

# Qualitative study on handling mental health issues in Serbian schools: Non-navigation plane which luckily often lands well<sup>1</sup>

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Compared to developed countries, Serbia's educational system is less responsive to students' mental health needs, with limited formal guidance available for addressing mental health issues in schools. The present study examined how school staff in various professional roles respond to students with mental health issues. We analyzed responses to an open-ended question completed by 830 school staff members from primary and secondary schools in Serbia using qualitative content analysis. Participants were asked to describe their most recent response to noticing or being informed that a student was experiencing mental health difficulties. The results revealed internally developed practices that vary across staff roles, yet certain patterns consistently emerged. Two primary strategies were observed: conversations and referrals. Staff generally initiate their response by gathering information through brief, often protocol-driven, discussions, which may convey to students a sense of limited care. Referrals to external experts or institutions were common across all roles, reflecting the need for support outside the school due to a lack of sufficient in-school professionals. Teachers also reported collaborating with external specialists, highlighting best practices constrained by unequal service availability across regions.

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1 This research was funded by the Ministry of Education, Science and Technological Development of the Republic of Serbia (Contract No. 451-03-33/2026-03/ 200018).

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These findings contribute to a broader understanding of school-based mental health practices, particularly in educational systems that are less responsive to students' mental health needs, as well as in societies facing multiple crises.

**Keywords:** mental health, school, teachers, protocols, Serbia

## Introduction

Mental disorders predominantly emerge during adolescence (Jones, 2013; Kessler et al., 2005). Considering the significant time children and adolescents spend in school, this setting is a critical context for early identification of symptoms and timely and effective access to mental health services (Richter et al., 2022). School staff, particularly teachers who have continuous direct contact with students, play a crucial role in promptly responding to students' mental health issues by recognizing early signs, facilitating identification, and referring students to appropriate resources (Green et al., 2018). The increasing recognition of the importance of supporting the mental health of school-age children has stimulated a growing body of research investigating strategies educators use to address these needs (e.g., Marraccini et al., 2023). Dimitropoulos et al. (2021) explored teachers' perceptions of their role in supporting students with mental health issues. Four main themes emerged: the importance of interpersonal relationships with students, parents, and colleagues; the quality of communication; the need for prompt and appropriate referrals; and factors that either enhance or obstruct addressing mental health issues. Notably, the heightened global attention to this topic has been shaped by the specific social and educational challenges that emerged during the COVID-19 pandemic and its aftermath.

However, previous studies conducted in developed countries (e.g., Graham et al., 2011; Maclean & Law, 2022; Marinucci et al., 2023; Moon et al., 2017) suggest that, although teachers are generally aware of their role in supporting students' mental health, they often lack the confidence and skills to provide adequate assistance. These findings align with previous studies indicating that teachers frequently lack the specific knowledge, confidence, or self-efficacy needed to recognize and respond effectively to mental health issues (Loades & Mastroyannopoulou, 2010; Ohrt et al., 2020). For instance, Liang et al. (2024) reported that teachers experience fear and uncertainty in response to unpredictable student behaviors.

A lack of knowledge and confidence is not the only barrier to providing adequate support to students with mental health problems. Teachers often perceive support activities as falling outside their professional responsibilities (Maclean & Law, 2022). Additionally, low levels of trust and respect toward teachers can undermine their motivation to engage in mental health support (Dabrowski et al., 2025). Teachers are generally tasked with managing and implementing initiatives from decision-makers without sufficient time, resources, training, or support from school leadership (Karnovsky & Gobby,

2024). Insufficient multisectoral collaboration among schools, healthcare institutions, and community services hinders the early identification of problems, timely referrals, and effective interventions (UNICEF Serbia, 2021).

Studies on managing mental health issues in schools have primarily been conducted in developed countries. Data from Balkan countries is scarce. Serbia is one such country bearing the legacy of civil wars, bombings, and economic sanctions, all of which have profoundly impacted the mental health of its population. Therefore, it is crucial to understand how schools address mental health in such contexts to develop effective support systems for students and staff. Based on the available data, continuity of the value crisis, prolonged economic crisis, weak institutions, and high value of corruption in Serbian society can be observed (International Republican Institute, 2025; Jovanovic, 2004; Popadić et al., 2019). Serbian youth value qualities that support relationships with family and friends the most, and qualities associated with social responsibility and multiculturalism the least (Popadić et al., 2019). Considering the intergenerational transmission of war-related trauma, the adults on whom students rely the most (parents and teachers) are often directly affected by comorbid health, social, and economic problems. Previous studies have documented the impact of war on the emotional and behavioral development of children whose parents experienced war trauma (Harder et al., 2014; Shahini et al., 2015). Emotional problems highly associated with war experiences and poverty predict behavioral problems in the next generation (Kim et al., 2009), which may circularly affect the development of emotional problems in adolescents (Oh et al., 2020).

Given the historical, social, and economic challenges, examining how school staff in Serbia respond to students' mental health needs is particularly important. Understanding local practices and barriers could provide valuable insight into the effectiveness of school-based support and highlight gaps in the educational system that could hinder the timely identification and intervention.

### *School Mental Health in Serbia: Sweeping Under the Carpet*

Studies conducted in Serbia indicate elevated levels of psychological vulnerability among young people. Adolescents aged 15 to 19 report higher stress levels compared to international findings (Zotović-Kostić & Beara, 2016), and a nationally representative survey showed that 5% of adolescents in this age group experienced mental health concerns in the previous year (Ministry of Tourism and Youth, 2022). Additionally, approximately one-third of high school and university students are considered to be in the borderline or high-risk categories for mental health problems (Ćurčić, 2005), and 10.5% of primary school students in Belgrade exhibit clinically significant emotional and behavioral difficulties (Đurišić, 2020). Following the first mass school shooting in Belgrade in May 2023, which had devastating consequences – a 13-year-old student fatally shot nine classmates and a school security guard

(Gregory & Maričić, 2023) – public attention to the mental health of children and adolescents in Serbia intensified. In the aftermath of this event, the first national prevalence study of mental disorders among children and adolescents in Serbia was conducted on a representative sample of 2,342 students aged 11 to 19 in the 2024/2025 (Pejovic Milovancevic et al., 2025). The results indicated that 19.5% of students exhibited symptoms of a psychiatric disorder. Students also reported experiencing family abuse (27.7%) and peer violence (5.4%) (Pejovic Milovancevic et al., 2025). The tragic event and the results of the epidemiological study raised serious concerns about the Serbian education systems' ability to prevent, recognize, and address students' mental health needs adequately. Indeed, school staff are often on the first line of response when identifying and addressing mental health difficulties among students (Gunawardena et al., 2024).

