31

APPLICATIONS OF POSITIVE PSYCHOLOGY IN SPAIN

Strengths-Based Interventions in Diverse Spanish School Ecosystems

José A. Piqueras, Juan C. Marzo, Raquel Falcó, Beatriz Moreno-Amador, Victoria Soto-Sanz, Tíscar Rodríguez-Jiménez and Maria Rivera-Riquelme

**

Child and Youth Mental Health

The transitions from childhood to adolescence and from youth to adulthood are crucial developmental stages. According to the World Health Organization (WHO, 2017), every young person has the right to grow up in the most nurturing environment possible to become a healthy and responsible adult, contribute to society, and lead a happy and fulfilling life. Childhood, adolescence, and emerging adulthood involve specific psychosocial and developmental needs, and characteristics that should be addressed within the framework of youth rights. These are also appropriate life stages to develop knowledge and skills, learn how to manage emotions and relationships, and ultimately acquire attributes and abilities essential for enjoying youthful years and preparing to assume adult roles (WHO, 2010).

Among all the life stages, adolescence, the transition between childhood and adulthood, is a particularly vulnerable period for developing mental health problems, with 110 million young people suffering from emotional problems worldwide. However, these disorders are the least identified and most undertreated mental health problems in this population, which places adolescents at risk of developing related problems (Education, Audiovisual and Culture Executive Agency, 2019).

Unfortunately, the above statement contains a meta-problem concerning the implicit definition of mental health problems: it assumes that mental health problems correspond exclusively to the presence of symptoms, psychopathology, or mental disorders; in short, psychological distress. Traditionally, research and practice addressing social and emotional health have used a unidimensional mental health model. Research on these issues has almost exclusively focused on models that explain psychopathology as psychological problems or distress, neglecting other aspects such as personal strengths or well-being, which offer an all-inclusive mental health vision (Ryff & Keyes, 1995). Furthermore, an exclusive focus on problems applies to only 15%–20% of the population (i.e., those presenting symptoms). Overidentifying externalizing symptoms does not provide any information about positive potentials or strengths (Keyes, 2006).

DOI: 10.4324/9781003013778-38

Over the past two decades, converging mental health research has challenged the unidimensional model and provides evidence for a bidimensional model. This bidimensional model conceptualizes distress and well-being as distinct but complementary concepts, which, when considered together, offer a complete and richer understanding of the human condition (Keyes, 2005). This contemporary approach has advantages because it (a) follows a dual-component mental health model; (b) applies to 100% of individuals; and (c) seeks to foster resilient, successful people, instead of solely preventing psychological problems. Moreover, to measure mental health, there is a need to consider the presence of psychopathology and subjective well-being (Keyes, 2006).

Studies focusing on children and youth provide evidence supporting this bidimensional mental health model (Eryilmaz, 2012; Kelly et al., 2012; Suldo et al., 2011). Children with high levels of psychological distress often show low levels of subjective well-being. Psychological distress combined with diminished psychological well-being is associated with low academic functioning. Together they provide a higher predictive value for positive adjustment to a school than each one alone.

Consequently, some authors emphasize "…(a) bidimensional model of mental health suggests that efforts seeking to cultivate positive mental health warrant shared attention with efforts aiming to ameliorate psychological impairment and symptoms" (Furlong et al., 2014b, p. 1012). Consequently, in this chapter, we suggest that mental health promotion programs measure two constructs: subjective distress, understood as present psychopathological symptoms, and subjective well-being, understood as psychological, emotional, and social aspects of well-being.

Adolescents experience numerous issues that require urgent responses. Among these issues are: (a) self-harm and suicidal behavior (WHO, 2014b), (b) (cyber)victimization (WHO, 2015), (c) vulnerable and social minority groups (Miranda-Mendizabal et al., 2017), (d) mental health stigma (Telesia et al., 2020), (e) school failure and its consequences (European Commission, 2017), and (f) lack of healthy lifestyles (Sepúlveda et al., 2020). Other matters of recent concern are pornography-related problems, addictive use of the Internet, and drug use (Eurosurveillance editorial team, 2012; WHO, 2014a). Regarding the burden of youth mental problems and their cost to society, 4.4% of the world's population experienced depression and 3.6% anxiety in 2015 (WHO, 2017), representing 615 million people aged 15 years and older (Chisholm et al., 2016). The incidence for children and adolescents is 2.6% for depression and 6.5% for anxiety (Polanczyk et al., 2015).

In Europe, the Organisation for Economic Co-operation and Development (OECD) reported that one in three Europeans experienced mental health problems. Depression prevalence is approximately 4.5% or 21 million people and at the cost of €118B per year—1% of member states' gross domestic product (Chisholm et al., 2016). In contrast, flourishing emotional well-being, including that of young people, is associated with healthy lifestyles, vigorous physical activity, and appropriate social and family support networks. Healthy youths also acquire social skills, coping skills, and learning strategies that help them to successfully manage adulthood challenges.

Promoting Mental Health and Emotional Well-Being

Until a few years ago in Spain, mental health preventive interventions focused exclusively on screening, detection, identification, and early intervention in psychological problems or difficulties (Vázquez et al., 2009). The Interdisciplinary Research Network for the PROmotion of mental health and wellness EMotional in young people (PROEM network) is a Spanish research network funded by the Spanish Ministry of Economy, Industry and Competitiveness, the European Regional Development Fund, and the State Research Agency (AEI). It aims to achieve a comprehensive description of the assessment and promotion of emotional health and well-being in young people experiencing emotional problems. One of the main objectives is to deliver a roadmap for the early diagnosis of emotional disorders and promote youths' emotional health and

well-being. This roadmap guides the efforts of researchers, mental health providers, end-users, the school sector, civil organizations, stakeholders, and policy-makers. Particular consideration addresses the needs of minorities and underrepresented groups, including gender identities. In this sense, the PROEM Network (2018) has identified these gaps and needs in health and emotional well-being associated with children, adolescents, and young people:

- poor health and emotional well-being literacy;
- delay in the identification of mental health problems in schools and unvalidated instruments;
- limited resources and coordination among different stakeholders and regions;
- excessive medicalization of mental health and the associated costs;
- lack of health and emotional well-being policies coupled with an insufficient budget;
- lack of awareness of certain vulnerable and social minority groups; and
- increasing unhealthy lifestyles among youth and abusive use of information and information communication technologies (ICTs).

The PROEM Network (2018) report made recommendations to address mental health service gaps. These recommendations to develop an efficient health network included (a) building mental health literacy, (b) hiring more mental health specialists in schools, (c) training for education and primary healthcare professionals, and (d) increasing the budget for mental health policy implementation. Public policy also supported research to identify risk factors, promote positive mental health, and develop efficient and effective interventions.

