Best Practice Review and Evaluation of Whole School Approach within Mental Health Support Teams (MHSTs) – Literature Search

Introduction

This literature review was undertaken as the first stage of a Best Practice Review and Evaluation of Whole School Approach (WSA) within MHSTs in the South-East and East of England between November 2020 and September 2021. The review and evaluation took place in recognition of a gap in current national monitoring and evaluation measures for MHSTs, which tend to be weighted towards clinical outcomes. The review also recognised that while there is evidence of the impact of WSAs on emotional health and wellbeing, little is known at this stage about how local teams are developing the WSA element of MHSTs and what impact this might be having.

All project outputs (of which this is one) are intended to be used by local areas to support them to deliver MHSTs in line with best practice and the evidence base. Project outputs will also be shared regionally and nationally to inform MHSTs and other developments relating to school-based emotional wellbeing and mental health work.

Background

The development of MHSTs in schools is a core component of the Government's 2017 Green Paper "Transforming Children and Young People's Mental Health Provision". The model is based on three core components:

1. Delivering evidence-based interventions in schools for mild to moderate mental health issues.

2. Supporting the senior mental health lead in each education setting to introduce or develop their whole school or college approach.

3. Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education.

Process for undertaking the literature review

In conducting the literature review we undertook the following process:

1. Electronic evidence search undertaken by librarian from Surrey and Sussex Library and Knowledge Services[1].
2. Review of references from initial literature search to include references that were not included in the initial electronic search.
3. A review of the references from the secondary references (point 2).
4. Exclusion of less relevant documents
5. Sub-categorisation of references to support readers to navigate:
   Why is this work important?
   What is a WSA to EHWB?
   How do you deliver WSAs to EHWB?
   Recommendations for practice/future research
6. Reading and summarising all remaining references; creation of an electronic alphabetical reference list **here** [link across to Excel document]

Search details

The literature review focused on best practice WSA work to support emotional health and wellbeing. The search was not restricted to England and contains research from Europe, Australia, Scotland and Ireland where various initiatives and interventions involving whole school approaches to emotional, mental health and wellbeing have been trialled with differing degrees of success. A number of case studies and interventions from the UK are incorporated. Although the date range applied is 2014-2021, one study from 2009 has been included.

Search terms …
Electronic evidence search used "" as terms. Review of references from the initial search also included some broader whole school approach work to reduce aggression, violence and bullying and to improve relationships. These studies had very similar findings in terms of the need for a multi-component approach.

Summary of findings

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[1] *Evidence search: Whole School Approach (WSA) to emotional health and wellbeing and mental health* Alison McLaren (29 January 2021). East Surrey Hospital, UK: Surrey and Sussex Library and Knowledge Services.

Contents

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Social and emotional wellbeing in secondary education

Public Health England (PHE). (2021).
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Anna Freud National Centre for Children and Families
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A. Guidance

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CASEL

The 2015 CASEL Guide: Effective Social and Emotional Learning Programs—Middle and High School Edition identifies school-based programs that have been evaluated with middle and high school students and that promote students' personal and social competence. The CASEL Guide applies a systematic framework for assessing the quality of SEL programs. Specifically, the Guide identifies and rates well-designed, evidence-based SEL programs with potential for broad dissemination to schools across the United States. The main purpose of the Guide is to give educators information for selecting and implementing SEL programs in their districts and schools. The Guide also describes the significant advances the SEL field has made in the past decade, establishes new definitions of SEL at the secondary level, provides suggestions for future research and practice in SEL, and describes innovative approaches to educational practice (e.g., programs that promote mindful awareness) that may also contribute to students' social and emotional development.

CASEL. (2013).

CASEL Guide: Effective Social and Emotional Learning Programmes Preschool and Elementary School Edition. https://casel.org/preschool-and-elementary-edition-casel-guide/ (2021 update anticipated)

CASEL

The 2013 CASEL Guide: Effective Social and Emotional Learning Programmes—Preschool and Elementary School Edition is a North American guide providing a systematic framework for evaluating the quality of classroom-based SEL programmes. It uses this framework to rate and identify well-designed, evidence-based SEL programmes with potential for broad dissemination to schools across the United States. The primary goal of the Guide is to give educators information for selecting and implementing SEL programmes in their districts and schools. It also documents the significant advances the SEL field has made in the past decade, establishes new and more rigorous standards for SEL programme adoption, and provides suggestions for next steps for SEL research and practice. The 2013 CASEL Guide provides information on 23 SELect programmes. Four programmes target preschool-age children, 16 are designed to be used with children in elementary school (K-5), and three serve both preschool and elementary. These programmes vary in the approach they take to promoting students' social and emotional skills, but all have documented impact on students' behaviour and/or academic performance. Traditionally, most SEL programmes have used explicit lessons to teach students social and emotional skills. This was the most common approach of the SELect programmes included in the 2013 Guide. This Guide also identified several evidence-based SEL programmes that provide teachers with academic content while simultaneously promoting SEL. Other programmes emphasize using teacher instructional and classroom management practices to create classroom environments that foster social, emotional, and academic competence.

National Institute for Health and Care Excellence (NICE). (2008).
Social and emotional wellbeing in primary education (PH12).
https://www.nice.org.uk/guidance/ph12 (being revised expected publication May'22 with consultation autumn '21)
National Institute for Health and Care Excellence

This guideline covers approaches to promoting social and emotional wellbeing in children aged 4 to 11 years in primary education. It includes planning and delivering programmes and activities to help children develop social and emotional skills and wellbeing. It also covers identifying signs of anxiety or social and emotional problems in children and how to address them. This guideline includes recommendations on: developing comprehensive programmes, universal approaches and targeted approaches for children showing early signs of emotional and social difficulties

National Institute for Health and Care Excellence (NICE). (2009).
Social and emotional wellbeing in secondary education (PH20)
https://www.nice.org.uk/guidance/ph20 (being revised expected publication May'22 with consultation autumn '21)
National Institute for Health and Care Excellence

This guideline covers interventions to support social and emotional wellbeing among young people aged 11–19 years who are in full-time education. It aims to promote good social, emotional and psychological health to protect young people against behavioural and health problems. Recommendations: strategic framework, key principles and conditions, curriculum approaches, working with parents and families, working in partnership with young people, training and continuing professional development.

Public Health England (PHE). (2021).
Promoting children and young people's emotional health and wellbeing: A whole school and college approach
Public Health England

Available online at this link
It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning as well as their physical and social health and their mental wellbeing in adulthood. This document sets out key actions that head teachers and college principals can take to embed a whole school approach to promoting emotional health and wellbeing. These actions are informed by evidence and practitioner feedback about what works. They build on what many schools and colleges are doing across the country but, if applied consistently and comprehensively will help protect and promote student emotional health and wellbeing.

B. Summaries of evidence

Gray, J., Galton, M., McLaughlin, C., Clarke, B., & Symonds, J. (2011).
The supportive school: Wellbeing and the young adolescent. Cambridge: Cambridge Scholars Press.
Cambridge Scholars Press

Available online at this link.

This book contains chapters focusing on; The place of school in young people's lives, methods, scope and challenges; Measurement Issues; The incidence of emotional and behavioural problems; Life Satisfaction and more holistic measures; The changing policy context; The Supportive School (connectedness, relationships, climate); From Primary to Secondary; Changing attitudes over time; Vulnerable groups, bullying and exclusion; wellbeing and international context; Wellbeing and the Influence of the School; Some unanswered questions (school influence, extending the research on transfer); Looking into the future.

Crenna-Jennings, W. (2021).
Young people's mental and emotional health: trajectories and drivers in childhood and adolescence
Education Policy Institute

Available online at this link
This report investigates how mental and emotional health (MEH) changes as children move into and through adolescence, as well as the individual-, family-, school-and area-level factors that drive positive and poor MEH. To supplement the quantitative analysis, virtual focus groups were conducted with young people aged 14 to 16. These had a mixture of genders, backgrounds and experiences related to mental health. Given the known rise in prevalence of mental illness from childhood to adolescence, particularly in girls, this analysis aims to dig more deeply into young people's mental health and wellbeing in this period of life. Poor mental health in adolescence is strongly associated with poor mental health in adulthood, which, in turn, can affect relationships, societal engagement and productivity. Since the arrival of Covid-19, the prevalence of probable mental disorders has risen substantially to one in six young people, from one in nine in 2017. In response, the government has announced a new £500m funding package focused on children and young people's mental health services, yet this amounts to less than £250 per young person with a diagnosable disorder and is unlikely to make a significant difference.

Glazzard, J. (2019).
A whole-school approach to supporting children and young people's mental health
Journal of Public Mental Health

Purpose: Supporting the mental health of children and young people is a global priority. The issue is not specific to England. However, evidence suggests that one in ten children and young people in England has a mental health need. This represents approximately three students in every classroom. The purpose of this paper is to highlight the role of schools in supporting children and young people's mental health. Whilst the paper acknowledges that teachers are not trained health professionals, it is argued that a whole-school approach to mental health can support individuals in schools to remain mentally healthy. The elements of a whole-school approach are identified and discussed and some of the challenges in relation to implementation are considered. Critical to the development of a whole-school approach is the commitment from the school leadership team to promoting student and staff wellbeing. Design/methodology/approach: This is a policy paper not an empirical study. Finding(s): This paper has outlined the policy context in the UK in relation to children and young people's mental health. It has addressed the risk and protective factors which can cause or mitigate against mental ill health and it has outlined the elements of a whole-school approach to mental health. Originality/value: This paper explores the contribution that schools can make to supporting students' mental health. There is limited research which addresses mental

<mark>health in young people from a non-therapeutic angle.</mark> Copyright © 2019, Emerald Publishing Limited.

Available online at this link

Parish, N., Swords, B. & Marks, L. (2020).
Building resilience: how local partnerships are supporting children and young people's mental health and emotional wellbeing
Local Government Association (LGA)

Available online at this link

... Since 2011, <mark>schools have been increasingly encouraged to develop their capacity to support young people's mental health, by training staff or reshaping roles to include responsibility for mental health.</mark> This shift towards a more graduated response across the system, beyond specialist services, was prompted in 2011 by the Government strategy No Health Without Mental Health accompanied by the Implementation Framework published in July 2012. This was further emphasised in January 2014, with the publication of Closing the Gap: priorities for essential change in mental health by the Department of Health. Closing the Gap built on the 2011 strategy with greater urgency given the context of growing backlogs and waiting times for CAMHS. <mark>Closing the Gap, as with previous strategies, strongly emphasises the role of schools in needs identification and early intervention to prevent possible escalation to specialist services.</mark> It also looks at how to improve access to psychological therapies by exploring workforce development and new methods of intervention.

