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THE ROLE OF THE PEDAGOGUE IN THE FIELD OF STUDENTS' MENTAL HEALTH

Abstract: *In the context of recognizing and protecting young people in the field of mental health, schools as institutions have the opportunity to direct their efforts toward identifying students at risk and preventing the occurrence of problems. Since many schools do not employ professionals specialized in mental health, school pedagogues focus their pedagogical work on providing help and support to students. The aim of this study was to examine the perspectives of secondary school pedagogues regarding the methods of identifying and protecting high school students in the field of mental health, as well as their self-assessment of competence in working with students with impaired mental health. The research involved nine secondary school pedagogues from central and northern Croatia, and data were collected through interviews. The results show that pedagogues identify students individually and through collaboration with other professionals; they act protectively through universal prevention at school and by providing support to students; however, they assess themselves as insufficiently competent to work with such students. This study contributes to the understanding of the practical role of pedagogues in promoting and supporting students' mental health.*

Keywords: *identification, mental health, protective actions, pedagogical practice*

INTRODUCTION

Definition of Mental Health

Mental health is defined by the World Health Organization (WHO, 2022, p. 8) as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to contribute to his or her community." When difficulties in functioning arise that are associated with distress, as well as with symptoms or

clinical mental disorders, we speak of an individual's impaired mental health (Silobrčić Radić, 2011). In this context, it is important to distinguish between emotional or psychological difficulties and diagnosed mental disorders. This distinction primarily refers to the duration and number of symptoms indicating impaired mental health. Difficulties or problems that temporarily disrupt a person's mental well-being (such as stressful life events) do not necessarily indicate the presence of mental illness (Muslić et al., 2024). In contrast, mental disorders are characterized by a greater number of symptoms, their intensity and duration, as well as by specific diagnostic criteria by which psychiatrists can diagnose a mental disorder (Muslić et al., 2024). Therefore, mental health should be viewed as a dynamic state subject to change, not merely as the absence of illness (Peševka, 2023). An example of this is that individuals with mental health problems or disorders can, by undergoing certain forms of treatment (e.g., psychotherapy), improve their condition and thereby regain a state of well-being. On the basis of this understanding of mental health, a system for interpreting behavioural, social, and emotional disorders among young people has been developed. Accordingly, these disorders are generally categorized into two types: internalized (over-controlled) and externalized (under-controlled) behaviours. Internalized behaviours are associated with symptoms of depression, anxiety, stress, and social withdrawal, whereas externalized behaviours are directed towards other people or objects and include aggression, delinquency, and substance use (Peševka, 2023). In this paper, both internalized and externalized behavioural disorders are considered as forms of impaired mental health, while any form of "non-impaired" mental health is referred to as positive mental health.

Adolescent Mental Health

Adolescence (from Latin *adolescere* – "to grow up") is considered to be a period of human life that typically begins between the ages of 10 and 13 and may extend up to 24 years of age (Sawyer et al., 2018). Based on its duration, adolescence is divided into early (10–14 years), middle (15–18 years), and late (19–25 years) stages (Dodig-Ćurković, 2017). Briefly, early adolescence is characterized by physical changes and the beginning of more consistent thinking about life; middle adolescence involves the desire for peer acceptance and separation from parents; while late adolescence is a period of re-evaluating one's role in life (Dodig-Ćurković, 2017). During this developmental phase, adolescents undergo various physical, psychological, emotional, and personal changes (Kuzman, 2019), which can present challenges or obstacles in their lives (Choudhury et al., 2008). Berk (2008) notes that due to these developmental changes, adolescents often re-evaluate their self-image and self-esteem, which

can sometimes lead to anxiety, depression, or even suicidal thoughts and intentions.

According to the World Health Organization, 10–20% of children under 18 experience some kind of mental health disorder (Boričević Maršanić et al., 2017). Recent studies indicate that the most common mental health disorders among children and adolescents include anxiety, depression, and eating disorders (Cavioni et al., 2021), while suicide is the second leading cause of death among adolescents (WHO, 2022). Additionally, adolescents may experience suicidal thoughts and self-harm alongside anxiety and depressive disorders (Richardson et al., 2024). In Croatia, data collected through the mental health risk screening of the first-year high school students for the school year 2022/2023 (Silobrčić Radić & Švigir, 2023) showed that 10% of students (out of 43% of the total student population in Croatia) responded positively to the statement, "I have had thoughts about harming myself."

