

EDUCATIONAL POLICIES
for the promotion of
MENTAL HEALTH
in school across Europe



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Introduction

Mental health problems among children have increased drastically over the last decades, and half of these problems begin before the age of 14. The need for early interventions is now pressing and the school context is an ideal setting to promote mental health in children and adolescents.

This booklet describes various effective school-based programs aimed at promoting mental health that have been adopted by Italy, Malta, Latvia, Croatia, Romania, Greece, Portugal, the European countries involved in the PROMEHS project.

PROMEHS is an Erasmus + Key Actions 3 project co-funded by the European Commission (2019-2022) designed to develop, implement and evaluate a mental health promotion curriculum for schools, from kindergarten to secondary school, and deliver high quality training to school staff.

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Croatia and the City of Rijeka

The City of Rijeka

Rijeka lies in the West of Croatia, on the Adriatic Sea, along the shore of the Bay of Rijeka, which is part of Kvarner Bay. The urban region of the City has about 200,000 inhabitants. Rijeka is the biggest Croatian port and the third largest city in Croatia. It is an administrative centre of the Region Primorje Gorski Kotar County. Since 1973 Rijeka has the status of a university city. The City of Rijeka, as a local self-government, focuses on the citizens' wellbeing by easing the access to healthy lifestyles, by fostering tolerance, social justice and responsibility. Main tasks include urban planning, utility services, education, health protection and social welfare, culture, sport, traffic. Rijeka bases its development on human resources by focusing on health and knowledge, and, more indirectly, on economy and science. In that sense, since 1998 Rijeka has been included in the WHO European Healthy Cities Network, a project that focuses on health and all that health defines. Promotion of innovations and changes in health policies at the local level is one of Rijeka's main priorities. As Rijeka strives to be a child-friendly city and considers its citizens' health a high priority, the promotion of proper nutrition and recreation among children from the first days of life to adulthood is one of the priorities of the City. It is im-

portant to mention that all actions taken by The City have a strong social component and aim to equalize opportunities for citizens with lower socioeconomic background. The activities relating to preschool education and elementary school education fall within the jurisdiction of the Department of Education and Schooling of the City of Rijeka. The Department monitors and co-finances the programs dedicated to gifted individuals and children and young people with developmental disabilities, programs carried out by private kindergartens and elementary schools and awards scholarships to students and creates and implements policies aimed at young people. The City of Rijeka, The Department of Education and Schooling, is the founder of 29 educational institutions (Kindergartens "Rijeka", "More" and "Sušak", 25 elementary schools in Rijeka and "Youth Centre" Rijeka) for which it provides budgetary funds in order to realize programs and maintain



The Croatian Educational System and the case of Rijeka

The educational system in Croatia is divided in 4:

1. **Early childhood education** which is optional for children from 6 months old to the year before starting elementary school and preschool education which is compulsory for children a year prior to entrance to elementary school if they haven't attended kindergarten.
2. **Elementary school** which lasts for 8 years (grade) and which is compulsory for all children.
3. **Secondary school** which lasts for 3 years (mostly vocational schools) or 4 years (small number of vocational schools and gymnasiums) and it is optional.
4. **Higher education** is also optional and structured according to three cycles (undergraduate, graduate and postgraduate studies), in line with the guidelines of the Bologna Process.

It is important to say that even though local and regional governments have founder's rights on most schools in their region, the education system is still quite centralized in the sense that The Ministry of Science and Education, that is the national body, decides on the content and implementation process of the school curriculums. Although local and regional governments, as founders of elementary and secondary schools, cannot intervene in school curriculums, they can have an impact on implementation of extracurricular activities.

As mentioned before, The Department of Education and Schooling of the City of Rijeka is the founder of 3 kindergartners, 23 regular elementary schools and 2 special needs schools for children with severe disabilities. Some examples where the Department has built upon the national curriculum or implemented new activities for children are:

Children with disabilities—The City of Rijeka finances teaching assistants for children with severe disabilities in order to increase the level of inclusion of pupils with disabilities in regular schools. This provides conditions for improvement of achievements in education, more successful socialization and better emotional functioning of pupils with disabilities. Each school year, the activities and the volume of the TA system are adjusted to the needs of schools and pupils, and it will go on like this constantly also in the future, thus improving the inclusive education system. Also, The City of Rijeka co-finances specially adapted transport of pupils who attend the Education Centre residing in the territory of the city of Rijeka, by a minibus (14+1 persons), and it also co-finances school meals for pupils residing in the territory of

the city of Rijeka.

Although budgetary funds are provided at state level in order to finance the costs of school meals for pupils with disabilities attending elementary schools founded by local and regional self-government units, such funds are insufficient and therefore the City of Rijeka for many years already has been providing funds intended for that purpose.

Children with lower social and economic status — Education is one of the basic prerequisites for adaptation to the development of new technologies, labour market and life-long learning trend. Children and young people who abandon education without secondary school end up being vulnerable, facing unemployment, low wages and the lack of possibility to progress at work. Abandoning school brings along other consequences such as welfare need, social exclusion, family problems and low self-respect. The main reason for early school abandoning is pupils' lower social and economic status. At the same time, future chances of a socially vulnerable child, its chances to improve its social and economic status, greatly depend on its achievements in education.

In 2014, Rijeka started attributing scholarships to pupils and students living with an unfavourable social and economic status. Our main goal was, and still is, to equalize the educational opportunities for all citizens of Rijeka, that is to help young people from vulnerable social status families to use the scholarship and accomplish formal education, secondary school or to study at the University, giving them the chance to realize the basic prerequisites to then enter the job market.

One of very special and most significant programs implemented by the City of Rijeka only, is the so-called *School afternoon just for me* program. This program is intended for pupils from families living in difficult circumstances and low social and economic conditions. The program takes place before and after regular classes and it encompasses not only help at learning and writing homework but also development of positive identity, fostering success at school, development of social and emotional skills and working, cultural and hygiene habits with pupils involved. During the programme, the pupils visit museums, libraries, exhibitions, workshops, attend organized sport and music events. They get self-assured at using the means of public transportation or services of various institutions, at organizing their time, working place or common rooms, because within their family situation they would never have such opportunities.

Children from national minorities—Six kindergartens, four elementary schools and one secondary school exist in Rijeka where lessons are held in Italian as the language of the Italian national minority. In addition, in some schools Czech, Macedonian, Albanian and Slovenian languages and culture are also fostered.

Mental health policies in Croatia

When discussing mental health protection and promotion within the Croatian legal and policy frameworks, it is important to mention The Healthcare act, a fundamental document that regulates the health care sector in general. It regulates the healthcare principles and measures, the rights and obligations of healthcare beneficiaries, the authorities competent for public healthcare, the content and organizational forms of the provision of healthcare and the supervision of its provision. The Act was adopted by the Croatian Parliament in 2008 and, for the first time, it defined mental health protection as a separate activity from the primary health care protection. Activities related to mental health care are entrusted to The Croatian Institute for Public Health which emphasises the role of psychologists.

Another important document that regulates the field of mental health is the **National Strategy for the Protection of Mental Health care**. It offers guidelines to improve existing and to develop new ways to protect mental health. As mental health issues in Croatia were relatively marginalized, the need for additional emphasis on mental health within the Croatian health care system became evident. Indeed, the mental health care system was intended to be much more effective than the existing psychiatry (with which it should be complementary) and had to be able to contribute more to the improvement of mental health, people in the community, prevention of mental disorders, early detection of risky populations and positive the role of psychological and other non-pharmacological treatments.

The National Health Care Strategy 2012 – 2020, which is another strategic national document, states that mental disorders contribute to the total hospital morbidity in Croatia with the share of about 7%. Stress disorder (PTSD), as individual diagnostic categories, represent almost two thirds of all causes of hospital morbidity because it leads to mental disorders. In hospital morbidity, there is a trend of increasing hospitalization rate per 100,000 inhabitants, especially concerning depressive disorders. Mor-

Also, for many years the City of Rijeka has been providing funds for Roma teaching-assistants who help pupils belonging to the Roma national minority and their families in including and adopting the curriculum.



tality rates due to suicide in Croatia have been continuously decreasing since 1998, however, they are still higher than in the “old” EU countries.