Public Health and Mental Health Foundation (MHF). (2016).
Better Mental Health For All: A public health approach to mental health improvement
Available online at this link

An average classroom in the UK of thirty pupils is likely to include three with a mental health problem, seven who are being bullied and six who are self-harming. It is widely recognised that schools have a role to play in facilitating pupils' success by supporting them to be resilient and mentally healthy. They are an ideal setting for allowing young people to learn more about how to support their mental wellbeing. Schools are an ideal setting to support the promotion of mental wellbeing in young people. <mark style="background:red">Programmes have been shown to offer long-term benefits including improved academic performance. The evidence base for school based interventions is perhaps the most extensive of all approaches.</mark> ... <mark>Ensure there is leadership for and commitment to supporting mental health within educational settings by providing training and support for teachers and head teachers in relation to mental health literacy, including protecting and improving their own mental health</mark>

McLaughlin, C. (Ed.) (2015).
The connected school: A design for well-being. London: Pearson/National Children's Bureau.
National Children's Bureau (NCB)

In the twenty-first century, we need every young person to flourish and achieve their potential; the well-being of young people is certainly an issue of our time. <mark style="background:cyan">This collection of short essays explore through seven think pieces the role of schools, educators and wider society in young people's lives. The authors seek to answer the question, 'How can we improve the lives of children and young people?' and examine how these elements 'connect', putting forward compelling arguments for them working more closely with each other towards better well-being outcomes.</mark> The essays have a conversational tone yet retain a theoretical edge that will stimulate debate. The Connected School aims to encourage a deeper understanding of the

fragmentation and dislocation in young people's lives, especially the most vulnerable, and who want to see children's lives transformed.

Stirling, S., & Emery, H. (2016).
A whole school framework for emotional well-being and mental health: Supporting resources for school leaders
National Children's Bureau

Available online at this link
This set of resources complements the whole school framework self-assessment and improvement tool as it is specifically designed to be used by school leaders when applying the tool It brings together the research evidence and provides practical support by setting out additional information and resources. It is intended to support all schools to create sustainable and manageable responses to the emotional wellbeing and mental health needs of both students and staff. http://www.ncb.org.uk/what-we-do/improving-practice/wellbeing-mental-health/schools-wellbeing-partnership/whole-school

Weare, K. (2015).
What works in promoting social and emotional well-being and responding to mental health problems in schools?
National Children's Bureau

Available online at this link
A systematic review of best practice and research worldwide was conducted by Professor Katherine Weare for the Partnership for Wellbeing and Mental Health in Schools, which is a national network of 40 organisations hosted by the National Children's Bureau. The framework outlines effective approaches that include professional learning and staff development; adopting whole-school thinking; and developing robust policies to underpin a supportive environment. The emphasis is on developing a school and classroom climate which builds a sense of connectedness and purpose so that all children can thrive. The review also highlights the need to promote staff wellbeing and particularly to address their stress levels.

The findings identify the triggers that can lead to mental health issues such as: lack of trust; communication and relationship breakdowns; and the possible lack of extended family ties. The framework demonstrates how to engage the whole school community so that pupils feel their voice is heard and parents, carers and families feel they genuinely participate, particularly those of pupils in difficulties who otherwise may feel stigmatised.

Orygen. (2020).
Evidence summary - A review of secondary school-based mental health prevention programs
Available online https://www.orygen.org.au/Training/Resources/Depression/Evidence-summary/A-review-of-secondary-school-based-mental-health-p/orygen-schools-evidence-summary-pdf.aspx?ext=.

This evidence summary, undertaken in Australia, provides an overview of the current evidence for school-based mental health programmes. It is aimed at professionals who have a role in supporting the mental health of young people in secondary school, including health and mental health professionals, educators, school leaders, policymakers, funders, commissioners and researchers. The evidence summary outlines why secondary schools are

important settings for youth mental health; the different types of school-based mental health programmes; evidence for universal and targeted secondary school-based programmes aimed at depression and anxiety;considerations for interpreting the evidence and for future research; and implications for practice

Brooks, F. (2014).
The link between pupil health and wellbeing and attainment
Available from
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/370686/HT_briefing_layoutvFINALvii.pdf
Public Health England.

Research evidence shows that education and health are closely linked.1,2 So promoting the health and wellbeing of pupils and students within schools and colleges has the potential to improve their educational outcomes and their health and wellbeing outcomes. This briefing draws on a rapid review approach that provides a broad, succinct scope of the scientific evidence. The complexity of the interrelationships between outcomes makes it difficult to draw firm conclusions about causality. However, this briefing offers head teachers, governors and school staff a summary of the key evidence that highlights the link between health and wellbeing and educational attainment. It underlines the value for schools of promoting health and wellbeing as an integral part of a school effectiveness strategy, and highlights the important contribution of a whole-school approach. Key points from the evidence 1. Pupils with better health and wellbeing are likely to achieve better academically. 2. Effective social and emotional competencies are associated with greater health and wellbeing, and better achievement. 3. The culture, ethos and environment of a school influences the health and wellbeing of pupils and their readiness to learn. 4. A positive association exists between academic attainment and physical activity levels of pupils.

Public Health Institute. (2019).
Supporting Young People's Emotional Health and Well-Being in Sefton: Final Report
Public Health Institute at Liverpool John Moores University

Available online at this link
Poor mental health is perceived to be an increasing issue among children and young people. Research has demonstrated that approximately 200,000 young people are referred to specialist mental health services each year in England – putting increasing pressures on services. The significant role of wider structural factors, including higher-level political and economic factors, in affecting children and young people's EHWB should not be minimised and there should be concerted efforts to incorporate an inequalities perspective when addressing children and young people's EHWB. Poor EHWB in childhood can often have a lasting impact into adulthood. Having a trusted adult that they can confide in is important for children and young people's EHWB, especially if the child or young person has experienced, or is at risk of experiencing, adverse childhood experiences. National approaches to improving young people's EHWB continue to be an important influence on, and driver of, practice. Recent years have seen the publication of a number of government strategies focused on introducing preventative measures as well as increased provision for those that have already developed EHWB issues. Universal whole-school approaches are more effective than approaches based on targeted or classroom-based teaching but should not be viewed as a short term, quick fix solution to children and young people's EHWB. Intervention impacts on the school culture and environment may take some time to realise. Successful implementation and delivery requires long-term and multi-year commitment from funders,

government departments, communities, and schools. Programmes should be acceptable to teachers and should incorporate evidence based teaching strategies. Schools have an important role to play in identifying and meeting the need of students having difficulties with their EHWB, but without a supporting whole-school framework, school staff may not be able or ready to deliver such support. Schools also have a key role in identifying and referring young people to specialist mental health services and should be supported to develop good working arrangements with local mental health services. The research identifies how EHWB support is delivered and the outcomes this has. It also explores recommendations for future research and practice.

Demkowicz, O. & Humphrey, N. (2017).
Whole school approaches to promoting mental health: what does the evidence say?
Ola Demkowicz and Neil Humphrey
Evidence Based Practice Unit

Available online at this link
Evidence Briefing #5: October 2019 In collaboration with: Manchester Institute of Education, University of Manchester This briefing is about using a whole school approach to promote mental health. Such approaches are a characteristic feature of HeadStart (see examples in case studies 1, 2 and 3) and are also encouraged in advice published by the Department for Education: "Schools have an important role to play in supporting the mental health and wellbeing of children by developing whole school approaches tailored to their particular needs." We define a 'whole school approach' as working at a number of levels across a school to enact change, in relation to: (i) leadership and management; (ii) school ethos and environment; (iii) curriculum, teaching and learning; (iv) student voice; (v) staff development, health and wellbeing; (vi) identifying need and monitoring impact; (vii) targeted support; and, (viii) working with parents/carers.
- Case study one: HeadStart Hull
- Case study two: HeadStart Kernow
- Case study three: HeadStart Kent

C. Systematic Reviews, meta analysis, literature reviews

Fenwick-Smith, A., Dahlberg, E. E., & Thompson, S. C. (2018).
Systematic review of resilience-enhancing, universal, primary school-based mental health promotion programs (2018)
BMC Psychology

Available online at this link
Background: Wellbeing and resilience are essential in preventing and reducing the severity of mental health problems. Equipping children with coping skills and protective behavior can help them react positively to change and obstacles in life, allowing greater mental, social and academic success. This systematic review studies the implementation and evaluation of universal, resilience-focused mental health promotion programs based in primary schools. Methods: A systematic review of literature used five primary databases: PsycINFO; Web of Science; PubMed; Medline; Embase and The Cochrane Library; and keywords related to (a) health education, health promotion, mental health, mental health promotion, social and emotional wellbeing; (b) school health service, student, schools, whole-school; (c) adolescent, child, school child, pre-adolescent; (d) emotional intelligence, coping behavior, emotional adjustment, resilienc*, problem solving, to identify relevant articles. Articles included featured programs that were universally implemented in a primary school setting

and focused on teaching of skills, including coping skills, help-seeking behaviors, stress management, and mindfulness, and were aimed at the overall goal of increasing resilience among students. Results: Of 3087 peer-reviewed articles initially identified, 475 articles were further evaluated with 11 reports on evaluations of 7 school-based mental health promotion programs meeting the inclusion criteria. Evaluation tools used in program evaluation are also reviewed, with successful trends in evaluations discussed. Encouraging results were seen when the program was delivered by teachers within the schools. Length of programing did not seem important to outcomes. Across all 7 programs, few long-term sustained effects were recorded following program completion. Conclusions: This review provides evidence that mental health promotion programs that focus on resilience and coping skills have positive impacts on the students' ability to manage daily stressors.

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions.
Child Development

This article presents findings from a meta-analysis of 213 school-based, universal social and emotional learning (SEL) programs involving 270,034 kindergarten through high school students. Compared to controls, SEL participants demonstrated significantly improved social and emotional skills, attitudes, behavior, and academic performance that reflected an 11-percentile-point gain in achievement. School teaching staff successfully conducted SEL programs. The use of 4 recommended practices for developing skills and the presence of implementation problems moderated program outcomes. The findings add to the growing empirical evidence regarding the positive impact of SEL programs. Policy makers, educators, and the public can contribute to healthy development of children by supporting the incorporation of evidence-based SEL programming into standard educational practice

Carta, M. G., Fiandra, T. Di, Rampazzo, L., Contu, P., & Preti, A. (2015).
An overview of international literature on school interventions to promote mental health and wellbeing in children and adolescents.
Clinical Practice & Epidemiology in Mental Health

Introduction: Mental disorders are the largest cause of the burden of disease in the world. Most of the burden affecting adult life has its onset during childhood and adolescence. The European Pact for Mental Health and Wellbeing calls for immediate action and investments in the mental health of children and adolescents. Schools may be the ideal location for promoting health and delivering healthcare services, since schools are a location where young people usually spend their daytime and socialize, schools are easily accessible to families, can provide non-stigmatizing health actions, and form links with the community. Aims and Goals of this Special Issue: This issue is developed within the framework of the Joint Action on Mental Health promoted by the European Commission. This special issue presents a set of systematic reviews on the evidence of the international literature on school interventions for the promotion of the mental health and wellbeing of children and adolescents. It is focused on five topical main areas: promoting general health and wellbeing; programs targeting specific mental disorders and conditions and integration of adolescents with mental health problems; Bullying; Sport; Alcohol and Drugs. An additional paper on the results of the largest epidemiological study conducted in some European countries on the prevalence and relative risk factors of mental disorders in school-age completes the issue. Conclusion: These reviews are a first contribution to address future European research and

interventions, in particular about the multiple ways through which European policies could support the schooling and wellbeing of children and adolescents.

