

# Well-Being and Yoga in the New Zealand Educational Context

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## ABSTRACT

This article summarizes the key points found in research literature on the relationship between well-being and yoga within schooling contexts. Well-being is a state in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively, and can make fruitful contributions to her or his community. Yoga places emphasis on the unification of the mind, body and spirit, through the vehicle of the breath to attain deeper states of transformative and empowering existence. Thus, yoga offers great potential in enhancing well-being and health in holistic ways. Schools need to play a vital role in effectively providing emotional well-being provisions for the young and yoga can play a vital role in effecting better mental health among children. Yet, scarce research exists on scientifically validated insights on the utility of yoga on well-being within schooling situations and thus more support needs to be provided for such research to be carried out.

**Keywords:** Yoga; Well-being; Psychology arena; Schooling contexts

## INTRODUCTION

In this article which is a review of research literature, the exploration of the nexus between holistic well-being and yoga within schooling contexts will be carried out to derive a better understanding of how the techniques of yoga can be leveraged upon to enhance the wholesome development of the young. The definitions of well-being and its importance to educational excellence and character development of students will be explored [1-3]. The constituent components of yoga practice and their contributory benefits to the well-being of the young will then be looked at in-depth together with the evidence-based research perspectives on these issues, particularly within the New Zealand context which is the current functioning environment of the author of this article [4].

### Concept of well-being

Although historically been thought about as the absence of problems or illness, well-being has been more recently conceptualized by the World Health Organization (WHO) as a state in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively, and can make fruitful contributions to her or his community. WHO defined health as “a state of complete physical, mental

and social well-being and not merely the absence of diseases or infirmity.” In this definition, it can be seen that the concept of wellbeing was explicitly manifested along with the notion of health. Well-being is linked to positive dispositions, suitable levels of negative affect, life satisfaction and good mental, emotional and physical health levels [5,6]. The Education Review Office (ERO) in New Zealand has identified the following key outcomes for student well-being, on which schools are required to report: Social and emotional competence, achievement, a feeling of belonging, security in one’s own identity, and resilience. Mental health, in particular, is about the positive functioning of life and having helpful tools and resources to draw upon when facing challenging life situations that impact mental health. Mental health or emotional well-being can be defined as the state of being happy and confident and not being anxious or depressed, having the ability to be able to manage emotions, be resilient, attentive and independent. It is important that mental health be actively promoted with a range of actions to create living environments that support mental health and allow people to adopt and maintain healthy lifestyles.

In the philosophy and psychology arena, two fundamental approaches emerged when it comes to defining the term wellbeing; the hedonic and the eudemonic approach. From the

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hedonic perspective, wellbeing is defined *via* constructs measuring it, from the level of life satisfaction, happiness to individual socioeconomic condition and civic engagement. The eudemonic, however, emphasized human development and their psychological functioning, such as positive relationships, self-regulation, self-actualization, etc. Regardless of the unavailable consensus in defining the term, wellbeing is commonly seen to embody not only the physical aspect but also the mental, social and spiritual dimension of a person [7,8].

## LITERATURE REVIEW

### New Zealand context of mental well-being of the young

Mental health significantly impacts people's quality of life, puts demands on public health care, and affects overall well-being of society. Amongst developed nations, New Zealand fares rather poorly on many mental well-being indicators. In 2015, the New Zealand found that only 25% of New Zealanders reported having a high level of mental well-being. The 2014/15 New Zealand health survey reported that an estimated 636,000 New Zealanders (17%) have been diagnosed sovereign wellbeing index with a mental disorder. The majority of these psychiatric/psychological conditions come on during the childhood periods. Young people may change schools, social environments, and face pressures to fit in with rapidly changing scenarios. The young may go through internal changes and develop their own sense of world views and they may feel a conflict between their growing sense of identity and expectations of those around them and the world. Not surprisingly, this time in life is associated with an increased risk of mental health issues. Impaired well-being during childhood is linked to an increased risk of exclusion from school, disengagement from education and academic underachievement. Young people experiencing mental distress and depression often struggle to express fluctuating emotions or reach out to families/peers for timely assistance [9,10]. Instead they resort to maladaptive coping strategies such as self-harm. Self-harm is defined as the intentional self-injury or self-poisoning, irrespective of the extent of suicidal intent (Nat. It affects around 24% of New Zealand high school students (17.9% of males, 29.1% of females aged 13-19 years). Its consequences include hospitalization (80.8 per 100,000 males, 212.0 per 100,000 females aged 15-19 years), depression and suicide. New Zealand has been reported to have the highest youth suicide rate in the developed world (19.3 per 100,000 young people and even higher-36.4 per 100,000 in Maori young people).

