore this man who always smiled delightfully at us. One day on the street I saw an elderly lady carrying a heavy load. Everyone, including myself, was just passing by with pretence of business. But when I heard a voice poorly articulating “I will help you carry that load,” I had to look back. On looking back, I found Kim, looking foolish as ever but with such a radiant smile. At that moment I had to rethink the meaning of “developmental delay” - that of Kim - who, despite his limited thinking capabilities, was living with a child’s pure heart and whose action preceded thinking in helping others. I began rebuking myself. I doubt that public opinion would be different from mine.

Our society generally views those people whose normal mental growth has been stunted with condescension. In describing their condition, we outwardly use the terms such as “developmental delay” or “mental retardation” but inwardly think of names like “stupid” or “retard”. I believe that time has come for a change.

Htaike
16 years, Myanmar
I have a friend in my neighbourhood. She is mentally retarded since she was born. I really feel sorry for her and I wondered why do people act like that to such a nice and innocent person. I wanted to make friends with her but I was worried about what others might say if I do this. Finally I followed my heart and opened the friendship door between us. From the day I became friends with her, her bitter feelings started to fade away. Despite the bitterness of other children, she gets support and love from both parents and teachers. All she needs is love. You should touch them when they are upset. Your touch will say: “You are not alone, I want to help”. So, not just teachers and parents but also the whole community should devote (itself to) mental health.
Elizabeth
13 years, Samoa
Do you find it hard to make new friends or learn new things? Do you ever feel out of place or that you don’t belong? Imagine if you had all these feelings with no knowledge of why you were different. Imagine seeing the world through the eyes of someone who is mentally challenged. I speak from experience when I say that everyone regardless of mental capacity has the right to be treated as a human being and not to be judged by their behaviour. The mentally challenged have no outlet for expressing fear, anger, sadness or frustration. They don’t respond the way we think they should and so we tend to put them in a category or group in which we exclude them from others and think of them as different. They are, but we shouldn’t make it more serious than it really is. Why is it that I am expected to go to school and get an education then so should he. If I have the right to participate in sports, so should he. If I am able to walk into a public area and not be stared at or made fun of then so should he. Not only do we take away their privileges and opportunities, we don’t give them enough attention or help when it comes to living a normal life. They are shunned and hidden away so that no one can see them. Parents need to be educated on how to get help for their children. The government needs to take a stand and make it a priority to see that their needs are met. We need to STOP EXCLUSION and DARE TO CARE.

Andrew
16 years, United Republic of Tanzania
I have an experience of a person suffering from mental retardation since I lived with such a person for two years. At first I was afraid of him because he was like a new person in my life, he was unable to do anything even to eat by himself. But after six months I felt very sorry for him after he broke his leg when he was going to special school. If I have the right to go to school and get an education then so should he. If I have the right to participate in sports, so should he. If I am able to walk into a public area and not be stared at or made fun of then so should he. Not only do we take away their privileges and opportunities, we don’t give them enough attention or help when it comes to living a normal life. They are shunned and hidden away so that no one can see them. Parents need to be educated on how to get help for their children. The government needs to take a stand and make it a priority to see that their needs are met. We need to STOP EXCLUSION and DARE TO CARE.
Jessica
15 years, Belize

There is a guy Gregory who goes to our high school. I found out recently that from birth to age thirteen he was perfectly normal until a branch fell from a tree and hit him on his head, leaving him permanently retarded. There were days when I would engross myself in teasing Gregory. Then came the Mental Health Awareness Programme. I took the opportunity to see if what we were being told was actually true. I sat down and for the first time in my life, I chatted with Gregory. I began to see him in his true light, not as a mentally ill person, but as a real person. What I found changed my entire misdirected perception and possibly my life. Gregory related to me that he has dreams, big dreams. He wants to finish school, get married, have children and get a job; just like all of us do. Even as I write I feel the tears welling up inside my eyes. I found out he cries when he is teased, his biological mother does not want anything to do with him, and he begs for his food and clothes. His greatest desire is to once more enjoy what it feels like to be in a real family where one feels love, a sense of belonging and security.

It hurts us when we are insulted or rejected once in a while. Can you imagine how it feels to live in a constant atmosphere of insult and rejection, never getting the opportunity to participate in a soccer match or table game? I have made up my mind that if no one else loved and cared for Gregory, he would always have a sister in me. When he needs someone to lean on, I will be there. Fear has kept me apart from mentally ill people for a long time. My fear, I believe, was motivated by ignorance and neglect, or maybe I was just plain selfish. Whatever the reason, I now realize that we all are flesh, we each possess a heart that is always open to receive love and appreciation.