Langford, R., Bonell, C. P., Jones, H. E., Pouliou, T., Murphy, S. M., Waters, E., …Campbell, R. (2014).
The WHO health promoting school framework for improving the health and well-being of students and their academic achievement.
The Cochrane Library https://www.cochrane.org/CD008958/BEHAV_the-who-health-promoting-school-framework-for-improving-the-health-and-well-being-of-students-and-their-academic-achievement

Health and education are strongly connected: healthy children achieve better results at school, which in turn are associated with improved health later in life. This relationship between health and education forms the basis of the World Health Organization's (WHO's) Health Promoting Schools (HPS) framework, an approach to promoting health in schools that addresses the whole school environment. Although the HPS framework is used in many schools, we currently do not know if it is effective. This review aimed to assess whether the HPS framework can improve students' health and well-being and their performance at school.
Study characteristics: We searched 20 health, education, and social science databases, as well as trials registries and relevant websites, for cluster-randomised controlled trials of school-based interventions aiming to improve the health of young people aged four to 18 years. We only included trials of programmes that addressed all three points in the HPS framework: including health education in the curriculum; changing the school's social or physical environment, or both; and involving students' families or the local community, or both.
Key results: We found 67 trials, comprising 1345 schools and 98 districts, that fulfilled our criteria. These focused on a wide range of health topics, including physical activity, nutrition, substance use (tobacco, alcohol, and drugs), bullying, violence, mental health, sexual health, hand-washing, cycle-helmet use, sun protection, eating disorders, and oral health. For each study, two review authors independently extracted relevant data and assessed the risk of the study being biased. We grouped together studies according to the health topic(s) they focused on. We found that interventions using the HPS approach were able to reduce students' body mass index (BMI), increase physical activity and fitness levels, improve fruit and vegetable consumption, decrease cigarette use, and reduce reports of being bullied. However, we found little evidence of an effect on BMI when age and gender were taken into account (zBMI), and no evidence of effectiveness on fat intake, alcohol and drug use, mental health, violence, and bullying others. We did not have enough data to draw conclusions about the effectiveness of the HPS approach for sexual health, hand-washing, cycle-helmet use, eating disorders, sun protection, oral health or academic outcomes. Few studies discussed whether the health promotion activities, or the collection of data relating to these, could have caused any harm to the students involved.
Quality of the evidence: Overall, the quality of evidence was low to moderate. We identified some problems with the way studies were conducted, which may have introduced bias, including many studies relying on students' accounts of their own behaviours (rather than these being measured objectively) and high numbers of students dropping out of studies. These problems, and the small number of studies included in our analysis, limit our ability to draw clear conclusions about the effectiveness of the HPS framework in general.
Conclusions: Overall, we found some evidence to suggest the HPS approach can produce improvements in certain areas of health, but there are not enough data to draw conclusions

about its effectiveness for others. We need more studies to find out if this approach can improve other aspects of health and how students perform at school.

Williams, I., Vaisey, A., Patton, G., Sanci, L. (2020).
The effectiveness, feasibility, and scalability of the school platform in adolescent mental healthcare
Current Opinion in Psychiatry

Purpose of review: Schools are increasingly at the forefront of mental healthcare for young people internationally. This review aims to describe recent developments in school-based mental health activities to respond to mental health needs in adolescents, with a focus on empirical studies aimed at preventing, ameliorating or treating mental disorders. Recent findings: The field is characterized by substantial heterogeneity in program design and research methods. Evidence for effectiveness of single-faceted school-based mental health programs is equivocal. Recent systematic reviews and meta-analyses have reported mixed findings across a variety of single-faceted universal and targeted programs at post-intervention, short-term and long-term follow-up. The largest and most recent review and network meta-analyses conclude there is limited evidence in support of these forms of school-based anxiety and depression prevention programs. Feasibility studies, which include consideration of appropriate service providers, suggest a need to consider schools as complex systems when designing interventions. Recent models adopting whole-school approaches appear feasible, effective and potentially sustainable with modest levels of resourcing. Some feasibility concerns, such as sustainability of effects and resources for implementation, might be better addressed if the whole school system, from policy to curriculum and health service delivery, is orientated toward mental health promotion, Summary: Greater evidence is needed regarding long-term impact and sustainability of interventions. Recent trials of multifaceted and multilevel interventions show particular promise. Future research should further explore strategies embedded within school systems and processes.
Available online at this link

Caldwell, D. M., Davies, S. R., Hetrick, S. E., Palmer, J. C., Caro, P., López-López, J. A., ... & Welton, N. J. (2019)
School-based interventions to prevent anxiety and depression in children and young people: a systematic review and network meta-analysis
The Lancet Psychiatry

Background -Rates of anxiety and depression are increasing among children and young people. Recent policies have focused on primary prevention of mental disorders in children and young people, with schools at the forefront of implementation. There is limited information for the comparative effectiveness of the multiple interventions available. Methods - We did a systematic review and network meta-analysis. We included educational setting-based, universal, or targeted interventions in which the primary aim was the prevention of anxiety and depression in children and young people aged 4–18 years. Primary outcomes were post-intervention self-report anxiety and depression, wellbeing, suicidal ideation, or self-harm. We assessed risk of bias following the Cochrane Handbook for Systematic Reviews of Interventions. There was weak evidence to suggest that cognitive behavioural interventions might reduce anxiety in primary and secondary settings. In universal secondary settings, mindfulness and relaxation-based interventions showed a reduction in anxiety symptoms relative to usual curriculum (SMD −0·65, 95% credible interval −1·14 to −0·19). There was a lack of evidence to support any one type of intervention being effective to prevent depression in universal or targeted primary or secondary settings.

Comparison-adjusted funnel plots suggest the presence of small-study effects for the universal secondary anxiety analysis. Network meta-analysis was not feasible for wellbeing or suicidal ideation or self-harm outcomes, and results are reported narratively. Interpretation - Considering unclear risk of bias and probable small study effects for anxiety, we conclude there is little evidence that educational setting-based interventions focused solely on the prevention of depression or anxiety are effective. Future research could consider multilevel, systems-based interventions as an alternative to the downstream interventions considered here.

Goldberg, J. M., Sklad, M., Elfrink, T. R., Schreurs, K. M., Bohlmeijer, E. T., & Clarke, A. M. (2019).
Effectiveness of interventions adopting a whole school approach to enhancing social and emotional development: a meta-analysis
European Journal of Psychology of Education

Available online at this link . This article presents findings from a meta-analysis which sought to determine the effectiveness of interventions adopting a whole school approach to enhancing children and young people's social and emotional development. Whole school interventions were included if they involved a coordinated set of activities across curriculum teaching, school ethos and environment, and family and community partnerships. A total of 45 studies (30 interventions) involving 496,299 participants were included in the analysis. Post-intervention outcomes demonstrated significant but small improvements in participants' social and emotional adjustment (d = 0.220), behavioural adjustment (d = 0.134), and internalising symptoms (d = 0.109). Interventions were not shown to impact on academic achievement. Origin of study and the inclusion of a community component as part of a whole school approach were found to be significant moderators for social and emotional outcomes. Further research is required to determine the active ingredients of whole school interventions that we can better understand the components necessary to achieve successful outcomes.

Wells, J., Barlow, J., & Stewart-Brown, S. (2003).
A systematic review of universal approaches to mental health promotion in schools.
Health Education

Reviews previous studies of the universal approach to mental health promotion, and disease prevention programmes or interventions in schools. Over 8,000 publications were identified initially and 425 studies obtained for further review. The inclusion criteria were met by 17 (mostly US) studies investigating 16 interventions. Positive evidence of effectiveness was obtained for programmes that adopted a whole-school approach, were implemented continuously for more than a year, and were aimed at the promotion of mental health as opposed to the prevention of mental illness. Provides evidence that universal school mental health promotion programmes can be effective and suggests that long-term interventions promoting the positive mental health of all pupils and involving changes to the school climate are likely to be more successful than brief class-based mental illness prevention programmes.

Weare, K. & Nind, M. (2011).
Mental health promotion and problem prevention in schools: what does the evidence say?
Health Promotion International

The European Union Dataprev project reviewed work on mental health in four areas, parenting, schools, the workplace and older people. The schools work package carried out a systematic review of reviews of work on mental health in schools from which it identified evidence-based interventions and programmes and extracted the general principles from evidence-based work. A systematic search of the literature uncovered 52 systematic reviews and meta-analyses of mental health in schools. The interventions identified by the reviews had a wide range of beneficial effects on children, families and communities and on a range of mental health, social, emotional and educational outcomes. The effect sizes associated with most interventions were generally small to moderate in statistical terms, but large in terms of real-world impacts. The effects associated with interventions were variable and their effectiveness could not always be relied on. The characteristics of more effective interventions included: teaching skills, focusing on positive mental health; balancing universal and targeted approaches; starting early with the youngest children and continuing with older ones; operating for a lengthy period of time and embedding work within a multi-modal/whole-school approach which included such features as changes to the curriculum including teaching skills and linking with academic learning, improving school ethos, teacher education, liaison with parents, parenting education, community involvement and coordinated work with outside agencies. Interventions were only effective if they were completely and accurately implemented: this applied particularly to whole-school interventions which could be ineffective if not implemented with clarity, intensity and fidelity. The implications for policy and practice around mental health in schools are discussed, including the suggestion of some rebalancing of priorities and emphases.

O'Connor, C. A., Dyson, J., Cowdell, F., & Watson, R. (2017).
Do universal school-based mental health promotion programmes improve the mental health and emotional wellbeing of young people? A literature review - PubMed
Journal of Clinical Nursing

Available online at this link
Aims and objectives: To examine evidence-using a range of outcomes-for the effectiveness of school-based mental health and emotional well-being programmes. Background: It is estimated that 20% of young people experience mental health difficulties every year. Schools have been identified as an appropriate setting for providing mental health and emotional well-being promotion prompting the need to determine whether current school-based programmes are effective in improving the mental health and emotional well-being of young people. Methods: A systematic search was conducted using the health and education databases, which identified 29 studies that measured the effectiveness of school-based universal interventions. Prisma guidelines were used during the literature review process. Results: Thematic analysis generated three key themes: (i) help seeking and coping; (ii) social and emotional well-being; and (iii) psycho-educational effectiveness. Conclusion: It is concluded that whilst these studies show promising results, there is a need for further robust evaluative studies to guide future practice. Relevance to clinical practice: All available opportunities should be taken to provide mental health promotion interventions to young people in the school environment, with a requirement for educational professionals to be provided the necessary skills and knowledge to ensure that the school setting continues to be a beneficial environment for conducting mental health promotion.

Adi, Y., Killoran, A., Janmohamed, K., and Stewart-Brown, S. (2007).
Systematic Review of the Effectiveness of Interventions to Promotion Mental Well-being in Primary Schools: Universal approaches which do not focus on violence or bullying. National Institute for Health and Care Excellence.