The School as the Most Appropriate Setting for Mental Health Interventions

Positive health and well-being during adolescence largely depend on opportunities to develop specific emotional and cognitive abilities that enable the highest possible degree of autonomy and functioning. This development occurs through a well-rounded education and a successful transition to employment, ensuring a lasting network of connections. However, Spain has the highest early school dropout rate (23.5%) in the EU, according to 2016 data (Instituto Nacional de Estadística [National Institute of Statistics], 2018).

Education and health are closely related. Schools allow learners to acquire specific cognitive abilities and knowledge while promoting essential emotional, personal, and mental health. School provides an environmental framework that encourages an individual's cognitive, emotional, and social development. Education helps prevent poverty and illness, minimize health risks, promote full development potential, and ward off emotional problems, abusive alcohol and substance consumption, suicide, and death (Davidson et al., 1989).

Adolescents with mental health problems are less likely to achieve excellent academic performance, are at risk for school dropout, and are less likely to enter higher education. Fully aware of the importance of adolescents receiving adequate schooling, a European Commission goal is to reduce the percentage of school dropouts by at least 10% and hopefully see at least 40% tertiary education attainment among 30- to 40-year-olds by 2020 (European Commision, 2017).

The Internet as the Present and Future Setting for Mental Health Promotion

Considering the limitations of traditional research approaches, new methodological frameworks and research designs are evaluating children and youths' mental health interventions (Liverpool et al., 2020). Several studies support the viability of developing approaches to detect mental health problems through the Internet in various school contexts (e.g., Blasco et al., 2017; Piqueras et al., 2017). Other studies highlight technology-support interventions for depression and anxiety

in children and adolescents (Christ et al., 2020; Grist et al., 2019). However, despite the growth of research applying new technologies to child and youth clinical psychology, few studies have developed these programs, including routine check-ups for school-based prevention of emotional distress and well-being.

Comprehensive Strengths Assessment Models for School Contexts

Following Pérez-González et al. (2020), in the last 25 years, two approaches to empower personal and environmental factors that favor psychological and social well-being have expanded internationally. On the one hand, the field of health education has evolved from focusing on the causes of disease and disease avoidance (pathogenesis) to an understanding of the conditions and mechanisms that contribute to the promotion and maintenance of health (Antonovsky, 1993; Bauer et al., 2019). This focus includes mental health education as an area of focus for higher education institutions (Furnham & Swami, 2018). On the other hand, another regeneration movement has taken place in the field of psychology. After behaviorism and cognitivism's emotional blackout, an *affective revolution* emerged (Panksepp, 1998)—studying emotions in general and positive emotions in particular. This affective revolution has provoked change through reconsidering the importance of emotions and their scientific research. In this context, more than a quarter of a century ago, the construct of emotional intelligence (EI) emerged, consisting of the exaltation of the value of emotions and distancing from rationalism and cognitivism that had prevailed until then (Mayer et al., 2000). A second regenerative psychology movement includes psychological variables that facilitate well-being (Greene et al., 2016; Seligman & Csikszentmihalyi, 2000). Following these developments, another concept emerged, *covitality*, understood as a set of personal factors (mainly socioemotional skills) that favor psychosocial adjustment and health (Furlong et al., 2014a, 2014b), among which EI is a prominent factor.

In recent decades, researchers have increased attention to positive mental health in young people (e.g., Kirschman et al., 2009), resilience studies (e.g., Masten et al., 2009), positive youth development (e.g., Larson, 2000), empowerment approaches (e.g., Jimerson et al., 2004), and social-emotional learning (SEL) (e.g., Greenberg et al., 2003). Historically, these subfields studied young people's positive mental health within an isolated framework of protective factors. The effects of single indicators (e.g., gratitude; Froh et al., 2010) or several indicators (e.g., social support and school participation; Shekhtmeyster et al., 2011) were studied as predictors of psychosocial adjustment (e.g., academic performance and prosocial behavior). It was less common to conduct positive mental health studies in adolescents within a cumulative protective framework. A composite protective index, composed of several integrated indicators, provided a meta-indicator for predicting mental health and adjustment (e.g., Ostaszewski & Zimmerman, 2006).

Research on SEL has indicated that social-emotional competence is a critical factor in pursuing universal preventive interventions in schools. This is because the competence construct (a) is associated with social, behavioral, and academic adjustment, which are essential for healthy development; (b) predicts adjustment in adult life; (c) can improve with viable, cost-effective interventions; and (d) plays a critical role in the process of behavior change (Domitrovich et al., 2017). Within the large noncognitive skills domain, social-emotional competencies (e.g., self-awareness, self-management, social awareness, social skills, and decision-making) are among those receiving attention by clinical and educational disciplines (Capsada & Ferrer-Esteban, 2016). Data offered by four meta-analyses and three systematic reviews of the literature, in general, indicate positive effects of the programs considered as most programs improve social-emotional skills. However, the meta-analysis also highlights that, even with the increased implementation of SEL programs in various countries such as the United States and the United Kingdom, they lack scientific rigor. Moreover, few longitudinal studies have examined relations between socioemotional skills and health and psychosocial adjustment outcomes in children and youth.

Spanish School-Based Positive Psychology Interventions on Mental Health for Children and Adolescents

At least two comprehensive approaches (emotional education and positive psychology) have recently focused on the presence of distress and risk factors and well-being and protective factors, personal strengths, or resources. Regarding a positive-psychology approach, we reviewed the literature on children and adolescents' mental health interventions (Ivan, 2018). This review of published studies from these databases: MEDLINE-Pubmed, PsycINFO, Scopus, SciELO, Dialnet, and Google Scholar. The following descriptors guided the search in Spanish and English: (adolescents OR children) AND (mental health OR well-being) AND (strength OR positive psychology) AND (program OR interventions OR prevention). The inclusion criteria were:

1 presence of the descriptors in titles and abstracts;
2 studies after 2000, to ensure that publications adapted to the society of the 21st century and its problems;
3 samples composed of participants aged between 4 and 18 years old, belonging to developmental stages of childhood and adolescence, crucial for the formation of self-perception and personality, as these are stages where emotional, attitudinal, and psychological problems related to prevention can be strengthened through positive psychology;
4 experimental designs (with the presence of a control group, randomizing, and control of variables), which included programs supported within the framework of positive psychology; and
5 studies carried out in Spain.

The review yielded 10 studies (see Figure 31.1), highlighting the benefits of positive psychology-based interventions for mental health in children and adolescents. In this sense, the review's recommendation emphasized that preventive interventions should include environmental modifications that reduce stress, thereby allowing youths to develop positive competencies simultaneously within their social environments. Educational contexts that offer rewards and the achievement of realistic goals are more likely to increase motivation and decrease disruptive behaviors in children and adolescents.

School-Based Positive Psychology Interventions in Children and Adolescents

The following section presents a brief description of these 10 studies and their main results. A summary of these prominent school-based programs developed at the Spanish national level appears below.

