ProWell

Protecting the mental wellbeing of our children during and after public health emergencies

Training Adaptation Toolkit

Guidance and Recommendations for VET-trainers

Further activities and helpful material can be found online and downloaded free of charge

www.prowell-project.com

The ProWell partnership comprises 7 partners:

Coordinator

Technische Universität Dresden	**Germany**

Partners

Prolepsis Institute	**Greece**
University of Valencia, Polibienestar	**Spain**
CSI – Center for Social Innovation	**Cyprus**
Associazione Tages Onlus	**Italy**
Institute of Social Science Ivo Pilar	**Croatia**
OSENGO	**France**

The ProWell project is co-funded by the EU Erasmus+ Programme.

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About this Toolkit

This Training adaptation toolkit aims to create and deliver a guidance document to VET providers, educators responsible for continuous teacher training, and relevant individuals. The toolkit explains how to incorporate knowledge gained from the project into accredited training seminars on mental health support for children during and after public health emergencies.

The guidance document includes three sections:

A. Background information such as training length, delivery methods, and assessment requirements.
B. Thematic units that focus on public health emergencies and their impact on children's mental health.
C. Training techniques to integrate relevant knowledge and skills, with a strong emphasis on digital skills.

The toolkit is developed by all Pro-Well project partners under the leadership of Osengo. It is freely accessible on the project website and promotes high standards of relevant training with the ultimate goal of improving children's mental health outcomes during public health emergencies.

This training toolkit enhances the capacity building of training providers and encourages collaboration among professionals by providing them with necessary knowledge and tools.

Further helpful material and additional activities can be found on the projects website and be downloaded free of charge. Any material provided can be used and distributed in pedagogical settings and is free under the open educational resources license.

Please also visit the digital training: www.prowell-project.com.

Introduction

The Covid-19 pandemic has forced the education community to change teaching methods and processes more rapidly than any other time in recent human history.

The ProWell project aims to support this rapid change through innovative teaching and learning using digital technologies. It aims to build competencies and digital skills and provide necessary knowledge to teachers and other educators as a way of better supporting children during and after adverse public health emergency situations.

The training developed within the ProWell project supports teachers and educators such as sports coaches, recreational group leaders (dance, etc.), childcare professionals, nursery teachers, etc. by offering guidance and motivation for them to support children during public health emergencies when disruption of social structures (as everyone has experienced) becomes everyday practice. Teachers and educators have a pivotal role in maintaining social cohesion and establishing for children a sense of normalcy which is vital for their well-being and mental health.

Through on-line training we support, guide and motivate towards enabling this goal. Teachers well prepared for public health emergencies can act as important role models for children by supporting them through undeniably very challenging circumstances. The ongoing pandemic will serve as an example but the training developed can be applied in any public health emergency.

Background

Public health scientists have always worried about diseases which could cause widespread epidemics or pandemics. In 2018 the WHO called nations to prepare as they outlined 'Ten threats to global health in 2019'among which were the threat from pathogens such as coronaviruses similar to SARS or MERS.

But how well prepared can society be for measures such as closing down of social structures, i.e., schools, religious establishments, athletic and other entertainment gatherings and even work. How well can people be prepared for prolonged social distancing and how can children understand the need of remaining within houses away from friends and school activities?

How will children deal with getting back to everyday life and how can teachers support with this new reality?

As the outcome of any public health emergency is uncertain, it is crucial to learn from these situations and be prepared for future emergencies and a return to everyday life. Schools and educators must play a role in this preparation and stay informed about the latest technological advancements to effectively respond to the changing needs brought on by the emergency.

According to research fear, anxiety, stress, depression and post-traumatic stress disorder are the most common mental health issues among children and adolescents during and after a public health emergency (CDC, 2020).
Stigma related to mental health problems can also be considered as a barrier, since adults may underestimate the signs or ignore them[1]. The role of significant others such as teachers and educators in protecting the mental health of children is extremely important and one of the protective factors which should be exploited to protect society's younger members.

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[1] https://www.ncbi.nlm.nih.gov/books/NBK195878/

The theories and approaches are known; what is necessary is to present them in a practical way so that teachers and other educators can be trained and prepared in order to support children during and after public health emergencies.

Knowing relevant digital skills to support children remotely is necessary.

This is the innovation of the ProWell project, bringing research knowledge and practical hand on information into an easy and user-friendly online training program that will enhance digital skills. Public health disasters can either become an opportunity for children to learn and grow or result in fear and uncertainty if not handled correctly by adults.

The partners of this consortium together combine expertise in mental health, public health and epidemiology as well as expertise in digital skills and vocational education and training.

Partners have worked on mental health of children in the past and there is an urgent need to apply this knowledge during the current pandemic .

Indicatively, the **Technical University of Dresden** has implemented many projects in the area of mental health for children and families. They have studied the impact of parental cancer diseases on children with the team at TUD providing guidelines for counseling and short term therapy for families. The impact of parental unemployment on the psychological wellbeing and quality of life of children was also explored, in the Saxony Longitudinal Study that lasted more than 30 years.

Prolepsis has worked extensively on public health and epidemiology issues and has implemented relevant projects such as the ASSET - Action plan in Science in Society in Epidemics and Total pandemics an FP7 project that will be used and updated for the current action.

Prolepsis and Tages Onlus in Italy have during the pandemic developed material for the protection of mental well-being in Greece and Italy respectively.

Prolepsis, Institute Pilar and CSI have also worked in the past on projects focusing on training teachers and caregivers on diverse public health issues such as addiction prevention i.e., through the project Preventing Smoking, Alcohol and Internet Addictions Among Children and Adolescents: A family Oriented Training Approach, Add-Free Training.

UVEG - Polibienestar has participated in Daphne projects related to childhood, i.e., projects focusing on positive parenting (be supportive, not violent) and eliminating child-to-parent violence (Responding to child-to-parent violence). They coordinated the NO PUNISH project aiming to enhance capacity of protection systems to eliminate corporal punishment in Europe. It also has experience in Erasmus+ aiming to improve the physical, mental and social well-being of minors, i.e., the EUVETCARE project. Additionally, in the area of mental health, the ICARE project addressed mental wellbeing and health, such as promoting resilience in students at risk of developing adjustment disorders and preventing eating disorders and obesity in teenagers.

OSENGO has long experience in VET projects for teachers.

Objectives

The focus of the project was to build online, blended and distance training allowing teachers and educators to support (during teaching) their students with mental health issues. Teachers and educators will be able to deliver high quality inclusive support to students using digital content such as innovative online resources and tools. Teachers will be able to develop tailor made solutions responding adequately to local challenges and realities. More specifically, the project objectives were:

(1) To observe, identify and analyze training needs and opportunities in the field of mental health support for students specifically as a response to public health emergencies
(2) To support the development of blended and distance training on the promotion of mental health wellbeing of children and young people during and after major public health emergencies
(3) Support the development of innovative online resources and tools for teachers and educators
(4) Increase teachers' and educators' awareness and preparedness skills in regards to supporting children and young people during and after major public health emergencies
(5) Enhance partner capabilities to develop and deliver relevant training
(6) Increase awareness and skills of communities, organizations, and other stakeholders on the newly produced training and the importance of promoting mental wellbeing in times of public health emergencies
(7) Raise awareness and create relevant networks across the EU.

