

## An Appraisal of Mental Health Support System in Preventing and Ending School Violence

Ejuchegahi A. Angwaomaodoko<sup>1</sup>

<sup>1</sup>Independent Researcher

Corresponding author: Ejuchegahi A. Angwaomaodoko

**ABSTRACT :** School violence remains a serious issue around the globe with implications on the physical and mental development of students. In response to this pressing issues, schools have recognised the importance of utilizing adequate mental health support systems to prevent school violence. This paper focuses on the role of mental health support systems in preventing and ending school violence. The study highlights the various causes of school violence, relationship between mental health and school violence, overview of mental health support system and the role of mental health support system in preventing school violence. Comprehensive mental health programming in schools may find the children who are at risk and offer interventions on time. This paper emphasizes that in incorporating education on mental health in to the curriculum, training staff to identify possible mental health issues, and access to counselling are of great importance. While there are various successes with the usage of this support system in schools, a number of challenges have been encountered such as resource constraints, lack of qualified staff among other factors. Therefore, there is need to ensure effective collaboration with key stake holders, parents, professionals and teachers to ensure effective usage of mental support system in schools.

**KEYWORDS :** *Mental health, school violence, intervention, support system, school*

### I. INTRODUCTION

School violence is a lingering problem within the four walls of educational institutions. Majority of schools around the globe report several violent occurrences within a given school year and a sizable proportion of students engage in physical fight in classroom [1] while evidence from previous study indicates that more than half of violent victimization of students takes place in schools, and more than half of teachers have been victims of violence committed by students [2].

The frequency of school violence had led to the release of a publication at one of the largest gathering for educators and skills minister in 2019 titled “The behind the numbers: Ending schools violence and bullying” in the United Kingdom. This clearly indicates that school violence is impacting on the rights of some students to have a conducive environment for learning bearing in mind the purpose of schools which serves as hubs for child development, fostering growth and discovery that extends beyond the classroom as well as providing the opportunity for students to participate in worthwhile activities which will enhance their academic and social wellbeing [3].

School violence refers to all forms of physical or psychological violence that take place within a school or in connection with school-related activities. It ranges from bullying and physical fighting to weapon use, theft, and vandalism, as well as verbal and sexual abuse. It also comprises violent acts against others by students, teachers, or any other individual within the precincts of the school environment [4].

One of the precursors of school violence is mental related issues that affects the action, emotion and perception of individuals. It affects the safety, well-being, and academic achievements of students. Consequently, it may lead students to carryout action that may result in a hostile and unsafe environment for every member within the school setting [6]. Therefore, one of the ways to militates against school violence is to implement a system or carry out activities necessary to improve students mental health, hence, the incorporation of mental health support system in schools could prove vital towards the elimination of school violence [6].

Mental health support systems are structures or activities targeted at identifying, intervening, and supporting students with behavioural, emotional, and psychological challenges. These systems provide access to therapy, peer support groups, and also develop students with skills and resilience in cases of school violence [7]. However, even with the efforts in setting up mental health support systems in schools, major challenges are still faced such as funding constraints, stigma of mental health, access to limited services, and coordination among

the stakeholders. It, therefore, calls for the appraisal and evaluation of the mental health support systems in a more comprehensive manner to be sure of the strengths, weaknesses, and opportunities available for enhancement in the prevention and management of school violence. This study seeks to identify the various causes of school violence and its relationship with mental health. The study also gives an overview on the mental health support system and its role in preventing school violence.

## II. OVERVIEW OF SCHOOL VIOLENCE

School violence represents all sorts of hurtful behaviour, including physical altercations, bullying, verbal abuse, and even cyberbullying within the confines of schools [8]. Zhou [9] indicated that school violence can take various forms such as physical violence like hitting kicking, verbal violence, as well as cyberbullying which occurs through digital media platforms, is an all-pervasive form of harassment that is relentless in nature.

