Senseforschools
It's okay not to feel okay

TRANSNATIONAL REPORT
KA220-SCH-Cooperation partnerships in school education

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Introduction

Child and adolescent mental health problems continue to be a major global concern, with more and more adolescents reporting psychosomatic complaints, sadness, anxiety, frustration, addictive behaviors, eating disorders, self-injurious behaviors or depression, as well as suicide attempts (Ravens-Sieberer, 2022). In addition, the COVID-19 pandemic highlighted the importance of strengthening mental health. Although all sectors of society were affected with severe mental health repercussions, children and adolescents appeared particularly vulnerable and suffered to a greater extent due to pandemic conditions and the postponement of developmental needs over a long period of time. Likewise, people with psychosocial risk factors were particularly affected (Ravens-Sieberer, 2022). Repeated lockdowns, the challenges associated with distance learning, no contact between teachers and students, individual and social isolation, loneliness, concern for their own health and that of family members, lack of support networks in some cases, general uncertainty and worry about the future were undisputed stressors. All of these factors were experienced by infants, young children and adolescents. Especially adolescents, while experiencing these adverse stressors, also faced a variety of other challenges that pertain to their growth and development, such as physical and emotional changes, development of their own identity (Mastrotheodoros, 2022).

In order to detect and prevent the negative effects that the pandemic has left on a cognitive and emotional level, it is important that teachers, especially secondary school teachers, ensure the welfare rights of students, accompanying them in their aging process.

Moreover, in childhood and adolescence many children are not diagnosed and often do not know what is wrong with them or do not know how to adequately explain their discomfort. For this reason, in addition to parents, schools and teachers play an essential role in their identification as an early prevention measure.

This report provides an overview of the theoretical background as well as prevalence rates and risk factors of mental illness in children and adolescents in the education system in general and in particular in the partner countries of the project (Belgium, Austria, Estonia, Germany and Spain). In addition, research and methods to prevent mental illness and support mental health and well-being are discussed.

Furthermore, a good practice guide and recommendations are presented. These were not only derived from theory, but also from the voices of the adolescents collected in focus groups in the partner countries .

Finally, this report aims to provide information that can further on aid in the development of interventions that focus on improving adolescent mental health. In particular, the idea is to involve teachers and equip them with knowledge and skills to act as "early mediators" or an "early warning system" in order to be able to recognize symptoms and implement low-threshold interventions.

Theoretical background

Conceptualization of adolescence and mental health

The WHO (2020) defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (p.1). Well-being is a conscious process of making choices and taking actions to achieve a state of balance and satisfaction in life. It involves the pursuit of purpose, the development of meaningful relationships and caring about physical and mental health. The transition period between early adolescence and adulthood is a vulnerable and critical time that has a significant impact on a person's mental health and well-being. Most disorders begin in adolescence and thus, detection and subsequent prevention is of utterly importance (Costello et al., 2003; Kessler et al., 2005; Paus et al., 2008).

The adolescence stage is characterized by a variety of biological changes such as pubertal maturation. In addition, this phase is accompanied by psychosocial developments, including identity formation, desire for peer acceptance, longing for independence, heightened risk-taking behaviors, as well as the onset of romantic relationships (Curtis & Wodarski, 2015; Patel et al., 2007; Sawyer et al., 2012; Steinberg et al., 2015; Yeager, 2017). During this period, adolescents are exposed to challenges and stressors such as bullying and economic pressures (Romeo, 2013). All these changes pose risk factors for developing psychological, social and health difficulties (Dopheide, 2013; Yeager, 2017), since adolescents are particularly vulnerable to the appearance of symptoms of emotional instability and pose a higher risk of suffering from disorders such as depression or anxiety (Kessler et al., 2005).

These mental health problems have a negative impact on various aspects of adolescents' lives, including their academic performance, personal relationships, self-esteem and overall development. For this reason, the mental health of adolescents is an issue of great importance and concern in today's society.

According to the World Health Organization (2021), one in seven adolescents worldwide experiences a mental illness. Hence, adolescents account for 13% of the burden of mental disorders internationally. Approximately half of the prevalence rates for mental disorders in adults are suggested to begin in adolescence, thus making adolescence a highly vulnerable period (Kessler et al., 2005). In a study, it was indicated that 75% of adults suffering from mental health problems in adulthood had experienced these difficulties for the first time before the age of 18 years. Furthermore, the Australian Bureau of Statistics (ABS, 2023) has indicated that adolescents aged 12 to 18 years have a high burden of mental health problems. Other studies point out that mental disorders first appear before the age of 14 (Kessler, 2010) and three quarters before the age of 25 (Kessler et al., 2005). Therefore, interventions aimed at supporting a resilient and solid mental health in order to prevent future problems are crucial during these early years.

Mental Health, pandemic and school

Research has shown that since the beginning of the Covid pandemic, there is an estimated prevalence of 14% for posttraumatic stress disorders in children and adolescents (Ozamiz-Etxebarria et al., 2023). In addition, a study has shown a 22.6% prevalence rate for depression and 18.9% prevalence rate for anxiety disorders since the beginning of the pandemic (Xie et al., 2020).

The pandemic caused mental challenges affecting all aspects of adolescent well-being. In order to counteract the stress and pressure children were exposed to as a result of the pandemic, actions need to be taken to prevent the manifestation of disorders and illnesses. For example, practicing sports creates physical strength, which helps the development, prevention and restoration of bodily functions. For children who face problems relating to obesity and postural effects, it is necessary to engage in specialized sports such as swimming, badminton or running (Ruffault et al., 2020; Ozrudi et al., 2021).

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Addressing the topic of adolescent mental health holistically includes the family, school and social or cultural influences (see Figure 1). Although a variety of environmental factors are beyond the child's control, the school is and should continue to play a significant role in interacting with children and adolescents and thus, it should actively contribute to adolescents' development (Monteiro et al., 2022).
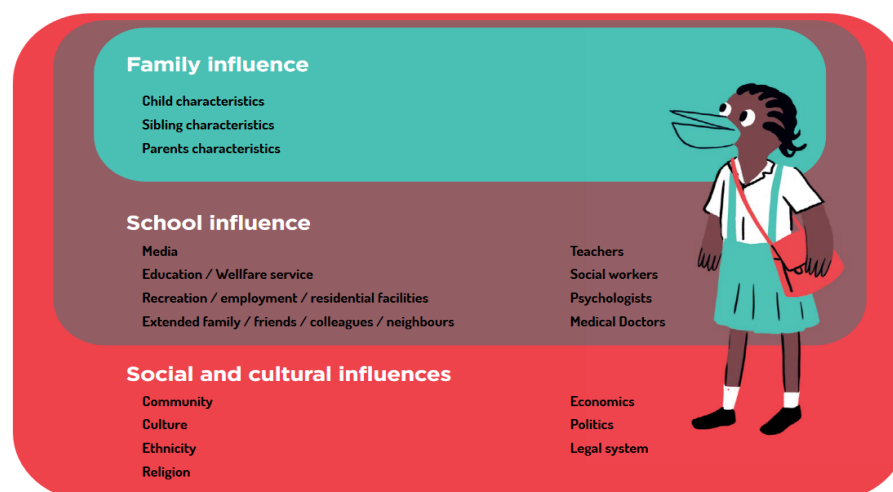

Figure 1. Influencing factors in children and adolescents (Monteiro et al., 2022).

Being affected by mental health problems during this developmental period impacts adolescents' educational and occupational outcomes (Costello & Maughan, 2015). Therefore, untreated mental health problems can negatively affect the students' ability to concentrate, learn, and consequently succeed in school. In addition, it can have consequences on students' ability to establish and maintain healthy social contacts, to care for themselves, their health and well-being. Hence, schools play a key role in the detection and prevention of mental health problems in adolescents.

To summarize, we propose that schools should acquire the ability to detect deviations in behavior and mood and to consequently use low-threshold methods and tools to prevent mental disorders. Schools are able to provide an environment conducive to observe students behavior, to access resources, to promote awareness, to prevent and promote wellness, and provide an environment that can have a significant impact on students' academic performance. By addressing mental health in the school setting, adolescents' quality of life can be improved and healthy development can be promoted. The Pan American Health Organization (PAHO;

Monteiro et al., 2022) indicates that schools that promote mental well-being in students are successful because of:

- A committed and involved management team.
- A school culture based on the integration of trust, equal opportunity and mutual respect.
- Clear school-wide policies and procedures for behavioral and mental health issues, agreed and successfully implemented.

Discrete mental health interventions implemented in schools often focus on improving resilience, empathy and communication skills of individual students, rather than addressing broader school-level factors. These interventions not only place an overall burden on the student, but have been shown to be less effective in international studies (Blewitt et al., 2020; Šouláková, 2019; Wong et al., 2021). Interventions that focus on socio-cultural aspects of school life and actively involve social and emotional learning and active participation of students, are increasingly seen as a significant factor in promoting students' health and well-being (Bilz, 2023; Franze et al., 2007).

In this context, the mental health and well-being of teachers also plays a consequential role. In the United Kingdom, teacher well-being was reported to be associated with improved student well-being and reduced psychological difficulties (Harding et al., 2019). These associations are explained through the mediating factors of teacher presenteeism and teacher-student relationships (Harding et al., 2019; Jennings et al., 2011). It becomes evident that teachers play a key role in the development of children and adolescents and therefore in the students' biological, physiological and psychological maturation processes (Mesa Ochoa & Gómez Arango, 2015); however, this role attribution also represents a stress factor in the professional practice of teachers (Corvalán, 2005).

Another potential approach includes to foster peer support in the workplace, as schools can be considered unsupportive environments (Evans et al., 2022). In other professions, peer support has been shown to create a culture of support while avoiding the perceived stigma associated with more formal sources (Linnan et al., 2013).

Hence, it is important, that schools promote the mental well-being of children and adolescents and participate in promoting positive mental health and preventing mental health problems (WHO, n.d.). Research continues to show that schools that

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take a comprehensive approach to promoting mental, emotional, and social health tend to have better educational outcomes (Weare, 2010). In these environments, students are able to learn to develop skills that positively impact their social, emotional, academic, and behavioral development (Durlak et al., 2011; Weare & Nind, 2011).

Mental health risk and protective factors. Promoting mental health and well-being

Mental health literacy is defined as a person's ability to understand, access and use mental health-related information effectively. It involves the ability to seek, understand and evaluate information about mental health issues, as well as the ability to make informed decisions and actively participate in the promotion and care of one's own mental health. Due to the fact that early detection of risk factors, reduction of symptoms, as well as avoidance of manifestations of mental health conditions is more likely in environments that favor the implementation of protective, compensatory and restorative interventions, as well as referrals to specialists with whom the school is in network with, mental health literacy is crucial for the education sector (Kutcher et al., 2015; Rossen & Cowan, 2014). Research has also shown that mental health problems experienced during childhood predicted mental illness after 6-year and 11-year follow-ups (Otto et al., 2021).

There are several risk factors that favor the development of mental illness in children and adolescents:

- Stress and traumatic events (Kessler et al., 2010; McLaughlin et al., 2010; Monteiro et al., 2022): Exposure to stressful situations, such as natural disasters, family conflict, violence, bullying, or abuse, can increase the risk of anxiety disorders, depression, and post-traumatic stress disorder.

- Physical health problems (Musselman et al., 1988): Chronic medical conditions, physical disabilities, serious illnesses, or injuries can negatively impact mental health and increase the risk of disorders such as depression.

- Substance use and addictions (Degenhardt et al., 2016; Hasin et al., 2015): The use of addictive substances, such as alcohol or illicit drugs, can negatively affect

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mental health and increase the risk of substance use disorders and other psychiatric disorders.

- Socioeconomic factors (Lund et al., 2010; Klipker et al., 2018; Reiss, 2013): Socioeconomic inequality, poverty, lack of access to basic resources, homelessness, and unfavorable socioeconomic conditions can contribute to mental health impairment.

- Social isolation (Holt-Lunstand et al., 2010): Lack of social support, isolation, loneliness and exclusion can increase the risk of mental health problems, such as depression and anxiety.

- Low parental educational levels, restricted living conditions, migratory history, and parental genetic dispositions to suffer from mental illness have been identified as risk factors for mental health disorders in children and adolescents (Ravens-Sieberer et al., 2022).

Protective factors and resources in the lives of children and adolescents support a healthy development and growing up. According to research, protective factors that increase the likelihood of high well-being and good mental health in adolescents and consequently prevent mental disorders are:

- Family support and open communication with parents and social support (Barnes et al., 2007; Bettge, 2005; Eisenberg et al., 2004; Laursen & Hartl, 2013; Monteiro et al., 2022).

- Participation in extracurricular activities (Eccles et al., 2003).

- School support, highlighting academic success (Suldo et al., 2012).

- Residential stability (Masten, 2014)

- Mental health awareness, participation in mental health promotion activities and access to mental health services (Catalano et al., 2004; Patalay et al., 2017; Rushton et al., 2002).

- Supportive relationships with significant adults (Masten & Coatsworth, 1998).

- Participation in mental health promotion activities (Rushton et al., 2002).

Prevalence´s of mental health in adolescents in the participating countries

According to UNICEF (2021), the lack of caring responses from caregivers remains the most important cause of suffering for children and young people, and the leading cause of illness and disability, as well as death, especially for older adolescents. Figure 2 shows the prevalence and number of adolescents worldwide with mental disorders, skewed by sex.
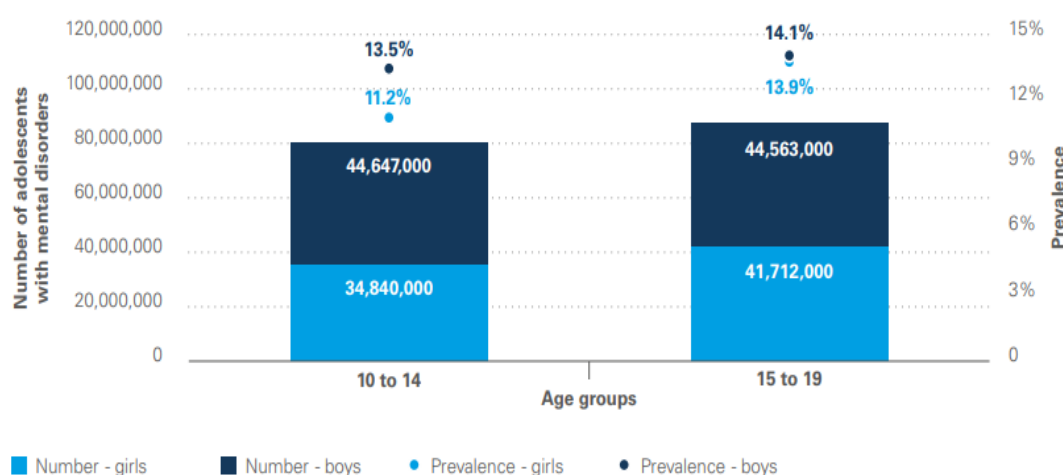
Figure 2. Estimated prevalence and number of adolescents with mental disorders globally (UNICEF, 2021).

Germany is experiencing high prevalence rates of mental illness in children and adolescents. The German Health Interview and Examination Survey for Children and Adolescents (KiGGS) is a longitudinal study of the Robert-Koch-Institute to examine the health of children and adolescents in Germany (Hölling et al., 2014). The prevalence of mental health difficulties was assessed by using the parent-based version of the Strengths and Difficulties Questionnaire (SDQ). According to the first wave of the study (2009-2012), 20.2% of children and adolescents between the ages of 3 and 17 years have been identified as a risk group for mental disorders. The second wave of the KiGGS study (2014-2017) identified the prevalence of mental health problems as 16.9% (Klipker et al., 2018). The prevalence for boys between the ages

of 9 and 17 years has been shown to significantly decline. The BELLA study is a module of the KiGGS study, which focuses on mental health and well-being of children and adolescents (Otto et al., 2021). The research has shown that general health and well-being have been reported as higher in younger compared to older participants. In addition, the study revealed that male compared to female participants experience higher well-being. The study also underlined the importance of prevention practices. It showed that one in four children and adolescents who has been diagnosed with a mental disorder is not seeking treatment.

In Spain, adolescents and young people aged 15-29 years represent 20% of the population (National Institute of Statistics, 2020). Although globally the majority of adolescents and young people are healthy (WHO, 2011), more than 3,400,000 deaths are estimated annually in the world population between 15 and 29 years of age (WHO, 2004). In addition, a significant number of young people suffer from mental illness. In fact, almost two thirds of premature deaths and one third of the global burden of disease in adults are associated with diseases or behaviors that began in their youth (Ministry of Health, 2008). The groups most vulnerable to the effects of the pandemic on mental health were women and younger people (Ozamiz-Etxebarria et al., 2020). Various studies reported heightened rates of depression, anxiety and stress among young people during Covid (Ozamiz-Etxebarria et al., 2020). Recently UNICEF (2021) points out that 1 in every 100 children in Spain has a mental health problem. It was indicated that after the pandemic, schools and families should pay greater attention to the emotional states of children and adolescents. The objective of this call was to avoid pathologization. Instead it was suggsted to prioritize aspects of health promotion and refer, if necessary, to specialized mental health services. In addition, the Spanish Mental Health Confederation and the Spanish Committee of Representatives of People with Disabilities (CERMI) warned that it was essential to have the mental health of the child and youth population beared in mind throughout the period of reconstruction of the social, economic and health fabric damaged as a consequence of the COVID-19 pandemic. In 2020, the Foundation for the Care of Children and Adolescents at Risk (ANAR) responded to 145% more calls from minors with suicide ideas or attempts, and 180% more self-harm compared to the previous 2 years. In 2020, 14 children under the age of 15 committed suicide in Spain, twice as many as in the previous year and a continuing increase. Among the group of young people aged 15 to 29, suicide is the

second cause of death, only surpassed by malignant tumors (Hill et al., 2021). This increase in both the number of completed suicides and suicidal behaviors, mainly through voluntary ingestion of toxic substances, had already been observed since 2010 (Observatory for suicide in Spain; Pedreira et al., 2020).

In **Austria**, the international HBSC study examined the prevalence of mental health problems (Health Behaviour in School-aged Children, Cosma et al., 2021). The Study is the largest European child and youth health study. The Austrian part of the research was commissioned by the Ministry of Health and supported by the Ministry of Education. The latest data from the school year 2021/22 analyzed 7,099 pupils aged approximately 11 to 17 years from all federal provinces in Austria (Felder et al., 2023). The results indicated a continued deterioration in the mental health of young people, in line with the results of national and international studies conducted during the COVID-19 pandemic (Jesser et al., 2022; Pieh, 2022).

Notably, the study highlights high mental health issues among young people and alarmingly also reveals a significant gender disparity, with girls experiencing higher psychological stress compared to boys. The gender differences for various indicators were heightened compared to a previous survey in 2018 (WHO, 2020). 44% of girls reported frequent irritability or bad mood, nervousness, depression, worries about the future, anxiety, and feelings of loneliness. In addition, 25% of boys frequently feel irritable or bad-tempered. Moreover, 35% of girls and 18% of boys are often nervous and 30% of girls compared to 12% of boys are often depressed. These findings are consistent with the Women's Health Report (Gaiswinkler et al., 2023), which revealed that women, including girls and young women under 20 years of age, are more prone to mental illnesses compared to men.

Currently, 31% of girls and 19% of boys report being not very satisfied with their lives. Moreover, a higher proportion of girls experience psychological and physical complaints. Commonly mentioned issues include irritability, bad mood, difficulty falling asleep, nervousness, worries about the future, and feelings of dejection. Another significant finding is the prevalence of bullying. Depending on the school level, between 3% and 12% of girls and between 4% and 13% of boys report having been bullied several times at school in recent months. Furthermore, problematic use of social media is evident, with 10% of girls and 7% of boys displaying signs of excessive engagement

with social media platforms. Overall, since 2010, the number of complaints among students has been steadily increasing. Notably, the relative number of girls describing their state of health as "excellent" is declining, while the number of boys remains relatively stable.

In **Belgium**, the mental well-being of Flemish young people is deficient (Flemish Youth Council, 2023). 20-30% of young people do not feel good about themselves. In addition, 20% feel lonely. Moreover, 40% of young people have trouble falling asleep (SIGMA study, 2019) (Flemish Youth Concil, 2017) (van Hees et al., 2023). Centre for student guidance (CLB) also sees an increase in the number of chat calls for help and recognizes an increase in emotional problems among young people (Centre for Pupil Guidance, 2020-2021). At the same time, Zorgnet-Icuro (2021) reports that young people with mental disorders have to wait longer than a year for professional treatment. The Flemish Youth Council has made mental well-being a priority topic for eight years (Flemish Youth Council, 2023). Young people have long attached importance to this theme, even well before the COVID-19 pandemic. The COVID-19 pandemic had a large impact. Not only has the COVID-19 pandemic had a major impact on our physical health, young people's mental health is also likely to have suffered greatly. Available figures show that depressive and anxiety symptoms have increased over the past two years - especially for young people - and that crisis youth care has been inundated with requests especially in 2021. (Mental Assessment Group, 2022)

Several studies in Belgium tried to map the mental well-being of young people in past years.The SIGMA study is a large-scale study, with 2,000 adolescents from the first, third and fifth grades of secondary school from 22 different schools in Flanders who worked on the mental well-being and development of adolescents (SIGMA, 2019). The SIGMA project helped to gain more knowledge of risk and protective factors in the adolescent environment, as well as psychological processes that are important for mental health, such as resilience and vulnerability. SIGMA focused mainly on the characteristics of the young person him- or herself and on the interaction with his or her environment. The SIGMA study underlined that social factors play an essential role in mental health symptoms. Another study, the Welfare Monitor is an initiative that generates specific action points and recommendations for both policy and practice that translates to the macro, meso and micro level (van Hees et al., 2023). More than half

of the adolescents in the study reported having some form of psychological complaints, but most of these complaints are mild. Nearly 20% of adolescents report moderately severe to severe complaints. Girls generally report more complaints than boys. For anxiety and depression, the number of complaints is twice as high. Older participants in the study disclosed more mental health complaints than younger participants. This suggests that early intervention for mental health complaints may be crucial in order to prevent later mental health problems. Social risk factors, such as going through more traumatic experiences in childhood, or being bullied, are associated with more mental health complaints. 27% of young people report having been bullied, granted that physical and emotional bullying is more common than cyberbullying. On the contrary, experiencing social support and having good social skills correlate with fewer psychological complaints. This indicates to focus on social protective factors in addition to risk factors. In comparison with the youngest participants, older adolescents spend more time alone in their daily lives and spend more time with friends, while they spend less time with their parents and family. Young people have more positive and less negative feelings when they are with others than when they are alone. In general, they feel comfortable with others and valued by those around them.

Young people with increased mental health problems are more likely to be alone, feel lonelier and have less sense of belonging. In summary, social support and social skills are protective factors regarding psychological complaints in young people.

The Welfare Monitor generates specific action points and recommendations for both policy and practice that translates to the macro, meso and micro level. In order to develop a solidarity welfare policy: a 'community of caring' needs to be established. Although the study focused on higher education students, the study highlights discrete action points. The Flanders-wide Student Welfare policy starts from the public mental health perspective. The policy comprises four spearheads: the development of a Flanders-wide Welfare Monitoring, the continuance of the development of the central platform MoodSpace, the further development of the Flanders-wide learning network, and the strengthening of higher education institutions to switch from a reactive to a proactive policy,and thus, to a 'community of caring'. Therefore, the goal, amongst others, includes prevention and early detection, which can be achieved through offering anonymous methods, peer support, breaking taboos by allowing people in the

environment to discuss mental problems, individual and group exercises and lastly, foster a climate in which autonomy, involvement and feeling competent are central.

The Ambrassade (2021-2023) study (Ambrassade, 2023) began by asking the following: How can we structurally take better care of young people's mental well-being and what role can or cannot a school play in this, according to the young people themselves. To answer this question, the study asked 16 questions in the Waddist app, which is used to give opinions and see what other young people from 12 to 30 years of age think. Waddist is a free app that allows young people aged between 12 and 30 to share daily what they are thinking, feeling and experiencing. Each day, young people are asked three questions on topics such as love, friends, mental well-being and more that they can answer anonymously. The answers are collected and shared with policymakers. This is how young people's voices are being heard. Young people can also submit their own questions and give feedback. Seven questions on mental well-being were already asked to all participants between 2021 and 2023 and nine questions were asked in the month of January 2023 and only to secondary school students within Waddist. With these nine questions asked in January 2023, the study reached an average of 185 secondary school students. The De Ambrassade (2021-2023) found that almost four in five participants (77%) noticed when they or a friend are not feeling well. Around 66% then take action by doing something or talking about it. But half of the participants (47%) remarked that they do not know how to talk about emotions. 83% of participants feel schools should do more around mental wellbeing.

