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RESEARCH

Tailoring First Aid for Mental Health Problems to Children and Adolescents: Evidence-Based Guideline and Didactic Materials

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ABSTRACT

Background: Training children and adolescents in psychosocial support could be an important preventive strategy. During this project, we developed guidelines on how to guide children and youth in providing age-appropriate psychosocial support.

Methods: We systematically collected evidence on mental health risk or protective factors related to peer interaction (Research Question (RQ) 1) and on educational initiatives for children/adolescents targeting social skills and mental health (RQ2). Based on this, we drafted recommendations and sought input from a panel of 23 stakeholders using a modified Delphi consensus method. The final recommendations constitute an evidence-based guideline to develop educational initiatives on psychosocial support.

Results: For RQ1, we included 155 observational studies and two systematic reviews providing evidence on risk or protective factors. For RQ2, we identified nine systematic reviews reflecting evidence on initiatives relevant to peer support. Based on the evidence, we formulated 146 draft recommendations. The panel reached consensus on 112

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recommendations, either during the initial Delphi round or following face-to-face discussions and a second Delphi round. The final guideline incorporated the approved recommendations and served as a basis to develop didactic materials for children aged 8–10 years.

Conclusions: Our psychosocial support guideline was built on systematic evidence collection and refined through a formal consensus method. This enabled the development of materials on psychosocial support tailored to the target group of children and youth.

Keywords: psychosocial first aid; mental health; child; adolescent; peer support; Evidence-Based guideline; expert consensus

ABSTRACT

Achtergrond: Het opleiden van kinderen en adolescenten in psychosociale ondersteuning is een potentieel belangrijke preventieve strategie. Binnen dit project ontwikkelden we richtlijnen voor het begeleiden van kinderen en jongeren in het bieden van leeftijdsadequate psychosociale ondersteuning.

Methoden: We verzamelden systematisch bewijs over risicofactoren en beschermende factoren voor de geestelijke gezondheid met betrekking tot interacties tussen leeftijdsgenoten (Onderzoeksvraag (OV) 1) en over educatieve initiatieven voor kinderen en adolescenten gericht op sociale vaardigheden en geestelijke gezondheid (OV2). Op basis hiervan formuleerden we voorlopige aanbevelingen en verzamelden input van 23 stakeholders via een aangepaste Delphi-consensusmethode. De definitieve aanbevelingen vormen samen een evidence-based richtlijn voor de ontwikkeling van educatieve initiatieven rond psychosociale ondersteuning.

Resultaten: Voor OV1 includeerden we 155 observationele studies en twee systematische reviews die bewijs leverden over risico- en beschermende factoren. Voor OV2 identificeerden we negen systematische reviews met bewijs over initiatieven die relevant zijn voor peer support. Op basis van het beschikbare bewijs formuleerden we 146 voorlopige aanbevelingen. Het panel bereikte consensus over 112 aanbevelingen, hetzij tijdens de eerste Delphi-ronde, hetzij na face-to-face discussies en een tweede Delphi-ronde. De uiteindelijke richtlijn omvatte de goedgekeurde aanbevelingen en diende als basis voor de ontwikkeling van didactisch materiaal voor kinderen van 8–10 jaar.

Conclusies: Onze richtlijn voor psychosociale ondersteuning werd opgebouwd op basis van systematisch literatuuronderzoek en verfijnd via een formele consensusmethode. Hierdoor kon materiaal over psychosociale ondersteuning worden ontwikkeld dat is afgestemd op de doelgroep van kinderen en jongeren.

ABSTRACTA

Antecedentes: La formación de niños y adolescentes en apoyo psicosocial podría ser una estrategia preventiva importante. Durante este proyecto, desarrollamos directrices sobre cómo orientar a los niños y jóvenes para que presten un apoyo psicosocial adecuado a su edad.

Métodos: Recopilamos sistemáticamente pruebas sobre los factores de riesgo o de protección para la salud mental relacionados con la interacción entre pares (pregunta de investigación (PI) 1) y sobre iniciativas educativas para niños/adolescentes centradas en las habilidades sociales y la salud mental (PI 2). Sobre esta base, redactamos recomendaciones y solicitamos la opinión de un panel de 23 partes interesadas utilizando un método de consenso Delphi modificado. Las recomendaciones finales constituyen una guía basada en la evidencia para desarrollar iniciativas educativas sobre apoyo psicosocial.

Resultados: Para la RQ1, incluimos 155 estudios observacionales y dos revisiones sistemáticas que proporcionaban evidencia sobre factores de riesgo o de protección. Para la RQ2, identificamos nueve revisiones sistemáticas que reflejaban evidencia sobre iniciativas relevantes para el apoyo entre pares. Basándonos en la evidencia, formulamos 146 recomendaciones preliminares. El panel llegó a un consenso sobre 112 recomendaciones, durante la ronda inicial de Delphi o tras debates presenciales y una segunda ronda de Delphi. La guía final incorporó las recomendaciones aprobadas y sirvió de base para desarrollar materiales didácticos para niños de entre 8 y 10 años.

Conclusiones: Nuestra guía de apoyo psicosocial se basó en la recopilación sistemática de pruebas y se perfeccionó mediante un método de consenso formal. Esto permitió el desarrollo de materiales sobre apoyo psicosocial adaptados al grupo destinatario de niños y jóvenes.

Podríamos utilizarla lo antes posible, nos gustaría publicarla este año y se tarda un par de semanas en tramitarla a través del sistema.

According to the World Health Organization (WHO), up to 20% of children and adolescents worldwide experience a mental health condition (WHO, 2023). In line with the biopsychosocial model of health and illness (Engel, 1977), which conceptualizes mental health outcomes as emerging from the dynamic interaction of biological, psychological, and social-environmental factors, we highlight social support as a modifiable factor that can help reduce the likelihood or severity of mental health conditions and crises (De Brier et al., 2021; Siette et al., 2017). We previously developed evidence-based guidance materials for adult laypeople on supporting others experiencing mental health problems, adapted for Flanders, Belgium (see Stroobants et al., 2023 for details on the original framework). This manual forms the basis for psychosocial support trainings, covering how laypeople can recognize early signs of mental health problems, provide initial support, and guide to professional help if needed (in Dutch: *Eerste hulp bij psychische problemen [First aid for mental health problems]*). This corresponds to the three middle domains of the Chain of Survival Behavior: early recognition, first aid, and accessing help. Age is a key factor in mental health, with the 0–25 range representing a vulnerable period marked by major psychosocial and neurobiological changes (Fusar-Poli, 2019; Paus et al., 2008). This underscores the need for initiatives to reduce mental health problems among children and adolescents (Bonnewyn et al., 2007; Patel et al., 2007; UNICEF, 2021; WHO, 2021).

In this project, we tailored our concept of first aid for mental health problems to this younger target group. Childhood and adolescence are sensitive periods for social development, during which empathy emerges, and peer relationships gain importance (Blakemore & Mills, 2014). Consequently, young people may find it easier to talk to peers than to adult family members, teachers, or professionals (Yap et al., 2013). Increasing mental health literacy among youth could therefore be a valuable preventive strategy. Previous initiatives such as Teen Mental Health First Aid have been developed for young people aged 12–15 and 15–18 (Hart et al., 2016; Hart al., 2018; Hart et al., 2020; Ross et al., 2012). However, instead of directly developing a targeted program, our aim was to create guidelines for developers of educational initiatives for both children and adolescents. This was not yet available and could support multiple mental health initiatives.

In summary, our goals were to (1) develop evidence-based recommendations for developers of training materials on how to educate children and adolescents in Flanders about psychosocial support, and (2) create an initial set of corresponding didactic materials for adult trainers, volunteers, and youth workers, aimed at an age group identified through a contextual needs assessment. We followed a six-step process to achieve these goals: (1) stakeholder consultations to define research questions for systematic literature searches; (2) evidence review on mental health risk or protective factors related to

peer interactions among children/adolescents; (3) evidence review on the effectiveness of educational programs targeting social skills and mental health of children/adolescents; (4) drafting recommendations for developers of training materials on how to educate children and adolescents on psychosocial support; (5) formal stakeholder review of the draft recommendations through a modified Delphi consensus process to finalize the evidence-based recommendations; (6) development of didactic materials in line with the recommendations.

METHODS

Defining research questions for systematic literature searches

We hosted two meetings with 25 stakeholders from relevant fields ((preventive) mental healthcare, youth work, and education). The stakeholders brought the necessary developmental, contextual, and pedagogical expertise to develop guidance on adapting the concept of first aid for mental health problems (Stroobants et al., 2023) for children and adolescents. The panel addressed four key questions: (1) What objectives should the materials achieve?; (2) What topics should be covered?; (3) Which age groups would benefit most from this type of material?; (4) Which settings and didactic methods should be used?

To prepare for collecting evidence to support the recommendations for training material developers, we focused on identifying relevant topics. Unlike the materials developed for adults, the panel advised against focusing on specific symptoms or conditions (e.g., depression, anxiety, or suicidal ideation). Instead, they emphasized that an age-appropriate approach to psychosocial support should address general signs of distress, coping with difficult emotions, and peer-interaction challenges as core themes. These priorities effectively served as the inclusion criteria for determining which topics should guide our evidence gathering, while symptom- or diagnosis-specific approaches were excluded.

Guided by these stakeholder-defined priorities, we formulated two research questions (RQ): (1) "In children and adolescents aged 5–18, what risk or protective factors related to peer interaction and communication are associated with mental health outcomes?"; (2) "In children and adolescents aged 5–18, what are the effects of educational programs promoting social skills, recognition of mental health problems, responses to peers' mental health issues, or guidance to professional help on mental health or related knowledge, skills, attitudes and behaviors?".

Evidence review

We systematically collected evidence on mental health risk or protective factors related to peer interactions among children/adolescents (RQ1) and the effectiveness of educational programs targeting their social skills and mental health (RQ2). Both reviews adhered to the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines (Moher et al., 2009).

Search strategy and study selection

We searched MEDLINE/PMC/NCBI Bookshelf (PubMed interface), Embase (Embase.com), and Psycnet (APA Psycnet) from database inception to 11 May 2021 (RQ1) or 7 July 2021 (RQ2). Detailed search strategies and in- and exclusion criteria are provided in Supplementary files 1–2.

For RQ1, we first conducted a scoping review, including studies that: (1) involved healthy children or those with predefined vulnerabilities or conditions, aged 5–18, from Western countries (Europe, North-America, Oceania); (2) examined risk or protective factors related to the quality (not quantity) of peer interactions; (3) measured predefined mental health outcomes; and (4) used observational designs with an active control group (excluding cross-sectional studies), or systematic reviews (SRs) of such studies.

For RQ2, we included SRs that had search dates within five years prior to our search, and met predefined methodological criteria, and examined studies that: (1) involved children aged 5–18 in the school, recreational, or residential settings; (2) evaluated universal (non-targeted) training, educational or prevention programs related to general mental health or predefined outcomes; and (3) reported mental health literacy and/or predefined mental health outcomes.

For both RQs, we screened reference lists of included studies for additional eligible publications. Title/abstract and full text screening were performed by a single reviewer.

Eligibility criteria and data extraction

For RQ1, a single reviewer extracted and tabulated ('data charting') characteristics of the studies selected from the scoping review. This included the population (age category (children, adolescents, or both), exact age range or mean age, health condition/vulnerability, country), the risk/protective factor(s) (factor, thematic category, use of validated instrument), outcome (measure, category, use of validated instrument), and the study design. Following the principle of seeking the "best available evidence" (the highest quality, most reliable, and most relevant research available, as determined through a critical appraisal of its methodological rigor (De Buck et al., 2014)), we identified studies for extraction and synthesis (see Results).

