



# **SHE Academy 2021**

## **Health Promotion: Call for Action**

**13 - 15 October**

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**University of Minho  
Braga, Portugal**

## - SHE Academy 2021 -

### Organizing Committee

Rafaela Rosário; Jesper von Seelen; Cláudia Augusto; Maria José Silva; Silvana Martins; Ana Duarte; Ana Catarina Maia.

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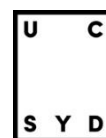
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Universidade do Minho  
Escola Superior de Enfermagem



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# Presentation

**The SHE Academy is a unique opportunity to critically discuss research methodologies, analytical perspectives and dilemmas from practice in an international learning environment, with input by leading scholars and experts from the field of school-based health promotion and education.**

The 2021 SHE Academy was the ninth course organized by the Schools for Health in Europe Network Foundation. This year the focus was **Mental Health**.

The SHE Academy was organized dynamically and flexibly to meet the interests and needs of the participants with wide-ranging experience and fields of interests. The program was structured around plenary lectures, dialogue and group sessions for all participants and parallel workshops for PhD students, researchers and practitioners.

The 32 participants in the SHE Academy 2021 represented 19 countries, most of whom were female (85%). They were mainly academics (42.5%), 25% belonged to the national government and/or headteachers, 17.5% were health professionals, and 15% were teachers. All of the participants worked in the field of health-promoting schools. The SHE Academy 2021 was supported by a team of seven organizers.

**The SHE Academy 2021 was a collaboration between the University of Minho and SHE Network Foundation, in partnership with University College South Denmark.**

***“The vision of SHE is that the health promoting school approach becomes an acknowledged and accepted concept all over Europe and Central Asia, with increased implementation activities on regional and local level within schools. We want to make every school a health promoting school.”***

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# Programme

## Wednesday October 13th 2021 13:30-16:00 (UTC, Portugal time)

**13:00** Log in – technical issues

**13:30** Welcome (SHE & University of Minho)

**13:45** Ice breaker

**14:15** Introduction to SHE

**14:45** Break

**15:00 Keynote #1: School based mental health promotion: key issues and controversies**

(Catriona O’Toole, Assistant Professor, Maynooth University School of Education, Ireland)

**15:45** Q&A and closing day

## Thursday October 14th 2021 09:00-16:00 (UTC, Portugal time)

**8:45** Log-in

**9:00** Welcome and today's program

**9:10 Keynote #2: Community empowerment approach in promoting mental health in school: a clinical decision-making model**

(Pedro Melo, Assistant Professor, Institute of Health Sciences, Universidade Católica Portuguesa, Portugal)

**10:00 Session 1: Presentation of the projects and discussion groups** (Separate rooms)

ROOM 1

**School-based mental health literacy and action program in Australia**

Alexandra Marinucci, Christine Grove and Kelly-Ann Allen

**Mental health and resilience in Syrian refugee youth**

Cecilie Dangmann

ROOM 2

**A school-based program to promote healthy eating in children – application of Nola Pender’s Health Promotion Model**

Claudia Bacatum

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**Assessment of the effects of health promotion in primary schools with focus on mental health in the Republic of North Macedonia**

Sanja Prosheva

ROOM 3

**New relational nuances, vertical and horizontal, during the pandemic: students' perspectives**

Lynda Lattke

**Right to play in primary education: challenges and opportunities in the pandemic**

Ana Lourenço

**School staffs' attitudes on pupils' mental health before and after a mental health intervention in the Northern part of Sweden - a study protocol**

Maria Warne and Åsa Svensson

**12:00** Lunch break

**13:00 Keynote #3: Work & teachers' mental health: Where we're coming from, where we're now and where we're going**

(Peter Paulus, Full Professor, Leuphana University Lüneburg, Germany)

**14:00 Session 2: Presentation of the projects and discussion groups** (Separate rooms)

ROOM 1

**Design of a musical program, and of digital musical instruments, for the development of life skills and musical skills of people with cognitive disability**

Matteo Olivo

**The promotion of social and emotional skills for student education**

Ana Álvares

ROOM 2

**School-based mental health programs in Kenya**

Amonje Moses Oluchiri

**Development of a Program Fostering Stress Resiliency and Mental Health Literacy in Secondary Schooling**

Anika Edelmann and Lena Eppelmann

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ROOM 3

**Student's own experiences of learning about mental health, thoughts and feelings in school**

Anne T. Klomsten

**Eating disorders: prevention programmes in schools**

Paula Frieiro Padín

**15:45** Q&A and closing day

**Friday October 15th 2021 09:00-12:00 (UTC, Portugal time)**

**Capacity building workshop**

**Involving children and young people in the design and conduct of health promotion research**

(Jeremy Segrott and Sophie Jones. Centre for Trials Research and the DECIPHer Centre at Cardiff University, Wales, UK)

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# Keynote Speakers

## #1 Catriona O’Toole

Dr Catriona O’Toole is a chartered psychologist and Assistant Professor in Maynooth University Department of Education. Her research focuses on school wellbeing and mental health promotion, mindfulness, compassion and contemplative approaches in education. She has a particular interest in childhood adversity and trauma-informed practice. Her work also explores how education can contribute to human flourishing and to the creation of peaceful and equitable societies. Current projects include, ‘Sanctuary Schools’ funded by the Irish Research Council, which aims to build capacity for trauma-informed practice across education sectors in Ireland; and ‘Education for Human Flourishing’ with the UNESCO Mahatma Gandhi Institute for Peace and Sustainable Development. She has recently completed a review of the state-of-the-art in school-based mental health promotion with Emily Darlington, commissioned by the Schools for Health in Europe (SHE) Network Foundation.



### **School based mental health promotion: key issues and controversies**

Positive mental health and wellbeing is crucial to enable children and young people to lead fulfilling lives, personally, socially and academically. However, mental health problems in this age group are common; globally 10–20% meet the criteria for a mental health condition and this is increasing. Schools are crucial settings for mental health promotion, as it is now well recognised that the holistic development of students (including academic, health and mental health) is central to the goals and purposes of education. Thus, the WHO Health Promoting Schools Framework places mental health promotion within the core educational mandate. A growing body of empirical research demonstrates that well designed and carefully implemented whole school programmes have a strong positive impact on student mental health and wellbeing. Nevertheless, there are some debates in relation to the provision of mental health promotion activities in schools. Amongst these, are issues around how we understand or conceptualise ‘mental health’, the role of schools in addressing social inequalities and other determinants of mental distress, and student participation in the design, planning and implementation (co-creation) of mental health promotion initiatives. This keynote will introduce delegates to state-of-the-art research and practice in school mental health promotion, and provoke debate on key issues in the field.



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## #2 Pedro Melo

Pedro Melo is Doctor in Nursing, author of MAIEC (Community Assessment, Intervention and Empowerment Model), Main Researcher in the Centre for Interdisciplinary Research in Health (CIIS) in Universidade Católica Portuguesa and Assistant Professor in the same institution.

Has several national and international publications regarding community and public health, such as research manuscripts, books and chronicles in speciality journals.

Has also experience as broadcaster in a local radio, producer, and presenter of video programs about health, actor in a theatre company and novel, essays and poetry where puts the communication skills in the service of society regarding health issues. His professional motto is: "*the power of words...for you!*"



### **Community empowerment approach in promoting mental health in school: a clinical decision-making model**

Mental health, regarding school context it is a complex issue that must be approached from a community-based level and supported under health planning process to grant the continuity and success of the health gains from present to future (Melo, 2020).

The first step to the success in promoting mental health in school is assuring a salutogenic approach anchored in community partnerships (Melo e Alves, 2019) and in community empowerment in Nursing clinical decision-making (Melo, 2020).

It is an evidence that community, as a whole, can be a client of nurses (Melo e Fonseca, 2020) and this effectively allows the achievement of health gains related to community management, in this specific case, related to Mental Health. In this matter, MAIEC, Community Assessment, Intervention and Empowerment Model is a theoretical model in Community Health Nursing that explains the concepts that are foundations of community empowerment in nursing, but also the postulates and assumptions that guide the clinical decision-making of nurses, supported by a clinical-decision matrix which includes the ICNP main focus of nursing attention (Community management) and its three diagnostic dimensions (community process, community participation and community leadership). This matrix also includes the diagnoses and the interventions to be prescribed regarding the identified diagnoses (Melo, 2020).

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There is research evidence of the impact of using MAIEC in school communities, in vulnerable situations (Melo et al, 2020), and regarding mental health issues related with covid-19 context and others, can be replied these approaches.

