NHS England

Children and Young People's Mental Health: Early Intervention and Prevention Programmes

Learning from the literature

Table of Contents

Outline: This document is not an exhaustive systematic review but aims to be a helpful tool to support the identification and implementation of early intervention programmes for children and young people's mental health. It draws on the global literature to summarise the current and emerging early intervention programmes available. There are interactive links throughout the document that will take you directly to the primary sources of the references included. This report also provides a helpful toolkit to utilise when taking actions to implement early intervention programmes.

Additionally, this document includes an intervention matrix, which summarises specific interventions that have been found to be effective with children and young people's mental health. Throughout the guidance document, you will find blue numbers which correspond to specific interventions in the matrix, to help you navigate this document.

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Why is it important?

In 2022, NHS data showed that **one in six** (16.0%) children **aged 7-16** were identified as having a probable mental disorder, an increase from one in nine children (10.8%) in 2017. Additionally, in young people **aged 17-19**, rates of a probable mental disorder have risen from one in ten (10.1%) in 2017 to **one in four** (25.7%) young people in 2022 (NHS Digital, 2022).

> We know that half of all mental health conditions are established before the age of fourteen, and we know that early intervention can prevent problems escalating and have major societal benefits.
>
> **Transforming Children and Young People's Mental Health Provision: a Green Paper (2017)**

In 2018, a House of Commons science and technology enquiry was held to consider the role of early intervention in preventing and reducing Adverse Childhood Experiences. It was concluded that there is a clear correlation between suffering adversity in childhood and experiencing further negative outcomes in later life, including mental health and wellbeing outcomes.

However, there is consistent evidence that early intervention programmes can help reduce these numbers if implemented effectively.

Universal prevention programmes have been found to be effective at preventing future incidences of clinical cases by teaching all students effective strategies to manage difficult situations before a crisis occurs.

Additionally, targeted interventions have been found to be effective in addressing the needs of a significant proportion of students who may be falling under the clinical radar (Clarke et al, 2021).

Intervention types

(World Health Organisation, 2004)

Mental disorder prevention is aimed at "reducing incidence, prevalence, recurrence of mental disorders, the time spent with symptoms, or the risk condition for a mental illness, preventing or delaying recurrences and also decreasing the impact of illness in the affected person, their families and the society" (Mrazek & Haggerty, 1994).

Prevention can be separated into 3 categories: **primary**, **secondary** and **tertiary**. For the purpose of this review, we will only be considering **primary prevention strategies**, which can subsequently be split into 3 main types: **universal**, **selective** and **indicated**. Please see below for further details on these.

These can be delivered across a range of settings including school, community and clinical settings (see the intervention matrix for further specifics).

Universal

Targets the general public or a whole population group, such as children and young people.

Targeted - Selective

Targets individuals or subgroups of the population whose risk of developing a mental disorder is significantly higher than average, as evidenced by biological, psychological or social risk factors.

Targeted - Indicated

Targets high-risk individuals who are identified as having minimal but detectable signs or symptoms (including prodromal help-seekers and clinical high risk populations) foreshadowing mental disorder or biological markers indicating predisposition for mental disorder but do not meet diagnostic criteria for the disorder.

Policy Recommendations

Policy Ambitions

The NHS Long Term Plan (LTP, 2019) emphasises the importance of early intervention programmes through its plan to implement early intervention and whole school approaches across 20-25% of the country by 2023.

This has also been recognised and emphasised in the East of England Children and Young People's Health Needs Assessment (HNA).

> We believe that the transformation of mental health services set out in the NHS Long Term Plan will be supported through strong prevention and early intervention, as we know that evidence-based prevention and promotion interventions reduce demand on the mental health system and support recovery.
> **(PHE Prevention Concordat for Better Mental Health , 2020)**

A need for change

Guidance from PHE (2021) proposes that taking a preventative approach to children and young people's mental health can yield both individual and wider system benefits, contributing to outcomes such as educational attainment, workplace productivity, reduced crime and a reduction in the demand for mental health services.

Additionally, it has been recommended that early intervention programmes could play a role in the prevention and reduction of Adverse Childhood Experiences (ACE's). Following an enquiry in 2018, it was recommended that early intervention is utilised to "effectively and cost-effectively address childhood adversity and trauma, and the long-term problems associated with such experiences". Additionally the committee recommended that comprehensive strategies, involving universal, selected and targeted interventions, were necessary to prevent and reduce ACEs (Asmussen et al, 2020). Experiencing multiple ACE's has been found to quadruple the risk of developing mental health problems later in life (Hughes et al, 2017), so this recommendation is particularly pertinent when considering children and young people's mental health.

NICE Guidelines

The National Institute for Health and Care Excellence (NICE) have published general guidance for the promotion of social and emotional wellbeing in early years (0-5 years) and during primary and secondary education (See Page 8). Additionally, NICE have published some guidance on the role of early intervention programmes in the prevention of common mental health presentations for those aged 0-18. See links in the table below for complete NICE guidelines relating to common presentations in children and young people.

Presentation	NICE Guidelines	NICE Recommended Guidance for Early Intervention
Antisocial Behaviour & Conduct Disorders	CG158	For schools where there are multiple children who have been identified as being at risk of developing the disorder: • Offer classroom-based emotional learning and problem solving programmes for children aged 3-7 years For those who are at high risk of developing symptoms or have early symptoms, consider the following programmes: • 3-11 years - Group parent training programmes and/or individual parent and child training programmes if the problems are severe and complex. • 9-14 years - Group social and cognitive problem solving programmes • In care (all age) - Group foster carer training programmes
Learning Disabilities	NG11	If behaviour that challenges starts emerging, consider the following programmes: • Aged 3-5 years - preschool classroom based interventions • Aged 12 years and under - parent-training programmes
Attachment Difficulties	NG26	The following interventions should be considered for children at risk of attachment difficulties: • Preschool-age children - video feedback programme, or parental sensitivity and behaviour training if that is not suitable. • Primary and secondary school-age children - parental sensitivity and behaviour training

NICE Guidelines

Depression	NG134	No specific NICE recommendations for early intervention.
Post-Traumatic Stress Disorder (PTSD)	NG116	For children (under 18) who have a diagnosis of acute stress disorder or clinically important PTSD symptoms: • Consider active monitoring or individual trauma-focused cognitive behavioural therapy (CBT) within 1 month of a traumatic event For children aged 7-17 who have experienced a large scale trauma in the last month: • Consider a group trauma-focused CBT intervention
Eating Disorders	NG69	No specific NICE recommendations for early intervention.
Anxiety, Fears and Worries	QS53	No specific NICE recommendations for early intervention.
Obsessive Compulsive Disorder (OCD)	CG31	No specific NICE recommendations for early intervention.
Body Dysmorphic Disorder (BDD)	CG31	No specific NICE recommendations for early intervention.
Social, Emotional and Mental Wellbeing (0-5 years)	PH40	• Ensure universal, as well as targeted services are available to provide the necessary support for all children. **Further information relating to this guidance can be found below*
Social, Emotional and Mental Wellbeing (Primary & Secondary school)	NG223	• Ensure universal, as well as targeted services are available to provide the necessary support for all children. **Further information relating to this guidance can be found below*

Social, Emotional and Mental Wellbeing

Young people who experience persistent emotional and behavioural problems during their early years or adolescence are at greater risk of negative outcomes throughout their adult life, including increased risk of depression and anxiety during adulthood, poorer employment outcomes and NEET status (Clarke & Lovewell, 2021).

The evidence, therefore, suggests that in addition to the urgent need to prioritise targeted services for those with, or at risk of, persistent emotional or behavioural problems during those periods, there is a need to invest in the prevention of emotional and behavioural problems – and early intervention support – to reduce vulnerabilities and enhance protective factors (Clarke et al, 2021)

NICE guidelines:
Social and Emotional Wellbeing (0-5 years):

- Ensure universal, as well as targeted services are available to provide the necessary support for all children.
- Targeted, evidence based and structured interventions should be available to all vulnerable children and their families.
- Systems should be in place to deliver integrated universal and targeted services that support vulnerable children's social and emotional wellbeing.

NICE guidelines:
Social, Emotional and Mental Wellbeing (Primary & Secondary School):

Universal Interventions:

- Consider universal interventions informed by mindfulness or cognitive behavioural approaches. Trauma-focused cognitive behavioural approaches should be considered for children who have previously experienced trauma.
- Use a strengths-based approach
- Use universal interventions that align with the whole-school approach, for example 'child- (or young person) to-trusted-adult' support.

Targeted:

- Offer targeted individual or group support to children and young people who have been identified as needing additional social, emotional or mental health support.
- Promote a range of targeted support, including peer-to-peer support, that allows children and young people to express difficult feelings and talk about their experiences.
- Interventions that target social connectedness should be encouraged

See Page 10 for NICE guidance on implementing as a whole school approach.

Social Emotional Learning Programmes (1-18)

Social Emotional Learning (SEL) programmes are typically universal interventions. They are either curriculum based or whole-school programmes, and have an explicit focus on the development of social and emotional skills.

The majority of SEL interventions target one or more of the five core skills identified by the Collaborative for Academic, Social and Emotional Learning (CASEL). These five skills include:

- **Self-management** e.g. regulating one's emotions, managing stress, self-motivation, setting and achieving goals
- **Relationship skills** e.g. building relationships with individuals and groups, communicating clearly, working cooperatively, resolving conflicts
- **Responsible decision-making** e.g. considering the well being of self and others, evaluating realistic consequences of actions, making constructive, safe choices for self, relationship and school
- **Self-awareness** e.g. labelling one's feelings, relating feelings and thoughts to behaviour, accurate self-assessment of strengths and challenges, self-efficacy, optimism
- **Social awareness** e.g. perspective taking, empathy, respecting diversity, understanding social and ethical norms of behaviour.

A meta-analysis which examined the impact of 32 secondary school SEL interventions globally reported significant improvements across all five SEL competencies (van de Sande et al., 2019). SEL interventions were also shown to have a significant small effect on depression, anxiety, aggression and a small-to-medium effect on substance use.

There is also consistent evidence that SEL interventions improve psychological wellbeing with evidence of reduced depressive symptoms (Allen et al., 2020; Pannebakker et al., 2019), anxiety (Coelho et al., 2017) or overall internalising symptoms (Muratori et al., 2020).

Finally there is evidence of these programmes having long-term effects. Taylor et al (2017) conducted a meta-analysis of primary and secondary school-based SEL interventions and found that an increase in social and emotional skills at post-intervention predicted the positive effect found across emotional distress, behaviour problems and academic performance at long-term follow-up, ranging from 6 months to 18 years post-intervention.

Implementation factors:

- For optimal impact, they should be be embedded within a whole school, multi-modal approach
- The provision of explicit guidelines through teacher training and a programme manual
- Include use of SAFE (Sequenced, Active, Focused, Explicit) practices as identified by Durlak et al. (2011)

Whole School Approach

Department of Education (DfE) has emphasised that a whole school and college approach to promoting good mental health is a protective factor for children and young people's mental health (Transforming children and young people's mental health provision: a Green Paper, 2017).

Public Health England (PHE) have produced guidance on implementing a whole-school approach, with 8 principles:

1. **Leadership and management** that supports and champions efforts to promote emotional health and wellbeing
2. Curriculum teaching and learning to **promote resilience and support social and emotional learning**
3. Enabling **student voice** to influence decisions
4. **Staff development** to support their own wellbeing and that of students
5. **Identifying need and monitoring impact** of interventions
6. **Working with parents and carers**
7. **Targeted support** and appropriate referral
8. **An ethos and environment** that promotes respect and values diversity

If applied consistently and comprehensively, this approach can be effective at protecting and promoting children and young people's mental health and wellbeing.

Work is currently being undertaken to measure the impact of a whole school approach by developing outcome measures for Mental Health Support Teams across South East of England. This work hopes to inform the implementation of a whole school approach across the UK.. Contact: deborah.white37@nhs.net

NICE guidelines:
Social, Emotional and Mental Wellbeing (Primary & Secondary School):

Whole school approach guidance:

- Adopt a whole-school approach to support positive social, emotional and mental wellbeing of staff, children and young people in primary and secondary education
- Adopt a 'graduated response' (or 'step up–step down') approach to support (moving between universal and targeted support as relevant) as an integral part of the whole-school approach alongside broader universal approaches
- The whole school approach should be regarded as a framework that other interventions can slot into
- To be effective, a whole school approach should be monitored and evaluated actively

Key implementation guidelines:

- Managed and planned by one designated individual (ideally a senior member of staff) to co-ordinate the approach
- Involvement of families and children/young people in the planning and implementation
- Teacher and parental engagement

Other universal programmes

Alongside SEL programmes, the following four categories of universal interventions have been found to be most effective in the literature, for children and young people's mental health. See the summaries below for further information and research on these interventions.
Please note: although these interventions have shown some preliminary positive results, it would be recommended that further research and/or investigation is undertaken when considering implementing them.

Positive Psychology Interventions (PPI's)

PPI's are aimed at **strengthening positive emotions, thoughts and behaviours** through activities that can be easily implemented into daily routines. They are typically **curriculum based** programmes (Clarke et al, 2021).

These interventions have been found to have led to improvements in **psychological well-being** (Tejada-Gallardo et al., 2020). Specifically, they have been found to lead to an increase in happiness and **reduction in depressive and anxiety symptoms** among youth (Cilar et al, 2020; Clarke et al, 2021).

Mental health literacy interventions

Provide **psychoeducation** in relation to mental health to increase young people's understanding of how to obtain and maintain positive mental health, decrease stigma in relation to mental disorders, and enhance help-seeking knowledge, attitudes and behaviours.

There is good evidence that they can have a positive impact on young people's **mental health knowledge and awareness** (Clarke et al, 2021; de Pablo, 2020). There is mixed evidence on whether they improve stigma or help-seeking behaviours.

Mindfulness-based Interventions (MBI's)

MBI's usually combine didactic and experiential learning through the provision of lessons about **mindfulness** as well as elements of **practising mindfulness**. There is limited evidence that MBI's may they be most effective in secondary school age children (Caldwell et al, 2019).

MBI's were found to have significant positive effects for mindfulness, **depression, anxiety, stress and negative behaviours** (Dunning et al, 2019). These effects have not been found to be long-term, especially in school-based programmes (Kuyken et al, 2022).

Positive youth development (PYD) interventions

PYD interventions cover an array of approaches, including **personal mentoring, recreational activities and youth leadership programmes.** They all aim to **enhance social and emotional skills.**

There is some limited evidence that PYD interventions enhance a range of social and emotional skills. Specifically, ·**mentoring interventions** have shown promise in promoting mental health and peer support for issues such as eating disorders and social media (Clarke et al, 2021).

Targeted-selective interventions

Some children and young people are at greater risk of experiencing poor mental health. For example, those who are in care, young carers, those who have had previous access to NHS Children and Young People mental Health Services (CYPMHS), those living with parents or carers with a mental illness and those living in households experiencing domestic violence. Delays in identifying and meeting emotional wellbeing and mental health needs can have far reaching effects on all aspects of these children and young people's lives, including their chances of reaching their potential and leading happy and healthy lives as adults (DfE, 2017). Below are some examples of these populations and how targeted-selective interventions can benefit them.

LGBTQ+ (28-30)

LGBTQ+ youth may be more likely to experience identified universal risk factors for youth mental health, such as family conflict, as well as factors related to their identity status such as stigma and discrimination (Russell & Fish, 2016). A large survey in Scotland (LGBThealth.org.uk, 2018) reported that 8 in 10 YP (aged 13-25) who identified as LGBTQ+ indicated they had experienced at least one mental health problem.

McDermott et al., (2021) suggest that effective early intervention should prioritise addressing environments that marginalise YP, LGBTQ+ identities, and mental health problems. Additionally, Marraccini et al (2022) suggest that schools are well-placed to deliver these interventions, placing an emphasis on promoting positive social relationships and a safe community e.g. through universal bullying interventions.

Children in care (40-45)

Care experienced young people (CEYP) are almost 4x more likely to experience poor mental health than those in the general population (NSPCC, 2015) and often their mental health issues are severe and/or complex. If left unaddressed, this can significantly increase their need for long term support from health and social care services.

NICE guidelines recommend that preventive interventions are offered to CEYP based on need, delivered in a timely manner to prevent serious mental health problems developing. No specific interventions are recommended however interventions that foster the sibling relationship or placement stability are highlighted.

Refugees (46-51)

Refugee children have been found to have an increased risk of developing psychological difficulties, such as PTSD (Tyrer et al, 2014).

The WHO (2020) recommends that selective psychosocial interventions should be offered, especially when affected by humanitarian emergencies. These interventions have been found to prevent anxiety, depression and stress-related disorders, and may be considered for reducing substance use in these populations.

There is evidence that multi-modal interventions may also be beneficial by integrating issues of psychological functioning, social/cultural difficulties, and ongoing psychosocial difficulties (Tyrer et al, 2014; Hettich et al, 2020).

Targeted-indicated interventions

Some children and young people may already be exhibiting minimal but detectable signs or symptoms, indicating a predisposition for poor mental health. This puts them at a greater risk of developing a mental health disorder. These young people consequently may benefit from targeted indicated interventions. Below are some examples of how targeted indicated interventions can benefit certain mental health presentations. For further details on these please see the implementation matrix at the end of this document.