Pereira and Martínez (2004) applied a program to develop coping strategies to decrease depression indicators in eight institutionalized adolescents aged 15–17. In general, the adolescents developed problem-solving strategies and achieved higher assertiveness and emotional self-control, reaching a balance and adequately managing their anger and stress.

De Benito et al. (2009) proposed an assertiveness and social skills program. They trained infant, primary, and secondary school teachers in attitudes, values, cognitions, emotions, and behaviors to help children and adolescents live together effectively and satisfactorily. The curriculum included a series of social skills activities related to communication, assertiveness, emotions, and positive and challenging interactions. The program's impact was predictably positive because it was designed to promote coexistence, which implies teaching and fostering social skills to promote a good climate of positive relations in all students.

The Aulas Felices program (Arguís et al., 2010), aimed at preschool, primary, and secondary school students, provides resources to work in various curricular areas, promoting transversal

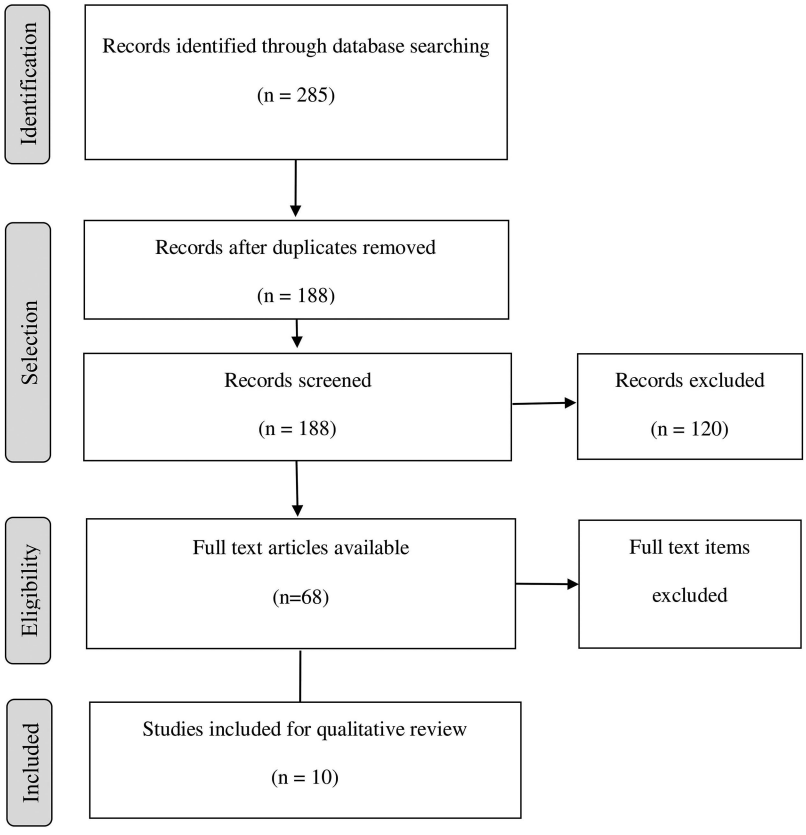

Figure 31.1

AU: Please provide caption for Figure 31.1.

skills, tutorial action, and education in values. This program disseminates the contributions of positive psychology among the educational community. The effectiveness of this program has been positive, generating happier and more self-governing students.

Justicia et al. (2011) examined the Learning to Live Together program's implementation with four- to five-year-old children located in Granada (Spain). This universal antisocial behavior prevention program builds students' social competence through content related to rules, feelings, communication skills, help, cooperation, and conflict resolution. The results showed a reduction of antisocial behaviors and increased social competence in the experimental group participants. In general, the children increased their reflective capacity, improved their emotional reactivity, reduced aggression, and improved cognitive attention.

Reyes-Bossio et al. (2012) presented a psychological training program applied to high-performance volleyball players between 13 and 16 years old and evaluated its effectiveness before and after its application. The results showed statistically significant differences in self-confidence, attention control, and negative energy. The areas of visualization, motivation, positive attitude, and positive energy showed average increases.

Regalado-Cuenca and Fajardo-Caldera (2014), through the Fierabrás Intervention Program, proposed improving the mood and increasing the sense of well-being of adolescents with multiple sclerosis. A case-study design supported the interventions' effectiveness in treating depression and mainly psychological well-being, although it did improve anxiety or depression symptoms.

Lera (2015) coordinated the European project GOLDEN5, a universal school program to increase students' intrinsic motivation while improving their personal development. Although it flexibly considers diversity (students with disabilities and/or at risk of social exclusion), it targets an entire classroom, adapting to primary school settings. Its quantitative results were positive and indicated increased academic performance, sociability, and self-esteem. Qualitative results focused on individual and group changes in the teaching staff. While addressing emerging obstacles, the program continues to be used in many national and international schools (Lera, 2015).

Also noteworthy is Orenes' (2015) work to adapt the Fortius Program (Méndez et al., 2012) for children and preadolescents (4,628 students were recruited, aged from 8 to 11 years). Orenes combined clinical psychology's focus on solving emotional difficulties and positive psychology's emphasis on enhancing personal skills. This program reduced anxiety symptoms in younger adolescents, and reduced depressive symptoms and behavioral problems in females, and improved their perceived state of health.

Mónaco, de la Barrera, and Montoya-Castilla (2017) analyzed the effectiveness of a pilot intervention to develop emotional skills applied to 46 adolescents. The program was beneficial in increasing adolescents' positive affect, cognitive empathy, and emotional vocabulary. The importance of developing this type of program, which effectively increases adolescents' psychosocial adjustment and well-being is noteworthy.

Sarrionandia and Garaigordobil (2017) evaluated the effects of a program that promotes EI in 148 adolescents (13–16 years), emphasizing possible differences according to gender identity. The results showed a significant increase in EI and a decrease in psychosomatic symptoms and emotional instability. However, there were no significant differences found according to gender identity.

Spanish Positive-Psychology-Based and School-Based Mental Health Programs

A recent review by Cobos-Sánchez et al. (2018) on assessment and intervention protocols in emotional education for adolescents in educational contexts observed that social-emotional competencies are essential to the child's healthy development youth population (see Table 31.1). These competencies are protective or salutogenic factors against the development of psychological disorders in adulthood. On the other hand, research from various EI models has shown that emotional competencies predict people's academic and social success. This observation led to the creating of educational center programs because these settings are the context in which a substantial part of children's lives takes place. Education centers provide naturalistic contexts for youths to develop essential competencies. There is an institutional obligation because state and European regulations insist on training students comprehensively as competent citizens in all developmental areas. When examining this recent review, a question arises: What is the empirical evidence for these emotional education programs? The response is that more evidence-based studies supporting this type of intervention are needed.