For RQ2, a single reviewer extracted the data from all included SRs on: search date, databases searched, number of included studies, study populations (age, countries), intervention descriptions, and outcome measures. When needed, individual studies within SRs were consulted. Extracted data included means, (standardized) mean differences (MDs/SMDs) and confidence intervals (CIs), risk ratios (RRs), odds ratios (ORs), regression coefficients or other effect measures as reported by the study authors.

Quality appraisal and evidence synthesis

For RQ1, we used the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach to assess risk of bias and overall certainty of evidence (Guyatt et al., 2008). For RQ2, risk of bias assessments were extracted as reported by SR authors.

Although we extracted effect sizes from each study, substantial clinical and methodological heterogeneity—including variations in populations, intervention formats, and non-comparable outcome measures—prevented the calculation of a common effect estimate. Therefore, we did not conduct a meta-analysis and instead provided a narrative synthesis. Risk and protective factors and educational interventions were categorized thematically, and evidence conclusions were formulated within each category. A variable was categorized as a risk or protective factor if it showed a significantly negative or positive association, respectively, with at least one mental health outcome in one of the age categories. Evidence was considered inconsistent when a factor was identified as both risk and protective, depending on the outcome. All data (study characteristics, findings, risk of bias, and certainty assessments) are summarized for RQ1 in Supplementary file 4 and for RQ2 in Supplementary file 5.

Formulating recommendations and modified Delphi methodology

We translated the evidence conclusions into draft recommendations based on a content analysis of the identified factors (RQ1; from the questionnaires used to measure these factors) and educational initiatives (RQ2). These were supplemented with "Good Practice Points" (GPPs) extracted from scientific articles, (inter)national training materials, and content discussions among authors and their colleagues. GPPs reflect expert-agreed advice without a systemically identified evidence base.

We formulated two types of recommendations: (1) content recommendations describing the desired characteristics of interactions between children and young people, to guide the content of initiatives; and (2) didactic recommendations on intervention characteristics to stimulate supportive peer relationships, guiding structural features, didactic approaches, and overarching content. The draft recommendations were thematically organized into a preliminary guidance document. For each recommendation, we listed supporting references (identified during the systematic searches and/or from additional sources) and the target group (children (5–11 years), adolescents (12–18 years), or both (5–18 years)).

Next, we systematically collected expert input from a large stakeholder panel (partly overlapping with the initial group, see *Defining research questions for systematic literature searches*), including professionals, peer workers, and volunteers from academia, mental health care, prevention, youth work, and education (see *Acknowledgements* for a complete list). These stakeholders were selected based on their complementary forms of expertise: academic knowledge on child and

adolescent development and mental health, practical experience from daily work with young people in clinical, educational, and community settings, and lived experience through peer workers who understand firsthand the challenges young people face. Together, this spectrum of expertise ensured that the guidance was developmentally appropriate, contextually grounded, and sensitive to real-world experience. We formalized this step using a modified Delphi consensus method (Fitch et al., 2001; Hasson et al., 2000; Murphy et al., 1998). Panel members received the preliminary guidelines and completed an online survey on the draft recommendations. The Delphi process consisted of two rounds with a live panel discussion in between. Recommendations were presented in two cycles (two-week interval) for practical reasons (see Figure 1). In the first round, panel members rated each recommendation on a 5-point scale ("essential", "important", "I don't know/doubtful", "not important", or "do not retain") and could justify their rating or suggest changes. They could also propose new recommendations if they identified gaps. Before the live discussion, members received anonymized feedback comparing their responses with panel-wide results. Consensus was defined as ≥80% rating a recommendation as "essential" or "important".

Recommendations not reaching consensus in the first round (<80%) were discussed in a face-to-face meeting moderated by the panel chair (EC). After presenting the first-round results, each recommendation was discussed individually. The panel considered the effectiveness and certainty of the underlying evidence, pros and cons, risks, preferences of the target group (children and adolescents), and suitability for the Flemish context. Based on this input, a (possibly revised) recommendation was included in the second online survey round, where participants could reconsider their ratings. Recommendations still not reaching consensus (<80%) after the second round were excluded from the final guideline.

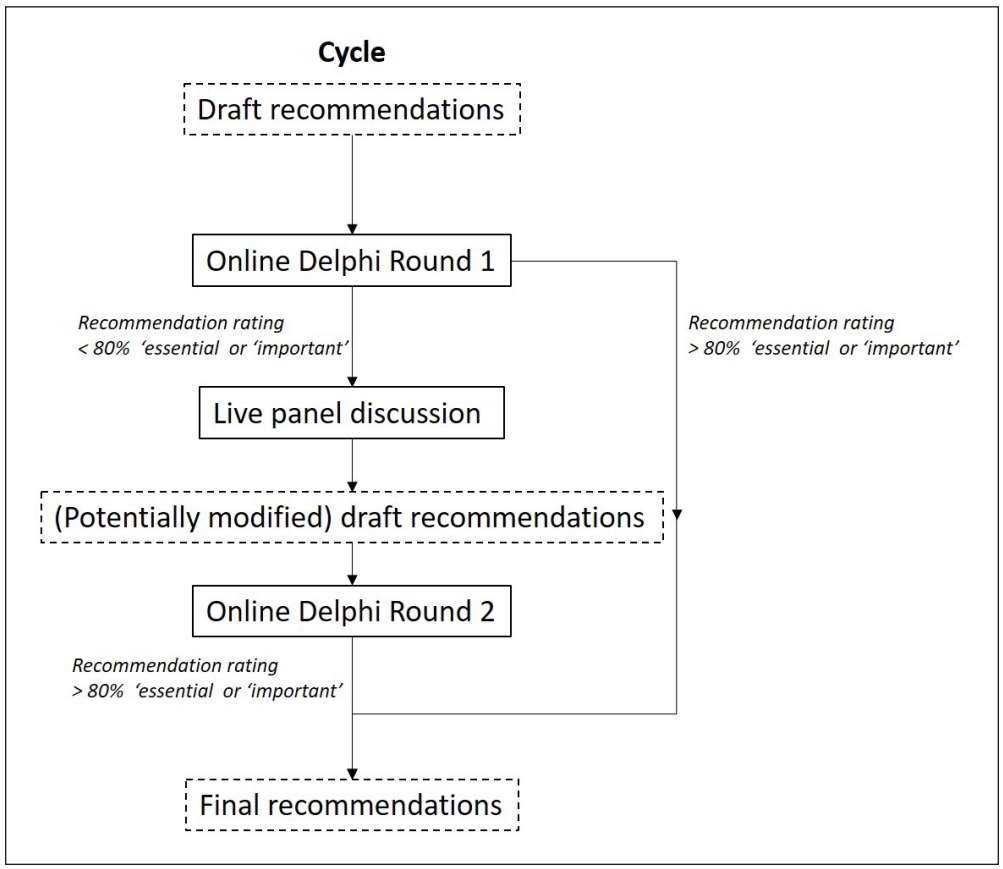

Figure 1 Modified Delphi consensus process to finalize recommendations.

Development of didactic materials

We developed didactic materials for children based on the final guideline and identified needs. The developmental process was informed by principles of human-centered design (Altman et al., 2018), incorporating stakeholder consultations, a structured environmental scan of existing materials, and ethnographic approaches through immersive fieldwork. During the preparatory phase (see *Defining research questions for systematic literature searches*), we also gathered stakeholder input on the priority target age group, preferred setting, and format of materials for tailored psychosocial support. We conducted preliminary research on existing Dutch and English materials, games, and programs targeting mental well-being in children and adolescents. This was done by targeted online searches and inquiries with Flemish organizations in mental health care, prevention, and promotion. Key characteristics of the identified initiatives were systematically extracted and recorded using a standardized data collection template: name, organization, target age, theme, goal, setting, and method. These findings, together with the stakeholder input, enabled us to determine the initial target group and approach. We then conducted immersion visits to gain an in-depth understanding of the target audience and contextual factors relevant to implementation. These visits included structured observations of primary school children during class and break times, as well as interviews with primary school teachers. Insights from these activities informed the refinement of our methodological approach and guided design considerations for the didactic materials. The final design of the didactic materials was subsequently aligned with the recommendations of the guideline.

RESULTS

Defining research questions for systematic literature searches

As indicated, we formulated two research questions (RQ): (1) "In children and adolescents aged 5–18 years, which risk or protective factors related to peer interaction or communication are associated with their mental health?"; (2) "In children and adolescents aged 5–18 years, what is the effect of educational programs aimed at acting on mental health (problems), social skills, recognizing signs of mental health problems or guiding peers to professional help on their mental health or their mental health-related knowledge, skills, attitudes, and/or behavior (outcome)?".

Evidence review on mental health risk and protective factors

For RQ1, we retrieved 39407 references from the searched databases, of which 579 studies met the selection criteria. For these studies, each eligible risk or protective factor was tabulated in an Excel file, together with the corresponding study characteristics, resulting in 1436 data lines. Ten categories were created post hoc to group the factors based on thematic analysis: (pro)social behavior, communication content, perpetration (e.g., bullying, aggression), victimization (e.g., being bullied or exposed to aggression), relationship quality and intensity, being loved and being part of the group, social rejection, social influence, social support, and social skills. We then applied the "best available evidence" principle to determine which studies should undergo full data extraction. We excluded cross-sectional studies, individual victimization studies (as systematic reviews sufficiently covered this topic), and studies lacking a clear description of how the factor was measured. We also excluded studies published before 2000, due to substantial changes in peer interactions following the rise of the internet and social media, which accelerated online social networking (Shah et al., 2019). After applying these criteria, 157 studies remained, corresponding to 341 data lines (see Figure 2 for the study selection flowchart and Supplementary file 3 for the tabulated study characteristics).

The final set included 150 cohort studies, five case-control studies, and two systematic reviews. Most studies (n = 96) were conducted in North America, followed by Europe (n = 49) and Oceania (n = 11). Only 24 studies focused specifically on younger children (5–11 years). The remainder included adolescents aged 12–18 years, or mixed samples of primary and secondary school children (5–18 years).

