HEALTHY MIND, HEALTHY CHILD

Parent and Teacher Mental Health First Aid TOOLKIT

Evidence-based strategies,
innovative approaches and best practices
for supporting children's mental health.

NEOTALENTWAY

ŠPORTNO DRUŠTVO

IDI Inkubator dječje izvrsnosti

Co-funded by the European Union

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Partners:
- Incubator of Children's Excellence (HR)
- ŠD TEAM (SI)
- Neotalentway (ES)

Co-funded by the European Union.

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CHAPTER 1

INTRODUCTION

The Healthy Mind – Healthy Child (HMHC) project is a European initiative funded under the Citizens, Equality, Rights and Values programme (CERV-2024-CHILD), bringing together three partner organisations from Croatia, Slovenia and Spain. The consortium consists of the Incubator of Children's Excellence (IDI) from Croatia as coordinator, Sports Association TEAM (ŠD TEAM) from Slovenia, and Neotalentway from Spain.

The project was designed as a response to the alarming increase in mental health problems among children, caused by systemic deficiencies and social pressures. Its aim is to support the mental health of vulnerable children aged 7 to 14, including migrants, children with disabilities and refugees from Ukraine, through innovative interventions and by equipping parents, teachers and coaches with the necessary knowledge and skills.

Purpose of this Handbook

This Handbook for First Aid in Children's Mental Health is a key deliverable of the HMHC project (D3.1), designed as a comprehensive and practical resource for parents, teachers and coaches. The handbook synthesises findings from the project's needs assessment research (conducted in Croatia, Slovenia and Spain with 991 respondents), qualitative interviews with 45 stakeholders, evidence-based strategies, and outcomes from three innovative methods piloted in the project: Outdoor Adventure Therapy, Sports Mentorship for Emotional Resilience, and Digital Storytelling for Emotional Expression.

The handbook is structured to provide recognition of signs of mental health difficulties in children, practical guidelines for supporting children, strategies for accessing professional help, evidence-based approaches and innovative methods, and advice for implementation in family, school and extracurricular settings.

How to Use this Handbook

This handbook is designed with user-friendly features for easy use. Each section can be used independently or as part of a comprehensive approach. Throughout the handbook you will find informative guides explaining key concepts and research findings, tip lists with practical instructions for everyday situations, case studies from innovative project activities, recommendations from mental health experts, implementation guides for innovative methods piloted in the project, and links to external support services and additional resources.

CHAPTER 2

RISK AND PROTECTIVE FACTORS IN CHILDREN'S MENTAL HEALTH

The development of children's mental health is the result of the interaction of biological, psychological, and social factors that dynamically influence one another throughout development. These factors include individual characteristics, such as temperament, emotional sensitivity, and developmental capacities, as well as environmental influences in which the child grows up. Family relationships, parenting styles, quality of attachment, and the emotional climate within the family play a particularly important role. In addition, children's experiences in school, peer relationships, and broader societal factors—such as social support, cultural norms, and access to services—significantly shape mental health outcomes.

Children are especially sensitive to environmental influences due to their developmental stage. Positive experiences, such as a sense of safety, acceptance, and achievement, act as protective factors, while negative experiences, including prolonged stress, conflict, or neglect, may increase the risk of developing mental health difficulties. Understanding this complex interplay of factors allows adults to gain a more comprehensive insight into children's functioning and provides a basis for timely identification of needs and appropriate support.

Risk Factors That Increase Vulnerability

Unstable family environment

Family conflict and domestic violence

Social exclusion and peer rejection

Academic difficulties and school pressure

Exposure to stressful or traumatic events

Lack of consistent adult support

Bullying and cyberbullying

Poverty and socioeconomic disadvantage

Protective Factors That Build Resilience

Supportive relationships with caring adults

A sense of safety, stability, and belonging

Positive experiences in the school environment

Developed social-emotional competencies

Access to mental health services and support

Strong cultural identity and community connection

Opportunities for success and recognition

Physical activity and engagement in activities

Understanding these factors enables more effective identification of children who may require additional support. Children's mental health is closely linked to their sense of safety, stability, and predictability in everyday life. Children who grow up in supportive environments where their needs are recognized and respected are more likely to develop psychological resilience and effective coping strategies. In contrast, prolonged exposure to stressors can negatively impact development and increase the risk of mental health difficulties.

Adults who interact with children on a daily basis play a key role in this process. Their ability to recognize subtle changes in children's behavior and emotional expression can significantly contribute to timely intervention. It is not only the recognition of pronounced difficulties that matters, but also the ability to notice small deviations from typical behavior that may indicate underlying distress. Furthermore, mental health develops through continuous interaction with the environment. Family relationships, school settings, peer groups, and broader societal influences collectively shape a child's experience of the world and of themselves.

CHAPTER 3

UNDERSTANDING CHILDREN'S MENTAL HEALTH

The Importance of Children's Mental Health

Children's mental health represents the foundation of their overall development, as it significantly influences their learning, behavior, social relationships, and overall quality of life. It does not merely refer to the absence of mental disorders, but also includes the ability to understand emotions, cope effectively with everyday challenges, and establish and maintain relationships with others. In today's social environment, children are increasingly exposed to various stressors, such as academic demands, social pressures, family changes, and the influence of digital technologies. These factors can significantly affect their psychological well-being and the development of social-emotional competencies.

Research shows that early identification of mental health difficulties plays a crucial role in preventing their escalation and the development of more serious conditions later in life. Timely support enables children to develop effective coping strategies and strengthens their resilience.

Current State: Key Research Findings

The HMHC project conducted an international survey in Croatia, Slovenia and Spain, surveying 991 children aged 7 to 14 using the short version of the Mood and Feelings Questionnaire (MFQ). The findings provide a clear picture of the state of European children's mental health. In Croatia, 52.1% of respondents showed no symptoms, while 22.3% had mild symptoms, 17.8% moderate symptoms, and 7.8% severe symptoms of depression. In Slovenia, a more balanced distribution was observed – mild symptoms in 26.8%, moderate in 25.4%, and severe in 5.0% of respondents. In Spain, 80.9% of respondents showed moderate symptoms, only 5.1% had no symptoms, and 2.9% had severe symptoms. In all three countries, the risk of developing depressive symptoms consistently increased with age, with the 13–14 age group showing the highest concentration of moderate and severe symptoms. Younger children (7–10 years) consistently showed the highest proportion of respondents without depressive symptoms.

More than half of the survey respondents showed at least mild depressive symptoms, highlighting the urgent need for system-

atic monitoring of children's psychological well-being. The research confirms that depressive symptoms intensify during adolescence, making early detection and preventive action crucial.

Common Mental Health Challenges in Children

Based on quantitative research and qualitative interviews with 45 stakeholders in three countries, the following prevailing challenges were identified: emotional and behavioural difficulties including anxiety, stress and emotional exhaustion; loss of motivation and apathy; low self-esteem and feelings of inadequacy; mood changes and increased aggressiveness; sleep disturbances and appetite changes; and social withdrawal and isolation.

Contributing factors include excessive use of social media and digital technologies, creating unrealistic expectations and insecurity; academic pressure and focus on grades rather than well-being; consequences of the COVID-19 pandemic including social isolation, disrupted routines, and uncertainty; insufficient family communication about emotions and mental health; stigma around mental health, preventing open dialogue and help-seeking; and systematic lack of trained professionals and preventive mechanisms in schools.

Key Domains of Children's Mental Health

The emotional domain includes the recognition, understanding, and expression of emotions, as well as the ability to regulate them. The social domain refers to the ability to build relationships, demonstrate empathy, cooperate with others, and develop a sense of belonging. The behavioral-cognitive domain includes attention, learning, self-control, and behavioral responses. It is important to emphasize that children often express distress indirectly through behavior. Therefore, understanding changes in their functioning is essential for accurate interpretation and timely support.

Children's Mental Health Across Developmental Stages

Understanding developmental characteristics allows for more accurate interpretation of children's behavior and emotional responses. In early childhood (preschool age), children primarily express emotions through behavior, are highly dependent on adults, and have limited ability to verbalize internal experiences. In middle childhood (primary school age), self-concept begins to develop, peer relationships become increasingly important, and children become more sensitive to success and failure. In adolescence, intensive identity development occurs, emotional variability increases, and peer relationships become stronger influences.

Understanding children's mental health also requires consideration of individual differences. Children vary in temperament, sensitivity to stimuli, and ways of responding to stress. Some children may be more reserved and introverted, while others may be more impulsive and expressive. These differences are not problematic in themselves but can influence how distress is expressed. Mental health development is not a linear process. Children may show increased vulnerability during certain periods, often related to developmental transitions or external circumstances. During such times, they require additional support and understanding.

CHAPTER 4

RECOGNIZING SIGNS OF MENTAL HEALTH DIFFICULTIES

Recognizing signs of mental health difficulties is based on observing changes in a child's behavior, emotional responses, and overall functioning. It is essential that adults are familiar with the child's typical patterns, as only then can they identify deviations that may indicate distress. It is important to consider that children often do not express their difficulties directly. Instead, these are reflected indirectly through behavioral changes, emotional reactions, or difficulties in everyday activities such as learning, peer relationships, or participation in group settings.

In addition to the presence of signs, it is also important to observe their duration, intensity, and frequency. Occasional changes may be part of normal development, while persistent or intense changes require closer attention. Understanding these changes enables adults to identify children's needs in a timely manner and provide appropriate support.

Distinguishing Between Typical and Concerning Behaviors

Occasional feelings of sadness, fear, or anger are a normal part of development. However, concern arises when these responses are persistent, intense, or disproportionate to the situation.

