

DOI: <https://doi.org/10.34069/AI/2022.59.11.12>

How to Cite:

Bozhkova, E.D., Kononov, A.A., & Katunova, V.V. (2022). International experience in mental health provision in secondary schools. *Amazonia Investiga*, 11(59), 130-140. <https://doi.org/10.34069/AI/2022.59.11.12>

International experience in mental health provision in secondary schools

Международный опыт обеспечения психического здоровья в общеобразовательных школах

Received: November 22, 2022

Accepted: December 15, 2022

Written by:

Bozhkova E.D.³⁷

SPIN code: 2887-9548

<https://orcid.org/0000-0003-0105-0360>**Kononov A.A.**³⁸

SPIN code: 1957-7849

<https://orcid.org/0000-0001-5251-778X>**Katunova V.V.**³⁹

SPIN code: 8908-8480

<https://orcid.org/0000-0002-7775-1545>

Abstract

The protection of children's mental health is an important task, since missed opportunities for psychiatric care during this period are very difficult to make up for in the future. On the basis of research by domestic and foreign authors in recent years, we analyzed the foreign experience that has developed to date in providing psychological and psychiatric care to children in school settings from the position of their applicability in domestic practice. The current state of knowledge on models of mental health care for children in the school setting is reviewed, and possibilities for their use in mental health promotion are identified. Mental health services embedded in the educational system, both abroad and in Russia, synergistically promote mental health and education. The school as an organized collective provides a broad organizational opportunity to provide diagnostic and treatment interventions, as well as to equalize the availability of mental health care. However, it is currently recognized that the educational system and the mental health care delivery system are structurally, administratively and legislatively disconnected.

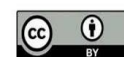
Аннотация

Охрана психического здоровья детей является важной задачей, так как упущенные возможности оказания психиатрической помощи в этот период очень трудно восполнить в будущем. На основе исследований отечественных и зарубежных авторов последних лет мы проанализировали сложившийся к настоящему времени зарубежный опыт оказания психологической и психиатрической помощи детям в условиях школы с позиции его применимости в отечественной практике. Рассмотрено современное состояние знаний о моделях оказания психиатрической помощи детям в условиях школы, определены возможности их использования для укрепления психического здоровья. Службы психического здоровья, встроенные в систему образования, как за рубежом, так и в России, синергетически содействуют укреплению психического здоровья и образованию. Школа как организованный коллектив предоставляет широкие организационные возможности для проведения диагностических и лечебных вмешательств, а также для выравнивания доступности психиатрической помощи. Однако в настоящее время признано, что система образования и система оказания психиатрической помощи структурно,

³⁷ Privolzhsky Research Medical University, Nizhny Novgorod, Russian.

³⁸ Privolzhsky Research Medical University, Nizhny Novgorod, Russian.

³⁹ Privolzhsky Research Medical University, Nizhny Novgorod, Russian.



Keywords: child psychiatry; mental health service at school; psychiatric support of education; foreign experience in psychological and psychiatric care; preventive medicine.

Introduction

In modern society, the tasks of mental health care are relevant at all stages of human life, but especially for the child population, as missed opportunities for psychiatric care in this period are very difficult to make up for in the future. In most countries of the world, children spend a significant portion of their time in school. The protection of children's mental health during the school period is all the more relevant because it provides a synergistic effect: on the one hand, in providing medical care and improving personal mental health, on the other hand, in improving the quality of the emotional and communicative environment in the children's community and, as a result, in improving academic performance and the quality of the educational process. In the absence of proper attention to the mental health of schoolchildren, all of these aspects suffer equally. In addition to the indisputable factor of the necessity of mental health care at school age, it is necessary to consider the broad organizational possibilities of diagnostic and therapeutic measures in the school setting, as well as the equalization of the availability of mental health care. The combination of these advantages along with the constant complication of the structure of medical care and the strengthening of pathogenetic factors which provoke mental disorders suggests a high potential effect of psychological and psychiatric care in school settings. The conducted researches direct on further studying of possibilities on cooperation of efforts of psychiatric service and educational system, including taking into account foreign positive experience (Fazel, Patel Thomas & Tol, 2014). In the present review the modern foreign experience on mental health protection in school conditions is studied, models of actions on mental health protection which differ by structure of involved experts, principles of target groups choice, methods of treatment and an estimation of its results are allocated and described.

административно и законодательно разобщены.

Ключевые слова: детская психиатрия; служба психического здоровья в школе; психиатрическое сопровождение образования; зарубежный опыт психологической и психиатрической помощи; профилактическая медицина.

Theoretical Framework

ANALYSIS OF INTERNATIONAL EXPERIENCE WITH MENTAL HEALTH CARE IN SCHOOL SETTINGS

4P-medicine (predictive, preventive, personalized and participatory) is a new paradigm of medical care, represented by preventive and predictive medicine (care-medicine), where the main object becomes the healthy person and prenosological approach (Flores, Glusman, Brogaard, Price & Hood, 2013). This is a fundamentally new concept, the social and economic potential of which, according to foreign scientists, will dramatically increase in the XXI century. (Gefenas, Cekanaukaite, Tuzaite, Dranseika & Characiejus, 2011). An important principle of this concept is participativeness, i.e., the involvement of the maximum number of interested parties - patients, their relatives, school employees, social institutions, etc. - in health care, including mental health care.

