**Supplementary Table 1**

*Data Extraction Table for Reviewed Articles*

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| **Adolescent Depression Awareness Program** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Swartz et al. (2017) | USA | High school age (no age statistics reported) | 6,679 | Depression Literacy / Mental Health Stigma | Randomised Controlled Trial | 54 high schools in Maryland, Delaware, Pennsylvania, Michigan, and Oklahoma | Waitlist control group | Adolescent Depression Knowledge Questionnaire (ADKQ); Modified version of the Reported and Intended Behavior Scale (RIBS); Modified version of the Child and Adolescent Services Assessment; Teacher's completed an online survey at the end of the program | 4 months | The program resulted in significantly higher levels of depression literacy among participating students than did waitlist controls, after adjusting for pre-test assessment depression literacy. Overall, the program did not significantly affect stigma. After the program, students approached 46% of teachers with concerns about themselves or others. | II |
| Townsend et al. (2019) | USA | High school age (no age statistics reported) | 6,679 | Depression Literacy / Mental Health Stigma (gender differences) | Randomised Controlled Trial | 54 high schools in Maryland, Delaware, Pennsylvania, Michigan, and Oklahoma | Waitlist control group | Adolescent Depression Knowledge Questionnaire (ADKQ); Modified version of the Reported and Intended Behavior Scale (RIBS) | 4 months | At 4 months, there was a main effect of the program on depression literacy (odds ratio [OR] ¼ 3.3, p ¼ .001) with intervention students achieving depression literacy at higher rates than controls. Gender exhibited a main effect, with women showing greater rates of depression literacy than men (OR ¼ 1.51, p ¼ .001). There was no significant intervention x gender interaction. The ADAP did not exhibit a significant main effect on stigma. There was a main effect for gender, with females demonstrating less stigma than males (OR ¼ .65, p ¼ .001). There was no significant interaction between the intervention and gender on stigma | II |

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| **Aussie Optimism Programme-Positive Thinking Skills** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Rooney et al. (2013a) | Australia | 8-10 (8.75) | 910 | Depression | Cluster Randomised Controlled Trial | 22 Western Australian primary schools situated in low socio-economic areas | Non-intervention control group | Children’s Depression Inventory (CDI), Spence Children’s Anxiety Scale (SCAS), Children’s Attributional Style Questionnaire (CASQ), Diagnostic Interview for Children and Adolescents (DICA-IV), Strengths and Difficulties Questionnaire (SDQ-P) | 6 months | Significant decrease in depression symptoms post-intervention, but not maintained in follow-up. Reduction in parent-reported emotional difficulties was maintained at 6-month follow-up. No change to anxiety, attribution style, parent-reported prosocial behaviours, or incidence and recovery rates for depression, anxiety, or internalising symptoms. | II |
| Rooney et al. (2013b) | Australia | 9-10 | 910 | Depression / Anxiety | Cluster Randomised Controlled Trial | 22 Western Australian primary schools situated in low socio-economic areas | Non-intervention control group | Children’s Depression Inventory (CDI); Spence Children’s Anxiety Scale (SCAS); Children’s Attributional Questionnaire (CASQ); Strength and Difficulties Questionnaire (SDQ); | 30 months | There were no significant differences between groups in regard to anxiety or depression, as well as no significant differences in attributional styles. Parents reported significantly less hyperactive behaviours from children in the intervention group. This finding suggests that AOP-PTS has the capacity to treat externalizing problems at a medium term effect. | II |
| Johnstone et al. (2014) | Australia | 9-10 | 370 | Depression / Anxiety | Cluster Randomised Controlled Trial | 22 Western Australian primary schools situated in low socio-economic areas | Non-intervention control group | Children’s Depression Inventory (CDI); Spence Children’s Anxiety Scale (SCAS); Children’s Attributional Questionnaire (CASQ) | 42 months; 54 months | Results showed there were no significant reductions across groups in the depressive and anxiety symptoms, and attribution style at either 42 or 54 months follow-up. These findings suggest that AOP-PTS has short and medium term effects but were not sustained in longer term period. | II |
| Cheng et al. (2018) | Australia | 9-11 | 502 | Depression / Anxiety | Cluster Randomised Controlled Trial | 13 private primary schools in the Perth area | Non-intervention control group | Children’s Depression Inventory (CDI); Spence Children’s Anxiety Scale (SCAS); Parent questionnaire | 6 months | The findings suggest that the program is effective for children regardless of parent mental illness or family living arrangement, although parent mental illness has the capacity to influence the program’s outcomes. | II |

