
HEALTHY MIND,
HEALTHY CHILD
Behind every child
who believes
in themselves
is an adult
who believed first.
NEOTALENTWAY
T.E.A.M.
ŠPORTNO DRUŠTVO
IDI
Inkubator
dječje
izvrsnosti
Co-funded by
the European Union

Co-funded by
the European Union

HEALTHY MIND,
HEALTHY CHILD

Recommendations for Multi-Domain Support

Project:

101190322-HMHC-CERV-2024-CHILD

Table of contents

School domain as an Important Factor of Child's Mental Health

Introduction

One of the key components of the holistic development of children and adolescents, as well as their long-term well-being, is mental health. In recent decades, there has been a growing understanding that, alongside the family, school is one of the most important environments where children's social, emotional, and cognitive competencies are formed. Due to the increasing prevalence of mental health problems already in the primary school period (DLV 1, 2024), the school environment is increasingly positioned as a space for early identification, prevention and treatment of distress. Drnovšek (2023) points out that it is precisely the school that, through its attitude toward the student, can significantly mitigate or exacerbate the negative consequences of failure. It is crucial that the school system is oriented toward creating a supportive, safe, and inclusive environment, where mistakes are not experienced as defeats but as opportunities for growth.

The school environment is a complex domain. It encompasses several key aspects: school climate, teaching practices in the classroom, relationships between teachers and students, and access to support services.

School climate is of vital importance, as it includes the psychological and social atmosphere within the school—the sense of safety, fairness, respect, and belonging perceived by students (Thapa et al., 2013; Marentič Požarnik, 2003). Research shows that a positive school climate contributes to lower stress levels, higher academic achievement, and better psychological well- being (Wang & Degol, 2016).

Various pedagogical practices in the classroom also significantly contribute to students' feelings of competence, autonomy, and connectedness, such as participatory approaches, emotionally responsive teaching, and active learning methods (Jennings & Greenberg, 2009). Often, relationships between teachers and students are a decisive factor in the development of children's self-image, motivation, and sense of safety. Good, empathetic and respectful relationships and communication have been proven to reduce the risk of anxiety and depression (Roorda et al., 2011). In line with Drnovšek's findings (2023), special emphasis should also be placed on training teachers to recognize the emotional consequences of school failure. It would be advisable for teachers to acquire competencies to promote positive self-esteem in students, especially those who frequently experience failure. A teacher's positive, empathetic, and individually tailored approach can significantly contribute to the student's sense of self-worth, which has been shown to reduce the risk of depression, anxiety, and withdrawal from the learning process. It is crucial that teachers realize that everyday interpersonal relationships in the classroom form the foundation for establishing a safe and supportive environment. Finally, quick intervention depends crucially on access to support services, such as counselors, psychologists and external institutions, as these allow early recognition of problems and appropriate treatment. However, many schools, especially in smaller communities, are

understaffed and lack systemic support, which reduces their capacity to respond adequately to children's needs (Musek Lešnik, 2006; DLV 1, 2024).

Besides the above, the role of school failure as an important risk factor must also be highlighted. As Drnovšek (2023) finds out, school is a significant source of emotional stress for many children and adolescents. Failures, pressures, and negative learning experiences can lead to feelings of incompetence, anxiety and loss of motivation. Special attention should also be devoted to recognizing and addressing school failure.

In the following, we present an analysis of existing research, data from the DLV 1 report, and formulate practical recommendations to improve support for children's mental health in the school context.

Previous Research

Research in the field of children's and adolescent`s mental health consistently shows that the school environment is one of the key factors that can either strengthen or threaten student's mental well-being. It is increasingly clear that, alongside individual factors (e.g., genetics, personality traits, lifestyle), the school is the environment where students first encounter significant psychosocial challenges. According to Mikuš Kos (2017), school failure represents a considerable risk factor for mental disorders for many children, as failure is often associated with feelings of personal incompetence, shame and isolation.

Drnovšek (2023) finds that school failure triggers a wide range of emotional consequences, such as stress, anxiety, depression, psychosomatic problems and even self-harming behavior.

Students who frequently experience failure develop defense mechanisms (e.g., downplaying the importance of success), which further distance them from positive learning experiences and cognitive development.

Numerous studies (e.g., Jeriček Klanšček and Bajt, 2015) emphasize that students often perceive school as one of the greatest stressors in their lives. Mental factors such as fear of evaluation, negative self-image and conflicts with peers significantly affect their experience of the school environment.

In this context, the role of teachers is of exceptional importance. Teachers influence not only academic achievement but also the formation of children's self-esteem. According to Drnovšek (2023), teachers who establish respectful, understanding, and accepting relationships significantly contribute to higher student self-esteem. Positive self-esteem has been proven to act as a protective factor against the development of psychosocial problems.

Research that takes a holistic view of the school context also highlights the importance of protective factors. Positive learning experiences, a sense of belonging to the class, teacher support, and appropriate feedback are key to mitigating the negative effects of school failure. A quality school that offers a safe environment, realistic expectations and encouraging relationships represents a space of psychological support, especially for those students coming from less supportive family backgrounds.

Studies also show a clear link between self-esteem and academic success. High self-esteem leads to greater motivation, increased confidence in one's abilities, and greater persistence in overcoming difficulties. Conversely, low self-esteem often leads to passivity, withdrawal from the learning process, and an increased risk of developing anxiety or depression.

As Gracin (2022) emphasizes, positive self-esteem during the school period is shaped through successes, teacher support and safe interpersonal relationships. Therefore, schools and professionals should more systematically identify students in distress and create conditions where there is space for emotional expression and strengthening of inner resilience.

The entire body of existing research indicates that mental health in the school environment is not only an individual responsibility of the student or their family but a collective task of the school as a system. Teachers, counselors, parents, and peers are important actors in creating an environment that promotes psychological safety, success, and positive identity among youth.

Data from the DLV 1 report ("Healthy Mind – Healthy Child") confirm the importance of the school environment for children's mental health. The study involved 991 children from Slovenia, Spain, and Croatia, aged 7 to 14 years. Analysis of the results reveals marked differences in the prevalence of depressive symptoms among adolescents from Croatia, Slovenia, and Spain, indicating significant variations in emotional functioning patterns within these three populations. Croatia recorded the highest proportion of adolescents without depressive symptoms, which may indicate a relatively stable emotional profile of the sample. At the same time, the proportion of adolescents with severe depressive symptoms was 7.8%, representing the highest percentage among the observed countries. This finding may reflect a better ability to recognize and express psychological problems or a different distribution of risk factors within family, school, and community contexts. Particularly concerning is the fact that the risk of depressive symptoms systematically increased with age. The 13–14 age group showed the highest level of moderate and severe depression. These data confirm findings from international research showing that susceptibility to mental distress increases with puberty.

In addition to quantitative results, DLV 1 included qualitative research through interviews with school staff. Principals, teachers, and school psychologists reported numerous challenges. Teachers often act as the first point of detection of student distress but lack adequate knowledge or time to provide effective support. It was also highlighted that schools lack unified systemic solutions for addressing mental health issues—they often respond reactively and on an individual basis. One of the key barriers mentioned by interviews is the stigma associated with mental health, which reduces the likelihood that children and parents will seek timely help.