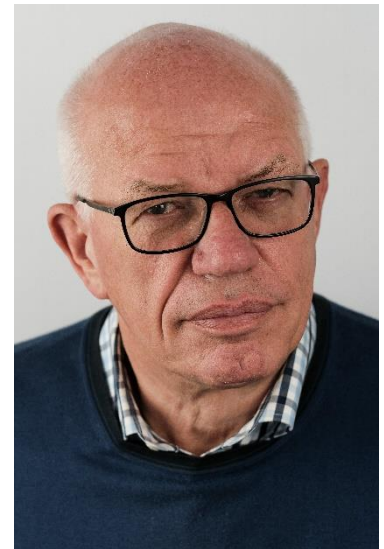
Regarding community process, must be diagnosed the community coping related with mental health (such as previous experiences in community, and community resources). In the context of community participation, must be diagnosed the existence of organizational structures, such as committees or work groups involving all school community members in mental health concerns, the existence of partnerships and the communication efficiency regarding mental health issues. The community leadership demands the diagnose of community members knowledges and beliefs about mental health and also the volition to participate in solutions for promoting mental health in school. The cooperation of Community and Public Health Nurses in school health is, this way, very important in association with other nursing profiles in this specific issue of mental health (like Mental Health Nurses and Paediatric Nurses).

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4. Melo P, Alves O. Community Empowerment and Community Partnerships in Nursing Decision-Making. *Healthcare*. 2019; 7(2):76. <https://doi.org/10.3390/healthcare7020076>

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### #3 Peter Paulus

PhD, Dipl.-Psych. is Guest Professor and Head of the Center for Applied Sciences of Health (CASH) at Leuphana University, Lueneburg, Focus of his work is educational psychology, family psychology, health psychology, -education, -counselling and -promotion. He is head of research of several nationwide projects relating to school health promotion e.g. “MindMatters – Promotion of mental health and Education in primary and secondary schools”. He is the German representative in the “Schools for Health in Europe (SHE)” network is member of SMHILE (“School Mental Health International Leadership Exchange”) core development team and also member of the steering committee of “European Network Education and Training in Occupational Safety and Health” (ENTOSH).



#### **Work & teachers’ mental health: Where we’re coming from, where we’re now and where we’re going**

The mental health situation of teachers is complex and determined by a number of different factors. Approaches to analysis and strategies for intervention therefore also present a multi-layered and often confusing picture. However, trends can be identified that result from the development of theory and empirical research in the health sciences, on the one hand, and from changes in school as an institution against the background of reform movements motivated by social and educational policy, on the other. With a view to scenarios of possible developments, problems affecting teachers' mental health will be discussed in this webinar.

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# Capacity Building Workshop

## Jeremy Segrott

Jeremy Segrott is a senior lecturer in the Centre for Trials Research and the DECIPHer Centre at Cardiff University, Wales, UK. His main research interests concern the development and evaluation of school- and family-based interventions, and the study of how such interventions are implemented. He has a longstanding interest in public involvement and public engagement in research.



## Sophie Jones

Sophie Jones is the Senior Public Involvement Officer at the DECIPHer Centre at Cardiff University, Wales, UK. Sophie coordinates the young people's advisory group ALPHA (Advice Leading to Public Health Advancement) and leads on the public involvement for DECIPHer. Her background and interests are youth and community work, participation and a rights-based approach to working with children and young people.



### **Involving children and young people in the design and conduct of health promotion research**

This workshop explores how researchers can involve children and young people in the design and conduct of health promotion research (also known as public involvement). It will consider ways of consulting with children and young people on aspects of the research process such as: prioritising research aims and questions; study procedures (e.g. information for participants), recruitment strategies; and data analysis and dissemination activities.

The workshop will consider three key questions:

- What are the potential benefits involving children/young people in the design and conduct of research?
- How best should involvement of children and young people be planned and undertaken?
- What are some of the key challenges to undertaking high quality public involvement, and how can they be addressed?

The workshop will consider the involvement of children and young people in the design of conduct of health promotion research in general, and identify specific issues for researchers conducting school-based research, and projects which address mental health.

# Projects all over the world



Portugal

Sweden

Italy

Spain

Norway

France

Australia



Kenya

Germany

Republic of North Macedonia

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Alexandra Marinucci

(PhD student. Dr Christine Grove (supervisor) & Dr Kelly-Ann Allen (supervisor). Monash University)

## **School-based mental health literacy and action program in Australia**

**Introduction:** Mental health literacy (MHL) and action is defined as knowledge and understanding of mental health, including promoting positive mental health, the ability to recognize mental health problems and beliefs, and understanding of appropriate help available and help-seeking behaviors (Bale et al., 2018, 2020; Jorm, 2012, 2020; Jorm et al., 1997). The World Health Organization (WHO, 2020) states that mental illness accounts for 16% of the global burden of disease and injury in youth aged 10 to 19 years, with these individuals vulnerable to social exclusion, stigma, educational difficulties, risk-taking behaviour and physical illness. Multiple researchers identify the need for MHL programs to be implemented and evaluated within the Australian youth population (Haliburn, 2020; Kelly et al., 2007; Tully et al., 2019, 2020) to reduce the burdens of ill health. The Australian Child and Adolescent Survey of Mental Health and Wellbeing report (2013-14) found approximately one in seven Australian children and adolescents experienced a mental disorder (Lawrence et al., 2015). The Youth Mental Health Report (Hall et al., 2019) found that in times of need, adolescents with psychological distress were five times less likely to seek help than those without. Adolescence marks a period in which the human brain develops significantly and where individuals are at increased risk of mental illness, with suicide the second leading cause of deaths among youth aged 15 to 29 years old (Heyes & Hiu, 2019; WHO, 2014). Therefore, it is important to implement mental health interventions for this population to increase knowledge of mental illness, behaviours related to help-seeking and promote positive mental health. Educating this population on mental health through school-based MHL and action programs could serve as a protective factor and increase resilience into the transition to adulthood.

**Research questions:** The primary research question is: What are the effects of an Australian adapted MHL and action program in secondary schools? This pertains to whether the program changes MHL, help-seeking behavior and resilience. The project also seeks to understand youth participants', teachers' and facilitators' experiences of the program.

**Method:** This project aims to determine the effectiveness of an Australian adapted version of the MHL and action program, Youth Education and Support (YES), in secondary schools. The YES program was developed by Professor Joanne Riebschleger over 12 years based on research and recommendations from experts in the field, young people and

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families, and was recently piloted in the US (Riebschleger et al., 2019; Riebschleger et al., 2009). The study design is a non-blinded, non-randomized cluster waitlist-controlled trial of the Australian adapted YES program. The trial has been prospectively registered on the Australian New Zealand Clinical Trials Registry (current version needs to be updated - <http://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?id=381368&isReview=true>). Outcomes will be measured using quantitative questionnaires evaluating knowledge of mental illness and recovery, help-seeking intention, actual help-seeking behavior and resilience. Qualitative data will be gathered through questionnaires administered each session and at the end of the program. An observer will complete a fidelity instrument each session.

**Implications:** Australia is falling behind in educating young people about mental health and schools provide an optimal setting to base a MHL and action program as a preventative method to development of mental illness. This research will contribute to the growing body of evidence of MHL for youth and research supporting implementation of evidence-based interventions in Australia and around the world. It is anticipated this research will greatly impact the policy and practice of mental health education for young people.

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Anne Torhild Klomsten

(Associate professor, Department of education and lifelong learning, Faculty of educational sciences, NTNU, Trondheim, Norway)

## **Student's own experiences of learning about mental health, thoughts and feelings in school**

**Keywords:** mental health literacy, education, secondary school, students

**Introduction:** There is an emerging global emphasis on more comprehensive mental health promotion and intervention for children and youth in schools (WHO, 2021). This is partly due to the increase in mental health problems in the adolescent population (Bakken, 2018; Collishaw, 2015; O'Reilly, Svirydzenka, Adams & Dogra, 2018). For example, in Norway, 15% - 20 % of adolescents experience mental difficulties such as stress, depression, and anxiety which influence their everyday functioning, coping, and learning (Mykletun, Knudsen, & Mathiesen, 2009).

The school setting provides an efficient means of improving young people's health and wellbeing, in accordance with a Health Promoting School approach (Bada, Darlington, Masson, & Santos, 2019; WHO, 1997, 2021). A whole-school approach is recognized as particularly efficient for mental health promotion in this population (Stewart-Brown, 2006). However, mental health education within schools is also of significant importance (O'Higgins, Galvin, Kennedy, Gabhainn, & Barry, 2013; WHO, 2021). The focus on teaching should be on wellbeing, quality of life, and life skills among other things. Implementing personal skills development in mental health education can help young people acquire and practise life skills that enable them to deal effectively with the psychological demands and challenges of everyday life. This means enhancing their wellbeing, which in the current study is defined as "a positive and sustainable mental state that allows individuals to thrive and flourish" (Clarke et al., 2011; WHO, 2014, 2021). The intent of the present study is to shed light on mental health education. The Irish education system mandates health education for all students; accordingly, Social, Personal and Health Education (SPHE) has been a compulsory subject since 2000. Research has shown that SPHE is valuable in school. All stakeholders agree that SPHE provides students with the opportunity to develop personal and social skills, promotes their self-esteem and wellbeing, contributes to their physical, mental and emotional health, and fosters tolerance and respect for others. Furthermore, 65% of students agreed that the subject appealed to them (O'Higgins et al., 2013).

