

# An Application of Positive Psychology in an Inclusive Primary School in Slovakia

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In recent years, there has been an increasing interest to identify and assess indicators of school quality in Slovakia. Social-emotional health of pupils and teachers has been identified as one of the most important criterion of school quality. This chapter reports on social-emotional health of pupils and teachers in a Slovak inclusive primary school. The main organizational principles of an inclusive primary school in Bratislava, Slovakia are presented. The social-emotional health of teachers and students was assessed via an adapted Social-Emotional Health Survey-Secondary (SEHS-S). Findings of this pilot project indicate that teachers and pupils reported high level of social-emotional health associated with school's core organizational principles guided by positive education frameworks.

*Keywords:* positive psychology, mental health, social-emotional health, inclusive school

## Introduction

Application of positive psychology at schools has emerged as a new perspective on education in Slovakia in recent years. Its focus has been on promotion of personal health resources, pupils' and teachers' strengths, as well as increasing of potential for higher quality of life and well-being at school and beyond. Efforts have been made to identify positive opportunities for pupils and teachers not only in terms of their cognitization, but also motivation, emotionality, socialization, and self-regulation. Three positive psychology pillars of this new trend are (Seligman, Steen, Park, Peterson, 2005): (a) positive emotions (pupils, teachers, others [e.g., school professionals and parents]); (b) positive personality characteristics (abilities, talents, and talents of pupils); and (c) positive social institutions (democracy, strong family, school education, and supporting positive personality development).

In a positive school with the concept of mental health, personality of each pupil, her uniqueness, individuality, and specificity are respected. In the educational process, each pupil is approached individually, taking into account the differences of her psyche, capacity of perception, attention, memory, thinking, problem-solving, will characteristics, temperament, and talents. Teachers' methods, practices, and approaches are also adapted to this approach. At school, there is a strong tendency to look for strengths and resources of each pupil, including pupils with special needs.

Psychologists, particularly school psychologists, provide support to positive schools in the most sensitive

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places, not only in addressing pupils' everyday developmental and educational problems, but also in promotion of mental health of teachers and pupils, creation of healthy school social climate, and fostering of interpersonal relationships in the school environment, in particular, good relations between school management and staff, cooperation between school and family, and involvement of parents at school. Moreover, school psychologists cooperate with teachers in introduction of new educational styles and implementation of modern nondirective and heuristic methods of education, taking into account age and developmental specifications of pupils. The aim is to develop new strategies for pupils in need of special educational care, to deepen the teacher's psychological mastery in getting to know the pupils' personality, and to introduce intervention programs targeted towards prevention of aggression, violence, bullying, intolerance, racism, programs to develop emotional intelligence, prosocial behavior, empathy, tolerance, acceptance of differences, assistance to others, coherence and altruism, as well as to help develop pupils' moral behavior and reasoning. School psychologists aim to achieve all of the above by using the knowledge of positive psychology that can be implemented into the school and its educational process.

### **Positive Inclusive Primary School**

The inclusive primary school in Bratislava (pupils are typically between six to 15 years old in Slovakia) is a school with inclusive education in the experimental verification of the Slovak Ministry of Education. The mainstream pupils are educated together with pupils with special needs (pupils with developmental learning disorders, e.g., dyslexia, dyscalculia, emotional disorders [depressive behavior disorder, anxiety disorder, and elective mutism], attention deficit hyperactivity disorder [ADHD] and autism spectrum disorders as well as with intellectual disability). Pupils with special needs entered this school with negative experiences from their previous school life at other primary schools, many of them with experiences of verbal and physical bullying, cyberbullying, and violence.

Following four conditions of inclusive education by Farrell (2014, p. 23) are fostered in inclusive primary schools: attendance, acceptance, participation, and success.

- Attendance concerns the time that the pupils with special needs spend at classes at an ordinary school.
- Acceptance concerns the attitudes of the classmates as well as those of the teachers, their acceptance of pupils with special needs as active members of the class.
- Participation means that pupils with special needs actively take part in all school activities.
- Success means that pupils with special needs are enabled to experience success at school and develop a positive image of themselves.

Therefore, at an inclusive school, pupil is not merely present in the class, just sitting there. The pupil is incorporated in the activities of the class, is accepted by her classmates and teachers, is praised, experiences success, and receives feedback with regard to her strengths and effort. Moreover, according to Vančová (2008), the application of the principle of inclusion means "the creation of conditions for people with a disorder to fully participate in all social activities which are open to people without any disorder" (p. 10).

