



STUDENTS' NEEDS

SPANISH REPORT

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Students' needs: Spanish Report

2022

ERASMUS+ Project

POSITIVE: Prevention Of Stress by exploitING an Innovative Virtual Environment
KA220-SCH - Cooperation partnerships in school education

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1. INTRODUCTION

The objective of this national report is to inform about three aspects:

1. identify and describe the school stress among Spanish teenagers,
2. national good practices and programs/interventions that are developed with the aim of providing Spanish students with socio-emotional skills; and,
3. the potential role of "3D Virtual World Learning Environment" (3D VWLE) to train adolescents to face stress and to be more resilient.

Some theoretical aspects about the state of mental health of Spanish students will be introduced, as well as their perception of school.

In addition to this, the results concerning data compilation will also be introduced, which took place at different times. The first one tries to identify adolescents' academic, social and family problems as well as their measures to cope with stress. It is aimed at students, who are also asked about their video game habits. The second one tries to identify sources of stress and to come up with game scenarios for adolescents to combat their stress. It is aimed at experts (teachers, counsellors and psychology experts).

2. DESK RESEARCH

a) The background, expertise and role of Los Pinos in Positive project

The School “Los Pinos” is a private educational Centre, financially supported by Spanish Ministry of Education, located in the northern area of the city of Algeciras (Spain). It has developed an outstanding teaching work since 1967. This school includes pre-school (3 years), primary (6-11years) and secondary educational (12-16) and Bachelor (17-18 years). It also has educational programs for Professional training in Sports Science. At present, it has almost a thousand students. A broad and very professional human team, of about sixty people, seeks to maintain and permanently improve the levels of excellence of its educational project. The School “Los Pinos” also coordinates the participation of families, students, teachers and other staff that makes up our Educational Community to ensure the educational style. It has more than 50 staff members and around 1,000 students. Los Pinos has a highly specialized teaching staff who has participated in other Erasmus projects, such as, linguistics exchanges as well as in a vocational one called G-Guidance.

Los Pinos counts with a very qualified teaching staff and a productive research team, with some publications on the area of Educational and School Psychology and Teaching. The teaching/research staff specialized has experience in working with students, teachers and families, in areas such as home-school collaboration, academic achievement, socioemotional learning and inclusion.

The objective of Los Pinos School is to offer an outstanding education to their students, given them the chance to grow up at a personal, academic and professional level. Furthermore, Los Pinos would like to produce some scientific background in order to be able to contribute for the evolution of its students and teachers.

Regarding all the facts, THE POSITIVE project wants to implement a gamified 3D Virtual World Learning Environment (VWLE)for teenagers to combat stress.

2. DESK RESEARCH

b) Country level data on secondary education students' stress

An overview of adolescence indicates that it is indeed a time of particular vulnerability for the development of mental health problems. In fact, recent meta-analysis studies place the global prevalence rates of emotional disorders at 6.5% for anxiety disorders and 2.6% for depressive disorders in the adolescent population (aged 6-18 years) (Polanczyk, Salum, Sugaya, Caye, & Rohde, 2015), with a marked comorbidity between the two disorders (Al-Asadi, Klein, & Meyer, 2015; Cummings, Caporino, & Kendall, 2014).

It is striking that many of these adolescents and young people suffer the symptoms without knowing that what they have is an anxiety disorder or depression, trying to cope with it as best they can, doing what they can and/or hoping that it will be temporary and that with the passage of time the symptoms will disappear and they will feel better.

Moreno et al. (2002) state that children in their evolution to adolescence experience clear downward changes in their levels of personal and school adjustment (self-concept, self-esteem, ease of communication with parents, perceived support from teachers, school satisfaction, achievement, life satisfaction). This is not an unexpected result, as it is common for this decline to occur as a consequence, among other factors, of adolescents' greater capacity for analysis, self-criticism and reflection, as well as the anxiety with which they experience many of the physical, psychological and social changes they undergo. However, Moreno et al, (2002) also point out that during these years there are achievements in behaviour and socio-personal development (decrease in some antisocial behaviour, increase in self-esteem with peers, etc.). On the other hand, many of the aspects that worsen during adolescence experience an improvement after the age of 15 or 17 (e.g. injuries, fights, abuse, school adjustment).

More specifically, in Spain, according to the 2017 Spanish National Health Survey (SNHS), the percentage of children and adolescents between 4 and 14 years of age is:

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b) Country level data on secondary education students' stress

- 1% for mental disorders in Spain (according to the WHO these include depression, anxiety, excessive reactions of irritability, frustration or anger). However, there are publications indicating a percentage of 4% of major depression among 12-17 year olds and 9% among 18 year olds (Oliva, 2007).
- 3% conduct disorders (refers to attention déficit hyperactivity disorder and conduct disorders such as destructive or defiant behaviour).

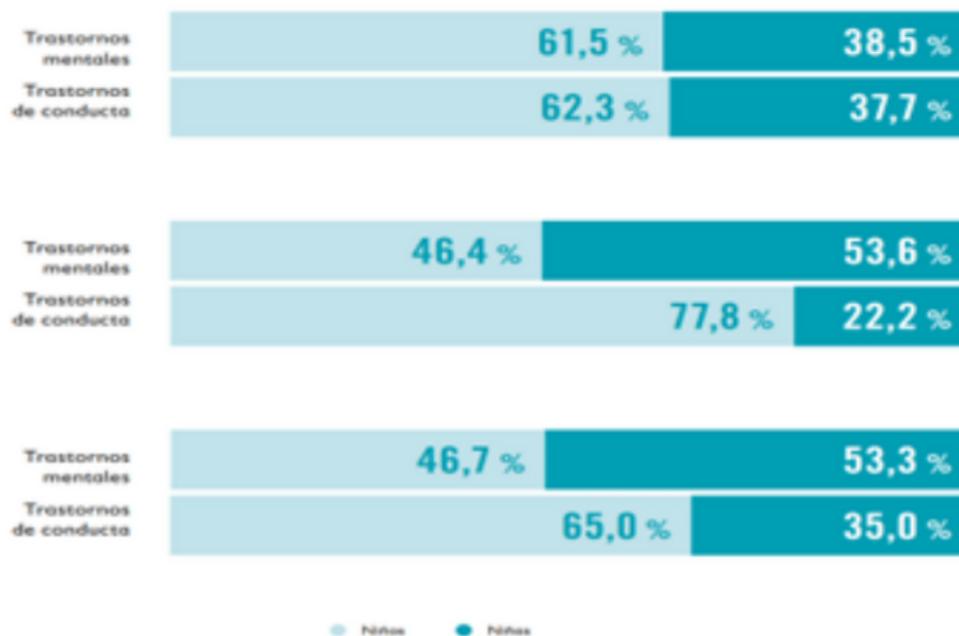


Fig 1. Relationship between age and sex and the presence of mental and behavioural disorders

Child and adolescent mental health disorders in Spain

According to the National Health Survey (2017), mental disorders in children and adolescents are related to other variables such as:

- AGE. Mental health disorders increase with age, especially from adolescence onwards. From 0.4% of children between 4 and 10 years of age with a mental disorder according to their parents, we go to 2.2% in the 11-14 age group. (SEE CHART 1).
- GENDER. Mental health disorders are more prevalent in girls (1.4%) than in boys (0.8%).
- SOCIO-ECONOMIC STATUS. Mental health disorders are higher in households if the reference person is unemployed (1.7%) than if the reference person is employed (1%).

2. DESK RESEARCH

b) Country level data on secondary education students' stress

- INCOME LEVEL. Mental health disorders in children and adolescents increase the lower the family income (%), (Low income is defined as households with a monthly income of less than €1,300; middle income is defined as households with a monthly income of between €1,300 and €3,600; and high income is defined as households with a monthly income of more than €3,600):
 - low-income households (12.8%) was three times that of children and adolescents.
 - middle-income households 9.2%.
 - high-income households (2.6%)



Fig 2. Relationship between family income and mental and behavioural disorders

Conduct disorders in childhood and adolescence in Spain

According to the National Health Survey (2017), behavioural disorders in children and adolescents are related to other variables such as: In the case of conduct disorders:

- AGE. Conduct disorders increase with age:
 - From 1% at the age of 4 to 6 years, it increases to 3.1% from the age of 7 years onwards (SEE CHART 3).
- SEX. Conduct disorders appear to a greater extent in boys (3.9%) than in girls (1.1%).

2. DESK RESEARCH

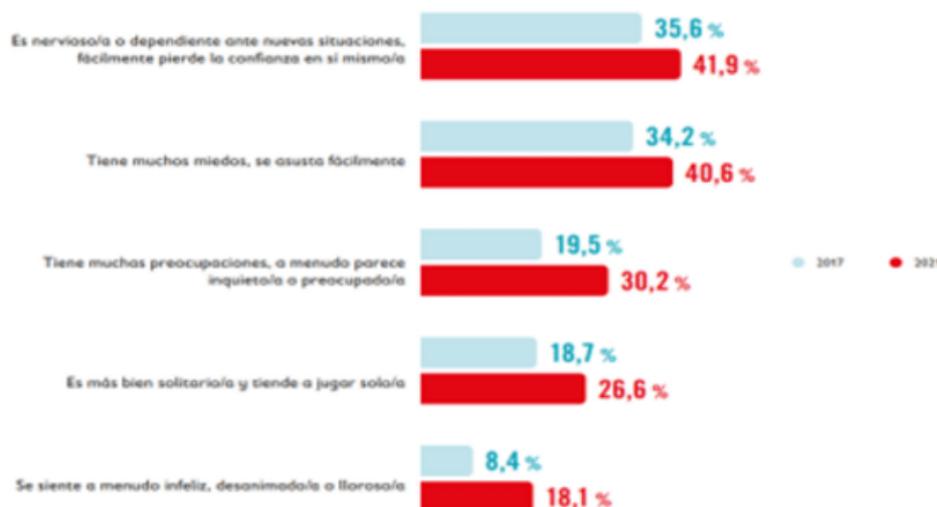
b) Country level data on secondary education students' stress

- SOCIO-ECONOMIC STATUS. Behavioural disorders in children and adolescents increase the lower the family income. Higher in households where the reference person was unemployed (3.6%) compared to those where the reference person was working (2.3%).

