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CONTRIBUTION OF PSYCHOSOCIAL SUPPORT OF TEACHERS TO SOCIO-EMOTIONAL COMPETENCES OF CHILDREN

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ABSTRACT

The patterns by which adults model the future behaviors of children represent potential responses of adult generations to developmental needs and tasks during life cycles within the system of which they are a part. The system can test various (un)predictable events as well as adopted patterns of relationships and functioning, attitudes, competencies, beliefs of an individual who manifests symptoms of (in)satisfaction. In these phases, especially children, except in the family context, show a symptom of behavior or dissatisfaction in the school system. With the help of teacher support and behaviormodels, children can adopt various mechanisms that increase the level of resistance to stress and contribute to the overall quality of a healthier life. The school aimed at achieving healthy personality development of students, in addition to the content adopted in it, must also offer an environment in which children acquire socio-emotional competences. Such a school represents an oasis of peace and communicates in the spirit of partnership (not only cooperation!) with other systems especially family ones. "An upset child cannot effectively adopt teaching content and achieve educational results", which is why we assume that the school still has many reasons to place a child in the center as a subject of the entire educational event. Starting from the above reasons, the article deals with empirically based research, examining the contribution of psychosocial support and competences of teachers to socio-emotional competences of children. The results imply the support that children need especially at the age of 12-15 when it comes to the dimensions of socio-emotional competences, self-awareness, self-management, social skills, responsible decision-making, social awareness. It seems worrying that only 56,16% of the sample was previously trained to provide psychosocial support in schools, and that the same of all is implied, and that due to the lack of change, i.e. the effects of work in 43,84% of the sample there is dissatisfaction with the overall work. Although it sounds plausible that the overall sample provides psychosocial support (with and without competences) in the work we find that we have a contribution to the socio-emotional competences of students only with HEART facilitators who, unlike other teachers, use art in work/art forms.

KEY WORDS

mental health, psychosocial support programs, art forms, peer violence

CLASSIFICATION

JEL: I21, I31

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INTRODUCTION

More than education, more than experience and more than training, whether someone succeeds or not will be decided by their level of stress resistance. This is equally true in the oncology department, at the Olympics and in the meeting room [1].

The ability to "undertake" in negative life situations is a key element of resilience. However, the ability to undertake is not the expected behavior we observe in students and teachers because prior learning is required about it. Through knowledge and experience, students, and with the help of the behavior model of teachers who teach about it not only theoretically but also practice – reflects in their behavior, can adopt various mechanisms that increase the level of resistance to stress and contribute to the overall quality of a healthier life. Helping students divert attention from stressors results in proactive action in which they divert attention from what they think they cannot, to what they can do. Such a mental framework raises awareness of freedom of choice and problem solving without getting into conflicts, helps to name pleasant and unpleasant situations, recognize endangered needs and choose a socially acceptable way of solving problems. It is quite expected that the educational system must have an institutional plan of action in the field of mental health protection through the learning of socio-emotional competences. This expectation is not unknown to more developed countries, so for example the Danish education system [1] has a mandatory national program called "Step by Step" that has been implemented since preschool age. Children are shown images of children's faces depicting different emotions (sadness, fear, anger, frustration, happiness). Children try to express in words what the depicted child feels, and thus learn to recognize their own and other people's emotions. This is how they learn empathy, problem solving, self-control and "reading" other people's facial expressions as well as socially acceptable reactions. The key feature of psychosocial programs is that educators and children do not express attitudes about emotions, but only recognize and respect them (give them a name). The second program is a "CAT" set that serves to increase emotional awareness and empathy, and is focused on verbalizing experience, thoughts and feelings and senses/senses. The CAT set contains facial depiction cards, measuring sticks for measuring the intensity of emotions, and depictions of the human body in which children and educators can chart the physical aspects of emotions and places of emotions in the body. The set contains accessories "My Circle" in which children draw/raise awareness of important people in their lives, their own strengths, resources which helps them understand themselves and other people in their lives.

It is to be expected that if we want concrete educational outcomes, we must offer children an environment in which they feel safe, learn about personal contribution to it, before learning from the educational domain about teaching content takes place. An upset child cannot effectively adopt teaching content and achieve educational results. For the above reasons, it is hinted at the need to offer the entire social community a program that can be integrated into the educational system with the aim of supporting teachers on learning techniques that enable the empowerment of both themselves and students during the learning and teaching process and the acquisition of mutual socio-emotional competences that will serve better coexistence. Since the HEART program is the only program that is currently known to the sample of our research, and is based on art forms (drawing, painting, photography, sculpting, dramatization), our goal is to examine the effects of the application of the program and propose possible improvement measures.

