**Supplementary table 1. Depiction of various Mental Health Promotion and Prevention interventions and their effectiveness**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Author, publication year & place** | **Type of study\*** | **Program** | **Study Design** | **Sample size** | **Type of prevention** | **Findings of the study** | **Remark** |
| Mishara, 2006 (1) (Denmark & Lithuania) | Quantitative | ZIPPY’s FriendsEffectiveness of MH promotion program to improve coping skills in young children | Non-randomized Experimental trial | Students Lithuania: IG: 314CG: 104Denmark:IG: 322CG: 110 | MH Promotion | * Increases ability to cope with everyday’ stress & negative events
* Decreases problems that arise due to stressful situations
* Development of effective adaptive coping skills
 | * Resilience & Coping skills development &behaviour self-regulation as key elements of MH promotion
 |
| Clarke, 2014 (2) Ireland | Quantitative | ZIPPY’s Friendsevaluating impact of a school-based emotional wellbeing program for disadvantaged school children | Cluster RCT  | IG:544 students CG: 222 students  | MH Promotion | * Increases ability to cope with day to days stress & negative events
* Decrease problems arising from stressful events
* Promotes development of adaptive coping skills
 |
| Dufour 2011 (3) Canada (Quebec) | Quantitative | ZIPPY’s FriendsImproving Children’s adaptation: a School MH Promotion Program | Cluster RCT | IG: 310 (From 16 classes)CG: 303 (From 19 classes) | MH Promotion | * Increase ability to cope with everyday life adversities & negative events
* Decrease problems that arise from unfavourable situations
* Developing of adaptive coping techniques
 |
| Holen 2012 (4)Norway  | Quantitative | ZIPPY’s FriendsThe effectiveness of universal school-based program on coping & MH | RCT | IG: 686 (47 classes, 18 schools)CG: 638 (44 classes, 17 schools) | MH Promotion | * Better ability to cope with everyday life adversities & negative events
* Decrease problems that arise from stressful situations
* Adaptive coping skills
 |
| Clark 2015 (5) Ireland | Quantitative | ZIPPY’s FriendsImplementation of emotional wellbeing program for primary school children  | Participatory workshop using RCT | IG: 544StudentsCG: 222 students Workshop | MH Promotion | * Increase ability to cope with everyday life adversities & negative events
* Decrease problems that arise secondary to stressful events
* Adaptive coping techniques
 |
| Malti, 2008 (6) (United States)  | Mixed method | RALLY (Responsive Advocacy for Life and Learning in Youth) | Quasi-experimental  | 92 students | MH Promotion | * Improved resilience, greater learning interest, & decrease risk-taking
 | * The research emphasizes the benefits of

effective relationships |
| Nielsen 2015 (7) Denmark | Quantitative | “Up”, promotion of social & emotional competence through multi-component interventions | Pre-post design | 589 students (2 school) | MH Promotion | * Enhancing social & emotional competencies to improve MH
* Enhanced positivity of school MH environment
 | * Emphasizes that relationship & behaviour &empathy as key elements
 |
| Caldarella 2009 (8)United States (Utah) | Quantitative | “Strong start”promoting social & emotional learning in 2nd grade students | Quasi-Experimental Non-Equivalent Control Group | 26 students  | MH Promotion | * Prevent emotional & behavioral problems through promotion of social & emotional wellbeing
 | * Emphasizes effectiveness of MH promotion program implemented in the early lifespan
 |
| Yamamoto 2017 (9)Tokyo | Quantitative | “You Can Do it! Education” Resilience of Japanese elementary school students | Quasi-Experimental Intervention, Control Group | IG: N=78, CG: N=47 | MH Promotion | * Efficacy in enhancing resilience in schools
 | * Emphasizes effectiveness of MH promotion program implemented in early in life
 |
| Srikala & Kumar, 2010 (10) India  | Quantitative | Life Skills education programme | Quasi-Experimental- random selection of schools with matched control design  | N= 1028 adolescents control received standard civic education classes | MH Promotion | * Significant improvement in: self-esteem, perceived self-efficacy, pro-social behaviour, & perceived adequate coping
* Better adjustment in school
 | * Emphasizes on life skills intervention in middle adolescents (14-16 years)
 |
| Banhouser et al, 2005 (11) Santiago, Chile  | Quantitative | School-based physical fitness programme  | Quasi-experimental design  | N= 198 students from high school.  | Mental & Physical Health Promotion | * Significant improvement in adolescents’ anxiety & self-esteem scores
* Significant increases in physical fitness: in terms of oxygen capacity, speed as well as jump performance scores
 | * Intervention was tailored to preferences of the students, expertise of the teachers & availability of the local resources.
