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**Supporting teachers and youth workers to promote and  
protect Youth Mental Health at School**

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**Online Platform  
Theoretical and Pedagogical Base**

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## Introduction

YAMH is an Erasmus+ project which aims to support School teachers and Youth Workers to promote and protect Youth Mental Health through the innovative Life-Skills Approach, endorsed by the WHO, to:

- Raise awareness of key mental health issues and disorder's early signs (mechanism of mental illness, prevalence, onset age, risk factors, treatability, and possibility of recovery)
- Combat the stigma of mental health disorders and enhance help-seeking
- Contribute to building up resilience at schools, addressing (a) social and interpersonal skills (communication, refusal skills, assertiveness, and empathy), (b) cognitive skills (decision making, critical thinking and self-evaluation) and (c) emotional coping skills (stress management, anger management and self-control).

In order to achieve these aims, seven partners from four different countries with expertise in mental health, youth and developing ICT based tools will design and implement the following outputs during the lifetime of the project:

- A structured set of competencies based on EU standards and methods in Youth Mental Health (YMH) promotion and protection at School through the Life-Skills Approach (PR1 ECVET Curriculum).
- An ICT-based educational instrument to upskill school teachers and youth workers in YMH promotion and protection, including an Online Digital Database, Theoretical and Pedagogical Basis and a Blended learning course (PR2 Online Platform).
- A Policy set of recommendations to facilitate transferability and replicability of the project results in intermediaries and organisations working in the area (PR3 Guidelines and recommendations).

Partners will put their expertise into creating all the products to support **teachers and youth workers** in the **promotion and protection of youth mental health** at a national and European level.

## Theoretical and Pedagogical Base

The Theoretical and Pedagogical Base and instructional guide is one of the several elements included in the YAMH Online Platform (PR2) as well as the Online Digital Database and the Blended Learning Course.

The Theoretical and Pedagogical Base and instructional guide (TPB) consists of a document analysing the cutting-edge theoretical fundamentals and pedagogical approaches of Youth Mental Health promotion and protection.

- **Theoretical fundamentals:** rules, principles, or theories on non-conventional teaching-learning methods and resources based on supporting teachers and youth workers to promote and protect Youth Mental Health at School.
- **Pedagogical approaches:** ways in which educators can apply methods and resources based on supporting teachers and youth workers to promote and protect Youth Mental Health at School.

To elaborate **the theoretical and pedagogical bases and instructional guides** partners have:

- Identified the most relevant and innovative theoretical fundamentals and pedagogical approaches based on supporting teachers and youth workers to promote and protect Youth Mental Health at School.
- Analysed these theoretical fundamentals and pedagogical approaches.

The four units are structured in **two dimensions**:

1. The dimension **Addressing mental Health issues in school** groups two units which aim to raise awareness and identify supportive practices. The unit identifying common mental health issues and early signs is more theoretical, whereas how to address mental health issues in school education and a youth work context promotes the development of skills and attitudes on the main topic of the project: supporting teachers and youth workers to promote and protect Youth Mental Health at School.
2. The dimension **Building up mental health resilience in school** groups two units which aim to introduce and apply the World Health Organisation Life-Skills Approach. Again, the first unit is more theoretical and offers the theoretical framework that supports the innovation of this project, whereas the fourth and final



unit offers a practical approach about how to apply the Life-Skills approach in schools.

**Dimension + unit chart**

Dimension	Unit	AIM
Addressing mental health issues in school	Identifying common mental health issues and early signs	Raising awareness of key mental health issues (mechanism of mental illness, prevalence, onset age, risk factors, treatability, and possibility of recovery) as well as the disorder's early signs' interpretation.
	How to address mental health issues in school education and youth work contexts	Identifying best supportive practices to address particularly vulnerable cases, communicating to parents the possible need of professional intervention in their children's mental health, enhancing help-seeking, and combating stigma to boost community well-being.
Building up mental health resilience in schools	Introduction to the World Health Organisation's Life-Skills Approach	Becoming acquainted with the WHO approach and how this approach can be used to promote or strengthen health and well-being.
	Applying the Life-Skills Approach in schools	Acquiring techniques to build up resilience at schools, addressing (a) social and interpersonal skills (communication, refusal skills, assertiveness, and empathy), (b) cognitive skills (decision making, critical thinking and self-evaluation) and (c) emotional coping skills (stress management, anger management and self-control).