It was expected that as a result of application of positive psychology at school, i.e., building a new relationship between teacher and pupil with focus on positive aspects and potential of the pupil and services of school psychologist and special teacher directly within the school, levels of cognitive development as well as personal and social-emotional development of pupils will be increased.

Personality, uniqueness, originality, and specificity of each pupil are respected within the educational

process of the school. Each pupil is treated individually, taking into consideration the specific features of their psychological makeup, the capacity of perception, memory, thinking, problem solving, will, temperament, giftedness, and talents. Methods, procedures, and the approach of the teachers are adapted accordingly. At school, there is a strong tendency to search for strengths and potential of each pupil, including pupils with disabilities.

### **Principles of Inclusive Primary Education in Slovakia**

The functioning of the inclusive school is based on five positive psychology principles: cooperation, communication, competence, creativity, and career (Gajdošová, Bisaki, & Sodomová, 2017).

**Cooperation Principle.** The cooperation principle applied in the inclusive primary school stresses mutual cooperation of all partners-participants in the educational process and creation of a firm multidisciplinary team at the school. A school with inclusive education requires multidisciplinary cooperation of several professionals within the school-teachers, special teachers, school psychologists, teacher assistants, as well as external cooperation with clinical and counseling psychologists, psychiatrists, speech therapists, and medical doctors.

School psychologist and teachers cooperate to foster optimal development of mental health of pupils. School psychologist relies on information, evaluation, and results of pedagogical diagnostics of the teacher, while teacher puts in use the interventions proposed by school psychologist which are based on psychological assessment. It should be noted that the teacher remains the leading person in the educational process. The teacher incorporates the majority of positive psychology interventions targeted towards personality development of pupils within the educational process.

**Communication Principle.** While in a traditional school, informal communication often occurs among people of the same social status, in an inclusive secondary school communication is open in various directions (i.e., in the direction towards school leadership, as well as in the direction towards the pupils and their parents). The school is characterised by direct communication among teachers and students, open expression of emotions and feelings, open discussion and exchange of ideas, and cooperation in resolving problematic situations. Relationships among teachers, as well as relationships among teachers and students and teachers and parents, are based on mutual cooperation and partnership.

As the standards at an inclusive school incorporate pluralism and variety, the individuals are prepared to handle potential problems and conflicts, accepting the fact that their opinions may be exposed to open criticism or disagreement. It is also expected that potential problem will be resolved jointly, in cooperation with others, and that in search for solutions; interests of other individuals within the school will always be taken into consideration.

Characteristics of positive inclusive primary school are as follows: atmosphere of trust, friendship, openness, exchange of ideas, informality, and closeness. The school supports heterogeneousness of ideas, proposals and solutions, the variedness of pedagogical methods and new ways of resolving issues, including some more radical ways. At the same time, mistakes are considered an inherent part of the process, and this is an experience which allows the teacher to grow professionally.

The role of school psychologist is to assist with an exchange of opinions among teachers and pupils, foster direct, open, free, and authentic communication among all participants of the educational process, help maintain healthy social relationships, resolve conflicts, improve social climate in classes, and assist with critical evaluation of organization and management of the school by teachers and pupils. School leadership makes decisions concerning the school and the educational process only after having discussed possible proposals for solutions

with all participants, teachers as well as pupils.

**Competence Principle.** This principle states the fact that in education, the priority is not only the development of required knowledge, skills, and habits of pupils (i.e., their specialized competence), but also the development of social-emotional competences of pupils. Social skills are generally considered extremely important within the school environment. Good social skills contribute to general good functioning of pupils at school, their ability to participate in teamwork and resolve problems, engage in discussions, open expression of feelings and opinions, as well as pupils' positive attitude to themselves and others. Secondly, pupils' social skills are also reflected in their efficiency and success at school. According to experience, pupils with low levels of social competence and social skills have more frequently behavioral problems at school, which result in negative attitude towards school, learning, and teachers, and consequently lead to more problems within the educational process.

Within the course of social skills education, which is included in the syllabi of primary education in Slovakia, the focus is mostly on development of neglected competences which are in line with positive psychology, e.g., altruism, philanthropy, team cooperation, belief in self, belief in others, stress management, resolving conflicts and crises, well-being, responsibility, solidarity, and spirituality. The school provides short-term training, workshops, debates, and discussions on development of social-emotional competencies to teachers and parents and thus engages them in the process. School psychologist is also involved, and thus helps pupils to form, develop, and use adequate social skills at school, in relationship to their classmates, teachers, and other pedagogical workers, as well as to their parents and to people in their broader social environment.