Ideally, participants remarked that they would like to achieve the aforementioned points through school (74%), media (64%) and other venues (50%). The survey found that 52% of school-age participants have never spent time at school on how to manage stress. This information contradicts a survey that displayed that only 11% do not stress before exams. Half of the participants think a subject on "psychological well-being" at school would be a great asset. When participants feel bad, they mainly say they can turn to a friend (64%). Only a small half think they can go to a teacher (41%) or student counselor (39%). This may have to do with the fact that 28% of participants do not know where to turn at school. In fact, two in three participants do not know their school's agreements and actions concerning mental well-being. In addition, one in three do not know their school's student counselor. Just over half of the students (52%) do say that a conversation with a psychologist at school would do them good. Almost two in five

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participants (37%) feel they are not allowed to be themselves at school. In doing so, almost one in three (26%) of participants feel that they are occasionally discriminated against. According to 33% of high school students within the app feel that school is not a safe place, and just over one in three (35%) do not feel good at school.

Methodologies for the prevention of mental health and well-being

Various theoretical models conceptualize factors that foster mental health and well-being in a different way. For example they differ with respect to how they perceive the responsibility of the environment (socio-ecological perspective) or the individuum or their interconnection. The following three models have been because of their fit with this current project.

The WHO and the Partnership for Maternal, Newborn & Child Health (PMNCH), in collaboration with the United Nations H6+ Technical Working Group on Adolescent Health and Well-Being, have developed the Adolescent Well-being Framework, points out the importance of taking five interrelated domains into account when talking about the prevention of mental disorders (Ross et al., 2020).

Figure 3. Promoting adolescent Well-being (WHO) and the [Partnership for Maternal, Newborn & Child Health](#) (PMNCH). Extracted from: https://www.who.int/activities/promoting-adolescent-well-being (Ross et al., 2020).

Adolescents need support from the individuals and institutions around them to promote their immediate well-being and their longer-term positive development. Thus, schools should be able to build skills and confidence. In addition, they are also able to play a key role in ensuring that adolescents receive health and life skills education, including comprehensive sexuality education, and in encouraging physical activity and good nutrition (Ross et al., 2020). Well-being is a state in which students are able to develop their potential, learn and play creatively. Therefore, well-being at school includes the following characteristics (European Commission, 2023):

- feeling safe, valued and respected.
- being actively and meaningfully engaged in academic and social activities.
- having positive self-esteem, self-efficacy and a sense of autonomy.
- having positive and supportive relationships with teachers and peers.
- feeling a sense of belonging to their classroom and school.
- feeling happy and satisfied with their lives at school.

Addressing student well-being at schools begins with helping students feeling seen and valued as an individual in her or his own right. Furthermore, it involves that school life has a meaning and purpose for them. This can be achieved in a variety of small ways, the cumulative effect of which can have a very powerful influence on students' sense of well-being. These are composed of (Council of Europe, 2005):

- providing opportunities for all members of the school community to participate in meaningful decision-making in school, e.g. through consultations, opinion surveys, referenda, electing class representatives, student parliaments, focus groups, in-class feedback on learning activities, and an element of student choice in relation to topics taught and teaching methods used;
- developing a welcoming environment where everyone at school can feel supported and safe through access to meaningful activities, e.g. clubs, societies, interest groups and associations dealing with issues of concern to young people, including health;

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- taking steps to reduce the anxiety students feel about examinations and testing through the introduction of less stressful forms of assessment, e.g. formative assessment, peer assessment and involving students in the identification of their own assessment needs;
- using teaching methods that contribute to a positive classroom climate and well-being, e.g. cooperative learning, student-centred methods, self-organised time, outdoor activities;
- finding curriculum opportunities to talk about well-being issues with students, e.g. healthy eating, exercise, substance abuse, positive relationships;
- integrating democratic citizenship and education for intercultural understanding into different school subjects and extra-curricular activities, e.g. openness to other cultures in Religious Education, knowledge and critical understanding of human rights in Social Science, empathy in Literature;
- introducing student-led forms of conflict management and approaches to bullying and harassment, e.g. peer mediation, restorative justice;
- improving the physical environment of the school to make it more student-friendly, e.g. new furniture and fittings, carpeted areas, appropriate colour schemes, safe toilet areas, recreational areas;
- encouraging healthier eating by providing healthy options in the school canteen, e.g. avoiding high amounts of sugar, saturated fats and salt;
- working with parents to enhance students' achievement and sense of purpose in school, e.g. on healthy food, safe internet use and home-school communications.

Mental Health First Aid (MHFA) is an internationally recognized intervention that can offer peer support (Kitchener & Jorm, 2004). It aims to improve knowledge of the signs and symptoms of mental disorders and enhance confidence to help those in crisis. The training has been shown to impact confidence, knowledge and skills, although effects on the mental health of those receiving support has not been fully established (Jorm et al., 2010; Kelly et al., 2011).

One model this report would like to highlight is the Rainbow model (Whitehead & Dahlgren, 1991). Mental health depends on a variety of different factors. Lifestyle habits, environmental conditions, and social relationships are factors that significantly influence a young person's health. These influencing factors can be grouped into five

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categories - from individual to social factors. The rainbow model of Whitehead & Dahlgren (1991) illustrates that individual health is not only influenced by personal resources and behavior, but that social, economic, cultural, and natural environmental factors also play a role.

Everyday conditions at school can have a tremendous influence on the psychosocial health of students. If children and adolescents feel treated fairly, are supported and accepted at school, their health and well-being will consequently be positively affected. On the contrary, a lack of appreciation, bullying, and frequent conflicts can be considered risk factors. Whether for a given reason or preventively, the support and fostering of mental health at schools is an principal aspect of school health promotion.

The rainbow model consists of layers, each representing a different set of determinants. The levels involve:

- Individual Factors: This level encompasses personal characteristics, behaviors, and genetic predispositions that can influence health outcomes. It includes factors such as age, gender, lifestyle choices, and genetic susceptibility.
- Relationship Factors: This level focuses on social relationships and interpersonal interactions. It recognizes the importance of supportive relationships, social networks, and social support in promoting health.
- Community and Environmental Factors: This level considers the physical, social, and economic environments in which individuals live. It includes factors such as access to healthcare services, socio-economic status, education, housing, and environmental conditions.
- Societal Factors: This level incorporates broader societal factors that shape health outcomes. It encompasses social and cultural norms, policies, governance, and economic systems. It recognizes that social inequalities, discrimination, and social determinants of health play a significant role in shaping overall well-being.
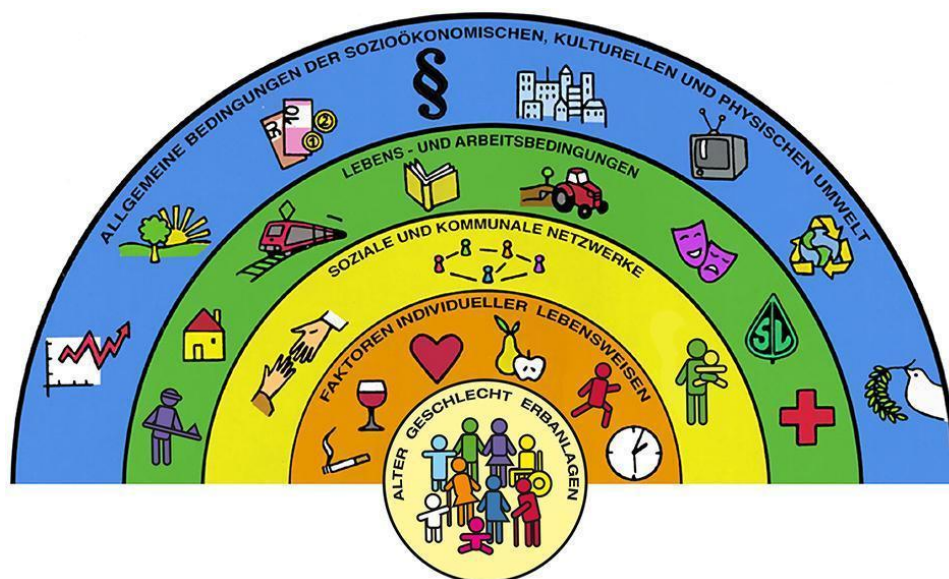
Figure 4. The Whitehead-Dahlgren rainbow (1991). Extrated from: https://www.pslhub.org/learn/improving-patient-safety/health-inequalities/the-dahlgren-whitehead-rainbow-1991-r5870/

The rainbow model highlights the interconnectedness and influence of these various factors on health outcomes. It emphasizes the need for a holistic and multi-level approach to health promotion and disease prevention, taking into account the individual, relational, community, and societal levels. It can be implemented in addressing mental health issues at schools by considering the various levels and determinants that influence mental well-being (Whitehead & Dahlgren,1991).

1. Individual Factors: Focus on promoting mental health awareness and resilience-building among students. This can include providing education on mental health, teaching skills, and fostering self-awareness and self-care practices as well as addressing attitudes toward the overall issue.

2. Relationship Factors: Create a positive and supportive school climate that emphasizes strong relationships between students, teachers, and staff. Implement strategies such as peer mentoring programs, counseling services, and promotion of inclusive and respectful interactions among the school community.

3. Community and Environmental Factors: Ensure that the school environment supports mental well-being. This can involve addressing physical safety, reducing stressors, and promoting healthy lifestyle behaviors. Enhance access

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to mental health resources and support services both within the school and in the broader community.

4. Societal Factors: Advocate for policies and practices that prioritize mental health in education. This may involve collaborating with stakeholders, engaging in community partnerships, and promoting mental health awareness campaigns. Address social determinants of mental health, such as poverty, discrimination, and other issues from students' roles within their respective communities and society.

By implementing the rainbow model in schools (the rainbow model could be said to apply Bronfenbrenner's model to the school environment), mental health issues can be addressed comprehensively. It also facilitates vertical (if one stays with the idea of a layered rainbow) measures. Meaning that any action taken needs to try to address different layers instead of only focusing on one issue.

Another model that seeks to understand and promote the factors that contribute to mental-health is the PERMA model[1], developed by Martin Seligman (2018). It creates a standard by which the development of all individual's potentials within the school context are encouraged applying the ideas behind 'positive psychology' to the school context. This is based on study of strengths, well-being, and flourishing.

The PERMA model of well-being, has evolved over time to prioritize well-being. In most of the concepts it is consisting of five core elements. First, positive emotion encompasses experiencing pleasure, joy, gratitude, and hope, which correlates with positive outcomes. The second element states that engagement involves deep focus, concentration, and intrinsic motivation in activities. Third, relationships emphasize the importance of connecting with others, experiencing satisfaction, and providing support. Fourth, meaning involves finding purpose, coherence, and personal goals that motivate behaviour. Lastly, accomplishment focuses on subjective achievement, which includes competence, mastery, and pursuing goals.

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[1] is a very well accepted model when it comes to thriving and increasing well-being and happiness, and has been widely used in schools (e.g. in Australia and New Zealand and others).

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The PERMA model can be used to target students directly, but it can also be implemented in order to be directed towards teachers. Ebner and Götz (2020) have thus developed a school-specific model to target teachers "PERMA-Lead". In this model each aspect of PERMA stands for the following:

"Positive Emotions: Regularly experiencing positive emotions such as joy, pride, hope, or gratitude is an important factor for well-being. It involves emotions that strengthen us and that we perceive as pleasant. Examples in schools: joy in teaching and lesson preparation, pride in positive developments within a class, hope for a good resolution to internal school problems (e.g., bullying), gratitude for having a secure job.

Engagement: People need a framework in which they can engage and unfold their individual strengths. Ideally, an appropriate level of challenge is created for them, where they are neither under nor overburdened. Examples in schools: individually appropriate spaces for teachers, flexible curricula instead of rigid guidelines, avoiding overburdening teachers with tasks that are too numerous or complex, avoiding underutilization of teachers with monotonous tasks.

Relationships: Being connected to a network, experiencing oneself as part of it, and being able to rely on others is an important foundation for people to unfold their potential. Whether friendships, romantic relationships, a work team, or family - people need a sense of connection to others. Examples in schools: grade-level teams, subject departments, supervision and intervision groups, excursions, development teams, joint activities without direct work-related focus.
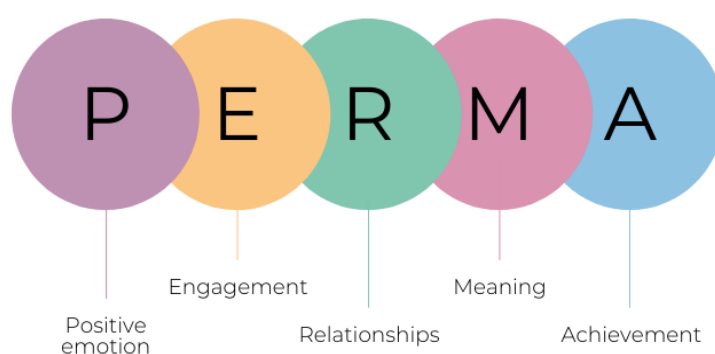
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Figure 5. Perma model. Extrated from:
https://www.strengthscope.com/podcasts/what-is-the-perma-model-of-positive-psychology

Meaning: People have a need to do something that is meaningful. Experiencing something as meaningful is the basis for engaging and experiencing deep fulfillment. Examples in schools: awareness of the significant relevance of a school for individual life paths, awareness of the relevance of a school for society, recognizing where a young person's life path has been positively influenced in a sustainable way through teaching.

Accomplishment: This refers to consciously perceiving that goals or sub-goals have been achieved. People need these experiences to feel that they are not helpless in the world. Only when people experience that goals can be achieved through their own efforts do they embark on the journey. Examples in schools: explicit presence of overarching goals of a school (e.g., values orientation), reflection phases to assess the extent of goal achievement, regular feedback on all areas, including those (sub-)areas that have gone well." (Ebner & Götz, 2023).

Review of Good Practices

In the following, good practices from participating and unrelated countries will be presented. While some of these practices target the decrease of mental health problems of students, others focus on the prevention, promotion and training opportunities in order to work with adolescents in secondary schools.

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Name of the best practice (original):	Open School /Offene Mittelschule
Type of the best practice (mark):	Experimantal School
Location (country, city):	Vienna, Austria
The scope of the best practice (mark):	Individual
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	2018 - ongoing
For how long has this best practice been in place?	The first OPENschool was launched in September 2018 in Vienna as part of a public middle school. It is being evaluated by the OPENschool team as well as a variety of external observers. Additional OPENschool units at various schools in Vienna and Lower Austria are planned for the future.

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

The open school concept emphasizes personalized and student-centered learning. It recognizes that students have diverse needs, interests, and learning styles, and seeks to accommodate these differences by offering a variety of learning opportunities and individualized instruction. Students are encouraged to take ownership of their learning, pursue their interests, and engage in self-directed exploration.

A key aspect of the open school concept is the integration of the community and real-world experiences into the learning process. It establishes partnerships with local organisations, businesses, and community members to provide students with authentic learning experiences and opportunities to apply their knowledge in practical ways. This can include internships, service-learning projects, and collaborative problem-solving initiatives.

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

OPENschool does not require an entire school to change. Instead, 2-3 classes (years 7-8 with an optional year 9) form a semi-autonomous OPENschool unit within the larger school, operated by a group of 4-8 teachers who are exclusively assigned to this unit.

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

OPENschool is a concept that can be implemented in any middle school. Its purpose is to provide orientation and guidance to 12-15 year-olds as they decide what further educational careers to pursue.
Within this unit, learning is structured in terms of projects rather than subjects. Students acquire and train basic skills in an open learning format called the "learning office", then apply them in projects with real-life goals. Many of these projects take place outside the school, usually in cooperation with local businesses and institutions. This ensures that what students learn is relevant and connected to the real world.
By working with experts and practitioners from many different fields and directly experiencing a wide variety of occupations and activities, students gain a realistic idea of their own talents, interests and career options. The first year at OPENschool focuses on broadening students' perspectives in this way. During the second and optional third year, students increasingly focus on the next steps in their personal journey. Students who aim for a particular upper school, vocational school or apprenticeship are specifically prepared for those. Students who want to pursue a particular talent or interest are connected with mentors from these fields and are supported in building their careers. Students who require further orientation do another round of trying out different things.
This level of personalization is only possible because each OPENschool unit consist of no more than 50-60 students supported by 4-8 full-time teachers. OPENschool scales not by increasing the size of individual units but by starting additional semi-autonomous units with their own teams. OPENschools work together by sharing materials, expertise

and experiences. As the network grows, the creation and evaluation of materials will increasingly happen in a dedicated distributed research-and-development group.

Changes that parents, teachers, students and external observers have remarked so far:

Changes in attitude towards school: A number of students came to OPENschool after a series of bad experiences in various schools. According to their parents, some had already given up on school altogether. For those and many other students, parents reported a remarkable upswing of enthusiasm about school, going as far as complaints about long weekends or holidays. From a teacher perspective, many students who were reported as having had problems not only took to self-paced learning especially well, but also showed exceptional initiative in coming up with their own projects, taking responsibility, and contributing to improving OPENschool during the first school year.

Changes in self-image and self-efficacy: Multiple cases of students who started out believing they could never master something, and then went on to not only master it but help teach it to others, inspire confidence that our brand of self-paced learning with a mastery approach can help students overcome affective barriers to learning. Students frequently express pride after proving their mastery of a skill in one of our Challenges, especially when these challenges involve achieving real-world results such as inviting external experts to school through writing formal emails. As teachers, we notice a significant increase in the confidence with which our students approach these tasks during their time at the OPENschool, and in the can-do attitude with which they design and carry out their own projects. This impression is frequently confirmed by parents and external experts working with our students.

Development and exploration of students' own interests: Students who enter OPENschool often have problems expressing what they are interested in, with many claiming they simply don't know. As they experiment during our daily "Open Lab" Phase, come into contact with different professions, and gradually understand that their personal interests, however specific, do have a place at the OPENschool, many students discover, develop or express new interests and talents.

Changes in learning behavior: Many visitors to OPEN chool remark on the unusual dynamic between students and teachers at the OPENschool. Teachers' main function at the OPENschool is to assist students in planning and navigating their learning. They sometimes serve as a resource, e.g. by providing explanations, but they are not viewed as the main source or arbiters of information. The role of teachers as examiners is also strictly limited to designated testing situations. Over the course of the first year at the OPENschool, this has led to students increasingly taking responsibility for their own progress and soliciting help from teachers and each other. Both the effect and its pace match the experiences reported by other schools using similar methods.

Furthermore, the school has two "Psychagogical Counselors":
They define "psychagogy": 'It combines and uses knowledge from pedagogy, depth psychology and psychotherapy.'
The aim is to promote individual personality development.
They offer mentoring, counselling and support for pupils with special emotional and social needs. As well as Counselling for parents/guardians and educators.

See above and in strengths (below)

The "Open School" project in Vienna exemplifies how positive relationships between teachers and students support students' mental health. By fostering a respectful and appreciative encounter, the project enables children and young people to feel acknowledged, reflected upon, understood, and affirmed as individuals. This emphasis on positive relationships establishes connections that inspire students.

As a result of these positive relationships, children demonstrate increased empathy, engage in more prosocial behaviors, and exhibit reduced aggression. The project recognizes the importance of building positive relationships not only between teachers and students but also among peers. Teachers address and treat students with appreciation, actively listen to them, and take their interests, joys, needs, and challenges seriously.

The project also embraces a constructive approach to mistakes, viewing them as valuable learning opportunities rather than occasions for reprimand. This kind of „mistake-culture", strengthens students' self-esteem, especially when tackling new content requires additional effort, while also acknowledging that learning is a continuous process.

Through individual lessons and diverse formats that encourage collaborative work, presentations, and discussions, the "Open School" project creates an environment where students actively engage with the curriculum. Students and teachers collaborate to improve schoolwork, allowing immediate guidance and support. This approach empowers students to learn and apply new knowledge effectively, promoting their mental well-being.

Reference and link to the best practice	https://openschoolworld.wordpress.com/; https://openschoolworld.wordpress.com/overview-in-english/

Name of the best practice (original):	Unterrichtsfach Glück
Name of the best practice (english):	School Subject ‚Luck' (Happiness)
Type of the best practice (mark):	Subject to be implemented within regular schools (primary and secondary)
Location (country, city):	Vienna, Austria
The scope of the best practice (mark):	International
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	Most participating schools are primary schools however a few secondary schools are also among the participants. All in all 140 schools in Austria an 40 in Germany participate by introducing the subject in their lesson plan. e.g. Dr. Theodor Körner HS 4, Hauptschule, St. Pölten.

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

This school subject is absolutely new in Austria and has only been implemented at very few schools. It is characterised by the fact that pupils and teachers enjoy going to school and perceive school as a place of happiness. The children in the "happiness class" enjoy working with each other and learn without stress and pressure. They also look forward to their lessons.

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

- Strengthening of the personality, confidence, joie de vivre as well as the promotion of social responsibility and self-responsibility
- Happy and confident students who perceive school as a place of happiness.
- Willingness to perform and efficiency thrive best where learning and living together and living together is enjoyable. Pupils perform without pressure and enjoy their lessons and enjoy their lessons and their own performance!
- Our children are taught to act without violence
- Well-being is the focus of the school's work. Only in a positive learning is possible only in a positive atmosphere and in a benevolent environment. abilities can grow.
- Creating a climate free of fear!

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

Children and young people: starting in Kindergarten all through secondary school.

140 schools in Austria most of them are primary schools while a fair number of Kindergarten have joined and some secondary schools have implemented the concept

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

- The class becomes a better team
- Community projects such as: sharing meals, making and using drums, class colouring, field trips, project days
- Enjoyment of one's own performance
- Project-oriented teaching - "expert learning
- Independent learning of the material
- Presentation in small groups and in plenary sessions
- Learning to learn - training in learning methods

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- Finding and strengthening of „the self" (personality)
- Healthy nutrition
- Shared meals
- Violence prevention
- Happiness as a school subject is in itself a measure of preventing violence.
- Movement - short gymnastics
- Kind interaction with each other

Example of a specific skill model:
- lerners use individual sources of happiness and the variety of ideas of happiness for their own lives, based on their own life experiences.
- learners perceive themselves as recipients of a variety of promises of happiness and show awareness of the effect of advertising, for example, on behaviour.
- learners appreciate individual experiences of happiness, evaluate their own reactions to them and consciously contribute to the happiness of others through morally responsible actions.
- learners have simple strategies to find personal happiness or to deal with frustration.

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?

The concept woks with a set of parameters that greatly affect mental health furthermore it focuses on a better outcome than usual concepts which are mostly focused on reacting to mental health issues and preventing such. This model aspires to developed the participants skills on not only resilience but also happiness. However this is not an independent teaching structure but rather model that integrates into the already developed curricula.

Three main areas are of interest in the school context:
- Personal Development: happiness is closely linked to personal growth and self-realization. Emphasising the importance of continuous self-improvement, the pursuit of knowledge, and the development of one's talents and abilities.
- Authenticity and Autonomy: this focuses on the idea of 'living an authentic life' and **exercising autonomy** in making choices. Meaning that happiness can be found when individuals align their actions and decisions with their own values and aspirations, rather than conforming to external expectations or societal pressures. In a school setting this comes close to a more democratic approach towards students and letting them be part of the entire teaching process. I.e. being transparent about why and how certain rules apply and topics are taught.
- Social and Environmental Factors: this recognizes the significance of social relationships and the impact of the environment on happiness. Acknowledging the role of healthy and supportive relationships, a sense of belonging, and a favourable societal context in promoting individual and collective well-being.