## Identifying common mental health issues and early signs

### Introduction

This unit aims to raise awareness of key mental health issues and some details related to the issue such as the mechanism of the mental illness, its prevalence, onset age, risk factors, treatability, and recovery possibilities, as well as the interpretation of the disorder's early signs.

Childhood and adolescence are critically important times for an individual's mental health and well-being because it is the period when young people develop autonomy, self-control, and socio-emotional behaviours. This period affects mental health and well-being directly, and consequently, some negative experiences can have lifelong effects such as early school leaving and substance use.

In this unit, which is based on innovative approaches, the following topics will be covered to contribute to the awareness of mental health issues at schools:

- The main mental health issues
- The early signs and symptoms of mental health issues and how to interpret them
- The mechanism, prevalence, onset age, risk factors, treatability, and recovery possibilities of the main mental health issues

This unit will play a crucial role as the first step to raising awareness of key mental health issues at school; additionally, it will equip school teachers, administrations, and youth workers with a set of knowledge and competences to enable them to be helpful for young people.

### Description of the theoretical fundamental or the pedagogical approach

Mental health problems have been considered as one of the most important health concerns for adolescents as well as children recently. According to the World Health Organisation, approximately 25% of the world's population experiences a mental health problem at some point in their life. The WHO states that, "In about half of the cases, the development of symptoms starts before a child's 14th birthday." Therefore, it is crucial to start developing interventions that can help address mental health issues in children and adolescents.

The mental health of children and adolescents is influenced by many factors and they can be listed as follows:

- The socio-economic conditions of the environment in which the young person is brought up can have an important effect on their mental health and well-being. Those living less affluently may feel ashamed or degraded since they have fewer opportunities compared to their peers. Consequently, this can affect their learning environment, academic performance, and social interactions.
- Some young people may experience trauma, such as family violence, the loss of a parent or a sibling, peer bullying, or criminal behaviour of family members.
- Some physical disadvantages like obesity, disabilities, or some chronic illnesses are also considered a potential cause of mental health issues.

- Also, some feelings such as low self-esteem, anger, anxiety, and loneliness can be caused by environmental, cultural or social changes, and can lead to the development of some mental health disorders.

According to the World Health Organization, substance use, developmental disorders, behavioural disorders, severe mental health disorders, and common mental health disorders are the five main dimensions of the most common mental health issues affecting young people today. Additionally, the rate of mental and behavioural problems in young people has rapidly increased in recent years. Furthermore, anxiety disorders, depression, post-traumatic stress disorder, eating disorders, dissocial disorders, and neurodevelopmental disorders are the most common mental health issues seen among young people. Reports also state that depression, stress, and anxiety are the most significant causes of mental health issues. According to the latest Health Behaviour in School-aged Children survey, 29% of 15-year-old girls and 13% of 15-year-old boys in European countries reported “feeling low” more than once a week. Moreover, disadvantaged young people who are from minority and migrant groups are at higher risk of having mental health issues.

In this sense, the promotion and protection of youth mental health and well-being must be set as a priority in schools and in out-of-school contexts. Young people need to feel safe and secure, and this can only be promoted by recognising their unique perception of life and behavioural patterns and supporting them with loving families, positive and supportive learning environments, and social activities.

The protection of youth mental health is only possible with early identification of common mental health issues and their early signs. School is the place where young people can develop both positive learning habits and social skills. For this reason, the whole school must work in collaboration and cooperation to promote youth mental health by fostering life skills and socio-emotional behaviour. This could also lead to an improvement in academic performance and a reduction in risky behaviour.

Mental health disorders at young ages are the leading cause of well-being and socio-emotional problems in adulthood. It is known that one in four people experiences a mental health condition at some point in their life. Considering the onset age of mental health issues is 14, taking some proactive steps such as identifying the early signs of mental health disorders, and protecting and promoting the well-being of young people is significantly important. Well-being, a healthy state of mind, and the promotion of socio-emotional skills will help to enable young people to overcome the challenges of adolescence and help them to transit into adulthood easily.

Schools and some other institutions that address young people are regarded as important settings for the promotion and protection of youth mental health and well-being. The positive or negative experiences that young people have in these settings influence them throughout



their lives. In this sense, schools and institutions should collaborate with them in every way in order for them to succeed.

Both this project and this unit aims to support schools, school teachers, school administrations, and youth workers, and all the components of the education system, to equip them with the necessary skills and knowledge in order to support, promote and protect youth mental health and consequently contribute to a healthy society.