Vimal
8 years, Singapore
Epilepsy

Some children who are otherwise good at doing things and seem just like everybody else may at certain times appear to faint or make unusual movements. Teachers, parents or others may say these children are having “fits” when they see this happen. In fact, they should be called “epileptic seizures”. This type of medical condition is called epilepsy. It is quite common for children and young adults to have epilepsy. Often, we do not notice it even when a person suffers from epilepsy because medicine helps to stop the “seizures”. It must be remembered that a person with epilepsy is not handicapped and is able to do all the things the rest of us can do.

Stephanie
14 years, Seychelles
My aunt to this day still has fits, and each time she has one, several of her brain cells are damaged... her nervous system has been badly affected. She can almost no longer recognize my father, who is her favourite person in the world as she used to say. I am deeply saddened by the situation she is in, because she cannot appreciate all the good things around her all that much. We do not know what may lie in store for her for the future, but now we spend as much time as we can with her, and try to give her the best treatment possible.

Natalia
16 years, Kyrgyzstan
(translated from Kyrgyzstan)
In many religious communities children suffering from seizures are considered to be possessed by the devil or evil spirits. Healthy children can be very cruel towards children somehow different from them. They avoid such children, keep them locked away or beat them up. And who is to blame that among us there (are) so many people suffering and tormenting? We can turn away... close our eyes and simply ignore these people, but the problem will still be there and one can’t get away from it.

Mwansa
9 years, Kenya

Nestor
16 years, Philippines
I always looked forward to spending my summer vacation in the rural areas because of the fresh scent of air, the flying of kites, fishing expeditions and other activities. Until one day, when my cousin had an epilepsy or “patol”. The seizure lasted only for a few seconds but his agony seemed a lifetime. I can still recall how he was tied to the bedpost and was given amulets to protect him from evil forces. Late at night I heard him crying. I pitied him so much that I went to his room and untied him and told jokes just to ease his pain of loneliness and helplessness. Instead of seeking for medical attention they are hidden from the public to prevent humiliation leaving the victims with inappropriate care leading to deterioration of health. Let’s chase away the myth that mental and brain disorders are caused by evil spirits or forces.
Schizophrenia

Schizophrenia, although not common, may often begin during teenage years. Schizophrenia is a brain disorder with a biological cause. It involves disturbances in thinking. It is not caused by bad parenting, fright, or other non-biological reasons that people have used to explain it. It is also not correct to think of schizophrenia, as it was in the past, as a “split brain or dual personality”. When someone has schizophrenia they may sometimes behave or think in a strange or unusual fashion. For instance, the person may think someone is trying to harm them or may believe in something that is not real. They may also see or hear things that other people cannot. Often these young people do not want to go out with their friends any more or spend a lot of time alone.

Schizophrenia can now best be treated with medication known as antipsychotics and community-based services. Early treatment and family support are essential for improving the chance of recovery. This is why it is a good idea to talk to the family doctor as soon as possible. It is also important to continue treatment for long enough periods of time. It is usually beneficial to try to continue with school work and other plans with the support of family and friends, and with help from mental health professionals in the community. Both the family and the young person may need a lot of help, but with patience, care and support their lives can be improved.

I nese
15 years, Latvia
(translated from Latvian)
I am the sister of a schizophrenic. If my classmates find out, what will happen to me? People are so prejudiced and merciless. For five years my brother has been living in a world of his own. All his love, hopes and dreams are in the past. We are all that’s left – his kin. Since he became ill, my brother no longer has friends. It’s strange how when you have some bad luck, you’re left with nothing, not even pity. The doctor’s diagnosis is merciless: SCHIZOPHRENIA! These sounds by themselves don’t say much, but put them together and they make up a human-mind destructive disease.

Before schizophrenia took over his mind, my brother wrote poems. He wrote desperately, as if he knew that later he would not have anything to say... “the snow is your uncried tears”. These are the words he wrote as he faded into the darkness of schizophrenia – never to return. Is there no return? Today only his lines of poetry talk to me...