Background: This randomised controlled trial took place in primary schools where teachers were already trained in the Incredible Years® (IY) teacher classroom management programme and where the universal IY Classroom Dinosaur School social-emotional skills curriculum was being delivered as part of the statutory Welsh personal and social education curriculum. Aims: The study examined whether the IY Small Group Therapeutic Dinosaur School programme had added benefits for children with identified behavioural, social, and/or emotional difficulties. Method: Children were screened for behavioural difficulties using the teacher-rated Strengths and Difficulties Questionnaire and were eligible for study inclusion if teachers rated them as above the cause for concern cut-off on this measure. Two hundred and twenty-one children were randomised to intervention or wait-list control conditions. Assessments of behaviour and social-emotional competence were completed by multiple respondents, including teachers, children and researchers who completed blinded direct observations (on a subsample). Results: Multilevel modeling analyses showed improvements in the problem-solving knowledge of children in the intervention condition (ES = .39 for prosocial and .41 for agonistic solutions), compared to children in the control condition on the Wally Problem Solving measure. Intervention children were also significantly more likely to achieve teacher set social-emotional academic goals. Conclusion: This study shows limited but promising results for the addition of a targeted school-based social-emotional intervention delivered by teachers, alongside a similar class-wide universal curriculum, to young high-risk children.

Blank , L. Baxter, S. Goyder, L., Guillaume,L., Wilkinson, A, Hummel, S. and Chilcott, J. (2009).
Systematic Review of the Effectiveness of Universal Interventions Which Aim to Promote Emotional and Social Well-being in Secondary Schools.
National Institute for Health and Care Excellence

Objectives: This review was undertaken to support the development of NICE guidance on promoting emotional and social wellbeing in secondary schools. It provides a systematic review of the published literature on the effectiveness of school based interventions, which aim to promote emotional and social wellbeing among young people in secondary education, which take a universal (nontargeted) approach. This review was preceded by a mapping review to describe the available literature in the full range of interventions which aim to promote emotional and social wellbeing in secondary schools. The aim of the mapping review was to identify key areas within the literature on which to focus this effectiveness review. The mapping review identified four key groups of studies according to the focus of interventions as follows: · interventions that aimed to promote prosocial skills and behaviours, · interventions to reduce bullying and disruptive behaviours. · interventions to improve mental wellbeing , and · interventions designed to meet objectives related to healthy schools and school safety policy. The first two groups of studies directly addressed the scope questions, and were included in the critical appraisal. Interventions with specific mental wellbeing objectives was excluded as there was a strong focus on targeted interventions. Studies of healthy schools/school safety were excluded as the literature was strongly focused on theory and policy implications. Results: The searches identified 40 studies which met the inclusion criteria. The majority of these focused on tackling bullying and disruptive behaviours (30 studies) with significantly fewer papers focusing on promoting prosocial behaviours and skills (ten studies). The majority of the evidence comes from the USA (twenty two studies) with three studies from the UK and additional evidence from Canada, Australia (four), Germany, Italy, Netherlands, Norway, Finland, and Japan. In terms of study design, there were 19 RCTs, nine controlled before and after (CBA), nine interrupted

time series (ITS) and three of other designs. Based on the NICE quality criteria, most of the RCT studies scored [+] (15 of 19 studies), along with most of the CBA studies (eight of nine studies), and around half of the ITS studies (five of nine studies). The three studies of other design all scored [-]. Due to limitations in study design in these settings, no included studies scored [++] for quality. The review also lists implications from the findings. Results: The literature to support whole school interventions in general is not well developed, especially in terms of good quality effectiveness studies (and particularly those conducted in the UK).

- Strong evidence from six good quality papers of effective interventions to support curriculum approaches to whole school interventions, which aim to promote prosocial behaviours and skills. This evidence suggests that conflict resolution training is successful in promoting prosocial behaviours in the short term and that the use of peer mediators may be effective for longer term outcomes. Also, curriculum interventions to promote prosocial behaviours and skills can have a positive effect on preventing symptoms of anxiety and depression.
- Mixed evidence from a total of seven RCT studies regarding curriculum approaches to whole school intervention which aim to prevent bullying and disruptive behaviours.
- Mixed evidence from a total of eight studies regarding the role of teachers in interventions to prevent bullying and disruptive behaviours. It is important to acknowledge that it is likely that many other interventions did rely heavily on teacher involvement and training without explicitly stating so, this evidence should be treated with caution.
- The evidence suggests that peer mediation is an effective way of promoting prosocial and behavioural skills in the long term.
- The evidence shows that although peer mediation can be effective in reducing bullying and disruptive behaviour it is not always successful. There are no clear patterns to define interventions which were effective or those which were not.
- The evidence suggest that it is beneficial to involved psychologist in the delivery of interventions to prevent anxiety and depression
- The evidence suggests that it is more beneficial to involve agencies whose primary role is to address disruptive behaviours (e.g. youth and family violence centre staff) rather than generic agencies such as the police.
- We identified strong evidence of good quality, to support parent training/education in the implementation of interventions to promote prosocial behaviours. Mixed evidence for bullying and disruptive behaviours. From this evidence it is difficult to judge the effectiveness of parental involvement as none of these studies placed any emphasis on adult related outcomes or perceptions of the programme. However some positive outcomes for the children were seen, suggesting that parental involvement can be beneficial.

Anderson, J. K., Ford, T., Soneson, E., Coon, J. T., Humphrey, A., Rogers, M., Moore, D., Jones, P. B., Clarke, E. & Howarth, E. (2019).
A systematic review of effectiveness and cost-effectiveness of school-based identification of children and young people at risk of, or currently experiencing mental health difficulties.
Psychological medicine

Available online at this link
Background: Although school-based programmes for the identification of children and young people (CYP) with mental health difficulties (MHD) have the potential to improve short- and long-term outcomes across a range of mental disorders, the evidence-base on the effectiveness of these programmes is underdeveloped. In this systematic review, we sought

to identify and synthesise evidence on the effectiveness and cost-effectiveness of school-based methods to identify students experiencing MHD, as measured by accurate identification, referral rates, and service uptake. Method: Electronic bibliographic databases: MEDLINE, Embase, PsycINFO, ERIC, British Education Index and ASSIA were searched. Comparative studies were included if they assessed the effectiveness or cost-effectiveness of strategies to identify students in formal education aged 3-18 years with MHD, presenting symptoms of mental ill health, or exposed to psychosocial risks that increase the likelihood of developing a MHD. Results: We identified 27 studies describing 44 unique identification programmes. Only one study was a randomised controlled trial. Most studies evaluated the utility of universal screening programmes; where comparison of identification rates was made, the comparator test varied across studies. The heterogeneity of studies, the absence of randomised studies and poor outcome reporting make for a weak evidence-base that only generate tentative conclusions about the effectiveness of school-based identification programmes. Conclusions: Well-designed pragmatic trials that include the evaluation of cost-effectiveness and detailed process evaluations are necessary to establish the accuracy of different identification models, as well as their effectiveness in connecting students to appropriate support in real-world settings.

Bonell, C., Jamal, F., Harden, A., Wells, H., Parry, W., Fletcher, A., … Moore, L. (2013). Systematic review of the effects of schools and school environment interventions on health: Evidence mapping and synthesis.
Public Health Research

Background: In contrast to curriculum-based health education interventions in schools, the school environment approach promotes health by modifying schools' physical/social environment. This systematic review reports on the health effects of the school environment and processes by which these might occur. It includes theories, intervention outcome and process evaluations, quantitative studies and qualitative studies. **Research questions:** Research question (RQ)1: What theories are used to inform school environment interventions or explain school-level health influences? What testable hypotheses are suggested? RQ2: What are the effects on student health/inequalities of school environment interventions addressing organisation/management; teaching/pastoral care/discipline; and the physical environment? What are the costs? RQ3: How feasible/acceptable and context dependent are such interventions? RQ4: What are the effects on student health/inequalities of school-level measures of organisation/management; teaching/ pastoral care/discipline; and the physical environment? RQ5: Through what processes might such influences occur? **Data sources:** A total of 16 databases were searched between 30 July 2010 and 23 September 2010 to identify relevant studies, including the British Educational Index, the Cumulative Index to Nursing and Allied Health Literature, the Health Management Information Consortium, EMBASE, MEDLINE and PsycINFO. In addition, references of included studies were checked and authors contacted. Review methods: In stage 1, we mapped references concerning how the school environment affects health and consulted stakeholders to identify stage 2 priorities. In stage 2, we undertook five reviews corresponding to our RQs. **Results:** Stage 1: A total of 82,775 references were retrieved and 1144 were descriptively mapped. Stage 2: A total of 24 theories were identified (RQ1). The human functioning and school organisation, social capital and social development theories were judged most useful. Ten outcome evaluations were included (RQ2). Four US randomised controlled trials (RCTs) and one UK quasi-experimental study examined interventions building school community/relationships. Studies reported benefits for some, but not all outcomes (e.g. aggression, conflict resolution, emotional health). Two US RCTs assessed interventions empowering students to contribute to modifying food/physical

activity environments, reporting benefits for physical activity but not for diet. Three UK quasi-experimental evaluations examined playground improvements, reporting mixed findings, with benefits being greater for younger children and longer break times. Six process evaluations (RQ3) reported positively. One study suggested that implementation was facilitated when this built on existing ethos and when senior staff were supportive. We reviewed 42 multilevel studies, confining narrative synthesis to 10 that appropriately adjusted for confounders. Four UK/US reports suggested that schools with higher value-added attainment/attendance had lower rates of substance use and fighting. Three reports from different countries examined school policies on smoking/alcohol, with mixed results. One US study found that schools with more unobservable/unsupervised places reported increased substance use. Another US study reported that school size, age structure and staffing ratio did not correlate with student drinking. Twenty-one qualitative reports from different countries (RQ5) suggested that disengagement, lack of safety and lack of participation in decisions may predispose students to engage in health risks. **Limitations:** We found no evidence regarding health inequalities or cost, and could not undertake meta-analysis. **Conclusions:** There is non-definitive evidence for the feasibility and effectiveness of school environment interventions involving community/relationship building, empowering student participation in modifying schools' food/physical activity environments, and playground improvements. Multilevel studies suggest that schools that add value educationally may promote student health. Qualitative studies suggest pathways underlying these effects. This evidence lends broad support to theories of social development, social capital and human functioning and school organisation. Further trials to examine the effects of school environment modifications on student health are recommended.