According to the WHO *Comprehensive Mental Health Action Plan 2013–2030* (WHO, 2021), the most vulnerable groups with a higher likelihood of mental health problems or disorders include individuals of lower socioeconomic status, people with chronic illnesses, children exposed to abuse or neglect, adolescents using substances, minority groups, individuals exposed to discrimination and human rights violations, LGBTQ individuals, and those affected by conflicts, natural disasters, or humanitarian emergencies. Research on child mental health carried out in Germany by Ravens-Sieberer et al. (2022) showed that children and adolescents of lower socioeconomic status, migrant background, and inadequate living conditions were significantly more affected by negative changes in mental health. Furthermore, in their umbrella review of risk and protective factors against self-harm and suicidality among adolescents, Richardson et al. (2024) identified several vulnerable groups with significantly higher suicide prevalence: LGBTQ individuals, persons with mental health disorders and behavioural problems, individuals with prior suicidal thoughts or intentions, those engaging in self-harm, and females. Knowledge of these risk groups facilitates identification and preventive interventions for individuals at increased risk of mental health problems and disorders, which can be particularly useful for educational professionals who work with children and adolescents on a daily basis.

The need to reflect on and raise awareness of mental health issues reached its peak at the beginning of 2020, when the entire world was affected by the Covid-19 pandemic. The pandemic had a profound impact on the mental health of young people, as evidenced by numerous studies conducted over the past four years that focused on its effects on the mental health of children and adolescents. Samji et al. (2022), through a systematic review of the literature on the impact of Covid-19 on child and adolescent mental health, analysed 116 studies involving more than 120,000 participants and 50,000

reports written by parents or healthcare professionals. Their findings indicated an increased prevalence of fear related to Covid-19, as well as higher levels of anxiety and depressive symptoms among children and adolescents under 19 years of age, compared to pre-pandemic estimates. Similar results were reported by Hawes et al. (2022) in a study conducted in New York, USA. On a sample of 451 adolescents, the results confirmed an increase in anxiety and depressive symptoms during the Covid-19 pandemic, particularly among females. On the other hand, a systematic literature review and meta-analysis of longitudinal studies comparing mental health before and during the Covid-19 pandemic showed increases in symptoms of anxiety, depression, and mood disorders, with a trend toward stabilization by mid-2020 in most population subgroups (Robison et al., 2022). In Croatia, the Covid-19 pandemic also led to an increase in the number of students experiencing mental health problems, particularly within depressive and anxiety-related conditions (Jokić & Ristić Dedić, 2021). Through a systematic review of the pandemic's effects on mental health, Antičević (2021) found that, in addition to anxiety and depressive problems, there was an increase in issues related to post-traumatic stress symptoms and substance abuse. Based on these studies, it can be concluded that mental health problems and disorders among children and adolescents remain a pressing challenge for many interdisciplinary fields. Within the school system, there is an opportunity to intervene with students displaying symptoms of impaired mental health, and the development of preventive programs and practices aimed at protecting these students should become a priority in today's educational system.

Pedagogy and Students' Mental Health

In Croatia, mental health has been primarily researched by scholars and professionals in the fields of medicine and psychology, while pedagogues have rarely undertaken studies on this topic. However, the growing importance of mental health issues necessitates the targeted involvement of pedagogues, particularly in examining the relationship between mental health and education. The connection between pedagogy and mental health can be considered from several theoretical perspectives. First, mental health can be approached within the framework of a holistic approach to the education of children. The holistic approach involves providing experiences that promote the development of various dimensions of a person (intellectual, physical, spiritual, emotional, and social) (Mahmoudi et al., 2020), and the preservation of mental health depends on quality emotional and social development. Cosgrove et al. (2024), in a systematic review analyzing 16 intervention models, concluded that interventions focused on social-emotional learning can improve adolescent mental health. The effectiveness of social-emotional learning on adolescent