Figure 3 shows the evolution of mental and behavioural disorders in children aged 4-14 years (2017-2021). The data come from the 2017 National Health Survey and a current one from Save the Children (2021). The latter report is the result of a statewide survey of 2,000 parents on the mental health of their children after the COVID-19 crisis.

Stress levels of secondary school students in the pandemic stage

The psychological impact of the COVID-19 pandemic on children and adolescents is one of the most prevalent concerns all over the world. Adolescence is a developmental stage of high vulnerability due to the challenges this period entails. Additionally, the health emergency crisis has put adolescents even more at risk of developing mental health problems. The present study aims to examine the influence of socio- demographic and COVID-19 related variables on symptoms of depression, anxiety and stress in adolescents during pandemic-related confinement in Spain (Tamarit et al., 2020).

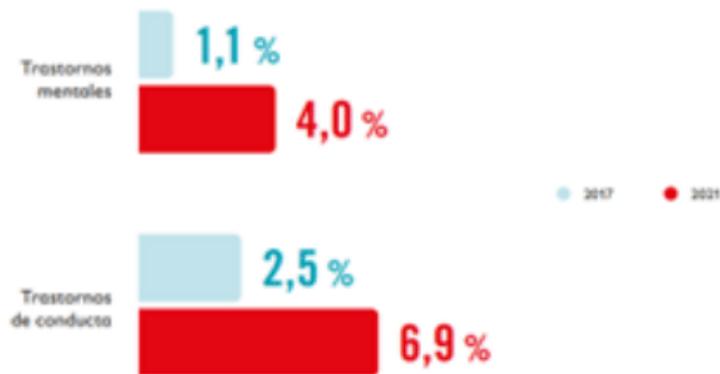


Fuente: Elaboración propia en base a la Encuesta Nacional de Salud (2017) y a la encuesta propia (2021).

2. DESK RESEARCH

b) Country level data on secondary education students' stress

Gráfico 3. Evolución de los trastornos mentales y de conducta en niños y niñas de entre 4 y 14 años (2017-2021)



Fuente: Elaboración propia en base a la Encuesta Nacional de Salud (2017) y a la encuesta propia (2021).

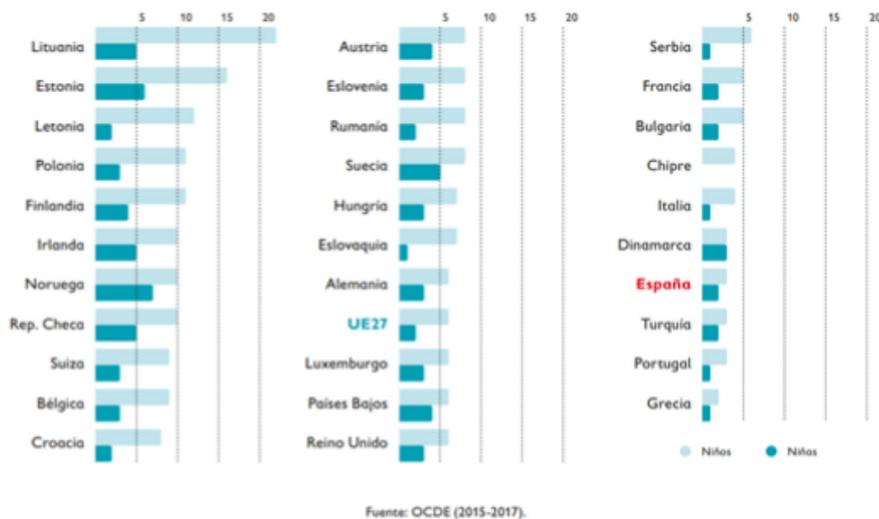
Fig 3. *The impact of the pandemic on child and adolescent behaviour (2017-2021)*

When adolescent stress reaches its peak: suicide

In our environment, Spain is one of the countries with the lowest rates of adolescent suicide (between 15 and 19 years of age). The Spanish suicide rate - for the years 2015 and 2017 and in comparison with OECD countries - is clearly below the European average and far below the high figures of the Baltic countries. However, to complete this diagnosis, the effect of the pandemic remains to be seen. In the case of the United States, where more data are available, the Center for Disease Control and Prevention reports that the number of visits to emergency departments for suicide attempts among adolescents aged 12 to 17 increased by 26.2% during the first months of the pandemic (up to August 2020). This increase became more pronounced a few months later. And between February and March 2021, women aged 18-24 years attending emergency departments for suicide attempts increased by 50% compared to the same period the previous year, i.e. before the pandemic.

2. DESK RESEARCH

b) Country level data on secondary education students' stress



c) Country's current measures to tackle stress in secondary education

Specialised literature such as Moreno et al., (2002) on the health of Spanish adolescents and their health proposes a series of measures such as the following.

- The need to consider childhood, and especially pre-adolescence, as stages of intervention for the promotion of health-related behaviours and the prevention of risk behaviours. It is important to foster commitment to health, its maintenance and promotion, before the physical and psychological changes of adolescence begin. It should not be forgotten that behaviour patterns established during childhood are often maintained throughout adolescence and adulthood.
- The social relevance of including the gender variable in intervention proposals and of doing so also during childhood and pre-adolescence.
- The importance of attending with greater urgency to that adolescent population in which there is an accumulation of risk factors (low physical activity, poor diet, sedentary lifestyle and obesity, problematic family relationships, belonging to peer groups which in turn promote risky behaviour, poor school and personal adjustment, etc.).
- New possibilities and themes for intervention. Throughout these pages, the socialising importance of the peer group has been noted. The sensitivity of adolescents to peer pressure means that they often behave in accordance with the codes of conduct established by the peer group. Thus, if interventions are aimed at acting not on subjects but on groups and if the objective is to make the "new fashion" to behave in a healthy way, the effectiveness of the programmes is likely to be improved.

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c) Country's current measures to tackle stress in secondary education

- But it is also possible to intervene on other socialising agents, such as the family. Parents of adolescents are probably the group of parents who today feel most insecure and most in need of support and supervision. Much of this support could be aimed at raising awareness of what adolescence is, what changes it brings about in the family system, what adjustments are necessary, how to resolve conflicts and how to turn them into constructive experiences and, in short, to provide them with tools to promote health and well-being in the home.
- Finally, the school shows itself once again as a powerful agent of change. Its formal resources (e.g. transversality, availability of qualified staff) and informal resources (e.g. a setting in which group dynamics are developed with peers, a hidden but effective curriculum) make us look to it as an unavoidable instrument for gaining health.

Mental Health Strategy of the Spanish National Health System (2022-2026)

From a national point of view, we describe below the Mental Health Strategy of the National Health System Period 2022-2026 that Spain is launching. Specifically, of the 10 strategies, we are going to present strategy number 5, which is directly related to the mental health of children and adolescents.

Strategic line 5. Mental health in childhood and adolescence

Mental health care in childhood and adolescence is a priority for all social actors. An approach aimed at strengthening health assets and protective factors for mental health, beyond the early identification of risk factors, must be considered in order to improve the full dimension of mental health in childhood and adolescence.

Developmental research has highlighted the importance of the family context as the locus of circumstances and relationships that shape the development of its members. Parents, or caregivers, influence their children through affect, behaviour and cognition.

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c) Country's current measures to tackle stress in secondary education

Thus, while some children develop secure attachments, others develop insecure attachments (anxious, avoidant or disorganised) with different consequences for human development. Participatory programmes to promote and strengthen parenting skills from a positive parenting approach contribute to the development of secure attachments.

It is essential that the school setting contributes to creating a sense of belonging that makes children feel connected and welcome, strengthening identity and self-esteem; developing resilience and coping skills, promoting positive behaviours such as respect, responsibility and kindness towards friends and loved ones can enhance mental wellbeing. Helping others and getting involved reinforces being part of the community.

Emerging mental health problems that have a clear prevalence of onset throughout the developmental stages of childhood and adolescence are non-substance addictive behaviours (cyberaddiction and cyberbullying), behavioural disorders in adolescence (child-parental and social violence) and prodromal psychosis and first psychotic episodes, as described above in the situation analysis chapter.

It is important to address mental disorders early on in childhood and adolescence, as a significant percentage of mental disorders begin in childhood and adolescence.

5.1. General objective. Promotion of mental health in childhood and adolescence. Prevention and early detection of mental health problems at this age.

Specific objectives

5.1.1. Promote protective factors such as resilience, self-esteem, social skills, decision-making and conflict resolution skills, ensure a positive and safe school environment, develop pro-social behaviours of helping others and promoting physical health in the educational environment. (106)

2. DESK RESEARCH

c) Country's current measures to tackle stress in secondary education

5.1.2. To plan preventive actions and actions to promote mental health in coordination with other health and non-health resources.

5.1.3. To develop programmes and protocols in the educational, health and community spheres to promote positive parenting, including families in situations of social, developmental and psycho-affective risk.

