Iranian Journal of Applied Educational Research

Developing School-Based Interventions Model Based On The RE-AIM Framework

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Article Info

Article type:
Research Article

Article history:
Received:23 December 2025
Accepted: 4 April 2026
Published online: 26 April 2026

Keywords:
psychoeducational interventions; health-based interventions; intervention design

ABSTRACT

Psychoeducational interventions are among the primary strategies for the prevention and treatment of psychological problems, the maintenance and promotion of mental health, the enhancement of social skills, and the improvement of academic performance in educational settings. Nevertheless, challenges such as the gap between research findings and practical application, limited resources, and the complexity of social contexts often constrain the effectiveness of these interventions.

The RE-AIM framework which emphasizes five key dimensions, namely reach, effectiveness, adoption, implementation, and maintenance—has been proposed as a comprehensive tool for the design, implementation, and evaluation of health-based interventions in real-world settings. Proponents of the RE-AIM framework argue that faster and more appropriate pathways are required to translate research evidence into real-life practice and to achieve meaningful social outcomes.

The present article aims to examine the theoretical foundations of the RE-AIM framework and to propose practical strategies for its application in psychoeducational interventions, with a particular focus on school-based programs. Evidence from previous studies indicates that applying the RE-AIM framework can strengthen intervention effectiveness and sustainability by reducing implementation barriers, improving the quality of delivery, and increasing acceptance among stakeholders. Moreover, adapting this framework to cultural and social contexts, promoting active stakeholder participation, and leveraging contemporary knowledge and technologies can further facilitate the development and successful implementation of interventions.

Cite this article: Kaveh Samanani,M.M., Akbari Zardkhaneh, A., Shokri, O., & Fathabadi, J. (2026). Developing School-Based Interventions Model Based On the RE-AIM Framework. *Iranian Journal of Applied Educational Research* , 2(1), 56-66. DOI: 10.22111/ijaer.2026.54291.1034

Publisher: University of Sistan and Baluchestan

Introduction

The design of psychoeducational interventions has consistently been influenced by factors such as the breadth of health- and lifestyle-related topics, the sensitivities associated with these issues, and the high costs of conducting research (Barlow & Ellard, 2004). Unlike medical interventions, which typically focus on specific patient groups, psychoeducational interventions encompass a wide range of domains including education, prevention, and individual and social well-being (Bäuml et al., 2006). Moreover, bearing the human and economic costs of developing interventions that ultimately lack efficiency, effectiveness, or scalability is by no means acceptable (O'Cathain et al., 2019).

Psychoeducational interventions are generally non-invasive and are implemented in settings such as schools, healthcare centers, hospitals, and community organizations. In these interventions, specialists often guide frontline personnel—such as teachers, nurses, social workers, or volunteers—who are responsible for delivering the intervention (Koly et al., 2021). However, in many cases, the starting point of intervention development is not clearly defined, and contextual field conditions significantly shape the design trajectory (Wight et al., 2016). For this reason, the use of management frameworks in intervention design is essential. Such frameworks should allow for continuous self-evaluation, enabling ongoing review and refinement during implementation (Wight et al., 2016; O'Cathain et al., 2019).

Framework-based intervention design, coupled with systematic contextual assessment, plays a crucial role in enhancing effectiveness and reducing errors and costs during implementation and dissemination phases (Alicia et al., 2019). For example, analyzing the biopsychosocial needs of the target population can guide the intervention design process more effectively. While some researchers consider this assessment the starting point of intervention development, others integrate it during the course of implementation (O'Cathain et al., 2019; Alicia et al., 2019). In either case, incorporating real-world considerations into intervention design reduces the likelihood of failure.

In contrast, traditional clinical trials often strengthen internal validity by controlling confounding variables and selecting highly motivated, homogeneous participants; however, they frequently fall short in terms of external validity. These studies are typically conducted in highly controlled environments with substantial specialized resources, whereas real-world settings are characterized by limited resources, variability in staff motivation, and practical constraints that diminish intervention effectiveness. To address this gap between research and practice, Glasgow et al. (1999) introduced a framework known as RE-AIM, with the aim of aligning intervention design more closely with real-world conditions (Glasgow et al., 1999).