The effects of school violence are profound and wide-ranging. Most victims usually suffer acute psychological trauma, such as anxiety, depression, post-traumatic stress, or other emotional disorders contributing to poor academic performance and impaired social relationships [9]. Li [10] emphasized that the psychological burden following school violence is likely to produce detrimental results on students in terms of increasing absenteeism and rising dropout rates. Moreover, the negative effects do not remain within the pedestal of the victims only; even the perpetrators of school violence are at risk of long-term behavioural problems. It is important to note that complex strategies to address school violence include a gamut of preventive programs, educational initiatives, and therapeutic interventions to ensure a safe and supportive educational environment [11].

### 2.1 Causes of School Violence

Environmental concerns have been regarded as one of the major causes of school violence. Deolovera et al. [12] reveals that bad emotional experience of the child can be a trigger of school violence. Song [8] also indicated that children who observe parental violence are more likely to be aggressive, impulsive, anxious, and have poor social skills. According to Zhyu et al. [13], children who have social, psychological, or physical problems at school are easily victimized by peers' harassment. They are also capable of applying violence against more vulnerable peers to get attention and acknowledgment.

The state of the school environment is another cause of school violence. Numerous studies have indicated that most teachers prioritize students' grades above their mental health education [14]. According to Lu and Liu [15], majority of schools place little value on providing students with a legal education or a physical and mental education. Students who do not receive adequate instruction in legal awareness and personality development may be more vulnerable to exploitation and less equipped to defend themselves effectively, potentially leading to harmful consequences [15].

The majority of the time, teachers are more focused on solely academics and learning. They have little time to look into and comprehend students' mental situations since they are concentrating on their academic achievement, and they often make judgments about them based only on their academic performance. Some teachers even go so far as to give the better students greater priority and take the initiative to filter out the poor ones [11].

### 2.2 Relationship between Mental Health and School Violence

The relationship existing between mental health and school violence is complex and dynamic that requires adequate understanding through an all-around approach [16]. Common mental health problems associated with increased violent behaviour in schools include depression, anxiety, and conduct disorders. A student who has these issues may have emotional regulation problems, which at times result in angry outbursts and violence in school. These tendencies are often exacerbated by the inability to cope with stress and frustration, making violent reactions an increasing likelihood [16]. Research shows that untreated mental health problems significantly increase the chances of disruptive behaviour and aggression, thus reiterating the importance of early intervention combined with continuous support [17].

The social environment within schools makes up a very critical factor in mitigating or exacerbating mental health issues. A supportive school environment leads to positive peer interaction that could significantly reduce violent acts. It addresses social dimensions of school violence by pointing out that a positive school climate needs to be promoted and peer support developed. It helps create an atmosphere for a safe, supportive learning environment with the least amount of emotional plight that may trigger violent behaviours [17].

Effective mental health support systems in schools help a great deal in the prevention and management of school violence. It could include the presence of a school psychologist, counsellor, or social worker who would make early identification of a student at risk and offer them interventions [18]. Multi-dimensional mental health programs with dimensions of counselling, behavioural interventions, and support groups are essential in helping students manage their feelings and behaviours. Furthermore, the training of teachers and staff in the identification of symptoms of mental illness in a student, and also their referral to relevant services, is an

essential component in developing a supportive school environment. These support systems play an enormous role in early intervention and continuous provision that helps students overcome emotional and behavioural difficulties [16].

### III. Mental Health, and Mental Health Support Systems

#### 3.1 Mental Health

Mental health is not an isolated phenomenon. It is a crucial component of total health, which has three definitions: the absence of disease, the state in which the individual is able to perform all of its functions, or a state of equilibrium both inside oneself and between oneself and one's external physical and social environment [19]. A person's mental health suggests that they are able to establish and sustain loving relationships with others, carry out the social roles that are typically assigned to them in their culture, oversee change, comprehend, acknowledge, and express positive behaviours and ideas, as well as control difficult emotions like sadness.