Reference and link to the best practice	https://www.bildung-stmk.gv.at/unterricht/paedagogische-themen/glueck-macht-schule.html

Name of the best practice (origin	Projekt psychotherapeutische Beratung in der Schule: fit4SCHOOL
Name of the best practice (english):	fit4SCHOOL
Location (country, city):	Vienna, Austria
The scope of the best practice (mark):	Country
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	2018 - ongoing

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

In 2018, the pilot project on "fit4SCHOOL – psychotherapeutic counselling at school" was launched in cooperation between the Tyrolean Provincial Association for Psychotherapy (TLP) and a secondary school (Gymnasium) in Innsbruck. The project provides free and preventive counselling service for pupils, parents and teachers, in the sense of linking and connecting councelling services of organisations to the internal school facilities

A focus is to educate and provide insight to mental health issues and, through maintained personal contact with experts also destigmatise the topic of mental health and remove the taboos about mental health problems

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

Motivated by the MHAT study by the Medical University of Vienna, the federal association for psychotherapy started the project to increase awareness of mental health at schools and work together with all stakehoders to create a path forward in tackling mental health issues at Austrian Schools

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

The project identified three main issues:

- Teachers are often overwhelmed when dealing with the psychological problems of students and, among other things, need external professional support in order to be able to walk the fine line between pedagogical responsibility and excessive demands without feeling guilty .
- Students: psychological problems such as anxiety and depression require longer therapeutic treatment - quite apart from this, internalizing behavioral problems are not recognized or are recognized too late
- Other relevant individual psychological problems are often caused by the experience of flight and/or migration. Likewise, "pedagogical abnormalities" such as high absenteeism often turn out to be signals of mental health problems that, to a certain extent, lie beneath the "iceberg" of pedagogical perception

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

1. Contact Point: On a regular, weekly basis, a psychotherapist is at the school after lessons. The offer is announced through various channels (school homepage, folder, notice board etc.), pupils and teachers are actively made aware of it. The psychotherapist is available for various concerns in connection with psychological problems.

2. Mediation: If psychotherapeutic counselling sessions are not sufficient, solutions within and outside of school are offered. Constructive networking within the health team (school doctors, school psychologists, etc.) at the school is also part of the project.

3. Lectures: Once a semester, in consultation with the school management, lectures are offered for pupils, parents and teachers on relevant, current topics i.e. "The development of one's identity and personality in childhood and adolescence", "Digital media", "Eating disorders", "Self-harming behaviour", etc.

Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?

The project was intended to work within and during the pandemic relief. It is not clear whether it will keep on going. It also relies mostly on creating a networking platform for initiatives and does not initiate any specific projects.

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?

1. Fit4School recognizes that mental health extends beyond the psychological sphere. The program also focuses on nutrition education and promoting healthy eating habits among students. By addressing both exercise and nutrition, it aims to support the overall well-being and development of children and young people.
2. The collaborative approach allows for a coordinated effort in implementing the program and ensures that various perspectives and expertise are considered.
3. By working closely with schools and integrating itself into the curriculum, fit4School can leverage existing structures, resources, and settings to interconnect regular education and wellness activities seamlessly.

Reference and link to the best practice	https://www.psychotherapie.at/sites/default/files/downloads/OEBVP-fit4SCHOOL.pdf

Name of the best practice (	„Mir gehts nicht gut" and Check-In Chart

Name of the best practice (english):	„I am not well" and Check-In Chart
Type of the best practice (mark):	These are two different best practices but for a better understanding and overview they are introduced together. Also because thes are very closely related
Location (country, city):	Vienna, Austria and San Francisco California
The scope of the best practice (mark):	Group
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	2020/2021 and 2018 ongoing It's a practice which is done on a regular basis in class – at best every day throughout the entire schooling of students

Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?

"I am not well"
School in Lower Austria introduced the following after a critical incident (suicide of one of the students) occurred:
The entire school community implemented the "I am not well" measure to address the emotional well-being of students. The measure involved creating an open space for dialogue and support, where all teachers made themselves available to talk to the pupils. Students were provided with tips and tricks on how to cope when they were feeling down or facing mental health challenges.

This initiative was a collaborative effort aimed at destigmatizing mental health issues and encouraging students to seek help and support. By implementing the "I'm not well" measure, the school community aimed to create an inclusive environment where students felt safe to express their emotions and seek assistance without fear of judgment or criticism.

Teachers played a crucial role in implementing the measure. They actively engaged with students, making themselves approachable and demonstrating a willingness to listen and provide support. The measure also involved teachers reaching out to students individually during the challenging period of the COVID-19 pandemic, emphasizing the importance of human connection and personal engagement.

While the "I'm not well" measure was not an elaborate program, its simplicity and focus on togetherness and support proved effective in addressing the immediate needs of students. It emphasized the significance of empathy, understanding, and open communication within the school community.

"Check-In chart"
This concept also addresses students every day well being and how they feel. However, it actively encourages them to reflect and think about their feelings and stress levels. It first became wider known through a California special education teacher Erin Castillo, who shared her material on social media. However, this measure was also in response to several suicide cases that had happened in throughout the years.

Thus, the implementation of a non-verbal communication method to indicate students' emotional states was undertaken with the intention of providing a semi-anonymous outlet for expression. The system involves a chart where post-it notes are used by students to indicate their daily moods, spanning from positive sentiments to more challenging emotions.

This also helped the misconception that one's struggles are unique. By offering a visual representation of the collective emotions experienced by students, this approach aimed to emphasize the commonality of such experiences. The underlying message is that young people are assured that they are not alone, and they should be aware of the available support systems. It also helps them in developing a sense for their own emotional and psychological state, as well as encouraging them to reflect on that on a regular basis.

It also helps to identify situations and if needed individual students who require additional attention. Also, some students are provided with a safe space to vent their emotions and navigate their feelings.

Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?

The measure highlighted the need for schools to prioritize mental health and well-being as an integral part of their educational mission. By implementing similar measures and fostering a supportive environment, schools can empower students to recognize and address their mental health needs, thereby contributing to their overall academic success and personal development.

Reference and link to the best practice	https://www.cta.org/educator/posts/teacher-trending (https://www.boredpanda.com/students-health-check-board-erin-castillo/?utm_source=google&utm_medium=organic&utm_campaign=organic)

A good practice from **Ireland** will be set out below:

Name of the best practice (original):	MindOut programme
Name of the best practice (english):	MindOut programme
Type of the best practice (mark):	Other – School-based program
Location (country, city):	Ireland
The scope of the best practice (mark):	Group
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	MindOut is designed to be implemented within a single 35-40 minute class period over 12 weeks (12 sessions), using interactive learning methods.
For how long has this best practice been in place?	The programme was revised in 2017 using up to date evidence and research along with feedback from teachers and students.

Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?

The **Health Promotion Research Centre (HPRC)** at NUI, Galway was commissioned by the HSE to evaluate the implementation of the revised MindOut programme in disadvantaged post-primary schools.
It produces high quality research of national and international significance that supports the development of best practice and policy in the promotion of health. The Centre is a World Health Organisation (WHO) Collaborating Centre for Health Promotion Research, has an active multidisciplinary research programme, and collaborates with regional, national and international agencies on the development and evaluation of health promotion interventions and strategies.

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

The promotion of adolescents' social and emotional wellbeing is a key determinant of their healthy development and enables them to achieve positive outcomes in school, work and in life more generally (Durlak et al., 2015; OECD, 2015, Barry et al., 2017). A substantive body of international research indicates that young people can learn to develop social and emotional competencies and that skills-based programmes in schools can positively impact on their social, emotional, academic and behavioural development (Oberle & Schonert- Reichl, 2017; Taylor et al., 2017, 2011; Weare & Nind, 2011). The evidence

also indicates that the development of social and emotional skills provides the skill base for the prevention of a wider range of problem behaviours such as substance misuse, anti-social behaviour and risky health and sexual behaviours (Weare & Nind, 2011; Institute of Medicine Report, 2009).

SOCIAL EMOTIONAL LEARNING (SEL)

According to the Collaborative for Academic, Social and Emotional Learning (CASEL) in the United States, social and emotional skills-based programmes should focus on a core set of interrelated competencies (e.g. self-awareness; self-management; social- awareness; relationship management; and responsible decision making), which create a framework for effective and successful programme development and design (CASEL, 2015). These five competencies are described in greater detail below:

Competency 1: Self-Awareness

Self-awareness is defined as the ability to recognise and label one's emotions and understand what causes these feelings. It also involves accurately assessing one's strengths and challenges and possessing a well-grounded sense of confidence and self-esteem.

Competency 2: Self-Management

Self-management is described as the ability to regulate one's emotions, thoughts and behaviours effectively. It involves being able to manage stress and acquire effective coping strategies for dealing with stressful situations. Additionally, self-management includes being able to control impulses and the ability to motivate oneself to overcome obstacles and achieve personal goals.

Competency 3: Social Awareness

Social Awareness is defined as the ability to take the perspective of and empathise with others. It involves being able to appreciate and respect diversity and recognise sources of support in one's family, school and community network.

Competency 4: Relationship Management

Relationship management involves being able to establish and maintain rewarding relationships with diverse individuals and groups. This involves communicating appropriately, resolving conflict constructively and resisting inappropriate social pressure. It also reflects being able to seek help and offer help to others when needed.

Competency 5: Responsible Decision Making

Responsible decision making is described as the ability to make constructive choices about behaviour and social interactions based on personal, moral and ethical responsibility. It involves being able to identify problems and use problem solving techniques while considering the wellbeing of oneself and others. (CASEL, 2015)

Social and emotional learning (SEL) has been described by CASEL as 'a process for learning life skills, including how to deal with oneself, others and relationships, and work in an effective manner. In dealing with oneself, SEL helps in recognising our emotions and learning how to manage those feelings' (CASEL, 2015). Through education and development of the social and emotional competencies, effective SEL programmes not only increase young people's wellbeing but also support academic achievement and positive development directly (CASEL, 2003). These five core competencies established by CASEL form the theoretical base for the updated MindOut programme.

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

MindOut is a Social and Emotional Wellbeing Programme which aims to enable students to achieve positive outcomes in school, work and in life more generally.

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

MindOut is a Social and Emotional Wellbeing Programme for Senior Cycle students.

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

The revised MindOut consists of 12 sessions which are intended to be delivered consecutively on a weekly basis. The revised programme is a product of input from current evidence-based interventions while also considering the needs of all stakeholders including teachers and students. The content of the programme is based on CASEL's core competencies for SEL, as well as the common elements for SEL programmes identified through a review of existing programmes. The programme uses interactive teaching strategies (e.g., collaborative learning, structured games, scenarios, videos etc.) to engage students in the learning. Additionally, the programme promotes a whole-school approach by providing staff with a menu of strategies for promoting social and emotional development at a whole-school level. These whole-school resources, in combination with the MindOut curriculum, aim to support student's wellbeing not only at the classroom level but at the school, home and community levels.

The revised programme is comprised of a teacher manual, with structured activities and resource materials which promote the development of social and emotional competencies, as well as a USB stick which provides supplementary resources (e.g., PowerPoint slides, video links, whole school resources etc.). Further details of this revised programme can be accessed in. Folllowing, a summary of the programme content within each of the 12 sessions.

INTRODUCTION SESSION: Minding your Mental Wellbeing

Session Goal: To introduce the MindOut programme and to explore ideas around mental health and wellbeing.

SESSION 1: Boosting Self-Esteem and Confidence

Session Goal: To help students build skills to increase their selfesteem and confidence.

SESSION 2: Dealing with Emotions

Session Goal: To recognise and explore a range of emotions and learn how to manage these effectively.

SESSION 3: Challenging Thoughts
Session Goal: Understand the connection between thoughts, feelings and actions and learn how to challenge unhelpful thoughts.
SESSION 4: Coping with Challenges
Session Goal: To identify a range of helpful coping strategies that can be used to deal with stressful situations.
SESSION 5: Support from Others
Session Goal: To increase awareness of supports and recognise the differences between helpful and unhelpful sources of support.
SESSION 6: Walking in Someone Else's Shoes
Session Goal: To help students increase their awareness of the thoughts and feelings of others and to show compassion.
SESSION 7: Managing Conflict
Session Goal: To encourage students to practise skills for communicating successfully with others and manage conflict effectively.
SESSION 8: Connecting with Others
Session Goal: To encourage students to think about their relationships and how they can make successful connections with others.
SESSION 9: Giving and Getting Help
Session Goal: To discuss how to overcome barriers to help-seeking and to help students learn how to be there for others.
SESSION 10: Making Decisions
Session Goal: To introduce students to a three-step problem- solving approach and encourage them to use this to make informed responsible decisions.
SESSION 11: Happiness and Wellbeing
Session Goal: To explore practical strategies for happiness.
SESSION 12: Review
Session Goal: To encourage students to reflect upon the range of skills they developed throughout the course of the programme.

Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?

Topics addressed by the program area: Mental Wellbeing, Self-Esteem and Confidence, Dealing with Emotions, Challenging Thoughts, Coping with Challenges, Support from Others, Walking in Someone Else's Shoes, Connecting with Others, Giving and Getting Help, Making Decisions, Happiness and Wellbeing.

Tips and tricks for the practitioners: what could help practitioners while implementing the best practice? Are there some possible alternations?

Irish manual available in 22/23
N.B. The Mindout programme materials are only available with training.
Teachers can attend either:
1 day in person training to support the delivery of the Mindout programme – suitable for all teachers. Book Here
Or 2 hour online training – suitable only for teachers experienced in teaching SPHE. Book Here(In-person training is approved for sub cover by the Department of Education.)
Power Points for the 12 sessions are available at:
https://www.hse.ie/eng/about/who/healthwellbeing/hse-education-programme/training-and-resources-for-post-primary-school-teachers/mental-health-training-and-resources-for-post-primary-school-teachers.html

Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?

The findings from this evaluation indicate that the MindOut programme was successfully implemented in DEIS post-primary schools across Ireland and contributed to a number of significant positive impacts for students. The study findings support the view that school-based social and emotional well-being programmes are effective for senior level post-primary school students in Ireland. It is clear that the school can play an important role in promoting the social and emotional wellbeing of students and these types of programmes should be embedded into the senior cycle curriculum to ensure all higher level post-primary school students are receiving the benefits of programmes such as MindOut. The findings also highlight the need for high quality of programme implementation in order to attain positive student outcomes. This will require school support and adequate training to ensure that high levels of implementation are achieved.
More informationa about the effectiveness of the Mind Out programe in:
Dowling, K. & Barry, M.M. (2017). An Evaluation of the MindOut (2) Programme in Disadvantaged Post-Primary Schools: A Report on Preliminary Findings. Produced by the Health Promotion Research Centre, National University of Ireland Galway.

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?

The programme is underpinned by both CASEL's competencies for SEL as well as a wholeschool settings approach. The outputs for the programme include both the interactive teaching strategies and programme content which were based on the common elements approach. Finally the outcomes for the programme revolve around the five core competencies identified by CASEL (self-awareness, self-management, social awareness, relationship management and responsible decision-making).

Contact information	Katherine Dowling and Margaret M. Barry Health Promotion Research Centre NUI Galway
Reference and link to the best practice	https://www.hse.ie/eng/about/who/healthwellbeing/hse-education-programme/training-and-resources-for-post-primary-school-teachers/mental-health-training-and-resources-for-post-primary-school-teachers.html

Two good practices from [Australia](#) will be set out below:

Name of the best practice (original):	The Gatehouse Project
Name of the best practice (english):	The Gatehouse Project
Type of the best practice (mark):	Project
Location (country, city):	Australia
The scope of the best practice (mark):	Country
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	The process of implementing the whole school intervention strategy is coordinated by a team established from within the school. This enables schools to examine their policies, programs and practices, and identify priority areas for reducing risk factors and enhancing protective factors for positive health and educational outcomes. It allows schools to address these priorities systematically, and actively seek training for members of the school community. The strategy is developed in five stages, with the establishment of the team as part of stage one: 1. Establishment 2. Review 3. Planning 4. Training and implementation 5. Evaluation
For how long has this best practice been in place?	The Gatehouse Project was a research project conducted in Victorian secondary schools between 1996 and 2001.

Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?

The Centre for Adolescent Health is part of the Royal Children's Hospital (Women's & Children's Health) and the Murdoch Children's Research Institute. It has strong academic links to the University of Melbourne's Department of Paediatrics, and more recently the new School of Population Health. The Centre for Adolescent Health was established in 1991, and has rapidly gained the reputation as Australia's leading adolescent health research program. The aim of the Centre for Adolescent Health is to improve the health and well-being of young people through integrated research, program development, advocacy, education and training, and clinical services.

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

Conceptual Framework
The framework highlights the importance of connectedness and belonging for the individual within the school community. The Project has identified three priority areas for action: building a sense of security and trust; enhancing skills and opportunities for good communication; and building a sense of positive regard through valued participation in all aspects of school life (Patton et al. 2000).
Connectedness: Security, communication and positive regard
In order to feel connected to others in the school environment and to schooling itself what do young people need? Research and conversations with young people suggest that connectedness to school can be developed by promoting security, communication and positive regard.
 ● **Security**
A sense of security and trust in others is fundamental to emotional well-being. Members of the school community need to feel safe, not just safe from physical harm, or threats of physical harm, but also safe to be themselves, whatever their gender, sexual orientation, ethnicity, family background and interests. They need to feel able to express a point of view, or take part in school activities without fear of being ridiculed, left out, or isolated.
 ● **Communication**

Communication is important for building social connectedness, and includes having the skills and opportunities to talk with others who are supportive. This is important for all young people, and particularly for those experiencing difficult times. While some staff in schools have particular responsibility for supporting students through difficult times, it is important for all staff and students to have strategies for communicating well with each other on a daily basis.

- **Positive regard**

Positive regard is related to perceptions of being able to participate fully in day to day school activities, and a sense that the contributions made are recognised, valued, and acknowledged. The potential for increasing participation and positive regard is large. Within the context of everyday relationships, many simple strategies can be implemented for engaging the whole school community

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

The whole school strategy of the Gatehouse Project provides schools with strong conceptual and operational frameworks to enhance understanding of adolescent health needs.

The Centre for Adolescent Health's Gatehouse Project is a school-based prevention program designed to build the capacity of school communities to understand and address the emotional and mental health needs of young people. It focuses both on promoting positive school environments that enhance a sense of connectedness for students, and on building individual skills and knowledge through the curriculum.

The aims of the whole school strategy of the Gatehouse Project are:

1. To enhance a young person's sense of connectedness to school and, in doing so, promote emotional well-being and improved learning outcomes.
2. To address those aspects of the school's social and learning environments that enhance or reduce emotional well-being.

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

The Gatehouse Project is a school-based intervention designed to build the capacity of school communities to address the emotional and mental health needs of young people. The program includes classroom and whole-school components, providing strategies to increase students' connectedness with the school, and increase students' skills and knowledge for dealing with the challenges of daily life.

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

The Gatehouse projetc is developed in five stages:

Stage 1 Establishment

The tasks in this stage are to:

• Establish an Adolescent Health Team.

• Raise awareness and develop a shared understanding of the effects of school and social environments on a range of adolescent health issues.

• Actively seek the involvement of the whole school community.

Stage 2 Review

• Critically examine current policies, programs and practices that impact on the quality of social and learning environments.

• Identify priorities for action.

Stage 3 Planning

• Plan the implementation of evidence-based intervention strategies to enhance security, communication and positive regard.

Stage 4 Training and implementation

• Provide training and ongoing support for teachers and broader school community.

• Complete implementation.

Stage 5 Evaluation

• Monitor, evaluate and communicate progress.

• Celebrate achievements.

Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?

The topics adolescents will be address there are, among others: emotional well-being, positive classroom climate, awareness, bullying, violence and harassment in schools, conflict resolution.

Tips and tricks for the practitioners: what could help practitioners while implementing the best practice? Are there some possible alternations?

There is a guide of the project with detailed guidelines and materials for the implementation of the program: http://www.mentalhealthpromotion.net/resources/gatehouse-project.pdf

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Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?	

There are three important areas for evaluating the effectiveness of the work undertaken. These are:
i. Outcomes of promoting health and emotional well-being
These outcomes will form part of the evaluation:
Development of a comprehensive whole school strategy for promoting the health and emotional well-being of the whole school community.
Observable links within a whole school strategy that bring together other programs such as middle years of schooling, health promotion, and drug education.
ii. The process for reflection and reporting
In this part of the evaluation it is important to draw a distinction between what was planned or intended, and what is actually happening or being observed.
To monitor the progress of the work, Wadsworth suggests the following evaluation questions. These need to be addressed as the team moves through the stages of the whole school strategy.
iii. Recommendations
For each stage of the whole school strategy, recommendations reflecting findings of the evaluation need to be communicated to the whole school community. Keep in mind the intended outcomes of the strategy. The team can use the following framework for documenting and reporting progress as each stage is completed. The collected documentation can form the basis of a formal report.

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?	

Evaluation of the Gatehouse Project has demonstrated effects of health and educational significance, and experience in implementing the strategy is now extensive. These materials have been used in a range of secondary schools in Victoria and New South Wales across government, Catholic, and independent systems.

Contact information	https://www.rch.org.au/rch/contact/
Reference and link to the best practice	https://www.rch.org.au/cah/research/The_Gatehouse_Project/

Name of the best practice (original):	The PERMA well-being model and music facilitation practice
Name of the best practice (english):	The PERMA well-being model and music facilitation practice
Type of the best practice (mark):	Other - the results of some programs
Location (country, city):	Australia
The scope of the best practice (mark):	Group
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	No time frame
For how long has this best practice been in place?	2017

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?	

PERMA well-being model, identifying five essential elements of well-being: Positive emotions, Engagement, Relationships, Meaning, and Accomplishment.
In the fields of music and music therapy, the power of music and musical participation in promoting well-being has been considered in relation to the PERMA well-being model and theory of flow

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?	

The aim is to improve the well-being of students by working on the 5 aspects of the PERMA project.

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect	

beneficiaries?

The target group is music students. It is not identified the students' ages.

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

In Australia, advocacy by groups such as the Music Council of Australia has led to several nationwide programs such as "Music: Count Us In" and "Making Music: Being Well", indicating that a wide range of practitioners at community level are eager to disseminate the potential benefits of music-making for well-being impact, communicated in their own everyday practice.

Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?

The PERMA project has 5 main topics.
1. **Positive emotions:** This route to well-being is hedonic – increasing positive emotion. Within limits, we can increase our positive emotion about the past (e.g., by cultivating gratitude and forgiveness), our positive emotion about the present (e.g., by savoring physical pleasures and mindfulness) and our positive emotion about the future (e.g., by building hope and optimism).
2. **Engagement:** Engagement is an experience in which someone fully deploys their skills, strengths, and attention for a challenging task. According to Mihaly Csikszentmihalyi, this produces an experience called "flow" that is so gratifying that people are willing to do it for its own sake, rather than for what they will get out of it. The activity is its own reward. Flow is experienced when one's skills are just sufficient for a challenging activity, in the pursuit of a clear goal, with immediate feedback on progress toward the goal. In such an activity, concentration is fully absorbed in the moment, self-awareness disappears, and the perception of time is distorted in retrospect, e.g., time stops. Flow can be experienced in a wide variety of activities, e.g., a good conversation, a work task, playing a musical instrument, reading a book, writing, building furniture, fixing a bike, gardening, sports training or performance, to name just a few.
3. **Relationships:** Relationships are fundamental to well-being. The experiences that contribute to well-being are often amplified through our relationships, for example, great joy, meaning, laughter, a feeling of belonging, and pride in accomplishment. Connections to others can give life purpose and meaning. Support from and connection with others is one of the best antidotes to "the downs" of life and a reliable way to feel up. Research shows that doing acts of kindness for others produces an increase in well-being.
4. **Meaning:** A sense of meaning and purpose can be derived from belonging to and serving something bigger than the self. There are various societal institutions that enable a sense of meaning, such as religion, family, science, politics, work organizations, justice, the community, social causes (e.g., being green), among others.
5. **Accomplishment**: People pursue achievement, competence, success, and mastery for its own sake, in a variety of domains, including the workplace, sports, games, hobbies, etc. People pursue accomplishment even when it does not necessarily lead to positive emotion, meaning, or relationships.

Tips and tricks for the practitioners: what could help practitioners while implementing the best practice? Are there some possible alternations?

As found in the current study, school leaders and music facilitators' roles in planning and implementing ideas were an important foundation, as they were able to persuade people about the power of music and musical participation for well-being in addition to academic benefits.

Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?

I have NOT found that the programme has an evaluation section. However, there are some articles that show that the programme has been evaluated. One example is the following: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6232231/

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?

It is a well-known programme in Australia and has a certain relevance in its field. There are several studies that demonstrate its effectiveness. On the other hand, it has a planning that contemplates 5 different levels of execution, which means that different levels of the students' personal development are worked on.