I am healthy and need to help my brother. I have read in a book that complete recoveries in psychiatry are known. I hope my brother will not have to return to the psychiatric hospital where behind barred windows, cries and despair reign. If only this world had the medicines to help him recover! If I had money, I would build a big, spacious bright building. On the walls would be paintings and music would be quietly played in the clinic. This would heal the injured souls.
Thi Hong Hanh
14 years, Viet Nam
(translated from Vietnamese)
She walked slowly on the road. Her unkempt hair flowing on her shoulders was shaggy like a crow's nest. Her complexion was dark and peeling. Her bedraggled clothes, torn in some places, were very dirty. Suddenly, she burst into laughter, and laughed, laughed unceasingly. She crawled on the road to laugh. Many people turned round to look at her. Some smacked their tongues in a gesture of compassion and hurried away. They tried to avoid her as if avoiding a leper. Some showed their anger. They said: "What a lousy luck! Hardly had I gone out of my house when I met a mad girl". Today she was lucky, because the mischievous children who usually teased her and threw stones at her were not there. I stopped, and anxiously looked at her. I wanted to do something to alleviate her sufferings, to help her to escape that life of half a human being and half an animal. I wanted to help her, but I stayed there motionless, not knowing what to do. Once she used to be my idol. She was of the same year as I. She was pretty, had a beautiful voice and was good at study. She had brought to her class, her school and her town dozens of prizes, large or small. In those days I never saw her joy. I never saw her smile. I saw her study all the day, study and study. Once she got mark seven. For me it was nothing extraordinary. But for her, that meant a beating that turned her black and blue. She continued to study until her sight weakened, until she became mad.
Life was getting increasingly civilized. Everyone said so. However, the number of people suffering from mental diseases was increasing with every passing day, chiefly among children. Children are the future of the country. A new century is opened up and our luggage, on the road beset with obstacles, is knowledge. That is why so many parents have forced their children to imprison themselves in their studies, having no time for entertainment. Moreover, they are ready to use the rod to punish their children if they have bad marks. Those parents, after all, want the best for their children. But their actions have a counter-effect. Their children become fearful, depressed, even suffer from mental disorders. What a pity!
I entreat the world of grown-ups to open their hearts, understand and protect the world of children. And as for me and you, what shall we do to help our friends who are in those pitiful circumstances?

Laura
9 years, Latvia
Stigma

Everyone is unique in some way. Some people behave strangely or act differently at times and we may have a hard time believing they should be part of society. When we think a person is so different that we do not want to be near them or wish them to be excluded we are stigmatizing them. Stigma is giving someone a label that says that we think they are not worthy because of something in their behaviour or appearance that is disturbing to us or people in our community. This feeling usually comes over us because we are afraid or do not understand. Stigma needs to be reduced because it keeps us from knowing the good qualities of people, and it makes the stigmatized person feel terrible.
Shu-Wei
14 years, China
Global Winner of the School Contest
(category 10-14 years of age)
(translation from Chinese)
I share a desk with a classmate who walks alone in the playground. Overcome by strong feelings of inferiority, he confines himself to a restricted personal space. He is unwilling to interact with others, and others are unwilling to interact with him. Mental illness has caused him to lose all his friends. He often goes off by himself and is hostile to the world around him. While returning home one day, I saw him squatting alone by some flowery shrubs trying to help an injured butterfly. I was dumbfounded and amazed to find that he was so compassionate! Wasn’t he hostile to the whole world? I couldn’t help but run over and help him with the butterfly. He glanced gratefully at me and said “Thank you!” At that moment, I felt his trust and for the first time experienced a mutual affinity towards him.

Thomas
13 years, Kiribati
From my point of view the mental health of any nation is a very important topic which refers not only to the doctors and health organizations, but to us - the teenagers, who do not suffer from mental illness. There is a lack of care for (mentally ill) people; we need to improve our knowledge about people with different mental disorders. They need protection because unfortunately nowadays many people still do not realize the importance of this problem and think that it is of no consequence. I would like to send my regards to the people with mental disorders all over the world and to tell them simply: “Do not give up, you are not forgotten”. To those who treat sick people like nobody I will say: “Change your attitude towards those who suffer from mental illness, treat them with more consideration because the truth is that they are part of us not a menace”.

