

# Teachers' Awareness Toward Students' Psychosocial Wellbeing

Samidha Dhungel Pokharel  
Ranju Adhikari

## Abstract

Ten to twenty percent of adolescents in the world experience mental health or behavioral problems. Emotional, psychological and social wellbeing are the three components of mental health. Awareness on psychosocial wellbeing is an integral part of early identification of mental health issues. This paper describes teachers' awareness toward psychosocial wellbeing of schoolchildren. Fifty teachers from three schools in Kathmandu metropolitan city were chosen purposively for information collection. Based on exploratory and descriptive research design, both quantitative and qualitative data were collected through self reported technique. Manual for the Youth Self Report and 1991 Profile by Achenbach (1991) on the basis of most commonly reported school children's behavioral problems in literatures. The findings suggest that school children are going through behavioral issues and a majority of school teachers are aware of this. The findings also suggest that abundant numbers of teachers in schools are unaware of certain mental health issues and never pay attention to those areas. Moreover, teachers with trainings have higher tendency of awareness regarding psychosocial wellbeing of school children. This paper emphasizes need for a training on mental health to improve the current mental health issues in schools.

**Keywords:** mental health, psychosocial wellbeing, school children, teachers' awareness

## Introduction

Human life is encircled by different problems. Children struggle with basic needs, abilities, and resources from the very beginning of life and this continues till the end. Adolescence is a transitory period which is believed to be resulting from the operation of a number of pressures. Some of the pressures are internal while others are external. Physiological and emotional problems are internal while others are external originating from peers, parents, teachers, and society at large (Coleman, 1993). Because of the transition from childhood to adolescence, adolescents are amongst the most vulnerable group. According to Erik Erikson's psychosocial development theory, every individual goes through different stages of life that has positive and negative impacts: identity versus role confusion (Erikson, 1968). Those who are in the state of role confusion deviate from normal development and start showing abnormal behavior. Adolescents with behavioral problems either form a significant risk to their own health or others, impacting the quality of life.

According to Adolescent Mental Health (2018) 10 to 20% of adolescents in the world experience mental health or behavioral problems. Fifty percent of the problem begins at the age of fourteen and three quarters by the age of mid-twenties. If untreated, children's holistic development, educational accomplishment, and potential to live to fulfill and productive lives will be negatively influenced. Sears (2004) studied a total of 644 adolescents attending in grade seven to twelve in three rural communities in Nova Scotia, Canada and found 32% adolescents had problems but did

not feel like they need professional help, 8% who felt need of professional help but had not seek for any help. Only seven percent had problems and had seek help from professionals. Hence, a total of 47% youth reported at least one serious problem in the past year. According to Ma et al (2013), 10.5 % of the adolescents in China have behavioral problems and low family income was leading cause of the issue, especially internalizing behaviors in both boys and girls. They argue that impoverished family conditions may foster feelings of inferiority, negative thoughts, and low self-esteem in this group of children. Yearwood et al., (2011) argue that though, children and adolescents have access to medical care since the physical check up, regular immunization is required in some schools of developed countries but not any provision of such requirements in case of mental health. That is why the number of children whose mental health problem is unrecognized is growing.

Nepal, as a developing country, is not an exception in this case. Studies related to children's behavioral problem are very low. Moreover, such problems have not been evaluated thoroughly. However, aggression was identified as one of the most common mental health issues amongst children in Nepal. A multi-level intervention is needed (Adhikari, et al., 2015). Various studies conducted in Nepal associated with adolescents and their behavioral problems indicate that significant numbers of adolescents are struggling with psychosocial problems. Pathak et al., (2011), in their study, observed a higher prevalence of behavioral/ emotional problems that is (33.7%) in adolescent girls as compared to boys (27.5%). In their study, boys showed a peak around 14-15 years followed by a steady decline to 26.3% by 18-19 years of age whereas



This work is licensed under the Creative Commons © Samidha Dhungel Pokharel & Ranju Adhikari

Samidha Dhungel Pokharel is Associate Prof. at Central Department of Home Sciences, Padma Kanya Multiple Campus, TU, Nepal Email: samidhap40@yahoo.com/https://orcid.org/0000-0003-0509-7617

Ranju Adhikari has B.SC, Nursing and Master in Child Development and Gender Socialization...