Since the need for promotion and protection of youth mental health is crucial, it is important to raise awareness of key mental health issues and some details related to the issue such as the mechanism of the mental illness, its prevalence, onset age, risk factors, treatability, and recovery possibilities as well as the interpretation of the disorder's early signs. Considering this aim, it is a must to reach the needs of various countries, institutions, and groups.

According to the research 'Situation of Child and Adolescent in Europe' which was conducted by the World Health Organisation, 27% of schools in Europe do not have any policies or practices in place for mental health promotion in schools; when it comes to adolescent mental health in particular, the numbers are even lower.

Considering other youth institutions, most youth centres and youth workers do not have access to relevant resources. Under these circumstances, this unit with its innovative holistic approaches and results will address the needs of European schools, teachers, and youth workers. It will be applicable to schools, institutions, and youth centres in various countries.

There is a strong link between youth mental health issues and mental health problems in adult life. Positive mental health is an essential part of healthy adolescence, it helps to build positive socio-emotional skills and behaviours. Early identification of mental health issues and their signs will ease the negative effects of the situation on young people, their families, and society. By raising the awareness of teachers and youth workers and helping them to provide early intervention for mental health issues, young people will recover more quickly and will be less likely to lose their connection with social life activities. They will not only develop positive relationships but also benefit from academic opportunities, which will ultimately lead to more meaningful and productive lives.

Target users of the unit are school teachers, administration, and youth workers. It aims to equip teachers and youth workers with the necessary skills and knowledge and enable them to recognise and identify the early signs of mental health issues. The final beneficiaries are young people, adolescents, and students. This unit aims to raise awareness and help teachers and youth workers with early intervention for mental health issues and their signs.

In this sense, teachers will play a key role in observing and recognising the personality types of the students during the whole learning process. As each person has a unique personality and behavioural pattern, the mental health issue signs won't appear in the same way and frequency in each young person. Normal and usual behaviour changes from person to person,

and each person shows unique reactions to a specific situation when they are under pressure or stressed.

Firstly, teachers will be responsible for understanding the “normal ways” of each young person, thereafter they will be able to recognise any unusual behaviour and early signs of mental health issues and intervene proactively. Teachers, with the help of target-oriented interventions, will be the ones who identify the problems and address them to help reduce depression, negative behaviours, and mental health issues.

To provide innovativeness, a whole-school approach (WSA), which is recognized by the European Union and the International Bureau of Education UNESCO, will be used to recognise and identify problems such as peer bullying, substance use or family issues, etc. WSA indicates that all the aspects and components of the school community can impact on a students’ mental health and well-being. Furthermore, academic success and mental health are tightly linked, so all educational processes that influence the students must be addressed equally and spontaneously. To address this need, WSA involves and integrates all parts of the school to work together committedly. It requires a partnership between the teachers, school administrations, and parents, and it implies a collective and collaborative action by the school community to support young people’s mental health, behaviour, well-being, and consequently academic performance. As a result, this holistic approach creates a supportive environment for their health. Additionally, out-of-school activities, youth centres, and community youth programs play an essential role in the access, identification, and rehabilitation of young people at risk. Therefore, this resource will be available for youth workers too.

## **Conclusion**

It is obvious that the mental health and well-being of young people is at the heart of healthy societies. Building a healthy, and supportive society is only possible with the promotion and protection of youth mental health at school and through youth services where students develop socio-emotional skills, healthy lifestyle habits, positive relationships, and so on. Schools, teachers and youth workers must work hand in hand to address the needs of young people for early identification and early signs of mental health issues since timing and being proactive are critically important.

In conclusion, this unit will provide a set of necessary skills, competencies, and knowledge for the defined target groups to achieve the aims and benefits from innovative approaches and methodology to promote and protect youth mental health at school.

## How to address mental Health issues in school education and youth work contexts

### Introduction

This unit aims to identify best supportive practices to address particularly vulnerable cases, to communicate to parents the possible need of professional intervention in their child's mental health, to enhance help-seeking, to combat stigma, and to boost community well-being.

To address these issues, this unit acknowledges the Rights of the Child Convention Approach, which is aligned with the methodology described in the second dimension and throughout the project: The Life-Skills Approach.

This methodology is carefully described by UNICEF, the Child Protection agency in their booklet: "Rights, mental health, and education. An approach to promoting mental health and psychosocial health in schools."

### Description of the theoretical fundamental or the pedagogical approach

Throughout our lives, what we think, how we feel, what we learn and what we value determines much of our possibilities for development and well-being.