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| **FRIENDS** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Iizuka et al. (2014a) | Australia | 10-12 | 57 | Anxiety | Quasi-experimental | Grade 6 and 7 students (primary and secondary) from a school in a low socio-economic community in Queensland | Pre-post  (no control group) | Strength and Difficulties Questionnaire (SDQ), Spence Children’s Anxiety Scale (SCAS) | 3 months;  6 months | "Low difficulty" group significant reduction in separation anxiety score at 3 months, no significant effect any score at 6 months. "High difficulty" group, nothing at 3 months, significantly reduced Spence Children’s Anxiety Scale (SCAS) Total at 6 months. | III-3 |
| Stallard et al. (2014) | UK | 9-10 | 1,257 | Anxiety | Randomised Controlled Trial | Forty-one primary schools in the south west of England (PACES Study) | Non-intervention control | Revised Children's Anxiety and Depression Scale (RCADS), Penn State Worry Questionnaire for Children, Rosenberg Self-Esteem Scale, life satisfaction | 12 months | Significant reduction in social anxiety, generalised anxiety, and total Revised Children's Anxiety and Depression Scale (RCADS) score at 12 months, but only when FRIENDS was delivered by health leaders external to the school. | II |
| Lee et al. (2016) | USA | Elementary school age (no age statistics reported) | 61 | Anxiety | Randomised Controlled Trial | Elementary school students with DSM-IV diagnoses of Social Anxiety Disorder or Generalised Anxiety Disorder or ‘‘features’’ (one or more, but not all criteria) of one of these anxiety disorders and associated composite clinician severity rating (CSR) of 2–6 on the Anxiety Disorders Interview Schedule (ADIS) | Non-intervention control | Anxiety Disorders Interview Schedule (ADIS), Multidimensional Anxiety Scale for Children (MASC), Parent Screen for Child Anxiety Related Emotional Disorders (SCARED), Clinician Severity Rating (CSR) | 3 months;  6 months; 12 months; 24 months; 36 months | No significant treatment effects on the child-report measures. Significant difference on parent measures, lower Clinician Severity Rating maintained at 36 months. No difference for anxiety measures. | III-1 |
| Skryabina et al. (2016) | UK | 9-10 | 1,362 | Anxiety | Randomised Controlled Trial | Forty-one primary schools in the south west of England (PACES Study) | Non-intervention control | Revised Children's Anxiety and Depression Scale (RCADS), Penn State Worry Questionnaire for Children, Rosenberg Self-Esteem Scale, life satisfaction | 12 months | Significant reduction in social anxiety, generalised anxiety, and total Revised Children's Anxiety and Depression Scale (RCADS) score at 12 months, but only when FRIENDS was delivered by health leaders external to the school. | II |