In the psychiatric aspect, the priority goals are broad health monitoring, identification of borderline psychopathology and risk factors, as well as the development of a set of preventive measures.

Prevalence of mental disorders in school-age children

Results of multicenter field studies in the United States indicate that the incidence of mental disorders in school-age children is 8-18%, with a significant prevalence of premorbid distress that impairs academic performance and quality of life acknowledged (Costello, Egger & Angold, 2005). Children with mental health problems are not segregated in school, so corrective interventions for them are beneficial for the whole community (Goodman & Goodman, 2011).

The prevalence of mental disorders varies among school children of different ages (Costello et al., 2005). The most frequent difficulties in school-age children are disruptive behavior and anxiety

disorders. Attention deficit hyperactivity disorder (ADHD) and autism spectrum disorders also pose particular difficulties for school children. Separation anxiety and oppositional-defiant disorder are seen mostly in elementary school-aged children (ages 6-10), while generalized anxiety, conduct disorder, and depressive disorders are more common in middle school students (ages 11-18). The frequency of eating disorders and psychoses begins to increase rapidly in adolescence.

Childhood mental disorders often persist and evolve into older adulthood (Patton et al., 2014). In the UK Combined Child and Adolescent Mental Health Surveys, half of children with established psychiatric disorders persisted into adolescence after therapy. In the Great Smoky Mountains Multidisciplinary Study (Copeland, Angold, Shanahan & Costello, 2014), 36.7% of children had at least one disorder, including a mental health disorder, diagnosed by age 16. Children with psychiatric disorders, however, were three times more likely to be diagnosed in follow-up studies, including in adulthood, than patients with general medical conditions (Pawliczuk, Kaźmierczak-Mytkowska, Srebnicki & Wolańczyk, 2018).

Some factors in the development of psychopathology are directly specific to the school setting. A British survey showed that 46% of school-age children had been bullied (HM Government, 2015) resulting in more than double the risk of experiencing suicidal thoughts and suicide attempts (Van Geel, Vedder & Taniol, 2014). Peer pressure later translates into an increased prevalence of anxiety, depression, and self-harm in adulthood (Meltzer, Vostanis, Ford, Bebbington & Dennis, 2011). Dissonant relationships between teachers and students are also an established predictor of mental disorders in children and poor academic performance (Lang, Marlow, Goodman, Meltzer & Ford, 2013).

Screening and intervention needs assessment systems

Many professionals who work with children advocate for the use of a multiscreening system to determine mental health needs in schools. This screening involves three stages:

Stage 1 - assignment of testing to a specified group;
 Stage 2 - processing and interpretation of the data by mental health professionals to determine which students require assistance;

Stage 3 - interviewing students who need help and organizing this help (Walker, Small, Severson, Seeley & Feil, 2013).

Assessment can include components that correspond to different types of interventions. For example, staff may complete a school climate scale (measures students' or teachers' perceptions of how the environment in different classrooms and schools affects education) to conduct school-wide interventions, or use a screening of children at risk for suicide (Labouliere, Kleinman & Gould, 2015).

Schools use a variety of methods to identify students who need interventions: for example, functional behavioral assessments, teacher or student ratings, and systematic screening.

It has been noted that screening creates risks of both overidentifying children (false positives) and false negatives (Borg, Salmelin, Kaukonen, Joukamaa & Tamminen, 2014; Laido et al., 2017). However, understanding these risks by well-trained staff and using standardized methods with the informed consent of children and caregivers, and in the context of available service options for those who screen positive, can provide a useful mechanism for schools to identify and support students with psychological disorders (Burns & Rapee, 2016).

Organization of mental health care in the school setting

There are significant differences between the principles of medical and educational services. These differences relate not only to the composition of specialists, but also to funding mechanisms, criteria for the availability of quality and effectiveness of these services.

The need for mental health care may be underestimated: for example, a child with depression will be perceived by peers and teachers as underachieving, as having cognitive deficits, poor motivation, and/or low self-esteem.

Responsibility for children's mental health in schools is shared between educators and clinicians, but varies from country to country. This is influenced by socio-cultural differences and different configurations of health and education. Nevertheless, even with the positive effects of "school-based" interventions (remedial educators (Franklin, Kim, Ryan, Kelly & Montgomery, 2012) and school counselors (Pearce, Sewell, Cooper, Osman, Fugard & Pybis, 2017), many schools rely heavily on mental

health professionals who are administratively and geographically distant from them (Perou et al., 2013).

Mental health services in schools are both staffed and outsourced. School staff members tend to have workloads that limit their ability to approach students individually. For example, school psychologists in the United States often spend most of their time performing routine psychological testing and assessment of students without applying their broad counseling and intervention skills. In many countries, staff work primarily with students with educational difficulties that are caused by emotional and behavioral problems and are not qualified to work with psychiatric disabilities. Mental health professionals involved in schools have a variety of specialties: social workers, occupational therapists, psychologists, and psychiatrists (Allen-Meares, Montgomery & Kim, 2013). Three typical models of integration are common:

Outside professionals contract to work in the school;

The school collaborates with a psychiatric clinic; the school has its own medical center that provides psychiatric care.

The use of telemedicine is recognized as successful due to the widespread shortage of child psychiatrists (Grady, Lever, Cunningham & Stephan, 2011), and there is an increasing emphasis on cost-effective options, such as additional training for teachers and school nurses (Kaess et al., 2014).

