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Cooperation between Parents and Teachers in the Early Identification of Mental Disorders and Problem Behaviour of Pupils at the Primary Level of Education

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Abstract

The increase in the incidence of mental disorders and problem behaviour in students and their negative impact on their social life in the classroom and academic performance require increased attention to diagnosing various attributes of children's mental health. The first level of primary school is an ideal environment for implementing screening procedures to detect early symptoms. The aim of our contribution was to identify how to combine the views of teachers and parents on the child's behaviour in diagnosing mental health problems and behaviour disorders. Therefore, we compared and analysed the views of teachers and parents on the symptoms of mental and behavioural problems of students using the SDQ questionnaire. The results of our research confirmed the usefulness of using multiple informants in school screening and, in the context of the findings, we were able to identify ways to combine the teacher and parent perspectives in diagnosing externalizing and internalizing manifestations of sleep problems in primary school students.

Keywords: mental health, mental disorders, behavioural disorders, externalizing and internalizing behaviour problems, SDQ.

1. Introduction

The incidence of mental health problems and disorders in children and adolescents under 18 years of age has increased significantly in the 21st century (Boleková et al., 2022; Saurabh,

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Ranjan, 2020). According to a meta-analysis conducted by Polanczyk et al. (2015), the prevalence of mental health disorders in this age group is 13 %. According to other international studies, the prevalence of behavioural disorders from 5 to 16 years of age is between 10 % and 20 % (Horňáková, 2016; Ogundele, 2018; Vágnerová, 2014). In some countries, it has climbed even higher during the COVID-19 pandemic, reaching 47.83 % (Marques de Miranda et al., 2020). Therefore, it is important to assess the level of behavioural manifestations of children and adolescents using reliable tools and to identify potential mental problems and disorders early (Boleková et al., 2022; Feeney-Kettler et al., 2011; Kožárová et al., 2014; Kožárová-Ceľuchová, 2018; Lipnická, 2014).

Research findings have confirmed that late-diagnosed mental disorders lead to a deterioration in quality of life in several areas: deterioration in academic functioning (Busch et al., 2017), the quality of interpersonal relationships (Ogundele, 2018), the development of additional psychiatric morbidity and unhealthy lifestyles (Trebatická et al., 2017). Unidentified emotional and behavioural problems increase the likelihood of developing additional disorders (Campbell et al., 2006; Costello et al., 2003, Essex et al., 2009). On the contrary, early intervention can prevent the development of serious mental health problems (O'Connell et al., 2009). Therefore, there is currently a great interest among researchers in better understanding the phenomenology of mental disorders and problem behaviour in order to prevent their onset or to mitigate their adverse consequences (e.g. Arslan, 2018; Merikangas et al., 2009; Willner et al., 2016). However, this can only be achieved through high-quality and timely diagnostics, because timely and correct diagnostics and subsequent intervention are the basis for the effective implementation of the educational process, as well as for improving the overall quality of life of students (Borbélyová, 2021; Kessler et al., 2007; Miňová, 2024).

Diagnostic activities in the school environment are often limited to the issue of assessing the academic success of a student, despite the fact that in today's schools, teachers are exposed to many problematic situations of students every day, associated not only with educational but also with educational character. Therefore, in addition to diagnosing the success of school results, monitoring mental health, manifestations of behavioural disorders, internalizing and externalizing behavioural problems of students should also form an integral part of diagnostic practice. According to Hennelová (2022), nowadays the need to diagnose various attributes of supporting the development of children's mental health is significantly increasing.

In order to correctly diagnose the occurrence of mental problems and disorders, it is necessary to consider the different influence of the school and home environment on the mental health and behaviour of the child. When identifying the manifestations of mental health disorders and the causes of problematic behaviour in students, researchers prefer to obtain information from teachers, as they consider them to be privileged informants (Fonseca, Simões, 2004; Rescorla et al., 2012). The team emphasizes the influence of the school environment, which can lead to a distorted view of the causes of the student's mental problems and disorders and reduce the effectiveness of the intervention. The home environment, in which the child spends more time than in the school environment, has a significant impact on the child, i.e. on his mental health and behaviour, and therefore the involvement of parents in the diagnostic process can complete the view of the child and his problems. However, there are relatively few studies that examine the issue of mental health and child behaviour in parallel from both perspectives, i.e. comparing the views of parents and teachers (e.g. Firmin et al., 2005; Santos et al., 2020). Therefore, the aim of our research was to identify how to combine the views of teachers and parents on child behaviour in diagnosing mental health problems and behavioural disorders.

