REFRAMING MENTAL HEALTH IN SCHOOLS

Using Case Stories to Promote Global Dialogue

ERIN KEITH and KIMBERLY MAICH

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Preface

Reframing Mental Health in Schools: Using Case Stories to Promote Global Dialogue is about "lifting up" the voices of students in kindergarten to Grade 12 who have experienced mental health distress from various countries around the globe.

According to the OECD (2021), children's mental well-being has been significantly impacted by the current COVID-19 pandemic, due to prolonged at-home learning mandates, a disruption in mental health support services, and a weakening of the protective factors such as daily routine and connection with invested partners including teachers, educational assistants, family members, and community agencies. Even prior to the pandemic, children's well-being was worsening due to students' uptake of digital technologies and access to social media (OECD, 2021). Mental health literacy was being prioritized in education in some countries with a wraparound model of school-based supports offered to some degree. However, many countries around the globe still face barriers and stigma related to understanding and supporting students' mental health.

This book serves to offer global stories of students' well-being experiences and invites readers to engage in rich dialogue that intersects culture, race, access, and even barriers to supports. These student stories espouse mental health-related concerns such as anxiety, depression, eating disorders, and suicidal ideations and outline inclusive strategies school staff can facilitate and scaffold with students that build their resiliency, social-emotional/healthy relationship skills, and support their healthy healing and a path toward recovery.

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Kimberly: I would like to thank my coauthor Dr. Erin Keith for leading this project, our research assistants funded through Memorial University, and our wonderfully passionate and dedicated case story contributors from around the globe. My family is foundational to any work that I do; thank you to John, Robert, Grace, Hannah, and Quincey for being that foundation and for teaching me about mental health along the way.

Introduction: Overview and Significance

Current statistics in Canada show that one in five students experience mental health issues (Canada, 2012; CAMH, 2021). Mental health disorders cause significant distress, impairing students' wholistic functioning at school, at home, and in the community (Children's Mental Health Ontario, 2014). Research has shown that prevention and early intervention strategies targeting students at risk for mental health stressors are beneficial, cost effective, and reduce the need for costlier, intensive interventions (Ontario Ministry of Education, 2013; CAMH, 2021). Since students spend most of their day at school, schools are obliged to play an important role in the prevention and early intervention of students' mental health needs (Durlak & Wells, 2011).

From an international perspective, mental health-related issues cannot be ignored. Children's mental health is an issue without borders, and it is increasingly becoming an epidemic, especially since the onset of the COVID-19 pandemic. According to United Nations Foundation (UNF, 2021), the prevalence of mental health diagnoses has peaked in the Middle East, North Africa, North America, and Western Europe (para. 8). In addition, the global statistics are bleak with "89 million adolescent boys aged 10-19 and 77 million adolescent girls aged 10-19 live with a mental disorder—40% of them anxiety and/or depression" (UNF, 2021, para. 8). Unfortunately, these statistics are only for those children who are fortunate to receive medical supports and a diagnosis. What about those children who do *not* have access to medical supports or who are ignored due to the persistent stigma associated with mental health? As alarming as the diagnostic statistics are, they represent only a small fraction of the real data. Mental health *IS* health, and global societies can no longer shame nor stigmatize children for voicing their needs and calls for help (UNF, 2021).

The purpose of this case stories book is to present unique narratives of international students from K–Grade 12 who are experiencing various types of mental health stressors, some of which are diagnosed and others that are not. Our respected and esteemed case study contributors bring their lived experiences supporting, caring, and advocating for students in a wellness capacity from countries including Canada, France, Iran, Argentina, West Africa, New Zealand, Croatia, and more. We also have included a story of an Indigenous student, PHOENIX, who experiences mental health trauma due to exposure to long-standing intergenerational and historical traumas experienced by PHOENIX's Peoples.

