GRUPO EDITORIAL DE PSICOFUNDACIÓN

Psicothema (2023) 35(4) 327-339

Psicothema

https://www.psicothema.com/es • ISSN 0214–9915

Colegio Oficial de Psicólogos del Principado de Asturias

Psicothema

Article

Educational Psychology: The Key to Prevention and Child-Adolescent Mental Health

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ARTICLE INFO

Received: January 03, 2023
Accepted: February 14, 2023

Keywords:
Educational psychology
Child and adolescent mental health
Psychological assessment
Therapeutic and psychoeducational intervention

ABSTRACT

Background: Educational psychology ranks second, after clinical psychology, in terms of professional activity profiles but in recent decades, the role of the educational psychologist has blurred. **Method:** The specialized literature was reviewed, and previous works by the author on the subject were updated. **Results:** This article emphasizes the relevance of educational psychology for the prevention and promotion of child and adolescent mental health. For this purpose, we must delimit the functions of the psychologist in educational contexts, differentiating it from other professional roles. To this end: (1) the main functions of the educational psychologist with students, their families, and teachers are proposed; (2) the postgraduate training necessary to perform these functions is described; and (3) the relevant role that educational centers can play in the promotion of child and adolescent mental health is shown, using, as an example, two problems: Bullying-cyberbullying and depression in childhood and adolescence. **Conclusions:** Schools should incorporate educational psychologists to develop assessment, prevention, and intervention activities, and schools must be contexts where emotional well-being is promoted and psychological and mental health problems are prevented. The work makes a proposal for intervention from educational psychology.

Psicología Educativa: la Clave de la Prevención y de la Salud Mental Infanto-Juvenil

Palabras clave:
Psicología educativa
Salud mental infanto-juvenil
Evaluación psicológica
Intervención terapéutica y psicoeducativa

RESUMEN

Antecedentes: La psicología educativa ocupa el segundo lugar, después de la psicología clínica, en cuanto a perfiles de actividad profesional, sin embargo, en las últimas décadas el papel del psicólogo educativo se ha desdibujado. **Método:** Se revisó la literatura especializada y se actualizaron trabajos previos del autor sobre el tema. **Resultados:** El artículo enfatiza la relevancia de la psicología educativa en la prevención y la promoción de la salud mental infanto-juvenil. Para ello es necesario delimitar las funciones del psicólogo en contextos educativos, diferenciándolo de otros roles profesionales. Con esta finalidad: (1) se plantean las principales funciones del psicólogo educativo con el alumnado, sus familias y el profesorado; (2) se describe la formación de postgrado necesaria para desarrollar estas funciones; y (3) se evidencia el relevante papel que pueden tener los centros educativos en la promoción de la salud mental infanto-juvenil, utilizando, a modo de ejemplo, dos problemas: el bullying-cyberbullying y la depresión en la infancia y adolescencia. **Conclusiones:** Las escuelas deben incorporar psicólogos educativos para desarrollar actividades de evaluación, prevención e intervención, y deben ser contextos donde promover el bienestar emocional, prevenir problemas psicológicos y de salud mental. El trabajo aporta una propuesta de intervención desde la psicología educativa.

Cite as: Garaigordobil, M. (2023). Educational psychology: The key to prevention and child-adolescent mental health. *Psicothema, 35*(4), 327-339. https://doi.org/10.7334/psicothema2023.1
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Psychology plays a very relevant role in educational contexts because it aims to evaluate-diagnose and prevent problems, optimize the development of students' abilities, and intervene when problems emerge. The educational psychologist's work can be decisive in preventing mental health problems. This work consists of: (1) early identification of problems (emotional and behavioral problems, problems such as anxiety, depression, self-harm, suicide risk, addictions, bullying-cyberbullying, child-parent violence, gender violence, eating disorders…); (2) intervention through preventive programs that avert the onset of problems and/or symptoms; and (3) first-level therapeutic intervention because, depending on the diagnosis and the severity of the problems, the intervention may be referred to other services (health, clinical, or forensic psychologists, addiction treatment centers...), and the follow-up of the evolution of these students and their families.

Although Educational Psychology ranks second after Clinical Psychology in terms of professional activity profiles, the educational psychologist's role has been diluted in recent decades. Currently, psychologists are part of the guidance departments and other teams within the educational system, but their role has become progressively blurred. Their role in the educational system should have more protagonism, with emphasis on the prevention of emotional and mental health problems.

For this purpose, the educational psychologist's functions must be delimited, differentiating them from other professional roles and clarifying the postgraduate training required to develop these functions. Many problems closely related to child and adolescent mental health can be observed in schools. As an example, in this article, we will discuss two problems: bullying-cyberbullying and child/adolescent depression due to their significant prevalence, their severe consequences for development and mental health, and the implied risk of suicide.

Functions of the Educational Psychologist in the School Context

The educational psychologist is a key figure in the functional and balanced development of an educational center at all levels: Early Childhood Education, Primary and Secondary Education, High School, and Vocational Training. Their primary function is to attend to and promote psychological development, psychological and emotional well-being, and mental health in all the agents of the education system: students, families, and teachers (Garaigordobil, 2009).

The educational psychologist's work involves two major objectives: (1) *Evaluate and Diagnose to provide a psychological analysis of the different situations and problems*; and (2) *Intervene, propose, and develop action plans*, both to prevent and optimize the development of people's capacities and to respond to the problems identified. Within this contextualization, the psychologist carries out various activities with the students, teachers, and families. A summary of these is shown in Table 1.

Functions of the Educational Psychologist With the Students

Two functions can be highlighted: (1) psychological evaluation and diagnosis; and (2) therapeutic and psychoeducational intervention.

Psychological Evaluation and Diagnosis

A relevant function of the educational psychologist concerning the students is psychological evaluation and diagnosis. Among others, this function has the following objectives: (1) detection of emotional, mental health, and/or personality disorder problems; (2) early identification and diagnosis of developmental disorders; (3) diagnosis of students with intellectual problems and high abilities; (4) diagnosis of behavioral disorders, emotions, socialization problems…; (5) detection of special educational needs, learning problems and disorders; (6) identification of bullying situations (face-to-face and technological); (7) diagnosis of addictions (substances, technologies…); (8) assessment of parameters associated with academic and professional choice…

Collective Assessments

The educational psychologist carries out collective psychological assessments of the students, consisting of group administration of batteries of tests to measure a broad set of variables of psychological and academic development (for example, intelligence, aptitudes, learning strategies, personality traits, psychopathological symptoms, social behavior, group interactions, emotional intelligence, social-personal-family-school adaptation, interests, values…). These screening explorations are carried out at different times of schooling and aim to identify strengths and also individual and/or group problems.

Individual Diagnosis

The educational psychologist also carries out an individual diagnosis when the family or teachers demand it or problems were identified in previous collective evaluations. In individual diagnoses, the psychologist conducts initial interviews (with the student, their family, and/or the teaching staff or other professionals if necessary) to collect accurate information about the problems, areas of adaptive functioning, socio-family environment... The psychologist administers psychometric tests and other evaluation techniques (observational...) to measure in greater depth the variables selected according to the problems that emerged in the interviews (for example, intelligence, personality, psychopathology, social behavior, socio-family context…). They formulate a diagnosis, conclusions, and recommendations with all the information. Finally, they conduct diagnostic return interviews and counsel the student, family, and/or teacher if required. Both collective evaluations and individual diagnoses conclude with the preparation of psychological reports of the results obtained and intervention proposals for the difficulties identified.

Assessment Instruments

There are currently many assessment instruments for use in the school setting with children, adolescents and young people (see examples in Table 2).

To perform these functions, the educational psychologist must possess a comprehensive repository of assessment instruments and adequately master their application, correction,

and interpretation procedures. This will help them to perform early detection and diagnosis. These instruments must have psychometric guarantees of reliability and validity; that is, they must be based on scientific evidence.

Table 1
Functions of the Educational Psychologist

Users	Functions
Students	Psychological Evaluation and Diagnosis.
	Therapeutic and Psychoeducational Intervention.
Teaching staff	Report the results of collective evaluations and/or individual diagnoses.
	Advise and collaborate, for example, in the analysis of situations, in the teaching-learning processes, in the attention to diversity...
	Training teachers by organizing training courses and conferences
	Emotionally support teachers to promote their emotional well-being and mental health.
	Research on issues related to Educational Psychology.
Families	Provide diagnostic information and advice on the management of problematic situations.
	Train families to optimize their children's development, in managing child and youth problems...
	Intervene therapeutically with the family group and/or refer them to external professionals and carry out follow-ups.