5.1.4. Establish training and awareness programmes for the educational community on symptoms and help with mental health problems and combat stigmatisation.

5.1.5. Ensure accessibility to mental health support in the educational setting by establishing partnerships with support networks and community resources.

5.1.6. Incorporate screening procedures that enable better identification of major depressive disorder in adolescents attending a primary health care service. Integrate this type of tool within the healthcare process itself, ensuring access to early treatment and appropriate follow-up.

5.1.7. Design specific actions to raise awareness and prevent ICT abuse in children and adolescents and non-substance addictive behaviour (cyberaddiction and cyberbullying).

5.1.8. Include specific prevention programmes in dysfunctional family environments that make it possible to identify situations of abuse, violence, mistreatment or vulnerability, both in terms of child and gender-based violence, due to its special impact on the mental health of those who suffer it.

5.1.9. Strengthen training in discrimination and monitoring of mental health problems in Educational Guidance Teams, school psychologists, school nurses and social workers, establishing relationships and synergies with mental health services, offering the educational community behavioural support and promotion of mental wellbeing, identification and assessment of early interventions, individual and group counselling and referral to community services.

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c) Country's current measures to tackle stress in secondary education

5.2. Overall objective. Care for children and adolescents with mental health problems.

Specific objectives

5.2.1. Prompt attention to mental health problems in childhood and adolescence. This is particularly relevant following symptoms indicating the onset of serious mental disorders.

5.2.2. To develop early attention to emerging mental health problems in the developmental stage of childhood and adolescence.

5.2.3. Develop plans for early identification of the prodrome of psychotic disorders and early and effective intervention in the first psychotic episodes in adolescence.

5.2.4. To develop programmes that promote adherence to treatment, meaningful treatment and prevent early abandonment of treatment for mental health problems in childhood and adolescence.

5.2.5. Schedule and develop continuing education programmes for family doctors, primary care paediatricians and primary and community care nurses to assess children and adolescents at risk of depression and other mental health problems and to record the risk profile in their medical records.

5.2.6. Promote continuous and postgraduate training programmes for mental health professionals in the specific disorders of childhood and adolescence.

5.2.7. Addressing behavioural disorders at an early stage, with special emphasis on child to parent violence.

5.2.8. Address mental health problems arising from ICT use, abuse and addictive behaviours, including bullying and cyberbullying.

5.2.9. Improve resources and services for child and adolescent care. Provide sufficient resources for paediatric primary care services and child mental health services.

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c) Country's current measures to tackle stress in secondary education

5.2.10. Strengthen continuity of care and case management programmes for the care of children and adolescents with illnesses or disorders that tend to become chronic, disabled and dependent.

5.2.11. Incorporate assessment of parental competencies and screening for mental health problems, including emotional, social psychological and/or occupational wellbeing, into Child Health programmes in primary care.

5.2.12. Promote good treatment of children and adolescents, respect for the fundamental rights of the child and humanisation of care.

5.3. Overall objective. To fight discrimination and social stigmatisation of children and adolescents with mental health problems.

Specific objectives

5.3.1. Promote awareness-raising campaigns among key groups: social, educational and health professionals, family members, police, teachers, journalists, university students, high school students.

5.3.2. To implement shared projects between people in the stages of childhood and adolescence with and without mental health problems, with common objectives and equal status.

5.3.3. Develop community programmes involving institutions and associations that contribute to the fight against social stigma.

Recommendations

I. Family and community medicine professionals, paediatricians and primary care nurses should be adequately trained to assess children and adolescents at risk of depression and other mental health problems, recording the risk profile in their medical records.

II. Improve awareness of depression and other mental health problems and their consequences among young people and their families and reduce associated stigma.

2. DESK RESEARCH

c) Country's current measures to tackle stress in secondary education

III. Routinely include questions about depressive symptoms and mental state in every mental health assessment of a child or adolescent in primary care.

IV. To bring health spending on mental health closer to the Spanish average in those autonomous communities where spending is lower.

V. Provide mental health services with the human and financial resources and physical space necessary to adequately develop a comprehensive treatment of mental health problems by assessing the psychological, pharmacological and psychosocial interventions needed to improve well-being and functional capacity, paying attention to family factors and the social context that may interfere with evolution.

VI. Ensure continuity of care when age-related changes between child and adult care services are necessary.

VII. Implement and/or develop specific mental health units for children and adolescents in community mental health care facilities, with professionals who have the specific training necessary for the performance of these services and in such a way that early detection and treatment of mental health problems in children and adolescents can be carried out.

VIII. Promote the development and adequate provision of specialised units.

IX. Include specific attention to child and adolescent mental health problems in the annual objectives of mental health services.

X. Work in an early and integrated way to address behavioural problems in childhood and adolescence, with special interest and intensity in issues related to child and parental violence.

3. NATIONAL GOOD PRACTICES ON STRESS MANAGEMENT'S AND STUDENTS' WELLBEING PROMOTION

Mental health strategy for the years between 2022 and 2026, are key aspects of the strategy.

1. Collaboration and institutional co-responsibility of the Autonomous Communities;
2. The involvement of professionals and their organisations; the participation of scientific societies;
3. In particular, the leading role played by people with mental health problems and their families, who, through their organisations, have made innovative contributions that have enabled progress to be made in empowering them.
4. The person with mental health problems as a subject of rights. human rights and from a perspective where the biopsychosocial model predominates.
5. Gender-sensitive approach. This means taking into account the different needs of women and men throughout the planning and delivery of mental health services. Involvement of the person with mental health problems and family members.
6. Dialogue and active listening between professionals and users.
7. Personal recovery. This is linked to the discovery or rediscovery of a sense of personal identity separate from the illness or disability. A person can recover their life (social recovery) without necessarily having recovered from their health problem (clinical recovery).
8. Personalised and safe care. Individualised treatment and treatment. All people with mental health problems are not the same, therefore, the therapeutic relationship and treatment plans must be individualised from the beginning and then periodically adjusted to the needs of the person at any given time.
9. Continuity of care and care continuity. Continuity of care derives from the need of many people with mental health problems for ongoing care, attention, treatment and social support.

3. NATIONAL GOOD PRACTICES ON STRESS MANAGEMENT'S AND STUDENTS' WELLBEING PROMOTION

10. People are part of a society with rights and obligations that can be undermined by voluntary or involuntary events that expose vulnerable groups in need of social protection. Natural disasters, human impact on the environment, economic crises, wars and pandemics - e.g. the recent COVID-19 pandemic - among others, generate post-traumatic stress, specifically showing vulnerable groups for mental health and in need of social protection.

a) Template to gather information about existing national and EU good practices related to fighting stress in secondary education

The World Health Organisation (WHO) and the European Commission recognise the importance of schools as an environment in which to act for the benefit of mental health and well-being and call for the inclusion of strategies for the prevention of mental disorders and the promotion of mental well-being in schools.

It recognises that the foundations for lifelong mental health are laid in the early years of human life, and recommends the development of early intervention patterns in the education system, and the promotion of mental health training for health and education professionals. recognises the importance of schools as a setting for action in the field of mental health and wellbeing. It also urges Member States to include the prevention of mental disorders and the promotion of mental health and well-being as part of their strategies and/or action plans.

The International Association for Youth Mental Health (IAYMH) has proposed a paradigm shift in youth mental health care. This international association has issued the "International Declaration on Youth Mental Health", which sets out a number of areas for action, one of which is "Mental Health Literacy".

3. NATIONAL GOOD PRACTICES ON STRESS MANAGEMENT'S AND STUDENTS' WELLBEING PROMOTION

GENERAL DESCRIPTION OF THE GOOD PRACTICE																																					
NAME OF THE PROJECT /COURSE	Mental health literacy programme "EspaiJove.net" www.espaijove.net																																				
DESCRIPTION OF THE PROJECT/COURSE	The general objective of the programme is the promotion of mental health and the prevention of mental disorders in the youth population.																																				
TARGET GROUP	Adolescents between 12 and 18 years of age, and who are studying E.S.O., Bachillerato or Ciclos formativos in educational centres.																																				
GENERAL AIM	<p>Improve the health of adolescents through health promotion actions, prevention of risk situations and early care for problems related to mental health, affective and sexual health, drug, alcohol, and tobacco consumption, in collaboration with educational centres and community health services present in the territory.</p> <p>Promotion of mental health, prevention of mental disorders, eradication of stigma and improvement of help-seeking in the young population. The programme is based on the hypothesis that adequate information and knowledge about mental health and mental disorders in adolescents, young people, and professionals in contact with them will lead to a better recognition of them, as well as a greater differentiation in the perception of different emotional states.</p>																																				
SPECIFIC OBJECTIVES	<ul style="list-style-type: none"> • Improve mental health literacy. • To learn about and promote healthy mental health behaviours. • To understand and reduce risk behaviours for mental health. • To increase knowledge of mental health problems and manifestations of disorders in their early stages. • To facilitate early detection of mental disorders. • To provide guidance on available resources for mental health promotion, prevention, assessment and treatment. • To reduce the stigma associated with mental disorders. • To favour the social inclusion of those who suffer from mental disorders. 																																				
LEARNING MODULES/ OUTCOMES ASSOCIATED	<table border="1"> <tbody> <tr><td>1</td><td>Youth Mental Health Space</td></tr> <tr><td>2</td><td>Adolescence</td></tr> <tr><td>3</td><td>Social Skills</td></tr> <tr><td>4</td><td>Bullying</td></tr> <tr><td>5</td><td>Concept of Mental Health</td></tr> <tr><td>6</td><td>Mental Disorder</td></tr> <tr><td>7</td><td>Healthy Behaviours</td></tr> <tr><td>8</td><td>Risk Behaviours</td></tr> <tr><td>9</td><td>Multidisciplinary mental health team</td></tr> <tr><td>10</td><td>Community network of services</td></tr> <tr><td>11</td><td>Anxiety</td></tr> <tr><td>12</td><td>Depression</td></tr> <tr><td>13</td><td>Self-harm and self-harm ideation</td></tr> <tr><td>14</td><td>Psychotic disorder</td></tr> <tr><td>15</td><td>Schizophrenia</td></tr> <tr><td>16</td><td>Bipolar disorder</td></tr> <tr><td>17</td><td>Eating behaviour disorder (ED)</td></tr> <tr><td>18</td><td>Attention deficit disorder (ADD)</td></tr> </tbody> </table>	1	Youth Mental Health Space	2	Adolescence	3	Social Skills	4	Bullying	5	Concept of Mental Health	6	Mental Disorder	7	Healthy Behaviours	8	Risk Behaviours	9	Multidisciplinary mental health team	10	Community network of services	11	Anxiety	12	Depression	13	Self-harm and self-harm ideation	14	Psychotic disorder	15	Schizophrenia	16	Bipolar disorder	17	Eating behaviour disorder (ED)	18	Attention deficit disorder (ADD)
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3. NATIONAL GOOD PRACTICES ON STRESS MANAGEMENT'S AND STUDENTS' WELLBEING PROMOTION