Although teacher-led mental health promotion and prevention activities have a significant impact on students' psychosocialization and academic performance, they are recognized as less effective than psychiatric care (Kellam, Mackenzie & Brown, 2011). Models that integrate mental health promotion into the natural context of learning and include coaching to increase teacher confidence in their own abilities require further development and evaluation.

The U.S. uses an empirically developed multilevel approach (National Research Council (US) and Institute of Medicine (US) Committee, 2009; Patel, Chisholm & Dua, 2016) that includes universal interventions for all students (universal approach), selective interventions for selected students who face special risks (selective approach), and treatment interventions for children with the greatest needs (indicative approach).

Methodology

The main methods used in this review include a theoretical analysis of data representing the current state of mental health provision in secondary school systems. The use of a comparative research method allowed us to compare models and approaches from different geographic, socio-economic contexts, in order to highlight the main strategies, directions and difficulties associated with early diagnosis and prevention of mental health disorders, as well as active work in the provision of psychiatric and psychological care in secondary schools.

Results and Discussion

The provision of mental health services in schools includes mental health promotion, prevention, and treatment. The ultimate goal is to promote the well-being of students, prevent the development or exacerbation of mental health problems, and improve the effectiveness of education - in the system (Lean & Colucci, 2013).

Prevention of psychological problems in students

The universal promotion of mental health programs often focuses on aspects such as social and emotional skills, positive behavior, social integration, effective problem solving, and positive interaction with the community (Sklad, Diekstra, Ritter, Ben & Gravesteyn, 2012). A comparative meta-analysis confirmed the benefits of mental health promotion: in schools with social emotional learning programs, there was an average 11-17% increase in academic achievement on standardized tests (Payton et al., 2008).

In whole-school and classroom activities, universal mental health support programs are often implemented by educators (Kaess et al., 2014), particularly in elementary and middle schools (Cheyne, Schlosser, Nash & Glover, 2014). An example is the Mind Matters program, conducted in the late 1990s in schools in Australia with significant state investment in educator training (Rowling, 2007; Langford et al., 2014). It included social and emotional learning programs, developing students' self-awareness and emotion management skills, effective communication, and stress management.

Behavior management interventions through school-wide or classroom-based interventions are increasingly supported. In the United States, programs such as I Can Problem Solve (Shure,

2001) and the Good Behavior Game are reported to have long-term success. (McIntosh, Mercer, Nese & Ghemraoui, 2016).

PREVENTING MENTAL HEALTH PROBLEMS IN STUDENTS: A THREE-TIERED APPROACH

Schools are the optimal environment for organizing prevention interventions among children, so the three-tiered approach mentioned earlier has become the accepted model for interventions aimed at preventing students from developing psychiatric problems. The three components are represented by different types of interventions: universal interventions target the whole school or class; selective interventions target subgroups whose risk of developing a mental disorder is significantly higher than average; therapeutic (individual) interventions target young people already exhibiting clinical symptoms (Costello et al., 2005). Research suggests that treatment in school settings, including the use of group models, is optimal (McMillan & Jarvis, 2013).

Universal interventions

These approaches have several advantages: they are the least intrusive, low-cost, and have the greatest chance of acceptance in a school setting (Kidger et al., 2016). In addition, these interventions are easier to implement and provide potential benefits to all students rather than an isolated group (Manassis, 2014).

Universal approaches have been developed and evaluated for a wide range of problems, including deviant behavior as well as anxiety and depressive disorders (Johnson et al., 2014). However, randomized controlled trials (Clarke, Hill & Charman, 2017) found that universal interventions were less effective than selective and individual programs. One of the largest studies of universal interventions for depression prevention Beyondblue (Zetterström, Landstedt, Almqvist & Gillander, 2017) found that a course of 30 teacher-led sessions did not reduce depression in adolescents.

Some evidence suggests that children at low risk for mental health problems may benefit more from universal interventions than children at higher risk (Stallard et al., 2014; Merry, Hetrick, Cox, Brudevold-Iversen, Bir & McDowell, 2012). For example, the Resourceful Adolescent Program is another universal intervention that focuses on adolescents' self-esteem, conflict resolution, and stress management skills and has

been shown to be effective for adolescent depression (Stallard & Buck, 2013).

Selective approaches

Interventions to address specific risk factors have proven successful in schools. Such interventions raise awareness among school staff about behavioral patterns of children and adolescents that are indicative of substance use or risk of developing dependence.

Prevention programs are often conducted in classrooms or in small groups of students at high risk for aggressive behavior, substance abuse and delinquency (e.g., the Coping Power Program) (Zetterström, Landstedt, & Gillander, 2015). Data are also emerging on the positive effects of working with specific populations (e.g., youth from low-income neighborhoods and refugees) (Farahmand, Grant, Polo & Duffy, 2011; Tyrer & Fazel, 2014).

Evidence from selective school-based prevention and early intervention programs suggests that they are reliably effective on specific behavioral difficulties for students with stressors as a risk factor (e.g., parental divorce) and for students with anxiety or depressive disorders (Cairns, Yap, Pilkington & Jorm, 2014).

