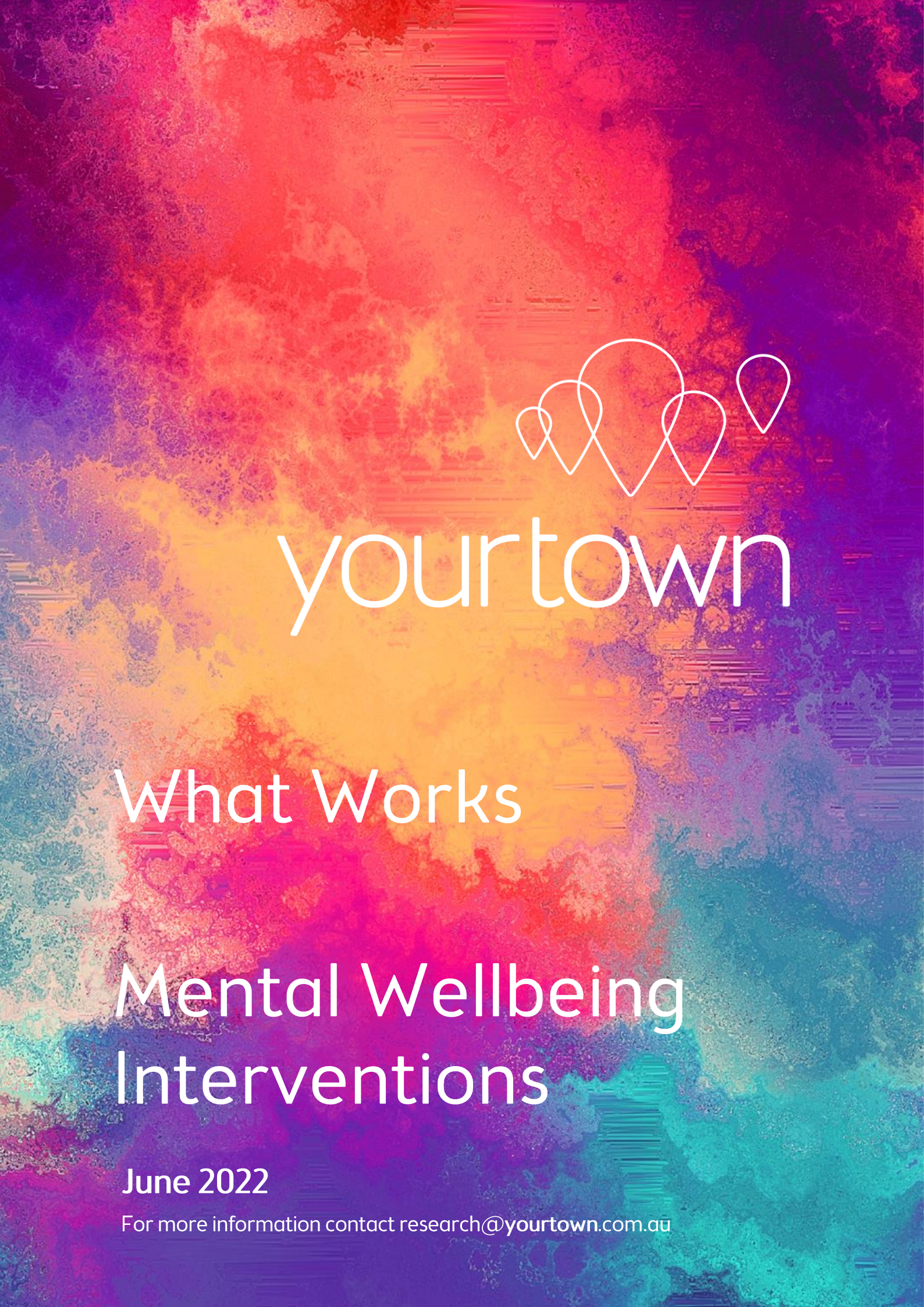

What Works

Mental Wellbeing Interventions

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Purpose

This paper provides a summary of evidence relating to what works regarding child and adolescent mental wellbeing for children and young people aged 5-25.

The evidence is centred around what works to meet the needs of a child or young person, aged 5-25, who requires mental wellbeing support. Vulnerability factors include: mild/undiagnosed mental disorders; relationships and social isolation; and bullying (Figure 1).