It is evidently clear that the New Zealand young are experiencing increasing rates of mental distress, depression and their associated consequences. Not addressing mental health issues during adolescence can create a public health issue with widespread and lifelong consequences as young people with mental health problems will continue to have them into adult life.

### NZ framework of well-being based on Maori perspective

In reflecting with New Zealand context, the key components of

well-being are also in alignment with a Maori (indigenous people of New Zealand) holistic health model (Hauora), Te Whare Tapa Wha. Developed by one of the leading Maori health advocates, Sir Mason Durie, in 1984, Te Whare Tapa Wha consisted of four cornerstones or components; Taha Tinana (Physical health), Taha Hinengaro (Mental and emotional health), Taha Whanau (Family health) and Taha Wairua (Spiritual health). Shall one of these cornerstones be missing or damaged in some ways, a person or a collective may become unbalanced and subsequently unwell. This model has also been highly endorsed within the New Zealand health and physical education curriculum and shed light on the nine desired outcomes for students' wellbeing that schools need to take into account [11-13]. Those nine indicators or desired outcomes for student wellbeing are a sense of belonging and connectedness, the experience of achievement and success, resilient, physically active, socially and emotionally competent, being included and engaged, feeling safe and secure, being nurtured and cared for, and having confidence in their identity.

Besides this, the recent New Zealand child and youth wellbeing strategy were seen to incorporate the Te Whare Tapa Wha model as well. It consisted of six wellbeing outcomes to be progressively measured or monitored over time. They are (i) Children and young people are loved, safe, and nurtured, (ii) Have what they need, (iii) Are happy and healthy, (iv) Are learning and developing, (v) Are accepted and connected, and (vi) Are involved and empowered. This new framework also aspires to bring positive impacts at a larger scale as reflected in its vision "New Zealand is the best place in the world for children and young people" by encouraging and involving relevant stakeholders inside and outside of the government spectrum [14-16]. Nevertheless, it might be more of the evidence to the practicality and the extent of impacts of all these initiatives that can determine whether enough has been done to support children and youth wellbeing (Figure 1).

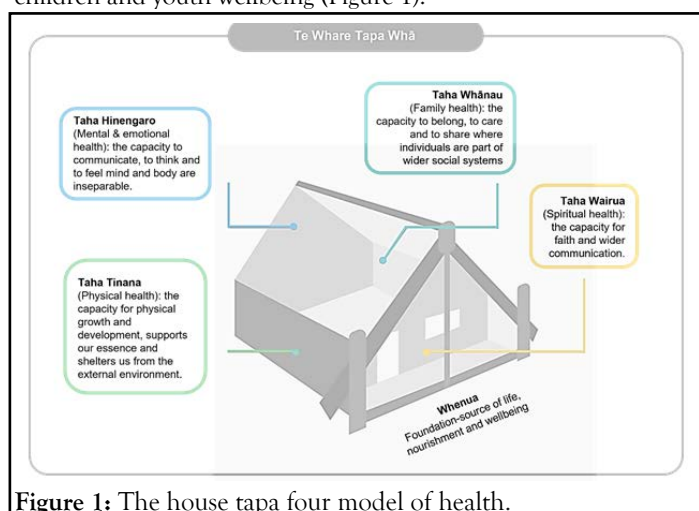


Figure 1: The house tapa four model of health.