2. Literature review

Mental, behavioural, or neurodevelopmental disorders (which form a common category according to the ICD-11 classification) are syndromes characterized by clinically significant impairment in cognition, emotional regulation, or behaviour of an individual. These disorders reflect dysfunction in the psychological, biological, or developmental processes that underlie mental and behavioural functioning. These disorders are usually associated with distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning of the individual. Mental, behavioural, and neurodevelopmental disorders are syndromes characterised by clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour that reflects a dysfunction in the psychological, biological,

or developmental processes that underlie mental and behavioural functioning. These disturbances are usually associated with distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning (ICD-11..., 2024).

Conduct disorders, affective disorders and socialization disorders have an impact on the social relationships of the student in the school environment, on his school performance and learning outcomes (DiLalla et al., 2004; Lane et al., 2008; Busch et al., 2017; Ogundele, 2018; Smith et al., 2014) and also on his academic success in the later period (Breslau et al., 2009). Research has revealed that the above disorders have an impact not only on the socialization of the student in the classroom at the beginning of his education but also determine his later success at further levels of education (Verhulst, 1994), as well as his application in life.

Mental health problems in children and adolescents include several types of emotional and behavioural disorders, including disruptive, depressive, anxiety, and pervasive developmental (autistic) disorders (Ogundele, 2018). These disorders manifest in two distinct behavioural dimensions: internalizing and externalizing behavioural problems (Ciccheti, Toth, 2014; Mazzucchelli, Sanders, 2018). These dimensions form distinct categories of behavioural symptoms and mental disorders depending on the extent to which they affect the individual's experience and those around them (Willner et al., 2016).

Externalizing behaviours, which manifest as inappropriate, outward-facing behaviours, negatively impact the individual's environment and often lead to problems in many areas of life for students, especially in the school environment. They can most often be observed in the form of behavioural problems and inattention with hyperactivity (Wang et al., 2017). Attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder, and conduct disorder are the most commonly diagnosed mental disorders with externalizing behavioural symptoms (King et al., 2018). Research has confirmed a higher incidence of externalizing behaviours in boys than in girls (King et al., 2018; Matos et al., 2017). Some research has revealed a negative impact of externalizing behaviours on the cognitive, emotional, and social functioning of children and adolescents (e.g. Mazzucchelli, Sanders, 2018; Van Lier et al., 2012). Internalizing behaviours (directed inward) are characterized by social withdrawal, fear, or sadness (Achenbach, Rescorla, 2001). They are characterized by an internal experience of tension, uncertainty, and suffering and manifest in the form of self-focused behaviour, anxiety, and depression (Kožárová et al., 2014; Törő et al., 2023). Persistent internalizing behaviours negatively affect the individual on the cognitive, emotional, and social levels and are associated with, among other things, reduced school achievement, school inclusion, poorer physical health, and lower personal well-being (Arslan et al., 2020; Barker et al., 2019; Pate et al., 2017; Spiroiu, 2018). The longer persistence of internalizing manifestations is due to their inconspicuousness and the fact that they do not have a disruptive effect on the student's surroundings. According to Kožárová et al. (2014), these manifestations are only noticed by teachers or parents when their manifestations are intense and very frequent.

Research has also confirmed that there is a certain connection between internalizing and externalizing manifestations of problem behaviour. Children with externalizing manifestations of behaviour are predisposed to the later development of internalizing manifestations (Willner et al., 2016; Matos et al., 2017). The occurrence of externalizing symptoms after the initial onset of internalizing manifestations is also supported in the literature (Willner et al., 2016), although to a lesser extent. It has been found that internalizing manifestations in childhood are related to externalizing manifestations at the age of nine, but also that externalizing manifestations at the age of five are related to more intense manifestations of internalizing behaviours at the age of 9 (Wiggins et al., 2015). Internalizing and externalizing manifestations of problem behaviour in children can also be a predictor of mental disorders in late adolescence and adulthood, as most adults with a psychiatric diagnosis were first diagnosed in childhood and/or adolescence (Arslan, 2018; Copeland et al., 2009). Fifty percent of mental health problems are detected by the age of 14 (Mental health statistics, 2024). Epidemiological studies have also pointed out that most mental disorders have their onset in childhood and adolescence (Kessler et al., 2007; Merikangas et al., 2009). For example, in Slovakia, in the group of children under 14 years of age in 2021, the most common group of diagnoses detected for the first time in life were conduct disorders and emotional disorders with a usual onset in childhood (ICD-10 dg. F90.0 – F98.9). The above groups of diagnoses accounted for 49.4 % of all newly diagnosed mental disorders in this age category (Gécziová, 2023).