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| **FRIENDS for Life** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Kösters et al. (2015) | The Netherlands | (10.8) | 461 | Depression / Anxiety | Quasi-experimental | Primary schools in Amsterdam, grades 6-8 | Non-intervention control | Revised Child Anxiety and Depression Scale (RCADS), Problem Behaviour at School Interview (teacher rated) | 12 months | Significant decrease in anxiety and depression scores for intervention group, sustained 12 months post intervention. | III-2 |
| Ahlen et al. (2018) | Sweden | 8-11 | 695 | Depression / Anxiety | Cluster Randomised Controlled Trial | 17 public and independent schools in Stockholm | Waitlist control | Spence Children’s Anxiety Scale (SCAS), Children’s Depression Inventory-Short Version (CDI-S), Strength and Difficulties Questionnaire (SDQ), Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID) | 12 months | No intervention effect for any outcome with regard to the entire sample. Children with elevated depressive symptoms at baseline showed significant improvement in child-rated depressive symptoms at follow-up. | II |
| Ahlen et al. (2019) | Sweden | 8-11 | 695 | Depression / Anxiety | Cluster Randomised Controlled Trial | 18 public and independent schools in Stockholm | Waitlist control | Spence Children’s Anxiety Scale (SCAS), Children’s Depression Inventory-Short Version (CDI-S), Strength and Difficulties Questionnaire (SDQ) | 36 months | No intervention effect for any outcome with regard to the entire sample, however there was a large amount of non-random attrition which served to moderate the outcome, suggesting that the overall result was biased toward a null-result. | II |

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| **Fun FRIENDS** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Anticich et al. (2013) | Australia | 4-7 | 488 | Anxiety | Cluster Randomised Controlled Trial | 14 Catholic primary schools in Brisbane | Active control group and waitlist control group | Preschool Anxiety Scale, Behavioural Inhibition Questionnaire, Behavioural and Emotional Rating Scale, Strength and Difficulties Questionnaire (SDQ), Devereux Early Childhood Assessment Clinical Form, Depression, Anxiety and Stress Scale (DASS-21), Hospital Anxiety and Depression Scale (HADS), Parenting Stress Index - Short Form | 12 months | Intervention group showed improved behavioural inhibition, reduced child behavioural difficulties and improvements in social and emotional competence. Also improvements in parenting distress and parent-child interactions. | II |

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| **Get Lost Mr Scary** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Ruocco et al. (2016) | Australia | 5-7 (6.82) | 134 | Anxiety | Quasi-experimental (cluster non-randomised control) | 23 public primary schools located in Western Sydney | Waitlist control | Spence Children's Anxiety Scale - Parent Version (SCAS-P), Child Behavior Checklist and Teacher Report Form (CBCL-TRF). | 12 months | Children who received the intervention showed significant reductions in parent and teacher rated anxiety and behavioural symptoms compared those in the control group. The reduction in anxiety was maintained at 12 month follow-up. | III-2 |

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| **MoodGYM** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Calear et al. (2013) | Australia | 12-17 (14.34) | 1,477 | Depression | Cluster Randomised Controlled Trial | 30 secondary schools from across Australia participated in the YouthMood Project during 2006 and 2007. Of these schools, 16 (53.3%) were public schools and 26 (86.7%) were coeducational schools | 3 groups: (1) high adherers to MoodGYM; (2) low adherers to MoodGym; (3) Waitlist control group | Revised Children’s Manifest Anxiety Scale (RCMAS); Center for Epidemiological Studies Depression Scale (CES-D) | 6 months | When compared to the control condition, participants in the high adherence intervention group reported stronger intervention effects at post-intervention and 6 month follow-up than participants in the low adherence group for anxiety and also depression. No significant intervention effects were identified between the high and low adherence groups. Being in Year 9, living in a rural location and having higher pre-intervention levels of depressive symptoms or self-esteem were predictive of greater adherence to the MoodGYM program. | II |