The significance of this case stories book is to permit more courageous conversations between preservice teachers, educators, support staff, and administration alongside parents and community members. The authentic, lived experiences of children and youth "must be acknowledged, listened to, and taken seriously by the adults in their lives" (UNF, 2021, para. 12). As a nurturing and caring society, the mental health of youth must be protected both at home and at school, regardless of where they live in the world. We hope these case studies can (re)frame the stigma that still exists in many cultures and prioritize that mental health is indeed health.

Yours in Action, Care, and Advocacy,
Erin Keith, EdD, OCT and Kimberly Maich,
PhD, OCT, BCBA-D, R Psych, C Psych

Section 2

INTERMEDIATE/HIGH SCHOOL (7–12) SECTION OVERVIEW

Mental health concerns can persist into the intermediate and high school years and beyond or can newly emerge within adolescence well into adulthood. In this section, we are first introduced to a seventeen-year-old (Maia) in New Zealand who is struggling with the social transition to a physically distant tertiary school setting (Case Story #8: Building a Community of Care in New Zealand: To what question is exclusion ever the answer? contributors Christina Belcher and Kimberly Maich). In this case, exclusion and loneliness were remediated with a community of care approach to support this enthusiastic but overextended student. Case Story #9 is entitled (Re)framing Mental Health in Argentina (contributor Javier Alejandro Rojas). This case takes us through the case of twelve-year-old Lautaro who was faced with conflicts between family expectations and school demands complicated by his need for emotional and cognitive self-regulation skill-building. We are then made aware of the Medical Model of Mental Health in Iran (Case Story #10; contributor Tayebeh Sohrabi) through the case of Grade-7 student Sarah, where Sarah and her family are struggling to find available services in a specialized school setting following disability-based exclusion from the public school system. Case Story #11 (How to strengthen a child's vulnerability by providing support at school? Case study from Croatia; contributors Sanja Skočić Mihić, Zorica Janković, Sanja Tatalović Vorkapić, and Snježana Sekušak Galešev) shares with us the narrative of Marko, a fifteen-year-old student with a developmental disability and behavior and emotional issues, but from the point of view of a psychotherapist in school-based practice. As a vulnerable adolescent, Marko experienced social isolation, exclusion, bullying, and aggression at school. In Case Story #12 (Trauma and School Supports in the United States; contributors Erika Brindopke and Meaghan McCollow), we learn about Iosefina, a Grade-10 student, with a specific

learning disability, trauma, and emotional issues, necessitating placement in a counseling-rich classroom program. This narrative is from the point of view of the school's mental health counselor. Lastly, we introduce Jean-Pierre, a seventeen-year-old from Haiti in Case Story #13 (Despite the Best of Intentions: A Case of Mental Health in a Fragile Context in Haiti; contributors: Steve Sider and Samuel Charles) whose family was displaced from their home due to a recent earthquake and forced to move to a new city to attend high school under precarious environmental and economic conditions. Maia, Lautaro, Sarah, Mark, Iosfina, and Jean-Pierre all help us learn about the challenges of reaching and teaching students with complex mental health needs in the adolescent years.

Chapter 11

Case Story #11—How to Strengthen a Child's Vulnerability by Providing Support at School?

Case Story from Croatia

Sanja Skočić Mihić, Zorica Janković,
Sanja Tatalović Vorkapić, and
Snježana Sekušak Galešev

This case study brings an international perspective on mental health–related needs of a student presented within two school settings of a Croatian educational context. The case study of Marko—male, age 15, Grade K-9, special classroom, regular school—is a firsthand narrative from a school professional associate who is certified as a psychotherapist. The first part of this narrative story is focused on the description of environmental factors that shaped social interaction in the elementary school setting. The second component depicts school staff members in the promotion of mental health and well-being. The application of effective, supportive, and nurturing interventions that shape the environment in addressing mental health issues in the context of Bronfenbrenner's (1998) bioecological theory of development is highlighted.