	19	Borderline personality disorder (BPD)
	20	Obsessive compulsive disorder (OCD)
	21	Substance abuse disorders
	22	Cyberbullying
	23	Our emotions
	24	Grief
	25	Stigma
	24	Suicide
	25	Anxiety and stress

3. NATIONAL GOOD PRACTICES ON STRESS MANAGEMENT'S AND STUDENTS' WELLBEING PROMOTION

GENERAL DESCRIPTION OF THE GOOD PRACTICE		
NAME OF THE PROJECT /COURSE	PROGRAMA SONRISA How to promote psychological well-being through Positive Psychology (Sánchez-Hernández y Méndez, 2009) (www.sanderpsicologos.com)	
DESCRIPTION OF THE PROJECT/COURSE	The Smile Programme combines constructs and techniques from positive psychology with the cognitive-behavioural approach, including third generation behavioural therapies.	
TARGET GROUP	Adolescents	
GENERAL AIM	Research on the Smile Programme is committed to investing in the wellbeing and flourishing of people and organisations. Encourage people's strengths and positive resources such as optimism, curiosity, and creativity.	
SPECIFIC OBJECTIVES	The Smile Programme is a pioneer in the field of prevention of depression in adolescents by incorporating some novel components, such as the promotion of curiosity or motivation of students and the adaptation of behavioural activation to the prevention of depression in adolescents. Also noteworthy are the module on the promotion of optimism and other techniques from Positive Psychology (savouring, increasing flow experiences, etc.) used in the programme in a complementary way with other techniques of proven effectiveness (planning pleasant activities, interpersonal skills, mindfulness, etc.).	
LEARNING MODULES/ OUTCOMES ASSOCIATED	1	Motivation and emotional education module. Motivation for positive change. Strength of Curiosity. Howard Gardner's Multiple Intelligences. Personal interest and commitment to the programme. Definition, types, and usefulness of emotions. Connection between situations and emotions
	2	Positive activation and emotional slowing module. Behavioural activation. Pleasurable activities and tasting (training the senses). Rewarding activities based on personal strengths and flow. Emotional slowing down techniques: breathing, muscle relaxation, visualisation, and mindfulness. Emotional discharge techniques: sports activities, emotional writing... Positive Leisure Education
	3	Problem solving skills module. Attitude towards problems. Problem solving steps. Creativity games and sense of humour.
	4	Optimism module. Optimism and pessimism. Attributional training. Distraction and Activation. Training the senses: Savouring. Optimism and Creativity. Optimism and forgiveness.
	5	Social skills module. Definition of interpersonal skills. Identifying submissive, assertive, and aggressive styles. Expressing annoyance, displeasure and/or dislike. Understanding and practising the ability to say yes or refuse.
	6	Goal planning and hope-building module. Values-centred life orientation. Reflection and engagement on areas for development and improvement. Reflection on putting learned techniques into practice. How to define personal goals in a concrete and specific way. Techniques for fostering hope for personal goals. Knowing and knowing how to defend personal rights.

3. NATIONAL GOOD PRACTICES ON STRESS MANAGEMENT'S AND STUDENTS' WELLBEING PROMOTION

GENERAL DESCRIPTION OF THE GOOD PRACTICE	
NAME OF THE PROJECT /COURSE	"Emotional development". https://www.eskolabakegune.euskadi.eus/c/document_library/get_file?uid=bab135eb-9cb7-4f32-aa8d-290d7ed8f5f7&groupId=2211625
DESCRIPTION OF THE PROJECT/COURSE	The aim of this project is to offer the whole educational community a practical and orientative programme, as well as a transversal one, for the development of Emotional Intelligence, from the "tutorial action", to ensure that our young people, at the end of their academic training process, have also acquired emotional competences.
TARGET GROUP	From 3 to 20 years old.
GENERAL AIM	The development of Emotional Intelligence <ol style="list-style-type: none"> To increase their level of personal well-being. Become responsible, committed, and cooperative people. Improve their quality of life, both physically and emotionally, on a journey to be happier than previous generations. Increase their professional achievements.
SPECIFIC OBJECTIVES	<ol style="list-style-type: none"> To develop the ability to prevent and control stress, anxiety, and depressive states. To become aware of the factors that induce subjective well-being. To develop a sense of humour. To develop the ability to defer immediate rewards in favour of greater but more long-term rewards. Develop resilience to frustration.
LEARNING MODULES/ OUTCOMES ASSOCIATED	1 FIRST COMPETENCE: emotional awareness, which enables us to realise and be aware of: <ul style="list-style-type: none"> What we feel. Putting a name to the emotions we feel. Emotional vocabulary. Identifying and being aware of other people's emotions. Awareness of one's own emotional state. Understanding the meaning and advantages or disadvantages of each of the emotions.
	2 SECOND COMPETENCE: emotional regulation, which allows us to respond appropriately to different emotionally intense situations (stress, frustration, tiredness, anger, weakness, fear, insecurity, joy, illusion...). <ul style="list-style-type: none"> Emotional regulation strategies: internal dialogue, relaxation, cognitive restructuring... Strategies for the development of positive emotions. Regulation of feelings and impulses.
	3 THIRD COMPETENCE: emotional autonomy, which allows us to be self-confident, have self-esteem, think positively, self-motivate ourselves, make decisions in an appropriate way and take responsibility in a relaxed and calm way. <ul style="list-style-type: none"> Notion of identity, knowledge of oneself (self-concept). Positive appraisal of one's own abilities and limitations.
	4 FOURTH COMPETENCE: socio-emotional skills. This consists of being able to handle each of the different and varied social situations with the set of positive and negative emotions that this entails. The development of this competence involves:

3. NATIONAL GOOD PRACTICES ON STRESS MANAGEMENT'S AND STUDENTS' WELLBEING PROMOTION

		<ul style="list-style-type: none"> • Listen actively and dynamically to other people. In this way, we make them feel important. • Give and receive constructive criticism, what we call "receiving the bitter medicine". • Understanding others and getting them to understand us. • Being assertive in our behaviour, being willing to be sincere and express what we think, feel, and do to others and to what they represent. • To deal intelligently with the conflicts we have in our day-to-day life. • Maintain good interpersonal relationships with the people we live or work with. • Working in teams and involving people in projects and objectives.
	5	<p>FIFTH COMPETENCY: life skills and personal well-being. The goal to which we all aspire with each of our actions is to achieve happiness (from the emotional dimension, we would speak of experiencing subjective well-being). The aim is to offer resources that help to organise a healthy and balanced life, overcoming possible obstacles that life may bring.</p> <ul style="list-style-type: none"> • Organisational skills (time, work, daily tasks) and personal and social development. • Skills in family, school, and social life. • Positive and real attitude (through individual action plans) towards life.

3. NATIONAL GOOD PRACTICES ON STRESS MANAGEMENT'S AND STUDENTS' WELLBEING PROMOTION

NAME OF THE PROJECT /COURSE	GENERAL DESCRIPTION OF THE GOOD PRACTICE
DESCRIPTION OF THE PROJECT/COURSE	<p>FORMA JOVEN https://www.juntadeandalucia.es/educacion/portals/web/igualdad/educacion-emocional</p> <p>Programme for the Promotion of Healthy Lifestyle Habits aimed at young people and adolescents between 12 and 18 years of age in publicly funded secondary schools in Andalusia.</p> <p>It addresses the fundamental dimensions of health promotion in secondary schools:</p> <ul style="list-style-type: none"> • the curriculum, • the psychosocial environment of the centre, • the family and • collaboration with community resources that protect and promote the value of individual and collective health. <p>It is the educational centre that establishes the type of collaboration it needs from health professionals within the framework of the Action Plan it determines for health promotion and education in its centre, thereby opting for a working model in which the educational centre is the protagonist and all the resources it can count on, both material and human, must serve as support to develop the health promotion project of each centre in particular.</p> <p>The different intervention modalities are the axis and driving force of the programme.</p> <p>Teachers are the ones who carry out the teaching work in schools, and the role of health professionals is to support the teaching staff and to plan together the most appropriate way to deliver health promotion content to students.</p> <p>The school environment needs the support of health professionals to help ensure that the content developed and delivered is rigorous and supported by evidence.</p> <p>Schools can apply for the two intervention modalities of Forma Joven: Counselling and Group Activities, which include advice to teachers, advice to families, dissemination, and awareness-raising activities.</p> <p>Depending on the needs of the target people and the context, one or the other will be programmed, in agreement and in common with the team of the educational centre.</p> <p>These professionals can carry out awareness-raising sessions with the school's own teaching staff, or with students to initiate a debate on a topic of interest to them, which is then taken up in the classroom.</p> <p>Group activities can also be carried out (to help to stop smoking, on balanced nutrition and physical activity, etc...) if they are requested by the teaching staff, are included in the school's Action Plan and the resources are available at the health centre.</p>
TARGET GROUP	Adolescents
GENERAL AIM	It is a strategy that consists of bringing health promotion and health risk prevention activities to the environments where adolescents and young people live, to help them decide on the healthiest lifestyle choices.
SPECIFIC OBJECTIVES	GENERAL OBJECTIVE: Identify different types of emotions, in themselves and in others, as well as the meaning they have through self-observation and observation of the people around them.