Worldwide, the most common mental disorders are anxiety disorders, followed by conduct disorders and affective disorders (Merikangas et al., 2009; Thalappillil, Jimmy, 2014; Interactive Data Query..., 2025; Data and Statistics..., 2025), depression and eating disorders (Lemešová, Sokolová, 2023). The level of depression and anxiety in 6–21-year-olds in Europe has ranged between 12 % and 48 % in recent years. This is according to a meta-analysis of fifty-one studies (Margques de Miranda et al., 2020). This is likely related to the significant increase in internalizing and externalizing behaviour problems in children and adolescents in the 2020s, due to the Covid-19 pandemic (Crescentini et al., 2020; Margues de Miranda et al., 2020). However, the age and gender prevalence estimate of various childhood behavioural disorders are variable and difficult to compare worldwide, as both poverty and low socioeconomic status are risk factors that appear to increase the prevalence of these disorders (Ogundele, 2018).

The increased incidence of the above manifestations is also present in students with disabilities, to a greater extent than in intact children. Numerous studies have pointed out a number of problems related to the emotional and social aspects of the education of students with disabilities (Butler, Silliman, 2008; Elias, 2004; Schiff, Joshi, 2016). It has also been found that students with learning disabilities exhibit problematic behaviour of both externalizing and internalizing nature to varying degrees and intensity (Zemančíková, 2022).

For the above reasons, there is currently a growing interest among educators in learning about the individual characteristics/specificities of a child (Borbélyová, 2021), including various mental health attributes that affect the learning process and the overall functioning of a child in the school environment (Smith et al., 2014). Researchers, as well as teachers, are aware that diagnostic activities in the school environment help to describe and define the causes, manifestations, and consequences of children's difficulties and that their results are important in terms of providing follow-up care and support measures (Vojtová et al., 2023). It is true that the diagnostic competencies of pedagogical staff are included among the key competencies of teachers (Spilková, Vašutová, 2008), however, there are certain competence boundaries/restrictions that are based on the teacher's competence profile and limit the application of diagnostic tools. This means that psychodiagnostics can only be performed by a psychologist and a teacher is only competent to perform pedagogical diagnostics. However, the identified increase in the incidence of mental disorders in children and their negative impact on their social life in the classroom and academic performance require that monitoring of the mental health of students in the school environment be part of the diagnostic process.

Therefore, there is currently a great interest in better understanding the phenomenology of mental disorders and problem behaviour to prevent their onset or to mitigate their adverse consequences (e.g. Arslan, 2018; Willner et al., 2016). In particular, early, and effective identification of problematic symptoms is very important, as it can contribute to the creation of a preventive strategy aimed at supporting at-risk individuals (Powell, 2006). However, this can only be achieved through high-quality and timely diagnostics, not only by psychologists, who do not have such wide opportunities to monitor the behaviour of a student in a collective as a teacher during classes or a parent in a home environment.

There are many studies focusing on student behaviour (e.g. Bellová, 2024; Emmerová, 2022; Oliver et al., 2011; Tišťanová, 2018), but this dimension is mostly examined from the perspective of teachers (Ottenheym-Vliegen et al., 2023; Pašková et al., 2018). When identifying manifestations of mental health disorders in students, researchers consider teachers to be privileged informants, primarily due to their experience with assessing student behaviour (Fonseca, Simões, 2004, Rescorla et al., 2012). The reason is also that information can be obtained from them relatively easily (Laidra et al., 2006) and they are considered experts in the field of upbringing and education (Kurincová, Turzák, 2021) and professionally trained observers of children's social interactions in a structured environment (Santos et al., 2020). Teachers also often perceive themselves as sufficiently competent to assess not only a child's educational progress, but also their development. There are fewer scientific studies that deal with student behaviour based on parental perceptions (Ciceková et al., 2021). This is even though information from parents is considered an important source of information about children's behaviour problems (Fonseca, Simões, 2004). One of the reasons for the lower involvement of parents in diagnosing mental health disorders in students is the tendency of parents to "over-report" symptoms... symptoms of behavioural disorders in their children (Strickland et al., 2012). Several research studies suggest that parents tend to judge their children's behaviour more negatively than teachers (Grigorenko et al., 2010; Huang, 2017) and

report higher levels of externalizing and internalizing problems in their children compared to teachers (Stone et al., 2013). Other studies have reached similar conclusions in the context of examining children's externalizing problems (Salbach-Andrae et al., 2009; Rosnati et al., 2010). On the other hand, according to some experts, parents have an increased tolerance of certain types of behaviour (Loeber, et al., 1990; Al-Awad, Sonuga-Barke, 2002), which can lead to ignoring the first signs of behavioural disorders. Perhaps for these reasons, parents' perception of the child is often considered unprofessional and biased (Kurincová, Turzák, 2021).