Banerjee, R., McLaughlin, C., Cotney, J. L., Roberts, L, & Pereeboom, C. (2016). Promoting emotional health, well-being, and resilience in primary schools
Public Policy Institute for Wales

Available online at this link http://sro.sussex.ac.uk/id/eprint/66449/

This report synthesises evidence on promoting emotional health, well-being, and resilience in primary schools. We argue that: a) both universal support for all pupils and targeted work for specific groups and individuals can be very effective, and b) connected school systems help to translate the research evidence into sustained positive impacts. We focus on preventing or reducing problems such as emotional difficulties and aggressive behaviour, as well as efforts to promote emotional health more broadly and to address the underlying social and emotional skills. Reported activities involve specific teaching curricula and the use of specialist staff or services, but also encompass broader school systems and climate, as well as pedagogical approaches to teaching and learning. Therapeutic approaches to remediating or preventing emotional difficulties can be successful in schools, but effects are variable and may not be sustained over time. Whole-school approaches to supporting mental health are encouraged, but evidence suggests that the implementation of such approaches is challenging. Specialist school-based staff and services with dedicated responsibilities in this area have an important role to play, but the evidence base for their impacts is not sufficiently developed, and the way in which their activities can be integrated with other school systems needs close attention. There is a compelling evidence base regarding the potential impacts of school-based strategies that are designed to promote social and emotional learning, including both enhancement of a variety of skills and positive attributes and reduction of emotional and behavioural difficulties. Even where social and emotional learning programmes have a very strong evidence base, there is no guarantee of success, as there are significant challenges in terms of both implementing the programme activities and embedding them in broader school systems and everyday interactions. Research on anti-

bullying programmes provides a good illustration of how effective work in this area needs to permeate the school climate. Overall, we recommend a carefully planned and well-supported programme of work on social and emotional learning that is rooted in, and reinforced by, connections with school systems and all stakeholders, and integration with broader pedagogical approaches to good teaching and learning throughout the revised Welsh curriculum.

Be You. (2019).
Mentally Healthy Communities: supporting evidence
Sax Institute
Available online at this link

This systematic review supports the Mentally Healthy Communities domain of Be You Professional Learning. It provides an overview of the research and evidence underpinning each of the modules and allows you to further engage with the key themes and advice. The review provides an in-depth understanding of the context and settings in which evidence for mentally healthy communities has been developed. Specifically looks at the key attributes of a mentally healthy learning community, as well as the strategies that have been shown to be effective in contributing to positive mental health and wellbeing in children and young people within early learning and school settings.

Clarke, A., Sorgenfrei, M., Mulcahy, J., Davie, P., Friedrich, C. & McBride, T. (2021).
Adolescent mental health: A systematic review on the effectiveness of school-based interventions. Early Intervention Foundation.

Available online at this link

Drawing on evidence from 34 systematic reviews published since 2010 together with 97 primary studies published over the past three years, this evidence review provides a comprehensive and up-to-date summary of what works, for whom and under what circumstances. The report consists of three major parts which provide evidence of the effectiveness of interventions designed to:
• Enhance young people's mental health and wellbeing outcomes: this includes social and emotional learning interventions, positive psychology interventions, mindfulness based interventions, positive youth development interventions, and mental health literacy interventions.
• Reduce or prevent internalising symptoms/mental health difficulties, including anxiety and depression prevention interventions, and suicide and self-harm prevention interventions.
• Reduce or prevent externalising symptoms/behavioural difficulties, including aggression and violence prevention interventions, bullying prevention interventions, and sexual violence prevention interventions.
Interventions were categorised according to their core aim and primary outcomes. It is, however, important to acknowledge that there is a certain degree of overlap across these categories and the interventions within these categories.

Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014).
Mental health interventions in schools in high-income countries. The Lancet Psychiatry, 1(5), 377–387.
Available online at this link
Mental health services embedded within school systems can create a continuum of integrative care that improves both mental health and educational attainment for children.

To strengthen this continuum, and for optimum child development, a reconfiguration of education and mental health systems to aid implementation of evidence-based practice might be needed. Integrative strategies that combine classroom-level and student-level interventions have much potential. A robust research agenda is needed that focuses on system-level implementation and maintenance of interventions over time. Both ethical and scientific justifications exist for integration of mental health and education: integration democratises access to services and, if coupled with use of evidence-based practices, can promote the healthy development of children.

D. "How to" resources

Barry, M. M., Clarke, A. M., Petersen, I., & Jenkins, R. (2019).
 Implementing mental health promotion. Springer.
https://www.springer.com/gp/book/9783030234546

This book offers an overview of current research, policy, and practice developments in promoting mental health and well-being. It offers guidance on developing and delivering mental health promotion interventions across a variety of settings. Chapters outline key mental health promotion concepts, implementation processes, and outcomes through empirical findings, practical advice based on successful evidence-based approaches, and templates for action. In addition, chapters answer key "how" questions on practical implementation as well as the "whys", providing rationales for mental health promotion and identifying the key factors and underlying principles that make these interventions work. The book includes examples of evidence-based practice with 17 case studies of innovative interventions from different international settings. These case studies illustrate the practical aspects of intervention development and delivery and the realities of implementing policies and programmes outside of controlled research conditions.

Be you professional learning
Be You
https://beyou.edu.au/learn

Content framework that provides educators and leaders with a structure for both Professional Learning, and the actions which early learning services and schools can take to implement a whole learning community approach to children and young people's mental health and wellbeing. The Professional Learning consists of 13 content modules grouped under five domains, with content centred around mentally healthy communities.
See also Be You research in the Original Research section of this document.

Emotionally Healthy Schools
Reducing Barriers to Learning. A Derby City resource
https://emotionallyhealthyschools.org/

Web-based resource developed to support schools to implement and maintain a whole school approach to emotional health and wellbeing.

Applying Nurture as a Whole School Approach (2021)
Education Scotland and Glasgow City Council
Available online at this link

A Framework to support the Self-evaluation of Nurturing Approaches in Schools and Early Learning and Childcare (ELC) Settings. See also Applying Nurture as Whole School Approach in the Original Research section of this document which describes the research undertaken to develop the framework.

Schools in Mind
Anna Freud National Centre for Children and Families
https://www.annafreud.org/schools-and-colleges/

Free network for education professionals which shares practical, academic and clinical expertise about mental health and wellbeing in schools and FE colleges. The network aims to translate research into practice by providing evidence-based, accessible information and resources that can be used to embed good mental health across the whole school community.

5 Steps to Mental Health and Wellbeing. A framework for schools and colleges.
Anna Freud National Centre for Children and Families
        Available here: 5 Steps to Mental Health and Wellbeing - London
An evidence-based framework in 5 simple steps. The 5 Steps Framework is developed by mental health experts and teachers, for teachers.

The Whole School and College Approach to emotional health and mental wellbeing in Oldham (2017)
Oldham Council
Available online at this link

Children and young people face many challenges in life ranging from stress and anxiety about exams, to complex, serious and debilitating long-term mental health conditions. At the same time, poor attachment, peer rejection, and experiences of bullying and discrimination can affect their mental health. However, good social, emotional and mental wellbeing can create the foundations for healthy behaviours and educational attainment. This also helps to prevent behavioural problems (including substance misuse) and mental health problems. Therefore, schools and colleges play an important role in supporting children and young people by helping them become resilient and mentally healthy. Schools and colleges in Oldham are already promoting mental wellbeing by providing access to education, giving a sense of belonging, and developing social and emotional skills (these are all protective factors for children and young people's wellbeing). The Oldham Whole School and College Approach to Emotional Health and Mental Wellbeing has been developed to provide schools and colleges with practical guidance to develop knowledge and skills, develop mental health and wellbeing of pupils, prevent minor problems from escalating into more serious long-term issues and intervene earlier through a whole school approach. The framework is not about schools and colleges becoming mental health experts but is there to help them understand the positive impact they can make on a child or young person's emotional and mental health, making a real difference to their lives

Critchley, A., Astle, J., Ellison, R., & Harrison, T. (2018).
A whole school approach to mental health
RSA Action & Research Centre
Available online at this link

The evidence suggests the problem of child and adolescent mental ill health in England is large and growing, as is the need for schools to respond to that problem as specialist support services become harder to access. The last comprehensive national studies, conducted more than a decade ago, showed that one in 10 children between the age of 5 and 16 suffer from a diagnosed mental health problem (8 percent of 5- to 10-year-olds, and 12 percent of 11- to 16-year-olds). And surveys of young people, parents and teachers over the intervening period suggest this prevalence rate is likely to have risen since. These survey findings are corroborated by statistics showing that demand for counselling services, hospital admissions for self-harm, and referrals to specialist Child and Adolescent Mental Health Services (CAMHS) have all increased significantly in recent years. At the same time, thresholds for mental health services have been rising, with the result that some young people in need do not receive any specialist support, while those who do are often forced to wait many months before getting treatment without being directed to alternative forms of support in the meantime. For many children in distress, the staff in their school are the only adults they can turn to. To help the schools respond, the RSA designed a programme of training sessions for every adult working in six RSA schools (plus a seventh, non-RSA, junior school) over the course of the 2017/18 academic year. The intention was to ensure all staff were able to support pupils suffering from low and moderate mental health problems before those problems escalate. This whole-school approach contrasts with many initiatives in this area (including the government's Mental Health First Aid programme) which seek to train a lead practitioner within each school. It is hoped that by adopting this different approach, this project will add to the evidence base about how best to help schools promote good mental health among their pupils.

Emotionally Friendly Settings
Emotionally Friendly Settings Explained
Salford Educational Psychology Service
https://www.emotionallyfriendly.co.uk/

Emotionally Friendly Settings is a flexible whole-setting approach to improving children and young people's emotional health and well-being.

Sandwell Wellbeing Charter Mark
Sandwell Council
https://www.sandwell.gov.uk/info/200343/well-being_charter_mark

The Sandwell Well-being Charter Mark was originally developed to provide local schools with the opportunity to commit to improving the mental health and well-being of everyone connected with their school. There are 3 elements to the Charter Mark: Audit, curriculum and survey. Other local areas can attend training and opt in to using the Sandwell Charter Mark for their schools.

E. Original Research

Aston, H.J,. (2014)
An ecological model of mental health promotion for school communities: adolescent views about mental health promotion in secondary schools in the UK, International Journal of Mental Health Promotion, 16:5, 289-307, DOI: 10.1080/14623730.2014.963402
This research gained the views of adolescents about mental health promotion in secondary schools in England, the UK. A flexible design, using self-contained focus group methodology explored views of 26 adolescents. Theoretical concepts were mapped onto an ecosystems

model (Bronfenbrenner, 1979, The ecology of human development: Experiments by nature and design, Cambridge, MA: Harvard University Press) resulting in an ecological framework for mental health promotion in school communities working at three levels: Macro, Meso and Micro. The research concludes that for schools to promote mental health, society and school communities need to provide active listening cultures and an inclusive ethos to embrace mental health promotion. A need arises for adults to have knowledge and understanding of child and adolescent development, identity and the importance of relationships.