Covitality Model

Chapter 10 (Paz & Kim, this volume) broadly describes and reviews the covitality model and its Social-Emotional Health Surveys (SEHS). Evaluation of the SEHS in international studies indicates that high covitality predicts subjective well-being and quality of life, including academic performance and school safety (Furlong et al., 2014b). Also, covitality is a predictor of college students' internalizing symptoms, the onset of depressive symptoms, and substance use (Jones et al., 2013). It predicts prosocial behavior, caring relationships, school acceptance, and school rejection in elementary school students (Furlong et al., 2014b). The covitality construct presumes a psychological mindset shaped in early childhood experiences and nurtured through the developmental life span.

Table 31.1 Main Programs Developed in Spain in the Educational Field (Based on Cobos-Sánchez et al., 2018)

Authors	*Program Name*
Díaz-Aguado (1996)	Program to promote tolerance of diversity in ethnically heterogeneous environments (Autonomous Community of Madrid).
Trianes & Fernández-Figarés (2001)	Learning to be a person and to live together (University of Málaga).
Blasco et al. (2002)	Emotional education. Proposals for tutoring. Secondary education (Valencian Community).
Comas et al. (2002)	Ulysses. Program for learning and developing emotional self-control (Sport and Life Association, Madrid).
Segura-Morales & Pérez-Díaz (2002)	Being a person and relating (University of La Laguna).
Gallego-Gil & Gallego-Alarcón (2004)	Program for the Development of Emotional Intelligence (PRIE, UNED).
Vallés-Arándiga (2007)	Emotional intelligence program for school coexistence (PIECE, University of Alicante).
Grupo Aprendizaje Emocional (2007)	Emotional Education Programs. 1st and 2nd cycles of Compulsory Secondary Education (CSE). Ministry of Education. Generalitat Valenciana.
Garagordobil (2000) Garagordobil (2005)	Program for the development of personality and human rights education (University of the Basque Country). Cooperative and creative games for groups of children from 6 to 8 years old.
Giménez-Dasí et al. (2016)	Thinking emotions with full attention. Intervention Program for Primary Education.
Giménez-Dasí et al. (2017)	Thinking emotions with full attention. Intervention Program for Children's Education.
Montoya et al. (2016)	PREDEMA. Emotional Education Program for Adolescents. From emotion to meaning.
Méndez et al. (2012)	FORTIUS program. Psychological strength and prevention of emotional difficulties.
Bisquerra (2013)	Emotional Education. Proposal for educators and families (University of Barcelona).
Arguis Rey (2010)	Happy Classrooms (Zaragoza).
Ruiz Aranda et al. (2013). Cabello, et al. (2016).	INTEMO Program. Guide to improve the emotional intelligence of adolescents (Emotions Lab., University of Malaga). INTEMO + Program. Improving the emotional intelligence of adolescents.

Different research groups in many countries are leading what could be considered a global covitality strategy. The first step that most teams have followed is validating the SEHS measures in their versions. Thus, studies in Australia, Chile, China, Greece, Japan, Korea, Mexico, Turkey, and the United Kingdom, among other countries, have validated the SEHS measures or are in the process of validation for children, adolescents, and transition-age youths (Furlong et al., 2021). Nevertheless, it is also essential to evaluate the impact that covitality studies are having internationally, broadening the use of a construct associated with positive mental health and psychosocial adjustment cross-culturally. The following section provides an overview and illustration of how some positive psychology models are applied to Spain's academic contexts.

Covitality Model's Strengths-Based Assessment in Diverse Spanish School Ecosystems

Until a few years ago, school-based preventive interventions for mental health in Spain focused on detection, identification, and early intervention, targeting, exclusively, the presence of psychological problems or difficulties. Recently, assessment approaches have focused not only on identifying distress and risk factors but also on well-being and protective factors, or personal strengths or resources. The Covitality Project's research team (Proyecto Covitalidad in Spanish; see http://covitalidad.edu.umh.es/) began working from this comprehensive and broad-based approach in 2010 with the DetectaWeb Project study (Piqueras et al., 2017). The DetectaWeb Project developed a procedure for the early detection of children and adolescents' mental health. This project uses a web-based platform for MHC screening, including psychological problems (anxiety, depression, and suicidality) and personal strengths (emotional, cognitive/psychological, and social aspects). Some of this study's results are reported by Garcia-Olcina et al. (2014, 2017), Rivera-Riquelme et al. (2019), and Piqueras et al. (2020, 2021).

Since 2016, the Covitality-Spain team, led by the first author, has carried out psychological assessments based on strengths and difficulties in children, adolescents, and university students. These three related studies illustrate school-based applications for each group. In all cases, the assessments were carried out through online surveys and within the framework of universal prevention, so all students completed the survey. Our study's first common aim was to validate specific instruments to assess covitality (SEHS-Primary, SEHS-Secondary, and SEHS-Higher Education).

Our team has recruited different samples of elementary school children ($N = 800$) aged between 8 and 12 years. These children's social and emotional competencies were assessed using the covitality's SEHS-Primary scale. Other measures considered mental health, health-related quality of life, distress, strengths and difficulties, sociometric status, peer bullying, trait EI, and perfectionism. Some of the main results were that covitality mediated the relationship between suffering bullying and psychosocial adjustment. Furthermore, the protocol, including SEHS-Primary, has been used to assess an intervention's efficacy to reduce bullying focused on observers (Pineda et al., 2017).

Among adolescents, the first study employed 1,042 high school students, including distress and well-being variables. The main results were that the covitality SEHS-Secondary measure was negatively associated with internalizing and externalizing symptoms and peer and parents' relationship problems. Large, positive associations were found with measures of positive covariates (well-being, health-related quality of life, and prosocial behaviors, Piqueras et al., 2019~~b~~). A second longitudinal study collected responses from 5,627 secondary and high school students from southeastern Spain (Region of Murcia and Province of Alicante). Distress, well-being, health-related quality of life, psychopathology, and relationship with parents were measured. Although the results obtained are not yet published, the cross-sectional data have been preliminarily analyzed (Piqueras et al., 2019~~a~~). The third study results with a sample of 438 adolescents aged 11–17 reflected that the SEHS-S measure negatively predicted 30% of the presence of internalizing symptoms and 24% of externalizing symptoms. Therefore, covitality acted as a protective variable (Falcó et al., 2020). The main results of studies involving adolescents showed that social-emotional competencies predict psychosocial adjustment and mediate the influence of stressful life events on psychosocial adjustment. The protocol, including SEHS-Secondary, is being used to create group and individual reports (risk warnings, especially in those cases in which adolescents present a risk for suicide or mental health problems).

We have conducted a longitudinal study in three universities in southeastern Spain using the SEHS-Higher Education measure. The cross-sectional sample included 1,511 participants. This study collected data on well-being, EI, self-esteem, suicide, anxiety and depression, psychological difficulties and problems, positive and negative affect, and health-related quality of

life. Although the data analyzed have not yet been published, the cross-sectional results of this experience offer the following results: The absence of covitality explains 23% of the presence of internalizing (anxiety and depression) and externalizing (behavioral problems) symptoms. Specifically, regarding internalizing symptoms, the most important are self-control, emotion regulation, and peer support. All these factors are protective factors against suffering symptoms (Soto-Sanz et al., 2018). Simultaneously, the prediction of suicidal behaviors in university youth (18–19 years old) was analyzed through the internalizing symptoms, with covitality as a moderator. In this analysis, it was found that covitality moderated the relationship between suicidal behaviors and internalizing symptoms, explaining 15% of the variance of suicidal behaviors (Soto-Sanz et al., 2019).