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| **Penn Resiliency Program** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Challen et al. (2014) | UK | 11-12 | 2,844 | Depression / Anxiety | Quasi-experimental (cluster non-randomised control) | 16 secondary schools across 3 local government areas, overrepresented ethnic minority students and greater degree of economic deprivation compared to national average | Non-intervention control | Children’s Depression Inventory (CDI), Revised Children’s Manifest Anxiety Scale, Strength and Difficulties Questionnaire (SDQ) | 12-16 months and 24-30 months | No effect on depressive symptoms at 1-year or 2-year follow-up points. No significant effect on anxiety symptoms or behaviour at any time-point. | III-2 |
| Brunwasser et al. (2018) | USA | (12.5) | 697 | Depression | Randomised Controlled Trial | Three public middle schools (grades 6–8) in suburban Philadelphia | Placebo intervention or non-intervention control | Children’s Depression Inventory (CDI), Children’s Attributional Style Questionnaire (CASQ) | 36 months | In two schools, the intervention was effective; there was a significant effect of PRP on explanatory style, which mediated the intervention effect on depressive symptoms. In the other school, PRP had no effect on depressive symptoms or explanatory style. The authors stated "It remains unclear why PRP was ineffective in school C." | II |
| ***Op Volle Kracht (Dutch version of the Penn Resilience Program)*** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Kindt et al. (2014) | The Netherlands | 11-16 (13.42) | 1,343 | Depression | Cluster Randomised Controlled Trial | Secondary schools with at least 30% of students from low-income areas | Non-intervention control | Children’s Depression Inventory (CDI) | 6 months; 12 months | No effect on depressive symptoms at 12 month follow-up. | II |
| Tak et al. (2014) | The Netherlands | (13.91) | 1,341 | Depression / Anxiety | Cluster Randomised Controlled Trial | Secondary schools | Non-intervention control | Children’s Depression Inventory (CDI), Revised Children’s Manifest Anxiety Scale (RCMAS) | 6 months; 12 months; 18 months; 24 months | Intervention group had higher Children’s Depression Inventory (CDI) post-intervention baseline, which possibly suggests an iatrogenic effect. There was no difference between groups at 6, 12, 18, and 24 month follow-up time-points. | II |
| Wijnhoven et al. (2014) | The Netherlands | 11-15 | 102 | Depression | Cluster Randomised Controlled Trial | Adolescent girls in the first and second year of secondary school with elevated depressive symptoms | Waitlist control | Children’s Depression Inventory (CDI), Center for Epidemiological Studies Depression (CES-D) | 6 months | At 6-months follow-up, those in the intervention group had significantly lower levels of depressive symptoms compared to those in the control group. | II |
| Poppelaars et al. (2016) | The Netherlands | (13.35) | 208 | Depression | Cluster Randomised Controlled Trial | Female adolescents in secondary schools with elevated depressive symptoms | 4 groups: (1) OVK Intervention only; (2) computerised CBT only; (3) OVK Intervention plus computerised CBT combined; (4) active monitoring (attention) control | Reynolds Adolescent Depression Scale (RADS-2), suicidal ideation using item 9 of the Children’s Depression Inventory (CDI) | 3 months; 6 months; 12 months | No intervention effect; depressive symptoms decreased in all conditions, with no difference between conditions | II |
| Tak et al. (2016) | The Netherlands | (13.91) | 1,341 | Depression | Cluster Randomised Controlled Trial | Secondary schools | Non-intervention control group | Children’s Depression Inventory (CDI) | 6 months; 12 months; 18 months; 25 months | No difference in depressive symptoms across conditions at follow-up. Gender and depressive symptoms at baseline did not moderate intervention effects. The OVK program did not prevent depressive symptoms over the 2 year follow-up period. | II |

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| **Resilient Families Program** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Singh et al. (2019) | Australia | (12.3) | 1,826 | Depression / Social Emotional Learning | Cluster Randomised Controlled Trial | 24 secondary schools (government and non-government) across Melbourne | Non-intervention control group | Center for Epidemiological Studies-Depression (CES-D); Measures of social-emotional skills included items from the Teen Version of Social Questionnaire; Social Self-Efficacy Questionnaire for Children; Emotional Control Scale; Beyondblue Social Problem Solving Inventory; Self-Report Coping Scale | 12 months; 24 months | The program had no significant effect on social emotional skills and no significant effects on adolescent depressive symptoms. However, family attendance at parent education events within the intervention schools was associated with longitudinal reductions in depressive symptoms. | II |

