

SCHOOL-BASED PREVENTION AND EARLY INTERVENTION FOR STUDENT MENTAL HEALTH AND WELLBEING

EVIDENCE BRIEF

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BACKGROUND

In Australia, around one in seven young people aged between 4 and 17 will experience a mental health problem in any one year. Mental illness can detrimentally affect students' classroom behaviours, social and emotional functioning, academic achievement, and school engagement. Given that the average age onset of mental illness has decreased in recent decades, schools and early learning services are now faced with managing mental health problems in more children than ever before. The management and prevention of mental illness and enhanced whole-school/learning community wellbeing has become a critical issue for Australian schools.

Over the last decade, it has been acknowledged that schools play an important role in promoting wellbeing and preventing mental illness in students. As a consequence, there has been a proliferation of school-based prevention and early intervention programs aimed at fostering student mental health and wellbeing. In many cases, the effectiveness of these programs has not been established, and in some cases, certain programs have been found to be ineffective. Information on the availability, evidence-base, efficacy, sustainability, and long-term benefits of school-based programs is often limited or not readily accessible to schools. Therefore, Australian schools face a number of challenges when selecting an appropriate program for their students. This report provides important information to assist school leaders and staff to make informed decisions about the mental health and wellbeing programs available to them in school settings in New South Wales (NSW).

REVIEWING THE EVIDENCE-BASE

A review of literature was conducted to examine the evidence-base associated with mental health and wellbeing programs available to be implemented in NSW schools. A rigorous, systematic approach identified programs evaluated in studies published since 2013. The review evaluated longer-term efficacy (outcomes evident beyond three-months post-program) of prevention and early intervention mental health programs that have been developed for delivery in early childhood, primary, secondary, and specialist school settings. Student outcomes evaluated in the review included:

- reductions in the signs and symptoms of mental health problems,
- improvements in mental health literacy, resilience, coping, and pro-social behaviours,
- improvements in classroom behaviour and academic achievement.

EVIDENCE-BASED PROGRAMS

The systematic review identified 74 studies evaluating 26 unique programs reporting longer-term outcomes for student mental health and wellbeing available to NSW schools. These programs have been grouped into five program-types targeting the following issues:

1. Anxiety and Depression
2. Self-harm and Suicide
3. Social and Behavioural needs
4. Body Image
5. General Programs¹

¹ These groupings were created based on the clustering of outcomes across programs (e.g., programs often target outcomes for both anxiety and depression) and to organise information in a way convenient for NSW schools.

PROGRAMS THAT TARGET ANXIETY AND DEPRESSION

Programs that target anxiety and depression include:

- Adolescent Depression Awareness Program
- Aussie Optimism Programme-Positive Thinking Skills
- FRIENDS, FRIENDS for Life, and Fun FRIENDS
- Get Lost Mr Scary
- MoodGYM
- Penn Resiliency Program
- Resilient Families Program
- Resourceful Adolescent Program (RAP)

PROGRAM	TARGET AGE GROUP	OUTCOMES	NUMBER OF STUDIES INCLUDED
Adolescent Depression Awareness Program	High school students	• Improved depression literacy of students • Improved help-seeking by students	2
Aussie Optimism Programme-Positive Thinking Skills	Grade 1 to Year 8 students (different modules offered for different age groups)	• Reduced student emotional difficulties reported by parents – effects not reported by students • Reduced student behavioural difficulties reported by parents – effects not reported by students	4
FRIENDS	Different modules offered for different age groups (from 4 to 18 years of age)	• Reduced anxiety and depression levels for students when program delivered by health service external to the school • Parent reported improvements in students but effects not reported by students	4
FRIENDS for Life	Students aged 8 to 11 years	• Improvements in student levels of anxiety and depression Some inconclusive results found for this program	3
Fun FRIENDS	Students aged 4 to 7 years	• Improved child behavioural, social and emotional competence Reduced parent distress and improved parent-child interactions	1
Get Lost My Scary	Children aged 5 to 7 years	• Parents and teachers reported reduced student anxiety and behavioural issues • Results were maintained when parents and teachers followed up following 12 months	1
MoodGYM	Students aged 16 years and older	• High adherence to the program reduced anxiety and depression levels in students Adherence to the program was assisted by being in Year 9, living in a rural area and students having higher levels of depression and self-esteem	1

Penn Resiliency Program	Primary and secondary school students	There were mixed findings for the efficacy of this program across different studies	2
Op Volle Kracht	Primary and secondary school students	There were mixed findings for the efficacy of this program across different studies	5
Resilient Families Program	Secondary school students	Depression reduced among students only with parent education events	1
Resourceful Adolescent Program	Secondary school students	There were mixed findings for the efficacy of this program across different studies	4