In Norway the National Curriculum for primary and secondary education and training is renewed (The Norwegian Directorate for Education and Training, 2019). The Norwegian government has decided to include the interdisciplinary topic "Health and life skills"

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(H&LF) in the curriculum for primary and secondary schools from school year 2020/2021. The main aim of this topic is to give the pupils competence to promote health and mastery, and to provide them with better skills for making responsible life choices. Furthermore, the purpose of H&LF is to give the pupils competence which promotes sound physical and mental health were development of positive self-image and confident identity is particularly important (The Norwegian Directorate for Education and Training, 2019). According to the core curriculum, relevant topics for H&LF are: Physical and mental health, lifestyle habits, sexuality, gender, drug, abuse, media use, consumption and personal economy, value choices, meaning of life, ability to draw boundaries and respect others' boundaries, and the ability to deal with thoughts, feelings and relationships.

Although several school-based programs that aim mental health promotion are available (Holte, 2016; O'Reilly et al., 2018; Taylor, Oberle, Durlak & Weissberg, 2017), there is a strong need to explore how pupils experience the interdisciplinary topic "Health and life skills" (H&LF) in the curriculum. We know little about students' opinions about learning about mental health as part of the curriculum in school, and more specifically how do they reflect upon learning about thoughts, feelings and relationships within a school setting. There is an explicit need for research that investigates how students themselves experience mental health literacy education within a school setting. Thus, the aim of this study is to investigate how secondary school students themselves experience to learn about mental health, thoughts, feelings and relationships within school.

## **Methods:**

### Participants and procedure

During the 2017/2018 school year, students in secondary school learned about mental health, relationships, thoughts and feelings within a subject called Education in mental health (EMH), as part of preparing for educational principles that underpin the new Norwegian school curriculum (The Norwegian Directorate for Education and Training, 2018).

### Measures

To gain insights into students' own reflections about EMH in the curriculum, 16 students was interviewed through semi-structured interviews. The interviews were audiotaped with the permission of participants and parents.

### Data management

The qualitative interviews were transcribed and analyzed according to guidelines for content analysis from Corbin & Strauss (2015).

**Results:** (To be presented at the SHE Academy) The knowledge gained through this study may be a relevant contribution when it comes to designing new courses that support

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mental health and wellbeing for students in Norway or other European countries. This paper is based upon the article A slow transformation: Students' experiences of learning about mental health in school which is published in the Nordic Journal of Education and Practice, Vol. 14, 2, 122-139.

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Ana Álvares

(MA in Educational Sciences – School, Community and Democracy – Health Education  
Faculty of Psychology and Educational Sciences – University of Porto)

## **The promotion of social and emotional skills for student education**

**Overview:** The development of social skills in schools has been presented as one of the interventions with best cost/benefit ratio for mental health promotion. In Portugal, advocacy for the development of social and emotional skills in schools, under this designation, seems to have been initiated in School Health and to be in a process of assimilation by Education. Social and emotional skills promotion started being advocated at a national level in reference documents such as Programa Nacional de Saúde Escolar (2015, updated on 2020), the manual Saúde Mental em Saúde Escolar (2016) and the Referencial de Educação para a Saúde (2017). As for reference documents in Education at a national level, although the development of social and emotional skills in schools is mentioned in Orientações Curriculares para a Educação Pré-Escolar (2016) and in two subdivisions of Estratégia Nacional de Educação para a Cidadania (2017), it was stressed only in 2020 and 2021, in the pandemic context, with the publication of two Editals under the National Programme for the Promotion of School Success (PNPSE) and the Orientações para a recuperação e consolidação das aprendizagens (2020).

Of the 1316 measures proposed by more than 600 school clusters under the 2020 Edital, the category of social and emotional skills is the second biggest, representing 23% of the measures approved. This reveals that schools actively seek to promote these skills (PNPSE Bulletin, 2020).

In my research, I will try to understand how and why three school clusters sought to promote social and emotional skills under the Edital, and to what extent this is regarded as an educational practice. The aim is to provide useful information for the integration of social and emotional skills promotion as an educational practice and seek to address critical aspects identified by literature.

**Research question:** To what extent did the Edital of August 2020 provide an opportunity for school clusters to include activities for the promotion of social and emotional skills in educational training?

### **Sub-questions:**

- Which reasons led the participating school clusters (SC) to apply with personal, social and community development plans (PDPSC)?
- How do school directors and teachers regard social and emotional skills?

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- What importance do directors and teachers attribute to these skills in student education?
  - What PDPSC actions focused on social and emotional skills were developed in the SC?
  - Which factors enabled/hindered the development of activities for the promotion of social and emotional skills, under the PDPSC?

**Data collection:**

Document analysis (8 documents)

- National Programme for the Promotion of School Success (PNPSE)
- Edital of August 2020 (include references to Orientações para a recuperação e consolidação das aprendizagens, to Edital of July 2021 and to Plano 21|23 Escola+)
- Actions of the submitted plans for Personal, Social and Community Development under the typology of “Measures to promote social and emotional intelligence and personal development” – 3 plans + 3 SC Educational projects

Semi-structured interviews

- Interviews to the promoters of the PDPSC: school leader + team responsible for the PDPSC = 9 interviews
- Interview to a member of the mission structure of the PNPSE

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Ana Lourenço

(PhD student on Child's Studies, University of Minho)

## **Right to play in primary education: challenges and opportunities in the pandemic**

**Introduction:** Children's right to play is stated in the Convention on the Rights of the Child (CRC) in article 31: "1. States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts." [1] (p. 9). Furthermore, in 2013 a General Comment on the Right to Play was compiled and several links between play and school context were stated, highlighting the importance of the educational environments as play promotion settings: play is crucial for all children, especially in the early years of school attendance and facilitates children's learning [2]. Play in schools has been decreasing due to academic pressure and restrictions in this setting can constrain children's opportunities for creativity, exploration and social development.

Alongside the importance of the right to play in schools, we must highlight its significance to the overall development of children. Play develops children's social and emotional skills and ability to manage stress, promotes resilience and flexibility to face uncertainty [3]. Evidence has shown that play, health, and well-being are closely connected [2,4,5].

When considering play opportunities in schools, recess comes to mind. Recess is one setting that can improve children's experience, with studies dispelling the ancient ideas that the impact of recess on children's lives was insignificant [6]. Studies confirm that recess also influences academic achievements [7,8]. Children's behaviour, focus, and mood in the classroom improve as a result of recess [9]. Greater levels of attention and productivity are also reported as a result of recess [10]. Another crucial point of play at school is children's peer interactions: recess can promote healthy relationships amongst children, preventing bullying and social exclusion [7].

Unfortunately, evidence has also shown that the potential of play during recess in schools is often ignored, with schools seldom investing in this [7].

**Points to share in SHE ACADEMY:** My work for the PhD is in the right to play area, where we developed an intervention project for primary schools in Lisbon to promote the right to play. Links between the right to play, health-related quality of life and playfulness were the main issues we addressed. We would like to share the data we currently have on the project's impact, namely on children's satisfaction, children's interactions, and health-related quality of life (study 1 of our work). Also, since our project was stroke by

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the pandemic, we needed to change the methodology: the plan was to carry out a quasi-experimental design with pre and post test and our option now was to assume a post-test design and it would be very useful to discuss this matter with the experts and participants.

If the pandemic brought for study 1 this constraint in the design, it also brought us a very interesting possibility: we ended up with data on the right to play in primary education pre-pandemic and during the pandemic. In what we believe can be seen as a cross-sectional study, we will begin analysing data for study 2 in the next few weeks so we will be able to share some of them also in SHE Academy if you find it relevant.