METHODOLOGICAL FRAMEWORK

RESEARCH PROBLEM

By acting according to current school "educational measures", students do not have the opportunity to learn about ways of expressing behavior, and especially not about recognizing

emotions and needs in order to choose socially acceptable forms of behavior. The form of measures known to the sample of our research implies behavioral sanctions when they are already manifested in an unacceptable way and it seems that the measures used should have a completely different name – restrictive, because the same educational ones are not. When we think about the context of raising children in this process, we do not see an environment that is supportive of building healthy socio-emotional competencies, but sanctioning behavior when the child has already acted socially unacceptable. A child who is exposed to the mechanisms of prejudice or the challenges (cruelty) of life is noticed only when he can no longer cope with the pressures. At that time, it is most often marked as one who in school life "does not participate, does not want to cooperate, is not concentrated, does not follow" and the like. Through labels it is labeled as "lazy, rude, uncultured, etc" [3]. This approach results in the punishment of children for incidents and/or peer violence and does not offer preventive measures that educationally shape behaviors in the direction of socially acceptable.

In order to assess the severity of the increase in peer violence, several studies were analyzed and conducted with an emphasis on primary school age. Students' self-assessment of the frequency of behaviors characteristic of violent interaction is in line with earlier research in Sweden, Denmark, Wels, Croatia, Lithuania and has shown that boys and girls are equally exposed to bullying, and that boys are more prone to violent behavior compared to girls in fifth, sixth, seventh, eighth and ninth grades. Regarding the above cites the results of the survey showing that 7-23% of respondents are identified as perpetrators of violence, 5-12% as children experiencing violence and 2-21% of respondents as children who experience violence but are also perpetrators of violence [4-6, 8, 13]. In this regard, Sweden and Wales have the lowest (3%) and Denmark the highest incidence of perpetrators of violence of 20%. The lowest number of children experiencing violent behavior and who are simultaneously violent towards other children was found in Sweden (1%), while the highest representation of such children was in Lithuania (20%). When it comes to children who are exposed to violent behavior, their representation in bullying ranges from 5% in Sweden to 20% in Lithuania. These results refer to a survey conducted in 22 European countries [10] and the basis for thinking about (un)developed systems and adult educational styles. It implies for socio-economically different systems, the existence of differences in expectations towards the behavior of children, dress – physical appearance contributes to gender (in)equality and rejection of diversity. For the territory of Bosnia and Herzegovina authors [2] conducted a study with the same goal on a deliberate sample of schoolchildren aged 10 to 14 years (N = 80). The results showed that eighth graders are most exposed to suffering peer violence and behavior in the role of victim, while on the other hand there is no difference in the tendency to physical, psychological and emotional violence in boys and girls. In conclusion, boys and girls in primary schools are equally exposed to bullying, suffering peer violence behavior in the role of victim, while on the other hand, boys are more prone to violent behavior compared to girls. Eighth grade students are most exposed to suffering peer violence and behavior in the role of victim, while on the other hand there is no difference in the tendency to physical, psychological and emotional violence in boys and girls.This environment with peer violence on the rise (but also other types of violence) does not offer a created learning atmosphere in which educational results are achieved for all and one child. If it is possible for a teacher, a HEART leader, to make a difference through mental health support and safer growing up, helping to learn behavioral patterns with teaching content, of better quality, than a teacher who does not have these competencies, the program itself would mean a systematic response for educational practice that faces serious life challenges.

SUBJECT OF RESEARCH

Programs that effectively help overcome social-emotional tensions between groups of children, create a suitable ground for setting solid theoretical frameworks for the implementation of

preventive programs and improvement of measures in the domain of pedagogical practice, and one of such programs is HEART, an acronym for the name of the program "Healing and Education through Art". We cannot talk about the HEART program without mentioning the process it is aimed at: learning about control and self-control of emotions that Salovey et al talked about the most [11]. The authors constructed a hierarchy of competences for coping with emotions, which denotes three levels of emotional intelligence: at the lowest level of hierarchy are basic emotional skills (perception, assessment and expression of emotions), followed by analysis and understanding of emotional knowledge, and at the highest level of hierarchy there is the regulation of emotions.