Unlike in countries such as the United States and Canada, as well as several European nations, where there are dedicated school-based roles responsible for monitoring, preventing, and intervening in cases of student mental health difficulties, these positions are not formally established in the Serbian educational system. Licensed psychotherapists and counselors are rarely employed in Serbian schools. Although every school in Serbia is required to have a School Service for Educational and Psychological Support (SEPS), this service does not necessarily include psychologists or other mental health specialists. Instead, the service may consist of social workers, pedagogues, or special education teachers, but rarely includes all of these professionals. According to the Rulebook on Criteria and Standards for Financing Institutions Providing Primary Education (Official Gazette of the Republic of Serbia, No. 72/2023), each primary school in Serbia is entitled to one SEPS staff member. Only in exceptional cases may schools with up to seven classes employ half of a full-time SEPS position. According to the Rulebook on Criteria and Standards for Financing Secondary Education Institutions (Official Gazette of the Republic of Serbia, Nos. 72/2015, 84/2015, 73/2016, 45/2018, 106/2020, 115/2020, 93/2022, and 71/2023) each secondary school with no more than 16 classes must employ one SEPS member. As the number of classes increases, the number of required SEPS members increases accordingly. However, in practice, the number of SEPS members is widely considered insufficient. According to recent information reported in domestic media outlets and distributed by the Ministry of Education, more than 2,800 psychologists and pedagogues are currently employed in primary and secondary schools (Beta, 2025). In contrast, data from the Statistical Office of the Republic of Serbia (2025a; 2025b) show that a total of 1,624 schools were operational during the 2024/25 school year, including 1,131 regular primary schools and 493 secondary schools. Taken together, these figures suggest that, on average, there are approximately 1.7 SEPS members per school, which is still insufficient.

An additional challenge in Serbian schools, which has also been observed in other countries (e.g., Graham et al., 2011), is the lack of sufficient training regarding mental health issues. School staff report the need for guidelines and additional training to address students' mental health and specific related challenges (e.g., non-suicidal self-injury; Radanovic et al., 2025). Due to schools' inability to adequately respond to students' needs, particularly in cases of more serious mental health problems, students are often referred to pediatric services at healthcare centers. When problems exceed the capacity of secondary healthcare institutions, children are referred to specialized tertiary care departments for mental health treatment (Pejovic Milovancevic et al., 2009). Earlier reports have indicated a severe shortage of child and adolescent mental health services in Serbia (Lecic Tosevski et al., 2012; Pejović Milovančević et al., 2009). Although the recent introduction of the Minimum Package of Services for Youth (discussed in more detail below) aimed to improve availability and promote community care, challenges related to regional disparities and workforce shortages persist. Preventive school-based mental health programs are more often implemented by non-governmental organizations and funded by international agencies (such as UNICEF) than by the government.

Following the mass school shooting happened in May 2023, the Serbian government established a Working Group for the mental health and safety of youth. The resulting manual (Pejovic Milovancevic et al., 2024) provides school staff with guidelines for recognizing and responding to students' mental health issues. Additionally, recent efforts have focused on strengthening collaboration between the healthcare and education sectors to enhance schools' responses to students' mental health issues. From 2023 to 2025, the *Minimum Package of Services for Youth* program was progressively developed through policy guidance, pilot initiatives, and intersectoral collaboration rather than a single legislative act (Pejovic Milovancevic et al., 2024). The *Minimum Package of Services for Youth* is a standardized, intersectoral framework designed to ensure equitable access to essential supports for youth mental health and psychosocial well-being. It integrates the health, social protection, and education sectors, focusing on the prevention, early identification of mental health difficulties, timely psychosocial support, and coordinated referral pathways. The development and implementation of this framework have been supported by UNICEF in Serbia in collaboration with key national institutions, including the Ministry of Health, the Ministry of Education, the Ministry of Tourism and Youth, and the social welfare system, as part of broader policy efforts to strengthen community-based and integrated youth mental health care.

However, there are still no legally mandated recommendations or guidelines that are part of the school regulations. This is not only the case in Serbia, but also worldwide. In the USA, for example, mental health care coordination practices in schools are not systematized but rather informal procedures are initiated by school staff (Nygaard et al., 2024). Nevertheless, Wei and Kutcher (2012) warn that a single, universal approach to school mental

health is inappropriate given the variety of schools in different settings and cultural contexts. Therefore, it is important to explore school mental health care in different countries. They also state that, although developed countries are paying more attention to school mental health, developing countries lack child and youth mental health policies. Kutcher and colleagues (2015, p. 306) warn that “in settings that are emerging from conflict, additional challenges including social and economic reconstruction, continued civil unrest and basic consideration of safety and security have a tremendous impact on the ability of schools to address school mental health”.

Months before the May 2023 school shooting in Belgrade, we launched a research project on mental health literacy among school staff, focusing on school staff knowledge of youth mental health and how they support students facing mental health challenges. The present study, which is part of this project, aimed to explore how students’ mental health issues are addressed in the school context. More specifically, we examined the practices that school staff use when encountering students with mental health issues.

## **Method**

### *Sample*

The sampling frame was based on the national database of all public and private primary and secondary schools in Serbia, which includes 1,328 primary and 511 secondary schools. Invitation emails were sent to each school to inform the principals about the study and request their participation. Of those, 61 primary school principals and 32 secondary school principals agreed to forward the questionnaire to their staff, while the remaining schools either declined or did not respond. The overall response rate was 5.1%, with 4.6% of primary schools and 6.3% of secondary schools reflecting the principals’ consent for their schools’ participation in the study. The initial database consisted of 891 participants. Participants who did not report their professional role were excluded from the database. The final sample consisted of 830 participants aged 24 to 70 years ( $M = 45.61$ ,  $SD = 9.84$ ), 82.3% of whom were female.

### *Procedure*

The data were collected in March and April of 2023, but the study was discontinued following the school shooting. Informed consent was obtained from all participants (school principals and staff). Questionnaires were launched online via SoSci Survey (Leiner, 2020). At the end of the online survey, the authors’ email addresses and websites about their research projects were presented. Completing the questionnaire took approximately 15 to 20 minutes. The survey was completed anonymously and voluntarily to ensure that no personally identifiable information was collected. Access to the data was strictly restricted to members of the research team. Electronic

data were securely stored on password-protected computers. The data are not publicly available due to the inclusion of specific students' and healthcare professionals' names mentioned by participants in their responses.

*Ethical approval.* This research has been approved by the Ethics Committee of the Institute for Educational Research (Decision No. 96 dated February 9, 2023).

### *Debriefing*

The debriefing section was presented at the end of the questionnaire. It consisted of text written by researchers and experts in youth mental health. This section explained the study's objectives and provided relevant contextual information. It covered fundamental mental health concepts, the importance of recognizing and monitoring students' mental states, and strategies for preventing mental health problems.