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Lynda Lattke

(Emanuela Rabaglietti, Aurelia De Lorenzo | SE-CREA research group)

### **New relational nuances, vertical and horizontal, during the pandemic: students' perspectives**

**Background:** As a result of the rapid spread of Covid-19, the Italian government decided to close schools in order to contain the spread of the virus (Flaxman et al., 2020). Following this closure, teachers and students had to adapt in a very short amount of time to a new type of teaching which was performed from each person's home while physically away from school and relying on electronic devices in order to communicate (Cowden, Mitchell & Taylor-Guy, 2020). If we view schools as a place where students also learn how to be with themselves as well as with others, we can begin to imagine how distance learning (DL) had strong consequences not only on the ways of teaching and learning, but also on the meaning of the school context specifically when it comes to social relationships and growth. Furthermore, relationships within the school context are also determined by the physical space in which students and teachers relate to one another, including the verbal and non-verbal communication and which are all necessary for social-emotional development (Sarsini, 2020; Sansone, 2020). School represents a place for the development of adolescents' identity (Verhoeven, Poorthuis, & Volman, 2019; Lannegrand-Willems, & Bosma, 2006) contributing to their social-cognitive development (Resnick et al, 1997 in Davis, 2003). During the Covid lockdown, students missed the relational sphere that was part of their daily lives and which is necessary for their growth as individuals and not only as students (Di Palma & Belfiore, 2020). Adolescence is also a period in students' lives which requires feeling that they are part of a group (Corsano, 2012; Bukowski et al., 2011) and in fact, when this feeling leads to a good perception of class climate, it is associated to positive learning and scholastic achievement (Berkowitz et al., 2017 in Molinari & Grazia, 2021). As reiterated by Mannarini (2016) when a student feels accepted by their classmates and by their teachers, they have a greater possibility of learning.

Based on this information and placed within the formal Italian teacher-student relationship determined by a number of factors such as the traditional seating in the classroom and the formal verbal approach towards one another, we decided to explore how the Covid-19 lockdown and the new way of teaching and learning may have affected this dynamic. We also wanted to understand whether there were any differences based on students' school year given that the first year of middle school sets the foundation for the class group formation specially when taking into account that the group of students remains the same for the following three years of middle school.



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**Objectives:**

- 1) Explore how the vertical student-teacher relationship may have changed during the lockdown period
- 2) Explore how relationships may have changed based on students' school year.

**Method:** A total of 285 secondary school students participated in the study, 56.5% of whom were female, with an average age of 13 years ( $\pm 1$ ). Each of them was asked to complete an online questionnaire consisting of closed and open-ended questions. The latter were ad hoc questions which investigated the areas related to difficulties, positive aspects and negative aspects found in DL. The answers to the questions were analyzed by three inter-coders using an inductive/conventional approach, relying on the content analysis method identifying key words and categories (Erlingsson & Brysiewicz, 2017). Using the SPSS version 26 program, we performed descriptive and inferential analysis (frequencies and Chi-square tests respectively).

**Results:** The category Relationship emerges as an important category for all 3 areas (difficulties, positive and negative aspects). The results show forms of student-teacher relationships with more horizontal nuances. These relationships also take on different characteristics with respect to the ages of the students. In particular for the youngest in the first and second years of middle school, the relationship is confirmed as difficult [ $X^2(2) = 14.24$ ;  $p < 0.001$ ] between students/teachers and students/classmates and also as a class group [ $X^2(6) = 15.85$ ;  $p = 0.015$ ]. This may be due to a number of reasons amongst which the use of an electronic device which was not always available nor reliable. It may also be due to the fact that these students had less time to form a class group, a process which needs time and in their case due to DL, this time was cut short. For third year students instead the relationship with teachers and the class overall seems to take on more positive overtones [ $X^2(2) = 4.73$ ;  $p = 0.90$ ]. One way to explain this may be that by the time schools were closed, these students had spent more time with their classmates and teachers when compared to the younger students. Furthermore, we could assume students in this year were more comfortable with the use of electronic devices rendering communication and technological problem-solving easier. We also believe that students this age have established networks with friends who are outside the classroom context which makes them be less dependent on the class dynamics and therefore be more relaxed within the class context.

**Conclusions:** In the context of DL during the pandemic period, teachers and students were more vulnerable to risky conditions and new challenges. The verticality of the student-teacher relationship took on a more horizontal approach in spite of the difficulties of DL, teachers became available and accessible to their students which led to a more horizontal relationship. Although this research so far presents only the students'

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point of view, we believe that the results send an important message to teachers and students as they start to physically go back to school so they keep in mind this change since this approach can support students and teachers' well-being and can also facilitate the construction of the class group while providing greater support to students who have experienced a drastic reduction in "in-person" relationships during this period.

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## Matteo Olivo

(PhD student, Laboratory "Parcours Santé Systemique" of the Lyon 1 University of Lyon (Mrs. Emily Darlington) and the Department of Musicology of the University Jean Monnet of Saint-Etienne)

### **Design of a musical program, and of digital musical instruments, for the development of life skills and musical skills of people with cognitive disability**

**Context and general objectives of the research:** The PhD takes place at the Laboratory "Parcours santé systémique" of the "Claude Bernard Lyon 1" University (under the direction of Mrs Emily Darlington), and at the Musicology Department of the "Jean Monnet" University of Saint-Etienne (under the direction of Mr Laurent Pottier). The topic of the research concerns the development of life skills in people with cognitive impairments, through a musical program based on the use of digital applications and other audio-visual tools, that I develop specifically for the project. The target of the research are people with cognitive disability of all ages, but most of the activities will take place in middle and elementary schools; in the school's environment the whole class will be involved, not only the students with handicap, in a perspective of social inclusion. A part of the program is also dedicated to the acquisition of basic musical skills, necessary for the work, according with the curricula of music education defined by the Ministry of education; a choice that originates from a vision of health promotion, and psychosocial skills, embedded in the school curricula<sup>1</sup> and strictly integrated with them.

The development of the "social, cognitive and emotional" life skills<sup>2</sup> is aimed at promoting the empowerment of people with mental impairments<sup>3</sup>, as well as their well-being in a holistic perspective and, in the long term, a healthier behaviour and lifestyle. Many experiences have demonstrated the impact of music on the acquisition of life skills, like, for example, self-esteem<sup>4</sup> or empathy<sup>5</sup>; moreover, the musical practice represents an element of cohesion and social inclusion, and also a mandatory human right: in fact, according to the Article 27 of the Declaration of Human Rights, "[...] *Everyone has the right to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancements and its benefits [...]*". In contrast to traditional instruments, the digital technologies allow to facilitate the access to the musical practice and to achieve satisfactory results, without the need of musical skills or previous experience<sup>6</sup>; for this reason, the use of these devices can have an impact on the self-esteem of people with disabilities, and allows to carry on activities that otherwise would be more difficult to realise. Moreover, music technologies have also a positive effect on creativity<sup>7</sup>.

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The research takes advantage, on the one hand, of my professional experience in the education and health fields, related to people with various kinds of disabilities, and on the other hand of my knowledge in musical technologies, a passion that I carry on since a long time and that I deepened in 2019 through the master's degree in "Computer music" at the University of Saint-Etienne.

**The musical training program:** The program is based on a musical training and activities aimed at the realisation of a collective composition. This kind of composition allows to increase lots of skills, including verbal and nonverbal communication, teamworking, empathy and others. A first part of the program is focused on the acquisition of basic musical skills, in coherence with the ministerial programs of music education. Once this first phase is completed, the participants begin to develop the theme of composition and the music. The creation process is based on the methodology of cooperative learning: each member of the group is assigned a task (orchestra director, presenter of the composition, person in charge of the technical equipment, etc.) according to his abilities and wills. This method empowers participants and creates a positive interdependent relationship among them, so that each participant becomes essential to the achievement of the group's common objective. The musical program includes also some exercises typical of the music therapy (like for example the "sound dialogue") and animation's techniques used in health promotion programs (like the "crossed presentation" or the "written wall"<sup>8</sup>). At the end of the training the participants play the musical composition in front of their families, or the staff of the organisations involved; a short presentation of the work is made before the performance, by the person in charge of it. The concert and the presentation in front of the public are aimed at stimulating self-esteem and communication. During the first year of the research, the program has been experimented with two small groups: a group of young people with Williams and Beuren syndrome (16-20 years old), and a group of adults with different kinds of cognitive impairments (language, memory, attention, etc.), followed by an association who works in the field of rehabilitation. The goal of these experiences was to test and refine the training program and the assessment system, and to identify the different areas on which the program can have a positive impact. The assessment of the groups is currently being elaborated.