As the activities related to mental health care protection and promotion are entrusted to The Croatian Institute for Public Health, it is important to describe its role in that process.

The Croatian Institute for Public Health (CIPH) is a central public health institute in Croatia. It was founded in 1893 with the aim of promoting health and welfare in the population. CIPH deals with public health, health promotion and education, disease prevention, microbiology, environmental health, school medicine, mental health care and addiction prevention.

CIPH’s main tasks are to plan, promote and implement measures for the enhancement of population health and for reduction of health problems. It prepares and implements prevention programs and other health care measures aimed at promoting healthy lifestyle. CIPH carries out epidemiological surveillance and it proposes, organizes and undertakes preventive and counter-epidemic measures. It also plays a crucial role in the planning, super-

vision and evaluation of immunization. In addition, CIPH performs duties concerned with the analysis and evaluation of water safety and of the impact of environmental factors on human health. The Institute functions as a statistical authority, which maintains national public health registries, supervises data storage and coordinates the work of other health registers. It coordinates the network of regional public health institutes, actively participates in the creation of health policy and public health regulations and engages in international co-operation for the purposes of improving public health and welfare.

The office for mental health and addiction prevention within the Institute is in charge of specific activities aimed at preserving mental health.

Activities for mental health protection include:

- Promotion
- Prevention
- Early recognition
- treatment and rehabilitation of behavioral disorders and mental / mental disorders

Activities for mental health promotion include:

- Activities aimed at understanding mental health and at raising awareness on the importance of mental health as part of general health, at promoting good mental health and well-being, at understanding mental health problems and mental / mental disorders, and at combating stigma and discrimination;
- Activities that improve mental health through the strengthening of protective factors and the reduction of harming ones;
- Effective promotion measures that result in better a quality of life, better social functioning, better social inclusion, reduced human suffering, lower incidence and prevalence of mental disorders.

Activities for mental health protection of children and youth include:

- Counseling aimed at protecting the mental health of children and adolescents, which includes:
- Family counseling, counseling for school children and adolescents for healthy growth and better fit into the society;

- Counseling and educational work with pre-school and school staff teachers on healthy growth;
- Participation in the implementation of health education.
- Preservation of mental health of children and adolescents with risky behavior which includes:
 - * Counseling and care for children and adolescents with risk behaviors, as well as stress-exerted ones, with a view to increasing their ability to overcome crisis situations, to adapt to new circumstances and to prevent the occurrence of mental disorders;
 - * Educational work with teaching staff of pre-school and school institutions related to recognition and work with children and adolescents at increased risk.
- Early detection, diagnosis and therapy of children and adolescents with behavioral disorders and mental health problems which include:
 - * Sensitizing and educating primary health care for early detection of behavioral disorders and mental health problems;
 - * Educating teachers in order to identify early behavioral disorders and mental health problems for children and adolescents;
 - * Counseling, individual and group therapy for children and adolescents with behavior disorders and mental health problems;
 - * Treatment and rehabilitation;
 - * Involving the family in the therapeutic process.

Croatia

The Croatian educational system

According to the National Office for Drug Abuse Prevention of Croatia, there are 262 educational programs in Croatia for promoting and preventing children's mental health. However, only 79 of them are adopted in kindergartens, primary and secondary schools. In kindergartens (children aged from 6 months to 6/7 years), 3 programs are designed for preschool children, 2 for their parents and 1 for preschool teachers. In primary schools (children aged from 6/7 to 13/14 years), 30 programs are designed for primary school children, 11 for their parents and 1 for primary school teachers. Finally, in secondary schools (children aged from 14/15 to 17/18 years), 24 programs are created for secondary school students, 6 for their parents and 1 for secondary school teachers.

Kindergarten

No educational programs have been applied in the kindergartens of the Primorsko-goranska county. This is important as this county will be included in the project research. In other counties, the program **"Where are you from child?"** (Oklen si dite?) has been adopted. Its activities are aimed at promoting the importance of early development and family values with the active participation of adults, parents, educators and expert associates, lectures for parents.

The **"Youth for youth in the prevention and elimination of addiction"** project aims at educating young people (students) who, in turn, have to educate their peers on healthy lifestyles in the context of drug addiction prevention.

The **RESCUR project** (2012-2015), coordinated by the Universities in Malta, Greece, Portugal, Sweden, Italy and Croatia,

developed a resilience curriculum for early and primary education in Europe. Its main target "audience" is constituted by vulnerable children, such as the Roma children, children with disabilities, gifted children and children of refugees, immigrants and ethnic minorities. The curriculum has been used in kindergartens and primary schools by school staff who was appropriately trained for that.

PATHS (Promoting Alternative Thinking Strategies) is an universal preventive program designed for preschoolers and pupils of lower grades of elementary school. It's conducted by educators and teachers on a weekly basis in educational groups or in the classroom. The goal of the program is to improve self-control and the regulation of emotions, to learn the steps needed to solve problems and to promote positive values and relationships in general. After its first adoption in Istria in 2007/2008, the project had a wider application in 2010 through the PATHS – I'M GROWING (PATHS – RASTEM) project. The program has been implemented in 6 preschools and 15 primary schools in Zagreb, Rijeka and Istria. A school-based randomized-controlled trial of a social and emotional learning curriculum and the evaluation of a social-emotional learning in 29 schools have been conducted, showing that the implementation of PATHS changed eight out of nine behaviors in lower risk children. The study highlights the need to supplement universal preventive interventions with selective preventive interventions that can provide more intensive and targeted skill practice for higher risk children.

Primary school

School Preventive Programs (SPP) is a program aimed at children from 1st to 8th grade, at school teachers and parents of school children, and its goal is the prevention of addiction and violence, health and civic education through enhancing the ability to solve problems, improving self-image, decision making, problem solving and social integration and enhancing motivation for healthy lifestyles.

Other programs that are applied in primary schools are **Open Umbrella** (it focuses on educating children in 6th grade and their parents; drug abuse prevention), **Healthy Living** (it targets 1st to 8th grade students and their parents; strengthening self-confidence, social skills and the positive self-image), **Cyberbullying** (it targets 6th grade students and their parents; dangers of the Internet), **Emica** (it targets school children and their parents; development of emotional intelligence through games, emotional adaptation and preservation of the students' mental health), **SPARK** (it strengthens Parents' Competencies for Harmonization of Private and Professional Life), **SPARK PLUS** (it strengthens parents' competencies; prevention of emotional abuse and neglect during divorce), **LA(R)A-CHAIN (RE)ACTION** (workshops with the aim of developing social skill), **Youth for youth in the prevention and elimination of addiction** (same as for kindergartens, described above), **Positive Mom, Positive Dad!** (the overall objective of the project is to empower parents in carrying out their parental responsibilities and capacities with an emphasis on the prevention of addiction), **Positive parenting program Sunflower - Universal prevention of Addiction** (it involves working with children and parents, cooperating with the school and the local community for the prevention and suppression of alcohol and smoking addiction and addiction to psychoactive substances in children and young people; it targets 5th grade students and their parents).