The SEHS measures' applications have provided another resource to focus on psychological difficulties and positive aspects of human functioning among Spanish children, adolescents, and emerging adults. Proyecto Covitality's ongoing efforts (see http://covitalidad.edu.umh.es/) have clear implications for improving and expanding Spanish prevention of health programs to foster all youths' well-being, especially vulnerable populations.

Conclusion

This chapter examined studies focusing on interventions based on the positive psychology perspective, designed to improve Spain's child and adolescent mental health. The main findings of this review are presented here.

First, the selected publications' analysis indicated that, regardless of the approach, criteria, or working methodology used to address and implement programs based on positive psychology, the programs offer positive results for well-being, personal growth, and emotional development. This finding is consistent with a recent systematic and meta-analytic review on the effects of school-based positive psychology interventions for adolescents, reporting small effects for subjective well-being ($g = 0.24$), psychological well-being ($g = 0.25$), and depression symptoms ($g = 0.28$). This supports evidence for the efficacy of school-based multicomponent positive psychology interventions in improving mental health in the short and long term (Tejada-Gallardo et al., 2020). It also coincides with the findings of broader, nonchild-focused reviews, such as that by Koydemir et al. (2020), showing an overall effect size (Cohen's d) of 0.23 for general well-being and short- and long-term intervention effects.

Childhood and adolescence are crucial stages for human beings, which is why orienting their learning and experiences during these stages to foster the resilient, proactive, and healthy perspectives proposed by positive psychology is essential and compulsory. The bibliographical review pointed out three ways through which positive psychology has practical usefulness: (a) as a preventive strategy for the strengthening of mental health; (b) as a corrective or therapeutic strategy through the influence of its interventions or programs in the psychosocial adjustment of children and adolescents, key for greater cognitive empathy and emotional well-being; and (c) as an inclusion strategy, providing children and youth with tools for social strengthening, emotional proactivity, and healthy decision-making.

A second observation is the documentation of considerable research on positive psychology and education. This growing Spanish literature shows its relevance as a research theme and as prevention and treatment strategies. It is even an educational tool to nurture prosocial behaviors, accurately perceive reality, and assertively adjust to it.

A third conclusion is that the covitality model's strength-based approach is a promising construct that continues to receive growing interest, contributing to the knowledge of mental health from the viewpoint of positive psychology, emphasizing strengths and resources rather than deficits. Extant research has focused on assessment, but there are yet few studies

evaluating interventions focused on increasing social-emotional competencies from the covitality model framework (Naples, 2019)—it is suggested to develop such interventions and test their effectiveness.

The early efforts of the Proyecto Covitalidad indicate that positive psychology offers promising results for the improvement of Spanish children's and youth's well-being, decreasing negative attitudes, and promoting flourishing mental health. This chapter also identified the need for more research and practical positive psychology applications to develop strategies that foster mental health in Spain and worldwide.

References

Antonovsky, A. (1993). The structure and properties of the Sense of Coherence Scale. *Social Science & Medicine, 36*(6), 725–733. https://doi.org/10.1016/0277-9536(93)90033-Z

Arguís, R., Bolsas, A., Hernández, S., & Salvador, M. (2010). *Programa "Aulas Felices". Psicología positiva aplicada a la educación* [Happy Classroom Program. Positive psychology applied to education]. Equipo SATI.

Bauer, G. F., Roy, M., Bakibinga, P., Contu, P., Downe, S., Eriksson, M., Espnes, G. A., Jensen, B. B., Juvinya Canal, D., Lindström, B., Mana, A., Mittelmark, M. B., Morgan, A. R., Pelikan, J. M., Sabiga-Nunes, L., Sagy, S., Shorey, S., Vaandrager, L., & Vinje, H. F. (2020). Future directions for the concept of salutogenesis: A position article. *Health Promotion International, 35*(2), 187–195. https://doi.org/10.1093/heapro/daz057

Blasco, M. J., Castellví, P., Almenara, J., Lagares, C., Roca, M., Sesé, A., Piqueras, J. A., Soto-Sanz, V., Rodríguez-Marín, J., Echeburúa, E., Gabilondo, A., Cebrià, A. I., Miranda-Mendizábal, A., Vilagut, G., Bruffaerts, R., Auerbach, R. P., Kessler, R. C., & Alonso, J. (2016). Predictive models for suicidal thoughts and behaviors among Spanish university students: Rationale and methods of the UNIVERSAL (University & Mental Health) Project. *BMC Psychiatry, 16,* 122. https://doi.org/10.1186/s12888-016-0820-y

Capsada, Q., & Ferrer-Esteban, G. (2016). *¿Son efectivos los programas de educación socioemocional como herramienta para mejorar las competencias del alumnado?* [Are social-emotional education programs effective as a tool to improve students' skills?]. Fundació Jaume Bofill, Ivàlua.

Chisholm, D., Sweeny, K., Sheehan, P., Rasmussen, B., Smit, F., Cuijpers, P., & Saxena, S. (2016). Scaling-up treatment of depression and anxiety: A global return on investment analysis. *The Lancet, 3*(5), 415–424. https://doi.org/10.1016/S2215-0366(16)30024-4

Christ, C., Schouten, M. J., Blankers, M., van Schaik, D. J., Beekman, A. T., Wisman, M. A., Stikkelbroek, Y. A., & Dekker, J. J. (2020). Internet and computer-based cognitive behavioral therapy for anxiety and depression in adolescents and young adults: Systematic review and meta-analysis. *Journal of Medical Internet Research, 22*(9), e17831. https://doi.org/10.2196/17831

Cobos-Sánchez, L., Flujas-Contreras, J. M., & Gómez-Becerra, I. G. (2018). Revisión de protocolos de evaluación e intervención en educación emocional en adolescentes en contextos educativos a nivel grupal [Review of evaluation and intervention protocols in emotional education in adolescents in educational contexts at the group level]. *Revista de Estudios de Juventud, 121*, 151–167.

Davidson, L. E., Rosenberg, M. L., Mercy, J. A., Franklin, J., & Simmons, J. T. (1989). An epidemiologic study of risk factors in two teenage suicide clusters. *JAMA, 262*(19), 2687–2692. https://doi.org/10.1001/jama.1989.03430190071034

De Benito, M. P., Elices, J. A., Francia, M. V., García-Larrauri, B., & Monjas, M. I. (2009). *Cómo promover la convivencia: Programa de Asertividad y Habilidades Sociales (PAHS) (Educación Infantil, Primaria y Secundaria)* [How to promote coexistence: Assertiveness and Social Skills Program (PAHS) (Infant, Primary, and Secondary Education)]. CEPE Ciencias de la Educación Preescolar y Especial.