**Creativity Principle.** This principle stresses the development of creativity and creative thinking of pupils. It requires identification of their personal abilities, giftedness, and talents to be gradually further developed within education. Creativity is one of the highest-ranking competences, which can be applied within the educational process, as well as within self-education and self-development (Zelina, 2014).

**Career Principle.** This principle aims to provide systematic and qualified assistance in decision-making and career selection of pupils in compliance with their personal potential as well as requirements of the labor market. Career guidance and counseling program "Profteens" is offered at school for pupils of the eighth and ninth grades.

An adequate selection of high school, field of study, specialization, and profession are other areas, which require intensive cooperation and mutual coordination of activities of class teachers, educational advisor, school psychologist, pupils, and their parents. They are all involved in the decision-making process which results in appropriate selection of future career orientation of pupils. Their common goal is optimal harmonization of interests and preferences of pupils and their personal strengths and potential for the selected profession which are in line with current requirements of labor market and social demands of society.

### **Research Objective and Research Issues**

Mental health of pupils and teachers is the priority for the quality of a positive, inclusive school. We are of the opinion that only passionate teachers who are positive, mentally healthy, have a sense of life and high life satisfaction, perform their work with love and joy, may positively influence pupils' personality, as well as their social, emotional and moral development and mental health. The primary objective of this pilot project was to determine the level of social-emotional health of pupils and teachers at the inclusive primary school. In addition, levels of other specific aspects of mental health—pupils' social-emotional health, self-perception of school

success and social satisfaction were examined. In teachers, level of social-emotional health, life meaningfulness, psychological well-being and subjective stress were assessed. In the remaining sections of this chapter, two cardinal research questions that relate to positive, inclusive education in Slovakia are addressed.

1. What is the level of social-emotional health of teachers in an inclusive primary school?
2. What is the level of social-emotional health of pupils in an inclusive primary school?

## **Method**

### **Participants**

Participants consisted of 62 pupils from the 3rd to 9th grade, with the age ranging between nine and 15 years (33 pupils with special educational needs and 29 intact pupils) and 30 inclusive school teachers (five males and 25 females). All participants attended or worked at an inclusive primary school based in Bratislava,

### **Measures**

To address the research objective and research questions, following research measures were used for pupils:

- Social-Emotional Health Survey-Secondary (SEHS-S; Furlong, You, Renshaw, Smith, & O'Malley, 2014),
- Self-Awareness of School Successfulness Questionnaire (SPAS; Matějček & Wagnerová, 1992).
- Loneliness and Social Dissatisfaction Questionnaire (LSDQ; Asher & Wheeler, 1985)

Following measures were used for teachers:

- Social-Emotional Health Survey-Teachers (SEHS-T; Furlong, Dowdy, & Nylund-Gibson, 2018, via an adapted Social-Emotional Health Survey-Higher education (Furlong, You, Shishim, & Dowdy, 2017).
- Stress Questionnaire for Teachers (SQT; Henning & Keller, 1996).
- Psychological Well-Being Scale (PWB; Ryff & Singer, 1998).
- The Meaning of Life Scale (Halama, 2002).

### **Procedure**

Following the approval of school management, research was conducted at an inclusive primary school in Bratislava in February 2019, as a quantitative exploratory-correlational study.

### **Data Analysis**

Data were analysed using the IBM SPSS 21.0. The internal consistency of questionnaires was verified using Cronbach's alpha coefficient. To determine normality, two Kolmogorov tests—Smirnov and Shapiro-Wilk W test, were conducted. The results of Shapiro-Wilk W test were primarily followed. Subsequently, parametric analysis of variance (ANOVA), Student *t*-test and non-parametric Kruskal-Wallis and Mann-Whitney U test were conducted. Histograms were used to show normality. The correlations between the variables were examined using the Spearman correlation coefficient, since many of them did not have a normal distribution and the research set was not very extensive. The reliability of the research methods was relatively high and ranged between Cronbach alpha 0.73 to 0.84.

## **Results**

### **Mental Health of Teachers in Inclusive Primary School**

Since mental health and quality of life of teachers at an inclusive school have significant positive impact on mental health of pupils, the level of some dimensions of quality of life of teachers, namely, their level of

social-emotional health, psychological well-being, stress experience, and life meaningfulness were examined.