Depression (76-101)

Selective and indicated interventions have been found to be most effective at reducing symptoms of depression (Werner-Seidler et al, 2017; Mackenzie et al, 2018). Some examples of these include The Blues Programme **(57)** or DISCOVER **(46).**
Specifically, CBT-based interventions have been found to be effective at reducing depressive symptoms in both the short and long term.

Eating Disorders (102-113)

Cognitive-dissonance or CBT-based targeted interventions have been found to be effective at reducing body dissatisfaction, and dieting/bulimic symptoms (Stice et al, 2013). Some examples of these include The Body Project (**63**) and StudentBodies **(65)**.

PTSD (156-161)

CBT-based interventions have been found to be effective at preventing chronic PTSD in patients showing early acute stress symptoms after exposure to a traumatic event (Arango et al, 2018). Some examples of these include SSET **(105)** and SPARCS **(106).**

Conduct Disorder (114-123)

Indicated interventions such as parent management training programmes have been found to prevent externalizing disorders in children with high antisocial behaviour scores (Arango et al, 2018). Some examples of these include Incredible Years **(68, 71)** and Triple P **(72,73)**.

Single Session Interventions (SSI's)

SSIs are structured programs that intentionally involve only one visit or encounter (consisting of more than one session) with a clinic, provider, or program; they may serve as stand-alone or adjunctive clinical services (Schleider et al, 2020).

There is evidence that SSI's are effective at reducing both anxiety and conduct problems, as well as limited evidence for their effectiveness at preventing depressive and eating disorder symptoms (Schleider et al, 2017). You can find out more information here or access our learning from the literature event on SSI's in CYP MH here.

Some examples of these include Growing Minds **(78)**, ABC Project **(87)**, Project Body Neutrality **(112)** and DISCOVER **(68, 95)**

What works well?

01 ANXIETY/STRESS (54-75)

- Research suggests that **Universal interventions** may be more effective at reducing anxiety symptoms than targeted interventions (Mackenzie et al, 2018)
- Good evidence that **SEL interventions** can have a small-moderate impact on anxiety in the short-term (Van de Sande et al, 2019)
- Emerging evidence that **positive psychology interventions** can reduce symptoms of anxiety in the long-term (Tejada-Gallardo et al, 2020)
- **Group interventions** appear to have a much greater effect in reducing anxiety symptoms than individual interventions (Gee et al, 2020)
- For primary school age children, **CBT-based interventions** are most effective, whereas for secondary school age children, **mental literacy, behavioural and mindfulness based interventions** were most effective (Mackenzie et al, 2018).

02 DEPRESSION (75-97)

- Good evidence that **SEL interventions** can have a small-moderate impact on depressive symptoms in the short and long-term (Clarke et al, 2021)
- Emerging evidence that **positive psychology interventions** can reduce symptoms of depression in the long-term (Tejada-Gallardo et al, 2020)
- **Individual or small group** interventions appear to have a much greater effect on reducing depressive symptoms (Gee et al, 2020).
- **Selective and indicated programmes** have been found to be more effective at reducing the incidence and severity of depression than universal interventions (Scott et al, 2016)
- Good evidence that **cognitive behavioural therapy (CBT) interventions,** when delivered to young people with subclinical symptoms, by external professionals, are effective in reducing symptoms of depression in both the short and medium term (up to 12 months) (Ssegonja et al, 2019).

03 EATING DISORDERS (102-113)

- **ACT, dissonance-based, mindfulness-based, and compassion-focused interventions** have all been found to have significant improvements on disordered eating and body image. This effect on disordered eating was maintained at follow-up (Linardon et al, 2019).
  1. **Media literacy interventions** (universal) have been found to be effective at reducing several eating disorder risk factors, maintained for upto 30 months. (Watson et al, 2016)
  2. **Dissonance-based interventions** appear to be the most effective selective intervention at reducing several ED risk factors and pathology outcomes, at post-intervention and follow-up (12-36 months). (Le et al, 2017)
  3. **CBT-based interventions** (indicated) have been found to be effective at reducing body dissatisfaction, and dieting/bulimic symptoms, maintained at 9-month follow up. (Watson et al, 2016)
- Interventions should focus on **body dissatisfaction, thin ideal and media-internalisation**, in an interactive approach (Schwartz et al, 2019).

04 SUICIDE (148-155)

- There is emerging evidence that **psycho-education and gatekeeper training** may be effective at preventing suicide, with psycho-education being found to reduce suicide attempts (Clarke et al, 2021), and gatekeeper training having moderate-large effects on suicide literacy outcomes (Torok et al, 2019).
- **Motivational interviewing** has been found to have some effect on suicide ideation, especially when parents are involved in the intervention (Calear et al, 2016)
- **Intensive psychotherapy** for depressed adolescents with suicidal risk (IPT-A-IN) was found to reduce suicide ideation. (Calear et al, 2016)

What works well?

05 BULLYING (124-131, 139)

- **Universal bullying prevention interventions** have been shown to be effective in reducing the frequency of bullying (both traditional and cyberbullying) victimisation and perpetration (Ng et al, 2022).
- Some evidence that universal interventions can have a long-term positive effect on traditional bullying perpetration, however evidence of long-term effects on cyberbullying is very limited (Clarke et al, 2021).
- **School-based bullying programmes** have been found to effectively reduce school bullying perpetration by 19-20% and victimisation by 15-16% (Gaffney et al, 2019).
- The latest evidence suggests that **whole-school interventions** are particularly effective in reducing bullying behaviour.
- A focus on **social and emotional skill development** and **behavioural practice techniques** appears to be a core component of effective bullying prevention interventions.

06 AGGRESSION (132-138)

- **Targeted aggression prevention interventions** tend to have larger effects on aggression and violence outcomes than universal interventions (Castillo-Eito et al., 2020).
- **School-based violence and antisocial behaviour prevention interventions** have a small but positive effect on aggressive behaviour, including physical and non-physical aggression, victimisation and antisocial behaviour (Castillo-Eito et al., 2020).
- Universal interventions are most effective when they include **behavioural practice** and **problem-solving techniques** (Castillo-Eito et al., 2020).
- A focus on **social and emotional skill development** appears to be a core component of effective violence prevention interventions (Clarke et al, 2021).
- There is emerging evidence on the effectiveness of **selective sexual violence prevention interventions**, which suggests that these programmes can reduce perpetration and victimisation, especially when embedded in a wider, whole-school approach (Clarke et al, 2021).

07 CONDUCT DISORDER (114-123)

- **Indicated behavioural and cognitive-behavioural group-based parenting interventions** are effective and cost-effective for improving child conduct problems (Furlong et al, 2012).
- **Universal interventions** have been found to be effective at reducing conduct problems, especially when delivered in conjunction with indicated parent training interventions (Gatti et al, 2019).

08 PTSD (156-161)

- Some evidence for the effectiveness of **psychological therapies** in the prevention of PTSD and reduction of symptoms in children and adolescents exposed to trauma for up to a month (Gillies et al, 2016).

09 SUBSTANCE ABUSE (140-147)

- **Universal substance abuse interventions** have been found to have small effects which can be maintained at 1 year follow-up. Particular promise has been found in schools delivering these interventions (DfE & DfE, 2017)

10 ATTACHMENT (51, 52)

The following interventions have been found to be effective at preventing attachment difficulties:

- **Video-feedback Intervention to promote Positive Parenting (VIPP)**
- **Parent-infant/toddler psychotherapy**
- **ABC (Attachment and Biobehavioural Catchup)**
- **Mentalisation based parent/carer programmes**

Digital interventions

With the emergence of the COVID 2019 pandemic, the demand for online interventions that can replace face-to-face approaches for the prevention of mental health problems has increased. Additionally, since the pandemic, digital or virtual interventions have stayed in popular demand, perhaps due to the prevalent role that online technology plays in young people's lives. Please see below for the emerging research on these interventions.

Digital universal and selective interventions (predominantly CBT- and family-based) have been found to be effective at reducing depressive symptoms (Noh et al, 2022) as well as self-harm and suicidal ideation (Forte et al, 2021). However, there is mixed evidence regarding whether these interventions are effective at reducing anxiety or stress-related symptoms.

There is some evidence that digital SEL interventions can have a positive impact on psychological wellbeing (Kuosmanen et al., 2019); however, positive psychology interventions delivered through digital means have shown less positive results (Baños et al., 2017).

Digital interventions offer a range of potential advantages to supporting adolescent mental health including (Lehtimaki et al., 2021):

1. **Extending our access/reach to young people**
2. **Removing logistical barriers**
3. **Lowering the unit cost of delivery of interventions**

A more detailed review of digital interventions for CYP mental health is currently being undertaken and will be available to access in Summer 2023.

Self-guided digital interventions have been found to be similar in effectiveness to face to face, indicating a potential utilisation of these interventions in a stepped-care model where those that do not respond are then offered face to face treatment (Bennett et al, 2020).

However, certain populations such as refugee or low income households have been found to be less able to access these types of interventions (Bear et al, 2022)

Implementation factors:

- **Training and ongoing support** for programme moderators may be required for successful implementation of digital CBT-based programmes in school and community settings (Kuosmanen et al, 2019).
- Some evidence that **participant face-to-face and or web-based support** is an important feature in terms of programme completion and outcomes (Lehtimaki et al., 2021)

Lifestyle interventions

An emerging body of research has linked both the onset and symptoms of various mental disorders to "lifestyle factors", a term referring to health behaviours such as physical activity, diet, tobacco smoking and sleep (Lianov et al, 2010). This has led to the development of various lifestyle interventions that aim to promote positive mental health and/or prevent mental illness. Please see below for the emerging research on these interventions.

Physical exercise

One promising type of intervention is physical exercise. There is preliminary evidence for exercise playing a role in the prevention of anxiety and depression, as well as PTSD symptoms (Firth et al, 2020, Pascoe et al., 2020).

Consequently physical-exercise based interventions have been found to be effective in the prevention of all 3 of these disorders (Firth et al, 2020; Hu et al, 2020), with a recent scoping review (Carter et al, 2021) concluding that they can lead to significant moderate improvements in state anxiety. Additionally, physical exercise based interventions have been found to be effective at improving body satisfaction, specifically in young females (Dai et al, 2020). One example of this is PREBULLPE **(127).**

Sleep

Non-pharmacological sleep interventions have been found to be effective at preventing depressive symptoms. Specifically CBT-based sleep interventions have been found to be the most effective (Firth et al, 2020).

Implementation factors:

- Brief physical exercise interventions of < 45 minutes were found to be most effective at reducing depressive symptoms (Gordon et al, 2018)
- Low intensity physical exercise that incorporates both endurance and resistance training was found to be most effective (Hu et al, 2020)

University students

Most university students experience a significant transitional period when they move away to university and consequently prevalence of mental health conditions in this population can be high (Worsley et al, 2021). Early intervention programmes for this population are therefore extremely important.

Many of the interventions that have been found to be effective for 0-18 year olds, have also been found to be effective for university students (see pages 14-15). Specific information on the interventions found to be most effective for this population are outlined on this page.

Some factors that have been found to be associated with poor mental health in university students are poor mental health literacy, identifying as LGBTQ+, experiences of trauma in childhood, and a lack of supportive social networks. These factors therefore should be considered when selecting and implementing interventions with this population (Campbell et al, 2022).

> **Almost two-thirds (63%) of students reported a worsening of their wellbeing and mental health over the last year (ONS, 2021)**

The current evidence base suggests the following recommendations for university students:

1. **Indicated prevention programs** are effective in reducing depression, anxiety, and general psychological distress (Conley et al, 2017).
2. Moderate positive effects for **mindfulness, yoga or meditation-based interventions** on symptoms of depression, anxiety, and stress (Breedvelt et al, 2019)
3. Emerging evidence for effectiveness of **web-based online and computer delivered interventions** in reducing depression, anxiety, stress and eating disorder symptoms (Harith et al, 2022). Specifically, **targeted digital interventions** seem to be most effective (Conley et al, 2017).
4. ACT as a **positive psychology intervention** has been found to be effective at reducing anxiety, depressive and stress-related symptoms (Howell et al, 2018).
5. **Skills based universal programmes** that include a supervised practice component appear to be effective at reducing depression, anxiety, stress, general psychological distress, and developing social-emotional skills (Conley et al, 2015).
6. **Gatekeeper programmes** have been found to be effective with regards to suicide prevention. There is also emerging evidence for **cognitive behavioural** and **dialectical based interventions** in reducing suicide attempts (Breet et al, 2021).

Implementation factors

Cost-effective?

When implemented correctly, early intervention programmes have been found to be cost-effective. PHE (2017) published a document outlining the cost-effectiveness of the promotion of mental health and wellbeing and prevention of mental ill-health, and found the following:

- School-based universal bullying prevention programmes generate a return on investment (ROI) of £1.58 per £1 spent and mid-term ROI through reduced health costs, improved education outcomes, and possible higher earnings of £10·67–16·79 per £1 invested per student by age 21 years.
- School based SEL programmes produce an average ROI of £5.05 for every £1 spent.

Additionally, parent training programmes aimed at reducing conduct problems have been found to recover 60% and 100% of their initial costs within 3 and 5 years, respectively (Arango et al, 2018).

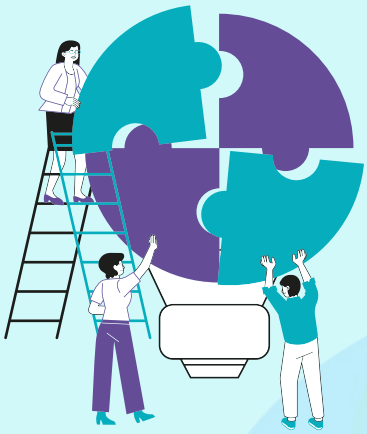
However, it has been reported that the cost-effectiveness of universal interventions may be dependant on specific implementation factors including intervention effectiveness, delivery mode/duration and baseline prevalence (Schmidt et al, 2019).

Who should deliver?

Current research is increasingly supporting the adoption of a multi-factor approach to mental health provision, with the tiered implementation of universal, selective and indicated interventions (Fusar-Poli, 2021; Wakschlag et al, 2019). Dodge et al (2019) proposes that this approach will help achieve optimal population impact.

However, given the differing delivery requirements that these types of interventions demand, Colizzi et al (2020) suggest that mental health provision should not be the sole responsibility of mental health professionals.

Fortunately, an increasing number of interventions are emerging that can be delivered by other professionals e.g. school staff, and this should be utilised where possible.



Implementation factors

The successful implementation of early intervention programmes is crucial to their effectiveness. To ensure successful implementation, certain factors need to be considered. See below for some general guidance for implementing universal, selective and indicated interventions, as recommended in the literature. Alternatively, see the table on the next page for specific implementation factors that have been proposed for different interventions/support.

All prevention programmes should be implemented as early as possible with the aim to sustain these into secondary school years and onwards (Mackenzie et al, 2018)

Whole-school interventions which provide multi-level (universal and targeted) support and reinforce skill development beyond the curriculum are more likely to result in enduring outcomes than short-term curriculum-based interventions (DfE & DfE, 2017)

Universal Programmes:

- Classroom teachers have been found to be **effective programme facilitators**, provided that they receive **high-quality training, monitoring and support structures** (Mackenzie et al, 2018). **Y**oung people have also reported it to be their preference to be taught mental health education by someone that they already know e..g a teacher (Woolfson et al, 2009).
- Both the **duration** of individual sessions and the **number of sessions** have been shown to influence programme outcomes (Clarke et al, 2021)
- Buy in from caregivers and providers is essential to sustainable implementation (Segal et al, 2021)

Selective Programmes:

See Universal programmes for recommendations

Indicated Programmes:

- The evidence base indicates that **external staff** e.g. psychologists may be better placed to effectively deliver these types of interventions (Clarke et al, 2021)
- If delivered by teachers, training should last **more than 2 days** and **regular supervision** should be made available, to support implementation (Clarke et al, 2021)

Implementation factors

DISORDER SPECIFIC INTERVENTIONS: IMPLEMENTATION FACTORS TO CONSIDER	
1 **Depression**	• Interventions are best delivered during late childhood/early adolescence (Werner-Seidler et al, 2017) • Interventions were most effective within 8-16 sessions lasting between 45-90 min across a 4-8 week period (Calear et al ,2010) • Universal interventions effective when delivered by school staff (Clarke et al, 2021) • Most effective when they do not involve parents (Calear et al ,2010)
2 **Anxiety**	• Larger dose sizes i.e. longer interventions seem to be more effective for universal interventions (Feiss et al, 2019) • Interventions are best delievered during childhood i.e. primary school (Werner-Seidler et al, 2017)
3 **Eating Disorders**	• Multi-sessional interventions lasting approximately 1 month appear to be the most effective (Le et al, 2019) • Interventions mostly more effective with females (Le et al, 2019) • Involvement of lived experience facilitators to address stigma around help-seeking (The Mental Elf, 2023)
4 **Conduct Disorder**	• Preliminary evidence that well trained and supported school staff can effectively deliver these interventions (DfE & DfE, 2017) • Best delivered as early as possible e.g. primary school age (Werner-Seidler et al, 2017)
5 **Substance abuse**	Most effective when (DfE & DfE, 2017): • consist of 15 sessions or more over an extended amount of time • implemented alongside family based interventions
6 **Bullying/ Aggression**	Most effective when delivered via (Clarke et al, 2021): • Teachers / schools staff (traditional bullying interventions) • Online platforms (cyber bullying interventions) • External professionals (targeted violence interventions)
7 **PTSD**	• Preliminary evidence that school staff can effectively deliver these interventions if training and regular supervision is made available (Clarke et al, 2021)
8 **Attachment**	• Good evidence that parent/carer interventions are the most effective. These should be implemented as early as possible e.g. early years (0-5 years) (See NICE guidelines)

Implementation planning tool

This section of the document summarises the recommended areas to consider when planning on implementing an early intervention programme. Use this table when implementing one of these programmes. You can find further information about questions to consider within these areas here: Interactive RE-AIM Planning Tool – RE-AIM .

