



Public Health
England

Protecting and improving the nation's health

Universal approaches to improving children and young people's mental health and wellbeing

Findings from the synthesis of systematic reviews

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Summary of synthesis of systematic review findings and promising interventions

Below we summarise the evidence we collated and discussed in the narrative synthesis. We follow the same design we used therein, cataloguing interventions according to the type of outcome that they were evaluated on (behavioural difficulties, resilience and capabilities, emotional difficulties, and subjective wellbeing) and according to the domain in which they operate (individual, family, and school). Please see the narrative synthesis for an explanation of the meaning of the outcome and domain categories.

Throughout, we also highlight the most promising interventions, on the grounds of the evidence we found. Specifically, we have considered an intervention to be promising if there are at least 2 separate evaluation studies that show some degree of effectiveness, whether or not the effect persists in the long term (we do, however, note the timing of any follow up). It is hoped that the two-study criterion is stringent enough to single out interventions that are worth pursuing, whilst not being too restrictive to exclude potentially valuable programmes (it is only in a minority of cases that we have 2 or more evaluation studies about the same intervention).

It is important to highlight that the promising interventions were from the overview of systematic reviews and our definition means that those that have been researched more often are more likely to appear as promising. In other words, if an intervention had only been evaluated once, it was not eligible to be included as a promising intervention even if it showed a positive effect. More research would be needed to see if these interventions could be considered as showing promise.

Preventing behavioural difficulties

We found 29 interventions that were evaluated on behavioural outcomes. Sixteen were individual-level interventions, 12 had a family-level component, and 7 had a school-level component. By school level, we mean that the intervention aimed to change the features, environment or culture of the schools. This is different from interventions that took place in a school but were aimed at the individual level, for instance.

Amongst the individual-level interventions, there is good evidence to suggest that a variety of those targeting primary-school children have some evidence of effectiveness, at least in the short term. An intervention for primary school children that may be deemed promising according to our criterion is the **Promoting Alternative Thinking Strategies (PATHS)** programme, which was shown across 2 studies to lead to improvements in impulsivity, hyperactivity and aggression, sustained for at least one year after the intervention was implemented, particularly for children with behavioural

difficulties at pre-intervention. In contrast, the evidence is sparser for individual-level interventions targeting adolescents: only a few programmes seem to improve behavioural difficulties, with most of those we found having little or no impact. We could not pinpoint any promising interventions addressing behavioural problems in adolescence.

There is a smaller evidence base to draw meaningful conclusions from for family-level interventions. We found only 2 interventions targeting primary school children: of these, there is strong evidence corroborating the effectiveness of **Triple P Online**, which was found to reduce behavioural disorders for a follow up period of 6 months across 2 evaluation studies and may therefore be deemed promising. We found many more interventions for adolescents, but most of them, in spite of showing some level of effectiveness, addressed cyberbullying and cybervictimisation only. While there is evidence of effectiveness in improving parenting skills there is not sufficient evidence in terms of child outcomes in support of the Parenting Wisely programme, which is designed to address a broader set of behavioural problems, to be able to call it promising.

As for interventions with a school-level component, we have even less evidence to conclude anything that may be generalised: all we found were interventions against bullying and cyberbullying focused on adolescents. Some of them might give rise to improved behavioural outcomes, but there is not enough evidence to deem them promising.

Promoting resilience and capabilities

We identified 59 interventions that were appraised in relation to their potential to promote resilience. Forty-four were individual-level interventions, only 9 included a family-level component, and 8 included a school-level component.

While we found a number of individual-level interventions, only some seem to promote resilience to any degree, and very few show any long-term impact. More specifically, despite many programmes leading to enhanced skills in coping, self-regulation and empathy for both children and adolescents in the short term, in very few instances was long-term effectiveness appraised, and when it was these improvements were generally not maintained for long. Another problem affecting all interventions we found is the lack of comparative findings relative to control groups. Among all those we identified, however, there is one, **Zippy's Friends**, which meets our definition of a “promising intervention”: 4 evaluations concluded that it improved coping skills and other resilience-related outcomes among primary-school children, although its long-term effectiveness is not clear.