A person in good mental health has a sense of self-worth, control, and comprehension of how their body and mind work. According to the Society for Health Education and Promotion Specialists [20], having good feelings about oneself and other people, as well as being happy, cheerful, and loving, is also linked to mental health. Similar to mental illnesses, biological, social, psychological, and environmental variables may also have an impact on mental health. The social environment surrounds the person in the center of their functioning; in the proximal realm, this includes classmates, coworkers, friends, family, and employers; in the distal context, it includes society and culture.

According to the Mental Health Foundation [21], one's thoughts and feelings about oneself and life have a significant impact on their ability to adapt and manage throughout difficult circumstances. It is believed that mental health has an impact on a person's capacity to operate, take advantage of opportunities, and engage fully with peers, family, and the workplace.

#### 3.2 Mental Health Support System

A comprehensive mental health support system would refer to an extensive network of services, aids, and specialists focused on promoting and maintaining good mental health throughout communities [22]. At its core would be healthcare professionals specializing in mental health - psychiatrists who diagnose and provide medication, psychologists who give therapy and assessments, and counsellors who inform and advise, among others [23]. These professionals have a huge role in addressing a spectrum of mental health issues from anxiety and depression to even more severe disorders requiring intrusive care. Also, clinical services form an intrinsic part of the mental health ecosystem—community mental health centres are accessible points of contact for counselling, case management, and psychiatric evaluations that would address needs unique to their communities [23]. Peer support programs further strengthen this network through connections between persons who share similar experiences in building empathy and passing down practical strategies to scale hurdles.

Also, educational initiatives and preventive programs help to increase awareness, reduce stigma, and quickly identify the early warning signs of mental health challenges. These efforts raise awareness through education about mental well-being among students and staff members and create a responsive environment. The creation of such programs reduces associated stigma with mental health issues, thus encouraging seeking help without fear of judgment. Moreover, they provide educators and peers with resources for the early identification of students if their mental health starts to deteriorate to quickly offer appropriate help in such a case. This proactive approach is not only helpful in mitigating all the undesirable effects related to problems with mental health but also in creating a school environment valuing health and being more inclusive in general [22].

Equal opportunities in accessibility of school-based mental health services can be made possible with financial assistance programs coupled with comprehensive insurance coverage. This relieves affordability issues and secures the notion that a student, where necessary, can continue medication or therapies/interventions without the fear of a financial burden [24]. An effectively high-functioning school-based mental health support system not only focuses on the mental needs of the students but it also embeds resilience in the school community, reduces stigma, and enhances the self-efficacy of students. In this manner, mental health care would interface perfectly with schooling and technology innovations in seamlessly fusing school culture into one where mental health is prioritized as a key as important aspect of a student wellbeing [23]. Table 1 gives an overview of mental health support systems.

Table 1: Mental Health Support System Overview

Support System	Description	Target Group	Key Features
School Counselling	Professional counselling services provided within schools	Students (all ages)	Individual and group sessions, crisis intervention
Peer Support Programs	Structured programs where students support each other	Students (secondary level)	Peer mentoring, support groups
Community Partnerships	Collaborations with local mental health organizations	Students, Teachers, Parents	Referrals, workshops, family therapy
Online Resources	Digital platforms offering mental health resources	Students, Teachers	Apps, websites, virtual counselling

### 3.3 Mental Health Resources in Schools

Examining the mental health services available in schools is crucial, especially in light of the media attention given to the mental health of those responsible for school shootings. The fact that more American kids are reporting mental health issues makes this more significant. According to Kessler et al [25], 40.3% of teenagers between the ages of 13 and 17 have reported at least one of the following mental health conditions in the previous year: anxiety, behavioural and mental problems, and drug usage. Adolescence is the starting point for about half of all mental health disorders [26]. Studies show that only around 45% of young people seek treatment for mental health concerns, despite the fact that these problems are becoming more prevalent [27]. A lack of coordinated treatment, lack of access, insurance eligibility problems, and a scarcity of specialist care providers are some of the contributing causes to high level mental illness prevalence in schools.

