



Public Health
England

Protecting and improving the nation's health

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

Methodology report of the synthesis of systematic reviews and grey literature review

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.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000

www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk)

Facebook: www.facebook.com/PublicHealthEngland



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Methods

The review comprised 2 components: a synthesis of systematic reviews and a review of grey literature which included a call for submissions.

Synthesis of systematic reviews

A review protocol based on the Population Intervention Comparison Outcome (PICO) format was drawn up with input from clinical and other professional advisors to direct the systematic review process (see Appendix 3 in Report of the findings of a Special Interest Group for full details).

Following a number of iterations, again with input from expert advisors and information specialists, a systematic search for English language studies was conducted in the following databases from 1st January 2008 to 8th November 2018: Web of Science Core Collection (Science Citation Index Expanded; Social Science Citation Index Expanded; Arts and Humanities Citation Index; Conference Proceedings Citation Index – Science edition; Conference Proceedings Citation Index – Social Science + Humanities edition; Emerging Sources Citation Index (2015–); Book Citation Index (2005–)); Medline; BIOSIS Citation Index; BIOSIS Previews; Cochrane Central Database of Controlled Trials (CENTRAL) [Cochrane Library]; SciELO Citation Index and PsycInfo. The NHS Evidence, “Trip” and “Mental Elf” online databases were also searched. Studies were identified using search terms for children and young people combined with terms for mental health and wellbeing, universal interventions, school and community settings and systematic reviews (see Search Strategy document for full search strategy).

A first round of citation screening based on article title and abstract was conducted to remove studies that clearly did not fit our inclusion criteria. A second round of screening was then undertaken and any systematic reviews that appeared to fit our review protocol, or where there was uncertainty, were identified for full paper examination.

Inclusion criteria

A citation was included if it was a systematic review of universal interventions aimed at improving mental health and/or emotional wellbeing or preventing poor mental health of children and young people aged 4–18 years. Where it was unclear from the abstract that the interventions being described were being used as universal interventions with children and young people within the specified age range, the full paper was retrieved and checked.

Systematic reviews of any type of study, including qualitative studies and those with no control group, were included in the overview of systematic reviews. Studies where samples comprised over 50% adults aged above 25 years were excluded. Studies of any type of universal intervention aimed at improving mental health or wellbeing were included. Interventions targeting specific populations were excluded including those of children and young people with diagnosed mental illness or at risk of mental illness. Studies where an intervention programme was implemented across a whole school or community setting categorized as being “vulnerable” or at risk of high levels of poor mental health were included. Studies comparing an intervention with a non-therapeutic control (eg usual personal, health and social education lessons) and studies comparing an intervention with another active intervention (eg a programme delivered by a teacher vs. the same programme delivered by a health professional) were included in the review. For the purposes of this review, we focused on outcomes that were an assessment of children or young people's mental health and/or wellbeing. Studies reporting outcomes relating to solely stigma, parenting skills or mental health literacy were excluded.

All systematic reviews containing studies evaluating interventions meeting the inclusion criteria as set out in the review protocol were listed in the first instance. Where at least 90% of the included studies fully met these criteria the whole systematic review was reviewed and data extracted into a pro-forma (using Excel, data table labelled “Included”). Systematic reviews containing some studies that matched our inclusion criteria were also noted in Excel (labelled “Partial-match”) with the intention that some could be added to the overview of systematic reviews if studies were present that would broaden the mapping, ie contain types interventions not already covered in the first round of reviewing. Excluded studies were also recorded in Excel along with the reason for exclusion. (See Synthesis of systematic reviews - data extraction table for full details).

Citation screening and study selection for inclusion was carried out by one of 3 researchers. Uncertainties were resolved through discussion.