Brittany
9 years, Samoa
Mona
17 years, Fiji
Not all human beings are alike in this world. People differ from each other in many ways such as physical build, colour and mentality. The causes of mental illness are many. We tend to forget that people who have mental illness usually suffer a great deal. We can show our care and affection for mentally ill people in many ways. I have a cousin who is suffering from mental illness. We have made arrangements to put my cousin in a normal school. She is very happy at school. The question of sending her to a special school does not arise. I believe that if normal children are allowed to mix with mentally ill children, they begin to understand them better and they do not have any sort of ill feelings for them. To conclude, we should develop understanding of mental illness. This will make us better able to accept and feel comfortable with people who are mentally ill. Schools are the best place to integrate people who appear or behave differently. As a result, schools should initiate new efforts for promoting mental health education in the schools’ health curriculum, so that children like my cousin can live a normal life.

1. I’m so sad. I wish I had friends.
2. Nobody likes me. I’m so lonely.
3. Get away you mental kid! Hee! Hee!
4. She’s a retard don’t let her play.
5. What if that was you?
6. Let her play. She’s a human being.
7. She’s a stupid head.
8. She does not know how to play!
9. I’m glad you are my friend. Please forgive them.
10. Sorry for being mean with you. Will you be my friend?
11. Sorry I said you’re a stupid head.
At school in February I suddenly looked and saw a girl whom I had never seen before. I approached slowly to know who she was and what she was doing there. Little by little I was able to talk to Ana and know she had classes in the room just next to mine. Suddenly I saw myself holding a schoolbag which was not mine and hand in hand we went to classroom E7. Lo and behold! In that room there were other children whom I had never seen before in school. I was curious. And do you know why? Ana was nice, shy, gentle and seemed very sweet. Would they all be like that? Why were they there?

The teachers explained to us that they worked with students who had “mental problems” and because of that they could not attend “normal classes”. It was indeed a different world! Why aren’t these children together with us in the same class, with more teachers attending of course, but all learning with one another to be different and equal, students of the same school, inhabitants of the same city, citizens of the same country, men and women of the same world. After all we could learn so much with Ana and the students in that classroom.
School Use

The pictures, stories and narrative material in this book may be used in schools and other settings for the purposes of initiating group discussions about stigma and mental disorders. The materials are organized in an order which suggests an increasing understanding with age of the various concepts.

It is important if used as part of an exercise in the classroom, or for a written assignment as described below, that the teacher or group leader understand that some participants may be sensitive to the examples that have been chosen or to the material discussed. No child should be forced to participate. If a child has a noticeable reaction the teacher/leader should take them aside as unobtrusively as possible to discuss the child’s concern. If necessary the advice of a professional such as a school counsellor, or school mental health consultant should be sought. In some countries the school administration or parents’ association should be informed before the materials are used.

- Group Discussion: It is suggested that each mental health concern identified in this book be treated as a separate topic. Given the age of the group, the appropriate story and/or picture may be used as the starting point for the discussion. For younger children, the teacher may prefer to only use one of the drawings. The teacher or group leader may then use or modify for use the narrative material. The materials that are presented can be complemented by an outside speaker who could represent an affected individual, or by a professional who can enhance understanding of the topic.

- Written Assignment: Depending on the age of the group, the book can be used to design assignments that focus on citizenship, inclusion or stigma. The materials can be used in association with a general health literacy module to provide the basis for a written assignment or, as noted above, as the basis for a discussion in the context of overall health literacy educational programmes.

Community Use

This book can be used as part of a public education campaign directed at reducing stigma or raising mental health awareness. The book can be:

- The focal point for library presentations
- Used in families for home discussion or as a resource
- Distributed by paediatricians, mental health programmes, churches or other groups to heighten awareness about child and adolescent mental health concerns.

Mental Health Clinician Use

The material in this book can be used in office/clinic/hospital settings as a focus for discussions. It can help patients to discuss the reactions they feel from others and aid in discussing how these reactions can be dealt with. The stories generally have positive outcomes.

It is suggested that before using this book, the adult preparing a discussion or lesson with young persons should undertake some background research on the topic(s). This book is not intended to provide a complete medical understanding of mental health or related disorders and the adult should not feel that he or she must have all the answers to open a healthy discussion with their children or students. However, the adult should be prepared to appropriately direct the young persons to other resources since it is likely that a lively discussion of these issues could open some new questions or concerns. It is recommended that the adult consult the available social services, a mental health professional or general physician for additional background information and, in particular, locate the services available in their community to which they may wish to refer a young adult who is seeking mental health assistance. It may be useful to invite an expert from the community to give factual information during any discussion.