Grande et al. (2023), in a systematic review of scientific articles, found that school interventions are effective in reducing symptoms of post-traumatic stress disorder,

ADHD and depression. Their findings confirm that the school environment offers a unique opportunity for early intervention since children spend most of their day at school. Durlak et al. (2011), in a meta- analysis, highlight that social-emotional learning (SEL) programs significantly improve mental health, academic success and develop key life skills. Weare and Nind (2011) further emphasize the need for a comprehensive approach involving all stakeholders in the school environment— students, teachers, parents, leadership, and community. Marentič Požarnik (2003, 2019) also stresses the importance of a safe and supportive learning environment and the role of teachers as promoters of student's personal development. Kobal Grum and Zupančič (2008) emphasize the importance of developing empathy and social skills as protective factors for mental health. Musek Lešnik (2006) points out a systemic gap in teacher training for recognizing and addressing children's mental health problems.

The study by Amado-Rodríguez et al. (2022) confirms the effectiveness of mental health literacy programs implemented in primary and secondary schools. Such programs improve knowledge about mental health, reduce stigma, and encourage help-seeking. Barry et al. (2015) add that these interventions are also suitable for low-resource settings and are widely transferable, meaning they can successfully operate in Slovenian school contexts as well.

Within the DLV 1 report, it was found that access to professional help is highly uneven depending on the region. Schools in rural areas often lack access to a permanent school psychologist or counselor. Long waiting lists for referrals to external professional institutions, such as mental health centers, are also common. This fragmentation and lack of systemic support reduce the effectiveness of existing assistance mechanisms.

Interviewees suggested a range of solutions: introducing a mandatory emotional education program in primary schools, regular teacher training focused on recognizing symptoms of mental distress, ensuring the presence of school psychologists in all schools, and establishing closer cooperation with parents. Many also highlighted the need for better linkage between schools and the healthcare system and the development of multidisciplinary teams within schools.

A synthesis of all these findings shows that schools are extremely important not only as places of education but also as protective factors in children's mental development. Successful interventions are based on a holistic approach connecting curricular content, school services, family environment, and the local community. It is crucial that the school system evolves toward proactive, preventive, and inclusive functioning. Political and systemic changes are also needed to ensure appropriate conditions for implementing these measures.

Practical Recommendations

Based on the empirical findings from the DLV 1 report and extensive domestic and international literature, we can formulate multi-layered practical recommendations to improve children's mental health within the school environment. These recommendations

cover systemic, pedagogical, counseling, and community dimensions, including both preventive and intervention measures.

A. Implementation of Mental Health Programs

- **Integration of regular mental health content into the curriculum**: Content should include emotional literacy, recognizing one's own and other's emotions, stress management strategies, as well as basics about mental illnesses and where to seek help. The education system must systematically include education for empathy, social skills and conflict resolution.
- **Use of structured preventive programs**: Social-Emotional Learning (SEL), as recommended by Durlak et al. (2011), has proven to be an effective approach. A Slovenian example of good practice is the "This is Me" program, implemented in some primary schools to promote self-esteem and social skills (Marentič Požarnik, 2019). The inclusion of such programs should be planned long-term, inclusive and aligned with students developmental needs.
- **Regular workshops for students**: Workshops should address current challenges children face, such as peer violence, self-esteem, digital stress, and mental health during puberty. Students should be actively involved in these contents to enhance impact and long-term behavioral change.
- **Evaluation and adaptation of programs**: Schools should regularly evaluate implemented programs and adjust them based on students' needs and feedback from teachers, parents, and counseling services. It is also important to involve the local community and experts in co-creating the content.

B. Strengthening Counseling Services and Access to Support

- **Ensuring an adequate number of counseling professionals**: Each school should have at least one psychologist, counselor or social pedagogue accessible to students of all ages. Additional investments in hiring these professionals are necessary.
- **Establishment of mobile counseling teams**: For smaller or remote schools, the state should organize regional counseling teams that periodically visit schools and provide support activities.
- **Involvement of external experts and partnerships**: Schools should connect with local health centers, mental health clinics, NGOs and pediatricians. Regular exchange of information and joint action increase effectiveness.
- **Digital counseling and portals**: The introduction of online platforms where students can anonymously express their struggles or receive guidance is an innovative approach supported by research (Barry et al., 2015).

C. Strengthening Student–Teacher Relationships

- **Systematic teacher training**: Key topics should include psychological safety in the classroom, recognizing emotional needs, crisis communication, emotional literacy, and managing one's own stress. Teachers need to be trained to recognize warning signs and respond appropriately.
- **Mentoring system**: Every student should have the opportunity to talk with a trusted adult in school. Mentoring relationships enable preventive action and support in coping with difficulties.
- **Strengthening the classroom community**: Group dynamics can be crucial for individual well-being. Developing belonging, cooperation and acceptance should be intentionally embedded in daily school practice.
- **Listening to students voices**: Students should actively participate in shaping school culture—through class representatives, participatory projects and evaluation surveys. Feeling heard increases belonging and safety.

D. Involving Parents and the Local Community

- **Engaging parents in preventive activities**: Parents need to understand the importance of mental health and actively participate in creating a supportive environment. Regular communication, counseling hours, and involvement in workshops should become standard practice.
- **Networking with institutions and the local environment**: Schools should create networks collaborating with social work centers, health institutions, sports clubs, cultural centers and other stakeholders contributing to comprehensive student care.
- **Forming parental support groups**: Within schools, groups of parents can be formed to exchange experiences, collaborate with experts and support children emotionally.

E. Creating a Supportive Learning Environment

- **Effective time and space planning**: Classrooms should allow movement, breaks, and relaxation, helping reduce stress and improve concentration. Safe retreat corners can provide students with space for emotional regulation.
- **Use of participatory and project-based methods**: Teaching based on inquiry, cooperation and creativity contributes to greater intrinsic motivation and improved student self-esteem.
- **Introduction of relaxation spaces**: Rooms or corners for retreat, meditation, or quiet conversation have been shown to reduce stress and increase psychological safety.
- **Digital tools supporting well-being**: Modern tools (e.g., apps for mood tracking, meditation, emotion journaling) should be available for students to use independently or with teacher support.

- **Promoting a positive school climate**: Activities that strengthen mutual respect, fairness, and belonging are foundational to successful mental health. Regular evaluation of school climate and involving students in shaping it allow adjustments meeting the needs of all stakeholders.
- **Integrating social and emotional learning into everyday practice**: Teaching and practical exercises for developing empathy, conflict resolution, and self-regulation should become a constant part of the learning process.

F. Systematic Monitoring and Evaluation

- **Regular data collection on well-being**: Anonymous surveys, classroom discussions, counseling sessions, and assessments of social atmosphere can help timely identification of problems.
- **Use of quality self-evaluation tools**: Tools developed by the Slovenian Institute for Education and other institutions can assist schools in reflection and planning further measures.
- **Transparent reporting and sharing good practices**: Schools that develop effective support models should share them with others through professional meetings, publications, or regional networks.

G. Addressing School Failure

- **Developing strategies for constructive coping with failure**: Students should learn that failure is not defeat but an opportunity for growth. Schools should include techniques in the learning process to strengthen resilience, reflection and learning from mistakes.
- **Individual support for students with low self-esteem**: School counseling services should identify students frequently exposed to failure and conduct targeted conversations and activities to boost self-confidence.
- **Sensitivity to socially vulnerable groups**: Children from less supportive environments, unstable family situations, or with experiences of peer rejection are often especially vulnerable to the consequences of failure. Schools should develop tailored support mechanisms for these groups.
- **Regular monitoring of responses to assessment**: Teachers should observe how students react to poor grades and promptly recognize signs of emotional distress, such as withdrawal, loss of motivation, or behavior changes.