3. NATIONAL GOOD PRACTICES ON STRESS MANAGEMENT'S AND STUDENTS' WELLBEING PROMOTION

	<p>SPECIFICS OBJETIVES</p> <ul style="list-style-type: none">• Accurately perceive one's own feelings and emotions.• Identify and define the emotional states experienced by the person at different times, contemplating the possibility of experiencing multiple emotions.• Recognise the inability to become aware of one's own feelings due to selective inattention or unconscious dynamics. Emotional vocabulary.• Recognise and use emotional language (verbal and body) appropriately.• Appropriate use of expressions available in one's cultural context to designate emotional phenomena.• Knowledge of the emotions of others.• Accurately perceive the emotions and feelings of others.• Understanding other people's emotions.• To empathically involve oneself in their emotional experiences.• Use situational and expressive cues (verbal and non-verbal communication) that have a certain degree of cultural consensus for emotional meaning.• Interaction between emotion, cognition, and behaviour.• Know the relationship between emotion, thought and behaviour.• To be able to find this relationship and make the necessary changes in thoughts and behaviours to regulate one's emotions.• To understand how emotional states affect behaviour and these in turn affect emotion and how both can be regulated by cognition (reasoning, awareness). <p>GENERAL OBJECTIVE: To Respond appropriately to the emotions, we experience by using techniques such as internal dialogue, introspection, meditation, breathing, relaxation, and others.</p> <p>SPECIFIC OBJECTIVES: Expression of emotions.</p> <ul style="list-style-type: none">• Express emotions appropriately and in a way that is appropriate to the context and circumstances.• Understand that the internal emotional state does not always correspond to the external expression. This applies both to oneself and to others.• Understand, at higher levels of maturity, the impact that one's own emotional expression and behaviour may have on others.• Accept that feelings and emotions often need to be regulated. This includes: - Regulation of impulsivity (anger, violence, risk-taking behaviour).• Tolerating frustration to prevent negative emotional states (anger, stress, anxiety, depression). - Perseverance in achieving goals despite difficulties. - The ability to defer immediate rewards in favour of longer-term but higher order rewards, etc.• Achieving the difficult balance between emotional repression or inhibition and lack of control. Coping skills.• Acquiring strategies to cope with negative emotions, reducing their intensity and duration to attenuate the discomfort they cause.
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3. NATIONAL GOOD PRACTICES ON STRESS MANAGEMENT'S AND STUDENTS' WELLBEING PROMOTION

- To face challenges and conflict situations and the emotions they generate with self-regulation strategies to manage the intensity and duration of emotional states.

GENERAL OBJECTIVE:

Achieving and maintaining a balance between emotional dependency and disengagement.

SPECIFIC OBJECTIVES:

Positive self-esteem.

- Self-esteem, by definition, is an individual's emotional opinion of him or herself, which does not necessarily have to be positive or rational.
- To acquire a positive, satisfactory, and realistic self-assessment.
- To have a positive self-image.
- To establish and maintain a "good relationship" with oneself. Auto-motivation.
- To acquire the ability to self-direct our behaviour and become emotionally involved in various activities, whether in personal life, social life, leisure time, professional future, etc., which implies an impulse to act towards what they want.

Emotional self-efficacy.

- It means accepting one's own emotional experience, whether it is unique and eccentric or culturally conventional, and this acceptance is in accordance with the individual's beliefs about what constitutes a desirable emotional balance.
- To perceive oneself as having the capacity to feel as one wishes and to generate the emotions one needs.

Accepting one's own emotional experience.

- Responsibility. It is the intention to engage in safe, healthy, and ethical behaviour.
- Acquire skills to review one's own behaviour and assume the consequences that derive from it, not always blaming others for one's own mistakes.
- To take responsibility for one's own actions.
- Assume responsibility when making decisions.
- Decide responsibly, knowing that, in general, the most effective way is to adopt a positive attitude.

GENERAL OBJECTIVE:

To facilitate interpersonal relationships, foster pro-social attitudes and behaviours and create a climate of coexistence that is pleasant for all.

SPECIFIC OBJECTIVES:

Basic social skills.

- The first of the social skills is listening, without which it is difficult to move on to the others.
- Incorporate into the pupils' habitual repertoire of behaviour, basic behaviours of "good manners" such as: greeting, listening, saying goodbye, saying thank you, saying please, apologising, having a dialogue, taking turns, maintaining an attitude of dialogue, etc.

3. NATIONAL GOOD PRACTICES ON STRESS MANAGEMENT'S AND STUDENTS' WELLBEING PROMOTION

LEARNING MODULES/	<p>Respect for others.</p> <ul style="list-style-type: none"> To develop in children an attitude of consideration, acceptance, and appreciation of other people's individual and group differences. To value the rights of all people. This applies to the different points of view that may arise in a discussion. <p>Responsive communication.</p> <ul style="list-style-type: none"> Pay attention to others in both verbal and non-verbal communication to receive and understand messages accurately. <p>Expressive communication.</p> <ul style="list-style-type: none"> Initiate and maintain conversations with other people (adults or peers). Expressing one's thoughts and feelings clearly, both in verbal and non-verbal communication, and showing others that they have been understood. <p>Share emotions</p> <ul style="list-style-type: none"> Be aware that the structure and nature of relationships are in part defined as much by the degree of emotional immediacy or expressive sincerity as by the degree of reciprocity or symmetry in the relationship. Learning to express their emotions and listen to the emotions of others in interpersonal situations where there is a certain level of reciprocity <p>GENERAL OBJECTIVE</p> <p>To facilitate interpersonal relationships, foster pro-social attitudes and behaviours and create a climate of coexistence that is pleasant for all.</p> <p>SPECIFIC OBJECTIVES</p> <p>Pro-social and cooperative behaviour.</p> <ul style="list-style-type: none"> Performing actions in favour of other people, without their having asked for it. Although it does not coincide with altruism, it has many elements in common. Learning to share common activities and spaces. <p>Assertiveness.</p> <ul style="list-style-type: none"> Defend and express one's rights, opinions, and feelings in a socially appropriate way, respectful of others, their opinions, and their rights. Say "no" clearly and keep it and accept that the other person may say "no" to you. Coping with peer pressure and avoiding situations in which one may be coerced into risky behaviour. <p>Conflict prevention and resolution.</p> <ul style="list-style-type: none"> Identify, anticipate, or deal resolutely with social conflicts and interpersonal problems. It involves providing students with the capacity for analysis, reflection, and action to: - Identify situations that require a preventive solution or decision. - Evaluate risks, barriers, and resources, avoiding behaviours that may generate conflicts. - Deal with conflicts in a positive way, providing informed and constructive solutions. <p>Management of collective emotions in social contexts.</p> <ul style="list-style-type: none"> Reconducting emotional situations in social contexts. It is about activating collective emotional regulation strategies. This overlaps with the ability to induce or regulate emotions in others. 	
	1	Emotional awareness
	2	Emotional regulation
	3	Emotional autonomy

3. NATIONAL GOOD PRACTICES ON STRESS MANAGEMENT'S AND STUDENTS' WELLBEING PROMOTION

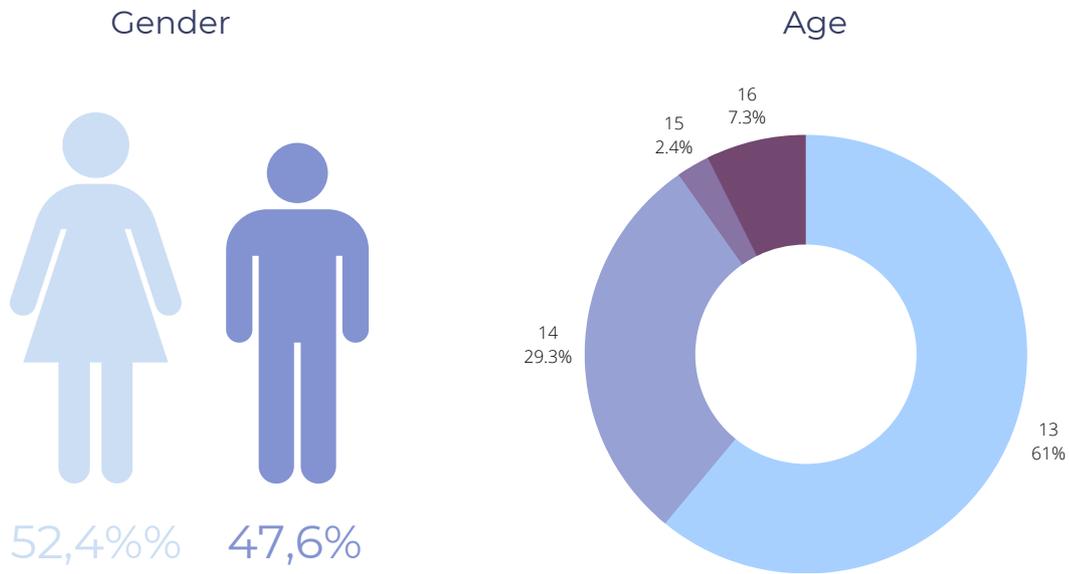
OUTCOMES ASSOCIATED	4	Social competence
	5	Competences for life and well-being