Are you **REACHING** the target population?	How **EFFECTIVE** is the intervention?	Who will be able/willing to **ADOPT** this intervention?	**IMPLEMENTATION** factors?	Can this be **MAINTAINED**?

RE-AIM framework, 2022

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Intervention Matrix

The following pages will include an implementation matrix outlining the current early intervention and prevention programmes found to be effective for children and young people's mental health. For each intervention, this matrix aims to outline the key components, the evidence base and any specific implementation factors to consider.

Please note: these interventions have been identified from the global literature as being effective across a number of different countries. Consideration should therefore be given when selecting and implementing these locally.

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
Social Emotional Learning (SEL) interventions											
1	Dutch Skills for Life Programme	Universal	REBT (Rational Emotive Behavioural Therapy) and social learning-based intervention aimed at promoting SEL competencies	Children aged 13-16	Pannebakker et al (2019) conducted a Randomised Control Trial (RCT) with a sample of 1,505 students from 26 schools and found significant long-term (20-month follow-up) improvements in students' self-efficacy, depressive symptoms, and teacher-reported problem behaviour. These effects were found to be especially effective in lower educational students.	26 modules taught over two academic years, comprised of 17 weekly classes (1-hour) in the first year and 9 weekly classes during the second year	Teachers	Netherlands	School setting	No cost information available	• Most effective when integrated as a whole school approach • Training manual provided • Seems to be more effective with students at lower educational levels • 3-day training required to deliver
2	MindOut programme	Universal	SEL based intervention aimed at promoting SEL through interactive teaching methods	Children aged 11-16	Dowling et al (2019) evaluated this intervention with disadvantaged schools in Ireland and found significant effects on psychosocial wellbeing (emotional regulation, coping skills, social support coping) and symptoms of depression at post-intervention.	12 sessions	Teachers	Ireland	School setting	No cost associated with this intervention	• 2-day training required to deliver • Training manual provided • Most effective with: - older adolescents (15-18 years) - delivered in large groups - consistent attendance - support from management *(Dowling et al, 2020)*
3	EmotivaMente	Universal	Digital intervention aimed at enhancing emotion regulation in adolescents	Children aged 11-16	Carissoli & Villani (2019) conducted a quasi-experimental design (QED) study with a sample of 121 students and found a significant effect on assessment/expression of emotions at post-intervention and a significant effect on emotion regulation (especially cognitive reappraisal) at post-intervention and 3-month follow-up.	8 sessions (1.5 hours), consisting of 6 weekly sessions followed by 2 follow-up sessions 3 months later	Supervised by teachers or school staff	Italy	School setting	No cost information available	• Most effective when implemented into the curriculum • Most effective when integrated using a guided and assisted framework • No training required to deliver

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
4	MindUp	Universal	Classroom based intervention aimed at promoting students social and emotional competence (based on CASEL's SEL framework)	Children aged 3-14	Schonert-Reichl et al (2015) conducted a RCT with a sample of 99 children and found a significant improvement in multiple social and emotional competencies, as well as a significant reduction in depressive symptoms.	15 sessions that can be taught across one academic year or in a 15-week block	Teachers	USA	School setting	Facilitator training: £618.05 Train the Trainer training: £1648.14 per trainer	• Most effective when delivered in groups (classroom size) • Supervised by 2 MindUp consultants and a MindUp school lead • 26 hours of training to deliver • Train the Trainer options available
5	Zippy's Friends (3 versions): Zippy's Friends (5-7 years), Apple's Friend's (7-9 years) and Passport (9-11 years)	Universal	School based intervention aimed at promoting SEL competencies	Children aged 5-7	Clarke et al (2014) conducted a RCT with a sample of 766 children in the UK to assess the efficacy of the Zippy's Friends intervention. They found significant effects on self-awareness, self-regulation, motivation and social skills, at post-intervention and 12 month follow up.	24 weekly sessions (45-minutes)	Teachers	Originated in Denmark but has now been implemented across 30+ countries	School setting	Training: £50 per facilitator	• Supervision by an external supervisor (7-12 hours training) is recommended • 1 day training required • Training manual and children's workbooks provided
6	Positive Attitude	Universal	School based intervention aimed at enhancing social emotional competencies - modules are based upon the five core skills outlined in CASEL's SEL framework	Children aged 11-16	Coelho et al (2017) conducted a RCT with a sample of 746 secondary school students and found a significant effect on self-control and self-awareness at post-intervention, which was maintained at 7-month follow-up. Additionally, they found a significant reduction in social anxiety symptoms at post-intervention.	13 weekly sessions (45 minutes), which take place within the same school year	Psychologist supported by a classroom teacher	Portugal	School setting	No cost information available	• Designed to be delivered to groups of 16-25 children • Recommended that it is integrated into the school curriculum • Training manual provided

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
7	Roots of Empathy	Universal	Classroom based SEL intervention aimed at developing empathy and reducing aggressive behaviour	Children aged 5-13	Connolly et al (2018) conducted a RCT in Northern Ireland with a sample of 1674 students and found significant reductions in prosocial behaviour at post-intervention and 36 month follow up.	27 sessions (30-40 minutes)	Volunteer (recommended to have QCF 4/5 qualifications)	Canada, Northern Ireland	School setting	No cost associated with this intervention	• Classroom based • 4-day training required to deliver • Booster training recommended • Ongoing mentor support available • Supervision by an external supervisor (1.5-day training) is recommended • Training manual provided
8	Dialectical Behaviour Therapy – Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A)	Universal	DBT-based SEL intervention aimed at promoting SEL competencies	Children aged 12-19	Flynn et al (2018) conducted a QED study with a sample of 72 students in Ireland and found a significant reduction in both emotional symptoms and internalising problems.	22 weekly classes	Teachers	USA, Ireland	School setting	Training: £743.11 per attendee	• Designed to be delivered as part of the curriculum • Ongoing supervision is recommended • 3-day training required to deliver • Most effective when implemented as a whole-school approach
9	Innate Health Education and Resilience Training (iHEART)	Universal	SEL intervention aimed at promoting the "3 principles approach to mental health" focusing on how the mind, thought and consciousness are related	Children aged 11-15	Kelley et al (2021) conducted a QED study with a sample of 205 students in England and found significant improvements in both well-being and resiliency, at post-intervention.	10 weekly sessions (50 minutes)	2 trained facilitators (can be teachers or external professional)	UK	School setting	Cost information available on request	• Designed to be delivered as part of the curriculum • License required • Trainer the trainer options available

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
10	Send me sunshine	Universal	CBT based postal monthly subscription service aimed at promoting positive mental health in children and young people	Children aged 4-11 (2 different subscription types: 4-7 years and 8-11 years)	**Baker et al (2023)** conducted a pilot study of this intervention with a sample of 30 participants In the UK and found promising results for the feasibility and demand for this intervention.	A monthly box is sent out every month with a new set of activities for the child to try. Activities include those that can be completed alone, with family members and with friends.	Self-administered	UK	Postal	Will be available for parents to purchase as a monthly subscription fee	• Requires parents to be willing to invest in a subscription service – promising interest for a "buy one, give one" model (Baker et al, 2023) Further information on potential implementation guidance can be found here.
11	Be Well Plan	Universal	Digital intervention aimed at improving wellbeing through creating a personal resilience plan	University students	**Fassnacht et al (2022)** conducted a RCT with a sample of 215 university students in Australia (online format) and found significant improvements in mental well-being and resilience as well as in depressive and anxiety symptoms, at post-intervention.	5 weekly sessions (2 hours)	Trained facilitators	Australia	School and community settings	Training and certification cost: £3461.25 Recertification cost: £452.62 annually	• Can be delivered in-person or online • Also available through a mobile app • Participation in the program and attendance at a 3-day workshop is required to deliver (38 hours in total) • Annual recertification is required (fee attached)
12	A Lust for Life	Universal	CBT and mindfulness-based intervention aimed at promoting mental health and increasing resiliency	Children aged 10-13	**O'Connor et al (2022)** conducted a cluster RCT with a sample of 604 students in Ireland. They found that in students identified as struggling with their mental health made significant improvements in mindfulness. No significant improvements were identified otherwise.	10 weekly sessions (40 minutes)	School staff	Dublin	School setting	Free to access	• Designed to be delivered as part of the curriculum • Lesson plans and teacher toolkit available to support implementation • No specific training required but utilising the training resources is recommended

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
13	Kindness curriculum	Universal	Mindfulness-based prosocial skills training aimed at developing attention and emotion regulation	All ages (up to 18) – age specific curriculums available	**Flook et al (2015)** conducted a RCT with a sample of 68 pre-school children in the US. They found that those in the intervention group showed greater improvements in social competence, cognitive flexibility, executive functioning and general social emotional development.	12-week curriculum consisting of two 20–30-minute lessons per week	School staff	Australia	School setting	Free to access	• No training required • Lesson plans are available on their website (UK adapted versions available) • Designed to be delivered as part of the curriculum • Optional training is currently being developed
14	Zippy's Friends for pupils with SEN	Selective	School based intervention aimed at promoting SEL competencies .	SEND children aged 6-17	**Unwin et al (2018)** conducted a QED study with a sample of 53 children at 8 SEND schools across England and found a significant improvement in social skills as well as emotional literacy and recognition at post-intervention.	24 weekly sessions (45-minutes)	Teachers or teaching assistants	England	SEN schools	Training: £50 per facilitator	• Not suitable for children with more severe presentations e.g., non-verbal • Most effective when there is parental involvement • 1 day training required • Flexible approach required when delivering
15	Footprints	Selective	School CBT-based intervention aimed at promoting wellbeing and preventing behavioural and emotional problems	Children aged 11-16 with poor academic performance and/or disruptive behaviour	**Terry et al (2020)** implemented this program as part of a whole-school approach to supporting young people's mental health and behaviour and found significant improvements in multiple SEL competencies including emotional symptoms, self-efficacy, behaviour, and academic motivation.	6 CBT sessions (approximately 40-minutes) aided by individual motivational interviewing sessions.	External professionals	USA	School setting	No cost information available	• Best delivered in small groups and 1-1 sessions • Training (minimum 2-hour session) required

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
16	Kids In Transition	Selective	Group-based intervention aimed at developing prosocial and self-regulatory skills to prepare students to start school	Children aged 4-6 with a high risk of difficulties in academic and social adjustment	**Pears et al (2015)** conducted a RCT with a sample of 209 families receiving early childhood special education. They found significant improvements in self-regulation at post-intervention.	Preparation stage: 16 sessions (2 hours) delivered twice weekly for children and 4 sessions delivered every 2 weeks for parents/carers Transition stage: 8 weekly sessions (2 hours) once school starts	Trained facilitators	USA	School setting	No cost information available	• Training (online) required to deliver • Online coaching available to support implementation • Training manual and lesson plans provided
17	Pyramid Club (3 versions): Primary, Secondary, Transitions	Indicated	After-school targeted intervention aimed at improving social emotional skills	*Primary* – aged 4-11 *Secondary* – aged 12-14 *Transitions* - Children transitioning to secondary school	**Cassidy et al (2015)** conducted a RCT with a sample of 630 children across Pyramid Primary and Transition. Both programmes were found to significantly decrease emotional and peer problems and increase emotional intelligence and pro social behaviour. **Jayman et al (2019)** conducted a QED study across 8 secondary schools. Pyramid Secondary was found to decrease emotional and peer problems and increase pro social behaviour, sustained at 12-month follow-up.	10 weekly sessions (1.5 hours)	School staff	UK	School setting	License cost: £250 per school Training (up to 16 attendees): £700 Starter pack + materials: £175	• Delivered to groups of 8-12 children • 3 members of staff required to deliver • 10 hours of training required to deliver • Booster training recommended • Supervision by an external supervisor (6 hours of training annually) is recommended • Training manual provided • License required to run
18	Bounce Back	Indicated	Brief CBT-based SEL intervention aimed at improving resilience and general well-being	Primary school children (aged 4-11) with emerging mental health difficulties	**Humphrey et al (2020)** conducted a RCT with a sample of 326 children and found significant reductions in emotional symptoms at post-intervention.	10 weekly group sessions (45-60 minutes) + 2-3 individual sessions for each student (45-60 minutes). Additionally, material for 3 parent education sessions is available.	Mental health clinicians (master's level qualifications required)	USA	School setting	Facilitator training (up to 15 attendees): £3700.58	• Group sessions delivered to between 4-7 students • 1.5-day training is required to deliver • Booster training recommended • Ongoing consultation from a local clinician with expertise in CBT is recommended • Training manual provided

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
Stigma/mental health literacy											
19	What's Up!	Universal	Mental health literacy intervention aimed at reducing mental health stigma	Children aged 11-16	Andrés-Rodríguez et al. (2017) conducted a RCT with a sample of 446 students in Spain and found significant improvements in stereotypic attribution, social acceptance and stigma-related behaviours, at post-intervention and 9-month follow-up.	9 modules completed over 9 weeks	Teachers	Spain	School setting	No cost information available	• Designed to be delivered as classroom sessions • Recommended class size: 25 students • No specific training required (most components should be taught as part of standard teacher training) • Training manual provided
20	Finding Space	Universal	Mental health literacy intervention aimed at enhancing mental health literacy skills	Children aged 11-16	Campos et al (2019) conducted a RCT with a sample of 543 students in Portugal and found significant improvements in stereotype knowledge, first-aid skills, help-seeking and self-help strategies at 6-month follow-up.	2 sessions (90 minutes) delivered 1-week apart	Psychologist	Portugal	School setting	No cost information available	• Designed to be delivered as part of the curriculum • Recommended class size: 20-25 students • No training specified • Training manual available
21	Ending the Silence (ETS)	Universal	Single session intervention aimed at improving mental health literacy	Children aged 11-16	DeLuca et al (2020) conducted a RCT with a sample of 206 students in USA and found significant improvements in negative stereotypes, and stigma-related mental health knowledge, at post-intervention and 4-week follow-up. At 8-week follow-up they also found significant improvements in confidentiality concerns when accessing mental health services.	1 session (35-40 minutes)	Trained ETS provider	USA	School setting	No cost information available	• Designed to be classroom-based
22	Teen Mental Health First Aid (Teen MHFA)	Universal	Psychoeducational intervention aimed at developing mental health first aid skills	Children aged 11-16	**Hart et al (2018, 2019)** conducted a RCT with a sample of 1942 students in Australia and found significant improvements in mental health literacy and mental health stigma at post-intervention.	3 weekly sessions (75 minutes)	Youth mental health instructors	Australia	School setting	Cost information available upon request	• Designed to be delivered to classrooms of 20-25 students • Training required to deliver

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
23	The Guide	Universal	Psychoeducation intervention aimed at enhancing mental health literacy	Children aged 13-14	Milin et al (2016) conducted a RCT with a sample of 534 students in Canada and found significant improvements in mental health literacy, stigma and help-seeking. This programme is currently being evaluated for delivery in the UK. More information can be found here.	6 weekly lessons (60 minutes)	School staff	Canada, UK	School setting	No cost information available	• 1-day training required to deliver • Adapted to be delivered as part of the curriculum
24	SchoolSpace	Universal	Psychoeducation intervention aimed at improving mental health literacy and reducing stigma around mental health	Children aged 12-13	Chisholm et al (2016) conducted a RCT comparing the education only to the education + contact version, with a sample of 769 students in the UK. They found improvements in attitudinal stigma in both conditions at 2-week follow-up, as well as significant improvements in knowledge-based stigma, mental health literacy, emotional well-being, resilience, and help-seeking attitudes in the education only version.	1 day workshop which includes 1 of 2 different sessions (20 minutes) in the afternoon: *Contact session*: facilitator (with lived experience) explains they have a mental illness and what it's like *Education session*: on "history of mental health"	Mental health professional and individuals with lived experience	UK	School setting	No cost information available	• Designed to be delivered as part of the curriculum • Recommended that school staff including 1 teacher are present during the intervention • Training required to deliver
25	Moving Stories	Universal	Game-based school intervention aimed at enhancing mental health literacy of depression	Children aged 12-15	Tuijnman et al (2022) conducted a RCT with a sample of 185 adolescents in the Netherlands and found improvements in personal stigma at both post-intervention and 3-month follow-up.	3 components delivered across 1 week: Introduction session, access to game for 5 days, psychoeducation session with a facilitator with lived experience of depression	Facilitator with lived experience of depression	Netherlands	School setting	No cost information available	• Designed to be delivered as part of the curriculum • Training required to deliver the final session
26	Helping out a mate (HOAM)	Selective	Brief sports-based mental health literacy intervention aimed at increasing help-seeking behaviours	Male athletes aged 12-18	Liddle et al (2019) conducted a RCT with a sample of 102 male adolescents from a community football team in Australia. They found significant improvements in mental health literacy for depression and anxiety as well as in general help-seeking and stigma.	1 session (45 minutes)	Information not available	Australia	Community settings	No cost information available	