Reference and link to the best practice	https://journals.sagepub.com/doi/pdf/10.1177/1321103X17703131

Two good practices from **Spain** will be set out below:

Name of the best practice (original):	Promoting mental health, preventing mental disorders and combating stigma. Strategies and resources for emotional literacy of adolescents.
Name of the best practice (english):	Promoting mental health, preventing mental disorders and combating stigmatisation. Strategies and resources for the emotional literacy of adolescents.
Type of the best practice (mark):	Program
Location (country, city):	Barcelona
The scope of the best practice (mark):	The target population of the program are young people aged between the ages of 12 and 18, and who are studying E.S.O, High school or Training cycles in educational centers in the city of Barcelona.
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	The duration of each workshop is 1 hour. The duration is 6 hours in total. The training workshops are carried out in the 6 workshops. All workshops are conducted by professionals specialized in mental health, who travel to the different devices and educational centers to carry out the activities formative.
For how long has this best practice been in place?	2010-2018

Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?
EspaiJove.net offers information on youth mental health (Mental Health and My Life) and the services and programs of the Grup CHM Salut Mental aimed at promoting mental health, preventing disorders and providing early care: Health and School consult, Protection of children and adolescents, Early attention in mental health, Espai Jove Assistencial Support Services and Emotional Care, First Aid in Youth, Mental Health ,Covid-19

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?
The general objective of the program is the promotion of mental health and prevention of mental disorders in the youth population. The objectives specific include: 1. Improve mental health knowledge. 2. Know and promote healthy behaviors for mental health. 3. Know and reduce risk behaviors for mental health. 4. Increase knowledge of mental problems and the manifestations of disorders in their early stages. 5. Facilitate early detection of mental disorders. Among others…

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?
The target population of the programme are young people between the ages of 12 and 18, and who are attending secondary school, baccalaureate or vocational training in educational centres in the city of Barcelona.

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.
1. To teach first aid literacy around the most common mental disorders prevalent among adolescents.2. Acquire knowledge to identify risk factors and signs of alarm of psychological suffering or a possible mental disorder. 3. Learn to assess the risk of psychological suffering.4. Learn response skills to approach the suffering youth.5. Know the community network of mental health services.6. Raise awareness of the existing social stigma in the field of health mental. The content of the sessions is as follows:

1st session: Mental health and mental disorder (our emotions).
2nd session: Social skills, bullying and cyberbullying.
3rd session: First aid in anxiety, depression, self-harm and suicide.
4th session: First aid in eating disorders.
5th session: First aid in substance abuse and psychosis.
6th session: Space for the review of cases and situations

Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?	

In relation to the results of the program, in 2017 a first qualitative evaluation of the program (Casañas et al., 2017).The study was carried out using a sample of 2,813 young people who filled out a post-workshop satisfaction survey with the following results: 91%
found it interesting and useful, 85.4% satisfied with having participated, 73.7% have resolved their doubts and 78% would recommend carrying out the activity. The most adolescents were satisfied with having participated in these workshops and recommended holding them in other educational centers. During the last 6 school years.
During the last school year 2017-18, 2,436 young people with an average age 14.36 years old [SD 2.19] filled out the post-workshop satisfaction survey, with the following results: 91.7% would recommend doing the activity to other young people their age, 80.4% have found it interesting, 71.6% have seemed useful, 69.8% the workshop was practical, 50.2% resolved their doubts, and the 86.6% thought that the workshop was very well conducted by the speaker.
The survey also collected feedback from the students, who highlighted. As a positive aspect, it offered them a space to talk about mental health issues that they would otherwise not have discussed with other adults.

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?	

Taking into account that 73.7% of the participants have resolved their doubts and 78% would recommend the activity, it is understood that the programme has been a success in terms of achieving its objectives.

Contact information	informacio@spaijove.net
Reference and link to the best practice	"EspaiJove.net: un espacio para la salud mental"

Name of the best practice (original):	Programa "AULAS FELICES" Psicología Positiva aplicada a la Educación
Name of the best practice (english):	"HAPPY CLASSROOMS" Programme Positive Psychology applied to Education
Type of the best practice (mark):	Activity
Location (country, city):	Spain
The scope of the best practice (mark):	National
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	Variable (depending on where the programme is implemented they use different number of activities)
For how long has this best practice been in place?	There have been many applications of this programme in Spain since 2011.
Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?	

This activity is aimed at infant primary and secondary education and the objectives are the following in order to work on their well-being:
Working on mindfulness and the following 24 personal strengths divided y 6 virtues.
Virtue 1: Wisdom and Knowledge (Creativity, Curiosity, Open-mindedness,
Love of learning and Perspective)
Virtue 2: Courage (Courage, Perseverance, Integrity and Vitality)
Virtue 3: Humanity (Love, Kindness and Social Intelligence)
Virtue 4: Justice (Citizenship, Sense of Justice and Leadership)

Virtue 5: Moderation (Capacity for Forgiveness, Modesty, Prudence and Self-control)
Virtue 6: Transcendence (Appreciation of beauty and excellence, Gratitude, Hope, Sense of Humour and Spirituality)

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

1. Global proposals - These are the following five principles for creating positive school environments, enhancing well-being and learning, and promoting the development of personal strengths.
schools, enhance well-being and learning, and promote the development of personal strengths.
2. Specific proposals: This is a comprehensive set of around 300 activities aimed at working on the 24 personal strengths in the classroom with the class group.
24 personal strengths in the classroom with the class group and which can be applied by any teacher: tutors and specialists in the different subjects.
tutors and specialists in the various subjects
3. Personalised plans - These are oriented towards the growth of the student body, taking into consideration the differential characteristics of each
The plans are oriented towards the growth of the pupils, taking into consideration the differential characteristics of each person and their specific profile of personal strengths.
4. Collaboration between families and schools

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

Working on mindfulness and the 6 virtues

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

This programme has been implemented in several schools in Spain in pupils from Education Infant, Primary and Secondary school students.

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

As mentioned above, there are hundreds of ways in which this programme could be implemented, but the following link shows the developed programme:
https://www.educacion.navarra.es/documents/27590/203401/Aulas+felices+documentaci%C3%B3n.pdf/3980650d-c22a-48f8-89fc-095acd1faa1b

Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?

The topics to be dealt with are those related to positive psychology, in particular, mindfulness and the following virtues:Wisdom and Knowledge, Open-mindedness, Courage, Humanit,Justice, Moderation and Transcendence.

Tips and tricks for the practitioners: what could help practitioners while implementing the best practice? Are there some possible alternations?

The different happy classroom practices that exist in the literature should be read in order to apply the one best suited to each teacher's classroom situation.

Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?

One of the evaluations that can be carried out is systematic observation.
The following tools can also be used:: PANAS-C (The Shortens Positive and Negative Affect Scale for Children), BHSLSS (Brief Multidimensional Students´ Life Satisfaction Scale), FASTE (Affection Situations Test for Empathy) y HTKS (The head- to- toes task)

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?

It is a very comprehensive activity that has been applied in many schools.

Contact information	rarguis@hotmail.com
Reference and link to the best practice	Arguís Rey, R., Bolsas Valero, A. P., Hernández Paniello, S., & Salvador Monge, M. P. (2012). Programa Aulas Felices. *Psicología Positiva aplicada a la Educación. Equipo SATI. Recuperado de https://www. educacion. navarra. es/documents/27590/203401/Aulas+ felices+ documentaci% C3% B3n. pdf/3980650d-c22a-48f8-89fc-095acd1faa1b*.

Good practices from Belgium:

Name of the best practice (original):	'Generatie Veerkracht'
Name of the best practice (english):	'Generation Resilience'
Type of the best practice (mark):	Project
Location (country, city):	Belgium, Limburg
The scope of the best practice (mark):	Group
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	5 weeks trajectory Week 1: 120 min. Week 2-5: 90 min.
For how long has this best practice been in place?	2021

Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?
University college Leuven Limburg covers 8 centres of expertise. UCLL research and expertise is active in research, services and continuing education for professionals. The university is an enthusiastic player in various local key sectors and in the world of international research projects. The centres of expertise offer immediately deployable solutions for concrete challenges in the world of companies and organizations. As a multidisciplinary centre of expertise, resilient people contributes to the sustainable development of resilient relationships in society. With four lines of research, consisting of staff involved in social and youth work, healthcare, management and teacher education, we focus on expertise, carry out practice-oriented research and offer demand-driven services and training to promote strong relationships and organizations. We create socially relevant projects in the fields of welfare, health care, justice and education. The core line Youth and resilience focuses on resilience training for children and young people in various contexts and based on innovative and creative methodologies. This implies LSCI trainings, generational resilience and body-oriented methodologies in function of resilience, but also in recovery after conflicts, bullying and the like more. Finally, evaluation research and impact measurement are a topic within this line.

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?
Generation Resilience is a resilience-strengthening guided group pathway to promote young people's well-being in a low-threshold way. Together with Flemish young people, the Resilient People expertise centre at UC Leuven-Limburg developed a resilience-strengthening guided group trajectory to promote young people's well-being in a low-threshold way. The course targets young people aged 12 to 18 and comprises five group sessions. Young people engage in a relaxing and creative way using Grotberg's Resilience Diagram, relaxation techniques and digital storytelling. The project distinguishes itself from current resilience work by using a combination of grounded methodologies within the programme and responding to current needs based on previous research. In addition to the focus on verbal work, non-verbal and body-centred work is used. The project was already implemented in 5 secondary schools in Belgium.

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?
- Promoting resilience and mental well-being of young people - Teaching young people to cope with stress, loneliness and boredom - Changing the affect of young people - Implementing interventions on mental health in a school setting - Responding to mental needs of young people post-covid

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total

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number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?	
The pathway is aimed at school-age youngsters aged between 12 and 18. On the one hand, preventive work can be done with regard to mental well-being, and on the other hand, the intervention can be used as an early intervention. The programme runs for 5 weeks and a group consists of a maximum of 12 participants. In total, some 60 Flemish youngsters have already gone through the programme.	
Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.	
A Resilience programme consists of 5 group sessions of about 90 minutes (the first one 120 minutes) each, which follow each other on a weekly basis. Ideally, a trajectory will take place physically, but digital sessions can also take place. If the sessions are physical, they can take place at a UCLL campus or at the partner's home. During the sessions, resilience is strengthened in a relaxed and creative way. Each session is systematically built up with attention to both verbal and non-verbal work. The topics of stress, loneliness and boredom are addressed at several points throughout the sessions. Associated impact measurement in previous projects already showed significant effects and the youngsters' findings were also positive.	
Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?	
The track has already been developed in collaboration with Flemish young people. As a result, exercises and content were already aligned. After the course, the young people's findings were questioned as part of an impact measurement. These findings can be questioned again and again to keep the programme up-to-date in terms of needs. Finally, aftercare is provided at the end of the programme by referring to various Flemish institutions that offer help with mental problems.	
Tips and tricks for the practitioners: what could help practitioners while implementing the best practice? Are there some possible alternations?	
A script and course materials will be provided. In addition, headphones and mats are needed as materials. Best provide a locked room and discuss group secrecy before the course starts. A train the trainer is recently developed in dutch.	
Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?	
On the one hand, a qualitative impact measurement in which findings of the young people were surveyed. We can conclude that young people recommend the pathway to follow and indicate that there is more need for such pathways. Young people indicated that they could apply learned skills in daily life and that the pathway met their needs. On the other hand, a quantitative impact measurement where control group was used where we found a significant effect in terms of young people's mood. An RCT design was used within the impact measurement. Results are promising.	
Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?	
The development involved young people themselves, in addition science-based methodologies are used. Associated impact measurement already showed significants effect and the youngsters' findings were also extremely positive. A train the trainer is currently being developed.	
Contact information	marthe.vermeulen@ucll.be
Reference and link to the best practice	https://research-expertise.ucll.be/nl/dienstverlening/items/generatie-veerkracht

Jouw Veerkracht Diagram

Name of the best practice (original):	Moodspace
Name of the best practice (english):	Moodspace
Type of the best practice (mark):	Project
Location (country, city):	Flanders, Belgium
The scope of the best practice (mark):	Country
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	Flexible Moodspace is a platform where young people can work independently around mental wellbeing. The platform consists of different modules that young people can go through on their own. There are six self-help modules that allow students to work at their own pace according to their personal needs. There are stories from other students for them to read and tips are given to help students around them who are struggling (Zelf Aan De Slag, n.d.).

For how long has this best practice been in place?	On December 14, 2021, the Support Center for Inclusive Higher Education and Flemish Minister of Education Ben Weyts launched the brand new online platform MoodSpace.

Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?

MoodSpace is a realization of the Support Center for Inclusive Higher Education in close collaboration with students, academic experts, and the Flemish higher education institutions. This was commissioned by Flemish Minister of Education Ben Weyts. The starting point is the public mental health perspective. The knowledge of different academic disciplines about what works and what doesn't work in student mental health is brought together for the first time in one central point, acting as a state of the art and online hub for information about well-being and mental health to online assistance. MoodSpace wants to become a catalyst to make mental health more negotiable and to exchange experiences. MoodSpace has solid scientific foundations and is designed by the SIHO team and monitored and evaluated by a steering group of academic experts. VLESP has contributed to the development of the platform. For example, one of the tools on MoodSpace is a modified version of our own self-help tool Think Life.
The strength of MoodSpace lies with students. In how they gave and give direction to the development of the platform. In how they carry MoodSpace and fill it in with value, including stories of strength, podcasts and initiatives for and by students. The site also lists many resources they can turn to for help.
MoodSpace contains a lot of accessible and reliable information, tips, podcasts and self-help to cope with emotional problems and to study (resiliently) vigorously. The platform includes space for student stories, concrete tips, online self-help modules and signposts to other guidance. But MoodSpace is also a place where you as a friend, parent or staff member of a college or university can discover what you can do. Because with a push in the back, what is heavy becomes lighter and you feel: I am not alone. An English language version is also available.
It is no coincidence that the launch takes place just before the start of the block period, which can be nerve-wracking. To meet the needs of students in terms of mental well-being, the new versatile platform offers mental health tips and tools tailored to students. It was developed in close collaboration with students, academic experts, and Flemish higher education institutions.

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

The Welfare Monitor annually measures the mental health, resilience and study motivation of students in Flemish higher education through questionnaire research. Students are monitored throughout their academic career. In this way, suitable interventions such as MoodSpace can be developed in a scientific manner. The Welfare Monitor is supervised by the World Mental Health - International College Student Initiative (WMH-ICS). The project starts from a definition of 'well-being as more than the absence of psychological problems and disorders'. The Monitor follows the predetermined WMH-ICS questionnaire, supplemented with themes based on the Psychological Basic Needs Theory or the ABC framework of the self-determination theory as a focus and engine for growth. The Monitor measures various constructs, such as mental well-being, identity, motivation and resilience, in which the basic psychological needs (autonomy, connectedness and competence) function as a motor. Constructs such as quality of life, social support, help-seeking behavior and the impact of emotional problems on daily functioning are also measured in a standardized manner.
In collaboration with the Support Center for Inclusive Higher Education, the researchers annually provide the government with a Flanders-wide report containing a descriptive report of the findings and recommendations for specific action points that entail a translation for the macro, meso and micro level. SIHO is responsible for following up and exploring specific action points. The researchers also link the institution-specific results back to the educational institutions involved via an institution-specific report. This offers educational institutions the opportunity to optimize their targeted policy or interventions and/or set up new initiatives based on those results. The Flanders-wide results also appear in a dynamic dashboard in MoodSpace. In this way, everyone, including other policy makers and mental health professionals, can learn more about the well-being of students. About what works, but also about what doesn't work. The results also allow for targeted expansion of MoodSpace with interventions that strengthen students' resilience, connection and motivation, and with interventions to deal with emotional problems.
Conceptual model (Van Hees, Bruffaerts, Vansteenkiste et al, 2023).
The monitor also measures various core concepts related to the psychological health of students. On the input side, personal factors such as identity and perfectionism are measured, in addition to contextual factors such as social network, support and perceived motivational teaching style. The output side focuses on motivation and care use.
The monitor uses a needs perspective in which the physical and the three psychological basic needs for autonomy, relatedness and competence (the ABC foundation) are given a central place. They act as a motor for the personal growth and psychological health of young people. At the same time, they have a signaling function for vulnerability to problem behavior in the event of frustration.

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …

-Mental health of students

-Provide reliable information and tips for students

-Support self-help

-Provide peptalks and support for emotional problems

-Support with resilient studying

On one hand it aims at all students master, graduate, bachelor, bridging program, master after master (manama) and bachelor after bachelor (banaba) course (student older than 18 years). And on the other hand at parents, friends or teacher at the college or university to see what they can contribute for a student who is struggling.
 The student years are a key period in the lives of many young people. As a student you get freedom and opportunities. But there are also great expectations and challenges, and you have to make important life choices. So – even without a pandemic – it can be a turbulent period, where your mental well-being comes under pressure. Research shows that 3 to 4 students out of 10 experience emotional problems. Given that three-quarters of all psychological disorders develop before the age of 25, it is important to focus on prevention and early detection. About one in three students experience emotional problems. These can take different forms such as insomnia, anxiety, depression or suicidal thoughts. Everyone will sooner or later, directly or indirectly, have to deal with a student who is having a hard time. Talking about it isn't always easy: many students with emotional problems avoid talking and don't seek help. It is therefore important to be alert to signs that things are going difficult.
 MoodSpace is a realization of the Support Center for Inclusive Higher Education (SIHO) in close collaboration with students, academic experts, and the Flemish higher education institutions. The target group itself contributes to the project. It was recently decided that Moodspace will also become accessible to secondary school students.

The students can work with six self-help modules. They choose how much time they want to invest in a module.

1. Lifecraft (time control and energy)

2. Healthy lifestyle

3. Stress and anxiety

4. STAR (self harm)

5. Think life (suicide)

6. Caring together

There are also stories from other students for them to read and tips are given to help students around them who are struggling (Zelf Aan De Slag, n.d.).

It remains important to question findings from young people. This is also taken into account in follow-on development. Some examples of questions to ask young people are:
-What main lesson did you remember the most after using moodspace?
-Which moodspace tool helped you the most?
-Which topic did you miss in the available tools?
-What moodspace tips have you used to help someone else?

Looking at the 'strength stories' of other students which are available on the website. There are also several numbers for help on the website.

The following available reports were considered for the evaluation:
Van Hees, V., Bruffaerts, R., Vansteenkiste, M., Flamant, N., Bootsma, E., Jansen, L. & Voorspoels, W. (2023). Psychische gezondheid, basisbehoeften en studiemotivatie van studenten in het hoger onderwijs in Vlaanderen. Academiejaar 2022-2023. In opdracht van de Vlaamse overheid: Brussel.

Van Hees, V., Bruffaerts, R., Vansteenkiste, M. (2023). MoodSpace 2022: interventies en eerste gebruikerservaringen. In opdracht van de Vlaamse overheid: Brussel.

The website contains information about the methodology. To ensure that the data from the current study population is representative of the entire student population, the data were weighted for the socio-demographic variables (age, gender, socio-economic status (study grant) and college/university education level) available for the entire population. population of college and university students in Flanders.

Descriptive statistics were used in terms of means and percentages and logistic regressions where dichotomous and ordinal outcome variables were related to predictors. The logistic regression coefficients of the independent variables in the model were converted into odds ratios (OR). A General Linear Model (GLM) was used for continuous outcomes. Using cluster analyses, a person-oriented approach was used to identify motivation profiles (study motivation theme). The role of motivational teaching style and motivation for study choice was investigated in the prediction of study satisfaction and motivation through linear regression analyzes (identity theme).

All students with a diploma contract who are following a master's degree, graduate degree, bachelor's degree, master's degree after master's degree (manama) and bachelor's degree after bachelor's degree (banaba) in the academic year 2022-2023, both first-year and higher-year students, received in the period between 1 October and 31 December 2022 an invitation email with a personal link for voluntary participation to their student email address. Non-responders and students who had not yet completed the questionnaire were invited up to eight times by means of a weekly reminder email. After clicking the link in the invitation email, the student was sent to a landing page with more information about the purpose, design and content of the monitor, a privacy statement and a consent form. Only after digitally signing the consent form were students forwarded to the questionnaire. At the end of the questionnaire, students received a feedback report with basic information about their mental health and a link to reliable websites and contact points for advice and help. The median duration for completing the questionnaire (including the information video, the informed consent and the reading of the feedback report) was 27 minutes. The research was approved by the ethics committee of UZ Leuven and was carried out in collaboration with the eighteen Flemish higher education institutions.

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?
Psychological help is often expensive. This can be a good first tool to provide support to students from home. And the target group itself has had an influence in the making of Moodspace. Students reinforce themselves while working with Moodspace. They are useful self-help modules that help them to strengthen their resilience and to cope with emotional problems. Students get to work at their own pace. The program can be used anonymously to work on self-harm issues, suicidal ideation, emotional problems, time management, healthy lifestyle and stress and fears. It makes students feel less alone with their problems There are many numbers listed on the site that they can contact for help.

Contact information	https://moodspace.be/nl/contact
Reference and link to the best practice	*Zelf aan de slag*. (n.d.). MoodSpace. https://moodspace.be/nl/zelf-aan-de-slag

Name of the best practice (original):	Mentaal welbevinden op school. Geluk in de klas.
Name of the best practice (english):	Mental well-being at school. Happiness in the classroom.
Type of the best practice (mark):	Other – specify: government prevention
Location (country, city):	Belgium
The scope of the best practice (mark):	Country
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	Flexible
For how long has this best practice been in place?	2020
Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?	

Vlaams Instituut Gezond Leven vzw has one goal: a healthier Flanders. We want to help people to live healthy(er) in an accessible way, and create healthier living environments together with them and the policy. Sounds ambitious, 'tis bound to be. Ambition we have heaps of. But we also have a rock-solid team of experts to make that ambition a reality. They come out with substantiated advice, methodologies, training and objective, scientific information.

The letters 'vzw' in our name are there for a reason. Healthy Living is an independent centre of expertise and has no commercial interest whatsoever. The only profit we aim for is health gain. So how do we get our resources? Mainly through management agreements with and projects of the Flemish government. But we also subscribe to other project calls that strive for a healthier society and are happy to assist organisations and companies with advice on health promotion.

In which fields does Gezond Leven work?

Health is a broad concept. But so is how we work. Our experts specialise in various prevention themes: nutrition, exercise and sitting still for long periods, tobacco, mental wellbeing, environment and health, malnutrition among the elderly, etc. We also apply our knowledge of these health themes to the various contexts in which people live and work: from education and childcare to local authorities and companies. In a technical term, this is called 'setting-oriented work'.

A major asset is our expertise in behaviour change (how do you motivate someone to make the healthy choice and how do you adapt their environment to this?) and health inequality (the unjust distribution of health according to people's socio-economic status). This expertise runs as a common thread throughout our operation.

Healthy Living benefits everyone

Who does Gezond Leven vzw target? Everyone, in fact: professionals and the general public. To everyone who is occasionally or permanently involved with health, from dieticians and GPs to health officials and teachers to policy-makers at various levels and sectors. And everyone in Flanders who is looking for objective, well-founded information and help to live healthy(er).

That's a broad target audience, you might think. Indeed it is. But of course health concerns everyone. Because the path to that healthy(er) life is not equally accessible to everyone, we consciously pay extra attention to people in socially vulnerable situations.

The following information comes from the project: 'Mental well-being starts at school' (Flemish government, Department of Agriculture and Fisheries - September 2023)

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

The action consists of a website where various classroom interventions can be found to influence young people's well-being. All are based on scientific research.

Central research question/purpose

The main objective of the 'Mental well-being starts at school' project is to develop an educational pathway around mental well-being (tailored to the target group of young farmers and students in the various agricultural and horticultural disciplines in higher education.)

Research approach

Participatory work is being done to translate the happiness triangle into an educational pathway tailored to young farmers and students. Scientific knowledge from VIGL and ILVO is brought together and aligned with practical knowledge from farmers (Groene Kring, Jong ABS), aid organisation Boeren op een Kruispunt (BoeK) and higher agricultural education (Odisee Hogeschool).

Relevance/Valorisation

Several individual and group discussions were organised with agricultural organisations and active farmers and horticulturists in the context of the well-being action plan. These interviews revealed that in current Flemish agricultural education, little or no attention is paid to so-called 'soft skills', such as resilience and coping with stress. Moreover, the need to train future farmers and horticulturists in these skills is made very explicit, so that they are better prepared. There is a great need to include in agricultural education possible challenges you may face as a farmer and how to deal with them. This project proposal therefore responds very specifically to some of the identified needs in the field.