### The role of school based mental health

Schools are now formally recognized as venues for prevention, early identification and treatment of mental health problems within multi-dimensional child-centered, community based and culturally competent systems of care. Nurturing school environments significantly contribute to the mental health of school children. Reciprocally, mental well-being strongly affects

academic success. When learners have high levels of mental well-being they are more likely to be motivated and engaged in their learning and conversely, when they are anxious or emotionally debilitated, they are not able to think clearly, lack commitment in their studies and their potential to learn is reduced. Recognizing that the healthcare sector alone cannot do enough in promoting mental health, schools need to play a vital role in effectively providing emotional well-being provisions for the young [17].

The case for school based mental health programmers has been strengthened by the knowledge that young people spend most of their weekdays at school, which many young people cannot or do not access mental health treatment services that delayed intervention is associated with more entrenched behaviors and that earlier intervention is likely to lead to better outcomes. Given the temporal relationship between specific conditions such as anxiety that often precedes depression, the effects of such programmers has been postulated to extend beyond their intended purpose.

### Existing support system in NZ schools

In New Zealand, the wellbeing support system for students includes a range of policies, initiatives, and services independently or cooperatively delivered by different stakeholders from government agencies, district health board, schools, NGOs to community based groups. Such a system, though, can be loosely grouped according to the “promotion of and response to student wellbeing triangle”. The top larger base of the triangle has a proactive and preventive focus on promoting wellbeing in general; hence, delivering to all students, all times. The second part zooms in on the support focus on addressing issues of students who show some risk factors, while the tip of the triangle targets responding to students with high-risk issues and prevent the situation from worsening.

Based on this framework, in 2015, the ERO also conducted a national survey with primary and secondary schools to evaluate how well schools in New Zealand promoted and responded to student wellbeing. Nearly half of the primary schools promoted and responded reasonably well to their student's wellbeing, while it is only about 16% at secondary schools that were able to respond so. There was also a small proportion of both primary schools (3%) and secondary school (5%) that were overwhelmed by wellbeing issues and unable to promote student wellbeing adequately. Another national survey conducted by the New Zealand Council for Educational Research (NZCER) in 2019 also echoed similar trends. Most of the school-wide approaches to support student's wellbeing that was well or partially embedded by schools included formulating an annual plan that incorporates goals for strengthening student wellbeing, a school-wide plan to actively teach emotional skills in everyday classes, and engaging students in developing those wellbeing plans (Figures 2 and 3).

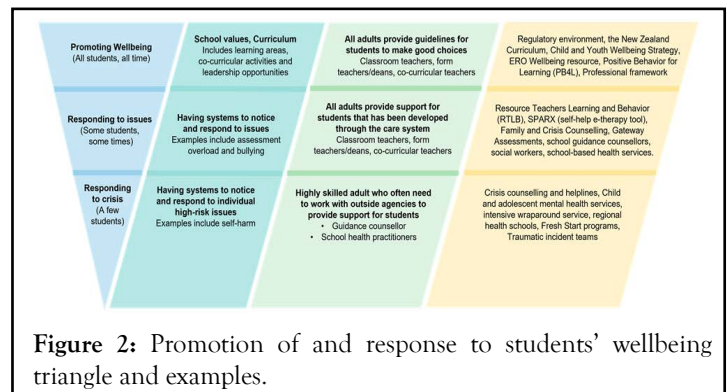


Figure 2: Promotion of and response to students' wellbeing triangle and examples.

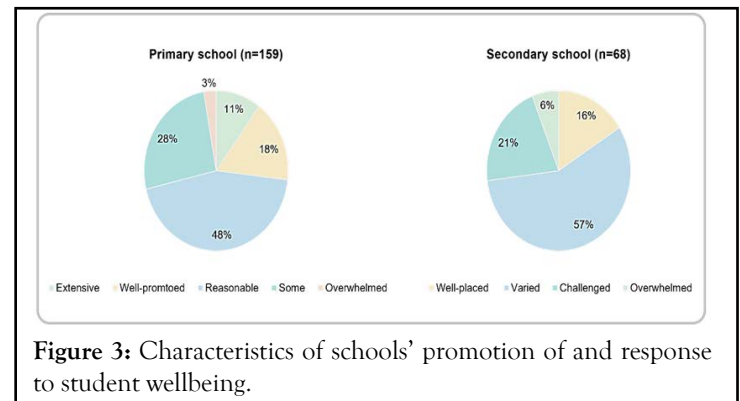


Figure 3: Characteristics of schools' promotion of and response to student wellbeing.