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
Ethnic/socio-economic minorities											
27	Identity Project	Universal	Psychoeducation intervention aimed at increasing psychosocial wellbeing	Children aged 11-18	**Umana-Taylor et al (2018)** conducted a RCT with a sample of 218 adolescents in the USA and found that at one-year follow-up, students reported significant improvements in global identity cohesion, depressive symptoms, and self-esteem.	8 weekly sessions (55-minutes)	External professionals	USA	School or community setting	No cost information available	• Recommended that it is delivered as part of the curriculum • Designed for young people from both ethnic–racial minority and majority backgrounds • Found to be most effective with students from minority ethnic backgrounds
LGBTQ+											
28	Rainbow SPARX	Selective (LGBTQ+ youth)	Computerised CBT intervention aimed at reducing depressive symptoms	LGBTQ+ youth	**Lucassen et al (2015)** conducted a pilot trial with a sample of 21 sexual minority individuals aged 13-19 years old. They found that depressive symptoms decreased significantly post-intervention, and this was maintained at 3-month follow-up.	7 modules	Self-administered	New Zealand	Online	No cost information available	• No training required
29	AFFIRM	Selective (LGBTQ+ youth)	Brief affirmative cognitive behavioural group intervention aimed at reducing depression and improving coping	LGBTQ+ youth	**Craig and Austin (2016)** conducted a pilot study of this intervention in a community sample and found significant reductions in depression and appraisals of stress as a threat, as well as a significant increase in reflective coping. **Craig et al (2021)** evaluated this intervention further and found significantly reduced levels of depression as well as improved appraisal of stress and active coping.	8 sessions (1.5-2 hours)	Trained facilitators	Canada	School and clinical settings	Facilitator trainings: £535.43 per attendee OR £6,599.21 per group training	• Can be delivered in schools or the community • 2-day training required to deliver • Training manual provided

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
30	Project RISE	Selective	Online single-session intervention aimed at reducing and overcoming stigma in LGBTQ+ youth	LGBTQ+ youth aged 11-17 facing internalized stigma for their LGBTQ+ identity	**Shen et al (2023)** conducted a RCT with a sample of 538 adolescents and found significant reductions in internalised stigma at post-intervention and 2-week follow-up, as well as increased identity pride at post-intervention.	1 session (20-30 minutes)	Self-administered	USA	Online	Free to access here	• No training required
Parents separating/divorce											
31	New Beginnings	Selective	Group-based parent/carer intervention aimed at improving young people's internalising and externalising problems	Parents of children aged 3-18 years who have recently separated	**Wolchik et al., 2000, 2002, 2013** conducted a RCT with a sample of 240 families in the USA whose parents had divorced within the last 2 years and found a reduction in externalising and internalising problems at post-intervention. At six-month follow-up these effects were maintained for externalising behaviour and number of mental health diagnoses, as well as in internalising problems at 15-year follow up.	10 sessions (1 hour 45-minutes)	2 practitioners (teachers or school staff)	USA	Community or clinical setting	Facilitator training (up to 8 attendees): £13,201.60 License cost: £1,175.61 – £1,505.58 / facilitator Resources: £742.48	• Delivered to groups of up to 8 parents • 3-day training required to deliver • Booster training required • Supervision by 1 host supervisor and 1 external supervisor (with 112 hrs training) is recommended • Training manual provided • License required
32	Parents Forever	Selective	Parent/carer programme aimed at improving child outcomes by reducing conflict between parents	Parents of children aged 0-18 who are going through a divorce	**Becher et al (2018)** conducted a comparison group study with 222 parents in the US. They found significant improvements in child emotional symptoms, peer problems and conduct problems, as well as improved positive parenting at post-intervention.	2 versions: *4-hour version* (2 sessions) *8-hour version* (3 sessions)	Trained facilitator (no prior qualification required)	USA	Community settings	Estimated unit cost of less than £100	• 4-hour training required • Supervision from host site is recommended • Training manual provided • Designed to be delivered in a group format
33	Family Transitions Triple P	Indicated	Parent/carer intervention aimed at preventing adverse outcomes for children following parental divorce	Parents who have recently gone through a divorce and have a child experiencing behavioural difficulties	**Stallman & Sanders (2014)** conducted a RCT in Australia and found significant reductions in reported problem behaviours and intensity of behaviours.	5 sessions (2 hours) delivered in conjunction with the standard Triple P programme	Triple P Practitioner (prerequisite training in a Level 4 Triple P Provider Training Course required)	Australia	Community setting	Facilitator training: £1575 per attendee	• Can be delivered individually or in groups (of 8 families) • 37.5 hours of training required to deliver • Supervision by host supervisor is recommended • Manual provided

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
Disadvantaged/Low-income families											
34	ParentCorps	Selective	Parent/carer intervention aimed at helping parents support their child's social, emotional, and self-regulatory skills	Parents of a child aged 4 who are currently living in disadvantaged, urban communities	**Brotman et al (2011)** conducted a RCT with a sample of 171 families in the USA and found significant reductions in child behaviour problems at post-intervention.	2 components: the parenting programme and student programme Both components are 14 weekly sessions (2 hours) each	Parent programme: 1 mental health professional Student programme: 3 nursery teachers and 3 assistant teachers	USA	School setting	No cost information available	• Parenting programme delivered to groups of 12-15 • Student programme delivered to groups of 18-20 • Mental health practitioners require 56 hours training • School staff require 42 hours training • Supervision with a host supervisor (14 hours training) is recommended
35	ParentChild+	Selective	Family-based intervention aimed at improving school-readiness and social-emotional skills	Children aged 2-4 from low-income families	**Astuto & Allen (2016)** conducted a RCT with 336 families in the US and found significant improvements in social-emotional competence and child language. **A RCT** has also been conducted in the UK however the results of this study were less promising.	Twice weekly home visits (30-minutes) over a 15-month period	Trained facilitators	USA, UK	Community setting	Average cost is £3335 per family	• UK training provider is Family Lives • Training required to deliver • License required • Supervision support available through Family Lives
36	Empowering Parents, Empowering Communities	Indicated	Parent/carer intervention aimed at reducing behavioural difficulties	Disadvantaged families experiencing behavioural difficulties with a child aged 2-11	**Day et al (2012)** conducted a RCT in the UK and found significant reductions in frequency and number of behaviour problems, as well parent concerns about their child.	8 weekly sessions (2 hours)	2 parent facilitators	UK	Community setting	No cost information available	• Delivered to groups of 12 families • 60 hours of training is required to deliver • Booster training is recommended • Supervision by a host supervisor is recommended (30 hours training) • Training manual provided

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
Parental physical/mental illness											
37	Family Talk	Selective	Strengths-based intervention aimed at enhancing understanding of parental illness, improve interpersonal relations and promote family/child resilience	Children aged 6-18 years with a parent with a mental or physical illness	Mulligan et al (2021) conducted a RCT with a sample of 86 families in Ireland. They found that over two thirds of families reported substantial benefits post-intervention, including reduced stigma, giving children, and improved family communication /relationships.	6-8 sessions (60-90 minutes) delivered over 6-10 weeks	Medical and mental health professionals trained in this approach	USA	Community and clinical settings	No cost information available	• Exclusion criteria for this programme include acute substance abuse, parent psychosis and parents being in the middle of a divorce • Training required to deliver. Details of this can be found here
38	mi.spot	Selective	CBT-based online intervention aimed at improving wellbeing and reducing anxiety depressive and stress symptoms	Individuals aged 18-25 whose parents have a mental illness and/or substance use problem	Maybery et al (2022) conducted a RCT of 41 students in Australia and found significantly improved psychological wellbeing, coping, general self-efficacy, and a reduction in anxiety, at post-intervention.	6 weekly sessions	Self-administered	Australia	Online	No cost information available	• This program can also be delivered guided with the support of a facilitator • Facilitators are required to have attended 1-day training
39	Coping and Promoting Strength program	Selective	CBT-based intervention aimed at preventing anxiety symptoms in children with a parent with clinical anxiety	Children aged 6-13 years where at least one parent has clinical anxiety	Pella et al (2018) conducted a RCT with a sample of 136 parent-child dyads in the US. They found that over a 12-month follow-up, the intervention group reported lower anxiety symptoms at all assessment points with only 5% developing an anxiety disorder, compared to 31% in the control group.	8 weekly sessions (60 minutes)	Trained therapist	USA	Community or clinical settings	No cost information available	• Training required to deliver • Not suitable for children who already have an anxiety diagnosis

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
Care-experienced young people											
40	Together Facing The Challenge (TFTC)	Selective	Skills-based training intervention aimed at helping foster parents build and maintain supportive and involved relationships with children in their care	Foster parents who care for children with emotional or behavioural problems	**Eisenberg et al (2022)** conducted a QED study of this intervention and found a significant reduction in child problem behaviours at 12-month follow-up.	7 sessions (2 hours) delivered every 2 weeks	External professionals	USA	Community setting	No cost information available	• 3-day training workshop required to deliver • Monthly consultation sessions are required for first 12 months of implementation
41	Promoting Sibling Bonds	Selective	Preventative intervention aimed at improving positive sibling interactions and reducing conflict behaviours	Sibling pairs aged 5-11 placed in the same foster home (and their foster parent)	**Linares et al (2015)** conducted a RCT of 22 sibling pairs (and their foster parents) and found significant reductions in conflict between siblings and general aggression, at post-intervention.	8 weekly sessions (90 minutes)	2 Master-level trained clinicians	USA	Community setting	No cost information available	• Each session is delivered to parents and siblings separately (1 clinician for each), bringing them together at the beginning and end of each session • Training manual provided
42	Generation PMTO	Selective or indicated	Parent/carer intervention aimed at reducing and preventing internalizing and externalizing behaviours in youth	Parents of children with or at risk for internalizing and externalizing behaviours	**Akin et al (2018)** conducted a RCT of PMTO in a foster care sample and found linear improvements in social-emotional functioning, problem behaviours, and social skills over a 12-month period.	10-14 sessions (1.5-2 hours)	2 Generation PMTO specialists	USA	Community setting	No cost information available	• Delivered to groups of 12-16 • Includes a homework component • Training manual provided • Attendance at 3 training workshops is required to deliver • 12 coaching sessions based on direct observation of delivery of intervention is required Further details can be found here

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
43	KEEP (Keeping Foster and Kinship Parents Trained and Supported)	Indicated	Group based intervention aimed at helping foster carers to manage behavioural difficulties with the child in their care	Foster carers responsible for a child between the ages of 5 and 12 years with behavioural difficulties.	**Roberts et al (2016)** conducted a QED study in the UK, with a sample of 849 primary age children and KEEP carers. They found significant improvements on several child and parent outcomes, including child behaviour and parental discipline style, at post intervention.	16 weekly sessions (1.5-hours)	2 KEEP facilitators (external professionals)	USA, UK	Community setting	The set up and running of this intervention has been estimated at approximately £29,282	• Delivered to groups of 7-10 • 37 hours of training required to deliver • Booster training recommended • Training manual provided • A minimum of approximately 0.5 WTE of staff time a week is recommended
44	Fostering Changes	Indicated	Group based intervention aimed at building positive relationships between carers and children, and encouraging positive child behaviour, through a skills-based approach	Foster carers responsible for a child aged 12 or below	**Moody et al (2020)** conducted a RCT with a sample of 312 foster carers. At 3 months follow-up, the study measured small pre–post improvements in the target children's mental health, and carer coping strategies, relative to controls.	12 weekly sessions (3-hours)	External professionals who work with carers of looked-after and adopted children	UK	Community setting	Facilitator training: £1199 per attendee	• Delivered to groups of up to 12 • 4-day training required to deliver • Resources provided
45	Kids In Transition		(See HERE for intervention details)		**Pears et al (2012)** also conducted a RCT with a sample of 192 children in foster care and found significant improvements in oppositional and aggressive behaviour. Additionally, **Lynch et al (2017)** conducted a RCT with children in foster care and found significant reductions in both internalising and externalising symptoms after 12 months.						

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
Refugee/Asylum-seeking children											
46	COPE	Universal or Selective	CBT-based intervention that aims to help children deal with stress and anxiety/depressive symptoms	Children aged 7-18	**Doumit et al (2018)** evaluated the efficacy of this intervention with a sample of 31 adolescent refugees and found significant improvements in anxiety and depressive symptoms, as well as general quality of life.	7 sessions (50 minutes)	COPE facilitator (this can be a teacher or external professional)	USA	School or community setting	Training/License package: £319.13 per facilitator (Includes 2-year license, training, and resources)	• 2.5-hour training is required to deliver • Training manual provided
47	PIER (Peer Integration and Enhancement Resource)	Universal	Classroom-based intervention that aims to promote safe and positive peer interactions and social relationships in multi-ethnic schools	Children aged 11-18	**Peltonen et al (2022)** conducted a RCT with a sample of 108 adolescents and found a slight reduction in externalising and internalising symptoms, as well as a slight increase in resilience. These effects were found to be most prevalent in older students.	8 weekly sessions (45-60 minutes)	PIER facilitator (this can be a teacher or external professional)	UK, Finland	School setting	No cost information available	• Designed to be delivered as part of the curriculum • One day training is recommended prior to delivery • Most effective when refugee/migrants are the minority in the class • Most effective when delivered in small groups (although can be delivered to up to 20-30 students) • Should be delivered in host language • Supervision is recommended Further information on implementing this program can be found here
48	EXIT (Expressive Arts in Transition)	Selective	Expressive Art based intervention that aims to alleviate symptoms of trauma and enhance life satisfaction and hope.	Unaccompanied asylum-seeking children between ages of 15-18	**DeMott et al (2017)** conducted a RCT with a sample of 145 unaccompanied asylum-seeking males in Norway and found significant improvements in post-traumatic stress symptoms (PTSS) and life satisfaction, as well as increased hope for the future.	10 sessions (1 hour) with 2 sessions delivered every week for 5 weeks	2 EXA (Expressive Art) therapists	Norway	School setting	No cost information available	• Most effective when delivered in groups of approximately 10 children • Manualised sessions

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
49	Strengths for the Journey	Selective	Positive psychology intervention that aims to promote resilience and wellbeing in displaced young people in transit	Refugee children aged 6-17 who have been recently displaced	**Foka et al (2020)** conducted RCT of this intervention with 72 refugee children in Greece. They found significant improvements in well-being, self-esteem, optimism, and depressive symptoms at post-intervention.	7 sessions (2 hours) delivered over a 7-day period	Anyone working with refugee CYP populations	Greece	School and community setting	No cost information available	• Can be delivered with mixed groups of varying sizes • This intervention was found to be most effective when family involvement was encouraged • Access to translators is required
50	Mein Weg (My Way)	Indicated	Trauma-informed CBT-based intervention that aims to reduce PTSS and depressive symptoms in refugee populations	Unaccompanied refugees aged 13-21 who have experienced at least one traumatic event	**Pfeiffer et al (2018)** conducted a RCT of this intervention with a sample of 99 refugee children in Germany. They found significant improvements in both PTSS and depressive symptoms when compared to usual care. These effects were maintained at 3 month follow-up (**Pfeiffer et al, 2019**).	6 weekly sessions (90 minutes)	Social workers trained in the intervention	Germany	Community setting	No cost information available	• 2-day training required to deliver • Training manual available on request • Best delivered to groups of 3-5 children
51	Teaching Recovery Techniques (TRT)	Indicated	Tf-CBT based intervention that aims to improve resilience and reduce PTSS in refugee adolescents	Refugee adolescents aged 13-18 exhibiting PTSS symptoms	**Sarkadi et al., 2018** conducted a RCT of TRT with a sample of 55 refugee adolescents in Sweden and found significant reductions in both PTSS and depressive symptoms.	7 sessions (90-120 minutes) for the child + 2 additional sessions for caregivers	2 TRT facilitators (preferably teachers or external professional)	Sweden, Finland	School and community setting	No cost information available	• 2-day training required to deliver (manual included) • Designed to be delivered during school hours • Should be delivered in majority language spoken by attendees (with translators to support) • Supervision with someone familiar with TRT and CBT principles is recommended Further information on implementing this program can be found here