THEORETICAL MODEL AND BACKGROUND

Croatian educational system has undergone transition in line with social and economic changes during last thirty years of independence of the Republic of Croatia. As a small democratic parliamentary republic, known as a low- and mid-income country in European Union, Croatia went from postwar reconstruction, thought social reforms, and democratization to economic

development. Still faces different aspects of family and social instability. The most relevant social issues connected to economy are unemployment (8.6 percent comparing to average 7.2 percent in EU), risk of poverty, single family, and rate of 1/3 divorces (Šućur et al., 2015; Novak et al., 2020; Croatian Bureau of Statistics, 2018).

Barry et al. (2013) stated that mental health in low and middle-income countries is a neglected public issue. Even though the mental health is one of the main domains within the National Health Strategy in Croatia, it seems more on declarative than proactive level. There is no universal, evidence-based prevention program in our country that would serve to strengthening all basic aspects of mental health in children and youth. Especially, when the focus is on children with special needs. There are numerous early intervention and prevention MH programs, various according their content, activities, and methodologies, mostly not scientifically evaluated. Some of them (various Erasmus+ projects' activities) are still in the phases of application and evaluation.

According to National Office for Drug Abuse Prevention of Croatia (http://www.programi.uredzadroge.hr/), there are 262 educational programs in Croatia that are aimed to promote children's mental health. However, only seventy-nine of them are applied at educational institutions, such as kindergartens, primary and secondary schools. In kindergartens (for children aged from six months to six/seven years), three programs are designed for preschool children, two for their parents and one for preschool teachers. In primary schools (children aged from six/seven to thirteen/fourteen years), thirty programs are designed for primary school children, eleven for their parents and one for primary school teachers. Finally, in secondary schools (children aged from fourteen/fifteen to eighteen/nineteen years), twenty-four programs are created for secondary school students, six for their parents and one for secondary school teachers. Educational institutions are free to choose between various MH programs what will be applied each school year in their kindergarten/school, and there is no national coordination between educational institutions regarding MH programs applications.

The high-quality epidemiological data of mental health issues and intervention in Croatia are scarce (Novak et al., 2020). According to epidemiological national survey, one-third Croatian children and youth experienced "some form of physical abuse combined with other violent act" (Ajduković et al., 2012, p. 401), and more them 35 percent experienced peer violence (Sušac et al., 2016). Multiple victimization and vulnerability in childhood is common and highly predictive factor of child trauma (Ajduković et al., 2012).

Bronfenbrenner's bioecological theory (Bronfenbrenner & Morris, 1998), which was upgraded to the ecological theory of development (Bronfenbrenner, 1979), was chosen to conceptualize the integrated human

development through ecology theory within the Process–Person–Context–Time (PPCT) model. Examining the ecology of human development involves interrelated components of human development individual into the context as well as biological, cognitive, emotional, and behavioral characteristics, and the context of human development and time (Bronfenbrenner, 1979).

According to Bronfenbrenner's theory, human development starts from biology through ecology. In other words, the features of the developing person are influenced by external context that is described on five levels: micro, meso, exo, macro, and chronosystem. The smallest and most immediate microsystem involves personal relationships with family members, classmates and teachers and has the strongest impact on human development. The child's inner and out worlds are "fused and dynamically interactive" (Bronfenbrenner, 1979) and their relationships with others are parts of larger, enmeshed systems at multiple levels (Lerner et al., 2002). Therefore, nurturing and supportive interactions and relationships play crucial roles in building healthy child development, positive mental health and well-being, resilience, personal capacity and life skills, and academic and social outcomes.