Therapeutic (individualized) interventions

Many studies have positively evaluated school-based treatment programs for anxiety or depression, intentional self-harm, and post-traumatic stress disorder (De Silva, Parker, Purcell, Callahan, Liu & Hetrick, 2013). These programs typically show better outcomes and more pronounced reductions in depression symptoms than universal or selective programs. There have been several evidence-based studies on suicide prevention (Martin & Oliver, 2018).

CURRENT ISSUES IN IMPLEMENTING MENTAL HEALTH PROGRAMS IN SCHOOLS

Research on school-based interventions has limitations, including small sample sizes, wide variation in the findings, and difficulty in generalizing due to factors unique to specific school settings. In addition, it has been pointed out that the validity of these treatments is insufficient (Schoenwald & Garland, 2013), interventions need to be tested in real-world settings with intermediate controls. Another shortcoming is recognized as a lack of research on the cost-effectiveness of various interventions

(Bywater & Sharples, 2012). Interaction between parents, children, and teachers regarding the mental health and well-being of children and adolescents is rated as low in systematic studies (Collishaw, Goodman, Ford, Rabe-Hesketh & Pickles, 2009). In addition, not all school-based interventions have yielded positive results, so the potential for adverse effects of psychopsychiatric interventions must be recognized and monitored (Stallard, Sayal & Phillips, 2012).

A common barrier to implementing evidence-based interventions in schools is the poor involvement of all levels of school personnel—teachers, counselors, and support staff (Manassis, 2014; Catalano, Fagan & Gavin, 2012). There are additional barriers for individuals (stigma, mental health status), communities (geographic and social location), and systems (funding, wait times, availability of trained staff) (Schwean & Rodger, 2013).

Individual work with children in schools can be hampered by complex ethical considerations regarding informed consent (O'Connor, Dyson, Cowdell & Watson, 2018), especially when a child may see a school nurse or counselor without parental knowledge or consent.

It is important to develop a scientific approach to mental health promotion in schools (Blase & Fixsen, 2013) to avoid low sustainability of results due to lack of specificity and incomplete coverage of the target population (Wiltsey, Kimberly, Cook, Calloway, Castro & Charns, 2012).

Ongoing research increasingly focuses on universal or selective strategies (e.g., promoting alternative thinking strategies (Bermejo-Martins, López-Dicastillo & Mujika, 2018) and self-monitoring (Mooney, Ryan, Uhing, Reid & Epstein, 2005)) and shows that successful interventions allow teachers to establish positive behavioral norms, which in turn enhances teacher-student interaction (Allen, Pianta, Gregory, Mikami & Lun, 2011).

An important challenge for research is to find activities that are easy to organize and integrate into the regular school schedule, especially when implemented with school resources (Atkins et al., 2011; Becker, Bradshaw, Domitrovich & Jalongo, 2013).

Improving the quality of specialized care in schools is a promising factor in mental health care. For example, E. Nadeem et al., (2013) identified 14 factors for improving the quality of

such care, including face-to-face sessions, telephone counseling, and improving the quality of staff training.

Interdepartmental cooperation, the use of social networks (Nembhard, 2012) and meta-analysis of data from similar studies (Eisenberg, Hunt, Speer & Zivin, 2011) appear to be extremely important. It has been argued that to achieve a positive impact on children's mental health, a system of evaluations built into interventions must be developed to monitor selected programs (Schwean & Rodger, 2013).

Conclusions

Mental health services embedded in the educational system both abroad and in Russia synergistically promote mental health and education. However, it is currently recognized that the educational system and the mental health care delivery system are structurally, administratively, and legislatively disconnected (Resch, 2017). Lack of resources does not allow schools and educational authorities to carry out full-fledged activities to ensure the mental health of children and adolescents. The issue of "shared responsibility" for schoolchildren's mental health is a topic of discussion all over the world (Hawkins, Oesterle, Brown, Abbott & Catalano, 2014).

It is also clear that there is a lack of knowledge both among teachers about mental health and among psychologists and psychotherapists about school-specific issues (Mian, Milavić & Skokauskas, 2015). Practical guidelines for the development of peer counseling skills are being developed (Müller-Luzi & Schmid, 2017; Network Solutions, 2010). At the same time, training teachers in mental health promotion skills can not only help to identify and correct children who need it, but also reduce their own stress levels (National Research Council (US) and Institute of Medicine (US) Committee, 2009; Schwean & Rodger, 2013). Given the ever-increasing costs of psychiatric consultation for school-age children, relocating mental health interventions can have an economic impact (Snell, Knapp & Healey, 2013; Gray, 2013).

Future research should focus on the implementation and maintenance of integrated interventions involving interdisciplinary teams of professionals both at the classroom or school level and at the individual level.