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
Attachment difficulties											
52	VIPP-SD (Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline)	Universal	Attachment theory-based intervention aimed at promoting positive parent–child relationships and reducing behaviour problems in children	Parent/carers of children aged 6 months-6 years	**Juffer et al (2017)** conducted a meta-analysis of 12 RCT studies looking at the efficacy of VIPP-SD. They found that the intervention significantly promotes sensitive caregiving and lead to positive child outcomes at post-intervention.	7 home visits every 2-4 weeks (90-minute sessions)	VIPP-SD practitioner (normally a mental health professional)	Netherlands	Community setting	Training: £1900 per attendee	• 4-day training required to deliver • Monthly supervision is required for the first 6 months of implementation • Training manual provided
53	ABC (Attachment and Biobehavioural Catch-up) programme	Selective	Parent/carer intervention aimed at preventing attachment difficulties through increasing caregiver nurturance	Caregivers of infants (6-24 months) who have experienced early adversity	**Grube & Liming (2018)** conducted a systematic review evaluating the effectiveness of this intervention and found that ABC is effective at improving emotion regulation, externalizing and internalizing behaviours, normative developmental functioning, and attachment quality.	10 weekly sessions (1 hour)	Parent Coach (all coaches are screened before undergoing training)	USA	Community setting	Initial training: £7000 per trainee	• Typically conducted at caregivers' home • 2-day in-person training required to deliver • 1 year of weekly supervision is required to deliver • Training manual provided
Fears/Worry/Anxiety											
54	Climate Schools Combined Mental Health and Substance Use Programme	Universal	School CBT-based intervention aimed at preventing and reducing mental health problems, and improving mental health and substance use knowledge	Children aged 11-16	**Teesson et al (2020)** conducted a RCT across multiple secondary schools in Australia and found significant reductions in anxiety symptoms at 12- and 30-month follow-up.	12 sessions (40 minutes) over a year.	Teachers	Australia	School setting	No cost for initial training	• Training manual provided • Effectiveness has also been found for these programmes delivered separately. For further information, see here

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
55	Lessons for Living: Think Well, Do Well	Universal	CBT-based mental health promotion intervention aimed at improving children's coping and problem-solving strategies	Children aged 4-11	Collins et al (2014) conducted a RCT with a sample of 317 students across 9 schools, comparing 3 groups (psychologist led, teacher led and control). They found significant reductions in anxiety scores and avoidance coping skills, as well as significant increases in problem solving skills at post intervention and 6 months follow up (psychologist and teacher led).	10 sessions	Teachers or Psychologists	UK	School setting	No cost information available	• 1 day training required to deliver • Training manual provided
56	Learning to BREATHE	Universal	Mindfulness based stress-reduction intervention aimed at improving emotion regulation	Children aged 11-18 and university students	Fung et al (2019) conducted a waitlist controlled trial of 145 students and found significant reductions in perceived stress and internalising problems, at post-intervention. Dvořáková et al (2016) conducted a pilot study with a sample of 109 university students in USA and found significant improvements in general life satisfaction as well as depressive and anxiety symptoms.	12 weekly sessions (50 minutes)	Teachers or external professional	USA	School setting	Facilitator training: £287.14 per attendee	• Must have completed 8-week Mindfulness-Based Stress Reduction (MBSR) course prior to training • 2-day training required to deliver • Supervision with a programme supervisor is recommended • Training manual provided
57	Mindfulness Training for Teens	Universal	Mindfulness-based intervention aimed at reducing anxiety and depressive symptoms, and improving wellbeing	Children aged 11-18	Johnson & Wade (2019) conducted a QED study with a sample of 146 students in Australia and found significant reduction in both anxiety and depression at 4-month follow-up (no significant effect at post-intervention)	8 weekly sessions (90 minutes)	Mindfulness practitioner	Australia	School setting	No cost information available	• Should be delivered in a separate space away from the classroom to differentiate from normal lessons
58	Mindfulness Skills for Students (MSS)	Universal	Mindfulness based intervention aimed at promoting resilience to stress in university students	University students	Galante et al (2017) conducted a RCT with a sample of 616 students in the UK and found that the intervention group has significantly reduced levels of clinical distress compared to the control group.	8 weekly sessions (75-90 minutes)	Certified mindfulness teacher	UK	School setting	No cost information available	• No specific training available • Intervention manual available upon request • Delivered to groups of up to 30 students

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country (s) of origin	Setting	Cost	Additional implementation factors
59	MePlusMe	Universal	CBT-based online platform aimed at addressing mild to moderate psychological and/or study skill difficulties	University students	Goozee et al (2022) conducted a feasibility study with a sample of 137 university students in the UK. They found significant reductions in anxiety and depression, as well as increases in wellbeing, post-intervention.	No specific number of sessions. Service users gain access to the platform and can work through the resources at their own pace	Self-administered	UK	School setting	Currently being trialled – no cost information available yet	• No training required
60	HeadSpace	Universal	Mindfulness-based app aimed at providing guided and unguided mindfulness meditations to reduce psychological distress	University students	**Flett et al (2020)** conducted a RCT with a sample of 250 1st year university students in New Zealand. They found small improvements in both psychological distress and college adjustment, when this app was used consistently.	No specific number of sessions	Self-administered	New Zealand	Online	Annual subscription - £49.99	• No training required • Most effective when used consistently and introduced as early as possible (e.g. beginning of 1st semester)
61	Surviving and Thriving During Stress	Universal	Brief online therapist-assisted acceptance-based intervention aimed at reducing symptoms of anxiety	University students	**Eustis et al (2018)** conducted a RCT with a sample of 156 university students in the US. They found significant improvements in general anxiety, depression and quality of life, at post-intervention.	3 sessions with each session consisting of 2 15-minute videos and a written skills practice	Therapist (trained in acceptance-based therapy) provides feedback after each session	USA	School setting	No cost information available	• No specific programme training required
62	Gaia Project	Universal	Mindfulness-based intervention aimed at developing body, emotional and ecological self-awareness to prevent internalising and externalising problems	Adolescents (no exact age range specified)	**Scafuto et al (2022)** conducted a RCT with a sample of 234 adolescents in Italy. They found a significant reduction in internalising symptoms as well as a stable pattern of externalising symptoms, over time.	12 weekly sessions (60 minutes)	External professional e.g. psychologist and teachers	Italy	School setting	No cost information available	• 3-day training course plus 28-lesson online training required to deliver • Designed to be delivered as part of the curriculum

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
63	Triple R	Universal or selective	Mindfulness-based intervention aimed at reducing negative emotional symptoms	Children aged 9-12	**Etherington & Costello (2019)** conducted a RCT comparing a universal delivery and targeted delivery with a sample of 66 children in Australia. They found significant improvements in anxiety scores for the targeted group and a subset of the universal group (elevated anxiety levels pre-program).	6 weekly sessions (60 minutes) plus 2 booster sessions in the subsequent term	External mental health professional	Australia	School setting	No cost information available	• Designed to be delivered as part of the curriculum • Training information not publicly available
64	Cool Kids	Universal or Selective	CBT-based intervention aimed at reducing symptoms of anxiety	Children aged 7-17	**Scaini et al (2022)** conducted an RCT of this programme as a universal intervention with a sample of 73 children aged 10-13. They observed reductions in both anxiety (including somatic, generalized, separation, and social anxiety) and depressive symptoms, at post-intervention.	10 weekly sessions (length of session ranges from 1-2 hours depending on if delivery is to individuals or a group)	Trained facilitators (must have a higher education degree in health or education, and training in CBT)	Australia	School or community settings	Online training (6 hours) and accreditation costs: £319.78 per person	• Online training and accreditation course required to deliver • License is acquired when you purchase course materials • If being delivered in groups, should be delivered by 2 facilitators • Research on implementing this program can be found here
65	PLUS (Personality and Living of University Students)	Universal or Selective	Online CBT-based intervention aimed at preventing unhelpful behaviours/thoughts resulting from certain personality risk factors e.g., perfectionism	University students	**Musiat et al (2014)** conducted a RCT in a sample of 1047 students in the UK and found reductions in both anxiety and depression scores at post-intervention, for students rated as "high risk" (rating based on their personality type).	5 modules (20-40 minutes to complete)	Self-administered	UK	Online	No cost information available	• No training required

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
66	MoodGYM	Universal or indicated (depending on delivery)	Digital CBT-based self-guided intervention aimed at helping users prevent and manage symptoms of depression and anxiety	Children aged 14+	**Farrer et al (2011)** conducted a RCT with a sample of 32 Australian secondary schools and found a significant reduction in anxiety symptoms at 1 and 6-month follow up.	5 modules each designed to take between 40-60 minutes to complete.	If completed as part of school curriculum, can be supervised by school staff. If not, self-administered.	Australia	Online	An individual 12-month subscription is £25.20. Organisation wide subscriptions are also available.	• No training required • Adherence to this programme has been found to be highest with the below conditions (**Calear et al, 2013**): - High baseline depression scores - High baseline self-esteem scores - Rural location • Year 9 (aged 13-14)
67	FRIENDS [different versions]: Fun FRIENDS (4-7 yrs), FRIENDS for Life (8-11 yrs), FRIENDS for Youth (12-16 yrs), Adult Resilience (16-18+ yrs)	Universal or Selective (depending on delivery)	Resilience CBT based intervention aimed at reducing anxiety and promoting positive mental health for children and young people	Children aged 4+ (dependant on programme)	**Higgins & O'Sullivan (2015)** conducted a systematic review looking at the efficacy of the first 3 versions of FRIENDS and found that they were all effective at reducing anxiety symptoms in their targeted population. These intervention effects were also found to be maintained at 4, 6, 12 and 24 months. There is preliminary evidence that the Adult Resilience programme is effective at reducing anxiety symptoms in university students (**Games et al, 2020**). This intervention has been recognised by WHO as the only evidence-based programme effective in reducing anxiety as a universal and targeted intervention (WHO, 2004). It has also been recommended by DfE (**DfE, 2016**).	10 weekly sessions (1-hour) plus 2 optional booster sessions completed after 1 and 3 months. Adaptations to length can be made (see here)	Any allied health professional or education professional e.g. teachers and school staff.	Australia	School setting	Decided on a case-by-case basis - determined by organisation size, overall reach, and implementation plan of each individual licensee	• Booster intervention sessions highly recommended • 1 day training required to deliver the programme. Booster training is recommended • License required - Training manual and children's workbooks are provided

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
68	DISCOVER	Selective	CBT based intervention aimed at "how to handle stress"	Adolescents aged 16-19 years who have been identified as at risk of poorer mental health and academic outcomes	Brown et al, 2019 conducted a RCT with a sample of 155 students across 10 UK secondary schools and found that students reported significantly fewer symptoms of depression and anxiety at three months post-intervention. Students also reported significant improvements in quality of life, mental wellbeing, and emotional symptoms.	1 day workshop followed by a telephone call (20-30 minutes) with a facilitator 1 week later. Offered two additional telephone check-ins within 12 weeks of workshop.	External professionals	UK	School setting	No cost information available	• Workshops are delivered to groups of approximately 15 individuals • Attendees receive workbook to set personal goals, which are reviewed at telephone follow-up
69	EMPOWER	Selective	Self-guided single session intervention aimed at reducing parental accommodation of anxiety	Parents/carers of adolescents aged 4-10 who are at-risk of developing anxiety	Sung et al (2021) conducted a RCT with a sample of 301 parents in the US and found significant improvements in parental accommodation of child anxiety and distress tolerance, at 2-week follow-up.	1 session (20-30 minutes)	Self-administered	USA	Online	No cost information available	• No training required • Designed to be delivered as early as possible in the child's development
70	Youth COMPASS	Selective	Acceptance and Commitment Therapy (ACT) based intervention aimed at enhancing psychological flexibility	Children aged 15-16 during the transition from lower to upper secondary education	Puolakanaho et al (2019) conducted a RCT with a sample of 249 secondary school students and found a small but significant decrease in overall stress symptoms.	5 modules with each module being completed over 5 weeks (weekly completion time: approx. 1 hour)	Self-administered or by facilitators trained in ACT	Finland	Online	No cost information available	• Can be implemented as a self-guided or clinician-guided intervention - Regular supervision of clinicians (in clinician-guided format) is recommended
71	Student COMPASS	Selective	ACT- based intervention aimed at enhancing psychological wellbeing of university students	University students	Räsänen et al (2016) conducted a RCT with a sample of 68 university students and found significant improvements in general wellbeing as well as depressive and stress symptoms.	7-week intervention including 2 face-to-face meetings and 5-weeks of online modules to complete	Facilitated by trained coaches	Finland	School setting/ online	No cost information available	• Local supervision of coaches is recommended

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
72	Super Skills For Life (2 versions): Children version (6-11 years) and Adolescent version (12-18 years)	Indicated	CBT-based intervention aimed at helping young people cope with emotional difficulties	Children aged 6-18 with emotional difficulties	**Fernández-Martínez (2019)** conducted a RCT in Spain with a sample of 123 children and found significant reductions in emotional symptoms of anxiety and depression. Additionally, they found significant improvements in specific symptoms of anxiety disorders, and in the interference of anxiety in the child´s life.	8 weekly sessions (45 minutes)	Teachers or school staff	UK	School setting	Facilitator training: £30 per attendee	• Can be delivered to groups of 6-8 or on an individual basis • 1 day training required to deliver • Training module and children workbooks provided
73	EMOTION Coping Kids	Indicated	Transdiagnostic intervention aimed at reducing the likelihood of the development of an anxiety and/or depressive disorder	Children aged 8-12 showing early signs of anxiety or depression	**Loevaas et al (2020)** conducted a RCT with a sample of 795 children and found a significant reduction in child-reported anxious symptoms and parent-reported anxious and depressive symptoms.	20 sessions delivered over 6 months	No education requirements to deliver	Norway	School setting	No cost information available	• 6-hour training required to deliver • Training manual provided
74	Cool Kids	Indicated	Preventative intervention aimed at teaching children and their parents how to better manage the child's anxiety	Children aged 7-17	**McLoone et al (2012)** conducted a RCT with a sample of 152 children and found significant reductions in anxiety and anxiety-related interference in daily life at post-intervention.	*Individual format*: Eight weekly sessions (1-hour) followed by two biweekly sessions (1-hour). *Group format*: Eight sessions (2-hours) followed by two follow-up sessions (2-hour).	Teacher or mental health professional with prior training in CBT	Australia	School or clinical setting	Virtual training per attendee: £287.39 Accreditation costs per person: £287.39	• 6-hour training and 3-hour assessment required to deliver • Training manual provided Further information on implementing this programme can be found here.
75	STEPS (Strategies to Tackle Exam Pressure and Stress)	Indicated	CBT based intervention aimed at reducing anxiety and promoting well-being	Children aged 11-16 with elevated test anxiety symptoms	**Putwain et al (2020)** conducted a RCT with a sample of 161 students in England and found significant reductions in test anxiety, and generalised anxiety at post-intervention.	6 weekly sessions (45 minutes)	Assistant Psychologists	UK	School setting	No cost information available	• Designed to be delivered to groups of up to 6 students • Training manual provided

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
Low mood/Depression											
76	UK Resilience Programme	Universal	Cognitive behavioural based intervention aimed at improving children's psychological wellbeing by building resilience and promoting accurate thinking	Children aged 10-14	Challen et al. (2009, 2010, 2011, 2014) conducted a RCT with a sample of 6118 students across 22 UK secondary schools, and found a significant reduction in intervention groups' depression scores at post-intervention. Additionally, they found that disadvantaged and SEN pupils benefited most from this intervention.	18 weekly sessions (1 hour)	Classroom teachers or other school staff	USA, UK	School setting	No cost information available	• Delivered to classes of 15 students • 5-7 days of programme training to deliver • Supervision by PRP trainer (9x1 hour conference calls) is required • Training manual provided Further information on implementing this programme can be found here.
77	SPARX-R	Universal	Digital CBT-based intervention aimed at preventing depression	Children aged 14-16	Perry et al, 2017 conducted a RCT with a sample of 540 students from 10 secondary schools in Australia and found significant reductions in students' depression levels prior to final school exams. These effects were maintained at six-month follow-up.	7 modules completed over 5-7 weeks. Each session should take between 20-30 minutes to complete.	Supervised by teachers	Australia	Online	No cost information available	• No training required. • Designed to be completed before a major stressor e.g., before exams • To be effective, students must complete at least 4 modules • Adherence to the programme was found to be highest in those who were considered at-risk for developing depression
78	Growing Minds	Universal	Computerised single session growth mindset intervention aimed at preventing depression, anxiety and behaviour-conduct problems	Children aged 11-16	Schleider et al 2020 conducted a RCT with a sample of 222 students in the USA and found a significant effect on depression at 3 months follow-up and significant reduction in likelihood of reporting elevated depressive symptoms at 3-month follow-up.	1 session (45 minutes)	Self-administered	USA	Online	No cost information available	• No training required