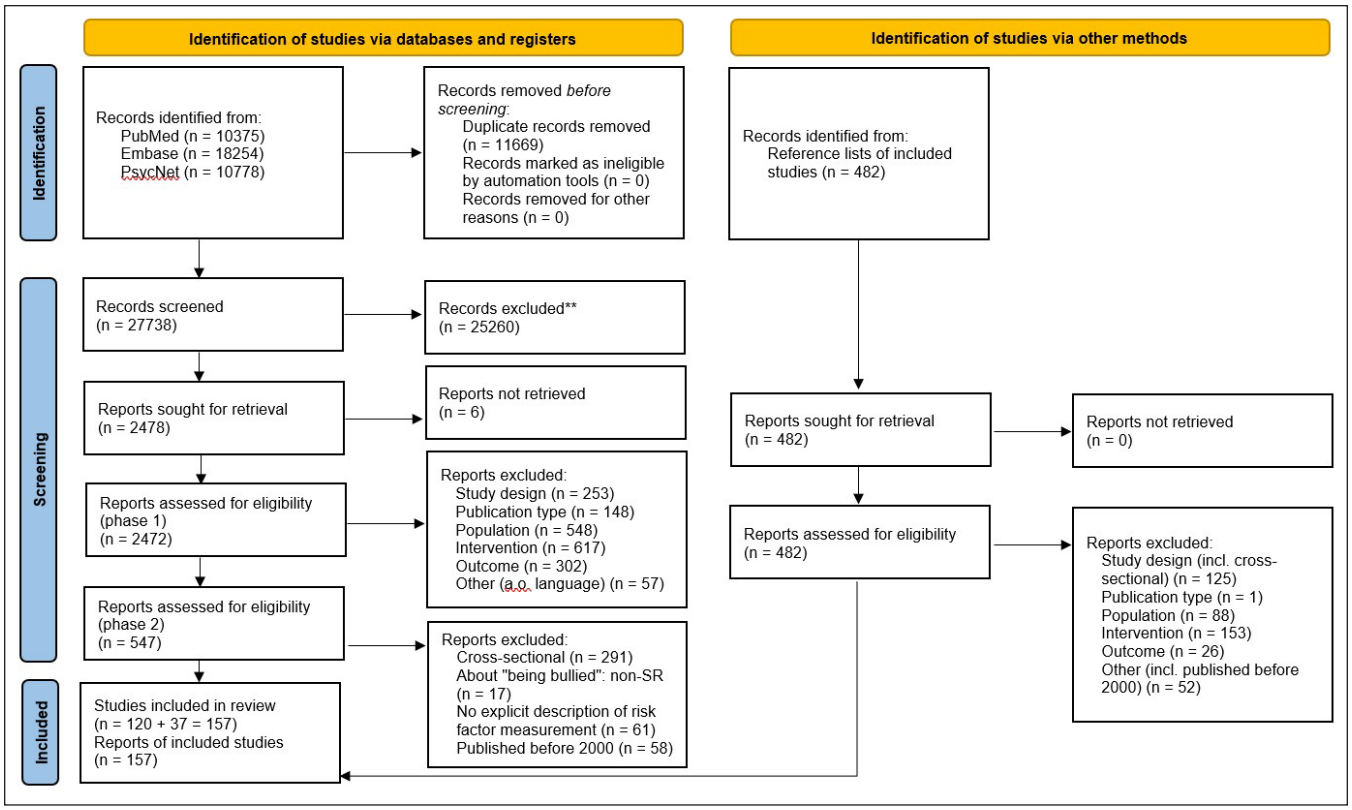

Figure 2 Study selection flowchart RQ1.

From the 157 included studies, we extracted 30 risk factors, 12 protective factors, 18 factors with no statistically significant association with mental health outcomes, and four factors for which the evidence was inconsistent. All evidence was of very low certainty. An overview of the identified risk and protective factors is presented in Table 1, and the detailed data extraction for each factor, organized in the ten thematic categories, can be found in Supplementary file 4.

Evidence review on educational initiatives related to mental health

For RQ2, we screened 2404 references and included nine systematic reviews (see Figure 3 for the study selection flowchart). Six reviews contained only experimental studies ((non-) randomized controlled trials), and three included both experimental and observational research. Five reviews focused solely on studies from Western countries, while four also included studies from low-and middle-income countries.

The reviews covered a range of educational programs (see Table 2): interventions targeting help-seeking for mental health problems (Aguirre Velasco et al., 2020), social skills training programs (de Mooij et al., 2020), school-based programs promoting intra- and interpersonal domains (Mertens et al., 2020), a universal social-emotional learning program ("The Second Step") (Moy et al., 2018), an anti-(cyber)-bullying program (Ng et al., 2022), teen Mental Health First Aid (Ng et al., 2021), adolescent dating violence prevention programs (Russell et al., 2021), mental health literacy programs (Seedaket et al., 2020), and multicomponent positive psychology interventions (Tejada-Gallardo et al., 2020). Three reviews (Aguirre-Velasco et al., 2020; Ng et al., 2021; Seedaket et al., 2020) were used only as study sources because not all included studies met our eligibility criteria.

We found low to moderate certainty evidence supporting all program types, although results varied by program type, specific training components, structural characteristics, and data type (see detailed findings and evidence conclusions in Supplementary file 5).

Factor	Age group		Reference(s)
	5–11	12–18	
Risk factors (negatively associated with mental health)			
Co-brooding	x	x	Bastin et al., 2014; Bastin et al., 2021; Bastin et al., 2018b
Approval of substance use		x	Ellickson et al., 2004
Being teased frequently	x		Borschmann et al., 2020
Weight teasing		x	Paxton et al., 2006
Peer discussion about dieting	x	x	Blodgett Salafia & Gondoli, 2010
Targeted best friend communication against drugs	x	x	Kam & Lee, 2013; Kam & Wang, 2015
Sending or receiving sexts	x	x	Ojeda et al., 2019
Bullying perpetration	x	x	Espelage et al., 2012; Farrington & Ttofi, 2011; Foshee et al., 2014; Foshee et al., 2016; Hemphill et al., 2011; Ingram et al., 2020; Kaltiala-Heino et al., 2010; Kendrick et al., 2012; Klomek et al., 2008; Lösel & Bender, 2011; Luukkonen et al., 2009; McVie, 2014; Moore et al., 2014; Pellegrini, 2001; Pisarska & Ostaszewski, 2020; Prinstein & La Greca, 2004; Stallard et al., 2013; Winsper et al., 2012
Peer (cyber) victimization	x	x	Fisher et al., 2016; Christina et al., 2021
Overestimation of friendship quality	x		Brendgen et al., 2004
Friendship intensity		x	Costello et al., 2020; Meter et al., 2015
Friend conflict		x	Zhang et al., 2018; Branstetter et al., 2011; Defoe et al., 2013; Patalay et al., 2018
Having problems with peer relationships or attachment		x	Patalay et al., 2018; McNeil et al., 2020; Glazebrook et al., 2015
Sibling conflict		x	Buist, 2010; Defoe et al., 2013; Moser & Jacob, 2002; Pace et al., 2021
Peer stressors	x	x	Hazel et al., 2014; Koch et al., 2020
Intermediate relationships with friends or siblings	x	x	Hedeland et al., 2016
Dissociated relationships with friends or siblings	x	x	Hedeland et al., 2016
Peer rejection	x	x	Ladd, 2006; Agoston & Rudolph, 2013; Demol et al., 2020; Fussner et al., 2018; Evans & Fite, 2019; Miller-Johnson et al., 2002; Snyder et al., 2012; Cotter et al., 2016; Smokowski et al., 2017; Cotter & Smokowski, 2017; Di Giunta et al., 2018; Vaske & Gehring, 2010; Pedersen et al., 2007
Peer neglect	x	x	Agoston & Rudolph, 2013
Peer invalidation		x	Selby et al., 2013; Yen et al., 2015

(Contd.)

Factor	Age group		Reference(s)
	5–11	12–18	
Peer isolation	x	x	Kaltiala-Heino et al., 2009; Christ et al., 2017
Peer coercion	x		Snyder et al., 2008
Peer pressure	x	x	Smokowski et al., 2016; Cotter & Smokowski, 2017; Cotter et al., 2016; Sijtsema et al., 2014; Eamon, 2001; Eamon & Altshuler, 2004; Blodget Salafia & Gondoli, 2010
Pressure from friends to lose weight or increase muscles (girls)		x	McCabe et al., 2005
Deviant/negative peer influence	x	x	Whitesell et al., 2014; Sijtsema et al., 2014; McDonough et al., 2016
Susceptibility to friend and peer influence		x	Allen et al., 2006, Weymouth & Buehler, 2018
Protective factors (positively associated with mental health)			
Co-dampening		x	Bastin, et al., 2018a
Co-reflection	x	x	Bastin et al., 2014; Bastin et al., 2018b
Peer acceptance	x	x	Wagner et al., 2018; Klima & Repetti, 2008; Kingery et al., 2011; Hughes et al., 2001; Kingery & Erdley, 2007; Tetzner et al., 2017; Van Voorhees et al., 2008; Barzeva et al., 2020; Webb et al., 2016
Perceived social acceptance	x	x	Teachman & Allen, 2007; Grills-Taquechel et al., 2010; Vanhalst et al., 2013; Brendgen et al., 2004
Positive peer relationships	x		Tu & Cai, 2020
Sibling warmth	x		Bowes et al., 2010; Averdijk et al., 2014
Friendship care		x	Van Zalk & Van Zalk, 2015
Friendship closeness	x	x	Vaughan et al., 2010; Hedeland et al., 2016
Friend satisfaction		x	Zhang et al., 2018
Peer pressure resistance		x	Brown et al., 2004
Friend support	x	x	Klima & Repetti, 2008; Kendrick et al., 2012; Burke et al., 2017; Nilsen et al., 2013; Fanti et al., 2012; Khatib et al., 2013; Pössel et al., 2018; Rueger et al., 2010; Zimmerman et al., 2000; Branje et al., 2004; Cotter et al., 2016; Gagné et al., 2020; Smokowski et al., 2017; Way & Robinson 2003; Branstetter et al., 2011; Grills-Taquechel et al., 2010; Pisarska & Ostaszewski, 2020; Cotter & Smokowski, 2017; Smokowski et al., 2016; Wright & Wachs, 2019
Classmate support		x	Rueger et al., 2010; Auerbach et al., 2011; Grills-Taquechel et al., 2010

Table 1 Risk and protective factors consistently significantly associated with a mental health outcome.

Note. See Supplementary file 4 for detailed study findings.

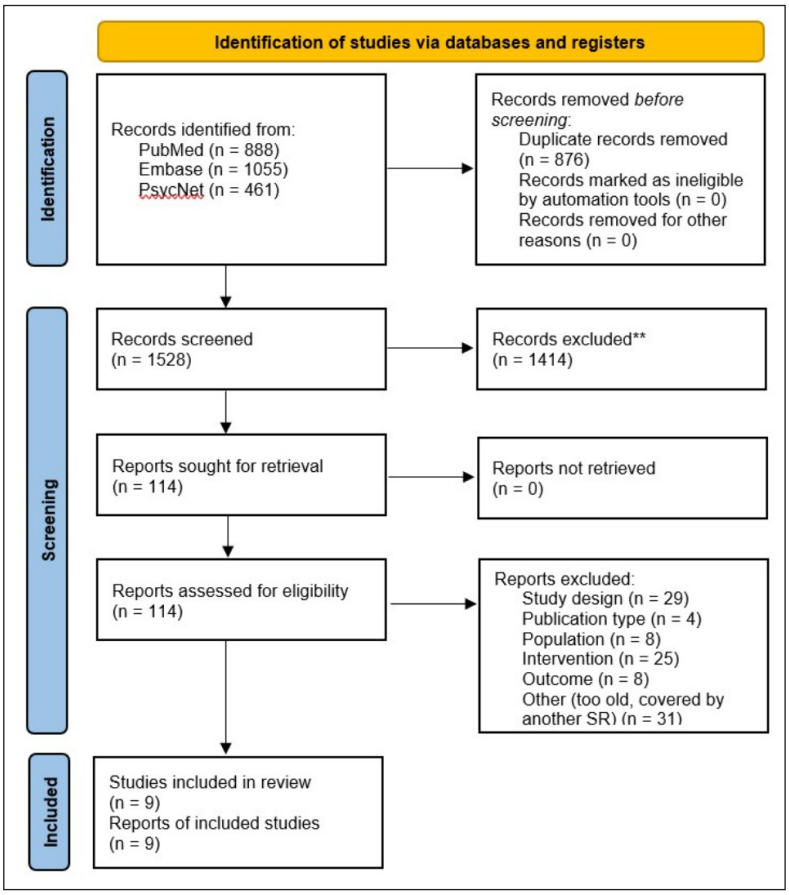

Figure 3 Study selection flowchart RQ2.