Concerns about stigma, unstable living situations, and confidentiality problems all play a part in the reason that young people won't seek therapy [28]. Because of the age at which mental health difficulties first manifest, teachers and other school personnel are often the first to discover symptoms. As a result, schools are the perfect place to start offering mental health support services and resources. Research indicates that only over half of schools throughout the United States employ a school psychologist or social worker, indicating that many schools lack the necessary personnel to provide the social and mental health services students could utilize [29].

When developing their mental health programs, schools should take into account the guidelines provided by the American Academy of Paediatrics in 2003 [28]. It is advised that these initiatives be combined with educational initiatives and health services provided in schools. Collaborating with teachers, families, and community members, school administrators, guidance professionals, school psychologists, school nurses, and all mental health therapists should develop preventative and therapeutic strategies [29]. Programs for preventive mental health highlight the importance of students and their overall achievement. Appropriate staff training is also essential for identifying mental health issues early on in their development [28]. Additionally, it is advised that students have access to a private, secure space on school property. This is important in case a mental health issue arises all of a sudden [30].

#### IV. Role of Mental Health Support System in Preventing School Violence

The role of mental health support system follows a multi-dimensional approach, as it addresses both prevention and intervention strategies [31]. These systems are essentially important in the identification of the mental health problems among the students and supporting early actions. Mental health professionals based in schools can be counsellors, psychologists, or even social workers and have the training to identify signs of psychological distress; anxiety, depression; or other forms of psychopathology that could be enhancing violent behaviours. These professionals offer early intervention by dealing with the underlying issues before they reach the level of violence and offer therapeutic support and coping strategies, while in cases where necessary, refer to other services of mental health [32].

Also, mental health support systems are also important for the safety and inclusiveness of the school environment. For example, the presence of social-emotional learning programs within a school provides its students with skills related to empathy, conflict resolution, emotional regulation, etc. Such skills are basic in reducing bullying and peer conflicts that most often are precursors of more severe forms of violence [33]. Schools that include the teaching of social and emotional skills in their official programs and provide constant education on mental health create a culture of respect and understanding, which greatly minimizes the chances of violence.

Early identification and intervention via the diverse mental health systems can serve to reduce the likelihood of school violence and enhance general child well-being. Examples of intervention include regular mental health check-ups, psycho-educational programs for the building of coping skills and resilience, and an enabling environment that allows learners to express their feelings and communicate openly. The schools can intervene and solve potential problems beforehand to prevent them from becoming severe by being pro-active in resolving mental health challenges.

Professionals providing support services, including mental health providers, are presently underutilized. Most still adhere to the custom of offering supplemental services that are incidental to the regular operations of the school [34]. The existing system only offers resources and the essential attention to families and students after an issue has gotten out of hand or control [35]. To be helpful to teachers and students, increased access to emergency response and case management services related to the students' school life is necessary for the therapists [29]. The majority of support service providers' time is increasingly being devoted to responsibilities pertaining to special education. It is required of educational systems to provide special needs students with adequate educational opportunities, assessments, and evaluations [29].

Furthermore, engaging parents and the wider community is another essential aspect of an effective mental health support system. Schools can offer workshops and resources to help parents understand and support their children's mental health needs. By fostering a strong connection between the school, families, and community resources, a comprehensive support network is established, ensuring that students receive consistent and holistic care both inside and outside of school. A number of studies have been carried out on different mental health support system and their role in preventing school violence as presented in Table 2.

Table 2: Role of Mental Health Support System on School Violence

Study	Type of mental support system utilized	Key Findings
McDaniel et al. [36]	School- wide positive behavioural intervention and support (SWPBIS)	Significant reduction in bullying incidents
Greflund et al. [37]	School- wide positive behavioural intervention and support (SWPBIS)	Improved student behaviour, positive school environment, reduction in disciplinary referral.
Bradshaw et al. [38]	Positive behavioural intervention and support (PBIS)	Decreased violence, reduction in rate of suspensions and disciplinary office referral
Bradshaw et al. [39]	Positive behavioural intervention and support (PBIS)	Decreased violence, reduction in rate of suspensions and disciplinary office referral
Christofferson & Callahan, [40]	Positive behavioural intervention and support (PBIS)	Decreased violence, reduction in rate of suspensions and disciplinary office referral.
Pas et al. [41]	Social emotional Learning (SEL)	Reduction in rate of students suspension.
Meadows, [42]	Mindfulness based intervention curriculum	Reduction in bullying and aggressive behaviour, improvement in academic performance.