### *Questions*

To better characterize the sample, the job characteristics, professional roles, and perceptions of the profession's status in society of the participants were examined. The open-ended question focused on the actions school staff took in the most recent situation in which they noticed or been informed that a student was experiencing a mental health issue: *Please describe in as much detail as possible how you acted and which steps you took the last time you noticed or were informed that a student show symptoms of mental health issues.* Since the questions focused on responses to students' mental health issues, it was important to know how many participants were licensed psychotherapists and how many had encountered students with mental health issues during their careers. Finally, to examine whether and how practices differ according to participants' positions within the school, it was important to collect data on their current professional roles.

In line with this, introductory questions were related to participants' age, gender, occupation in the educational sector, years of professional experience, job satisfaction (from 1 = *not at all* to 5 = *very satisfied*), working stress level (from 1 = *very low* to 5 = *very high*) and their perception of profession's reputation in society (from 1 = *very bad* to 5 = *very good*). We also asked participants if they held a psychotherapy license (*yes/no*), if they had encountered a student with a mental health issue (*yes/no*), and what their current professional role was within the school.

### *Qualitative analysis*

After an initial reading of the responses to become familiar with the content, exclusion criteria were defined. Participants were excluded from the database if they: (a) reported only that they did not encounter students with mental health

issues, (b) provided non-informative answers (e.g., *don't know, can't remember precisely, it was a while ago, no comment*), (c) mentioned only a mental health issue (e.g., *depression*) without providing enough context, or (d) stated that they did not want to answer. We used MAXQDA 2024 (VERBI Software, 2023) for data analysis. Answers were analyzed using qualitative content analysis (Braun & Clarke, 2021). Two researchers independently reviewed all responses, first familiarizing themselves with the data, and then generating initial codes. The analysis was inductive, with categories derived from the participants' responses rather than being predefined. Because a single response could contain multiple relevant meanings, more than one category could be assigned to it. Each researcher developed preliminary categories independently. Then, the coding framework was aligned through discussion, and discrepancies were resolved within the author team. Finally, a researcher not familiar with the study coded 20% of the data. To measure agreement, we used the intraclass correlation coefficient (ICC) (Gisev et al., 2013) with IBM SPSS Statistics (Version 29.0.) (IBM, 2023). There was no character limit for open-ended questions. The number of coded answers exceeded the number of participants because, in some cases, the same answer consisted of more than one reaction/step/action undertaken, that was accordingly coded into more than one theme.

### *Data Availability*

The data are not publicly available due to containing information that could compromise not only the privacy of the participants, but also that of the students and experts mentioned by name.

## **Results**

### *Sample characteristics*

The participants in this study had varying levels of experience ranging from zero, meaning less than a year, to 45 years, with an average of 17.70 years (SD = 10.09). In terms of occupational roles within the educational sector, 62.9% of the participants were subject teachers; 19.9% classroom teachers; 9.8% SEPS members; 6.9% school principals; and 0.6% administrative personnel. When it comes to job satisfaction, the average rating is around 3.68 (SD = 1.03), indicating that over half of the participants (50.4%) reported being either not at all satisfied, mostly not satisfied, or neutral in their feelings about their job. Participants reported average working stress levels ( $M = 3.36$ ,  $SD = 0.94$ ). A significant majority (84.4%) rated their stress levels at 3 or higher, indicating that they experience moderate to extremely high stress. Furthermore, participants' perceptions of their profession's reputation in society is notably low, with an average rating of 2.30 (SD = 1.01). A striking 89.3% of participants described the reputation as very poor, poor, or average.

### *Qualitative Analysis results*

The answers were analyzed according to the participants' working position to create a picture of typical school reactions from people in different roles. Certain procedures implemented by school staff are consistently repeated regardless of professional role. These include formal and informal *consultations* with various stakeholders (students, parents, and colleagues), as well as *referrals* to the SEPS and external institutions and professionals. Although participants were drawn from different schools, a discernible pattern emerged reflecting elements of *school protocols developed internally*, such as contacting the principal, referring cases to the SEPS, conducting consultations, and directing cases to external professionals. The following section provides a detailed presentation of the results concerning participants' responses and the procedural steps undertaken by school staff in different positions within schools.

#### I Administrative service personnel

Only two participants from this group answered the open-ended question. Therefore, no analysis was conducted. Both participants indicated that their tasks involved informing parents and/or external institutions. One participant stated *I informed parents*. Another participant stated *I informed both the parents and the health center about that*. Because of the small number of responses in this group, these results are not discussed further.

#### II School principals

Of the 57 school principals, 21 were excluded based on predefined criteria. A total of 39 participants remained in the group. The intraclass correlation coefficient (ICC) indicated substantial reliability (0.923), demonstrating excellent agreement between the coders. The results are presented in Table 1.

Analysis of the principals' responses indicates that, in such situations, the role of the principal involves collaborating with various groups (students, parents, peers, SEPS members, teachers, and external institutions). Several principals emphasized that they tried to achieve warm and good communication with the students, providing support, while others stated that these conversations are part of the established practice where students are referred to SEPS right after this conversation. Those conversations with parents are arranged to inform parents about the problem, give them support, and encourage getting professional help. The external institutions to which students are most often referred (mentioned by all groups) are: mental health institutions, health care institutions, emergency services, the police, and social work institutions. Protocols and school teams were also mentioned (Inclusive Education Team, Security Team, Protocol for Individual Work with Students, and Support Plans for Students). The last category, named "other",

consists of answers that are not specific enough to be classified into any of the previous categories,. However, they are still relevant because they show that school principals perceive the school as places that care care for and support students and teachers.

**Table 1**

*Dealing with mental health issues: school principals*

Category	Subcategory	Number of times mentioned	Example quote
Conversation/ Cooperation	Students	17	<i>Had a conversation with the student I had tried to make a good contact with student</i>
	Parents	18	<i>I had informed parents and talk with them</i>
	Peers	2	<i>Cooperation with peers Workshop with whole class</i>
	SEPS members	7	<i>I was informed about students, their problems and work by SEPS members</i>
	Teachers	6	<i>Call classroom teacher for a conversation Inform classroom teacher Meetings with teacher</i>
Referral	SEPS	18	<i>Referred to a school psychologist</i>
	External institutions	19	<i>We informed Centre for Social Work and Police I contacted the necessary authorities (Health care center, Center for social work...) Referral to psychiatrist I called Emergency Medical Service</i>
		7	<i>I actively participate in the Inclusive Education Team We held a meeting of the Safety Team and SEPS, we made Support Plan for the student Intensified educational work was initiated, involving the pedagogue and all teachers on duty</i>
Counseling		2	<i>As a counselor, I worked with them according to the principles of REBT therapy and other therapeutic approaches that I know Counseling work with parents</i>
Other		3	<i>School did support teachers I approached individually, case by case School looks after the students</i>

*Note.* In total, answers from 39 participants are included in the analysis.