Email: pearlrnju@yahoo.com/https://orcid.org/0000-0002-3072-0346

girls show a continuous rise in psychiatric problems with age, 43% girls having problems by 18-19 years. A similar study was done by (Karki et al., (2015) and indicated that 15% of the adolescents had internalizing, externalizing, and total problems. Being more specific to gender, girls showed more internalizing problems like anxiety and depression while boys showed three times more delinquent behavior. Girls' internalizing problems seemed to be associated with the cultural norms that expect girls to do more household chores. According a study done during in 2001 to 2003, the most common behavioral problems noticed by teachers in Nepal were slow learning, sudden degrade in school performance, running away from school, irregular school performance, restlessness, unreasonably aggressive and nail biting, bullied by others, unnaturally fearful, lying and making others in difficulties, tempered, stammering, breaking things deliberately, and sitting alone (Sharma & Sharma, 2013).

Early assessment and case findings of behavioral problems are helpful in preventing adolescents from acting out and preserving their sense of self, competence, and relatedness to others. Moreover, identification of current problems helps to prepare counselors, discipline in-charge, parents as primary caretakers to be cognizant about and address these problems through appropriate guidance (Wright et al., 2012). Reinke et al.(2011), in their study found teachers' concern on children's disruptive behaviors, problem with inattention, hyperactivity, defiant behavior, family stressor, aggressive behavior, anxiety problem and bullying as the major mental health issues as reported by more than seventy-five percent. These teachers also identified strategies for working with children with externalizing behavior problems, recognizing and understanding mental health issues in children, and training in classroom management and behavioral interventions as most needed knowledge.

In the past mental health was considered as a mental problems. But, recently, the term has been used as the state of absence of mental illness. The three components of mental health as identified by Keyes (2006; 20014) are emotional wellbeing- happiness, interest in life, and satisfaction; Psychological wellbeing- liking most parts of one's own personality, being good at managing the responsibilities of daily life, having good relationships with others, and being satisfied with one's own life; social well-being-social contribution, social integration, social actualization, and social coherence (Cited in Galderis et al., 2015). Psychosocial wellbeing means a person with good connection between psychological aspect of experience with wider social experience and holistic health in all dimension that is physical, cognition, emotional, social, and spiritual. In other word a person with good mental health.

Lack of attention and early identification of mental health during childhood and adolescents turns into complicated mental disorder in later life. Close attention to the mental health of children and adolescents is essential for lessening mental disorders, which might have lifelong negative consequences, to increase the capacity of societies to be safe and productive(WHO, 2003). Schools have been identified as one of the main settings where early

identification can be made to lessen the issues(Wells et al., 2003); promote school children's psycho-social wellbeing by identifying their mental health related issues, and teaching them emotion management, conflict management, and problem solving skills (Nikolaou & Markogiannakis, 2017). According to Chene et al., (2013) teachers are ideally best person to recognize early indications of child mental health illness since they see school children all day and interact with them. Additionally, teachers are often expected to facilitate targeted mental health interventions. Therefore, teachers' awareness of and capacity to implement evidence based interventions is significant in providing effective targeted mental health support for children. Trainings and education for teachers about mental health is integral parts to recognize symptoms related to mental health and recommend further appropriate care (Powers et al., 2014).

Authors believe that teachers are the one who spend more time with children. If they are equipped with the knowledge of psychosocial wellbeing and mental health issues as a whole early identification of the problems will be facilitated. It is essential to know if teachers need some kind of training related to mental health. Unfortunately, very few studies have been carried out about the teachers' awareness regarding school children's psychosocial wellbeing. This study aims to explore the teachers' awareness toward students' behavioral problem during school hours.

## Research Methodology

This paper is descriptive and exploratory in nature and digs about the teachers' awareness regarding psychosocial wellbeing of school children. The study was conducted in three purposively selected schools from Dhapasi and Basundhara located in Kathmandu for convenient purpose.