**The assessment system:** The assessment is based on the qualitative and ethnographic methodologies and is carried out through the participatory observation of the group during the musical activities and, at the end of the program, the realization of interviews with the participants; a triangulation with their parents, and/or with the operators/teachers of the schools and institutions involved, is also realised. During the first year I've been working on the text of the interview, that could be slightly modified and adapted depending on the type of handicap and on the age of the participants; this work is the result of multiple factors: the analysis of the literature concerning qualitative

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interviews with people with mental handicap, the experience coming from the two training programs realised during the first year, and the exchange with the parents and the experts of the partner organisations. I tried to structure the interview so as to leave the participants as free as possible to express themselves, to create an empathic relationship with them and, on the other hand, to avoid some biases typical of this kind of handicap, like for example the general tendency to repeat a phrase already heard, or to acquiesce and answer “yes” when the answer is “yes” or “no”, or the difficulty in understanding and formulating abstract concepts or in doing auto-assessments<sup>9</sup>. Therefore, the questions are fairly simple and with a discursive tone; each question is proposed several times: initially, I formulate an open-ended question to let the persons express themselves as much as possible; then, the same question is reformulated in a different way, with examples or multiple choices that can guide and facilitate the task. The comparison between the first answer and the following ones will allow to assess the consistency of the different versions provided. Regarding the expression of emotions, I use with the children some visual supports (the “emotions cards” of C.R.E.S.<sup>10</sup>). The interview starts with more generic and simpler questions, in order to create a relaxed and trusting atmosphere, to gradually move on to more complex topics. In the end of the interview, I added some short questions concerning the impact of technologies in learning and playing music. The videos of the concerts and of the rehearsals are also analysed.

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## Moses Amonje

(Founder and Executive Director - Wellness for Greatness Kenya)

### **School-based mental health programs in Kenya**

**Introduction:** School-based mental health programs and services have been on the rise in Kenya for the past few years. This has been mainly due to the rising cases of indiscipline and unhealthy behaviors among learners in schools. However, this has remained ineffective and a lot still needs to be done so as to find a long-lasting and effective solution to these steadily rising problems among the learners. The key elements for success of SBMH programs and services include;

- School-family-community agency partnerships
- Commitment to a full continuum of mental health education, mental health promotion, assessment, problem prevention, early intervention and treatment
- Services for all learners, including those in general and special education

#### **What is Mental Health?**

World Health Organization defines mental health as **“a state of well-being in which the individual realizes his/her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his/her community”**. It affects how we think, feel and act. The mental health and well-being of all learners require the attention of all stakeholders and interested parties in order to help them live more productive and fulfilling lives through programs that include life skills education, mental health education, school-based mental health evaluations and professional treatments where necessary.

#### **What is a School-Based Mental Health Program?**

School-Based Mental Health Program is about creating environment that promotes and sustains positive mental health for learners in order to achieve their academic and general life goals and to be productive in whatever they do. Activities and interventions are designed to enhance protective factors and minimize risk factors. Schools, therefore, are an ideal setting in which to promote mental health for children and youth, providing an opportunity to reach their formative years of cognitive, emotional and behavioral development. The program addresses several mental health problems that are faced by learners in various schools in Kenya. Some of these challenges include;

- Stress
- Bullying
- Family problems
- Learning disabilities

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- Anxiety
  - Depression
  - Alcohol and substance abuse
  - Indefinite change in environment

Research shows that SBMH Programs address these challenges and;

- Increase mental well being
- Enhance regulation of emotions
- Enhance coping and problem solving skills
- Enhance empathy and respect for diversity
- Increase engagement, achievement and attendance
- Decrease bullying and aggression
- Enhance learner's interpersonal relationship and interaction with teachers and society

A good Mental Health Program is one that enhances **resilience**, which is **the “ability to bounce back after hardships, disappointments and stress.”** This is achieved by helping learners learn how to manage the inevitable ups and downs of life and how to build their coping skills which in turn enhances their mental well-being into adulthood.

### **The role of schools in Mental Health promotion**

- Acknowledging integrated mental health promotion as an area of priority in strategic planning
- Discussing mental health as part of school well-being team meetings and exploring possibilities for cross curricular approaches to integrated mental health education
- Developing lesson plans and delivering curriculum in a way that links mental health to other health activities
- Exploring mental health in the context of promoting positive and respectful relationships
- Promoting positive mental health through inclusive group sporting activities that encourage teamwork, new relationships and physical activity.

The SBMH program will aid in promoting;

- Psychosocial competence
- Mental health education
- Psychosocial interventions
- Professional treatment and referrals where necessary

### **Program Development and Implementation**

#### **Step 1: Establishment of a team**

Planning of a comprehensive mental health program begins with the collaboration of school personnel, family members, community members, health care professionals and

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learners who work together to create an environment that is productive, positive and supportive.

**Step 2: Assessment of school and community environment**

Basic information regarding regional demographics, health risks and resources should be available for the team to consider. This mainly includes identifying needs to be addressed.

**Step 3: Development and implementation of a plan**

Once the needs and potentials for school mental health programs are identified and captured, the next task is to develop a specific plan of action including clearly stated objectives, assignment of responsibilities, a time-line and a coordinating mechanism for sectorial linkages.

**Step 4: Monitoring and Evaluation**

After implementation, monitoring and evaluation is conducted to determine whether or not the program is effective and to improve already effective program and retain support

**Step 5: Coordination and modification of programs**

Developing a school-based mental health program is a continuous process that requires attention, evaluation and adaptation.

This School-Based Mental Health program **will take into account** the following

- The relationship between the school and community environment and any unique cultural values
- Involves family and community members in the entire process
- Utilizing the school staff and community mental health care providers
- Intervention at multiple levels
- Teacher training and parent training
- Socio-economic and political conditions and processes likely to influence the implementation of the plan
- Effective coordinating mechanism



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Paula Frieiro Padín  
(University of Vigo, Spain)

## Eating disorders: prevention programmes in schools

This work is going to focus on the realization of a synthesis of the main methodologies and prevention programs that aim to prevent eating disorders at school.

It is important to contextualize that the initial development of eating disorders begins during puberty or early adolescence, a period in which they are in compulsory education. For this reason, it is essential that educational institutions take this into consideration, through this work we are going to group and reflect on prevention activities and good practices to be followed by schools and secondary schools (Dakanalis et al., 2019).

Nowadays some of the main eating disorder prevention activities focus on Cognitive Behavior Therapy interventions, media literacy interventions, one-shot interventions, cognitive dissonance interventions, healthy weight intervention, Psychoeducation interventions, Mindfulness based interventions, multicomponent interventions (Le et al., 2016). For their part, Watson et al. (2016) states that Cognitive-behavior therapy, a healthy weight program, media literacy, and psychoeducation are effective for selective prevention and effects are maintained at follow-up.

By way of synthesis and example, table 1 describes some programs and activities that have been carried out in recent years.

Table 1.

*Synthesis of types of activities and programs about eating disorders that are being developed in schools*

Program or activity	Description	Country
Mindfulness-based prevention for eating disorders (Atkinson & Wade, 2015).	Under optimal facilitation, mindfulness students demonstrated reductions in weight and shape preoccupation, dietary restriction, ideal internalization of weight loss, eating disorder symptoms, and psychosocial impairment after a 6-month intervention.	Australia
Web-based training for teachers and public health practitioners (McVey et al., 2008)	Development of the Student Body program, which was intended to improve knowledge about diet among participating teachers and increase effectiveness in combating weight bias among public health participants. After participating in the intervention, participants reported greater knowledge about how weight bias can be present in their teaching practices and how this can trigger concerns about body image among their students.	Canada
The attuned representation model for the primary prevention of eating	The school psychologist is essential in supporting parenting strategies and communication techniques, providing adolescents with individual support and simultaneous relaxation training. These interventions, as	USA

disorders (Cook-Cottone, 2006)	prevention strategies, can serve to divert a potential path towards family out of tune and the possibility of developing eating disorders.	
POPS-program (POtsdam Prevention at Schools), a universal school-based eating disorder prevention program for adolescents (Warschburger & Zitzmann, 2018).	The program was designed to be implemented in a school setting to address adolescents aged 12–16 years. The program was delivered through nine consecutive weekly sessions of 45 min duration, with also home-based activities. Information on healthy nutrition and exercising was provided and pupils were guided to reflect media and peers pressure on beauty ideals; they acquired problem-solving strategies to cope with general and appearance-related stress and were supported to base their self-esteem not only on their physical appearance but on several pillars like friendships; family; competence at school; personality.	Germany
Yoga-based prevention program targeting eating disorder risk factors (Cook-Cottone et al., 2017)	The program was designed to decrease eating disorder risk factors and bolster self-care for 14 weeks. Results indicated that participation in the program decreases drive for thinness and body dissatisfaction while significantly increasing self-care when compared to a control group.	USA

The contribution that teachers and other educators (including health educators, school nurses, school counsellors, school psychologists or sports coaches) have to offer in the prevention of eating disorders is essential. It is possible that many school professionals are unknowledgeable about nutrition, prevention science, and appropriate methods of prevention for eating disorders and obesity. Furthermore, their professional role and experience may not necessarily protect them against having significant levels of anti-fat bias (Yager & Dea, 2005). For everything mentioned evidence of the efficacy of prevention interventions is necessary for health and education institutions to finance and implement them (Le et al., 2016). On the other hand, it is important to note that activities or programs that talk about or describe eating disorders can become a double-edged sword, and can lead adolescents into eating disorders. For this reason, knowing the advantages and disadvantages of each type of intervention is essential.