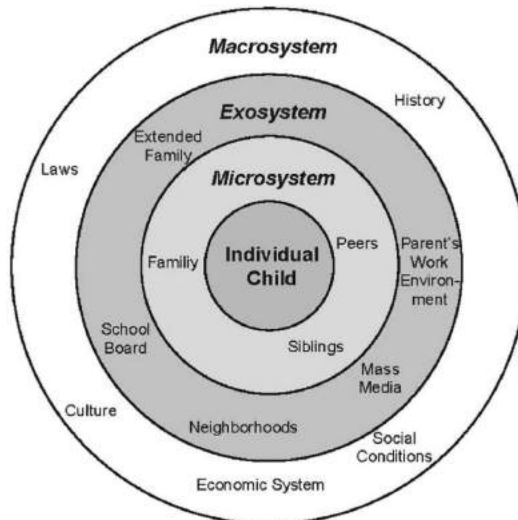

Figure 11.1 Bioecological model. Adapted from Halsall, T. et al. (2018). Case Story #11. *Examining integrated youth services using the bioecological model: Alignments and opportunities.* International Journal of Integrated Care. 18*(4)*. http://doi.org/10.5334/ijic.4165. https://www.researchgate.net/figure/Bronfenbrenners-Ecological-Model-displaying-the-multiple-contextual-levels-Original_fig1_329326124.

As Eriksson et al. (2018) pointed out, this theoretical framework can be used for explanation and promotion of mental health by considering interactions between environment context and personal characteristics.

Adaptive cognitive functioning, positive self-esteem, problem-solving skills, skills to cope with life changes and stress, and skills in shaping the environment are personal factors that contribute to well-being or positive mental health (Jané-Llopis et al., 2005).

As an integral part of overall health, mental health is "an individual's capacity to lead a fulfilling life including the ability to form and maintain relationships, to study" (WHO, 2013, p. 7) and refer to the equilibrium of the individual and the environment determinants. As Lavikainen et al. (2000) state: (1) individual factors and experiences such as childhood events, emotions, cognitions, self-esteem, autonomy, adaptive capacities, resilience; (2) social interactions such as personal and family sphere, school, services; (3) societal structures and resources such as educational resources, availability and quality of services; and (4) cultural values such as societal value given to mental health, rules regulating social interactions, social criteria of mental health, stigma, and tolerance, are determinate of individual mental health.

In the past two decades, the concept of mental health promotion is rising within a global political agenda (European Communities, 2005) and positive mental health and well-being are recognized "as fundamental to the quality of life and productivity" (Jané-Llopis, 2007, p. 191). In order to enhance competencies and reduce inequalities, the collaborative delivery of effective intervention and programs can help to achieve positive mental health (Jané-Llopis et al., 2005). According to Ottawa Charter (WHO, 1986), creating a supportive environment is one of five components of evidence of the efficacy of interventions for mental health promotion and a means to create schools as supportive environments for children to learn and grow (Jané-Llopis et al., 2005). Schools are a major setting for mental health promotion, including a large proportion of students, and enabling social networks, friendships, and school connectedness: the latter being a key protective factor for positive mental health (e.g., Jané-Llopis & Berry, 2005). As Rossen and Cowan (2014) pointed out that we should be aware that many children enter school with temporary or permanently mental health issues such as "bullying, deployment, divorce, death, illness, poverty, community violence, homelessness, abuse, or chronic mental illness such as depression, generalized anxiety disorder, and emotional-behavioral disorders" (pp. 8–9).

So, "the promotion of positive mental health must also be an integral part of the school ethos" (Jané-Llopis & Berry, 2005). Along with effective interventions in the mental health promotion in schools, contemporary interventions are effective across diverse groups and across the lifespan, including comprehensive programs that target multiple health outcomes in the context

of a coordinated, whole-school approach (Antolić & Novak, 2016; Mrazek & Haggerty, 1994; O'Connell et al., 2009) or combine the school curriculum, pupils' knowledge and skills, the school ethos and environment, and involve the parents and the local community (e.g., Barry et al., 2013; Lukić Cesarik, 2012). Contemporary interventions promote positive mental health, and quality of life, and contribute to the reduction of mental health issues.

Teachers and other school staff members have a unique position to recognize the wide range of mental health issues. They are aware of their role in supporting the mental health among students in their schools and willing to participate in mental health education programs, while they feel moderately confident to deal with mental health issues (Reinke et al., 2011; Graham et al., 2011). Namely, teacher preparation during pre- and in-service education is not adequate to respond to diverse mental health issues and circumstances, and their "assumptions, values, beliefs, and attitudes about children's mental health" are linked to "their confidence and skill in supporting children's social and emotional well-being" (Graham et al., 2011, p. 479; Muslić, 2018).