There is evidence that some family-level interventions work, even in the medium to long run, especially in terms of building and strengthening parent–child bonds. We identified

2 examples of promising interventions: **Triple P Online**, which was found to improve parent-child relationships for young children at least up to 6 months post-intervention across 2 evaluations, and the **Substance Abuse Risk Reduction** programme (in 2 versions), which was shown to improve parent-child interaction and communication for older children post-intervention (2 studies) and at one-year follow up (one study). The only 2 school-level interventions we surveyed (UP and MindMatters, both targeting adolescents) appear to have some effect on resilience-related outcomes in the short-term, but no long-term evaluation was reported in the systematic review we took them from. Therefore, we could not identify any promising programmes.

Preventing emotional difficulties

We identified 70 interventions that were evaluated on their impact on emotional difficulties. Fifty-nine were individual-level interventions, 4 had a family-level component, and 7 had a school-level component.

Despite the large evidence base for individual-level interventions, the main finding was that very few interventions have been reliably demonstrated to prevent emotional difficulties. It is true that many interventions have been shown to have some degree of effectiveness in the short term, but it is rarely the case that this effect is systematically observed across different evaluations, and it is even more rare that the effect is maintained after 6 months or one year; this applies to both children and adolescents. Nevertheless, we were able to identify a number of promising interventions at the individual level. There is strong evidence that **FRIENDS for Life** effectively prevents anxiety disorders after the intervention, for both younger and older children, according to findings from 5 evaluations; evidence of long-term effectiveness is rather poor, however, but one study found that the positive effect on anxiety persisted up to one year post-intervention. In contrast, the **Penn Resiliency Programme** (including its close kin **Penn Preventive Programme**) and the **Resourceful Adolescent Programme** may be considered promising for preventing depression among adolescents, based on 3 and 2 studies, respectively; the improvements brought about by these programmes at post-intervention are though not sustained over time. Another promising intervention for adolescents, **LARS&LISA**, successfully improves depressive symptoms post-test, but only one of the 3 studies evaluating this programme reported sustained benefit after 6 months.

We only found a few family-level and school-level interventions, and there is lack of robust and long-term evidence of effectiveness. Among the family-level interventions we found, **FRIENDS for Children**, which can involve both young children and adolescents, may be deemed promising: across 8 evaluations, it was systematically shown to reduce anxiety symptoms post-intervention, and there is good evidence of effectiveness at 12-month follow up (2 studies) and, at least for younger children, even after 3 years following implementation (one study). It is worth highlighting the family-level variant of

the Resourceful Adolescent Programme as well, for which there is indeed some evidence of it successfully reducing depressive symptoms after 10 months post-intervention (performing better than its individual-level variant), although it cannot be deemed as promising according to our criterion, due to lack of evaluation studies. In terms of school-level interventions, the review only identified MindMatters, but the evidence for this intervention was not extensive enough to suggest it may be promising.

Promoting subjective wellbeing

We identified 17 interventions that were assessed for their impact on subjective wellbeing. Eight were individual-level interventions, only one included a family-level component, and a further 9 included a school-level component.

There is very limited evidence that the individual-level interventions identified improve subjective wellbeing. While some programmes, particularly those targeting adolescents, may lead to improved outcomes in the short term, little can be said in relation to long-term effectiveness. We did not identify any promising interventions. We flag mindfulness-based interventions, such as Learning to Breathe and Mindfulness Based Stress Reduction, as being potentially the most effective, however they require some amount of self-administered effort on the part of adolescents.

There was virtually no evidence of effectiveness for the family-level and school-level interventions we identified, either in the short or in the long term. Even for the only interventions that led to some improvement, KISS and an anonymous programme based on yoga sessions, evidence of effectiveness is limited, and there are concerns regarding the long-term stability of the improvement in subjective wellbeing. In light of such a poor evidence base, we could not pinpoint any promising intervention at family- or school-level either.