From childhood onwards, our knowledge, emotions, attitudes, and behaviour shape the relationships we have with other people and our chances of overcoming both the most challenging relationships we have with other people and the challenges and life crises we face. Without the ability of knowing ourselves and understanding others, we are more vulnerable and our emotional well-being may be at risk.

It is common for many children to grow up without the tools to build self-awareness, their cognitive processes, and their emotions, denying them developmental opportunities. This situation goes against the recognition made by the Rights of the Child Convention (CRC) which in its application becomes a methodology.

From this approach, education has an important role to play with regards to children's mental health, as a complementary task to the work carried out by other institutions and agents.

In this Convention, it is stated that all children, adolescents, and their families should:

- know the basic principles of health and hygiene.
- have access to health education.
- receive support to enable them to apply this knowledge (CRC Article 24).

What are the main characteristics of the Child Convention Mental Health protection approach?

- **A rights-based approach:** In recent years, there has been growing concern about mental health issues in children and adolescents. Mental well-being, as part of overall health, must be protected and promoted in all settings, including in education.
- **Education of healthy habits:** Schools and families have a crucial role to play in the education of healthy habits from early childhood onwards. In order to be successful in this it is important that knowledge, skills and attitudes are transmitted enabling each child to develop a solid self-concept, understand their emotions, strengthen their critical thinking, manage their own learning and cultivate their relationships and hobbies.
- **Prevention:** Good mental health is more than the absence of a disorder: its foundation is prevention. Just as emphasis is placed on the acquisition of healthy habits to promote good physical health, the learning and practice of preventive measures can be measures for the development of good mental health and can be encouraged throughout childhood and adolescence.
- **Social and cultural context:** The influence of society on mental well-being is determinant. People are social beings and the quality of our relationships, the culture and the norms, stereotypes and ideas that surround us have a great influence on the way children and adolescents perceive the world themselves and relate to others. Education has the power to make this context visible and to drive change within it.

Considering that the work of the school is not diagnostic but educational, there are various mental health indicators that can serve as a guide in the school to design educational, preventive and skills learning activities. These indicators evolve with age, but are valid at all educational stages:

- **Self-acceptance:** the degree to which each learner knows and accepts him/herself, admitting possible needs for improvement but without being put under excessive pressure.
- **Optimism:** the ability to maintain hope and motivation in uncertain situations.
- **Resilience:** the ability to trust one's own self-efficacy in adverse situations and to overcome them without excessive emotional distress.
- **Establishment of positive relationships:** the ability to relate to other people and that these relationships are based on respect, and a desire to improve one's own and others' lives.
- **A sense of purpose in life:** a feeling that our contributions are useful, the capacity for realistic planning for the medium and long-term, and the desire to improve and contribute to society.
- **Feelings of growth and achievement:** the appreciation of one's own development and learning and satisfaction with the improvements achieved.

- **Sense of social acceptance:** feelings of belonging in a group of friends, family, and educational community. The certainty of being liked and respected by other people.
- **Integration in the community:** the ability to develop a role in accordance with their age, tastes, and aptitudes within their community of reference.

Beyond individual mental health factors, there are three major contextual factors that pose a clear risk to the mental health and cognitive-emotional development of infants and adolescents: Poverty, discrimination, and violence. School has a protective role in so far as it has a clear impact on mental health and emotional cognitive development:

- It should be a safe environment where students are free for a time from the negative influence of these factors in their daily lives.
- The school is a place of socialisation and learning, where education is able to change attitudes and behaviours and break the cycle of violence, change attitudes and behaviours and break the vicious cycle of vulnerability and poverty victimisation brought about by poverty, discrimination, and violence.
- As part of the protective environment for children, in coordination with different social agents, to detect problems, carry out an educational intervention and refer to different institutions and professionals for other types of interventions.

The Rights of the Child Convention approach is aligned and can be applied through the Life Skills Approach. Both approaches are complementary and take into account that schools are key to promoting good mental health during childhood and adolescence, not only through health education and life skills programmes, but also more broadly in the school's educational vision, and through action planning that involves the whole educational community.

In order to participate, the education community needs to know what the school's approach to mental health is, and how it is operational on a day-to-day basis. The information will be adapted to the different groups involved: families, students, teachers, and so on.

Much of the work in this area is planning and programming and does not take the form of visible activities. The commitment of all participants to the results is essential to ensure continuity of the required actions.

The benefits of applying the Child Rights Convention Approach are multiple, some of them are:

- Stigma can be structural and so culturally embedded that we cannot perceive it. An unintended consequence of this is the scarcity of educational approaches tailored to highlight stigma and prevent the stigmatisation of children.

