

School-Based Mental Health Promotion and Suicide Prevention Programmes

Findings from Systematic Reviews

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Focus of the review

There has been a focus on high quality studies that have been assessed as methodologically sound, and that have measured health and behavioural changes. The studies included in the section on behaviour and health outcomes comprised reviews undertaken by the Cochrane Collaboration since 2000 and systematic or robust meta-analyses. These provide the most robust basis available for identifying effectiveness as they are a state of the art distillation and analysis of current programmes.

The second section outlines the basis for the best practice principles for teaching and learning for mental health promotion programmes. This literature is useful in informing development of best practice guidelines for HOW to implement programmes, but is of limited value in ascertaining the most effective programmes regarding longer term health and behavioural changes. Literature reviewed for this section was not subjected to the same inclusion criteria as literature covered in section one

Findings

Universal approaches

The evidence for effectiveness of mental health programmes is a little more promising than that for alcohol and drug education and early intervention. Recent findings from systematic reviews and meta-analyses on school based mental health promotion programmes/initiatives have identified promising and effective initiatives to promote and support the mental, emotional and social wellbeing of children and young people. Most of the programmes included in these reviews were based in the school setting. Catalano and colleagues (2002) reviewed universal and targeted programmes and included in their review those that demonstrated positive youth development constructs and had strong evaluations. Wells, Barlow and Stewart-Browne's (2003) systematic review focused on universal school mental health promotion programmes as did Browne and colleagues (2004). Greenberg and colleagues (1999) review included prevention programmes that either aimed to improve specific mental health concerns (e.g., depression, anxiety) or focused on factors that increased young people's risk of experiencing a mental health concern. An earlier meta-analysis Durlak and Wells (1997) analysed programmes to determine both success in reducing mental health concerns and increasing young people's skills. These reviews all met the criteria described in the drug and alcohol section. Durlak and Wells (1998) also evaluated the outcomes of 130 indicated prevention mental health programmes. These reviews mainly discussed two approaches to promoting and supporting the mental health of young people: (1) universal classroom based programmes; and (2) selective and indicated programmes targeting specific groups. There is general agreement in this literature that universal as well as timely initiatives targeting higher risk young people may be the optimal approach.

Researchers in the field of positive youth development (Catalano et al., 2002) have conducted extensive reviews of evidence-based programmes. Positive outcomes identified were: better attitudes towards managing personal health and wellbeing and knowledge; greater assertiveness, improved problem solving, increased interpersonal skills and decision making, increased ability to manage reactions in social and emotional situations and increased empathy. Overall, these programmes had a general positive impact on the reduction or prevention of mental health and/or

behavioural problems among young people. Rather than a sole focus on 'problems', findings from this review support a growing body of evidence that promoting young people's social, emotional, behavioural and cognitive development can contribute towards the prevention of mental health problems. While these findings are positive, the reviewers highlighted the fact that there is still need for more longitudinal follow-ups to determine the extent to which such programmes can positively influence mental health outcomes for young people over time.

As part of their review work and through consultation with colleagues, Catalano et al (2002) identified 15 constructs for consideration in mental health promotion programme development. They suggested that programme approaches need to achieve one or more of the following:

- Promote bonding, social, cognitive and moral competence;
- Foster resilience, self-determination, spirituality, self-efficacy, clear and positive identity, belief in the future;
- Develop pro-social norms;
- Provide recognition of positive behaviour and opportunities for prosocial involvement.

Of the 161 programmes identified for their review, 25 met the evaluation criteria for inclusion. These programmes had to include:

- One or more positive youth development constructs;
- Involve young people between six and twenty;
- Young people not selected because of their need for treatment;
- Young people in the general population or young people at-risk;
- At least one construct in multiple domains (i.e., school, home, community);
- Multiple youth development constructs in a single domain; and
- Multiple youth development constructs in multiple domains.

The programmes also had to meet the evaluation criteria described in the introduction to the literature section in this report.