Promising interventions: summary table

In the table below, we illustrate some key features of the 8 promising interventions we identified based on the evidence we collected. These are: FRIENDS (including FRIENDS for Children and FRIENDS for Life), LARS&LISA, PATHS, Penn Resiliency Programme (including Penn Preventive Programme), Resourceful Adolescent Programme, Triple P Online, Substance Abuse Risk Reduction (version 1 and version 2), and Zippy's Friends. The table displays, for each promising intervention, target age, a brief description, evidence of effectiveness from the overview of systematic reviews, and ratings of evidence quality and cost taken from the Early Intervention Foundation (EIF) website (where available).

We have considered an intervention to be promising if there are at least 2 separate evaluation studies that show some degree of effectiveness, whether or not the effect persists in the long term (we do, however, note the timing of any follow up).

Promising intervention	Age	Key elements	Effectiveness as identified in overview of systematic reviews	EIF evidence ratings	EIF cost ratings
FRIENDS (including FRIENDS for Children and FRIENDS for Life) (from Early Intervention Foundation website)	Primary or early secondary school FRIENDS for Children: Age 4-7 years	Group, school setting. Delivered by teachers (school-led) or psychologist or other health-care professional (health-led). FRIENDS for Children: Play-based experiential learning to develop cognitive behavioural skills.	FRIENDS for Children: 9 studies Post-intervention: Evidence of effectiveness on emotional difficulties at post-intervention (8 studies; for young	Evidence rating: 3 (programme can be described as evidence-based; has evidence from at least one rigorous study demonstrating a statistically	Cost: 1 (low cost to set up, estimated unit cost of < £100). Note: EIF rating for FRIENDS for Life

	FRIENDS for Life: Age 7-13 years	10 x 1-hour sessions. Children are taught skills aimed at helping them to increase their coping skills through stories, games, videos, and activities. Also involves group sessions for parents. FRIENDS for Life: Modules focus feelings, body clues and relaxation, self-talk, changing unhelpful thoughts into helpful thoughts, coping, role models and support teams, problem-solving and developing life skills. Training: Practitioner with QCF-6/7 qualification. Two days of programme training plus booster training. Regular supervision. Fidelity systems: training manual, online and printed materials, video/DVD training,	children only in 1 study). Follow-up: Evidence of effectiveness on emotional difficulties at 4 months (1 study), at 6 months (1 study, for older children only), at 12 months (2 studies; for older children only in 1 study), at 24 months (1 study, for younger children only) and at 36 months (1 study, for younger children only). No effectiveness or negative impact: 1 study: no effectiveness on emotional difficulties.	significant impact on at least one child outcome). Note: EIF rating for FRIENDS for Life (health led).	(health led).
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		<p>face-to-face training, fidelity monitoring.</p>	<p>FRIENDS for Life: 8 studies</p> <p>Post-intervention: Evidence of effectiveness on emotional difficulties at post- intervention (5 studies)</p> <p>Follow-up: Evidence of effectiveness on emotions at 3 months (1 study), at 12 months (2 studies).</p> <p>No effectiveness or negative impact: 1 study: no effectiveness on emotional difficulties. 2 studies: negative effectiveness on</p>		
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			emotional difficulties. Follow-up: 1 study: return to baseline after 3 months.		
LARS&LISA (from Posel et al., (2008); LARS and LISA School Prevention Programme website)	Secondary school Age 13–16 years	Social competence and CBT-based intervention. Posel et al. (2008): 10 sessions of 1.5 hours weekly. School-based with 2 psychologists as trainers. Includes 4 cognitive sessions on understanding relations between cognitions, emotions and behaviours; 4 social sessions on assertiveness and social skills. The adolescent coping role models (named Lars and Lisa) accompany students through topics appearing in exercises and films. Involves role play, transfer to	3 studies Post-intervention: Evidence of effectiveness on emotional difficulties at post-intervention (3 studies) Follow-up: Evidence of effectiveness on emotional difficulties at 6 months (1 study). No effectiveness or negative impact - Follow-up: 2 studies: no effectiveness on emotional	Not included in EIF. Note: Training manual in German.	