However, to gain a comprehensive picture of a child's behaviour, it is important to know how they behave in different environments, especially in those that will most influence their development in childhood – the home and school environment (Bertrand et al., 2007). A child's behaviour is often specific to a given situation or context. Therefore, behaviour or expressed emotions may differ in different environments (Santos et al., 2020). At the same time, some challenging situations can only be effectively addressed in cooperation with parents, and some behavioural symptoms are better observed in the home environment. Several experts also strongly recommend assessing children's problems using multiple informants (Achenbach, 2006; De Los Reyes, Kazdin, 2005; Grigorenko et al., 2010). The suitability of a parent as an additional informant is also supported by the fact that the development of some behavioural disorders (e.g., the development of aggression) is related to the type of family environment (Brown, 2009).

Culp et al. (2001) emphasized that multiple assessor perspectives are essential to ensure accurate diagnosis and to support individuals at risk in making the correct diagnosis. Multiple informant assessments can not only provide a deeper understanding of the nature, extent, and severity of the problem, but can also help reduce the risk of misdiagnosis (Kagan et al., 2002). This is even though inconsistencies between informant assessments often occur (Achenbach, 2006; De Los Reyes, 2011). In nonclinical studies, there is a tendency for inter-rater agreement to be low to moderate and for there to be relatively high inconsistencies between informants (Cheng et al., 2017; Santos et al., 2020). Regarding children's behavioural problems or their social skills, several clinical studies demonstrate these discrepancies, revealing no agreement or low to moderate levels of convergence between parent and teacher ratings (Althoff et al., 2010; Huang, 2017; Rescorla et al., 2014; Sointu et al., 2012). Disagreements may reflect differences between raters due to pre-established expectations regarding the child's behaviour, or their opinions may be influenced by factors such as culture, relationship with the child, stereotypes, low tolerance for certain behaviours, and a tendency to underestimate problems (Efstratopoulou et al., 2012). The difference between informants may also be related to the psychopathology of parents: depression and stress in mothers are associated with distorted perceptions of their children's problems, which are often not confirmed by teachers (De Los Reyes, Kazdin, 2005). Despite the possible differences between teacher and parent raters, both views of a child's behaviour can be an important source of information in diagnosing a student. Comparing the assessment of a child's behaviour with the teacher's assessment can provide a better basis for creating support measures, or, if necessary, for finding the optimal fulfilment of the student's special educational needs. Therefore, the aim of our research was to identify the possibilities of combining teacher and parent perspectives on a child's behaviour in diagnosing mental health problems and behavioural disorders.

3. Research methodology and methods

Despite the fact that parental and teacher assessments of children's behaviour using questionnaires are among the most common methods of assessment during childhood (Crane et al., 2011), there are few studies in Slovakia that examine the issue of mental health and child behaviour in parallel from both perspectives, comparing the opinions of parents and teachers. Several foreign studies are devoted to a deeper examination of the issue from this perspective, e.g. Firmin et al. (2005), Cheng et al. (2017), Koumitzi et al., (2024), Santos et al. (2020) and so on. The aim of our research was to analyse and compare the views of teachers and parents on mental health problems and problematic behaviour of pupils in Slovakia. The research group consisted of six teachers, 104 parents (mothers) and their children. Both parents and teachers participated in the research voluntarily and were assured of the anonymity of the research. Since we focused on assessing some internalising and externalising behaviour problems in children, we used the standardised SDQ questionnaire by Goodman et al. (1998) as a research tool. This is a behavioural questionnaire aimed at screening the behaviour of children and young people aged 4 to 17. The SDQ questionnaire is divided into five dimensions: emotional symptoms Emotional Symptoms

score (D1), peer problems Peer Problems score (D4) (together indicating internalizing problems), conduct problems Conduct Problems score (D2), hyperactivity Hyperactivity score (D3) (together indicating externalizing problems) and prosocial behaviour Prosocial score (D5). The task of parents and teachers was to evaluate the behaviour of a total of 104 students who completed primary education in the 2023/24 school year (grades 1-4) using the SDQ questionnaire. For each item of the questionnaire, they selected one of three possible answers: 0 – not true , 1 – rather agree/sometimes/partially Somewhat true, 2 – certainly true. Parents assessed only their children and teachers only the children they taught. The data obtained using the questionnaire method were subsequently analysed using selected statistical methods.

4. Results

The primary goal of the research using the standardized SDQ questionnaire was to determine whether parents perceive their children in the same way as their teachers. Given that the questionnaire is divided into five dimensions, we used the semantic differential method (Charles E. Osgood to analyse the data obtained using the questionnaire method.