There are also some common factors identified as barriers to full implementation for supporting students' wellbeing. They are the disadvantaged socioeconomic condition in the school community, the inadequacy of resources, myths and attitudes, and issues related to school staff, administration, and program planning it. On top of these barriers further lies the unequal allocation of supports to different dimensions of students' wellbeing. The current school-based health programs seem to emphasize the physical aspect of student wellbeing rather than psychological, which is only addressed when problems arise. Henceforth, it is crucial to explore either a new balanced and evidence-informed support system or program that can blur the currents gaps and barriers.

### Nexus between mental health and yoga practice

Yoga, which in Sanskrit means to yoke or unify, places emphasis on the unification of the mind, body and spirit, through the vehicle of the breath to attain deeper states of transformative and empowering existence. Yoga practices typically include the following components: Physical postures to promote strength and flexibility, breathing exercises to improve respiratory functioning and deep relaxation techniques to release stress and enhance mind-body awareness. It has been reported that yoga positively results in lower anxiety, stress and improved emotional, social, physiological and spiritual well-being. Yoga seems to exert a positive effect on health by reducing stress reactivity, via down regulation of the Hypothalamic Pituitary Adrenal axis (HPA axis) and sympathetic nervous system. The physical exercises (Asanas) may increase patient's physical coordination, and strength, while the breathing practices and meditation may calm and focus the mind to develop greater awareness and diminish anxiety and stress which directly contribute to the onset and persistence of mental illness. Other

beneficial effects might involve a reduction of distress, blood pressure, and improvements in resilience, mood, compassion, meta-cognition and metabolic regulation. Group yoga sessions can promote social interactions and this shared social experience could have a significant impact on the individual's life.

Yoga is suitable for children in alleviating psychosocial issues faced by them and improving social emotional learning. Given that school children nowadays lead busy and stressful lives, they need to be taught life skills that enable them to deal with stressful situations. Yogic techniques that increase mindfulness allow children to slow down and not impetuously or rashly react to situations. Yoga might give children the opportunities to express their emotions in meaningful ways and alleviate negative feelings. A recent small-scale baseline study by one of the main applicants, Kumar Laxman (in publication) found that the 6 participant children felt more relaxed, peaceful and calmer after attending a trial of a four weeks yoga program involving postures, breathwork and guided meditation.

## Background and development of yoga

Tracing back to its history, the practice of yoga was formulated by an Indian sage Patanjali as evidenced in his Yoga Sutras which was written sometime between 300 and 500 CE. In Sanskrit, the word yoga is originally rooted in the word yuk or yoke, which means to join, unify or bind together. It typically places emphasis on the unification of an individual body, mind, and self (spirit/soul) through the incorporation of physical postures (for strength, coordination, and flexibility), breathing exercises (for respiratory functioning), deep relaxation techniques (for releasing stress and tension) and meditation/mindful practices (for mind-body awareness and emotional stability). It is also guided by moral and ethical principles as means to cleanse the mind, body, and spirit. People commonly associate yoga with religious contexts such as Hinduism, Buddhism, and Sikhism, yet its principal foundation foregrounds in uniting state of consciousness and personal realization or verification rather than allegiance to any particular religion or belief.

Since the past two decades, yoga has increasingly received worldwide popularity, specifically in the United States, where seen many styles or schools of yoga forming up and becoming a multi-million dollar industry. For example, Anusara yoga, Ashtanga vinyasa, Inyengar, Birkram and Kripalu. This is largely due to its proposed benefits and the growing evidence supporting it, mainly with the myriad benefits of yoga on the overall wellbeing of an individual, either within normal routine practice or clinical treatment. Physically, yoga has been shown to help improve physical fitness, composition, muscular strength and endurance, and even the immune system. Psychologically, it has been shown to attenuate mental distress such as anxiety, depression, stress to improve emotional regulation, attention, concentration, and achieve peace of mind. In addition, it has been noticed that there is a progressive modification of ancient yoga practice to fit with modern time, lifestyle, and specific needs. This resulted in deferments either in definition or application, but the underlying philosophy remained consistent. Among those adjustments, some have been seen to come from

the education sector, which has incorporated various implementations of school-based yoga programs to help improve students' wellbeing, especially their mental and emotional part.