- Identification with the stigma: Stigma, labels and prejudices about the mind and emotions influence self-identity and impact on development and chances of educational and life success.
- Identifying the stigma and combating it: Sometimes stigma, labels and stereotypes about mental health, developmental or personality problems are not ill-intentioned and are even intended to help by classifying or clarifying behaviour that seems out of the ordinary. While well-intentioned, they can be harmful.
- For a child or adolescent to internalise labels and stereotypes related to the way they relate to the way they develop, feel, express themselves or understand the world, can negatively influence their self-esteem, emotions, behaviour and coping strategies. In adolescence, it can cause feelings of shame, social rejection, and fear of not fitting in.
- One of the most damaging effects of stigma on children and adolescents is that, when faced with a discomfort or difficulty, it may interfere with the desire to seek help and lead to hiding the problem from those who might be able to help them, causing them to cope with their difficulties in solitude.
- Stigma can worsen a pre-existing psychosocial problem, but it can also generate emotional problems that did not previously exist, as is sometimes the case for those who suffer discrimination and violence because of their physical appearance, gender, skin colour or personal history.
- As a recommendation, it is important to remember that a diagnosis does not define a person and that no one "is" a diagnosis. This is particularly relevant when functional diversity is a reality in our educational centre and when we want to work for the right to inclusion and respect for difference.

## Conclusion

It is not possible to understand mental health without the fulfilment of children's rights, nor is the full development of rights possible without addressing mental health.

Mental health and psychosocial wellbeing issues can be included within a child rights education within overall health initiatives and within school planning and policies. With regard to mental health, the educational field has a particular role to play, based on its own theoretical corpus, methodologies, tools, and practices. The more developed the educational vision is, the more effective it will be in coordination with other areas (care, medical, legal, etc.)

A rights-based approach, education of healthy habits, prevention and interaction with the social and cultural context, are four of the possible ways to initiate a mental health education approach.

## Introduction to the World Health Organisation life-skills approach

### Introduction

This Unit aims to introduce the WHO's Life Skills Approach and explain how this approach can be used to promote or strengthen the health and well-being at school and in youth work settings.

The WHO published a key document, 'Life Skills Education for Children and Adolescents in Schools' in 1993. It provides an Introduction and Guidelines to Facilitate the Development and Implementation of a Life Skills Programme. It outlines a framework for life skills programme development in schools and is aimed at those responsible for or involved with school curriculum development, health education and the development of school-based health and social interventions. The content can also be adapted for other settings, such as youth work.

This information contained in the WHO's document, 'Life Skills Education for Children and Adolescents - an Introduction and Guidelines to Facilitate the Development and Implementation of a Life Skills Programme.' will be referenced to inform this unit as, in this unit, we are concerned with what the WHO's Life Skills Approach is and how it can be used to promote or strengthen the health and well-being of young people.

The Theoretical and Pedagogical Base will provide the following information about the WHO's life skills approach: definition, aim, scope, methodology and pedagogical approach, benefits, target users, problems faced and innovativeness.

### Description of the theoretical fundamental or the pedagogical approach

The WHO defines mental well-being as 'Psychosocial Competence.' Psychosocial Competence means being able to 'deal effectively with the demands and challenges of everyday life.' During interactions with others, the environment and an individual's culture, Psychosocial Competence refers to a person's ability to maintain and demonstrate a state of mental well-being through adaptive and positive behaviour.

The enhancement of Psychosocial Competence is particularly important where health problems are related to behaviour, where an inability to cope with the stresses and pressures in life leads to behaviour which negatively impacts health. In such cases, the enhancement of Psychosocial Competence could play an important role in the prevention of these behaviours, and thus, have a beneficial impact on a person's physical, social and mental well-being.

The WHO believes that the enhancement of a person's coping resources, and personal and social competencies is key to promoting a person's Psychosocial Competence. The life skills approach is, according to the WHO, the most direct intervention to promote Psychosocial Competence in school pupils.

The WHO define the following set of skills as the core life skills in children and adolescents:

- Decision making
- Problem solving
- Creative thinking
- Critical thinking
- Effective communication
- Interpersonal relationship skills
- Self-awareness
- Empathy
- Coping with emotions
- Coping with stress

According to the WHO, there is increasing awareness that many young people are not equipped with life skills to effectively deal with the stresses and demands of everyday life.

The overall aim of life skills education, therefore, is to enable young people to develop ‘abilities for adaptive and positive behaviour, that enable individuals to deal with the demands and challenges of everyday life.’