 |
| Smith et al. 2008; Caldwell et al, 2010 (12,13) Cape Town South Africa  | Quantitative | Health Wide Program | Quasi-experimental  | N= 2193 adolescents mean age 14yrs. Life Orientation curriculum taught in control schools | MH Promotion | * Significant increase in intrinsic motivation
* Decrease in introjected motivation
* Increase in perception about availability of condoms in IG
* Effects on alcohol & cigarette use were more for girls
 | * Program delivered by class teacher
 |
| De Villiers & van den Berg 2012 (14) South Africa  | Quantitative | Resiliency ProgrammeIntervention providing 15 sessions on enhancing emotional regulation, stress management, interpersonal skills & effective problem solving | “Solomon Four Group Design” | N= 161 children aged 11-12yrs. from 4 schools Waitlist control, 3months follow up | MH Promotion | * Improvement observed in terms of interpersonal strength, emotional regulation, self-appraisal, & emotional reactivity
* Improved self-appraisal scores at three months FU
 | * Taps the potential of the early adolescence to develop resilience and emphasizes a need to implement resiliency programmes as a part of school curricula
 |
| River-Duval et al. 2011 (15) Mauritius  | Quantitative | Resourceful Adolescent Program (RAPA)  | RCT | N= 160 (from 2 single-sex secondary schools, age 12-16yrs. CG: waitlist Six months follow-up | Universal depression prevention programme | * Significant improvement in depressive symptoms in form of hopelessness, self-esteem as well as coping skills
* Improvements in self-esteem & coping skills found stable at 3 months FU.
 | * Showed effectiveness of the universal depression prevention programme in low-resource setting
 |
|  Mueller et al, 2011 (16) South Africa  | Quantitative | “Make a Difference (MAD) about Art”  | Quasi-experimental  | N= 297 youth age 8-18yrs. in one school | Community-based art Therapy Intervention | * Significant programme effect on self-efficacy scores
* No improvement on other scores
 | * Community-based intervention showing a better utility from public health perspective
 |
| Kumakech et al. 2009 (17) Uganda  | Quantitative | Peer-support group intervention for AIDS orphans | Cluster RCT | N= 326 children age 10-15yrs. from 20 school | Peer-support group intervention | Significant reduction in anxiety, depression and anger scores | * Peer support intervention
 |
| Jordans et al. 2010 (18) Nepal  | Quantitative | Classroom based psychosocial intervention (CBI) | Cluster RCT | N= 325 students’ age11-14yrs. from 8 schools Waitlist control | MH Promotion | * Showed a reduction in general psychological difficulties & aggression in boys
* Increased pro-social behaviour in girls & a significant increase in sense of hope for older children
 | * Delivered by para-professionals
 |
| Khamis et al 2004, (19) Palestine | Quantitative | Classroom –Based psychosocial Intervention (CBI) | RCT | N= 664:406 children aged 6-11yrs.258 adolescents, age 13-16yrs.Waitlist control | Selective prevention | * IG had significantly better attribution style, reduced level of self-blame, a higher perceived credibility, Increased inter-personal trust as well as improved communication skill
* There was a reduction in hyperactivity, emotional symptoms, conduct problems, peer problems, hyperactivity significantly in adolescent
* CBI had higher positive effect on adolescent girls than boys
 | * Importance of tapping inherent potential of the youth to develop resilience in conflict-affected areas and a replicable model for other trauma-prone areas.