mental health is further supported by the research of Colomeischi et al. (2022), who found that resilience serves as a connecting factor between multiple components of social-emotional learning and internalized problems. The authors recommend social-emotional learning interventions with the intention of reducing internalized problems among adolescents (Colomeischi et al., 2022). Furthermore, students' mental health can be integrated into considerations of inclusive pedagogy. According to the Orientation List of Types of Difficulties in the Regulation on Primary and Secondary Education for Students with Developmental Difficulties (Ministry of Science, Education and Youth, MZO, 2015), Group 6 refers to behavioural disorders and mental health impairments that manifest in compromised intellectual, emotional, and social functioning. Students with impaired mental health or compromised emotional and social functioning are eligible for an adapted educational program. Inclusion, as a concept requiring "adaptation and openness of the educational system to all students, regardless of the type and degree of difficulty, the culture they belong to, native language, or any other possible difference" (Kranjčec Mlinarić et al., 2016, p. 234), involves ensuring conditions for individualized approaches for students with impaired mental health to achieve educational outcomes in school. This is further detailed in the Guidelines for Working with Students with Difficulties issued by the Ministry of Science, Education and Youth (MZO, 2021, p. 51), which recommend providing students with behavioural disorders (either externalized or internalized) a "high-quality classroom/school environment and conditions conducive to their further development." This includes teaching social-emotional competence, enabling academic success and positive reinforcement, strengthening self-image, among other measures (MZO, 2021). The role of professional associates—including pedagogues—is to create conditions for the inclusion of students with difficulties through their direct educational work, which entails a range of activities aimed at protecting these students and involves collaboration with all stakeholders in the educational process (MZO, 2021).

The Role of the Pedagogue in Students' Mental Health

For school pedagogues, students' mental health is a specific area because it primarily falls within the domain of other professional associates. However, the importance of pedagogues in this area can be supported by the fact that many schools in Croatia do not have fully staffed professional teams. According to statistical data from e-Rudnik for the school year 2024/2025, nearly one-third of Croatian schools have up to 180 students, which, according to the National Pedagogical Standard (MZO, 2008), means they may employ only two professional associates, one of whom must be a pedagogue. In schools where psychologists are not employed, pedagogues are indirectly expected to

work with students with impaired mental health. Viewing mental health as a state that can be either positive or impaired, the role of the pedagogue can be twofold:

(1) Identification of Students with Impaired Mental Health

When regarding students with impaired mental health as students with special needs, the work of the pedagogue involves the identification (recognition or discovery) and monitoring of such students (Jurić, 2004). Jurić (2004) notes that pedagogues can identify students with special needs through direct work, observation, as well as through classroom activities, discussions with class teachers, teachers' opinions, and assessments carried out by professional services. The pedagogue does not carry out this process independently but works in active collaboration with external professionals (MZO, 2021). Such intersectoral collaboration and a multidisciplinary approach enable the timely recognition of students with impaired mental health and the provision of necessary protection (Kuzman, 2012). Pedagogues can perform this process regardless of whether it results in an adapted educational program, as the mere identification allows for planning subsequent steps in working with these students, which will be discussed below.

(2) Protecting Students in the Field of Mental Health

When speaking about protective actions in mental health, Patel and Goodman (2007) emphasize the importance of focusing on protective and promotive factors. Protective factors are individual and environmental characteristics that support healthy mental development while reducing the negative effects of mental health risk factors (O'Connell et al., 2009), whereas promotive factors actively enhance positive well-being (Patel & Goodman, 2007). Research has shown that important protective factors for mental health include collective efficacy, life satisfaction, school connectedness, positive teacher-student relationships, participation in extracurricular activities (sports, arts, community programs), social support, resilience, and optimal sleep (Cavioni et al., 2021; Eccles & Roeser, 2011; Gajos et al., 2022; Oberle et al., 2020; Peševka, 2023; Richardson et al., 2024; Sviben, 2017). Adolescents who have well-developed problem-solving skills, the ability to learn from mistakes, self-esteem, social skills, good physical health, family support, and positive role models are generally less likely to develop mental health problems or disorders (Ledinski Fičko et al., 2017).

Taking the mentioned factors into account, there are three possible ways pedagogues can act protectively: support, prevention, and promotion. Through individual work, pedagogues are trained to provide support to students with impaired mental health using exercises in the "area of social-emotional development in accordance with the *pedagogue's methodology*" (Relja, 2020,

p. 44). They can help students develop social skills and stress-management techniques, as well as provide emotional support (Muhyatun, 2023). Support can be provided by pedagogical counselling, which begins with identifying the problem and involves offering a certain level of assistance to students in solving their difficulties. In cases where pedagogues do not feel competent enough to work in a specific area, students should be referred to other professionals (Vrcelj, 2020). This also applies to working with students whose mental health difficulties exceed the standard competencies of pedagogues. However, guided by a holistic and inclusive approach to each child, pedagogues should provide initial support to students with impaired mental health when they identify the need or when students seek help independently. Muslić et al. (2024, p. 21) recommend that when working with such students, pedagogues employ a caring and compassionate approach, including:

- calming, encouraging, and providing hope
- listening without pressuring the student to open up
- providing a sense of safety
- assessing the student's needs
- connecting the student with others and facilitating access to social and emotional support
- facilitating access to information on where to seek professional help
- empowering the student to feel capable of helping themselves

The second form of protective action that pedagogues are required to implement is prevention. According to the *Regulation on the Procedures of School Staff in Protecting Students' Rights and Reporting Violations to Competent Authorities* (MZO, 2013), schools are obligated to conduct preventive activities, and under the *Regulation on Weekly Work Duties of Teachers and Professional Associates in Primary Schools* (MZO, 2013), one of the pedagogue's responsibilities is to design and implement preventive programs. Prevention is understood as a process or set of actions intended to prevent or protect against negative outcomes (Bašić, 2009). In the context of mental health, prevention in schools can occur at universal, selective, and indicated levels (Koller & Bertel, 2006)[1]. Universal prevention programs aim to prevent problems from occurring and are the most common in schools as they target the entire student population and thus avoid stigmatizing individual students (Maglica & Jerković, 2014). Ledinski Fičko et al. (2017), in a systematic literature review, identified twelve preventive or promotive programs that can be implemented in a school's prevention strategy, some of which focus on mental health—for example, the National Program for the Prevention of Depression and Suicide in Children and Adolescents, Dokkica

[1] This classification was first proposed by Gordon (1983), and in 1994, the American Institute of Medicine (IOM) standardized Gordon's classification in the field of mental health.

for the Promotion of Mental Health and Prevention of Antisocial Behaviour, and the Protection of Children's Mental Health within Families with Mental Health Problems.

Since pedagogues can design and implement their own preventive programs in addition to standardized ones, the activities within these programs should aim to develop students' social and emotional skills, as these have been shown to effectively enhance positive attitudes, skills, and knowledge in emotion regulation, empathy, and interpersonal relationships (Weissberg et al., 2013, as cited in Antolić & Novak, 2016). Selective prevention involves interventions for students exposed to specific risk factors and for those with social, emotional, or behavioural problems (Koller & Bertel, 2006). This level of prevention is primarily individual and can be considered within the framework of student support, as discussed earlier. The final level, indicated prevention, targets students with mental disorders who require mitigation of symptom exacerbation (Koller & Bertel, 2006). Since pedagogues are not healthcare professionals and do not possess specialized competencies for working with students with mental disorders, implementing this level of prevention independently, without prior collaboration and guidance from specialists, would be challenging. Therefore, each professional associate must provide support to students in accordance with their competencies acquired through formal higher education (MZO, 2021). Finally, the necessity of designing and implementing preventive programs and activities in schools is underscored by the fact that the Ministry of Science, Education and Youth of the Republic of Croatia annually issues a "Call for Funding Preventive Projects in Primary and Secondary Schools and Student Dormitories," which finances preventive projects with a maximum of €5,000. The priorities for the school year 2025/2026 are projects specifically aimed at protecting students' mental health.[2]

The final form of protective action that pedagogues can provide is the promotion of positive mental health. This form can be linked to prevention, as both processes are aligned: preventive activities can promote positive mental health, while promotion creates conditions that indirectly prevent the occurrence of impaired mental health. Promoting mental health involves creating an environment conducive to the development of self-regulation and the strengthening of competencies and resilience (Muslić et al., 2024). In simpler terms, promotion establishes contextual conditions in which an individual can enhance and improve their mental health toward a positive state (Antolić & Novak, 2016). Pedagogues can achieve promotion by improving

[2] https://mzom.gov.hr/istaknute-teme/natjecaji-196/poziv-za-financiranje-preventivnih-projekata-osnovnih-i-srednjih-skola-te-ucenickih-domova-u-skolskoj-godini-2025-2026/7136

school practices (school climate, curriculum) and organizing activities that support the maintenance of positive mental health.

Considering the contemporary challenges of student mental health and the limited research on the role of pedagogues in this field, the objectives of this qualitative study were to examine the perspectives of secondary school pedagogues regarding methods of identifying and protecting high school students in the area of mental health, as well as pedagogues' perceptions of their competence in working with students with impaired mental health. Based on the theoretical framework and research objectives, the following research questions were formulated:

1. In what ways do secondary school pedagogues identify students with impaired mental health?
2. What forms of protective actions in the area of mental health do secondary school pedagogues employ in working with students?
3. Do secondary school pedagogues consider themselves competent enough to work with students with impaired mental health?