3. NATIONAL GOOD PRACTICES ON STRESS MANAGEMENT'S AND STUDENTS' WELLBEING PROMOTION

		GENERAL DESCRIPTION OF THE GOOD PRACTICE
NAME OF THE PROJECT /COURSE	AULAS FELICES. https://educaposit.blogspot.com/p/blog-page.html	
DESCRIPTION OF THE PROJECT/COURSE	It is a programme based on positive psychology and mindfulness. To enhance the personal and social development of students. To promote the happiness of pupils, teachers, and families.	
TARGET GROUP	It is aimed at students from 3 to 18 years of age.	
GENERAL AIM	We aim to promote LEARNING and HAPPINESS in our students.	
SPECIFIC OBJECTIVES	The programme has three components: <ol style="list-style-type: none"> 1. increasing positive emotions (enhancing attention to positive events in life, gratitude, "mindfulness" and "savouring", and resilience training); 2. helping students to identify their characteristic strengths and use them more in their daily lives; and 3. to enhance meaning and purpose in life by reflecting on the activities and experiences that give meaning to their lives. 	
LEARNING MODULES/ OUTCOMES ASSOCIATED	1	Mindfulness
	2	The education of the 24 personal strengths (Peterson y Seligman, 2004):

4. THE ANALYSIS OF THE STUDENTS' QUESTIONNAIRE

a) The respondents' profile



b) Collected data about stress and stressful situations

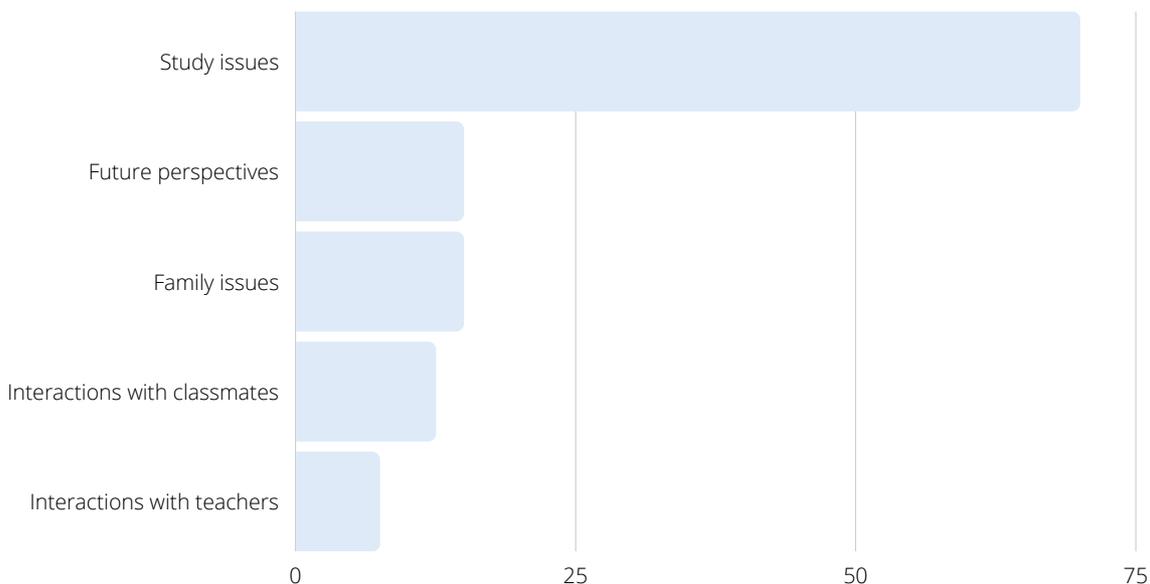
45%

of the students have moderate to high levels of stress daily

67,5%

of the students feel confident to deal with stress

Main sources of students' stress

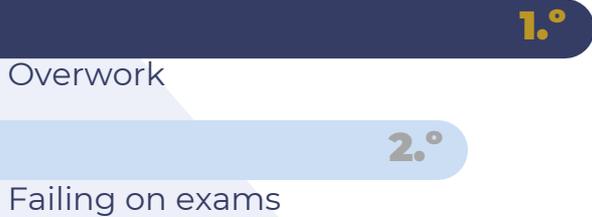


4. THE ANALYSIS OF THE STUDENTS' QUESTIONNAIRE

b) Collected data about stress and stressful situations

TOP situations in which students feel stressed inside each main source

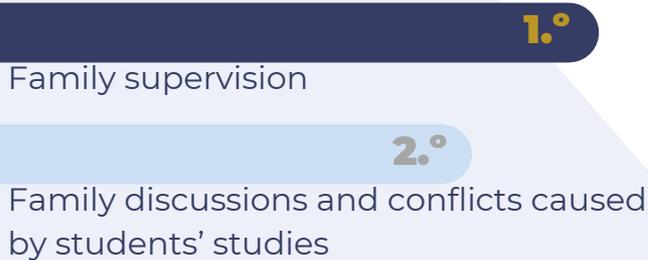
Study issues



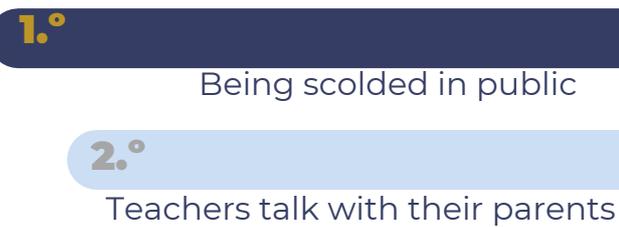
Future perspectives



Family issues



Interactions with teachers

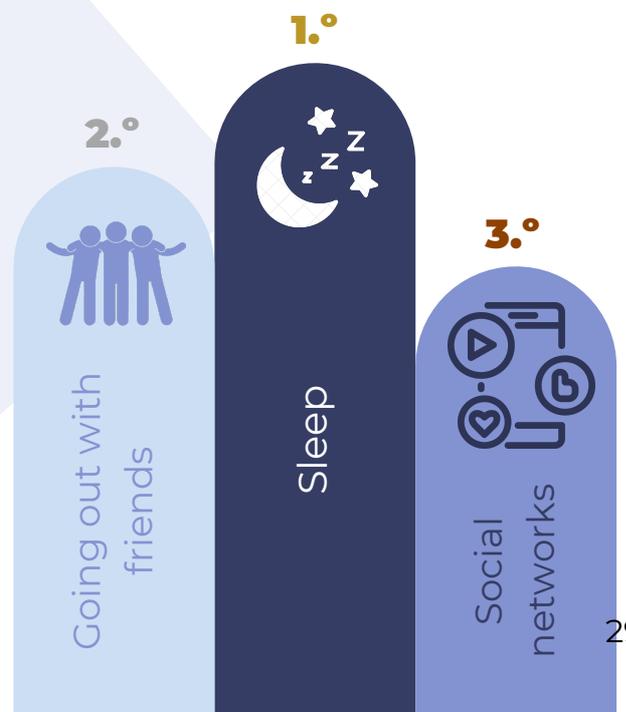


Emotional effects of stress

Our students revealed that when they are stressed, they feel overwhelmed and helpless, sadness and moodiness, insecurity.



Students' personal methods to relieve stress



4. THE ANALYSIS OF THE STUDENTS' QUESTIONNAIRE

c) Collected data about the “3D Virtual World Learning Environment” (3D VWLE)

45% of Spanish students play video-games more than once a week. 33% never play video games. So it is important to have in mind the difference on students' experience with game mechanisms and elements.

- Open world map with multiple locations
- missions and tasks
- avatar personalization
- role-play
- awards and points