EMOTIONAL SIGNS

Prolonged sadness

Irritability

Anxiety

Low self-esteem

COGNITIVE SIGNS

Difficulties with concentration

Decline in academic performance

Reduced motivation

BEHAVIORAL SIGNS

Social withdrawal

Aggression

Noticeable behavioral changes

Loss of interest in activities

PHYSICAL SIGNS

Sleep disturbances

Somatic complaints

Fatigue

Recognizing the Signs:
A Guide for Parents and Teachers

Early recognition of mental health difficulties is one of the most important steps towards effective support for children. Based on project research and consultations with experts, emotional signs include persistent sadness or irritability, excessive worry, frequent episodes of crying, and feelings of worthlessness. Behavioral signs include withdrawal from friends and family, decline in academic performance, changes in sleep or eating patterns, increased aggression or defiance, and difficulty concentrating. Physical signs include frequent headaches or stomach aches without medical cause, chronic fatigue and low energy, and visible tension or restlessness. Social signs include avoidance of social situations, difficulty maintaining friendships, and increased number of conflicts with peers or adults.

When recognizing signs of mental health difficulties, it is important to consider the frequency and duration of behaviors. Occasional changes in mood or behavior are a normal part of development, while persistent and recurring changes may indicate deeper distress. A key aspect is observing whether the behavior deviates from the child's usual pattern. Context also plays a crucial role in interpretation. It is important to consider combinations of signs. A single sign may not be significant on its own; however, a cluster of multiple signs occurring simultaneously may represent a more serious concern. It is equally important that adults do not rely solely on their own expectations when interpreting behavior but take into account the child's individual characteristics. Early identification also requires collaboration among the different adults involved in a child's life.

Occasional changes in mood or behavior are a normal part of development, while persistent and recurring changes may indicate deeper distress.

CHAPTER 5

INTEGRATION AND IMPLEMENTATION STRATEGIES ACROSS SETTINGS

Effective support for children's mental health requires a coordinated, integrated approach across family, school, and community settings. This chapter provides practical guidance for implementation, addressing common barriers, and building sustainable practices. The key to successful implementation is recognizing that mental health support is not a separate add-on to existing structures, but rather an integral component of all interactions with children. This requires shifting organizational culture, providing adequate training and resources, and establishing clear communication channels among all stakeholders.

Establishing Mental Health Policies and Procedures

Every family, school, and organization should establish clear policies and procedures for addressing children's mental health needs. These should include: protocols for identifying children at risk; guidelines for referring to professional services; confidentiality and information-sharing procedures; emergency response plans for crisis situations; and regular training and updating of all staff. Written policies provide clarity, consistency, and accountability, ensuring that all adults understand their roles and responsibilities in supporting children's mental health.

Training and Professional Development

All adults working with children require training in mental health awareness and first aid. This training should cover: understanding children's mental health and development; recognizing signs of emotional distress and mental health difficulties; communication and listening

skills; trauma-informed practices; cultural sensitivity; and referral procedures. Training should be ongoing, evidence-based, and adapted to the specific context (family, school, extracurricular). Online modules, workshops, and peer learning groups are effective formats for providing accessible training.

Communication and Collaboration

Effective communication among parents, teachers, coaches, and professionals is essential for coordinated support. Regular meetings, shared documentation, and clear communication protocols ensure that everyone has a consistent understanding of the child's needs and progress. This should include scheduled parent-teacher meetings focused on emotional well-being, regular communication between school and mental health professionals, and coordination with sports coaches and activity leaders. Information sharing should always respect confidentiality and obtain appropriate consent.

Resource Allocation and Sustainability

Sustainable implementation requires adequate resources including financial support for professional services, time for training and coordination, materials and equipment for therapeutic activities, and access to technology for digital storytelling and online resources. Organizations should conduct a needs assessment to identify existing resources and gaps, develop a budget for mental health initiatives, seek funding from government, nonprofit, and philanthropic sources, and regularly evaluate the return on investment in terms of improved outcomes for children.

CHAPTER 6

SOCIAL-EMOTIONAL LEARNING FRAMEWORK

The program is firmly grounded in social-emotional learning (SEL) theory, a framework that emphasizes the development of emotional competencies that are essential for children's overall well-being and academic success. SEL posits that children must acquire five core competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making, to navigate their environments effectively and build healthy relationships.

In this program, the primary focus is on self-awareness and self-regulation, which are the foundation of all other emotional competencies. By understanding their own emotions, children gain the ability to respond thoughtfully rather than react impulsively, which is crucial for both personal development and positive social interactions. To support the development of self-awareness, the program uses visual tools such as an emotional thermometer, which allows children to rate their feelings along a continuum. Such visual aids are particularly effective for children aged 6–10, where abstract concepts such as internal emotional states can be challenging to grasp without concrete representations.

An essential complement to self-awareness is the development of self-regulation skills, particularly in managing stress and intense emotions. The program incorporates relaxation techniques such as guided imagery and diaphragmatic (deep) breathing. In guided imagery, children are encouraged to envision a peaceful environment, such as a forest, beach, or quiet park, engaging multiple senses to enhance the immersive experience. Diaphragmatic breathing is a practical and evidence-based method that triggers the parasympathetic nervous system, signaling the body that it is safe and helping to reduce acute stress and anxiety. These strategies are designed to be accessible, age-appropriate, and repeatable, providing children with tools they can employ independently in moments of emotional challenge.

Another cornerstone of the program is the use of self-reflection exercises, implemented as an "emotion journal." Journaling encourages children to reflect on their emotional experiences by naming their feelings, analyzing the causes, and considering adaptive strategies for coping. Regular expressive writing enhances mood, promotes emotional awareness, and reduces stress in children and adolescents. By validating their feelings and giving them structured tools for reflection, journaling helps children understand that emotions—whether positive or negative—are normal, manageable, and temporary.

The program also emphasizes interpersonal support and peer relationships, recognizing that children's social environments are critical to their emotional development. Positive peer relationships contribute to increased self-esteem, enhanced happiness, and reduced risk of depressive or anxious symptoms. Conflict-resolution exercises are designed to help children navigate disagreements constructively. Through these activities, children practice assertive communication, learning to express their emotions clearly without blaming others, identify underlying issues, and collaborate on solutions. These exercises foster empathy, perspective-taking, and prosocial behavior, providing children with critical interpersonal skills.

Stress management forms the foundation of emotional support, which focuses on teaching children to recognize stressors and implement coping strategies. By learning to identify "triggers" and understand patterns in their responses, children develop the capacity for anticipatory coping, which enables them to prevent or mitigate stressful reactions before they escalate. Creating a personalized coping "toolbox" allows children to select and apply strategies that are meaningful to them, such as drawing, listening to music, or engaging in physical activity. This approach promotes autonomy, resilience, and adaptability.

session 1 KNOWING MYSELF AND MANAGING MY EMOTIONS

Activity 1:

My Emotional Thermometer

Duration: 15 minutes.

Each child receives a visual template of a thermometer divided into five emotional levels (e.g., very happy, happy, neutral, sad, very sad). At the start of the session, children mark their current emotional state using colors.

This activity introduces children to emotion identification and helps them establish a reference point to compare their feelings at the end of the session. By visualizing emotions, children enhance self-awareness, a core component of emotional intelligence, which allows them to recognize, label, and monitor their moods. The simplicity of the thermometer aligns with developmental needs where concrete visual aids are essential for understanding abstract internal states.

Materials: Thermometer templates, colored pencils or markers.

Theoretical Justification: Visual aids help children externalize their emotions, promoting metacognition and self-reflection. Repeated practice strengthens emotional vocabulary and supports emotional regulation skills, which are foundational to social-emotional learning.

Activity 2:

What Do I Feel and Why?

Duration: 30 minutes.

Using everyday examples (e.g., passing a test, arguing with a friend, waiting for an exciting event), the basic emotions—joy, sadness, anger, fear, and surprise—are introduced, along with strategies for identifying their causes. Children match situations with the corresponding emotions using illustrated cards.

This interactive approach helps children recognize and label their emotions, increasing awareness of their internal states and fostering emotional literacy.

Materials: Cards with images depicting emotions and common daily situations.

Theoretical Justification: Linking emotions to concrete situations allows children to practice emotional attribution and cause-and-effect reasoning, supporting both cognitive and emotional development. This practice also strengthens self-reflection skills and enhances children's ability to predict their own reactions and plan appropriate responses.

Activity 3:

The Emotion Diary

Duration: 45 minutes.

Children receive a worksheet with simple reflective questions: How did I feel this week? What happened to make me feel that way? What can I do next time I feel this way? Children decorate their diary (a folder or notebook) to personalize it and make it a safe space for expressing emotions throughout the month.

This activity encourages habitual emotional reflection and helps children develop strategies for emotional regulation.

Materials: Question templates, blank sheets, stickers, colored pencils.

Theoretical Justification: Reflective journaling supports emotional disclosure and provides a structured method for children to process feelings, identify patterns, and develop coping strategies. It also validates children's experiences, promoting emotional security and self-efficacy.

Activity 4:

Guided Relaxation

Duration: 30 minutes.

Children sit comfortably and listen to a guided narration that leads them to imagine a calm and happy place (e.g., forest, beach, or park). Afterward, they draw their imagined space, reflecting on the sensory details they experienced.

This activity teaches a basic relaxation technique that children can use in moments of stress or emotional overload.

Materials: Soft music, paper, colored pencils.

Theoretical Justification: Guided imagery and relaxation exercises reduce physiological and psychological stress, improve focus, and strengthen emotional regulation. These strategies provide children with practical self-soothing techniques, promoting resilience and helping them cope with stressors in daily life. Integrating creative expression through drawing also supports cognitive and emotional processing.

session 2 BUILDING SUPPORT NETWORKS

Activity 1:

Finding My Buddy

Duration: 20 minutes.