RESEARCH METHODOLOGY

The data collection method employed in this study was interviewing, and the research instrument was a structured interview with open-ended questions arranged in a predetermined order (Patton, 2015). The questions were designed in accordance with the research objectives and the formulated research questions. The study involved nine secondary school pedagogues (seven female and two male) from central and northwestern Croatia. Participants were selected using non-probability purposive sampling. They confirmed their participation by responding to an email sent to all secondary school pedagogues in Varaždin, Međimurje, Koprivnica-Križevci, and Bjelovar-Bilogora counties. Since only six pedagogues volunteered through this method, the remaining three were purposively selected from the City of Zagreb. The interviews were conducted online via Zoom between November 2024 and January 2025. All interviews were audio-recorded to facilitate accurate and efficient data processing.

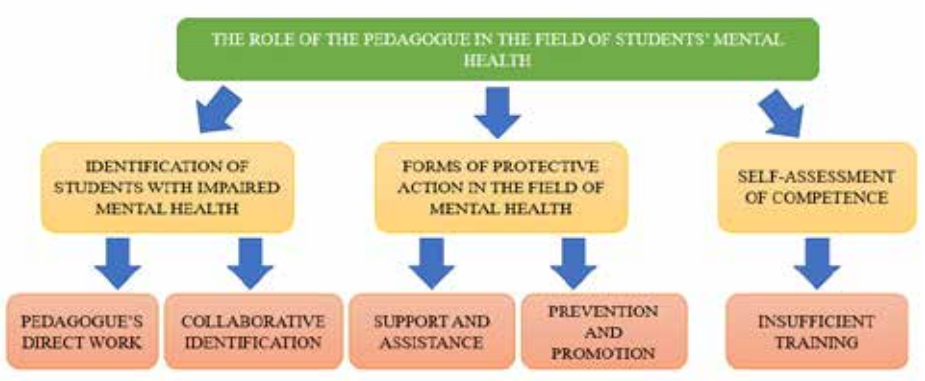
In accordance with research ethics, participants were informed before the interviews that their participation was anonymous and that confidentiality would be ensured through aggregated data analysis and avoidance of using their real names in the presentation of results. They were also informed of their right to withdraw from the study at any time during or after the interview. All participants were briefed on the purpose, objectives, and procedures of the study, and they provided verbal consent for participation and audio recording of the interviews.

After data collection, the interviews were transcribed based on the audio recordings. Data analysis was conducted using open coding, followed by the categorization of codes according to thematic criteria (Creswell, 2012). By repeatedly reading the transcripts, codes were assigned to segments of the research participants' responses. After the comparison was conducted, matching codes were grouped into categories according to the research questions. The findings are presented descriptively by thematic categories, with each category supported by participant quotations. To ensure the anonymity of participants, real names were not used; instead, each quote is attributed to a coded identifier (e.g., Pedagogue 1).

RESULTS AND DISCUSSION

After the coding process of the collected data, the following categories emerged in response to the research questions. For (1) methods of identifying students, the categories were *Identification through the pedagogue's direct work with students* and *Collaborative identification*; for (2) forms of protective action, the categories *were Support and assistance* and *Preventive and promotive actions*; and for (3) pedagogues' competence, the category was *Insufficient training*.

Picture 1.
A framework of the pedagogue's role in the field of students' mental health



Methods of Identifying Students with Impaired Mental Health

Identification through the pedagogue's direct work with students

Direct work of pedagogues in identifying students with impaired mental health includes all forms of pedagogical activity from which the presence of mental health difficulties in students can be inferred or recognized. For pedagogues, this includes planned individual conversations with students,

which can also be initiated by the students themselves. In addition, during pedagogical workshops focused on mental health, pedagogues can identify potential risk factors for students' mental health. In addition to official conversations and workshops, pedagogues think that their presence among students and informal relationships are also important tools for identification.