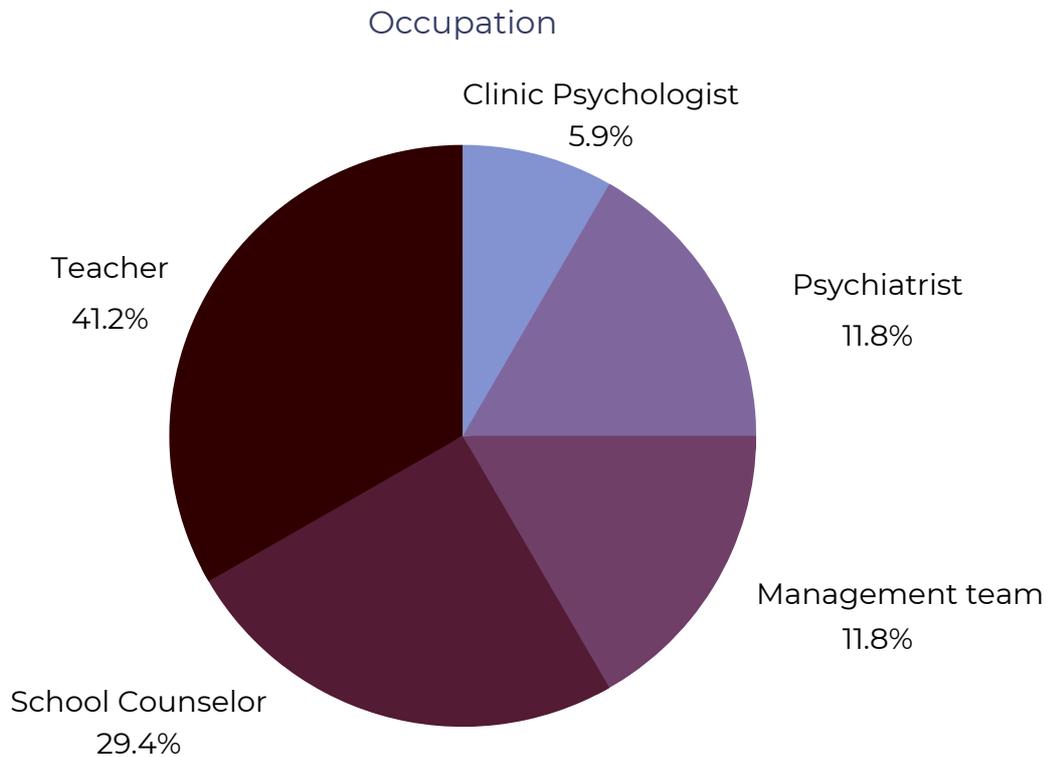
d) Insights and main findings

Even though some Spanish students report having high levels of stress, most of them also consider themselves able to face it. Although a large majority of students feel stress, they are able to cope with stressful situations. However, not all are successful. Academic results turn out to be a major source of stress for students.



5. THE FOCUS GROUP FOR TEACHERS AND MENTAL HEALTH EXPERTS

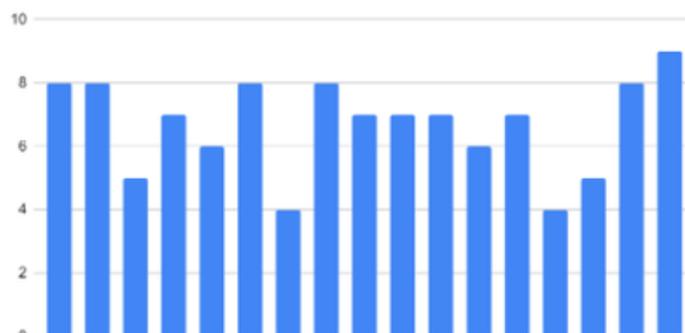
a) The participants' profile



b) Topics addressed, insights and main findings

As we can see in the following figure, more than half of the experts surveyed (64.7%) consider that adolescents experience a fairly high degree of stress, giving values of 7, 8 and 9. The remaining 35.3% of respondents recognise that adolescents suffer from stress, but do not give it such high values (4,5 and 6).

How much stress do you think adolescents experience?

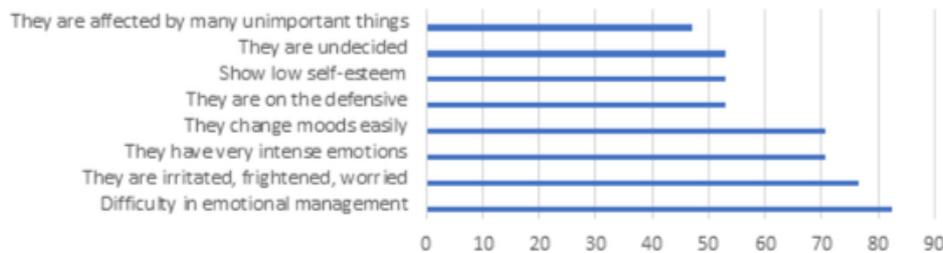


5. THE FOCUS GROUP FOR TEACHERS AND MENTAL HEALTH EXPERTS

b) Topics addressed, insights and main findings

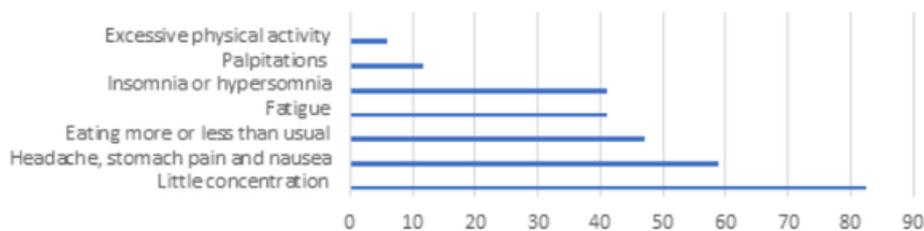
According to the results of the following table, we can deduce that the emotional symptoms of stress that are most evident according to the experts' perception are indecision, difficulty in emotion management and intensity of their emotions. In contrast, the least representative symptom is their defending behaviour.

Emotional expressions of stress in students



The stress symptomatology of secondary school students from a physiological point of view is very different. Let us look at the results in the following table:

Physiological Manifestations of Stress



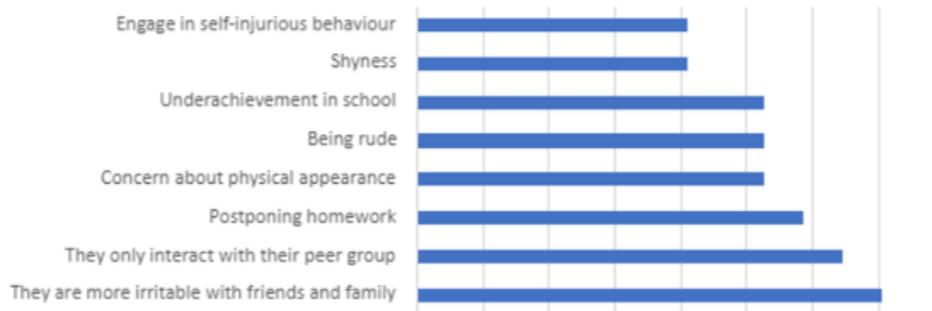
The results obtained reveal that eating disorders, lack of concentration, headaches and stomach pains are the symptoms that are most reflected in adolescents in a stressful situation, as they have obtained the highest values according to the experts' perception. However, physical activity and palpitations seem to be less present in adolescents.

In terms of behavioural symptoms of stress, it can be stated that irritability and peer group relations are the two most common behaviours among students who find themselves in a stressful situation. However, a withdrawn character or a tendency to self-harm are symptoms that are not as present in adolescents as the others mentioned above.

5. THE FOCUS GROUP FOR TEACHERS AND MENTAL HEALTH EXPERTS

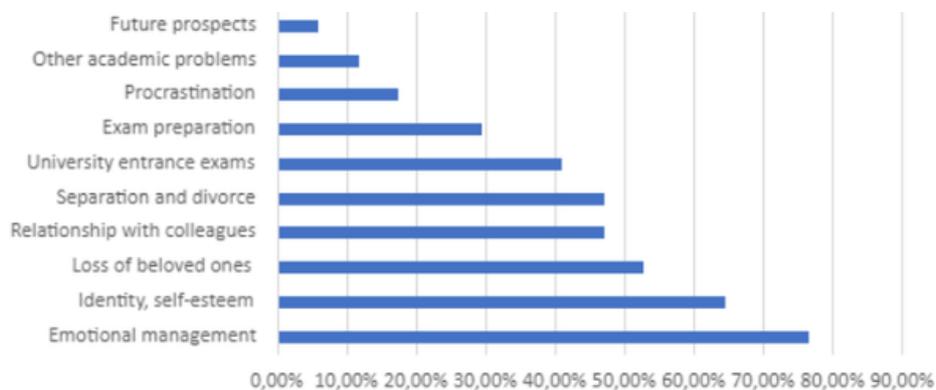
b) Topics addressed, insights and main findings

Behavioural manifestations of adolescent stress



The next question asked to the panel of experts was the following; how often do you detect the following sources of stress in adolescents? The most frequently reported sources were managing emotions, identity and self-esteem, and struggling with university entrance exams. However, job uncertainty ranked as the least frequent source among stressed adolescents. Other sources of stress, in addition to those proposed, were bullying and school failure, sexual identity and social networks.

Sources of stress perceived by adolescents

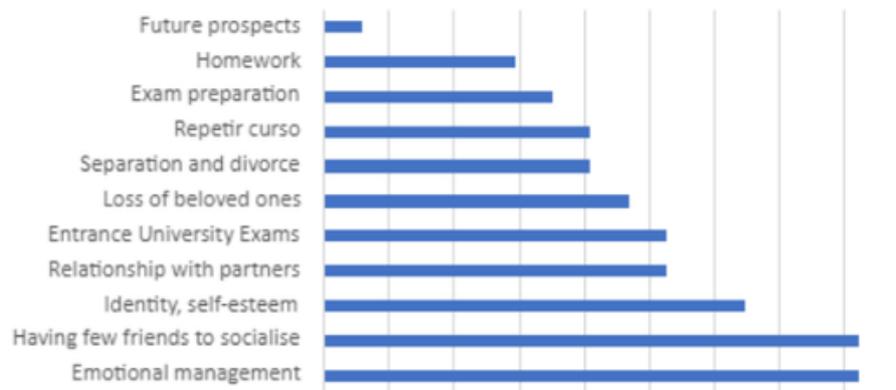


The next question deals with the degree of interference of sources of stress in adolescents' lives. According to the data collected, it can be seen from the table above that stress in adolescents interferes to a greater extent with their identity and self-esteem, emotion management and socialisation, as most of them feel that they have no friends to relate to. Stress affects to a lesser extent their future employment and grade repetition.