#### V. Challenges in Implementation of Mental Health Support Systems in Schools

One of the most significant challenges to addressing students' mental health needs in schools is a lack of resources. Effectiveness of mental health support system is hampered by cramped offices, overcrowded classrooms, and a lack of funds [43]. Teachers need time, space, supplies, and equipment as well as required resources to introduce new programs and maintain existing ones. Undoubtedly, one of the biggest obstacles to mental health programs in schools is funding. Underfunding or uneven financial assistance is a problem for schools [44]. Because of this, planning is quite difficult and some people think that increasing financing for mental health services would put more strain on the already scarce resources in schools. Some are of the opinion that supporting and subsidizing mental health programs would conflict with the school's main academic goal [45].

Another significant challenge in implementing mental health support system in school is the lack of sufficient mental health professionals in schools who are qualified to provide therapies and programs with the best supporting evidence. In particular, there are insufficiently qualified mental health professionals in schools

to provide cognitive-behavioural treatment (CBT) to students who have previously been diagnosed with mental health conditions [46]. Schools lack the manpower to create teams that might deliver targeted interventions for all students [46]. The kind of services that may be offered depend on the ratio of school psychologists to students; smaller ratios are obviously preferred, and direct counselling services have a significant positive impact on students [47].

The implementation of mental health support initiatives might be challenging due to time constrain [48]. Mental health experts must find time in the school calendar to provide mental health treatments [49]. When trying to fit programs into already-existing school schedules without sacrificing time for important academic subjects or electives, school staff may find it extremely difficult. This puts students at risk of becoming resentful, resisting, or outright refusing mental health services.

Additionally, some American educators may not fully recognize the importance of supporting their students' social and mental development, as their focus may be primarily on academic achievement [43]. This perspective might stem from the old-fashioned idea of education that prioritizes measurable academic achievement over the holistic well-being and development of the student. In such cases, mental development becomes the first casualty or is relegated to other professionals, like counsellors or social workers. A division of responsibility can result in a fragmented approach to student support that misses these important connections between academic success and emotional health. Hence, a student might not be provided with comprehensive support for flourishing both as a scholar and as a person, which presents a significant challenge in the educational system today [50].

## VI. Conclusion

In conclusion, the study indicates that mental health support systems play a critical role in the prevention and reduction of violence in schools by indicating its importance in the fostering of safe and healthy learning environments. In this respect, comprehensive mental health support system that incorporates preventiveness, early intervention, and continuous care is very pivotal in addressing the root cause of violence in schools.

The study also emphasizes that adequate mental health support at school would need the collaboration between the teachers, mental health professionals, parents, and the community. Some major components of a robust support system include integrating education regarding mental health into the curriculum, training staff members to recognize and respond to mental health issues, and access to counselling services. In addition, developing a culture in school that is focused on inclusivity—in which the mental health of all students is taken seriously—can minimize factors that might contribute to school violence. Investment in mental health resources and policies that emphasize student mental well-being are not a preventive measure but core to educational success. With schools today facing the challenges related to academics, it is imperative that schools work in a concentrated way with the mental health support system to ensure a safer and more supportive learning environments.