Table 2
Areas and Instruments of Child and Adolescent Assessment

Areas	Instruments
Intelligence, Aptitudes, Neuropsychological functions, Literacy-Language, Study Habits, Others…	WISC-V. Wechsler's Intelligence Scale for Children WPPSI-IV. Intelligence Scale for Preschool and Primary Children RIAS. Reynolds Intellectual Assessment Scales RIST. Reynolds Intellectual Screening Test K-BIT. Kaufman's Brief Intelligence Test DAT-5. Differential Aptitudes Test 5 AEI-R. Early Childhood Education Skills – Revised TEA. School Aptitudes Test ACRA. Scale of Learning Strategies TTCT. Torrance Tests of Creative Thinking CREA. Creative Intelligence TCI. Child Creativity Test NEPSY-II. Children's neuropsychological battery II CUMANIN-2. Child Neuropsychological Maturity Questionnaire-2 BENDER. Visuomotor Gestalt Test EXPLORA. Vocational and professional guidance questionnaire CHTE. Questionnaire of Study Habits and Techniques PROLEXIA. Diagnosis and early detection of dyslexia ...
Personality Traits, Self-Esteem, Social Behavior, Other…	BFQ-NA. Big Five Personality Questionnaire for Children and Adolescents NEO-FFI. NEO-FFI Personality Inventory PAI-A. Personality Assessment Inventory for Adolescents EPQ. A-J. Eysenck Personality Questionnaire TECA. Cognitive and Affective Empathy Test EQ-i:YV. Emotional Quotient Inventory: Youth Version LAEA. List of Adjectives to Evaluate Self-concept A-EP. Assessment of Self-esteem in Primary Education AF-5. Self-concept-Form 5 T2F. Human Figures Drawing Test BAS. Socialization Battery AECS. Attitudes and Social Cognitive Strategies CAPI-A. Impulsive and Premeditated Aggressiveness Questionnaire EHS. Social Skills Scale …
Child Development, Adaptation…	BAYLEY-III. Bayley Child Development Scales-III ABAS-II. Adaptive Behavior Assessment System SENA. System of Evaluation of Children and Adolescents BASC-3. Behavior Assessment System for Children and Adolescents DP-3. Development Profile EOD. Observational Scale of Development TAMAI. Multifactor Self-Assessment Test of Child Adjustment …

Table 2
Areas and Instruments of Child and Adolescent Assessment (Continuation)

Family and group interactions…	TDF. Drawing Family Test
	TFK. Test of drawing the current and prospective kinetic family
	ESFA. Family satisfaction scale by adjectives
	ESPA-29. Scale of Parental Socialization Styles in Adolescence
	SOCIOMET. Program for Conducting Sociometric Studies
	BUDDYTOOL. Online Sociometrics for the Detection of Bullying and the Evaluation of School Coexistence…
Psychopathology and other current problems …	SCL-90-R. 90-Symptom Checklist-Revised
	BYI-2. Beck Youth Inventories -2
	SPECI. Screening of Children's Emotional and Behavioral Problems
	Q-PAD. Questionnaire for the Assessment of Problems in Adolescents
	ESQUIZO-Q. Oviedo Questionnaire for the Assessment of Schizotypy
	STAXI-NA. State-Trait Anger Expression Inventory in Children and Adolescents
	STAIC. State-Trait Anxiety Questionnaire in Children
	CDS. Child Depression Scale
	IDER. Trait-State Depression Inventory
	EGEP-5. Global Assessment of Post-Traumatic Stress
	CIT. Trauma Impact Questionnaire
	A-D. Antisocial and Delinquent Behavior Questionnaire
	EDI-3. Eating Disorders Inventory
	IECI. Inventory of Children's Daily Stress
	FRIDA. Interpersonal Risk Factors for Drug Use
	CYBERBULLYING. Peer Bullying Screening. Face-to-face and Technological Bullying…

Note: See supplementary information in the School and Clinical Catalogue (TEA, 2023) and Assessment Tests Catalogue (Pearson, 2023).

Intervention

In addition to evaluating, the educational psychologist' second relevant function concerning the students is to conduct activities linked to the intervention. We can differentiate two types of interventions, therapeutic and psychoeducational, which involve the students' psychological and educational needs. The intervention: (1) consists of a set of preventive and therapeutic actions complementary to teachers' academic instruction in the classroom and aims to prevent and optimize school development and performance and treat problems; (2) is generally designed in the form of programs or sequences of concrete and timed activities to achieve specific objectives; and (3) its effectiveness should always be evaluated.

Therapeutic Intervention

This type of intervention addresses problematic situations that have already occurred, focusing on students with problems (emotional, behavioral, social, intellectual – learning/achievement, mental health...), or on groups in conflictive situations (bullying, low self-esteem, divorce, school phobia...) that have been identified in previous diagnostic explorations. Concerning these students, the psychologist: (1) performs the corresponding individual, group, or family treatment (first-level treatments); that is, actions meeting the students' educational and psychological needs; or (2) depending on the nature and severity of the diagnosis, the intervention is referred to specialized centers, external professionals (health, clinical, forensic psychologists, other existing intervention social network services, such as addiction treatment centers, eating behavior problems...), and the psychologist monitors these students' evolution, and coordinating the external services and the measures to be adopted in the school. In this context, there are empirically validated interventions for various child and adolescent problems. Psychological interventions have also shown their efficacy and clinical utility in various application areas, which are not limited only to health contexts or clinically diagnosed mental disorders according to the usual international classification systems (see Fonseca-Pedrero et al., 2021).

Psychoeducational Intervention

in general, psychoeducational interventions are based on programs. This involves selecting existing programs, implementing them, and evaluating their effects. The psychologist administers these programs or trains teachers to apply them, or contacts available organizations in the specialized services network to administer them. Three types of programs are differentiated within the psychoeducational intervention programs according to their objectives: preventive, developmental optimization, and academic-vocational-professional guidance.

Preventive programs address processes to avert the onset of problems in the different educational stages. For example, among other programs, to prevent: (1) school failure (a serious problem that currently affects 20% of secondary school students) or early school dropout (Spain has the second highest rate in the European Union), and/or to improve students' performance; (2) physical and psychological addictions (alcohol, drugs, internet, sex…); (3) violence (peer violence, gender violence, child-parent violence...); (4) problems of adaptation to school entry; (5) teenage pregnancies; (6) anxiety; (7) depression, self-harm, suicide; (8) eating problems (anorexia, bulimia…); (9) the risks of social media and the Internet... The objective of these programs is to intervene on risk factors to prevent the development of academic, emotional, and mental health problems.

Developmental optimization programs aim to promote various developmental factors during childhood and adolescence. For example, among others, programs to stimulate: (1) psychomotor development (psychomotor functions—development of the body and senses); (2) cognitive development (intelligence—attention, observation, memory, logical reasoning, cognitive problem-solving strategies; creativity; learning strategies; language …); (3) social development (social behaviors and competences such as communication skills, prosocial behaviors, peaceful conflict-resolution behaviors, the ability to identify and eliminate stereotypes and prejudices that provoke discriminatory behaviors, ethical-moral values and respect for human rights—dialogue, tolerance, freedom, solidarity, equality, justice, peace…); (4) affective-emotional development (emotional competencies such as the ability to identify emotions, understand the causes and consequences of emotions, regulate and adequately express emotions (e.g., anger, fear, sadness...), activate positive emotions in oneself and others (e.g., joy...), the capacity for empathy, understanding cognitively and affectively others' emotional states, self-concept-self-esteem, esteem of others…); and (5) the development of positive health habits (sleep, eating, physical exercise, sexuality, alcohol, drugs…).

Academic-vocational-professional guidance programs aim to facilitate vocational and career guidance. After evaluating the students to measure parameters associated with their academic-professional choice (intelligence, personality, study habits, academic performance, motivations, interests...), the psychologist applies vocational development programs, training in study techniques (learning strategies) and improving academic performance. The psychologist also collaborates with the counselor or the teaching staff so that they can apply these programs.

Functions of the Educational Psychologist With the Teaching Staff

Five functions can be identified:

Reporting the Results of Collective Evaluations and/or Individual Diagnoses

Usually, the psychologist first requests information from the teachers and then informs them of the students' individual and collective diagnostic results, with the due guarantees of their confidentiality. If teachers have information about the students' intellectual abilities, personality, and difficulties... they can help the students more effectively.