Situations related to the school, teaching and learning processes imply to some extent stressful situations that need to be addressed adequately. An adequate way can be achieved through intentional (intentional) and institutional programs, and this goal is focused on the HEART program, which represents an approach based on art, which aims to provide psycho-social support to children who are exposed to serious or chronic stress, and to help children and adults acquire socio-emotional competences. The HEART program uses art to help children process and express feelings related to their experiences. The process begins when the child shares his memories and feelings, either verbally or by expressing himself through art, in the presence of an adult in whom he trusts and who will show the child compassion and listen to him without any judgment (according to training for facilitators of the HEART program). The end result is a child who feels less isolated, more connected to their peers, and safer in the environment. Mutual benefit is to develop interests in concrete actions in the field of combating socially unacceptable behaviors and raising a healthy individual who knows how to process everyday stressful situations (whether from school or family life). School programs that effectively help overcome socio-emotional tensions between groups of children, create a conducive ground for learning strategies that empower the child to cope with stress, and which are caused by everyday challenges.

The emphasis of the work is on the whole process in which the child expresses experiences or feelings through art and is in no case a substitute for psychological treatment or treatment led by mental health professionals. Following the application of this program in the institutional context of the entire teaching staff, it would be expected that the program offers, in addition to psycho-social support in stressful situations, an impact on reducing any forms of violence/ peer violence. In order to check the effects of the application of the HEART program in educational work, we transferred the subject of research to the evaluation of the HEART program through the demonstrated psycho-social support of teaching staff to students.

METHOD OF WORK

The research is aimed at examining the contribution of psycho-social support of teaching employees to the socio-emotional competences of students with special emphasis on testing the quality and continuity of providing psycho-social support to HEART facilitators. Three basic tasks and accompanying hypotheses are set:

1) Determine the characteristics of the sample with an emphasis on categories/groups of participants who have received training to provide psychosocial support to students.

   H_1: Teaching employees working in schools are trained with professional training to provide students with psychosocial support.

2) Examine whether there is a statistically significant difference in the contribution of psychosocial support to students' socio-emotional competences between HEART leaders and teachers who have not attended education.

H_2: There is a statistically significant difference in the contribution of psychosocial support to the socio-emotional competences of students between HEART leaders and teachers who have not attended psychosocial support education.

3) Examine teacher satisfaction with the effects of the psychosocial support they provide to students.

H_3: There is a statistically significant difference in teacher satisfaction in favor of teachers who have previously been educated to provide psychosocial support.

In the research, the quantitative – qualitative paradigm prevails with the use of triangulation methods: descriptive, assessment/judgment methods and surveys. Jasp0.16.1 statistical software was used to process the data, which includes other open source software components like SPSS. The SPSS served partial calculations of individual contributions of tested hypotheses. Taking into account the distribution of the results, parametric statistics measures (t test for independent samples) were used, and the characteristics of stratified sample were explained by descriptive statistics measures.

RESEARCH INSTRUMENT

For the purpose of the research, two instruments were created: instrument for assessing the contribution of psychosocial support of teaching staff to socio-emotional competences of children/youth (DPNO) and Instrument for assessment of socio-emotional competences of children/youth (PSEK). The first instrument (DPNO) consists of data on the characteristics of the sample, assessment subscales and one question to complement the answer to the topic of trust in resources that contribute to the empowerment and mental health of children/youth. The basic three subscales to which respondents responded by assessing attitudes about the contribution of psychosocial support to children/youth that they provide through intentional artistic, free, structured and relaxing activities. There were no inverse values among the claims. Attitudes are estimated by the values of a scale of 0-3, where the numbers indicate: 0 – not at all, 1 – not at all, 2 – mainly yes and 3 – completely yes. The last subscale was related to the assessment of satisfaction with providing psychosocial support, where the scaling values are estimated by 0 – I do not implement because I am not qualified for such a way of working; 1 – I have undergone training, but I am not implementing it because I do not have time to process teaching material; 2 – I spend when something stressful happens to the student´s; 3 – I spend in continuity. In support of the high reliability and justification for checking the variable as dependent, continuous, indicates the resulting measure of reliability of the Cronbach alpha coefficient, which for the first subscale is $\alpha = 0{,}91$ second $\alpha = 0{,}88$, the third $\alpha = 0{,}84$. The second instrument (PSEK) consists of questions about the basic characteristics of the sample, and a subscale of assessment of teaching employees, socio-emotional competences of one child in whom they observed change in five areas: Self-awareness (self-awareness, accurate assessment of their own feelings, interests, values and sense of self-confidence), Self-management (self-management, expression and regulation of their own emotions), Social skills (establishing and maintaining healthy relationships with others, resisting unwanted social pressure, constructive conflict resolution), Responsible decision-making (considering ethical standards and appropriate social norms, contributing to the well-being of the entire community) and Social awareness (the ability to take the perspective of others and empathize with others). The scaling values are identical to the first two subscales of the first instrument (DPNO). Also, the second subscale is identical for both instruments (PSEK and DPNO) and refers to the assessment of satisfaction with the quality of providing psychosocial support. Cronbach alpha reliability measure for the first subscale is $\alpha=0{,}97$ (individual: $\alpha_{\text{self-awareness}} =0{,}82$; $\alpha_{\text{management}} = 0{,}88$; $\alpha_{\text{socialskills}} = 0{,}94$; $\alpha_{\text{decision}} = 0{,}92$; $\alpha_{\text{social consciousness}} = 0{,}91$), and for the second $\alpha= 0{,}84$.

