

What Works in Promoting the Mental Health and Wellbeing of Children and Youth?

Health Promotion Conference: Mental Wellbeing of Children and Youth – a shared responsibility
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Ollscoil na hÉireann Gaillimh

Mental Health Promotion

- Growing recognition of the importance of promoting positive mental health and enhancing social and emotional wellbeing of young people
 - social and emotional skills development - a key asset and resource for positive youth development
- Early years lay the foundation for good mental health across the life cycle
- Mental health is created where people live their lives

➤ *broadening our concept and understanding of what constitutes good mental health and how it can be promoted*

The importance of mental health and wellbeing for children and youth

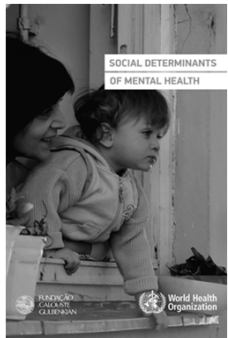
Mental health may be defined as:
"a state of emotional and social well-being in which the individual realises his or her own abilities, can manage the normal stresses of life, can work effectively, and is able to play a role in his or her community" (WHO, 1999)

- Concept of positive mental health (Keyes, 2002; Huppert, 2005; Ryff et al., 2006)
 - subjective wellbeing and life satisfaction
 - positive functioning, engagement and social wellbeing
- Keyes' concept of 'flourishing'

➤ *abilities to develop psychologically, physically, emotionally, intellectually, socially and spiritually*

The importance of mental health and wellbeing for children and youth

- The promotion of good mental health leads to lasting benefits for improved health and social functioning for children, their parents and society
- Compelling evidence that mental health promotion and primary prevention interventions
 - reduce risk factors for mental disorders
 - enhance protective factors for good mental and physical health
 - lead to lasting positive effects on a range of social and economic outcomes → education, employment and social wellbeing



WHO & Calouste Gulbenkian Foundation (2014) Social Determinants of Mental Health

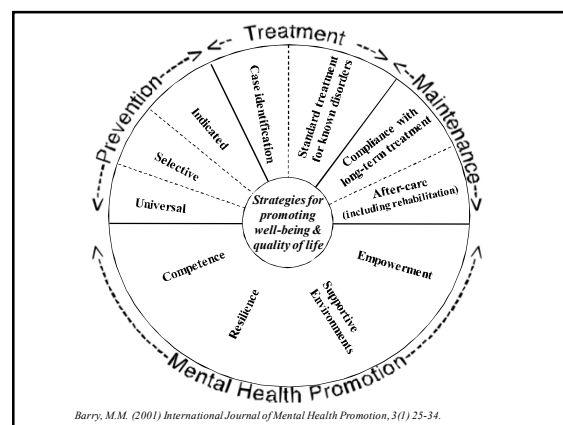
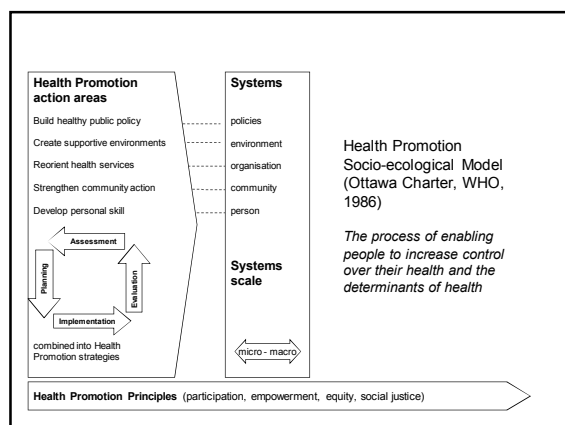
"Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live"

- calls for actions to improve the conditions of daily life
- whole of government and whole of society approach – comprehensive and universal actions across the life course, multiple sectors and levels

➤ *policy making at all levels of governance and across sectors can make a positive difference to mental health outcomes*

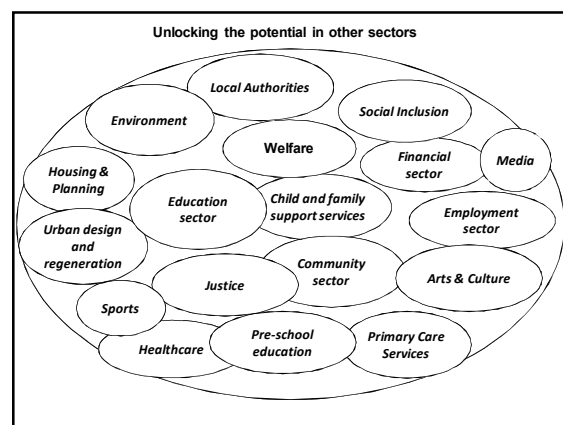
Addressing the Social Determinants of Mental Health