The RE-AIM framework was developed to facilitate the translation of research findings into practice by focusing on five core dimensions: reach, effectiveness, adoption, implementation, and maintenance. The developers of this framework argue that research should be designed in a way that ensures interventions are not only effective in controlled settings but also feasible and impactful in real-world contexts (Merrell & Buchanan, 2006). Notably, studies have shown that only a small proportion of research findings are successfully translated into practice, a process that may take up to 17 years (Balas & Boren, 2000).

Furthermore, the real-world impact of an intervention depends on a chain of interrelated factors. If each stage of this chain—including appropriate setting selection, implementer training, access to the target population, and faithful execution—is achieved with only 50% effectiveness, the overall impact may be reduced to approximately 3% (Chambers et al., 2013). This phenomenon, commonly referred to as "voltage drop," typically occurs when interventions are transferred from laboratory settings to real-world environments. A major contributor to this decline is stakeholders' limited awareness of strategies to manage and mitigate such losses (Shelton et al., 2020).

The primary strength of the RE-AIM framework lies in its ability to balance internal and external validity while explicitly accounting for implementation realities. By emphasizing reach, social adoption, and

scalability, this framework enables researchers to consider both individual- and organizational-level factors that influence successful intervention implementation (Glasgow & Estabrooks, 2018).

Dimensions of the RE-AIM Framework

The term RE-AIM is derived from the initial letters of five dimensions: Reach, Effectiveness, Adoption, Implementation, and Maintenance. Each of these dimensions should be examined both qualitatively and quantitatively throughout the intervention process (re-aim.org). The RE-AIM framework is not limited to intervention design; it is also widely used for evaluating public health interventions, with a particular emphasis on impact and sustainability.

Reach

Reach addresses the question of who benefits from an intervention through active participation. In school-based interventions, one of the primary challenges is ensuring broad and equitable reach. Despite the high prevalence of psychological problems such as anxiety and depression among Iranian students, a considerable proportion do not receive adequate support. Barriers include the stigma associated with mental health issues and the lack of comprehensive services (Bahrami et al., 2022). Strategies such as integrating mental health education into the school curriculum and adopting culturally sensitive approaches have been shown to increase reach (Merrell & Buchanan, 2006). Achieving these goals requires coherent educational and administrative policymaking, a process for which the RE-AIM framework provides a structured foundation (O'Cathain et al., 2019).

Effectiveness

Effectiveness refers to the extent to which an intervention achieves its intended outcomes, including psychological improvements, enhanced quality of life, and reductions in treatment-related costs (Glasgow & Estabrooks, 2018). Importantly, potential negative or unintended consequences should also be considered, although this aspect has often been overlooked in prior research (Sharma, 2021).

Within the Iranian context, the effectiveness of interventions such as cognitive-behavioral therapy and resilience training in reducing anxiety and depression—and consequently improving well-being and academic performance—has been well documented (Ghamkhavarfard et al., 2019; Shokri et al., 2016). Nevertheless, long-term evaluation is essential for assessing the sustainability of outcomes and monitoring behavioral changes in real-life settings (Selles, 2013). Sustainable changes in everyday functioning constitute the primary criterion of effectiveness, rather than statistical significance alone. Interventions that demonstrate efficacy only under controlled conditions cannot guarantee meaningful effectiveness at the population level (Huey et al., 2023).

Adoption

Adoption refers to the willingness and engagement of organizations and individuals responsible for implementing the intervention. In school-based contexts, adoption is influenced by cultural attitudes, teachers' beliefs, parental perceptions, and available resources (Merrell & Buchanan, 2006). Resistance to intervention programs is often rooted in limited awareness or skepticism regarding their effectiveness. Enhancing adoption requires the active involvement of key stakeholders, including teachers, school counselors, and parents. Professional development opportunities for educators and participatory approaches to intervention design and implementation can foster greater commitment and institutional support (Kwan et al., 2019).

Implementation

Implementation concerns the extent to which an intervention is delivered as intended and the degree of fidelity to the original protocol (Glasgow & Estabrooks, 2018). In Iran, successful implementation of school-based interventions necessitates continuous training, systematic supervision, and flexibility aligned with cultural and local conditions. However, such adaptations must be carefully managed to avoid deviations that compromise the core components of the intervention (Banke-Thomas et al., 2015; Kaveh Samanani et al., 2023). Additionally, the use of technology to compensate for shortages of specialized

personnel—particularly in underserved regions—has been recommended as an effective implementation strategy (Selles, 2013).