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

Happiness in the classroom, that's what we wish you all. Students and teachers! On this website, we offer tools, ready-made materials, tips and information to help you grow and flourish. And do you know what? It doesn't have to be anything big and difficult, because happiness ... is in the little things. Also in the classroom.

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

Primary and secondary school teachers. Specific teaching materials were developed depending on age.

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

Developed material:
Teaching package happiness triangle

What building blocks does happiness consist of? Can I influence my feeling of happiness? Can I be sad and yet happy at the same time? How do I teach about the topic in an accessible (and fun) way? These and many other questions are addressed in the 'Happiness Triangle' teaching pack. For primary and secondary education.

What is the happiness triangle teaching package?
With this teaching pack, you give pupils an insight into the happiness triangle, a scientifically based model of what happiness is and how you can work on it. The happiness triangle consists of three building blocks and an orange sphere. The building blocks are: feeling good, being able to be yourself and being well surrounded. The orange sphere represents difficult moments and setbacks that can unbalance the happiness triangle. It is a ready-to-use, interactive and free digital teaching package suitable for pupils in the 1st, 2nd and 3rd grades of both primary and secondary education.

Objectives
-The students can represent in their own words that different elements influence the feeling of happiness (being able to be yourself, feeling good and being well surrounded).
- The students feel that perfect happiness does not exist.
- The students realise that working on happiness is important and that they can do something to take control of their own happiness.
- The students discover that everyone has difficult moments and looks for ways to cope with them.

10 lesson sheets for different age groups
We defined 5 age groups: 5-7y, 8-10y, 11-12y, 13-14y and 15+. For each age group, we recommend 2 different lessons each that approach happiness through a different angle. For primary education, one lesson is more linguistic and the other more visual, while for secondary education the approach is either inductive or deductive. So the teacher chooses the lesson that best suits his/her class. Together, you bring the happiness triangle to life.

For those who want to work with themes related to happiness, such as resilience, we develop extensions to the teaching package. So there is something for everyone!

Structure of the lessons
Each lesson sheet contains information about the lesson idea, the objectives, a concise structure of the lesson with instructions, a detailed elaboration and several appendices, all contained in a ready-to-use, interactive PDF.

https://www.gezondleven.be/settings/gezonde-school/mentaal-welbevinden-op-school/gelukindeklas/lespakket

Happy snacks

Happy Snacks is the toolkit for actively working on happiness in the classroom. After all, consciously and regularly working on mental well-being is very important, also in education. Pupils learn to reflect on themselves and discover how they can actively take happiness into their hands. Every teacher can actively work on these competences with his/her pupils. How? By actively snacking little happy bits from the Happy Snacks box!

Happy Snacks are happiness interventions that a teacher can use to work around mental wellbeing or happiness. Each Happy Snack explicitly addresses one of the twelve competences of the happiness triangle. With these small, fine actions and work forms, you can really make a difference in the classroom. Because ... happiness is in the little things, isn't it?

What's in the Happy Snacks box?
The box
The box contains 48 cards, 12 per building block of the happy triangle and 12 for the orange sphere. Each card is a Happy Snack and describes a working form. The QR code on the card takes you to a web page with a detailed step-by-step plan for using that work form in the classroom.

A manual with triangulation
Of course, a toolkit is not a toolkit without a clear manual. This manual has a special feature. It includes a triangulation!

https://www.gezondleven.be/happysnacks

FAQ mental welbeing in the classroom

Are you excited to work with your class on your happiness level? Fantastic! We'll turn the tables for a moment, and ask you at the end of our lesson, "Are there any questions?". No need to stick a finger in the air, because you will definitely find the answer on these pages! We collected the most frequently asked questions and put them to the experts at Healthy Living, KdG Hogeschool, Awel, VWVJ, Steunpunt GG and the Department of Education.

To make searching easier, we grouped the questions under a few themes:

Noticing signals
"A student is feeling bad, but I don't know where to turn."
"What is your vision around involving parents?"
"Corona causes a lot of stress and anxiety for my pupils. What can I do?"
"A student constantly breaks himself down. How do I deal with that?"

Engaging in dialogue
"One of my pupils is mentally struggling and can no longer go to school. What do I say to the class?"
"Just sitting in a circle and saying, 'Tell me...' doesn't work. But how can I do it differently?"
"Sometimes I notice that there is a lot of unrest about something in the class. I then give space to talk about it, but can't do that every time, can I?"
"When I ask my student how he is doing, he just says 'ça va'. How can I start a deeper conversation?"

Don't go it alone
"A colleague of mine is struggling. Things are high for him/her. What can we do?"

Happiness triangle
"Mental health, mental wellbeing, feeling good in your skin ... Which term do I best use in class now?"
"I find that my students find it difficult to cope with setbacks. How can I support the class in this?"
"After corona period, many of my students have lost their motivation. How do I get them motivated for school again?"
Teacher well-being
"What if I make too much hay myself?"
"How can I deal with hurtful reactions from students?"
"Pupils come to me with all their problems. Where does my role as a teacher begin and end?"

Group dynamics
"A new school year. How do I create a positive atmosphere from the start?"
"I don't always understand the behaviour of my class. What's actually behind it?"
"Cliques are forming in the class. How can I stop this?"
"One of my students is being bullied in class. What should I do?"
"How can I use methodologies more consciously so that I have an impact on the group process?"
"How can I remain mindful of quieter pupils in a busy class?"
"In my class, it is often impossible to talk about emotions. They find it ridiculous and laugh it off. How do I work on this?"
https://www.gezondleven.be/settings/gezonde-school/mentaal-welbevinden-op-school/gelukindeklas/faq

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Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?

See FAQ above.

Tips and tricks for the practitioners: what could help practitioners while implementing the best practice? Are there some possible alternations?

See FAQ.

Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?

Reading through the website showing that development was evidence-based. Alongside experiencing the exercises.

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?

Practically worked out methodologies to use within the classroom. Interactive way to get started around well-being in the classroom where the teacher gets tools through the developed teaching materials.

Contact information	https://www.gezondleven.be/contact
Reference and link to the best practice	https://www.gezondleven.be/settings/gezonde-school/mentaal-welbevinden-op-school/gelukindeklas *Triangle of happiness* De geluksdriehoek: je kompas voor in de klas

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Happy Snacks

Lessons "happiness triangle"

Game about welbeing in the classroom

Name of the best practice (original):	Take-Off, Te Gek!
Name of the best practice (english):	Take-Off, To Crazy!
Type of the best practice (mark):	Other – specify: lesson package
Location (country, city):	Belgium, Flanders
The scope of the best practice (mark):	Group
Time frame of the best practice: How long	Flexible (curriculum)

does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	
For how long has this best practice been in place?	2020

Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?

Well-being, self-confidence and resilience are important themes for young people, including in the school context. But they are vague concepts to which each person gives their own interpretation gives. Young people can be left with a lot of questions about how they feel, think and behaviour of themselves and others. And even for schools and teachers, it is not always obvious to work around such themes and skills. That is why the Flemish Association for Mental Health (VVGG), the knowledge centre Eetexpert vzw and Cera developed the 'Take off' teaching package. This package helps to make mental health in the school context. We see mental health as more than the absence of complaints and disorders: it is about psychological well-being and optimal functioning. In this way, we want to prevent more mental health problems. 'Take off' is a curriculum for secondary education - ASO, TSO, BSO, KSO and BSO - about mental health, sometimes also called psychological well-being or mental wellbeing. In this curriculum, we choose to use the term mental health. This package contributes to mental health promotion through evidence-based information and connecting work assignments. Everyone can make health gains as a result. We therefore target every young person (not only those with problems), the whole school and the (grand)parent(s), family and carers. This way of working allows a school to become a real welfare school.

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

Take Off is a curriculum on mental health. With answers to questions that really concern young people. Take Off helps make mental health discussable in the classroom. The teaching pack is free, scientifically based and packed with information, tips and useful methodologies for all secondary school teachers. It provides a global framework for discussing mental health in young people and emphasises positive and protective values.

Take off consists of flexible package with different modules. Different modules elaborate on certain topics; there are powerpoints, ideas for group discussions, games, links to other websites... This modular structure makes the package very flexible. Teachers can easily slot it into existing lessons.

Take off consists of 2 parts:
Package 1 for 12-15-year-olds
Package 2 for 15-year-olds.

To embed pupils' well-being in school in a sustainable way, this curriculum also specifically addresses ways to activate the whole school to put mental health at the centre. This includes a focus on involving (grand)parent(s), family and carers through information and assignments involving dialogue with young people on this topic.

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

A MENTAL HEALTH CURRICULUM. IS IT REALLY NECESSARY?
Such a curriculum is definitely needed. Every young person benefits from an empowering
approach. Whether the young person is well off, has an occasional dip or is struggling with mental problems. Adolescence is a period when young people have a lot on their plate
on their plates. They make the transition from primary school to secondary school where the pressure to perform is higher, they gain more autonomy and build a social network in which they also adopt their own sexual identity. An exciting time! Both vulnerable
young people and smoothly adjusted young people can certainly use a helping hand. According to research shows that 40% of Flemish young people do not feel good about themselves (Flemish Youth Council, 2016). Everyone has a dip from time to time, but many mental health problems arise at an early age, usually between 12 and 25 years old. Every young person is occasionally faces difficulties. Therefore, it is a good idea to preventively focus on factors that contribute to stronger mental health, such as
working on mental wellbeing and resilience. 'Take off' makes mental health discussable for the whole group. So it brings a positive narrative around resilience, growth and self-confidence so that every young person is stronger in their own right.
WHY EMPOWERING?
'Take off' deliberately takes a preventive and positive approach. It is more effective to make help young people become more resilient, stronger and more confident in life
than just pointing out what can go wrong. The package explicitly does not mention
e.g. depression, addiction or psychosis. Why? Because young people will then look for
symptoms in classmates. This opens the door to stigmatisation. Also there is a risk of normalising and glamorising symptoms. In addition, a reinforcement approach useful for everyone, not just young people who are struggling. It helps all young people to be more resilient and stronger in life and to deal with difficulties in a healthy way when they arise. A down day is just part of life and not everyone feels the same every day.
every day.

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

Due to the large age differences in how to discuss the topic of mental health with young people, we chose to make the curriculum age-appropriate age appropriate. Consequently, the package consists of two sub-packages, one for young people up to 15 years (1st, 2nd and 3rd years) and one for over-15s (4th, 5th, 6th and 7th years). Both consist of science-based teaching packages and didactic materials for teachers.

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

https://www.tegek.be/campagnes/school-en-jongeren/scholenaanbod/take-off
Take off consists of 2 parts:
Package 1 for 12-15-year-olds
Theme 1: Yourself in front of the mirror
Theme 2: The power of compliments
Theme 3: The influence of comparison
Theme 4: The whole school participates!
Package 2 for 15-year-olds.
Theme 1: Introduction to mental health (ppt)
Theme 2: Protection from mental health problems? (ppt)*
Theme 3: Caring for each other (ppt)
Theme 4: Stigma and discrimination (ppt)
Theme 5: Encounter (ppt)
Theme 6: Reflection (ppt)

https://www.tegek.be/campagnes/school-en-jongeren/scholenaanbod/take-off/take-off-downloadpagina?hash=6710734e5015294ee9da25f07ef1f7708a6938a6
https://www.tegek.be/campagnes/school-en-jongeren/scholenaanbod/getuigenissen

Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?

This free lesson pack, solidly scientifically based is packed with info, tips and useful methodologies for all secondary school teachers. It provides a global framework for discussing mental health in young people and emphasises positive and protective values.
Ann Vandeputte of EetExpert: "Take off teaches young people how to strengthen their self-esteem and experience their bodies positively. Two important conditions for feeling good. Additional modules expand on certain topics; there are powerpoints, ideas for group discussions, games, links to other websites... This modular structure makes the package very flexible. Teachers can easily slot it into existing lessons."

Tips and tricks for the practitioners: what could help practitioners while implementing the best practice? Are there some possible alternations?

1. Create a positive attitude at all levels of the school
'Take off' can only be used optimally if it is framed within a good care policy, the foundation for supporting pupils' mental health at school support. How the school and teachers deal with mental health is indeed an important role model for young people. Supporting this are a clear continuum of care and the use of appropriate didactic approaches. Ensure a safe classroom atmosphere, also agree on some ground rules (e.g. respect for each other's opinions, listening to each other, no laughing). The PICKASOLL rules from Sensoa can provide good tools for this. Young people are in the process of discovering who they are and who they want to be. They are often insecure and constantly scan what others think about them. Place particular emphasis on the fact that every pupil is unique and is allowed to have their own opinion. Emphasise searching and experimenting, as this is appropriate for their age. Many young people see in themselves and in others what they are not doing well. Try to shift their attention to what they do do well and how they can interact in a positive and respectful way. As a result they gain self-confidence and positive self-esteem.

2. Provide customisation
Each basic theme or module can be used on its own. So you don't have to go through the whole package or respect a certain order. Choose what fits fits the living environment of your students or adapt the lesson to better suit your students' needs.
3. Start a conversation
Simply providing information is not enough for real change. Attitude change is necessary and this can only be achieved by working interactively. When students start learning about mental health, reading, hearing witnesses, watching films, working on projects, and so on, this touches their feelings and they will also form an opinion. There will be a reaction. Reflecting on their perception and being allowed to react to it is very important in the learning process. They learn to articulate their own experiences, share them to others share them and think critically about them. Moreover, what peers say about this topic is much more important to young people than what adults think. Maximise consultation and discussion among students and choose a moderating role themselves.
4. Provide the necessary space and materials
Each basic theme in Part 2 includes a PowerPoint presentation but 'Take off' also includes hyperlinks with additional material. If you want to make use of this, you should provide internet connection, PC, beamer and audio.

5. Make the link with home

Inform the (grand)parent(s), carers, parents' associations and CLB about the 'Take off' course package. (Grand)parent(s) and carers are important model figures. It is of great important that they too learn to take a critical look at the media, social media and the internet. (Grand)parent(s) and caregivers are also important to emphasise the positive aspects of their child emphasise and express a positive appreciation towards their child and themselves. speak out. Inform the (grand)parent(s), carers, parents' association and CLB about 'Take off'.

6. Communicate to young people where they can go for a chat or referral

Discussing the subject of mental health can raise many questions among young people. Some young people find it difficult to give these questions a place. As a teacher, you should not take on the role of a counsellor. However, it is important to certainly communicate to all young people the following person and organisations to communicate.

To these they can go with all their questions and problems:
- Teacher or pupil supervisor
- CLB (conversation, e-mail, telephone or CLB@chat)
- Awel (**www.awel.be**; Telephone number: 102; **brievenbus@Awel.be**)
- JAC (**www.jac.be**)
- Tele-Onthaal (**www.tele-onthaal.be**; Telephone number: 106)

Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?	
The teaching package was developed in consultation with experts from the education sector and tested in a few schools, namely the VIP school in Ghent, Ursulinen in Mechelen and Onze Jeugd in Roeselare. Our Flemish minister Crevits (Education) and Minister Vandeurzen (Welfare, Public Health and Family) recognise the importance of this curriculum.	
Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?	
The package was developed in collaboration with the field and provides teachers with support. The package is freely available.	

Contact information	https://www.tegek.be/
Reference and link to the best practice	https://www.tegek.be/campagnes/school-en-jongeren/scholenaanbod/take-off **Take off – 15 years (age) Take off + 15 years (age)**

Name of the best practice (original):	'Eerste Hulp Bij Psychische Problemen (EHBP)'
Name of the best practice (english):	'First Aid for Psychological Problems'
Type of the best practice (mark):	Project
Location (country, city):	Belgium
The scope of the best practice (mark):	Country

Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	Training: 4x3hours
For how long has this best practice been in place?	+-2022

Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?

Red Cross-Flanders helps
We are an independent voluntary organisation. Through the Belgian Red Cross, we are part of the International Red Cross and Red Crescent Movement. Our mission is threefold:
 Standing up for vulnerable people at home and abroad.
Being active in disaster relief, self-reliance and blood supply. In all this, we rely to the maximum on volunteers.
 Encouraging self-reliance
We believe it is important for people to be able to help each other in an emergency. At home, at school, in the youth movement, in the sports club or at work. We want to teach first aid to as many people as possible. Also internationally: we help other countries develop first-aid guidelines and related training materials.
 Immediate assistance in case of disasters
We want to provide optimal help in the event of a disaster. We do this by quickly deploying our local Red Cross units or by strengthening cooperation with other emergency services and the government. We further expand our expertise in international emergency relief building and disaster preparedness.
 Excellence in blood supply
Our Blood Service ensures the continuous supply of safe blood products to most hospitals in Flanders. We guarantee that we always provide enough safe and high-quality blood on time. This is how we help doctors save lives.
 Caring for the vulnerable
Countless Red Cross volunteers take care of vulnerable people in our society. What we do may not always be visible. But it does mean a world of difference to the thousands of people who rely on us.
https://www.rodekruis.be/

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

The content of the training is based on scientific studies. We cooperate with Zorgnet-Icuro for this and are advised by leading partner organisations on prevention and mental health care. The project also receives support from the Flemish government. Below you can read more about the EHBP training and how we realise it together with our partners.
 The steering committee of this joint project gives direction to the content and organisation of this training. In preparation, many stakeholders were questioned via an online survey and various working and customer board groups. CEBaP, our Centre for Evidence-Based Practice, systematically searched for scientific studies to substantiate the content of the training. The scientific evidence found was translated into practical guidelines for the population. The drafting of this guideline and other texts in the handbook were developed in the lap of an expert panel, consisting of professionals drawn from mental health and academia, as well as experience mental health and addiction care workers in training.

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

Holding on to difficult moments?
Anxiety, burnout, grief, addiction, a shocking event ... If someone close to you is struggling with something like this, you want to be there. You want to help. But how do you do that? And how do you recognise the signs in time? Recently, the training also targeted teachers.
Training 'First aid for mental health problems'
First aid for mental health problems. What will you learn?
During an EHBP training course you will learn in an interactive way:
-how to recognise signs that someone is experiencing mental health problems;
-how to provide that person with targeted support;
-how to help find professional help if this seems necessary;
-how to take good care of yourself during this process.

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

A FAQ-list was developed making it clear who would benefit from the training.
https://www.rodekruis.be/wat-kan-jij-doen/volg-een-opleiding/eerste-hulp-bij-psychische-problemen/is-de-ehbp-opleiding-iets-voor-mij/#ik-wil-graag-leren-hoe-ik-mijn-grenzen-kan-bewaken-bij-het-ondersteunen-van-iemand-anders

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

App: Houvast
Give support
For that, there is our app Houvast. It gives you low-threshold tips to assist someone who is struggling. First aid for psychological problems, so to speak. Because that too is part of the mission of Belgian Red Cross-Flanders.
Discover the app Houvast
The app is free. Download it now. And build self-confidence and knowledge, in mentally supporting people. You will also find tips on how to guide someone to further help. Because sometimes that is what is needed.
Self-care
What if you experience something shocking yourself? How do you avoid overstepping your own boundaries? The app provides tips and tools for that too. Strengthen your own well-being. Discover among others the self-care plan in the Houvast app.
book
The book Listen! contains guidelines to empower people to provide first aid for mental health problems. The same tips are offered in the app Hold on tight in shorter, clear and accessible form. Please note: not everything from the book was also reproduced in the app. The book was compiled with a strong group of mental health partners. And it is evidence-based. *Handbook 'Listen! First aid for mental health problems'*
How can you help someone who appears stressed, anxious or depressed? How do you deal with someone who might be developing an addiction or someone thinking of suicide? What if someone seems to be struggling, but you're not quite sure what's going on? What can you say or do then? 'Listen! First aid for mental health problems' gives you tools to help someone who is struggling psychologically.

You don't need any prior knowledge about mental health. This book proposes an action plan that can help you recognise signs that someone is experiencing mental health problems, provide targeted support to that person, possibly help them find professional help, and take good care of yourself during this process. The book also applies the action plan to 12 different themes.
Training
In the EHBP training course, you mainly learn to apply the guidelines in exercises and reinforce insights in group discussions. You look for your own strengths, attitudes and words to help others. You learn to use your self-care plan and indicate your limits. You can do this in a safe practice environment under the guidance of our trainers. During the training you will work with the information from the book Luister! and thus also from the Houvast app.
First aid for mental health problems (EHBP): follow our training course
A friend is inconsolable after a relationship break-up, a neighbour is no longer the cheerful neighbour you otherwise know, a family member tells you at a party that things are actually not going so well ... How do you recognise that someone is struggling? What is really listening to each other. How do you avoid overstepping your own boundaries?

EHBP training
In this training you learn to apply the tips and guidelines in exercises, strengthen your insights in group discussions and find your own strengths, attitudes and words to help others. You will learn to use your self-care plan and also indicate your limits. You can do this in a safe practice environment under the guidance of our 'First aid for mental health problems' trainers. In the training course, you will work with the information from the book Listen! and thus also from the Hold on to the app.
Or try the initiation
How do you recognise that someone is struggling? How do you avoid overstepping your own boundaries? How can the app Houvast support you in this?
In this initiation "First aid for psychological problems" you will be introduced to EHBP. We will work interactively and zoom in on recognising possible signals, give tips to help each other through explanations and exercises and think about how you can set your own limits in this.
Please note: this session is an initiation, not a training! You will not receive a certificate of attendance.
The Hold on to App will also be discussed during the initiation. This is a useful tool when someone close to you seems to be struggling. You can download it for free via the app stores.

Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?

The development involved numerous partners (see below). They guarantee high-quality work and reliable input.

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?

The organisation is best known in Belgium from somatic first aid. This training focuses on the mental aspect. They are currently applying it within teachers and recently started giving this training.

Reference and link to the best practice	https://www.rodekruis.be/wat-kan-jij-doen/volg-een-opleiding/onze-apps/app-eerste-hulp-bij-psychische-problemen/
	Book

Developing Partners

Name of the best practice (original):	'Conflicthelden'
Name of the best practice (english):	'Conflict heroes'
Type of the best practice (mark):	Other – specify: blended tool developed in a practical research project.
Location (country, city):	Belgium
The scope of the best practice (mark):	Group
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	Flexible
For how long has this best practice been in place?	2020

Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?

University college Leuven Limburg covers 8 centres of expertise. UCLL research and expertise is active in research, services and continuing education for professionals. The university is an enthusiastic player in various local key sectors and in the world of international research projects. Our centres of expertise offer immediately deployable solutions for concrete challenges in the world of companies and organizations.

As a multidisciplinary centre of expertise, resilient people contributes to the sustainable development of resilient relationships in society. With four lines of research, consisting of staff involved in social and youth work, healthcare, management and teacher education, we focus on expertise, carry out practice-oriented research and offer demand-driven services and training to promote strong relationships and organizations. We create socially relevant projects in the fields of welfare, health care, justice and education.

The core line Youth and resilience focuses on resilience training for children and young people in various contexts and based on innovative and creative methodologies. This implies LSCI trainings, generational resilience and body-oriented methodologies in function of resilience, but also in recovery after conflicts, bullying and the like more. Finally, evaluation research and impact measurement is a topic within this line.

Co-funded by
the European Union

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

Conflictheroes.be is an online platform to support the (offline) counselling of young people (13 - 18y) in the field of conflict management. We do this by offering blended help (online help embedded in offline counselling). The online platform of Conflicthelden.be was jointly developed in the practice-oriented scientific research PWO Blend Aggression (17' - '20) at the University College UC Leuven-Limburg based on the needs and experiences of young people and counsellors. www.conflicthelden.be offers an additional tool to support your counselling of young people! Get innovative in offline and online counselling of young people in conflict situations. Discover the possibilities of the digital platform www.conflicthelden.be and become a hero in counselling conflict. The online platform offers a support space (advice, testimonies, referral to resources) and learning environment (backup plans, e-learning, methodologies, ...). Exercises are also available on the learning platform, accessible to everyone.