ABOUT PROGRAMS TARGETING ANXIETY AND DEPRESSION

Anxiety and depression are the two most common mental health conditions experienced by young people, and these conditions often occur together. The health burden associated with depression and anxiety is greater than any other mental or physical health condition. Accordingly, numerous school-based mental health programs target these conditions. Many of the programs identified in this review (such as FRIENDS, Get Lost Mr Scary, and MoodGYM) employ a cognitive behavioural therapy (CBT) framework and evidence suggests that these programs are generally effective in reducing symptoms of anxiety and depression at 6 and/or 12 months after delivery of the program. CBT involves a process of education about mental illness, becoming aware of feelings and thoughts associated with certain situations, and understanding that the thoughts that we have about a certain situation will impact on our feelings and behaviours.

The Aussie Optimism Programme-Positive Thinking Skills program also incorporates a CBT component, along with psychoeducation and aspects of positive psychology, although evidence regarding the efficacy of this program is mixed.

Other programs such as Adolescent Depression Awareness Program, Penn Resiliency Program, and RAP adopt a range of approaches that incorporate psychoeducation and positive psychology, with mixed results. Resilient Families Program focuses on engaging with parents to improve family relationships. However, there is a very limited evidence base (only one study identified) and parental attendance at the program sessions was associated with reduced depressive symptoms in students at 12 and 24 months.

In sum, the efficacy of CBT-based and parent-school collaboration orientated programs in schools is consistent with the wider psychological literature and indicates the value of this approach.

PROGRAMS THAT TARGET SELF-HARM AND SUICIDE

Programs that target self-harm and suicide include:

- The Youth Aware of Mental Health Program
- Signs of Suicide

PROGRAM	TARGET AGE GROUP	OUTCOMES	NUMBER OF STUDIES INCLUDED
Signs of Suicide	Secondary school aged students	Improved student knowledge about suicide Students at risk of suicide were found to have lowered rates of suicide/suicidal thoughts	2
Youth Aware of Mental Health	Adolescents 14 to 16 years of age	Longer term reductions in student suicidal thoughts and attempts were found	1

ABOUT PROGRAMS TARGETING SELF-HARM AND SUICIDE

Self-harm and suicide are common concerns among adolescents and within secondary schools, and suicide is the leading cause of death in this age group. A common characteristic of the evidence-based prevention programs targeting suicidal ideation and suicide attempts presented here are the emphasis on promoting awareness and knowledge around suicide in order to increase students' capacity to recognise problems and seek help for themselves or others.

Current evidence suggests that the Signs of Suicide program is efficacious at 3-months post-program, and the Youth Aware of Mental Health Program is efficacious at 12-months post-program, in meeting these objectives. Most importantly, both programs have been observed in large randomised control studies to significantly reduce the number of incidents of students attempting suicide.

Programs targeting self-harm and suicide are increasingly important to consider in secondary schools as they provide a safe and effective means of addressing these behaviours that are often concealed from parents and educators but shared with friends and peers.

PROGRAMS THAT TARGET STUDENTS WITH SOCIAL AND BEHAVIOURAL NEEDS

Programs that target students' social and behavioural needs include:

- Challenging Horizons Program
- Good Behaviour Game
- Secret Agent Society

PROGRAM	TARGET AGE GROUP	OUTCOMES	NUMBER OF STUDIES INCLUDED
Challenging Horizons Program	Secondary school aged students	• Improved time management, organisation and academic functioning of children with ADHD • Intervention effects improved with good parent-health care provider relationship and reduced parental stress/conflict	3
Good Behaviour Game	Used across age ranges and different grades	• Decreased aggression and peer rejection for students	1
Secret Agent Society	Children 8 to 12 years of age	• Improved student social skills and emotional control	1

ABOUT PROGRAMS TARGETING STUDENTS' SOCIAL AND BEHAVIOURAL NEEDS:

Some students may have difficulty regulating their emotions and behaviours in the classroom and school environment.

The three programs presented here are diverse in design. Challenging Horizons Program is a targeted after-school program for improving the social skills and academic behaviour of middle-school students with ADHD; Good Behaviour Game is a universal primary classroom tool to promote on-task behaviours and appropriate interaction with others. Secret Agent Society is an online intervention to promote social and emotional awareness in primary school students who present with challenging behaviours. Each of these programs has been found to reduce rates of disruptive classroom behaviours at time-points at least 6-months post-program.