It is most important in any group discussion to be sensitive to the fact that some young people may respond strongly to what is being discussed for personal reasons. If this is the case the discussion should be wound up quickly and the person given the opportunity to speak with the leader or another resource person to discuss their reaction. In all cases, any discussion that leads to intense dialogue should be brought to a careful conclusion so that the young people do not leave the discussion feeling overly anxious, or otherwise upset. The offer of help, for any who may want it, should be made after the discussion.
WHO child and adolescent mental health programme

The child and adolescent mental health programme of the Department of Mental Health and Substance Dependence serves as a focal point for information gathering, information dissemination, programme support, global planning and policy development.

The programme seeks to balance an understanding of and focus on mental disorders with efforts to support prevention and early intervention. It thereby seeks to help children to lead a healthy life without experiencing the effects of mental disorder. This effort is fairly urgent as in many countries of the developing world, over 50% of the population is under 15.

WHO child and adolescent programme initiatives:

• Global Plan for Child and Adolescent Mental Health.
  This is an ongoing effort involving the WHO Regions in attempts to gain a consensus about treatment and prevention priorities. This plan focuses on gathering the best available information about clinical disorders and resources.

• Atlas.
  Following the successful development of an Atlas for documenting general mental health resources world-wide, an Atlas of child and adolescent treatment capacity, treatment processes, and policy is now underway. (Atlas: Mental Health Resources in the World, 2001 Reference: WHO/NMH/MSD/MDP/01.1)

• Child and adolescent mental health policy guidance module.
  This guide for policy development provides countries with information on current issues and step-by-step approaches to establishing quality services within a policy framework. The effort complements the adult mental health policy guidance module.

• Global child and adolescent mental health training.
  The program seeks to encourage and support the training of child and adolescent mental health professionals in order to provide the necessary resources for treatment in developing countries.

• International conference on “Caring for Children and Adolescents with Mental Disorders”.
  Following a number of projects on the provision of quality care, this conference planned by WHO, Geneva in January 2002 will represent a milestone in child and adolescent psychiatry.

• Conference on Marketing to Children and Youth.
  WHO’s concern with marketing to youth has led to the development of an initiative that will culminate in a planned conference which will consider current marketing efforts and seek to better understand how marketing health can be achieved. The conference results will have policy implications.

• Consultation.
  The child and adolescent mental health programme provides consultation both within and outside WHO to countries, NGOs and other interested groups. The emphasis is on the dissemination of knowledge and reciprocal learning about programmes that are effective.

Ma Thiri Nanda
7 years, Myanmar
The efforts of a great number of people came together to make the Global School Contest a success. The contest was conceived by Dr Myron Belfer, Dr Izhak Levav and Mrs Linda Merieau. The contest and all World Health Day 2001 activities were overseen by Dr Benedetto Saraceno. The contest themes and procedures were reviewed and supported by many colleagues in WHO Headquarters and Regional Offices including: Mr Franklin Apfel, Dr Caldas de Almeida, Dr Vijay Chandra, Mr Franklin Apfel, Mrs Claudia Conti-Starmark, Dr Gauden Galea, Mrs Frances Sinclair Ingleis, Mr Jack Jones, Mrs M arlu Lingad, Dr Custodia M anihane, Dr Ahmad M ohit, Mrs Hansarian Pandey, Dr Viviane Rasmussen, Dr Wolfgang Rutz, Ms M aichaela Schmidt, Dr Seppo Suomela and Mrs M ona Yassin. Special thanks are extended to Mrs Paola Caruso, Dr Jennifer Hillebrand, Mr Jack Jones, Mrs Marilu Lingad, Dr Custodia M anihane, Dr Ahmad M ohit, Mrs Hansarian Pandey, Dr Viviane Rasmussen, Dr Wolfgang Rutz, Ms M aichaela Schmidt, Dr Seppo Suomela and Mrs M ona Yassin for the global coordination of the school contest. Dissemination of the school contest world-wide was facilitated by Mrs Anna Maria Barthes, Programme Specialist, UNESCO and by the International Association for Child and Adolescent Psychiatry and Allied Professions. Prizes for the Global School Contest were awarded to winners by Caran d’Ache of Switzerland and the Walt Disney Company (Europe) S.A. The contest was realized thanks to the enthusiastic support of the WHO Representatives and Liaison Officers and their staff in the participating countries. Officials of the M inistry of Health, M inistries of Education, staff of many associations, WHO Collaborating Centres and various mental health professionals and consumers were instrumental in putting in place the necessary structure for bringing the contest to the attention of schools and for judging the entries. We wish to show our appreciation to all the members of the juries – in schools, in cities, on national, regional and global level for having given of their free time to make the difficult selection of the winning entries. In several countries, the First Lady or former First Lady graciously accepted to patron the school contest for which we are indebted. Our gratitude is especially extended to the teachers, principals/headmasters and students themselves for making the effort to debate the subject of mental health and perform the lessons which were undertaken to prepare for this contest. The national winners are recognized on the following pages. Although WHO holds the rights to reprint the drawings and stories that were submitted to the global school contest as per the registration process, it was decided to omit the last names of the winners in order to satisfy confidentiality criteria which may be required in various countries.
Country Drawing category 250 word essay category 500 word essay category