Reinke et al. (2011) found that teachers perceive mental health promotion more in the psychologist's domain than teachers. So, they perceive the implementation of classroom-based behavioral interventions is in the teacher domain while teaching socio-emotional lessons, prevention and intervention of mental health in school such as screening, behavioral assessments, intervention and monitoring and referring to community services are in psychologist area.

In responding to challenges that students face in the school context, such as social exclusion, teachers have a unique opportunity for a prompt reaction that encourages and actualize student potential (Rak, 2012). Primary, shaping a positive classroom climate will reduce inappropriate behaviors such as aggression and bullying.

Bullying is specific harmful behavior that occurs in and out of school settings. It means the use of aggressive behavior systematically with an intention to harm a weaker peer who is not able to defend himself by different levels of physical, verbal, and/or psychological violence (Monks et al., 2009). According to international studies (WHO, 2012), 13 percent of students from eleven to thirteen years have suffered from bullying.

It is always an unequal relationship of power and strength that influence children and adolescents' healthy development with short and medium-term, or lifelong effects (Navarro et al., 2015). These effects harm the quality of life of children and adolescents including their physical and social well-being. It is fast becoming a worldwide public health problem (WHO, 2012). Research showed that witnessing social bullying would result in increased social anxiety and depressive symptoms (Fitzpatrick & Bussey, 2010), victims reported a higher level of depression, social anxiety, social isolation, school

phobia, psychosomatic symptoms, low self-esteem (Barchia & Bussey, 2010; Mazzone et al., 2018). Therefore, prevention of bullying is vital in classrooms by creating positive school experiences that significantly influence positive behavior and development and strengthen academic and socio-emotional abilities. Orchestrating a positive classroom environment is a demanding and complex task for teachers, which necessarily involves collaborating with parents and other professionals both within and outside of school settings.

Family circumstances shape students' behavior, and family strengths and functioning, and the presence of psychosocial stressors in family and school settings should be recognized as a baseline in planning effective intervention to provide maximum support.

It should be pointed out that the complexity of school settings can influence children's development in many different ways. Within the case of Marko, following and according to the Process–Person–Context–Time (PPCT) model, the impact of the elementary school environment on Marko's development can be monitored. The higher quality of Marko's well-being in high school, as seen from his behaviors and reported by parents, is influenced by external school context on levels of micro and mesosystems. The interaction between the supportive environment and Marko's socio-emotional development over time is evident.

MARKO'S STORY

Marko has long-time record of developmental disabilities and was formally diagnosed with a behavior and emotional disorder as well as a speech disorder since K–1. He had an IEP that included curriculum modifications from K–3 only. He is an only child; his mother works and his father retired early due to post-traumatic stress disorder (PTSD). (He had participated in the Croatian homeland as a defender during 1991–1995). His parents shared a detailed narrative of Marko's experience through his school history.

After he finished primary school, Marko completed a professional program at an authorized agency and received a recommendation to enroll in a three-year program for an auxiliary administration occupation in line with Level 3 of European Qualifications Framework (EQF). The program is within a regular high school of economics through partial inclusion, which means that most subjects he has in the special classroom of four students. Several subjects are in special classrooms of ten students and one subject was within a regular class of twenty-four children. Here is some background information during K–1 and K–8:

According to his fathers' report, Marko was joyful and social included with peers during the preschool and K–1 grades. At the beginning K–2, though, a

new student came into the class and started bullying him. Marko complained to his father that other boys were ignoring him, kicking him out of the game, and insulting him (e.g., "What is that jerk going to do with us?"). Later on, Marko began to report to his father that the boys were physically bullying him (e.g., hitting him into the stomach). Marko was also exposed to social isolation. For example, no one in the class wanted to talk to him, his peers didn't return his greeting, they pushed him out of line, no one wanted to sit with him at school nor on a bus trip. In higher grades, those experiences became worse. They posted porn photos on him and wrapped photos around his head. After his absence due to illness, the other boys kicked him out of classroom telling him that he is not supposed to go to the elective subject of computer science, although he was not enrolled in computer science classes. After that, he no longer wanted to attend computer science classes and dropped out. Then he became even more socially isolated and started to hide in the toilets and wait for teachers to find him.