Each child receives a card with the name of a character. Children then find their corresponding "buddy". Once paired, children are encouraged to act as partners until the next session, supporting each other by checking in, helping solve minor problems, and providing emotional support.

Theoretical Justification: Pairing children encourages cooperative learning and builds social awareness and relationship skills, which are central to SEL. Positive peer interactions support empathy, prosocial behavior, and mutual support, enhancing emotional regulation in real-life social contexts.

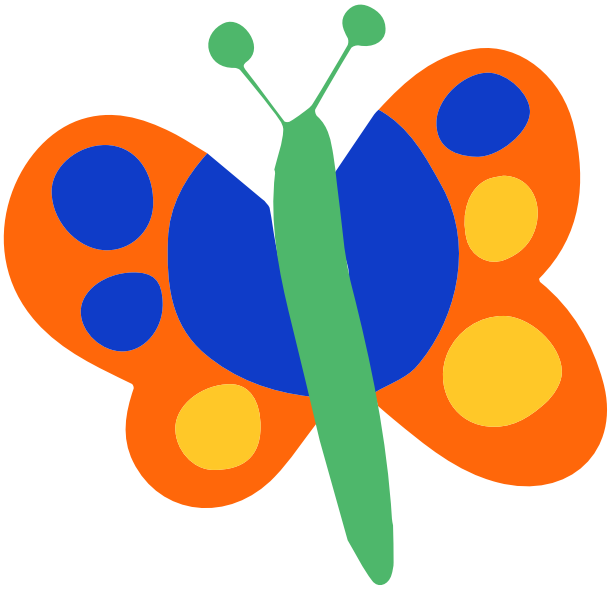
Activity 2:

Solving Together

Duration: 40 minutes.

Children are divided into small groups (4 children; 2 pairs of buddies) and given simulated conflict scenarios (e.g., two children want the same toy, a classmate interrupts). Each group discusses the situation and enacts a positive solution to the conflict.

Theoretical Justification: Conflict-resolution exercises teach assertive communication, problem-solving, and perspective-taking. Children learn to identify emotions during conflicts, regulate reactions, and collaborate to resolve issues, fostering social competence and prosocial behaviors.

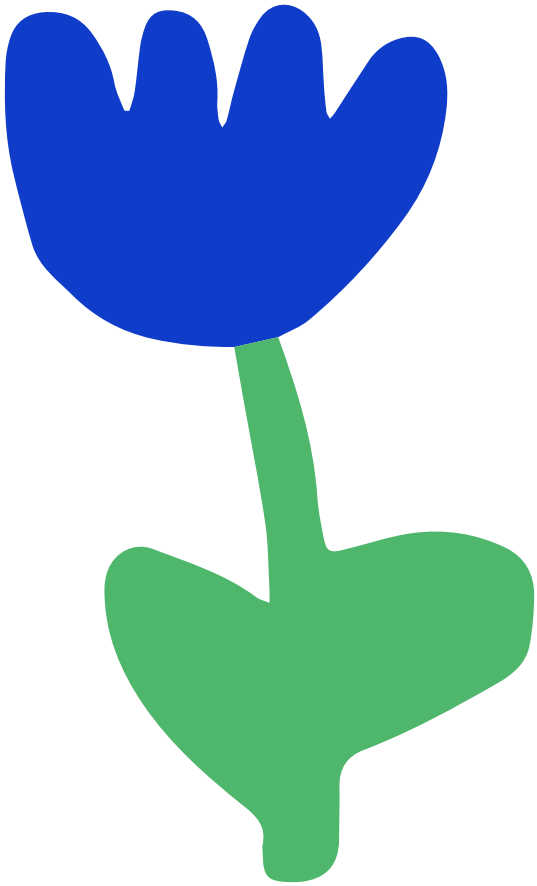


Activity 3:

The Support Network

Duration: 30 minutes.

Each child writes a way they can support a classmate (e.g., "listen when someone is sad" or "play with someone alone") on a card. Cards are pinned to a mural with connecting threads, creating a visual "support network." Alternatively, a ball of yarn can be tossed among children to form a circular web.



Theoretical Justification: This activity emphasizes social responsibility, empathy, and connectedness, central competencies in SEL. Visualizing the network demonstrates how small supportive actions create a community of care, reinforcing mutual accountability and social cohesion among children.

Session 3 STAYING CALM – STRESS MANAGEMENT STRATEGIES

Activity 1:

The Emotions Roundtable

Duration: 30 minutes.

The facilitator tells a story about a child, Ana, who seems stressed and sad. Children write on a paper what they think might be happening with Ana. Responses are read aloud, and the group collaborates to propose constructive solutions.

Theoretical Justification: This activity develops empathy, perspective-taking, and problem-solving skills. It also supports social-emotional reasoning, as children analyze others' emotions and consider adaptive responses, which can help prevent social withdrawal and internalizing problems such as anxiety or depression.

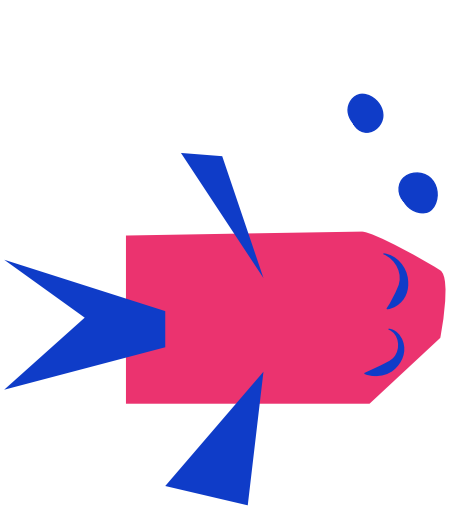
Activity 2:

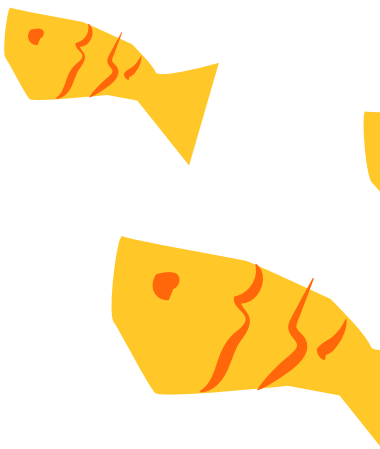
What Stresses Me and How I Cope

Duration: 30 minutes.

Children identify common stressors in their daily lives (tests, conflicts, changes) and learn simple strategies for managing them, including deep breathing and brief movement breaks. They then create a personal list of their preferred "anti-stress strategies."

Theoretical Justification: Learning to recognize triggers and coping strategies is foundational to stress management and resilience. By identifying stressors and practicing coping techniques, children enhance self-regulation and problem-solving skills, which can mitigate the negative effects of stress on emotional well-being and academic performance.





Activity 3:

The Anti-Stress Toolbox

Duration: 45 minutes.

Children decorate an envelope to hold drawings, phrases, or symbolic tools representing strategies to manage stress (e.g., listening to music, breathing exercises, drawing). This creates a personal visual resource for moments of stress.

Theoretical Justification: Providing children with a tangible, personalized resource enhances self-efficacy, autonomy, and emotional regulation. Visual and symbolic representation of coping strategies strengthens memory and reinforces practice, consistent with mindfulness and SEL interventions.

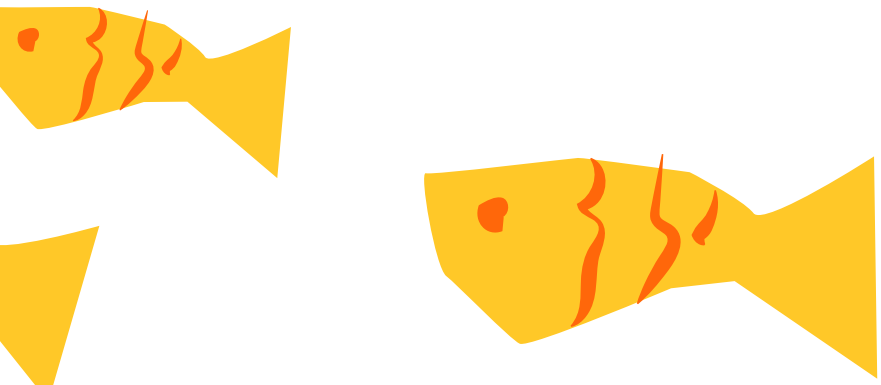
Activity 4:

Breathe and Release

Duration: 15 minutes.

Children practice diaphragmatic breathing exercises in a guided session, focusing on releasing tension and cultivating calmness. The session ends with quiet reflection and mental clarity.

Theoretical Justification: Diaphragmatic breathing activates the parasympathetic nervous system, reducing physiological stress and promoting mental clarity. Teaching this as a routine tool for emotional regulation helps children self-soothe and manage stress, which supports resilience and prevents maladaptive responses like anxiety or anger outbursts.



CHAPTER 7

DIGITAL STORYTELLING FOR EMOTIONAL EXPRESSION

Digital storytelling is a powerful approach for supporting children's emotional development. By using digital tools to create narratives, children can express emotions, develop resilience, explore diverse perspectives, and strengthen social-emotional competencies.

The following sessions integrate digital storytelling with emotional learning objectives, utilizing accessible tools such as Make Beliefs Comix and Bubblr.