- Strengthen individuals and families - social and emotional skills development, resilience, coping and life skills, sense of control
- Strengthen communities - social support, sense of connectedness and inclusion, social participation, citizenship
- Reorient health services to mental health promotion and prevention as well as treatment and rehabilitation
- Remove structural barriers to mental health at a societal level – culture, economic and social policies



Implementing Mental Health Promotion

- Working across sectors to implement mental health promotion actions
- Ensure access to resources and life opportunities
 - supportive relationships, education, employment, income, housing, social inclusion
 - addressing social inequity, injustice, poverty, stigma and discrimination that deny access to life opportunities
- *a shared responsibility across whole of government and whole of society*



What Works?

- Identifying best evidence to guide priority actions
 - cost-effective and feasible interventions for mental health promotion
 - databases, research syntheses and systematic reviews of evidence
- For whom? - equity impact of interventions
 - do interventions work equally for diverse population groups of different ages, gender, ethnicity, culture, education and income status?
- How does it work? – implementation guidance
 - what is needed to put the intervention into practice
 - training, technical assistance, resources, materials, manuals, organizational capacity, systems change
- In what context? - external and ecological validity
 - will it work across a range of populations and contexts under real life conditions

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What works in enhancing social and emotional skills development during childhood and adolescence?

A review of the evidence on the effectiveness of school-based and out-of-school programmes in the UK

2015

Aleisha M. Clarke, Silvia Morreale, Catherine-Anne Field, Yonna Hussein, Margaret M. Barry

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Evidence Base for Action

- WHO Evidence Brief on Implementation of Global Mental Health Action Plan in the Eastern Mediterranean Region
– *Promotion of Mental Health and Primary Prevention of Mental Disorders: Priorities for Implementation* (Barry & Petersen, 2014)
- Barry, Clarke, Jenkins & Patel, V. (2013) - systematic review
BMC Public Health, 13:835
- *Health Promotion International* – European Dataprev Special Issue 2011, Vol 26
- Barry, M. M. and Jenkins, R. (2007) *Implementing Mental Health Promotion*. Elsevier, Oxford



Promoting mental health of young people

- High quality early-childhood interventions (0-3 years)
 - Home visiting programmes; Parenting and family support programmes
 - integrating social and emotional development as part of routine antenatal and postnatal care and home visiting programmes
 - empowering parents and enhancing emotional wellbeing and resilience
- Pre-school education (3-6 years) and community-based parenting programmes with a focus on social and emotional skill development
- School-based approaches (6-18 years)
 - Universal Social and Emotional Learning (SEL) programmes adopting whole school approaches in primary and post-primary schools
 - Targeted interventions for vulnerable children

Promoting mental health of young people: *Characteristics of effective practices*

- Theory-based, structured approach
- Use of competence enhancement strategies and empowering approaches
- Focus on skill development
- High quality implementation
 - supportive structures, clear guidelines
 - training and capacity development
- Interventions should start early (pre-natally), be of long duration and high intensity
- Address the social context - involve parents, families and the local community
- Organizational and system-level practices and policies - sustainable change

Parental and Infancy Home Visitation by Nurses (Olds, 1997; Olds et al., 1997, 1998; Racine, 2002)

- Home visiting programme for low-income, at-risk pregnant women bearing their first child
 - nurse home visitors, using a structured protocol, work with families during pregnancy and the first two years
 - prenatal health, child's and mother's health and development
- Findings from 3 main randomised controlled trials -15 years follow-up
 - 79% fewer verified reports of child abuse or neglect
 - 31% fewer subsequent births
 - 30 months less receipt of Aid to Families with Dependent Children
 - 44% fewer maternal behavioural problems due to alcohol and drug abuse
 - 69% fewer maternal arrests
 - 15-year old children less likely to run away, 56% fewer arrests and 56% reduction in alcohol consumption

Parental and Infancy Home Visitation by Nurses (Olds, 1997; Olds et al., 1997, 1998; Racine, 2002)

- Costs of the programme (\$3,200 per family) recovered by the child's 4th birthday; savings are four times the original investment by age 15
- Estimates of long-term benefits up to \$23,000 per participant (Lee et al., 2012)
- Replicated in over 200 sites in the US
- Delivered in England as the Family Nurse Partnership – targeted intervention for first time mothers aged 19 or under (<http://fnp.nhs.uk>)
- Delivery of home visiting and parenting programmes by non-professionals, e.g. Community Mothers (Johnson et al., 2000) in both high and low income countries (Ciliska et al., 1999; Elkan et al., 2000; Kendrick et al., 2007; Barry et al., 2013)

Barry, M.M., Clarke, A.M., Jenkins, R. and Patel, V. (2013). *The effectiveness of mental health promotion interventions for young people in low and middle income countries: A systematic review*. *Health Promotion International*, 28(1), 1-10.