Review findings indicated that all 25 programmes addressed at least five constructs and all shared three constructs – competence, self-efficacy and prosocial norms. Twenty-four of the programmes had a structured curriculum that was considered essential for programme replication. Successful outcomes for young people related to methods to: strengthen social, emotional, behavioural, cognitive, and moral competencies; build self-efficacy; increase bonding with adults, peers, and younger children; shape messages from family and community about clear standards for behaviour; provide structure and consistency in programme delivery; and intervene with young people for nine months or longer. Successful programmes that were shorter than nine months averaged ten to twenty-five sessions. Twenty-two programmes had school-based components.

Greenberg, Dimitrovich and Bumbarger (2001) reviewed more than 130 universal, selective and indicated prevention programmes for children and young people between ages five and 18 years. Their objective was to identify rigorously evaluated interventions that aimed to reduce depression, anxiety and aggression or that positively addressed risk factors for mental health concerns among children and young people. Twenty-four programmes met the following criteria: a randomised control design or a quasi-experimental design with an adequate comparison group; pre, post and preferably follow-up assessment; a written manual that clearly stated

the conceptual model for the programme and procedures and description of the target populations social and behavioural characteristics. Fourteen school-based universal programmes met these criteria. Key findings highlighted by these researchers with regard to the validated programmes were that: multi-year programmes were more likely to have longer lasting effects than short-term interventions; prevention programmes focusing on the multiple settings of school, home and community were more effective than individually focused initiatives and that the ethos and climate of the school was integral to the success of any initiative. Programme success was enhanced when the emphasis was on changing young people's behaviours, teacher and family behaviour, home-school relationships, and school and neighbourhood support for healthy behaviour.

A systematic review conducted by Wells and associates (2003) identified 17 studies of 16 interventions that met all their inclusion criteria. These 17 studies represented the most robust controlled evaluations of universal mental health programmes. Each study had well-matched control and intervention groups and follow-ups. Findings also indicated that a combination of universal and targeted programmes might be the optimal approach. The aspects of mental health that were possible to measure improvement included: self-concept and self-esteem; aggressive behaviour (measured by self-report, teacher report and direct observation) and problem-solving and negotiating strategies. The most successful programmes in achieving these effects were those that were provided for one year or longer. A major criticism that these researchers had in relation to the programmes reviewed was the lack of emphasis on positive mental health in their goals such as improving young people's: enjoyment of life; ability to laugh at themselves and the world; and/or emotional and spiritual development. Two studies reviewed provided positive support for whole school approaches. Findings also indicated that individual behavioural approaches or those limited to a sole focus within a school's curriculum less likely to be effective.

Findings from a meta-analysis conducted by Durlak and Wells (1997) which included 48 more recent studies and 177 controlled outcome studies up to 1991, indicated that primary prevention in mental health promotion programmes for young people were effective due to two main factors: (1) programme/intervention participants achieving positive changes post intervention; and (2) these changes being sustained over time. Positive outcomes reported were positive changes in self-esteem, social skills, coping abilities, and interpersonal problem solving.

In classifying these studies, these researchers described programmes as either focusing directly on young people (i.e., person-centred) or attempting to modify the social environment in order to influence more positive outcomes. Several studies in this analysis that related to school-based groups targeting young people at risk of depression also demonstrated positive effects. Durlak and Wells (1998) state "that only 25% of the studies collected any follow-up data, and the follow-up period was rarely one year or longer, therefore current follow-up data do not permit any firm conclusions about the long-term impact of most interventions" (p.14).

Early intervention programmes

Included in the above systematic reviews were programmes targeting young people for early intervention. There was general agreement that evidence was promising for children and young people already at risk for internalizing mental health problems (e.g., anxiety and depression. Greenberg and colleagues (1999) found ten early intervention programmes that were effective in reducing internalizing problems. Of these, two were successful in reducing symptoms of depression, one reduced

symptoms of anxiety and one reduced risk for suicide. The theoretical focus of programme components was cognitive behavioral therapy based and aimed to enhance coping strategies. As well, these programmes included a support and help-seeking component to help young people utilize appropriate support during stressful times. The remaining five programmes focused on children and young people experiencing stressful life events such as bereavement and family separation/divorce and these were effective in alleviating symptoms of emotional distress and internalizing mental health problems.