The WHO states that the teaching of life skills should be considered as essential as the other key skills taught in schools, such as numeracy, reading skills etc and should be included in the education of all young people.

The life skills approach can and is being applied in a wide variety of countries. The WHO reports that, as the life skills approach is being taught in such a wide variety of countries, it appears that they have relevance across cultures. However, it may be necessary to make some adaptations depending on culture, for example, different cultures may have different rules regarding eye contact (effective communication).

Not only is the teaching of life skills beneficial to children and adolescents, it is also of relevance to adults, and has appeared in adult education programmes, for example, communication and empathy skills for medical students and counsellors. As life skills have such wide-ranging relevance, the WHO suggests that the optimal strategy for the teaching of life skills therefore is to ensure it is available to all children and adolescents in schools. It is more impactful if the learning of abilities occurs while individuals are young and have not yet established patterns of negative behaviour and interaction.

How do the WHO recommend the life skills approach is taught in schools / youth work settings?

The WHO suggest pairing the 10 defined life skills into 5 main areas:

- Decision making and problem solving
- Creative thinking and critical thinking
- Communication and interpersonal relationships



- Self-awareness and empathy
- Coping with emotions and stressors

The WHO states that the above life skills can be taught to young people as abilities that can be acquired through active and experiential learning and practice. Lessons have to be designed in a way in which opportunities are given to practise the skills in a supportive environment.

The WHO believes that the teaching of life skills as generic skills related to everyday life could be the basis of life skills education for the promotion of mental well-being, as well as healthy behaviour and interaction. It is then possible to build more specific skills on top of this foundation, such as learning how to respond assertively to peer pressures regarding the use of alcohol and drugs. This approach to teaching life skills has seen beneficial results, the WHO report. Life skills provide a way for young people to translate knowledge, attitudes and values into real-life abilities, they show them what to do and how they should do them. They show young people what healthy behaviour is.

The WHO's life skills approach is based on the Social Learning Theory developed by Bandurra (1977) in which learning is considered to be 1/active acquisition, 2/ processing and 3/structuring of experiences (learning from own experience and experiences of others around them, observing the behaviour of others and the subsequent consequences).

In life skills education, young people are 'actively involved in a dynamic teaching and learning process.' Life skills education methodology includes, working in pairs and small groups, brainstorming, role playing and debates.

A typical life skills lesson may follow this lesson plan:

- Exploration of what the pupils knowledge or ideas of a particular situation is (where a particular life skill could be used)
- The children may be put into pairs or small groups to discuss the issues raised in more depth
- The teacher may then engage the children in role plays or activities which allow them the opportunity to practise life skills in different situations. This part – practice – is a key feature of life skills education.
- The teacher sets homework that encourages the children to further practise or discuss the skills with their family members or with their friends.

It is key that the life skills programme offered in schools is well designed, well tested and delivered in a supportive learning environment. The WHO provide detailed support for schools regarding how to develop and structure a life skills education programme, methodology for life skills lessons, how to develop a life skills teaching manual and materials, how to train life skills trainers, how to pilot/test and evaluate a life skills programme and training and how to implement and maintain the life skills programme. These points are explored in this unit of the YAMH online course.

The key benefit of teaching life skills in schools is the important impact their acquisition will have on the mental, physical and social well-being of the children and adolescents. It involves the learning of

abilities that contribute to positive interpersonal relationships, positive mental well-being and positive health behaviour. They will learn how to deal with everyday stresses and challenges in a positive way which does not negatively impact on their health.

The WHO reports that the teaching of life skills has, in practice, brought about positive results and effectiveness. They provide examples where teaching life skills programmes have been successful on programmes for the prevention of substance abuse, adolescent pregnancy, and AIDS, and the promotion of intelligence, self-confidence, and self-esteem and so on. This demonstrates their common value, even across such wide-ranging programmes.

A young person's ability to acquire and apply life skills can affect the way he/she/they views/view her/himself/themselves and others, and how others view them, contributing to an individual's self-perception of their own self-efficacy, self-confidence, and self-esteem. Therefore, life skills have an important impact in the promotion of mental well-being and motivation to take care of oneself and others, and to prevent mental health disorders and health and behaviour issues.

Target users of the life skills approach are school teachers and youth workers. Final beneficiaries are school pupils and young people attending youth services.

The WHO's document 'Life Skills Education for Children and Adolescents in Schools' was first printed in 1993 and has since been reprinted. However, the WHO noted that only very small changes were made to the original document, no substantial changes were made. This demonstrates the innovativeness of the original document. The framework is still relevant today.