STATISTICAL SAMPLE

The sample of the research was stratified and included 73 respondents: teachers are employed at all levels of education of the Una-Sana Canton in Bosnia and Herzegovina. The research is transverse and empirically character-based.

Overview of the characteristics of variables with a discussion of research results is in Table 1.

Table 1. Sample characteristics and psychosocial support.

Characteristics	Data on respondents	Frequency	percentage, %
Gender	Male	11	15,1
	Woman	62	84,9
Level of education	Secondary education	2	2,7
	Higher professional qualifications	5	6,8
	University degree	46	63,0
	Magistar/Master/specialist	18	24,7
	Doctor Science	2	2,7
Age	up to 25 years	4	5,5
	from 26 to 30 years	6	8,2
	from 31 to 40 years	20	27,4
	from 41 to 50 years	35	47,9
	From 51 to 60 years	7	9,6
	61 years and older	1	1,4
Specificity of the department	Preschoolers	1	1,4
	Primary school age	59	80,8
	High school age	9	12,3
	Students	2	2,7
	Adults	2	2,7
Working with students	Preschoolers	1	1,4
	Primary school age	59	80,8
	High school age	9	12,3
	Students	2	2,7
	Adults	2	2,7
The average number of students I provide psychosocial support to	1-5 children	13	17,8
	From 6-15 children	27	37,0
	From 16-25 children	17	23,3
	From 26-33 children	9	12,3
	34 children and over	7	9,6
Education on psychosocial support	HEART	31	42,5
	Without education	32	43,8
	Other educations	10	13,7
Employment	Primary school level	51	69,9
	High school level	12	16,4
	Higher education level	2	2,7
	Non-governmental sector	5	6,8
	Other	3	4,1

ANALYSIS AND DISCUSSION OF THE OBTAINED RESULTS

CHARACTERISTICS OF THE SAMPLE WITH EMPHASIS ON THE CATEGORIES OF PSYCHOSOCIAL SUPPORT

The characteristics of the sample are described further in the text. With a focus on those trained to provide psychosocial support, three categories are noticeable: they name the methodology of work that they intentionally use, do not name the methodology of work and are not previously trained to provide psychosocial support.

The first task based on the characteristics of the sample was 1. Determine the characteristics of the sample with an emphasis on the categories/groups of participants who have received training to provide psychosocial support to students. We assumed (**H_1**) that teachers who working in schools are professionally trained to provide psychosocial support to students.