Domitrovich, C. E., Durlak, J. A., Staley, K. C., & Weissberg, R. P. (2017). Social-motional competence: An essential factor for promoting positive adjustment and reducing risk in school children. *Child Development, 88*(2), 408–416. https://doi.org/10.1111/cdev.12739

Education, Audiovisual and Culture Executive Agency. (2019). *7.5 Mental health* (Spain). https://eacea.ec.europa.eu/national-policies/en/content/youthwiki/75-mental-health-spain

Eryilmaz, A. (2012). A model of subjective well-being for adolescents in high school. *Journal of Happiness Studies, 13,* 275–289. https://doi.org/10.1007/s10902-011-9263-9

EuropeanCommision.(2017).*Focuson:Mentalhealthineducation:Anunspokenissueofourage.*https://eacea.ec.europa.eu/national-policies/eurydice/content/focus-mental-health-education-unspoken-issue-our-age_en

Eurosurveillance Editorial Team. (2012). EMCDDA publishes 2012 report on the state of the drugs problem in Europe. *Eurosurveillance, 17*(46), 20315. https://www.eurosurveillance.org/docserver/fulltext/

eurosurveillance/17/46/art20315-en.pdf?expires=1596110666&id=id&accname=guest&checksum=592949543607CD2383FF6A063C3EE33C

Falcó, R., Marzo, J. C., & Piqueras, J. A. (2020). La covitalidad como factor protector ante problemas interiorizados y exteriorizados en adolescentes españoles [Covitality as a protective factor against internalizing and externalizing problems in Spanish adolescents]. *Behavioral Psychology / Psicología Conductual, 28*(3), 393–413. https://dialnet.unirioja.es/servlet/articulo?codigo=7695389

Froh, J. J., Bono, G., & Emmons, R. (2010). Being grateful is beyond good manners: Gratitude and motivation to contribute to society among early adolescents. *Motivation and Emotion, 34*(2), 144–157. https://doi.org/10.1007/s11031-010-9163-z

Furlong, M. J., Dowdy, E., Carnazzo, K., Bovery, B. L., & Kim, E. (2014). Covitality: Fostering the building blocks of complete mental health. *Communique, 42*(8), 1–28. https://eric.ed.gov/?id=EJ1192977

Furlong, M. J., Dowdy, E., Nylund-Gibson, K., Wagle, R., Carter, D., & Hinton, T. (2021). Enhancement and standardization of a universal social-emotional health measure for students' psychological strengths. *Journal of Well-Being Assessment*. https://doi.org/10.1007/s41543-020-00032-2

Furlong, M. J., You, S., Renshaw, T. L., Smith, D. C., & O'Malley, M. (2014). Preliminary development and validation of the Social and Emotional Health Survey for secondary students. *Social Indicators Research, 117*, 1011–1032. https://doi.org/10.1007/s11205-013-0373-0

Furnham, A., & Swami, V. (2018). Mental health literacy: A review of what it is and why it matters. *International Perspectives in Psychology: Research, Practice, Consultation,* 7(4), 240–257. https://doi.org/10.1037/ipp0000094

García-Olcina, M., Piqueras, J. A., & Martínez-González, A. E. (2014). Datos preliminares de la validación del Cuestionario de Detección vía Web para los trastornos emocionales (DETECTA-WEB) en adolescentes españoles [Preliminary data of validation of the Web-based Screening Questionnaire for Emotional Mental Disorders (DETECTA-WEB) in Spanish adolescents]. *Revista de Psicología Clínica con Niños y Adolescentes, 1*(1), 69–77.

Garcia-Olcina, M., Rivera-Riquelme, M., Canto-Diez, T. J., Tomas-Berenguer, M. R., Bustamante, R., & Piqueras, J. A. (2017). Detección online de trastornos emocionales en población clínica de niños y adolescentes: Escala DetectaWeb-Malestar [Online detection of emotional disorders in the clinical population of children and adolescents: DetectaWeb-Distress Scale]. *Revista de Psicología Clínica con Niños y Adolescentes, 4*(3), 35–45.

Greenberg, M. T., Weissberg, R. P., O'Brien, M. U., Zins, J. E., Fredericks, L., Resnik, H., & Elias, M. J. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist*, *58*, 466–474. https://doi.org/10.1037/0003-066x.58.6-7.466

Greene, J. D., Morrison, I., & Seligman, M. E. P. (2016). *Positive neuroscience*. Oxford University Press.

Grist, R., Croker, A., Denne, M., & Stallard, P. (2019). Technology delivered interventions for depression and anxiety in children and adolescents: A systematic review and meta-analysis. *Clinical Child and Family Psychology Review, 22*(2), 147–171. https://doi.org/10.1007/s10567-018-0271-8

Instituto Nacional de Estadística. (2018). (INE) [National Institute of Statistics]. http://www.ine.es/

Ivan, F. I. (2018). *Programas de promoción de la salud mental en niños y adolescentes desde la psicología positiva: Una revisión bibliográfica* [Programs for the promotion of mental health in children and adolescents from positive psychology: A literature review]. [Final Degree Project, Miguel Hernandez University, Spain]. http://193.147.134.18/bitstream/11000/6383/1/TFG.%20IZABELA%20IVAN.pdf

Jimerson, S. R., Sharkey, J. D., Nyborg, V., & Furlong, M. J. (2004). Strength-based assessment and school psychology: A summary and synthesis. *The California School Psychologist, 9*, 9–19. https://doi.org/10.1007/BF03340903

Jones, C. N., You, S., & Furlong, M. J. (2013). A preliminary examination of covitality as integrated well-being in college students. *Social Indicators Research, 111*(2), 511–526. https://doi.org/10.1007/s11205-012-0017-9

Justicia, A., Corredor, G. A., Pichardo, M. C., Justicia, F., & Quesada, A. B. (2011). *Efectos del programa aprender a convivir en educación infantil* [Effects of the learning to live together program in early childhood education]. *International Journal of Developmental and Educational Psychology, 3*(1), 39–58. http://infad.eu/RevistaINFAD/2011/n1/volumen3/INFAD_010323_39-50.pdf

Kelly, R. M., Hills, K. J., Huebner, E. S., & McQuillin, S. (2012). The longitudinal stability and dynamics of group membership in the dual-factor model of mental health: Psychosocial predictors of mental health. *Canadian Journal of School Psychology, 27*(4), 337–355. https://doi.org/10.1177/0829573512458505

Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal Consulting and Clinical Psychology, 73*(3), 539–548. https://doi.org/10.1037/0022-006X.73.3.539

Keyes, C. L. M. (2006). Mental health in adolescence: Is America's youth flourishing? *American Journal of Orthopsychiatry, 76*(3), 395–402. https://doi.org/10.1037/0002-9432.76.3.395

Kirschman, K. J. B., Johnson, R. J., Bender, J. A., & Roberts, M. C. (2009). Positive psychology for children and adolescents: Development, prevention, and promotion. In S. J. Lopez & C. R. Snyder (Eds.), *The Oxford handbook of positive psychology* (2nd ed., pp. 133–148). Oxford University Press.