## REFERENCES

- [1] Rocque, M. (2012). Exploring school rampage shootings: Research, theory, and policy. *The Social Science Journal*, 49(3), 304-313.
- [2] Longobardi, C., Badenes-Ribera, L., Fabris, M. A., Martinez, W. P., Settanni, M., & Prino, L. E. (2019). Cyberbullying perpetration and victimization and their associations with academic outcomes and aggression: A longitudinal study. *Journal of Computer Assisted Learning*, 35(6), 739-748.
- [3] Demissie, Z., & Brener, N. (2017). Mental health and social services in schools: Variations by school characteristics—United States, 2014. *Mental Health & Prevention*, 5, 5-11.
- [4] Knaak, S., Mantler, E., & Szeto, A. (2017). Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions. *Healthcare Management Forum*, 30(2), 111-116. <https://doi.org/10.1177/0840470416679413>
- [5] Centers for Disease Control and Prevention. (2016). Preventing youth violence. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/yv-factsheet508.pdf>
- [6] Wang, J., Iannotti, R. J., & Luk, J. W. (2020). Patterns and correlates of bullying victimization and perpetration among school-aged youth in the United States. *School Psychology Quarterly*, 35(2), 180-192.
- [7] Kessel Schneider, S., O'Donnell, L., & Smith, E. (2015). Trends in cyberbullying and school bullying victimization in a regional census of high school students, 2006-2012. *Journal of School Health*, 85(9), 611-620.
- [8] Song, M. C. (2019). Violence behavior in middle school students' campus violence and its influencing factors. *Youth and Society*, 5, 1.
- [9] Zhou, Y. F. (2018). Thoughts on network violence in primary and secondary schools. *Exam Week*, 184. <https://doi.org/10.3969/j.issn.1673-8918.2018.08.170>

- [10] Li, Q. (2010). Cyberbullying in high schools: A study of students' behaviors and beliefs about this new phenomenon. *Journal of Aggression, Maltreatment & Trauma*, 19(4), 372–392. <https://doi.org/10.1080/10926771003788979>
- [11] Midgett, A., & Doumas, D. M. (2019). The impact of a brief bullying bystander intervention on depressive symptoms. *Journal of Counseling & Development*, 97(3), 270–280. <https://doi.org/10.1002/jcad.12267>
- [12] Deoliveira, W. A., Silva, J. L., Andrade, S. S., Sampaio, J. J. C., Silva, M. A. I., & de Oliveira, J. R. (2019). Family interactions and the involvement of adolescents in bullying situations from a bioecological perspective. *Estudos de Psicologia (Campinas)*, 37(3). <https://doi.org/10.1590/1982-0275202037e180094>
- [13] Zhu, W., Fu, Y., Hu, X., Wang, Y., & Fang, Z. (2015). Effects of genetic and environmental factors on adolescent violence in twins. *Health Research*, 44(6), 5.
- [14] Sheng, Y. (2014). Current situation and countermeasures of “campus violence” from the perspective of quality education. *Shaanxi Education: Higher Education Edition*. <https://doi.org/10.3969/j.issn.1002-2058.2014.09.046L>
- [15] Lu, S. Z., & Liu, Y. F. (2017). Research on the current situation and countermeasures of juvenile school violence in China. *Chinese Youth Research*, 3, 5. <https://doi.org/10.3969/j.issn.1002-9931.2017.03.015>
- [16] Hughes, A., & Pacella, M. L. (2016). The impact of school climate on student mental health outcomes: A systematic review. *Journal of School Psychology*, 54, 39-57. <https://doi.org/10.1016/j.jsp.2015.11.005>