By considering the above recommendations, schools can create a safe, inclusive, and emotionally supportive environment that significantly contributes to the prevention and early intervention of children's and adolescents' mental health difficulties. In the long term, this leads to greater academic success, improved self-esteem, and the development of more resilient and socially competent individuals.

Conclusion

The school environment plays a unique role in promoting and protecting children's mental health. It encompasses educational tasks, relationships, values and support systems that can act as protective factors against the development of psychosocial difficulties. Empirical data from the DLV 1 report, supported by numerous scientific studies and professional literature, confirm that children already experience significant forms of mental distress during primary school years. These difficulties are often unrecognized, overlooked, or misinterpreted, increasing the risk of long-term consequences in mental health, social inclusion and educational achievement.

The findings call for urgent and systematic integration of mental health support into everyday school life. Schools must be places where children are heard, understood and receive appropriate support when needed. This means establishing stable and accessible counseling services, introducing mental health content into the curriculum, training teachers and connecting schools with health and social systems. Active involvement of parents and the local community is also crucial, as children's mental health is not solely the school's responsibility but that of society as a whole.

A systemic approach to creating mentally healthy schools requires long-term planning, sufficient resources, and political will. At the same time, it must remain flexible, responsive to the needs of each community and respectful of children's diversity and experiences. Only in this way can we create schools that are not just knowledge institutions but also safe environments for children's growth, development, and well-being.

It is important to emphasize that investing in children's mental health is not a cost but a long- term investment in the health, productivity, and quality of life of future generations. Children's mental health is not a separate category but an inseparable part of quality education. Therefore, its protection must be a priority for every modern school.

References

Amado-Rodríguez, L., Gutiérrez-Lobos, K., & Martínez-Hernáez, Á. (2022). Mental health literacy programs in primary schools: A systematic review. *Children and Youth Services Review*, 138, 106521. https://doi.org/10.3390/children9040480

Barry, M. M., Clarke, A. M., Jenkins, R., & Patel, V. (2015). A systematic review of the effectiveness of mental health promotion interventions for young people in low and middle- income countries. *BMC Public Health*, 13(1), 835. https://doi.org/10.1186/1471-2458-13-835

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405–432. https://doi.org/10.1111/j.1467-8624.2010.01564.x

Grande, T., Hoffmann, M. S., Evans-Lacko, S., Ziebold, C., de Miranda, C. T., Mcdaid, D., Tomasi, C., & Ribeiro, W. S. (2023). Efficacy of school-based interventions for

mental health problems in children and adolescents in low- and middle-income countries: A systematic review and meta-analysis. *Frontiers in Psychiatry*, 13, 1012257. https://doi.org/10.3389/fpsyt.2022.1012257

Jennings, P. A., & Greenberg, M. T. (2009). The prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes. *Review of Educational Research*, 79(1), 491–525. https://doi.org/10.3102/0034654308325693

Pianta, R. C., Hamre, B. K., & Allen, J. P. (2012). Teacher-student relationships and engagement: Conceptualizing, measuring, and improving the capacity of classroom interactions. In S. L. Christenson et al. (Eds.), Ha*ndbook of research on student engagement* (pp. 365–386). Springer. https://doi.org/10.1007/978-1-4614-2018-7_17

Roorda, D. L., Koomen, H. M., Spilt, J. L., & Oort, F. J. (2011). The influence of affective teacher–student relationships on students' school engagement and achievement: A meta-analytic approach. *Review of Educational Research*, 81(4), 493–529. https://doi.org/10.3102/0034654311421793

Thapa, A., Cohen, J., Guffey, S., & Higgins-D'Alessandro, A. (2013). A review of school climate research. *Review of Educational Research*, 83(3), 357–385. https://doi.org/10.3102/0034654313483907

Wang, M. T., & Degol, J. L. (2016). School climate: A review of the construct, measurement, and impact on student outcomes. *Educational Psychology Review*, 28(2), 315–352. https://doi.org/10.1007/s10648-015-9319-1

Weare, K., & Nind, M. (2011). Mental health promotion and problem prevention in schools: What does the evidence say? *Health Promotion International*, 26(S1), i29–i69. https://academic.oup.com/heapro/article-abstract/26/suppl_1/i29/687644?redirectedFrom=fulltext&login=false

Weist, M. D., Rubin, M., Moore, E., Adelsheim, S., & Wrobel, G. (2012). Mental health screening in schools. **Journal of School Health**, 77(2), 53–58. https://doi.org/10.1111/j.1746- 1561.2007.00167.x

Kobal Grum, D., & Zupančič, M. (2008). Psihološke osnove vzgoje in izobraževanja. Ljubljana: Znanstvena založba Filozofske fakultete.

Marentič Požarnik, B. (2003). Vzgojno-izobraževalni proces in duševno zdravje učencev.

Sodobna pedagogika, 54(3), 12–29.

Marentič Požarnik, B. (2019). Učitelj kot spodbujevalec učenja in osebnostnega razvoja. Ljubljana: Zavod RS za šolstvo.

Musek Lešnik, K. (2006). Psihologija vzgoje in izobraževanja. Ljubljana: Znanstvena založba Filozofske fakultete.

Zupančič, M., & Kavčič, T. (2011). Osebnost otrok: razvoj, ocenjevanje in vpliv na vedenje. Ljubljana: Znanstvena založba Filozofske fakultete.

Drnovšek, M. (2023). Povezanost duševnega zdravja in šolske neuspešnosti otrok in mladostnikov. https://repozitorij.upr.si/Dokument.php?id=28879&lang=eng

Co-funded by
the European Union

Extracurricular Activities as a Strategy for Emotional Well-being in Childhood

Introduction

Mental health is defined as a state of well-being where individuals are aware of their capabilities, can cope with normal life stresses, work productively, and contribute to their community. It is influenced by various factors, including social, cultural, economic, political, and environmental aspects. Recent social changes have significantly impacted children's and adolescents' lives, requiring more adaptive skills. Extracurricular activities have gained importance as potential sources of benefits for healthy development, particularly in addressing the "risk time" outside school hours (Alonso, 2008). Research suggests a positive, albeit modest, relationship between extracurricular activities and mental health, social competence, and academic performance, with variations based on gender and socioeconomic status (Cuellar Rivas & Lina Ximena, 2019; (Lázaro García, 2020).

Research indicates that extracurricular activities have significant positive impacts on children's development. Participation in structured after-school programs is associated with improved mental health, social competence, and academic performance. These benefits are particularly pronounced for girls and children from immigrant families with lower socioeconomic status. Extracurricular activities promote the development of interpersonal skills, critical thinking, and maturity in primary school students. Recent trends show a shift towards cognitive activities like robotics and programming, though gender biases in activity selection persist. Furthermore, adolescents engaged in extracurricular activities demonstrate reduced substance use, enhanced conflict resolution skills, and greater social commitment.These programs provide valuable resources and skills for the transition to adulthood, fostering decision-making abilities and responsibility (Moreno Carmona, 2020; Alonso, 2008).

Research indicates that extracurricular activities play a crucial role in positive youth development and mental health. Participation in these activities is associated with reduced substance abuse, improved social skills, conflict resolution abilities, and academic performance. Extracurricular involvement has shown positive, albeit modest, relationships with mental health and social competence, with effects varying by gender and socioeconomic status. Sports activities are linked to better peer relationships in boys, while non-sports activities correlate with improved emotional well-being and academic performance in girls. Adolescents engaged in extracurricular activities demonstrate higher emotional clarity, a component of emotional intelligence. Positive parenting and extracurricular participation are both associated with positive personality traits, particularly in younger adolescents (12-15 years) and older students (16-20 years) with less successful academic pathways. These findings underscore the importance of extracurricular activities in promoting adolescent well- being and development (Calero et al., 2017).