Using the semantic differential method, we can define the distance between the observed concepts A and B. The distance between the concepts *A, B* can be assessed using D_{AB}, which is defined by the formula $D_{AB} = \sqrt{\sum_{i=1}^{k} d_i^2}$,, where $d_i$is the difference of the average values in the ith scale (question) (Reiterová, 2003). D_{AB} statistic is a simple measure expressing the linear distance between the concepts *A, B*. The lower the value of D_{AB}statistic, the smaller the distance between the concepts *A, B*. Conversely, a higher value of D_{AB}statistic means a greater distance between the concepts *A, B*. In addition to D_{AB}statistic, semantic differential data can also be analyzed using the so-called Q-correlation ([ ]), which is a certain modification of the product correlation and expresses the degree of similarity of two profiles. From the degree of similarity of the profiles, one can infer the similarity in the understanding of concepts. We express the Q-correlation using the correlation coefficient Q_{AB}, which is defined by the formula

$$Q_{AB} = 1 - \frac{\sum_{i=1}^{k} d_i^2 - k(\bar{x}_A - \bar{x}_B)^2 - (\sigma_A - \sigma_B)^2}{2k \cdot \sigma_A \cdot \sigma_B}.$$

The correlation coefficient Q_{AB} takes values from the interval ⟨-1,1⟩. Its values are interpreted in the same way as the values of the Pearson correlation coefficient. The value 1 indicates perfect agreement in the understanding of the concepts *A, B*, the value -1 means completely opposite understanding of the concepts. A zero value of the coefficient Q_{AB}means zero agreement in the understanding of the concepts *A, B*. A higher absolute value means a closer dependence in the understanding of the concepts *A, B*.

In the following, we will calculate the values of the correlation coefficient Q_{AB} for the considered pairs of concepts *A, B*.

First, we analysed each observed dimension separately using the semantic differential method. In all dimensions, we calculated the average score for each item that belongs to it. Then, we determined the distance of children's perception in a given dimension between parents and teachers using D_{AB} statistic. A large value of D_{AB} statistic does not necessarily automatically mean conflicting perceptions of children by parents and teachers. Therefore, we used the so-called Q-correlation to determine the degree of similarity of children's perceptions by parents and teachers. For individual dimensions, we calculated the values of the correlation coefficients Q_{AB}, which are listed in Table 1.

Table 1. Q-correlation parents and teachers

Dimension	Q_{AB}
Emotional symptoms	0,922301
Behavioural problems	0,873305
Hyperactivity	0,981207
Peer problems	0,998246
Prosocial behaviour	0,976345

Table 1 shows that there is a high level of positive correlation between the perceptions of children by parents and teachers. This means that if parents identified symptoms of internalizing or externalizing behaviour problems in their child's behaviour, their child's teacher also identified these symptoms. Despite the high correlation in the responses of parents and teachers, statistically significant differences were found between the parent's and teacher's views of the child's behaviour in three of the five dimensions. The largest difference was recorded in dimension D1 – Emotional symptoms (Figure 1), where D_{AB} statistic had a value of 1.046.

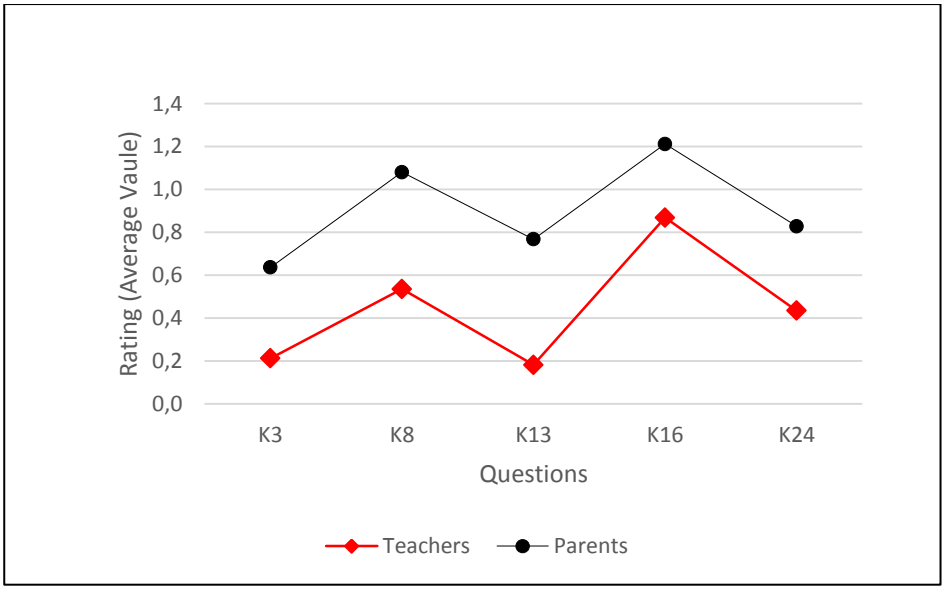

Fig. 1. Average response values in dimension D1

Figure 1 shows that in dimension D1 (Emotional symptoms) potential behavioural disorders of children were rated in all items with higher average scores by parents than by teachers. The largest difference between the evaluations of parents and teachers was recorded for item K13 (Is often unhappy, depressed, or sad). An interesting finding is that this item had the lowest average score for teachers, but not for parents.