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| **Resourceful Adolescent Program** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Stallard et al. (2013) | UK | 12-16 | 5,030 | Depression | Cluster Randomised Controlled Trial | Mixed-sex secondary schools in the UK | 2 control groups: (1) Active control (Treatment as Usual plus additional support from two facilitators) and (2) Non-intervention control (Treatment as Usual) | Short Mood and Feelings Questionnaire (SMFQ) | 6 months; 12 months | No evidence of any effect on Short Mood and Feelings Questionnaire (SMFQ) scores over time. There was a high probability that the program was both less effective and more expensive than usual health education classes. | II |
| Anderson et al. (2014) | UK | 12-16 | 3,357 | Depression | Cluster Randomised Controlled Trial | Eight mixed-sex UK secondary schools | Non-intervention control | Short Mood and Feelings Questionnaire (SMFQ) | 6 months; 12 months | No differences in Short Mood and Feelings Questionnaire (SMFQ) scores between groups over time; the program was not found to be effective. | II |
| Rose et al. (2014) | Australia | 9-14 (12.22) | 210 | Depression | Cluster Randomised Controlled Trial | Grades 6 and 7 at four independent Sydney schools. Primary and secondary aged children. All schools were single sex, including two boys’ and two girls’ schools. Two schools drew students from high socioeconomic status areas, whereas two schools drew students from middle socioeconomic status areas. | 3 conditions: (1) RAP + Peer Interpersonal Relatedness program, (2) RAP only; (3) Waitlist control group | Reynolds Adolescent Depression Scale—Second Edition (RADS–2); Children’s Depression Inventory (CDI); Psychological Sense of School Membership (PSSM); Clinical Assessment of Interpersonal Relations (CAIR); Multidimensional Students’ Life Satisfaction Scale (MSLSS); Diagnostic Interview Schedule for Children, Adolescents, and Parents (DISCAP) | 12 months | Across the intervention period, the Resourceful Adolescent Program did not significantly reduce depressive symptoms relative to those students not receiving the intervention. The Resourceful Adolescent Program plus the Peer Interpersonal Relatedness program combined did significantly reduce depressive symptoms relative to those students not receiving the Peer Interpersonal Relatedness program. However, at the 12-month follow-up, the between-group reductions in depressive symptoms were no longer significant. At follow-up, participants in the combined RAP–PIR condition had achieved significant increases in their school-related life satisfaction and significant increases in social functioning with peers relative to their peers in the other conditions. | II |
| Mackay et al. (2017) | Australia | 10-13 (11.8) | 29 | Depression | Randomised Controlled Trial (reported in a Mixed-Methods Analysis) | Schools in Brisbane. Eighteen of 46 invited schools agreed to participate. Participants included all children in years 6 or 7 (primary or secondary) who had been formally ascertained through the schooling system as having a diagnosis from a psychiatrist or paediatrician of Autistic Disorder, Asperger’s Disorder, or Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) as per the DSM-IV-TR | Active control (The control group had usual access to the school guidance counsellor and/or learning support teacher for emotional support and counselling, as well as ongoing monitoring and support from classroom teachers and other school services) | Child Depression Inventory (CDI); The Coping Self‑Efficacy Scale (CSES); Strengths and Difficulties Questionnaire (SDQ) | 6 months | Significant intervention effects on parent reports of adolescent coping self-efficacy (maintained at 6 month follow-up) but no effect on depressive symptoms or mental health. | II |

