

Rapid Review of the Literature

Mental Health Promotion in Schools and Early Childhood Settings

Short form

Prepared for:

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Background	<p>This review was commissioned to inform the development of a mental health promoting schools and early childhood settings framework, a key initiative identified under the Victorian government’s Mental Health Reform Strategy.</p> <p>Mental health promotion aims to reduce risk factors for mental ill health (e.g. discrimination, violence, social exclusion, homelessness, socio-economic disadvantage) and to strengthen factors which are known to enhance mental health (e.g. supportive relationships, safe and positive environments, economic security, social participation and community connectedness). Providing age-appropriate interventions is critical to fostering resilience and positive mental health in children and young people. Schools and early childhood settings are significant areas of focus for this approach.</p>
Aims	<p>This rapid review aims to address the following questions in relation to schools and early childhood settings:</p> <ol style="list-style-type: none"> 1. What are the features of the most effective mental health promotion approaches? <ol style="list-style-type: none"> a. Are integrated programs addressing multiple risk factors more effective than those targeting a single risk factor? 2. What are the best indicators for outcome evaluation, and what population-type measures are used? 3. How can these approaches be most appropriately matched against developmental stages? (consider also the most appropriate theoretical construct) 4. What are the critical success factors for these health promotion programs?
Body of Evidence	<p>The current best evidence for mental health promotion reported in this rapid review was obtained from 11 systematic reviews (Adi et al 2007; Barlow et al 2002; Greenberg et al 2001; Lister-Sharp et al 199; Merry et al 2004; Neil & Christensen 2007; Pratt & Woolfenden 2002; Thomas et al 1999; Wadell et al 2007; Wake et al 2008; Wells et al 2003).</p> <p>The overall body of evidence obtained from the systematic reviews was graded as good (B) using the National Health and Medical Research Council (NHMRC) Matrix.</p>
Findings	<p>The findings were categorised and presented into mental health promotion and preventative approaches, based on the objectives reported by each of the included systematic reviews.</p>
Evidence on Mental Health Promotion	<p>The evidence on mental health promotion was obtained from reviews which examined programs aimed at improving mental health or well-being of children and adolescents or those which promoted general social, emotional or cognitive skill building. The features of the most effective programs and</p>

Infancy to pre-school (This stage corresponds to chronological age 0-5 years. Pre-school children are usually aged between 3 and 5 or 6 years.)

the outcome measures used to assess their effectiveness in children and adolescents have been grouped into developmental stages: infancy – preschool; elementary or primary school; middle or junior high school; and high school.

Most of the evidence found for this developmental stage was focused on parenting programs, with only one reported education program provided to pre-schoolers. Parenting groups that incorporate behavioural programs based on parental empowerment models were effective in improving the mental health of children from infancy to pre-school years. Parenting activities that consist of role-playing of desired behaviour were effective in changing child behaviour. Other strategies such as parent groups viewing videotapes of desirable and problematic parent-child interactions, a group leader facilitating a discussion about parent-child interactions, and didactic sessions were also found to be effective. Effectiveness of programs was evaluated based on intelligence quotient, temperament and development using a range of structured questionnaires, and parent reports of their child's behaviour.

A program which initially taught children fundamental skills in language, thinking and listening and then progressed to more complex interpersonal problem solving was found to reduce inhibition and impulsivity among pre-school children.

Elementary or primary education/school (This stage generally corresponds to the year after pre-school to grade 6 or 7, or from age 6 to 12 or 13.)

Effective mental health programs have elements of social and emotional competence promotion through cognitive skill building, encouragement of cooperative and helping activities in school and community, constructive problem solving, conflict resolution, active parent participation, training of teachers and use of strategies such as dialogues, discussion, role playing, modelling and games. Ongoing programs (i.e. one year or longer) that utilise a comprehensive and whole-of-school approach led to positive outcomes. Student self-reports and teacher ratings of different psychological outcomes such as self-concept, cognitive and social problem-solving abilities, adaptive behaviour, conflict resolution ability and school misbehaviour (impulsivity, aggression) were used to monitor outcomes. The only reported educational outcome was related to school attachment.