We found a similarly large distance between the responses of parents and teachers in dimension D5 – Prosocial behaviour (Figure 2). In this case, D_{AB} statistic had a value of 0.950.

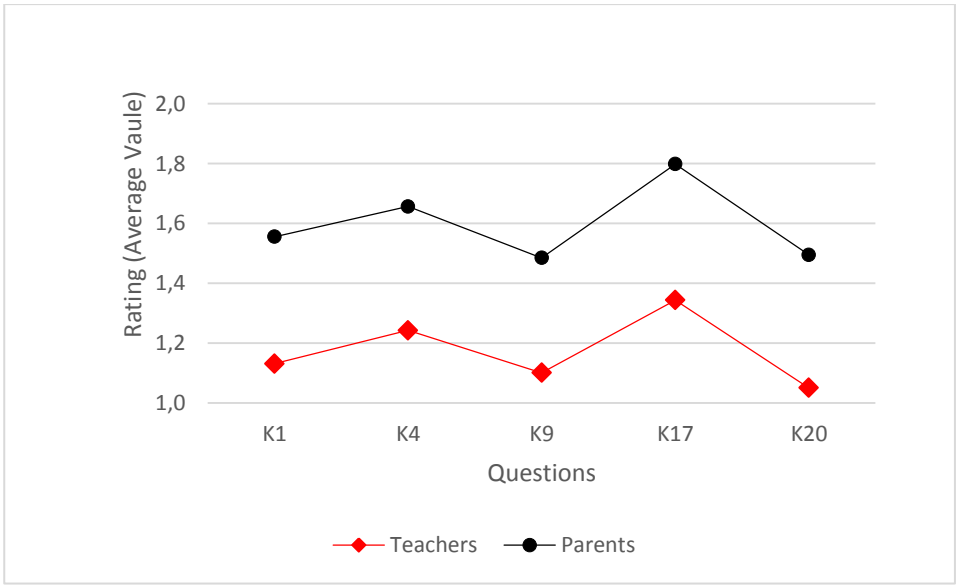

Fig. 2. Average response values in dimension D5

Figure 2 shows that in dimension D5 (Prosocial behaviour) parents' ratings have higher average scores than teachers' in all items. In all items we recorded approximately the same difference in the responses of parents and teachers. An interesting finding is that the lowest average score for teachers was item K9 (If someone hurts him, he is sad or feels bad, but is always willing to help), which corresponds to item K13 (He is often unhappy, depressed or sad) from dimension D1, which also had the lowest average score for teachers.

A slightly smaller distance between the responses of parents and teachers was in dimension D2 – Behavioural problems (Figure 3), with the value $D_{AB} = 0.654$.

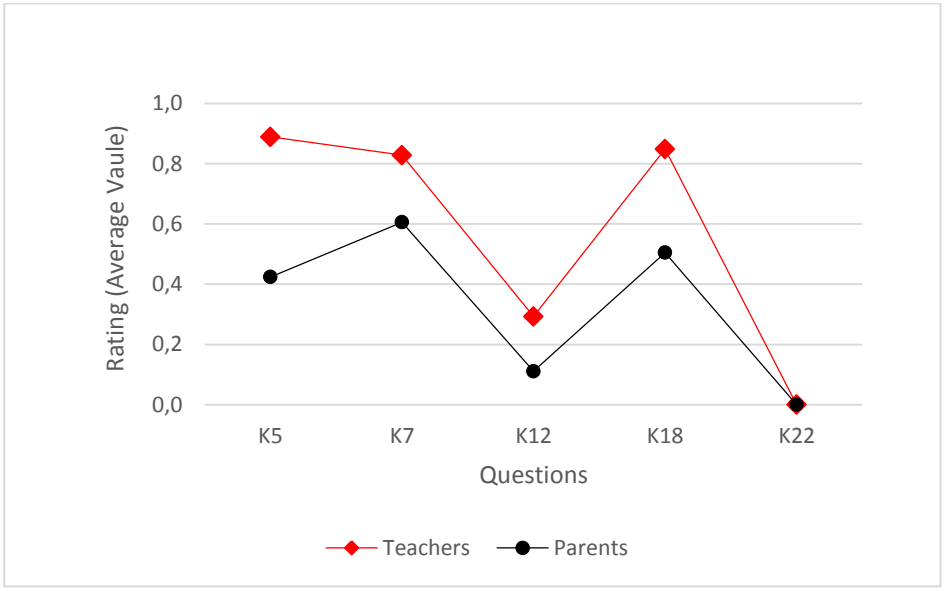

Fig. 3. Average response values in dimension D2

From Figure 3 we can see that teachers achieved higher average scores in dimension D2 (Behavioural problems), in all items, except item K22. This finding, also considering the nature of the questions, indicates that potential behavioural disorders are more evident in the school environment. It is interesting that the largest distance was recorded for item K5 (Often has fits of anger or explosive mood), which is a manifestation of negative emotions. This item had the highest score for teachers, and the third highest score for parents.