"What I as a pedagogue can also notice is that when I attend class council sessions or run a workshop, sometimes you can sense things through their expressions, or in more limited vocabulary, some things can already be inferred. And I can observe a lot more during individual conversations with students." (Pedagogue 1)

"And then actually, during those conversations, you can sense a lot, see how they talk about things, how they think about things, what conclusions they draw, how they respond to questions, umm, how they behave, whether they tremble, some even cry during the conversation." (Pedagogue 3)

"I usually like to hold the workshop in a way that I always tell them I'm still at school after the workshop, so they can come and talk." (Pedagogue 4)

„Sometimes it's also our observation. For example, I like to be present among students during breaks, at least to see what's going on in school. Then I notice some students and certain behaviours during breaks." (Pedagogue 6)

Collaborative Identification

For the purpose of timely and comprehensive identification, pedagogues collaborate with all stakeholders in the educational process. In school, this primarily involves homeroom teachers and subject teachers, who inform pedagogues of potential indicators of impaired mental health (e.g., changes in academic performance or behaviour, absenteeism, withdrawal, panic attacks). Additionally, parents may independently seek assistance from the pedagogue or provide medical documentation even during the enrolment process, as proof of mental health concerns. Outside school, pedagogues establish effective cooperation with external specialists (psychologists and psychiatrists) and institutions (e.g., Public Health Institute, School Medicine) to screen students at risk for developing mental health problems.

"These are some of the things, and then actually the parents are the ones who sometimes (…) not often, but they point out that something is happening." (Pedagogue 2)

"Ah yes, mostly we involved homeroom teachers and subject teachers to help identify the students…" (Pedagogue 5)

"And if not, if the mental health issues are, for example, recent, then through information from teachers or homeroom teachers. Or if students come by themselves to complain to the school counselling service." (Pedagogue 7)

"Eh, we have a good collaboration with the school doctor. (…) She has a standardized questionnaire that they conduct at the national level. (…) If you answer it in a way you shouldn't, you are automatically included in the screening, and then she informs us, we call the students, try everything, um… but there are only a few of them." (Pedagogue 9)

Early identification of students with impaired mental health enables timely intervention and prevention, as well as the overall enhancement of children's mental health (Gulin, 2012). According to secondary school pedagogues, student identification occurs in two ways: (1) independent identification during their own direct work (pedagogical workshops, individual conversations, or informal interactions with students) and (2) collaboration with homeroom teachers, subject teachers, parents, and external specialists or institutions. This approach aligns with the identification of students with special needs described by Jurić (2004). However, the literature does not mention studies examining specifically how pedagogues identify students with impaired mental health. Therefore, in the following sections, we will connect a general identification in schools with the need for comprehensive cooperation with the experts in the field.

In practice, since pedagogues are not classroom teachers, homeroom teachers and subject teachers often notice changes in students that serve as "alarms" for intervention (e.g., changes in academic performance or behaviour). Levitt et al. (2007) note that traditional school identification methods rely on recognizing deterioration (changes) in student functioning to assess whether students are at risk for developing mental health problems and require further assessment or treatment. Monitoring changes in daily functioning allows early identification and increases the likelihood that students will not remain unnoticed and will receive timely support (Williamson et al., 2022). Research has shown that, in addition to traditional identification, school programs incorporating systematic screening offer significant benefits. Eklund and Dowdy (2014) compared the effectiveness of systematic screening with traditional methods in primary school students and found that systematic screening identified two-thirds more students than traditional approaches. Similarly, Husky et al. (2011) found that students identified through systematic screening were statistically more likely to receive the necessary services to improve their mental health. While pedagogues facilitate identification through traditional methods (recognizing risk factors), collaboration with specialists conducting student screening (healthcare professionals) proves to be the more effective option.

Forms of Protective Action in the Field of Mental Health

In their work, pedagogues act protectively by providing support and assistance to students with impaired mental health, primarily through individual

conversations. The role of the pedagogue involves calming and encouraging students, providing a safe and confidential space, and building a supportive and open relationship with students. When pedagogues determine that their support is insufficient to address the student's mental health issues, they advise and refer the student (and parents) to more qualified specialists in the field.

"…so we have these individual conversations (…) to provide a helping hand, to give them time – that is certainly a protective factor. And if the child approaches us, and the school lacks competence or is not skilled enough (…) in addressing a more serious problem, we refer them to another specialist." (Pedagogue 1)

"Yes. Well, no, I think my office, my room, when they come for a conversation, they must feel comfortable. I always tell them to leave with a smile or at least calmer… I need to stabilize them. So they know they have support, that they can come over, that we can talk." (Pedagogue 4)

"I could listen to them and talk with them about it, but I don't feel that I could really help them in any professional way. I was more a person they could talk to, confide in, and somehow relieve themselves… unload what was troubling them at that moment." (Pedagogue 5)

"What's most important to me is to establish a supportive relationship. A safe zone where they can confide in me, but I stop at that." (Pedagogue 8)

Preventive and Promotive Actions

The pedagogue's protective role also involves preventing the occurrence of impaired mental health and promoting positive mental health by creating contextual conditions and fostering a positive school culture. Pedagogues achieve prevention and promotion through school preventive programs, pedagogical workshops, as well as formal and informal conversations with students.