Hoare, E., Thorp, A., Bartholomeusz-Raymond, N., McCoy, A., Butler, H., & Berk, M. (2020). Be You: A national education initiative to support the mental health of Australian children and young people.
Australian & New Zealand Journal of Psychiatry

Early learning services and schools provide unique settings for mental health promotion and early intervention due to the potential for population-level dosage and reach in terms of reducing multiple risk factors and enabling protective factors among young people. Educators play a key role in supporting children and young people's experiences of, and access to mental health promotion opportunities, and hold unparalleled opportunity in terms of creating mental health–promoting learning environments. In 2018, the Australian National Mental Health in Education Initiative, Be You, was launched. Be You is a multi-million-dollar Australian government–supported initiative, freely available to all 24,000 early learning services, primary and secondary schools throughout Australia. The potential for subsequent population reach is proposed to potentially exceed that of any mental health promotion initiative for children and young people previously observed in Australia. Be You aims to foster mentally healthy learning communities across Australia through building capacity among educators to embed mental health promotion strategies. The Initiative was developed based on a review and integration of previous national mental health promotion frameworks, with an overall alignment to existing state and territory education, social and emotional well-being frameworks, and the Australian Curriculum. In delivering facilitated support from specialised consultants to early learning services and schools participating in the initiative, Be You draws on professional learning principles designed to build capacity in educators and educational systems relating to mental health promotion. It uses an updated, multi-module online platform providing interactive, evidence-based resources. This paper presents the Be You framework, describes the evidence sources used to inform the underlying principles and objectives, discusses the specific components that form the initiative, details the professional learning modules and content, and discusses potential implications for population mental health and prevention efforts. [ABSTRACT FROM AUTHOR] DOI: 10.1177/0004867420946840. (AN: 146871655), Database: Psychology and Behavioral Sciences Collection

Available online at this link

Cocking, C., Sherriff, N., Aranda, K., & Zeeman, L. (2020).
Exploring young people's emotional well-being and resilience in educational contexts: A resilient space?
Health

The term 'resilience' is pervasive in narratives of young people's emotional well-being. However, the meaning it has for those it describes is perhaps less well understood. Resilience was investigated as part of an engagement exercise into health improvement commissioning

in educational contexts in the South East of England. One hundred and nine young people in total were involved, and this article reports data collected from two areas that were explored, comprising a sub-set of 58 participants: emotional well-being and resilience (n = 23) and the whole school approach (n = 35). It was apparent that while not all participants engaged with the term 'resilience' itself, they nevertheless often adopted creative individual and collective strategies to protect and enhance their emotional well-being. Furthermore, participants reported a sense of resilience that arose from a shared sense of adversity that helped strengthen collective support and solidarity, thus supporting previous work on emergent collective resilience. Theoretical and practical implications are discussed, along with a recommendation for more participatory research, so that young people can be more confident that their views are being considered within such exercises. Three themes that are of relevance to whole school approach work: "Nobody listens" (and if they did they wouldn't do anything to change things). When young people feel listened to, and their opinions are valued it enhances a feeling of belonging and connectedness; "Taking a lead"related to young people's view that school staff needed to set an example and be consistent when promoting emotional wellbeing and resilient. This links to culture and ethos and leadership; FInally, "a resilient space" was somewhere that young people felt they could re-charge and feel safe if resilience was low.

Available online at this link

Hudson, K.G., Lawton, R., & Hugh-Jones, S. (2020).
Factors affecting the implementation of a whole school mindfulness program: a qualitative study using the consolidated framework for implementation research.
BMC Health Serv Res

BACKGROUND: Preventing the onset of poor mental health in adolescence is an international public health priority. Universal, whole school preventative approaches are valued for their reach, and anti-stigmatising and resilience building principles. Mindfulness approaches to well-being have the potential to be effective when delivered as a whole school approach for both young people and staff. However, despite growing demand, there is little understanding of possible and optimal ways to implement a mindfulness, whole school approach (M-WSA) to well-being. This study aimed to identify the determinants of early implementation success of a M-WSA. We tested the capacity of the Consolidated Framework for Implementation Research (CFIR), to capture the determinants of the implementation of a mental health intervention in a school setting. METHODS: Key members of school staff (n = 15) from five UK secondary schools attempting to implement a M-WSA were interviewed at two-time points, 6 months apart, generating a total of 30 interviews. Interviews explored participants' attitudes, beliefs and experiences around implementing a M-WSA. Interview data were coded as CFIR constructs or other (non CFIR) factors affecting implementation. We also mapped school-reported implementation activity and perceived success over 30 months. RESULTS: The CFIR captured the implementation activities and challenges well, with 74% of CFIR constructs identifiable in the dataset. Of the 38 CFIR constructs, 11 appeared to distinguish between high and low implementation schools. The most essential construct was school leadership. It strongly distinguished between high and low implementation schools and appeared inter-related with many other distinguishing constructs. Other strongly distinguishing constructs included relative priority, networks and communications, formally appointed implementation leaders, knowledge and beliefs about the intervention, and executing. CONCLUSIONS: Our findings suggest key implementation constructs that schools, commissioners and policy makers should focus on to promote successful early implementation of mental health programs. School leadership is a key construct to target at

the outset. The CFIR appears useful for assessing the implementation of mental health programs in UK secondary schools.

Stoll, M., & McLeod, J. (2020).
Guidance teachers' and support staff's experience of working with pupils with mental health difficulties in two secondary schools: an IPA study.
British Journal of Guidance & Counselling
Available online at this link

An increase in mental health difficulties in children and adolescents has resulted in teachers being asked to act as frontline mental health professionals. Previous research investigated teacher involvement in the identification and management of pupils' mental health issues, but little is known about the lived experience of such teachers. This study uses Interpretative Phenomenological Analysis to explore the experiences of school staff working with pupils with mental health difficulties. Findings indicate that guidance teachers and support staff are emotionally affected by such activities and believe more time, training, a whole-school approach and access to a school-based counselling service are required to provide the optimum mental health service for pupils with mental health difficulties. Implications for practice are discussed. [ABSTRACT FROM AUTHOR] DOI: 10.1080/03069885.2020.1785391.

Anwar-McHenry, J., Drane, C. F., Joyce, P., & Donovan, R. J. (2020).
Impact on staff of the Mentally Healthy Schools Framework
Health Education
Available online at this link

Purpose: The Mentally Healthy Schools Framework (MHSF), based on the population-wide Act-Belong-Commit mental health promotion campaign, is a whole-school approach primarily targeting student mental health, but it is also intended for staff. This paper presents the results of an impact survey on staff after the implementation of the Framework in a number of schools in Western Australia. Design/methodology/approach: A baseline questionnaire was completed by n = 87 staff at schools that had just signed up to the programme, and a participant questionnaire was completed by n = 146 staff at schools that had been participating for at least 17 months. Finding(s): The results show that the Framework has had a substantial impact on many staff in terms of increased mental health literacy and taking action to improve their mental health. Originality/value: Mental health interventions in schools generally focus on students' well-being and how to deal with student mental health problems. There are few comprehensive interventions that also include staff well-being.Copyright © 2020, Emerald Publishing Limited.

Redfern, A., Jolley, S., Bracegirdle, K., Browning, S., & Plant, D. (2019).
Innovations in Practice: CUES-Ed: an in-service evaluation of a new universal cognitive behavioural early mental health intervention programme for primary school children.
Child & Adolescent Mental Health 2019;24(2):187-191.
Available online at this link

Background: Earlier childhood interventions to reduce mental health vulnerability are a global health priority yet poorly implemented. Barriers include negotiating health/education interfaces, and mixed outcomes, particularly for vulnerable children. CUES-Ed aimed to address these barriers, comprising a cognitive behavioural early intervention targeting

mental health vulnerability in 7–10 year-olds, with integrated evaluation, delivered through close liaison with stakeholders. Following 2 years of ad hoc delivery, relationship-building, and refining the intervention and evaluation, we report on implementation and in-service outcomes for local schools completing the standardised CUES-Ed programme. Method: We evaluated delivery from 01/2017 to 07/2017 across n = 12 schools (n = 23 classes, n = 638 pupils, n = 35 teachers). Eight one-hour weekly sessions (S1-S8) were delivered by mental health professionals with teachers present. Pupil-reported wellbeing/distress and emotional/behavioural difficulties were assessed at S1 and S8; pupil free text feedback/ratings and teacher ratings at S8. Two classes (n = 60) completed outcomes whilst awaiting CUES-Ed, forming a naturalistic waitlist. Results: At S8, pupil-reported outcome data were obtained from 535 and feedback/ratings from 577 pupils, respectively. Thematic analysis of feedback indicated positive subjective impact. Vulnerable children (defined as self-rated borderline/clinical cut-off baselines scores on the wellbeing/distress and emotional/behavioural difficulties measures) improved with medium pre-post effect sizes (d = 0.46–0.65), and small, but consistent, effects compared to waitlist. Conclusion: In-service evaluation suggests a feasible model of delivery, good acceptability and potential to improve outcomes for vulnerable children. Controlled evaluation is now indicated.

Department for Education. (2011).
Me and My School: Findings from the National Evaluation of Targeted Mental Health in Schools.
Available online at this link

Evaluation of the Targeted Mental Health in Schools (TaMHS) programme to improve the psychological wellbeing and mental health of school children, young people and their families. Aims and objectives: Measure the impacts of TaMHS, the impact of additional provision on pupil mental health, the different approaches and resources used to provide targeted mental health in schools, the factors associated with changes in pupil mental health for schools implementing targeted support in a longitudinal study and how is targeted mental health provision experienced by project workers, school staff, parents and pupils and lessons for future implementation. Results explore findings in relation to each aim and give recommendations for future research.

Shucksmith, J., Summerbell, C., Jones, S., and Whittaker, V. (2007)
Mental Wellbeing of Children in Primary Education (targeted/indicated activities)
National Institute of Clinical Excellence

This review addressed the effectiveness of targeted/indicated activities aimed at promoting the mental well-being of children in primary education. The authors concluded that earlier studies were less applicable to current settings, while later studies of complex interventions offer benefits but with high cost implications. This was a well-conducted and reported review, and the conclusions are likely to be reliable. Objectives: To assess the effectiveness of targeted/indicated activities aimed at promoting the mental well-being of children in primary education. Conclusions: Earlier small-scale clinical studies with clinical staff may have less applicability to current classroom settings. Later studies have focused on large, multicomponent longitudinal trials and indicated useful effects, but there are financial implications around the implementation of such programmes.

Kostenius, C., Gabrielsson, S., & Lindgren, E. (2020).
Promoting Mental Health in School-Young People from Scotland and Sweden sharing their perspectives
International Journal of Mental Health and Addiction

The rate of mental ill health has increased among children and youth during the past decade in Scotland and Sweden. School is important in influencing both health and education. The starting point for health promotion in school involves those who are affected, the students. The aim of this study was to describe and understand how mental health can be promoted in school from the perspective of young people. A total of 14 Scottish and Swedish young people aged 15-21, 11 girls and 3 boys from 3 municipalities, participated in 4 focus groups. The phenomenological analysis resulted in one main theme: Everyone is being there for each other encompassing three themes without any relative order of precedence: being in a safe, inclusive, and well-informed space; meeting adults who are available, listening, and taking action; and feeling significant and being of significance to others. Based on these findings, we suggest the following aspects to be essential when aiming to promote mental health in schools: (1) value and appreciate young people's experiences, (2) view everyone in school regardless of age or profession to be an important piece in the mental health promotion puzzle by adopting a "whole school approach," (3) foster a listening culture that focuses on building enabling relationships, (4) promote health and learning simultaneously to increase health literacy, (5) educate about mental health to minimize stigma and increase confidence in taking appropriate action.