The main activities included:

1) An Ecosystem Mapping and Training Methodological Framework: Mental health of children and young adults in public health emergencies (O1). This activity explored existing training and specific needs as well as knowledge gaps as perceived by teachers and other educators. Since this project developed a remote, online training the report highlights shortages, needs and good practices concerning digital opportunities. The 2nd part of the report discusses the training requirements and the training methodology based on which the curriculum was developed.
2) ProWell training curriculum and content (IO2): The training package includes comprehensive training content delivered through presentations, and other tools such as videos, case studies, exercises, reading material per thematic, etc. The course comprises modules focusing on the role of the school environment and school-based interventions for teachers and other educational professionals. They can be found online on the
3) ProWell training platform and digital learning tools (IO3): The online training platform includes all the developed training modules and relevant assessment tools. The platform also includes communication and networking tools that allow members to register their profiles and to identify other participants so as to create thematic community groups across the EU. The developed training package is available in an online user-friendly interactive tool and was translated in the consortium languages, thus being available in 7 languages (English, Italian, German, Greek, Spanish, French & Croatia). The implementation and evaluation of the developed training course will take through a short-term joint staff training event (C1), and through e-learning training.
4) Training Adaptation Toolkit (IO4): This output provides guidelines for VET providers on how to implement similar training. The long-term impact of the project is to improve the abilities of teachers and educators to support children and young people during and after public health emergencies. It will provide hands-on guidelines, evaluated practices and material that can be easily adopted by anyone interested.

Background information related to duration of training

Target group of the training

The target group of the training are professionals in contact with children and adolescents such as teachers, educators, childcare professionals, nursery teachers etc.

Purpose and use of the guidance and recommendation document

The aim of this document is to deliver specific guidelines to Vocational Education and Training (VET) professionals and other interested parties, explaining how to implement the gained knowledge in their own organizations both on the interdisciplinary and specialized parts of the training. It includes a short description of each module that comprises the online training in order for potential trainers to be familiarized with the content. Moreover, it includes recommendations on how to carry out the specific or similar trainings and how to utilize the different resources.

VET trainers who wish to design relevant training can draw on this document and the experiences of the partners during the project period. However, it is likely that VET trainers will find that some modifications are needed to adapt the training to the specific needs of their own organization and to the current national context. The lessons learned from the consortium's implementation of the training are presented at the end of the document. These include both the experiences of the trainers and direct feedback from the evaluation conducted at the end of the training and may be useful when VET trainers plan their own training. The ultimate goal of the current document is to help build the capacity of VET centers, as well as other types of training organizations, and thus better equip and train professionals in children's mental health issues.

Resources

Parts & materials of the Training Modules:

Each of the above-mentioned training modules has been developed to include the following parts:
- a Power Point presentation including the main content of the module
- a complementing Word document which serves as the module's manual providing all the background information of each specific theme.
- Additional handouts, best practice examples, quizzes and activities

Assessment quizzes and questions: to evaluate general knowledge on the module, including activities which can be conducted by the participants on their own and without being graded

Implementation of the training – Methods of Delivery

The training course presented above has been designed to be delivered in a distance by an e-learning platform format.

In addition, all training modules have been developed to meet the needs of a targeted audience of educational staff in European member states. The resources provided are intended to offer online participation opportunities but can also used in face-to-face settings. Although they have been

produced to meet the needs of a young population, there will be areas where the training will need to be adapted to the local context.

The e-learning platform has been created in order to make the training available to a wider group of trainee. Through the e-learning platform trainees have access to all the training material for each module. The platform also includes questionnaires where trainees can test their knowledge. Access is gained through a registration process on the webpage. When all modules of the training, the final knowledge assessment and the evaluation questions have been completed the participant is issued a certificate.

The consortium worked over 2 years to create training content useful across the EU while the ProWell training material is freely available for all interested parties including teachers and educators. The material can be used as a basis for new training programs as part of Open Educational Resources (OERs). Parts or the whole program can be freely used although acknowledgment of authorship of the ProWell project and its consortium partners is mandatory and compulsory. Please review our findings and lessons learnt from this project which can be useful for any future trainings. In order for organizations to plan their trainings some considerations must be made, especially concerning the following issues: who will be the trainer, how to carry out the trainings and how to use the resources. From this online event the consortium has gathered experiences that can be valuable to future trainers. This section provides some guidelines into the important aspects that need to be considered before the trainings can be carried out.

Technical resources

Consideration should also be given to the technical resources available to the target group. Since the training is online via the e-learning platform, it is necessary to ensure that all participants have access to a laptop or other technological devices that can be used to access the platform. Certainly, experience shows that in-person training works better with most audiences, as it allows for more discussion. However, as mentioned earlier, the online learning platform has significant advantages. It is good for reducing the time allocated to training, allowing more people to participate in the trainings. The e-learning platform is also beneficial in situations where the organization wants to obtain certifications for all participants, as these are automatically generated by the platform. It also encourages participants to engage with the material outside of the training, giving them even more time to reflect and apply them to their educational setting.

Involvement of the audience

As a multidisciplinary training and in line with the research conducted during the project's research period, the trainers should strive to as much as possible engage the audience in the presentation of the modules. The vignettes have been produced for this purpose, so as make the trainings more practical and relatable for the trainees. However, trainers can adapt the vignettes to the audiences' own context and by that create even more engagement and invite the experience of the audience. As an experience from the trainings carried out by the consortium both the vignettes and the evaluation questions helped to make the trainings more interactive, as it was a change for the participants to both answer the questions but also offer their explanations and additional points. As mentioned earlier, an experience from using non-expert trainers where the trainees could be introduced as the experts and by that making the trainings more interactional. Moreover, the use of cases in the trainings have the objective of engaging the audience with the material. The feedback from the evaluation was that this added value and that more practical cases and involvement was desirable (see next section about lessons learned).

Certification and Accreditation

When deciding on whether or not to offer certification and accreditation educational institutions have multiple opportunities. In order for participants to acquire CME points the training must be approved by the local national agency for educational institutions. Organizations can choose to attempt to have the training accredited in their own local context by contacting the local national agency in the country where the target group resides. This can be done either for the physical training or for the platform. Upon completion of the training and the evaluation questions on the platform all participants are automatically provided with a certificate of completion. Educational institutions can also choose to produce their own certification in case they wish to achieve certification without using the platform or upon completion of parts of the training.

Educators are currently confronted with a wealth of digital educational resources they can use of teaching. The educator must be able to identify the resources that best fit their learning objectives, their group of learners, and their teaching style. But they must also be able to structure their materials, make connections, and modify, supplement, and develop digital resources themselves to support their teaching.

Best practices for facilitating the virtual training of the provided material:

- It is imperative to make an appointment with your participants in advance and to send them the connection link. Also, a reminder should ideally be sent to them the day before and a few minutes before the start of the training.
- Do not hesitate to invite the participants to connect 10-15 minutes before the start of the virtual class, in order to solve any connection problems right away and answer any technical questions.
- You can take the opportunity to dictate the rules of the virtual classroom (when, how participants can intervene...)
- It is advisable to prepare the scenario of your session in advance, in order to guarantee a structured progression. Then identify several phases. First, the welcome and the presentation of the participants. Then, the technical verification to ensure the smooth running of the class. Finally, announce the agenda and objectives of the session as well as the nature of the different activities planned.

View the progress of a virtual class:
- The duration of the class must be adapted
- Get to the point
- Plan different activities to give rhythm (as supposed below, which can be modified according to the aim)
- Create a sense of presence. Your role as a trainer is essential to ensure the quality of the virtual classroom, as you are not only the teacher, but also a guide, a facilitator, a director. These different roles are even more important at a distance. The participants must perceive that you are active and present.

Distinguish between what is good to know and what is necessary to know:
The goal is to eliminate the unnecessary and leave only the information that will help learners achieve the learning objectives. To determine what information is essential, ask yourself:
- What do participants really need to know to do their work?
- If something is left out, what will be the result?
If some information is not essential and there will be no impact if the participants do not learn it, remove it.