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
79	Paws b	Universal	School -based intervention aimed at teaching mindfulness skills to help support mental health and wellbeing	Children aged 7-11	**Vickery & Dorjee (2016)** conducted a RCT with a sample of 71 children (aged 7-9) in the UK. They found significant improvements in both negative affect and emotion regulation, at post-intervention and 3-month follow-up.	12 sessions (30-60 minutes)	Teachers/ other school staff with a foundation knowledge of mindfulness (the following courses are accepted)	UK	School setting	Individual training cost - £620 per attendee (Organisation discounts for groups trainings are available)	• Designed to be delivered as part of the curriculum • 4-day online training course required to deliver • Free access to resources for 6-months after training Additional programmes for children aged 3-6 (dots) and 9-14 (.breathe) are available
80	.b mindfulness	Universal	School or youth-based intervention aimed at teaching mindfulness skills to help support mental health and wellbeing	Children aged 11-18	**Kuyken et al (2013)** conducted a QED study with a sample of 522 children across 12 UK secondary schools. They found a significant increase in child well-being and significant reduction in depression and stress at post-intervention. This was maintained at 3-month follow-up as well.	10 sessions (1 hour) + 4 additional follow-up sessions	Teachers	Australia	School or community setting	Facilitator training: £760 per attendee	• Best delivered in a group format • 38 hours of training required to deliver • Booster training recommended • Training manual provided Further implementation factors to consider can be found here
81	Spark Resilience	Universal	SEL classroom-based intervention aimed at teaching children coping skills and skills to control strong emotions	Children aged 10-12	**Pluess et al (2017)** conducted a RCT with s a sample of 438 children in London and found a significant increase in resilience and reduction in depression at both post-intervention and 6-month follow-up. This increase in resilience was also maintained at 12-month follow-up.	12 sessions (1-hour) delivered across 3-4 months.	Teachers	UK	School setting	Facilitator training: £80 per attendee	• 2-day training required • Teacher manual and children's workbooks provided
82	Adolescent Depression Awareness Program (ADAP)	Universal	Mental health literacy intervention aimed at increasing depression literacy skills	Children aged 14-15	**Townsend et al (2019)** conducted a RCT with a sample of 6679 students in USA and found a significant improvement in depression literacy at 6-week and 4-month follow-up.	3 consecutive sessions (1 hour)	School staff (usually teachers)	USA	School setting	No costs associated with this intervention	• Designed to be delivered as part of the health education curriculum • Training required to deliver

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
83	WeClick	Universal	Relationship-focused mobile app aimed at reducing depressive symptoms and other mental health outcomes	Children aged 12-16	**O'Dea et al (2020)** conducted a RCT with a sample of 193 secondary school children in Australia and found significant improvements in wellbeing and help-seeking intentions, as well as non-significant improvements in depressive symptoms.	4 different storylines to work through which can be done at the individuals own pace	Self-administered	Australia	Online	No costs associated with this intervention	• No training required
84	LARS&LISA	Universal	CBT-based school intervention aimed at preventing depressive symptoms in adolescents	Children aged 14-15	**Pössel et al (2013)** conducted a RCT with a sample of 518 students in the US. They found significant improvements in depressive symptoms compared to controls, at 4-month follow-up.	10 weekly sessions (90 minutes). It has been adapted to be delivered across 16 60-minute sessions too	External professionals	Germany, USA	School setting	No cost information available	• Teachers can implement this programme, but they have been found to be less effective • 2-step training required to deliver • Best delivered to groups of 8-12 • Best delivered by 2 facilitators
85	MEMO	Universal	CBT-based text message intervention aimed at preventing the onset of depression in adolescents	Children aged 13-17 years	**Whittaker et al (2017)** conducted a RCT with a sample of 855 adolescents in Australia. They found at 12-month follow-up, that there were slightly fewer participants who went onto develop a diagnosis of depression compared to the control group. Further research is needed to confirm this finding.	A series of text and video messages sent over 9 weeks (2 messages per day)	Automated service	Australia	Online	No cost information available	• Implementation of this intervention is automated
86	RAP-UK	Universal	CBT-based intervention aimed at preventing depression	Children aged 12-15	**Stallard et al (2013)** conducted a RCT with a sample of 5030 children at-risk of depression in the UK and found improvements in both self-awareness and depressive symptoms 12 months from baseline.	9 weekly sessions (50-60 minutes)	Trained facilitators (must have an undergraduate degree)	Australia, UK	School setting	No cost information available	• Designed to be delivered as part of the curriculum • Regular group supervision is recommended • 1-2 day training is required to deliver

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
87	ABC Project	Universal or Selective	Online single-session intervention aimed at teaching skills to help improve mental health	Children aged 11-17	**Shroff et al (2023)** evaluated this intervention with a sample of 894 students in the US and found significant improvements in hopelessness, self-hate and perceived agency at post-intervention. **Schleider et al (2022)** conducted a RCT with a sample of 2452 adolescents in the US comparing ABC Project with 2 other SSI's. They found ABC Project led to reductions in depressive symptoms, hopelessness and restrictive eating symptoms at 3-month follow-up.	1 session (30 minutes)	Self-administered	USA	Online	Free to access here	• No training required
88	Project Personality	Universal or Selective	Online single-session intervention aimed at instilling hope and self-efficacy in adolescents	Children aged 11-17	**Schleider & Weisz (2018)** conducted a RCT with a sample of 96 high risk adolescents in the US and found significant improvements in depression, and behavioural control at 9-month follow-up. They also found small-moderate improvements in youth-reported anxiety at 9-month follow-up.	1 session (20-30 minutes)	Self-administered	USA	Online	Free to access here	• No training required
89	Project CARE	Universal or Selective	Online single-session intervention aimed at reducing self-hate by improving self-compassion	Children aged 11-17	**Schleider et al (2020)** conducted a RCT with a sample of 694 adolescents in the US and found significant improvements in hopelessness, self-hate, perceived control, and agency, at post-intervention.	1 session (30 minutes)	Self-administered	USA	Online	Free to access here	• No training required

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
90	MePlusMe		(See HERE for intervention details)								
91	Mindfulness Training for Teens		(See HERE for intervention details)								
92	Thinking about Reward in Young people (TRY)	Universal or Selective	CBT-based intervention aimed at preventing or reducing symptoms of depression	Children aged 13-14	**Rice et al (2015)** conducted a RCT comparing TRY to another CBT and mindfulness CBT intervention with a sample of 256 adolescents in the UK. They found that TRY was the only intervention associated with a reduction in depressive symptoms at follow-up.	8 weekly sessions (50 minutes)	Educational psychologists with additional training in CBT	UK	School	No cost information available	• Designed to be delivered to groups of 15-25 children • Manual available • 1-day training required to deliver • Regular supervision recommended
93	MoodGYM		(See HERE for intervention details)		**McDermott et al (2019)** conducted a RCT with a sample of at-risk 1st and 2nd year undergraduate students. They found that MoodGym led to dramatic and continuous depressive symptom improvement between baseline and follow up. Additionally, fewer individuals in the intervention condition met diagnostic criteria for major depression at follow up.						
94	Student COMPASS		(See HERE for intervention details)								
95	DISCOVER		(See HERE for intervention details)								
96	PLUS		(See HERE for intervention details)								
97	Stressbusters	Indicated	Online CBT-based intervention aimed at reducing depressive symptoms and improving coping and functioning in children	Children aged 12-18	**Wright et al (2019)** conducted a RCT in the UK with a sample of 139 students and found significant improvements in symptoms of depression and anxiety, at post-intervention and 6-month follow-up.	8 sessions (30-45 minutes)	Self-administered	USA	Online	No cost information available	• No training required to deliver

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
98	The Blues Programme	Indicated	Group CBT-based intervention aimed at reducing depressive symptoms	Children aged 13-19 experiencing elevated but sub-clinical levels of depression	**Brière et al (2019)** conducted a RCT with a sample of 74 students from 3 schools in Canada and found significant improvements in depressive symptoms, and a significantly reduced risk of developing a diagnosis of major depressive disorder at six-month follow-up.	6 weekly sessions (1-hour)	Trained psychoeducator (Master's-level clinicians) and psychologists	Canada	School setting	No cost associated with this intervention	• 2-day training required • Booster training is recommended • Training manual provided • Delivered to groups of 5-9 children • Completion of homework exercises is important for successful implementation
99	School-based Humanistic counselling (SBHC)	Indicated	Preventative counselling intervention aimed at reducing distress by giving students the opportunity to talk and reflect about their problems	Children aged 11-18 with moderate-high levels of emotional distress	**Pearce et al (2017)** conducted a RCT with a sample of 64 students from 3 urban secondary schools in the UK, and SBHC was found to have a significant effect on psychological distress, self-esteem, and depressive symptoms, at post-intervention.	Up to 12 weekly 1-1 sessions (45-minutes).	School counsellors or external professionals, with person-centred counselling training	UK	School setting	No cost information available	• Facilitators must be trained in person centred counselling
100	Rational Emotive Behavioural Therapy (REBT)	Indicated	Psychotherapy intervention aimed at preventing depression and anxiety	Children aged 11-18 with elevated but subclinical anxiety and depression scores	**Saelid et al (2017)** conducted a RCT with a sample of 62 secondary school students in Norway and found REBT to have a significant effect on anxiety and depression symptoms at 6-month follow-up.	3 individual sessions (45-minutes) delivered over approximately 6 months	External professionals	Norway	School or community setting	No cost information available	• Facilitators must be trained therapists
101	Change Ahead	Indicated	Cognitive dissonance-based intervention aimed at preventing a clinical diagnosis of depression	University students with elevated but subclinical symptoms of depression	**Rohde et al (2017)** conducted a pilot study with a sample of 59 university students in the US. They found medium to large reductions in depressive symptoms at post-intervention.	6 weekly sessions (60 minutes)	Psychologists	USA	School setting	No cost information available	• Not suitable for individuals with a clinical diagnosis of major depressive disorder or acute suicidal ideation • Delivered to groups of 6-8

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
Eating Disorders/Body image											
102	PriMa	Universal	Psychoeducation intervention aimed at reducing risk factors for anorexia nervosa	Females aged 11-18	**Adametz et al (2017)** conducted a 7-8 year follow up study of this intervention and found that the significant effects on disordered eating were maintained over this period. Additionally, they found that body self-esteem increased over those 7-8 years.	8 sessions	Female teachers (ideally)	Germany	School setting	No cost information available	• Booster training sessions are recommended • Ideally, the intervention will be delivered by female facilitators
103	Media Smart (MS)	Universal	School based media literacy-based intervention aimed at reducing media internalisation	Children aged 11-18	**Wade et al (2017)** conducted a RCT with a sample of 616 students, comparing Media Smart to another eating disorder prevention intervention and found that MS led to lower levels of media internalisation, and weight and shape concern.	8 weekly lessons	Teachers	UK	School setting	Free access	• Recommended that it is delivered as part of the curriculum
104	Confident Me	Universal	Single-session intervention aimed at boosting self-esteem and body confidence	Children aged 11-14	**Diedrichs et al (2015)** conducted a RCT with a sample of 1707 adolescents in the UK and found improvements in body esteem, negative affect, dietary restraint, eating disorder symptoms, and life engagement, at post-intervention.	1 session (45-60 minutes)	Teachers	UK	School setting	Free access	• No training required • Free resources available to support implementation here • A 5 session version of the program is also available here • Designed to be delivered as part of the curriculum
105	Happy Being Me	Universal	School-based programme aimed at addressing risk factors such as negative body image and self-esteem	Children aged 11-14	**Stewart et al (2020)** conducted a RCT comparing clinician and teacher delivery of this program with a sample of 346 children in the UK. They found improvements in body dissatisfaction, internalisation of the thin ideal and self-esteem when delivered by clinicians. Small improvements in internalisation and self-esteem were also found when delivered by teachers.	6 sessions (50 minutes)	External professional e.g., clinicians	UK	School setting	No cost information available	• Designed to be delivered as part of the curriculum • It has been delivered by teachers with limited effectiveness • No training required • Training manual available – facilitators are encouraged to follow this closely

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
106	The Body Project	Selective	Cognitive dissonance-based eating disorder prevention intervention aimed at developing a healthy body image	Children aged 11-18, as well as university students (aged 18-24)	Stice et al (2020) conducted a 4-year follow-up study comparing clinician-delivery, peer-educator delivery and internet delivery of the Body Project. 680 college-age females were randomly allocated to one of the programmes or a control programme, and they found that all 3 programmes were effective at reducing risk factors (body dissatisfaction, dieting, negative affect, thin ideal internalisation) and eating disorder symptoms compared to controls. These effects were found at 1 and 2 year follow up, with some effects persisting through 3 and 4 year follow up too.	4 or 6 sessions (dependant on program choice)	Trained facilitators	USA, UK	School and community settings	Train the Trainer training (up to 6 trainers and 12 facilitators): £5,900 + VAT Facilitator only training: £4200 + VAT	• 2-day training required to deliver • Train-the-trainer options available • Training manual provided
107	AcceptMe	Selective	Digital (gamified) ACT based intervention aimed at preventing the development of an eating disorder	Females aged 11-18 indicating early signs/are at high risk of developing an eating disorder	Karekla et al (2022) conducted a RCT with a sample of 92 adolescent females and found significant reductions in weight and shape concerns at post-intervention and 1-month follow-up. Additionally, the intervention was found to reduce eating disorder symptomatology and increase body image flexibility.	6 sessions (30-minutes).	Self-administered	Greece	Online	No cost information available	• Each session must be completed the same day that it was started
108	Media Smart-Targeted (MS-T)	Selective	Digital media literacy- based intervention aimed at preventing or reducing media internalisation	Children aged 11-18, as well as university students (aged 18-24) with elevated symptoms of disordered eating/an eating disorder	Wilksch et al (2017) conducted a RCT looking at the effectiveness of MS-T and found that MS-T participants were 66% less likely than controls to develop an eating disorder by 12-month follow-up (nonsignificant). MS-T participants who met eating disorder criteria at baseline were also 75% less likely than controls to still meet diagnostic criteria at follow-up.	9 modules released weekly	Self-administered	UK	School setting	Free access	• Delivered via a password protected online platform

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
109	REbel	"self-selective" programme – students put themselves forward for the programme if interested	Semi-manualised cognitive dissonance-based intervention	Children aged 11-18	**Eickman et al (2019)** conducted a RCT evaluating the effectiveness of the REbel intervention and found that compared to controls, it resulted in significant reductions on the EDE-Q Global score, the EDE-Q Restraint, Eating Concern, Shape Concern and Weight Concern subscales, and the Body Checking Questionnaire.	Weekly sessions (30-60 minutes) and school-wide or community-based activities occur throughout the school year and summer months based on the needs and culture of the school	Students self-administer, supported by sponsors (teachers)	USA	School setting	No cost information available	• Typically implemented as a club or extracurricular activity • Sponsors required to attend training to support the students
110	ProYouth	Selective	Online platform offering a series of psychoeducation modules, discussion forums, group and individual online chats, and monitoring system that provides feedback to individual	Children aged 12+	**Kindermann et al (2017)** evaluated this intervention with a sample of 394 participants in Germany and found significant associations between visits to the platform and early symptoms of compensatory behaviours, body dissatisfaction and binge eating/dieting.	No specified time period or number of sessions	Self-administered	Germany	Online	Free access	• Add on trainings are currently being tested that provide enhanced support. Further information can be found here
111	Young Persons' Face IT	Selective	CBT and social skills based online programme aimed at helping young people overcome social anxiety, manage social stigma, and reduce negative thoughts about their appearance	Children aged 12-17 with a "visible difference" i.e., that affects their appearance	**Williamson et al (2019)** conducted a RCT of this programme with a sample of 47 children in the UK. They found preliminary support for positive changes in both appearance satisfaction and fear of negative evaluation, at post-intervention.	7 weekly sessions (45-60 minutes)	Self-administered (supervised by health care professional to assess safeguarding)	UK	Online	Free access	• Health professional or parent/carer must register first to get young person access to the sessions. Further information can be found here • Heath care professionals (GP's, clinicians…) must have access to platform to be able to assess for any safeguarding issues

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
112	Project Body Neutrality	Selective	Digital single-session intervention aimed at improving functional appreciation (component of body dissatisfaction)	Children aged 13-17 with elevated symptoms of body image and mood problems	Smith et al (2023) conducted a pilot study with a sample of 75 adolescents in the US and found significant pre-post improvements in hopelessness, functional appreciation and body dissatisfaction.	1 session (no timeframe specified)	Self-administered	USA	Online	No cost information available	• No training required
113	StudentBodies	Selective and indicated	Structured CBT-based online intervention aimed at reducing eating disorder symptoms	Female university students (aged 18-24) at increased risk of developing an eating disorder	Saekow et al (2015) conducted a RCT of StudentBodies as a selective intervention and found it significantly reduced eating-related psychopathology, weight concerns and psychosocial impairment. Fitzsimmons-Craft et al (2020) conducted an RCT of StudentBodies as an indicated intervention and found significant reductions in eating disorder psychopathology, compensatory behaviours, depression, and clinical impairment through long-term follow-up.	10 weekly sessions + optional booster session 2 months later Supported by online moderated discussion groups and text-based coaching	Trained doctoral students (supervised by a clinical psychologist)	USA	Online	No cost information available	• Delivered via a password protected online platform • When delivered as an indicated intervention, it has been recommended that the sessions are delivered as slightly shorter sessions delivered more frequently. • 2-day training required
Conduct disorder/difficulties											
114	CalmSpace	Universal	Mindfulness-based intervention aimed at enhancing executive function by embedding techniques into the curriculum	Children aged 4-7 years	Janz et al (2019) conducted a RCT with a sample of 91 students in Australia. They found that after being delivered for 2 academic terms, there were significant improvements observed in emotional symptoms, conduct problems, hyperactivity and general executive functioning.	No specified number of sessions. The first session introduces mindfulness through reading the book "Mindful Monkey, Happy Panda". Core practices alongside 10 mindfulness activities are then integrated at least 3 times per day	Teachers	Australia	School setting	Approx. cost of resources per classroom was £52.46	• Half day training required to deliver • Programme manual and scripts available • Designed to be delivered as part of the curriculum