Burns, J. R., & Rapee, R. M. (2019).
School-based assessment of mental health risk in children: the preliminary development of the Child RADAR
Child & Adolescent Mental Health

Background: Screening young people for risk of mental health difficulties in schools is an effective method to facilitate monitoring and early intervention. This study is a preliminary report on the adaptation of the Youth RADAR screening instrument for primary school children. Specifically designed to be used in schools, the Child RADAR assesses a child's balance of risk and protective factors known to be associated with the development of mental health problems. Method: Three hundred and thirty-nine children drawn from six primary schools across NSW, Australia, completed the alpha version of the Child RADAR in addition to an assessment of depression and anxiety symptoms and subjective well-being. Results: Confirmatory factor analysis revealed the Child RADAR to have an acceptable factor structure. Reliability for the Total Child RADAR was satisfactory based on both internal consistency (α = .86) and test–retest reliability (r = .85). Convergent validity was demonstrated through significant associations with symptoms of anxiety and depression. Conclusions: The Child RADAR shows preliminary promise as a school-based screener of mental health risk, which could help identify children and young people who might benefit from targeted as well as whole school approaches. Further evaluation is required to demonstrate the generalizability of the instrument across different populations.

Kirby, K., Lyons, A., Mallett, J., Goetzke, K., Dunne, M., Gibbons, W., ... & Stark, K. L. (2021).
The Hopeful Minds Programme: A Mixed-method Evaluation of 10 School Curriculum Based, Theoretically Framed, Lessons to Promote Mental Health and Coping Skills in 8-14-year-olds
Child Care in Practice

This study is the first evaluation of Hopeful Minds: a novel school-based mental health promotion programme designed for children and pre-adolescents. Ten hope theory-based lessons were assessed. A mixed-methodology design was used with a sample of 127 participants (88 pre/post; 39 focus groups), aged 8-13 years. In the pre/post-study, there were significant improvements in anxiety and emotional regulation levels (primary school), coping and resilience levels (post-primary). Focus groups were conducted with three post-primary groups. The key overarching qualitative themes included developing a hopeful mind; increased emotional insight and awareness; improved resilience, confidence, self-belief, and developing new coping skills and a request to provide the programme to all transitioning primary school children. Outcomes provide preliminary evidence indicating that the Hopeful Minds theoretical framework has potential in preventing the development of mental health issues in pre and early adolescent children. Recommendations include adopting a whole school approach, so that resilience levels in family, friends, social and school environment, neighbourhood and community connectedness can be given more attention, and including additional lessons on dealing with rumination and school stressors. Finally, all the young focus group participants recommended that this programme be provided to all primary school children transitioning to post primary school.

Hayes, R. A., Ford, T., Edwards, V., Logan, G. S., Norwich, B., Allen, K. L., ... & Grimes, K. (2019).
Training teachers in classroom management to improve mental health in primary school children: the STARS cluster RCT
Institute of Health Research
Available online at this link

Background: Poor mental health in childhood is common, persistent and associated with a range of adverse outcomes that include persistent psychopathology, as well as risk-taking behaviour, criminality and educational failure, all of which may also compromise health. There is a growing policy focus on children's mental health and the role of schools in particular in addressing this. Objectives: To evaluate whether or not the Incredible Years® (IY) Teacher Classroom Management (TCM) training improved children's mental health, behaviour, educational attainment and enjoyment of school, improved teachers' mental health and relationship with work, and was cost-effective in relation to potential improvements. Design: A two-arm, pragmatic, parallel-group, superiority, cluster randomised controlled trial. Setting: A total of 80 UK schools (clusters) were recruited in three distinct cohorts between 2012 and 2014 and randomised to TCM (intervention) or teaching as usual [(TAU) control] with follow-ups at 9, 18 and 30 months. Schools and teachers were not masked to allocation. Participants: Eighty schools (n = 2075 children) were randomised: 40 (n = 1037 children) to TCM and 40 (n = 1038 children) to TAU. Interventions: TCM was delivered to teachers in six whole-day sessions, spread over 6 months. The explicit goals of TCM are to enhance classroom management skills and improve teacher–student relationships. Main outcome measures: The primary planned outcome was the teacher-reported Strengths and Difficulties Questionnaire Total Difficulties (SDQ-TD) score. Random-effects linear regression and marginal logistic regression models using generalized estimating equations were used to analyse outcomes. Results: The intervention reduced the SDQ-TD score at 9 months [adjusted mean difference (AMD) −1.0, 95% confidence interval (CI) −1.9 to −0.1; p = 0.03] but there was little evidence of effects at 18 months (AMD −0.1, 95% CI −1.5 to 1.2; p = 0.85) and 30 months (AMD −0.7, 95% CI −1.9 to 0.4; p = 0.23). Planned subgroup analyses suggested that TCM is more effective than TAU for children with poor mental health. Cost-

effectiveness analysis using the SDQ-TD suggested that the probability of TCM being cost-effective compared with TAU was associated with some uncertainty (range of 40% to 80% depending on the willingness to pay for a unit improvement in SDQ-TD score). In terms of quality-adjusted life-years (QALYs), there was evidence to suggest that TCM was cost-effective compared with TAU at the National Institute for Health and Care Excellence thresholds of £20,000–30,000 per QALY at 9- and 18-month follow-up, but not at 30-month follow-up. There was evidence of reduced disruptive behaviour (p = 0.04) and reductions in inattention and overactivity (p = 0.02) at the 30-month follow-up. Despite no main effect on educational attainment, subgroup analysis indicated that the intervention's effect differed between those who did and those who did not have poor mental health for both literacy (interaction p = 0.04) and numeracy (interaction p = 0.03). Independent blind observations and qualitative feedback from teachers suggested that teachers' behaviour in the classroom changed as a result of attending TCM training. Limitations: Teachers were not masked to allocation and attrition was marked for parent-reported data. Conclusions: Our findings provide tentative evidence that TCM may be an effective universal child mental health intervention in the short term, particularly for primary school children who are identified as struggling, and it may be a cost-effective intervention in the short term. Future work: Further research should explore TCM as a whole-school approach by training all school staff and should evaluate the impact of TCM on academic progress in a more thorough and systematic manner.

Las Hayas, C., Izco-Basurko, I., Fullaondo, A., Gabrielli, S., Zwiefka, A., Hjemdal, O., ... & de Manuel Keenoy, E. (2019).
UPRIGHT, a resilience-based intervention to promote mental well-being in schools: study rationale and methodology for a European randomized controlled trial
BMC Public Health
Available online at this link

Adolescence is a crucial period for laying the foundations for healthy development and mental well-being. The increasing prevalence of mental disorders amongst adolescents makes promotion of mental well-being and prevention interventions at schools important. UPRIGHT (Universal Preventive Resilience Intervention Globally implemented in schools to improve and promote mental Health for Teenagers) is designed as a whole school approach (school community, students and families) to promote a culture of mental well-being and prevent mental disorders by enhancing resilience capacities. The present article aims at describing the rationale, conceptual framework, as well as methodology of implementation and evaluation of the UPRIGHT intervention. Methods UPRIGHT project is a research and innovation project funded by the European Union's Horizon 2020 The theoretical framework has been developed using a co-creation process inside the UPRIGHT Consortium (involving seven institutions from Spain, Italy, Poland, Norway, Denmark, and Iceland). This has resulted in the UPRIGHT programme with 18 skills related to 4 components: Mindfulness, Coping, Efficacy and Social and Emotional Learning. 34 schools have been involved (17 control; 17 intervention) and around 6000 adolescents and their families are expected to participate during a 3-year period of evaluation. Effectiveness of the intervention will be evaluated as a randomized controlled trial including quantitative and qualitative analysis. The cost-effectiveness assessment will be performed by simulation modelling methods. Discussion We expect a short- to medium-term improvement of mental well-being in adolescents by enhancing resilience capacities. The study may provide robust evidence on intrapersonal, familiar and social environmental resilience factors promoting positive mental well-being. See http://uprightproject.eu/ for further information and updates on the programme as it develops.

McNicol, S., & Reilly, L. (2018).
Applying nurture as a whole school approach.
Educational & Child Psychology
Available online at this link

Aims: Applying Nurture as a Whole School Approach (ANWSA) (Education Scotland, 2016a), supports practitioners to evaluate the implementation of whole establishment nurture. Closing the poverty related attainment gap is a central aim of Scottish Government policy. Educational Psychologists (EPs) with their expertise in health, wellbeing and attainment are key to progressing this goal. Method: This initiative took place in a primary school within Inverclyde authority utilising the change methodologies of Implementation Science (IS) and collaborative action research. Impact data regarding Nurture Principle 4 (NP4), 'Language is a vital means of communication', was gathered collaboratively using mixed methods to triangulate and synthesise findings. Findings: Data highlighted that focus should be placed on: peer-to-peer classroom coaching regarding applied approaches to nurture, tracking outcomes from restorative meetings, an early years language acquisition programme and a systematic approach to emotion check-in. A fidelity structure was created based on the dissemination of the project in year one, which will increase the initiative transportability into similar contexts. Conclusion: Preliminary results indicate the positive impact of nurture interventions on health and wellbeing. Long-term implementation plans include dissemination of all six nurture principles in the school over four years. Data will continue to be gathered linking the gains of the project on academic attainment and wellbeing via a chain of impact. See also
https://education.gov.scot/improvement/Documents/inc55ApplyingNurturingApproaches12 0617.pdf for Framework resulting from the research and the "How to" section of this document.

Flynn, D., Joyce, M., Weihrauch, M., & Corcoran, P. (2018).
Innovations in Practice: Dialectical behaviour therapy – skills training for emotional problem solving for adolescents (DBT STEPS-A): evaluation of a pilot implementation in Irish post-primary schools
Child & Adolescent Mental Health
Available online at this link

Background: Whole school approaches to mental health are recommended where schools and community partners work together to support positive mental health for young people. Universal interventions which adopt this approach are limited however. This study evaluates the pilot implementation of DBT STEPS-A, a social–emotional learning programme for adolescents, in Ireland. Method: Data were collected at the beginning and end of the academic year from students who participated in DBT STEPS-A and a control group. A matched comparison was conducted where a subset of the data was analysed consisting of 72 adolescents aged 15–16 years from two schools in the south of Ireland. Outcomes included emotion symptoms, dysfunctional coping and DBT skill use. Linear mixed-effects models were used to estimate the treatment effect (intervention vs. control). Results: A statistically significant treatment effect was observed on two of four outcome measures (emotion symptom index: p = 0.011; internalising problems: p = 0.012). The effect sizes were large (Cohen's F squared = 0.65 and 0.83 respectively). Conclusions: Significant reductions on measures which assess constructs including depression, anxiety and social stress were found for the intervention group. The results suggest that DBT STEPS-A may yield positive effects for adolescents who complete the intervention. Feedback from adolescents and teachers

suggests that refinement of content, structure and implementation may make the programme more accessible to an adolescent population.