Bibliographic references

- Allen, J.P., Pianta, R.C., Gregory, A., Mikami, A.Y., & Lun, J. (2011). An interaction-based approach to enhancing secondary school instruction and student achievement. *Science*, 333, 1034-37. <https://doi.org/10.1126/science.1207998>
- Allen-Meares, P., Montgomery, K.L., & Kim, J.S. (2013). School-based social work interventions: a cross-national systematic review. *Social Work (United States)*, 58, 253-62. <https://doi.org/10.1093/sw/swt022>
- Becker, K.D., Bradshaw, C.P., Domitrovich, C., & Jalongo, N.S. (2013). Coaching teachers to improve implementation of the good behavior game. *Adm Policy Ment Health*, 40, 482-93. <https://doi.org/10.1037/e601972013-001>
- Bermejo-Martins, E., López-Dicastillo, O., & Mujika, A. (2018). An exploratory trial of a health education programme to promote healthy lifestyles through social and emotional competence in young children: Study protocol. *J Adv Nurs.*, 74(1), 211-222. <https://doi.org/10.1111/jan.13402>
- Blase, K., & Fixsen, D. (2013). *Core Intervention Components: Identifying and operationalizing what makes programs work*. Washington DC: US Department of Health and Human Services.
- Borg, A.M., Salmelin, R., Kaukonen, P., Joukamaa, M., & Tamminen, T. (2014). Feasibility of the Strengths and Difficulties Questionnaire in assessing children's mental health in primary care: Finnish parents', teachers' and public health nurses' experiences with the SDQ. *J Child Adolesc Ment Health*, 26(3), 229-238. <https://doi.org/10.2989/17280583.2014.923432>
- Burns, J.R., & Rapee, R.M. (2016). Screening for mental health risk in high schools: the development of the Youth RADAR. *Psychol Assess*, 28(10), 1220-1231. <https://doi.org/10.1037/pas0000237>
- Bywater, T., & Sharples, J. (2012). Effective evidence-based interventions for emotional well-being: lessons for policy and practice. *Res Pap Educ.*; 27: 389-408. <https://doi.org/10.1080/02671522.2012.690242>
- Cairns, K.E., Yap, M.B., Pilkington, P.D., & Jorm, A.F. (2014). Risk and protective factors for depression that adolescents can modify: a systematic review and meta-analysis of longitudinal studies. *J Affect Disord*, 169, 61-75. <https://doi.org/10.1016/j.jad.2014.08.006>
- Catalano, R.F., Fagan, A.A., & Gavin, L.E. (2012). Worldwide application of prevention science in adolescent health. *Lancet.*, 379, 1653-64. [https://doi.org/10.1016/s0140-6736\(12\)60238-4](https://doi.org/10.1016/s0140-6736(12)60238-4)
- Cheyne, G., Schlosser, A., Nash, P., & Glover, L. (2014). Targeted group-based interventions in schools to promote emotional well-being: a systematic review. *Clin Child Psychol Psychiatry*, 19, 412-38. <https://doi.org/10.1177/1359104513489565>
- Clarke, C., Hill, V., & Charman T. (2017). School based cognitive behavioural therapy targeting anxiety in children with autistic spectrum disorder: a quasi-experimental randomised controlled trial incorporating a mixed methods approach. *J Autism Dev Disord*, 47(12), 3883-3895. <https://doi.org/10.1007/s10803-016-2801-x>
- Collishaw, S., Goodman, R., Ford, T., Rabe-Hesketh, S., & Pickles, A. (2009). How far are associations between child, family and community factors and child psychopathology informant-specific and informant-general? *J Child Psychol Psychiatry.*, 50, 571-80. <https://doi.org/10.1111/j.1469-7610.2008.02026.x>
- Copeland, W.E., Angold, A., Shanahan, L., & Costello, E.J. (2014). Longitudinal patterns of anxiety from childhood to adulthood: the Great Smoky Mountains Study. *J Am Acad Child Adolesc Psychiatry*, 53, 21-33. <https://doi.org/10.1016/j.jaac.2013.09.017>
- Costello, E.J., Egger, H., & Angold, A. (2005). 10-year research update review: the epidemiology of child and adolescent psychiatric disorders: I. Methods and public health burden. *J Am Acad Child Adolesc Psychiatry*, 44, 972-986. <https://doi.org/10.1097/01.chi.0000172552.41596.6f>
- De Silva, S., Parker, A., Purcell, R., Callahan, P., Liu, P., & Hetrick, S. (2013). Mapping the evidence of prevention and intervention studies for suicidal and self-harming behaviors in young people. *Crisis*, 34, 223-32. <https://doi.org/10.1027/0227-5910/a000190>
- Eisenberg, D., Hunt, J., Speer, N., & Zivin, K. (2011). Mental health service utilization among college students in the United States. *J Nerv Ment Dis.*, 199(5), 301-8. <https://doi.org/10.1097/nmd.0b013e3182175123>
- Farahmand, F.K., Grant, K.E., Polo, A.J., & Duffy, S.N. (2011). School-based mental health and behavioral programs for low-income, urban youth: a systematic and meta-analytic review. *Clin Psychol: Sci Pract*, 18,