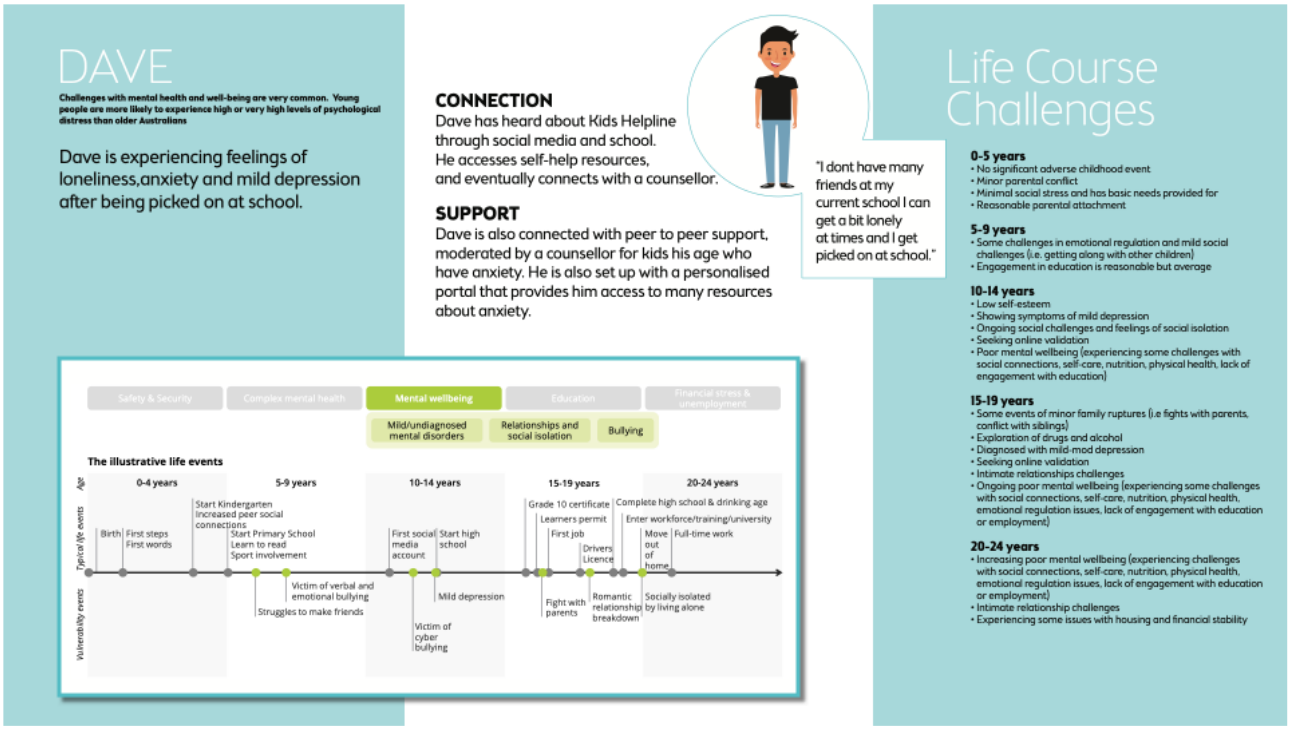

Figure 1.

Background

Good mental health and wellbeing provide a strong foundation for children and young people to thrive in other aspects of their lives, and experience less difficulties when transitioning between key life stages [1]. Children and young people with good mental health and wellbeing are more likely to have regular involvement in their local community, positive relationships with their peers and family, strong education engagement, and better employment prospects. In contrast, children's and young people's experiences of poor mental health and wellbeing can be linked to feelings of distress and isolation; dysfunctional relationships; lower education and vocational attainment; and poor physical health.

There is emerging evidence to support the anecdotal reports that the mental health of children and young people had been significantly impacted by the COVID-19 pandemic. In part this impact has been linked to lack of access to mental health supports in schools, universities and workplaces being disrupted, particularly during lockdowns [2]. The closure of schools and educational facilities during the pandemic disrupted routines and normal social interactions, which in turn placed pressure on existing mental health protective factors. Digital technologies provided a way for children and young people to remain connected to their peers, schools and other supports. However, the pandemic highlighted the disparity in access to these technologies for children and young people living in disadvantaged areas, who then were at greater risk of weakened mental health protective factors. In the employment sector, young people (who are already among the most disadvantaged in the labour market) risked falling into long-term unemployment (unemployed for at least 12 months), leaving them at higher risk of experiencing mental health stress.

Childhood and adolescence are critical times for the emergence of mental health conditions. About 50% of lifetime mental health conditions commence before the age of 14, with, 75% of conditions having their onset before the age of 25 [3]. Female adolescents are more likely to report high or very high psychological distress than males. Female young people are also more likely than males to have long-term mental health conditions. Male young people are more likely than females to experience a recent mental health disorder.