Interventions	Age group		Reference(s)
	5–11	12–18	
Interventions targeting help-seeking for common mental health problems	x	x	Lubman et al., 2017; Lubman et al., 2020; Saporito et al., 2011; Sharpe et al., 2017 (in Aguirre Velasco et al., 2020)
Social skills training programs	x	x	De Mooij et al., 2020
Universal secondary school-based programs to stimulate students intra- and interpersonal domains	x	x	Mertens et al., 2020
The Second Step program (universal social-emotional learning program)	x	x	Moy et al., 2018
Anti-(cyber)-bullying programs	x	x	Ng et al., 2022
The Teen Mental Health First Aid (tMHFA) program		x	Hart et al., 2018; Hart et al., 2020 (in Ng et al., 2021)
The Adolescent Dating Violence (ADV) prevention program	x	x	Russell et al., 2021
Mental health literacy programs	x	x	Chisholm et al., 2016; Milin et al., 2016; Perry et al., 2014; Skre et al., 2013; Swartz et al., 2017 (in Seedaket et al., 2020)
The Multicomponent Positive Psychology Intervention (MPPI) program	x	x	Tejada-Gallardo et al., 2020

Table 2 Educational interventions related to mental health.

Note. See Supplementary file 5 for detailed study findings.

Formulating recommendations and modified Delphi methodology

The evidence identified for RQ1 and RQ2, together with the "Good Practice Points" (see Methods), was used to draft a guideline containing content and didactic recommendations, which was then submitted to the expert panel (see Methods). Table 3 presents the results of the two survey rounds. In total, 146 recommendations were presented in the first round, and the panel reached consensus on 75. During the panel discussions, the remaining recommendations were revised, split, or left unchanged. In the second survey (after the panel discussions), 78 recommendations were resubmitted, and the panel reached consensus on 37 additional recommendations. In total, 112 recommendations reached consensus, while 41 recommendations were not retained.

Content recommendations were grouped into two categories: "Positive, strengthening contacts between children and adolescents", and "Handling each other's perceptions and feelings (in case of psychological distress)". Each category contains 6 subgroups. Didactic recommendations were organized into 4 categories (target group, setting, content, and form). The final guideline structure and example recommendations are shown in Table 4.

Development of didactic materials

We developed an initial set of didactic materials based on the guidelines, stakeholder input (see *Defining research questions for systematic literature searches*), an analysis of existing initiatives, and insights from immersion visits.

The panel recommended creating materials for various settings that complement existing initiatives, emphasizing interactive, easy-to-share, and free content to increase accessibility. Our preliminary research identified about 80 Dutch and English initiatives, materials, games, and programs. All collected initiatives were thematically analyzed to identify gaps in age groups, settings, and pedagogical approaches. Packages were identified for children and mostly adolescents, mainly focusing on specific mental health themes. Peer support programs existed for adolescents but not for younger children.

Consequently, we developed materials for children aged 8–10, an age just before the first signs of puberty, to fill this gap while ensuring compatibility with existing resources and expert advice. Based on immersion visits, play was chosen as the guiding formative method. This approach is supported by pedagogical literature demonstrating that play-based and game-based learning can enhance engagement, academic performance, and social–emotional outcomes in childhood (e.g., Plass et al., 2015; Skene et al., 2022). These frameworks emphasize learning embedded in children's natural environments, aligning with our objective of enabling children to practice supportive behaviors in contexts familiar to them. The developed game-based materials follow the guideline recommendations and take the form of ready-to-use, interactive, free digital packages for adults working with elementary school children. Extensive instruction manuals were created to help adult supervisors provide appropriate guidance. The primary aim of these materials is to encourage children to support peers experiencing distress, offering age-appropriate psychosocial support.

Materials were tailored to educational, recreational, and family settings, reflecting children's main environments. Manuals and methods were adapted accordingly: a board game for schools, an audio story for families, and a story-based interactive game for leisure (in Dutch: *Eerste hulp bij moeilijke gevoelens [First aid for difficult feelings];* see

	Number of recommendations presented	Number of experts who completed the survey	Consensus (number of recommendations retained)	No consensus (number of recommendations rejected)
Cycle 1 – round 1	74	19	37	37
Cycle 1 – round 2	42	19	16	26
Cycle 2 – round 1	72	20	38	34
Cycle 2 – round 2	36	17	21	15

Table 3 Summary of the number of recommendations presented in each cycle and each round via an online survey, the number of respondents who completed the survey and the number of recommendations for which consensus was or was not reached.

Category	Subcategories	Example recommendation
Content recommendations *Concerning the aspired characteristics of interactions between children and young people, to be used to support the specific content of initiatives.*		
Positive, strengthening contacts between children and adolescents	Treating others with respect	The child/adolescent keeps their promises to other children/adolescents
	Making others feel good	The child/adolescent knows that giving someone a compliment can make the other person feel good
	Dealing with differences in opinions, preferences, and choices	The child/adolescent seeks solutions to problems and conflicts together with other children/adolescents in a friendly manner.
	Friendship	The child/adolescent knows ways to initiate and maintain friendships.
	Preventing Bullying	The child/adolescent knows the difference between teasing and bullying.
	Online communication	The child/adolescent knows what is and is not appropriate to share on (social) media.
Dealings with each other's experiences and feelings (in case of psychological distress)	Attitude and stigma	The adolescent understands that when someone is struggling with their mental health, it does not mean the person is weak or lacks willpower.
	Recognizing and assessing signals	The child/adolescent can recognize feelings in other children/adolescents.
	Approaching and initiating conversation (when concerned)	The adolescent who is concerned about another adolescent knows that it is okay to approach them and understands the appropriate conditions for doing so (e.g., a suitable time and place).
	(Direct) communication	The child/adolescent can focus attention and listen to another child/adolescent.
	Confidentiality, secrecy, and seeking help	The adolescent knows that they can play a role in helping another adolescent who is struggling psychologically to find support.
	Setting boundaries for responsibility and self-care	The adolescent understands the importance of not putting themselves at risk when helping someone.
Didactic recommendations *on the characteristics of interventions to stimulate supportive peer relationships, to be used to determine structural characteristics, didactic approaches and overarching content of initiatives.*		
Target group (to whom?)		The guideline working group recommends universal initiatives (aimed at promoting mental health and related knowledge, skills, and attitudes, and at encouraging positive social relationships between children and adolescents). This implies that, in principle, every child and adolescent is part of the target group.
Setting (where?)		The guideline working group recommends that initiatives for children and adolescents be translated into and applied across various settings (e.g., education, living environments such as family or residential groups, and organized leisure activities such as youth clubs, sports clubs, or specialized associations).
Content (what?)		The guideline working group does not recommend psychoeducation in the form of specific definitions (e.g., depression, psychosis), signs (i.e., symptom profiles), causes, prevalence, course, impact, or treatment of mental disorders for children and adolescents.
Form (how?)		The guideline working group finds insufficient evidence to recommend a specific set of methods and advises using a mix of interactive and diverse approaches to maximize the likelihood of impact.

Table 4 Guideline structure and example recommendations (translated for clarification).

Setting	Description
Familial	A listening story (approximately 20 min) that can be played at any location. The manual contains some tools you can use if you wish to start a conversation.
Recreational	A package consisting of various activities linked together through a story. The game lasts about 3 hours and is preferably played with a group of at least 4 participants.
Educational	A board game to be played in the classroom. The game lasts about 60 minutes or longer and is preferably played with a group of at least 4 participants.

Table 5 Overview of developed didactic materials for children aged 8-10 years on 'First aid for difficult feelings.'

Table 5). Practice tests with the materials were conducted in all three environments before being finalized. All materials are freely available for download on the Belgian Red Cross-Flanders website (https://jeugd.rodekruis.be/voor-jou/eerste-hulp-bij-moeilijke-gevoelens).

DISCUSSION

In this project, we adapted our adult psychosocial support framework to a new target group of children and adolescents (Stroobants et al., 2023). We systematically collected evidence on mental health risk or protective factors related to peer interaction among 5- to 18-year-olds, as well as on educational initiatives related to mental health. We identified 155 observational studies and two systematic reviews providing very low-certainty evidence on 30 risk factors (e.g., peer rejection), 12 protective factors (e.g., friend support), 18 factors showing no significant link with mental health, and four with inconsistent evidence. We also identified nine systematic reviews on educational initiatives relevant to psychosocial support. Our evidence conclusions supported the effectiveness of "Second Step" and "Mental Health First Aid" programs in improving knowledge, prosocial behavior, symptom recognition, stigma, and intentions to help with moderate certainty (Moy et al., 2018; Ng et al., 2021). Other programs, such as help-seeking initiatives (Aguirre Velasco et al., 2020) and anti-(cyber)bullying programs (Aguirre Velasco et al., 2020; Ng et al., 2022), had low-certainty evidence. Low-quality evidence is common in this research field (Hermosilla et al., 2022).

Using a content analysis of the evidence and additional "Good Practice Points", we drafted a guideline for developers of didactic materials on how to teach psychosocial support to children and adolescents in an age-appropriate manner. Stakeholder input was collected through a modified Delphi consensus method. The final guideline includes 112 content and didactic recommendations for developing psychosocial support initiatives for children and adolescents. The guideline (in Dutch) is available from the authors upon request.

This project has several strengths. We used well-established guideline methods to gather the best available evidence on content and didactic aspects. Unlike our earlier adult-focused work, which involved a small stakeholder group in face-to-face meetings (Stroobants et al., 2023), we now engaged a broader group through a formal consensus method, similar to other public health guidelines (Ross et al., 2012). This is especially valuable given the limited evidence base. The stakeholder group also included individuals with lived experience, helping ensure practical relevance. Thus, we integrated the three key pillars of evidence-based practice: the best available scientific evidence, expert knowledge and experience, and target-group preferences (De Buck et al., 2014; Sackett et al., 1996). We promptly used the guidelines to create free educational tools (such as an audio story and board game), available online for supervisors, teachers, and parents (in Dutch: *Eerste hulp bij moeilijke gevoelens [First aid for difficult feelings]*). These tools were developed through a structured process combining expert input, human-centered design techniques, and pedagogical evidence showing that guided play and game-based learning support children's social–emotional development (e.g., Plass et al., 2015; Skene et al., 2022).

Our project also has limitations. The systematic literature searches were not full systematic reviews

and may not have captured all evidence, though this is acceptable in guideline development (De Buck et al., 2014). The guideline was developed for Flanders, Belgium, with only Flemish stakeholders, limiting generalizability, although applicability to other Western contexts is likely. It is based on international evidence and may inform adapted guidelines elsewhere. Evidence on risk or protective factors (RQ1) was of very low certainty, and although RQ2 evidence ranged from low to moderate certainty, educational initiatives involve multiple components, making it difficult to determine which elements are effective. Consequently, expert opinion and practical experience still played a large role in informing the guidelines. Our modified Delphi approach, in contrast to traditional Delphi methodology, included live meetings to allow discussion between panel members on recommendations for which no consensus was reached during Delphi rounds. This could have introduced group-dynamic biases such as the bandwagon effect (Waggoner et al., 2016), though we attempted to mitigate this through active moderation by the panel chair. Overall, we consider this an acceptable trade-off for allowing in-depth discussion on newly developed guidelines. Another limitation concerns the consensus scale: the midpoint ("I don't know/doubtful") was not a quantifiable rating, and one of the endpoints ("Do not retain") implied a request for action, making it an imperfect measure of agreement with the recommendations. However, any influence on the final guideline is likely limited.