Advising and Collaborating in the Analysis of Situations, in the Teaching-Learning Processes, in Attention to Diversity

For example, the psychologist collaborates in the analysis of problematic school situations and their solutions (disruptive behaviors, demotivation, emotional alterations, problems of coexistence, behavior problems...), in various topics related to the teaching function (understanding the teaching-learning processes, group dynamics and communication techniques, cooperative learning...), in attention to diversity, because classrooms are currently very heterogeneous (immigrants, students with special educational needs, with high abilities ...) and the psychologist can collaborate with the teacher in attending to this diversity...

Training Teachers by Organizing Training Courses and Conferences

For example, concerning intervention programs that will be implemented (to stimulate intelligence and creativity, improve coexistence...), regarding the topics in which teachers express interest, or also training to develop teachers' skills for the early detection of students who are experiencing incipient mental health problems (observation indicators), which will allow early intervention measures to be implemented.

Emotionally Supporting Teachers to Promote Their Emotional Well-Being and Mental Health

It is important to provide a service to prevent and minimize teachers' problems such as burnout syndrome (generated by professional exhaustion and stress), the negative effects of Covid-19..., or other issues they may have. Teachers sometimes need help managing the pressures and complexities associated with their teaching roles and maintaining their own health and well-being. Caring for and psychologically supporting teachers is essential.

Research on Issues Related to Educational Psychology

Another function of the psychologist, although secondary, is to conduct research in collaboration with teachers and other researchers on various topics of Educational Psychology (the mental processes involved in learning, learning mediated by the use of new technologies, teacher behaviors favoring educational processes, bullying, drug use, the effects of the programs that are applied in the center...).

Functions of the Psychologist with the Family

Three functions can be identified:

Providing the Family With Diagnostic Information and Advising Them on how to Manage Problematic Situations

The psychologist first collects information from the parents (initial interviews) and then provides information (return interviews) about the results of the evaluations carried out on their children (individual and collective). Based on these data, they advise the family on how to manage problematic situations that family members may experience (loss of loved ones, divorce, school failure, anorexia, addictions, violence, sleep disorders, eating disorders, behavior disorders…).

Training Families to Optimize Their Children's Evolutionary Development and in Child and Youth Problems

For example, they organize conferences and debates on topics of interest to the parents (evolutionary characteristics at each stage of the life cycle, appropriate educational guidelines for children to learn to regulate their emotions and behavior, strategies to promote self-esteem, emotional intelligence... child and adolescent sexuality, communication techniques with children, addictions—drugs, internet..., learning problems, mental health problems during childhood, adolescence, and youth…).

Intervening Therapeutically With the Family Group and/or Referring to External Professionals and Follow-up

The psychologist performs first-level therapeutic interventions with the family to help resolve conflicts that improve the homeostatic family balance (managing emotional and behavioral problems...) but, depending on the severity of the situation, the treatment may be referred to external professionals (clinicians...), and the psychologist will monitor the treatment and coordinate with the educational institution.

Intervention Programs

In the last two decades, many intervention programs for students and families have been developed to prevent and treat various problems from the school context. Table 3 presents examples of diverse programs for: (1) encouraging social-emotional development (social and emotional competencies); (2) stimulating cognitive development, variables related to various intellectual functions or problems that affect them; (3) preventing problems such as peer violence, gender violence, physical and technological addictions...; (4) therapeutically addressing problems that small groups of students can share (elaborating grief, expressing rage and anger adaptively, developing social skills, identifying negative thoughts and coping with them constructively, coping with situations of separation-divorce in the family, detecting-intervening in sexual abuse—but when this problem is identified, it requires other extracurricular, clinical, judicial interventions…); and (5) assisting parents in the education of their children, providing programs to promote positive parenting guidelines and/or strategies to deal with problems of their children and/or the family.

Current Situation of Educational Psychology

At this point, it is worth asking if the inclusion of the educational psychologist is a need that is well covered in Spanish schools. The answer to this question is no because, in Spanish schools, there is a significant deficit in the psychological care of the students and support and advice to teachers and families. Furthermore, the problems that must be addressed in schools are complex, especially those related to behavior, emotions, and mental health, so it is necessary to have a specialized professional with knowledge and skills to develop the above-mentioned functions.

As previously pointed out, the role of the psychologist in schools has been diluted in recent years. It is, therefore, necessary to: (1) delimit the functions of the educational psychologist, differentiating them from other complementary professional roles (specialists in therapeutic pedagogy, counselors…); (2) incorporate more psychologists in all educational centers, with specialization in the different stages, highly trained in mental health, with the necessary skills to promote emotional well-being and mental health throughout the educational community, with an acceptable ratio of students (UNESCO indicates 1 psychologist for every 250 students), which would allow the realistic performance of the described functions in collaboration with other professionals (teachers, counselors, health psychologists, clinicians…); and (3) create a postgraduate course in educational psychology with its specific guidelines, which would qualify students to exercise the profession; that is, a specific training itinerary framed within the European Higher Education Area.

Concerning training in this postgraduate course, we note the indications of the General Council of Psychology of Spain in its documentation for the national accreditation of the psychologist expert in educational psychology (Consejo General de la Psicología de España, 2020). This document emphasizes that this basic training must involve knowledge and skills to evaluate-diagnose, prevent, promote and intervene in the following areas: (1) *Developmental and life cycle psychology* (emotional, psychomotor, language, cognitive, socialization, personality development…); (2) *Developmental psychopathology*; (3) *Psychology of learning* (neuropsychological development applied to learning, emotional aspects that influence learning, methodology of the teaching-learning process …); (4) *Psychological and psychoeducational evaluation and differential diagnosis* (assessment techniques—of the teaching-learning processes, intelligence, attention, executive functions, psychomotricity, language, personality, social relationships, coexistence, bullying, psychopathology—and psychological and psychoeducational reports); (5) *Psychoeducational and psychotherapeutic techniques*; (6) *Intervention programs* (to prevent cognitive, emotional, behavioral, social problems and to promote the development of such processes); (7) *Attention to diversity*; (8) *Impact of technologies and social networks on behavior*; (8) *Vocational and career guidance*; (9) *Teacher guidance, counseling, and training*; (10) *Guidance, counseling, family intervention and family training*; (11) *Professional ethics*; and (12) *Research designs*.

The Relevance of Schools in the Promotion of Mental Health

Schools can play a vital role in preventing mental health problems and promoting mental health. As previously noted, the educational psychologist implements and/or facilitates the application of programs to prevent problems (failure and dropping out of school, addictions, violence, anxiety, depression-suicide, eating problems...) and programs to optimize development (socio-emotional…). The factors addressed in these programs prevent problems and promote mental health. In addition, epidemiological studies conclude that: (1) a significant percentage of children, adolescents, and young people have mental health problems. Anxiety, depression, behavioral disorders, self-harm, suicidal ideation... are present in a high percentage of students, and these problems affect academic development; and (2) many mental health problems begin in childhood; In fact, 50% of chronic mental health problems start before the age of 14. Furthermore, there is evidence that psychological distress in childhood often continues into adolescence and adulthood. Therefore, the school can be an ideal context for detecting early signs of mental health problems and providing early intervention. Thus, the role of the educational psychologist in preventing and promoting mental health from the model proposed in this article is very relevant.