Programs that focus exclusively on educating the children are **Totally Healthy** (prosocial behaviour, socio-emotional skills, drug abuse prevention; it targets 8th grade students), **Early recognition of risk behavior in youth** (it is aimed at emotional and communication difficulties; 7th grade students), **Life Skills Training** (prevention of behavioural disorders and addiction), **For a better world without violence** (prevention of violence), **Knowledge against addiction** (development of social skills and creative socialization groups), **Be brave and say no to tobacco** (smoking prevention, targets 5th-8th grade students), **Quality free time utilization** (introduction of a series of extracurricular activities), **Affirmation of positive values against violence and addic-**

tion (individual approach gives the possibility of self-realization, which increases self-esteem and reduces autodestruction), **Fairytale Games** (through children's psychodrama, which children themselves create, socio-emotional development of children is enhanced), **Benjamin** (prevention of computer addiction, targets 5th grade students), **Be independent, be yourself** (communication and social skills development, free time and prevention of addiction), **Magic recipes for health and happiness** (prevention of addiction, organization of free time, healthy lifestyle), **Internet Security Day** (prevention of cyberbullying via the Internet and mobile phones, targets 5th-8th grade students), **Children and Media** (development of critical thinking towards the media), **Health through education** (an integral part of education, development of life skills, positive thinking, critical thinking, prevention of addiction; 1st-8th grade students), **Electronic violence and addiction** (prevention of peer-to-peer violence over the Internet, prevention of Internet addiction), **Apple** (promotion of healthy and prevention of unhealthy behaviors with a focus on smoking), **You are not alone** (prevention of violence among children and youth via the Internet and social networks; 5th grade students), **Encouraging positive development of children via emotional literacy** (the adop-



tion of fundamental emotional knowledge and understanding (Maurera, Bracketta & Plana, 2004), **Preventive programs-miscellaneous activities** (prevention of addiction through lectures and workshops by professors, expert associ-

Secondary school

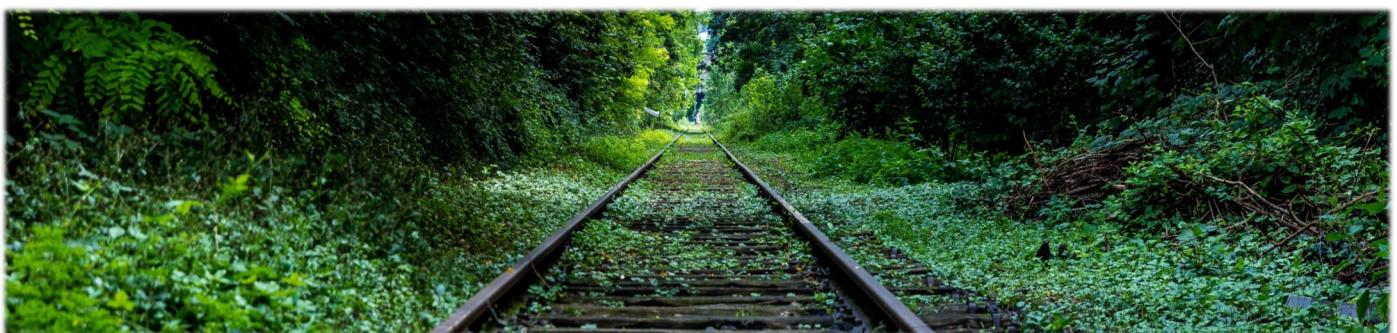
The **Education program for professors on the prevention of addiction (EPPPA)** is a seminar for secondary school teachers focused on acquiring knowledge and adopting practical skills needed for prevention of addiction and addictive behaviours in young people.

Other programs that are adopted in secondary schools are **SPARK** (Strengthening Parents' Competencies for Harmonization of Private and Professional Life; it targets parents), **SPARK Plus** (it targets parents and it aims at strengthening parents' competencies and at preventing emotional abuse and neglect during divorce), **Youth for Youth in the prevention and elimination of addiction** (same as for kindergartens and primary schools, as shown before; targets students and parents as well), **New Addictions: Watch out for gambling! – Betting isn't a game, Positive mom, positive dad** (same as for primary schools), **Skretničar III-Switchman** (targets parents and students; it provides support regarding the mental and psychophysical health of adolescents and promotes healthy lifestyles).

Programs that target students exclusively are **Gornjogradska High school Activities** (its focus is on gambling/betting and drug abuse prevention, tolerance and accepting differences), **Be Cool, Be Strong** (positive self-image and self-respect), **The Strongest Stance** (drug abuse prevention), **No, because no** (targets 1st graders; drug abuse prevention), **Early discovery of risk behavior in youth** (targets 1st graders; emotional and communicational difficulties), **Testing for psychoactive substances in schools** (throughout high school), **Healthy** (developments of healthy habits, targets 1st graders), **Be informed, be active** (developing responsibility for oneself, social skills, decision-making, resisting social influences, pre-

ates and police officers), **Program of prevention of risk behavior, Programs of health and social protection of pupils**, and programs to develop social skills.

venting addiction; targets students), **3PO- Trust-Connection-Support** (promotion of healthy lifestyles, prevention of addiction and violence, development of communication skills), **Affirmation of positive values against violence and addiction** (individual approach gives the possibility of self-realization which increases self-esteem and reduces autodestruction), **Gain in favor of loss** (prevention of gambling; it targets 2nd grade students), **EVO** (development and promotion of volunteering and inclusion in volunteering), **Games of chance in photofinish** (prevention of gambling and betting; targets 1st graders), **I have a stance, I choose health** (smoking prevention; targets 1st graders), **Young men initiative – H-Homen program** (developing responsibility), **Internet addiction and the youth** (prevention of Internet addiction), **Construction of the community by rhythm and sound-Drumming therapy, Strengthening life skills** (workshop focusing on students' self-esteem/self-confidence and communication skills), **How to resist bad influences? Totally Healthy** (the program is carried out through psychological workshops through which students learn the ways to resist negative pressures and stresses), **Prevention of addiction** (improve the level of the pupils knowledge about the dangers of all kinds of addictions with an emphasis on alcohol, drugs, smoking, gambling, Internet), **Programs of health and social protection of pupils-informative-educational characteristics/Health Education** (the implementation of the Health education curriculum in secondary schools planned through contents integrated in existing curricula and separate classes;), **Project "Healthy Living"** (workshops during the school year on the subject prevention of addiction and violent behavior).



Programs in primary and secondary schools: a summary

Basic aims of the programs:

Drug abuse prevention, Alcohol and smoking prevention, Violence prevention, Coping strategies, Managing peer influence, Healthy life styles, Organization of free time, Creativity, Social skills, Cyberbullying, Positive self-image, Self-esteem, Parenting skills

Methodologies:

Most programs are created based on the examples of good practice from other countries. Some programs are created as projects' outcomes (Erasmus or other), some are based on previously run research analyses about the risk behaviours among children and families (e.g Life Skills Training Program) and just a few of them are evaluated (e.g Life Skills Training Program).

The Healthy Living project

A health promotion program called "**Healthy Living**" was designed and run from 2003 to promote healthy life styles. In 2015 it was declared a national program . The overall goal of this program is to improve the health of the population by reducing the negative impact of behavioral, biomedical and psycho-socio-economic risk factors. Domains of the program are proper nutrition, physical activity, reduction of excessive body mass, prevention of obesity and promotion of sexual / reproductive and mental health by changing environmental factors. It also aims at improving mental health by developing and strengthening self-protection mechanisms, by implementing programs that help reduce stress, smoking, early drinking and psychoactive drug abuse prevention, prevention of violence and promotion of mental health in older age groups.

Erasmus + European projects

ENRETE was a two-year ERASMUS + project (2016-2018) that aimed at improving the quality and relevance of higher education by focusing on the development of innovative curricula with high relevance to Europe's current socio-economic context. Partners of the project were University of Malta, University of Rijeka (Croatia), University of Crete (Greece), University of Pavia (Italy), University of Lisbon (Portugal) and University Stefan cel Mare, Suceava (Romania). The overall aim of the project was to contribute to the creation of learning environments through teacher education that promotes the resilience and growth of marginalized learners. A set of modules for teacher education at Masters level will be created. In the first year of the project, the partners developed 10 modules which were internally and externally evaluated. During the second year, the modules were piloted with 20 teachers in each of the six partner countries, after which the modules were reviewed and finalized.

Teachers' health literacy

The aim of this research was to gain insight into the health literacy of primary and secondary school teachers (N=2027) in the field of mental health of children and youth and to establish their educational needs in the area of basic knowledge and beliefs in the field of mental health of children and youth.

57.6% of the participants did not recognize the problem described in the vignette, while the rest felt able to independently provide assistance to the student. More than 50% of participants do not know for sure whether or not there is discrimination in the school environment of a student who has a problem like that described in the vignette. 86.2% believe that their school would never do anything in the case of a pupil exhibiting mental health problems.