CONCLUSIONS

The systemically collected evidence and multidisciplinary expert input synergized to (1) develop an evidence-based guideline on how to foster peer psychosocial support in children and adolescents and to (2) create evidence-based didactic materials for children aged 8–10 across different contexts. Although developed according to the principles of evidence-based practice, a comprehensive evaluation of their usability and effectiveness across settings would be valuable. An extended, well-controlled study examining the effectiveness of the didactic materials could provide meaningful insights into the impact and outcomes of our work.

LIST OF ABBREVIATIONS

Centre for Evidence-Based Practice (CEBaP)
Confidence Intervals (CI)
Good Practice Point (GPP)
Grading of Recommendations Assessment, Development and Evaluation (GRADE)
Odds Ratio (OR)
Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)
Research Question (RQ)
Risk ratio (RR)
(Standardized) Mean difference MD/SMD
World Health Organization (WHO)

AVAILABILITY OF DATA AND MATERIALS

All data generated or analyzed during this study are included in the manuscript.

SUPPLEMENTARY FILES

- **Supplementary file 1.** Search strategies. https://doi.org/10.25894/ijfae.2912.s1
- **Supplementary file 2.** Selection criteria. https://doi.org/10.25894/ijfae.2912.s2
- **Supplementary file 3.** Data charting scoping review. https://doi.org/10.25894/ijfae.2912.s3
- **Supplementary file 4.** Evidence summaries RQ1. https://doi.org/10.25894/ijfae.2912.s4
- **Supplementary file 5.** Evidence summaries RQ2. https://doi.org/10.25894/ijfae.2912.s5

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COMPETING INTERESTS

The activities of the Belgian Red Cross include the education of laypeople in psychosocial support.

AUTHOR'S CONTRIBUTIONS

SS study design, study coordination, data interpretation, writing of the draft manuscript.
VB study design, study coordination, data collection, data analysis, revision of the draft manuscript.
SDP data interpretation, revision of the draft manuscript.
JL data collection, data analysis, revision of the draft manuscript.
HVR data collection, data analysis, revision of the draft manuscript.
HS data collection, data analysis, revision of the draft manuscript.
EC data interpretation, revision of the draft manuscript.
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REFERENCES

Agoston, A. M., & Rudolph, K. D. (2013). Pathways from depressive symptoms to low social status. *Journal of Abnormal Child Psychology*, *41*(2), 295–308. https://doi.org/10.1007/s10802-012-9675-y

Aguirre Velasco, A., Cruz, I. S. S., Billings, J., Jimenez, M., & Rowe, S. (2020). What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC Psychiatry*, *20*(1), 1–22. https://doi.org/10.1186/s12888-020-02659-0

Allen, J. P., Porter, M. R., & McFarland, F. C. (2006). Leaders and followers in adolescent close friendships: susceptibility to peer influence as a predictor of risky behavior, friendship instability, and depression. *Development and Psychopathology*, *18*(1), 155–172. https://doi.org/10.1017/S0954579406060093

Altman, M., Huang, T. T. K., & Breland, J. Y. (2018). Design Thinking in Health Care. *Preventing Chronic Disease*, *15*, E117. https://doi.org/10.5888/pcd15.180128

Auerbach, R. P., Bigda-Peyton, J. S., Eberhart, N. K., Webb, C. A., & Ho, M. H. (2011). Conceptualizing the prospective relationship between social support, stress, and depressive symptoms among adolescents. *Journal of Abnormal Child Psychology*, *39*(4), 475–487. https://doi.org/10.1007/s10802-010-9479-x

Averdijk, M., Eisner, M., & Ribeaud, D. (2014). Do social relationships protect victimized children against internalizing problems? *Journal of School Violence, 13*(1), 80–99. https://doi.org/10.1080/15388220.2013.842175

Barzeva, S. A., Richards, J. S., Meeus, W. H. J., & Oldehinkel, A. J. (2020). The social withdrawal and social anxiety feedback loop and the role of peer victimization and acceptance in the pathways. *Development and Psychopathology*, *32*(4), 1402–1417. https://doi.org/10.1017/S0954579419001354

Bastin, M., Bijttebier, P., Raes, F., & Vasey, M. W. (2014). Brooding and reflecting in an interpersonal context. *Personality and Individual Differences, 63*, 100–105. https://doi.org/10.1016/j.paid.2014.01.062

Bastin, M., Luyckx, K., Raes, F., & Bijttebier, P. (2021). Co-Rumination and Depressive Symptoms in Adolescence: Prospective Associations and the Mediating Role of Brooding Rumination. *Journal of Youth and Adolescence, 50*(5), 1003–1016. https://doi.org/10.1007/s10964-021-01412-4

Bastin, M., Nelis, S., Raes, F., Vasey, M. W., & Bijttebier, P. (2018a). Party Pooper or Life of the Party: Dampening and Enhancing of Positive Affect in a Peer Context. *Journal of Abnormal Child Psychology*, *46*(2), 399–414. https://doi.org/10.1007/s10802-017-0296-3

Bastin, M., Vanhalst, J., Raes, F., & Bijttebier, P. (2018b). Co-Brooding and Co-Reflection as Differential Predictors of Depressive Symptoms and Friendship Quality in Adolescents: Investigating the Moderating Role of Gender. *Journal of Youth and Adolescence, 47*(5), 1037–1051. https://doi.org/10.1007/s10964-017-0746-9

Blakemore, S. J., & Mills, K. L. (2014). Is adolescence a sensitive period for sociocultural processing? *Annual Review of Psychology*, *65*, 187–207. https://doi.org/10.1146/annurev-psych-010213-115202

Blodgett Salafia, E. H., & Gondoli, D. M. (2010). A 4-year longitudinal investigation of the processes by which parents and peers influence the development of early adolescent girls' bulimic symptoms. *The Journal of Early Adolescence, 31*(3), 390–414. https://doi.org/10.1177/0272431610366248

Bonnewyn, A., Bruffaerts, R., Vilagut, G., Almansa, J., & Demyttenaere, K. (2007). Lifetime risk and age-of-onset of mental disorders in the Belgian general population. *Social Psychiatry and Psychiatric Epidemiology*, *42*(7), 522–529. https://doi.org/10.1007/s00127-007-0191-2

Borschmann, R., Mundy, L. K., Canterford, L., Moreno-Betancur, M., Moran, P. A., Allen, N. B., Viner, R. M., Degenhardt, L., Kosola, S., Fedyszyn,

I., & Patton, G. C. (2020). Self-harm in primary school-aged children: Prospective cohort study. *PloS One, 15*(11), e0242802. https://doi.org/10.1371/journal.pone.0242802

Bowes, L., Maughan, B., Caspi, A., Moffitt, T. E., & Arseneault, L. (2010). Families promote emotional and behavioural resilience to bullying: evidence of an environmental effect. *Journal of Child Psychology and Psychiatry*, *51*(7), 809–817. https://doi.org/10.1111/j.1469-7610.2010.02216.x

Branje, S. J., van Lieshout, C. F., van Aken, M. A., & Haselager, G. J. (2004). Perceived support in sibling relationships and adolescent adjustment. *Journal of Child Psychology and Psychiatry*, *45*(8), 1385–1396. https://doi.org/10.1111/j.1469-7610.2004.00845.x

Branstetter, S. A., Low, S., & Furman, W. (2011). The Influence of Parents and Friends on Adolescent Substance Use: A Multidimensional Approach. *Journal of Substance Use*, *16*(2), 150–160. https://doi.org/10.3109/14659891.2010.519421

Brendgen, M., Vitaro, F., Turgeon, L., Poulin, F., & Wanner, B. (2004). Is there a dark side of positive illusions? Overestimation of social competence and subsequent adjustment in aggressive and nonaggressive children. *Journal of Abnormal Child Psychology*, *32*(3), 305–320. https://doi.org/10.1023/b:jacp.0000026144.08470.cd

Brown, T. L., Miller, J. D., & Clayton, R. R. (2004). The Generalizability of Substance Use Predictors Across Racial Groups. *The Journal of Early Adolescence, 24*(3), 274–302. https://doi.org/10.1177/0272431604265677

Buist, K. L. (2010). Sibling relationship quality and adolescent delinquency: a latent growth curve approach. *Journal of Family Psychology*, *24*(4), 400–410. https://doi.org/10.1037/a0020351

Burke, T., Sticca, F., & Perren, S. (2017). Everything's Gonna be Alright! The Longitudinal Interplay among Social Support, Peer Victimization, and Depressive Symptoms. *Journal of Youth and Adolescence*, *46*(9), 1999–2014. https://doi.org/10.1007/s10964-017-0653-0

Chisholm, K., Patterson, P., Torgerson, C., Turner, E., Jenkinson, D., & Birchwood, M. (2016). Impact of contact on adolescents' mental health literacy and stigma: the SchoolSpace cluster randomised controlled trial. *BMJ Open*, *6*(2), e009435. https://doi.org/10.1136/bmjopen-2015-009435

Christ, S. L., Kwak, Y. Y., & Lu, T. (2017). The joint impact of parental psychological neglect and peer isolation on adolescents' depression. *Child Abuse & Neglect*, *69*, 151–162. https://doi.org/10.1016/j.chiabu.2017.04.015

Christina, S., Magson, N. R., Kakar, V., & Rapee, R. M. (2021). The bidirectional relationships between peer victimization and internalizing problems in school-aged children: An updated systematic review and meta-analysis. *Clinical Psychology Review*, *85*, 101979. https://doi.org/10.1016/j.cpr.2021.101979

Costello, M. A., Narr, R. K., Tan, J. S., & Allen, J. P. (2020). The Intensity Effect in Adolescent Close Friendships: Implications for Aggressive and Depressive Symptomatology. *Journal of Research on Adolescence*, *30*(1), 158–169. https://doi.org/10.1111/jora.12508

Cotter, K. L., & Smokowski, P. R. (2017). An Investigation of Relational Risk and Promotive Factors Associated with Adolescent Female Aggression. *Child Psychiatry and Human Development*, *48*(5), 754–767. https://doi.org/10.1007/s10578-016-0700-1

Cotter, K. L., Wu, Q., & Smokowski, P. R. (2016). Longitudinal Risk and Protective Factors Associated with Internalizing and Externalizing Symptoms Among Male and Female Adolescents. *Child Psychiatry and Human Development*, *47*(3), 472–485. https://doi.org/10.1007/s10578-015-0580-9

De Brier, N., Borra, V., Dockx, K., Scheers, H., Stroobants, S., De Buck, E., Lauwers, K., & Vandekerckhove, P. (2021). Best Available Evidence on Communicative First Aid Interventions by Laypeople for Preventing and Relieving Posttraumatic Stress Disorder–Related Symptomatology Following Traumatic Events. *Journal of Traumatic Stress*. https://doi.org/10.1002/jts.22625

De Buck, E., Pauwels, N. S., Dieltjens, T., & Vandekerckhove, P. (2014). Use of evidence-based practice in an aid organisation: a proposal to deal with the variety in terminology and methodology. *International Journal of Evidence-Based Healthcare*, *12*(1), 39–49. https://doi.org/10.1097/01.xeb.0000444637.88465.a3

de Mooij, B., Fekkes, M., Scholte, R. H. J., & Overbeek, G. (2020). Effective Components of Social Skills Training Programs for Children and Adolescents in Nonclinical Samples: A Multilevel Meta-analysis. *Clinical Child and Family Psychology Review*, *23*(2). https://doi.org/10.1007/s10567-019-00308-x