This document aims to explore the role of the extracurricular domain in promoting children's mental health, based on theoretical evidence and data obtained from the Needs Assessment. It will address the importance of integrating mental health approaches into these spaces, present a review of previous research, and offer practical recommendations targeted at key stakeholders. All of this is intended to contribute to an effective multi-domain strategy for supporting children's emotional well-being.

Previous Research

Healthy emotional development during childhood and adolescence has become a priority in public mental health policies for children. Scientific literature and recent data show a growing prevalence of depressive and anxious symptoms in children from early ages, driven by social, family, and school factors. In this context, extracurricular activities have emerged as a relevant strategy for the prevention and promotion of emotional well-being by providing structured environments for socialization, motivation, and self-esteem.

A key source supporting this hypothesis is the Healthy Mind – Healthy Child report (2025), conducted within the framework of the European project 101190322-HMHC-CERV-2024- CHILD, involving 991 children aged 7 to 14 from Croatia, Slovenia, and Spain. This study used validated tools such as the shortened version of the Moods and Feelings Questionnaire (MFQ) to measure depressive symptoms in the child and adolescent population, combining quantitative results with qualitative analysis based on interviews with teachers, psychologists, pedagogues, and school administrators.

The results were striking: more than 50% of the children evaluated showed at least mild symptoms of depression, with the 13 to 14 age group being the most affected. In countries like Spain, a concerning 80.9% of respondents fell into the moderate symptom category, while in Croatia, 7.8% showed severe symptomatology. This highlights the urgency of implementing prevention strategies that go beyond traditional clinical intervention, integrating natural settings such as schools, clubs, and informal socialization spaces.

The qualitative analysis of the study reinforces this perspective. Interviewed professionals identified that excessive technology use, social pressure, family isolation, and a lack of spaces for emotional expression worsen emotional distress in childhood. They also recognized that current school programs do not include enough opportunities for structured emotional development, and there is a significant gap in the availability of extracurricular activities with therapeutic or preventive purposes.

The literature review included in the report (33 scientific studies) emphasizes that the most effective interventions for child mental health are those developed in school and community contexts through universal approaches and participatory activities. For example:

- Li et al. (2023) demonstrate that interventions based on physical exercise have a significant effect in reducing depressive symptoms in children and adolescents aged 6 to 18.

- García-Carrión et al. (2019) and Dray et al. (2017) agree that interventions based on social interaction and resilience development — many of which are implemented through extracurricular activities such as sports, theater, or volunteering — improve psychological well-being and social skills in children.
- Durlak et al. (2011) and Taylor et al. (2017) document that social and emotional learning (SEL) programs, typically integrated in spaces outside the traditional classroom, promote self-regulation, empathy, and academic performance, acting as protective factors against the onset of emotional disorders.

The report also highlights the importance of considering cultural and social context, noting relevant differences in the expression of depressive symptoms among the participating countries. In Spain, for example, the report suggests that young people may have a greater tendency to verbalize emotional distress, while in Slovenia and Croatia, differences are observed in access to structured recreational activities that could influence outcomes.

Furthermore, the document underscores the need for interdisciplinary approaches combining the work of schools, families, health professionals, and community organizations. Extracurricular activities, by their integrative nature, fulfill this “bridge” function between educational, emotional, and community spheres. According to testimonies gathered in the study, sports, artistic, and cultural activities are often the only spaces where children can channel emotions, establish positive bonds, and build identity outside the academic or family environment.

Complementing the findings from the Healthy Mind – Healthy Child report, a growing body of research has examined the role of extracurricular activities in promoting emotional well-being and social competence among children and adolescents. These studies employ diverse designs, populations, and activity types, consistently highlighting the potential benefits of structured extracurricular engagement.

Several observational and quasi-experimental studies show that participation in both sports and non-sports activities can positively influence mental health outcomes. For example, Alonso (2008) explored weekly involvement in various extracurricular activities among primary school children, finding associations with reduced emotional symptoms and improved social competence, although the full text was not available for detailed analysis. Similarly, Aciego et al. (2012) compared chess with soccer and basketball over one year in children aged 6 to 16 and documented decreases in depression and somatization symptoms, as well as reductions in social restriction.

Systematic reviews emphasize the broad spectrum of extracurricular formats, ranging from recreational and creative activities to physical exercise and mind-body practices. Moreno Carmona (2020) highlighted how artistic and recreational activities aligned with the Positive Youth Development model enhance social skills, conflict resolution, academic performance, and may reduce substance use. Quispe Urco et al. (2025) and Li et al. (2024) further support the mental health benefits of aerobic exercise, team sports, yoga, and other mindful movement practices, reporting improvements in anxiety,

depression, stress management, emotional regulation, and overall well-being among adolescents.

Qualitative evidence from Litardo Gualpa et al. (2025) underscores the role of dance therapy and gross motor activities in addressing stress, anxiety, and academic demotivation, particularly in upper basic education adolescents. Meanwhile, Pereira et al. (2020) implemented a randomized controlled trial involving surf therapy combined with psychological group interventions in children aged 7 to 17 in residential care, noting improvements in emotional and behavioral problems, prosocial behavior, and quality of life.

In addition to physical and creative activities, preventive life skills programs and mindfulness- based socio-affective interventions have demonstrated positive effects on attention, cognition, psychosocial functioning, perceived stress, and social integration (Leiva et al., 2015; Carro et al., 2020).

Collectively, this diverse evidence base supports the inclusion of extracurricular activities as a complementary strategy within child and adolescent mental health promotion, offering accessible, engaging, and multi-dimensional environments that foster emotional resilience, social competence, and psychological well-being.

Practical Recommendations

1. Recognize the preventive and therapeutic value of extracurricular activities

Extracurricular activities (EAs)—including sports, music, arts, robotics, and volunteering—are powerful tools for promoting mental health and preventing emotional difficulties in children and adolescents. The Healthy Mind, Healthy Child report highlights a concerning increase in depressive symptoms among youth, closely linked to social pressures, academic demands, and emotional vulnerability.

Recommendation:

Educational institutions, policymakers, and community organizations should prioritize and fund extracurricular programs not only as recreational opportunities but also as strategic interventions for mental health prevention and support. These activities can serve as protective environments where young people develop a sense of purpose, self-worth, and resilience.

2. Promote inclusive and equitable access to activities

Data from the report emphasizes that mental health challenges vary across age groups and social contexts, with older adolescents (13–14) at higher risk. However, access to supportive activities is often uneven—especially in rural areas or among socioeconomically disadvantaged populations.

Recommendation:

Ensure that all children, regardless of location or socioeconomic status, have access to diverse extracurricular activities. Municipalities and schools should allocate resources for scholarships, free programs, and partnerships with local organizations to reach vulnerable groups. This equitable access can reduce the development of moderate to severe depressive symptoms in at-risk youth.

3. Integrate mental health awareness into extracurricular programming

The report's qualitative analysis reveals that many young people struggle with identity, low self-esteem, and social comparison—often fueled by social media and academic stress. EAs, especially in group settings, can become safe spaces for emotional expression and interpersonal learning if they intentionally incorporate elements of mental health education.

Recommendation:

Train EA instructors (coaches, art teachers, mentors) to identify early signs of emotional distress and integrate basic social-emotional learning (SEL) components—such as empathy, communication, and emotional regulation—into their programs. This proactive integration aligns with evidence showing that SEL programs significantly improve emotional well-being and academic performance.