**Social-emotional health.** The social-emotional health of teachers in inclusive primary school was examined using a modification of the Social-Emotional Health Survey-Secondary (SEHS-T; Furlong et al., 2014). This is a survey with 46 statements where each statement is evaluated with points one to four. The total score ranges from 48 to 288 points, where the low level of social-emotional health/covitality corresponds to points 48-127, the average level to points 128-207, and the high level of social-emotional health to points 208-288.

Research results analysis confirmed that teachers at inclusive primary school reported high overall level of social-emotional health ( $M = 241.1$ ) as well as high level of its key domains—self-confidence ( $M = 58.23$ ), trust in others ( $M = 62.30$ ), emotional competencies ( $M = 60.70$ ), and life engagement ( $M = 59.86$ ).

**Meaning of life.** Meaning of life of teachers in general as well as its individual dimensions (cognitive, motivational, and affective dimensions) was examined.

Meaning of life was assessed with the Meaning of Life Scale (Halama, 2002). The questionnaire has 18 statements with a scale one to five. The overall scale score ranges from 18 to 90, where 40 points correspond to a low level of meaning of life, 65 points to an average level, and 90 points to a high level of life meaningfulness.

The level of meaning of life of the inclusive elementary school teachers proved to be at an overall average ( $M = 61.3$ ). The level of meaning of life varied in individual dimensions. In the cognitive dimension ( $M = 22.4$ ) and in the motivational dimension ( $M = 21.1$ ), high levels were reported; however, in the affective dimension, the level proved to be average ( $M = 17.8$ ).

**Psychological well-being.** Well-being of teachers at an inclusive primary school was investigated using the Scale of Psychological Well-Being (SPW; Ryff & Singer, 1998). The scale has 18 items and the respondent is assessed on a scale one to seven. The overall level of well-being ranges from 18 to 126 points, where 18-54 points stand for a low level of well-being, 55-91 points a medium level, and 92-126 points a high level of well-being. Individual dimensions (positive relationships, self-acceptance, independence, personal growth, coping with the environment, and life meaningfulness) range between three to 21 points.

Research findings indicated that while well-being of teachers was generally within the average level ( $M = 84.17$ ), the level for individual dimensions was high. The domains of personal growth ( $M = 15.7$ ), coping with the environment ( $M = 15.23$ ) and independence ( $M = 15.63$ ) all achieved a high level. The result is very positive and shows that teachers have a desire to work on themselves as well as a need for self-realization and personal growth. They view themselves as people who can manage the school environment and have significant autonomy. Three other dimensions of well-being—meaning of life ( $M = 13.73$ ), self-acceptance ( $M = 13.87$ ), and relationships ( $M = 10.00$ ) were found to be at an average level.

**Subjective perception of stress.** Level of subjective stress experienced by teachers at the inclusive primary school in general as well as individual levels of stress (cognitive, emotional, physical, and social) were examined.

We measured stress levels by using the Stress Questionnaire by Henning and Keller (1996), which consists of 24 items. The maximum value, representing the highest level of stress and thus the presence of burnout syndrome, is represented by the number of points in the individual levels (cognitive, emotional, physical, and social) which is 24. The overall maximum stress level is represented by the number of points 96. Teachers are asked to respond to scale: always, often, sometimes, rarely, never, with points four to zero. The

higher level the participant reached, the higher the susceptibility to stress and burn-out syndrome.

The level of subjective stress experienced by inclusive primary school teachers was low ( $M = 24.2$ ). The same applied to the individual levels—both the cognitive level ( $M = 6.2$ ) and the emotional level ( $M = 6.6$ ), as well as the physical level ( $M = 6.4$ ) and in the social level ( $M = 4.9$ ). Social-emotional health, including its key domains, did not depend on the length of practice, age, and gender of teachers.

### **Mental Health of Inclusive Primary School Pupils**

The results of an inclusive primary school in the area of its impact on mental health and personal development of intact pupils and pupils with special educational needs are structured into the following areas: social-emotional health of pupils, self-perception of school success, and social relations.

**Social-emotional health of pupils.** The social-emotional health of pupils was examined using the SEHS-S (Furlong et al., 2014; Furlong, Dowdy, & Nylund-Gibson, 2018). The model has four basic key psychological domains (based on scientific knowledge and research results from social psychology, cognitive therapy, and self-image), which are represented by 12 psychological indicators whose common denominator is positive orientation. These domains and indicators are as follows: four psychological domains (dimensions)—Belief in Self, Belief in Others, Emotional Competence, and Engaged Living; and 12 psychological indicators—Self-awareness, Self-efficacy, Persistence, School support, Family coherence, Peer support, Emotion regulation, Empathy, Self-control, Optimism, Enthusiasm, and Gratitude. The model of social-emotional health states that by developing key indicators, the overall development of the child's personality and mental health will improve. Indeed, strengthening of dispositions and competences depends on daily relationships with adults, family, school, and peers in the immediate social ecosystem.