Defoe, I. N., Keijsers, L., Hawk, S. T., Branje, S., Dubas, J. S., Buist, K., Frijns, T., van Aken, M. A., Koot, H. M., van Lier, P. A., & Meeus, W. (2013). Siblings versus parents and friends: longitudinal linkages to adolescent externalizing problems. *Journal of Child Psychology and Psychiatry*, *54*(8), 881–889. https://doi.org/10.1111/jcpp.12049

Di Giunta, L., Pastorelli, C., Thartori, E., Bombi, A. S., Baumgartner, E., Fabes, R. A., Martin, C. L., & Enders, C. K. (2018). Trajectories of Italian Children's Peer Rejection: Associations with Aggression, Prosocial Behavior, Physical Attractiveness, and Adolescent Adjustment. *Journal of Abnormal Child Psychology*, *46*(5), 1021–1035. https://doi.org/10.1007/s10802-017-0373-7

Eamon, M. K. (2001). Poverty, parenting, peer and neighborhood influences on young adolescent antisocial behavior. *Journal of Social Service Research, 28*(1), 1–23. https://doi.org/10.1300/J079v28n01_01

Eamon, M. K., & Altshuler, S. J. (2004). Can We Predict Disruptive School Behavior? *Children & Schools, 26*(1), 23–37. https://doi.org/10.1093/cs/26.1.23

Ellickson, P. L., Tucker, J. S., Klein, D. J., & Saner, H. (2004). Antecedents and outcomes of marijuana use initiation during adolescence. *Preventive Medicine, 39*(5), 976–984. https://doi.org/10.1016/j.ypmed.2004.04.013

Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, *196*(4286), 129–136. https://doi.org/10.1126/science.847460

Espelage, D. L., Basile, K. C., & Hamburger, M. E. (2012). Bullying perpetration and subsequent sexual violence perpetration among middle school students. *The Journal of Adolescent Health*, *50*(1), 60–65. https://doi.org/10.1016/j.jadohealth.2011.07.015

Evans, S. C., & Fite, P. J. (2019). Dual Pathways from Reactive Aggression to Depressive Symptoms in Children: Further Examination of the Failure Model. *Journal of Abnormal Child Psychology*, *47*(1), 85–97. https://doi.org/10.1007/s10802-018-0426-6

Fanti, K. A., Demetriou, A. G., & Hawa, V. V. (2012). A longitudinal study of cyberbullying: Examining risk and protective factors. *European Journal of Developmental Psychology, 9*(2), 168–181. https://doi.org/10.1080/17405629.2011.643169

Farrington, D. P., & Ttofi, M. M. (2011). Bullying as a predictor of offending, violence and later life outcomes. *Criminal Behaviour and Mental Health*, *21*(2), 90–98. https://doi.org/10.1002/cbm.801

Fisher, B. W., Gardella, J. H., & Teurbe-Tolon, A. R. (2016). Peer Cybervictimization Among Adolescents and the Associated Internalizing and Externalizing Problems: A Meta-Analysis. *Journal of Youth and Adolescence*, *45*(9), 1727–1743. https://doi.org/10.1007/s10964-016-0541-z

Fitch, K., Bernstein, S. J., Aguilar, M. D., Burnand, B., LaCalle, J. R., Lazaro, P., van het Loo, M., McDonnell, J., Vader, J. P., & Kahan, J. P. (2001). *The RAND/UCLA Appropriateness Method User's Manual*. https://www.rand.org/content/dam/rand/pubs/monograph_reports/2011/MR1269.pdf

Foshee, V. A., Benefield, T. S., McNaughton Reyes, H. L., Eastman, M., Vivolo-Kantor, A. M., Basile, K. C., Ennett, S. T., & Faris, R. (2016). Examining explanations for the link between bullying perpetration and physical dating violence perpetration: Do they vary by bullying victimization? *Aggressive Behavior*, *42*(1), 66–81. https://doi.org/10.1002/ab.21606

Foshee, V. A., McNaughton Reyes, H. L., Vivolo-Kantor, A. M., Basile, K. C., Chang, L. Y., Faris, R., & Ennett, S. T. (2014). Bullying as a longitudinal predictor of adolescent dating violence. *The Journal of Adolescent Health*, *55*(3), 439–444. https://doi.org/10.1016/j.jadohealth.2014.03.004

Fusar-Poli, P. (2019). Integrated Mental Health Services for the Developmental Period (0 to 25 Years): A Critical Review of the Evidence. *Frontiers in Psychiatry*, *10*(355). https://doi.org/10.3389/fpsyt.2019.00355

Fussner, L. M., Luebbe, A. M., Mancini, K. J., & Becker, S. P. (2018). Emotion dysregulation mediates the longitudinal relation between peer rejection and depression: Differential effects of gender and grade. *International Journal of Behavioral Development, 42*(2), 155–166. https://doi.org/10.1177/0165025416669062

Gagné, A. S., Blackburn, M. È., Auclair, J., Jean, M., Brault, M. C., & Dion, J. (2020). Appearance Esteem Trajectory According to Three Different Sources of Support Among Adolescents Over a School Year. *Journal of Youth and Adolescence*, *49*(11), 2190–2202. https://doi.org/10.1007/s10964-020-01324-9

Glazebrook, K., Townsend, E., & Sayal, K. (2015). The Role of Attachment Style in Predicting Repetition of Adolescent Self-Harm: A Longitudinal Study. *Suicide & Life-threatening Behavior*, *45*(6), 664–678. https://doi.org/10.1111/sltb.12159

Grills-Taquechel, A. E., Norton, P., & Ollendick, T. H. (2010). A longitudinal examination of factors predicting anxiety during the transition to middle school. *Anxiety, Stress, and Coping*, *23*(5), 493–513. https://doi.org/10.1080/10615800903494127

Guyatt, G. H., Oxman, A. D., Vist, G. E., Kunz, R., Falck-Ytter, Y., Alonso-Coello, P., Schünemann, H. J., & GRADE Working Group (2008). GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. *BMJ*, *336*(7650), 924–926. https://doi.org/10.1136/bmj.39489.470347.AD

Hart, L. M., Cropper, P., Morgan, A. J., Kelly, C. M., & Jorm, A. F. (2020). teen Mental Health First Aid as a school-based intervention for improving peer support of adolescents at risk of suicide: Outcomes from a cluster randomised crossover trial. *Australian & New Zealand Journal of Psychiatry*, *54*(4), 382–392. https://doi.org/10.1177/0004867419885450

Hart, L. M., Mason, R. J., Kelly, C. M., Cvetkovski, S., & Jorm, A. F. (2016). "teen Mental Health First Aid": a description of the program and an initial evaluation. *International Journal of Mental Health Systems*, *10*(1), 3. https://doi.org/10.1186/s13033-016-0034-1

Hart, L. M., Morgan, A. J., Rossetto, A., Kelly, C. M., Mackinnon, A., & Jorm, A. F. (2018). Helping adolescents to better support their peers with a mental health problem: A cluster-randomised crossover trial of teen Mental Health First Aid. *Australian & New Zealand Journal of Psychiatry*, *52*(7), 638–651. https://doi.org/10.1177/0004867417753552

Hasson, F., Keeney, S., & McKenna, H. (2000). Research guidelines for the Delphi survey technique. *Journal of Advanced Nursing*, *32*(4), 1008–1015. https://doi.org/10.1046/j.1365-2648.2000.t01-1-01567.x

Hazel, N. A., Oppenheimer, C. W., Technow, J. R., Young, J. F., & Hankin, B. L. (2014). Parent relationship quality buffers against the effect of peer stressors on depressive symptoms from middle childhood to adolescence. *Developmental Psychology*, *50*(8), 2115–2123. https://doi.org/10.1037/a0037192

Hedeland, R. L., Teilmann, G., Jørgensen, M. H., Thiesen, L. R., Andersen, J., & Study-Associated Pediatric Departments (2016). Risk factors and characteristics of suicide attempts among 381 suicidal adolescents. *Acta Paediatrica*, *105*(10), 1231–1238. https://doi.org/10.1111/apa.13458

Hemphill, S. A., Kotevski, A., Herrenkohl, T. I., Bond, L., Kim, M. J., Toumbourou, J. W., & Catalano, R. F. (2011). Longitudinal consequences of adolescent

bullying perpetration and victimisation: a study of students in Victoria, Australia. *Criminal Behaviour and Mental Health*, *21*(2), 107–116. https://doi.org/10.1002/cbm.802

Hermosilla, S., Forthal, S., Sadowska, K., Magill, E. B., Watson, P., & Pike, K. M. (2022). We need to build the evidence: A systematic review of psychological first aid on mental health and well-being. *Journal of Traumatic Stress*, *36*(1), 5–16. https://doi.org/10.1002/jts.22888

Hughes, J. N., Cavell, T. A., & Prasad-Gaur, A. (2001). A positive view of peer acceptance in aggressive youth risk for future peer acceptance. *Journal of School Psychology, 39*(3), 239–252. https://doi.org/10.1016/S0022-4405(01)00067-X

Ingram, K. M., Espelage, D. L., Davis, J. P., & Merrin, G. J. (2020). Family Violence, Sibling, and Peer Aggression During Adolescence: Associations With Behavioral Health Outcomes. *Frontiers in Psychiatry*, *11*, 26. https://doi.org/10.3389/fpsyt.2020.00026

Kaltiala-Heino, R., Fröjd, S., & Marttunen, M. (2010). Involvement in bullying and depression in a 2-year follow-up in middle adolescence. *European Child & Adolescent Psychiatry*, *19*(1), 45–55. https://doi.org/10.1007/s00787-009-0039-2

Kam, J. A., & Lee, C. J. (2013). Examining the effects of mass media campaign exposure and interpersonal discussions on youth's drug use: the mediating role of visiting pro-drug websites. *Health Communication*, *28*(5), 473–485. https://doi.org/10.1080/10410236.2012.699873

Kam, J. A., & Wang, N. (2015). Longitudinal effects of best-friend communication against substance use for Latino and non-Latino White early adolescents. *Journal of Research on Adolescence, 25*(3), 534–550. https://doi.org/10.1111/jora.12147

Kendrick, K., Jutengren, G., & Stattin, H. (2012). The protective role of supportive friends against bullying perpetration and victimization. *Journal of Adolescence*, *35*(4), 1069–1080. https://doi.org/10.1016/j.adolescence.2012.02.014

Khatib, Y., Bhui, K., & Stansfeld, S. A. (2013). Does social support protect against depression & psychological distress? Findings from the RELACHS study of East London adolescents. *Journal of Adolescence*, *36*(2), 393–402. https://doi.org/10.1016/j.adolescence.2013.01.001

Kingery, J. N., & Erdley, C. A. (2007). Peer experiences as predictors of adjustment across the middle school transition. *Education & Treatment of Children, 30*(2), 73–88. https://doi.org/10.1353/etc.2007.0007

Kingery, J. N., Erdley, C. A., & Marshall, K. C. (2011). Peer acceptance and friendship as predictors of early adolescents' adjustment across the middle school transition. *Merrill-Palmer Quarterly, 57*(3), 215–243. https://doi.org/10.1353/mpq.2011.0012

Klima, T., & Repetti, R. L. (2008). Children's peer relations and their psychological adjustment: Differences between close friendships and the larger peer group. *Merrill-Palmer Quarterly, 54*(2), 151–178. https://doi.org/10.1353/mpq.2008.0016

Klomek, A. B., Sourander, A., Kumpulainen, K., Piha, J., Tamminen, T., Moilanen, I., Almqvist, F., & Gould, M. S. (2008). Childhood bullying as a risk for later depression and suicidal ideation among Finnish males. *Journal of Affective Disorders*, *109*(1–2), 47–55. https://doi.org/10.1016/j.jad.2007.12.226