Koydemir, S., Sökmez, A. B., & Schütz, A. (2020). A meta-analysis of the effectiveness of randomized controlled positive psychological interventions on subjective and psychological well-being. *Applied Research in Quality of Life*. https://doi.org/10.1007/s11482-019-09788-z

Larson, R. W. (2000). Toward a psychology of positive youth development. *American Psychologist*, *55*(1), 170–183. https://doi.org/10.1037/0003-066X.55.1.170

Lera, M. J. (2015). *Programa Golden5: Una mirada positiva al desarrollo del alumnado* [Golden5 Program: A positive look at students' development]. *Convives, 10,* 15–22.

Liverpool, S., Mota, C. P., Sales, C. M., Čuš, A., Carletto, S., Hancheva, C., Sousa, S., Cerón, S. C., Moreno-Peral, P., Pietrabissa, G., Moltrecht, B., Ulberg, R., Ferreira, N., & Edbrooke-Childs, J. (2020). Engaging children and young people in digital mental health interventions: Systematic review of modes of delivery, facilitators, and barriers. *Journal of Medical Internet Research, 22*(6), e16317. https://doi.org/10.2196/16317

Masten, A. S., Cutuli, J. J., Herbers, J. E., & Reed, M. G. (2009). Resilience in development. In S. J. Lopez & C. R. Snyder (Eds.), *The Oxford handbook of positive psychology* (2nd ed., pp. 117–131). Oxford University Press.

Mayer, J. D., Salovey, P., & Caruso, D. R. (2000). Emotional intelligence as zeitgeist, as personality, and as a mental ability. In R. Bar-On & J. D. A. Parker (Eds.), *The handbook of emotional intelligence: Theory, development, assessment, and application at home, school, and in the workplace* (pp. 92–117). Jossey-Bass.

Miranda-Mendizábal, A., Castellví, P., Parés-Badell, O., Almenara, J., Alonso, I., Blasco, M. J., Cebrià, A., Gabilondo, A., Gili, M., Lagares, C., Piqueras, J. A., Roca, M., Rodríguez-Marín, J., Rodríguez-Jiménez, R., Soto-Sanz, V., Vilagut, G., & Alonso, J. (2017). Sexual orientation and suicidal behaviour in adolescents and young adults: Systematic review and meta-analysis. *The British Journal of Psychiatry: The Journal of Mental Science, 211*(2), 77–87. https://doi.org/10.1192/bjp.bp.116.196345

Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & Prisma Group. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *PLoS medicine, 6*(7), e1000097. https://doi.org/10.1371/journal.pmed.1000097

Mónaco, E., de la Barrera, U., & Montoya-Castilla, I. (2017). Desarrollo de un programa de intervención para mejorar las competencias emocionales, el afecto positivo y la empatía en la adolescencia [Development of an intervention program to improve emotional competencies, positive affect and empathy in adolescence]. *Calidad de Vida y Salud, 10*(1), 41–56.

Naples, L. H. (2019, March). *Neurodivergence in early childhood: Deriving a dual-factor model of educational well-being through a design-based research pilot program*. Dissertation Graduate School fo Education and Human Development of the George Washington University. https://search.proquest.com/openview/487ffe4af4101da676c588e2156960c5/1?pq-origsite=gscholar&cbl=18750&diss=y

Orenes, A. (2015). *Evaluación de la ansiedad por separación y prevención escolar de las dificultades emocionales* [Evaluation of separation anxiety and prevention of emotional difficulties at school]. Doctoral Thesis. Faculty of Psychology. University of Murcia. Spain.

Ostaszewski, K., & Zimmerman, M. A. (2006). The effects of cumulative risks and promotive factors on urban adolescent alcohol and other drug use: A longitudinal study of resiliency. *American Journal of Community Psychology, 38*(3–4), 237–249. https://doi.org/10.1007/s10464-006-9076-x

Panksepp, J. (1998). The quest for long-term health and happiness: To play or not to play, that is the question. *Psychological Inquiry, 9*(1), 56–66. https://doi.org/10.1207/s15327965pli0901_9

Pereira, C., & Martínez, A. (2004). Programa para disminuir indicadores de depresión mediante el desarrollo de estrategias de afrontamiento (Un estudio en adolescentes institucionalizados) [Program to decrease indicators of depression by developing coping strategies (A study of institutionalized adolescents)]. *Ajayu Órgano de Difusión Científica del Departamento de Psicología UCBSP, 2*(1), 54–66.

Pérez-González, J. C., Yáñez, S., Ortega-Navas, M. C., & Piqueras, J. A. (2020). Emotional education in health education: A public health issue. *Clínica y Salud, 31*(3), 127–136. https://doi.org/10.5093/clysa2020a7

Pineda, D., Piqueras, J. A., Martinez, A., Rodriguez-Jimenez, T., Martínez Gonzalez, A. E., Santamaria, P., & Furlong, M. J. (2017, July 5–8). A *new instrument for covitality: The revised Social Emotional Health Survey–Primary in a Spanish sample of children* [Paper presentation]. 14th European Conference on Psychological Assessment, Lisbon, Portugal.

Piqueras, J. A., Garcia-Olcina, M., Rivera-Riquelme, M., Martinez-Gonzalez, A. E., & Cuijpers, P. (2021). DetectaWeb-Distress scale: A global and multidimensional web-based screener for emotional disorder symptoms in children and Adolescents. *Frontiers in Psychology, 12*, 93. https://doi.org/10.3389/fpsyg.2021.627604

Piqueras, J. A., García-Olcina, M., Rivera-Riquelme, M., & Pineda, D. (2020). Evidencia de validez diagnóstica de la Escala DetectaWeb-Malestar [Evidence of diagnostic utility of the DetectaWeb-Distress Scale]. *Revista de Psicopatologia y Psicologia Clinica, 25*(3), 161–174. http://doi.org/10.5944/rppc.28931

Piqueras, J. A., Garcia-Olcina, M., Rivera-Riquelme, M., Rodríguez-Jiménez, T., Martínez-González, A. E., & Cuijpers, P. (2017). DetectaWeb Project: Study protocol of a web-based detection of mental health of children and adolescents. *BMJ Open*, 7:e017218. http://doi.org/10.1136/bmjopen-2017-017218

Piqueras, J. A. Marzo, J. C., Falcó, R., Moreno-Amador, B., Mira, F., Soto-Sanz, V., Rodríguez-Jiménez, T., Martínez-González, A. E., Rivera-Riquelme, M., Maciá, D., Keyes, C., Cuijpers, P., Dowdy, E., & Furlong, M. J. (2019, July 7–10). *Web-based assessment and classification of complete mental health in Spanish adolescents: preliminary results* [Paper presentation]. 15th European Conference on Psychological Assessment, Brussels, Belgium.