### III SEPS members

The initial number of participants who work in SEPS was 81. After applying the exclusion criteria, a total of 58 SEPS members remained. The intraclass correlation coefficient (ICC) indicated substantial reliability (0.923) showing excellent agreement between the coders. The results are presented in Table 2.

Like the principals, members of SEPS collaborate with various parties. However, they provided more detailed descriptions of these collaborations and conversations, which appear to be more intensive and substantive. The nature of conversations with students was not always clear, so any response mentioning these conversations without further detail was categorized under the subcategory “conversation”. Staff often used the term “counseling” to describe conversations that included advice and suggestions for more effective coping or learning strategies (e.g., *I held counseling conversations with the student to empower them to overcome their issues*). However, it is important to note that these conversations are not part of the psychotherapy process and are not conducted by mental health specialists. Four responses related to psychotherapy, which was possibly provided within the school by a licensed psychotherapist using approaches such as Rational Emotional Bibehavioral Therapy, Mindfulness, and Acceptance and Commitment Therapy. In addition to conversations with parents (e.g., *I called parents, individual conversations with parents*), counseling was also mentioned in the context of collaborating with parents, referring to discussions about additional resources, institutions that might help, and recommendations for mental health specialists outside the school that parents could contact. Consultations or advisory work are also done with teachers, offering guidance on how to communicate, react, and what to focus on. The primary reasons for referral were the need for psychotherapists, child psychiatrists, and psychologists. Some participants noted that, although they did not refer students to any institution themselves, they strongly recommended it to parents. Collaboration with external institutions was not mentioned. All responses in this category were specifically related to referrals. Notably, one answer illustrates the lack of child mental health specialists outside of central Serbia: *“I usually talk to the child and the parents first. We have recently been referring them to a child psychiatrist. I say recently because the child psychiatrist has only recently been employed at our hospital.”* The last category, named “other”, refers to responses that could not be classified into any of the previous categories because they were not specific enough. However, these responses may still be relevant because they indicate that SEPS members perceive adequate measures have been implemented, even though no specific information about these measures is provided.

**Table 2***Dealing with mental health issues: SEPS members*

Category	Subcategory	Number of times mentioned	Example quote
Students	Conversation	29	<i>I called the student for conversation Individual conversation with student</i>
	Counseling	13	<i>Counseling conversation with student I held counseling conversations with the student to empower him to overcome his issues</i>
	Monitoring	6	<i>I had also monitored student's behavior until we organize better within school I was monitoring student's behavior while he was in school</i>
	Assessment	5	<i>Assessment of the situation, evaluation of the level issues are expressed Assessment of needs and possibilities of student Tests and assessment</i>
	Therapy	4	<i>I did counseling sessions – acceptance therapy I did therapy sessions and used mindfulness techniques</i>
Parents	Conversation	31	<i>Conversation with parents Parents were contacted I invited parents to get involved</i>
	Counseling	4	<i>Counseling with parents about where they can find help outside the school Recommendations to whom they can contact</i>
Teachers	Conversation	11	<i>I called classroom teacher</i>
	Counseling	6	<i>I gave advice to a teacher who enjoyed the trust of that student, how to deal with her in certain situation and which advice to give</i>
Peers	Cooperation	1	<i>... monitoring the student's behavior in cooperation with peers</i>
	Workshops	2	<i>... If necessary I also work with the whole class</i>
Principal External institutions	Conversation	1	<i>I had conversation with the principal</i>
		40	<i>Referral to psychiatrist in Community Health Center I informed Centre for Social Work I send student to psychologist and psychotherapist outside the school Sent her to a paediatrician, and he sent her to a specialist</i>
		9	<i>Organizing case conference Planning support plan Implementing protocol for protection</i>
Other		2	<i>Adequate approach Adequate procedures</i>

*Note.* In total, answers from 58 participants are included in the analysis.

#### IV Classroom teachers

The initial number of participants who work as classroom teachers was 165. After applying the exclusion criteria, the final sample consisted of 60 participants. The intraclass correlation coefficient (ICC) indicated substantial reliability (0.916), showing excellent agreement between the coders. The results are presented in Table 3.

Apart from conversations with students (mostly informative conversations or just internal protocol conversations), classroom teachers use many creative ways to help students, such as games, drawing, organized workshops for the whole class, etc. Among interventions, teachers listed different ways of talking to students, marking the relationship itself as one of the most powerful interventions.

Self-injury, autism, and stress caused by parental divorce. Reading professional literature. In the first place, love for children. Observation, approach, support, empathy. I had a student with autism at a time when there was no word about inclusion. We won!

I had several students with developmental disabilities. We have little support in our work; mostly, it comes down to our intuition. Luckily, it is often enough. My students are mostly from socially marginalized backgrounds, and their parents are uninterested. So the first step is love. When they realize that you care, that you love them, they start to progress, the aggressiveness decreases, and they adopt acceptable forms of behavior.

Classroom teachers often contact parents to inform them about issues as part of internal protocols. Ongoing cooperation with parents is noted, both within and outside the school environment. However, the data revealed an additional category highlighting negative experiences that classroom teachers have had with parents. These experiences included descriptions of hostile relationships, pressure exerted by parents, difficulties in accepting that their child has a problem, and, consequently, a refusal to cooperate with teachers. Conversations with SEPS members are typically initiated by either teachers or SEPS members as part of internal protocols. More frequently, though, contact with SEPS members involves collaboration, the provision of guidelines, and joint actions. Interestingly, classroom teachers referenced consultations with other teachers outside of school. Some teachers noted referral as their only response, while others mentioned intensified collaboration with psychiatrists, psychologists, special education teachers, and social workers. Without formal education related to mental health, and often lacking proper guidelines, teachers sometimes seek out information and guidance independently, mostly online.

It was a student with ADHD. I downloaded several scientific papers on the subject through Google, printed out guidelines for instructing students with this disorder, researched bilateral music that I played to him during

directed work through headphones, and printed a list for evaluating desirable behaviors on a daily basis with a reward for winning a high score.

One participant illustrates systemic issues extending beyond the educational system to include parents and social workers.

... Unfortunately, parents rarely provide us with health reports and assessments of children's mental abilities. This is the topic of half a year's story, because it is very difficult to hear the true diagnosis of a child from their parents. Twenty years ago, agreements were signed between schools, health care centers, social work institutions and the police, but unfortunately, it never came to life in the right way. People who work in social work institutions are extremely irresponsible and venal, so children with any type of increased stress or mental diagnosis are treated lightly. It is even worse when such a child is given to a parent with a three times worse diagnosis, who abuses, blackmails, and physically mistreats him, and permanently worsens any progress of socialization, upbringing, or education. I try to give parents maximum opportunities to open up to me and tell me what problems they are struggling with, to offer maximum educational help, and to have patience and time for all the steps that must be taken care of in such situations. To talk to the child, the parents or guardians, the pedagogue, if the child is being treated by a doctor, the school principal... In every generation, there is a child who is treated more seriously, so I regularly made contact with many child psychiatrists (\*names listed\*). I had regular contact with almost all speech therapists, with whom the students worked for several months or years.