School teachers who were teaching in the lower secondary and secondary level, where children from eleven to sixteen years old study, for at least one year and willing to participate were chosen as the respondents of the study. In one school, there were 25 teachers teaching in the lower secondary and secondary levels. Amongst them, three of the teachers had experience of less than one year so they were excluded. Similarly, in second one, there were 21 teachers teaching in lower secondary and secondary level. Amongst them 2 of the teachers had experience less than 1 year so they were also excluded. Thus, a total of 19 teachers participated in the study. From third one, there were 19 teachers teaching in lower secondary and secondary level. Amongst them 5 teachers had experience of less than 1 year so they were also excluded and only 14 teachers participated in study. Thus, a total of 50 teachers from all three schools were chosen as the respondents for the study. Questionnaires were distributed to the participant at their convenience without hampering their duties. Data were collected through self-reported technique during the 1<sup>st</sup> week of August 2019. Questions related to teachers' awareness toward school children's psychosocial wellbeing was prepared by adopting Manual for the Youth Self Report and 1991 Profile by Achenbach (1991)

## Findings of the Study

### General Information of the Teachers

This study was undertaken with both male and female teachers holding bachelor and master degree with at least one year experience of teaching in same schools. More teachers had master degree and had experience of more than four years teaching experience. Likewise, majority of the teachers had no any trainings regarding mental health. In terms of gender 52% (26) were male and 48% (24) were female.

Table 1: Characteristics of the respondents

	Characteristics	Frequency	Percent
Sex	Male	26	52
	Female	24	48
Educational status	Bachelor	17	34
	Masters	33	66
Training	Yes	8	16
	No	42	84

Source: Field data 2019

### Teachers' Awareness Regarding Students' Psychosocial Wellbeing

Respondents were requested to state whether they have noticed some behavioral problems in students or not. They were given three choices: have seen problems, have not seen problems, and never thought about those problems in children. Those who responded as either they have noticed or not problems in children were categorized as aware about the mental health of the children, and those who stated as never thought about those problems were categorized as unaware of children's mental health. Table 2 reveals that majority of the teachers have identified children's mental health issues. More than 70% of the teachers were aware of somatic complaint (tired and aches); withdrawal (shy); anxious (fearful); attention problem (inattentive, confused and fails to finish) of the students. Teachers were further asked to explain about any one of the emotional and behavioral symptoms they observed in their students; how they identified those symptoms; and how they dealt with it. Teachers who were aware about their students' behavioral problems expressed their views in their own words differently.

Some students complaints having headache and unwell, they ask permission to take rest or sleep in the class".

However, they are seen active and playing in breaks.

Likewise, another teacher who noticed student's inattentive behavior, and succeed to search the reason of inattentive behavior his shared personal efforts to correct the issue as follow:

Four months ago I discovered a child who used to never pay attention in classroom, He never completed his assignment. I checked his past assignments which were not so disappointing. I spoke with him and found that

his condition was because of his parent's negligence toward him. Soon after that I had a talk with his parents and after a month, his behavior was improved

Another teacher who noticed one of the girl's irregularities in the classroom talked to the students and dig out the reason being afraid of coming to school responded as:

There was a student who used to be absent at least two days a week. I asked her about the reason of being absent so frequently. She replied that she was afraid of one of her teachers as the teacher gave lots of homework she was unable to do and used to be absent in the school. After knowing student's problem, I talked to the particular teacher and explain student's problem. I also suggested student not to be absent or run away from such problems but to face it.

Likewise, more than 50% of the teachers identified mental health issues in school children for example: being sad, quiet, nervous, loud, worried, bullied; lack of energy, not eating well, speech problem, fighting and disobeying rules etc. Teachers try to find out students' abnormal behavior by their best. They talk to students about their problem and help to overcome it. One teacher who was focused to find out the reason behind the student's absence in classroom shared personal experience as follow

Last year, one of my students from grade eight often remained absent in class. After a long effort and research, I came to know that he was often bullied by his classmates then I talked to those victimizers along with my colleagues, they realized their mistake. In this way the problem was solved.

A student from grade 7 used to have lots of fight with his friends. Fighting was his main problem so I talked with him and found that his parents often fought with each other, so he was mentally disturbed. Then I talked with his parents and solved the problem. Now he is a real generous boy i feel good for him.

Above mentioned expression reported by teachers indicates that majority of teachers were quite aware of children's behavioral problems. Some of the school children's behavioral problems are associated with external factors like overloaded homework, parental negligence and attitude, and school bullying. Aggression, bullies, sadness or worriness quietness, inattentive, fighting, crying, loneliness, unable to finish school work were some common most frequently reported behavioral problems. Teachers discuss with colleagues, students and parents to solve such problems as much as they could. On the other hand, there are also some teachers who are aware of children's behavioral issues but jump to correct those issues with punishment. Though the government of Nepal has banned punishment in school, teachers' following statements clearly reveals the fact that punishment is still considered as one of the tools to correct behavioral issues of the students:

Once I had to punish a very talented student. I made him stand in the corridor because he used to bully his friends. But after getting punishment, he never bullied any one of his friends.