It can be concluded that among teachers there is a need to improve health literacy in the field of mental health of children and youth, with an emphasis on knowledge and skills aimed at providing first aid and support.

Reforming the curriculum in Croatia: in progress

Personal and Social Development

The students will develop: self-image, self-esteem, self-respect, recognition, acceptance and management of their emotions and behavior, empathy, respect and acceptance of diversity, social and communication skills, cooperation and teamwork, responsible behavior towards oneself and others in the community, decision-making and planning of education, lifelong learning and professional development in contemporary society and the labor market, strategies for solving problems and successful stress management.

Health

Domains in the organization of the curriculum of the inter-class topic of Health are: physical health, mental and social health, help and self-help.

Even though the mental health is one of the main domains within the National Health Strategy in Croatia, there is no universal, evidence-based prevention program that would serve to strengthen all basic aspects of mental health in children and youth. There are many programs which vary in their methodologies and most of them are not evaluated. Some of them (Erasmus projects' activities) are still in the phases of application and evaluation.

Regarding the theoretical frame of this Erasmus project, self-awareness, self-esteem, resilience, motivation, responsible decision-making, relationship skills, social awareness, self-management, none of the existing programs focus systematically on all of these aspects of mental health.



Greece

Social and emotional learning in Greek schools

It is well-evidenced, that universal social and emotional learning programs from kindergarten to high school significantly improve social and emotional skills, attitudes, behavior and academic performance (Greenberg et al, 2003; Elias et al, 2003). Acknowledging these international educational trends, the Greek educational system had to adapt and serve the SEL skills cultivation.

The revised Greek Official Curriculum was initially introduced and implemented in 2001 aiming at: “maintaining democracy, religious freedom, collective spirit, internationalism, so-

cial justice and solidarity, cultural awareness and social cohesion, providing employment and intellectual development opportunities for all in open pluralistic societies” (Hellenic Ministry of National Education- Pedagogical Institute, 2004). The curriculum declared that all students’ social and emotional development is one of its main goals (Ministry of Education and Religious Affairs, 2003). Thus, the idea of SEL emerges in the Greek curriculum as a main educational goal.

Effective programs and initiatives

Efforts to integrate SEL in the national curriculum are the followings:

1. A pilot curriculum (School and Social Life) created by the Greek Educational Policy Institute and officially implemented nationally from 2011-2012, in ninety-six schools in primary and secondary education (Babalís, et al, 2013), with the ultimate goal of preventing phenomena of violence, social exclusion, and of promoting students’ physical and mental health and wellness within a communicative, cooperative, creative and innovative climate (Pedagogical Institute & Ministry of Education and Lifelong Learning, 2011);
2. A universal, annual, teacher-taught program (Steps for Life) was implemented in 2013-2014, which included 2439 students with 1516 forming the experimental group and 923 the control group (Kourmousi, 2018). This program aimed at teaching SEL skills to students in the short-term and to improve children’s adaptability and academic achievement in the long run.

At the same time, prevention programs concerning general and diverse school population groups, such as children with special needs or Roma children, were designed and implemented at nursery (Doni & Giotsa, 2017), and primary education by individual researchers or centers (Chiementi & Triliva, 1994; Platsidou, 2015; Hatzichristou & Lianos, 2016; Cefai et al, 2015). In general, SEL programs were mainly preventive in nature, initially aimed at enhancing students’ personal skills and competences, such as self-awareness, self-regulation, problem solving and interpersonal skills, and then students’ personal skills within students’ social environment, such as resilience when facing challenges, culture diversity, and crisis management in the community. The delivery of the programs was integrated under the general umbrella of the curriculum “mental health sector”, and it was implemented under the teaching hours of the subject “flexible zone”, which could be used by teachers to run social and emotional activities. Some programs have been designed in Greece while others have been imported from abroad and implemented mainly in central Athens, with limited implementation efforts in the islands.

Mental health policies in Greece

Mental health policies in Greece include SEL, resilience and the promotion of behavioural problems.

SEL programs were found to make positive changes in students' relationships, resilience, academic achievement and behavior adjustment. These programs aimed at promoting mainly primary students' self-awareness, relationship skills, self-management and decision making skills. These efforts though were rather fragmented and implemented mainly on a voluntarily basis. The majority of programs required teachers' in-service training, did not require parents' involvement, whereas they have not been evaluated for their short-term or long-term implementation. The official national curriculum for preschool, primary and secondary education and teachers' manual supervised by the Ministry of Education do not provide specific goals to be achieved, or activities for the achievement of these goals. Although teachers acknowledge the need for SEL promotion, they do not have the tools to integrate SEL activities in their classroom practices.

In sum, although referred to SEL efforts in the U.S.A context, Durlak et al. (2011) also delineate the Greek context. The authors argue that, unfortunately, many schools do not use evidence-based prevention programs or use them with poor fidelity (because schools may not be aware of effective programs, fail to identify them, do not implement the interventions correctly, or do not continue programs even if they are successful during a pilot or demonstration period). In other words, there is a wide gap between research and practice in school-based prevention and promotion. Therefore, there is a need to develop and implement evidence-based programs for the promotion of mental health at schools, such as the PROMEHS program.



Italy

The educational system in Italy

The Italian educational system is under the responsibility of the Ministry of Education, University and Research (MIUR) and it includes the kindergarten school (3-6 years), the primary school (6-10 years), lower secondary school (11- 14 years), the upper secondary school (14-19 years) and university and institutes of higher education after 19-years-old. The Educational services for children up to 3 years old are planned and managed at the local or regional level.

Formal education in Italy is compulsory between 6 and 16 years of age and it covers the first educational cycle (primary and lower secondary school) and part of the second cycle of education (upper secondary school). At the end of the upper secondary school, students have to pass a State exam that allows them to study at Universities and other higher Institutions (INDIRE, 2014).

Italian mental health policies

According to the National Guidelines for the Curriculum of the kindergarten School and the First Cycle of School Education (MIUR; 2012), the school is one of the key developmental contexts to promote students' wellbeing. Although mental health is not explicitly mentioned in the Italian school curriculum, on multiple occasions it refers to the school's role in "fostering students' psycho-physical wellbeing, feeling good.

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Formal education in Italy is compulsory between 6 and 16 years of age and it covers the first educational cycle (primary and lower secondary school) and part of the second cycle of education (upper secondary school). At the end of the upper secondary school, students have to pass a State exam that allows them to study at Universities and other higher Institutions (INDIRE, 2014).

person, and peaceful learning" (MIUR, 2012; p. 17). Furthermore, the overall purpose of the school is to ensure "the individual's harmonious and whole development, in keeping with the principles of the Italian Constitution and European cultural tradition, to be achieved through the promotion of knowledge, respect for individual diversity and the active involvement of students and their families" (MIUR, 2012; p. 9).

In this perspective, education is meant to support the comprehensive development of the students, namely the "cognitive, affective, relational, physical, aesthetic, ethical, spiritual, and religious aspects" (MIUR, 2012; p. 5) by embracing a whole-school approach where students, teachers, families, and the whole school community are involved in educational actions. supported by teachers and families who share the responsibilities within a common educational plan, children and adolescents are invited to actively develop their citizenship skills (MIUR, 2012; p. 24). At school, teachers should promote students' social and emotional competences with the aim "to educate the class as a group, to promote cooperative relationships among parts, and to manage inevitable conflicts generated by socialization" (MIUR, 2012; p. 5).

Despite these principles, some critical aspects need to be discussed. First, no specific initiatives and programs on mental health promotion and related constructs for pre-service and in-service teachers (such as social and emotional learning) are available at the national level. For instance, some Universities, associations and NGOs offer courses related to these topics, however they are not mandatory for teachers' professional development.

Second, such initiatives are usually promoted locally, they are fragmented across the Country and they cannot be sus-

tainable over time when they are supported by temporary funded projects.

As a consequence, no shared national standards, measurable goals, and specific tools to assess mental health and social and emotional learning in the national curriculum are available for teachers and educators.



Effective programmes and initiatives

In Italy, some successful school-based mental health initiatives mainly funded by local and regional authorities and the European Commission have been carried out at a local level.