ProWell Research findings

Literature review - country profiles & Training opportunities review

Target groups

The **principal target groups** of the ProWell project include:
- **Teachers**
- **Other educators** mostly involved with children and adolescents e.g., sports coaches, recreational group leaders (dance etc.), childcare professionals, nursery teachers

Our aim is to address participants who have personal and professional interest in the areas of mental health of children during public health emergencies.

Methods

An extensive desktop research including scientific articles, scientific or professional reports, national reports, books or book chapters, conference proceedings, grey literature sources and information from academic departments and institutions, government sources, non-governmental organizations, European projects, service providers and consultants was conducted, in order to provide the necessary background information about the target groups, their characteristics in each partner country and EU level, and the available training and projects.

A search was performed at a European as well as a national level covering the seven European countries participating in the project consortium. Each partner was responsible for conducting the research in their country, while Prolepsis Institute, as leader of IO1, was responsible for reviewing the situation at the EU level and for compiling all the data and producing the final report.

The following keywords as well as their combination were used; (training OR education OR seminar OR webinar OR workshop OR project OR capacity building) AND (mental health OR mental wellbeing OR mental health resilience OR mental health preparedness) AND (public health crisis OR public health emergencies OR public health challenges OR COVID-19 pandemic OR Coronavirus OR pandemic) AND (child OR children OR adolescents OR youth) AND (adults OR parents OR teachers OR educators OR health professionals). The literature was covered from 2010 onwards until 11/2021.

The results of the review are listed below.

Mental health of children & adolescents during and after public health emergencies

EU & International Level

The impact of the COVID-19 pandemic and in general of public health emergencies on children's and adolescents' mental health

The COVID-19 pandemic and other public health emergencies adversely impact children's and adolescents' mental health. The pandemic effects ranging from restrictions on public gathering, closure of schools, and economic shutdown in various countries have changed the psychosocial environment, causing adverse impacts on children's and adolescents' mental health (Fegert et al., 2020). Notably, the pandemic and the resulting lockdowns have more severe effects on children's and adolescents' emotional and social development than the adult population. The UN posited that

psychological distress became widespread because of the immediate public health effects of the COVID-19 pandemic (United Nations, 2020). Most individuals are afraid of infection, losing loved ones, or dying. Social isolation, family stress, increased child abuse rate, disrupted education, and uncertainties about the future have worsened children's and adolescents' emotional difficulties.

Similarly, a 2020 survey by the NHS Digital Survey of children and young individuals' mental health in England found that 1 in 6 children (16%) and young persons had a psychological health disorder compared to 1 in 9 (10.8%) children and young people in 2017. Thus, the pandemic had adverse impacts on children's and adolescents' mental health, with a general increase in mental health problems evident in girls and boys. The NHS study is consistent with Waite et al. (2020) investigating the pandemic's overall impacts on children's and adolescents' mental health over a month of total lockdown in the United Kingdom. The researchers found that mental health symptoms among preadolescent children deteriorated, showing a 10% increase in those exhibiting emotional symptoms, a 20% rise in children with hyperactivity or inattention, and a 35% rise in behavior problems. However, there were slight changes in mental health symptoms among the pre-adolescent children during the pandemic. Based on gender, pre-adolescent girls had a higher general increase in behavior and emotional symptoms, conduct, and hyperactivity symptoms than boys. Notably, there was no variation in symptoms among adolescents in terms of gender.

Even as the public health emergency brings family cohesion and personal growth opportunities due to work from home policies and traveling restrictions, anxiety, limited peer contact, and lack of stress regulation have emerged, worsening children's and adolescents' mental wellbeing. Another significant threat from the public health crisis is the high risk of parental illness, domestic violence, and child abuse which cause severe mental health impacts on children and adolescents (Fegert et al., 2020).

Notably, children and adolescents from families with low socioeconomic status, trauma experiences, migrant backgrounds, and disabilities have been the worst hit by the public health emergency. Additionally, the COVID-19 pandemic caused a surge in domestic violence, which has detrimental effects on children and adolescents' health.

The UN estimated that domestic violence hit a horrifying global surge because of the economic and social stresses resulting from the pandemic and the relevant movement restrictions (UN, 2020). Thus, children and adolescents have been at higher risk of mental health disorders due to the pandemic effects such as high levels of domestic violence, child abuse, and economic distress.

The public health emergency has worsened the mental wellbeing of children and adolescents with pre-existing mental health conditions. School children with attention-deficit/ hyperactivity disorder presented acute stress, behavioral symptoms, and mood changes during the pandemic (Zhang et al., 2020). Attention-deficit-hyperactivity disorder (ADHD) is one of the most prevalent neurobehavioral disorders among school-going children that adversely impacts their learning ability, self-esteem, and interpersonal relationships. Children with ADHD in China faced many challenges during the pandemic, such as loss of daily routine and limited personal and social interaction that became potential risk factors of severe mental health challenges.

An investigation by Zhang et al. (2020) established that children's ADHD worsened during the pandemic compared to a normal state. Therefore, it is critical to focus on vulnerable children during public health emergencies in order to minimize negative mental health impacts that may worsen their pre-existing conditions. Similarly, Hartman et al. (2020) revealed that persons with ADHD are adversely impacted by stressful conditions such as school failure, family violence, and economic challenges. High exposure to stressful situations like pandemic-associated lockdowns, fear of infection, and limited social interactions are anticipated to increase the severity of ADHD among adolescents and children.

For example, a high-stress exposure can lead to persistent emotion dysregulation, including irritability, extreme reactivity, frustration, or elevated depression and anxiety. In contrast, lower exposure to stress levels is instrumental in decreasing ADHD throughout adolescence. Therefore, the rising stress levels during public health emergencies are expected to cause severe ADHD symptoms among affected children and adolescents, as established in Zhang et al. (2020) study.

Mental health problems recorded

Clinically significant depression and anxiety symptoms have become prevalent among children and adolescents since the COVID-19 pandemic started.

Before the pandemic, it was estimated that depression and anxiety were the most common mental health conditions at 8.5% and 11.6%, respectively (Benton, Boyd & Njoroge, 2021). However, the pandemic effects and the subsequent lockdowns have increased the rate of depression to 23.8% and anxiety to 19% among children and adolescents (Simon, Saxe & Marmar, 2020). Therefore, anxiety and depression prevalence among children and adolescents has increased more than 2-fold compared to the pre-pandemic period. Notably, older adolescents had higher rates of depression and anxiety compared to younger children. An investigation on the effects of the pandemic on adolescents' and children's mental health by Duan et al. (2020) found that 22% of respondents reported depressive symptoms higher than the clinical cut off, indicating high levels of mental health challenges during the crisis. The researchers established that anxiety levels among children were 23.87%, while adolescents' anxiety was 29.27%.

Therefore, adolescents had more anxiety symptoms than children, making age a significant factor determining the effects of the pandemic on mental health. Other critical factors associated with increased levels of anxiety and depression included gender, residential locations, and the emotion focused coping style.

School closures during the pandemic have presented more mental needs for primary and secondary school children. Anxiety, depression, lethargy, and impaired social interaction are the commonly reported psychological health problems among children and adolescents during the pandemic. Children and adolescents are forced to stay home during adverse public health crises because of the school closure and enforced isolation limiting peer interactions and reducing physical activity. A China-EPA-UNEPSA collaborative working group study found that younger children (3-6 years) had a higher risk of presenting mental health symptoms like clinginess and fear because their family members could be infected with the COVID-19 (Jiao et al., 2020).