		<p>everyday life and positive reinforcement.</p> <p>Website: 6 modules of cognitive and social skills. Delivered by teachers. Fidelity: training manual; implementation and training of teachers supported by “prevention officers”.</p>	<p>difficulties at 6, 8 and 12 months.</p>		
PATHS (from Early Intervention Foundation website)	Primary school Age 6-12 years	<p>Group, school setting.</p> <p>Teachers or school counsellors.</p> <p>30–55 sessions per school year, 20–30 minutes duration.</p> <p>Curriculum provides primary school teachers with systematic, developmentally-based lessons, materials and instructions for teaching emotional literacy, self-control, social competence, positive peer relations and interpersonal problem-</p>	<p>3 studies</p> <p>Follow-up: Evidence of effectiveness on behavioural difficulties at 12 months (1 study), 24 months (1 study; greater benefit for children with behavioural difficulties at pre-intervention).</p> <p>No effectiveness or negative impact:</p>	<p>Evidence rating: 3+ (short-term positive impact from at least one rigorous evaluation along with evidence from other studies).</p>	Cost: 1 (low cost to set up, estimated unit cost of < £100).

		<p>solving skills. Sessions are interactive and include a variety of activities including role plays and games.</p> <p>Training: Teacher with QCF-6 level qualification. 14 hours training plus booster sessions. At least one supervised session.</p> <p>Fidelity: training manual. Other printed material, face to face training, fidelity monitoring, in-class coaching support.</p>	<p>1 study: no effectiveness on behavioural difficulties. Follow-up: 1 study: effectiveness on emotional difficulties not sustained at 24 months.</p>		
<p>Penn Resiliency Programme (including Penn Preventive Programme) (from Early Intervention Foundation website)</p>	<p>Secondary school Age 10–13 years</p>	<p>Group, school setting. 18 x 1-hour sessions. Taught in lessons as part of normal school day, mainly delivered by teachers.</p> <p>Students taught skills and coping strategies to promote realistic thinking, adaptive coping and other resilience skills.</p>	<p>6 studies</p> <p>Post-intervention: Evidence of effectiveness on emotional difficulties at post-intervention (3 studies),</p> <p>Follow-up:</p>	<p>Evidence rating: 2 (preliminary evidence suggesting improves child outcomes but cannot be confident the programme caused the</p>	<p>Cost: 1 (low cost to set up, estimated unit cost of < £100).</p>

		<p>Includes a range of approaches including role play, quizzes, individual, paired and group activities.</p> <p>Training: Teacher with QCF-6/7 (or in some cases can be taught by teaching assistants or mentors with minimum QCF-2). 35 hours training. No booster sessions or supervision involved.</p> <p>Fidelity: Training manual, other printed materials, telephone support for teachers.</p>	<p>Evidence of effectiveness on emotional difficulties at 6 months (2 studies; only for Latino children in 1 study), at 12 months (1 study; only for Latino children), and at 24 months (1 study; only for Latino children).</p> <p>No effectiveness or negative impact: 1 study: no effectiveness on emotional difficulties.</p>	<p>change; not rigorous eg RCT studies).</p>	
<p>Resourceful Adolescent Programme (from RAP-A Program website)</p>	<p>Secondary school Age 9–16 years</p>	<p>Group, school setting.</p> <p>RAP-A: Developed to build resilience and promote positive mental health in teenagers aged 12–16; aims to prevent teenage depression and related difficulties.</p>	<p>3 studies</p> <p>Post-intervention: Evidence of effectiveness on emotional difficulties at post-intervention (2 studies).</p>	<p>Not included in EIF.</p> <p>Australia-based programme. Online resources and Skype-based</p>	

		<p>It is a positively-focused program that consists of 11 sessions of approximately 50 minutes duration. The program is usually run as part of the school curriculum (from grades 7 to 10) and it can be delivered by a range of professionals (eg psychologists, mental health nurses, school counsellors, teachers or community workers).</p> <p>Training: 1-day training. Both days recommended.</p> <p>Fidelity: Training manual (no other details available on website).</p>	<p>No effectiveness or negative impact: 1 study: no effectiveness on emotional difficulties. Follow-up: 2 studies: effectiveness on emotional difficulties not sustained at longer term follow-up.</p>	<p>training available.</p>	
<p>Substance Abuse Risk Reduction Programme</p>	<p>Secondary school Age 10–17 years</p>	<p>Computer-mediated; home setting. Version 1: aims to enhance girls' relationships with their</p>	<p>3 studies</p> <p>Post-intervention: Evidence of effectiveness on</p>	<p>Not included in EIF</p>	