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| **Signs of Suicide** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Schilling et al. (2014) | USA | School years 6-8 | 386 | Suicide Prevention | Cluster RCT | 8 middle schools with a high proportion of students who had parents in the military | Non-intervention control group | A questionnaire including items relevant to three specific categories of outcome: (1) self-reported suicidal ideation and suicide attempts, (2) knowledge and attitudes about depression and suicide, and (3) help-seeking | 3 months | Compared to controls, SOS participants demonstrated improved knowledge about suicide and suicide prevention, and participants with pre-test ideation reported fewer suicidal behaviours at post-test than controls with pre-test ideation. No significant effects of the SOS program on changes in help-seeking behaviours were found | II |
| Schilling et al. (2016) | USA | School year 9 | 1,052 | Suicide Prevention | Cluster RCT | 16 technical high schools in the state of Connecticut and a comprehensive secondary school (CHS) which has an affiliated vocational agriculture program, representing a wide distribution of economic and population variables | Wait-list control group | A questionnaire focused on two outcome categories: (1) self-reported suicidal ideation, suicide planning, and suicide attempts and (2) knowledge and attitudes about depression and suicide. | 3 months | Students in the intervention group were approximately 64 % less likely to report a suicide attempt in the past 3 months compared with students in the control group. The SOS program resulted in greater knowledge of depression and suicide and more favourable attitudes toward (1) intervening with friends who may be exhibiting signs of suicidal intent and (2) getting help for themselves if they were depressed or suicidal. High-risk SOS participants, defined as those with a lifetime history of suicide attempt, were significantly less likely to report planning a suicide in the 3 months following the program compared to lower-risk participants. | II |

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| **Youth Aware of Mental Health** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Wasserman et al. (2015) | 10 EU countries | 14-18 (14.8) | 11,110 | Suicide Prevention | Cluster RCT | 168 secondary schools were randomly assigned to interventions (40 schools [2692 pupils] to QPR, 45 [2721] YAM, 43 [2764] ProfScreen, and 40 [2933] control). | (1) Question, Persuade, and Refer (QPR), a gatekeeper training module targeting teachers and other school personnel; (2) the Youth Aware of Mental Health Programme (YAM) targeting pupils; (3) screening by professionals (ProfScreen) with referral of at-risk pupils; (4) a non-intervention control group | The primary outcome measure was the number of suicide attempt(s) made at each of two follow-up time-points. Another outcome was severe suicidal ideation in the 2 weeks preceding the follow-ups—i.e., all new cases of suicidal ideation identified at either of the two follow-ups. | 3 months; 12 months | No significant differences between intervention groups and the control group were recorded at the 3 month follow-up. At the 12 month follow-up, YAM was associated with a significant reduction of incident suicide attempts and severe suicidal ideation compared with the control group. 14 pupils (0·70%) reported incident suicide attempts at the 12 month follow-up in the YAM versus 34 (1·51%) in the control group, and 15 pupils (0·75%) reported incident severe suicidal ideation in the YAM group versus 31 (1·37%) in the control group. No participants completed suicide during the study period. | II |