Maintenance

Maintenance refers to the institutionalization of an intervention as part of routine organizational practice. This dimension examines the sustainability of outcomes at both individual and group levels and determines whether the intervention continues to generate positive effects over time (Glasgow & Estabrooks, 2018). In school settings, maintenance should ensure that interventions lead to enduring improvements in educational and developmental structures rather than temporary changes. Achieving this goal requires mechanisms for feedback, periodic evaluation, and ongoing program refinement.

The RE-AIM Framework in School-Based Interventions

Estabrooks et al. (2008) examined the use of the RE-AIM framework in a community-based intervention designed to promote health and increase physical activity. Although such programs had been implemented for nearly two decades, their overall effectiveness remained limited, highlighting the need for structured evaluation frameworks. The intervention targeted adults without restrictions on moderate physical activity and consisted of an eight-week group-based program emphasizing self-monitoring and feedback through weekly newsletters

In terms of Reach, participation was relatively low, with approximately 1% of the eligible population enrolling (5,911 out of 590,327 individuals). Participants were mainly women, older adults, and individuals with low baseline physical activity. Strategies to enhance reach included local advertising, targeted recruitment, and the formation of social teams such as family, friends, or workplace groups, along with the use of branded apparel to strengthen group identity.

Regarding Effectiveness, previously inactive participants increased their activity to an average of 177 minutes per week, while those with insufficient activity reached 107 minutes per week. These improvements were largely maintained six months after the intervention (134 and 101 minutes per week, respectively). Motivational components such as newsletters, group goals (e.g., completing 423 miles collectively), and weekly feedback contributed to these outcomes.

For Adoption, 48 out of 105 eligible cities (45.7%) implemented the program during the first year, increasing to 92% by the fourth year. Prior experience with similar initiatives, training of local coordinators, and support from decision-makers were important factors facilitating adoption.

In the Implementation dimension, standardized manuals and training sessions were developed based on social cognitive theory to guide program delivery across 105 counties in Kansas. Participants worked in teams of six and aimed to collectively complete 423 miles during the eight-week period, with activity equivalents used to convert different forms of moderate exercise into miles. Weekly reports from team captains and feedback through newsletters helped maintain implementation fidelity and participant engagement.

Finally, Maintenance was reflected in the continued operation of the program across participating cities. Notably, 76.2% of cities that adopted the intervention in the first year remained active by the fifth year. The

program's simple structure, adaptability, reliance on local resources, and emphasis on social group formation supported its long-term sustainability.

Adapting the RE-AIM Framework to School-Based Interventions

To ensure the effective use of the RE-AIM framework within educational settings, each of its five core dimensions can be systematically adapted to the school context:

1. Planning (Needs Assessment and Goal Setting)

At the *individual level*, baseline data—such as indicators of students' mental health, social adjustment, and academic performance—should be analyzed to identify those most at risk. At the *institutional level*, establishing strong support infrastructures through teacher training and adopting comprehensive, whole-school mental health programs are critical for effective planning and goal setting.

2. Reach

School-based interventions should be structured in three tiers: (a) universal interventions (e.g., life skills education across all students), (b) targeted interventions (e.g., group counseling for students identified as at risk), and specialized interventions (e.g., individual sessions with students requiring intensive support). Embedding these programs within the formal curriculum and ensuring continuous professional development for educators can substantially enhance both reach and participation.

3. Effectiveness

Effectiveness should be assessed through changes in behavioral, psychological, and academic outcomes at the individual level. At the organizational level, structural indicators such as improved student–teacher relationships and reductions in high-risk behaviors are equally important. Strengthening staff capacity to maintain program delivery over time forms an essential part of achieving sustained effectiveness.

4. Adoption

Successful adoption within schools depends on stakeholder engagement—particularly involving students, teachers, and parents—to ensure program relevance and appeal. Comprehensive training for educational staff and collaboration with school psychologists further promote adoption. Since previous experiences with ineffective interventions may lead to reluctance, maintaining transparency regarding program objectives, processes, and expected outcomes is vital to building trust and buy-in.

5. Implementation and Maintenance

Effective implementation requires clear yet flexible guidelines, thorough training for implementers, and iterative feedback systems. Considering time constraints common in school routines, the design of brief, actionable protocols is crucial. Long-term maintenance should include continuous monitoring of individual and institutional outcomes, regular evaluation, and adaptive program modifications to remain aligned with evolving school contexts.