4. Foster consistency, continuity, and positive relationships

According to the literature reviewed in the report, long-term, well-structured interventions yield better mental health outcomes than fragmented or short-term efforts. Young people benefit most from stable environments where they can build trust with adults and peers over time.

Recommendation:

Design extracurricular programs that run consistently throughout the school year, with predictable routines and stable adult mentorship. Encourage team-based activities where youth develop a sense of belonging, shared goals, and emotional safety, which are known buffers against anxiety and depression.

5. Collaborate with families and schools

The report stresses that psychological support systems are often fragmented, with limited parental involvement and inadequate coordination between teachers, psychologists, and families. Extracurricular activities can become a bridge between these systems.

Recommendation:

Promote collaborative communication between EA coordinators, schools, and families. Share observations about students' emotional states, reinforce healthy coping strategies at home, and create joint events or workshops on mental health awareness involving parents and children.

6. Adapt activities to developmental stages and emotional needs

The report clearly shows that mental health risks increase with age, particularly between ages 11 and 14. Early adolescence is marked by identity exploration, social comparison, academic pressure, and emotional volatility. Thus, extracurricular activities must not adopt a "one-size- fits-all" approach but instead consider developmental stages and age-specific emotional needs.

Recommendation

Design differentiated extracurricular programming for various age groups:

- Ages 7–10: Emphasize play-based, cooperative, and creative activities that support emotional expression and social bonding.
- Ages 11–12: Introduce structured opportunities for autonomy, peer leadership, and emotional literacy through sports, drama, or team projects.
- Ages 13–14: Provide identity-affirming activities, such as youth-led initiatives, debate clubs, or arts-based self-expression programs, combined with spaces for open conversation on mental health topics.

7. Use physical activity as a core mental health tool

The report supports prior studies showing that exercise-based interventions are effective in reducing depressive symptoms among youth. Beyond physical health, regular physical activity improves sleep, self-regulation, stress management, and mood.

Recommendation:

Ensure that physical activities (team or individual) are a fundamental part of any extracurricular offer. Prioritize inclusive formats that focus on cooperation, self-improvement, and enjoyment—not just competition. Additionally, integrate brief reflection sessions after sports practices to help participants connect physical effort with emotional well-being.

8. Embrace creative arts as emotional outlets

Artistic activities—music, visual arts, theater, dance—are natural avenues for children and adolescents to explore emotions, develop identity, and find non-verbal forms of expression, especially for those who struggle to articulate their feelings.

Recommendation:

Support creative extracurricular programs as part of every school or community offering. Encourage art instructors to include activities that focus on storytelling, emotional themes, or social issues, helping participants gain insight into their own experiences while fostering empathy and peer understanding.

9. Monitor emotional well-being through informal observation

One insight from the qualitative analysis in the report is that teachers and school staff often lack time and training to monitor students' emotional changes. EA leaders, however, interact with students in relaxed, informal contexts, which can reveal valuable indicators of emotional well-being or distress.

Recommendation:

Train extracurricular activity coordinators to serve as first-line observers of mental health signs. Provide basic guidelines on how to recognize behavioral changes (withdrawal, irritability, fatigue, etc.) and clear referral pathways to school counselors or psychologists when concerns arise. This non-clinical monitoring can lead to early identification and intervention.

10. Incorporate youth voices in program design

Empowering young people to have agency over their extracurricular experiences enhances engagement, commitment, and emotional satisfaction. The report emphasizes that youth often lack mechanisms to manage stress and self-confidence, partly due to environments that restrict their autonomy.

Recommendation:

Involve children and adolescents in co-designing extracurricular offerings—from choosing topics and formats to leading sessions or organizing events. Create youth advisory boards or feedback circles to understand their evolving needs and foster a sense of ownership, leadership, and emotional validation.

11. Ensure long-term sustainability and policy integration

The report critiques the fragmented and short-term nature of current support programs in schools across several countries. For extracurricular activities to contribute meaningfully to mental health, they must be part of a systemic, long-term mental health strategy, not an isolated or voluntary initiative.

Recommendation:

Advocate for national or regional policies that formally include extracurricular programming as a pillar of youth mental health. These should:

- Require emotional education components in extracurricular programs.
- Mandate coordination between schools, municipalities, and mental health services.
- Allocate sustainable funding for training, staffing, and inclusive participation.

Conclusions

Extracurricular activities represent a fundamental and strategic dimension in promoting and preventing mental health issues among children and adolescents. As evidenced by multiple recent studies and specialized reports such as Healthy Mind – Healthy Child

(2025), the increasing prevalence of depressive and anxious symptoms in young populations calls for comprehensive approaches that go beyond traditional clinical interventions and consider the natural environments in which children develop.

One of the most important aspects of extracurricular activities is their ability to provide structured spaces where children and adolescents can socialize, express themselves, and develop emotional and social skills in a participatory manner. These experiences enhance motivation, self-esteem, and resilience—key elements for coping with stress and social pressures affecting their emotional well-being. Additionally, activities such as sports, arts, volunteering, and social-emotional learning programs have demonstrated scientifically significant impacts on reducing emotional symptoms and improving psychosocial functioning.

The evidence gathered shows that the diversity of extracurricular activities addresses multiple dimensions of child mental health: from emotional regulation and reducing anxiety and depression to strengthening social integration and a sense of belonging. This is particularly crucial in vulnerable social or educational contexts, where formal settings often do not offer sufficient opportunities for emotional development.

Moreover, extracurricular activities serve as an essential bridge between family, school, and community, fostering support networks that expand the protective environment around the child. In this way, they also help reduce family isolation and exposure to risk factors such as problematic technology use or negative social pressure.

Finally, integrating extracurricular activities into public policies and school programs represents a commitment to interdisciplinary models that coordinate the efforts of health professionals, educators, families, and community organizations. To maximize their impact, it is necessary to promote accessibility, quality, and inclusion in extracurricular offerings, ensuring that children from diverse backgrounds can benefit from these interventions.

In conclusion, extracurricular activities are a valuable and necessary tool to strengthen children's mental health—not only as a complement to clinical interventions but as a central component in building healthy environments that foster the emotional, social, and cognitive well-being of future generations.

References

Aciego, R., García, L., & Betancort, M. (2012). The benefits of chess for the intellectual and social-emotional enrichment in schoolchildren. *The Spanish Journal of Psychology*.

Alonso, B. (2008). *Actividades extraescolares y salud mental: Estudio de su relación en población escolar de primaria* [Tesis doctoral, Universitat Autònoma de Barcelona].

Repositorio TDX.

Calero, A. D., Barreyro, J. P., & Ricle, I. I. (2017). Inteligencia emocional durante la adolescencia: su relación con la participación en actividades extracurriculares. *Psicodebate*, 17, 43–54.

Carro, N., D'adamo, P., & Lozada, M. (2020). An effective intervention can contribute to enhancing social integration while reducing perceived stress in children. *Electronic Journal of Research in Education Psychology*.

Cuéllar Rivas, L. X. (2019). La salud mental, un verdadero problema de salud pública. *Revista Colombiana Salud Libre*, (1). https://doi.org/10.18041/1900-7841/rcslibre.2018v13n1.4985

de Souza-Lima, J., Yañez Sepúlveda, R. A., Ferrari, G., Giakoni-Ramírez, F., Olivares-Arancibia, J., & Valdivia-Moral, P. (2024). Impacto de la actividad física en el estrés escolar en niños y adolescentes antes del COVID-19: Una revisión sistemática. *Retos*.