At that time, he recounted to his father in detail all the experiences at school. His father, in turn, always responded to Marko's painful experiences by seeking support from teachers. After witnessing no change in support, his parents addressed Marko's harmful experiences with the school psychologists, and later, to the school principal and even with the parents of other students. But the father claimed that the school staff did not carry out any intervention around Marko's calls for help. He explicitly cited the words of one school staff members who said: "We should not interfere in children's affairs." While the school situation became even worse, Marko started running away from school and hiding, and, when he was extremely stressed, he started to have behavioral outbursts such verbal and physical aggression toward his parents. After Marko was included in the intensive and individualized intervention program, however, of a newly employed school psychologist during his K–8 years, his father reported a positive impact on Marko's behavior and well-being: started going to school more easily and happily, improved his academic achievement, and his verbal and physical aggression at home was reduced.

BACKGROUND INFORMATION: K–9

During his first contact with a psychotherapist, Marko showed himself to be a nice and gentle student, both withdrawn and timid. In the classroom setting, he behaved in a way that made him seem almost absent and very difficult to reach. He found it difficult to verbalize his current feelings or feelings from previous situations. He responded only when asked or prompted and answered questions only briefly. He didn't carry his cell phone even though

he had one. At that point, he had no friends from elementary school or from the neighborhood.

Marko arrived at the school every morning at 7:45 am in the van for students with disabilities. According to his admission procedures, a school assistant welcomed him in front of the school door at the ground floor with greetings: "Marko, how are you?" Marko would not respond verbally and turned his head to the side. But he uttered swear words, used offensive language, changed his usual speaking voice tone to sound threatening and intimidating, ignored other school staff and students, and walked to the classroom on the first floor. Entering the classroom, he sat at his school desk in a hunched posture sideways facing the exit, refused to open his school bag of books, and looked to the side to avoid eye contact with his teacher or other students. One peer came to him and tapped him on his shoulder saying, "Come on, the teacher is coming!" Marko told him: "Get away from me," and pushed him away. The teacher entered the class and insisted that Marko take out his books, but when Marko didn't respond to the request, his teacher took his books out of his bag, placed them on the school table. Marko threw them off the table, cursing.

The school special teacher with school staff analyzed the situation. It was clear that these situations happened in the days when Marko gets out of the van and rolls a white piece of paper in his hands. The special teacher made a safety plan for Marko for situations that were demanding, such as running out of class, throwing books off of the table, and not responding to staff requests.

The next day, Marko arrived at the school and the assistant noticed that he was rolling a white paper in his hands. Therefore, the assistant did not greet him and did not look at him. Marko walked calmly to the classroom and sat down at the table. When Marko was ready, he showed interest and was actively involved in the teaching process. Then, teachers asked questions and gave him appropriate tasks that he could solve, activities to participate in, and opportunities to build his self-esteem.

The school team has worked hard to recognize Marko's triggers and to put into place some coping strategies such as not disturbing him in the classroom in order to allow him to self-regulate and creating a home-school communication plan with his parents. It was then evident that Marko enjoyed classroom activities such as practicing math and word puzzles, listening to music, celebrating his and his peers' birthdays. He prefers social interaction in his small classroom of ten students and participating in individual interventions with the specialized teacher who is also licensed as psychotherapist, where he has an opportunity to talk about ideas that he enjoys and is treated with respect.

BRIEF CRITICAL RESPONSE QUESTIONS

1. Analyze the opportunities in school setting K1–8 and K–9 for socio-emotional development?
2. Browse through interventions that the teacher can organize to promote positive behavior and acceptance of diversity for students.
3. What suggestions can be made to Marko's parents?
4. Address the Determinants of Positive Mental Health in K–9.