High/Scope Perry Preschool Programme (Schweinhart & Weikart, 1988; Schweinhart et al., 2005)

- Long term benefits of pre-school interventions for children - living in poverty (Durlak and Wells, 1998; Nelson et al. 2003; Jané-Llopis et al., 2005; Sylva et al., 2007)
- High Scope Perry Pre-school education intervention
 - intellectual and social development in 3-4 year olds from disadvantaged background
 - educational model - active learning, effective learning environment
 - home visiting component - parental involvement
- Positive long-lasting effects (40+ years follow-up)
 - *school success - literacy, grades and completion rates
 - *socioeconomic success - employment, earnings, home ownership
 - *social responsibility - marriage and parenthood
 - *reduced crime levels
- Cost -benefit analysis - return of \$17 for every dollar invested in the programme

School-based mental health promotion programmes

- Focus on **social and emotional learning** and skills development within the educational system
 - promote academic, social and emotional competence
 - reducing school drop-out
 - reducing negative health and social outcomes
- Essential skills for social and emotional learning (CASEL, 2005):
 - **Self-awareness** - know yourself and others - identify feelings, be responsible, recognize strengths
 - **Self-management** - manage emotions, understand situations, set goals and plans, solve problems creatively
 - **Social awareness** - care for others - show empathy, appreciate diversity
 - **Relationships skills** - communicate effectively, build relationships, negotiate fairly, refuse provocations, seek help
 - **Responsible decision making** - act ethically, appropriate social norms, respect others

School-based mental health promotion programmes

- Substantive body of research demonstrating the positive impact of school-based programmes on health, social and educational outcomes
- Students' mental health and wellbeing (Durlak et al., 2011; Weare & Nind, 2011):
 - enhanced social and emotional skills
 - improved attitudes towards self, school and others
 - enhanced positive social behaviours
 - reduced conduct problems and aggression
 - reduced emotional distress – stress and depression
- Students' educational outcomes (Durlak et al., 2011):
 - improved ability to learn
 - to achieve academically (+ 11% points higher on standard tests)
 - skills that enhance capacity for positive development

Adopting a whole school approach

Context, content, capacity

- Context – school setting and whole school practices in effecting change; parental and community involvement
- Content- what is to be implemented, programme strategies
- Capacity – how it is to be implemented – skills & resources required



➤ shift from discrete programmes to organizational and system-level practices

Harnessing the potential of online technologies

- Use of internet and social media -> tools and a 'virtual setting' for promoting young people's mental health and wellbeing
- Online interventions to support the development of life skills and competencies – emerging evidence base
 - Clarke, Kuosmanen & Barry (2014) *Journal of Youth & Adolescence* - systematic review of online MHP interventions for young people (aged 12-25 yrs)
 - online gaming; mobile phone interventions
 - structured online modules; blogging & online support
- Mental health literacy and digital literacy
- Address the digital disconnect between younger and older population groups



Evidence-informed practice – priority actions

- High quality comprehensive programmes carried out in collaboration with parents, families, communities and services can produce **multiple and lasting positive benefits** for children, their parents and society
- Effective interventions lead to improvements not only in the mental health of children and their parents but also improved social functioning, academic and work performance and general health behaviour
- Effects are especially evident for the most vulnerable families from disadvantaged backgrounds
- Cost-effective interventions - health, social and economic benefits (Knapp et al., 2011)
- Robust case for action - solid social investment

A shared responsibility

- **Whole of government approach**
 - A shared cross-sectoral responsibility for addressing the social determinants of mental health and tackling inequities
 - priority for more than the mental health sector - mental health in all policies
 - **Whole of society approach**
 - engaging a wider set of actors - education, welfare, transport, environment, housing, employment
 - multisectoral partnerships creating synergies to promote and enhance mental health - arts and culture, sports, urban design, local authorities, media, economic and social policy
 - harnessing the potential of online technologies
 - wider public engagement – wellbeing and a flourishing society
- participation of all of government and the wider community in creating the conditions for positive mental health and wellbeing