Lázaro García, L. (2020). Salud mental, psicopatología y poblaciones vulnerables. *Revista de Psiquiatría Infanto-Juvenil*, 37(2), 3–5. https://doi.org/10.31766/revpsijv37n2a1

Leiva, L., George, M., Antivilo, A., Squicciarini, A. M., Simonsohn, A., Vargas, B., & Guzmán, J. (2015). Salud mental escolar: Logros de una intervención preventiva en salud mental en niños y niñas del primer ciclo de enseñanza básica.

Li, Z., Li, J., Kong, J., Li, Z., Wang, R., & Jiang, F. (2024). Adolescent mental health interventions: A narrative review of the positive effects of physical activity and implementation strategies. *Frontiers in Psychology*.

Litardo Gualpa, C. P., Reasco Ordóñez, M. E., Delgado Aguirre, J. A., & Cuenca Guerrero, D. C. (2025). La actividad física y la salud mental: Bienestar a través de la motricidad gruesa. *Revista Científica de Innovación Educativa y Sociedad Actual "ALCON".*

Molinuevo Alonso, B. (2008). *Actividades extraescolares y salud mental: Estudio de su relación en población escolar de primaria* [Tesis doctoral, Universitat Autònoma de Barcelona]. Repositorio TDX.

Moreno-Carmona, N. D., Tasamá-Rincón, M., Rojas-Cruz, C. A., & Soto-Soto, J. D. (2020). La dimensión positiva de las actividades extraescolares en la niñez y la adolescencia. *Revista Aletheia*, 12(1), 97–116.

Pereira, A., Ferreira, C., Oliveira, M. E., Evangelista, E. S., Ferreira, J., Roberto, M., Tereso, S., Pereira, A., Neves, S., & Crespo, C. (2020). Effectiveness of a combined surf and psychological preventive intervention with children and adolescents in residential childcare: A randomized controlled trial.

Quispe Urco, C. L., Carrión Carrión, N. J., Ponce, A. M., Vaca Díaz, R. T., Ávila Coello, M. E., & Molina, P. (2025). Efectos de los programas de actividad física en la mejora de la salud mental en adolescentes. *South Florida Journal of Development*.

Family Domain as an Important Factor of Child's Mental Health

Introduction

The family represents a fundamental human educational community, whose role is multifaceted – ranging from educational and affirming, to preventive, and even interventionist. As the first and most important social context in which a child grows up, the family plays a key role in shaping the child's personality, value system, emotional stability, and behavior. It provides the child with a sense of security, belonging, and unconditional love, which are essential prerequisites for healthy psychological development. Within the ecological model of development developed by Bronfenbrenner and Morris (2006), the family belongs to the microsystem – the closest and most immediate environment to the child, which exerts a strong influence on their development. The influence of the family encompasses both protective and risk factors that can affect the child positively or negatively. Daily interactions within the family – communication, parenting style, the presence of emotional support or conflict – have long-term consequences for the child's emotional, social, and cognitive development. However, the influence of the family does not end within the microsystem. The family is also part of the mesosystem, which includes the relationships between different elements of the microsystem, such as the parents' relationships with teachers, cooperation with the child's peers, or involvement in leisure activities. The quality of these relationships further shapes the child's opportunities for learning, socialization, and emotional maturation. For example, active parental involvement in the child's school life and their support in establishing positive peer relationships contribute to strengthening the child's resilience and reducing negative influences outside the family. Although the family is often perceived as the primary educational factor, it is important to emphasize that its preventive and protective potential is not unlimited. The family's success in neutralizing risk factors largely depends on its interaction with other microsystem stakeholders – primarily the school, peers, and free time. For this reason, cooperation between the family and other key environments in which the child lives becomes essential for achieving positive developmental outcomes.

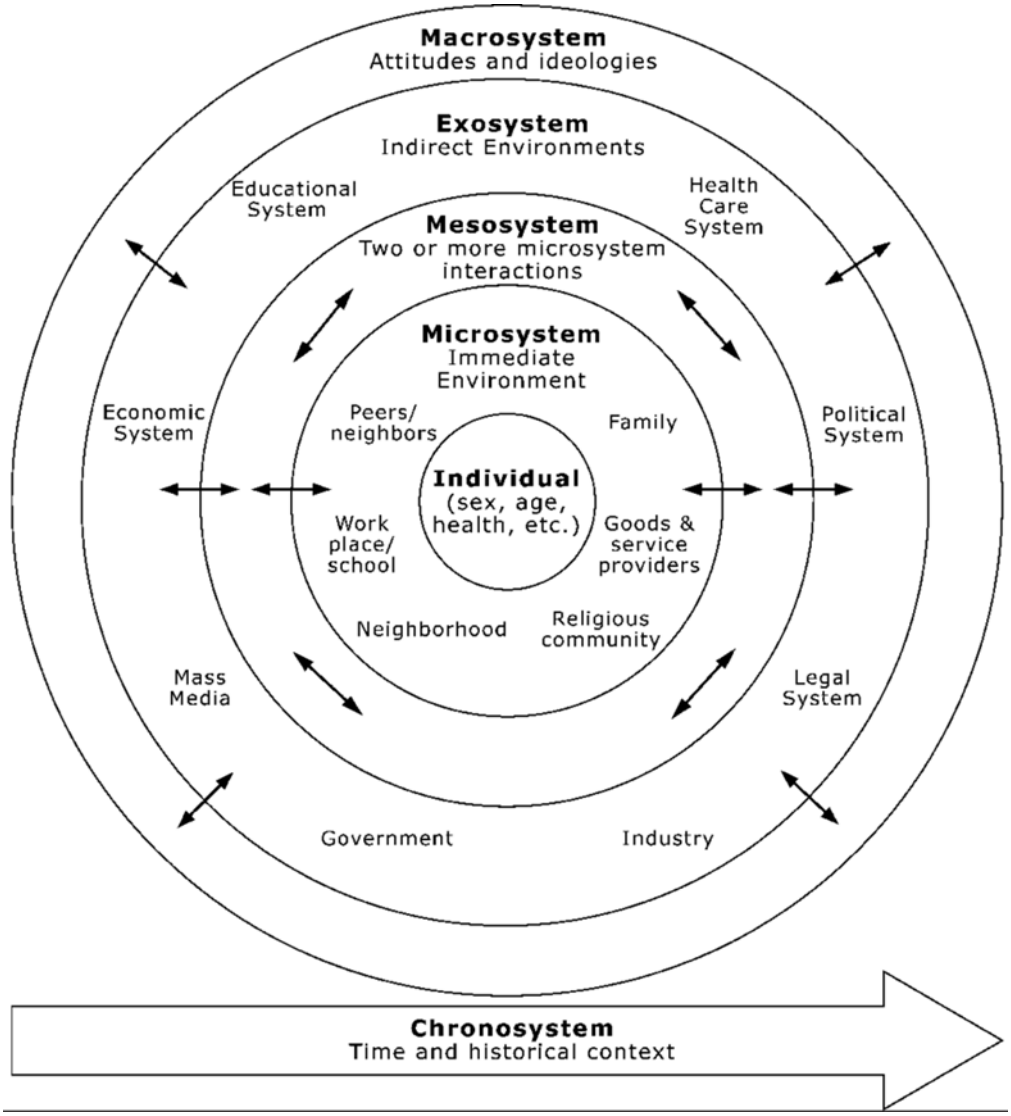

Figure 1. Bronfenbrenner's Ecological Theory (Bronfenbrenner and Morris, 2006)

As Matijašević and Maglica (2022) point out, strong and high-quality connections between the family and other microsystem factors increase the chances of successfully preventing behavioral problems, emotional difficulties, and other forms of risk that may affect a child's mental health. In conclusion, the family is an irreplaceable pillar in the development of a child and young person, but its effectiveness in fulfilling this role also depends on the support it receives from the broader social environment. Therefore, it is important to strengthen the synergy between family, school, and community in order to provide children with a safe, supportive, and stimulating developmental context.