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

Conflictheroes.be can add the following value:
 -bridge time and distance
-preserve info/input
-offer pleasant practice opportunities
-systematise methodologies
-increase the quality of care
-supplementary, supportive or preparatory to other forms of (offline or online) care

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

www.conflicthelden.be is for all young people (13-18y) who come into contact with conflict situations and the professionals who can help them, such as counsellors, educators, (care) teachers, (psychiatric) nurses, context counsellors, pedagogical personnel, psychologists, social workers, ...
What is Conflictheroes.be suitable for?
General prevention:
Informing, motivating, inspiring and directing to (additional) help for both young people who are or (may) come into contact with conflicts and for young people who are bystanders to a conflict. We do this on Conflictheroes.be by means of the support space (advice and testimonies) and resources (overview of professional organisations and link to informal network).
Specific prevention and intervention:
Extra support for (offline) counselling of young people around conflict situations (bullying,aggression, frustrations, ...) using online methodologies. We do this on Conflicthelden.be using back-up plans (ready-madefill-in templates as a handhold in case of conflict) and training (open learning environment with various methodologies).
What is Conflicthelden.be not suitable for?
The extra support by means of the back-up plans and training in the 'practice section' of the website is not intended to be used by young people on an independent basis as self-help without any other form of (offline) guidance. This section can be used individually by
young people, but it is not intended to be used outside the context of counselling. At
this way, we aim to provide maximum support to young people by providing the appropriate (offline) help supplemented by the online help via Conflicthelden.be (=blended help). That way
Conflicthelden.be never replace (offline) professional help, but is always an addition to
other forms of help or support.
The website is intended as an additional support tool. On its own, the website not as self-help, or to provide young people with all the necessary aftercare and guidance in terms of
-a systemic approach needed in cases of bullying.
-a systemic approach needed in cases of intra-family violence.
-providing immediate help or aftercare (during or after an aggression incident) or directly responding directly to requests for help from young people.
-counselling around sexual aggression or sex offending: the nature of these
issues requires a different approach.
Who is the website intended for?
Our primary target group consists of organisations and counsellors in Integrated Youth Care (e.g. JAC, CLB, private youth facilities, GIs, etc.) and the young people (13 - 18y) they accompany. Our secondary target group consists of organisations and supervisors in other sectors (e.g. GGZ, BuSO education, ...) who come into contact with young people in conflict situations. In general, conflict heroes is there also to lead young people to help.
For whom is the website not intended?
The website is not intended for ...
-young people who come into contact with a specific issue, or who due to the nature of the problems require a different intervention (see above).
-young people with a (severe) intellectual disability, for this target group the website was not developed in initially not developed and is currently (without adjustments) probably also too linguistic / difficult.
-young people younger than 13 or older than 18 do not belong to the target group for which this website was developed. Both in terms of language and style, but also because of the specific age context in which they find themselves.

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

Conflicthelden.be also offers guidance for counsellors by offering methodologies that can be innovatively deployed in a blended way that fits the living environment of young people. The step-by-step approach and the manual also provide support. In addition, thresholds of distance and time can be bridged to also strengthen the relationship with the young person. Corona measures also have an impact on the conflicts young people experience and on the way professionals work. Conflict Heroes offers a possible form of (extra) support here via blended help.

Conflict Heroes provides three main functionalities:

1. Getting started: this includes the 'active practice' part of Conflict Heroes. Young people and facilitators can actively work here on their 'back-up plans' on the one hand and

practice 'training'. This part contains a variety of methodologies, assignments and psycho-educational elements. The results can be saved at any time (as a pdf or on the profile) and, when registering, can shared with a counsellor, adapted or adjusted. The main functionality 'Getting started' falls into **2 parts:**

I. **Back-up plans:** this contains some 'template plans' that can help young people

can help deal with conflict. They are meant to serve as handholds: before, during or after

a conflict situation.

II. **Training:** some exercises are offered here. These exercises serve to

insight and are divided into a number of themes.

2. **Support space:** this is the informative and sensitising part of Conflict Heroes. In the first place, young people can go here to consult advice and testimonies of other young people.These sections can serve to gain insight or consult direct information, share a

share testimony, and direct young people towards help.

The main functionality 'Support space' falls into **3 parts**:

I. **Advice**: here some advice is offered in dealing with all kinds of

conflict situations. These are based on scientific research.

II. **Testimonies**: included here are some short videos and letters in which young people

testify about how to deal with conflicts. They can serve as discussion material in

counselling or as inspiration.

III. **Resources** / seeking help now: some organisations are listed here where

young people can turn to. As a route to help, or to supplement the help provided.

help offered.

3. **My profile**: after registration, young people and their supervisors can access their profile or dashboard. Here, items from the 'getting started' section can be saved, modified

and shared. There is also the possibility to exchange feedback.

Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?

The website includes a manual showing questionnaires that can be used to survey users.

Tips and tricks for the practitioners: what could help practitioners while implementing the best practice? Are there some possible alternations?

Sometimes young people are extra vulnerable in dealing with conflict. They then need support. If they are the victim, a bystander or have a short fuse themselves and are easily at risk of conflict, there is something for everyone. Through the Conflict Heroes online platform, we try to provide the necessary insights, practice opportunities and aftercare through testimonies, information and advice, but above all with effective methodologies and exercises.

Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?

Through webinars with users that take place regularly, feedback is sought from the users. Training is currently taking place in the form of a train-the-trainer where feedback is also collected.

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?

We believe that the online potential of Conflictheroes.be can add the following value
offer:
o bridge time and distance,
o preserve info/input,
o offer pleasant practice opportunities,
o systematise methodologies,
o increase quality of help,
o supplementary, supportive or preparatory to offline help or more general
preventive (online) help such as through NokNok, WatWat, Awel, 1712.

Contact information	**marthe.vermeulen@ucll.be**

Reference and link to the best practice	https://www.conflicthelden.be/pdf/conflicthelden_gebruikershandleiding.pdf https://www.conflicthelden.be/home

Name of the best practice (original):	'A Friend Like Me'
Name of the best practice (english):	'A Friend Like Me'
Type of the best practice (mark):	Project
Location (country, city):	Belgium
The scope of the best practice (mark):	Country
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	6 lessons of 50' with interactive learning materials and reflection assignments
For how long has this best practice been in place?	2021

Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?

Expertise centre Resilient People at UCLL, UCLL's bachelor of "orthopaedagogy" programme and Red Noses are jointly addressing mental resilience in young people with this project. One in five young people struggle with mental health problems (Kirtley, 2018, Sigma study). Today, mental resilience is high on the agenda. The need to improve the mental wellbeing of young people has therefore been the driving force to develop this teaching package, 'A Friend Like Me'. In this way, we hope to do our bit by making young people aware of their body language and strengthen their mental resilience.

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

'A Friend Like Me' offers a clear and user-friendly teaching package, with a series of interactive lessons around the power of body language. The series of lessons is preceded by a short film with recognisable situations about the impact of our body language on our mental well-being and its mirroring effect on the other person. To this end, we always maximise resilience, connection, playfulness, creativity and self-direction. 'A Friend Like Me' offers no-nonsense learning material with an edge, with content that connects and sticks. The project aims to create a place where education, art and research meet. The motto of 'A Friend Like Me': Art as a source for our education and education as the key to social change.

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

The aim is to gain a better understanding of your own body language and the mirroring effect of the body language of the people you interact with. Is your body language really saying what you want to say? How does the other person react to you? What does that say about you? What does that say about the other person? How can a better understanding of your own body language and the other person's body language improve the way you interact? How does this help you be stronger in your own right?
Of the three key competences (self-awareness, mental health and the socio-relational) to which the curriculum links, the key competence self-awareness focuses on thinking about oneself, expressing oneself, directing oneself and being resilient. No separate attainment targets have been developed for this key competence since it is so closely related to the other two key competences, namely mental health and social-relational competence.

Co-funded by
the European Union

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

Trajectories are currently running within Flemish secondary schools. The target group consists of young people aged between 12 and 18 who are attending school in regular secondary education.

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

Students work on their social skills in various formal and informal situations with a focus on body language. In various exercises from the thinking lessons, they empathise with certain situations (including using situation cards). This way, they literally experience how their posture, facial expressions and power make a difference in different scenarios. During the reflection exercises, they go deeper and deeper into what this means for them. Empathy thus becomes clear not only through respectful conversation but also by literally experiencing it. Furthermore, the lessons always offer room to delve deeper into themes that emerge, such as bullying, uncomfortable situations, conflict situations, etc., always working from the living environment of the young people. In the group exercises, the pupils learn, among other things, to tune in to each other and respect each other's boundaries. They learn this on the one hand by doing exercises, e.g. stopping walking together without using words. On the other hand, by reflecting on the exercises and experiences. To make certain themes discussable, the link to the short film is also regularly made. In this way, empathy and the ability to reflect are stimulated each time. Pupils learn to look from different perspectives and learn from each other (eac other's attitude, each other's input).
These experiences strengthen self-awareness, attitude formation and social skills. This is because they gain insight into the function of their own body language. Thus, they learn to see the connection between what they think and do and the effect this has on the other person. This will become increasingly clear throughout the package.
 Regarding physical and mental health, the teaching package mainly focuses on building, maintaining and strengthening mental well-being. Here too, the exercises literally start from standing firm and open the conversation about feelings and what is going on internally with the young people. Again, the class discussions arise through the use of recognisable situations from the film and situation cards. This gives students the opportunity to explore the conscious use of body language in all its facets in a safe way.
The last part of the teaching package zooms in on the mirroring effect of body language and its impact on the pupils' well-being. The pupils practise emotion regulation and giving feedback on their behaviour and that of others. Here we also clearly see the importance of interpersonal relationships, two or more individuals are interdependent, each with their own influence on their own and the other's behaviour. By making the pupils aware of body language, both in the others and in themselves, they learn to interact with each other in a respectful and appropriate way and, depending on the situation, also to indicate their own limits. By working with body language, pupils learn to be considerate of others, actively listen (also to what is not being said) and thus also strengthen cooperation. This creates connection, which in turn contributes to resilience and well-being. And that is ultimately the intention of both the key competences and the curriculum.

Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?

Posture
 In lessons 1 & 2, we cover posture. In these lessons, we will focus on standing firmly and walking. We will also learn how to do what you do with power.
  Mimicry
 In lesson 3 & 4 we will cover facial expressions. Mimicry is facial expression. We communicate with words (verbal), but just as much with our face as with our posture and gestures.
  Observe
 In lessons 5 & 6, we learn to observe. People are judged by their posture. A person's posture is one of the first aspects you can observe.

Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?

Young people's testimonies.
(Ksenija)
"I deliberately used my facial expressions in a conversation with a friend to show her that I sympathised with her. I saw that it made her more open and able to tell more."
 (Zehra)
"I learnt that you can use your facial expressions to show your thoughts and feelings. And that sometimes I was misunderstood because what I felt and thought was not the same as what I showed to others."
  (Oumaima)
"I consciously used my attitude when I went to my driving test. I then focused on my middle tension and my power . That made me less stressed, so I was comfortable in the car."

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?

The track takes a non-verbal approach which makes it innovative. Young people helped develop the pathway. The teaching materials enable all teachers to complete the pathway.

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Reference and link to the best practice	https://www.afriendlikeme.be/

Name of the best practice (original):	Kalm In De Klas
Name of the best practice (english):	Calm In The Classroom
Type of the best practice (mark):	Project
Location (country, city):	Belgium, Flanders
The scope of the best practice (mark):	Country
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	Flexible
For how long has this best practice been in place?	2021

Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?

University college Leuven Limburg covers 8 centres of expertise. UCLL research and expertise is active in research, services and continuing education for professionals. Our university is an enthusiastic player in various local key sectors and in the world of international research projects. Our centres of expertise offer immediately deployable solutions for concrete challenges in the world of companies and organizations. Calm in the classroom is the result of the practice-oriented scientific research 'Stress regulation for children and teachers in primary schools' conducted by experts from the Education & Development expertise centre of UCLL University College - Research & Expertise. The centre of expertise Education & Development focuses on practice-based research and the sharing of expertise on new insights into learning and development, educational vision, policy and innovation. We conduct research with and for education and answer practical questions from school teams.
More specifically, we focus on the following fields:
- **Early childhood education** with a focus on stimulating socio-emotional development and cognitive development
- **Innovative learning environments** in education with a focus on school leadership, hybrid learning, development of vision on evaluation, modernization of secondary education and innovation in higher education
- **Transversal competences** with a focus on self-direction, critical thinking, international orientation and agency; with a focus on giving voice, choice and ownership in learning and living together at school
- **Professional learning of school staff** with a focus on starting teachers and school principals

This provides a range of research and development work that focuses mainly on two domains: the latest insights into learning processes and the meso- and macro-level of education. Our research is aimed at strengthening educational practice rather than fundamental knowledge development. The services we offer to schools are therefore a valorisation of (past) research projects: we respond to concrete questions by translating research expertise into a concrete context. We consciously choose a collaborative position in our projects: students - adolescents as well as pre-schoolers - , teachers and school leaders take as much ownership and shared research responsibility as possible. We therefore conduct practice-based research with pupils, students and educational professionals, not about them. This special combination of proximity and distance between the researcher and the person being researched characterizes our practice-based research. We aim to further deepen this 'involved distance' methodologically. By using creative, mostly qualitative research methods (such as arts-based research, action research, photovoice, development research, deliberative research, narrative research, video analysis, …) we want to better understand the complexity of teaching and learning. These innovative research methods also allow us to make the results accessible to a wide audience and to contribute to a social debate.

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

Different ways of working on stress regulation in primary education are explained.
Stress regultion for children and teachers in primary school.
Stress is everywhere, including in children and their primary school teachers(-in-training). The aim of this practice-oriented academic study was to work on stress and emotion regulation at the teacher and child level. Through source research, we investigated what stress regulation means in primary education. Here, we started from Prof Stuart Shanker's stress regulation model (see below). In addition, we investigated which interventions can be used to integrate attention to stress regulation in a workable and feasible way in Flemish primary education and what the perceived impact of these interventions is. To this end, we set to work in the bachelor course in nursery and primary education at UCLL, in various schools and in a SOM lab (https://www.samenonderwijsmaken.be/labo/hoe-werken-we-aan-een-stressvrije-klas). This research led to a website (www.kalmindeklas.be), various practical articles and blog posts and an article and film for Klasse. (https://www.klasse.be/307724/stress-burn-out-voorkomen-kleuters/).
Start with yourself
If you are relaxed in class, chances are your students will also be calm, alert and focused. Through the action of mirror neurons, you have a great influence on the behaviour and emotions of the children in your class. Your own calmness, as well as your own stress, work contagiously! So it is important that you learn to regulate yourself and try to get into the green zone of the stimulus meter. When you are optimally stimulated, you can better relate to your children. Shanker explains this in his theory on the inter-brain and co-regulation.
Support your class
There are several ways to work on stress regulation in primary education.
 -Regulate stress with smart classroom design.
-Screen the environment!
-Engage in awareness and classroom activities: support children.
-Have an eye for children who are struggling and guide them.
Stress regulation in depth
To fully understand the theory surrounding stress regulation, we explain some essential concepts: Reframing, Stimulus meter and stress brain, Domains and stressors.

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

The aim of this practice-oriented academic study was to work on stress and emotion regulation at the teacher and child level. Through source research, we investigated what stress regulation means in primary education. Here, we started from Prof Stuart Shanker's stress regulation model. In addition, we investigated which interventions can be used to integrate attention to stress regulation in a workable and feasible way

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

The target group consists mainly of primary school teachers and young people, but the tool can be used by secondary school teachers with minor adjustments. Training sessions for teachers are currently being held.

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

Stress regultion for children and teachers in primary school.
Below you can find out how you can work on the stress regulation of yourself as a teacher and the children in your class.
<u>**Does stress lead to problem behaviour?**</u>
Reframing behaviour
We often see difficult behaviour in the classroom or children who are distracted, withdrawn or restless. We challenge you to see this behaviour as 'stress behaviour' and tailor your response accordingly.
Shanker's 5-step plan
Shanker reaches out with 5 steps to balance children. We set you on your way.
Shanker's step-by-step plan. Shanker reaches out to 5 steps to balance children:
Reframe: read the signals: reframe the problem behaviour
Recognise: discover the stressors: the causes of the behaviour
Reduce: reduce the stressors if possible
Reflect: develop self-awareness. Teach the child to recognise their own stimulus state.
Respond: find what calms the child in the moment and in the long term.
Immerse yourself in theory
    1)   **Stress and stressors**
Being under stress narrows your bandwidth. Become a stress detective and counter the negative effects of stress on children in the classroom.

What can you do about your stress?
The first step is to realise that you have entered class overexcited because you had a heavy morning rush hour... and you are underexcited and a bit sleepy after lunch break. What can you do about this? How can you regulate yourself to better co-regulate with your students after?

Co-funded by
the European Union

Stressors

To engage in stress regulation, you need to gain insight into which stressors are affecting you and find out whether you can influence them.

Calming vs. activating

In addition, in stress regulation it is crucial to discover what calms (down-regulates) or activates you.

Using EHBS poster

In the EHBS poster, Miek Meus has included a selection of the best tips that help to calm down or activate. What is a good way for you to do stress regulation? Indicate and complete on the poster. Hang the poster in the teacher's room and share experiences with your colleagues.

Get help

Are you not managing to reduce stress on your own or in the classroom? Do you doubt you are doing the right thing? Contact us and let us help you in a follow-up training, one-to-one session, via mail, ...

2)   The stimulus meter

The stimulus meter helps you identify stress levels. Calmness is a state in which a child is open to his environment and ready to learn. It is important to strive for this state as much as possible.

The stimulus meter

Every day, we experience all kinds of stimuli, stressors, which drain our energy: stress at work, what others think of us, high expectations, social media, films and video games, ... Fortunately, there are also moments when we relax. You can compare this to the throttle and stop of a car. With an increasing number of stressors, the accelerator is pressed and you use more energy. With fewer stressors, the stop pedal is pressed and you replenish your reserves. In someone who is calm, the engine runs at an idle speed.

If you are chronically stressed, there is a chance that you are/remain over- or under-stimulated. Your idle speed then also gets a little higher. Brain function, like a spring, loses its resilience. Cars are equipped with a number of warning signals on the dashboard. Humans do not. They do give visible and less visible signals: overly emotional reactions, a chronically stimulated person, aggressive behaviour, problems with attention, ... all signals that the engine is running too fast.

The stress brain

Being under stress narrows your bandwidth. The emotional and rational brain play a crucial role here. A little stress can increase alertness, but the positive effect falls away as soon as the stress lasts too long or is too intense. At that point, our rational brain is less or even inaccessible. Finding and pronouncing words, constructing reasoning, putting oneself in the other person's shoes, putting things into perspective, ... then it does not work as well or not at all. Long-term or excessive stress therefore has an impact on learning and (social) behaviour.

5 domains and stressors

Stressors come in many variations, forms and intensities. They can be categorised into 5 basic domains. These domains can balance and unbalance each other. Stressors can therefore affect each other. The multiplicity or intensity of stressors has a significant impact on our behaviour. It is therefore important as a teacher to look sufficiently behind the behaviour of students.

3)   Connection

To cope better with stress, you need to work on the basics of connection. This way, you can help others cope better with stress. Get inspired by our tools.

Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?
Is the activity sufficiently applicable within secondary education? It remains important to be able to make the link to practice and question this as well. In addition, follow-up of the teachers using the methodology is crucial.
Tips and tricks for the practitioners: what could help practitioners while implementing the best practice? Are there some possible alternations?
Browse the website sufficiently and watch several videos. Reflect on yourself as a teacher and dare to be vulnerable.
Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?
The entire project was described through the customer journey below. There was participation from different angles such as young people, teachers and other education professionals. A kind of lab was set up in which inputs were collected. Currently, the project is being valorised and post-training sessions are taking place. The research also prompted the publication of an article in the journal "School and Classroom Practice", vol. 62 (3) 2022: "A refuge in the classroom", Marieke Vandersmissen, Katrien Goossens, Maai Huyse & Caroline Vancraeyveldt.
Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?
See Evaluation.

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Reference and link to the best practice	https://www.kalmindeklas.be/ondersteun-je-klas *Katrien G., Maai H., Caroline V. & Marieke V. (2021). Stressregulatie in de basisschool. UCLL Research & Expertise – Education & Development.*

Name of the best practice (original):	No Blame-methode
Name of the best practice (english):	No Blame method
Type of the best practice (mark):	Activity
Location (country, city):	Flanders, Belgium
The scope of the best practice (mark):	Group
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	Seven-step plan with a follow-up already incorporated.
For how long has this best practice been in place?	The method originally comes from 'Lucky Duck', an English organization that first named and applied No Blame as such. Leefspanners vzw introduced the approach in many Flemish schools. Tumult translated No Blame to the Primary context. No Blame is also sometimes referred to as the 'support group method'. Or in Dutch: the 'support group method'.

Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?

Tumult is a nationally recognized youth association. Tumult has expertise on bullying, handling conflicts, dealing with other cultures, refugees and learning from war. With these themes we develop an offer for children, young people and their guidance. We work on this mission with training, camps, an immersion trip to the South, educational materials, projects and activities. Tumult strives for all children and young people in Flanders and Brussels to discover, shape and propagate an active culture of peace and non-violence1. Tumult stirs up a socially critical attitude in them and teaches them how to deal with conflict from a strong bond. Tumult works inclusive and reinforcing from everyone's own strength, and guarantees a playful, interactive and participative approach.

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

The approach is based on a number of principles.
1. Bullying is 'normal'

Bullying can never be excused, at most you can understand it. However undesirable it may be, we must recognize that children and young people are often confronted with bullying. We assume that it will not help us if we see bullying as 'abnormal' or as 'deeply bad'. The bully must be given a chance to acknowledge that there is a problem, he must be given help to realize the pain and misery he is causing. He must experience that every initiative to behave differently is appreciated. You can only achieve that if you approach the bully on the basis of trust.

2. Bullying is a group problem

Exceptionally, a bully works alone, but usually there is a group of bullies. And from helpers and spectators. This means that bullying is a group event, in which the group bears a great deal of responsibility. It is the group that supports and allows the bullying. It is also the group that has the power to report and condemn the bullying. If a bully loses support from the group, their behavior will become less interesting. He won't benefit from it anymore.

Based on this observation, the approach chooses to involve the group in the search for a solution to the bullying. Not the guidance, but the group is challenged to solve the problem. This is done with the necessary support.

3. The No Blame approach relies on increasing empathy

Bullies have a hard time empathizing with the feelings of others. They often do not realize the consequences of their behavior for the victims. They are also often shocked when faced with that impact.

So it is important to pay attention to understanding your own feelings and those of others. The group approach of No Blame offers the advantage that empathic reactions of the children and young people usually have a stimulating effect on others.

4. The feelings and not the facts are central

By emphasizing the victim's bad feeling and not the facts, the bullies and the group feel less rebuked. As a result, their empathy is more likely to be stimulated. You can discuss facts. Feelings you have.

5. The emphasis is on the problem solving character

When you actively involve children in the approach, an atmosphere is created that is much more positive than with punitive methods.

No one gets angry, no one needs to be afraid. Not the negative behavior but the search for a solution is central. Moreover, with the No Blame method you give spectators or hangers-on the chance to change something about the bullying situation in a safe way.

As soon as children come up with proposals themselves, you can respond positively. Every small step forward is a good step. Children will usually be proud of what they have achieved as individuals and as a group.

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

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1. Not Seeing Bullying as "Normal"
Bullies should be given the opportunity to recognize that there is a problem and should be helped to realize the pain they are inflicting on their victim

2. Bullying is often a group problem
Strengthen the group because it has the power to report and stop bullying

3. Increase the bullies' empathy
4. Focus more on the children's feelings and less on the facts
5. Positive approach
   - Do not focus on the negative behavior but look for solutions

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Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

From the third year you can fully apply the step-by-step plan in an effective manner and you will usually see results quickly. It is also useful to apply the method to children from the first grade, 6 to 8 years old, but the results are not always guaranteed for this group. Young children's empathy, sense of responsibility and self-reflection are not always sufficiently developed. Nevertheless, you can familiarize children from an early age with the principle that problems are discussed in the group and that they can each contribute to solving problems in their own way. When they are then involved in a No Blame guidance at a later age, this will go much more smoothly.

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

The No Blame method can be summarized in a seven-step plan.
 Step 1
Conversation with the victim
 Within step 1, there are two goals
1) The layman tries to clarify the situation. Don't go fishing for answers, but always follow the student and how much they want to share
2) Search for the social workers (with which students does the victim feel good)
 Step 2
First meeting with the group
 Goal = make an appointment with the group for a conversation
Choose a space where the children are comfortable and do not accommodate them with punishment
 Step 3
Goal = to stimulate empathy of the children in the group
We work with words that the victim uses himself and a lot of attention is paid to the feelings of the victim. The events themselves are not discussed, the focus is on the feelings of the victim.