- [17] Kramer, T. L., Daley, J., & Hartsough, D. M. (2018). School-based mental health services: Preventing and addressing violence in schools. *Adolescent Psychiatry*, 8(3), 186-194. <https://doi.org/10.2174/2210676619666190108124158>
- [18] Cornell, D., & Bradshaw, C. P. (2015). From a culture of bullying to a climate of support: The evolution of bullying prevention and research. *School Psychology Review*, 44(4), 499-503. <https://doi.org/10.17105/spr-15-0094.1>
- [19] Sartorius, N. (2002). *Fighting for mental health*. Cambridge: Cambridge University Press.
- [20] Society for Health Education and Promotion Specialists. (1997). *Ten elements of mental health, its promotion and demotion: Implications for practice*. London: SHEPS.
- [21] Mental Health Foundation. (2008). *What works for you?* London: Mental Health Foundation.
- [22] Reback, R. (2010). Schools' mental health services and young children's emotions, behavior, and learning. *Journal of Policy Analysis and Management*, 29(4), 698-725. <https://doi.org/10.1002/pam.20528>
- [23] Hoare, P., Elton, R., Greer, A., & Kerley, S. (2016). Integrating mental health support into schools: A multi-site feasibility study of the place2be service in Scotland. *BMC Psychiatry*, 16(1), 79. <https://doi.org/10.1186/s12888-016-0781-0>
- [24] Kutcher, S., Wei, Y., McLuckie, A., & Bullock, L. (2013). School mental health literacy embedded into teacher education: A promising approach to addressing adolescent mental health. *Adolescent Psychiatry*, 3(3), 197-201. <https://doi.org/10.2174/2210676611303030001>
- [25] Kessler, R. C., Avenevoli, S., Costello, J., Georgiades, K., Green, J. G., Gruber, M. J., ... & Merikangas, K. R. (2012). Prevalence, persistence, and sociodemographic correlates of DSM-IV disorders in the National Comorbidity Survey Replication Adolescent Supplement. *Archives of General Psychiatry*, 69(4), 372–380. <https://doi.org/10.1001/archgenpsychiatry.2011.160>
- [26] Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustun, T. B. (2007). Age of onset of mental disorders: A review of recent literature. *Current Opinion in Psychiatry*, 20(4), 359–364. <https://doi.org/10.1097/YCO.0b013e32816ebc8c>
- [27] Costello, E. J., He, J., Sampson, N. A., Kessler, R. C., & Merikangas, K. R. (2014). Services for adolescent psychiatric disorders: 12-month data from the National Comorbidity Survey–Adolescent. *Psychiatric Services*, 65(3), 359–366. <https://doi.org/10.1176/appi.ps.201100518>
- [28] Ogundele, M. O. (2018). Behavioural and emotional disorders in childhood: A brief overview for paediatricians. *World Journal of Clinical Pediatrics*, 7(1), 9–26.
- [29] Shelemy, L., Harvey, K., & Waite, P. (2019). Supporting students' mental health in schools: What do teachers want and need? *Emotional and Behavioural Difficulties*, 24(1), 100–116.
- [30] O'Reilly, M., Svirydzenka, N., Adams, S., & Dogra, N. (2018). Review of mental health promotion interventions in schools. *Social Psychiatry and Psychiatric Epidemiology*, 53, 647–662.
- [31] Tempelaar, W. M., Otjes, C. P., Bun, C. J., Plevier, C. M., van Gastel, W. A., MacCabe, J. H., ... Boks, M. P. (2014). Delayed school progression and mental health problems in adolescence: A population-based study in 10,803 adolescents. *BMC Psychiatry*, 14(244). <https://doi.org/10.1186/s12888-014-0244-5>