Furthermore, children and adolescents (6-18 years) were found to show inattention and persistent inquiry. Similarly, Singh et al., 2020) study reported that children and adolescents living in pandemic areas presented high rates of fear, anxiety, and other negative emotions. Children show psychological symptoms of irritability, inattention, clinging behavior, fear and isolation during public health emergencies. Other children exhibited disturbed sleep, nightmares, lack of appetite, anxiety, and agitation. In contrast, Ellis, Dumas, and Forbes (2020) found that COVID-19 stress was more associated with loneliness and depression, particularly adolescents spending more time on social media. Similarly, a systematic review conducted by Meherali et al. (2021) established that pandemics and public health emergencies cause stress, worry, helplessness, and social and risky behaviors like substance abuse, suicide, and relationship challenges among children and adolescents.

However, interventions like art-based initiatives, support services, and clinician-oriented psychosocial services are likely to reduce the mental health effects. A study on the pandemic effects on Canadian adolescents' mental health and substance abuse by Craig et al. (2020) established that a large

percentage (51%) of adolescents met the clinical cut-offs for depression, 39% for anxiety, and 45% for PSTD. Notably, the authors found that adolescents are primarily concerned with the health of family members and family stress. Additionally, substance abuse among adolescents surged, with 50% of the adolescents engaging in the practice in the past 90 days. The stress and uncertainty related to the pandemic and any other public health emergency negatively impact children's mental health.

According to a survey report on Italian and Spanish parents, most children's and adolescents' emotional state and behavior have been adversely affected by the confinement measures (United Nations, 2020). More specifically, 31% of children presented loneliness, 38% reported nervousness, while 39% had restlessness, irritability, and difficulty concentrating.

The mental health needs recorded, related challenges, and long-term impacts

Mental Health Foundation, UK has identified various mental health needs among children and adolescents. The needs that must be met to keep young persons and children mentally healthy include being in good physical health by eating a balanced diet and regular physical activity, having time and freedom to play indoors and outdoors, being part of a peaceful family. Other needs include attending a school that cares for children's health and participating in local activities (Mental Health Foundation, 2021). However, traumatic events such as those caused by public health emergencies like the COVID-19 pandemic are expected to hinder children's psychological wellbeing. Children and adolescents require specialized psychiatric health services, particularly at this time of the pandemic.

According to the World Health Organization, the COVID-19 pandemic has disrupted the provision of mental health services in 93% of countries globally, even as the demand for mental health services surges, particularly among children and adolescents. Factors such as bereavement, isolation, economic distress, and fear were highlighted as the possible triggers of mental health problems (WHO, 2020). Therefore, the limited access to mental health during the critical period has severely affected children facing mental health conditions like anxiety and depression. Approximately 10% of children and adolescents (5-15 years) are impacted by behavioral and psychological challenges that meet the threshold for formal diagnosis and treatment (Buhagiar & Cassar, 2012).

However, only a small percentage of children and adolescents access specialized mental health services. Similarly, the American Psychological Association states that one out of five children had diagnosable mental health conditions before the pandemic. The mental health challenges are related to outcomes like substance abuse, suicide, and the inability to live independently. APA further posits that a high portion of children and adolescents have limited access to mental health services to meet their psychological wellbeing needs. Notably, only one in five children and adolescents receive treatment from mental health professionals. Children from low-income families and those with other disabilities are the most affected regarding access to mental health services.

The number of children's and adolescents' psychological health-related emergency department visits surged in April 2020 and remained high until October. Leeb et al. (2020) found that the number of mental health-related visits for children aged 5-11 years increased by 24% during the first lockdown, while adolescent visits increased by 31%. Overall, the number of children and adolescents in need of mental health services was high in 2020 compared to the pre-pandemic period in 2019, according to the data from the CDC's National Syndromic Surveillance Program in 2020. Therefore, adolescents were in higher need of emergency mental health services in 2020 than children. The surge in mental health visits reflects the sudden rise in pandemic-related stress and the negative impacts of COVID-19 containment measures on children's and adolescents' emotional wellbeing.

Further, the closure of schools at the start of the pandemic and the introduction of remote learning

had adverse effects on children's and adolescents' mental health. Schools play a pivotal role in supporting children's mental health development since children and adolescents spend most of their time in schools (Schulte-Körne, 2016). The disruption of physical learning was detrimental to children's social interactions and physical activity that foster psychological wellbeing. The high prevalence of mental health challenges is likely to cause adverse long-term consequences such as substance abuse within the population (Craig et al., 2020). Adolescents may be engaging in substance use to regulate their feelings of depression, anxiety, and frustration from pandemic effects, even if some studies showed that substance abuse declined during the pandemic (probably also because of little availability)

Related needs that emerged: Primary and secondary school children

Mental health conditions among primary school children are prevalent during the pandemic due to changes in school programs to adhere to public health protocols. Some of the most encountered mental health problems among primary school children include anxiety, attention deficit hyperactivity disorder, autism, and oppositional defiant disorder (Kerebih et al., 2016). Schools remain the crucial settings for early identification and intervention of primary school children's mental health challenges. Furthermore, teachers are best positioned to identify children's mental health concerns in and out of the classroom.

Therefore, considering teachers' perceptions about children's mental health challenges is vital to understand the children's mental health needs. Psychiatric disorders and psychosocial disability are prevalent among children of 4-11 years, mostly in primary schools (Núñez Díaz, 2020). Further, clinical depression is one of the most common mental health problems affecting secondary school and adolescents across the globe. Therefore, mental health wellness is a critical development element among primary and secondary school children that should be met during public health emergencies.

A study by Kerebih et al. (2016) investigating primary school teachers' perception of primary school children's mental health found that over 50% of the teachers rated externalizing problems such as hyperactivity at 41.4% and conduct at 37%. Internalizing problems were rated at 32.4% for emotional challenges and 35.3% for peer-related issues. Similarly, a systematic review by SchulteKörne (2016) revealed that the prevalence of the hyperkinetic disorder among school children is 1- 6%. The primary manifestations of the condition include motor hyperactivity, attention deficit, and impulsive behavior.

Further, learning disorders like dyscalculia and dyslexia impact 4-6% of children. On the other hand, 4-5% of primary and secondary school children suffer from depression, with a higher proportion of the students being girls. The mental health challenges identified among primary and secondary school children increase the risk of truancy, repeating a class, and dropping out of school. The internalizing and externalizing mental health risks among primary and secondary school children can be reduced by enabling changes in the school environment and implementing evidence-based school programs. Eisman et al. (2020) found that mental health challenges such as depression and anxiety have become a critical health concern among secondary school children.

Further, untreated mental health problems are likely to cause adverse effects on children's schooling, such as high academic failure, substance abuse, suicide, violence, and dropout. Primary school children living in depressed areas face severe mental health challenges than their affluent counterparts. As observed during the COVID-19 pandemic, public health emergency-related school closures can cause long-term mental health impacts on primary and secondary school children due to a prolonged state of physical isolation from peers, tutors, community networks, and other extended family members. Zhang et al. (2020) investigated the mental health symptoms, non-suicidal self-injury, suicidal ideation, and plans through longitudinal cohort research on children and adolescents.

The researchers found an increased level of depressive symptoms, suicidal ideal, non-suicidal injury, and suicide plans among the students. Therefore, the rising primary and secondary school children's psychological needs require urgent attention to mitigate adverse impacts on future mental health.

A study by Marryat (2017) found a threefold widening of disparity on the levels of children's mental health challenges from age 4 to 11 years between primary school children living in deprived areas and high-income neighborhoods. Therefore, primary school children's demographic backgrounds predict their risk of mental health problems.