Additional digital storytelling activities (session 6-10) expand these core sessions, including emotion mapping that visually represents emotions felt at each stage of an experience; digital storytelling for gratitude that emphasizes how recognizing positive experiences supports emotional health; coping strategies storyboards that illustrate the problem, coping technique, and resolution; digital story collages featuring diverse characters and perspectives; hero's journey for self-reflection where children structure personal experiences as a hero's narrative; digital story feedback circles providing constructive peer feedback; and digital story showcases celebrating achievements.

Each of these activities reinforces core social-emotional learning competencies while providing varied and engaging platforms for emotional expression, peer connection, and creative development.

Session 4 Conflict Resolution Through Digital Storytelling

Activity 1:

Story of a Conflict

Duration: 40 minutes.

Children brainstorm a story based on a conflict scenario (e.g., two friends disagreeing over a game). Using Make Beliefs Comix, they create characters and scenes to illustrate the problem and propose constructive solutions. After creating the story, each group shares it with the class, highlighting peaceful strategies for resolving the conflict.

Theoretical Justification: Using storytelling to navigate conflicts promotes problem-solving, perspective-taking, and emotional regulation. Visualizing conflicts in narrative form helps children externalize feelings and explore alternative solutions. Digital storytelling also enhances 21st-century skills, including creativity, collaboration, and digital literacy.

Activity 2:

Walk in Their Shoes

Duration: 45 minutes.

Children select a character from a story or comic and re-tell the narrative from that character's perspective using Bubblr. The activity encourages them to explore the character's thoughts, feelings, and motivations. At the end, students discuss how understanding different perspectives can foster empathy in real-life situations.

Theoretical Justification: Narrative perspective-taking develops empathy and social cognition, allowing children to understand diverse experiences and emotions. This aligns with SEL's social awareness competencies, helping students recognize and respond to others' emotional states.

Sessions 6–10:
Additional Digital Storytelling Activities

session 5 EMOTION COMICS

Activity:

Creating Emotion Comics

Duration: 40 minutes.

Children create a short digital comic depicting a personal experience that evoked strong emotions (happiness, frustration, fear, or excitement). They identify the emotion, describe triggers, and illustrate how they managed it. Students then present their comics in small groups to discuss different strategies for coping with emotions.

Theoretical Justification: Representing emotions visually and narratively improves emotional literacy and regulation. Expressive digital storytelling allows children to externalize and process feelings, supporting resilience and self-reflection. Recognizing emotional patterns supports self-regulation and coping strategies, empowering children to manage their feelings proactively.

session 6 SELF--EXPRESSION

Activity:

Session 6 emphasizes self-expression and authentic voice through personal digital stories.

Duration: 50 minutes.

Children are guided to create a digital story about a personal experience or aspiration. They incorporate images, text, and speech bubbles to convey their thoughts and feelings authentically. At the end, children share their stories with peers, highlighting their personal voice and creative choices.

Materials: Computers/tablets, Make Beliefs Comix, digital story templates.

Theoretical Justification: Providing a platform for self-expression supports identity development and emotional competence. Digital storytelling combines creativity, communication, and reflection, reinforcing both emotional and cognitive skills.

session 7 DIVERSITY AND INCLUSION

Session 7 explores diversity and inclusion through collaborative storytelling featuring characters from diverse backgrounds.

Duration: 45 minutes.

Children are assigned to co-create a story featuring characters from diverse cultural, social, or ability backgrounds. Using digital storytelling tools, they emphasize inclusion, collaboration, and respect for differences. Stories are shared and discussed to reinforce acceptance and appreciation of diversity.

Materials: Bubblr, Make Beliefs Comix, storyboards.

Theoretical Justification: Exploring diversity through storytelling fosters empathy, social awareness, and cultural competence. Collaborative digital projects allow children to internalize the values of inclusion while developing critical thinking and communication skills.

session 8 RESILIENCE BUILDING

Session 8 builds resilience by creating stories about overcoming challenges.

Duration: 50 minutes.

Children create a digital story about a character facing a challenge (e.g., learning a new skill, coping with failure) and how the character overcomes adversity using resilience strategies. Stories are shared, and children discuss lessons learned about persistence, adaptability, and problem-solving.

Materials: Computers/tablets, Make Beliefs Comix, storyboards.

Theoretical Justification: Narrative reflection on challenges promotes resilience and self-efficacy by modeling adaptive coping strategies. Digital storytelling encourages children to internalize lessons of perseverance and growth mindset, connecting emotional experiences with actionable strategies.

session 9 POSITIVE RELATIONSHIPS

Session 9 develops relationship skills through team storytelling about friendship and collaboration.

Duration: 45 minutes.

Children work in small groups to create a collaborative digital story about friendship, collaboration, or community support. Each group member contributes to character development, plot, or dialogue, emphasizing cooperation and mutual respect.

Materials: Make Beliefs Comix, Bubblr, tablets, storyboards.

Theoretical Justification: Group storytelling develops teamwork, communication, and conflict-resolution skills. By collaborating digitally, children practice cooperative problem-solving and empathy, strengthening social-emotional competencies while developing digital literacy.

session 10 PERSONAL GROWTH AND REFLECTION

Session 10 emphasizes personal growth and self-reflection through narratives about individual emotional journeys.

Duration: 50 minutes.

Children create a digital narrative reflecting on their own emotional journey throughout the program. They highlight insights, lessons learned, and personal growth. Stories are shared in a supportive environment, encouraging discussion of self-awareness, resilience, and future goals.

Materials: Make Beliefs Comix, Bubblr, tablets, storyboards.

Theoretical Justification: Reflective digital storytelling enhances self-awareness, emotional intelligence, and metacognition. Documenting personal growth helps children consolidate learning, celebrate achievements, and reinforce positive identity development.

CHAPTER 8

INOVATIVE MEHODS – OUTDOOR ADVENTURE THERAPY

Outdoor Adventure Therapy was the first innovative method piloted in the HMHC project, focused on using outdoor sports and adventure activities as therapeutic tools for children facing emotional and behavioral challenges. The program included three expeditions in the mountains near Mozirje in Slovenia, with 60 children participating (including 10 children with disabilities). All activities were carefully planned according to an emotional resilience curriculum developed for the project and conducted under the supervision of trained therapists and coaches.

What the Evidence Says

The literature review within HMHC research confirms that nature-based interventions improve mental health outcomes. A cluster randomised clinical trial from 2024 found that children aged 10 to 12 who spent two hours per week in a natural environment showed reduced emotional distress and were calmer and more attentive in class. A meta-analysis from Education Sciences (2025) confirmed positive effects on mood, anxiety reduction, peer relationships and ecological awareness in children aged 6 to 18.

General Therapeutic Goals

Promoting emotional regulation and self-esteem

Improving social skills through group interaction

Developing a supportive peer group that shares common experiences

Promoting a sense of community, belonging and personal growth

Building resilience through structured physical challenges

activity 1

HIKING AND NATURE EXPLORATION

Duration: approximately 2–3 hours (including breaks and reflective activities).

Materials: appropriate footwear and clothing, backpacks, water, first aid kit, emotion cards.

Hiking was the central activity of the programme, designed not only as a physical challenge but as a structured therapeutic experience in a natural setting. Children walked along a predetermined trail suited to different fitness levels, including adaptations for children with disabilities.

The trail was divided into several sections, each including pre-planned stopping points where brief mindfulness and emotional reflection activities were conducted. At the first stop, children participated in a "listening to silence" exercise—standing still for one minute with closed eyes, listening to the sounds of nature around them (birdsong, wind rustling, brook babbling), then sharing what they heard and how they felt.

At the second stop, an "emotional terrain map" activity was conducted—each child received a simple paper with a trail outline and coloured stickers (green = calm/happy, yellow = excited/nervous, red = difficult/tired), and marked how they felt at different points along the way.

During walking, therapists led informal conversations with children in small groups, using the "walk-and-talk" method. This approach uses the rhythm of walking and the absence of direct eye contact to create a relaxed atmosphere in which children open up more easily. Topics discussed included: what makes me happy, what worries me, who is important in my life, what I would like to change. Each group had the task of finding and identifying five different natural elements on the trail. At the final point of the trail, each child chose one natural object (stone, branch, leaf) that reminded them of something they learned about themselves during the day—"emotional souvenirs" that children took home as a tangible reminder of the experience.

Therapeutic effects: development of emotional regulation through physical exertion and reflective pauses; promoting mindfulness in a natural environment; building self-confidence by overcoming physical challenges; strengthening social bonds through shared experience; developing emotional vocabulary; fostering connection with nature as a resource for emotional well-being.

activity 2 ROCK CLIMBING

Duration: approximately 1.5–2 hours.

Facilitators: certified climbing instructors + therapists.

Materials: climbing equipment (harnesses, helmets, ropes), crash pads.

Rock climbing was designed as a key activity for building self-confidence, emotional regulation and mutual trust. The activity took place at a safe, secured climbing site with different difficulty levels so that every child could participate according to their abilities.

Before climbing began, an introductory session was conducted: familiarisation with equipment and safety rules, demonstration of basic techniques, and a discussion about fear and courage. Therapists led a discussion about what it means to face something that scares us, how we recognise fear in the body (rapid pulse, sweaty palms, tension) and what we can do to calm ourselves (deep breathing, positive self-talk, focusing on the next step).

Children climbed in pairs—while one child climbed, the other was on the ground in the role of "voice navigator", giving encouragement and instructions.

After each climb, the child sat with a therapist for a brief reflection: What did I feel before climbing? What did I feel at the top? What surprised me about myself? Answers were recorded on a "climbing emotion map"—a visual representation of the emotional journey from base to summit.

For children who felt too much fear, an alternative was provided—horizontal movement on low structures (bouldering) or the role of voice navigator.