Similar to cognitive behaviour therapy (CBT)-based programs, interventions in schools targeting children's awareness of their own and other people's emotions, the impact of children's behaviour on other people, and how children can engage socially with others are gaining a strong evidence-base in the research.

PROGRAMS THAT TARGET STUDENTS' BODY IMAGE

Programs that target students' body image include:

- Body Image in the Primary School
- Happy Being Me Co-educational program
- Media Smart

PROGRAM	TARGET AGE GROUP	OUTCOMES	NUMBER OF STUDIES INCLUDED
Body Image in the Classroom	Children aged 4 to 13 years	• Improved self-esteem among students	1
Happy Being Me Co-Educational	Girls aged 11 to 14 years	• Improved body satisfaction	1
Media Smart	Late primary school to early secondary school aged students	• Reduced student weight concerns • Reduced peer teasing regarding weight	3

ABOUT PROGRAMS TARGETING BODY IMAGE

Eating disorders and maladaptive behaviours to control weight and body appearance, including Anorexia Nervosa, Bulimia Nervosa, and other food-related disorders, most commonly occur in adolescent females. Each of the evidence-based programs targeting body image and eating problems presented here are designed for implementation in early adolescent classrooms and focus on educating students about risks associated with ideals portrayed in today's media. A common outcome observed across these programs was improvements in students' body-related self-esteem, with the Media Smart program in particular found to have had an effect that was evident 2.5 years after delivery of the program. Overall, the evidence suggests that the benefits of these programs are predominantly for female students, while any benefits for male students may be limited.

Though the Media Smart program in particular has been shown to have longer-term benefits for students, it is important to note that these programs have been used only to prevent adolescent eating disorders. Intensive family-based therapy and cognitive behaviour therapy (CBT) provided by a multi-disciplinary team is needed to treat eating disorders among adolescents.

GENERAL PROGRAMS THAT TARGET STUDENTS' MENTAL HEALTH AND WELLBEING

General programs targeting students' mental health and wellbeing include:

- Bounce Back Program
- BounceBack!
- CLIMATE Schools
- Creating Opportunities for Personal Empowerment (COPE; COPE TEEN)
- HeadStrong 2.0

- Learning 2 BREATHE
- Positive Action
- Promoting Alternative Thinking Strategies (PATHS) program
- Second Step
- Teen Mental Health First Aid

PROGRAM	TARGET AGE GROUP	OUTCOMES	NUMBER OF STUDIES INCLUDED
Bounce Back Program	Students aged 5 to 11 years	• Reduced levels of posttraumatic stress and improved coping for students	2
BounceBack!	Students from prep to grade 6	• Improved student resilience, optimism and self-efficacy	1
CLIMATE Schools	Students in years 9 and 10	• Reduced truancy and distress Improved moral thinking	1
COPE (Creating Opportunities for Personal Empowerment)	Students aged 12 to 18 years	• There were mixed findings for the efficacy of this program across different studies	3
HeadStrong 2.0	Secondary school students	• There were mixed findings for the efficacy of this program within the one study identified	1
Learn 2 Breathe	Secondary school students	• Reduced parent-reported behavioural problems Reduced student-reported emotional problems	1
Positive Action	Grade 3 to grade 8 students	• Improved student academic motivation, academic outcomes and school behaviour Improved student life satisfaction and reduced depression and anxiety	8
Promoting Alternative Thinking Strategies (PATHS)	Kindergarten to grade 6 students	• Teacher reported reductions in student aggression, conduct problems, and acting out behaviour problems. • Academic improvements were also reported • Decreased student depression, general distress and anxiety and improved student self-esteem	8
Second Step	Early learning to grade 8 students	• Reduced student physical aggression but mixed results found for student behaviour change Inconclusive results regarding bullying, violence and homophobic behaviour	7
Teen Mental Health First Aid	Secondary school aged students	• Greater mental health literacy and reduced stigma • Greater confidence assisting a peer with mental health concerns	1

ABOUT GENERAL PROGRAMS THAT TARGET MENTAL HEALTH AND WELLBEING

General programs represent those that have a focus on promoting students' mental health literacy, social and emotional learning, or personal wellbeing. These programs are diverse in format and evaluation studies have explored a variety of mental health outcomes. For instance, while the CLIMATE schools' program is primarily aimed at reducing substance use and the COPE suite of programs are primarily aimed at promoting healthy lifestyle choices, there is some evidence to suggest that each of these programs have a positive impact on symptoms of anxiety and depression. Furthermore, the Bounce Back Program, based on principles of cognitive behavioural therapy (CBT), is designed for promoting resilience and adaptive coping in students who have been exposed to traumatic or adverse experiences but has also been observed to improve symptoms of mental illness.