Therefore, primary school children from deprived areas require additional support to help in addressing mental health issues. Similarly, a study by Hawrilenko (2021) examining the differences in sociodemographic patterns of children's mental outcomes found that the impacts of remote learning on children's mental health needs varied by age and household income. After investigating a sample of children aged 4 to 17 years, older children presented the worst mental health outcomes during remote learning than those attending in-person classes. However, younger children attending online classes had slightly better psychological health outcomes compared to their counterparts attending in-person classes. Generally, the closure of schools during the pandemic had detrimental effects on older children's mental health needs. Emotional difficulties resulting from the reduced social relationships disrupted routine activities, and reduced physical activities caused adverse mental health impacts among older children.

Through the review in all partner countries, it is clear that most of the available training opportunities, projects and interventions, as well as published literature on the mental health of children and adolescents in public health crisis refer to the COVID-19 pandemic. COVID-19 pandemic has caused adverse effects on children's and adolescents' mental health. The pandemic effects ranging from enforcement of lockdown, the closing of schools, and loss of income have been detrimental to children's psychological wellbeing across the globe. Children and adolescents from families with low-income status, pre-existing mental conditions, and those with disabilities were the most impacted by the pandemic because of their high vulnerability to mental health risks like depression and anxiety.

Most of the children and adolescents faced mental health challenges during the pandemic, with a significant deterioration of their mental health. In particular, it seems that the level of depression and anxiety among children and adolescents rose during the first and eventually the second lockdown, but in the meantime mental health increased again while remaining worse than before the pandemic, where older children and adolescents were the most affected. Other reported mental health challenges include impaired social interaction and lethargy because of stay-at-home orders that hindered children from participating in physical exercise and interacting with their peers and external family members. School closure and staying at home increased also the levels of Internet and computer use in children and adolescents, adding an extra burden to the already high levels of Internet and computer use among children & adolescents.

Further, children presented psychological symptoms of irritability, clinging behavior, inattention, fear, and isolation. Various children's and adolescents' mental needs identified from the literature review include access to psychosocial support, regular physical activity, freedom to interact with others, and resumption of learning. Low socioeconomic status as well as the mental health of important attachment figures as parents or teachers was a significant trigger factor that exacerbated mental health challenges during the pandemic. Children and adolescents from low-income households are the most vulnerable to mental health challenges because of their exposure to hunger and increased risk of infection. Mental health challenges are more prevalent in children from marginalized or economically disadvantaged groups. Further, the surge in family violence across the globe during the pandemic exposed more children to depression and anxiety. Other risk factors to mental health problems during the public health emergency include the disruption in routine activities, schooling, and the presence of pre-

existing conditions like ADHD. However, some factors have been vital in reducing the mental health burden among children. The protective factors identified during the literature review include social connection/ social ties and continued educational engagement.

Teachers at the EU level are not adequately trained to deal with children's mental health during public health emergencies, like the COVID-19 pandemic and influenza outbreak. Teachers are instrumental in identifying mental health problems and referring children for appropriate care. However, a survey commissioned by the UK Department of Education revealed that only 32% of teachers had received adequate training on children's mental health. Thus, teachers' knowledge and skills in identifying children's mental health challenges are derived from their daily interactions and experiences rather than formal training. Some of the mental training needs and themes for EU teachers identified in the literature include mental health screening, identification, and mental health promotion.

As public health emergencies become commonplace, taking also into consideration the climate change crisis (e.g., earthquake in Croatia) children's and adolescents' mental health needs should be prioritized since they are the most vulnerable population. School teachers should be adequately trained to address children's mental health challenges by identifying early warning signs and taking prompt actions to support children and adolescents and refer them for further assistance. Further, teachers should be adequately trained on remote mental health support to address children's and adolescents' mental health during public health emergencies. For example, mental health support can be provided to children through telephone, text, or video to meet children's psychosocial needs. More digital mental health training should be organized for teachers at the EU level.

Courses should at the first point aim to increase mental health literacy of teachers, both generally and specifically in public health crisis. The courses should focus on identifying the impact of public health crisis, starting from COVID-19, on children's and adolescents' mental health, mitigating psychological challenges like anxiety and depression, and identifying the presenting symptoms in children, using methods and tools like psychoeducation. In terms of identifying symptoms, teachers should be trained also on recognizing signs of abuse and build skills on violence prevention. The course modules to be emphasized when training teachers to deal with children's and adolescents' mental health include psychological first aid, COVID-19 related anxiety, being psychologically resilient, and the common mental health problems during emergencies.

Training includes also health promotion and education basic practices. Communication skills and practical guidance on how to support children and adolescents in emergencies are be included. The training is theoretical and practical, focusing also on providing teachers and educators with specific tools like worksheets, proposed activities to be carried out online or physically, checklists, templates etc. Last but not least the training offers a list of mental health care providers and their contacts, as well as digital mental health related platforms on country level, so that teachers and educators can easily find out where to refer children and adolescent once they estimate that they need professional help.

Focus Group Report - Country Specific Data and Findings

Methodology

Focus group implementation

Focus Group Discussions (FGDs) were conducted in order to identify the main training modules on ProWell training, by involving participants and using group interaction to generate data (Kruger and Casey 2014). FGDs were conducted in the six EU member states comprising the ProWell-consortium: France, Germany, Italy, Spain, Greece, Croatia and Cyprus. The ProWell project did not involve any human or animal testing hence approval by an IRB or local ethics committee was not required. Participants gave a written informed consent prior to the discussions. FGDs duration was 60-90´each. Data were collected and analyzed between 8/2021 and 11/2021. Due to the coronavirus pandemic and in accordance to each partner country safety guidelines, focus groups changed into online focus groups. This modification did not alter the "classic" focus group methodology. Guidelines for performing online FGDs were provided to all partners by Prolepsis Institute –leading organization.

Focus group participants

Eligible participants included: (i) **teachers in schools of all educational levels, (ii) other educators,** such as sports coaches, recreational group leaders (dance etc.), childcare professionals, nursery teachers. All the participants were recruited through the "ProWell" partners' regional network. A clear explanation of the program, the study aim, objectives, and procedures were provided to all the participants. Two FGDs (with approximately 4-8 participants each) were conducted with each of the two target-groups mentioned above, in the six participating countries.

Focus group questions

A discussion guide (DG) was developed based on the project research objectives. The DG covered the following cross-cutting topic areas: (i) mental health issues, needs and challenges of children and adolescents during public health emergencies such as the current COVID-19 pandemic, (ii) triggers and protective factors that can impact in a negative way and help prevent mental health deterioration, respectively, during public health emergencies, (iii) needs or information/knowledge gaps of the target groups in relation to mental health needs and issues of children and adolescents during public health emergencies, (iv) agreeing on a schematic specification for the Pro Well training. Participants were encouraged to share their personal opinions and experiences. Moderators did not direct answers or react to participants' responses.

Data analysis

Data were analyzed between 8/2021 and 11/2021. FGDs were transcribed verbatim in local languages and identifiers were removed to maintain anonymity. Transcripts were analyzed using thematic analysis (Hsieh and Shannon 2005). Two researchers in each country independently read the first transcript from each FGD and created two sets of codes (one for each of the three targets/FGDs). By using a consensus coding approach, the coders in each partner country reviewed their coding, discussed any discrepancies, and defined new codes. This was iteratively repeated with subsequent transcripts until no new code emerged. Codes and accompanying textual extracts were used to develop a codebook for each of the two targets. The codebooks were then translated into English, reviewed and finalized amongst researchers in a consensus meeting; codes were paired with descriptions and illustrated with examples. The two final codebooks were used to code the entire data set. Discrepancies in coding across countries were picked up in the analysis and verified in the codebook, through checks made after coding the first FG transcript in each country in collaboration with the lead organization. The codes' validity was checked against data extracts to ascertain data grounding. The organization responsible for the analysis (Prolepsis Institute) continued with the clustering of codes into emergent categories, which were then structured and grouped to overarching

themes. Final validation of codes against data extracts was undertaken between each participating organization and the lead organization, to ensure the consistent representation of themes and categories to the entire data set.