Middle or junior high school (This is any school intermediate between elementary and senior high school. It usually includes grade 6 through 8 or 9, or from age 13 to 15.)

Mental health programs for this developmental stage utilised components of cooperative learning in small groups, social relations program and refusal skills related to alcohol and drug use. Delivery of a program which involved communication exercises, worksheets, peer teaching and a quiz for cooperative learning, social games, artistic efforts, problem solving, dilemmas, discussions and small group work were effective. Psychological outcomes in terms of students' self-concept, academic self-concept, coping skills, and teacher reports of social adjustment were used to evaluate effectiveness of programs. No educational outcome was reported in any of the programs reviewed in the literature.

Senior high school or secondary education/school (This is from grade 9 or 10 through grade 12, or from age 14 or 15 to 17 or 18.)

There were no systematic reviews which examined mental health promotion programs implemented specifically to senior high school students. However, there was one systematic review which reported a program given to this year level but was aimed at suicide prevention. This will be discussed in the section on preventative approaches.

Transition Years (This is the transition from primary/elementary school to intermediate/middle/junior school or from intermediate to secondary/senior high school)

Transition programs provided prior to junior high school emphasised skill building related to social competence, decision making, group participation, social awareness, problem solving, and coping with anxiety and difficult situations. Modelling, role playing, discussion and written assignments were used in skills training. Transition from elementary to junior school and from middle school to high school was facilitated by changing the school ecology to be less threatening to students.

Effectiveness of transition programs was monitored using psychological outcomes such as student self-report of ability to cope and teacher reports of behaviour. Other measures such as students' stress level, anxiety, depression and delinquent behaviour were also utilised. No educational outcome has been reported.

Evidence on Preventative Approaches

Preventative approaches were obtained from reviews which explicitly reported programs/approaches targeting outcomes related to a specific mental health condition such as anxiety, depression, bullying, violent behaviour or eating disorders.

The key findings presented were categorised into anxiety and depression prevention, eating disorder prevention and disruptive behaviour prevention. It is important to recognise the potential overlap between the approaches used to target different mental conditions. For example, programs that were reported to reduce occurrence of anxiety were similar to the approach used by programs aimed to prevent depression. Hence, preventative approaches which were found to have similar framework or targeted comparable outcomes were grouped together.

Programs that incorporate cognitive behavioural training, problem solving, developing positive relationships with peers and adults and building psychological resilience were found to be effective in preventing and reducing symptoms of anxiety and depression among school-aged children and adolescents. Emphasis on coping strategies to counter self-destructive feelings was found to be effective in preventing suicidal behaviour.

There is currently limited evidence to suggest that any type of program is effective in preventing eating disorders among children and adolescents.

For disruptive behaviour prevention, social and cognitive skills building which utilised strategies such as anger management, empathy training, impulse control and social problem-solving skills training led to improved

Summary of Critical Success Factors

social behaviour among elementary and middle school students. Bullying prevention programs provided to primary and secondary students promoted self-esteem and utilised strategies such as improved supervision during breaks, formation of a bullying prevention committee, implementation of specific rules against bullying and discussions with the students (bullies and victims) and their parents.

Only psychological outcomes were reported as indicators of program effectiveness. No educational outcomes were described.

If mental health promotion or preventative programs are to be implemented, a whole-school approach should be considered. Active parent participation, adequate teacher training and use of effective teaching strategies are also important. Mental health promotion should consider approaches which were found effective for each developmental stage (i.e. infancy to pre-school, elementary (primary), junior (middle), high school). There are also components of effective preventative approaches specific for a condition (i.e. anxiety & depression, disruptive behaviour) which should form part of mental health programs. A comprehensive, well-planned program or approach targeting multiple outcomes and combining elements of mental health promotion and preventative approaches could lead to improvements in children's resilience and mental well-being.

Identified gaps in research

The following are areas which require further research and analysis:

- a. Cost-effectiveness of mental health promotion/primary prevention of mental disorders
- b. Whether mental health promotion promotes health equity
- c. Effective ways of linking this type of intervention with other mental health promotion activities, other chronic disease prevention activities and also early intervention and therapeutic approaches to maximise existing resources, capacity, systems and partnerships