**Table 3**

*Dealing with Mental Health Issues: Classroom Teachers*

Category	Subcategory	Number of times mentioned	Example quote
Students	Conversation	12	<i>Conversation with the student was arranged, and than referral to SEPS</i>
	Interventions	19	<i>I used different games, try to motivate him, I held workshops with the whole class I was talking with student constantly, encourage him, I was there for him I worked with him a lot, to paint what is troubling him, a lot of love and attention</i>
Parents	Conversation	11	<i>I call parents I inform parents that student has problem</i>
	Collaboration	9	<i>I constantly collaborate with parents, in and outside the school context</i>
	Negative experiences	7	<i>Parents' pressure on me was enormous to send her to a special school Mother was very hostile towards me</i>

Category	Subcategory	Number of times mentioned	Example quote
SEPS	Referral/Call	6	<i>I call school psychologist As the first step, referral to SEPS</i>
	Collaboration	27	<i>I went to SEPS, they gave me instructions and we monitor together his behavior</i>
Principal	Conversation	2	<i>I informed school principal</i>
External institutions	Referral	3	<i>Psychiatrists took over Student was referred to the Institute for mental health</i>
	Collaboration	6	<i>... In every generation there is a child who is treated more seriously, so I regularly made contact with many child psychiatrists (*names listed*). I had regular contacts with almost all speech therapists, with whom the students worked for several months or years...</i>
	Colleagues from other schools	2	<i>I consulted with colleagues from another school</i>
Self-education		7	<i>I searched literature by myself and try to inform myself about disorder I googled what to do with child who has this problem</i>
Procedures	Individual plan	9	<i>Individual Educational Plan (IEP)</i>
	School teams	2	<i>Team for support and protection was discussed the case</i>

*Note.* In total, answers from 60 participants are included in the analysis.

## V Teachers

The final group of participants included subject teachers who were not classroom teachers. After applying the exclusion criteria, the final sample comprised 362 subject teachers out of 522 teachers. The intraclass correlation coefficient (ICC) demonstrated substantial reliability (0.996), indicating excellent agreement between the coders. The results are presented in Table 4. It is important to highlight certain responses that, although not coded, are significant for understanding the current state of the educational system in Serbia and the school climate. Two such responses are: “*We manage on our own as best we can because we are not trained to be medical professionals or special education teachers,*” and “*I managed as I could.*” Interestingly, teachers reported cases in which students were not consulted at all:

The majority of teachers (including me) conduct a conversation with a pedagogue and a psychologist, followed by a more careful approach to the student by looking at the problem and the situation, but without direct conversation and questioning of the student...

The most frequent answers were related to interventions, changes in teacher behavior, and modifications to their communication with students. Teachers stated that they became more attentive, caring, and empathetic. They made a conscious effort to adjust their tone and to be mindful of their words. Some teachers described providing support outside of school hours, even *in the middle of the night*, when students needed it.

I suggested a conversation with the SEPS (I later found out that they did not trust them, but that they went privately to a psychologist or psychiatrist). From time to time, I ask them to stay after class and ask how they are, and if everything is okay.

The teachers explained that having different perspectives on students' motives was sometimes enough to help parents understand their children better:

I was able to recognize serious symptoms, point them out to the parents, and explain that the child was not rude but was asking for help, and this opened up the opportunity for professional diagnosis and the provision of adequate help.

Interventions referred to the various methods teachers used to adjust their teaching methods and improve the school climate by reducing discrimination against this student and educating others about different issues.

I talked with the student. After the conversation, he was sent to SEPS. In the next class, I gave a lecture about the prevention of peer violence and the bad influence of narcotics on health.

Two different responses reference psychotherapeutic techniques, though it is unclear if licensed specialists administered them (e.g., *...Most often through conversation, we try to reduce the level of emotional or mental stress to the lowest possible intensity. I support psychological-pedagogical techniques that involve exercises in focused attention, turning to the present moment, and mental distraction...*). Continuous collaboration with parents was mentioned less frequently than informing or alarming parents about the problem. Teachers mentioned informing the school principal five times in total. More frequently, they informed colleagues who were classroom teachers, and/or asked them to inform parents or take further action. Six answers imply that teachers did not take any action. These answers differ from those we excluded from the analysis (e.g., leaving a blank space or stating that they did not have anything to say), because the teachers specifically stated that they *acted as usual, tried to avoid students, or communicated less*, as a reaction to the situation.

**Table 4**

*Dealing with Mental Health Issues: Subject Teachers*

Category	Subcategory	Number of times mentioned	Example quote
Students	Conversation	46	<i>I had a conversation with that student</i>
	Interventions	80	<i>I was more careful, more caution The child is from a family without parents, emotionally unstable. I talked with him constantly, he had the freedom to call me, there were even calls in the middle of the night when he felt the need to talk. Love, support, patience I monitor students' behavior, giving support in all school and social activities I tried to calm him down, I said – slowly, you got this, you can do this, just take it slowly</i>
Parents	Therapy	2	<i>I tried to use gestalt and behavioral therapy techniques</i>
	Conversation	40	<i>I alarm parents Had a conversation with parent</i>
	Collaboration	20	<i>Parents and I together informed ourselves what we could do I had conversation with parents and we came up with a plan, together Collaboration with parents was continuous and positive</i>
SEPS	Negative experiences	1	<i>Parents refused to accept that their child is not healthy</i>
	Referral/Call	41	<i>Inform school psychologist I referred her to SEPS</i>
Principal Classroom teachers	Collaboration	85	<i>I followed instructions of school pedagogue I call SEPS member and did as they lead me</i>
	Conversation	5	<i>I informed a school principal</i>
	Informing	18	<i>I informed classroom teacher I asked classroom teacher to inform parents</i>
Peers		7	<i>Working with other students to accept differences I talked with the whole class</i>
External institutions	Referral or collaboration with experts	19	<i>Visit to child psychiatrist was arranged ... I also consulted my friend who is psychologist He was hospitalized in institution for a long time ... Finally, the student was treated by a child psychiatrist</i>
	Colleagues	6	<i>I called colleagues from other schools to ask... to share their experiences I talked to colleagues who also worked with this child</i>

Category	Subcategory	Number of times mentioned	Example quote
Self-education		12	<i>I educated myself I informed myself about factors which may affect students' functioning in the school context and about ways I can help ... and I informed myself using literature, had a conversation with specialist for mental health problems I attended training</i>
Procedures	Individual plan	47	<i>I divided learning materials and gave him marks differently Individual educational plans (IEPs) I adjusted the materials and marked his work differently</i>
	School teams	9	<i>Team for support was initiated Team created a plan for support Learning plan was initiated by school team</i>
None		6	<i>Same as with other children I act usual These students have no problem with my course I mostly tried to avoid the subject and act as if nothing had happened I try to communicate with him as little as possible because his outbursts are sudden and aggressive</i>

Note. In total, 362 participants are included in the analysis.