One child is stubborn and does not obey the rules. He becomes aggressive on very small things; punishment has no effect on his behavior.

Respondents were also given an option to choose “never thought” in the questionnaire. Significant numbers of teachers reported as they neither had never thought about behavioral issues in school children (Table 2). Those who reported as never thought options were categorized as unaware of those specific issues. There was not a single behavioral issues which was known by all teachers. All of the behavioral issues excluding tiredness and frightening were unknown for at least 10% of the total teachers. More than one-fourth that is 25% respondents, regardless to their gender, educational level and trained/untrained status reported as they had never thought about the issues like Nausea and vomiting, rather be alone, school phobia, not getting alone, speech problem, impulsive, substance abuse, stealing, and stubbornness of the students.

Table 2: Number and percent of teachers identifying mental health issues in children

	Symptoms	Yes		No		Never thought	
		Fr	%	Fr	%	Fr	%
Somatic complaint	Dizzy	30	60	13	26	7	14
	Tired	36	72	10	20	4	8
	Aches(Headache, stomachache)	36	72	7	14	7	14
	Nausea & Vomiting	16	32	21	42	13	26
Withdrawal	Sad	33	66	10	20	7	14
	Rather be alone	21	42	14	28	15	30
	Won't talk	28	56	16	32	6	12
	Shy	37	74	5	10	8	16
	Lacks energy	28	56	13	26	9	18
	Not eating well	29	58	15	30	6	12
Anxious	Crying	29	58	14	28	7	14
	Fearful	35	70	13	26	2	4
	School Phobia	17	34	20	40	13	26
	Nervous	33	66	12	24	5	10
	Worries	30	60	14	28	6	12
Thought problem	Not getting alone	16	32	21	42	13	26
	Bullied	31	62	8	16	11	22
	Speech Problem	26	52	11	22	13	26
Attention problem	Impulsive	17	34	11	22	22	44
	Inattentive	38	76	4	8	8	16
	Confused	39	78	4	8	7	14
	Loud	33	66	10	20	7	14
	Fails to finish	35	70	9	18	6	12
Rule breaking	Substance Abuse	13	26	23	46	14	28
	Stealing	18	36	17	34	15	30
Aggressive behavior	Fights	29	58	13	26	8	16
	Stubborn	23	46	12	24	15	30
	Disobey	31	62	7	14	12	24

Source: Field data 2019

Data were further analyzed to identify who in terms

of educational level, gender and trained/untrained never thought about the mental health issues of school children. It was revealed that, though less in number, both male and female teachers, were found to be unaware about the mental health issues of children and never paid attention to it. Being more specific, though the difference is very minor, more numbers of male teachers reported they never thought about certain mental health issues of school children. Likewise, when the same data were analyzed to see if educational status of the teachers made difference about the awareness about psychosocial wellbeing of the children. It was quite surprising that those who had master degree were unaware of the issues than those who had bachelor level degree only. Though the difference between the master degree holder and bachelor degree holder was not so high, it is noteworthy that the difference was more noticeable than the gender of the teachers. Similarly, more teachers without trainings than those with, were unaware about the mental health issues and never paid attention about such issues (Table 3). All of the teachers with training were aware of some of the specific mental health issues like: dizziness, complaining aches, frightening, worries, and substance abuse.

### Discussion and Conclusion

This study is in line with different studies done by scholars (Sears, 2004; Ma et al.,2013). School children, in Nepal, face behavioral problems including both internalizing and externalizing. Only a few teachers (16%) received trainings regarding mental health. However, the findings of this study suggest that many teachers are aware of children’s behavioral problems and trying to solve those problems in their own way. They try to help school children by counseling both victims and victimizer, parents, discussing with colleagues about students’ behavioral problems, and teachers’ helping techniques etc. According to the teacher’s report school children are doing better with teacher’s guidance also. It can be assumed that though majority of teachers did not have opportunity to receive formal trainings, they are concerned with psychosocial wellbeing of the children. They are getting information from social medias like newspapers, YouTube, and discussions with colleagues. On the other hand, there are some teachers who know the behavioral problem of the children and have punished them to improve their behavior, but that did not work. It can be assumed that because of the lack of mental health education, trainings, and counseling techniques teachers punish school children without knowing the reason for their behavior. The finding of this study is consistent with Sharma & Sharma (2013) who concluded the teachers, in Nepal, are capable of identifying school children’s behavioral problems but in need of orientation about mental health issues for better performance

