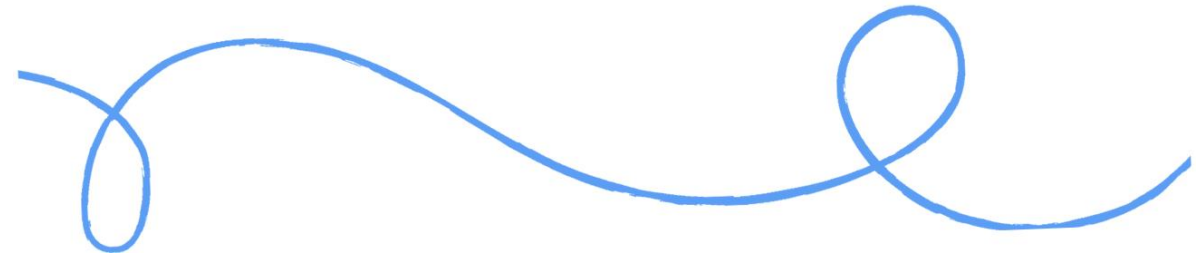# School based interventions to support young people's mental health
What is the current scientific evidence for what works and what does not?

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Introduction

- Take a scientific perspective

- Summarize scientific literature briefly and give an overview of key lessons learnt
    - Focus on interventions to reduce emotional problems (anxiety and depression)
    - Interventions that promote positive school culture

Definitions and outcomes

- Mental health problems

- Exist on a spectrum
  - Mild, moderate, severe
    - Emotional problems (anxiety, depression)
    - Behavioural problems (disruptive, oppositional)

- Can cause distress and impairment
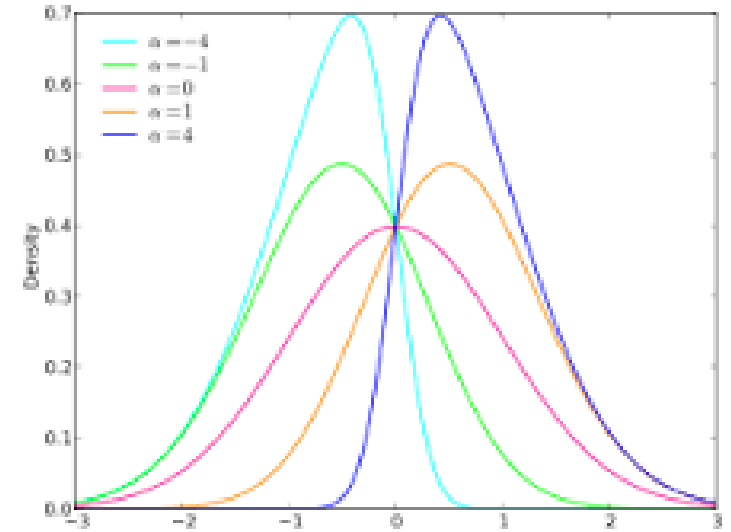
How common are mental health problems?

- Over 1 in 10 children affected by a mental health disorder
  - Estimates of emotional disorders 1 in 12

- During the pandemic, this increased to 1 in 6

- Particular groups more vulnerable
  - Socioeconomic gradient, additional learning needs, neurodevelopmental problems, early adversity

Figure 1.2: Percentage of children with a probable mental disorder, by sex, 2017 and 2020