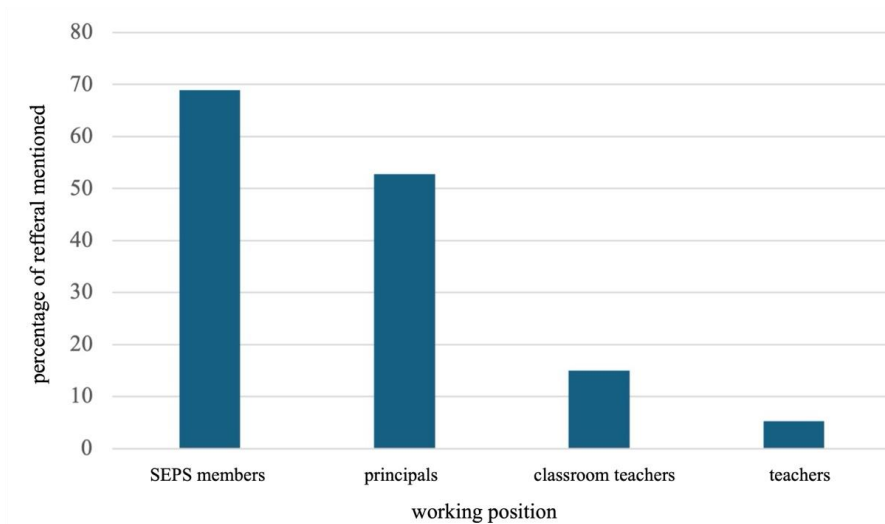


Figure 1. Percentage of referrals mentioned across different working positions

Referral to external institutions was the only category mentioned by all groups, and it was described in the same way by all groups. We calculated the percentage of participants in each job category who mentioned referrals. The results showed that SEPS members most frequently made referrals (Figure 1).

## Discussion

This study revealed that schools in Serbia have developed informal procedures over time that may differ from school to school and among staff members. However, certain regularities in their actions can be observed. The first category that stood out was *conversations*. Regardless of their position, the initial response of all staff members to encountering a student with mental health issues was to engage in a conversation – whether with the student, their parents, SEPS members, teachers, or classroom teachers. Based on how the responses were worded, these conversations appear to be mostly informative, serving to gather information about the situation and, in many cases, to facilitate the student's referral to other staff members or external experts. Sometimes these conversations are held with parents, classroom teachers, principals, or SEPS staff instead of students. This procedure mainly illustrates the procedural role of the staff. It does not focus on the student or the problem itself, but rather on fulfilling internal procedures. This may give students the impression that the staff is uninterested or even careless. Another category of responses that appears across all positions is *referral*. Principals, teachers, and classroom teachers reported referring students to SEPS or directly to external institutions and experts. SEPS members reported referring students only to mental health specialists outside of school because mental health experts are only available in this setting. School staff in other countries also recognize the value of collaborating with external professionals (e.g., Dimitropoulos et al., 2021), and data suggest that targeted interventions can enhance such collaboration (e.g., Malmberg-Heimonen et al., 2022). However, research shows that teachers and school principals need more support and guidance from external professionals, and more time to develop interpersonal relationships in order to improve collaboration (Mælan et al., 2018). Referrals to external mental health specialists are often considered good practice, particularly for serious issues requiring systemic intervention, and can be justified. However, such referrals, especially those involving hospitalization, should be approached with caution, as they may result in student being displaced from their familiar environment. Some authors (Hamre et al., 2018) argue that, while interprofessional collaboration between educational psychologists, child psychiatrists, teachers, and other professionals is a step towards inclusion, it may also result in labeling and transferring diagnoses into the school setting. In the case of Serbian schools, it is understandable why external institutions are frequently contacted, even for issues that could be managed within the

school. In the absence of qualified personnel in the school to initially assess the severity of the problem, students should be referred to trained professionals for such assessments. It was most often stated that external institutions were just *contacted* or *informed*. However, in the case of both groups of teachers, their involvement often included *collaboration* in addition to referral. This practice was not observed among other staff groups. Teachers reported being in contact with external experts, following their recommendations, and establishing long-term collaborations. According to Griffiths et al. (2021), open communication, trust, and active participation are important factors for effective collaboration between school staff and experts. However, most referral services are located in large cities and regional centers. One participant noted that a child psychiatrist had *only recently* become available in their area, raising concerns about the limited availability of these services outside central Serbia. This finding echoes Wei and Kutcher's (2012) assertion that different protocols are necessary for different schools, even at the municipal level. In Serbia, public health system psychiatry departments face issues such as limited capacity and a shortage of specialists (Bogdanovic et al., 2016; Letic Tosevski et al., 2012). A 2016 study on child healthcare in Serbia revealed a decrease in the number of pediatricians in primary healthcare centers over the previous five to seven years (Bogdanovic et al., 2016). Furthermore, a 2019 study on mental healthcare in Southeast Europe found that Serbia had only 24 child and adolescent psychiatry specialists, leaving a shortage of 90 experts (Gregoric & Kumpercak et al., 2020). Strengthening the public health care system is essential to effectively address mental health issues within the educational system.

For the effective coordination of mental healthcare, school staff must collaborate with family members (Nygaard et al., 2024). Regardless of their position, all participants communicate with parents to some extent in different ways. *Collaboration* within the school is also mentioned across all working positions. This includes not only informal conversations, but also ongoing consultations, organized school meetings, and mutual support between colleagues and between staff and parents. SEPS members described collaborating with teachers and classroom teachers as a form of counseling, involving providing instructions and guidelines, participating in monitoring, and sharing information about valuable resources and external experts. Teachers reported collaborating with SEPS members, external specialists, and even other teachers from the same or different schools, primarily to share experiences. Collaboration among school staff is often mentioned by participants in other studies as well (e.g., Takala et al., 2020).