Common Misconceptions about the RE-AIM Framework

The RE-AIM framework is widely used to guide the planning, implementation, evaluation, and dissemination of public health interventions. However, several misconceptions may limit its appropriate application.

One common misconception is that RE-AIM functions only as an evaluation tool. In practice, it can guide multiple stages of intervention development, including design, implementation, and scale-up. For example, Heelan et al. (2015) applied the framework in the Nebraska CORD 3.0 project to develop and culturally adapt a childhood obesity intervention and to inform its evaluation and broader dissemination.

A second misconception is that RE-AIM relies solely on quantitative methods. In fact, qualitative and mixed-methods approaches can provide valuable insights across all dimensions. Holtrop et al. (2021) demonstrated that interviews, focus groups, and observational methods help identify barriers, understand

participant engagement, and examine contextual factors affecting adoption, implementation, and maintenance.

Another misconception is that all RE-AIM dimensions must receive equal emphasis in every study. Although each dimension is important, their relative priority may vary depending on the research context. Glasgow and Estabrooks (2018) recommend that researchers identify and justify the most critical outcomes in advance. For instance, Downey et al. (2017) found that in the early stages of a physical activity intervention, reach played a more influential role than effectiveness.

Finally, recommended time frames for assessing maintenance are sometimes misinterpreted as fixed. While Glasgow et al. (1999) suggested six months for individual-level outcomes and two years for organizational sustainability, these periods should be adjusted according to the nature of the intervention and research objectives. Overall, a flexible and context-sensitive interpretation of the RE-AIM framework is essential for effective application in real-world settings.

RE-AIM and its Compatibility with School-Based Interventions

Selecting the most effective and feasible interventions for addressing students' behavioral, social–emotional, and academic difficulties is a key component of enhancing schools' systemic capacity. Alongside leadership, human resources, resource allocation, and organizational culture, such selection contributes to meeting students' needs (Goldberg et al., 2019; Cruden et al., 2016). The RE-AIM framework appears to provide a structure that enables designers and policymakers to more confidently predict, interpret, and explain intervention outcomes by accounting for critical dimensions such as reach, adoption, implementation, and maintenance—an approach commonly referred to as intervention development.

The RE-AIM framework has been applied across diverse domains, including healthcare, education, digital tools, and interventions targeting specific populations requiring tailored support, yielding valuable outcomes. Additional strengths of this approach include its suitability for multilevel interventions, cost management, self-management strategies, and adaptability to both quantitative and qualitative methods. Emphasis on efficiency, effectiveness, dissemination, and sustainability represents a significant contribution of the RE-AIM framework.

Although RE-AIM was initially conceptualized as an evaluation tool, in practice, interventions are frequently modified and adapted by the communities in which they are implemented. These adaptations allow interventions to align more closely with local needs and contextual conditions. For example, the framework can activate processes that directly engage local institutions and community members, fostering their participation in intervention design and implementation. Effective intervention design should align with existing organizational processes while considering professional capacities and access to local resources. Such alignment facilitates integration into established structures and enhances intervention effectiveness.

In schools and educational centers, factors such as the number and competencies of teachers, educational policies and regulations, and access to physical and technological resources play a decisive role in intervention success. Adapting educational interventions to these contextual realities can increase acceptance and impact. Given resource constraints, collaboration with local stakeholders can further enhance adoption and sustainability (Hofmann et al., 2012).

A critical consideration involves aligning the RE-AIM framework with intervention design strategies based on available resources. Consequently, the most relevant dimensions of the framework should be selected, and implementers should identify key findings during and after implementation to inform program improvement (Shokri et al., 2019). In a notable review titled *"Intervention Selection in School-Based Practice: Using Public Health Models to Enhance Systems Capacity of Schools,"* Merrell and Buchanan (2006) proposed an effective framework for capacity building in school-based interventions based on the RE-AIM framework and a multi-tiered approach.

They examined various well-established school-based interventions and evaluated each RE-AIM dimension using high, moderate, or low ratings. This assessment facilitates a clearer understanding of each intervention's strengths and weaknesses across dimensions and supports more informed decision-making when selecting and designing interventions appropriate for school settings. For example, an intervention

with high reach may successfully engage a large number of students; however, if it scores low in implementation, it may encounter significant challenges during delivery. A comprehensive analysis of these ratings can help identify interventions that achieve a more balanced profile across dimensions, thereby increasing feasibility and sustainability within schools.