In the remaining two dimensions D3 – Hyperactivity (Figure 4) and D4 – Problems with peers (Figure 5), no significant differences were found in the responses of parents and teachers.

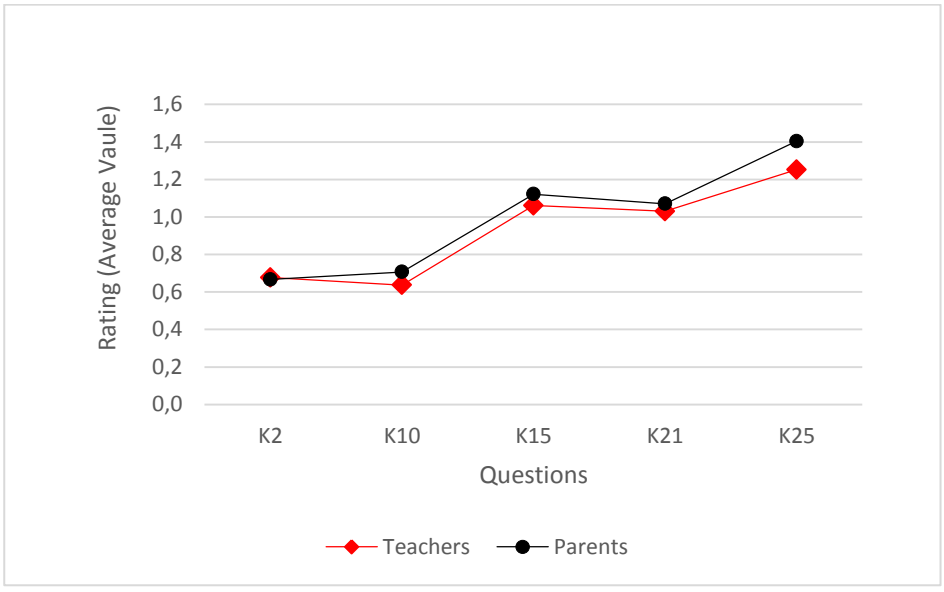

Fig. 4. Average response values in dimension D3

Although no significant differences were found in the ratings of parents and teachers in dimension D3 (Hyperactivity), a significant difference was noted in the responses of teachers and parents for item K25 (Perseveres to the end when completing a task).