- [32] Weare, K., & Nind, M. (2011). Mental health promotion and problem prevention in schools: What does the evidence say? *Health Promotion International*, 26(S1), i29-i69.
- [33] Twum-Antwi, A., Jefferies, P., & Ungar, M. (2020). Promoting child and youth resilience by strengthening home and school environments: A literature review. *International Journal of School & Educational Psychology*, 8(2), 78–89.
- [34] Sklad, M., Diekstra, R., De Ritter, M., & Ben, J. (2012). Effectiveness of school-based universal social, emotional, and behavioral programs: Do they enhance students' development in the area of skill, behavior, and adjustment? *Psychology in the Schools*, 49(9), 892–909.
- [35] Taylor, R., Oberle, E., Durlak, J. A., & Weissberg, R. P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development*, 88(4), 1156–1171.
- [36] McDaniel, S. C., Nese, R. N. T., Tomek, S., & Jiang, S. (2022). District-wide outcomes from a bullying prevention programming. *Preventing School Failure: Alternative Education for Children and Youth*, 66(4), 276–284. <https://doi.org/10.1080/1045988X.2022.2040153>
- [37] Greflund, S., McIntosh, K., Mercer, S. H., & May, S. L. (2014). Examining disproportionality in school discipline for aboriginal students in schools implementing PBIS. *Canadian Journal of School Psychology*, 29(3), 213–235. <https://doi.org/10.1177/0829573514542214>
- [38] Bradshaw, C. P., Johnson, S. L., Zhu, Y., & Pas, E. T. (2020). Scaling up behavioral health promotion efforts in Maryland: The economic benefit of positive behavioral interventions and supports. *School Psychology Review*, 50(1), 99–109. <https://doi.org/10.1080/2372966X.2020.1717374>
- [39] Bradshaw, C. P., Waasdorp, T. E., & Leaf, P. J. (2012). Effects of school-wide positive behavioral interventions and supports on child behavior problems. *Pediatrics*, 130(5), e1136–e1145. <https://doi.org/10.1542/peds.2012-0243>
- [40] Christofferson, R. D., & Callahan, K. (2015). Positive behavior support in schools (PBSIS): An administrative perspective on the implementation of a comprehensive school-wide intervention in an urban charter school. *Education Leadership Review of Doctoral Research*, 2(1), 35–49. Retrieved from <https://files.eric.ed.gov/fulltext/EJ1105576.pdf>
- [41] Pas, E. T., Ryoo, J. H., Musci, R. J., & Bradshaw, C. P. (2019). A state-wide quasi-experimental effectiveness study of the scale-up of school-wide positive behavioral interventions and supports. *Journal of School Psychology*, 73, 41–55. <https://doi.org/10.1016/j.jsp.2019.02.004>
- [42] Meadows, E. A. (2018). *Behavioral and academic outcomes following implementation of a mindfulness-based intervention in an urban public school* (Unpublished Master's thesis). The University of Toledo, Toledo, OH, USA. Retrieved from [https://etd.ohiolink.edu/!etd.send\\_file?accession=toledo152594632187146&disposition=inline](https://etd.ohiolink.edu/!etd.send_file?accession=toledo152594632187146&disposition=inline)
- [43] Eisenberg, D., Golberstein, E., & Gollust, S. E. (2007). Help-seeking and access to mental health care in a university student population. *Medical Care Research and Review*, 66(5), 522–541. <https://doi.org/10.1177/1077558709335531>
- [44] Weist, M. D., Lever, N. A., Bradshaw, C. P., Owens, J. S., & Goodman, R. L. (2009). What works in preventing and treating internalizing problems in schools. In R. C. Murrihy, A. Kidman, & T. Ollendick (Eds.), *Handbook of clinical assessment and treatment of conduct problems in youth* (pp. 279–304).
- [45] Herman, K. C., Hickmon-Rosa, J. E., & Reinke, W. M. (2018). Empirically derived profiles of teacher stress, burnout, self-efficacy, and coping and associated student outcomes. *Journal of Positive Behaviour Interventions*, 11(4), 215–228.
- [46] Tharinger, D.J., & Palomares, R.S. (2004). An APA-informed perspective on the shortage of school psychologists: welcome licensed psychologists into the school (and did we mention xeriscape gardening together). *Psychology in the Schools*, 41(4), 461–472.
- [47] Joyce, H. D., & Early, T. J. (2014). The impact of school connectedness and teacher support on depressive symptoms in adolescents: A multilevel analysis. *Children and Youth Services Review*, 39, 101–107. <https://doi.org/10.1016/j.childyouth.2014.02.005>
- [48] Salloum, I.M., & Mezzich, J.E. (2009). *Psychiatric Diagnosis: Challenges and Prospects*. Wiley-Blackwell, Oxford.
- [49] Nash, P., Schlösser, A., & Scarr, T. (2015). Teachers' perceptions of disruptive behaviour in schools: A psychological perspective. *Emotional and Behavioural Difficulties*, 21(2), 167–180. <https://doi.org/10.1080/13632752.2015.1054670>
- [50] Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools in high-income countries. *The Lancet Psychiatry*, 1(5), 377–387. [https://doi.org/10.1016/S2215-0366\(14\)70312-8](https://doi.org/10.1016/S2215-0366(14)70312-8)