Table 1- Estimated Status of Selected Educational Interventions across the RE-AIM Dimensions (Merrell & Buchanan, 2006)

Approach	Type and Method of Intervention	Reach	Effectiveness	Adoption	Implementation	Maintenance
Behavioral	School-wide Positive Behavior Support (SWPBS)	High	Moderate	Low	Moderate	Moderate
	Group Training in Social Skills	Low	Moderate	Moderate	Moderate	Low
	Parent Behavior Management Training	Low	High	Low	Moderate	High
	Behavioral Counseling	Low	High	Low	Moderate	Low
	Individual Classroom Management	Moderate	Moderate	Moderate	Low	Low–Moderate
Social–Emotional	Mental Health Promotion	Low	Moderate	Moderate	Moderate	Moderate
	Social–Emotional Learning (SEL)	High	Moderate	Low–Moderate	Low–Moderate	Moderate
	Skills Training or Group Counseling	Low	Moderate	Moderate	Low–Moderate	Moderate
	Individual Counseling	Low	Low–High	High	Low	Low–Moderate
Academic Achievement	Tutoring	Low	High	Moderate	Moderate–High	Moderate
	Cooperative Learning	High	Moderate	Moderate	High	Moderate
	Classwide Peer Tutoring	Moderate	Moderate	Low–Moderate	Low–Moderate	Moderate
	Direct Instruction	Moderate	High	Moderate	High	Moderate–High
	Small-Group Instruction	Low	Moderate	Moderate	High	Moderate
	Skill-Level–Based Instructional Grouping	High	Moderate	Low	High	Moderate
	Academic Counseling	—	Moderate	Moderate	Moderate	Low–Moderate

From a broader perspective, interventions characterized by high reach typically include those delivered universally to all students, such as classroom-based behavior management or direct instruction. Interventions focused directly on individuals (e.g., tutoring) tend to demonstrate higher effectiveness. Social–emotional programs are often well supported by parents and teachers and thus exhibit higher adoption rates. In contrast, interventions requiring specialized resources and intensive monitoring may face greater challenges in implementation and maintenance.

For capacity building in schools, rather than selecting a single intervention, a combination of behavioral, social–emotional, and academic interventions—tailored to students' needs, teacher and parent involvement, and available resources—may be more effective. Such an approach allows schools to benefit from multiple RE-AIM dimensions as needed. Implementing more complex programs, such as school-wide mental health promotion initiatives, requires adequate resources and infrastructure. Digital tools for monitoring student performance and intervention effectiveness can also play a pivotal role. Overall, this analysis positions the RE-AIM framework as a practical tool for evaluating and designing school-centered interventions while emphasizing alignment with contextual needs and available resources.

Applying the RE-AIM Framework in Iranian Schools: Opportunities, Challenges, and Future Directions

The RE-AIM framework has been identified as a flexible model suitable for school-based interventions (Merrell & Buchanan, 2006). Glasgow has also highlighted schools as a context well aligned with RE-AIM applications (www.re-aim.org). Examining the five RE-AIM dimensions can therefore help identify opportunities and barriers for implementing school-based mental health interventions in Iran.

Regarding reach, the strong emphasis on academic achievement, regional inequalities in resources, and persistent stigma toward mental health may limit access to interventions. Expanding services in disadvantaged regions, improving technological infrastructure, and implementing public education programs to reduce stigma could enhance participation.

For effectiveness, interventions must be culturally relevant and aligned with local values. Shortages of trained specialists and limited access to school counselors remain significant barriers. Developing culturally responsive programs, strengthening professional training, and conducting longitudinal evaluations can improve intervention outcomes.

The adoption of school-based interventions is shaped by both structural and cultural factors. Limited mental health resources and cultural attitudes toward psychological services may influence acceptance. Engaging families and community stakeholders, as well as designing culturally meaningful programs, can increase acceptance and participation (Banke-Thomas et al., 2015; Merrell & Buchanan, 2006; Downey et al., 2017; Shokri et al., 2019).

At the implementation level, centralized administrative structures, limited financial resources, and shortages of trained personnel pose significant challenges. Policy support that prioritizes student mental health, allocates sufficient resources, and integrates mental health services into school systems is essential for effective implementation (Shokri et al., 2016; Heelan et al., 2021). Evidence from other contexts also highlights the importance of balancing intervention fidelity with contextual adaptations (Glasgow et al., 2006; Lee et al., 2017).