Table 3
Psychoeducational and Therapeutic Intervention Programs

Goals	Intervention programs
Socio-emotional development	JUEGO [GAME]. Cooperative and creative games (4-12 years) (Garaigordobil, 2003, 2004, 2005, 2007) EMOTIONS. Thinking emotions with mindfulness (Giménez et al., 2016, 2017) FORTIUS. Psychological strength and prevention of emotional difficulties (Méndez et al., 2013) CON-VIVENCIA. Emotion education program (Mestre et al., 2012). SENTIA. Promotion of self-esteem in early childhood education (Páez et al., 2020) INTEMO+ Program to improve the emotional intelligence of adolescents (Cabello et al., 2021) PREDEMA. Emotional education program for adolescents (Montoya et al., 2016) SEA. Development of social, emotional, and mindfulness skills for youth (Celma et al., 2017) PRP. Positive Relationships Program. Promotion of socio-emotional competences (Monjas, 2021)
Cognitive development and other related functions	PIAAR-R (levels 1 and 2). Intervention programs to increase attention and reflexivity (Gargallo, 2009) ESTIMULA [STIMULATE]. Psychoeducational intervention cards (Vallés et al., 2018) PIRATE ADVENTURE. Training of attention and executive functions through self-instructions (Sardinero, 2017) ABC Dyslexia. Reading and writing program (Outón, 2010)
Peer violence (bullying -cyberbullying), addictions…	CYBERBULLYING. Prevent and act (Luengo, 2014) CYBERPROGRAM 2.0. An intervention program to prevent and reduce cyberbullying (Garaigordobil & Martínez-Valderrey, 2014) CYBEREDUCA COOPERATIVE 2.0. Video game to prevent bullying and cyberbullying www.cybereduca.com (Garaigordobil & Martínez-Valderrey, 2016) BULLYING. Psychoeducational intervention guide (Calvo & Vallés, 2016) ADITEC. Evaluation and prevention of addiction to Internet, mobile phones, and video games (Chóliz et al., 2016) SALUDA. Prevention of alcohol abuse and drug use (Espada & Méndez, 2003)
Psychosexual education and gender violence	AGARIMOS. Co-educational program for psycho-affective and sexual development (Lameiras et al., 2020) AND YOU...? WHAT DO YOU WANT TO BE? Intervention against gender violence (Ortega, 2011) PREVIO. Preventing dating violence (Muñoz et al., 2015) App Liad@s. App to reduce sexist behaviors and increase awareness of gender violence (2019)
Therapeutic	Shooting stars grant no wishes. Prevention, evaluation, and intervention program for grief in the school context (Ramos et al., 2010). Animales rabiosos [Furious animals]. Program to control and express anger and anger positively and healthily (Mariah, 2011) The Planet of the Psimon. Therapeutic game to teach cognitive-behavioral skills (Vogel, 2009) My family has changed. Program to deal with situations of separation or divorce (Berg, 2007) Coletas and Verdi. Prevention, detection, and treatment of child sexual abuse (Rodríguez & De la Cruz, 2013)
Family	EMPECEMOS [Let's start]. Program for intervention in childhood behavior problems (Romero et al., 2014) EDUCA [EDUCATING]. School for parents. Positive education to teach your children (Diaz et al., 2017) COFAMI. Family co-responsibility (Maganto & Bartau, 2004) LISIS [LYSIS]. Parent/child relationships during adolescence (Lila et al., 2006) EGOKITZEN. Post-divorce intervention for parents (Martínez et al., 2021)

UNICEF's latest report (2021) on the mental health of children and adolescents in the 21st century reveals that even before COVID-1, children and youth were already suffering from mental health problems. Worldwide, mental disorders are a major cause of frequently overlooked suffering that interferes with the health and education of children and young people and their ability to reach their full potential. This report provides some relevant prevalence data: (1) More than 13% of adolescents aged 10 to 19 suffer from a diagnosed mental disorder as defined by the World Health Organization; (2) Every year, almost 46,000 adolescents commit suicide, one of the five leading causes of death for this age group; (3) Anxiety and depression account for about 40% of these diagnosed mental health disorders; others include attention-deficit/hyperactivity disorder, conduct disorder, intellectual disability, bipolar disorder, eating disorders, autism, schizophrenia, and a group of personality disorders; and (4) Children and young people also manifest psychosocial distress that does not reach the level of epidemiological disorder, but which disrupts their lives, health, and future prospects.

The recent study of PsiCE (Evidence-based Psychology in Educational Contexts), currently under development, confirms these data. This work, carried out by the General Council of Psychology and led by Pilar Calvo, Dean of the Official College of Psychology of La Rioja, and Eduardo Fonseca, Vice-Dean of the University of La Rioja, aims to examine the effectiveness of the Unified Protocol for the Transdiagnostic Treatment of symptoms of anxiety and depression in Adolescents (UPA) in educational contexts. The goal is to prevent emotional problems in educational settings and to improve social-emotional adjustment, learning processes, and academic performance (Fonseca-Pedrero et al., 2023b; Calvo, 2022). As part of their results (Fonseca-Pedrero et al., 2023a), they found in a sample of 8,749 adolescents aged 11 to 18 years (M = 14.1, SD = 1.6) that 32% had moderate-severe depressive symptoms, 4,9% manifested previous suicide attempts, and 34% had anxiety symptoms of moderate-severe intensity. The data obtained in this study show the need for educational psychologists with these functions.

As the WHO (2021) emphasizes, schools are essential for young people to acquire knowledge, social-emotional skills, including self-regulation and resilience, and critical thinking skills that lay the foundation for a healthy future. Access to education and safe and supportive school environments have been linked to better health outcomes. In turn, good health is linked to reduced dropout rates and higher educational attainment, educational performance, employment, and productivity. The WHO has long recognized the link between health and education and the

potential of schools to play a central role in protecting students' health and well-being. Many health conditions can be prevented and better managed in the school environment if detected early. School health services provide an opportunity for timely interventions in a variety of problems such as anxiety, depression, behavioral disorders, diabetes, obesity... In all the WHO regions, school-age children and adolescents (aged 5-19) experience many largely preventable health problems, including unintentional injuries, interpersonal violence, sexual and reproductive health problems, contagious and non-contagious diseases, mental health problems ... In addition, school-age children and adolescents have positive needs for health and physical, sexual, psychosocial, and neurocognitive development as they progress from childhood to adulthood. According to the WHO, there are many reasons why school health services are uniquely positioned to contribute to school-age children's health and well-being. As a consequence, the WHO (2021) suggests that comprehensive school health services should be implemented.

Childhood and adolescence are essential stages of human development. They are very sensitive periods of development in which the foundations for subsequent development are laid (youth and adulthood), and therefore, we emphasize the relevance of acting during these stages. In both evolutionary stages, psychological interventions should stop focusing solely on the mere reduction of psychopathological symptoms in clinical-care contexts and instead promote specific skills and socio-emotional competencies within a positive development model based on capacities and strengths. Educational centers are the context par excellence to carry out this type of action because they are the natural environment where children spend considerable time until they are 16 years old. In this sense, valuing the importance of natural environments, educational centers must become one of the most important contexts for health promotion and preventive interventions. Therefore, a real investment of resources must be made to implement actions to promote health and emotional well-being and prevent possible psychological problems. It is essential to address psychological, emotional, and mental health problems early because if they are not addressed, they may turn into mental health disorders in the future: psychosis, major depression…

Of the problems observed in schools closely linked to mental health, we mention two as an example, bullying/cyberbullying and child and adolescent depression. They have been chosen for their relevant prevalence, severe consequences for development and mental health, and the significant risk of suicide they imply.

Bullying and Cyberbullying

This is a highly prevalent problem, existing in all schools. A recent study by the International NGO *Bullying without Frontiers* (2020-2021) concludes that in Spain, 7 out of 10 children suffer some bullying-cyberbullying behavior daily and that cases of bullying are increasing; Spain is heading the European list of cases (Informe mundial de la ONG Bullying sin Fronteras, 2022). However, it should be noted that this 70% are not suffering severe victimization because recent studies and reviews (Feijóo et al., 2021; Garaigordobil 2017, 2020, 2022; Garaigordobil & Larrain, 2020) show a percentage of frequent victimization between 5-10%, and occasional victimization of approximately 40%.

Systematic reviews and recent studies of the consequences of bullying/cyberbullying (Aparisi et al., 2021; Consolação et al. 2022; Chen et al., 2020; Fajardo-Bullón et al., 2021; Fossum et al., 2021; Hamstra and Fitzgerald, 2022; Hong et al., 2022; Longobardi et al., 2022; Lucas-Molina et al., 2022; Maria Michael y Reyes, 2021; Moore et al., 2017; Pichel et al., 2022; Rivara and Le Menestrel, 2016; Rodríguez-Álvarez et al., 2021; Sidera et al., 2021; Thornberg et al., 2021; Urra, 2018; Wachs et al., 2020; Wang et al., 2020) show its severe effects for all those involved. Although the most serious effects are suffered by the victims, aggressors are also at greater risk of suffering psychosocial maladjustment and psychopathological disorders in adolescence and adult life compared to students not involved in bullying situations.