Iran (Islamic Republic of) Negar-Al-Sadat B. Y. Zeinaballah Q. Saba R. Sornayeh Y.
Jamaica Gissell H. Daniel M. Gayan L. S.
Kenya M wariza M. June J. Brian K.
Kiribati Thomas R.
Kyrgyzstan Sardar M. Nuradil B. Natalia E. G.
Lao People's Democratic Republic Sayasan M. Keomala P. Thoulakhiam P.
Latvia Laums L. Janis K. Inese R.
Lebanon Ali Ghanem E. Y. Sara B. Laila J.
Lithuania Simona I., Lina D., Lina V., Izabelé P., Sandra V.
M alaysia Kejal H. Thye S. T.
M aldives Shabeena A. Hammad Ahmed A. H. Shaima A.
M alta Gary M. Charlene C.
M auritania Aminata B.
M icronesia (Federated States of) M arleen P. Gary Dale N. B.
M ongolia Togtsbayar B. Jargalsaikhan G. Sukhbaatar E.
M yanmar M a Thiri Nanda S. M a Myie Myie L. M a Htaike Nando O.
Nepal June Rajeshwari H.
Netherlands Antilles Xaviera J. Minam v. L., Orquidea Isabel P.-R.
Nigeria Onouha C.
Norway Thomas L., Martin D. T. Bjornar N., Vilde H.
Pakistan Q asim K. Sarah P. M ohammad Imitiaz M.
Palau Hea Rin J. Bernie T. Bibbie K.
Philippines Tristan Diano Z. Anton Ivan L. Y. Anne Catherin G. H., Nestor Amadeo C. P.

Country Drawing category 250 word essay category 500 word essay category

Portugal Géssica M., Patricia D., O lívio D., André C., Jaime P., M árcio F., Fábio C., Ana B., Spencer C.
Romania Claudia T. Eszter A. Oana Silvia F.
Samoa Brittany F. Elizabeth M. Annie S.
Singapore Chantale B. Stephanie B. Natasha S.
Slovakia Katarina F. Linda L. Jana G.
Syrian Arab Republic Banah S. Dalida K.
Thailand Yarathava C. Sirawaw P. Chatchai K.
Tunisia Naem A. S. Saeidiya E. S. Mona A. O.
U.S. Virgin Islands Kefiyrah P.
United Republic of Tanzania Andrew M.
United States of America Aditi D.
Viet Nam Hoang Gia, N. Thi Hong Hanh, V. Thienn Yen Khanh, T.
West Bank and Gaza Palsam Zidan E. N. M ahmmod M adhat A. Tahmeer Ahmed A. M.
Yugoslavia Sasa V., Aleksandra S., Andrea M., Stefan J. Ivana F.

Regional winners of the Global School Contest on Mental Health

WHO Region Drawing category 250 word essay category 500 word essay category

Africa Chantale, B. Seychelles June, J. Kenya Andrew M., Tanzania
Americas Gisell H., Jamaica Neury M. B., Dominican Republic Jessica W., Belize
Eastern Mediterranean Naglia H. M., E. Egypt Sara B., Lebanon M ohammad Imitiaz M., Pakistan
Europe Veliana L., Bulgaria Fabian E., Austria Nathalia G., Kyrgyzstan
South-East Asia Drhuv S., India* M a Myie Myie L., M yamar Itskey, N. D., Bhutan
Western Pacific Ngo Hoang, G. Viet Nam Shwe-tk, C. China* Bibbie K., Palau*
Through children's eyes

Dhruv
Drawing produced by the global winner
Dhruv Suri, 7 years, India

A collection of drawings and stories from the
WHO Global School Contest on Mental Health