Pössel, P., Smith, E. & Alexander, O. (2018).
LARS&LISA: a universal school-based cognitive-behavioral program to prevent adolescent depression.
Psicologia: Reflexão e Crítica
https://doi.org/10.1186/s41155-018-0104-1

Adolescent depression is a prevailing international mental health concern as up to 27% of adolescents experience either subsyndromal depression or a major depressive episode by the age of 18. Depression in adolescence has been found to negatively impact current and future academic achievement, functioning, mental health, and quality of life. Accordingly, the authors emphasize the importance of proactively preventing depression (and its negative outcomes) instead of waiting and having to "fix" the problems after they have already developed. The current article begins with a discussion of the various types of prevention, including their respective advantages and disadvantages. Further and more importantly, the article's primary focus is to provide a summary of the theoretical basis, development of, empirical support for, and content of a universal school-based cognitive-behavioral program to prevent adolescent depression entitled LARS&LISA (Lust An Realistischer Sicht & Leichtigkeit Im Sozialen Alltag). As the program exists within the overlapping realms of universal prevention, school-based programs, and cognitive-behavioral interventions, the content of this article is relevant to all three areas and offers insight into the development of depression prevention in general. Finally, empirical support for the positive effects of the program is presented and some ideas for further research are discussed.

Elfrink, T. R., Goldberg, J. M., Schreurs, K. M., Bohlmeijer, E. T., & Clarke, A. M. (2017).
Positive educative programme: A whole school approach to supporting children's well-being and creating a positive school climate: A pilot study
Health Education
Available online at this link

Purpose: The purpose of this paper is to report on a process and impact evaluation of the Positief Educatief Programma (Positive Education Programme (PEP)), a whole school approach to supporting children's well-being and creating a positive school climate in primary schools in the Netherlands. PEP adopts a competence skill enhancement approach with a focus on developing children's positive emotions and strengths. Design/methodology/approach: A process and impact evaluation was performed within the context of two schools piloting the programme. Employing questionnaires and interviews, the evaluation sought to examine the implementation of PEP, participants' experiences with key components and the programme impact of PEP. Findings: The findings reveal largely positive attitudes towards PEP. Staff and parents were positive about the core components of PEP. Results from standardised questionnaires provide preliminary evidence about the positive impact of PEP on children's self-reported well-being and problem behaviour, teachers' awareness of children's strengths and overall school climate. The provision of practical strategies and activity-based resources was considered essential to the ongoing implementation of PEP. Research limitations/implications: This study reports on findings from two implementation schools and therefore lacks generalisability. Further research using more robust research methods exploring the effectiveness of PEP when compared with "business as usual" is needed. Originality/value: School frameworks aimed at creating a

positive school climate and promoting well-being at the whole school level have not been carried out in the Netherlands to date. The results from this study provide a unique insight into the implementation and perceived impact of a whole school framework in the context of two primary schools. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract)

Barry, M. M., Clarke, A. M., & Dowling, K. (2017).
Promoting social and emotional well-being in schools
Health Education
Available online at this link

Purpose: The purpose of this paper is to provide a critical perspective on the international evidence on promoting young people's social and emotional well-being in schools. The challenges of integrating evidence-based interventions within schools are discussed and the need for innovative approaches to research and practice are considered in order to support more sustainable approaches that can be embedded into the everyday practice of school systems. Design/methodology/approach: A common elements approach to intervention development and implementation is explored. A case study is presented on piloting this approach with post-primary students, based on consultations with students and teachers concerning their needs in supporting youth social and emotional well-being. Findings: The integration and sustainability of evidence-based social and emotional skills programmes within the context of whole school systems is far from clearly established. Research on the use of a common elements approach to evidence-based treatment and youth prevention programmes is presented and the application of this method to the development and implementation of social and emotional learning interventions is considered. Preliminary case study findings are presented exploring this approach in school-based intervention development for post-primary school students. Research limitations/implications: The potential of adopting a common elements approach is considered; however, more rigorous research is needed to identify the most potent strategies for social and emotional skills development. Originality/value: Identifying a common set of evidence-based strategies for enhancing adolescents' social and emotional skills could lead to innovative approaches to intervention delivery that would extend the impact and reach of evidence-based practice across diverse educational systems and school settings. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract)

Gus, L., Rose, J., Gilbert, L., & Kilby, R. (2017).
The introduction of emotion coaching as a whole school approach in a primary specialist social emotional and mental health setting: Positive outcomes for all
Open Family Studies Journal
Available online at this link

Background: This paper describes the impact upon well-being of pupils, staff, and families following the introduction of Emotion Coaching as a whole school approach. Objective(s): This paper's objective is an attempt to redress the lack of published evidence about the use of Emotion Coaching in schools and to highlight how a school has been able to adopt a humanistic relational approach in a climate in which behaviorist principles are dominant in schools. Method(s): A case study approach using mixed methods was used. Data were examined from an outcomes model perspective where the benefits and changes intended from Emotion Coaching were the starting point. Perspectives from pupils, staff, and families were gained via interviews and structured questionnaires alongside quantitative measures of

pupil academic progress and staff and pupil behavior. Result(s): Results indicate that Emotion Coaching improved the pupil's ability to regulate their feelings and had a positive effect upon teacher pupil relationships. Family-school relationships were supported by the school's use of and modeling of Emotion Coaching with families and the ethos of attunement and non-judgemental interactions implicit in Emotion Coaching. Emotion Coaching promoted an increase in shared emotional language and trust. Shared emotional language and trust were key in the development of both teacher-pupil and family-school relationships. There was an improvement in well-being in that: rates of pupil restraint decreased, pupils made better than expected academic progress, staff absenteeism reduced, and families reported improved family life. Conclusion(s): We conclude that Emotion Coaching contributes to the promotion of sustainable, holistic improvement in wellbeing for pupils, school staff, and families. Copyright © 2017 Gus et al.

Lee, R. C., Tiley, C. E., & White, J. E. (2009).
The Place2Be: Measuring the effectiveness of a primary school-based therapeutic intervention in England and Scotland.
Counselling & Psychotherapy Research
Available online at this link

Aim: There is increasing awareness of the prevalence of mental health disorders in children in the UK, but research on the efficacy of interventions meeting this need is limited. This study assessed whether The Place2Be model of individual and group intervention has a positive influence on children's social and emotional wellbeing. Providing emotional and therapeutic support to school age children in England and Scotland, The Place2Be delivers school-based therapeutic interventions to around 47,000 children in 143 primary schools, two secondary schools and one independent school. Method: Strengths and Difficulties Questionnaire data was collected from a national sample of primary school children aged 4-11 (N=1,864) both before and after accessing an individual (n =1,645) or group (n =215) intervention. Results: Repeated measures t-tests revealed that children had significantly lower Total Difficulties scores post-intervention than pre-intervention as rated by their class teachers and parents (Teacher-rated: $p<0.001$, $d = 0.39$; Parent-rated: $p<0.001$, $d = 0.47$). Children also had significantly higher Prosocial scores post-intervention (Teacher-rated: $p<0.001$, $d = 0.25$; Parent-rated: $p<0.001$, $d = 0.15$). Conclusions: Children's social and emotional behaviour, as perceived by their teachers and parents, was improved following therapeutic intervention with The Place2Be. These findings have important implications for service providers looking to commission projects for the benefit of their local community.

Banerjee, R., Weare, K., & Farr, W. (2014).
Working with "Social and Emotional Aspects of Learning" (SEAL): associations with school ethos, pupil social experiences, attendance, and attainment.
British Educational Journal

A programme of resources and activities relating to 'Social and Emotional Aspects of Learning' (SEAL) has been rolled out nationally to primary and secondary schools in the UK, but we know little about how variations in the implementation of this work relate to key indicators of school success. In the present study, a team of experienced school advisors used a semi-structured observation and interview protocol to rate various aspects of the implementation of SEAL in 49 primary and secondary schools. A total of 2242 pupils in 29 of these schools completed measures of social experiences and school ethos. School-level attainment and attendance statistics were collated for all participating schools. Analysis revealed that ratings indicative of a whole-school universal approach to SEAL were significantly associated with school ethos, which in turn mediated associations with pupils'

social experiences, overall school attainment, and persistent absence. Thematic analysis of the advisors' records illuminated key dimensions and exemplars of whole-school implementation. Results highlight the role of school ethos in systematically connecting whole-school practices relating to SEAL with key indicators of school success. Directions for further longitudinal work to elucidate specific causal mechanisms are discussed.

Cortina, M., Linehan, T., & Sheppard, K. (2021).
Working towards mentally healthy schools and FE colleges: the voice of students.
Anna Freud National Centre for Children and Families.

The report emerges as the coronavirus pandemic and closure of schools has had a profound impact on children and young people's mental health. In England, the proportion of children and young people with a probable mental health disorder has risen from one in eight in November 2017, up to one in six in July 2020. These findings are published as the Anna Freud Centre launches Mentally Healthy Schools for secondary schools and FE settings, the UK's first information and resource hub offering free, quality assured mental health resources and guidance for education professionals. This follows the success of the primary school hub which has been accessed over 1 million times. The new report highlights the importance of trusted relationships in young people's lives as they face the challenges of growing up and amidst the pressures of the pandemic. Although some say they won't speak to anyone when they are struggling, many will turn to friends. Over 92% of respondents identify friendships as the main factor positively impacting their mental health. Students said more mental health should be taught in schools as it is important for supporting their own and each other's mental health, because mental health matters, and to encourage people to self-support and avoid being isolated. As one student says: "It is just as important as physical health and not talked about enough. People feel too ashamed to get help and this needs to change." Staff in schools and FE colleges are valued by students as trusted sources of information and support, with 52% of young people saying they would talk to a member of staff about their concerns. So while schools have made great advances in supporting their students, there is more work to be done to open up conversations about mental health. For those who would seek support from someone in school, they are most likely to turn to a trusted teacher. Nearly a quarter of respondents said the main benefit of discussing mental health at school was that it is easier than talking to family, and one in five young people said that having a friend or peer for support was the main benefit of discussing mental health topics in school. The most important topic areas young people said they would like to learn more about were depression and anxiety, body image and identity. The new findings are from a survey of over 3,000 young people in the UK aged between 11 and 19, who were asked about their mental health and wellbeing. All are within secondary schools or FE colleges. The survey was conducted between 16 November 2020 and 1 January 2021 by the Anna Freud Centre and its findings are reported in "Working towards mentally healthy schools and colleges: the voice of students".

Dowling, K., Simpkin, A. J., & Barry, M. M. (2019). A cluster randomized-controlled trial of the MindOut social and emotional learning program for disadvantaged post-primary school students.
 Journal of Youth and Adolescence, 48(7), 1245–1263.
[Available online at this link](#)
School-based social and emotional learning programs aim to provide students with the skills they need to deal with life challenges, thereby enhancing their social and emotional wellbeing, academic outcomes, and reducing their risk of mental health difficulties. While there is a robust evidence base on the effectiveness of these programs originating from the US, there is a relative paucity of research on how these programs impact young people in

other country contexts, especially for older adolescents and those at higher risk. This study sets out to address this research gap by evaluating the effectiveness of a social emotional learning program designed for older adolescents in Ireland, the MindOut program. MindOut is a universal school-based social and emotional learning program designed for older adolescents in Ireland which was developed based on a common elements approach underpinned by CASEL's framework.

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