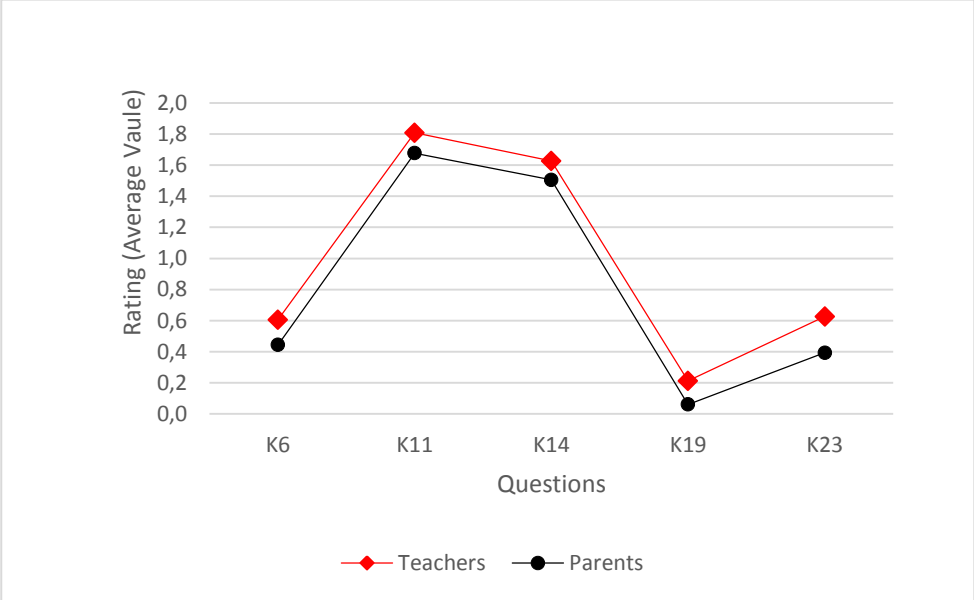

Fig. 5. Average response values in dimension D4

5. Discussion

The primary goal of our study was to identify the possibilities of combining the views of the teacher and the parent on the child's behaviour in diagnosing some mental health problems and behavioural disorders in children. By evaluating the data obtained using the standardized DMQ questionnaire, we found a high level of positive correlation between the parent's view of the manifestations of mental health disorders and problematic behaviour of their child and the view of their teacher. This finding leads us to the conclusion that internalizing and externalizing manifestations of problematic behaviour in students are manifested approximately equally in the home and school environment. This finding corresponds to other research results conducted in this area (Huang, 2017; Laidra et al., 2006; Park et al., 2010; Rescorla et al., 2014; Rosnati et al., 2010; Salbach-Andrae et al., 2009; Sointu et al., 2012). However, there are also research results in which the authors revealed no agreement (Kasik, Gál, 2016) or a low to moderate level of convergence between parent and teacher assessments (Althoff et al., 2010; Huang, 2017; Rescorla et al., 2014; Sointu et al., 2012). This finding can be supplemented by another finding resulting from our research. The high level of positive correlation between the assessment of a child by his parents and his teachers indicates that possible mental disorders or symptoms of problematic behaviour in a child can be observed in parallel and equally relevantly by the child's parents and his teachers. Our research leads us to the conclusion that a parent can be a relevant informant in the assessment of children's problems. Therefore, for the timely and effective identification of problematic symptoms in children, we recommend mutual communication between the child's parents and their teacher. This fulfils the recommendation of experts to use multiple informants in the diagnosis of mental health and behavioural manifestations in children (Grigorenko et al., 2010; Valk et al., 2001).

A more detailed analysis of the individual dimensions revealed that parents perceive some manifestations of mental disorders or elements of problem behaviour more sensitively than teachers and others less sensitively than teachers. Given the statistically significant higher values of parents' responses in dimension D1 and the same values of responses in dimension D4, we conclude that parents can detect the onset of internalizing manifestations of mental disorders or problem behaviour earlier than their children's teachers. The onset of externalizing manifestations, which are formed by dimensions D2 and D3, are detected earlier by children's teachers than by their parents, because in dimension D2, teachers achieved higher average response values than parents. In dimension D3, the average values were the same for both parents

and teachers. These conclusions support the need for cooperation between parents and teachers in diagnosing mental health and problem behaviour in children.

The benefit of this cooperation increases especially in the early diagnosis of emerging problems of the child. Our research shows that the teacher is more likely to notice externalizing manifestations of the student's behaviour and, by consulting with the parent, can gain a more comprehensive view. Internalizing manifestations are probably identified earlier by the parent, and through mutual communication with the teacher, they can diagnose the developing disorder in time and create a preventive strategy to support at-risk individuals. In the context of the above findings, we consider it important to implement school screenings in elementary schools and involve parents in them.

The first grade of primary school is an ideal environment for implementing screening procedures to detect early signs of mental health problems. The results of our research support the claims of experts about the usefulness of using multiple informants in school screening (e.g. Grigorenko et al., 2010; Brown, 2009; Kagan et al., 2002). In this regard, we would recommend that further research focus on comparing the views of mothers and fathers, to identify the extent to which the mother and father of the child can be considered different informants in school screening. At the same time, it would be interesting and important to find out to what extent the views of fathers coincide with the views of mothers and teachers, since our research data showed statistically significant differences in three dimensions, which would objectify the data from the third informant (father).

We are aware that anonymity could contribute to a more objective assessment by parents, but we believe that school-based diagnosis, as well as prevention and subsequent intervention, should be targeted. Therefore, we emphasize that the challenge for the future is also to prepare parents to participate in diagnosis, to guide them and inform them so that they do not fear stigmatization of their child. We also recommend their involvement so that they understand that early identification of problems could lead to a reduction in the number of children suffering from psychological problems.

6. Conclusion

The aim of the research was to analyse and compare the views of teachers and parents on mental health problems and problematic behaviour of pupils.

The results of our research point to the fact that in school screening it is important to systematically use multiple informants and acknowledge their different views, because each of them provides unique, diverse, and valuable information about the child's behaviour. We also see the contribution of our contribution in the fact that in the context of the findings we managed to identify ways to combine the views of the teacher and the parent in diagnosing externalising and internalising manifestations of problematic sleeping. We brought a view that is very important from the point of view of pedagogical practice. In an effort to prevent socio-pathological phenomena and subsequent criminality in children and young people, it is necessary to regularly map their mental health and related behaviour, including signs of risky behaviour, also in schools, from the perspective of multiple assessors. Diagnostic activities in schools could be created by cooperation between the teacher and the parents of the child.

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