The sample of the study mostly related to the female of the subjects, 84,9% (N = 62), to the male 15,1% (N = 11). A minimum of 90% of respondents (N = 66) have university degrees with deviations of more than the university degree or less than 30%. The majority of respondents were in the category of ages 31 to 40 years, 27,4% (N = 20) and from 41 to 50 years 47,9% (N = 35). Under 26 and/or older than 50 years of age is in this case a sample of up to 25%. Given the homogeneity of the heterogeneous group, the emphasis of the research will be on the teaching employees working with children of primary school age (N = 59; 80,8%). Taking into account that in the third category there were 10 teachers who did not specify the methodology of psychosocial support by which they work, in addition to the number of hours and interventions, that there are professional developments on these topics with knowledge acquired during the initial education, they were not taken into account during hypothesis testing: due to the number or unevenness of the sample in relation to the other two categories. Below we wanted to find out to which number of students psychosocial support is provided. The average number of students they provide psychosocial support ranges from 6-15 students (N = 27; 37,0%) and from 16-25 (N = 17; 23,3%). If we take into account the minimum sample on which we can generalize the obtained data, it is that teachers (N = 59) psychosocial support include a minimum of 885 to a maximum of 1475 students (the minimum department according to Pedagogical Standards is 16 students, optimum 25). The educations that have prepared them for providing psychosocial support are named as: HEART (Healing and education throught the Artst) whose methodology uses 42,5% of the sample (48 hours of active participation in training, of which 32 hours of active participation in basic training, 2 months of application of activities in practice under mentorship/supervision and 16 hours of advanced training or 368 hours in total until certification for HEART facilitator). Other educations for which they were asked to be appointed, 10% of the sample (13,7% indicated “professional development” of 2 hours minimum to a maximum of 120 hours with knowledge acquired during the initial education). The two respondents listed the knowledge acquired during the education in transactional analysis and specialization in traumatic psychology after undergraduate studies. The third category of respondents, 43,8% (N = 32) stated that they did not have any education in the field of psychosocial support. No category has chosen not to provide psychosocial support. According to these data, the hypothesis **H_1**, “Teaching employees in schools are trained with professional training to provide psychosocial support to students” was partially confirmed. All teaching employees provide psychosocial support, but only 56,16% of the sample was previously trained for this type of work.

THE QUALITY OF PSYCHOSOCIAL SUPPORT IN CONTRIBUTING TO THE SOCIO-EMOTIONAL COMPETENCES OF STUDENTS

The second tast was to examine whether there is a statistically significant difference in the contribution of psychosocial support to students' socio-emotional competences between HEART leaders and teachers who have not received training, Tables 2 and 3.

Table 2. t-test for equal variances.

Socio--emotional competences of students	Levene variance equality test		t-test for equality of funds						
			t	**Df**	**Sig. (two tail)**	**Medium difference**	**Diffe-rence in Std.**	**95% confidence interval difference**	
	F	**Sig.**						Lower	Upper
Self--awareness	0,42	0,52	2,36	61	0,021	1,87	0,79	0,29	3,46
Self--control	0,45	0,51	3,25	61	0,002	3,17	0,97	1,22	5,14
Social skills	2,40	0,13	2,07	61	0,043	2,28	1,10	0,079	4,48
Responsible decision--making	0,35	0,55	1,50	61	0,137	1,59	1,06	–0,52	3,72
Social awareness	1,50	0,23	2,30	61	0,024	2,27	0,98	0,30	4,25

The first part of the t-test independent sample table shows the results of the Levene test for variance equality. In the second task, we examined whether the variance/variability of results was equal in the group of teachers who implement the HEART methodology and teachers without education, taking into account that both groups assessed that they gave students continuous psychosocial support. Given that the value of the Levene test for each component of socio-emotional competitors of students in two categories of teachers, is $p > 0,05$ we conclude that the data meet the assumption of equality of variance and can be accessed further analysis (values from eqal variances assumed).

The value of Sig. (2-tailed) shows that there is a statistically significant difference between the mean values of the dependent variable in four of the five analyzed components i.e. $p \leq 0,05$ ($p_{\text{selfconsciousness}} = 0,52$; $p_{\text{management}} = 0,02$; $p_{\text{social skills}} = 0,04$; $p_{\text{socialawareness}} = 0,02$) and there is no statistically significant difference between the mean values of the groups "Heart facilitators and teachers without education" in the contribution of the component of "responsible decision-making" of students ($p = 0,14$). By additionally calculating the size of the impact across the square of the obtained value, they show that the HEART group of facilitators in relation to other teachers achieves a small to moderate impact compared to the contribution of teachers without education on psychosocial support on socio-emotional competences of students: $\eta_{\text{self-awareness}} = 0,014$; $\eta_{\text{self-management}} = 0,025$; $\eta_{\text{social skills}} = 0,010$; $\eta_{\text{socialawareness}} = 0,013$. In support of the statistically significant difference between HEART facilitators and teachers without additional education is presented in the following table. $M_{\text{selfconsciousness}} = 15,0$ 3 (sd = 2,84); $M_{\text{self-control}} = 14,70$ (sd = 3,57); $M_{\text{Socialskills}} = 15,00$ (sd = 3,60); $M_{\text{decisions}} = 13,16$ (sd = 4,22); $M_{\text{social consciousnes}} = 13,87$ (sd = 3,60).