Victimization through bullying/cyberbullying has become a major mental health problem. In the extreme, it can lead to suicide, but even when it does not have these fatal effects, it very often has serious consequences, as the victims develop many problems (Garaigordobil, 2022): (1) *Academic*: Some have problems in academic performance, including school failure; (2) *Emotional*: They feel insecure, lonely, unhappy; it decreases their self-esteem, self-confidence; they feel guilt, shame, fear, and also anger, frustration, irritability, aggressiveness...; (3) *Psychosocial*: They withdraw, isolate themselves socially, and some even develop a social phobia; (4) *Physical*: In face-to-face bullying, they show bruises and wounds, but sometimes severe physical injuries (paraplegia...) or even death (cerebral edema...) occur as a result of the beatings suffered; and (5) *Psychopathological*: They present psychosomatic problems, constant headaches, stomachaches, abdominal pain... because the tensions they suffer are transformed into physical problems; post-traumatic stress, they relive over and over the aggressions and/or humiliations suffered; they present sleep disorders (insomnia, nightmares, enuresis, bruxism…); hyperactivity; eating disorders; behavioral problems; alcohol and drug use; dependence and/or addiction to technologies; intense anxiety, including panic attacks; depressive symptoms (moderate-severe depression); in many cases, they have suicidal ideation and every year, some of them commit suicide. In fact, bullying is one of the main reasons for child and adolescent suicide. These consequences, these symptoms, occur while the victims are suffering bullying, but in many cases, they also persist throughout life. Many adults come to psychologists' consultations for problems of anxiety, depression, social phobia... who were bullied during childhood, adolescence, or youth.

Therefore, all the work of identifying, preventing, and intervening to eradicate bullying in schools will support emotional well-being and mental health. In this sense, schools need to implement detection-evaluation measures. We currently have many evaluation instruments, although not all are standardized with psychometric guarantees of reliability and validity. For example, the *Peer Bullying Screening* (Garaigordobil, 2013, 2017) identifies and evaluates face-to-face bullying (physical, verbal, social, and psychological aggressive behaviors) and 15 cyberbullying behaviors in students from 12 to 18 years old.

In addition to evaluating, we must implement prevention-intervention strategies in schools. We currently have numerous programs to prevent and eliminate bullying/cyberbullying, although not all are based on empirical evidence. An example is the Cyberprogram 2.0., an intervention program to prevent and reduce cyberbullying (Garaigordobil & Martínez-Valderrey,

2014, 2016), which has been experimentally validated, showing its effectiveness in reducing victimization and perpetration of bullying in all its forms, increasing empathy, the ability to solve problems cooperatively, self-esteem, and positive social behaviors. This program has the following objectives: (1) identify and conceptualize bullying/cyberbullying and the three roles involved; (2) analyze the consequences of bullying/cyberbullying for the victims, aggressors, and observers, enhancing empathy with victims and the ability to report these situations when they are discovered; and (3) develop coping strategies to prevent and reduce bullying/cyberbullying behaviors. More information on the subject can be found in Garaigordobil (2020).

Depression in Childhood and Adolescence

Another problem that goes largely unnoticed at school and in the family is child and adolescent depression. Many studies warn about the high prevalence of depression at an early age, approximately 4% of students aged 8 to 12 years and 6.5% of adolescents. Although the onset of major depressive disorders usually occurs between 11-12 years, the onset of less severe depressive symptoms is observed as early as 7-8 years (Garaigordobil et al., 2023).

Emotional disorders in childhood and adolescence affect cognitive, emotional, somatic, and behavioral development. They are usually associated with negative consequences such as poor academic performance, problems in family and social relationships, health problems, and suicide attempts, or completed suicide. We must not forget the risk of suicide that depression entails, which, according to the latest WHO report, is the leading cause of unnatural death between 10-24 years. Some studies (Garaigordobil et al., 2017) have found positive relationships between childhood depression and school maladjustment, emotional and behavioral problems, problematic social behaviors, emotional reactivity, and childhood stress, as well as negative relationships with personal adjustment, self-concept, social skills, a sense of competence and affiliation. In addition, the continuity of depressive disorder in childhood and adolescence has been confirmed in adulthood. People who suffer from depressive symptoms at an early age are very likely to suffer from depression and other mental pathologies in adulthood.

These data emphasize the need to identify depressive symptoms early, and schools are an ideal context to detect these problems and intervene when the first symptoms appear. For this purpose, we have many evaluation instruments, for example, self-reports such as the CDS to evaluate childhood depression, the IDER to measure depression in adolescents/youth, the SENTIA scale to evaluate suicidal behavior in adolescents (Díez-Gómez et al., 2020), or the SPECI to detect emotional and behavioral problems observed by the family and teachers.

In addition, these data suggest the need to implement preventive programs for emotional disorders in childhood and adolescence in the school and family settings. For this purpose, we have specific programs for the prevention of childhood and adolescent depression, validated experimentally, which include activities to cope with negative emotions and irrational thoughts..., develop social skills, self-esteem, and resilience..., learn coping strategies for problems, anxiety, depressive thoughts and feelings…).

An example of these programs is *"Pozik Bizi-Vivir Feliz"* (Bernarás et al., 2020) to reduce depressive symptoms during childhood. The program has three objectives: (1) *Improve relationships between group members and reduce social stress* (enhance listening and empathy, learn to help each other, stimulate respect, analyze and resolve group conflicts…); (2) *Identify, understand and regulate negative emotions and thoughts and enhance positive thinking* (discriminate positive-negative thoughts, learn to regulate emotions, differentiate appropriate-inappropriate behaviors, identify behaviors related to depression—sadness, irritability, loss of interest in pleasant situations such as playing..., physical symptoms, pain, weight loss, fatigue, concentration problems..., and to examine situations that increase the risk of depression—problems with friends, academic problems, parents' depression, having suffered physical or psychological trauma…); and (3) *Develop skills, decrease feelings of anxiety, increase self-esteem and self-confidence* (discriminate and analyze anxiety situations and their consequences, learn relaxation skills, identify situations that increase-decrease self-esteem, provide strategies to cope with negative thoughts… (Garaigordobil, Bernarás et al., 2019; Garaigordobil, Jaureguizar et al., 2019).

Another example of a program for children and adolescents is *FRIENDS Resilience* (Barrett & Turner, 2001). It is used in schools and centers worldwide. This program is the only one approved by the WHO for its 15 years of comprehensive evaluation and practice. The program teaches social and emotional skills to prevent and reduce anxiety, depression, emotional distress, and social difficulties. It is a program created for children and their families, which teaches life skills and strategies to acquire resilience. Through dynamics and practical strategies, the program builds emotional resilience and strategies to cope with stress, worry, fear, and sadness. By learning these skills, students will be more prepared to cope with stress and, in turn, increase their self-esteem and mental health. The program includes content such as one's own and others' emotions, relaxation, trying to do one's best, planning steps, time to have fun together, skills with friends and family, being happy... More information on the subject can be found in Garaigordobil et al. (2023).

Conclusions

It is important for schools to be contexts that: (1) promote emotional well-being, prevent psychological and mental health problems of the students, their families, and teachers; (2) detect incipient problems and intervene early in collaboration with other external professionals (clinical psychologists, treatment centers for problems related to mental health…); and (3) do not generate stress and unhappiness in some students and do not stigmatize mental disorders. Schools can be healthy and inclusive environments where children and adolescents learn essential skills to reinforce their well-being, but they can also be places where children can suffer bullying, racism, discrimination, peer pressure, and stress due to academic performance (UNICEF, 2021). School is a place in which to learn, train people, and protect everyone's mental health. For this purpose, it is necessary to include educational psychologists and create a postgraduate degree in educational psychology that provides the necessary training to perform the various functions to be developed with students, their families, and teachers. In addition, the importance of the school-mental health-community connection should be emphasized: Educational psychology professionals

provide a range of services that connect mental health, behavior and learning, school and home, and school and community services. The provision of continuous mental health services in schools is critical to effectively address the students' needs.

However, this requires governments to invest more so schools can incorporate educational psychologists into their staff to develop evidence-based assessment, prevention, and intervention activities. More investment is needed in child and adolescent mental health because the cost of promoting resilience, prevention, and early intervention in children and adolescents with mental health, behavioral, or neurodevelopmental problems is significantly lower than the cost of treating these problems in youth and/or adulthood. The report of UNICEF (2021) points in this direction, highlighting that there are still large gaps between mental health needs and funding for mental health. Despite the widespread demand for responses that promote, protect, and care for mental health in childhood and adolescence, investment remains negligible.

Acknowledgments

My special thanks to Pilar Calvo, Dean of the Official College of Psychology of La Rioja, for all our reflections on Educational Psychology that underlie this proposal.

References

Aparisi, D., Delgado, B., Bo, R. M., & Martínez-Monteagudo, M. C. (2021). Relationship between cyberbullying, motivation and learning strategies, academic performance, and the ability to adapt to university. *International Journal of Environmental Research and Public Health, 18*, Article 10646. https://doi.org/10.3390/ijerph182010646

App Liad@s (2019). Aplicación de móvil para reducir los comportamientos sexistas y aumentar la conciencia de la violencia de género [App to reduce sexist behaviors and increase awareness of gender violence]. Universidad de Valencia. https://www.uv.es/uvweb/universidad/es/videos/listado-videos/app-liad-prevencion-violencia-genero-adolescentes-1285868042985/Recurs.html?id=1286022575300

Barrett, P., & Turner, C. (2001). Prevention of anxiety symptoms in primary school children: preliminary results from a universal school-based trial. *British Journal of Clinical Psychology, 40*, 339-410. http://dx.doi.org/10.1348/014466501163887.