Lab-PSE research team (Laboratory of Developmental and Educational Psychology) at the University of Milano-Bicocca in Milan has, for instance, conducted a number of training studies involving toddlers (Grazzani, Ornaghi, & Brockmeier, 2016; Grazzani, Ornaghi, Agliati & Brazzelli, 2016; Ornaghi, Brazzelli, Grazzani, Agliati & Lucarelli, 2017), preschoolers (Grazzani & Ornaghi, 2011; Ornaghi, Brockmeier & Grazzani, 2011; Ornaghi, Grazzani, Cherubin, Conte & Piralli, 2015), and school-aged children (Ornaghi, Brockmeier & Grazzani, 2014) by adopting a pre- and post-test research design and by comparing the outcomes of the experimental and of the control groups. Educators and teachers in the experimental conditions were trained by the researchers in order to lead

group conversations that could enhance their students' emotional language.

Overall, the findings showed the efficacy of group conversations in promoting children's social and emotional competencies. In particular, in the experimental group, the ability to recognize, express, and regulate emotions, theory of mind skills and prosocial behaviors improved after the intervention and the number of aggressive episodes diminished.

Other local programs can be identified within the initiatives carried out mainly in the Lombardy Region (in the Northern Italy) by the Health Promoting Schools' network. This network is in charge of training teachers and of facilitating the implementation of a number of prevention programs in about 8000 primary and lower secondary schools involving more than 1.400.000 students and their teachers in the Lombardy region.

One of the main programs is the **LifeSkills Training Lombardia**, a program for teachers and students (11-14 years-old) aimed at supporting the skills and knowledge necessary to promote pre-adolescents' health and at reducing their drug consumption. The field trial occurred between 2011 and 2014 and, because of its efficacy, it was adopted regionally. Currently, it involves more than 200 lower secondary schools and thousands of students and teachers.

The Health Promoting Schools network's mission is to encourage school and social inclusion, through promotion and prevention programs and quality training for teachers.

Inclusion is a key value in the Italian education system since every child has the right to go to school, to be integrated into the school community, and to live in a supportive environment where well-being, positive relationships, success, and learning are fostered. Hence, the promotion of health and wellbeing is fundamental to meet every child's needs.

At the national level, a comprehensive program was carried out by the Ministry of Health between 2007 and 2009. The program targeted a number of social and emotional skills such as communication and assertive behaviours, conflict and anger management, collaboration skills and healthy relationships development. The programme involved 253 Italian secondary school students and positive outcomes on students' self-efficacy, emotional coping, and overall well-being were observed after the implementation (Mirabella et al., 2010).

Among the effective projects funded by the European Commission, the following European programs can be identified in the field of mental health promotion: **RESCUR Surfing the Waves, The European Assessment Protocol for Children's SEL Skills (EAP-SEL) and the Learning to be project.**

RESCUR Surfing the Waves was a school-based program developed in 2012-2015 within the Lifelong Learning Erasmus+ Programme. RESCUR aimed at developing a resilience curriculum for early and primary education in Europe for children aged 4 to 11. The curriculum addressed the following themes: communication skills, developing a growth mindset, self-determination, establishing and maintaining healthy relationships, building on strengths, and turning challenges into opportunities. Projects materials included a theoretical manual for teachers, three teachers' activity handbook (early years, early primary and late primary) with activities to promote resilience at school and with a parents' manual to promote resilience at home. The pilot project car-

ried out within the project lifetime involved about 6000 students in six European Countries namely Malta, Italy, Portugal, Greece, Sweden and Croatia. Positive outcomes were observed in students who took part in the implementation in all trial Countries, included Italy (Cavioni et al., 2018).

At the moment, there are still a number of training studies implementing RESCUR in several European countries.

The European Assessment Protocol for Children's SEL Skills (EAP-SEL) was a Lifelong Learning Erasmus+ project aimed at developing a tool for teachers to assess social and emotional

competences in primary school students. The tool, named *How One Feels* (HOF), consisted in ten vignettes. Children were asked to recognize the emotional state of the characters and what he/she could do with respect to it. Teachers across Europe were trained to use this instrument to assess their students' social and emotional skills.

Another recent project aimed at developing methodologies and tools for assessing social and emotional learning and, health

at school is called **Learning to Be: Development of practices and methodologies for assessing social, emotional, and health skills within education system.** The project is an ongoing project co-funded by the European Commission within the Erasmus+ Key actions 3 (2017-2020). Using a pre- and post-test design with control and experimental groups, the project aimed at testing the efficacy of a Toolkit for the assessment of social, emotional, and health skills, which was used to train teachers in the experimental conditions. The implementation was carried out in six Countries namely, Italy, Latvia, Lithuania, Slovenia and Spain. Findings will be used to shape policy recommendations and to impact on educational policies at national and European level.



Regione Lombardia



Latvia

The educational system in Latvia

In 2018, the total population in Latvia was estimated at 1.9 million people, 18.5 % (358 800 persons) of them are children under the age of 17 (CSB, 2018). The education system in Latvia is highly decentralized. The Ministry of Education and Science is responsible for policy and legislation, and for their organization and coordination (OECD, 2017).

Latvia has a fragmented regional structure with 119 municipalities responsible for providing early childhood education, primary and secondary education and non-formal education.

There are 775 general schools (748 of which are full-time

schools), 46 vocational schools with 215 thousand pupils. 94 thousand children are enrolled into pre-school education institutions (CSB, 2017).

Early education and care are available from age 1.5 years. Education is mandatory and free from age 5 (this is the pre-school level that prepares for primary school starting at the age of 7) to age 15 (obligatory primary school 9 grades). Both secondary education (10–12 grades) and vocational education (age 16 and later) are not mandatory (OECD, 2017).

Socio-Emotional Learning in Latvian schools

Since 2017, SEL is integrated in the new competency-based national education curriculum. The goal of education, as it is formulated in the National curriculum, is that of “a well-developed and skilled pupil who is interested in his intellectual, social and physical development, lives healthy and safe, learns with pleasure and interest, is socially responsible, participates in society's activities and takes initiative, is Latvian patriot” (Cabinet of Ministers Regulation No 747, 2018).

The new competence-based education standard integrates seven learning areas, six transversal competencies, and ten values for development of certain virtues. Thus, mental health topics have become more visible. Social emotional learning is recognized as important to gain certain transversal skills, which are Critical Thinking and Problem Solving, Creativity and Entrepreneurship, Self-regulated Learning, Collaboration, Civic Participation and Digital competence.

From the school year 2019/2020, SEL will be mandatory in pre-school education since the new curriculum will be implemented starting from pre-school. The Regulation of Cabinet

of Ministers defines the goal of pre-school education as follows:

“To develop children’s social emotional skills that include awareness of their emotions, thoughts and behavior; ability to understand others and create positive relationships. These basic transversal skills include behavioral, cognitive and emotional aspects that promote learning in different contexts”

SEL is included in subject programs. For example, achievable result for 6th grade in sports: “demonstrate an ability to control their emotional reactions during a team sports games”; achievable result for 3rd grade in Latvian language: “identify the emotional tone of a conversation, name the emotions of oneself and others”.

Previously there has been little space for SEL in subject programs, and the SEL concept as such was quite unfamiliar in Latvia. Separate initiatives have been implemented by several agencies. An important part of SEL is mostly covered by extracurricular non-formal education (mainly different kind

of regular activities in arts and sport, often funded by municipalities). Many separate initiatives have been implemented at schools (e.g. anti-bullying project MOT, Mindful schools, Drug prevention program) through state agencies and NGO initiatives (e.g. violence prevention by “Dardedze”, sexting

The development of original school-wide programs began in Latvia in 2011. The ESF project on reducing pupils’ social exclusion and school drop-out rates (*“Development and implementation of the support programs for establishing the support system for the young people under the exclusion risk”*) focused on three main areas by developing whole-school universal programs:

1. Support positive behavior
2. Social and emotional learning
3. Parent education for collaboration with schools

Latvian SEL program includes direct teaching of skills, provided by class teachers. The program included ready-to-use class lesson plans with additional materials (10 class lessons per year from 1st to 12th grades) with a unified structure: Inquire, Gather, Process, Apply, Reflection. Initially, during the school years 2012/13 and 2013/14 the social emotional learning program was introduced in 39 schools in Latvia (a total of 12 699 pupils). The program implementers were 630 class teachers, who were given SEL training and regular supervision during the whole school year. After the end of this project, the SEL program was offered as teachers’ further education course at the University of Latvia. Since 2015, two more schools (42 class teachers) adopted the SEL program as a whole-school approach.