Data extraction and quality assessment

Information on participants, interventions, study characteristics and mental health outcomes were extracted directly into a summary data extraction table from the included systematic reviews (using Excel). Characteristics of studies contained in the systematic reviews included country, components and duration of the interventions, people delivering the interventions, settings and total number of participants. The age of the children and young people involved in the intervention programmes was noted. Data for self- and clinician or teacher-rated outcomes were extracted for all outcomes relating to mental health and emotional wellbeing. The quality of the included studies

was reported as per the rating given by the systematic review authors, described in the Lay summary report of the synthesis of systematic reviews and grey literature review.

Data analysis

In order to map the effectiveness of the reviewed interventions it was noted whether reviewed interventions showed evidence of effectiveness or not. This was based upon effectiveness as defined by the review authors. Where possible this was recorded separately for individual studies; where this was not possible overall findings of the systematic review were reported. Details of statistical tests and values were not recorded.

Review of grey literature

Two different searches were conducted to identify grey literature to broaden the mapping of universal interventions: (1) targeted websites searching online, and (2) a call for submissions from experts in the field (via email).

The following websites were searched: What Works Centre for Wellbeing; The Faculty of Public Health; PROSPERO; Mental Elf; Local Government Association network; Early Intervention Foundation.

Emails asking for universal prevention approaches to children and young people's mental health were sent to: 1) Public Health England Special Interest Group; 2) Public Health England CYPF and mental health leads; 3) Individuals from 6 local partnerships (Blackpool, Cornwall, Hull, Kent, Newham, and Wolverhampton) and 2 universities that are involved in the HeadStart project (University of Brighton and University of Wolverhampton); 4) Institute of Health Visiting; 5) Anna Freud Centre Network comprising ~6,250 mental health professionals across the UK; 6) Schools in Mind Network comprising ~6,500 school staff and allied professionals; 7) School of Public Health Research; 8) What Works Centre; 9) NHS England ; 10) CYP MH commissioner network; 11) Youth Sport Trust; 12) Speech Language and Communication; 13) voluntary, community and social enterprise sector - CYP Mental Health Coalition; 14) NHS England clinical networks; 15) Collaboration for Leadership in Applied Health Research (CLAHRC) networks.

Inclusion criteria

An intervention was included if it was a universal intervention aimed at improving mental health and/or emotional wellbeing or preventing poor mental health of children and young people aged 4–18 years. Similar to the overview of systematic review, an intervention was excluded if the aim was only to improve stigma, parenting skills and mental health literacy.

Data extraction

The following information were extracted from the identified interventions and recorded in Excel: name of the intervention, a short description of the intervention, which domain the intervention was related to (individual, family, school, community or mixed), where possible a link to further information and where available cost/effectiveness information. See Summary of interventions identified in the grey literature review. Lastly, the interventions were highlighted if they were also identified in the overview of systematic reviews and if they were covered in the [EIF Guide Book](#).

Mapping framework

The findings from the review including the grey literature search were summarised using the following mapping framework:

1. Domains

Individual: interventions intended to enhance the knowledge, attitudes, skills of individuals (for example in relation to promoting resilience, social and emotional skills).

Family/carer/parent: interventions that aim to improve the quality of parent/child relationships/ communication; fostering a positive family environment; parent led mental health interventions.

School/college: interventions or programmes that focus on the context of the learning environment (whole school approach, curriculum, teacher training, sense of belonging, teacher connectedness).

Wider community: interventions that are community centred/focussed – delivered in or outside of the school setting (youth club, guides, scouts, churches, libraries, sports clubs etc.); seeking to address wider determinants which may influence mental health – housing, poverty, food scarcity; seeking to engender a sense of social connectedness/belonging/control and voice; enhancing mental wellbeing through access to green spaces.

In addition we sought to also draw out:

2. Any information that highlighted who was involved in delivering the intervention – for example school nursing (Healthy Child Programme), education psychologists, school counsellors, teachers (curriculum, whole school approach), voluntary sector.

3. Where approaches to address mental wellbeing were integrated with addressing other health issues – physical activity, obesity, drugs, alcohol, tobacco, adverse childhood experiences.

4. Any digital approaches.