Interestingly, peers were also mentioned. All school staff groups noted that they engaged with peers, invited them to help monitor, and organized workshops or discussions with the whole class. Peers are naturally involved in addressing their friends' mental health issues and can be the first to hear

about such problems. It is shown that peers are sometimes the first to whom problems are disclosed (e.g., Drum et al., 2009), and their support can be crucial in the healing process (e.g., Roach et al., 2018). However, experts advise caution when involving peers in discussions or interventions related to sensitive issues, such as suicidality or self-injury. They emphasize the importance of supporting students through emotional regulation and coping strategies instead (e.g., Hasking et al., 2016). At the same time, a wide range of school-based programs implemented worldwide have improved young people's mental health literacy when incorporating classroom resources and being delivered by classroom teachers in regular school settings (e.g., Kutcher et al., 2015). As Cooper and Jacobs (2011) noted, different problems may require different types of interventions, and peer-based interventions are not always equally effective. In our study, responses referring to peer involvement were brief and lacked sufficient detail to determine the topics addressed and how they were addressed. Nevertheless, peers should not be excluded from the support system. Caution is needed in schools without a mental health specialist, where interventions addressing sensitive topics should not be directed exclusively at peers.

Both subject teachers and classroom teachers frequently mentioned individualization as an intervention. This aligns with previous studies, conducted in other countries. For example, teachers in Finland and Sweden (Takala et al., 2020) identified individualization as one of the most common interventions for students with reading and writing difficulties and behavioral challenges. As in our study, they found that individualisation involves individualized tasks, more time, and the adaptation and modification of tasks, exercises, and teaching methods. Based on the perceptions of various relevant informants involved in inclusive school practices in Serbia, individualization, the use of individualized education plans (IEPs), and cooperation between teachers, school inclusive education expert teams, internal and external specialists, parents, and the local community emerged as key criteria for evaluating the quality of inclusive school practices (Pavlović Babić et al., 2018).

Some participants drew attention to the many systematic problems they face, including a lack of support and a lack of education and training on how to deal with students' mental health issues. They feel they are left to deal with these issues alone. In our previous study about dealing with self-injury among students in Serbia, it is clear that school staff call for additional education and more intensive support within and outside the school (Radanović et al., 2025). Some teacher responses categorized as "none" may reflect a lack of knowledge and understanding of the issues students face. A lack of knowledge can lead to negative emotions and reactions, and stigma, resulting in the inadequate treatment of students in need. The expectations placed on staff often exceed their qualifications, highlighting a growing problem within the Serbian education system. Rather than blaming teachers and increasing their

workload, it would be more beneficial to invest in education by hiring mental health specialists to support both students and teachers.

### *Level of Involvement and Different Procedures Across Working Positions*

Those working in the *administrative section* are the least involved in addressing students' mental health issues. This is expected, as their roles and education focus on legal procedures, finances, and the technical aspects of school operations. School principals are the second least involved because they typically spend the least amount of time directly interacting with students. Based on their responses and those of other school staff, it appears that their primary responsibilities are to stay informed, engage in conversations with students, families, and staff, participate in school teams, and organize referrals. This suggests that principals generally become involved only after a problem is identified, and their role is primarily limited to informative conversations and referrals. However, their approach can vary significantly depending on their background and education. For example, some principals may be trained as physical education teachers, while others may be psychologists or licensed psychotherapists. This influences how they handle such issues. Indeed, few principals reported involvement in psychotherapy interventions, suggesting that those who did may be licensed specialists.

SEPS staff are most frequently involved in addressing students' mental health issues and are the primary source of referrals to external institutions. Other school staff largely depend on the SEPS, referring students to them, seeking their guidance, and asking for advice. An important question is how well SEPS members are prepared to meet these needs. Though not all schools have a full team, psychologists, pedagogues, social workers, and special education teachers are part of this service. Typically, only one or two SEPS members are present in each school, and while their skills are varied, they are all essential. However, their university education may not have fully prepared them to recognize and address mental health issues, often leaving them without the necessary skills to provide students with timely and adequate support. Foreign authors also warn that SEPS has been burdened with paperwork and administrative work in recent years. According to Roberts-Dobie and Donatelle (2007), school counselors nowadays have more work and less time, so they do not have enough time for students and staff. School counselors are professionals employed in some United States, European, Canadian, and Scandinavian schools whose work focuses on students' growth and development, including mental health care. Authors from other countries also recognize the importance of counselors collaborating with school staff, not just with students and parents (e.g., Brigman et al., 2021).

In the USA, for example, the ratio of students to school counselors is smaller than it should be (Kearney et al., 2021). However, there is no such position within the Serbian educational system. Instead, these responsibilities are primarily assigned to members of the SEPS, particularly school psychologists and pedagogues. According to the Rulebook on the Program of All Forms of Work of Professional Associates (Official Gazette of the RS – Educational Gazette, Nos. 5/2012 and 6/2021), psychologists and pedagogues duties include contributing to the optimal conditions for children's and students' development, supporting educational activity implementation, and monitoring and fostering each child's and student's holistic development. While school pedagogues play an important role, a review of the Rulebook (Official Gazette of the RS – Educational Gazette, No. 5/2012 and 6/2021) indicates that school psychologists have a more clearly defined primary role in addressing mental health issues within schools. Specifically, they are responsible for advising and instructing students experiencing learning difficulties, developmental, emotional, or social problems; adjustment difficulties; or behavioral issues. They also provide psychological support to students, groups, or classes in acute crises and offer psychological assistance to parents or guardians of students in acute crisis. Nevertheless, these responsibilities represent only a portion of the wide range of duties expected of school psychologists. This is why it is important to draw the attention of decision-makers to the fact that this service is likely overwhelmed with various tasks and lacks the proper education to address mental health issues among students. Including mental health specialists as a mandatory position in Serbian schools, similar to school counselors in some developed countries, is important to maintaining the mental health of students and a positive school climate. In Serbia, these specialists could be clinical psychologists, psychologists with clinical experience, medical psychology specialists, psychiatrists, or psychotherapists. Alternatively, SEPS members should be trained to recognize and respond appropriately to mental health problems. This training is currently being implemented through the *Minimum Package of Services for Youth* project (Mitković Vončina & Pejović Milovancević, 2025).

Teachers spend the most time with students while they are in school, and this is reflected in their answers. Teachers often try to help students in different ways. They educate themselves about the problems they encounter in the classroom and ask their colleagues and SEPS members for instructions, guidelines, and information. Some of the teachers' responses illustrate impressive attempts to adapt teaching methods so that students with issues can more easily follow along and so that teachers can approach them in different and more receptive ways in order to help them. Examining the Standards of Competencies for the Teaching Profession and Teachers' Professional Development (Official Gazette of the Republic of Serbia, No.