Koch, M. K., Mendle, J., & Beam, C. (2020). Psychological Distress amid Change: Role Disruption in Girls during the Adolescent Transition. *Journal of Abnormal Child Psychology*, *48*(9), 1211–1222. https://doi.org/10.1007/s10802-020-00667-y

Ladd, G. W. (2006). Peer rejection, aggressive or withdrawn behavior, and psychological maladjustment from ages 5 to 12: an examination of four predictive models. *Child Development*, *77*(4), 822–846. https://doi.org/10.1111/j.1467-8624.2006.00905.x

Lösel, F., & Bender, D. (2011). Emotional and antisocial outcomes of bullying and victimization at school: A follow-up from childhood to adolescence. *Journal of Aggression, Conflict and Peace Research, 3*(2), 89–96. https://doi.org/10.1108/17596591111132909

Lubman, D. I., Cheetham, A., Jorm, A. F., Berridge, B. J., Wilson, C., Blee, F., Mckay-Brown, L., Allen, N., & Proimos, J. (2017). Australian adolescents' beliefs and help-seeking intentions towards peers experiencing symptoms of depression and alcohol misuse. *BMC Public Health, 17*(1), 658. https://doi.org/10.1186/s12889-017-4655-3

Lubman, D. I., Cheetham, A., Sandral, E., Wolfe, R., Martin, C., Blee, F., Berridge, B. J., Jorm, A. F., Wilson, C., Allen, N. B., McKay-Brown, L., & Proimos, J. (2020). Twelve-month outcomes of MAKINGtheLINK: A cluster randomized controlled trial of a school-based program to facilitate help-seeking for substance use and mental health problems. *EClinicalMedicine, 18*, 100225. https://doi.org/10.1016/j.eclinm.2019.11.018

Luukkonen, A. H., Räsänen, P., Hakko, H., Riala, K., & STUDY-70 Workgroup (2009). Bullying behavior is related to suicide attempts but not to self-mutilation among psychiatric inpatient adolescents. *Psychopathology*, *42*(2), 131–138. https://doi.org/10.1159/000204764

McCabe, M. P., & Ricciardelli, L. A. (2005). A prospective study of pressures from parents, peers, and the media on extreme weight change behaviors among adolescent boys and girls. *Behaviour Research and Therapy*, *43*(5), 653–668. https://doi.org/10.1016/j.brat.2004.05.004

McDonough, M. H., Jose, P. E., & Stuart, J. (2016). Bi-directional Effects of Peer Relationships and Adolescent Substance Use: A Longitudinal Study. *Journal of Youth and Adolescence*, *45*(8), 1652–1663. https://doi.org/10.1007/s10964-015-0355-4

McNeil, S. L., Andrews, A. R., & Cohen, J. R. (2020). Emotional Maltreatment and Adolescent Depression: Mediating Mechanisms and Demographic Considerations in a Child Welfare Sample. *Child Development*, *91*(5), 1681–1697. https://doi.org/10.1111/cdev.13366

McVie, S. (2014). The impact of bullying perpetration and victimization on later violence and psychological distress: A study of resilience amongst a Scottish youth cohort. *Journal of School Violence, 13*(1), 39–58. https://doi.org/10.1080/15388220.2013.841586

Mertens, E., Deković, M., Leijten, P., Van Londen, M., & Reitz, E. (2020). Components of School-Based Interventions Stimulating Students' Intrapersonal and Interpersonal Domains: A Meta-analysis. *Clinical Child and Family Psychology Review*, *23*(4), 605–631. https://doi.org/10.1007/s10567-020-00328-y

Meter, D. J., Casper, D. M., & Card, N. A. (2015). Perceptions of intimacy and friendship reciprocity moderate peer influence on aggression. *Aggressive Behavior*, *41*(5), 432–442. https://doi.org/10.1002/ab.21577

Milin, R., Kutcher, S., Lewis, S. P., Walker, S., Wei, Y., Ferrill, N., & Armstrong, M. A. (2016). Impact of a Mental Health Curriculum on Knowledge and Stigma Among High School Students: A Randomized Controlled Trial. *Journal of the American Academy of Child and Adolescent Psychiatry, 55*(5), 383–391.e1. https://doi.org/10.1016/j.jaac.2016.02.018

Miller-Johnson, S., Coie, J. D., Maumary-Gremaud, A., Bierman, K., & Conduct Problems Prevention Research Group (2002). Peer rejection and aggression and early starter models of conduct disorder. *Journal of Abnormal Child Psychology*, *30*(3), 217–230. https://doi.org/10.1023/a:1015198612049

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

Moore, S. E., Norman, R. E., Sly, P. D., Whitehouse, A. J., Zubrick, S. R., & Scott, J. (2014). Adolescent peer aggression and its association with mental health and substance use in an Australian cohort. *Journal of Adolescence*, *37*(1), 11–21. https://doi.org/10.1016/j.adolescence.2013.10.006

Moser, R. P., & Jacob, T. (2002). Parental and sibling effects in adolescent outcomes. *Psychological*

Reports, *91*(2), 463–479. https://doi.org/10.2466/pr0.2002.91.2.463

Moy, G., Polanin, J. R., McPherson, C., & Phan, T.-V. (2018). International adoption of the Second Step program: Moderating variables in treatment effects. *School Psychology International*, *39*(4), 333–359. https://doi.org/10.1177/0143034318783339

Murphy, M. K., Black, N. A., Lamping, D. L., McKee, C. M., Sanderson, C. F., Askham, J., & Marteau, T. (1998). Consensus development methods, and their use in clinical guideline development. *Health Technology Assessment*, *2*(3), i–88. https://doi.org/10.3310/hta2030

Ng, E. D., Chua, J. Y. X., & Shorey, S. (2022). The Effectiveness of Educational Interventions on Traditional Bullying and Cyberbullying Among Adolescents: A Systematic Review and Meta-Analysis. *Trauma, Violence & Abuse*, *23*(1), 132–151. https://doi.org/10.1177/1524838020933867

Ng, S. H., Tan, N. J. H., Luo, Y., Goh, W. S., Ho, R., & Ho, C. S. H. (2021). A Systematic Review of Youth and Teen Mental Health First Aid: Improving Adolescent Mental Health. *The Journal of Adolescent Health*, *69*(2), 199–210. https://doi.org/10.1016/j.jadohealth.2020.10.018

Nilsen, W., Karevold, E., Røysamb, E., Gustavson, K., & Mathiesen, K. S. (2013). Social skills and depressive symptoms across adolescence: social support as a mediator in girls versus boys. *Journal of Adolescence*, *36*(1), 11–20. https://doi.org/10.1016/j.adolescence.2012.08.005

Ojeda, M., Del Rey, R., & Hunter, S. C. (2019). Longitudinal relationships between sexting and involvement in both bullying and cyberbullying. *Journal of Adolescence*, *77*, 81–89. https://doi.org/10.1016/j.adolescence.2019.10.003

Pace, C. S., Muzi, S., Parolin, L., Milesi, A., Tognasso, G., & Santona, A. (2021). Binge eating attitudes in community adolescent sample and relationships with interview-assessed attachment representations in girls: a multi-center study from North Italy. *Eating and Weight Disorders : EWD*, *27*(2), 495–504. https://doi.org/10.1007/s40519-021-01183-8

Patalay, P., & Fitzsimons, E. (2018). Development and predictors of mental ill-health and wellbeing from childhood to adolescence. *Social Psychiatry and Psychiatric Epidemiology*, *53*(12), 1311–1323. https://doi.org/10.1007/s00127-018-1604-0

Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: a global public-health challenge. *The Lancet*, *369*(9569), 1302–1313. https://doi.org/10.1016/S0140-6736(07)60368-7

Paus, T., Keshavan, M., & Giedd, J. N. (2008). Why do many psychiatric disorders emerge during adolescence? *Nature reviews. Neuroscience*, *9*(12), 947–957. https://doi.org/10.1038/nrn2513

Paxton, S. J., Eisenberg, M. E., & Neumark-Sztainer, D. (2006). Prospective predictors of body dissatisfaction in adolescent girls and boys: a five-year longitudinal study. *Developmental Psychology, 42*(5), 888–899. https://doi.org/10.1037/0012-1649.42.5.888

Pedersen, S., Vitaro, F., Barker, E. D., & Borge, A. I. (2007). The timing of middle-childhood peer rejection and friendship: linking early behavior to early-adolescent adjustment. *Child Development*, *78*(4), 1037–1051. https://doi.org/10.1111/j.1467-8624.2007.01051.x

Pellegrini, A. D. (2001). A longitudinal study of heterosexual relationships, aggression, and sexual harassment during the transition from primary school through middle school. *Journal of Applied Developmental Psychology, 22*(2), 119–133. https://doi.org/10.1016/S0193-3973(01)00072-7

Perry, Y., Petrie, K., Buckley, H., Cavanagh, L., Clarke, D., Winslade, M., Hadzi-Pavlovic, D., Manicavasagar, V., & Christensen, H. (2014). Effects of a classroom-based educational resource on adolescent mental health literacy: a cluster randomized controlled trial. *Journal of Adolescence, 37*(7), 1143–1151. https://doi.org/10.1016/j.adolescence.2014.08.001

Pisarska, A., & Ostaszewski, K. (2020). Factors associated with youth gambling: longitudinal study among high school students. *Public Health*, *184*, 33–40. https://doi.org/10.1016/j.puhe.2020.03.017

Plass, J. L., Homer, B. D., & Kinzer, C. K. (2015). Foundations of game-based learning. *Educational Psychologist, 50*(4), 258–283. https://doi.org/10.1080/00461520.2015.1122533

Pössel, P., Burton, S. M., Cauley, B., Sawyer, M. G., Spence, S. H., & Sheffield, J. (2018). Associations between Social Support from Family, Friends, and Teachers and depressive Symptoms in Adolescents. *Journal of Youth and Adolescence*, *47*(2), 398–412. https://doi.org/10.1007/s10964-017-0712-6

Prinstein, M. J., & La Greca, A. M. (2004). Childhood peer rejection and aggression as predictors of adolescent girls' externalizing and health risk behaviors: a 6-year longitudinal study. *Journal of Consulting and Clinical Psychology*, *72*(1), 103–112. https://doi.org/10.1037/0022-006X.72.1.103

Ross, A. M., Hart, L. M., Jorm, A. F., Kelly, C. M., & Kitchener, B. A. (2012). Development of key messages for adolescents on providing basic mental health first aid to peers: a Delphi consensus study. *Early Intervention in Psychiatry*, *6*(3), 229–238. https://doi.org/10.1111/j.1751-7893.2011.00331.x

Rueger, S. Y., Malecki, C. K., & Demaray, M. K. (2010). Relationship between multiple sources of perceived social support and psychological and academic adjustment in early adolescence: comparisons across gender. *Journal of Youth and Adolescence*, *39*(1), 47–61. https://doi.org/10.1007/s10964-008-9368-6

Russell, K. N., Voith, L. A., & Lee, H. (2021). Randomized controlled trials evaluating adolescent dating violence prevention programs with an outcome of reduced perpetration and/or victimization: A meta-analysis. *Journal of Adolescence*, *87*, 6–14. https://doi.org/10.1016/j.adolescence.2020.12.009

Sackett, D. L., Rosenberg, W. M., Gray, J. A., Haynes, R. B., & Richardson, W. S. (1996). Evidence based medicine: what it is and what it isn't. *BMJ*, *312*(7023), 71–72. https://doi.org/10.1136/bmj.312.7023.71

Saporito, J. M., Ryan, C., & Teachman, B. A. (2011). Reducing stigma toward seeking mental health treatment among adolescents. *Stigma Research and Action, 1*(2), 9–21.