Base: 5 to 16 year olds

■ 2017 ■ 2020

Per cent

	Boys	Girls	All
2017	11.4	10.3	10.8
2020	16.7	15.2	16.0

Source: NHS Digital

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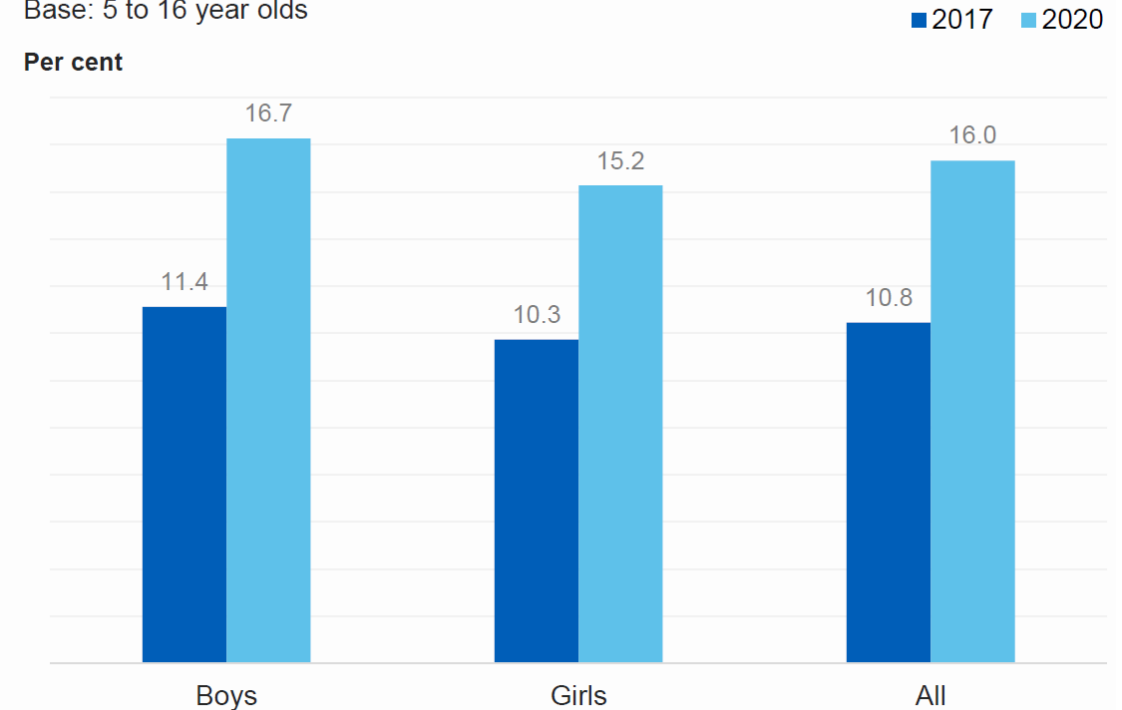
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School based interventions to support young people's mental health

- Prevention approaches
  - Universal (all)
  - Targeted (those with risk factors
    - e.g. children in low-income areas, with family risks)
  - Indicated (those with elevated sub-threshold symptoms)

- Mental health problem prevention
  - Focus on anxiety and depression prevention programs

- Health promotion
  - School system to improve a range of health and behaviour outcomes

Anxiety and depression prevention programs

- Depression and anxiety symptoms
  - Over 100 randomized controlled trials
  - Summarized in systematic reviews and meta-analyses (Werner-Seidler et al., 2021; Caldwell et al., 2019)

- Vast majority of programs based on principles of CBT
  - 8-12 sessions; delivered in classroom during school time
  - Identifying and challenging negative thoughts, problem solving, psychoeducation

- Small but real beneficial effects reported
  - Depression – indicated or selective approaches more effective
  - Anxiety – early evidence universal approach associated with benefits

  - Depression – delivery agent important
    - Greater benefits when delivered by external health provider vs teacher

Anxiety and depression prevention programs Limitations of evidence

- Duration of benefits dissipates in the longer term
  - Booster sessions may be required

- Findings are variable
  - Fidelity and quality of delivery
  - Population, age group
    - Focus on secondary school aged pupils (especially for depression)
  - Possibility of adapting content for particular groups

- Findings focusing on one outcome (e.g. anxiety) may not replicate for other outcomes (e.g. depression)
  - Not known if reducing anxiety has beneficial effects on later depression

Importance of school for young people's mental health

- Scientific evidence shows school climate important for young people's mental health (Rutter et al., 1979; Rutter & Maughan, 2002)

- Student perceptions of school connectedness – protective against a wide range of health risk behaviours (Resnick et al., 1997)
  - Emotional distress. suicidal thoughts, violence, use of tobacco, alcohol and cannabis, early sexual debut
  - Protects against anxiety and depression (Raniti et al., 2021)

- School connectedness or school liking = feeling accepted, valued, respected and included the school (Shochet et al., 2006)
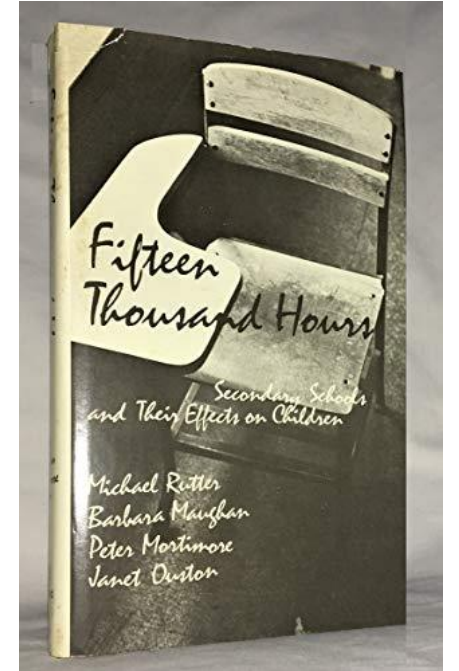
Importance of school for young people's mental health