Importantly, childhood and adolescence are also critical periods of time where wellbeing and mental health interventions can have the greatest impact [3]. While there is no single wellbeing or mental health intervention that works for all children and young people, evidence-based initiatives that have the greatest impact share many common features, some of which are explored below.

What Works?

Contemporary evidence indicates there is good, emerging, and limited evidence for the following components of interventions relevant to a child or young person, aged 5-25, who requires mental wellbeing support.

Evidence is assessed as follows:

Good Evidence[1]

Emerging Evidence[2]

Limited Evidence[3]

Feature	Evidence
Holistic, respectful approach Young people are more likely to engage with programs that are tailored, holistic, integrated and coordinated. This includes addressing the whole person and their varying, multifaceted needs as well as the systemic barriers they face. Programs should be well-connected with the mental health system and other systems (e.g. employment, housing), and avoid labelling as 'mental health' programs [4].	
Human-centred and co-designed Young people respond well to interventions that are co-designed or informed by young people. These interventions are better tailored to young people and their needs [4].	
Universal access with local context in mind minimises harm and stigmatisation Interventions can be more accessible when eligibility criteria are eliminated. Support should match the needs of the local community and be adapted to the local and cultural context. This will minimise the risk of harm or stigmatisation and maximise mental health and wellbeing promotion. Targeted interventions can also address health disparities [4].	

[1] Evidence is considered good if: a systematic review or meta-analysis has a strong quality assessment rating and includes at least 5 primary studies OR narrative synthesis has a quality assessment rating of 9+ AND recent primary studies are in line with review findings.

Note: When there is good evidence that an intervention is generally successful, this does not mean that each intervention within this space has good evidence. However, it does indicate fewer concerns about the program's theory of change.

[2] Evidence is considered emerging if: only narrative synthesis on the intervention is available.

Note: When there is emerging evidence, generalisability of results is limited as there is limited evidence. While some interventions of a particular type have encouraging results, more research is required to understand the effectiveness of the internet. Rigorous, medium-sized trials are required to better understand the potential of the intervention.

[3] Evidence is considered limited if: there is an absence of strong research on the intervention.

Safe, youth friendly, and culturally responsive services enhance engagement Young people are more likely to engage with mental health and wellbeing support from services that are safe and culturally responsive. These services have spaces and staff that are welcoming, youth-friendly and culturally appropriate. Young people who perceive services and staff to be judgmental and stigmatising are less likely to engage with the service and supports being offered **[4]**.	✓
Supportive relationships with staff and peers increase engagement Services that provide mechanisms for peer support and emphasise rapport building between staff and young people have more success in getting young people to engage with mental health interventions. In contrast, negative experiences with staff or peers deter engagement [4].	✓

Features of Interventions for Boys

Feature	Evidence
'Male friendly' and culturally sensitive Boys and young men respond well to interventions that are 'male friendly' and culturally sensitive. Male friendly settings are spaces where men frequently congregate, such as sports settings, virtual communities, music forums etc., but vary according to ethnicity, age, and sexuality. Intervention in these settings feel relevant, develop links between staff and the young males, and provide opportunities for informal peer support [5].	✓
Male engagement is boosted by non-judgemental and empathetic approaches There is good evidence to suggest that working with young men or boys and taking a 'male positive' approach promotes ongoing engagement. Non-judgemental and empathetic approaches facilitate supporting environments for working with men and boys [5].	✓
Male engagement is boosted by use of empowering and non-stigmatising terminology There is good evidence that boys and men respond positively to male-oriented terms such as 'activity' rather than 'health', and 'regaining control' rather than 'help-seeking' [5].	✓
Activity 'hooks' may work for male engagement There is emerging evidence that male-friendly activity-based interventions appeal to boys and men and can encourage them to engage with interventions and support. This may be due to the interventions occurring in groups of male peers which provides opportunities for social inclusion and fun [5].	?

Features of Interventions in Education

Feature	Evidence
Many school-based programs are effective School-based programs, such as resilience building programs, are effective in supporting children's mental wellbeing. Programs, such as social and emotional learning programs and disorder specific prevention programs, can decrease the likelihood of experiencing an emotional and behavioural disorder in childhood, and anxiety and depression in adolescence [1].	✓
Classroom-based psychological skills-building and anti-bullying can help Classroom-based psychological skills-building programs and anti-bullying programs should be part of whole-school mental health promotion programs to enhance social and emotional skills and reduce symptoms of depression and anxiety in the short term [6].	✓
Teachers can effectively deliver universal interventions There is good evidence that universal interventions can be effectively delivered by teachers [1].	✓
Enhancing social, emotional, and behavioural skills in school aged children is a key determinant of future mental health Enhancing social, emotional, and behavioural skills in schools can enhance young people's mental health, wellbeing, and outcomes in school, work and life [7].	✓
One-on-one to small groups can be effective Social and emotional learning programs developed in one-on-one or small group settings can provide targeted, intensive support to address the needs of children and young people at risk of developing problems [7].	✓
School-based interventions may not be effective in suicide prevention There is limited evidence that school-based interventions designed to prevent suicide and related harm are effective [6].	✗
Unclear whether teachers can provide effective interventions for depression and anxiety There is limited evidence that teacher-delivered interventions are effective in addressing the needs of students with depression and anxiety. Evidence suggests cognitive-behavioural therapy delivered by external professionals are effective in improving mental health outcomes for this group [1].	✗