If we look at other frameworks which have been developed to address the mental health of young people in schools, we find that they tend to base their framework on guidance from the WHO, for example, in the document 'Well-Being in Post-Primary Schools – Guidelines for Mental Health Promotion and Suicide Prevention', developed in Ireland by the Department of Education and Skills, the Health Service Executive and the Department of Health, they acknowledge that the framework they are using to progress mental health promotion work, the National Educational Psychological Service (NEPS) Continuum of Support Framework, is based on the WHO model for mental health promotion. This model starts with the creation of whole-school environments which promote mental and emotional well-being and positive social interaction and leads to a curriculum which includes mental health education: knowledge, attitudes, and behaviour.

## **Conclusion**

In conclusion, it is clear that the WHO's Life Skills Approach is a valid and effective approach which should be embraced by schools and youth work settings to help promote and protect youth mental health. The approach centres on active and experiential learning and encourages young people to practise effective ways they can adapt their behaviour in order to deal positively with stresses and difficult situations which they are likely to face in their lives, with the overall aim being to prevent these stresses and difficult situations having a detrimental effect on their health and mental well-being.

## Applying the life skills approach in schools

### Introduction

This unit aims to support the learner in acquiring techniques to build up resilience at school through the Life Skills Approach, which can be defined as a set of basic competencies that enable a person to deal effectively with the demands and challenges of everyday life. The acquisition and strengthening of life skills provides individuals with the knowledge and values required for them to be able to complete daily tasks successfully, while at the same time, balanced and healthy social behaviour, as well as self-confidence, are being fostered.

Research confirms that the Life Skills Approach has a positive impact on adolescent anxiety, adaptability, and self-esteem, limiting high-risk behaviours in the short term. At the same time, it is certified that non-academic skills including self-control and social and mental skills contribute to the ability of the young person to meet the demands of their changing environment and are prognostic factors for long-term benefits to the well-being and health of adulthood (UNICEF, 2019; Mertens et al., 2020).

The focus in this unit will be on the applicability of the following competence categories in the school context since they constitute the main components of the Life Skills Approach:

- (a) social and interpersonal skills
- (b) cognitive skills (decision-making, critical thinking, and self-evaluation)
- (c) emotional coping skills (stress management, anger management, and self-control).

### Description of the theoretical fundamental or the pedagogical approach

**Interpersonal skills** permeate every aspect of personal and business life. By the term “interpersonal skills” we mean the competencies that a person needs to **interact, communicate, and collaborate** with others seamlessly and effectively. Typical examples include empathy, refusal skills, and assertiveness.

**Cognitive skills** are essential to process new information. The brain uses cognitive skills to **think, read, learn, remember, reason, and pay attention**. Working together, they take incoming information and move it into the bank of knowledge everyone is needed to use every day. During adolescence, cognitive development is rapid. Brain structure and connectivity changes interact with increased experience, knowledge, and changing social demands to produce rapid cognitive development. Cognitive development is critical in preparing young people to be able to manage complexity, make judgments, and plan the future.

Moreover, **Emotional skills** refer to the ability to **recognise, express and regulate our emotions**. Emotional skills are the foundation of self-awareness and good mental health. Recognising and understanding our emotions also helps to recognise those of other people, which is an integral part of how we interact with others.

The enhancement and practical promotion of life skills is significant within the scope of building resilience in a school framework.

The importance of interpersonal skills lies in the fact that they are not just skills but are more like traits of behaviour and attitude that are encompassed in daily personal and work life. Following the principles of the 3 C's of effective communication, it is suggested that students and youth workers make balanced use of the 3 C's which are **Confidence, Clarity, and Control** when interacting with others.

More specifically, Confidence is interpreted as the ability to resolve an issue or problem effectively and successfully, Clarity implies making the best possible choice when responding or reacting, whereas Control means the ability to handle information in a measured way, like avoiding overreacting. This practical and easily applicable method can be used in the school context and youth work setting, to achieve assertive communication which equates to the ability to express both positive and negative sentiments with transparency and directness.

In addition, the applied promotion of cognitive skills is a **crucial part of the holistic mental development of students**. Many mental health disorders first appear during adolescence, in part because of changes in physical brain development. Adolescents struggling with mental health challenges may have decreased motivation and a harder time with cognitive tasks, such as planning and decision-making. Cognitive development during adolescence predisposes young people to take more risks, and taking risks is an important part of growing up. Trying new things gives adolescents the chance to have experiences that will help them make the transition to their independent adult lives, such as finding a career, starting their own family, or moving to new places.