REFLECTIVE RESPONSE QUESTIONS

1. Imagine that Marko was five years old and analyzed the elements from his narrative story that could have been nurturing and supportive. List the types of interactions and relationships that have been provided to Marko in line with Bronfenbrenner's model and put them in relation to possible outcomes?
2. The main topic of Markos's story is focused on how environmental factors contributed to mental health issues? Explain the concept of mental health promotion and teacher responsibility?
3. Name and describe two of Markos's behaviors that reflect a need for additional support in mental health issues. Support your choices. Rationalize your choices with support from peer-reviewed literature.
4. Explain the intervention in K9 that you could improve on in order to enhance Markos's social outcomes. List the interventions that you may disagree with.
5. Reflect on the impact of primary school experiences on Markos's academic achievement and school curriculum. He is very good at math. His math teacher compares his ability with students in regular four years administration programs. What does this information point to? How have you perceived Marko's strength in accordance with available support?
6. Markos's father wrote a letter of thanks to the ministry highlighting that his current school is the example of how a school setting is able to effectively respond to individual student needs. How can you explain that Markos's misbehavior at home is reduced and he is happily going to school?

STRATEGIES OF SUPPORT TO CONSIDER

- greater awareness for mental health issues and education of school staff about positive mental health

- a wholistic approach to students' academic and socio-emotional development
- school staff need to work on positive school climate that promotes mental health
- provide school staff with professional service and networks and share resources
- *"on-going collaboration with the interprofessional team (i.e., administrators, classroom teacher, special education teacher, school behaviour teaching assistant, social worker, psychoeducational consultant, community agencies, family, medical practitioners)"*
- teacher higher level of competencies in coordinating curriculum and socio-emotional development toward lifelong-orientated skills and social outcomes
- establish intervention plan to respond to student needs and collaborative approach
- maximize students' educational achievement and well-being through partnership with parents and parental active participation
- available professional support to parents

LINKS TO RELEVANT ONLINE MATERIALS

1. Promoting Mental Health in Schools: https://www.promehs.org/

CONCLUSION

In this case study, using an authentic narrative, one can observe all continuum approaches from ignorant to supportive to needs of a vulnerable student. A few key points that emphasize the role of school in promoting mental health are presented: the way how difficulties can be interpreted, how classroom experience shapes development, how school staff is educated and collaborate in the promotion of mental health, how parent's enrolment is a constituent part of student well-being.

The case study starts from Bronfenbrenner's bioecological theoretical model that described human development as a process of person that is happening in context through time and the concept of mental health promotion in school settings. Through real-life case contexts school staff approaches to mental health can be viewed in continuum from the perspective out of sight, problem-focused interpretation and lack of understanding in K1–8, toward caring, supportive, and empathetic approach in K–9, that bring hope to student and parents.

The school staff collaboration and collaboration with parents in K–9 emphasize an appreciative, positive, and strength-focused school approach

that provide better student outcomes. This narrative which covers a longer period of schooling brings valuable contribution to the comprehension of theoretical and research knowledge to teachers, school staff, and other holders of teacher education. We hope that prospective teachers and current teachers will have a unique opportunity to learn: (1) the importance of experience in the school environment to enhance students' well-being, regardless of developmental difficulty, but precisely because it is particularly important; (2) new ideas, strategies, and intervention to support and advocate the student in classroom; and (3) the importance of collaboration between school staff that provide a comprehensive approach to students need and partnership with parents.

The distinctive contribution of this story is in presenting a case study that depicts many relevant elements of mental health care in the Croatian school system and places itself in an international perspective. It can be concluded that this personal story of the student and his parents, which they selflessly presented for the purposes of this case, should be viewed as a resource to encourage significant and systematic changes in mental health promotion in the Croatian education system respecting individual needs of each student and his strengths in building inclusive societies.

To conclude, the mental health promotion and provision of intervention in school is extremely important for varied vulnerable groups of children, and is the role and responsibility of people working across a range of sectors, based on student need and right to receive appropriate support to ensure school and life skills and achievement (Rossen & Cowan, 2014).

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