- 372-90. <https://doi.org/10.1111/j.1468-2850.2011.01265.x>
- Fazel, M., Patel, V., Thomas, S., & Tol, W. (2014). Mental health interventions in schools in low-income and middle-income countries. *Lancet Psychiatry*, 1, 388-398. [https://doi.org/10.1016/s2215-0366\(14\)70357-8](https://doi.org/10.1016/s2215-0366(14)70357-8).
- Flores, M., Glusman, G., Brogaard, K., Price, N.D., & Hood, L. (2013). P4 medicine: how systems medicine will transform the healthcare sector and society. *Per Med*, 10(6), 565-576. <https://doi.org/10.2217/pme.13.57>.
- Franklin, C.G.S., Kim, J.S., Ryan, T.N., Kelly, M.S., & Montgomery, K.L. (2012). Teacher involvement in school mental health interventions: a systematic review. *Child Youth Serv Rev*, 34, 973-982. <https://doi.org/10.1016/j.chilyouth.2012.01.027>.
- Gefenas, E., Cekanaukaite, A., Tuzaitė, E., Dranseika, V., & Characiejus D. (2011). Does the “new philosophy” in predictive, preventive and personalised medicine require new ethics? *EPMA J*, 2(141), 141-147. <https://doi.org/10.1007/s13167-011-0078-x>.
- Goodman, A., & Goodman, R. (2011). Population mean scores predict child mental disorder rates: validating SDQ prevalence estimators in Britain. *J Child Psychol Psychiatry*, 52, 100-108. <https://doi.org/10.1111/j.1469-7610.2010.02278.x>.
- Grady, B.J., Lever, N., Cunningham, D., & Stephan, S. (2011). Telepsychiatry and school mental health. *Child Adolesc Psychiatr Clin*, 20, 81-94. <https://doi.org/10.1016/j.chc.2010.09.004>.
- Gray, J.A. (2013). The shift to personalised and population medicine. *Lancet*, 382, 200-01. [https://doi.org/10.1016/s0140-6736\(13\)61590-1](https://doi.org/10.1016/s0140-6736(13)61590-1).
- Hawkins, J.D., Oesterle, S., Brown, E.C., Abbott, R.D., & Catalano, R.F. (2014). Youth problem behaviors 8 years after implementing the communities that care prevention system: a community-randomized trial. *JAMA Pediatr*, 168, 122-29. <https://doi.org/10.1001/jamapediatrics.2013.4009>.
- HM Government. (2015). Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children. UK: Nottingham.
- Johnson, M.H., George, P., Armstrong, M.I., Lyman, D.R., Dougherty, R.H., Daniels, A.S., & Delphin-Rittmon, M.E. (2014). Behavioral management for children and adolescents: assessing the evidence, Psychiatr Serv.
- Kaess, M., Brunner, R., Parzer, P., Carli, V., Apter, A., Balazs, J.A., Bobes, J., Coman, H.G., Cosman, D., Cotter, P., Durkee, T., Farkas, L., Feldman, D., Haring, C., Iosue, M., Kahn, J.P., Keeley, H., Podlogar, T., Postuvan, V., Resch, F., Sáiz, P.A., Sisask, M., Tubiana, A., Värnik, P., Sarchiapone, M., Hoven, C.W., & Wasserman, D. (2014). Risk-behaviour screening for identifying adolescents with mental health problems in Europe. *Eur Child Adolesc Psychiatry*, 23(7), 611-20. <https://doi.org/10.1007/s00787-013-0490-y>
- Kharytonov, E., Kharytonova, O., Kolodin, D., Tkalych, M., Larkin, M., Tolmachevska, Y., Rojas-Bahamon, M. J., Arbeláez-Campillo, D. F., & Panchenko, O. I. (2021). Distance learning in the conditions of Covid-19: problems and prospects of their solution. *Amazonia Investiga*, 10(48), 157-169. <https://doi.org/10.34069/AI/2021.48.12.17>
- Kellam, S.G., Mackenzie, A.C., & Brown, C.H. (2011). The good behavior game and the future of prevention and treatment. *Addict Sci Clin Pract*, 6, 73-84. <https://doi.org/10.1007/s11121-012-0296-z>
- Kidger, J., Evans, R., Tilling, K., Hollingworth, W., Campbell, R., Ford, T., Murphy, S., Araya, R., Morris, R., Kadir, B., Moure Fernandez, A., Bell, S., Harding, S., Brockman, R., Grey, J., & Gunnell, D. (2016) Protocol for a cluster randomised controlled trial of an intervention to improve the mental health support and training available to secondary school teachers — the WISE (Wellbeing in Secondary Education) study. *BMC Public Health*, 18, 16(1), 1089. <https://doi.org/10.1186/s12889-016-3756-8>
- Labouliere, C.D., Kleinman, M., & Gould, M.S. (2015). When self-reliance is not safe: associations between reduced help-seeking and subsequent mental health symptoms in suicidal adolescents. *Int J Environ Res Public Health*, 12(4), 3741-3755. <https://doi.org/10.3390/ijerph120403741>.
- Laido, Z., Voracek, M., Till, B., Pietschnig, J., Eisenwort, B., Dervic, K., Sonneck, G., & Niederkrotenthaler, T. (2017). Epidemiology of suicide among children and adolescents in Austria, 2001–2014. *Wien Klin Wochenschr*, 129(3–4), 121-128. <https://doi.org/10.1007/s00508-016-1092-8>.
- Lang, I.A., Marlow, R., Goodman, R., Meltzer, H., & Ford, T. (2013). Influence of problematic child-teacher relationships on