Browne and associates (2004) found, in their review, that early intervention programmes designed to develop protective factors by using interactive learning approaches, cognitive behavioural strategies, social skills development, social reinforcement, and a focus on prosocial norms were more effective in achieving positive outcomes for self-esteem and self concept, depression, anxiety, conflict resolution, and irrational beliefs than programmes attempting to reduce pre-existing negative behaviours. Their findings also indicated that programmes that were focused to address specific concerns, were sensitive and appropriate to gender and culture, had a greater positive effect than broad, less focused interventions. Findings also suggested the need for booster/follow up sessions. Factors that were found to contribute to programmes being less effective were those that used fear tactics and information only delivered via a didactic instructional format.

Catalano and colleague's (2004) review of programmes incorporating positive youth development constructs highlighted one targeted early intervention programme of relatively short duration as effective. This programme targeted children of divorced parents and focused on strategies to promote protective factors for positive mental health. Findings indicated positive changes such as "greater assertiveness, sociability, problem solving and frustration tolerance" (p.111).

Durlak and Wells (1998) conducted an evaluation of 130 indicated early intervention mental health programmes for children and young people. These programmes involved screening young people and targeting those with early signs of mental health problems for intervention. Ninety-three percent of the interventions were school-based. Their findings concluded that:

...indicated prevention produces positive effects that are both statistically and practically significant. For instance, participants leave programmes with significantly reduced problems and significantly increased competencies...programme effects also endure over time in studies collecting any follow-up data. In practical terms the average participant in a behavioral or cognitive behaviour intervention surpasses the performance of approximately 70% of those in the control group (p.790).

While these researchers reported follow up data for thirty-five of the studies reviewed, there was no indication as to the time frames within which this data was collected. These results are promising. However it needs to be noted that many of these studies were of evaluations that did not have long term follow up. Therefore it is not possible to draw conclusions as to the longer term impact of these early intervention programmes. Some caution is needed in assuming sustained health and well being outcomes until the results of longitudinal studies are available.

Suicide prevention

The implementation of school-based universal classroom curriculum programmes addressing suicide prevention is a contentious issue due to a number of studies conducted in the early 1990's that have highlighted both beneficial and harmful effects. Findings from a systematic review conducted by Ploeg and colleagues (1996) indicated that evidence to support the effectiveness of such programmes was lacking and their findings also concurred with other studies highlighting both beneficial and harmful effects. A non-randomised controlled study of 2000 young people (1000 cases and 1000 controls) conducted by Shaffer and colleagues (1991) examined the impact of three suicide education programmes. Findings indicated that there were no significant reductions in suicidal ideation or attempts. As well, some young people who were experiencing suicidal ideation reported finding the programmes distressing. A recent synthesis of findings from systematic reviews conducted by Guo and Harstall (2004) showed that "school-based suicide prevention programmes focusing on behavioural change and coping strategies in the general school population indicated lowered suicidal tendencies, improved ego identification and coping skills" (p.4). As well, these findings indicated that programmes targeting young people at-risk of suicide that focused on skill training and social support were effective in enhancing protective factors and reducing risk factors.

Conclusion

While the evidence for universal mental health promotion programmes is more promising, there is a need for more research into longer term outcomes. Evidence is stronger for both if the programme is part of a whole school approach to student well being, including linkages with the community and/or community action initiatives.

Early intervention programmes

There is some good evidence of the effectiveness of school based mental health early intervention programmes, especially those targeting stressful life events and some evidence for small effects on long term drug use of alcohol and drug early intervention programmes.

Suicide prevention programmes

It is clear from the literature that universal suicide prevention programmes that focus on the issue of suicide may be harmful for more at-risk young people. There is some agreement in the literature that programmes with whole school populations that are based on behavioural change and coping strategies are likely to be more effective. Evidence is stronger for programmes targeting young people at-risk of suicide that focus on skill training and social support.