Finally, maintenance remains a key challenge due to limited monitoring systems, insufficient culturally appropriate assessment tools, and underdeveloped professional development structures. Initiatives such as the national NAMAD program indicate growing recognition of the need for sustainable approaches to student mental health support. Strengthening evaluation systems and ongoing professional training will be critical for sustaining interventions in Iranian schools.

Ethical Considerations in School-Based Interventions

Ethical considerations constitute a fundamental component of designing and implementing school-based interventions. When applying the RE-AIM framework, ethical principles must be integrated across all five dimensions to ensure the protection of students' rights, dignity, and well-being. Informed consent from parents and, when appropriate, assent from students should be obtained prior to participation. Transparency regarding intervention goals, procedures, potential benefits, and risks is essential to foster trust and promote voluntary participation.

Confidentiality and data protection represent additional ethical imperatives, particularly when interventions involve psychological assessments or sensitive personal information. Schools and researchers must establish clear protocols for data storage, access, and reporting. Furthermore, interventions should be designed to minimize potential harm and avoid stigmatization, especially when targeting at-risk or vulnerable student populations. Universal or tiered intervention models may help reduce labeling and promote inclusivity.

Cultural sensitivity is another ethical consideration of particular relevance in the Iranian context. Interventions must respect cultural norms, religious values, and family structures while maintaining scientific integrity. Engaging parents, teachers, and community leaders in the design and implementation process can enhance ethical acceptability and social legitimacy. The RE-AIM framework, by emphasizing reach, adoption, and maintenance, inherently supports ethical practice through its focus on equity, accessibility, and sustainability.

Limitations and Methodological Considerations

Despite its strengths, the RE-AIM framework is not without limitations. One challenge involves the complexity of collecting comprehensive data across all five dimensions, particularly in resource-limited school settings. Measuring reach and adoption may be relatively straightforward; however, assessing long-term maintenance and implementation fidelity often requires sustained monitoring, financial resources, and trained personnel.

Another limitation relates to potential trade-offs between dimensions. For instance, interventions designed to maximize reach may sacrifice intensity, potentially reducing effectiveness at the individual level. Conversely, highly intensive interventions may demonstrate strong effectiveness but limited reach or adoption. Researchers and practitioners must therefore make informed decisions regarding prioritization, guided by contextual needs, available resources, and intervention goals.

Methodologically, the integration of qualitative and quantitative approaches is recommended to capture the full scope of RE-AIM dimensions. Reliance on quantitative indicators alone may obscure contextual factors that influence adoption, implementation, and maintenance. Mixed-methods designs enable a more nuanced understanding of how and why interventions succeed or fail in real-world settings (Holtrop et al., 2021).

Conclusion

The present article examined the RE-AIM framework as a comprehensive and flexible approach for the design, implementation, and evaluation of school-based interventions, with a particular focus on its applicability within the Iranian educational context. By addressing five critical dimensions—reach, effectiveness, adoption, implementation, and maintenance—the framework provides a structured yet adaptable roadmap for enhancing the impact and sustainability of interventions aimed at improving students' mental health, well-being, and academic functioning.

Evidence from prior research demonstrates that many interventions fail not because of insufficient efficacy, but due to limited reach, poor adoption, weak implementation, or lack of sustainability. The RE-AIM framework responds to these challenges by shifting attention from efficacy under ideal conditions to effectiveness in real-world settings. Its emphasis on contextual adaptation, stakeholder engagement, and long-term maintenance makes it particularly suitable for school environments characterized by diverse needs and resource constraints.

In Iran, applying the RE-AIM framework to school-based interventions offers significant potential for strengthening systemic capacity, reducing mental health stigma, and promoting equitable access to support services. However, successful implementation requires coordinated efforts among policymakers, educators, mental health professionals, and families. Investment in human resources, infrastructure, culturally responsive program design, and continuous evaluation is essential.

Future research should focus on empirically testing RE-AIM–guided interventions within Iranian schools, employing longitudinal and mixed-methods designs to assess long-term outcomes and sustainability. Such efforts can contribute to the development of evidence-based, culturally grounded, and scalable intervention models that enhance both educational and mental health outcomes for students.

Acknowledgments

The authors would like to express their sincere gratitude to all individuals who contributed to the completion of this work. Their support and valuable insights are greatly appreciated.

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