EBPU
Evidence Based Practice Unit

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Whole school approaches to mental health promotion: what does the evidence say?

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Overview

- What do we mean when we say ‘whole school’?
- What do whole school mental health programmes look like?
- What are the effects of whole school mental health programmes?
- What factors influence the effects of whole school mental health programmes?
- What are the implications for practice?
What do we mean when we say ‘whole school’?

• Commonly used terms to describe some school-based interventions
  • Whole school
  • Universal and/or school-wide
  • Multi-component
• Use of ‘whole school’ mainly in UK (and Europe)
  • 8 principles (PHE/CYPMHC, 2015): (1) leadership and management, (2) school ethos and environment, (3) curriculum, teaching and learning, (4) student voice, (5) staff development, health and wellbeing, (6) identifying need and monitoring impact, (7) targeted support, and (8) working with parents/carers
• ‘Universal’ and/or ‘school wide’ mainly in the USA
  • For everyone, regardless of need
• ‘Multi-component’ often used by researchers
  • Curriculum, ethos/environment, working with families and/or wider community (Langford et al, 2014)
What do we mean when we say ‘whole school’?

- Foxcroft’s (2014) ‘form and function’ of preventive interventions

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What do whole school mental health programmes look like?

• Worked example: **Kidsmatter** (Australia)
• Piloted 2007-2009, subsequently rolled out in every state and territory
• 4 components:
  1. Positive school community
  2. Social and emotional learning for students
  3. Parenting support and education
  4. Early intervention for students experiencing mental health difficulties
• Early childhood and primary school versions (secondary equivalent called ‘Mindmatters’)
• Materials and resources to support each strand, in addition to professional development/training opportunities for staff
• Main resource: **guide** to over 100 available interventions, providing information on areas of focus, evidence base, theoretical framework, structure, *et cetera*
• Example school KM profile:
  • Component 1: Steps to Respect
  • Component 2: Social Decision Making/Social Problem Solving
  • Component 3: Triple P programme
  • Component 4: FRIENDS (targeted version)
What are the effects of whole school mental health programmes?

• No shortage of evidence!
• Some relevant literature reviews and meta-analyses:
  2. Durlak et al (2011)
  5. Diekstra & Gravesteijn (2008)
What are the effects of whole school mental health programmes?

Generally considered that whole-school programmes usually have positive effects – to varying degrees!

- **Effect size:** Small – but nonetheless meaningful – amounts of change on relevant outcomes
- **Sustainability:** Evidence that positive effects do last, but attenuate somewhat over time
- **Wider effects:** Some evidence that programmes show effects that extend beyond the primary outcome of mental health (e.g. to academic attainment)
What are the effects of whole school mental health programmes?

- **At-risk groups:** usually greater effects for children and young people identified as at risk (however, may be due to ceiling effects or peers’ limited room for improvement)

- **Age:** evidence remains limited and mixed, with some reviews indicating that younger children benefit more and others indicating that adolescence can be an effective time for intervention

- **Other:** Limited discussion of differential gains for children from socio-economically deprived and ethnic minority backgrounds as they are typically included in “at-risk” groups, but where analysed individually, these groups experience greater effects than their peers
What are the effects of whole school mental health programmes?

• Interventions that focus on internalising symptoms (e.g. anxiety, depression) show larger effects than externalising behaviours (e.g. aggressive behaviour)

• Interventions that target specific social and emotional skills usually show moderate to large effect sizes

• **Multi-component vs. single-component**
  • In theory, programmes with multiple components should show greater effects
  • This is often not the case!
  • Evidence suggests this is because they are more complex to implement in practice
  • Programmes that include parental components have been shown to yield better outcomes
What factors influence the effects of whole school mental health programmes?

**Programme characteristics:**

- Clearly defined goals
- Active forms of learning
- Include dedicated time/lessons (curriculum approach)
- Explicit step-by-step guidelines
- Intensity/duration: research suggests minimum of two months duration to impact outcomes (but usually much longer!)
- Basis in theory
- Evidence base (though consider context and cultural transferability)
What factors influence the effects of whole school mental health programmes?

• **Implementation**
  - Differences in implementation are an important factor in determining the impact of interventions
  - Fidelity and adaptation: where implementers are well-trained and skilled, lower levels of fidelity do not necessarily lower effectiveness
  - Quality matters: whatever you do, do it well!

• **Delivery agent**
  - No consistent evidence that external personnel produce better outcomes than school staff
  - Where there are differences, it may be due to lack of training/skills and confidence for teachers taking on a new role
What are the implications for practice?

• Expectation management regarding:
  • Outcomes (how much change, and for whom)
  • How long it will take to achieve change
  • What is needed to achieve change
• School staff can be effective implementers
• Initial training, subsequent support and monitoring of implementation
• A staged approach to delivery rather than trying to do everything at once
• Relative risks and benefits of single vs multi-component approaches
• Selecting interventions that are congruent with the needs and context of your school
• Be critical: to what extent is there rigorous evidence to support a given programme?