There are significant numbers of teachers who never paid attention to the behavioral problems of their students. Though teachers with trainings were found to be more aware of behavioral problems of the students, it is quite surprising that those who had trainings regarding mental

Table 3: Characteristics of respondents who never thought about the problems of students

		Gender		Educational level		Training	
		Male	Female	Bachelor	Master	Have	Have not
	Symptoms	%	%	%	%	%	%
Somatic complaint	Dizzy	15.38	12.5	11.7	15.1	0	16.6
	Tired	7.6	8.3	5.8	9.0	25	4.7
	Aches (Headache/Stomachache)	19.2	8.3	5.8	18.1	0	16.6
	Nausea & Vomiting	23.0	29.1	17.6	30.3	37.5	23.8
Withdrawal	Sad	15.38	12.5	11.7	15.1	25	11.9
	Rather be alone	26.9	33.3	41.1	24.2	50	26.1
	Won't talk	15.38	8.3	0	18.1	25	4.7
	Shy	19.2	12.5	5.8	21.2	25	14.2
	Lacks energy	15.38	20.8	17.6	18.1	12.5	19.0
	Not eating well	7.6	16.6	5.8	15.1	12.5	11.9
Anxious	Crying	15.38	12.5	11.7	15.1	25	11.9
	Fearful	3.8	4.1	0	6.0	0	4.7
	School Phobia	26.9	25	23.5	27.2	25	26.1
	Nervous	15.38	4.1	5.8	12.1	25	7.1
	Worries	15.38	8.3	5.8	15.1	0	14.2
Thought problem	Not getting alone	19.2	33.3	23.5	27.2	37.5	23.8
	Bullied	23.0	20.8	23.5	21.2	12.5	23.8
	Speech Problem	30.7	20.8	17.6	30.3	12.5	28.5
Attention problem	Impulsive	42.3	42.3	47	42.4	37.5	45.2
	Inattentive	19.2	12.5	11.7	18.1	12.5	16.6
	Confused	15.38	12.5	11.7	15.1	12.5	14.2
	Loud	19.2	8.3	5.8	18.1	25	11.9
	Fails to finish	15.38	8.3	5.8	15.1	25	4.7
Rule breaking	Substance Abuse	26.9	29.1	23.5	30.3	0	33.3
	Stealing	30.7	29.1	23.5	33.3	12.5	33.3
Aggressive behavior	Fights	15.38	16.6	5.8	21.2	12.5	16.6
	Stubborn	34.6	25	17.6	36.3	12.5	33.3
	Disobey	26.9	20.8	5.8	30.3	25	23.8

Source: Field data 2019

health also responded as they never thought about certain behavioral problems. Such response clearly reveals the truth that the training provided to the teachers is not sufficient rather better training is needed to produce more proficient teachers to guide and help children overcoming the mental health issues. The study is in line with (Reinke et al., 2011) who also found training in classroom management and behavioral interventions as most needed knowledge for the teachers. Similarly, the fact that more teachers with Master degree are unaware than those having Bachelor's degree is a paradox. The question "Is it because teachers with higher degree were involved in higher levels and paid more attention to academic performance than psychosocial wellbeing of the students?" Could be a research problem for future studies.

It can be concluded that despite most of the teachers being well aware of psychosocial wellbeing of school children and trying to solve those issues with great efforts, significant numbers of teachers are not fully aware of mental health issues. There are certain mental health issues which teachers should be aware of. Teachers punish school children for their betterment without knowing the cause of the problems. Moreover, mere higher degree is not sufficient rather training or special education regarding mental health and counselling techniques is required for the better performance of teachers and help school children's psychosocial wellbeing.

**Ethics approval and consent to participate:**

Not applicable

**Consent for Publication:**

Not applicable

**Availability of data and materials:**

Availability of data and material

**Competing interests:**

The authors declare that they have no competing interests

**Funding:**

No fund available for this study

**Ethical conduct of the research:**

Authors declare that this study has followed ethical conduct of research

**Authors' Contribution:**

Samidha Dhungel Pokharel wrote major portion of manuscript and Ranju Adhikari did field work, data entering, data analysis and interpretation.