Berg, B. (2007). *Mi familia ha cambiado* [My family has changed]. TEA. https://web.teaediciones.com/MI-FAMILIA-HA-CAMBIADO.aspx

Bernarás, E., Jaureguizar, J., & Garaigordobil, M. (2020). *Pozik Bizi: Programa para la mejora de las emociones y síntomas depresivos en niños y niñas de 8 a 10 años* [Pozik Bizi: Program for the improvement of emotions and depressive symptoms in children from 8 to 10 years old]. Servicio Editorial de la Universidad del País Vasco. https://web-argitalpena.adm.ehu.es/listaproductos.asp?arbol=01&IdTopics=011010

Cabello, R., Castillo, R., Rueda, P., & Fernández, P. (2021). *Programa INTEMO+ Mejorar la inteligencia emocional de los adolescentes* [INTEMO+ Program to improve the emotional intelligence of adolescents]. Pirámide. https://www.edicionespiramide.es/libro.php?id=4301566

Calvo, P. (2022). La prevención de los problemas psicológicos es la gran contribución de la Psicología Educativa - Entrevista a Pilar Calvo, coordinadora de la División de Psicología Educativa del COP [The prevention of psychological problems is the great contribution of Educational Psychology - Interview with Pilar Calvo, coordinator of the Educational Psychology Division of the COP]. *Infocoponline 28-7-2022*. https://www.infocop.es/view_article.asp?id=22287

Calvo, P., & Vallés, P. (2016). *El acoso escolar: Guía de intervención psicoeducativa* [Bullying: Psychoeducational intervention guide]. EOS. https://www.giuntipsy.es/educativo/intervencion/materiales-de-intervencion.html

Celma, L., & Rodríguez, C. (2017). *Programa SEA. Desarrollo de habilidades sociales, emocionales y de atención plena para jóvenes* [SEA program. Development of social, emotional, and mindfulness skills for youth]. TEA. https://web.teaediciones.com/Programa-SEA-Desarrollo-de-habilidades-sociales--emocionales-y-de-atencion-plena-para-jovenes-en-el-aula.aspx

Chen, P., Xin, M., Xie, Q., Wei, C., Yu, C., Gan, X., Xie, X., & Zhang, W. (2020). Cyberbullying Victimization and adolescent drinking behavior: deviant peer affiliation as a mediator and personal growth initiative as a moderator. *Frontiers in Psychiatry 11*, Article 572530. https://doi.org/10.3389/fpsyt.2020.572530

Chóliz, M., Marco, C., & Chóliz, C. (2016). *ADITEC. Evaluación y Prevención de la adicción a internet, móvil y videojuegos* [ADITEC. Evaluation and prevention of addiction to Internet, mobile phones, and video games]. TEA. https://web.teaediciones.com/ADITEC-Evaluacion-y-Prevencion-de-la-Adiccion-a-Internet--Movil-y-Videojuegos.aspx

Consejo General de la Psicología de España (2020). *Acreditación nacional de psicólogo/a experto/a en psicología educativa* [National accreditation of psychologist expert in educational psychology]. Comisión Nacional de Acreditación Profesional. Madrid. https://www.acreditaciones.cop.es/pdf/APEducativa.pdf

Consolação, M. E., Ramos-Jorge, M. L., Andrade, B., De Oliveira, C., Alves, M., Gomes, P., Lopes, C., & Galo, R. (2022). Bullying victimization is associated with possible sleep bruxism in school children. *Journal of Affective Disorders Reports, 7*, Article 100297. https://doi.org/10.1016/j.jadr.2021.100297

Díez-Gómez, A., Pérez-Albéniz, A., Ortuño-Sierra, J., & Fonseca-Pedrero, E. (2020). SENTIA: An Adolescent Suicidal Behavior Assessment Scale. *Psicothema, 32*(3), 382-389. https://doi.org/10.7334/psicothema2020.27

Díaz, M. A., Díaz, M. I., & Comeche, I. (2017). *Programa EDUCA. Escuela de padres. Educación positiva para enseñar a tus hijos* [EDUCATING Program. School for parents. Positive education to teach your children]. Pirámide. https://www.edicionespiramide.es/libro.php?id=5045694

Espada, J. P., & Méndez, F. X. (2003). *Programa SALUDA. Prevención del abuso del alcohol y del consumo de drogas de síntesis* [SALUDA Program. Prevention of alcohol abuse and drug use]. Pirámide. https://www.edicionespiramide.es/libro.php?id=649072

Fajardo-Bullón F., Rasskin-Gutman I., Redondo Pacheco J., León-del Barco, B., Burguillo, B., & Felipe-Castaño, E. (2021). Analysis of mental health in cyberbullying victims and perpetrators in Spanish and Colombian adolescents. *Revista Latinoamericana de Psicología 53*, 122-132. https://doi.org/10.14349/rlp.2021.v53.14

Feijóo, S., Foody, M., O'Higgins, J., Pichel, R., & Rial, A. (2021). Cyberbullies, the Cyberbullied, and Problematic Internet Use: Some Reasonable Similarities. *Psicothema, 33*(2), 198-205 https://doi.org/10.7334/psicothema2020.209

Fonseca-Pedrero, E., Calvo, P., Díez-Gómez, A., Pérez-Albéniz, A., Lucas-Molina, B., & Al-Halabí, S. (2023a). *La salud mental de los adolescentes en contextos educativos: reflexiones derivadas del estudio PSICE* [The mental health of adolescents in educational contexts: Reflections derived from the PSICE study]. Consejo General de la Psicología de España.

Fonseca-Pedrero, E., Pérez-Álvarez, M., Al-Halabí, S., Inchausti, F., López-Navarro, E. R., Muñiz, J., Lucas-Molina, B., Pérez-Albéniz, A., Baños

Rivera, R., Cano-Vindel, A., GimenoPeón, A., Prado-Abril, J., González-Menéndez, A., Valero, A. V., Priede, A., González-Blanch, C., Ruiz-Rodríguez, P., Moriana, J. A., Gómez, L. E., Navas, P., … Montoya-Castilla, I. (2021). Empirically supported psychological treatments for children and adolescents: State of the art. *Psicothema, 33*(3), 386-398. https://doi.org/10.7334/psicothema2021.56

Fonseca-Pedrero, E., Pérez-Albéniz, A., Al-Halabí, S., Lucas-Molina, B., Ortuño-Sierra, J., Díez-Gómez, A., Pérez-Sáenz, J., Inchausti, F., Valero García, A. V., Gutiérrez García, A., Aritio Solana, R., Ródenas-Perea, G., De Vicente Clemente, M. P., Ciarreta López, A., & Debbané, M. (2023b). PSICE project protocol: Evaluation of the unified protocol for transdiagnostic treatment for adolescents with emotional symptoms in school settings. *Clínica y Salud, 34*(1), 15-22. https://doi.org/10.5093/clysa2023a3

Fossum, S., Skokauskas, N., Helge Handegård, B., Lenert Hansen K., & Kyrrestad, H. (2021). The significance of traditional bullying, cyberbullying, and mental health problems for middle school students feeling unsafe in the school environment. *Scandinavian Journal of Educational Research*, Advance online publication https://doi.org/10.1080/00313831.2021.2006305

Garaigordobil, M. (2003). *Programa Juego 8-10 años. Juegos cooperativos y creativos para grupos de niños de 8 a 10 años* [Game Program 8-10 years. Cooperative and creative games for groups of children from 8 to 10 years old]. Pirámide. https://www.edicionespiramide.es/libro.php?id=648752

Garaigordobil, M. (2004). *Programa Juego 10-12 años. Juegos cooperativos y creativos para grupos de niños de 10 a 12 años* [Game Program 10-12 years. Cooperative and creative games for groups of children from 10 to 12 years old]. Pirámide. https://www.edicionespiramide.es/libro.php?id=740026

Garaigordobil, M. (2005). *Programa Juego 6-8 años. Juegos cooperativos y creativos para grupos de niños de 6 a 8 años* [Game Program 6-8 years. Cooperative and creative games for groups of children from 6 to 8 years old]. Pirámide. https://www.edicionespiramide.es/libro.php?id=664284