While developing a new competency-based national curriculum, Latvian SEL program was edited, supplemented and tested in eight whole schools (with 197 teachers and approximately 5000 students) and it will be free and accessible for every school in Latvia by the end of 2019. In order to provide teachers with knowledge on SEL and to provide guidelines for the implementation of the SEL program, an e-learning course is currently being prepared. Several international

and pornography literacy in sexuality education by “Papardes zieds”). As an important resource, psychologists and/or social workers/pedagogists are available in almost every school.

papers on the SEL program and on its implementation and sustainability have been published. The latest results on the effectiveness of the Latvian SEL program will be presented soon.



In 2017, the National Centre for Education of Latvia joined the Erasmus+ project “Learning to be – development of practices and methodologies for assessing social emotional and health skills within education systems”. The project developed a toolkit for teachers to support them in promoting students’ SEL in their daily teaching routines (through formative assessment and instructional teaching). The effectiveness of such intervention is currently being investigated.

Malta

The national education system in Malta

The education system in Malta consists of three sectors; state schools, church schools and independent schools. The educational system is structured according to four stages; pre-primary (3-5 years), primary (5-11 years), secondary/post-secondary (11-18 years) and tertiary education. Education in Malta is compulsory up to the age of 16.

The National Curriculum Framework For All (Ministry for Education and Employment, 2012), consists of 8 learning areas as follows: languages, mathematics, science and technology, health and physical education, religious and ethics education, humanities, education for democracy, and visual and performing arts. There are also 6 cross-curricular themes; literacy, digital literacy, learning to learn and co-operative learning, education for sustainable development, education for entrepreneurship, creativity and innovation, and education for diversity.

The national curriculum underlines both the cognitive and the affective dimensions of education and also emphasises the importance of developing students' wellbeing and self-esteem as part of their education. The desired learning outcomes of the curriculum at the early years stage include; children who develop a strong sense of identity, children who have a positive self-image, children who are socially adept, children who are effective communicators, and children who nurture positive attitudes towards learning and becoming engaged and confident learners. At the junior/secondary stage, the desired learning outcomes include learners who are capable of successfully developing their full potential as lifelong learners, learners who are capable of sustaining their chances in the world of work and learners who are engaged citizens who are able to secure social justice in constantly changing local, regional and global realities.



Mental health policies at school

The Ministry for Education and Employment has developed a number of policies aimed at promoting social and emotional learning, wellbeing and mental health and the prevention of behavioural problems in schools across Malta.

Managing Behaviour in Schools Policy

Published in 2015, this policy focuses on behaviour management at school as a means to maximise educational success. Based on the principles of respect, safety and responsibility, the policy recommends working together with the children, rather than forcing them to comply with educators' demands, thereby encouraging them to develop a strong sense of personal responsibility and an understanding of the consequences of their decisions and actions (Ministry for Education and Employment, 2015).

Addressing Bullying Behaviour in Schools Policy

This policy, published in 2014, stems from the understanding that bullying can have both short-term and long-term effects on students' mental and physical wellbeing, their engagement at school, as well as their self-confidence. The policy addresses direct bullying (physical, verbal), indirect bullying (spreading rumours), cyberbullying, racial and religious discrimination, and sexual bullying. It places particular emphasis on vulnerable students, such as those with social, emotional and behaviour difficulties and/or learning difficulties, who are frequently victims of bullying (Ministry for Education and Employment, 2014).

Respect For All Framework

Published in 2014, this framework focuses on creating a safe and supporting educational environment that is free from harassment, bullying and discrimination. It provides a way in which schools can develop their environment to ensure that all students may obtain the necessary skills and values to be successful and active citizens, consistent with the Framework for the Education Strategy for Malta 2014-2024. The framework encourages all school communities to adopt the following values; respect, co-operation, responsibility, unity, tolerance, honesty, peace, love, happiness, freedom, humility, simplicity, inclusivity, diversity, equity, social justice, friendship, quality, patience and courage (Ministry for

Education and Employment, 2014). ***Creating Inclusive Schools*** (Guidelines for the Implementation of the National Curriculum Policy on Inclusive Education): This guide was developed by the Maltese National Curriculum (NMC) Focus Group for Inclusive Education in 2002 and provides a framework (or index) on how schools can become inclusive communities (Bartolo, et al., 2002).

Addressing Attendance in Schools Policy

This policy, published in 2014, aimed to identify attendance patterns, to ensure that students are complying with education legislation, maximize school completion by all students, and raise student achievement (Ministry for Education and Employment, 2014).

Substance Abuse Prevention Programmes and Interventions in State Schools

These guidelines focus on drug education and prevention programmes aimed at children in primary and secondary schools, and includes a section on working together with parents (Ministry for Education and Employment, n.d.).

Guidelines on Sexuality and Relationships Education in Maltese Schools

The guidelines aim to educate students in order to enable them to make informed decisions about their relationships and sexuality. The publication also seeks to guide teachers on how to deal with issues that arise when delivering lessons on sexuality and relationships education (Camilleri, 2013).

A Whole School Approach to a Healthy Lifestyle: Healthy Eating and Physical Activity Policy

Published in 2015, the policy aimed to help the school community adopt healthier patterns of living by promoting physical activity, eating healthy food, and reducing the amount of high sugar/salt/fat food consumed (Ministry for Education and Employment, 2015).

Effective programs and initiatives

Personal, social and careers development (PSCD) is taught as a compulsory subject in secondary schools with a focus on developing both intrapersonal and interpersonal skills that enable students to enhance their wellbeing. PSCD is also taught by peripatetic teachers in primary schools across Malta. Topics include developing personal identity and intrapersonal awareness, developing healthy and respectful relationships and making responsible choices.

Circle Time is also implemented with younger children in early years and primary education as a way of teaching them the importance of listening to others, taking turns, and interacting positively with their peers.

Nurture Groups in primary schools and **Learning Support Zones** in secondary schools have been introduced to address the social and emotional needs of students who may be experiencing behavioural difficulties or are at risk of early school leaving. These consist of activities and interactions that aim to help students reintegrate into mainstream classes by minimizing behavioural difficulties and improving their social and emotional skills. Some of the activities held at these classes include circle time, storytelling, social games, the use of hand puppets, structured play, and other social and emotional learning activities.

Psychosocial support is available in schools through a range of different services including psychologists, counsellors, therapists, social workers, youth workers, career guidance

professionals, inclusive coordinators, anti-bullying service, anti-substance abuse service and support staff, with the aim of targeting the specific needs of students who are facing psychosocial and mental health difficulties. These also work as part of a multidisciplinary team amongst themselves as well as with other services and professionals such as the Directorates of Health and of Social Services (eg family therapy services, mental health services, psychosocial services).

Surfing the Waves Resilience Curriculum (RESCUR) is implemented in various primary schools in Malta. The aim of the programme is to address the social and emotional needs of vulnerable and marginalised young children by providing them with the psychological tools to overcome difficulties and achieve success, both academic and social-emotional. The programme includes different activities such as storytelling, mindfulness, multisensory activities and take home activities. It focuses on 6 themes; namely developing a growth mindset, building on strengths, developing self-determination, enhancing communication skills, building healthy relationships and turning challenges into opportunities. A number of school teachers in Malta have also been trained to implement the **Happiness, Optimism, Positivity and Ethos in Schools (HOPEs)** project which aims to help improve the skills of primary school teachers by strengthening their ability to influence their students' behaviour positively and to guide their students in issues related to self-awareness, psychological resilience, happiness and positivity.