**References**

- Achenbach, T. (1991). *Manual for the Youth Self Report and 1991 Profile*. Department of Psychiatry: University of Vermont.
- Adhikari, R. P., Upadhaya, N., Gurung, D., Luitel, N. P., Burke, M. D., & Jordans, B. A. (2015). Perceived behavioral problems of school aged children in rural Nepal: A qualitative study. *Child and Adolescent Psychiatry and Mental Health*. <https://doi.org/10.1186/s13034-015-0061-8>
- Adolescent mental health. (2018, 9 18). Retrieved 29 12, 2018, from <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
- Chene, G., Schlosser, A., Nash, P., & Glover, L. (2013). Targeted group-based interventions in schools to promote emotional wellbeing: A systematic review. *Clinical Child Psychology and Psychiatry*, 19(3), 412-438. <https://doi.org/10.1177/1359104513489565>.
- Coleman, J. C. (1993). Understanding adolescence today: A review. *Children and Society*, 7(2), 137-147.
- Erikson, E. (1968). *Identity: Youth in Crisis*. WW Norton and Company.
- Galderis, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a new definition of mental health. *World Psychiatry*, 14(2), 231-233. <https://doi.org/10.1002/wps.20231>
- Karki, S., Laukkanen, E., Lansimies-Antikainen, H., & Pietila, A. V.-M. (2015). Self-reported emotional and behavioral problems in Nepalese adolescents from urban and rural areas. *Nursing and Health Sciences*, 17, 90-96. <https://doi.org/10.1111/nhs.12169>
- Ma, X., Yao, Y., & Zhao, X. (2013). Prevalence of behavioral problems and related family functioning among middle school students in an eastern city of China. *Asia-Pacific Psychiatry*, E1-E8. <https://doi.org/10.1111/j.1758-5872.2012.00211.x>
- Nikolaou, E. N., & Markogiannakis, G. (2017). The role of teacher in primary school students' mental health promotion. *Global Journal of Human-Social Science: (A) Arts & Humanities-Psychology*, 17 (5) Retrieved from <https://socialscienceresearch.org/index.php/GJHSS/article/view/2338>
- Pathak, R., Sharma, R. C., Parvan, U. C., Gupta, B. P., Ojha, R. K., & Goel, N. K. (2011). Behavioural and emotional problems in school going adolescents. *AMJ*, 4(1), 15-21. <https://doi.org/10.4066/AMJ.2011.564>
- Powers, J. D., Wegmann, K., Blackman, K., & Swick, D. C. (2014, January 1). Increasing awareness of child mental health issues among elementary school staff. *Families in Society: The Journal of Contemporary Social Service*, 95(1), 43-50. <https://doi.org/10.1606/1044-3894.2014.95.6>
- Reinke, W. M., Stormont, M., Herman, K., & Puri, R. (2011). Supporting children's mental health in Schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, 26(1), 1-13. <https://doi.org/10.1037/a0022714>
- Sears, H. A. (2004). Adolescents in rural communities seeking help: Who reports problems and who sees professionals? *Journal of Child Psychology and Psychiatry*, 45(2), 396-404. <https://doi.org/10.1111/j.1469-7610.2004.00230.x>
- Sharma, N., & Sharma, V. D. (2013). Behavioral problems in school children as recognized by untrained teachers. *Psychiatrists' Association of Nepal*, 1(2), 26-28. doi: <http://dx.doi.org/10.3126/jpan.v2i2.9722>
- Wright, S., Betz, C.L., Yearwood, E.L. (2012). Child, adolescent, and family development. In E. Y. Newland, *Child and Adolescent Behavioral Health: A Resource for Advanced Practice Psychiatric and Primary Care Practitioners in Nursing* (pp. 3-21). John Wiley & Sons, Inc.
- Wells, J., Barlow, J., & Stewart-Brown, S. (2003). *A systematic review of universal approaches to mental health promotion in schools*. Health Education, <https://doi.org/10.1108/09654280310485546>.
- WHO. (2003). *Caring for children and adolescents with mental disorders: Setting WHO directions*. World Health Organization.
- Yearwood, E., Pearson, G., & Newland, J. (2011). Preface. In E. Yearwood, G. Pearson, & J. Newland, *Child and Adolescent Behavioral Health: A Resource for Advanced Practice Psychiatric and Primary Care Practitioners in Nursing* (pp. XVI-XVII). John Wiley & Sons, Inc. <https://doi.org/10.1002/9781118704660>