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
115	Tuning into Kids (TIK), Tuning into Teenagers (TINT) and Tuning into Toddlers (TOTS)	Universal	Parent/carer intervention aimed at teaching them skills in emotion coaching.	TIK: 3-10 years TINT: 10+ years TOTS: 1-3 years	**Havighurst et al (2015)** conducted a RCT with a sample of 204 caregiver-child dyads in Australia. They found that parents displayed improvements in emotionally dismissive behaviours and empathy, and the children showed improvements in emotional understanding and behaviour.	6-8 weekly sessions (up to 2 hours each)	Allied health professionals/ in a related field with experience working with parents, carers and/or children	Australia	Community setting	Training costs: £491.15 per participant	• 3-day training required to deliver each programme. Further information can be found here • Untrained professionals can co-facilitate if needed • Free implementation support sessions are available to all trained facilitators
116	Incredible Years: Dinosaur Club	Selective	Group based intervention aimed at teaching children self-regulation and problem-solving skills	Children aged 4-8 years with behavioural difficulties	**Webster-Stratton et al (2004)** conducted a RCT with a sample of 159 families with conduct problems in the USA and found significant improvements in social competence with peers, as well as in behaviour at both home and school.	18-20 sessions (2-hours)	2 trained facilitators (teachers or external professionals e.g. therapists)	USA	School setting	Facilitator training: £638.01 per attendee	• Delivered to groups of 6 children • 18 hours of training required • Booster training recommended • Recommended that facilitators are supervised by a programme supervisor • Training manual provided
117	Family Check-up and Everyday Parenting programme	Selective	Strengths-based family centred intervention aimed at teaching parenting practices to support children's mental health and risk management	Children aged 2-17 years	Researchers (**Dishion et al, 2008, 2014; Shaw et al, 2009; Lunkenheimer et al, 2008**) conducted a RCT with a sample of 731 mother-child dyads in the USA across a 5.5-year follow-up. They found significant reductions in externalising, internalising, problem and defiant behaviours.	*Family check-up*: 3 sessions (interview, assessment and feedback session) *Everyday parenting* is a follow-up parent-management programme consisting of 1-3 sessions (50-60 minutes)	Therapist or social worker trained in the approach	USA	School, community or clinical settings	Estimated unit cost of £100–£499	• 35 hours of training required to deliver • Booster training is recommended • If there is suitable supervision in place, a non-bachelor level practitioner may also deliver • Accreditation with provider must be acquired

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
118	Parent-Child Interaction Therapy (PCIT)	Selective or indicated	Parent/carer intervention aimed at decreasing child behaviour problems through a combination of child-directed and parent-directed interaction	Children aged 2-12 who are experiencing behavioural difficulties, and their parents or caregivers	**Nixon et al (2004)** conducted a RCT with a sample of 54 children displaying early conduct problems and found significant reductions in conduct problems at post-intervention and 2 year follow-up.	12 weekly sessions (1.5 hours) + 1 booster session (1 hour) scheduled 1 month later	PCIT therapists (must be a licensed mental health professional or have masters-level education)	USA	Community setting	License costs: £164.67 Therapist training: £2469.42 per therapist	• 40 hours training by a PCIT trainer required to deliver • License required to run • Recommended that at least 2 therapists and a supervisor are trained per organisation
119	Generation PMTO		(See HERE for intervention details)		**Kjobli et al (2013)** conducted a RCT in Norway with a sample of 137 families that had reported early signs of problem behaviours. They found significant reductions in child conduct problems and externalising behaviour problems, at post-intervention.						
120	Hitkashut	Indicated	Parent/carer intervention aimed at reshaping parent-child interactions to reduce conduct problems	Children aged 3-5 with identified behavioural difficulties, and their parents/carers	**Somech & Elizur (2012)** conducted a RCT in Israel with a sample of 209 parents and found significant improvements in conduct problems and callous/unemotional traits.	14 sessions (2.5 hours)	2 educational psychologists	Israeli	Community setting	No cost information available	• Delivered to groups of 7 • 30 hours training required to deliver • Booster training recommended • Supervision by a programme supervisor and host supervisor is recommended
121	Triple P: Standard	Indicated	Parent/carer intervention aimed at improving child behaviour through teaching effective parenting techniques	Parents who have concerns about their child's behaviour (aged 0-12)	**Sanders et al (2000)** conducted a RCT with a sample of 305 families in Australia and found significant reductions in disruptive behaviours and negative child behaviours during parent-child interactions, at post-intervention.	10 1-1 weekly sessions (1 hour)	Triple P practitioners	Australia	Community or clinical setting	Facilitator training: £1575 per attendee	• 3-day training and 2-day accreditation workshop required to deliver • Supervision by host supervisor is recommended • Training manual provided

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
122	Triple P: Group	Indicated	Parent/carer intervention aimed at improving child behaviour through teaching effective parenting techniques	Parents who have concerns about their child's behaviour (aged 0-12)	**Leung et al. (2003)** conducted a RCT and found significant reductions in frequency and intensity of disruptive behaviours, as well as reductions in both conduct problems and hyperactivity, at post-intervention.	5 group sessions (2 hours) plus 3 additional sessions delivered to individual families via telephone (15-30 minutes)	Triple P practitioners	Australia	Community or clinical setting	Facilitator training: £1575 per attendee	• Delivered to groups of 12 families • 3-day training and 2-day accreditation workshop required to deliver • Supervision by host supervisor is recommended • Training manual provided
123	Incredible Years Parenting programme (2 types): Preschool (3-6 years) and School age (6-12 years)	Indicated	Group based intervention aimed at increasing the use of effective parenting strategies to reduce antisocial behaviour	Children aged 3-12 with behavioural difficulties	*Preschool version:* **Hutchings et al., 2007** conducted a RCT with a sample of 153 parents and found medium to large reductions in the number and intensity of conduct problems, respectively. Further studies have also identified medium improvements in child behaviour (**Scott et al., 2001**; **Gardener & Klimes, 2006**) immediately following completion of the intervention as well as at 4 to 10 years follow-up (**Scott et al., 2014**). *School-age version:* **Scott et al., 2010** conducted a RCT with a sample of 936 children and found a medium reduction in conduct problems and ADHD symptoms, respectively. Additionally, a 50% less likelihood of a diagnosis of oppositional defiant disorder was found at four-month follow-up.	*Preschool version:* 18-20 sessions (2-hours) *School age version:* 12-16 sessions (2-hours)	2 facilitators who can be external professionals or teachers	USA	School setting	Facilitator training: £638.01 per attendee	• Delivered to groups of 8-12 parents • These programmes can be combined with the advanced programmes, where they attend 10-12 additional sessions • These programmes can also be delivered to families individually, if needed • 21-24 hours training required • Booster training recommended • Recommended that facilitators are supervised by a programme supervisor • Training manual provided

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country (s) of origin	Setting	Cost	Additional implementation factors
Bullying/Aggressive behaviour											
124	PREDEMA	Universal	SEL based intervention aimed at preventing bullying	Children aged 11-18	**Schoeps et al (2018)** conducted a RCT to evaluate the efficacy of PREDEMA and found a significant effect on cyberbullying aggression post intervention and at 6 month follow up, and a significant effect on cyberbullying victimisation at post-intervention only.	11 sessions (30 minutes) over a period of 3 months	Psychologists	Spain	School setting	No cost information available	• Training manual provided.
125	Learning Together	Universal	Whole school intervention aimed at reducing aggression and bullying in young people	Children aged 11-16	**Bonnell et al (2018, 2020)** conducted a RCT with a sample of 6,667 students from 40 schools in England and found significant long-term improvements (36 months) in aggression perpetration (in or outside of school), bullying victimisation, cyberbullying perpetration, quality of life, wellbeing, and psychological difficulties.	It consists primarily of three components: • Classroom-based SEL to groups of 30 students throughout the academic year • Conferences to resolve conflict, for up to five sessions (between 30-120 minutes) • Action groups (min. six students), with six sessions per year each lasting one hour.	Teachers with support from school staff	UK	School setting	No cost information available	• Recommended that practitioners are supervised by one external facilitator supervisor (with 24 hours training) • Training manual provided. • Depending on the staff members role on the programme, they will receive between 2-24 hours training as a requirement • Should be implemented as a whole school approach
126	Friendly Schools	Universal	Whole school intervention aimed at supporting young people's transition to secondary school and reducing bullying	Children transitioning from primary to secondary school	**Cross et al (2018)** conducted a RCT in Australia with a sample of over 3000 children and found small but significant improvements in bullying perpetration, victimisation, depression, anxiety, stress, and feelings of loneliness at the end of students' first year in secondary school.	15 learning activities for each grade level (designed to be delivered in ~40 min) including 10 recommended core activities and 5 optional activities	Teachers (receive 1 day training)	Australia	School setting	Primary school resource pack: £288.01 Secondary school resource pack: £53.47	• No training required • Programme manual provided • Recommended that it is implemented as a whole school approach

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
127	PREBULLPE	Universal	Physical education intervention aimed at preventing bullying	Children aged 11-16	Benitez-Sillero et al (2020) conducted a QED study with a sample of 764 secondary school students and found a significant effect on bullying victimisation and aggression, as well as on cyberbullying victimisation, at post-intervention.	Six sessions (1 hour) that are inserted into the curriculum of Physical Education	Teachers	Spain	School setting	No cost information available	• Training manual provided • Must be integrated into physical education classes
128	Olweus Bullying Prevention Program	Universal	Whole school intervention aimed at addressing bullying. This is done at four levels: school-wide, classroom, individual, and community	Children aged 5-18	In a QED study conducted in the USA with a sample of 70,998 children (between 8 and 17 years old), they found significant reductions in both reports of being bullied and bullying others, at 2 and 3 year follow-up (Limber et al., 2018; Olweus et al. 2019).	*Primary schools* – weekly classroom sessions (15-30 minutes) *Secondary schools* – bi-weekly classroom sessions (30-40 minutes)	Teachers	USA	School setting	Coach training + implementation support package: £3230.39	• Components at all 4 levels should be implemented to be effective • Should be implemented by a co-ordinating committee (all members should receive 12 hours training) • All staff should receive at least 6 hours training (booster training recommended) • Supervision by a host supervisor (40 hours training) is recommended • Training manual provided
129	Rtime	Universal	Whole school intervention aimed at creating positive relationships, improving behaviour, and reducing bullying	Children aged 5-11.	Hampton et al (2010) conducted a RCT with a sample of 149 students from 21 primary schools. They found significant positive changes in children's relationships and friendships, and some positive changes towards perceptions of bullying and bullying behaviours.	30 weekly sessions (10-15 minutes) per academic year	Teachers and school staff	USA, UK	School setting	Support package from a R-Time consultant is approx. £400	• Training available (not required to deliver) • Training manual provided • Designed to be delivered as part of the curriculum as a whole-school approach

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
130	FearNot!	Universal	Online intervention aimed at enhancing the problem-solving skills of current and potential victims of bullying	Children aged 7-11	**Vannini et al. (2011)** conducted a QED study with a sample of 1,129 pupils from 18 schools in UK and nine schools in Germany. They found a significant decrease in victimisation risk in the UK intervention group compared to control group at follow up.	3 weekly sessions (30 minutes)	Supervised by teachers or school staff	Germany	Online	No cost information available	• Teaching manual provided • No training required
131	Steps to Respect	Universal	Whole school bullying prevention intervention aimed at reducing bullying perpetration and victimization by increasing staff awareness and students' social–emotional skills	Children aged 5-11	**Frey et al (2005)** conducted a RCT with a sample of 1126 children and found that students in the Steps to Respect intervention schools reported statistically significantly fewer observed aggressive bullying behaviour, compared with students in control schools. **Brown et al (2011)** conducted a QED study with a sample of 3119 students across 33 primary schools in the USA. They found significant reductions in school bullying-related problems, at post-intervention.	There are 3 levels of curriculum, with 11 weekly sessions (1 hour) delivered in each academic year	Teachers and school staff	USA	School setting	Initial facilitator training: £822.92 Implementation resource pack: £706.94	• Implemented across 3 years • Designed to be delivered as part of the curriculum as a whole-school approach • 1 day training required to deliver the programme • Booster training recommended • Training manual provided
132	PATHS (UK Version)	Universal	School based intervention aimed at developing SEL competencies to help make more positive choices in life	Children aged 5-11	**Malti et al (2012)** conducted a RCT with a sample of 1675 students and found that that PATHS had a statistically significant effect on aggressive behaviour and impulsivity, at 2 year follow up.	30-55 sessions per academic year (20-30 minutes)	Teachers	UK	School setting	Resource pack: £2500 Training cost information is not available	• Recommended they are supervised by an external supervisor • 1.5-day training required. • Booster sessions are recommended • Delivered as part of the curriculum (as a whole school approach)

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
133	SEL Training Intervention or INTEMO program	Universal	School-based SEL intervention aimed at developing emotional intelligence skills in order to reduce aggressive behaviours	Children aged 11-16	**Castillo-Gualda et al (2017)** conducted a RCT with a sample of 476 students and found a significant reduction in verbal and physical aggression at post-intervention, as well as a reduction in negative affect, anger and hostile feelings towards others.	10-12 sessions (1 hour) every year for a period of 2+ years	Psychologists	Spain	School setting	No cost information available	• Recommended that it is implemented into the curriculum • 2-day training required • Training manual and resources provided
134	Incredible Years Teacher Classroom Management Programme	Universal	School-based prevention programme aimed at promoting children's prosocial behaviour	Children aged 4-9	**Ford et al (2018)** conducted a RCT in the UK with a sample of 2075 children and found this intervention was associated with reductions in the SDQ at 9-months indicating a short-term improvement in children's mental health.	No set number of sessions – designed to teach teachers skills and techniques to be implemented into the classroom	Teachers	UK	School setting	Preliminary analyses suggested it may be cost-effective compared with TAU at 30-months. Cost information for this programme can be found here	• Found to be most effective with children presenting with poor mental health • Recommended to be delivered to classes of 15 children or more • Training (6 1-day workshops) is required to deliver • Regular supervision is recommended
135	Second Step (2 versions): Early learning and Elementary programme	Universal	School-based violence prevention intervention aimed at reducing social, emotional, and behavioural problems	*Early learning* – aged 4-5 *Elementary* – aged 6-11	**Upshur et al (2019)** conducted a RCT of the early learning programme in the USA with a sample of 770 4-year-old children from low-income families and found significant improvements in executive functioning, at post-intervention. **Low et al (2019)** conducted a RCT of the elementary programme in the USA with a sample of 8941 students across 16 schools. They found significant improvements in emotional symptoms, hyperactivity and emotion management. They also found significant reductions in conduct problems in males only.	*Early learning* – 28 weekly activities (5-7 minutes) *Elementary* – 22-25 weekly sessions (between 5-40 minutes)	Teachers	USA	School setting	License cost (1 year): £1919-£2635.24 dependant on number of students in the school. This includes resources, training costs	• 1 day training required to deliver • Training manual provided • Most effective when delivered as part of the curriculum • License required to run

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country (s) of origin	Setting	Cost	Additional implementation factors
136	Good Behaviour Game	Universal	Behaviour management strategy aimed at encouraging prosocial behaviour and reducing disruptive behaviour	Children aged 5-11	**Kellam et al (2008)** conducted a RCT with a sample of 1196 primary age children across 19 USA schools. They found significant reductions in antisocial behaviour, suicide ideation, lifetime alcohol abuse/dependence, and aggressive behaviour, post-intervention.	Each "game" lasts between 10-45 minutes	Teachers	USA, UK	School setting	Approx. costs per school are £4000 with an average cost of £34 per pupil annually.	• Designed to be delivered to classes of between 15-30 children as part of the curriculum • 2-day training and 1.5-day readiness check by a GBG trainer required to deliver • Booster training recommended • Training manual provided • Supervision by a host supervisor (62 hours training) recommended
137	Strengthening Families	Universal and selective	Family-based intervention aimed at enhancing family protective processes such as effective communication and child resistance to peer pressure	Children aged 10-14	**Spoth et al (2000)** conducted a RCT with a sample of 22 USA schools and found that this intervention led to significant reductions in aggressive behaviours at 4-year follow-up.	7 weekly sessions (2 hours)	3 trained facilitators (one lead and two co-practitioners)	USA	Community setting	Training costs: £3460.97-4449.82 dependant on number of attendees	• Delivered to groups of between 8 and 12 families • 3 days training required to deliver • Booster training recommended • Recommended that facilitators are supervised by one host-agency supervisor • Training manual provided
138	Coping Power	Selective	Parent-child intervention aimed at reducing aggressive behaviour. It includes both a parent and child component delivered independently	Children aged 8-14	**Lochman et al (2013)** conducted a RCT in the USA with a sample of 241 students and found significant reductions in aggressive behaviour and reported expectations that aggression would lead to positive outcomes. These effects were sustained at 3-year follow-up.	34 weekly sessions (50 minutes) are delivered to the child mainly in groups with the occasional 1-1 session 16 sessions (50 minutes) are also delivered to the parent during the same time frame	External professional with master's level qualifications in Psychology or related discipline	USA	Community setting	Training costs are between £144.25 and £659.43 dependant on how specialised facilitators want training to be to their organisation	• Child group sessions are delivered to groups of 4-6 • 2–3-day training workshop required to deliver • Regular consultations over the first 9-12 months are recommended • Training manual provided Further information on implementing this program can be found here.