Seedaket, S., Turnbull, N., Phajan, T., & Wanchai, A. (2020). Improving mental health literacy in adolescents: systematic review of supporting intervention studies. *Tropical Medicine & International Health: TM & IH*, *25*(9), 1055–1064. https://doi.org/10.1111/tmi.13449

Selby, E. A., Yen, S., & Spirito, A. (2013). Time varying prediction of thoughts of death and suicidal ideation in adolescents: weekly ratings over 6-month follow-up. *Journal of Clinical Child and Adolescent Psychology*, *42*(4), 481–495. https://doi.org/10.1080/15374416.2012.736356

Shah, J., Das, P., Muthiah, N., & Milanaik, R. (2019). New age technology and social media: adolescent psychosocial implications and the need for protective measures. *Current Opinion in Pediatrics*, *31*(1), 148–156. https://doi.org/10.1097/MOP.0000000000000714

Sharpe, H., Patalay, P., Vostanis, P., Belsky, J., Humphrey, N., & Wolpert, M. (2017). Use, acceptability and impact of booklets designed to support mental health self-management and help seeking in schools: results of a large randomised controlled trial in England. *European Child & Adolescent Psychiatry, 26*(3), 315–324. https://doi.org/10.1007/s00787-016-0889-3

Siette, J., Cassidy, M., & Priebe, S. (2017). Effectiveness of befriending interventions: a systematic review and meta-analysis. *BMJ Open*, *7*(4), e014304. https://doi.org/10.1136/bmjopen-2016-014304

Sijtsema, J. J., Rambaran, J. A., Caravita, S. C., & Gini, G. (2014). Friendship selection and influence in bullying and defending: effects of moral disengagement. *Developmental Psychology*, *50*(8), 2093–2104. https://doi.org/10.1037/a0037145

Skene, K., O'Farrelly, C. M., Byrne, E. M., Kirby, N., Stevens, E. C., & Ramchandani, P. G. (2022). Can guidance during play enhance children's learning and development in educational contexts? A systematic review and meta-analysis. *Child*

Development, *93*(4), 1162–1180. https://doi.org/10.1111/cdev.13730

Skre, I., Friborg, O., Breivik, C., Johnsen, L. I., Arnesen, Y., & Wang, C. E. (2013). A school intervention for mental health literacy in adolescents: effects of a non-randomized cluster controlled trial. *BMC Public Health, 13*, 873. https://doi.org/10.1186/1471-2458-13-873

Smokowski, P. R., Guo, S., Cotter, K. L., Evans, C. B., & Rose, R. A. (2016). Multi-level risk factors and developmental assets associated with aggressive behavior in disadvantaged adolescents. *Aggressive Behavior*, *42*(3), 222–238. https://doi.org/10.1002/ab.21612

Smokowski, P. R., Guo, S., Evans, C. B., Wu, Q., Rose, R. A., Bacallao, M., & Cotter, K. L. (2017). Risk and protective factors across multiple microsystems associated with internalizing symptoms and aggressive behavior in rural adolescents: Modeling longitudinal trajectories from the Rural Adaptation Project. *The American Journal of Orthopsychiatry*, *87*(1), 94–108. https://doi.org/10.1037/ort0000163

Snyder, J., Schrepferman, L., McEachern, A., Barner, S., Johnson, K., & Provines, J. (2008). Peer deviancy training and peer coercion: dual processes associated with early-onset conduct problems. *Child Development*, *79*(2), 252–268. https://doi.org/10.1111/j.1467-8624.2007.01124.x

Snyder, J. J., Schrepferman, L. P., Bullard, L., McEachern, A. D., & Patterson, G. R. (2012). Covert antisocial behavior, peer deviancy training, parenting processes, and sex differences in the development of antisocial behavior during childhood. *Development and Psychopathology*, *24*(3), 1117–1138. https://doi.org/10.1017/S0954579412000570

Stallard, P., Spears, M., Montgomery, A. A., Phillips, R., & Sayal, K. (2013). Self-harm in young adolescents (12–16 years): onset and short-term continuation in a community sample. *BMC Psychiatry*, *13*, 328. https://doi.org/10.1186/1471-244X-13-328

Stroobants, S., Dockx, K., Scheers, H., Borra, V., De Brier, N., Verlinden, S., Lauwers, K., Vandekerckhove, P., & De Buck, E. (2023). Providing First Aid to People Experiencing Mental Health Problems: Development of Evidence-Based Guidance Materials for Laypeople. *International Journal of First Aid Education*, 6(1), 37–60. https://doi.org/10.25894/ijfae.6.1.8

Swartz, K., Musci, R. J., Beaudry, M. B., Heley, K., Miller, L., Alfes, C., Townsend, L., Thornicroft, G., & Wilcox, H. C. (2017). School-Based Curriculum to Improve Depression Literacy Among US Secondary School Students: A Randomized Effectiveness Trial. *American Journal of Public Health, 107*(12), 1970–1976. https://doi.org/10.2105/AJPH.2017.304088

Teachman, B. A., & Allen, J. P. (2007). Development of social anxiety: Social interaction predictors of implicit and explicit fear of negative evaluation. *Journal of Abnormal Child Psychology, 35*(1), 63–78. https://doi.org/10.1007/s10802-006-9084-1

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

Tetzner, J., Becker, M., & Maaz, K. (2017). Development in multiple areas of life in adolescence: Interrelations between academic achievement, perceived peer acceptance, and self-esteem. *International Journal of Behavioral Development, 41*(6), 704–713. https://doi.org/10.1177/0165025416664432

Tu, K. M., & Cai, T. (2020). Reciprocal associations between adolescent peer relationships and sleep. *Sleep Health*, *6*(6), 743–748. https://doi.org/10.1016/j.sleh.2020.01.019

UNICEF. (2021). The State of the World's Children 2021: On My Mind – Promoting, protecting and caring for children's mental health. https://www.unicef.org/reports/state-worlds-children-2021

Van Voorhees, B. W., Paunesku, D., Kuwabara, S. A., Basu, A., Gollan, J., Hankin, B. L., Melkonian, S., & Reinecke, M. (2008). Protective and vulnerability

factors predicting new-onset depressive episode in a representative of U.S. adolescents. *The Journal of Adolescent Health*, *42*(6), 605–616. https://doi.org/10.1016/j.jadohealth.2007.11.135

Van Zalk, N., & Van Zalk, M. (2015). The importance of perceived care and connectedness with friends and parents for adolescent social anxiety. *Journal of Personality*, *83*(3), 346–360. https://doi.org/10.1111/jopy.12108

Vanhalst, J., Luyckx, K., Scholte, R. H., Engels, R. C., & Goossens, L. (2013). Low self-esteem as a risk factor for loneliness in adolescence: perceived – but not actual – social acceptance as an underlying mechanism. *Journal of Abnormal Child Psychology*, *41*(7), 1067–1081. https://doi.org/10.1007/s10802-013-9751-y

Vaske, J., & Gehring, K. (2010). Mechanisms linking depression to delinquency for males and females. *Feminist Criminology, 5*(1), 8–28. https://doi.org/10.1177/1557085109345468

Vaughan, C. A., Foshee, V. A., & Ennett, S. T. (2010). Protective effects of maternal and peer support on depressive symptoms during adolescence. *Journal of Abnormal Child Psychology*, *38*(2), 261–272. https://doi.org/10.1007/s10802-009-9362-9

Waggoner, J., Carline, J. D., & Durning, S. J. (2016). Is There a Consensus on Consensus Methodology? Descriptions and Recommendations for Future Consensus Research. *Academic Medicine*, *91*(5), 663–668. https://doi.org/10.1097/ACM.0000000000001092

Wagner, J., Lüdtke, O., Robitzsch, A., Göllner, R., & Trautwein, U. (2018). Self-esteem development in the school context: The roles of intrapersonal and interpersonal social predictors. *Journal of Personality*, *86*(3), 481–497. https://doi.org/10.1111/jopy.12330

Way, N., & Robinson, M. G. (2003). A longitudinal study of the effects of family, friends, and school experiences on the psychological adjustment of ethnic minority, low-SES adolescents. *Journal of Adolescent Research, 18*(4), 324–346. https://doi.org/10.1177/0743558403018004001

Webb, H. J., Zimmer-Gembeck, M. J., & Mastro, S. (2016). Stress exposure and generation: A conjoint longitudinal model of body dysmorphic symptoms, peer acceptance, popularity, and victimization. *Body Image*, *18*, 14–18. https://doi.org/10.1016/j.bodyim.2016.04.010

Weymouth, B. B., & Buehler, C. (2018). Early adolescents' relationships with parents, teachers, and peers and increases in social anxiety symptoms. *Journal of Family Psychology*, *32*(4), 496–506. https://doi.org/10.1037/fam0000396

Whitesell, N. R., Asdigian, N. L., Kaufman, C. E., Big Crow, C., Shangreau, C., Keane, E. M., Mousseau, A. C., & Mitchell, C. M. (2014). Trajectories of substance use among young American Indian adolescents: patterns and predictors. *Journal of Youth and Adolescence*, *43*(3), 437–453. https://doi.org/10.1007/s10964-013-0026-2

WHO. (2021). Comprehensive mental health action plan 2013–2030. https://iris.who.int/handle/10665/345301

WHO. (2023). Mental health. https://www.who.int/health-topics/mental-health

Winsper, C., Lereya, T., Zanarini, M., & Wolke, D. (2012). Involvement in bullying and suicide-related behavior at 11 years: a prospective birth cohort study. *Journal of the American Academy of Child and Adolescent Psychiatry*, *51*(3), 271–282.e3. https://doi.org/10.1016/j.jaac.2012.01.001

Wright, M. F., & Wachs, S. (2019). Does social support moderate the relationship between racial discrimination and aggression among Latinx adolescents? A longitudinal study. *Journal of Adolescence*, *73*, 85–94. https://doi.org/10.1016/j.adolescence.2019.04.001

Yap, M. B., Reavley, N., & Jorm, A. F. (2013). Where would young people seek help for mental disorders and what stops them? Findings from an Australian national survey. *Journal of Affective Disorders*, *147*(1–3), 255–261. https://doi.org/10.1016/j.jad.2012.11.014

Yen, S., Kuehn, K., Tezanos, K., Weinstock, L. M., Solomon, J., & Spirito, A. (2015). Perceived family

and peer invalidation as predictors of adolescent suicidal behaviors and self-mutilation. *Journal of Child and Adolescent Psychopharmacology*, *25*(2), 124–130. https://doi.org/10.1089/cap.2013.0132

Zhang, S., Baams, L., van de Bongardt, D., & Dubas, J. S. (2018). Intra- and Inter-Individual Differences in Adolescent Depressive Mood: the Role of Relationships with Parents and Friends. *Journal of Abnormal Child Psychology*, *46*(4), 811–824. https://doi.org/10.1007/s10802-017-0321-6

Zimmerman, M. A., Ramirez-Valles, J., Zapert, K. M., & Maton, K. I. (2000). A longitudinal study of stress-buffering effects for urban African-American male adolescent problem behaviors and mental health. *Journal of Community Psychology, 28*(1), 17–33. https://doi.org/10.1002/(SICI)1520-6629(200001)28:1<17::AID-JCOP4>3.0.CO;2-I