Results

This qualitative study focused on identifying commonalities between countries and target groups as well as country-specific considerations. Verbatim quotations from the transcripts are included to support themes which emerged from the data. Quotations reference specific countries and target groups.

Descriptive Characteristics

In total, 86 **people** participated in **12 FGDs** in France, Croatia, Germany, Italy, Spain, Greece, and Cyprus. Demographic characteristics of teachers and other educators, who participated in the ProWell qualitative study.

Teachers: 41 teachers participated in the ProWell focus groups. 6 in Croatia, 6 in Cyprus, 5 in Italy, 6 in France, 4 in Germany, 8 in Greece and 6 in Spain. 3 teachers (7.3%) were 18-30 years old, 14 (34.2%) were 31-40 years old, 12 (29.3%) were 41-50 years old, 10 (24.4%) 51-60 years old and 2 (4.9%) 61 and more years old. 34 out of 41 (82.9%) were female teachers, most of them in Greece. Teachers in Cyprus were the youngest of all (83.3% were less than 40 years old) and teachers in Greece were the eldest (62.5% were more than 50 years old). Most had completed tertiary education (95.2%) and 56.1% owned a master or doctoral degree. 68.3% of participants were teaching in secondary education schools and 31.7% in primary education schools. Participants were employed as teachers for 17.1±12 years on average, with the highest work experience observed in Spain (25±14.5 years) and the lowest in Cyprus (7.7±4.5 years). Participants were teaching a variety of different subjects, such as biology, chemistry, mathematics, economics, gymnastics, history, literature, psychology, physics, marketing, sociology, music, geography, visual arts, English and other foreign languages. 8 out of 41 (19.5%) received training on how to deal with mental health issues of children/ adolescents during and after public health emergencies (4 out of 8 received compulsory training). 4 received the training from their schools and the rest 4 from another institute. Reported thematic areas covered were "mindfulness in the classroom", "mental health issues", "learning disabilities" and "dealing with grief and crisis management".

Other educators: 45 other educators participated in the ProWell focus groups. 6 in Croatia, 6 in Cyprus, 10 in Italy, 10 in France, 3 in Germany, 4 in Greece and 6 in Spain. 17 educators (37.8%) were 18-30 years old, 13 (28.9%) were 31-40 years old, 10 (22.2%) were 41-50 years old, 4 (8.9%) 51-60 years old and 1 (2.2%) 61 and more years old. 38 out of 45 (84.4%) were female educators, most of them in France. Participants in France were the youngest of all (100% were less than 30 years old) and educators in Germany the eldest (66.6% and were more than 50 years old). Most had completed tertiary education (70.6%) and 31.9% owned a master or doctoral degree. 45.5% of participants were teaching in primary education schools, 29.6% in secondary education schools and 25% in primary and secondary education schools. Participants were employed for 9.3±8.4 years on average, with the highest work experience observed in Spain (19.2±12.9 years) and the lowest in Germany (6.2±3.6 years). Participants reported they were working in/as: nursery teacher, sports coach, educator in the student dormitory, dance teacher, childcare profession, taekwondo teacher, English teacher, theater teacher, clinical psychologist, speech therapist, neuropsychiatrician, physical educator, support teacher, early childhood care, childcare professional, social worker, nursery school professional, nanny, city council, parent representative in school, psychology, literature, school principal, school counsellor.14 out of 45 (31.1%) received training on how to deal with mental health issues of children/ adolescents during and after public health emergencies (7 out of 14 received compulsory training). 7 received the training from their universities and the other7 did not mention. Reported thematic areas

covered were: "fear, stress, trauma, risky behaviors and addictions (long-term consequences of a pandemic)", "mental disorders", "stress in sports psychology", "online teaching methods", "stress in performance", "clinical psychology", "logo-therapy in children", "neuropsychiatry", "learning disabilities", "mental health issues", "children psychology".

The COVID-19 pandemic affected the lifestyles and the psychosocial condition of all people living in the societies of the ProWell Project partner-countries, including children and adolescent students. This effect concerns their mental health and their wider psychosocial development. Specifically, the participating teachers and educators in the study refer to the following issues concerning the impact of the pandemic on children and adolescents:

✓ **Mental health: (a)** extreme introversion, **(b)** loneliness, **(c)** anxiety, **(d)** stress, **(e)** how to deal with guilt and death (they felt that they could transfer the virus to elderly people and cause death) - some students experienced the loss of family members due to COVID-19, **(f)** in France incidents of suicides were mentioned.
✓ **School performance: (a)** loss of focus, **(b)** difficulties in following on-line classes, **(c)** absenteeism, **(d)** in France incidents of dropouts were mentioned.
✓ **During their return to school (after the end of strict lock-down): (a)** difficulties in interpersonal relations, **(b)** psychosocial difficulties in getting back into the rhythm of school life.
✓ **Internet addiction/ increase of media consumption**

According to the reports of the participants the factors that have a positive effect on the management of the above issues are the following:

✓ **Family cohesion: open discussions between children/ adolescents and parents**
✓ **Role of teachers as "emotional mentors": open discussions between children/ adolescents and teachers/ educators**
✓ **Communication between the school, the teachers/ educators and the family.**
✓ **Extracurricular activities, where children/ adolescents have relationships of trust with their peers and educators in other settings, i.e., sport clubs etc.**

The participants (teachers and educators) understand their essential role in identifying and managing the issues that arise in their students. They state that they have not received relevant training. At the same time, they express great interest in the ProWell training, and they suggest the following:

✓ **Content:** Module themes need to be the same for all educational levels. Changes need to be made in terms of the content for different educational levels/ ages –for the same issue activities could differ between elementary and high school children.

✓ **Core module themes ideas:**
1. Promoting communication between teachers and students
2. Promoting communication between teachers and parents
3. Recognizing mental health issues of students
4. Preventing mental health issues of students
5. Coping with mental health issues of students, i.e., referral to adequate and reliable resources and services that can provide help etc.
6. Preventing teachers' burn-out
7. Coping with teachers' burn-out

✓ **During the training teachers/ educators shall learn how to organize and implement:**

- Discussion groups with (a) teachers, (b) students where participants could share their experiences, thoughts, worries etc. during crisis period
- Activities that could help students express their feelings in an indirect way, i.e., drawing, music etc.

✓ **Other things that could be presented in the training:**
- Informative sessions for students about pandemics, COVID 19 pandemic: causes, effects, ways to protect themselves, filtering information, recognizing reliable resources of information etc.
- Decision making: solving and relativize problems (scale of importance)
- Anxiety, stress: what it is and coping strategies
- Depression: what it is and coping strategies
- Fears: what they are and coping strategies
- Social relationships and protector effect
- Critical thinking: what it is and how to promote it
- Physical activity and protector effect

In Cyprus teachers in public schools express their concerns about the content of the training that needs to be aligned with the school system, to avoid conflicts the role of the teacher as it is described in official protocols by the Ministry of Education/ The State.

✓ **Type of training:** the majority of participants argued on the need for face-to-face training, which will be accompanied by e-tools, e.g., uploading of educational modules, materials, videos, etc. in a specific website / platform.

✓ **Training methods:** (a) case studies, (b) experiential methods, (c) working groups – exchange of experiences, case studies, best practices among participants, (d) videos. In this way the interest of the participants is stimulated, which does not happen in the case of presentations that are more theoretical and have the form of a lecture.