The SEHS-S questionnaire has 36 items, in each item the respondent is evaluated on a scale of one to four, so that the social-emotional health can reach the value of 36-144 points, where: low  $\leq 85$ , lower average 86-106, higher average 107-127, and high  $\geq 128$ .

An analysis of social-emotional health of inclusive primary school pupils (3rd to 9th grade) showed that inclusive primary school pupils reported higher average level of social-emotional health (covitality) ( $M = 108.74$ ;  $SD = 18.56$ ). The distribution of data was approximately normal.

It can be stated that this is a quite remarkable outcome considering the type of school, which is attended by a significant number of children with learning, behavioral and health disadvantages. Up to a third of pupils reported an average or above average level of social-emotional health and one fifth of pupils reported a high level of social-emotional health. It can be assumed that this phenomenon may also be due to the application of the positive psychology principles in the educational process at school, with an emphasis on promotion of mental health of all its participants.

Results for key mental health domains were as follows:

- Belief in Self (BIS). Belief in Self domain, achieved an average value of  $M = 26.18$  points with a standard deviation of  $SD = 5.14$ . It can be stated that the level of self-confidence among pupils of inclusive primary school is average.
- Belief in Others (BIO). Also in BIO, Belief in Others domain, pupils in the inclusive primary school achieved an average value of  $M = 27.42$  points with a standard deviation of  $SD = 5.71$ . Again, the Belief in Others is at an average level towards a higher average, approaching the high level of the domain.
- Emotional Competence (EC). In the EC, emotional competence domain, inclusive primary school pupils

achieved an average value of  $M = 27.39$  points with a standard deviation of  $SD = 5.46$ . The situation is similar in emotional competences; pupils achieved an average level of emotional competencies approaching a high level.

- Engaged Living (EL). Finally, in EL, engaged living domain, inclusive primary school pupils achieved an average value of  $M = 27.42$  points with a standard deviation of  $SD = 6.6$ . This domain has the same result as three previous domains. The result highlights the average level of life engagement approaching the high level.

**Social-emotional health of intact pupils and pupils with special educational needs.** The overall level of social-emotional health/covitality and its individual domains was separately examined for pupils with special needs and intact pupils. The aim was to determine whether or not these two groups of pupils differed in covitality.

It is a very favorable outcome for education in this inclusive school that the pupils of both groups did not differ significantly in the overall level of social-emotional health and that their mental health is at the higher average level [ $t(29) = 0.863, p = 0.395$ ].

Pupils with special needs achieved an average value of  $M = 106.6$  points with a standard deviation of  $SD = 20.8$  in total covitality and intact pupils achieved an average value of  $M = 112.64$  points with a standard deviation of  $SD = 13.62$  in this domain.

*The difference between pupils with special needs and intact pupils in BIS.* It was confirmed that there was no significant difference in BIS between pupils with special needs and intact pupils [ $t(31) = 0.641, p = 0.526$ ]. It can be considered very positive that at this school, pupils with special needs do not differ from intact pupils in BIS. Pupils with special needs achieved an average of  $M = 25.77$  points with a standard deviation  $SD = 5.55$  in the BIS domain and intact pupils reached an average value of  $M = 27$  points with a standard deviation of  $SD = 4.31$  in this domain. Both groups of pupils have a level of BIS at a higher average level approaching a high level.

*The difference between pupils with special needs and intact pupils in BIO.* However, we found the difference between the two groups of pupils in the BIO. Pupils with special needs achieved an average value of  $M = 26.05$  points with a standard deviation of  $SD = 5.91$  and intact pupils in this domain achieved an average value of  $M = 30.18$  points with a standard deviation of  $SD = 4.31$ .

This result indicates an average level of BIO for pupils with special needs and a high level of BIO for intact pupils. This difference is statistically significant [ $t(31) = 2.058, p = 0.048$ ]. Based on this result, it may only be assumed that pupils with special needs have a significantly lower trust in others. This may be due to the fact that they have previously had not only positive experiences from their surroundings regarding their performance and behavior.