Piqueras, J. A., Rodriguez-Jimenez, T., Marzo, J. C., Rivera-Riquelme, M., Martinez-Gonzalez, A. E., Falco, R., & Furlong, M. J. (2019). Social Emotional Health Survey-Secondary (SEHS-S): A universal screening measure of social-emotional strengths for spanish-speaking adolescents. *International Journal of Environmental Research and Public Health, 16*(24), 4982. https://doi.org/10.3390/ijerph16244982

Polanczyk, G. V., Salum, G. A., Sugaya, L. S., Caye, A., & Rohde, L. A. (2015). Annual research review: A meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. *Journal of Child Psychology and Psychiatry, 56*(3), 345–365. https://doi.org/10.1111/jcpp.12381

PROEM Network. (2018). Report and roadmap on the state of the art, needs and recommendations for improving psychological assessment and promoting mental health and emotional well-being in young people. *Report developed by Red PROEM members and partners*. http://redproem.es/wp-content/uploads/2018/06/Informe_encuentro_Red_PROEM_EN.pdf

Regalado-Cuenca, A. B., & Fajardo-Caldera, M. (2014). Eficacia de un programa de psicología positiva en un adolescente con esclerosis múltiple [Effectiveness of a positive psychology program in an adolescent with multiple sclerosis]. *International Journal of Developmental and Educational Psychology, 1*(1), 379–389. https://doi.org/10.17060/ijodaep.2014.n1.v1.383

Reyes-Bossio, M., Raimundi, M. J., & Gomez Correa, L. (2012). Programa de entrenamiento en habilidades psicológicas en jugadoras de voleibol de alto rendimiento [Psychological Skills Training Program in High Performance Volleyball Players]. *Cuadernos de Psicología del Deporte, 12*(1), 9–16.

Rivera-Riquelme, M., Piqueras, J. A., & Cuijpers, P. (2019). The Revised Mental Health Inventory-5 (MHI-5) as an ultra-brief screening measure of bidimensional mental health in children and adolescents. *Psychiatry Research, 274*, 247–253. https://doi.org/10.1016/j.psychres.2019.02.045

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology, 69*(4), 719–727. https://doi.org/10.1037//0022-3514.69.4.719

Sarrionandia, A., & Garaigordobil, M. (2017). Efectos de un programa de inteligencia emocional en factores socioemocionales y síntomas psicosomáticos [Effects of a program of emotional intelligence on socio-emotional factors and psychosomatic symptoms]. *Revista Latinoamericana de Psicología, 49*(2), 110–118. https://doi.org/10.1016/j.rlp.2015.12.001

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*(1), 5–14. https://doi.org/10.1037/0003-066X.55.1.5

Sepúlveda, A. R., Solano, S., Blanco, M., Lacruz, T., & Veiga, O. (2020). Feasibility, acceptability, and effectiveness of a multidisciplinary intervention in childhood obesity from primary care: Nutrition, physical activity, emotional regulation, and family. *European Eating Disorders Review, 28*(2), 184–198. https:/doi.org/ 10.1002/erv.2702

Shekhtmeyster, Z., Sharkey, J. D., & You, S. (2011). The influence of multiple ecological assets on substance use patterns of diverse adolescents. *School Psychology Review, 40*(3), 386–404. https://doi.org/10.1080/02796015.2011.12087705

Soto-Sanz V., Marzo-Campos J. C., Rodríguez-Jiménez T., Martínez-González A. E., Rivera-Riquelme M., Piqueras J. A., Falcó R., & Furlong M. J. (2019, November 14–16). *Covitalidad como mediador entre la sintomatología internalizante y el riesgo de suicidio en universitarios* [Covitality as a mediator between internalizing symptoms and suicide risk in university students] [Paper presentation]. 5th International Congress of Clinical and Health Psychology in Children and Adolescents, Oviedo, Spain. http://www.aitanacongress.com/2019/wp-content/uploads/2019/10/Abstracts_2019.pdf

Soto-Sanz V., Mira-López., F., Marzo-Campos J. C., Rivera-Riquelme M., Moreno-Amador, B., Falcó R., Ramos M., & Furlong M. J. (2018, November 15–17). *Sintomatología internalizante y externalizante y la covitalidad como factor protector en estudiantes universitarios* [Internalizing and externalizing symptomatology and covitality as a protective factor in university students] [Paper presentation]. 4th International Congress of Clinical and Health Psychology in Children and Adolescents, Palma de Mallorca, Spain. http://www.aitanacongress.com/documentos/abstracts_cipcna_2018.pdf

Suldo, S., Thalji, A., & Ferron, J. (2011). Longitudinal academic outcomes predicted by early adolescents' subjective well-being, psychopathology, and mental health status yielded from a dual factor model. *The Journal of Positive Psychology, 6*(1), 17–30. https://doi.org/10.1080/17439760.2010.536774

Tejada-Gallardo, C., Blasco-Belled, A., Torrelles-Nadal, C., & Alsinet, C. (2020). Effects of school-based multicomponent positive psychology interventions on well-being and distress in adolescents: A systematic review and meta-analysis. *Journal of Youth and Adolescence, 49*(10), 1943–1960. https://doi.org/10.1007/s10964-020-01289-9

Telesia, L., Kaushik, A., & Kyriakopoulos, M. (2020). The role of stigma in children and adolescents with mental health difficulties. *Current Opinion in Psychiatry, 33*(6), 571–576. https://doi.org/10.1097/YCO.0000000000000644

Vázquez, C., Hervás, G., Rahona, J. J., & Gómez, D. (2009). Bienestar psicológico y salud: Aportaciones desde la Psicología Positiva [Psychological well-being and health: Contributions from Positive Psychology]. *Anuario de Psicología Clínica y de la Salud, 5*(1), 15–28.

World Health Organization. (2010). *Mental health promotion in young people: an investment for the future*. https://www.euro.who.int/__data/assets/pdf_file/0013/121135/E94270.pdf?ua=1

World Health Organization. (2014a). *Global status report on violence prevention 2014.* WHO Press.

World Health Organization. (2014b). *Preventing suicide: A global imperative.* https://apps.who.int/iris/bitstream/handle/10665/131056/9789241564779_eng.pdf?sequence=1

World Health Organization. (2015). *Preventing youth violence: An overview of the evidence*. http://apps.who.int/iris/bitstream/10665/181008/1/9789241509251_eng.pdf

World Health Organization. (2017). *Depression and other common mental disorders: Global health estimates*. https://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf;jsessionid=AB8E7AC561A7915A65CBB121B44B1481?sequence=1