## School based yoga programs

In 2012, Serwacki and Cook-Cottone conducted a systematic review of published yoga studies in school settings for both typically and atypically developing children and youths aged between 5-21 years old. Their review mainly aimed to explore whether the intervention of yoga programs in schools can endow academic, cognitive, and psychosocial benefits to students. Twelves studies (mostly RCT and quasi-experiment) met their inclusion criteria, and they were conducted mainly in the U.S., India, England, and Germany. Some characteristics of those yoga programs were that they lasted between 15 minutes and 90 minutes; the shortest timeline was three weeks while the longest was one year. Their review found those school-based yoga programs to benefit students academically, cognitively, and psychosocially. However, greater methodological rigor research is highly encouraged, for this current research was curtailed by lack of randomization, small sample size, and statistical ambiguities. There was also limited detail regarding those yoga interventions, thereby the inability to offer definitive conclusions and recommendations.

A similar review done by Ferreira-Vorkapic and colleagues revealed some studies that were able to fill some of the earlier gaps, but students with particular needs were in their exclusion criteria; focusing on typical children and adolescents aged 5-18 years old. Nine (all RCT) out of 48 studies met their criteria, and the effect size was found for self-esteem, tension, anxiety, mood indicators, and memory when comparing yoga groups with control groups. From their review, school-based yoga interventions that were found to be beneficial comprised of short and condensed sessions lasting between 15 and 30 minutes, but the total number of yoga sessions varied. They suggested that future research on yoga interventions for students requires greater standardization and suitability. Nevertheless, these two reviews have not confidently drawn on the viability and efficacy of school based yoga programs in the form of formal inclusion within the school curriculum. Voices from the program participants and evaluation of the program through qualitative studies also remain sparse.

## RESULTS AND DISCUSSION

Correspondingly, there have been more studies and reviews addressing the abovementioned lacunas. Conboy, et al. conducted a qualitative assessment (interview) of a Kripalu-based yoga program with some of their 9<sup>th</sup> and 10<sup>th</sup>-grade participants (n=28). After a 12 week long yoga session (30 minutes per session and two to three times per week), students reported that they enjoyed the classes and felt various benefits from greater kinesthetic awareness, stress reduction, better negative emotion management, more optimism, reduction of interest in drug and alcohol consumption, and elevated social cohesion with family and peers. The study concluded that such a school-based yoga program is feasible with the current sample context and also suggests that it may be appropriate for



promoting healthy behavior at a societal level. Another study by Bergen-Cico, et al., reported similar findings. Their research was conducted with sixth graders (n=60) and used yoga kids to infuse with an English language arts curriculum. Each yoga session lasted only four minutes but was conducted three times per week for an academic year. They found that this curriculum-infused yoga intervention is feasible and effective for increasing students' self-regulation. Recent systematic reviews by Sapthiang, et al. (solely qualitative studies) and Cozzolino, et al. (quantitative and qualitative) echoed familiar findings and implications. They found school-based yoga programs to help regulate students' emotions and cognition, reduce stress, make them calm and relax, improve their social skills and enhance their overall wellbeing.