Garaigordobil, M. (2007). *Programa Juego 4-6 años. Juegos cooperativos y creativos para grupos de niños de 4 a 6 años* [Game Program 4-6 years. Cooperative and creative games for groups of children from 4 to 6 years old]. Pirámide. https://www.edicionespiramide.es/libro.php?id=1647523

Garaigordobil, M. (2009). Papel del psicólogo en contextos educativos [Role of the psychologist in educational contexts]. *INFOCOP, 44*, 14-17. https://www.cop.es/infocop/pdf/1730.pdf *Infocoponline,* 28-10-2009 http://www.infocop.es/view_article.asp?id=2556&cat=38

Garaigordobil, M. (2013). *Ciberbullying. Screening de acoso entre iguales. Screening del acoso escolar presencial (bullying) y tecnológico (cyberbullying)* [Cyberbullying: Peer Bullying Screening. Face-to-face and Technological Bullying]. TEA. https://web.teaediciones.com/Cyberbullying-Screening-de-acoso-entre-iguales.aspx

Garaigordobil, M. (2017). Psychometric properties of the Cyberbullying Test, a screening instrument to measure cybervictimization, cyberaggression, and cyberobservation. *Journal of Interpersonal Violence, 32*(23) 3556-3576. https://doi.org/10.1177/0886260515600165

Garaigordobil, M. (2020). *Bullying y cyberbullying: análisis, evaluación, prevención e intervención* [Bullying and cyberbullying: analysis, evaluation, prevention and intervention]. In FOCAD Formación Continuada a Distancia. nº 41. Consejo General de Colegios Oficiales de Psicólogos. https://www.focad.es/f.asp?file=136-FOCAD-12

Garaigordobil, M. (2022). *Acoso escolar: Impacto en la salud mental y directrices para su intervención* [Bullying: Impact on mental health and guidelines for its intervention]. In J. Sánchez-Caro, J. Urra & F. Abellán (Eds.), Salud del niño, del adolescente y del joven adulto [Child, adolescent and young adult health] (pp. 163-180). Fundación Merck Salud. https://www.fundacionmercksalud.com/coleccin-de-biotica/vol-28-salud-del-nino-del-adolescente-y-del-joven-adulto/

Garaigordobil, M., & Larrain, E. (2020). Bullying and cyberbullying in LGBT adolescents: Prevalence and effects on mental health. *Comunicar, 62*, 79-90. https://doi.org/10.3916/C62-2020-07

Garaigordobil, M., Bernarás, E., & Jauregizar, J. (2019). Evaluación de un programa universal de prevención de la depresión en niños y niñas de educación primaria [Evaluation of a universal program of prevention of depression in children of primary education]. *Revista de Psicología y Educación / Journal of Psychology and Education, 14*(2), 87-98. https://doi.org/10.23923/rpye2019.01.174

Garaigordobil, M., Bernarás, E., & Jaureguizar, J. (2023). *Depresión infanto-juvenil: evaluación, prevención y tratamiento* [Child and adolescent depression: evaluation, prevention and treatment]. En FOCAD Formación Continuada a Distancia. nº 50. Consejo General de la Psicología de España. https://www.focad.es/f.asp?file=224-FOCAD-15

Garaigordobil, M., Bernarás, E., Jaureguizar, J., & Machimbarrena, J.M. (2017). Childhood depression: relation to adaptive, clinical and predictor variables. *Frontiers in Psychology, 8*, Article 821. https://doi.org/10.3389/fpsyg.2017.00821

Garaigordobil, M., Jaureguizar, J., & Bernarás, E. (2019). Evaluation of the effects of a childhood depression prevention program. *The Journal of Psychology: Interdisciplinary and Applied, 153*(2), 127-140. https://doi.org/10.1080/00223980.2018.1502741

Garaigordobil, M., & Martínez-Valderrey, V. (2014). *Cyberprogram 2.0. Un programa de intervención para prevenir y reducir el ciberbullying* [Cyberprogram 2.0. An intervention program to prevent and reduce cyberbullying]. Pirámide. https://www.edicionespiramide.es/libro.php?id=3780957

Garaigordobil, M., & Martínez-Valderrey, V. (2016). *Cybereduca cooperativo 2.0. Vídeo juego para prevenir el bullying y cyberbullying* [Cooperative Cybereduca 2.0. Video game to prevent bullying and cyberbullying]. http://www.cybereduca.com.

Giménez, M., Fernández, M., Daniel, M. F., & Arias, L. (2017). *EMOCIONES. Programa Pensando las emociones con atención plena. Educación Infantil* [EMOTIONS. Thinking emotions with mindfulness. Early Childhood Education]. Pirámide. https://www.edicionespiramide.es/libro.php?id=5234750

Gargallo, B. (2009). *PIAAR-R. Programa de intervención para aumentar la atención y la reflexividad* [PIAAR-R. Intervention programs to increase attention and reflexivity]. TEA. https://web.teaediciones.com/piaar-r-(niveles-1-y-2)-programa-de-intervencion-para-aumentar-la-atencion-y-la-reflexividad.aspx

Giménez-Dasí, M., Quintanilla, L., & Arias, L. (2016). *Programa Emociones 6 a 11 años. Pensando las emociones con atención plena. Educación Primaria* [EMOTIONS Program 6 to 11 years. Thinking emotions with mindfulness. Primary education]. Pirámide. https://www.edicionespiramide.es/libro.php?id=4301589

Hamstra, C., & Fitzgerald, M. (2022). Longitudinal effects from childhood abuse to bullying perpetration in adolescence: The role of mental health and social problems. *Journal of Child & Adolescent Trauma, 15*, 869-881. https://doi.org/10.1007/s40653-021-00409-2

Hong, J. S., Wang, M., Kim, D. H., VanHook, C. R., Clark Goings, T. T., & Voisin, D. R. (2022). Subtypes of bullying and types of substance use among urban African American adolescents: Who is likely to use what? *Social Work in Public Health, 23*, 1-15. https://doi.org/10.1080/19371918.2022.2029788.

Informe mundial de la ONG Bullying sin Fronteras (2022). Estadísticas Mundiales de Bullying 2020/2021 [World Bullying Statistics 2020/2021]. https://bullyingsinfronteras.blogspot.com/2018/10/estadisticas-mundiales-de-bullying_29.html https://bullyingsinfronteras.blogspot.com/2016/11/estadisticas-de-acoso-escolar-o.html

Lameiras, M., Rodríguez, Y., Ojea, M., & Dopereiro, M. (2020). *Programa AGARIMOS. Programa coeducativo de desarrollo psicoafectivo y sexual* [AGARIMOS Program. Co-educational program for psycho-affective and sexual development]. Pirámide. https://www.edicionespiramide.es/libro.php?id=732792

Lila, M., Buelga, S., & Musitu, G. (2006). *Programa LISIS. Las relaciones entre padres e hijos en la adolescencia* [LISIS Program. Parent/child relationships during adolescence]. Pirámide. https://www.edicionespiramide.es/libro.php?id=1171385

Longobardi, C., Thornberg, R., & Morese, R. (2022). Cyberbullying and mental health: An interdisciplinary perspective. *Frontiers in Psychology, 12*, Article 827106. https://doi.org/10.3389/fpsyg.2021.827106

Lucas-Molina, B., Pérez-Albéniz, A., Solbes-Canales, I., Ortuño-Sierra, J., & Fonseca-Pedrero, E. (2022). Bullying, cyberbullying and mental health: The role of student connectedness as a school protective factor. *Psychosocial Intervention, 31*(1), 33-41. https://doi.org/10.5093/pi2022a1

Luengo, J. A. (2014). *Ciberbullying: Prevenir y actuar* [Cyberbullying: Prevent and act]. Colegio Oficial de Psicologos de Madrid. https://issuu.com/colegiooficialpsicologosmadrid/docs/ciberbullyingb

Maganto, J. M., & Bartau, I. (2004). *Programa COFAMI. Corresponsabilidad familiar* [COFAMI program. Family co-responsibility]. Pirámide. https://www.edicionespiramide.es/libro.php?id=732812

Maria Michael, J., & Reyes, M. E. S. (2021). Cyberbullying victimization as a predictor of depressive symptoms among selected adolescents amid the COVID-19 pandemic. *Makara Human Behavior Studies in Asia, 25*(2), 145-152. https://doi.org/10.7454/hubs.asia.2161121

Mariah, K. (2011). *Animales rabiosos. Programa para controlar y expresar la cólera y la ira de forma positiva y saludable* [Furious animals. Program to control and express anger and anger positively and healthily]. TEA. https://web.teaediciones.com/ANIMALES-RABIOSOS.aspx