Therapeutic effects: facing fear in a controlled environment; developing emotional regulation strategies in stressful situations; building trust between children; fostering a sense of achievement; learning that courage does not mean the absence of fear but acting despite it; developing empathy through the navigator role.

activity 3 TEAM-BUILDING EXERCISES

Duration: approximately 1.5–2 hours (total for all exercises).

Location: open meadow or forest clearing.

Materials: blindfolds, ropes, natural materials, flags, emotion cards.

Team-building exercises were a crucial segment of the programme connecting physical activities with emotional and social learning. Children worked in small groups of 4–5, and five structured exercises were conducted.

Trust Walk: Children worked in pairs. One child was blindfolded while the other guided them solely through voice instructions through natural terrain with mild obstacles. The guide must not touch their partner—using only voice with clear, short instructions. The guided child could say "Stop" at any time if they felt unsafe. Roles were switched after 10 minutes.

Human Knot: A group of 8–10 children stood in a tight circle, facing inward. Each child extended both hands toward the centre and randomly grasped the hands of two different children. The resulting "human knot" had to be untangled into a circle without letting go of hands.

Therapeutic effects: developing collaborative problem-solving, encouraging communication, learning patience and frustration tolerance, experiencing that working together is more effective than individual effort.

Minefield Crossing: An area (approximately 10x10 metres) was marked on a meadow with randomly placed markers ("mines"). A team of 4–5 children had to guide each member from one side to the other. The crossing child is blindfolded, and the team guides them by voice only. If they touch a "mine", they return to the start and the next member takes over.

Therapeutic effects: strengthening trust and responsibility for others, developing strategic thinking, practising clear communication under pressure, facing failure as part of the learning process.

Shelter Building: Small groups of 4–5 children were tasked with building a shelter from exclusively natural materials within a set time of 30 minutes. Before building, each group had 5 minutes for planning. After completion, groups visited each other's shelters and gave positive feedback.

Gratitude and Courage Circle: At the end of the programme, all participants sat in a circle outdoors. Each child received two cards: green ("Something I'm proud of today") and blue ("Something that was hard for me, but I tried"). Children took turns sharing their cards with the group, and others clapped or said "Bravo!" after each statement. The therapist summarised common themes and concluded with a positive message.

Therapeutic effects: developing emotional literacy, normalising conversations about difficult emotions, strengthening belonging and acceptance, practising self-reflection and gratitude.

activity 4 RUNNING AND GYMNASTICS

Duration: approximately 1–1.5 hours.

Location: open area.

Materials: marking cones, balls, skipping ropes, exercise mats, music speaker.

The running and gymnastics segment combined physical movement with elements of emotional regulation and group cooperation through three main parts.

Emotional Warm-up: Instead of a traditional warm-up, coaches used an approach connecting movement with emotions. Children ran in a circle, and the coach periodically called out an emotion name—children adapted their movement: "joy" (jumping and laughing), "sadness" (slowly, heads down), "anger" (stomping feet firmly on the ground), "fear" (on tiptoes, quietly), "courage" (arms raised high, wide stride). This exercise taught children that emotions have a physical expression and that they can be recognised in the body.

Relay Games with Emotional Challenges: Children were divided into teams of 4–5 and participated in relay games with modifications. Each leg included a physical task (running to a cone and back) and an emotional task—a card with a question stood at the cone that the child had to answer aloud: "Name one thing that makes you happy", "Say something nice about the person running behind you", "Name one thing you're good at".

Additionally, a "cooperative race" was conducted in which children ran in pairs holding hands or carrying a shared object—the focus was not on speed but on coordination and finishing together.

IMPLEMENTATION GUIDELINES:

1

START WITH SMALL STEPS

You don't need mountains—start with a local park, forest or school garden. Even two hours a week in nature bring proven benefits.

2

STRUCTURE THE EXPERIENCE

Include concrete goals for each outing (e.g. naming emotions, team challenge, mindfulness moment). Develop an emotional resilience curriculum to guide activities.

3

ENSURE SAFETY

Implement safety protocols and risk assessments. Organise introductory sessions before expeditions. Ensure maintained equipment and supervised activities.

4

INCLUDE EVERYONE

Adapt activities for children with disabilities. Provide culturally sensitive and inclusive programming. Offer options adaptable to sensory needs.

5

INDIVIDUALIZE YOUR APPROACH

Each child connects with nature differently—some through physical activity, others through observation, art or caring for animals.

6

COMBINE MOVEMENT WITH MINDFULNESS

Incorporate moments of silence, nature observation and deep breathing into active outdoor sessions.

CHAPTER 9

SPORTS MENTORSHIP FOR EMOTIONAL RESILIENCE

Sports Mentorship for Emotional Resilience was the second innovative method piloted in the HMHC project, implemented in Split, Croatia. The programme included 15 children (of whom 5 were refugees from Ukraine) with 5 sports mentors—professional or university athletes and coaches—who provided guidance, support and positive role modelling. The mentorship consisted of eight individual lessons (one-on-one), with an emphasis on building resilience and coping strategies through sport.

Programme Organisation and Participant Selection

Each mentor was responsible for three children, which enabled personalised guidance adapted to the needs and circumstances of each child. Mentors were selected according to the following criteria: personal experience in overcoming challenges (sports-related, personal or emotional); ability to communicate with children in an accessible and empathetic manner; willingness to share personal stories about failures, recovery and perseverance; and cultural sensitivity and openness to working with children from diverse backgrounds, including refugees from Ukraine.

What the Evidence Says

The literature review within HMHC research found that exercise reduces symptoms of depression in children and adolescents. Research from the United Kingdom from 2024 confirmed that adolescents in sports mentoring programmes show positive behavioural changes, strengthened bonds with mentors and development of life skills. The Copenhagen Consensus Conference of 2024 recommended a four-level systemic approach to promoting well-being in children's sport. Research also shows that positive childhood experiences such as mentoring, play and physical activity can mitigate risks associated with adverse childhood experiences, with a documented 9% reduction in self-harm among groups who regularly engaged in sport despite four or more adverse experiences.

8 LESSONS: DETAILED PROGRAMME CONTENT

Lesson 1:
Getting to Know Each Other and My Story

The first lesson is dedicated to establishing a trusting relationship. The mentor and child get to know each other through a light sports activity (e.g. walking together, passing a ball). The mentor shares their personal story—how they started in sport, what was difficult at the beginning, who helped them. The child is invited to share something about themselves: what they like, what they do, what makes them happy. The goal is to create a safe environment where the child feels accepted and heard. At the end of the lesson, the mentor and child together define "rules of our relationship"—respect, honesty, the right to silence, fun.

Lesson 2:
Recognising Emotions Through Movement

The mentor introduces the concept of emotions through the body. Together they go through an exercise in which the child demonstrates what joy, sadness, anger and fear look like in the body (body posture, facial expression, way of moving). The sports activity includes short games in which movement changes depending on the emotion. The mentor shares an example from their own sports experience: "When I was nervous before a match, I felt tension in my shoulders and stomach. I learned to recognise it and use deep breathing." The child learns that emotions are normal and can be recognised in the body.

Lesson 3:
Setting Goals – Small Steps, Big Successes

The mentor teaches the child about goal-setting using examples from sport. Together they set one sports goal (e.g. "Learn 10 free-throw baskets") and one personal goal (e.g. "Say something nice to a classmate every day"). The mentor uses the small steps method: breaking down a big goal into smaller, achievable parts. They share how they used this method themselves: "When I wanted to run a marathon, I couldn't even run 2 km. Every week I added a little more." The child receives a simple "goal diary" to record progress until the next lesson.

Lesson 4:
Coping with Failure

A key lesson in the programme. The mentor and child together participate in a sports activity where failure is an integral part (e.g. target shooting, shooting at goal, balance beam). The mentor deliberately shows their own failure and verbalises the coping process aloud: "I missed. I feel frustrated. But I know that trying again is not weakness—it's courage." The child practises positive self-talk after failure: instead of "I can't do it", they learn to say "I can't do it yet, but I'm learning." The mentor shares a personal story about their biggest sports or life failure and how they overcame it.

Lesson 5:
The Strength of the Team – You Don't Have to Do It Alone

The mentor and child discuss the importance of seeking help and support from others. The sports activity includes a cooperative game in which the task cannot be solved alone (e.g. passing a ball in pairs to score, running together in a coordinated rhythm). The mentor shares an experience of when they had to seek help: "I had an injury and thought I was finished. But the physiotherapist, coach and family helped me come back." The child identifies their "support network"—drawing a simple map of people they can turn to when things are difficult. Special attention is given to refugee children—discussing building new connections in a new environment.

Lesson 6:
Stress Management and Calm Under Pressure

The mentor introduces stress management techniques applicable in both sport and everyday life. Together they practise three concrete techniques: (1) "4-4-4 Breathing"—inhale for 4 seconds, hold for 4 seconds, exhale for 4 seconds; (2) "Progressive relaxation"—tensing and relaxing muscle groups; (3) "Success visualisation"—closing eyes and imagining successfully performing a task. The mentor explains how they use these techniques in sport: "Before an important match, I always use 4-4-4 breathing. It helps me focus." The child practises the techniques during a brief sports simulation under "pressure".

Lesson 7:
My Progress and My Strengths

The mentor and child review the goal diary from Lesson 3 and discuss progress. What has the child achieved? What was harder than expected? What have they learned about themselves? The mentor helps the child identify personal strengths—not just athletic but also emotional and social (e.g. "You are someone who doesn't give up", "You are a good friend", "You are brave because you tried something new"). The child writes or draws their "Strength Map"—a visual representation of their own qualities and achievements.