Portugal

Portuguese National Education System

The Ministry of Education is responsible for the general non-higher education.

The Basic Law of the Educational System (Lei n.º 46/1986) states that education is free and universal and that it aims at promoting individuals' full development, social progress and democratic citizenship. Educational policy priorities involve mobilizing Portuguese society, combating school failure, quality education, equity, learning and 12 years of compulsory education for all.

Education is divided in pre-school (3-6 years old), basic (6-15 years old) and secondary (15-18 years old). Pre-school is optional, however, it is universal for children from the year they celebrate their 4th birthday (Lei n.º 85/2009, Lei n.º 65/2015), organized in public and private networks run by profit and non-profit education institutions.

Basic education lasts for nine years and it is divided into three sequential cycles. The first-cycle corresponds to the first four years of schooling (Grades 1 to 4); the second-cycle corresponds to the next two years (Grades 5 and 6); the third-cycle lasts for three years (Grades 7 to 9) (European Commission, 2019).

Basic education can be concluded through different curricular paths, such as: Education and Training Courses; Alternative Curricular Pathways; Integrated Education and Training Programme. Secondary education (Grades 10-12) focuses on access to further studies or preparation for working life (European Commission, 2019), it comprises different courses: Science-Humanities, Vocational, Specialised Artistic, Programme-Specific Courses, Education and Training, Ap-

prenticeship and Recurrent Secondary Education (Decreto Lei n.º 139/2012).

Recently, in building the 21st century curriculum, ME established the student's profile at the end of compulsory education, where Health and well-being, Interpersonal relationships, Personal development and autonomy, Reasoning and problem solving, Critical and creative thinking are included (DGE, 2016a). This curricula is at an implementation trial in basic and secondary cycle (Dec. Lei n.º 55/2018, DGE, 2019a, DGE, 2019b). Since 2017/18 ME promoted also a trial to increase autonomy and curricular flexibility, where schools can manage between 0% and 25% of the curricula (Despacho n.º 5908/2017).

According to the National Strategy for Citizenship Education (GTEC, 2017), a curricular unit, Citizenship and Development includes SEL and Health promotion (DGE, 2019a, DGE, 2019b). This Unit aims at developing personal and social competences, at promoting critical thinking, at developing active participation, and at developing knowledge in non-formal areas, in 3 thematic groups: 1st (mandatory for all cycles) Human rights; Gender equality; Interculturality; Sustainable development, Environmental education and Health; 2nd (developed at least in two cycles) Sexuality; Media; Institutions and democratic participation; Financial literacy and Education for consumption; Road safety, and the 3rd group (optional) Entrepreneurship; World of work; Risk and safety and peace; Animal well-being; Volunteering (DGE, 2019c, GTEC, 2017).

Mental health policies for the promotion of SEL and of resilience, and for the prevention of behavioural problems

The field of Child and Adolescent Mental Health is recognized in the National Mental Health Law, as a priority area for intervention (Lei n.º 36/98).

Mental Health National Program states the need to create and reinforce multidisciplinary teams (Ministério da Saúde/Direção-Geral da Saúde, 2017). The National Mental Health Plan 2007-2016 reinforces the need for an articulation between the ministries of Health, Education, Science, including primary health care services partnerships with community structures (e.g. social services, schools, child protection services) (Resolução do Conselho de Ministros n.º 49/2008).

The Health Targets for 2020 prioritizes the implementation of mental health promotion and prevention programs aiming at an increase of 30% in the number of actions under programs for the promotion of mental health and prevention of mental disorders (DGS, 2019a). Simultaneously, the National Program for School Health, under the responsibility

of MS, concerned with wider aims related with health namely to Promote and protect health and prevent illness in the school community; Reinforce protection factors related with healthy life styles and contribute to the development of Health Promoting schools (DGS, 2019b), proposed an intervention model for training and implementation of Projects at schools following SEL domains (Ministério da Saúde. Direção -Geral da Saúde, 2016).

Concerning Mental Health Promotion in Schools, ME has a Support program for Promotion and Health Education where schools are obliged to include in their Educational Projects, Health Education (DGE, 2014). ME is responsible for providing guidance and instruments following the guidelines from WHO and EU (DGE, 2019d), with a focus on 4 areas: Mental health and violence prevention; Addiction and dependencies; Affects and sexual education; Eating habits and physical activity (DGE, 2019d).



Effective programs and initiatives

According to Education General Directorate (DGE), the Support program for Promotion and Health Education in schools (DGE, 2019d) has been promoting a growing number of projects in schools. Between the years of 2008/09 and 2015/16 there were 966 projects in the five cycles. The most frequent are related with healthy eating and physical activity, mental health and violence prevention, as well as in secondary

schools, emotions and sexuality (Fig.1) (DGE, 2016b).

A search performed at the Online Platform of Prevention and Promotion Programs in Portugal (Ordem dos Psicólogos Portugueses, 2015) identified 14 programs for children (42% universal, 42 % selective, 16% indicated) (Fig.2), with 43% of those implemented at school level (Fig.3).

SEL is the theme more reported in 6 promotion programs (Fig.4), whereas prevention themes more reported are substance use, violence, and bullying (2) (Fig. 5). Regarding strategies, psychoeducation is the one more frequently reported, followed by parental competences (Fig 6). Regarding interventions targeting adolescents, 24 programs were found (37% universal, 43% selected interventions, 20% indicated interventions) (Fig.7), most of them (43%) implemented at school or community level (30%) (Fig.8). SEL is the theme more reported at the promotion level (Fig. 9) whereas the prevention themes most reported are substance use, alcohol use, sexual risk behaviours and psychosocial risk behaviours (Fig.10). The most used strategies are psychoeducation and peer education (Fig 11).

A survey regarding youth mental health interventions in Portugal to identify and characterize existing intervention programmes with children and adolescents up to 18 years of

age, identified a total of 21 intervention programmes, the majority being universal interventions (43%) and school-based (80.95%) (Canário & Cruz, 2016). The findings suggest that most existing interventions are poorly disseminated, and that developed interventions are mostly implemented by the authors without further implementations by other professionals, even though intervention manuals exist. Further, under our research team (Social adventure) at Faculty of Human Kinetics, programs for prevention and promotion have been developed, implemented and evaluated since 1987, namely the Program for social competencies promotion (Matos, 1998). Besides, other programs in this group in different developmental and implementation and stages in different settings such as Portuguese schools, Foster Care Centers, Educational Centers include, RESCUR, Dream teens, Es'cool, Find Your own style, Be ready (Matos & Sampaio, 2009, Matos; 2015).

Romania

Legislation and policy in Romania to support mental health at school

2001: The National Program for "Health Education in the Romanian School"

2004: "Health Education" became an optional subject (no.4496/2004) included in the curriculum, and the programs are available for grades I-XII

2011: "School after School" program (SDS) according to Government Decision (no. 536/2011)

2013: the "Personal Development" discipline is part of the curricular area Counseling and Guidance for the preparatory class, first and second grade (no. 3418 / 03.19.2013)

2017: the "Counseling and Personal Development" discipline is included in the framework plan for the secondary cycle as a common discipline in the curricular area Counseling and Guidance (no. 3393/28.02.2017)

2015-2020: the National Strategy for Child and Adolescent Mental Health (no. 1028/2014)

The National program for Health Education in Romanian schools

The National Program for "Health Education in the Romanian School" was launched in December 2001, following the needs identified and communicated by the teachers. They participated, together with national and international organizations, in shaping the approach of the National Program.

The "Health Education" subject

After 4 years of project piloting, in 2004 "Health Education" became an optional discipline (no. 4496/2004), included in the Curriculum at School Decision, and the programs are available for grades I-XII. The subject is taught in schools by biology teachers or other teachers, following a dedicated training program. The current curriculum for "Health Education" aims at ensuring the education of the school popula-

tion for a healthy lifestyle, at facilitating the access to accurate, well-informed information, both in urban and rural areas, at adult education, at reducing the number of illnesses and health-related behaviors.