 |
| Ager et al. 2011 (20) Uganda  | Quantitative | Psychosocial Structured Activities (PSSA) intervention for displaced children aged 7-12 years in primary schools  | Quasi experimental  | N= 403 primary school students (mean age 10.23 yrs.), from 12 school) and 12 month follow up | MH Promotion | * Significant improvement in wellbeing of participants measured by parents & children
* Girls showed more progress than boys
* Older children showed more progress than younger children.
 | * School based multi-phased approach which can be replicated in other parts of the world
 |
| Quota et al. 2012 (21) Gaza, Palestinje | Quantitative | Teaching Recovery Techniques (TRT) intervention for war affected children.Aimed at creating safety & feelings of mastery, & incorporates trauma-related psychoeducation, CBT methods, coping training. | RCT16 sessions implemented over 4 weeks after school (2 weekly 2-hour sessions), implemented by psychologists | N= 722 children age 10-13yrs. from four schools assigned to intervention & control group Six months follow up  | Selective prevention | * Significant reduction in clinically significant Post-Traumatic Stress syndrome (PTSS) at post intervention.
* Girls benefited from intervention in clinically significant PTSS if they showed low peri-traumatic dissociation
 | * Emphasizes on creating safety and feeling of mastery
 |
|  Karam et al, 2008 (22) Lebanen | Quantitative | Classroom-based group intervention for children exposed to warAimed at reducing rates of major depressive ds., separation anxiety ds. &Post-traumatic stress disorder | Quasi-experimental structured activities  | N= 209 students (Mean age 11.7 yrs.) from six schools Matched control group did not receive | Selective prevention | * Post-war MDD, SAD & PTSD scores were found to be associated with pre-war SAD & PTSD scores, family violence parameters, financial problems & witnessing of war events
 | * Intervention delivered by teachers
 |
| Lange-Nielsen et al. 2012 (23)Gaza  | Quantitative | Writing for Recover (WfR) intervention | RCT | N=139 adolescents age 12-17yrs. fr. 6 schools CG: Waitlist 4-5month follow up | Aimed at improvement in PTSD & Depressive symptoms  | * Significant improvement in rates of PTSD symptoms in both groups
* Significant increase in IGs’ depression symptoms Significant decline in depression symptoms
 | * Innovative classroom-based, less stigmatizing, cost effective intervention.
 |
| Loughry et al, 2006 (24) Palestine(Gaze & West Bank) | Quantitative | Child focused intervention for children living in conflict areas. Aimed at providing structured activities to support the resilience in war-affected children Intervention also involved parents | Quasi experimental  | N=400 children & adolescents  | Selective prevention | * Significant improvement in total problem scores, externalizing problem scorers, and internalizing problem scores in IG
 | * Involved parents as partners
 |
|  Balaji et al., 2011 (25) Goa | Quantitative | Population based intervention to promote youth health.Intervention implemented over 12months & consisted of 3 main components (i) Peer Education (ii) Teacher Training (iii) Health information Intervention, implemented by intervention team which consisted of social worker, two psychologist & three peer educators | Exploratory Controlled evaluation study | N= 1803 students from two urban & rural communities Control communities was wait- listed, 18 months follow up | MH promotion  | * The intervention led to a significant decrease in probable depression scores (rural & urban) & lower levels of suicidality (urban)
* There was an increase in self-confidence, leadership ability, stress mgt, conflict resolution, anger management & improved student-teacher relationship in peer leaders
* Following intervention there was a significant change in attitudes about reproductive & sexual health (rural & urban), improvement in perpetration of physical violence (rural & urban) & substance abuse (urban)
* There were significantly fewer menstrual complaints, more help-seeking for reproductive & sexual health related problems.
 | * Community as potential partner in planning.