• Interventions seek to increase student engagement with school as a social determinant of health
- Health Promoting Schools (e.g. World Health Organisation)

• School not always a safe place to study and grow (UNICEF, 2018)
- Peer to peer violence and bullying
- Victimization enduring effects on health (Arseneault, 2018)

• Two landmark studies focusing on improving school climate
- India (Shinde et al., 2018)
- UK (Bonell et al., 2018)

SEHER (India)

- Multiple component health promotion program (whole school, classroom, individual activities)
  - Promoting social skills in YP, engaging the school community in decision making, providing access to factual knowledge about health, enhancing problem solving skills in YP
  - 75 schools randomized, grade 9 students (age 13-14 years), follow-up at end of academic year (8 months)
  - 13035 students at baseline, 14414 at follow-up

- Delivered by teachers or lay counsellors versus control

- Beneficial effects (moderate to large effects) on:
  - School climate, Depression, Bullying, Violence victimization, Violence perpetration, Attitudes toward gender equity, Knowledge of reproductive and sexual health

- Benefits only when intervention delivered by lay counsellor (not a teacher)

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Learning together intervention (INCLUSIVE) (UK)

- Multiple component health promotion program
  - Staff training in restorative practice, convening and facilitating a school action group and a student social and emotional skills curriculum
  - 40 schools randomized, grade 7 students (age 11-12 years) at baseline, follow-ups at 2 & 3 years
  - 6667 students at baseline, 5960 at follow-up

- Beneficial effects (small) on:
  - Bullying, Mental health, Quality of Life

Conclusions

- School climate a promising target for improving wellbeing, symptoms of mental health difficulties and risky health behaviours
  - Relatively cheap to deliver
  - Takes time to implement and embed systemic change

- Delivery agent important in many studies
  - Not effective when delivered by teachers

- A variety of explanations for this
  - Domain specific expertise
  - Workload and additional capacity in the system
  - Fit with role and authenticity or clarity of leadership for health promotion within the school

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Conclusions

- Complex area with multiple sometimes conflicting findings

- Disconnect between interventions that are available and those that are supported by evidence (see Public Health Wales expert review process)

- Quality of delivery and systemic issues around ensuring implementation important

- What's the appropriate balance between universal and more targeted provision?
  - Prevention of mental ill health and the promotion of positive mental health and wellbeing

- Consideration of factors outside school and external support available
  - E.g. adversity at home, reinforcing messages by involving families, signposting to external services

Thank you!

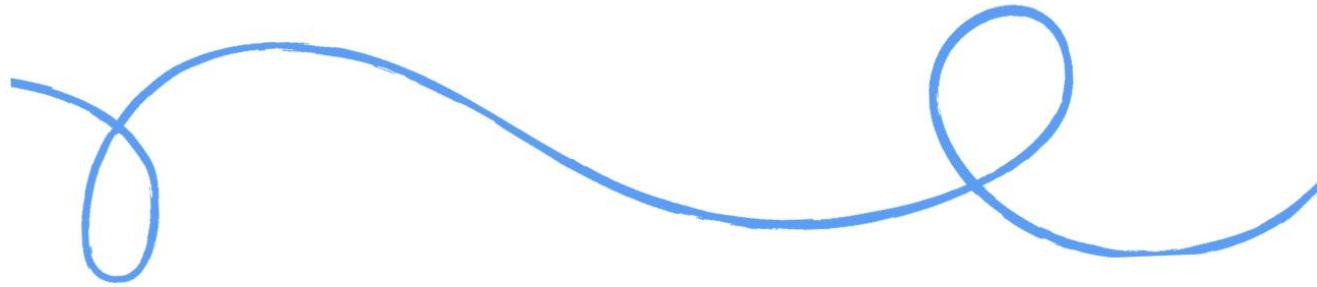wolfsonyoungpeople@cardiff.ac.uk

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