"Our task is to create a supportive school that, through its activities and school culture, allows children to feel good, safe, and affirmed in some extracurricular activities…" (Pedagogue 1)

"Basically, we implement the school preventive program, which includes various topics." (Pedagogue 5)

"In class, we try with everyone… we don't address mental health directly, but rather elements like assertiveness, communication, recognizing feelings – standard stuff." (Pedagogue 3)

"Sometimes, for someone, just greeting them in the hallway by name is enough. I noticed that this works very well with my students." (Pedagogue 6)

"And preventively, literally in the hallway, when I see one of these students, like, where are you, how are you, are you alive, how was your weekend, what's up… you are coming over this week or not." (Pedagogue 9)

In the field of mental health, secondary school pedagogues also assume a protective role, which they perceive as twofold. On one hand, pedagogues focus on providing support and assistance to students with impaired mental health through individual conversations, while on the other hand, they act preventively and promotively by fostering a positive school culture and creating conditions that support student well-being. This pedagogical approach aligns with two intervention strategies in schools: the child-centered approach and the environment-centered approach (Zdunić, 2022). The first strategy targets individual work with the goal of identifying children with mental health issues, while the second aims to create a positive school climate through activities conducted in classrooms, which may include workshops or educational sessions (Zdunić, 2022). Although the literature reviewed does not contain studies examining specifically the role of pedagogues in this area, many authors emphasize the importance of the preventive role of pedagogues in schools, which includes preventing the occurrence of impaired mental health in students. Pedagogues possess the skills to assume a preventive role in implementing and promoting mental health models in schools, and through their leadership and advocacy, they can influence the successful implementation of such models (King-White, 2019). This preventive role may involve planning and conducting preventive programs (e.g., raising awareness about the importance of mental health or recognizing symptoms), collaborating with teachers and staff to create a positive environment, and educating teachers about mental and emotional difficulties (Muhyatun, 2023). Implementation of universal prevention programs in schools is particularly important because research has shown that simultaneous interventions targeting the environment, at both school and classroom levels, generally yield positive outcomes (Maglica & Jerković, 2014, p. 426). Based on the results of this study, pedagogues can shape their role in the field of mental health by planning protective actions in schools, primarily by providing support to students through the establishment of open, supportive relationships and by alleviating certain symptoms of mental health impairment. On the other hand, pedagogues should include preventive and promotive activities in school prevention programs to prevent mental health problems and promote the well-being of all students.

Competence of Pedagogues in Working with Students with Impaired Mental Health

Insufficient Competence

Pedagogues believe that during their higher education, they did not acquire sufficient knowledge, skills, and competencies to work with students with impaired mental health. They compensate for this lack of training through self-initiated professional development, primarily by attending courses or programs focused on mental health and by reading professional and scientific literature. Nevertheless, they feel that they become more competent over the years through direct experience with students facing such challenges. Pedagogues perceive themselves as competent enough in identifying students and conducting individual conversations, but clearly recognize the limits of their competence within the scope of pedagogical work. This involves refraining from administering tests, making diagnoses, providing treatment services, or engaging in other activities that fall outside the responsibilities of a school pedagogue.

”Well… I think the university didn’t prepare us at all for this. I mean, we learned a lot there, but now, if you ask me, nothing.” (Pedagogue 3)

”I only completed the ‘Help Me’ course. That’s all I had on mental health. And even though I can read some professional articles, I still feel it’s not enough for me to make any significant change.” (Pedagogue 4)

”After graduation, I considered myself somewhat competent or maybe even completely incompetent because the knowledge we gained did not prepare me at all… But with additional courses, a lot of reading, and so on… I now consider myself quite competent—not perfectly, but within the scope of pedagogical work and the pedagogical relationship with students.” (Pedagogue 8)

”As time goes by, I feel more competent regarding identification and all, but regarding support, I feel I have a lot of knowledge and experience I could share with students. But I am not a psychologist or psychiatrist. I can continue to educate myself and work on my personality to be supportive; however, we only have a counselling role, a role of a person who will provide you with guidance and who will listen to you.” (Pedagogue 1)

”I can literally be there for the students… to talk, help them calm down… but I am not qualified for any psychotherapeutic conversations.” (Pedagogue 4)