Martínez, A., Sanz, M., Cormenzana, S., Merino, L. Corral, S., & Iriarte, L. (2021). *Programa EGOKITZEN. Manual de intervención posdivorcio para madres y padres* [EGOKITZEN Program. Post-divorce intervention for parents]. Pirámide. https://www.edicionespiramide.es/libro.php?id=6655937

Méndez, F. X., Llavona, L. M., Espada, J. P., & Orgilés, M. (2013). *Programa FORTIUS. Fortaleza psicológica y prevención de las dificultades emocionales* [FORTIUS program. Psychological strength and prevention of emotional difficulties]. Pirámide. https://www.edicionespiramide.es/libro.php?id=2958768

Mestre, M.V., Tur, A., Samper, P., & Malonda, E. (2012). *Programa de educación de las emociones: la con-vivencia* [con-vivencia. Emotion education program]. Tirant lo Blanch. https://editorial.tirant.com/es/ebook/programa-de-educacion-de-las-emociones--la-con-vivencia-m-vicenta-mestre-9788415442059

Monjas, I. (2021). *PRP. Programa de Relaciones Positivas. Promoción de competencias socioemocionales* [PRP. Positive Relationships Program. Promotion of socio-emotional competences]. Pirámide. https://www.edicionespiramide.es/libro.php?id=6621065

Montoya, I., Postigo, S., & González-Barrón, R. (2016). *Programa PREDEMA. Programa de educación emocional para adolescentes* [PREDEMA program. Emotional education program for adolescents]. Pirámide. https://www.edicionespiramide.es/libro.php?id=4614472

Moore, S. E., Norman, R. E., Suetani, S., Thomas, H. J., Sly, P. D., & Scott, J. G. (2017). Consequences of bullying victimization in childhood and adolescence: A systematic review and meta-analysis. *World Journal of Psychiatry, 7*(1), 60-76. https://doi.org/10.5498/wjp.v7.i1.60

Muñoz, M., González, P., & Fernández, L. (2015). *Programa PREVIO. Prevenir la violencia en las relaciones de noviazgo* [PREVIO Program. Preventing dating violence]. Pirámide. https://www.edicionespiramide.es/libro.php?id=4253967

Outón, P. (2010). *ABC Dislexia. Programa de lectura y escritura* [ABC Dyslexia. Reading and writing program]. TEA. https://web.teaediciones.com/abc-dislexia-programa-de-lectura-y-escritura.aspx

Ortega, J. (2011). *Programa ¿Y tú... qué quieres ser? Intervención contra la violencia de género para las tutorías de la ESO* [Program And you... what do you want to be? Intervention against gender violence for Secondary Education]. Pirámide. https://www.edicionespiramide.es/libro.php?id=2652861

Páez, I., Gómez, A., Carcedo, R. J., Moreira, D., & Canto, I. (2020). *Programa SENTIA. Promoción de la autoestima en Educación Infantil* [SENTIA program. Promotion of self-esteem in Early Childhood Education]. Pirámide. https://www.edicionespiramide.es/libro.php?id=6086084

Pearson (2023). *Catálogo de test de evaluación* [Evaluation test catalog]. Pearson Clinical. https://www.pearsonclinical.es/sobre-pearson/catalogo-online.

Pichel, R., Feijóo, S., Isorna, M., Varela, J., & Rial, A. (2022). Analysis of the relationship between school bullying, cyberbullying, and substance use. *Children and Youth Services Review, 134*, 106369. https://doi.org/10.1016/j.childyouth.2022.106369

Ramos, R. (2010). *Las estrellas fugaces no conceden deseos. Programa de prevención, evaluación e intervención por duelo en el contexto escolar* [Shooting stars grant no wishes. Prevention, evaluation, and intervention program for grief in the school context]. TEA. https://web.teaediciones.com/las-estrellas-fugaces-no-conceden-deseos.aspx

Rivara, F., & Le Menestrel, S. (2016). *Preventing bullying through science, policy, and practice. national academies of sciences, engineering, and medicine*. The National Academies Press. https://nap.nationalacademies.org/catalog/23482/preventing-bullying-through-science-policy-and-practice

Rodríguez-Álvarez, J. M., Yubero, S., Navarro, R., & Larrañaga, E. (2021). Relationship between socio-emotional competencies and the overlap of bullying and cyberbullying behaviors in primary school students. *European Journal of Investigation in Health, Psychology and Education, 11*, 686-696. https://doi.org/10.3390/ejihpe11030049

Rodríguez, L., & De la Cruz, M. A. (2013). *Coletas y Verdi. Juego para la prevención, la detección y el tratamiento del abuso sexual infantil* [Coletas and Verdi. Prevention, detection, and treatment of child sexual abuse]. TEA. https://web.teaediciones.com/coletas-y-verdi.aspx

Romero, E., Villar, P., Luego, M. A., Gómez, J. A., & Robles, Z. (2014). *EMPECEMOS. Programa para la intervención en problemas de conducta infantiles* [Let's start. Program for intervention in childhood behavior problems]. TEA. https://web.teaediciones.com/empecemos-programa-para-la-intervencion-en-problemas-de-conducta-infantiles.aspx

Sardinero, A. (2017). *AVENTURA PIRATA. Entrenamiento de la atención y las funciones ejecutivas mediante autoinstrucciones* [PIRATE ADVENTURE. Training of attention and executive functions through self-instructions]. TEA. https://web.teaediciones.com/Aventura-Pirata-Entrenamiento-de-la-Atencion-y-de-las-Funciones-Ejecutivas-mediante-Autoinstrucciones.aspx

Sidera F, Serrat E., & Rostan C. (2021). Effects of Cybervictimization on the Mental Health of Primary School Students. *Frontiers in Public Health, 9*, Article 588209. https://doi.org/10.3389/fpubh.2021.588209

TEA. Técnicos Especialistas Asociados, S. A. (2023). *Catálogo Escolar y Clínica* [School and Clinic Catalog]. TEA. https://web.teaediciones.com/Catalogo.aspx

Thornberg, R., Wänström, L., Gini, G., Varjas, K., Meyers, J., Elmelid, R., Johansson, A., & Mellander, E. (2021). Collective moral disengagement and its associations with bullying perpetration and victimization in students. *Educational Psychology, 41*(8), 952-966. https://doi.org/10.1080/01443410.2020.1843005

UNICEF (2021). Estado Mundial de la Infancia. En mi mente. Promover, proteger y cuidar la salud mental de la infancia [World state of the childhood. In my mind. Promote, protect and care for the mental health of children]. Oficina de Visión y Política Global de UNICEF. Fondo de las Naciones Unidas para la Infancia (UNICEF). https://www.unicef.es/publicacion/estado-mundial-infancia-salud-mental

Urra, J. (2018). *La huella del silencio. Estrategias de prevención y afrontamiento del acoso escolar* [The trace of silence. Bullying prevention and coping strategies]. Morata. https://edmorata.es/wp-content/uploads/2020/06/Urra.HuellaSilencio.PR_.pdf

Vallés, A., Vallés, C., & Vallés A. (2018). *ESTIMULA. Fichas de intervención psicoeducativa* [STIMULATE. Psychoeducational intervention cards]. TEA. https://web.teaediciones.com/ESTIMULA-Fichas-de-Intervencion-Psicoeducativa-de-6-a-12-anos.aspx

Vogel, E. B. (2009). *El Planeta de los Psimon. Juego terapéutico para enseñar habilidades cognitivo-conductuales* [The Planet of the Psimon. Therapeutic game to teach cognitive-behavioral skills]. TEA. https://web.teaediciones.com/EL-PLANETA-DE-LOS-PSIMON.aspx

Wachs, S., Vazsonyi, A. T., Wright, M. F., & Ksinan Jiskrova, G. (2020). Cross-National associations among cyberbullying victimization, self-esteem, and internet addiction: direct and indirect effects of alexithymia. *Frontiers in Psychology, 11*, Article 1368. https://doi.org/10.3389/fpsyg.2020.01368

Wang, Z., Xie, Q., Xin, M., Wei, C., Yu, C., Zhen, S., Liu, S., Wang, J., & Zhang, W. (2020). Cybervictimization, depression, and adolescent internet addiction: The moderating effect of prosocial peer affiliation. *Frontiers in Psychology, 11*, Article 572486. https://doi.org/10.3389/fpsyg.2020.572486

World Health Organization (WHO, 2021). WHO guideline on school health services. WHO. https://www.who.int/publications/i/item/9789240029392