Lesson 8:
Closing and Looking Ahead

The final lesson is dedicated to closing the mentoring relationship in a positive way and preparing the child to continue independently. The mentor and child together go through everything they've learned: recognising emotions, setting goals, coping with failure, seeking help, calming techniques, personal strengths. The child receives "My Journey Book", a simple notebook in which they recorded experiences throughout all lessons, which now becomes a permanent reminder. The mentor writes a personal message to the child in the book. Together they define a "plan for the future", one goal for the next month and one person the child can turn to. The farewell ritual includes a brief sports activity that both enjoyed during the programme and a shared photograph.

SPECIAL ADAPTATIONS FOR REFUGEE CHILDREN

Five refugee children from Ukraine were included in the programme with special adaptations. Mentors were trained in advance about the specific challenges faced by refugee children: loss of home and familiar environment, language barriers, cultural adaptation, possible traumatic experiences. Adaptations included language support using simple language, visual aids and interpreters as needed; cultural sensitivity respecting cultural differences in emotional expression and physical contact; a gradual approach with more time for building trust, without pressure to share traumatic experiences; focus on safety and belonging emphasising that the child is welcome, safe and belongs; and connecting with a support network helping to identify new friends, trusted adults and available resources in the new environment.

Expected Programme Outcomes

Strengthened emotional resilience and motivation for facing challenges

Improved mental health outcomes through positive role modelling and a stable relationship with an adult

Development of concrete coping strategies: deep breathing, positive self-talk, visualisation, goal-setting

Reduced feelings of isolation and anxiety, especially for refugee children

Enhanced sense of belonging, self-worth and recognition of personal strengths

Development of help-seeking skills and building a support network

IMPLEMENTATION GUIDELINES:

Select mentors children can identify with: Mentors don't have to be professional athletes—local sports leaders, university athletes, volunteers or older students can be equally effective. The key is that they have personal experience in overcoming challenges and the ability to communicate empathetically. Develop a mentor guide: The 8-lesson programme can be adapted to your context. Each lesson should have a clear structure: introductory sports activity (15 min), core conversation/exercise (20–25 min), closing reflection (10 min). Ensure consistency: The mentoring relationship is built over time. Eight sessions is the minimum—interruptions or changes of mentors should be avoided as they undermine trust. Integrate mental health literacy: Sport is the entry point, but conversations about emotions, stress and seeking help are the central part of each session. Ensure trauma-informed practice: Train mentors to recognise signs of distress and respond with empathy. Never force a child to share something they don't want to. Involve parents: After each lesson, send brief information to parents about the session topic and a suggestion for how they can support the child at home. Adapt for vulnerable children: For refugee children, children with disabilities and children without adequate parental care, ensure additional support, language adaptations and greater flexibility in the pace of the programme.

CHAPTER 10

ROLE-PLAYING EXERCISES AND PRACTICAL SCENARIOS

Role-playing exercises were an integral part of HMHC mental health first aid training. The following scenarios can be used by parents, teachers and coaches to practise mental health first aid skills and develop appropriate responses to common situations.

4 SCENARIOS: PROGRAMME CONTENT

Scenario 1:
A Child Withdraws from Activities

A twelve-year-old who was previously enthusiastic and sociable has become quiet, avoids group activities and appears tired and uninterested. Their grades have dropped. When you ask if everything is OK, they say "I'm fine" and avoid eye contact.

Exercise: Approach the child privately, in a calm and caring tone. Say something like: "I've noticed you seem a little different lately and I want you to know that I'm here if you ever want to talk." Do not pressure them to open up immediately. Show consistent, gentle interest over several days. If the behaviour continues, consult the school psychologist or recommend that the family seek professional advice.

Scenario 2:
A Parent Dismisses the Child's Emotions

During a parent meeting, you express concern about a child who often cries and shows signs of anxiety. The parent responds: "Oh, they're just pretending. Children today are too sensitive."

Exercise: Respond with empathy: "I understand this may seem like usual behaviour to you and I appreciate your perspective. What I've noticed is that [child's name] has been consistently upset and it's affecting their ability to participate in class. Sometimes children express stress in ways that aren't immediately obvious. Could we work together to see what we can do to help them feel more comfortable?"

Scenario 3:
A Child Expresses Hopelessness

During a sports mentoring session, a thirteen-year-old says: "Nothing makes sense. I can't do anything right."

Exercise: Take this seriously. Sit with the child at their eye level and say: "I hear you and what you're feeling sounds really hard. Can you tell me more about what's going on?" Listen without interrupting. Validate their feelings. If the child expresses thoughts about self-harm, immediately follow the child protection protocol and connect them with a professional. Never promise to keep such disclosures secret.

Scenario 4:
Peer Conflict and Social Media

A group of children is excluding a classmate because of something posted on social media. The excluded child is visibly upset and refuses to participate in activities.

Exercise: Approach the situation both individually and as a group. First, check in privately with the excluded child to provide support. Then, without naming the child, hold a class discussion about online behaviour, empathy and the impact of social exclusion. Conduct a restorative practice in which children can discuss how their actions affect others and agree on respectful behaviour going forward. Inform the parents about the situation.

CHAPTER 11

EXPERT RECOMMENDATIONS

Throughout the HMHC project, recommendations were collected from mental health experts, teachers and other stakeholders from Croatia, Slovenia and Spain. These were supplemented by consultations during online webinars (100 participants), three live conferences (a total of 150 stakeholders) and the Capacity Building Meeting in Granada (30 participants). The HMHC project developed Multi-Domain Support Recommendations, recognising that supporting children's mental health must encompass family, school and extracurricular settings.

Within the Family

Educate parents about mental health first aid, with emphasis on recognising early signs, active listening and de-escalation techniques

Destigmatise conversations about mental health at home

Strengthen family communication by creating dedicated time for check-ins and open emotional dialogue

Limit technology use and model healthy digital habits

Involve parents in school activities related to mental health to bridge the gap between home and school

Within Schools

Introduce mandatory emotional and mental health education in the curriculum, starting from the first grade

Increase the number of school psychologists, pedagogues and counsellors

Ensure regular, structured and accessible teacher training on mental health awareness, early recognition and basic intervention skills

Develop interdisciplinary support teams within schools (teacher + psychologist + pedagogue + social worker)

Reduce class sizes to allow for greater individual attention and emotional support

Implement evidence-based SEL programmes, which the literature shows have lasting positive effects on youth development

Within Extracurricular Activities

Integrate mental health awareness into sports, arts and community programmes

Train coaches, mentors and community leaders to recognise and respond to children's mental health needs

Use the "plus-Sport" model, where sport serves as an engagement mechanism but developmental goals are explicitly integrated

Ensure inclusive and accessible programming for vulnerable children, including children with disabilities, migrant children and refugees

Foster peer support networks and a sense of belonging through group activities

Systemic Recommendations

Stakeholders from all three countries consistently called for systemic changes. The following recommendations are aligned with the joint WHO and UNICEF (2024) guidelines for transforming mental health services for children and adolescents: establish national policies and legal frameworks that define minimum standards of psychological support in schools; increase government investment in infrastructure and workforce development for children's mental health; develop cross-sectoral coordination between health, education, social welfare, youth, sport and justice; transition from reactive (crisis) to proactive (preventive) approaches; include young people in participating in creating services and policies that affect them; and conduct rigorous evaluation of mental health programmes, tracking outcomes of anxiety, depression and protective factors.

CHAPTER 12

ADDITIONAL RESOURCES AND REFERENCES

Recommended Literature and Guides

WHO and UNICEF (2024). Mental Health of Children and Young People: Service Guidance

WHO (2020). Guidelines on Mental Health Promotive and Preventive Interventions for Adolescents: Helping Adolescents Thrive

UNICEF (2021). The State of the World's Children: On My Mind – Promoting, Protecting and Caring for Children's Mental Health

Mental Health Europe – Projekt Mentality and resources Let's Talk About Children

Kaplan, Y. and Levounis, P. (2024). Nature Therapy. American Psychiatric Association Publishing

E-booklet "Mental Health Matters" (Erasmus+) – Practical recommendations for mental well-being

Online Resources

EU Child Participation Platform: https://child-participation.ec.europa.eu

Eurochild: https://www.eurochild.org

Mental Health Europe: https://www.mhe-sme.org

WHO Children's and Adolescents' Mental Health: https://www.who.int/activities/improving-the-mental-and-brain-health-of-children-and-adolescents

HMHC project website for downloadable resources, blogs and additional information

Matters" (Erasmus+) – Practical recommendations for mental well-being

Key References from HMHC Research

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Li, J. et al. (2023). Effect of exercise intervention on depression in children and adolescents. Journal of Affective Disorders, 320, 530–542

Nazari, A. et al. (2023). Web-based interventions on mental health literacy and stigma in young people. BMC Psychiatry, 23, 116

Paunesku, D. et al. (2015). Mind-set interventions are a scalable treatment for academic underachievement. Psychological Science, 26(6), 784–793

Racine, N. et al. (2021). Global prevalence of depressive and anxiety symptoms in children during COVID-19. JAMA Pediatrics, 175(11), 1142–1150

Taylor, R.D. et al. (2017). Promoting positive youth development through school-based SEL interventions. Child Development, 88(4), 1156–1171

Wright, M. et al. (2023). Interventions with digital tools for mental health promotion among 11–18 year olds. JMIR Mental Health, 10, e39750

CHAPTER 13

ASSESSMENT TOOLS AND MENTAL HEALTH SCREENING

Early identification of children at risk requires systematic screening using validated tools. A screening tool is a brief assessment that identifies children who may need more comprehensive evaluation.

Screening should be universal (all children), ongoing (not one-time), and followed by appropriate action when concerns are identified. Common screening tools include behavioral rating scales (teachers or parents rate frequency of concerning behaviors), mood and feelings questionnaires (children report their emotional state), school records (attendance, grades, behavioral reports), and observational tools (adults note changes in functioning).