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## **Assessment of the effects of health promotion in primary schools with focus on mental health in the Republic of North Macedonia**

**Introduction:** School-age children are a special population group characterized by intense physical, psychological and social changes. Schools can contribute to improving the health and well-being of children and young people. Education and health affect each other, both individually and globally. The approach of health-promoting schools is a key strategy for intervention in strengthening health resources and promoting a healthy lifestyle, all in order to reduce risk factors for non-communicable diseases with special attention to mental health starting from the earliest school age.

**The purpose** of the research is to assess the effects of health promotion in primary schools with focus on mental health in the Republic of North Macedonia (RSM) by considering student health indicators as important factors for proper mental development of students, as well as student and school staff satisfaction from the school environment.

**Material and methods:** The research is a prospective study that was conducted as a cross-sectional study that covered 320 primary schools in RNM and was conducted throughout the country in urban and rural areas, during the academic year 2019 / 2020. The questionnaire was fulfilled by the management of the school (Principal, pedagogist, psychologist). The required data were collected through the use of the Rapid Assessment Tool prepared by the Schools for Health in Europe Network (SHE), through thematic units processed from two aspects a) current school situation - with a three-point Likert-type scales of possible answers (not exist, exists partially and fully) and b) priority school work - with a Likert-type scales of possible answers (low/no priority; medium priority; and high priority). The data obtained during the research were statistically processed using SPSS software package, version 22.0 for Windows. A significance level of  $p < 0.05$  was used to determine the statistical significance.

**Results:** Few indicators that were analyzed had a focus on students, teachers and non-teaching staff's mental health. From the current situation in the schools we can see that

the indicators connected with the overview of the current situation regarding students, teachers and non-teaching staff's health, including mental health, have the highest average score i.e. the best current situation for that two indicators. Lowest average score for current situation has the indicator: Our school has undertaken an assessment of the needs and wishes of students, teaching and non-teaching staff concerning health and well-being (e.g. survey, wish boxes). This indicator has the lowest average score for the priority, meaning that this indicator is not priority for the managers of the schools. It is encouraging that more than half of the schools know who is responsible for health topics in the school including mental health promotion. About 45% of the schools fully implement programs that are focused on individual skills and knowledge of health topics including mental health promotion and this indicator is high priority for 67% of the schools. All of the indicators have bigger priority in correlation with the current situation.

Indicators	Current (in place)				Priority			
	Not	Partly	Fully	$\bar{X} \pm SD$	Low	Medium	High	$\bar{X} \pm SD$
Our school has an overview of the current situation regarding students' health (including physical, mental and social health) and well-being.	2 (0,62%)	121 (37,81%)	197 (61,56%)	2,61±0,50	17 (5,31%)	60 (18,75%)	243 (75,94%)	2,71±0,56
Our school has an overview of the current situation regarding teaching/non-teaching staffs' health (including physical, mental and social health) and well-being.	7 (2,19%)	118 (37,87%)	195 (60,94%)	2,59±0,54	18 (5,62%)	77 (24,06%)	225 (70,31%)	2,65±0,58
Our school has undertaken an assessment of the needs and wishes of students, teaching and non-teaching staff concerning health and well-being (e.g. survey, wish boxes).	135 (42,19%)	132 (41,25%)	53 (16,56%)	1,74±0,72	27 (8,44%)	138 (43,12%)	155 (48,44%)	2,40±0,64
It is known to the whole school community who is responsible for health topics in the school including mental health promotion.	16 (5,00%)	128 (40,00%)	176 (55,00%)	2,50±0,59	20 (6,25%)	95 (29,69%)	205 (64,06%)	2,58±0,61

Our school implements programmes that are focused on individual skills and knowledge of health topics including mental health promotion.	23 (7,19%)	152 (47,50%)	145 (45,31%)	2,38±0,6 2	13 (4,06%)	90 (28,12%)	217 (67,81%)	2,64±0,56
Our school promotes a balance between work and private life, a reasonable workload and provides an open environment to discuss work problems and stress.	49 (15,31%)	1445 (45,31%)	126 (39,37%)	2,24±0,7 0	28 (8,75%)	97 (30,31%)	195 (60,94%)	2,52±0,65

**Conclusion:** Each school is a dynamic organization in itself and flexibility is needed in the approach to health promotion and mental health to ensure that schools can adapt to changing conditions. It is important to raise awareness of the importance of the impact of mental health in schools, by strengthening the existing capacities and striving for better conditions for learning and work in all schools. It is important to listen to the opinions of students, that each school has a complete overview of the current situation regarding students and teaching / non-teaching staffs 'health (including physical, mental and social health) and well-being. It is important to implement programs that will help develop skills for better mental promotion and emphasize the balance between work and private life, a reasonable workload and provides an open environment to discuss work problems and stress and also it is very important to have student and school staff satisfaction from the school environment.

It is necessary to prepare a National Strategy for schools that promote health, to introduce European standards and norms for schools, as well as to apply the Concept for health promotion through the introduction of the Rapid Assessment Tool in all primary schools across the country.

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### **A school-based program to promote healthy eating in children – application of Nola Pender's Health Promotion Model**

**Background:** Promote healthy eating in school setting is an opportunity and a possibility to improve the quality of life and well-being of the children and prevent childhood obesity. Educational nursing interventions empower children to self-care, decision-making and action control and adopt healthy behaviors as healthy food habits. The healthy eating promotion in and school setting is an opportunity to contribute to decrease overweight and obesity in childhood. Educational and behavioral multidisciplinary interventions are described as an effective approach to prevent overweight and obesity in childhood. Nurses have a privileged role to coordinate school-based programs to empower children and families regarding healthy eating behaviors. Nola Pender's Health promotion model allows nurses to understand the major determinants of health behaviors through nursing interventions to promote healthy lifestyles.

**Objectives:** To enable school children for healthy eating

**Methodology:** Application of Nola Pender's Health Promotion Model

**Conclusions:** Nola Pender's Health Promotion Model (Pender, N. 2015) allows to improve children and families quality of life to prevent health problems before they occur considering individual characteristics and experiences, behavior-specific cognitions and affect, and behavioral outcome- health promoting behavior. Thus, in the application of health promotion model, Nursing is a collaborative process that enables children and families to develop favorable conditions for health and well-being; Nursing Cares are, interventions that support, educate, guide and supervise through strategies to promote healthy eating; and school is the Environment in which it is possible to develop favorable conditions to promote children healthy food habits.

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Cecilie Dangmann

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## Mental health and resilience in Syrian refugee youth

**Background:** Monitoring key indicators of health in children and youth is an important aspect of public health surveillance. As an example, studies such as “Ungdata” and “Health and Behaviour in School age Children” (HBSC), indicate current trends and areas of concern that need to be addressed through policy or intervention. However, some groups of children and youth are less visible in these surveys, one example being those who recently moved to Norway. Practical challenges in recruitment and language skills means we have less knowledge of the health and wellbeing in groups such as refugees. Historically, both surveillance programs and studies on refugees, have focussed more on quantities of ill health and years lost, rather than the quality of health and life. Nevertheless, efforts to combine both in a more holistic assessment of population health are increasing, including the assessment of quality of life, and of both risk and protective factors.

Syrians are one of the largest groups of refugees recently resettled in Norway, of which half are children and youth. A majority of them arrived with their families and are granted permanent residence in Norway, which includes the right to attend school up to 24 years of age. Local municipal services such as kindergartens, schools, primary healthcare and introductory programs for migrants are therefore in close contact with the children and their parents in early settlement periods, with a common purpose of supporting positive development and integration. Increasing our knowledge of their health and quality of life could inform policy and interventions aimed at uncovering, treating and preventing ill-health as well as promoting their quality of life.

Previous literature suggest that most Syrian children and youth have experienced several dramatic events during war and flight and have spent time in camps or asylum centres. In addition, stressors related to settling in a new country, such as language problems, cultural differences, discrimination and loneliness are common. These factors are associated with an increased risk of mental distress in both the children and their parents,



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sometimes lingering for many years after resettlement. Yet, how these factors are interrelated and how they relate to quality of life, is less explored.

Notably, most refugee children and youth do not report mental distress. Therefore, protective or resilience resources, such as individual coping mechanisms, social support and access to services are important to explore. It is suggested that these resources buffer the effects of trauma and stress on mental distress and quality of life, but the concept of resilience and its mechanisms are still unclear.