✓ **Ways to increase participation:** ideally, the training needs to be under the auspices of the Ministries of Education. Other than that, provision of certification to participants could be important.

Thematic units in the area of mental health of children and the influence of public health emergencies

The design of the training is intended to be useful and relevant for all professions in contact with young people who may suffer the repercussions of the pandemic. The topics presented should be relevant to all professional areas, addressing issues important to working with minors and the use and development of digital content. The modules are designed to be carried out in a blended and distance way to allow teachers and educators to conceive what are the current realities and incidence of mental health problems with children.

Module 1: Preventing & Coping with mental health difficulties of children/adolescents relevant to health emergency crisis

Module 1 Overview

The aim of this module is to support teachers and educator to prevent and cope with mental health problems of students. A broad framework of mental health useful for promoting diversity and inclusion is presented. The four units are designed to offer an easy-to-apply perspective in working with children, adolescents and parents.

Module Objectives:

Upon completion of this Module participants should be able to:

- Know what is mental health from a biopsychosocial point of view.
- Promote mental health in the school setting.
- Promote inclusion within the classroom and avoid stigmatization.

Module 2: Recognizing mental health difficulties of children/adolescents relevant to health emergencies & crisis situations

Module 2 Overview

The aim of this module is to provide teachers and educators working with children and adolescents with tools to help them recognize signs of mental health difficulties in relation to health emergencies and crisis situations, in children from different age groups. Apart from providing insight into of signs and symptoms of these difficulties in children and adolescents, the module provides an overview of risk and protective factors as well as a more detailed overview of specific symptoms of mental disorders in children and adolescents.

Module Objectives:

Upon completion of this Module participants should be able to:

- Recognize signs and symptoms of mental health difficulties among children and adolescents.
- Describe and differentiate risk and protective factors for mental health difficulties among children and adolescents.
- Identify symptoms of specific mental disorders among children and adolescents.

Module 3: Developing and Implementing school-based interventions regarding students' mental health promotion

Module Overview

Schools are considered settings where children have the opportunity to learn and acquire new knowledge and skills, including life and social skills, but it is also an environment in which they should feel safe to express their feelings and thoughts. Since children spend most of their time in school, teachers have a unique opportunity to address the problems children face including those caused by global, national or local public health crises. In this context, teachers have the opportunity to implement actions to promote mental health and wellbeing. It is necessary though to provide them with skills and capacity to design and implement school-based interventions which need to consider a plethora of different and important factors. This module will explore effective school-based interventions identifying elements of success. The module will discuss how to design, implement and evaluate successful school-based interventions providing teachers with high quality and useful information, tools and resources.

Module Objectives:

Upon completion of this Module participants should be able to:
- Acknowledge the benefits of school-based interventions in general and in terms of improving students' mental health promotion
- Become aware of evidence-based school-based interventions and best practices
- Design and implement activities such as effective and age-appropriate group discussions, creative expression activities and informative sessions for students which can be used in the framework of school-based interventions.
- Learn how to access digital toolkits and other relevant resources to help them design and implement effective interventions

Module 4: Promoting communication skills

Module Overview

The Module content will focus on promoting communication skills inside and outside the classroom with a specific topic targeting emergency situation such as natural disasters or health issues.
The first topics will cover general communication topics such as, types of communication. There we will address verbal and non-verbal communications. Later the Module will focus in Participative structures and how to achieve results, take into account the group of learners but also their parents and community.

Module Objectives:

Upon completion of this Module participants should be able to:

- Have a clear understanding what communication is and means
- Communicate in a classroom and how to address parents
- Communicate in a verbal and non-verbal way
- Know how to use communication to obtain active participation
- Adapt its communication and react to emergency situation e.g., prevent them

Module 5: Digital literacy and the effect media had on mental health created by health emergency crisis

Module Overview

An introduction to Digital Literacy will be portrayed along with the eight types of Digital Literacy and how it is presented in the world of information.
Digital literacy and the effect media had on mental health created by health emergency crisis. This Module will unveil the aspects of Digital Literacy from its definition to the eight elements of Digital literacy across the space of sharing information. It will then dive into Traditional vs New Media in more detail to convey the issues and potentials of those streams with focus on Mental Health. Finally, it will provide a guideline package for using Media with protection and critical thinking.

Module Objectives:

Upon completion of this Module participants should be able to:
- Fundamental understanding of Digital Literacy and Media Literacy
- Understand Digital Media in more depth – types of Media
- Traditional and New Media and the effect on Mental Health
- Develop skills for protecting oneself from disinformation online and build critical thinking especially when it comes to health emergency crisis such as the pandemic

Module 6: Promoting teachers' mental health and well-being during public emergencies

Module Overview:

The module will include a theoretical description about the most typical psychological problems in teachers during a public emergency. It will also comprise risk and protective factors as well as early signs of potential mental health problems. Additionally, the module will contain a practical part where actions for preventing and/or coping with potential problems will be suggested, as well as strategies for taking care their mental health.
The relevance of this module come from the idea that teachers are key to protecting students' mental health. Thus, if main supporters are affected, then they are no able to help children to cope with their own problems. The module is mainly addressed to teachers but also parents (or other actors) can benefit from it.

Module Objectives:

Upon completion of this Module participants should be able to:

- Increase knowledge about mental health problems during public emergency and recognition of early signs to prevent worsening and to be able to seek for help.
- Identify risk and protective factors for mental health during public emergencies
- Learn and implement coping strategies and actions to be able to manage potential mental health problems derived from a public emergency.
- Learn and implement strategies for promoting mental well-being.

Module 7: General concepts of referral for mental health issues – including country specific information

Module Overview:

In Module 7, the participants of the ProWell training program are shown support measures for students with mental health problems. It explains step by step which interventions can be initiated to support the affected student. Furthermore, country-specific contact points for children and adolescents with psychological problems are presented to the participants and the corresponding contact addresses are listed. This gives the educational staff the opportunity to pass on this information to affected students or their parents.

Module Objectives:

Upon completion of this Module participants should be able to:

- Know what options are there to support a student with mental health problems
- Know what mental health services and professionals are available in your country
- Know what requirements must be met in order to be able to make use of these support measures

Training techniques for the integration of relevant knowledge and skills for the target groups involved: emphasis on digital learning opportunities

Lessons learned

From online trainings hold during other projects the consortium has gained certain experiences and lessons valuable to be shared for future trainings. Moreover, an evaluation of the training platform and digital accessibility of the ProWell project outcomes will be conducted, and its results can be useful when planning a future training. The following lessons learned are a summary of comments and recommendations received from trainers and trainees.

General Lessons learned during the project duration were:

- Customization: Training techniques should be customized to fit the specific needs and learning styles of the target group.
- Active learning: Encourage active participation and hands-on learning through interactive activities and group exercises.
- Real-world application: Integrating real-world examples and case studies can make the learning more relevant and memorable for the target group.
- Feedback and reinforcement: Regular feedback and reinforcement can help learners retain knowledge and skills acquired during training.
- Technology integration: Incorporating technology and multimedia resources can enhance the learning experience and make it more engaging.
- Assessment and evaluation: Regular assessments and evaluations can help determine the effectiveness of the training and identify areas for improvement.
- Collaborative learning: Group learning and collaboration can help build teamwork and communication skills, as well as foster a sense of community among learners.
- Relevance: Make sure the training content is relevant to the target group and addresses their specific needs and challenges.
- Adaptability: Training techniques should be flexible and adaptable to accommodate changing needs and expectations of the target group.
- Continuous improvement: Regular review and refinement of training techniques can help ensure their effectiveness and maintain relevancy over time.