5. THE FOCUS GROUP FOR TEACHERS AND MENTAL HEALTH EXPERTS

b) Topics addressed, insights and main findings

Degree of interference by sources of stress on adolescents

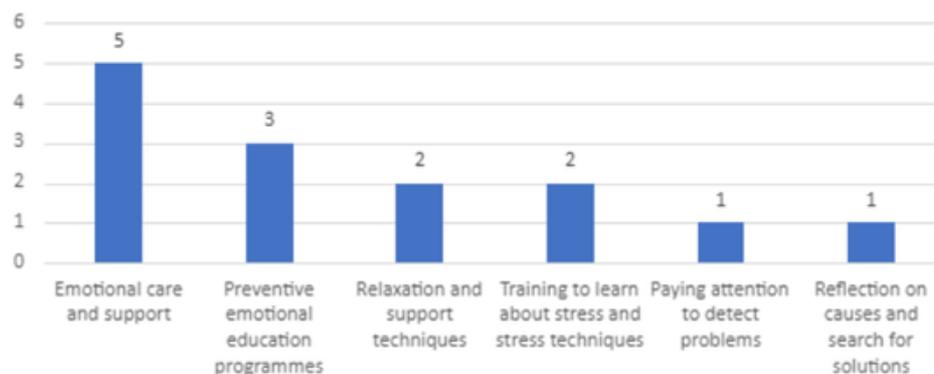


In order to combat their stress, experts say that adolescents sometimes ask for help from family members, education or counselling (up to 82.4%). Some 17.6% of experts say that they do. In no case do experts believe that adolescents never ask for help.

Strategies to combat stress

The first question focuses on actions that can be taken by experts or the school to combat adolescent stress. Among the options commented, the following stand out, according to the options commented on:

- Emotional care and support: emotional support during tutoring hours and preventive emotional education programmes.
- Relaxation and support techniques: outdoor classes
- Stress and stress awareness training and techniques: implementation of workshops or emotion management programmes.

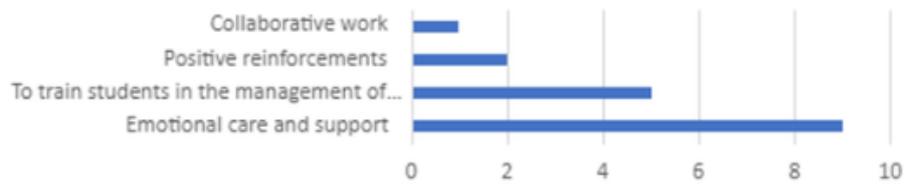


How teachers and school counsellors can reduce stress in students

In the next question, the experts are asked to point out how teachers and counsellors can improve the stress of adolescents. In the following table, the results can be observed:

5. THE FOCUS GROUP FOR TEACHERS AND MENTAL HEALTH EXPERTS

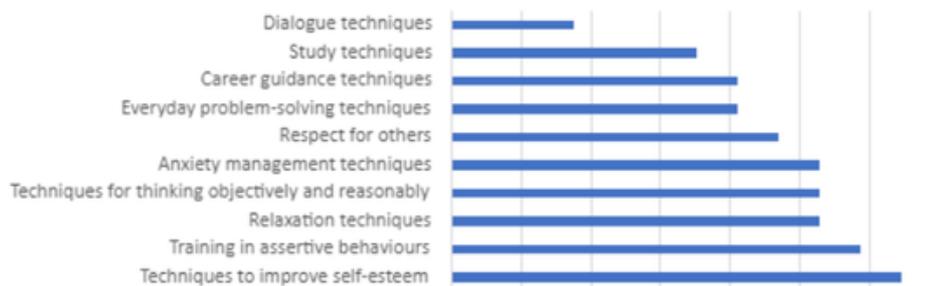
b) Topics addressed, insights and main findings



Skills that should be taught to students to combat stress

The following table lists the skills that should be taught to help adolescents combat their stress.

Among the most frequently mentioned skills are techniques to improve self-esteem and training in assertive behaviour. The least needed skills are negotiation and dialogue (17.6%) and study techniques (35.3%). In the "other" section, the experts mention: group dynamics of cooperation and contact with nature, identification of emotions-emotional expression and self-care and detection of needs.



Gamification for stress coping education

In the next question, the experts give their assessment of the role gamification could play in coping with stress in adolescents. Out of a total of 12 responses, the proportion is distributed as follows:

Those who indicated that gamification played a good role in coping with stress, stressed that they found the idea very interesting and that it could enhance motivation and student participation. In addition, some mentioned that it could help them to combat real-life stressful situations, but others mentioned that being a "social network", gamification should be complemented by a good interpersonal relationship with the other classmates.

The majority of the experts surveyed (82.4%) claim not to have come across examples of virtual and gamified practices to relieve stress. On the contrary, only 17.6% of the respondents claim to be familiar with such practices.

5. THE FOCUS GROUP FOR TEACHERS AND MENTAL HEALTH EXPERTS

b) Topics addressed, insights and main findings

Those who are familiar with these practices mention, for example: mental relaxation techniques and guided meditation and guided mindfulness videos.

The last question focuses on the experts' final recommendation for such practices to combat stress. Those who recommend gamification as a means to combat stress consider it a good idea to combat real-life stressful situations, to support each other and to train students in a virtual environment at a time when ICT is vital in the educational training of students. The expert who does not recommend it considers that it is better to expose learners to real-life environments with group dynamics. Those who do not know if it would work think they should try it first to draw conclusive conclusions.

c) Evaluation of the focus group and feedback received

According to the expert panel's perceptions, adolescents suffer from stress, which affects their emotional management, self-esteem and concentration when studying. The strategies most recommended by the experts are mindfulness and emotional support for students. Generally speaking, they consider it necessary to implement a 3D gamification scenario.

6. GUIDELINES FOR THE DEVELOPMENT OF THE “3D VIRTUAL WORLD LEARNING ENVIRONMENT” (3D VWLE)

Main stressors for students:

- **Academic Stress:** Attending classes, completing the readings, writing exams, oral exams, presentations, managing projects, and preparing for exams. Expectations from their teachers in their success.
- **Personal Stress:** Transition to adolescence. Sexual orientation, religious beliefs, and other deep issues.
- **Family Stress:** Expectations from their families in their success.
- **Future Stress:** Crisis in the working market.
- **Others:** Interpersonal relationships, judgment of peers and teachers, public exposition, lack of study methods.

Main characteristics of the 3D VWLE

- Creation of game scenarios for the 3D Virtual World Learning Environment:
 - Motivations;
 - Stress control;
 - Award and points;
 - Games and mini-games;
 - Role-play;
 - Missions;
 - Social interactions and individual behavior;
- Scenarios:
 - Classroom;
 - Playgrounds;
 - Others.
- Situations:
 - Bullying;
 - Socialization;
 - Individual behavior;
 - Creative tasks;
 - Solidarity

7. CONCLUSIONS

Educational centres in Spain are potential therapeutic scenarios. Emotional development programmes implemented in the educational context have shown their effectiveness in promoting mental health, as well as in reducing aggressive behaviour and developing empathy in adolescents. Specifically, in students with behavioural problems we found significant differences in emotional repair, emotional clarity and perceived emotional intelligence.

Taking into account the data obtained from the students' surveys, it is clear that adolescents suffer more stress in the school environment due to oral presentations or the lack of time for organisation and planning. At the same time, another cause of stress among adolescents is reflected in the lack of socialisation with partners. According to experts, this stress manifests itself in different ways: adolescents find it difficult to control their emotions, have a lack of concentration and headaches, and are more irritable with friends and families, interacting only in peer groups. To combat these stressful situations, students report that sleeping and hanging out with friends would reduce their stress. From the experts' perspective, it is proposed to promote emotional care and attention and implement educational programmes for emotional prevention.

Teachers recommend 3D VWLE but consider that students also have to interact face-to-face in other kind of activities. Also, both students and teachers/technicians would like to see cooperative tasks or missions.

8. REFERENCES

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ANNEXES

ANNEX 1. FOCUS GROUP EVALUATION QUESTIONNAIRE'S RESULTS

	Participants n°											
	1	2	3	4	5	6	7	8	9	10	11	12
1. The information you received before the focus group were exhaustive and facilitated your participation.	5	5	5	5	5	5	5	5	5	5	5	5
2. The duration of the focus group was adequate.	4	4	5	5	5	5	4	4	4	5	5	5
3. The rooms used for the focus group were adequate (I could hear and see well) and the digital/technological tools worked properly (e.g. projector, internet).	5	5	5	5	5	5	5	5	5	5	5	5
4. The focus group was well structured.	4	5	5	5	5	5	5	4	4	4	4	5
5. The participation of all people was active.	5	5	5	5	5	5	5	5	5	5	5	5
6. You felt heard during the focus group.	5	5	5	5	5	5	5	5	5	5	5	5
7. By participating in the training, I deepened my knowledge about workshops' topics.	5	5	5	5	5	5	5	5	5	5	5	5
8. The topics addressed during the focus group were in line with your expectations.	5	5	5	5	5	5	5	5	5	5	5	5
9. An adequate amount of time and attention was dedicated to each topic.	5	4	5	5	5	4	4	4	5	5	4	4
10. The focus group helped make you reflect on student's stress topic.	5	5	5	5	5	5	5	5	5	5	5	5
11. You learn something new about students' stress in school setting during the focus group.	4	4	5	5	5	5	5	4	4	4	4	4
12. The topics addressed were interesting and engaging.	5	5	5	5	5	5	5	4	4	4	4	4
13. The topics addressed during the focus group were innovative.	5	5	5	5	5	5	5	5	5	5	5	5