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
139	KiVa	Universal/ Indicated	Evidence-based whole-school intervention with universal and indicated actions - based on 3 main elements: prevention, intervention and monitoring of bullying	Children aged 7-15	Data from 200+ Finnish schools found that after the first year of implementation, the program reduced all forms of bullying significantly (**Salmivalli et al, 2011**). KiVa was also found to reduce anxiety and have a positive impact on students' perception of their peer climate (**Williford et al, 2014**). **Clarkson et al (2016)** conducted a UK pilot trial of this programme with children aged 9-11 and found significant reductions in reported bullying and victimisation. *A further feasibility study for utility in UK primary schools is currently being undertaken at Bangor University.*	No set number of sessions has been specified for this programme	Teachers/ school staff	Finland	School setting	Costs of this intervention are decided on a case-by-case basis	• Most effective when integrated as a whole school approach • Training manual provided • Parental involvement is important • License required • This programme is currently being adapted for implementation in UK secondary schools at Bangor University.
Substance use											
140	Climate Schools Combined Mental Health and Substance Use Programme		(See HERE for intervention details)		**Teesson et al (2020)** conducted a RCT across multiple secondary schools in Australia and found a significant increase in alcohol and cannabis knowledge, and a reduction in drinking or episodic drinking at 12-, 24- and 30-month follow-up.						
141	Advanced Life Skills Training	Universal	School-based substance misuse prevention intervention aimed at helping young people avoid tobacco, alcohol and drug abuse	Children aged 11-14.	**Spoth et al (2014)** conducted a RCT with a sample of 1831 families in the USA and found at a 9-year follow-up, there were significant reductions in drunkenness, alcohol-related problems, and frequency of smoking.	36 sessions (1-hour) delivered between the aged of 11-14: *Aged 11-12*: 17 sessions *Aged 12-13*: 12 sessions *Aged 13-14*: 7 sessions	Teachers, social workers or youth workers	USA	School setting	Online facilitator training: £206.09 Train the Trainer training: £882.32	• 2-day training required to deliver • Booster training recommended • Train the trainer options available (must have completed facilitator training first) • Recommended that facilitators are supervised by a programme supervisor • Training manual provided • License required

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country (s) of origin	Setting	Cost	Additional implementation factors
142	Lions Quest Skills for Adolescent Behaviours	Universal	School CBT-based intervention aimed at building self-esteem and personal responsibility, making better decisions, resisting social influences, and increasing knowledge with regards to drug use and consequences	Children aged 11-14	**Eisen et al (2003)** conducted a RCT with a sample of 7462 students and found a significant improvement on young people's social functioning and reduced misconduct. They also found evidence of 3% and 2.5% reduced lifetime and recent marijuana use, respectively, at a one-year follow up.	36 sessions (45-minutes)	Teachers or youth work teams	UK	School setting	No cost information available	• 8-16 hours training required • Booster training recommended • Recommended that it is delivered as part of the curriculum • Trainer manual and children's workbooks included
143	Positive Action	Universal	School based SEL intervention aimed at supporting children's prosocial behaviour, school performance and family functioning	Children aged 4-15	**Li, K.-K., et al. (2011)** conducted a RCT of 510 children in the USA and found a 31% reduction in substance use behaviour and 36% reduction in violent behaviour at 3-year follow-up.	*5-12 years curriculum* – 140 sessions (15-minutes) *12-14 years curriculum* – 82 sessions (15-minutes)	Teachers	USA	School setting	*Facilitator training* (up to 20 attendees): £329.78 per hour *Train the Trainer training* (up to 15 attendees): £412.36 per hour	• Recommended that it is delivered as part of the curriculum • 2-4 hour training required to deliver • Booster training recommended • Train the Trainer options available • Recommended that facilitators are supervised by a host supervisor (have completed 1 day training) • License required
144	Strengthening Families		(See HERE for intervention details)		**Trudeau et al (2007)** evaluated this intervention with a sample of 383 adolescents in the USA and found significant reductions in monthly polysubstance use at a 6-year follow-up. They also found a significant reduction in internalising symptoms at 6-year follow-up.						

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
145	SHAHRP	Universal	School-based intervention aimed at decreasing the harmful consequences of drinking through psychoeducation and skills-training	Children aged 11-19	**McKay et al (2012)** evaluated this intervention in Northern Ireland with a sample of 2349 students and found significant positive changes in knowledge about and attitudes towards alcohol, as well as significant reductions in quantity and frequency of drinking and self-reported alcohol related harm, at post-intervention.	Delivered over 2 phases: • 6 sessions delivered across year 10 • 4 sessions delivered across year 11	Teachers or external professionals	Australia, Northern Ireland	School setting	No cost information available	• 2-day training required to deliver • Training manual provided
146	All Stars	Universal	School-based intervention aimed at preventing or delaying risky behaviours, such as substance misuse and anti-social behaviour	Children aged 8-14	**Hansen & Dusenbury (2004)** conducted a QED study in the USA with 6 schools (632 students) and found significant reductions in alcohol use, drunkenness, and increased commitment to avoiding drugs, at post-intervention.	14 sessions (45 minutes) Follow up programme (plus version) includes 9 additional sessions (45 minutes)	Teachers	USA	School setting	Facilitator training: £164.89 per attendee Additional costs include training manual and resources	• 6 hours training required to deliver • Supervision by a host supervisor (6-8 hours training) is recommended • License required to run • Classroom based
147	PreVenture	Universal	CBT-based intervention that uses brief, personality-focused workshops to promote mental health and delay substance use among youth	Children aged 11-18	**Conrod et al (2012)** conducted a RCT in the UK with a sample of 364 students and found significant reductions in drinking and binge-drinking at 6-months post-intervention and in problem drinking at 24 months post-intervention.	2 workshops (90 minutes)	Mental health professionals, teachers, counsellors, social workers and/or masters-level prevention specialists	Canada, UK	School setting	Facilitator training: £618.71 per attendee	• Delivered to between 4-8 students at a time • 16 hours training required to deliver • Train the trainer model available • Supervision from a PreVenture trainer or supervisor is recommended • Training manual provided

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
Suicidal ideation/Self-harm											
148	Youth aware of Mental Health Programme (YAM)	Universal	Mental health awareness and suicide prevention intervention aimed at increasing adolescents' knowledge of mental health and healthy behaviours	Children aged 13-17	YAM was evaluated as part of the **SEYLE trial** (Wasserman et al, 2015) across 12 European countries involving 12,395 pupils from 179 schools. At 12-month follow-up, adolescents allocated to YAM had significantly reduced likelihood of attempting suicide (55%) and having severe suicidal ideations (50%), compared to students in the control group. This translated to considerable reductions in the absolute number of suicide attempts and occurrence of ideation.	5 sessions (1 hour) delivered over 3 weeks	Ideally this programme will be delivered by 2 trained facilitators	Various countries across Europe	School setting	Cost of implementation is dependent on the organisation	• The programme specifically does not include regular school staff to reduce concerns about stigma and being judged • Delivered to groups of 10-15 children (classroom based) • 5-day training required to be a YAM instructor
149	TeenScreen	Universal	Multi-stage suicide screening intervention aimed at preventing suicidal behaviours	Children aged 11-16	**Torcasso and Hilt (2017)** conducted a RCT with a sample of 193 students in the USA and found that TeenScreen led to a significant reduction in adolescents who considered suicide and who attempted suicide two or more times.	Consists of 3 stages: 1. Universal screening questionnaire to identify those at risk 2. Dependant on outcome of questionnaire, adolescent can attend either a debriefing or a clinical interview 3. If appropriate, referral package will be sent to parents following clinical interview	External professionals	USA	School and clinical setting	Resources freely available	• Designed to be delivered as part of the curriculum

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country (s) of origin	Setting	Cost	Additional implementation factors
150	Signs of Suicide	Universal	Psychoeducation intervention aimed at educating students about suicide	Children aged 11-18	**Aseltine et al (2007)** conducted a RCT in the USA and found significant improvements in knowledge, more positive and adaptive attitudes about depression and suicide, and ultimately fewer suicide attempts.	Consists of 3 stages: 1. Psychoeducation session (classroom based) 2. Depression screening 3. Opportunity to access support with a member of school staff if wanted	School staff	USA	School setting	License cost: £247.51-408.39 Optional training cost: £164.18 per attendee	• Virtual training available but not required • Resources provided • Designed to be delivered as part of the curriculum • License required
151	Question, Persuade, Refer	Universal	Gatekeeper training aimed at preventing suicide	Any age, but specifically with university students	**Litteken et al (2017)** conducted a longitudinal study of this program with a sample of 3692 adults trained in this approach. They found both short- and long-term positive outcomes in knowledge and self-efficacy over a 2-year period.	Students/staff are trained in how to spot the signs for suicide and get someone help if needed	Anyone	USA	School setting	No cost information available for the UK	• Training required
152	LEAP	Selective	Web-based psychosocial program aimed at reducing suicidal ideation by targeting cognitions of perceived burdensomeness toward others	Children aged 13-19	**Hill et al (2019)** conducted a pilot study of this intervention with a sample of 80 adolescents in the USA. They found significant reductions in perceived burdensomeness at post-intervention and 6-week follow-up, as well as significant reductions in depressive symptoms at follow-up.	2 online modules (20-30 minutes estimated completion) delivered a week apart	Self-administered	USA	Online	No cost information available	• No training required
153	Silence is Deadly	Selective	Psychoeducation intervention aimed at improving help-seeking in males for suicide and other mental health problems	Males aged 12-18	**Calear et al (2021)** conducted a RCT with a sample of 594 adolescents (aged 16-18) in Australia and found the intervention significantly improved help-seeking intentions from friends.	1 session (45-60 minutes)	Trained facilitators	Australia	School or community setting	No cost information available	• Key component is the involvement of local male role models e.g. athletes, via video messages

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
154	CATCH-IT	Indicated	Digital CBT and interpersonal therapy (IPT) based intervention aimed at preventing depression	Adolescents aged 14-21 exhibiting subthreshold symptoms of depression	Dickter et al (2019) evaluated the efficacy of this intervention of suicide risk factors in a sample of 83 students. They found significant reductions in suicidal ideation at post-intervention.	14 self-guided online modules	Self-administered	USA	Online	No cost information available	• No training required • Effectiveness of the intervention is dependent on number of modules completed (most effective when all modules have been completed)
155	Mind and Body Programme	Indicated	Psychoeducation intervention aimed at providing specialised support to those at risk of self-harm. It incorporates elements of the RisKit program	Children aged 13-17 years who are involved in, or are vulnerable to self-harming behaviours	Bradley and Still (2014) conducted a pilot study of this intervention and found significant reductions in self-harming thoughts and actions, as well as a significant increase in mental wellbeing.	8 weekly group therapeutic sessions accompanied by 3 individual sessions for needs-based support	External professionals with therapeutic experience	UK	School or community setting	Free training available	• Short online screening survey is used to identify young people and assess whether the program would be appropriate for them • Group sessions delivered to between 6-8 students
PTSD/Trauma											
156	ERASE-Stress	Selective	School-based intervention aimed at preventing symptoms of PTSD in children exposed to ongoing war-related violence	Children aged 12-14 exposed to ongoing war-related violence	Berger et al (2012) conducted a RCT with a sample of 154 students in Israel, and found significant reductions in PTSD severity, functional problems, somatic complaints, as well as in both general and social anxiety symptoms. These effects were maintained at 1-month follow-up.	12-16 weekly sessions (90 minutes)	Teachers	Israel	School setting	No cost information available	• Training required to deliver (3 8-hour sessions) • Supervision with an experienced trainer is recommended

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
157	Bounce Back Now	Selective	CBT-based digital self-help intervention aimed at preventing mental health difficulties in disaster-affected adolescents	Disaster-affected adolescents aged 12-17 and their parents	**Ruggiero et al (2015)** conducted a RCT with a sample of 2000 adolescents affected by tornadoes in Joplin, MO, and several areas in Alabama. They found significant improvements in both PTSD and depressive symptoms over time.	4 main modules for adolescents to complete, as well as an additional module for parents to complete. There are no time restraints for completion of these modules	Self-administered	USA	Online	Free access	• No training required • Available in app format • Recommended that both the adolescent and parent participate in the intervention
158	Journey of Hope	Selective	Strengths-based intervention aimed at helping children normalise emotions associated with challenging life circumstances and develop positive coping strategies	Children aged 3-18 who have experienced some form of adversity or disaster (4 different programmes for different age groups)	**Powell & Thompson (2014)** conducted a QED study with a sample of 134 children in the USA. They found significant improvements in prosocial behaviour at post-intervention.	8 weekly sessions (60 minutes)	Master-level social workers, counsellors, or psychologists with prior experience of working with children in schools	USA	School setting	No cost information available	• Delivered to groups of 8-10 children • 16-hour training required to deliver • Booster training recommended • Supervision by a supervisor with 12 hours programme training is recommended • License required to deliver
159	Child-Parent Psychotherapy (CPP)	Indicated	Psychoanalytic intervention aimed at improving children's representations of their relationship with their parent and reduce maternal and child symptoms of psychopathology	Children aged 3-5 who may have experienced trauma or abuse	**Lieberman et al (2005, 2006)** conducted a RCT with a sample of 75 mother-child pairs in the USA and found significant reductions in symptoms of PTSD and depression at post-intervention and 6-months follow-up, as well as significant improvements in child behaviour at post-intervention.	32 weekly sessions (1-1.5 hours) over a period of at least 12 months	Practitioners (master's level qualifications or higher)	USA	Community setting	No cost information available	• 92 hours training required to deliver • Booster training recommended • Supervision by a host supervisor is recommended

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
160	Support for Students Exposed to Trauma (SSET)	Indicated	CBT-based, intervention aimed at relieving symptoms of child traumatic stress, anxiety, depression, and functional impairment	Children aged 10-16 who have been exposed to traumatic events	**Jaycox et al (2009)** conducted a RCT with a sample of 76 children in the USA and found reductions in PTSD and depression scores at post-intervention, which was maintained at 3-month follow up.	10 weekly group sessions (45-60 minutes)	Teachers or school counsellors	USA	School setting	Facilitator training (up to 20 attendees): £3713.62	• Delivered in groups of 6-10 • 1.5-day training required to deliver • Ongoing consultation from a local clinician with expertise in CBT and/or child trauma treatment is recommended • Training manual provided
161	Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)	Indicated	CBT-based intervention aimed at improving the emotional, social, academic, and behavioural functioning of adolescents exposed to chronic interpersonal trauma and/or separate types of trauma	Children who have a history of exposure to chronic interpersonal trauma and/or separate types of trauma (No specified age)	**Habib et al (2013)** conducted a pilot study of SPARCS with a sample of 24 children with a history of trauma and found significant improvements on a range of emotions and behaviours, including anxiety and depressive symptoms, social relationships, attention and impulsivity, and high-risk behaviours. Additionally, PTSD symptoms were also reported to have improved significantly over the course of the intervention.	16 weekly sessions (1 hour) - sessions can be delivered more frequently than that if needed	Mental health clinicians (master's level qualifications)	USA	School or community settings	Cost of training is determined on a case-by-case basis	• 4-day training required to deliver • Ongoing consultation and virtual support are available for first 8-12 months • Training manual and child workbooks provided

	Intervention	Type of intervention	Brief summary	Target population	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Setting	Cost	Additional implementation factors
ADHD											
162	Incredible Years		(See HERE for intervention details)								
163	Helping the non-compliant child	Indicated	Parent/carer intervention aimed at reducing non-compliant behaviour through skills-based training	Parents who are having difficulties managing the behaviour of a child aged 3-8	**Abikoff et al (2015)** conducted a RCT with a sample of 164 children with ADHD symptoms in the USA, and found significant reductions in inattention, hyperactivity, and general ADHD symptoms, at post-intervention.	12 sessions (1 hour) with both child and parents	Psychologist, counsellor or social worker with a QCF-level 6 (or higher) qualification	USA	Community or clinical setting	No cost information available	• 32 hours of training required to deliver • Booster training recommended • Supervision by 2 host supervisors is recommended
Autism Spectrum Disorder (ASD)											
164	Telehealth coaching	Selective	Parent/carer intervention aimed at managing early ASD symptoms	Toddlers (aged 18-35 months) who are at risk for developing ASD	**Kunze et al (2021)** conducted a pilot study of this intervention with a sample of six mother–child dyads in the USA. They found strong improvements in flexible and inflexible behaviours, providing preliminary support for its use with children with or at risk of developing ASD.	15 sessions (40 minutes) delivered twice a week	Health or educational professionals trained in the approach	USA	Community or clinical setting	No cost information available	• No specific training required but experience with the techniques taught is required