- future psychiatric disorder: population survey with 3-year follow-up. *Br J Psychiatry*, 202, 336-341.
<https://doi.org/10.1192/bjp.bp.112.120741>.
- Langford, R., Bonell, C.P., Jones, H.E., Poulou, T., Murphy, S.M., Waters, E., Komro, K.A., Gibbs, L.F., Magnus, D., & Campbell, R. (2014). The WHO Health Promoting School framework for improving the health and well-being of students and their academic achievement. *Cochrane Database Syst Rev.*, Apr 16(4).
<https://doi.org/10.1002/14651858.cd008958.pub2>.
- Lean, D., & Colucci, V. (2013). School-based mental health: a framework for intervention. Rowman & Littlefield Education. UK: Plymouth.
- Manassis, K. (2014). Anxiety prevention in schools. *Lancet Psychiatry*, 1, 164-65.
[https://doi.org/10.1016/s2215-0366\(14\)70285-8](https://doi.org/10.1016/s2215-0366(14)70285-8)
- Martin, F., & Oliver, T. (2018). Behavioral activation for children and adolescents: a systematic review of progress and promise. *Eur Child Adolesc Psychiatry*, 28(4), 427-41.
<https://doi.org/10.1007/s00787-018-1126-z>.
- McIntosh, K., Mercer, S.H., Nese, R.N., & Ghemraoui, A. (2016). Identifying and Predicting Distinct Patterns of Implementation in a SchoolWide Behavior Support Framework. *Prev Sci.*, 17(8), 992-1001. <https://doi.org/10.1007/s11121-016-0700-1>
- McMillan, J.M., & Jarvis, J.M. (2013). Mental health and students with disabilities: a review of literature. *Aust J Guid Couns.*, 23, 236-51.
<https://doi.org/10.1017/jgc.2013.14>
- Meltzer, H., Vostanis, P., Ford, T., Bebbington, P., & Dennis, M.S. (2011). Victims of bullying in childhood and suicide attempts in adulthood. *Eur Psychiatry*, 26, 498-503.
<https://doi.org/10.1016/j.eurpsy.2010.11.006>
- Merry, S.N., Hetrick, S., Cox, G., Brudevold-Iversen, T., Bir, J., & McDowell, H. (2012). Cochrane review: psychological and educational interventions for preventing depression in children and adolescents. *Evid Based Child Health*, 7, 1409-685. <https://doi.org/10.1002/ebch.1867>
- Mian, A.I., Milavić, G., & Skokauskas, N. (2015). Child and Adolescent Psychiatry Training: A Global Perspective. *Child Adolesc Psychiatr Clin N Am.*, 24(4), 699-714.
<https://doi.org/10.1016/j.chc.2015.06.011>.
- Mooney, P., Ryan, J.B., Uhing, B.M., Reid, R., & Epstein, M.H. (2005). A review of self-management interventions targeting academic outcomes for students with emotional and behavioral disorders. *J Behav Education*, 14, 203-21.
<https://doi.org/10.1007/s10864-005-6298-1>
- Müller-Luzi, S., & Schmid, M. (2017). Success factors and stumbling blocks in the cooperation with child and adolescent psychiatry/ psychotherapy from the perspective of social pedagogues. *Prax Kinderpsychol Kinderpsychiatr*, 66(8), 576-598. <https://doi.org/10.1080/0145935x.2011.553577>.
- Nadeem, E., Olin, S.S., Hill, L.C., Hoagwood, K.E., & Horwitz, S.M. (2013). Understanding the components of quality improvement collaboratives: a systematic literature review. *Milbank Q.*, 91, 354-94.
<https://doi.org/10.1111/milq.12016>.
- National Research Council (US) and Institute of Medicine (US) Committee (2009). Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Washington (DC): National Academies Press (US).
- Nembhard, I.M. (2012). All teach, all learn, all improve?: The role of interorganizational learning in quality improvement collaboratives. *Health Care Manage R.*, 37, 154-64. <https://doi.org/10.1097/hmr.0b013e31822af831>.
- Network Solutions (2010). Massachusetts General Hospital School psychiatry program. <http://www.schoolpsychiatry.org>
- O'Connor, C.A., Dyson, J., Cowdell, F., & Watson, R. (2018). Do universal school-based mental health promotion programmes improve the mental health and emotional wellbeing of young people? A literature review. *J Clin Nurs.*, 27(3-4), e412-e426.
<https://doi.org/10.1111/jocn.14078>.
- Patel, V., Chisholm, D., & Dua, T. (2016). Mental, neurological, and substance use disorders: disease control priorities. Washington (DC): The International Bank for Reconstruction and Development. The World Bank; <https://doi.org/10.1596/978-1-4648-0426-7>
- Patton, G.C., Coffey, C., Romaniuk, H., Mackinnon, A., Carlin, J.B., Degenhardt, L., Olsson, C.A., & Moran, P. (2014). The prognosis of common mental disorders in