*The difference between pupils with special needs and intact pupils in EC.* There is no significant difference in the level of EC ( $U = 93.5, p = 0.494$ ). The level of EC of intact pupils and pupils with special needs is the same, which is an average level of the domain in the higher average band.

*Difference between pupils with special needs and pupils intact in EL.* There was no significant difference between pupils in both groups in EL [ $t(29) = 0.034, p = 0.973$ ]. Pupils with special needs achieved an average of  $M = 27.45$  points in the domain with a standard deviation of  $SD = 7.09$  and intact pupils achieved an average of  $M = 27.36$  points in this domain with a standard deviation of  $SD = 5.92$ . It is noteworthy and very positive that in both groups of pupils, i.e., intact pupils, but especially pupils with special needs, the life engagement is at a higher average level approaching a high level. This is confirmed by the fact that at school pupils are



motivated, active, engaged, with life goals.

**Pupils' self-awareness of school success.** Level of self-awareness of pupils' school achievement using Self-Awareness of School Successfulness Questionnaire (SPAS; Matějček & Wagnerová, 1992) was examined. SPAS contains 48 items divided into six scales (general abilities, mathematics, reading, spelling, writing, and self-confidence). At the significance level  $p = 0.05$ , it was confirmed that the self-awareness of school success is not statistically significantly different from the population average. The self-awareness of pupils' success in the subjects studied—mathematics, reading, spelling, and writing—also does not exceed the population-average band.

Inclusive primary school pupils also have a good level of self-confidence as one of the dimensions of self-awareness of school success, ranking at an average level. This may be considered a positive outcome that draws attention to the fact that both problem-free, intact pupils and pupils with special needs have good self-awareness, self-confidence, and are positively perceived in selected subjects within inclusive education. A more detailed analysis of the results even suggests that self-evaluation in mathematics was at a higher average level despite learning disorder (dyscalculia) in several cases. This may be explained by a very positive relationship between pupils and the mathematics teacher with an affable and partner-like approach, positive assessment during lessons and cooperation with pupils and parents.

**Loneliness and social dissatisfaction of pupils in class.** The present study also focused on social relationships in classes of inclusive primary school, specifically on social (dis)satisfaction of pupils and their feelings of loneliness in the school environment. Loneliness and Social Dissatisfaction Questionnaire (LSDQ; Asher & Wheeler, 1985) that was used in the present study, has the average score ranging from 30 to 50 points, while values above 50 points indicate a high level of social dissatisfaction.

The results show that social classroom relationships are positive and the level of social dissatisfaction is generally low ( $M = 36.0$ ).

Also, statements of pupils in various dimensions of social relationships (evaluation of social relationships with peers, satisfaction with social relationships, perception of their own social competences, feelings of loneliness in a group) confirmed that pupils in an inclusive type of school in general, both intact pupils and pupils with special needs, feel good and happy at school and in their school teams and generally do not experience feelings of loneliness or social dissatisfaction.

An interesting and surprising result was that for pupils with special needs, the total value indicating loneliness and social dissatisfaction is even lower (35.14) than with intact pupils (38.64). From this result, it may be inferred that pupils in inclusive school, based on the results of research as well as their own statements, perceive themselves to be accepted, socially integrated and as equal team members.

The research also looked at the specific dimensions of social relationships, how pupils evaluate their social relationships with peers, how satisfied they are with relationships, whether they feel lonely at school and how they assess their own social competences. Lower, but not critical or alarming values were recorded in the dimension of social competence, suggesting that pupils feel their reserves and limits in this area. The result points out that in the next school year, more emphasis should be placed on developing pupils' social skills and their social communication by using preventative and development programs.

In the interviews, pupils confirmed good relationships with their peers at school and were satisfied with the social relationships in their school environment. This is most likely due to higher quality and individualized care for pupils by the pedagogical and professional school staff who, with high motivation, commitment, and

emotional input, do their work and implement a positive school model with elements of Positive Psychology.

### Discussion

The pilot project of inclusive school confirms that the teachers and the pupils have a high level of social-emotional health thanks to the application of positive psychology in school. These first results of the research indicate that inclusive primary school functioning within the intentions of positive psychology helps pupils in the development of mental health, in creation of appropriate attitudes to their differences, positive attitudes to their own self, to their classmates and in support of positive interpersonal relationships. Although inclusion in Slovak schools depends on educational policy, educational acts, financial subsidies, material conditions, training of teachers and other specialists, it concerns the attitudes of all of us, the values, tolerance, sincerity, confidence, altruism, and the acceptance of differences of individuals.

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