BounceBack! Positive Action, PATHS program, and Second Step are universal programs that focus on social and emotional learning and have demonstrated efficacy over 12-months after delivery of the program and across a range of domains including psychological wellbeing, resilience, improved student behaviour, and academic achievement.

HeadStrong 2.0 and Teen Mental Health First Aid are both programs developed in Australia that have been found to improve secondary students' mental health literacy and reduce stigmatising attitudes towards mental illness.

To date, learning 2 BREATHE is the only mindfulness-based program that has demonstrated longer-term efficacy in a school-based setting. Further evaluations in schools are currently being conducted to explore the efficacy and sustainability of mindfulness programs in educational settings.

These programs represent the breadth of programs available to schools that have been shown to be effective for student mental health. These programs have also been found to have sustained outcomes for student wellbeing over time. Programs include the Bounce Back Program for students who have experienced a stressful life event and the Positive Action, PATHS program and Second Step programs that deliver more general social and emotional improvements for students.

THE ABSENCE OF EVIDENCE

Today, many mental health and wellbeing programs are available to schools. However, schools encounter challenges in selecting the most appropriate program to meet their needs due to insufficient or inconsistent supporting evidence.

It is important to recognise that a lack of evidence supporting the effectiveness of a program does not necessarily indicate that the program is ineffective. Rather, studies specifically evaluating a program's effectiveness in schools may have not yet been conducted or may not have been published in peer reviewed journals. Nonetheless, the absence of supporting evidence is an important factor to keep in mind when determining whether a mental health or wellbeing program is appropriate.

WHAT MAKES PROGRAMS SUSTAINABLE?

The common characteristics that drive the sustainability of mental health and wellbeing programs include:

- clearly defined aims and objectives – making sure that the program is targeting a particular area of concern and therefore can deliver outcomes to improve students' wellbeing in that specified area;
- clear links between the program structure and how they can be adapted to fit the needs identified by schools (ensuring that programs can be easily integrated into existing school structures and support by existing school personnel), and
- the universal nature of programs, which provides teacher training and support for parents, as well as intervening with students.

FURTHER RECOMMENDATIONS FOR SUSTAINABILITY

Based on the review, it is recommended that in addition to employing the use of any mental health and wellbeing program, school leaders might also consider the provision of appropriate staff training and resources, specify the roles of educators related to the program delivery, monitoring and evaluation, consider how student outcomes will be monitored, and encourage ongoing staff consultation.

CONCLUSION

This review identified 26 programs available to NSW schools that demonstrated longer-term efficacy for promoting and supporting students' mental health and wellbeing. The benefits of these evidence-based programs included reduced rates of anxiety and depressive symptoms, improved self-esteem and body acceptance, reduced suicidal thoughts and behaviours, and improved social skills and capacity to cope with adversities and challenges among students.

Overall, the findings of this review can assist NSW schools in understanding the state of the evidence-base in relation to the many mental health and wellbeing programs available to schools in NSW. This review is unique in that it not only indicates programs that have been shown to be effective over time, but that it includes programs that have been shown to be highly effective in schools. Results of this review will assist schools to make an informed decision when seeking a program that will best meet the specific needs of their students and wider school community.

GLOSSARY OF TERMS

TERM	DEFINITION
Mental illness	A disorder characterised by developmental, behavioural, social, emotional or learning difficulties. Mental illnesses cause impairment in social, academic, school and occupational functioning.
Anxiety disorder	Anxiety disorders are those such as Social Anxiety Disorder and Separation Anxiety Disorder. Symptoms include intense and irrational fear and worry about particular circumstances, events or situations.
Depression	Depression refers to persistent and intense sadness, loss of interest in activities, irritable mood, changes in sleeping and eating patterns, and feelings of worthlessness and hopelessness.
Self-harm	Self-harm is the act of intentionally injuring one's own body with or without intention to attempt suicide.
Neurodevelopmental disorder	Neurodevelopmental disorders include Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder. This group of disorders have onset in childhood and are characterised by deficits in social, academic and occupational functioning.
Conduct disorder	A group of disorders that cause a person to act in ways that might violate the rights of other people and to disregard the instructions of authority figures.
Eating disorder	Eating disorders are those characterised by persistent disturbance in eating behaviour and how one's body is perceived and experienced. Disorders include Anorexia Nervosa and Bulimia Nervosa.
Posttraumatic stress disorder	Posttraumatic stress disorder refers to symptoms causing clinically significant distress or impairment in functioning that occur following an event causing actual or threatened death, serious injury or harm.

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