- adolescents: a 14-year prospective cohort study. *Lancet*, 383, 1404-1411. [https://doi.org/10.1016/s0140-6736\(13\)62116-9](https://doi.org/10.1016/s0140-6736(13)62116-9).
- Pawliczuk, W., Kaźmierczak-Mytkowska, A., Srebnicki, T., & Wolańczyk, T. (2018). The prevalence of mental disorders among children and youth staying in residential institutions, children's homes—a review of epidemiological studies. *Psychiatr Pol*, 52(2), 345-353. <https://doi.org/10.12740/pp/75738>.
- Payton, J., Weissberg, R., Durlak, J.A., Dymnicki, A.B., Taylor, R.D., Schellinger, K.B., & Pachan, M. (2008). The positive impact of social and emotional learning for kindergarten to eighth-grade students: findings from three scientific reviews. Chicago: Collaborative for Academic, Social, and Emotional Learning. URL: <https://files.eric.ed.gov/fulltext/ED505370.pdf>.
- Pearce, P., Sewell, R., Cooper, M., Osman, S., Fugard, A.J.B., & Pybis, J. (2017). Effectiveness of school-based humanistic counselling for psychological distress in young people: Pilot randomized controlled trial with follow-up in an ethnically diverse sample. *Psychol Psychother.*, 90(2), 138-155. <https://doi.org/10.1111/papt.12102>
- Perou, R., Bitsko, R.H., Blumberg, S.J., Pastor, P., Ghandour, R.M., Gfroerer, J.C., Hedden, S.L., Crosby, A.E., Visser, S.N., Schieve, L.A., Parks, S.E., Hall, J.E., Brody, D., Simile, C.M., Thompson, W.W., Baio, J., Avenevoli, S., Kogan, M.D., & Huang, L.N. (2013). Centers for Disease Control and Prevention (CDC). Mental health surveillance among children-United States, 2005–2011. *MMWR Suppl*, 17, 62(2), 1-35.
- Resch, F. (2017). Child and adolescent psychiatry — a panorama. *Neuropsychiatr*, 31(3), 127-132. <https://doi.org/10.1007/s40211-017-0239-9>
- Rowling, L. (2007). School mental health promotion: MindMatters as an example of mental health reform. *Health Promot J Austr.*, 18, 229-35. <https://doi.org/10.1071/he07229>
- Schoenwald, S.K., & Garland, A.F. (2013). A review of treatment adherence measurement methods. *Psychol Assess*, 25, 146-56. <https://doi.org/10.1037/a0029715>
- Schwean, V., & Rodger, S. (2013). Children first: it's time to change! Mental health promotion, prevention and treatment informed by public health, and resiliency approaches. *Can J School Psychology.*, 28, 136-66. <https://doi.org/10.1177/0829573513475773>
- Shure, M.B. (2001). I can problem solve (ICPS): an interpersonal cognitive problem solving program for children. *Residential Treatment for Children & Youth*, 18(3), 3-14. http://dx.doi.org/10.1300/j007v18n03_02
- Sklad, M., Diekstra, R., Ritter, M.D., Ben, J., & Gravesteyn, C. (2012). Effectiveness of school-based universal social, emotional, and behavioral programs: do they enhance students' development in the area of skill, behavior, and adjustment? *Psychol Schls.*, 49, 892-909. <https://doi.org/10.1002/pits.21641>
- Snell, T., Knapp, M., & Healey, A. (2013). Economic impact of childhood psychiatric disorder on public sector services in Britain: estimates from national survey data. *J Child Psychol Psychiatry*, 54, 977-85. <https://doi.org/10.1111/jcpp.12055>.
- Stallard, P., & Buck, R. (2013). Preventing depression and promoting resilience: feasibility study of a school-based cognitive-behavioural intervention. *Br J Psychiatry Suppl*, 54, s18-23. <https://doi.org/10.1192/bjp.bp.112.119172>
- Stallard, P., Sayal, K., & Phillips, R. (2012). Classroom based cognitive behavioural therapy in reducing symptoms of depression in high risk adolescents: pragmatic cluster randomised controlled trial. *BMJ.*, 345, e6058. <https://doi.org/10.1136/bmj.e6058>
- Stallard, P., Skryabina, E., & Taylor, G. (2014). Classroom-based cognitive behaviour therapy (FRIENDS): a cluster randomised controlled trial to Prevent Anxiety in Children through Education in Schools (PACES) *Lancet Psychiatry*, 1, 185-92. [https://doi.org/10.1016/s2215-0366\(14\)70244-5](https://doi.org/10.1016/s2215-0366(14)70244-5)
- Tyrer, R., & Fazel, M. (2014). School and community-based interventions for refugee and asylum seeking children: a systematic review. *PLoS One*, 2, e89359. <https://doi.org/10.1371/journal.pone.0089359>
- Van Geel, M., Vedder, P., & Tanilon, J. (2014). Relationship between peer victimization, cyberbullying, and suicide in children and adolescents: a meta-analysis. *JAMA Pediatr*, 168, 435-442. <https://doi.org/10.1001/jamapediatrics.2013.4143>.
- Walker, H., Small, J., Severson, H., Seeley, J., & Feil, E. (2013). Multiple-gating approaches in universal screening within school and community settings. In: Kettler, R.J., Glover, T.A., Albers, C.A. & Feeney-Kettler, K.A. (editors) (2013) *Universal screening in educational settings: evidence-based decision making for schools*. Washington: American Psychological Association, p. 47–75. <https://doi.org/10.1037/14316-003>.

- Wiltsey Stirman, S., Kimberly, J., Cook, N., Calloway, A., Castro, F. & Charns, M. (2012). The sustainability of new programs and innovations: a review of the empirical literature and recommendations for future research. *Implement Sci.*, 7, 17. <https://doi.org/10.1186/1748-5908-7-17>
- Zetterström Dahlqvist, H., Landstedt, E., & Gillander Gådin, K. (2015). What students do schools allocate to a cognitive-behavioural intervention? Characteristics of adolescent participants in Northern Sweden. *Int J Circumpolar Health*, 74(1), 29805. <https://doi.org/10.3402/ijch.v74.29805>
- Zetterström Dahlqvist, H., Landstedt, E., Almqvist, Y.B., & Gillander Gådin, K. (2017). A non-randomised pragmatic trial of a school-based group cognitive-behavioural programme for preventing depression in girls. *Int J Circumpolar Health*, 76(1), 1396146. <https://doi.org/10.1080/22423982.2017.1396146>