Previous Research

The mental health of children and adolescents is becoming an increasingly relevant topic in contemporary society, with scientific research in recent decades consistently confirming a strong connection between family factors and children's emotional well-being. The family, as the primary and most intimate social environment, plays a crucial role in shaping the psychological foundations of a child. The relationship that develops

between parents and children—modes of communication, emotional availability, the quality of attachment, parenting style, and support—impacts a wide range of developmental outcomes, including the child's ability to cope with stress, express emotions, form relationships, and maintain mental health. Scientific literature consistently highlights that adverse family conditions represent a risk factor for the development of various psychological difficulties. One of the most significant studies in this field is by McLaughlin et al. (2022), which includes a systematic review of quasi-experimental studies on the effects of childhood abuse on mental health. The authors found a strong correlation between physical, emotional, and sexual abuse in early childhood and the later development of anxiety disorders, depression, and PTSD. Children exposed to such experiences, especially within the family, exhibit lower resilience, a higher tendency for self-harm, and lower self-esteem. These findings highlight the need for early intervention in families showing signs of violence, neglect, or emotional unavailability. The key roles of the family in supporting child mental health can be understood through five salient components: providing informational support, offering instructional guidance, ensuring emotional availability, delivering instrumental assistance, and engaging in advocacy on behalf of the child (Hoagwood et al., 2010). Matijašević and Maglica (2022) state that the mental health of children and adolescents can be influenced by the structure of their free time. Specifically, unstructured free time that the family fails to organize may have a negative impact on the child's mental health, as well as contribute to the development of internalized behavioral disorders in general.

In addition to violence, an important family factor influencing children's mental health is socioeconomic status. Studies by Barry et al. (2015) and Clarke et al. (2015) confirm that poverty, parental unemployment, housing insecurity, and low educational levels strongly correlate with a higher incidence of psychological difficulties in children and adolescents. Children growing up in conditions of material deprivation are often exposed to additional stress, which can lead to symptoms of depression, anxiety, attention disorders, and low self-esteem. Such conditions also often contribute to reduced access to psychological support and lower levels of emotional support within the family, further increasing children's vulnerability. Interventions targeting families living in disadvantaged conditions must be specifically designed to address their complex needs, with a focus on preventive measures, information dissemination, and parental support.

An important contribution to understanding the connection between family and mental health also comes from studies examining the effects of parenting style. Tennant et al. (2007) in their review emphasize that emotionally cold, authoritarian, or inconsistent parenting is often associated with higher levels of internalizing problems in children, including feelings of loneliness, emotional dissociation, and reduced capacity for emotional regulation. In contrast, parents who practice a democratic parenting style—characterized by high emotional availability combined with clearly defined boundaries—tend to raise emotionally stable and resilient children.

García-Carrión et al. (2019) investigated the impact of interaction-based interventions involving families, schools, and communities. They concluded that such interventions have a positive effect on children's mental health, especially when they include parental education, the strengthening of parenting competencies, and the development of quality communication within the family. Children who are able to communicate openly with their parents about their emotions and who receive support in facing challenges are less likely to develop depressive symptoms and behavioral disorders.

Another aspect of the relationship between family and mental health concerns parental involvement in school and preventive programs. Gaffney et al. (2021), in their meta-analysis of the effectiveness of bullying and cyberbullying prevention programs, found that the most effective programs are those that also involve parents—through educational workshops, joint activities with children, or at-home assignments. Including parents in preventive programs increases their awareness of the importance of emotional health and fosters a sense of shared responsibility. This approach not only reduces the incidence of problems but also contributes to more sustainable long- term intervention outcomes.

Benzies and Mychasiuk (2009) emphasize that one of society's fundamental roles is to strengthen the overall resilience of families. As supported by previously mentioned scientific findings, the resilience of the family is a crucial factor that can influence the emergence of behavioral disorders, including mental health difficulties, as well as a child's general functioning within the broader social context. The dual role of the family—both as a protective and a potential risk factor—should serve as a strong incentive for policymakers to intensify their efforts in coordinating parent education initiatives. These efforts should focus on promoting mental health awareness, encouraging the development of optimal parenting styles, and implementing supportive activities aimed at enhancing children's emotional and psychological well-being. By investing in family resilience, society lays the foundation for healthier developmental outcomes in children and adolescents.

A significant contribution to understanding the situation in various European contexts comes from the report Healthy Mind – Healthy Child, which used a combination of quantitative and qualitative research in Croatia, Slovenia, and Spain. Through interviews with professionals from the education sector, psychologists, pedagogues, and parents, numerous shared issues were identified: parents often ignore early signs of emotional difficulties, minimize their importance, or interpret them as temporary phases of growing up. A particularly concerning finding is that many parents focus solely on academic success, neglecting their children's emotional well-being. Experts emphasize the need for more intensive parental involvement in school mental health programs, education on emotional literacy, and reducing the stigma around seeking psychological help.

One of the key challenges emerging from nearly all studies is stigma. Mental health is still a taboo topic in many families, especially in more conservative and rural environments. Parents are reluctant to seek professional help out of fear of judgment or feelings of personal failure. Such attitudes make it harder for children to express their

difficulties openly, resulting in delayed recognition and access to help. Nazari et al. (2023) have shown that internet-based educational interventions aimed at parents and adolescents can significantly improve mental health literacy and reduce social stigma.

In conclusion, scientific literature unequivocally confirms that the family is the most important context for the development of children's mental health. It can act as a powerful protective factor, but also as a source of serious risk. Effective preventive and intervention programs must take into account the complex dynamics of family relationships, include parents as active participants, and focus on strengthening parental capacity to recognize, understand, and respond to children's emotional needs. Only through such an approach is it possible to sustainably improve the mental health of children and adolescents and provide a stable foundation for their healthy development and functional life in adulthood.

Practical Recommentations

The mental health of children and young people is shaped within a complex system of interconnected microsystems, with the family occupying a central role. Bronfenbrenner's model clearly emphasizes that a child's development cannot be understood without analyzing the relationships between the child, parents, school, and the broader community. Based on the findings from DLV 1 (needs assessments, research, and interviews with professionals and parents in Croatia, Slovenia, and Spain), several priority areas for action have been identified.

1. Parental education and strengtheningparental competencies:

One of the most striking messages across all three national reports is that parents are often unaware of their children's emotional needs and lack sufficient knowledge to recognize and respond to them in a timely manner. Parents frequently express uncertainty in how to act when they notice mood changes, withdrawal, or anxiety in their children. Instead of encouraging open communication, such difficulties are often ignored or minimized. In response, it is recommended to systematically implement educational workshops for parents focused on topics such as emotional literacy, communication skills with children, early signs of emotional difficulties, family stress management, and how to seek professional help without stigma. These workshops should be free of charge, locally accessible, and part of the regular operations of schools or social welfare centers. Additionally, the development of online educational platforms and manuals is advised to provide resources for parents unable to attend in person.