Emotional skills are the foundation of **self-awareness and good mental health**. The ability of young people to recognize and understand their emotions also helps them be able to recognize those of other people, which is an integral part of how they interact with others. It's very common for young people to feel stressed out from time to time. Stress is a normal part of life and can even be beneficial in some situations. In addition, anger is typically expressed differently depending on the age of the student. Adolescent teenagers show their anger in more grown-up ways, most likely using their developed language and motor skills. The behaviour can be extreme and potentially includes "engaging in acts of substance abuse, misconduct, assault, verbal threats..". Therefore, emotional self-control plays a crucial role in managing disturbing emotions and remaining effective, even in stressful situations.

The practical enhancement of the way students and youth workers communicate with each other has multiple benefits on a personal and school level. For example, through assertive communication people can build healthy relations, adjust easily to a new situation, resolve conflicts, and set trust and respect as the basis of their interaction.

Additionally, planning and implementing effective interventions and strategies to promote cognitive skills in the school context supports the optimal health and development of adolescents. This can be done by applying some of their new thinking abilities and offering support in the areas where the adolescents still have room to grow. These strategies can include open-ended questions on complex issues, help to consider the consequences of actions, provision of more learning opportunities that entail healthy risks (distinguishing them from negative risks); promoting injury prevention; and seeking out opportunities for teens to engage as learners.

Social and emotional skills determine how well people adjust to their environment and how much they achieve in their lives. But the development of these skills is important not only for the well-being of individual students but also for the wider school communities as a whole.

Life skills training is a tool for empowering the youth that goes against providing ready-made knowledge. Following the Social Learning Theory developed by Bandura (1977), in life skill education children are actively involved in a dynamic acquisition and learning process that utilises their own experiences. Thus, through value-added strategies, life skills training enables individuals to understand themselves, to assess their potential and areas of development so that they can take initiative, translating their knowledge and attitudes into actual abilities (WHO, 2003; Pellegrino et al., 2012; Nasheeda et al., 2019). Teaching life skills is part of holistic, lifelong learning, expandable into four pillars: the cognitive (learning to know), the individual (learning to be), the social (learning to live together), and the instrumental (learning to do), with cumulative benefits from early childhood, through adolescence to adulthood. The development path of life skills is a personalised, learner-centred approach that can combine different, innovative face-to-face and online modalities providing equitable and quality learning-supportive opportunities.

Life skills are universally applicable to all ages of children and adolescents in school. On the one hand, schools, responsible for the development of life skills in young people, should recognize that skills development is not specific to any particular subject area but broadly applicable to all fields of knowledge. On the other hand, teachers need to be trained to improve the mindsets and resilience of their students. The role of teachers and instructors is crucial within the context of skills development delivery through the different pathways. As enablers and facilitators, teachers are key agents of change and must be qualified and willing to promote skills development through various approaches (Unicef, Global framework on transferable skills, November 2019).

Imparting life skills in the classroom has been researched meticulously and it is proven that it has positive outcomes when taught as part of a well-structured curriculum. Life skills education involves a dynamic teaching process. Activities that can be used to enhance life skills in students are classroom discussions, debates, brainstorming, games, role plays, working in small groups or pairs, case studies, situation analysis and storytelling (Prajapati, R. et.al., 2016).



Moreover, extra-curricular activities are thought to be very beneficial for developing students' wider, non-academic, skills, as a complement to classroom-based strategies. Cultural visits, volunteering, structured after-school clubs, social action activities, and social and emotional training programmes are thought to be effective strategies for promoting social and emotional learning in a positive and supportive learning environment. Programmes for developing life skills require constant and robust evaluation so that schools have better guidance on the most effective approaches (Gim N-g, 2021).

## **Conclusion**

Life skills training is an efficacious intervention strategy for empowering youth to act rationally and emotionally. Effective skills development includes careful selection and alignment of curriculum and content, appropriate pedagogical practices, and authentic and continuous assessment of learner skills. Putting life skills at the core of quality education and learning ensures equity in the quality of learning and learning outcomes so that all children and adolescents can succeed as lifelong learners. Equipped with advanced critical thinking capabilities and social and emotional abilities, students can independently weigh in on the content of the information they receive and identify solutions to problems. Furthermore, critical, curious, and innovative learners can develop positive attitudes and be ready to engage in their schools and communities.