Table 3. Socio-emotional competences of students.

Socio-emotional competences of students	Education for providing psychosocial support	*N*	Mean	Std. Deviation	Std. mistake value
Self-awareness	Heart	31	15,03	2,84	0,51
	Without education	32	13,15	3,40	0,60
Self-management	Heart	31	14,70	3,57	0,64
	Without education	32	11,53	4,15	0,73
Social skills	Heart	31	15,00	3,60	0,65
	Without education	32	12,72	4,99	0,88
Responsible decision-making	Heart	31	13,16	4,22	0,75
	Without education	32	11,56	4,19	0,74
Social awareness	Heart	31	13,87	3,60	0,64

SATISFACTION WITH CHANGE

In the third task, we wanted to "Examine teacher satisfaction with the effects of psycho-social support they provide to students", Table 4.

Table 4. Satisfaction with the results of psychosocial support on the socio-emotional competence of students (t-equal variance test).

	Levene variance equality test		t-test for equality of funds						
	F	Sig.	t	Df	Sig. (two tail)	Medi-um diffe-rence	Diffe-rence in Std.	95% confidence interval difference	
								Lower	Upper
PSEK II	2,06	0,156	-1,38	61	0,170	-0,90	0,65	–2,22	0,399

After checking the assumption of equal variable p =0,156 > p = 0,005 for the categories of teachers „Heart facilitators and teachers without education about psychosocial support" a more detailed insight into the obtained values was made: the value of Sig. (2-tailed) is p =0,170 > 0,005, i.e. which confirms that there is a statistically significant difference in teacher satisfaction, between HEART facilitators and other teachers in the change in socio-emotional competences of students. The difference over eta squares between the mean values per group (average difference equals –0,90; 95% confidence interval is from –2,22 to 0,39) is small, but persistent in favor of satisfaction with heart facilitator support (M = 10, sd = 1,6) compared to other teachers (M = 8, sd =3,13). Taking into account the results obtained by testing the second hypothesis that teachers who provide psychosocial support, and previously have not been additionally trained for this type of work (and are the same in terms of competences related to initial education as well as teachers who have further educated themselves in this area) do not achieve changes in the competences of students, as expected they can not be satisfied because they do not see changes in students as a result of their work. If we take into account the decline in the value of intrinsic motivation of this group of teachers, we can assume that the expected proactivity in the direction of changes in terms of additional education will be absent and implies that these changes will require systemic/external motivation. The opposite of this may mean the danger that, given their own experience, psychosocial support is used as a synonym for strategies that have no effect on socio-emotional competences or mental health (potential contribution to prejudice, resistance to professional training with or without an emphasis on art or art forms). The third hypothesis $\mathbf{H_3}$ was confirmed: there is a statistically significant difference in teacher satisfaction in favor of teachers who have previously been educated to provide psychosocial support based on art forms.

Table 5. Satisfaction with psychosocial support on socio-emotional competences of students.

	Education for providing psychosocial support	N	Mean	Std. Deviation	The value of std. mistakes
PSEK II underestimated satisfaction with psychosocial support	Heart	31	10,09	1,68	0,30
	Without education	32	8,00	3,13	0,55

CONCLUSION

The article confirms two hypotheses: 1. there is a statistically significant difference in the contribution of psychosocial support to socio-emotional competences of students between HEART facilitators and teachers who have not undergone education on psychosocial support and 2. there is a statistically significant difference in teacher satisfaction in favor of teachers who have previously been educated to provide psychosocial support based on art forms. The third hypothesis was accepted in part because the teachers who working in schools is trained with professional training to provide psychosocial support to students - 56.16%. The research sample confirms only the knowledge of the methodology aimed at psychosocial support and preservation of mental health of students, which has been continuously implemented since 2015 in the Una-Sana Canton through the HEART program. The findings confirm the changes in the socio-emotional competences of students and the satisfaction of teachers with work in those who have previously been trained to provide psychosocial support through the use of art forms (drawing, painting, sculpting, photography, dramatization). In support of the consideration of work limitations, it is necessary to take into account the duration of the application of the HEART program (overall engagement in the implementation of activities to the change of student behavior) in order to determine the expectation around the time of contribution, but certainly start with the institutional coverage of all teachers in order to preserve primarily their mental health, but also to acquire competences for providing psychosocial support.

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