2. Increasing parental involvement in school-based preventive activities:

Reports from all countries confirm that collaboration between schools and parents is often superficial and focused mainly on academic performance. Emotional and mental health are rarely the subject of serious dialogue. To address this, schools are encouraged to involve parents in all aspects of preventive programs—from planning to evaluation. For example, during workshops on peer violence, anxiety, or stress, parallel sessions should be organized for parents and children, promoting joint dialogue and learning. It

is also recommended that "parent councils for mental health" be established within schools, working in collaboration with school psychologists and pedagogues to plan and monitor activities aimed at student emotional well-being.

3. **Early risk identification in families through schools:**

Schools, as important parts of the microsystem, often have the first insight into a child's emotional difficulties. Teachers, class mentors, and school support staff are usually the first to notice behavioral changes, absences, isolation, or decreased concentration. However, the lack of training and formal tools makes timely intervention difficult. Therefore, the development of standardized protocols for early detection of family-related risk factors (e.g., domestic violence, emotional neglect, divorce) is recommended, including clear guidelines for involving professionals. At the same time, school staff should undergo regular training in child psychology and mental health protection to feel confident in assessing and communicating with families and children.

4. **Reducing stigma and changing perceptions of mental health within families:**

DLV 1 reports indicate that strong stigma around mental health still exists in many families. Parents often avoid seeking help for their children due to fear of judgment, reluctance to admit a problem, or beliefs that children "must learn to cope on their own." To break down these barriers, investment is needed in public health campaigns that demystify mental health issues and encourage proactive parental engagement. It is recommended to use local media, schools, NGOs, and religious communities to promote messages about the importance of children's emotional well-being.

5. **Strengthening intersectoral cooperation – education, health, and social services:**

A child's mental health cannot be the responsibility of only one system. The creation of local collaboration networks involving representatives from schools, health centers, social welfare institutions, NGOs, and parents is advised. The aim is to enable rapid information exchange, coordinated case management, and joint planning of support for children at risk. These networks should have designated child mental health coordinators in each local community.

6. **Focus on early childhood and universal preventive measures:**

Although most interventions still focus on adolescents, the document clearly shows that action is needed as early as preschool and early primary school years. Emotional difficulties often appear early, and neglecting them can lead to more serious disorders later in life. Kindergartens and schools should incorporate emotional education into the curriculum, with the support of psychologists and educators.

In conclusion, the family is an indispensable and vital partner in protecting and promoting children's mental health. Comprehensive interventions that include parents, schools, and

communities—supported by theory (Bronfenbrenner's model) and empirical research (DLV 1 findings)—have proven to be the most effective. A culture of cooperation, trust, and open dialogue between all child-related stakeholders must be cultivated. Only through such an approach can we ensure a healthy, supportive, and emotionally stable environment for future generations.

Conclusion

The analysis conducted through DLV 1, combined with the scientifically grounded theoretical framework of Bronfenbrenner and Morris, clearly shows that children's and adolescents' mental health is not an isolated phenomenon, but the result of complex and interrelated influences from different layers of their immediate and broader environments. The family, as the primary microsystem, plays a key role in shaping emotional and cognitive patterns in children. The quality of family relationships, the level of support a child receives, how parents respond to stressful situations, and their willingness to recognize and act on emotional difficulties—all directly affect the child's mental health. DLV 1 reports from Croatia, Slovenia, and Spain identify a number of common challenges requiring targeted interventions. Parents often fail to recognize or ignore early signs of emotional difficulties, and children's mental health remains marginalized in comparison to academic success. Stigma and fear of seeking professional help further complicate the situation, prolonging the time between the onset of symptoms and intervention. On the other hand, schools and professionals often lack the resources, training, and protocols needed to respond effectively, especially when issues originate in the family environment. It is therefore crucial to build a system that enables early detection, timely support, and coordinated collaboration between all relevant actors—parents, educators, health and social professionals. Families must not be treated as passive recipients but as active participants in preventive and intervention measures. To achieve this, accessible training and resources must be provided to help parents develop emotional literacy and the skills needed to support their children. Moreover, schools must be strengthened as environments not only for academic learning but also for the development of emotional and social competencies. School curricula should include topics on mental health, interpersonal relationships, and resilience, and staff must have clear protocols for identifying and responding to student difficulties. It is also essential to institutionalize cooperation across sectors—education, health, and social services—through intersectoral teams, local support networks, and structured information-sharing. Bronfenbrenner's theory teaches us that no intervention can be effective unless the entire ecosystem in which a child lives is considered. Interventions focused solely on individual factors—such as the school or the child—are insufficient. A systematic, both horizontal and vertical, approach is required, integrating the actions of all layers of society, including families, institutions, and communities.

In summary, long-term improvement of children's mental health is only possible through joint efforts to strengthen parenting capacity, foster emotionally supportive school environments, and build open, accessible, and nonjudgmental communities. Only through

coordinated and connected action can we create the conditions in which every child has the support, understanding, and opportunity for healthy psychological development.

References

Barry, M. M., Clarke, A. M., Jenkins, R., & Patel, V. (2013). *A systematic review of the effectiveness of mental health promotion interventions for young people in low and middle income countries.* BMC Public Health, 13, Article 835. https://doi.org/10.1186/1471-2458-13-835

Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology: Vol. 1. Theoretical models of human development* (6th ed., pp. 793–828). John Wiley & Sons. https://doi.org/10.1002/9780470147658.chpsy0114

Benzies, K., & Mychasiuk, R. (2009). Fostering family resiliency: A review of the key protective factors. *Child & Family Social Work*, 14(1), 103-114.

Gaffney, H., Ttofi, M. M., & Farrington, D. P. (2021). Effectiveness of school-based programs to reduce bullying perpetration and victimization: An updated systematic review and meta- analysis. *Campbell systematic reviews*, 17(2), e1143. https://doi.org/10.1002/cl2.1143

Healthy Mind – Healthy Child (2025). *Report of Mental Health Among Children. Project No. 101190322-HMHC-CERV-2024-CHILD.*

Hoagwood, K. E., Cavaleri, M. A., Serene Olin, S., Burns, B. J., Slaton, E., Gruttadaro, D., & Hughes, R. (2010). Family support in children's mental health: A review and synthesis. *Clinical child and family psychology review*, 13, 1-45.

Matijašević, B., & Maglica, T. (2022). *Slobodno vrijeme u prevenciji problema u ponašanju djece i mladih. Socijalna psihijatrija*, 50(1), 75–92. https://doi.org/10.24869/spsih.2022.75

McLaughlin, K. A., Sheridan, M. A., Gold, A. L., Duys, A., Lambert, H. K., Peverill, M., Heleniak, C., Shechner, T., & Pine, D. S. (2022). *Childhood maltreatment and mental health problems: A systematic review and meta-analysis of quasi-experimental studies*. American Journal of Psychiatry, 180(2), 117–126.

Nazari, A., Bayat, M., Aghaei, A., Dehghani, A., & Salmani, N. (2023). *The effect of web-based educational interventions on mental health literacy, stigma and help-seeking intentions/attitudes in young people: A systematic review and meta-analysis*. BMC Psychiatry, 23, Article 647.

Co-funded by
the European Union

HEALTHY MIND,
HEALTHY CHILD

IDI Inkubator dječje izvrsnosti

ŠPORTNO DRUŠTVO

NEOTALENTWAY

Co-funded by
the European Union

IDI Inkubator dječje izvrsnosti

ŠPORTNO DRUŠTVO

NEOTALENTWAY