5/2011) reveals that teachers are expected to align their professional practice with educational innovations, uphold universal human and national values, and promote their internalization among students through personal example. This further emphasizes the importance of fostering mutual understanding, respect, tolerance, appreciation of diversity, cooperation, and positive peer relationships. As previous studies have shown (e.g., Dimitropoulos et al., 2021), teachers often mention improving the quality of the teacher-student relationship as a helpful method. Students often recognize teachers' kindness and the importance of this relationship for their mental health (e.g., Krane et al., 2017). Other studies have also mentioned "endless" discussions with students about issues and listening as interventions for challenging behavior (e.g., Takala et al., 2020, p. 8). This group of school staff is the only one in which *collaboration* with external experts is mentioned. Teachers generally seek to maintain communication with medical professionals, adhere to their recommendations, and foster long-term collaborative relationships beyond making referrals. It is important to note that our findings do not imply that other school staff groups fail to engage in these practices. Our findings only indicate that, in contrast to referrals, collaboration with external specialists was not explicitly emphasized in the reported procedural steps. Responses regarding cooperation with external professionals are a critical component of the continuum of prevention and intervention for students' mental health issues. Our results further suggest that staff in both the education and health sectors recognize the importance of such collaboration. They demonstrate a willingness to strengthen these partnerships, to enhance support, and improve practices for students facing mental health challenges.

Our results showed that more than half of all participants were not satisfied with their job. More than 80% stated that their job was stressful, and nearly 90% assessed their profession's reputation as average, poor, or very poor. Furthermore, participants reported dissatisfaction with the support they received from both within and outside the school (e.g., Radanović et al., 2025). Despite these challenges, most continue to strive to do their best. Notably, a study published ten years ago, also indicated that teachers generally perceive social conditions as unfavorable for their professional development (Beara & Jerković, 2015). While results cannot be directly compared due to differences in methodology and sample, both the previous study and our findings suggest a potential deterioration in the status of the teaching profession in society and the role of social factors in declining job satisfaction in the education sector. These findings raise questions about the quality of education, individuals' motivation to pursue careers in education, and the underlying causes of such dissatisfaction. We suggest that policymakers consider improving not only the quality of education but also the working conditions of those responsible for implementing such improvements as a key priority.

## **Limitations**

This study provides significant insight into school mental healthcare in a less developed education system where mental health awareness is insufficient. However, this study has some limitations. Participants in this study may be those who are interested in the topic of school mental health care and those who are generally more invested in helping students who are dealing with mental health issues. Additionally, the response rate was very low (5.1%). Therefore, the findings should not be generalized to the population of school employees in Serbia. Previous research indicates that response rates are rarely reported by researchers (Kano et al., 2008) and that reasons for non-participation are rarely discussed (Dey et al., 2022). Accordingly, this limitation should be carefully considered, and further research is needed to examine the reasons underlying the low participation rate. This is particularly important in studies addressing sensitive topics such as students' mental health because such research may have significant implications for school practices and the development of early prevention and intervention programs. Finally, as with most open-ended questions, many responses were brief and lacked detail. Thus, interviews are recommended to obtain more detailed responses and gain better insight into the actions taken and teachers' attitudes about school mental healthcare.

## **Conclusion**

The research aimed to identify practices, at least internal ones, initiated in Serbian schools when mental health issues among students are disclosed. However, the staff's responses varied significantly based on their personal characteristics and level of motivation. Some participants had more knowledge and skills related to handling mental health issues, and they were more motivated to help. This led to more adequate reactions to mental health issues. Some teachers demonstrated a willingness to educate themselves on how to respond, while others showed a lack of understanding and motivation to act. School-based mental health programs need to be incorporated into standard child and youth mental health policies at a national, state, or provincial level (Wei & Kutcher, 2012). Before developing or implementing these programs, it was important to examine the current situation and the capacities of the Serbian educational system to respond to students' mental health issues, which was the key motivation for this research. Based on these findings, several ways to improve school mental health support can be identified. First, schools need clear, practical, and context-sensitive guidelines for dealing with mental health issues. Second, the role and capacity of the SEPS should be strengthened, either by employing additional mental health specialists in schools or by systematically training existing SEPS members

to recognize and respond to students' mental health difficulties. Third, all school staff, including teachers and principals, should receive continuous training focused on mental health literacy, communication with distressed students, cooperation with parents, referral pathways, and crisis response. Fourth, intersectoral cooperation between schools, healthcare, social services, and community-based organizations should be formalized and made more accessible across regions so that support is not dependent on personal connections or the local availability of services. Finally, improving student mental health support must also include support for school staff. Teachers and other school staff often work under high stress with limited resources and low perceived social recognition. Therefore, systems of supervision, consultation, peer support, and psychological support for staff must be considered an integral part of school mental health policy. In this sense, the uncharted territory described in this study should not continue to rely primarily on the dedication, improvisation, and resilience of school staff. In order to land safely and consistently, clearer navigation is needed in the form of evidence-based guidelines, adequately trained professionals, stronger intersectoral cooperation, and systematic support for both students and school staff.

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## **Kvalitativna studija o postupanju škola u Srbiji u slučajevima teškoća mentalnog zdravlja učenika: let bez navigacije, ali srećom sa često bezbednim sletanjem**

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U poređenju sa razvijenim zemljama, obrazovni sistem u Srbiji pokazuje manju responzivnost na potrebe učenika u domenu mentalnog zdravlja, uz nedostatak formalnih protokola za postupanje u vezi sa problemima mentalnog zdravlja. Cilj ovog istraživanja bio je da ispita na koji način zaposleni u školama na različitim profesionalnim pozicijama reaguju na probleme mentalnog zdravlja učenika. Primenom kvalitativne analize sadržaja analizirani su odgovori 830 zaposlenih u osnovnim i srednjim školama u Srbiji na otvoreno pitanje u kojem je od njih traženo da opišu kako su reagovali u najskorijoj situaciji u kojoj su primetili ili bili obavješteni da učenik ima teškoće u oblasti mentalnog zdravlja. Rezultati su ukazali na interno razvijene prakse koje se razlikuju u zavisnosti od pozicije na kojoj su ispitanci zaposleni, iako se mogu uočiti određeni obrasci koji se dosledno ponavljaju. Identifikovane su dve osnovne strategije: razgovori i upućivanje. Zaposleni najčešće najpre prikupljaju informacije putem kratkih, često protokolarnih razgovora, koji kod učenika mogu ostaviti utisak ispunjenja obaveze pre nego brige. Upućivanje na spoljne stručnjake ili institucije prisutno je u okviru svih grupa zaposlenih bez obzira na poziciju, što odražava potrebu za intenzivnijom podrškom van škole usled nedovoljnog broja stručnih saradnika unutar same škole. Nastavnici su dodatno izveštavali o intenzivnoj saradnji sa spoljnim stručnjacima, ukazujući na primere dobre prakse, ali i na ograničenja uslovljena nejednakom dostupnošću usluga u različitim regijama. Rezultati studije doprinose širem razumevanju praksi u oblasti mentalnog zdravlja u školskom kontekstu, naročito u obrazovnim sistemima koji su, u društvima suočenim sa višestrukim krizama, manje responzivni na potrebe učenika u domenu mentalnog zdravlja.

**Ključne reči:** mentalno zdravlje, škola, nastavnici, protokoli, Srbija