* Community peer education is a feasible option.
 |
| Vasquez et al. 2010 (26)Honduras | Quantitative | “Familias Fuertas” (FF)activity based sessions; local nurses trained as FF facilitators | Quasi-experimental design  | N=41 parent-adolescent pairs control received informational brochures 12 months in US | Aimed at promoting consistent discipline, parental monitoring & positive communication patterns  | * IG reported improvements in positive parenting behaviours as well as positive perceptions among parents about their family relationships and self-esteem of parents
 | * Evidence based program for family strengthening
 |
| Brady et al. 2007 (27)Egypt | Quantitative | Ishraq ProgrammeFor out of school adolescent girls age 13-15.A Multi-dimensionalcommunity based program aimed at improving girls’ life skills, recreational opportunities, health knowledge & attitudes & mobility & civic participation | Quasi-experimental Girls met four times a week for 30 months in groups of 25Programme implemented by ‘Promoters’ – in form of young local women (age 17–25) trained in their key role | N= 587 adolescent girls from four villages in Upper Egypt | MH promotion | * There was an improvement in social participation. Girls in the programme were more likely- to know about key health & rights issues
* Full scale participation in program showed greater increase in academic skills
* There was a strong association between desire to delay marriage & participation in Ishraq
 | * Utilizes local family support system
 |
| Jewkes et al., 2008 (28) South Africa | Quantitative | Stepping Stones, The Collaborative HIV Adolescent MH Programme South Africa.Programme aimed at improving sexual & emotional health by developing strong, more equal relationships | Cluster RCT Programme delivered to single sex groups. Programme lasts 50 hours over 6–8 weeks | N= 2776 men & women age 15-26 years Two-year follow-up | Selective prevention | * There were reduced levels of depression reported in men at 24 month follow up.
* Significant reduction in physical & sexual partner violence (two year follow up), problem drinking (one year follow up) and number of HSV-2 infections over 2 years in males
 | * Highlighted utility of multi-dimensional intervention for MH and wellbeing promotion.
 |
| Bell et al. 2008 (29) South Africa | Quantitative | CHAMPSA.HIV prevention programme aimed to strengthen family relationships as well as target peer influences  | RCT10 (90 minute) sessions delivered by community caregivers over 10 weekends to families | N= 478 families rearing 579 children, Control received existing school-based HIV prevention curriculum | MH promotion programme | * Significant improvements in caregivers’ communication skills, monitoring of children and social primary networks
 | * Unique in terms of focussing on caregiver’s attributes.
 |
| Ssewamalaet al., 2009a, 2009b, 2010, 2012 (30–33) Uganda | Quantitative | SUUBI-economic empowerment intervention by providing (i) 1–2 hrs workshops on asset building & future planning (ii) monthly mentorship program for adolescents with peer mentors on life options (iii) child development account for paying for secondary schooling, vocational training &/or family small business | RCT | N= 267 children from Grade 7 in 15 primary schools Control group received usual care for orphaned children Ten month follow up | MH promotion | * There was a significant increase in self-esteem at 10 months post intervention, decrease in depression, increase in academic performance
* A reduction in sexual risk-taking intentions and an increase in self rated physical health functioning
 | * Emphasized role of the multi-dimensional intervention in MH promotion and prevention.
 |
| Oregta et al, 2019 (34) | Editorial  | * The Lancet Commission on Dementia Prevention,Intervention, & Care: a call for action
* “New Life course model” of dementia prevention: ninemodifiable risk factors & their potential effect in reducing individuals’ risk of dementia,
 | It summarizes the best available evidence to prevent &intervene for dementia. | NA | MH promotion & prevention  | * Most promising intervention targets were increasing education in early life, increasing physical activity & social engagement, reducing smoking, treating hypertension, diabetes, &hearing impairment
* The new model found that more than a third of dementia cases are potentially preventable.