### Current research gaps

Schools are the social and educational centers of the lives of children and here, children are increasingly facing challenging and stressful situations. Hence, schools have been rightly identified as an appropriate setting for providing emotional well-being promotion as they are safe, cost effective and flexible places, yet there is a lack of school based mental health programmes that are effective in addressing this need. Though schools academically prepare children to do well in exams and in gaining academic knowledge, they offer few resources and programmes in place to equip them with social emotional skills that are critical to mental health. Current New Zealand school based health programmes primarily focus on well-being in the context of physical health. Mental health issues are often addressed *via* school-based counselling when problems arise, thereby educating too little and intervening too late. Although children with mental health issues may also be referred to external therapists who use treatment approaches such as psychotherapy and cognitive behavioural therapies, studies have shown children are wary of attending mental health services and that these approaches have limited success. More severe cases of mental disorders may be managed using pharmaceutical treatment options, but these are associated with higher costs and safety issues due to the immediate and long-term negative effects of medication. Since existing conventional treatment approaches fail to adequately address mental health issues, there is a need for school based programmes that support and enhance mental health that can be easily integrated into daily school curriculum. Lake and Turner advocate integrative, wholesome mental health approaches that are evidence-based, holistic, feasible, self-applicable, low burden, proactive and economical. These holistic solutions comprising empowerment give children the tools to develop self-reflection, self-regulation and self-development.

Yoga offers substantive potential in dealing with and addressing mental health issues in wholesome and sustainable ways. Schools are equipped with adequate infrastructure facilities for the implementation of yoga based mental health programmes, and yet not many schools seem to explore the viability of yoga interventions either within as part of formal curriculum, or as extracurricular activities.

There is limited empirically validated research demonstrating the benefits of yoga in positively improving health and mental

well-being more research is needed to definitively establish these benefits. Most of the existing research studies on yoga have been conducted in adult populations, primarily in North America and Europe. They are generally of poor methodological quality and come with multiple instances of bias. Given the importance of preventing problems early in life, more attention needs to be focused on intervention programmes during young age. The paucity of research on yoga in schools affirms the need for more rigorous research in this area to be carried out. The small number of studies that have been done on the impact of yoga on school children focus on the physical benefits of yoga and do not investigate the impact from a psychological perspective of mental well-being. Almost none of the research has evaluated the optimal intensity/dose or long-term effects of school-based yoga-interventions. More high quality, rigorous research with adequate control interventions need to be encouraged to establish more conclusive findings yoga has the potential as a beneficial supportive/adjunct treatment that is relatively cost-effective, may be practiced as a self-care behavioural treatment with a low risk for side-effects and provides life-long behavioural skills.

Research on school based yoga programs in the New Zealand context is scarce to almost no existence. What existed commonly aimed to improve school children's wellbeing, but their components somehow vary from yoga. In a mixed-method study with 124 New Zealand elementary school students, a mindfulness program, pause, breath, smile, was facilitated to ascertain those students perception of the program and to determine whether there is any improvement to their wellbeing after eight weeks of experiencing it. The program was developed by the mental health foundation of New Zealand with lessons composing of mindful movement, mindful eating, mindful breathing exercises, mindful walking, body scanning, the practice of loving kindness, and recognizing the connection between oneself and the wider environment. The result showed significant change in students' mindfulness and wellbeing scores, and they are significantly positively related. Data from the interviews also revealed that the students perceived the program to enhance aspects of their wellbeing. Another two studies conducted in New Zealand using the same pause, breath, smile program also reported similar findings. Though yoga practice is a universal discipline, yoga pedagogy is both culture and context specific. Hence, yoga's optimal design for use with children, facilitators of implementation within the school environment and its acceptability by school children within a New Zealand context remain unclear.

### CONCLUSION

In conclusion, this review of research literature on the relationship between well-being and yoga, particularly within the unique context of New Zealand provide many insights on the importance of well-being, particularly mental well-being on the wholesome development of the young. It is critical not just to the academic development of students but also in equipping them with the necessary skills and mind-set to navigate through the challenges of schooling and everyday lives. Through the ancient practice of yoga adapted to suit contemporary living

conditions, the youth can be trained with the necessary knowledge and attitudes to strengthen their inner cores to deal with the stresses of life, to be more resilient to the difficulties life presents, to enhance their educational expertise and to truly grow into the empowered, driven individuals they are truly meant to be in order to be constructive citizens of society. However, there is clearly a greater need for more rigorous research both within a worldwide and especially in a New Zealand context to scientifically examine how yoga with its myriad of practices can be embedded within formal and informal curriculum to leverage the affordances of yoga for the betterment of youth in all possible ways.

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