The consortium's experience is that an in-person (face-to-face) training or blended trainings would be preferable, but due to the current COVID-19 pandemic we learned how to cope with those issues and propose an 100% online learning. Nevertheless in a blended learning approach there is more room left for discussion and interaction which is always better for trainees and trainers. Through webinars and National Info Days the project bridges the gap between face-to-face learning and online training and enhances possibilities of joint learning.

The case studies and examples were beneficial to the training creation creating learning form a bottom-up approach. The modules already provided include case studies, but more can be added, either by trainers providing local examples or asking participants to share their examples and experiences from their daily practice.

Some modules need to be "taught" with the national or local context in mind or using examples from the local and national context. This was particularly true for Module 7, for example, regarding the general concepts of referral for mental health issues including country specific information.

The relevance of platforms

Getting to the point and using reflexivity

Explanation of the course process and not just the objective, developing steps to identify the thought process.
- ⇨ Explain the why and not only the how, reveal the hidden curriculum (biases, implicit expectations...)

The difference between e-learning and digital learning

E-learning method:

Is a method to increase collective intelligence, it is a way to disseminate knowledge differently, while ensuring equal access to all. E-learning is a constantly evolving field. In its relatively short history, e-learning has already made a lot of progress and it will continue to do so, whether it is in terms of authoring tools or pedagogical methodologies. E-learning is a real opportunity to improve the way we learn.

Digital learning method:

Digital learning refers to any educational practice that effectively uses technology to enhance a person's learning experience.
It should focus on:
- stimulating content
- anytime, anywhere learning opportunities
- individualized learning

There are several types of digital learning, the main ones being the Massive Open course and the serious game.

Digital technologies can enhance and improve teaching and learning strategies in many different ways. Whatever pedagogic strategy or approach is chosen, the educator's specific digital competences lies in effectively make use of digital technologies in the different phases and settings of the learning process.

However, in order for instruction to take place as smoothly as possible, it is necessary to ensure accessibility to learning resources and activities for all learners, including those with special needs. Thus, it is essential to take into account and respond to learners' expectations, abilities, uses and misconceptions, as well as the contextual, physical or cognitive constraints of their use of digital technologies. To this end, using digital technologies to meet the diverse learning needs of learners, allowing them to progress at different levels and speeds and to follow individual learning paths and goals, seems essential. Thus, when designing learning and assessment activities, the teacher must use a range of different digital technologies, adapt and adjust to accommodate different needs, levels or preferences. When sequencing and implementing learning activities, the teacher must allow for the use of different learning paths, levels and flexibility depending on the needs of the student.

Proposed agendas for digital trainings on the topics of ProWell

In this section suggested agendas for the usage of the material of the digital training of ProWell in settings of teacher training are shown. The suggestions are designed for digital events, but can also be applied to face-to-face events with little effort. Depending on your needs, elements can be omitted, included or modified.

The proposals focus on two main areas: The first event focuses on communication skills and digital literacy as a basic skill. The second event focuses on the prevention of mental health in children and adolescents in the school context. They can be conducted in two consecutive days, but do not rely on each other in terms of content and can therefore also be conducted separately.

1. Focus Day on communication and digital literacy

9:40 - 10:00 Welcoming and Technical Check Up

Participants are given the opportunity to check whether everything is working technically (microphone, camera, introduction to chat function)

10:00 - 15:30 Communication

Module 4: Promoting communication skills

Unit 1: What is communication

- · Topic 1: Definition

- · Topic 2: Process of communication

- · Topic 3 : Communication models

- · Topic 4 : Verbal communication

- · Topic 5 : Non-verbal communication

- · Activity: Activity 1-5 should be done by all participant on their own, can be presented to the group

Unit 2: Communicating with students

- · Topic 1: Introduction

- · Topic 3: Ways to connect with your students

- · Topic 4: The first five minutes

- · Topic 5: Participating in out-of-school activities

- · Topic 6: Being available

- · Topic 7: Confidentiality

Break 12.00 - 12:30

12:30 - 15:30

Unit 3: Communicating with parents

·   Topic 1: Effective communication with parents

·   Topic 2: Listening to parents

·   Topic 3: Speaking with parents

·   Topic 4: Communicating with respect

·   Topic 5: Raising concerns with parents

·   Activity: Activity 3 can be done in small group by all participants and discussed within 15-20 min

Unit 4: Communication in emergencies

·   Topic 1: Introduction

·   Topic 2: Principles for effective communication in emergencies

·   Topic 3: Use a planning process that incorporates effective risk communication principles

·   Activity: Activity 1,2 and 3 can be discussed with the participants. It is useful to find an exemplary situation from your local context or a suggestion can be presented by the participants. Solutions on how to solve them should be figured out together. As many situations as participants want to talk about can be discussed.

Break 15:30 - 15:45

Module 5: Digital literacy and the effect media had on mental health

15:45-18:00

Unit 1 Introduction into digital literacy

·   Topic 1: Digital Literacy introduction

·   Topic 2: Eight Elements of Digital Literacy

·   Topic 3: Media Literacy

Unit 3 Digital Literacy good practice

·   Topic 1: New media usage – good practice

·   Topic 2: Media, Digital Literacy and Critical Thinking

In the end a short feedback round will conclude the event

9:40 -10:00 Welcoming and Technical Check up

Participants are given the opportunity to check whether everything is working technically (microphone, camera, introduction to chat function)

10:00 -12:00

Module 1: Preventing & Coping with mental health difficulties of children

Unit 2: Promoting mental health in school setting

- · Topic 1: What is well-being?

- · Topic 2: Why is well-being important at school?

- · Topic 4: How to support well-being

- · Activity: Activity 2 is done with the participants by setting up different break out rooms. The participants discuss the presented situation and answer question 1) and 2). After they have discussed how to proceed, they are called back after about 20 minutes and present their proposed solutions to the others. Presentation in form of Mind maps, roleplays or PowerPoint presentations can be encouraged.

Break: 12:00 - 12:45

12:45 - 13:30

Module 2: Recognizing mental health difficulties of children

Unit 1: Common mental health difficulties in children and adolescents

- · Topic 2: Overview of signs and symptoms of mental health difficulties among young children and older children and adolescents, as well as an overview of early warning signs of mental health issues

- · Activity: Activity 3 will be discussed together with the participants

13:30 - 15:15

Module 3: Developing and Implementing school-based interventions regarding students' mental health promotion

Unit 1: Designing, implementing and evaluating school-based interventions to improve mental health well-being

- · Topic 1: Introduction

- · Topic 2: The effectiveness of school-based interventions (SBIs)

- · Topic 3: Setting goals and objectives (including video)

- Topic 4: Selecting Activities

- Activities: Activity 2, each participant writes down a Smart Goal with the aim of implementing an intervention (e.g., I want the children to move more at school). Time for writing the smart goal: 15 min and then a short presentation on the smart goals

Unit 2: Best practices and valuable tools for effective interventions

- Topic 1: Introduction

- Topic 2: Evidence based interventions and policies

- Topic 4: Digital toolkits, online activities, and other resources

Unit 3: Effective group discussions

- Topic 1: Introduction (including the video)

- Topic 2: Benefits of group discussions in the school setting

- Topic 3: Facilitating effective group discussions

- Topic 4: Dealing with challenges during group discussions

- Activity: Either Activity 2, where the participants are divided into breakout rooms to answer the question and then a joint follow-up discussion

or

Joint creation of two mind maps where everyone can write down their thoughts: mind map 1 with focus on characteristics on good moderation, mind map 2 with characteristics for bad moderation. The leader reads all the points written down again and each participant can give out three points on each mind map to points he considers particularly relevant.

In the end, three characteristics with the most points are shown to be the three most important ones and the best or worst characteristics of moderation.

        time: about 30 min

End with short feedback round by everybody

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