Step 4
Goal = to stimulate the children's sense of responsibility
Children can be shocked when they learn that they have hurt someone so badly. It is made clear that no one will be punished but that the group is there to find solutions. There is pressure on the shared responsibility to help the victim.

Step 5
Objective = to obtain a concrete proposal
The children in the group are questioned individually. Give them time to come up with a proposal that they formulate in the I-form. That way they can't hide behind the 'we'. The teacher shows that she appreciates each suggestion.
What if bullies don't make suggestions?

Whoever starts working with the No Blame approach for the first time usually fears that the group and more specifically the bullies will not make any proposals at all. From the reactions we have already received from many supervisors, it appears that this rarely happens. The strength of the group (positive peer pressure) usually seems stronger than you would expect, especially with young children.
That is not to say that all children actually implement their proposals, but as long as the bullying stops, you don't have to worry too much about that. You can then discuss this further in the follow-up meetings provided for in step 7. At that point you can ask why they did not implement their proposals. But here, too, no one is accused or punished. For some children, changing their behavior is a huge step.

Step 6
Goal = to give the children the space to work out their proposals
There is no written record of the proposals and the teacher hopes for positive progress.

Step 7
Purpose = to check how the victim is doing afterwards
First talk to the group members, then to the victim himself. Find out how the victim feels and ask the group members to what extent they have applied their suggestions and how they felt about it.

Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?

In principle, the No Blame approach is a short-term approach. This means that you want to solve the problem within a short time. You want the bullying to stop as soon as possible. But of course you can't overlook the long term. On the one hand, you continue to monitor the situation and you remain approachable to the young people. On the other hand, applying the No Blame approach may make it clear that the victim or bully needs extra support. Incidentally, this support will run more smoothly if the acute bullying problem has first stopped. In this way, the No Blame approach creates space for long-term guidance. Moreover, a No Blame can only succeed in groups that aim for a positive and warm climate and that is a long-term project.
Children are used to a tough approach. When the No Blame approach is first applied to children who are used to an authoritarian and punitive approach, suspicion can arise. They often feel that there is some stick behind the door.
By using the No Blame approach again and again, it will slowly but surely become clear that your youth movement wants to take a different path in dealing with bullying problems and confidence will grow among the children.
What is the point if certain bullies are confronted with aggression and 'bullying' on a daily basis at home? Sometimes you have the feeling that with certain children it is fighting the end of the line. When children are raised at home with strong hierarchical thinking, where power is important, bullying will often not be seen as wrong. Nevertheless, it is useful to teach children that certain behavior is undesirable in the youth club and that you deal with undesirable behavior differently than at home or on the street. In addition, you introduce these children to behavioral alternatives that they may not be familiar with yet. And who knows, they might use it later on.

Tips and tricks for the practitioners: what could help practitioners while implementing the best practice? Are there some possible alternations?

If you know that the seriousness of the facts is not always in proportion to the effect on the victim, knowing the true circumstances is of little importance. In addition, it is often difficult or impossible to find out all the details of the facts. If you ask five young people to write down their picture of certain facts, you will probably get five different stories.
You can have a victim tell about facts, but facts are never the subject of the conversation towards the group. That way you avoid aimless 'wells-nots' discussions.
The No Blame approach is based on guiding conversations. The communicator's communication skills are therefore crucial.

Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?

Youth leaders who hear about the No Blame approach for the first time sometimes do not believe that this 'soft' approach works. This disbelief has mainly to do with the unknown. If you only have experience with a tough approach to bullying problems, the description 'solving bullying without punishment' sounds very implausible. Nevertheless, it appears that many youth workers change their skepticism when they try the method themselves or when they see other leaders using it successfully.Both from home and abroad there are only promising results. Usually the bullying stopped after one or more group meetings, very occasionally the situation remained unchanged, but we never heard of bullying getting worse or of bullies retaliating because of the No Blame approach.
We do not conclude from this that the No Blame approach is a panacea, but that it is based on the right ingredients, namely the strength of the group, breaking power, empathy, responsibility and non-punishment.
Please note: the method only works if it actually concerns a bullying problem! In quarrels, fights and other disruptive behavior you cannot speak of one victim being the target for a long period of time.

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?	

 The No Blame approach is a method in which the group is involved when you look for a solution. We believe in this approach because the power of the group can never be overestimated, because the method is non-violent and because it takes into account all those involved in a bullying situation.
 The No Blame approach focuses not on the facts, but on the feelings of the victim. The seriousness of the facts is not always proportional to the extent to which a child suffers from the bullying behaviour.
 Victims are often urged to change their behavior in some way. They need to "stand up for themselves," "fight back," or "pretend it doesn't affect them," but time and time again, their failed attempts to stop the bullying make things worse. In this way, some children get the feeling that it is their own fault. But that is not it! No matter how great their own difficulties or inadequacies, the bullying is not their fault and they are not responsible for stopping it.
 Perhaps the biggest challenge for anyone who wants to work with the No Blame approach is to refrain from punishment in response to bullying. Punishment rarely helps. On the contrary, it often makes the situation worse when the bully retaliates. No evidence has ever been found that punishment turned a bully into a kind and helpful child.

Contact information	Tumult vzw | Brusselsepoortstraat 8 | 2800 Mechelen | 015 43 56 96 | info@tumult.be
Reference and link to the best practice	http://tumult.be/sites/default/files/downloads/brochure_no_blame.pdf
	https://tumult.be/sites/default/files/bijlagen/no_blame_voor_het_jeugdwerk_-_pak_pesten_aan_in_7_stappen_2020.pdf
	https://www.noblame.nl
	Maines, B., & Robinson, G. (1994). Crying for Help: The No Blame Approach to Bullying. *Files.Eric.Ed.Gov.*

Name of the best practice (original):	'Youth For Love'
Name of the best practice (english):	'Youth For Love'
Type of the best practice (mark):	Project
Location (country, city):	Italy, Belgium, Greece, Romania
The scope of the best practice (mark):	Individual and Group
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	Flexible
For how long has this best practice been in place?	2019

Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?	

University college Leuven Limburg covers 8 centres of expertise. UCLL research and expertise is active in research, services and continuing education for professionals. Our university is an enthusiastic player in various local key sectors and in the world of international research projects. Our centres of expertise offer immediately deployable solutions for concrete challenges in the world of companies and organizations.
As a multidisciplinary centre of expertise, resilient people contributes to the sustainable development of resilient relationships in society. With four lines of research, consisting of staff involved in social and youth work, healthcare, management and teacher education, we focus on expertise, carry out practice-oriented research and offer demand-driven services and training to promote strong relationships and organizations. We create socially relevant projects in the fields of welfare, health care, justice and education.
The core line Youth and resilience focuses on resilience training for children and young people in various contexts and based on innovative and creative methodologies. This implies LSCI trainings, generational resilience and body-oriented methodologies in function of resilience, but also in recovery after conflicts, bullying and the like more. Finally, evaluation research and impact measurement is a topic within this line.

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?	

The **Youth for Love project,** co-funded by the Rights, Equality and Citizenship (REC) Programme of the European Union, aims to prevent, detect and address peer violence among adolescents (14-18 years) in 5 local communities in 4 European countries (Italy, Belgium, Greece, Romania), by promoting the adoption of positive behaviours and by involving youth, families, educational professionals and community members at large in community-based initiatives developed and led by youth to prevent and address the problem. The project is the consequential continuation of the previous one, **Youth for love**, realised between 2019 and 2021 in the same Countries, that had a strong focus on gender-based violence and school related gender based violence (SRGBV).

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

Youth for love * is a European project aiming to develop, implement and evaluate an integrated educational programme in high schools of Italy, Greece, Belgium and Romania in order to prevent and the fight gender-based violence (GBV) among teenagers. The project will support and raise awareness among both teaching staff and students on the existing forms and unacceptable consequences of gender-based violence and the different ways to face them.
https://www.youthforlove.eu/wp-content/uploads/2020/12/Leaflet_YouthForLove.pdf

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

12 European schools will be involved in the development of educational tools and methodologies for the prevention and GBV case management ; 1200 high-school students will be sensitized through the practical educational teen programme; 180 school professionals will be informed and trained on GBVrelated issues; 2 millions of young Europeans will be reached by a massive communication campaign on gender stereotypes and GBV.

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

YFL – February 2019 – April 2021
 Youth for Love project aimed at developing, implementing and evaluating an **integrated educational program, in high-schools from 4 European countries** (Romania, Italy, Belgium and Greece), in the course of 27 months, that contributed to the **prevention and combating of school gender based violence among teenagers** and provided support and awareness to both high-school students and education professionals with regard to the existence, unacceptability, consequences and management procedures to be applied.

The project's main objectives and results achieved have been:
- To develop evidence based and participative educational instruments and methodologies for the prevention and management of SRGBV in **12 European schools**.
- To educate and raise awareness of **578 high-school students**, with regard to the prevention and management of SGBV situations, by developing knowledge and abilities through 10 practical modules, and engage **900 other students** with the peer to peer activities;
- To develop a personal engagement of students, teachers and school staff so to make unacceptable any kind of violence in the schools where they live and to empower these target groups with the ability to reject GBV acts and formalised the related complaints (TOT **903 students engaged** in peer to peer activities);
- To inform and train **139 education professionals** with regard to prevention and management of SGBV situations occurring in schools and impacting high-school students.
- To bring SRGBV, especially affecting teenagers, to the attention of **3.9 million general public**, especially youth, through a serious game, with a focus on consequences, gender underlying factors and the rights of victims.

YFL2 – May 2021 – April 2023
The **"Youth 4 Love 2" project will promote the adoption of a comprehensive multi-stakeholder approach that involves actors that do not typically cooperate such as youth, parents, educational professionals (school and community), associations, private service providers (private and third sector), public services and authorities (public sector) at local, national and EU level**.
This approach acknowledges that schools are important to reduce and prevent peer violence because they can involve many young people at one time. Nonetheless, school-based interventions need to be integrated by broader violence-prevention initiatives conducted at the community level to address the risks factors that stem from outside the school environment. The process of such community engagement starts from the actors around the schools (youth, teachers, families and community associations) to build broad coalitions and cooperation and advocate for better policies with authorities and decision makers.

The project's overall objective is to **prevent, detect and address peer violence among adolescents (14-18 years) in 5 targeted communities in 4 European countries** (Italy, Belgium, Greece and Romania). In order to achieve the overall objective, the action will promote the adoption of positive behaviours for preventing and addressing peer violence among the following target groups: youth, families, educational professionals and community members at large. Community members including individuals, families, schools, NGOs/associations, service providers and local authorities will be involved in community-based initiatives developed and led by youth to prevent and address peer violence. EU citizens, particularly youth, will improve their awareness of the topic through online activities and national and European stakeholders including policymakers, authorities, experts will be involved in advocacy activities to promote policy improvements/changes. In summary, on the European level the project will involve:
- 400 students, 190 teachers and school staff, and 50 parents/tutors (high education) to tackle peer violence by

adapting a whole-school approach.
- 100 students, 200 youth, 25 parents, 10 local authorities and 40 local actors (CSOs, child protection professionals, gender equality experts) to address peer violence by implementing local community-based initiatives.
- 1,5 million people through online activities to address peer violence through a EU wide campaign and a web game.
- 3 EU & 12 national policy makers, 20 national stakeholders (CSOs, child protection professionals, gender equality experts), 40 teachers, 12 youth and 10 parents with advocacy activities that influence changes in peer violence related policies.

Tips and tricks for the practitioners: what could help practitioners while implementing the best practice? Are there some possible alternations?

We do not claim to have the magic wand and deal in the same way with all kinds of violence. Below you will find some general tips for monitoring, preventing and dealing with violence situations.
-Observe and pay attention to the words and language, gestures and activities of the child.
-Talk about gender-based violence at home, profit from concrete chronicle cases or from problems that have occurred to others.
-Discuss the topic of gender stereotypes and question yourself with your own experience, language and life choices, not just focus on physical violence, there's more.
-Always maintain a non-judgmental attitude, respectful and open to different point of view.
-Listen empathetically, without judgment and try to put yourself in the shoes of the child.
-Allow speaking and venting, without intervening and avoiding violent reactions of anger or alarm and inspire confidence and security.
-Try to make it clear that reacting to violence with violence is not useful, but first is better to defend oneself and look for support to find the right strategy.
-Evaluate the seriousness of the situation, and seek appropriate support: talk to the teachers or specialized staff in the school (Counsellor or psychologist), contact the concerned authorities or the anti-violence centres in the area.
-If the case is an act of online violence, do not immediately delete the traces in the network, but contact the post office police.
-Teach how to recover and not to lose confidence in oneself in any case.
-Fight with her or him negative consequences, like the fear of leaving home, going to school or going out with friends.

Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?

Project partners take advantage of the scientific and methodological cooperation of local and national institutions, stakeholders and professionals, who certify with their experience the effectiveness of the tools used in the educational and empowering activities with adolescents and with the school staff. In particular, we point out:
 – **WP2 – Diagnosis tools (Focus groups)**: a research group composed by Sveva Magaraggia, and Daniela Cherubini, sociologists and experts in gender studies, the first one Professor at the Department of Sociology and Social Research of Bicocca University in Milan, the second one is a Researcher at the Department of Philosophy and Cultural Heritage of Ca' Foscari University of Venice, Italy.
– **WP4 – Impact evaluation tools (pre and post questionnaires)**: scientific overview by Roberto Baiocco, Professor of Developmental Psychology at Sapienza University of Rome, Italy.
– **WP3 – Teen support program**: many stakeholders are contributing to the tools development and to project activities, including: Municipality of Athens – Education Department, Municipality of Milan (Department of Gender Equality, Education and School), and ActionAid Italy's youth activists group, Associations specialized in gender based violence and prevention and anti-violence centres.
In Belgium, the Peer-to-Peer Program in Belgium was implemented in two out of the three targeted schools namely Don Bosco and Mosa-RT. Unfortunately, the reference teacher for the third school was in sick leave and there was no replacement by the school. All Peer-to-Peer activities took place between February and March 2021 and were done in a mixed modality some online and some in presence. In both schools the program consisted of 6 sessions in which peer educators did a recap of the topic and the themes, they were presented with the possible activities they could carry out and then they decided on the topic and the target groups.

-At Don Bosco, 24 peer educators participated in the program and were split in smaller groups: one group decided to do an online campaign on tolerance, another group decided to do an online campaign on the consequences of gender norms for men, a third group created an online quiz with Kahoot with questions about gender and gender- based violence and two groups decided to do a power walk with younger peers to make them more aware about the issue of privileges and power.
-At Mosa-RT, 15 peer educators participated and decided to realise 2 activities: a class conversation on gender diversity in the world and in history where they produced a map with the main gender norms around the world and an online campaign on domestic violence.

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?

Youth For Love responds to very current needs among young people and offers various forms of work. Materials for students, school professionals and people from the community are provided. All material is available free of charge. The project was evaluated by an independent university.

Contact information	marthe.vermeulen@ucll.be

Reference and lik to the best practice	https://www.youthforlove.eu/en/

A Good Practice from **Estonia**:

Name of the best practice (original):	Vaimse tervise kuu
Name of the best practice (english):	Mental health month
Type of the best practice (mark):	1. Project **2. Activity** 3. Other - specify
Location (country, city):	Estonia
The scope of the best practice (mark):	1. Individual 2. Group 3. Neighbourhood 4. City / region **5. Country** 6. International
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	It is based on WHO World Mental Health day 10.10, but it is an extension until a whole month to bring awareness to mental health related topics in the society. How many hours and sessions depends on the organising person/teacher and how many activities regarding the topic the school is willing to organise. The organised activities are not limited to the school, but can be engaging the whole community and can also be student led.
For how long has this best practice been in place?	Implementing mental health month started in 2018 and is still ongoing.
Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?	

VATEK (Estonian Mental Health and Well-Being Coalition) is the organisation, who is leading this country wide campaign of mental health month. VATEK is a coalition of organisations working on the topic of mental health. Their aims are: promoting mental health and wellbeing topic in the society and contributing to the creation of supportive conditions in society; developing a network of organisations active in the field of mental health and well-being in Estonia; development of mental health and well-being policies.
They have created a general website of the mental health month, where there's a possibility for organisations post events

done during this timeframe regarding the topic of mental health. They have also gathered materials, which can be used by schools during this time. See website link below.

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

Background of the mental health month is WHO (World Health Organisations) aim to bring attention to the topic of mental health. Its primary goal is to raise awareness about mental health issues, reduce stigma surrounding mental health conditions, and promote overall mental well-being. It's celebrated internationally in various countries, but can be during different times of the year, i.e May or October. In Octber 10.10 is also considered mental health day. The purpose of these activities is to educate the public about various aspects of mental health, including common mental heath conditions, their prevelance and the importance of seeking help and support. Also combat stigma and discrimination surrounded mental health conditions. Another aim for these awareness month is to provide a platform for adocacy for individuals, organisations and communities to come together to support mental health related initiatives. By increasing awareness and understanding, the hope is to create a more inclusive and supportive society.

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

Following are general goals of the mental health month, but specific goals would depend on the specific school and community.

1. Raise Awareness - increasing public awareness and understanding of mental health issues, also educating the public. This includes educating people about different mental health conditions, their prevalence, and their impact on individuals and communities, signs of distress and how to offer support to those in need. Promoting mental health as a mean of prevention.
2. Reduce Stigma - to challenge and reduce the stigma surrounding mental health. This involves combating negative stereotypes, discrimination, and misconceptions about mental illnesses.
3. Promote Wellness and Resilience - the month encourages individuals to take proactive steps in caring for their mental health. This may include promoting self-care practices, stress reduction techniques, and strategies for building emotional resilience, encouraging conversations around the topic normalising seeking help when needed and in general having supportive environments in organisations or schools about the topic.
4. Empower Communities - Mental Health Month seeks to empower communities to take collective action in supporting mental health. This can involve organizing events, workshops, and initiatives that foster a sense of community and belonging.

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

The target groups depends on the scope the best practise initiative is being carried out. If on the country level, the whole population can be the target group.

If it's implemented on a school level, then the target group are the students (from primary school up to high school) and the staff (including teachers). The activities can be class based, but also whole school approach in implementing acitivities regarding the mental health month.

It can be implemented on various educational levels, starting from kindergardens until university level students and up to elderly people as well.

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

Step 1: Analyzing the needs and the recources. Deciding on the scope of the activities and who should be included, also the tagret group

Step 2: Planning and organising various activities

Step 3: Implementing

____

Co-funded by the European Union

Example 1:
Taking the **5 mental health vitamins** as a focus.
Week 1, would be concentrating on movement, where there is a competition of how many steps somebody makes
Week 2, could concentrate on positive emotions, where students would leave positive messages around the school or have them as posters
Week 3, could concentrate on sleep and rest, where students would keep a sleep diary and during the school day have 10 minute meditation session
Week 4, could conentrate on balanced nutrition, where students would learn about healthy eating and keep a food diary
Week 5, would concentrate on positive emotions, where there would be a guest speaker about stand-up comedy

Example 2:
https://www.jyri.edu.ee/vaimse-tervise-kuu-1

Guest speakers on the topic of eating disorders, doing positive messages for school members, doing presentations on how to keep positive mental health, doing meditation minutes before the start of class (Vaikuseminutid), having relaxing music on during recess, looking at funny videos, clouring mandalas, having 15-minute massage or inviting a Shindo class teacher to school.

Example 3:
Conference on the topic of mental health for students (13-15 y.o)
Which is an example of community work of several youth organisations (schools, vocational school, youth center) working together https://nooruse.edu.ee/m/galerii/?s=1809

Topics covered during this conference: e-cigarettes and their influence, about brain development in young people, bullying, inspirational speakers, how to create a supportive school environment and an area of different organisations introducing themselves regarding where to get help, when needed.

Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?
The adressed topics can and should be coming from the needs of the young people, i.e wellbeing, depression, anxiety, awareness, bullying, violence prevention, conflicts, health lifestyle, emotions and emotional awareness
Tips and tricks for the practitioners: what could help practitioners while implementing the best practice? Are there some possible alternations?
Mental health month lead organisations has gather materials for school (mainly worksheets), which can be used during a class: **https://www.vaimsetervisekuu.ee/koolidele**
Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?
Mental health month doesn't have a sepcific evaluation since it's aim is to raise awareness and promote wellbeing and improve resilience. Since this best practise is being implemented on various levels, the media coverage about mental health related topics is high, in workplaces, people have various activities regarding mental health, also in schools teachers and students. So it's a combination of media, parents, teachers, students talking and acting regarding mental health, which is country wide.
Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?
Strengths of mental health month is the **flexibility** of putting it into practise depending on the needs and possibilities of the school and/or community. In Estonia this activity is implemented throughout the whole country on various levels and places, i.e in the media more mental health related topics are covered, in work places and in schools mental health is a focus topic during the whole month. One of the stregths is how the teacher has the **autonomy** to do various activities regarding the topic of mental health, i.e lessons based on certain topics, inviting visitors to the school or class or doing mental health vitamin test or putting up posters in the classroom, showing videos or putting relaxing music during recess.

Contact information	
Reference and link to the best practice	https://www.vaimsetervisekuu.ee/ For schools: https://www.vaimsetervisekuu.ee/koolidele

A good practice from the <u>United States</u>:

Name of the best practice (original):	SECOND STEP® MIDDLE SCHOOL
Name of the best practice (english):	SECOND STEP® MIDDLE SCHOOL
Type of the best practice (mark):	1. Project 2. Activity " en 3. Other - Program training
Location (country, city):	USA (also other countries)
The scope of the best practice (mark):	1. Individual 2. Group 3. Neighbourhood 4. City / region 5. Country 6. International
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	Entire midle school (Grades 6 to 8). There are 4 units per grade: 1) Mindsets & Goals; 2) Recognizing Bullying & Harassment; 3) Thoughts, Emotions & Decisions; 4) Managing Relationships & Social Conflict. In each unit there are 6-8 25 minute lessons. Each lessons have an objetive. In addittion, in each lesson participants work several program themes (e.g., conflicts, perspective-taking...) and achieve some CASEL competencies (see below). Lessons are divided un phases: 1) Warm-up: present the pourpose of the lesson, review the last lesson and introduce the themes participants will work. 2) Activity: Different individual and group activities allow participants to work on the program's themes. 3) Wrap-up: The lessons conclude by encouraging participants to take action on what they learned.
For how long has this best practice been in place?	The Second Step group of programs is brought to you by Committee for Children. Since 1979, we've worked to ensure that children everywhere can thrive socially, emotionally, and academically. We reach more than 24.4 million children worldwide each year, empowering them with skills to help realize their goals in the classroom and throughout their lives.

Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?

Committee for Children is a global nonprofit that champions children's safety and well-being through social-emotional learning. To fulfill our vision of safe children thriving in a peaceful world, our organization has developed research- and evidence-based SEL resources, including the Second Step® family of programs. Committee for Children approaches SEL with a child-centric and global perspective. Our partnerships with school communities have inspired a long-standing commitment to supporting educators' needs for ease of implementation and scalability. With the goal of reaching 100 million children annually by 2028, we advocate and partner with others in the field to fulfill our mission. Champions of SEL—in districts, schools, homes, and community based organizations serving youth—are asking for supports that enable a holistic approach to social-emotional learning. In response, we're expanding our efforts to support these leaders through programs, advocacy, innovation, and research. Other field leaders have used the word "systemic" to describe the comprehensive approach we explore. Committee for Children has chosen to use the word "holistic" because "systemic" can lead readers to disproportionately focus on adult systems, rather than on the children who we place at the center of our work.

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

A wealth of evidence reveals the positive effects of universal, classroom-based social-emotional learning (SEL) programs for children. Alongside this evidence is broad recognition among scholars and field leaders that SEL benefits are even greater when children experience SEL throughout their day, across home, school, and out-of-school time environments, and throughout their developmental stages. This understanding has led field leaders to expand SEL frameworks to incorporate the full ecosystem of a child's experiences (CASEL, 2020). When implemented holistically, with a coordinated, community-wide approach, SEL can build stronger communities and support inclusive, equitable learning experiences.
The case for attending holistically to SEL has deep theoretical roots. The Ecological Framework for Human Development (Bronfenbrenner, 1979) places the child at the center of six systemic levels that shape an individual's development. These levels are the individual; the mesosystem; the exosystem; the macrosystem; and the chronosystem.