**Purpose:** This PhD project explores Health-Related Quality of Life (HRQoL) in young Syrian refugees, recently resettled in Norway. More specifically, the levels and dimensions of HRQoL related to sociodemographic factors, and the interrelation between pre- and post-migration stressors, mental distress and resilience.

**Methods:** Cross-sectional survey in a sample of 160 recently resettled Syrian youth (13-24 years). The survey was carried out in introductory classes for recent migrants in 23 secondary or upper secondary schools. The questionnaires were offered in Norwegian, Arabic and English, with a simplified version for those who had language problems. Main variables were Health-related quality of life (KIDSCREEN-27), Potentially Traumatic Events (The Refugee Trauma History Checklist), Post-migration Stressors (The Post-migratory Refugee Stress Scale), general mental distress (HSCL10), Post-traumatic Stress Disorder (CRIES-8) and Resilience (Child and youth resilience measure CYRM28). Analyses were descriptive statistics, hierarchical regression, serial and conditional mediation models (PROCESS macro by Hayes).

### **Results (so far):**

**Article 1:** *"Health-related quality of life in young Syrian refugees recently resettled in Norway"* (accepted august 2020) (C. R. Dangmann et al., 2020). This article explores the levels of HRQoL and its different dimensions related to measurements in a norm population. In addition, it explores potential influences of sociodemographic factors, such as age, gender and living conditions on HRQoL. Findings suggest that HRQoL was moderately good, but slightly lower than norms. Dimensions contributing the most to positive HRQoL were *School satisfaction* and *Relationship with parents/Autonomy*. Lowest scores were found in physical and mental wellbeing, with the latter showing the greatest difference from norms. Gender had little impact on levels, but age differences showed lower HRQoL in the older age groups. Controlling for these differences and amounts of adverse experiences from war, living conditions (living with parents or not), did not affect the overall HRQoL.

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**Article 2:** "Health-related quality of life in refugee youth and the mediating role of mental distress and post-migration stressors" (accepted march 2021 in "Quality of Life Research") (C. Dangmann et al., 2021). This article explores the interaction and mediational effects of risk factors pre- and post-migration, related to mental distress and HRQoL. Findings suggest that experiences from war does affect HRQoL, but this is mainly due to an increase in post-migration stressors after arrival in Norway, which in turn increases mental distress and reduces HRQoL. The effect of post-migration stressors was cumulative, but type of stress was also important. Most influential stressors seem to be economic strain and discrimination, both structural factors that need to be addressed.

**Article 3:** Suggested title: " Syrian refugee youth resettled in Norway: mechanisms of resilience influencing health-related quality of life and mental distress." (submitted to Frontiers in public health may 2021). This article will explore resilience as a moderator in the risk model explored in the previous article. Preliminary results: High correlations between resilience scores and HRQoL (.613), and moderate for pre-and post-migration factors and mental distress. Groups with high resilience (above median score) have significantly lower levels of mental distress and experienced stressors, and higher HRQoL. However, there is seemingly little moderation (buffer) effect of resilience on the associations between trauma/stressors and mental distress, only direct effect on HRQoL and general mental distress (measured by HSCL10).

**Addendum:** The study is part of a larger project cooperating with "Norwegian Centre for Violence and traumatic stress studies" and Röda korsets Högskola (Stockholm). Other measures and open-ended questions were therefore also included in the questionnaire aimed at further analyses. In addition, a follow-up study was carried out May 2019 to May 2020, attempting to reach the same respondents about one year after the initial survey. Despite efforts, very few respondents (n=42) were possible to reach or willing to participate, and further efforts were halted due to the Covid-19 outbreak which we assumed might affect the results significantly.

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### **Development of a program fostering stress resiliency and mental health literacy in secondary schooling**

Mental disorders are a major health problem for children and adolescents, with prevalence rates estimated at 13.4% worldwide (Polanczyk et al., 2015) and approximately 17% in Germany (Barkmann & Schulte-Markwort, 2012; Klipker et al., 2018). While a positive trend had been debated in Germany before the pandemic (Klipker et al., 2018), mental health problems seem to have increased as a corollary of our experiences with COVID-19 (Ravens-Sieberer et al., 2021). Mental health problems do not only negatively impact the individual's well-being, yet also affect other areas of life, such as performance at school or participation in social and leisure time activities, provoking a vicious circle due to impaired mastering of developmental tasks. First onset of three quarters of lifetime mental disorders occurs until the mid-20s (Kessler, 2007), rendering childhood and adolescence a crucial phase for prevention, early detection and intervention also from a life span perspective. From the viewpoint of resiliency, the depicted prevalence rates also demonstrate that a substantial number of children and adolescents stays healthy when faced with stress and adversity. In line with this idea, fostering factors and mechanisms of resiliency and knowledge about them can be claimed to be an important aspect of health promotion.

When looking at children's and adolescents' knowledge regarding mental health and illness as well as effective preventive measures and professional help, there not only seem to be gaps, yet also dysfunctional beliefs about treatment and prevention (Reavley & Jorm, 2011; Yap et al., 2012, 2013), and stigma on mental illness, which in turn seem to negatively impact help seeking. At the same time, research shows that stigma can be counteracted by specific interventions (Bulanda et al., 2014; Chisholm et al., 2018; Schulze et al., 2003; Wahl et al., 2012) and mental health literacy can successfully be fostered in schools (Milin et al., 2016). In light of the depicted findings, the relevance of early mental health promotion efforts, which transport knowledge on mental health and illness, foster help seeking and counteract stigma and their consequences, becomes apparent. This claim is reflected in international guidelines, which recommend (mental)

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health promotion during childhood and place it into the context of school education (EU consensus paper, Braddick & Jané-Llopis, 2008; World Health Organization, 2012). They name school an ideal setting to foster resiliency, to strengthen protective and identify risk factors, and state that conveying knowledge is an important and first step in health promotion.

Research has built a profound basis of knowledge on how to foster mental health in children (Weare & Nind, 2011), yet there is still a long way to go regarding implementation of programs in everyday school life. School-based prevention in Germany is still characterized by a multitude of parallel, non-transparent initiatives, as Paulus et al. (2016) depict. At the same time, our research group was approached by adolescents and teachers articulating a need for programs that foster knowledge on mental health, illness and resiliency and respective mechanisms, and come with a low threshold for implementation. The prevention landscape offers profound programs like MindMatters (Franze et al., 2007; Franze & Paulus, 2009), yet limited resources and divergent current priorities seem to keep some schools from starting with the profound, sustainable processes of school development that are needed. We conducted a status analysis and decided to work on filling this gap by developing a low-threshold program, which is sustainable in the sense that it accompanies students over their whole school career, which sensitizes for mental health, illness and stigma and tries to create an atmosphere of openness, and which illustrates the relevancy of mental health promotion to those involved in school. Such a program could not only foster health in the individual by means of behavioral prevention, yet also pave the way for profound school developmental processes and more comprehensive programs.

The aim of our project is to develop (and implement) a program that fosters stress resiliency and mental health literacy in German secondary schools. It takes a universal approach and focuses on behavioral prevention, yet also aims at driving a school culture of openness forward and therewith contribute to setting-based prevention in the long run.

In the following, we want to outline our project, which we are currently trying to raise funding for, and point out the questions we would like to discuss in the academy.

We plan on developing the program by working closely with two schools, who implement the first outline of the program and provide us with feedback on feasibility and a first impression on efficacy. Having revised and finalized the program, we afterwards aim at conducting a randomized-controlled trial and test efficacy within a larger number of schools, ideally of different types and areas in Germany. Currently, we are trying to build

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a network and connect with existing regional initiatives and institutions in order to build a foundation for sustainability.

The intervention is supposed to originate from mental health literacy and resiliency research in children and adolescents. Teachers, who are supported by psychological coaches during the developmental phase, are trained to present a 1-day program to students. The program shall be delivered on a compulsory basis on project days once a year. It can be flanked by elective booster-sessions throughout the school year; for this purpose, class teachers are provided tool-boxes, which can be applied within so called “class lessons”. Hence, students consecutively face the program within grades 5 to 10. Several components will be presented repeatedly, accompanied by varying age-specific elements: Starting with a focus on understanding oneself in grades 5 and 6 (What is our psyche? What are thoughts and feelings, how do they interact, and why are they relevant for physical and mental health? What is stress and how does it influence health?), pupils take a closer look on strengthening oneself in grades 7 and 8 (How do I treat myself? How do mechanisms of self-care, self-efficacy and emotion regulation contribute to positive mental health?), and finally concentrate on finding help and support in grades 9 and 10 (Understanding mental health and mental illness, utilization of professional help, destigmatization). In addition, we consider the potential and feasibility of project days for the entire teaching staff and plan to counsel participating schools on follow-up programs.