<p>(Version 1: Schinke et al., (2004); version 2: Fang et al., (2010))</p>	<p>mothers and teach girls cognitive behavioural skills to avoid underage drinking. Focusses on rapport building, parent-child communication, and respect between girls and their mothers. Also addresses conflict management and ground rules for negotiating arguments and uses role play to teach refusal skills. Each intervention module was introduced and demonstrated by animated characters portraying an adolescent girl and her mother.</p> <p>Version 2: modules for girls and mothers to complete together include: mother-daughter relationship; conflict management; substance use opportunities; body</p>	<p>resilience at post-intervention (2 studies),</p> <p>Follow-up: Evidence of effectiveness on resilience at 12 months (1 study).</p> <p>No effectiveness or negative impact: 1 study: no effectiveness at post-intervention.</p>	<p>May not be available online.</p>	
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		<p>image; mood management; stress management; problem solving; social influences and self-efficacy.</p> <p>No details on support/facilitation or training, or any support materials.</p>			
Triple P Online (from Early Intervention Foundation website)	Primary school Age 2–9 years	<p>Online or app; home setting.</p> <p>Self-directed web-based parenting intervention. Eight sessions lasting 30-60 mins. Can include 3 hours practitioner support spread over 4 sessions of 45 mins.</p> <p>Eight modules focusing on parenting principles, parenting strategies and how to put these into operation using parenting plans.</p> <p>Includes personalized content, interactive exercises, parent</p>	<p>3 studies</p> <p>Post-intervention: Evidence of effectiveness on behavioural difficulties at post-intervention (3 studies) Evidence of effectiveness on resilience at post-intervention (2 studies).</p> <p>Follow-up: Evidence of effectiveness on behavioural</p>	Evidence rating: 3+. (short-term positive impact from at least one rigorous evaluation along with evidence from other studies).	Cost: 1 (low cost to set up, estimated unit cost of < £100).

		<p>“voxpops”, and video-based modelling of parenting skills. Also includes printable workbook.</p> <p>Training: Practitioner with QCG level 4/5 previously trained in the Triple P programme.</p> <p>Supervision recommended.</p> <p>Fidelity: printed material, online material, face to face training, fidelity monitoring.</p>	<p>difficulties at 6 months (2 studies).</p> <p>Evidence of effectiveness on resilience at 6 months (2 studies).</p>		
Zippy's Friends (from Early Intervention Foundation website)	Primary school Age 5–7 years	<p>Group; school setting.</p> <p>24 sessions of 45-60 mins duration.</p> <p>Six modules: feelings, communication, relationships, bullying and conflict, change and loss, summary module.</p> <p>Based on stories about cartoon characters and their pet stick insect, Zippy. Delivered by</p>	<p>5 studies</p> <p>Evidence of effectiveness on resilience but timing of assessment not reported (4 studies).</p> <p>No effectiveness or negative impact:</p>	<p>Evidence rating: 2+ (preliminary evidence suggesting improves child outcomes but cannot be confident the programme caused the change; not</p>	<p>Cost: 1 (low cost to set up, estimated unit cost of < £100).</p>

		<p>teacher in classroom who tells story and asks discussion questions. Additionally, includes games, activities and role play. Includes parent information sessions and activities to complete at home.</p> <p>Training: delivered by teacher with QCF-6 level qualification. Six hours of programme training. No booster sessions involved. One supervised session recommended.</p> <p>Fidelity: training manual, other printed material, online material, fidelity monitoring, international workshop for supervisors.</p>	<p>1 study: no effectiveness on resilience.</p>	<p>rigorous eg RCT studies but higher quality studies than for level 2).</p>	
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