* Collectively, all nine factors account for about 35% of the population dementia risk, out of which about 20% reduction can be achieved
 | * Large proportion of dementia are preventable as highlighted by life course model
* Interventions directed not only at people with dementia but also to their families are available & should be routinely provided to them
 |
| Ngandu et al, 2015, (35) Finland  | Double blind RCT | * The Finnish Geriatric Intervention Study to Prevent Cognitive Impairment &Disability (FINGER)
* Four intensive lifestyle-based strategies (diet,exercise, cognitive training, & vascular management)
 | Study compared cognition in theintervention group versus controls who received generalhealth advice.  | People with 60 – 77yrs. of age& at high risk of dementia,  599 in intervention group & 599 in control group  | MH prevention  | * Participants in the intervention group showed a meanimprovement versus the control group in a compositemeasure of cognition on executive function& processing speed, but not memory.
 | * Multidomainintervention could improve or maintain cognitive functioning in at-risk elderly people from the general population
 |
| Richard et al, 2009, (36)Charante et al, 2016, (37)Netherlands | 6-year multi-domain, nurse-administered, open-label,cluster RCT  | * Prevention of dementia by intensive vascular care (PreDIVA): a cluster-randomized trial in progress
* To assess whether nurse-led intensive vascular care in primary care decreases the incidence of dementia & reduces disability
* Secondary outcome parameters are mortality, incidence of vascular events, and cognitive functioning.
 | Aimed toreduce vascular risk factors to prevent dementia - intensive vascular care comprises treatment of hypertension, diabetes, stimulating physical exercise, & individually tailored lifestyle advices & supported bymotivational interviews.  | 3526 participants aged70–78 yrs. from general practice.  | MH prevention  | * Initial finding: nurse-led, multidomain intervention did not result in a reduced incidence of all-cause dementia in an unselected population of older people
* However, this intervention in fact led to reduction in the risk of dementia (4% in intervention group developed dementia vs 7% in control) (38)
 | * Highlights importance of targetedinterventions
 |
| Forette et al, 2002, (39) | Quantitative  | The prevention of dementia with antihypertensive treatment: new evidence from the Systolic Hypertension in Europe (Syst-Eur) study | DB placebo-controlled trial  | 2902 patients  | MH prevention | * Reduction in the incidence of dementia by more than 50% by antihypertensive treatment with nitrendipine as first line
 | * Early management of the risk factors of dementia such as hypertension is an effective primary prevention for dementia
 |
| Hamer et al , 2009 (40) | Quantitative  | Physical activity & risk of neurodegenerative disease: systematicreview of prospective evidence  | Systematic review on prospective epidemiological studies | 163797 non-dementedparticipants at baseline with 3219 cases at follow-up | MH prevention  | * Inverse association between physical activity & risk of dementia.
 | * A primordial prevention
 |
| Dix et al, 2012, (41) Australia  | Quantitative | Implementation quality of whole-school MH promotion & students’ academic performance**Kids Matter** - an Australian MH intervention initiative designed to assist & include all members of the school community through four components (1) positive school community, (2) social & emotional learning for students, (3) parenting support & education, & (4) early intervention for students experiencing MH difficulties | Quasi-experimental  | A random stratified sample of up to 76 students in each of 100 schools | Mental health promotion, prevention & early intervention | * KidsMatter implementation is positively associated with student academic performance
 | * To strengthen the claim that thequality of implementation of MH initiatives such as KidsMatter improves student socio-emotional

competencies &, academic performance.  |

\*Quantitative/Qualitative/Mixed method, DB: double blind,IG: intervention group, CG: control group, MH: Mental Health**,** MDD- Major Depressive Disorder, NA: not applicable, PTSD-Post traumatic Stress Disorder, SAD- Separation Anxiety Disorder, RCT: Randomized Controlled Trial

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