Features of Virtual Interventions

Feature	Evidence
Men and boys may benefit from virtual services There is emerging evidence that virtual approaches (such as online and telephone support and counselling services) may be a useful means for working with young men and boys where the young male is able to remain anonymous [8].	
Personalisation and contact may improve outcomes There is emerging evidence that personalised interventions or direct contact with a practitioner may be more likely to improve mental health outcomes, as compared to interventions that rely on self-directed, non-interactive learning [8].	
Self-help resources and virtual support may help for mild to moderate mental health issues There is emerging evidence that self-help information resources, telephone support, online programs and therapist-guided parenting programs may be effective in supporting children with mild to moderate mental health issues [8].	
Virtual interventions may have stronger outcomes in the short-term There is emerging evidence that virtual interventions may have stronger outcomes than face to face interventions in the short-term compared to the longer-term [8].	
Unclear whether virtual interventions are equally or less effective than face to face over time There is limited evidence to suggest that virtual and digital interventions are more effective than traditional face-to-face approaches over time [8].	

Features of Other Interventions

Feature	Evidence
Anti-bullying interventions reduce frequency There is good evidence that anti-bullying interventions are effective in reducing the frequency of traditional and cyber-bullying victimisation and perpetration [6].	
Depression, anxiety and violence prevention interventions work better for those with minor symptoms Depression and anxiety prevention interventions and violence prevention interventions are effective with young people experiencing elevated symptoms that are not severe enough or persistent enough to merit a formal clinical diagnosis of depression or anxiety [6].	

Mental health literacy improves knowledge

There is good evidence that mental health literacy interventions improve young people's mental health knowledge [6].

Intervention scheduling for early intervention works

Intervention scheduling can reinforce skill building programs. These programs are tailored to children at particular ages or those experiencing certain conditions. Intervention scheduling can ensure children can access these programs when they are at the right age. A sequenced approach to participating in regular programs will help reinforce the skills learnt in programs [1]. Activity scheduling will help children to apply these skills in their everyday lives [9].

Universal cognitive behavioural therapy has good short-term impacts and works with students with minimal signs of depression

There is good evidence that universal cognitive behavioural therapy interventions are effective in the short term to help young people to reduce the internalisation of depression symptoms. This approach works particularly well with students who have minimal but detectable signs of depression [6].

Targeted cognitive behavioural therapy may assist reducing internalisation of depressive symptoms

There is emerging evidence that targeted cognitive behavioural therapy interventions to young people with emerging, low level signs of depression are effective in the short and medium term in reducing internalising symptoms in young people [6].

Longer term mental health promotions may be more effective than short term initiatives

There is emerging evidence that mental health promotion initiatives (e.g. programs focused on mental health literacy, emotions, self-awareness, social skills, and problem solving) that run over longer periods of time (one year or more) are more effective than short-term mental health promotion initiatives. (1)

Violence prevention interventions may have positive impacts for students

There is emerging evidence that violence prevention interventions have small but positive effects on students' bullying behaviour and wellbeing. These interventions have an even greater effect on among students considered at high risk of violent behaviour [6].

The impact of mental health literacy on help-seeking is unclear

There is limited evidence that mental health literacy interventions increase help-seeking behaviours. There is also limited evidence of the longer term impact of these interventions [6].

The impact of mindfulness on mental health and wellbeing is not known

There is limited evidence and gaps in the literature as to whether mindfulness interventions enhance young people's mental health and wellbeing [6].

The impact of positive youth development on mental health and wellbeing is not known

There is limited evidence on the impact of positive youth development interventions (e.g. mentoring, youth leadership, and social activities) on young people's mental health and wellbeing [6]

It is not known whether cohort-specific designed interventions work

There is limited evidence about what works for individual cohorts. There are numerous trials specifically designed for children and young people from Aboriginal and Torres Strait Islander communities, LGBTQIA+, Culturally and Linguistically diverse backgrounds, and rural and remote communities. However, rigorous evaluations of these trials are lacking [1].

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