Currently, the curriculum features aspects related to the anatomy and the physiology of the human body, personal hygiene, mental health, substance abuse, injuries, violence, physical abuse, reproductive health, bio-ethics, etc. At the same time, during the last years, there have been several projects implemented by various institutions and organizations that have addressed this topic. The information is structured in accordance with the level of student understanding and learning, on learning cycles. This optional discipline seeks to promote a correct knowledge on health, the

formation of attitudes and habits for responsible and healthy behavior.

The curriculum for grades I-II has the following framework objectives:

1. Using the specific language of health education
2. Developing protective behaviors, personal health and the environment

Accordingly, emphasis is placed on themes such as personal hygiene, nutrition health, growth and development during childhood, diseases caused by lack of hygiene, mental health.

The curriculum for grades III-IV works with the same framework objectives as for Class I-II and it focuses on topics such as personal hygiene, nutrition health, mental health, activity and rest, and environmental health.

For grades V-VIII, the curriculum sets 3 framework objectives:

1. Using certain notions, norms and principles specific

to health education

2. Forming attitudes and responsible behaviors for health
3. Developing the capacity to solve health and environmental problems

For grades V-VI, the focus is on topics such as personal hygiene, puberty health, nutrition health (food pyramid is discussed), reproductive health, consumption and abuse of toxic substances, childhood violence. For end-of-semester gymnasium classes, in addition to the subjects described above, the topics related to humanitarian values, intellectual effort during examinations, family planning and reproductive health are added.

For high school there are 2 general objectives:

1. Using certain notions, concepts, laws and principles specific to health education
2. Investigating and solving health problems

The “School after School” program

The "School after School" program (SDS) is a complementary program to the compulsory school curriculum that offers formal and non-formal learning opportunities for skills enhancement, corrective learning and acceleration of learning through educational, recreational and leisure activities and it addresses both primary and secondary school.

In primary education, the SDS program includes activities with specialized support (supervising and mentoring during homework, recovery for students with cognitive and emotional difficulties, language disorders through remedial activities, counseling, logopedics, self-study encouraging activities, etc.), workshops / thematic activities and other recreational activities.

The specialized support activities include: a) supervising and guiding homework; b) recovery for students with cognitive and emotional difficulties, language disorders through remedial activities, counseling, speech therapy; c) development activities for students capable of performing;

d) activities to encourage independent reading; e) self-knowledge, intercognition through emotional and social development activities.

The workshops / thematic activities / other recreational activities include: a) practical activities - applied in different fields (arts, sciences, technologies, sports, etc.); b) thematic projects proposed by children or parents, teachers, etc. ; c) hiking / tours / shows.

The life training package includes : a) organizing personal development activities (self-knowledge, learning to learn, communication skills); b) activities aimed at developing active attitudes and student involvement (social integration, codes of conduct, responsible attitude towards the environment etc. ; c) healthy lifestyle (prevention of risk behaviors: alcohol, tobacco, drugs, healthy diet, life, sustainable development, etc.); d) career education.



The “Personal Development” subject

Personal Development subject is part of the curricular area Counseling and Guidance. It is dedicated to learning activities aimed at developing the student's ability to self-recognize and to express in a positive way his / her interests, skills, personal experiences, relationship and communication skills, reflections on learning. Within the discipline, abilities are formed and the right attitudes are developed, with the end goal being the acquisition of self-confidence, the well-being of children, their

preparation for life and for the future. Throughout the years of study, all curricular areas assume a share of responsibility for personal / social, educational and career development of pupils, thus allowing the integrated approach of some of the proposed activities.

The “Counseling and Personal Development” subject

“Counseling and Personal Development” subject is included in the framework plan for the secondary cycle as a common discipline in the curricular area Counseling and Guidance. Run under the guidance of the teacher, through the activities proposed in the Counseling and Guidance curriculum students are given the conditions to become more motivated, more confident in themselves, to develop more effective learning skills to be more prepared for future educational levels, to set realistic goals, live and participate actively in school and social life. The objectives are: 1. Develop self-awareness and self-esteem; 2. Develop interrelation skills in various contexts; 3. Develop the ability to exploit the information available during the learning process; 4. Acquire exploration and career planning skills; 5. Exercise the skills of managing a quality lifestyle. The counsel-

ing and guidance activities proposed in the curriculum help students find answers to questions such as: “Who am I and what qualities do I have?”; “How can I make friends at school and at home?”; “Where can I get information or help?”; “What should I do to learn better?”; “What do I want to become and what do I have to do to make you feel fulfilled?”. The content is flexible, adaptable to the students' needs, to the educational institution, to the needs of the community and to the society as a whole. In taking part in the development of school and extra-curricular educational projects carried out at national, regional, or local level, the teacher may require the collaboration of specialists: doctors, lawyers, social workers, psychologists, sociologists, policemen, firemen, etc.

The National Strategy for Child and Adolescent Mental Health

The National Strategy for Child and Adolescent Mental Health will be implemented between 2015-2020 and it will target 3 areas: promotion, prevention, and specialized interventions (medical, psychological, educational and social) identified as priorities by the National Center for Mental Health and Fighting Antidrug in partnership with the responsible institutions in the field of mental health, education and social health, specific actions to be implemented in line with these priorities.

The purpose of the Strategy is to ensure the well-being of the child and of the family in particular and of the Romanian population in general, indicating the directions, the resources and the means necessary for the proper implementation.

The strategy aims at reducing the incidence of mental and mental health problems and disorders in children and adolescents.

In accordance with the European Action Plan on Mental Health 2013-2020, the Law on mental health and the protection of persons with mental disorders nr. 487/2002, repub-

lished and the National Health Strategy 2014-2020 approved by the Government Decision no. 1028/2014, the National Mental Health Strategy for the Child and Adolescent, sets out the following priorities:

Develop services for the promotion of mental health of children and adolescents and preventing mental disorders of children and adolescents through partnership between the education system, the health system, the social services system and the justice system. Promotion and prevention will be achieved by developing awareness and education programs targeting the entire population that will target the mental health of the child and adolescent, and it will include the development of parental information and counseling services, the implementation of mental health prevention programs, such as prevention of anxiety and depression, prevention of suicide, prevention of aggressive behaviors, and the development of social and emotional intelligence of children and adolescents.

Develop and implement a comprehensive and complex database and setting the methods and rules for collecting and processing data on the target group, a database that will be extremely useful in developing personalized service intervention plans for the various levels of mental disorders.

Initial training of teachers, family doctors, pediatricians, school doctors, school nurses, community nurses and social workers, by developing child psychology modules focusing on behavioral management, developing social and emotional, vocational and mental health of the child and adolescent.

Develop early identification and intervention services for children at risk of developing mental health disorders and children with a diagnosed mental health disorder. Identifying children with a mental health disorder involves early screening of the child's cognitive, social, emotional and motor development level. The identification is made by the family doctor, the pediatrician, the school physician, the educational teacher, the social worker in collaboration with the mental health service specialists. Early intensive interventions are carried out by teams of mental health specialists in partnership with parents and education and social professionals.

Improve existing infrastructure and services of Mental Health Centers and set up new centers in counties where they do not exist. Mental Health Centers (MSCs) will have staff to provide comprehensive assessment, diagnosis and

treatment services.

A priority action for the Ministry of Health that will be carried out by the National Center for Mental Health and Anti-Drug will be the establishment of service standards to facilitate the optimal functioning of these centers.

Develop hospital services as specialized services for children and adolescents with mental health disorders and for cases that represent a psychiatric emergency; it is necessary to support and train multidisciplinary teams in providing specialized services within specialized sections or hospitals.

Continuous training of health, education, social protection and justice specialists in line with international standards and the promotion of good practice models for the development of community mental health services for children and adolescents.

Treatment and rehabilitation of mental health disorders for children and adolescents involve complex scientifically validated interventions of a medical, psychological, psychotherapeutic, educational, psychopedagogical and logopedic type. In order to ensure the child's well-being and the remission of symptoms, it is necessary to collaborate with the specialists who are part of the multidisciplinary team that will help adopt the appropriate methods and interventions.



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