Screening in Schools

Schools can implement universal screening in primary and secondary grades using brief questionnaires (5-10 minutes) assessing mood, anxiety, behavior, and school engagement. The short Mood and Feelings Questionnaire (used in HMHC research) is a well-validated 8-item tool appropriate for children aged 8-14.

Results provide baseline data, identify children needing more support, and help schools allocate resources effectively. Positive screening results should be followed by more detailed assessment by trained professionals and communication with families.

Screening in Primary Care

Primary care providers (pediatricians, family doctors) are in an excellent position to screen for mental health difficulties during routine visits. Brief screening questions (e.g., "How has your mood been?" "Have you felt worried or anxious?") combined with observation can identify at-risk children.

Providers can normalize mental health discussions, provide psychoeducation, and refer to mental health services or community resources. Training primary care providers in basic mental health screening and first aid is cost-effective prevention.

Family-Based Screening

Parents can use simple observation tools to identify changes in their child's functioning. Key questions include: Has behavior changed from the child's baseline? Is emotional distress persistent (not just occasional bad days)? Is functioning impaired in multiple areas (school, home, social, physical)? Are there physical symptoms (sleep changes, appetite changes, somatic complaints)?

If parents observe persistent concerning changes, seeking professional consultation is appropriate even if others haven't noticed problems yet. Parents know their children best and should trust their instincts.

CHAPTER 14

CASE STUDIES AND BEST PRACTICES

Case Study 1:
School-Wide Implementation of SEL and Mental Health Support

A primary school in Slovenia with 400 students implemented a comprehensive mental health support program combining SEL curriculum, teacher training, and family engagement. The school started by establishing a Mental Health Committee including the principal, teacher, psychologist, pedagogue, and parent representatives. They conducted a needs assessment through surveys and interviews. Based on findings, they implemented: mandatory SEL curriculum in all grades, monthly professional development for teachers, monthly parent workshops on mental health, peer mentoring systems, and a calming corner in each classroom. After one year, teachers reported improved classroom climate, parents reported better understanding of children's emotional needs, and children showed improved social skills and reduced anxiety. Key success factors were strong administrative support, adequate time for teacher training, and involving families as partners.

Case Study 2:
Community-Based Sports Mentorship Program

A sports association in Croatia partnered with a child welfare organization to provide sports mentorship for at-risk youth. They recruited 12 volunteer mentors (university athletes, coaches, professionals) and trained them extensively using the 8-lesson mentorship model. Over one year, 35 vulnerable children participated. The program emphasized emotional resilience through sport. Mentors received ongoing supervision and support. Outcomes included improved school attendance among participants, increased self-esteem and confidence, development of positive peer relationships, and reduced isolation. Parents reported improved behavior at home and increased motivation. The program demonstrated that sport, combined with intentional mentoring focused on emotional development, creates powerful protective factors for vulnerable children.

Case Study 3: Digital Storytelling for Emotional Expression

A special school serving children with emotional and behavioral difficulties in Spain integrated digital storytelling into their curriculum. Over 10 weeks, students created digital stories addressing their experiences and emotions. Teachers noted that children who struggled with verbal communication became more expressive through storytelling. Parents reported increased confidence and willingness to share feelings. Peer presentations fostered acceptance and understanding among classmates. The teacher commented: "Digital storytelling gave voice to children who felt unheard. It transformed how they see themselves and how peers see them."

Best Practice: Trauma-Informed Approach

A trauma-informed approach recognizes that many children have experienced trauma and organizes all interactions accordingly. Key principles include: safety (establishing physically and emotionally safe environments), trustworthiness (clear communication and consistent follow-through), peer support (facilitating connections among children with similar experiences), collaboration (incorporating children's voice and choice), and empowerment (recognizing strengths and building resilience). Practical applications include: explaining procedures and rules before implementing them, providing choices whenever possible, connecting with children's cultural and family contexts, avoiding surprises or sudden changes, and responding to challenging behavior with curiosity rather than punishment. Adults are trained to recognize trauma symptoms and avoid re-traumatization.

Best Practice: Culturally Responsive Mental Health Support

Children from diverse cultural backgrounds may express emotions, respond to support, and view mental health differently based on their cultural context. Culturally responsive practice includes: learning about children's cultural backgrounds and family structures; acknowledging and respecting different approaches to emotional expression and help-seeking; involving cultural and religious leaders as appropriate; avoiding assumptions based on appearance or accent; using interpreters when language barriers exist; and incorporating cultural values and practices into support strategies. For example, some cultures emphasize family collective well-being over individual needs, which should be respected in planning support. Extended family members may play important roles in child-rearing and should be included in discussions.

Best Practice: Universal, Targeted, and Intensive Support Tiers

Effective mental health systems use a tiered approach: Universal Tier includes evidence-based practices accessible to all children (SEL curriculum, mindfulness, physical activity, positive relationships). Targeted Tier provides additional support for children showing early signs of difficulties (small group programs, mentorship, intensive classroom support). Intensive Tier offers individualized professional treatment for children with diagnosed disorders. This approach is efficient and cost-effective, identifying children early before problems escalate, while providing appropriate intensity of intervention. Regular screening and progress monitoring help move children between tiers as needed.

CHAPTER 15

CREATING INCLUSIVE AND ACCESSIBLE MENTAL HEALTH SUPPORT

Effective mental health support must be inclusive and accessible to all children, including those with disabilities, from diverse cultural and linguistic backgrounds, in poverty, in foster care or other vulnerable situations, and those in marginalized communities.

Barriers to access include financial constraints, language differences, transportation challenges, long waiting lists, lack of services adapted for disabilities, discrimination, and distrust of institutions. Addressing these barriers requires intentional effort, resources, and commitment to equity.

Supporting Children with Disabilities

Children with physical, sensory, intellectual, or developmental disabilities experience higher rates of mental health difficulties but face barriers to accessing support. Adaptations include: using accessible communication formats (pictorial, large print, simplified language, sign language); modifying activities so children with different abilities can participate; training providers in disability awareness and communication; allowing additional time for appointments and processing information; involving family members familiar with the child's communication; and using visual and concrete approaches rather than abstract concepts. Self-advocacy skills help children with disabilities assert their needs and rights.

Supporting Refugee and Migrant Children

Refugee and migrant children often experience trauma, loss, cultural dislocation, and discrimination. Mental health support for this population requires: cultural sensitivity and avoiding assumptions; language interpretation and translated materials; understanding different cultural expressions of distress and help-seeking; trauma-informed approaches; involving families and community leaders; and advocacy against discrimination. Building trust is critical and takes time. Support may address not only individual mental health but also family and community healing, and advocacy for systemic changes. The HMHC project included Ukrainian refugee children and adapted all activities to be trauma-informed and culturally sensitive.

Supporting Children in Poverty

Poverty creates stress, limits access to resources, and increases children's vulnerability to mental health difficulties. Supporting children experiencing poverty requires: addressing material needs (food, shelter, clothing) as foundational to emotional well-being; avoiding shame and blame; connecting families with economic resources and benefits they qualify for; advocating for systemic changes; and recognizing strengths and resilience rather than focusing only on deficits. Mental health programs must be free or very low-cost, offered in accessible locations, and responsive to competing demands on families' time and resources.

CHAPTER 16

EVALUATION AND CONTINUOUS IMPROVEMENT

Effective mental health initiatives require regular evaluation to determine whether they achieve intended outcomes. Evaluation should be both process-oriented (Are activities being implemented as planned? Are stakeholders satisfied?) and outcome-oriented (Are children's mental health and emotional skills improving? Are problem behaviors decreasing?). Common indicators include reduced anxiety and depressive symptoms, improved academic performance, better peer relationships, decreased behavioral problems, increased school attendance, and improved family relationships.

Evaluation Methods

Multiple methods provide comprehensive understanding: quantitative measures (standardized questionnaires, pre/post surveys, school records), qualitative interviews and focus groups with children, parents, and professionals, behavioral observations in school and home settings, and administrative data on attendance and discipline. Data should be collected regularly (baseline, mid-year, end-year) to track progress. Results should be shared transparently with stakeholders and used to adjust and improve programs.

Children's voice is critical in evaluation. Regular feedback from children themselves reveals what approaches are actually helpful, what barriers they experience, and what changes they would suggest. Creating safe, confidential mechanisms for children to provide feedback (anonymous surveys, suggestion boxes, regular conversations) ensures their perspectives are heard and valued. Importantly, feedback should lead to visible changes, demonstrating to children that their voice matters.

appendix

A FREQUENTLY ASKED QUESTIONS

FAQ 1: How do I know if my child's behavior is normal or concerning?

ANSWER: All children have ups and downs in mood and behavior. Normal developmental changes include increased emotion, occasional irritability during transitions, and age-appropriate worries. Concern is warranted when: changes persist for more than two weeks; functioning is impaired in multiple areas (school, home, social); the behavior is significantly different from the child's baseline; physical symptoms accompany emotional changes; the child expresses hopelessness or talks about death. When in doubt, consult a professional.

FAQ 1: Should I tell my child they have a mental health condition?

ANSWER: Yes, with age-appropriate language. Understanding one's condition reduces shame and self-blame. You might say: "Your brain processes some things differently, which sometimes makes you feel anxious. There are strategies we can use to help" or "Sometimes sadness is really strong and lasts a long time. Talking to a professional can help us figure out how to feel better." Frame it matter-of-factly, like other medical conditions. Emphasize that the condition is not the child's fault and that help is available.

FAQ 3: How much should I share about my own mental health struggles?