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

The primary goal of Second Step Middle School is to equip students with the skills, knowledge, and mindsets that will help them successfully navigate adolescence. During adolescence, individuals experience great changes and development in their brain. Research in developmental neuroscience shows that while the brain network in charge of socioemotional development abruptly becomes more assertive during adolescence, the brain network that is in charge of reasoning and cognitive control matures at a slower pace (Steinberg, 2007). This sometimes-volatile combination contributes to social-emotional distress (Rapee et al., 2019), interpersonal conflicts (Collins & Steinberg, 2006), as well as risk-taking (Steinberg, 2004). Second Step Middle School helps students learn the skills, knowledge, and mindsets they need to handle strong emotions, better understand and connect with their peers, and avoid and resolve conflicts. In addition, the program supports social connectedness and promotes a growth mindset (the belief that intelligence can be developed). Together these skills and mindsets contribute to positive classroom and school climates that serve as the foundation for academic and social success.

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

Midle school students.

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

GRADE 6

Unit 1: Mindsets & Goals
1A. Starting Middle School
1B. Helping New Students
2. How to Grow Your Brain
3. Trying New Strategies
4. Making Goals Specific
5. Breaking Down Your Goals
6. Monitoring Your Progress
7. Bringing It All Together

Unit 2: Recognizing Bullying & Harassment
8. Common Types of Bullying
9. Recognizing Bullying
10. Responding to Online Bullying
11. How to Be an Upstander
12. Standing Up and Staying Safe
13. Raising Awareness About Bullying

Unit 3: Thoughts, Emotions & Decisions
14. What Emotions Tell You
15. Emotions and Your Brain
16. How Emotions Affect Your Decisions
17. Managing Your Emotions
18. What Works Best for You?
19. Raising Awareness About Managing Emotions

Unit 4: Managing Relationships & Social Conflict
20. You're Changing
21. Why Conflicts Escalate
22. Considering Multiple Perspectives
23. Respectful Communication
24. Resolving Challenging Conflicts
25. Making Amends
26. Conflict Solvers

GRADE 7

Unit 1: Mindsets & Goals
1A. Starting Middle School
1B. Helping New Students
2. Creating New Pathways in Your Brain
3. Learning from Mistakes and Failure
4. Identifying Roadblocks
5. Overcoming Roadblocks 1
6. Overcoming Roadblocks 2
7. Advice on Roadblocks

Unit 2: Recognizing Bullying & Harassment
8. What Is Harassment?
9. What Is Sexual Harassment?
10. The Effects of Sexual Harassment
11. Gender-Based Harassment
12. Our Rights and Responsibilities
13. Preventing Harassment

Unit 3: Thoughts, Emotions & Decisions
14. Emotions Matter
15. Feel, Think, Do
16. Unhelpful Thoughts
17. Reframe the Situation
18. Practicing Positive Self-Talk
19. Making Better Decisions

Unit 4: Managing Relationships & Social Conflict
20. What Makes a Conflict Escalate?
21. Keeping Your Cool in a Conflict
22. Conflicts and Perspectives
23. Resolving Conflict Part 1
24. Resolving Conflict Part 2
25. Taking Responsibility for Your Actions
26. Tips for Resolving Conflicts

GRADE 8

Unit 1: Mindsets & Goals
1. Welcome!
2. Who Am I? My Identity
3. My Interests and Strengths
4. Harnessing My Strengths
5. Pursuing My Interests
6. My Future Self
7. My Path Forward

Unit 2: Recognizing Bullying & Harassment
8. Understanding Bullying
9. Social Factors that Contribute to Bullying

Unit 3: Thoughts, Emotions & Decisions
14. Understanding Stress and Anxiety
15. Where Does Stress Come From?
16. Can Stress Help You Grow?

Unit 4: Managing Relationships & Social Conflict
20. My Values
21. Values and Relationships
22. Recognizing Others' Perspectives
23. Finding the Best Solution
24. Making Things Right
25. Unhealthy Relationships

10. Environmental Factors that Contribute to Bullying 11. Speak Up and Start a Movement 12. Be Inclusive and Ask for a Change 13. Stand Up for Change!	17. Strategies for Managing Stress 18. Changing Strategies and Getting Help 19. My StressManagement Plan	26. Guide to Healthy Relationships 27. High School Challenges

Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?

GRADE 6
Unit 1: Mindsets & Goals
Program Themes: Academic Success, Belonging, Growth Mindset, Helping Others, Planning Ahead, Perspective-Taking, Resilience, Starting Right.
Unit 2: Recognizing Bullying & Harassment
Program Themes: Bullying and Harassment, Conflicts, Helping Others
Unit 3: Thoughts, Emotions & Decisions
Program Themes: Conflicts, Resilience, Staying Calm, Thoughts and Emotions
Unit 4: Managing Relationships & Social Conflict
Program Themes: Conflicts, Growth Mindset, Perspective-Taking, Relationships
GRADE 7
Unit 1: Mindsets & Goals
Program Themes: Academic Success, Belonging, Growth Mindset, Helping Others, Perspective-Taking, Planning Ahead, Resilience, Starting Right
Unit 2: Recognizing Bullying & Harassment
Program Themes: Bullying and Harassment, Conflicts, Helping Others, Relationships
Unit 3: Thoughts, Emotions & Decisions
Program Themes: Conflicts, Resilience, Staying Calm, Thoughts and Emotions
Unit 4: Managing Relationships & Social Conflict
Program Themes: Conflicts, Perspective-Taking, Planning Ahead, Relationships
GRADE 8
Unit 1: Mindsets & Goals
Program Themes: Academic Success, Belonging, Growth Mindset, Planning Ahead, Relationships, Resilience, Starting Right, Values
Unit 2: Recognizing Bullying & Harassment
Program Themes: Bullying and Harassment, Conflicts, Helping Others
Unit 3: Thoughts, Emotions & Decisions
Program Themes: Resilience, Staying Calm, Thoughts and Emotions
Unit 4: Managing Relationships & Social Conflict
Program Themes: Academic Success, Belonging, Conflicts, G

Tips and tricks for the practitioners: what could help practitioners while implementing the best practice? Are there some possible alternations?

For any SEL program to be successful, first it has to work for teachers and help them meet the daily demands they face. Extensive field research and piloting have resulted in an intuitive interface teachers are quick to embrace. User feedback has led to a program with unprecedented flexibility—it provides a full year's lessons for three grades and nearly 200 advisory activities, so teachers can expand or adapt it based on the unique situation in their classroom. The program also requires minimal prep time, and because it's web-based, everything is in one place.
SECOND STEP® MIDDLE SCHOOL is a fee-based program. It can be purchased from the program website (https://store.secondstep.org/purchase/products/).

Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?

Social-emotional learning (SEL) is recognized as a key ingredient for school and life success. A 2011 meta-analysis (Durlak et al., 2011) found that students participating in SEL programs showed significant gains in social-emotional skills, attitudes, and behaviors, as well as academic achievement. Specific gains include:
• 11 percentage-point gain in overall academic achievement
• 23 percent improvement in social-emotional skills
• 9 percent improvement in attitudes about self, others, and school
• 9 percent improvement in school and classroom behavior
• 9 percent decrease in conduct problems, such as disruptive classroom behavior and aggression
A 2017 follow-up study (Taylor et al., 2017) found that participation in an SEL program led to lasting positive effects on students' academic and social outcomes. Specifically, student outcomes nearly
four years after exposure to SEL interventions include:
• 13 percentage-point gain in academic performance
• 5 percent improvement in positive social behavior
• 6 percent improvement in conduct problems such as emotional distress and drug use

Educators across the nation acknowledge the benefits of SEL in schools and agree that teaching students socialemotional skills is a necessary and valuable component of
their education.

<table>
<tr><td colspan="2">Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?</td></tr>
<tr><td colspan="2">Best-in-Class Social-Emotional Learning
Second Step Middle School is a first-of-its-kind social-emotional learning (SEL) curriculum that's modern, web-based, and responsive to the needs of today's students and educators.
Relevant to Today's Middle Schooler
The program is dynamic, relevant, discussion-based content that offers practical skills for situations both in and out of the classroom.
Culture of Connectedness
Bringing SEL to every classroom is essential to building a connected school culture.
Simple and Effective for Teachers
Extensive field research and piloting have resulted in an intuitive interface teachers are quick to embrace.</td></tr>
<tr><td>Contact information</td><td>https://support.secondstep.org/hc/en-us/requests/new</td></tr>
<tr><td>Reference and link to the best practice</td><td>https://www.secondstep.org/middle-school-curriculum</td></tr>
</table>

Another good practice from India:

<table>
<tr><td>Name of the best practice (original):</td><td>Early Identificaction and Intervention for mental health problems in school going children and adolescents</td></tr>
<tr><td>Name of the best practice (english):</td><td>Early Identificaction and Intervention for mental health problems in school going children and adolescents</td></tr>
<tr><td>Type of the best practice (mark):</td><td>1. Project
2. Activity " en
3. Other - specify</td></tr>
<tr><td>Location (country, city):</td><td>INDIA</td></tr>
<tr><td>The scope of the best practice (mark):</td><td>1. Individual
2. Group
3. Neighbourhood
4. City / region
5. Country
6. International</td></tr>
<tr><td>Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).</td><td>No time frame</td></tr>
<tr><td>For how long has this best practice been in place?</td><td>Since 2022</td></tr>
<tr><td colspan="2">Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?</td></tr>
<tr><td colspan="2">The organization is the Department of School Education and Literacy, from Ministry of Education (Government of India).
The minister of Education of India says that the positive mental health plays an essential role in the overall development of children and a fundamental part to our overall health and well-being. So the Government of India is very concerned about the issue.
The target group are Indian schools as a hole: teachers, students and the community.</td></tr>
<tr><td colspan="2">Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?</td></tr>
</table>

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As there is a perceptive rise increase in challenges related to psychosocial wellbeing of students, it is crucial to foster emotional and behavioral safety climate in schools. Also, there is a strong growing need to equip teachers and allied caregivers with requisite information and skills to facilitate early identification and basic intervention (psychosocial first aid) for the flag signs of mental health conditions in children and adolescents. Progressive schools therefore need to ensure that learning and holistic development takes place in a safe, secure and a happy environment for every child. This comes in tandem with the overarching guidelines of NEP 2020 and Safe Schools (MoE 2021).

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

Early identification / detection and intervention of mental health problems (stress/illness) in school- going children.

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

There are two target groups: one is the teachers, for them to know how they must and students

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

The innovative landmark modular handbook has envisaged the following broad aspects:
Section A
A Whole School Approach, Prevention, Promotion and Management of Mental Health and
Wellbeing, Education for self-reliance. School Structure, Ethos, Roles and Responsibilities.
Section B
Early Identification and Management of Common Mental Health Concerns, Flag Signs and Risk Factors, What Teachers can do, Advice for Parents. Common Emotional and Behavioral Emergencies in Schools, Promoting Resilience.
Section C
Planning Sensitization & Collaboration with Stakeholders, Emerging Concerns for Children
with Special Circumstances: Mental Health Perspectives, Annexures / Supplementary Reading Material-Handouts, photocopiable sheets, SOPs & Flow Charts).

Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?

-Well-being
-Anxiety
-Depression
-Bullying
-Communication Issues
-Excesive internet use
-Autism
-Intellectual disability
-Specific learning disability

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?

-Many different situations that students may be going through are worked on

Reference and link to the best practice	https://kvsangathan.nic.in/sites/default/files/hq/MoE%20Mental%20Health%20Module%206th%20Sep%2022.pdf

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Good practices from **Germany**:

Name of the best practice (original):	STABIEL (Stigma-Abwehr-Bielefeld)
Name of the best practice (english):	STABIEL (Stigma-Defense-Bielefeld)
Type of the best practice (mark):	1. Project 2. Activity 3. Other - specify
Location (country, city):	Germany
The scope of the best practice (mark):	1. Individual 2. Group 3. Neighbourhood 4. City / region 5. Country 6. International
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	7 to 8 school lessons including "encounter sessions" with people who have experience with psychiatric stays; Self-study or a one day workshop
For how long has this best practice been in place?	Since shortly before covid-19 (around 2019)

Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?
Union of Basta (Munich), which is a regional school guidance consultation, the University of Bielefeld and the Canadian Program (IMPRES). While it was translated and adapted to German standards, the partners decided it is of utterly importance to add resilience as a module.
Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?
The program was adjusted from an existing program in Canada (IMPRES). Psychiatric illnesses can lead to longitudinal consequences for emotional, social and cognitive development and health. Thus, the project aims to counteract the consequences of psychiatric illnesses.
Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?
- Diminish fear and prejudices about psychiatric illnesses - Learning to cope with psychiatric illnesess - Learning how – in case of need – to get help and support - Strengthening of mental health - Learning strategies how to cope with stress and burdening situations
Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?
Teachers, school social workers (no experts needed) Students grades 8 to 10, could also be conducted with older students

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

The project contains six topics for about seven to eight school lessons. It also contains additional material for further school lessons). It can be carried out weekly or in the scope of project days. It includes worksheets, activities, exercises, Powerpoint presentation, learning videos a handbook and a collection of the material

Topics of the different modules:

1. Stigma of psychiatric illnesses
2. Understanding mental health and psychiatric illnesses
3. Information on psychiatric illnesses
4. Experience with psychiatric illnesses
5. Help and support
6. Why is mental health important?

Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?

Teachers are often overwhelmed and feel like its a burden

Tips and tricks for the practitioners: what could help practitioners while implementing the best practice? Are there some possible alternations?

It would be wise to include school social workers who have some prior knowledge of psychiatric illnesses. There are also tips and recommendations in the handbook, so it would be helpful to read this beforehand.

Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?

93% (n=182) evaluated the program as positive; the single elements of the project were assessed as equally positive (with an exception of the worksheets)

16 school classes have been reached

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?

Destigmatization of psychiatric illnesses and diminishing of prejudices

Building of resilience

Contact information	Diana Krüger
Reference and link to the best practice	Förderung der psychischen Gesundheitskompetenz an Schulen - Universität Bielefeld (uni-bielefeld.de)

Name of the best practice (original):	Mind the Mind Germany
Name of the best practice (english):	Mind the Mind Germany
Type of the best practice (mark):	1. Project 2. Activity 3. Other - specify
Location (country, city):	Germany
The scope of the best practice (mark):	1. Individual 2. Group 3. Neighbourhood 4. City / region 5. Country 6. International
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	- About 5 hours training in the contents (students have to prepare presentations on mental illnesses - Two 5-hour training sessions of professionals who teach conversation skills, group dynamics etc - 90 minutes lesson
For how long has this best practice been in place?	2014

Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?

EEPSA – since 1987

Social Impact Initiative - since 2013

Mind the Mind – since 2014

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

Due to Covid, it is important to guide attention to topics around mental health. Especially due to modified learning and socialization conditions students have developed higher uncertainty. The project sees their work in light of Stelmach et al (2022). In their work, the authors underline the importance of de-stigmatization of mental illnesses and prevention of those.

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

1.) Inform about mental illness
2.) Raise awareness and sensitize
3.) De-stigmatization

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

- A school class (mainly middle school; starting at 8th grade)
- 2-3 psychology students
- Previously 342 workshops have been conducted and 8550 students have been reached

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

The project entails a 90-minute workshop that includes information on mental illnesses (e.g. what are characteristics, possible prejudices, how to cope with mental illnesses). In addition, it provides information and an exchange.

The workshop is usually build as follows:

1.) What do you know already?
2.) What is a mental illness? (school can choose: depression and anxiety are part of the package; 2 others can be chosen)
- What can you do (boundaries)?
- Where can you get help?

Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?

/

Tips and tricks for the practitioners: what could help practitioners while implementing the best practice? Are there some possible alternations?

- Project management repeatedly asks students to re-evaluate their motives in participating in the project
- Encouraging volunteers to meet outside the workshop to facilitate a good relationship and trust

Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?

Evaluation back in 2015 (reduction of stigmatizing assumptions (d = .84)

Project is planning to evaluate the effectiveness

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?

/

Contact information	Heiko Westerburg
Reference and link to the best practice	https://mindthemind-germany.efpsa.org

Name of the best practice (original):	Mind Matters
Name of the best practice (english):	Mind Matters
Type of the best practice (mark):	1. Project 2. Activity 3. Other - specify
Location (country, city):	Germany
The scope of the best practice (mark):	1. Individual 2. Group 3. Neighbourhood 4. City / region 5. Country 6. International
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	3+ modules
For how long has this best practice been in place?	Since 2003

Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?

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Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

The project is originally from Australia and was adapted to the German language in 2003. The project's main objectives are to promote ressources and skills, that help students and teachers to adequately cope with every day demands. The project is based on the concept of the „Guten gesunden Schule" (Good healthy school), and wants to support schools to strengthen the mental health of involved people and to further enhance the educational quality of the school

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

-   Development of an appreciative school environment
-   Improvement of teacher's health and work conditions
-   Improvement of students' learning conditions and health (especially coping with emotions, promotion of resilience skills, stress, coping with mental illness, bullying)

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

Students in grades 1 to 13

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

The program consists of tree basic modules regarding the school developmennt (School Matters, Community Matters, Life

Matters). In addition, the program offers seven modules with different topics for the classroom. The execution of the different modules depends on the grades students are in.

The seven modules are:

- Learning together with feelings
- Backbone for the soul
- Bullying? – Not in our school
- Finding friends, keeping them and belonging
- How are you?
- Dealing with stress – staying balanced
- Ready for apprenticeships and work

Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?

/

Tips and tricks for the practitioners: what could help practitioners while implementing the best practice? Are there some possible alternations?

/

Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?

See website

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?

/

Contact information	-
Reference and link to the best practice	[Programm - MindMatters (mindmatters-schule.de)](mindmatters-schule.de)

Name of the best practice (original):	LessStress
Name of the best practice (english):	LessStress
Type of the best practice (mark):	1. Project 2. Activity 3. Other - specify
Location (country, city):	Rostock/Würzburg, Germany
The scope of the best practice (mark):	1. Individual 2. Group 3. Neighbourhood 4. City / region 5. Country 6. International
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	90 minute school lesson
For how long has this best practice been in place?	Winter 2021

Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?

/

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

In 2017, the Kaufmännische Krankenkasse conducted a survey under 230.000 insured people (6-18 years of age). They found that stress is an immense burden (especially pressure due to perfomance in school, tension with parents, media usage that leads to sensory overload, bullying). Stress that continues overtime can lead to headache and stomach pain, difficulties falling asleep and through the night, loss of appetite and memory loss. These symptoms have an extreme influence on the school performance. The basic hypothesis includes that resilience will be heightend in order to prevent the development of psychiatric illnesses. The project is based on dialectical behavior therapy (DBT) for adolescents and is mindfulness-based.

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

- coping with stress in the school context
- general stress resilience skills
- emotion regulation, mindfulness, self-compassion and compassion

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

Social workers, school psychologists, committed teachers

Students in grades 6-12

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

- 90-minute lesson that is carried out by school personell
- Teaching contents are learned in self-study by means of a Powerpoint presentation with a handbook for the execution of the project
- Students also receive an accompanying workbook for notes and exercises
- Booklet with information on stress, stressfree learning and better structure

Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?

Teachers have remarked that it is important to incorporate a „mental health of teachers" module.

Tips and tricks for the practitioners: what could help practitioners while implementing the best practice? Are there some possible alternations?

It´s important to stay consistent and continually work with children on the topic

Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?

The project is still in the evaluation phase; they have reached about 1000 children, however they need 1800 students.

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?

It can be implemented somewhat fast; it does not take long; it can be adapted individually (it is suitable for 6th grade students but also 12th grade students), it is easily incorporated in the daily school life

Contact information	Christin Scheiner
Reference and link to the best practice	LessStress - Wie kann ich Stress in der Schule reduzieren? - Deutsches Zentrum für Präventionsforschung und Psychische Gesundheit (uni-wuerzburg.de)

Name of the best practice (original):	Ich bin alles
Name of the best practice (english):	I am everything
Type of the best practice (mark):	1. Project 2. Activity 3. Other - specify
Location (country, city):	
The scope of the best practice (mark):	1. Individual 2. Group 3. Neighbourhood 4. City / region 5. Country
Time frame of the best practice: How long does it last, how many hours / sessions … If possible, specify by preparation, implementation, follow-up (reflection, evaluation).	
For how long has this best practice been in place?	The website is online since September 2021; the project started in 2017

Introduction of the organization (max 1500 characters): vision and goals, main activities, target group … How are the topics of art / youth / education connected to the organization?

/

Background of the best practice (max 1000 characters): list concepts, theories, methodologies connected with the best practice. Briefly describe how best practice is related to each of the concepts / theory / methodology?

To make the S3-guidelines easily understandable(recommendations in Germany how to deal with certain mental disorders).

Goals of the best practice (max 5 goals): What does the good practice aim to achieve / change / support / improve …?

- 4.) Education about depression (by using scientific information only)
- 5.) De-stigmatization
- 6.) Prevention
- 7.) Finding help

Target group (max 500 characters): describe the important aspects of the target group (e.g. gender, origin, legal situation, age, professional profile)? What is the role of the target group (level of involvement, participation …)? What is the total number of the target group reached by the good practice (per year / other period? Are there some other beneficiaries / indirect beneficiaries?

- Children aged 12-18 years
- Also requests of younger schools
- About 780.000 visits on the website

Description of the best practice: step by step instructions for the + duration of each step (so reader would have an idea how to implement the good practice). If there are multiple sessions / phases / activities, please describe each one.

- Information-based website about depression and mental health
- Evidence-based information that is translated in easier language
- Reaching adolescents and their parents via social media
- In the future: material development (workshops, seminars); also for teacher education

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Debrief / reflection: questions for the debrief / reflection with participants. What could be the topics to address?
/

Tips and tricks for the practitioners: what could help practitioners while implementing the best practice? Are there some possible alternations?
/

Evaluation of the best practice (max. 1000 characters): How did you evaluate the best practice? What were the aims / topics of the evaluation? Who were the subjects / target groups of the evaluation? Which tools have you used?
4 studies (2 of which were RCTs); results have shown that students gained knowledge and accepted the material

Strengths (max. 500 characters): Why do you consider this to be the best practice? What do you consider to be the most positive aspects of the best practice?
- Evidence-based and scientific evaluation - Low-threshold → broad target group - Target group is met on an eye level (social media)

Contact information	Lucia Iglhaut, Regine Primb
Reference and link to the best practice	https://www.ich-bin-alles.de

Conclusions and recommendations

Conclusively, it can be stated that the prevalence of mental health problems has been an issue for the last decades. Research has shown that around one in five children and adolescents is experiencing mental health problems. The prevalence of mental illness has inflated substantially due to COVID-19 and the severe impacts it has had on the whole population. Hence, it is of utterly importance to support those with mental illnesses. According to Plötner et al. (2022), waiting times for psychotherapy for children and adolescents have almost doubled since the beginning of the pandemic. The waiting times are the result of less frequent therapy terminations, an increase of experienced symptoms as well as the extension of existing therapies.

Taking into account the best practices that are being promoted and the previously analyzed theoretical background, this project aims to inform, provide knowledge and raise awareness about mental well-being, specifically in the educational context. It is of utterly significance to have teachers put themselves in the

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students' shoes and reflect on it. In addition, early detection and prevention of mental illness and thereby turning schools into safe spaces is crucial. Hence, the focus should lie on classroom-based signs of mental well-being. Moreover, it is influential to involve colleagues, give them tools and practice with them in a group. Participatory work and the cooperation between students and teachers is a meaningful point. Information on communication about the mental well-being of adolescents should be highlighted, as well as the communication between teachers and adolescents. In order to attain to the students' needs, the ABC-model (Autonomy – involvement – competence) should be implemented in the interventions (van Hees et al., 2023). The care concept and the public mental health perspective should be included as well. Lastly, the multiprofessional collaboration between, amongst others, social services, the education system and health services are crucial in achieving the goal of early detection and prevention.

The importance of the involvement of school in the mental health promotion and well-being and in the prevention of mental illnesses is crucial and must play an essential role in their identification as an early preventive measure for the mental health and well-being of adolescents. Therefore, it is of significance to train teachers to promote the mental health of their students and to act as "early mediators" or as an "early warning system" of mental health problems.

This requires a working in a preventative manner. The previously introduced projects and good practices have shown positive effects on children and adolescents. In addition, they reached a large number of participants by either implementing the project in the school setting or using social media to reach them. It is proposed that SENSE integrates valuable parts of the existing projects, good practices and the focus group. These can include, but are not limited to, the provision of evidence-based information, de-stigmatization and decreasing fear by involving people who have experienced mental illness, a focus on resilience skills, the inclusion of a mental health module for teachers or the incorporation of social media.

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