”I think some people should be more skilled and competent in this area; we are there merely to recognize the issue, articulate it to students and parents, and guide them further… We are not doctors; we do not treat, but maybe we prevent, recognize, and refer.” (Pedagogue 9)

Although their work includes identification and support, pedagogues assess their competence as insufficient for working with students with impaired mental health, stating that the main reason is inadequate preparation during higher

education. Just like previous research questions, no studies were found that specifically examine pedagogues' competence in the field of mental health. Given the recent increase in the number of students with mental health difficulties, it might be worthwhile to redefine the content of higher education courses for pedagogues to develop their basic competencies for working with such students. Since they recognized the need to cope with new challenges in practice—and consequently acquire additional knowledge—pedagogues report they focused on professional development, particularly through attending training programs and reading professional and scientific literature. King-White (2019) emphasizes that continuous professional development in mental health is a crucial factor in implementing models that strengthen student mental health in schools.

Finally, pedagogues emphasize the existence of clear boundaries in their work due to insufficient competence. This includes providing identification and support through conversations, without engaging in actions that fall within the remit of other professionals (primarily psychologists). Muhyatun (2023) confirms that pedagogues should collaborate with other specialists (psychologists and psychiatrists) to ensure coordinated and appropriate care for students, especially when a student's problem requires specific professional help or intervention. Accordingly, Gulin (2012, 130) notes that in strategies for recognizing risks to children's and adolescents' mental health, all professionals must be aware of their abilities and limitations and of their personal and professional responsibility for the child's well-being. Based on this, pedagogues clearly recognize their preventive role and do not exceed the scope of their pedagogical knowledge and competencies when working with students with impaired mental health. This study represents an initial step toward understanding the insufficiently defined role of pedagogues in the field of students' mental health and clearly differentiates it from that of other professional associates in schools. Pedagogues are often the first professionals to recognize students with impaired mental health; moreover, through their educational practice, they can also influence students' well-being by developing positive relationships with them and providing a safe space in which support, assistance, and protection take place.

Since pedagogues are often the only helping professionals in schools and given the recognized need for interdisciplinary collaboration among professionals in the identification and protection of students' mental health, this paper has implications for educational policies in terms of creating opportunities that would enable such collaboration. It is necessary to expand school professional teams by employing additional professional associates, which would allow for timely identification and protection of students in the area of mental health and, consequently, ensure the quality of work done by schools within a holistic approach to the child. Completing professional teams in schools would enable all professionals to act in accordance with their knowledge and competencies, leading to strengthened preventive and promotive practices as well as faster and more appropriate support for students.

RESEARCH LIMITATIONS

The limitations of this study include the inability to generalize the results due to the small number of participants and the specific context of the schools where the participants work. Additionally, participants may have provided socially desirable responses given the sensitive nature of the topic. It cannot be excluded that the results would differ if the study were repeated with a different sample, which certainly opens the door for further research on this issue.

CONCLUSION

Based on the results of the study, it can be concluded that pedagogues fulfil their role in the area of student mental health through the identification of students with impaired mental health and overall student protection. The identification methods reported by pedagogues include independent identification through direct work with students and collaborative identification in cooperation with other professionals. Furthermore, pedagogues indicate that they engage in protective actions by providing support and assistance to students with impaired mental health, while preventive and promotional actions encompass all students, focusing on building a positive and supportive school climate. Although pedagogues consider themselves initially insufficiently trained to work with students in the mental health domain, their responses reflect a strong professional responsibility toward ensuring student well-being. They recognize the need for self-initiated professional development in this field to ensure that students at risk receive appropriate support. Considering that specific identification methods have proven more effective than traditional approaches in schools, and that universal prevention programs have shown positive effects, pedagogues could focus their role in mental health primarily on preventive and promotional actions that encompass the broader student population. In this preventive role, the pedagogue becomes a facilitator, working with teachers and external professionals to create a school environment conducive to maintaining students' mental health. This role includes direct work with students, as well as raising awareness and empowering teachers to work effectively in this area. Further research could examine pedagogues' perceptions of adopting this new role, which extends beyond their traditional pedagogical duties. Additionally, studies could explore the level of collaboration with parents or external professionals, knowledge of risk and protective factors for children's and adolescents' mental health, and the relationship between school culture and student mental health. The scientific contribution of this research lies in deepening the understanding of the practical role of pedagogues in working with students' mental health and in potentially clarifying this role due to the limited prior research in this area.

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