ANSWER: Appropriate sharing can reduce stigma and help children feel less alone. You might share brief, honest information: "I get anxious too, and here's what helps me" or "I saw a therapist to help with depression—it really helped." Avoid: burdening children with adult problems, making them responsible for your emotional well-being, or sharing details beyond what's age-appropriate. The goal is modeling healthy coping, not seeking support from the child.

appendix

B ADDITIONAL THEORETICAL BACKGROUND

Developmental Psychopathology Perspective

Developmental psychopathology recognizes that children's mental health develops through ongoing interaction with their environment. Mental health difficulties result from complex interactions of biological, psychological, and social factors at different developmental stages. This perspective emphasizes: individuals vary in vulnerability to stressors (some children are more resilient by nature); the same risk factor affects different children differently; multiple risk factors compound the impact; protective factors buffer against stressors; timing matters (sensitive periods of vulnerability); and intervention at any point in development can alter trajectory.

This perspective is hopeful—it suggests that even children facing multiple risk factors can be supported toward healthy development through effective intervention.

Ecological Systems Theory

Bronfenbrenner's ecological systems theory proposes that children develop within nested systems: the microsystem (immediate environments like family and school), mesosystem (connections between microsystems), exosystem (systems indirectly affecting the child like parent's workplace), macrosystem (cultural values and broader societal factors), and chronosystem (changes over time).

This framework reminds us that supporting a child requires attention not just to the child individually, but to all the systems affecting them. A child's anxiety might improve through individual intervention, but will be more sustained if family relationships, school climate, and access to community resources are also addressed.

CONCLUSION: BUILDING A CULTURE OF MENTAL HEALTH

Supporting children's mental health is not a separate initiative—it's foundational to all we do with children. When children feel safe, understood, and supported, they learn better, behave better, relate better, and develop into healthy adults. This toolkit has provided evidence-based strategies, practical approaches, and frameworks for supporting children across family, school, and community settings. Yet the most important ingredient is not found in any program or intervention—it's the presence of caring adults who notice when children struggle, who listen without judgment, who respond with empathy, and who persistently believe in children's capacity to heal and grow. Each of us—parents, teachers, coaches, professionals—can be that caring adult. By learning the strategies in this handbook, you are already making a difference. By implementing these approaches, you create ripples of positive change that extend far beyond the individual child to families, schools, and communities.

Children's mental health is everyone's responsibility. Together, we can create a world where all children have the support they need to thrive mentally, emotionally, and academically.

The HMHC project demonstrates that this is possible—across countries, cultures, and contexts, when people come together with commitment and evidence-based strategies, children's mental health improves.

We invite you to be part of this movement. Use the tools in this handbook. Share knowledge with others. Advocate for policies and resources that prioritize mental health. And most importantly, keep showing up for children with compassion, consistency, and hope.

appendix C

POLICY RECOMMENDATIONS AND SYSTEMS-LEVEL CHANGE

National Policy Recommendations for Mental Health

While this toolkit focuses on individual, family, and organizational practices, sustainable change requires policy support at national and community levels. Recommended policies include: integration of mental health education in school curricula starting at primary level; minimum standards for school psychologists and counselors (e.g., ratios of professionals to students); mandatory mental health training for teachers; accessible, affordable mental health services; paid parental leave supporting family well-being; funding for prevention and early intervention (not just crisis response); anti-stigma campaigns; research funding for children's mental health; inclusion of children's voice in policy development. Policy change requires advocacy—parents, educators, and professionals speaking to policymakers about these priorities. Collective action creates systemic change that individual efforts alone cannot achieve.

Advocacy Strategies for Mental Health

Effective advocacy involves: building coalitions of stakeholders (parents, educators, professionals, youth, organizations) who share commitment to children's mental health; collecting data showing the need (prevalence of mental health difficulties, impact on school and work) and demonstrating effectiveness of interventions; sharing personal stories and experiences (stories are powerful motivators for change); engaging media and public awareness campaigns; developing clear, achievable policy proposals; meeting with elected officials and policymakers; testifying at public hearings; mobilizing constituents to contact representatives; being persistent and strategic (policy change takes time). Every voice matters. Young people advocating for their own mental health support are particularly powerful advocates.

Cross-Sector Collaboration

Effective mental health systems require coordination across sectors. Health sector includes primary care, psychiatry, and psychology services. Education sector includes schools, teachers, counselors, and special education services. Child welfare sector includes family services and child protection. Youth and community sector includes sports, recreation, and community organizations. Justice sector includes police and juvenile justice. Each sector has unique leverage and resources. Cross-sector collaboration ensures no child falls through cracks, enables efficient use of resources, and provides comprehensive support. This requires formal agreements, regular communication, shared training, and evaluation. The HMHC project demonstrated the value of cross-sector collaboration among health, education, and community organizations.

appendix D

RESEARCH FOUNDATIONS AND EVIDENCE BASE

HMHC Project Research Findings

The Healthy Mind – Healthy Child project conducted comprehensive research in Croatia, Slovenia, and Spain including: quantitative survey of 991 children aged 7-14 assessing depressive and anxiety symptoms; qualitative interviews with 45 stakeholders including teachers, psychologists, principals, and parents; systematic literature review of evidence on mental health interventions; consultation with mental health experts through webinars (100 participants) and conferences (150 stakeholders); pilot testing of three innovative methods (Outdoor Adventure Therapy, Sports Mentorship, Digital Storytelling) with 100+ children; evaluation of implementation and outcomes. Key findings showed that more than half of children reported depressive symptoms, that mental health needs are not adequately addressed in current systems, that innovative approaches using nature, sport, and digital media effectively support children's resilience, and that multi-sector collaboration significantly improves outcomes.

International Evidence Base

Research from around the world supports the approaches in this toolkit. Social-emotional learning meta-analyses show improvements in academic achievement, social skills, and mental health outcomes. Nature-based interventions reduce anxiety and depression while improving attention. Sports and mentorship programs build resilience and prevent self-harm. Trauma-informed approaches improve outcomes for children with adverse experiences. School-based mental health programs are cost-effective, preventing later mental health problems and improving educational outcomes. Early intervention in childhood prevents more serious difficulties in adolescence and adulthood. Family involvement in treatment dramatically improves outcomes. These evidence-based approaches are implemented effectively across diverse cultural, economic, and geographic contexts, suggesting universal relevance while maintaining cultural adaptation.

Measuring Implementation and Impact

Organizations implementing mental health initiatives should measure both process (Are we implementing with quality?) and outcomes (Are children improving?). Process measures include: number of staff trained, attendance at training, quality of implementation, fidelity to program components, participant satisfaction. Outcome measures include: standardized scales (Mood and Feelings Questionnaire, SDQ—Strengths and Difficulties Questionnaire), school grades and attendance, behavioral incidents, teacher ratings of functioning, parent reports, qualitative feedback from children. Mixed methods combining quantitative and qualitative data provide comprehensive understanding. Results should be used to celebrate successes, identify areas for improvement, and secure funding and support for continuing programs.

appendix E

GLOSSARY OF KEY TERMS

Attachment: The emotional bond between a child and caregiver that provides the foundation for emotional development and security.

Cognitive-Behavioral Therapy (CBT): A form of psychotherapy that helps people identify and change negative thought patterns and behaviors.

Comorbidity: The presence of two or more mental health conditions in the same person.

Coping: The ways people handle stress, challenges, or difficult emotions.

Developmental Stage: A period of childhood characterized by particular cognitive, emotional, and social abilities.

Emotional Regulation: The ability to manage and respond to emotions effectively.

Empathy: The ability to understand and share the feelings of another person.

Evidence-Based: Approaches grounded in scientific research showing effectiveness.

Hypervigilance: A heightened state of alertness and startle response often seen in trauma survivors.

Mental Health: A state of wellbeing encompassing emotional, social, and psychological functioning.

Mindfulness: Awareness and non-judgmental attention to present moment experiences.

Peer Support: Help and encouragement provided by people with similar experiences.

Protective Factor: Something that reduces risk and increases resilience.

Psychotherapy: A treatment approach using psychological methods to help people change thoughts, feelings, and behaviors.

Resilience: The ability to recover from adversity and adapt to challenges.

Screening: Brief assessment to identify people who may need more comprehensive evaluation.

Self-Efficacy: Belief in one's ability to accomplish goals and handle challenges.

Social-Emotional Learning: Education focused on developing emotional and social skills.

Stigma: Negative attitudes and discrimination toward people with mental health conditions.

Trauma: Exposure to an event involving death, serious injury, or threat to physical safety.

FINAL REFLECTIONS

This handbook has presented evidence-based strategies, practical approaches, and frameworks for supporting children's mental health across families, schools, and communities.

The path to supporting children's mental health is not always straightforward. It requires commitment, patience, cultural humility, and genuine care. It means showing up day after day, even when progress seems slow. It means listening to children without judgment, believing in their capacity to heal and grow, and creating spaces where emotional expression is valued. It means advocating for policies and resources that prioritize mental health. Most importantly, it means recognizing that every adult—parent, teacher, coach, administrator—has the power to make a difference in children's lives. You don't need to be perfect.

You don't need to have all the answers. What matters is that you care, that you try, and that you persist. Children are remarkably resilient when given the support and opportunity to thrive.

By using the strategies in this handbook, by building supportive communities, and by maintaining hope, you are contributing to a world where all children can grow up mentally healthy, emotionally secure, and ready to contribute their unique gifts to society.

The Healthy Mind – Healthy Child project shows us that this is possible. We hope this handbook empowers you to begin or continue this important work.

When children feel safe, understood, and supported, they learn better, behave better, relate better, and develop into healthy adults.

HEALTHY MIND, HEALTHY CHILD

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