We understand research about mental health literacy as an upcoming field, in which much is achieved, yet plenty still to be investigated and disputed about. As we are aware of the many promising advances around the globe, we would appreciate discussions on the measurement of mental health literacy (and resiliency) in (German) children and adolescents, on chances and dangers of destigmatization, and on how to fruitfully interlink our undertaking with preexisting programs. Further, we hope on feedback regarding means of motivating schools for long-term school development, which, from our point of view, is the path most promising towards changing stigma, school culture and early mental health promotion and prevention of mental illness, yet which is also a path that many German schools currently do not take. Hence, we try to build a project, which poses a first step and encourages students and staff to engage in further activities, an undertaking, we would appreciate other researchers’ suggestions to. Above all, the question of sustainability is essential for every health promotion project, and we would be happy to reflect on further chances in this regard as well.

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## **School staffs' attitudes on pupils' mental health before and after a mental health intervention in the Northern part of Sweden - a study protocol**

**Background:** Nordic countries have a higher level of young people with mental health problems compared to other European countries and among the Nordic countries Sweden has the highest level (Ottova-Jordan et al. 2015). Girls reports a higher level than boys and trend reports show that the problem is increasing. There is no indication that these results would be an over-reporting, rather, studies show that problems can be greater than what appears from surveys, that young people under-report (Bor et al. 2014; Calling et al. 2017). More and more children and young people are also being cared for depression and anxiety (ref). This is a paradox because Sweden is a welfare state and scores high on FN's HDI and has a leading position when it comes to health promoting policies (UNDP, 2016). The increasing trend of mental health problems has become a public health issue and is an important goal in Swedish public health policies in line with the Sustainable Development Goal 3.4 (<https://sdgs.un.org/goals>).

*The school is an arena that can affect adolescent mental health.*

Meta-analysis show that school-based initiatives with a purpose to teach students about mental health and how it is managed can reduce both depression and anxiety, but the effect decreases over time and after 12 months, it is very small (Werner & Seidler et al. 2017). The effect applies from preschool class to high school. Research is lacking whether a refill can contribute to longer duration of the effects or not.

A review by Salerno (2016) showed that many universal programs that aimed at raising young people's awareness of mental health and preventing mental illness focused on increasing knowledge about mental (ill) health, attitudes to mental illness and seeking help. One example is Youth Aware of Mental Health (YAM) (Wasserman et al., 20xx). Common to several of these programs is that they are led by adults and are based on how adults define mental illness. Several of the methods proved to be effective, but there were also problems, for example that the teachers who were supposed to implement the programs were not trained for this (Salerno, 2016). Another study of Shelemy, Harvey and Waite (2019) shows that many teachers wanted advice on how to identify mental



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health problems in their students and how to prevent a situation from worsening, rather than training in how to provide long-term support for students.

School staffs' views on student mental health is of interest when planning and evaluating mental health promotion in school. The aim for this project is to evaluate if an implementation of YAM intervention affects school staffs' competence to act and help students with mental illness and if the school staff experience that YAM has increased the students' skills to meet life's difficulties and knowledge about mental illness.

**Method:** The context for this study is a small municipality in a rural area in the northern part of Sweden. The main industries are within winter and summer tourism. The administration for the municipality has identified that about 15 percent of the population has a reduced mental health. Young people and the elderly population are more affected. Based on these findings, a project funded by the European Union was started to reach the entire municipality's population by educating more than 1300 people in the method MHFA (Mental Health First Aid) for the adult population in the municipality, business, civil society and the general public and YAM for all students 14-16 years in high school. The intention was to increase the general level of competence among the population and professionals to understand and manage mental illness. YAM has been found to be effective in a study among more than 11,000 school students in ten EU countries (Wasserman et al. 2015). The program is expected to promote the development of problem-solving ability and emotional intelligence, such as how to deal with one's own and others' feelings, relationships and empathy. A basic idea is that young people should be made aware that certain mental states are part of a normal life. Another to be able to identify when they themselves or someone close to them needs help with their mental state Wasserman et al. (2015). YAM has been adapted by Dr Hadlaczky, (National Centre for Suicide Research and Prevention of Mental Ill-Health) NASP, Karolinska Institute, Stockholm, to Swedish conditions.

The study is carried out during 2019 to 2022. The municipality arranged for four instructors to be trained in YAM. At the end of the intervention the instructors will have educated all pupils in grade 8 based on the method at all the three schools in the municipality. The intervention includes three occasions for each group of students.

The study design is a qualitative interview study with a base line and a follow up. Until now we have conducted the baseline interviews; three focus group with school staff one on each school and a also a group with student health team. The interviews has been

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audio recorded, transcribed verbatim and preliminary analyzed with thematic content analysis.

In March 2020 the pandemic started and the project met difficulties because of restrictions and high level of sick leave. The project needed to be postponed. Next data collection, the follow up, is preliminary planned to the winter season 2021-2022.

### **Preliminary results from the first data collection**

The analysis resulted in three themes:

1. To discover and interpret poor mental health. The school staff discussed distribution, signs, and difficulties for school staff and students to detect and handle poor mental health.
2. The surrounding community. School staff reflected on the impact of students' contexts, including school, home, leisure activities, and social media, in the rural setting.
3. What the school and students can do. School staff elaborated on conditions and possibilities to prevent and manage poor mental health in the local context.

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# Call for Action



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The SHE Academy 2021 virtual discussions (sprint sessions) occurred on 14th October 2021, resulting in a research and practice agenda. This was followed by asynchronous email communication, an adapted web-based Delphi technic, from 20th to 31st October 2021, during which participants and experts opinions reviewed the criteria based on their relevance.

The Academy was developed amid the pandemic of COVID-19 and following school closures. Acknowledging that:

- i) the children, parents and teachers are experiencing constraints in well-being. Note that the pillars and values of health-promoting schools can tackle and prevent these constraints and needs;
- ii) the school faces an increase in the children and families' inequalities following the COVID-19 lockdown, the social determinants of health (e.g., SES) are not sufficiently considered, and teachers and children do not use, efficiently, the health services;
- iii) there is a gap between evidence, policies and practice; and,
- iv) the opportunities for teachers' professional/personal are limited.

We hereby call on schools (e.g., children, families, teachers and staff), key stakeholders, researchers and the global community to commit to undertaking the following actions concerning health promotion in schools:



**Strive inclusion**, supporting teachers (and the school) in addressing children's **background** and their **determinants of health**, fostering inclusion and equity.

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**Support empowerment**, allowing education and training opportunities for teachers and school staff's (initial and lifelong) in (mental) health, family **training/support** (lifelong) concerning mental **health and lifestyles**.

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**Support a whole school approach** and engage with schools and communities to produce, verify, and disseminate **holistic health promotion strategies** that lead to healthy behaviours and health. Consider children as true actors in the co-development of health promotion strategies that are grounded in the specific school's setting, with its problems, culture and resources.

**Support school quality**, mainly the opportunities for developing teachers' pedagogical approach and competencies, along with learning promotion, citizenship education, children's participation and teachers' well-being. Consider **promoting socio-emotional development and well-being** among the teachers, pupils and school staff. Recognize that health, education and (sustainable) development are interconnected.

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**Strive to make evidence and science more available, transparent, and understandable for schools, promoting evidence-informed policies and **integrating health content** in the school curricula.**

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**6**

**Support the engagement with the wider community** (schools and communities), recognizing that the co-development of interventions (bottom-up) and the decisions concerning health are made with the **families and the community**. Support the empowerment of the school community to address the school's challenges. Emphasize that **everyone has a role in addressing health promotion in schools**.

**Emphasize research into schools**, supporting joint research projects (e.g., multidisciplinary, different countries and regions) and action research to reflect and adapt to change. **Support the development of reliable and validated measurements and tools**, especially for pupils, reliable over time.

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**8**

**Commit to innovation**, finding (new) solutions and tools for health promotion, consistent with democratic values. **Support the empowerment** of children, families, teachers and staff in **reaching health goals**.

The SHE Academy is an important part of the **Schools for Health in Europe Network Foundation**. Every year teachers, Ph.D. students, policy makers and researchers meet, share, discuss and listen in a dialogue that creates a shared understanding of the most important issues in working with health promoting schools. The issues and format have changed over the years, but the goal remains the same: **to share knowledge and to support the development of health promoting schools**.

This year the SHE Academy was focused on **mental health in school health promotion**. A growing challenge that has become even more challenging in the time of Covid related restrictions.

On behalf of SHE I would like to thank the University of Minho, the organizing team and especially Professor Rafaela Rosário for their great work organizing the event. It has been a pleasure to share this task with you.

Regards

Dr. Jesper von Seelen, SHE Secretariate and University College South Denmark