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| **Challenging Horizons Program** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Evans et al. (2016) | USA | School years 6-8 | 326 | Attention deficit hyperactivity disorder (ADHD) | Randomised Controlled Trial | Secondary students had to have a diagnosis of ADHD to be eligible to participate. The study included 9 urban, suburban, and rural middle schools. | Three groups: (1) Challenging Horizons Program–after school version (CHP-AS) ; (2) Challenging Horizons Program–mentoring version (CHP-M) ; (3) Community Care control group | Children’s Organizational Skills Scale (COSS); Classroom Performance Survey (CPS); Homework Problems Checklist (HPC); Impairment Rating Scale (IRS); Social Skills Improvement System (SSIS); Disruptive Behavior Disorders Rating Scale (DBD) | 6 months | The results of this study indicate that the CHP-AS provides meaningful benefit to young adolescents with ADHD on organization and time management, homework problems, academic functioning, and inattention symptoms (medium size effect compared to the community care control group at 6 months). There were also significant benefits of CHP-AS over the CHP-M condition in these domains of functioning. However, the attrition in the AS model of the program was substantially larger than that in the CHP-M and the community care control group | II |
| Langberg et al. (2016) | USA | (12.1) | 112 | Attention deficit hyperactivity disorder (ADHD) | Repeated-Measures Design | Secondary students had to have a diagnosis of ADHD to be eligible to participate. The study included 9 urban, suburban, and rural middle schools. | Pre-post comparison | Children’s Organizational Skills Scale (COSS); Homework Problems Checklist (HPC); Impairment Rating Scale (IRS); Stress Index for Parents of Adolescents (SIPA); Conflict Behavior Questionnaire (CBQ); Disruptive Behavior Disorders Rating Scale (DBD); Multidimensional Anxiety Scale for Children (MASC) | 6 months | Across outcomes, approximately 20% to 25% of participants made large improvements into the normal range of functioning after 1 year of ASP intervention; another 20% of participants on average started in the normal range of functioning and ended in the normal range of functioning. Approximately 50% of the adolescents with ADHD who received the intervention made negligible-moderate improvements. Strong school mental health provider/adolescent working alliance, as rated from the adolescent perspective, and lower levels of parenting stress and parent-adolescent conflict consistently predicted an increased likelihood of intervention response. | IV |
| Shultz et al. (2017) | USA | (12.2) | 216 | Attention deficit hyperactivity disorder (ADHD) | Randomised Controlled Trial | Secondary students had to have a diagnosis of ADHD to be eligible to participate. The study included 9 urban, suburban, and rural middle schools. | Community Care control group | Children’s Organizational Skills Scale (COSS); Disruptive Behavior Disorders Rating Scale (DBD); Homework Problems Checklist (HPC); Social Skills Improvement System (SSIS); School grades | 6 months | CHP resulted in significant reductions in problem behaviours and academic impairment when compared to community care. Treatment compliers exhibited medium to large benefits in organization, disruptive behaviours, homework performance, and grades relative to comparable control estimates, with results persisting six months after treatment ended. However, compliance had little impact on social skills. Attendance in the CHP ranged from 0 to 60 sessions, raising questions about optimal dosing. | II |

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| **Good Behaviour Game** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Leflot et al. (2013) | Belgium | (7.5) | 570 | Prevention of Aggressive Behaviours | Randomised Controlled Trial | Fifteen primary schools, all located in rural to moderately urban communities | Non-intervention control group | Children's aggression was rated by peers; peer rejection was assessed by using an established child self-report protocol (Coie, Dodge, & Coppotelli (1982) | 3 time-points over an 18 month period (the GBG program was an ongoing aspect of the classroom curriculum) | Decreased levels of aggression and peer rejection were found for students who had participated in the GBG group. The intervention was able to reduce the aggressive behaviour development of at-risk children to levels of aggression that resembled children at low-risk for aggressive behaviour. | II |

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| **Secret Agent Society** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Einfeld et al. (2018) | Australia | 8-14 (10.7) | 84 | Social Skills / Emotional Regulation | Quasi-experimental (cluster non-randomised waitlist control) | Participants were recruited from 15 Autism Spectrum Disorder specific specialist primary- and high-school satellite classes run by Aspect in NSW. Aspect (Autism Spectrum Australia) is the largest provider of autism-specific education in Australia. | Treatment as usual control group | Social Skills Questionnaire – Parent and Teacher forms (SSQ-P; SSQ-T); Emotion Regulation and Social Skills Questionnaire – Parent & Teacher forms. (ERSSQ- P; ERSSQ-T); James and the Maths Test; Dylan is Being Teased | 12 months | Parent and child measures improved after the intervention but not in the waitlist condition. Improvements in parent, child, and teacher measures were apparent at 12 months. | III-2 |

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| **Body Image in the Primary School** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Halliwell et al. (2016) | United Kingdom | 9-10 (9.5) | 144 | Body Image / Body Esteem | Cluster Randomised Controlled Trial | 4 primary schools in South West England comparable on percentage of pupils with special educational needs, entitled to free school meals, and speaking English as an additional language | Non-intervention control group | Revised Body Esteem Scale (BES);Multidimensional Media Influence Scale (MMIS); | 3 months | Body esteem was significantly higher among girls in the intervention group, compared to the control group, immediately post intervention, and at 3-month follow-up. Moreover, girls with lowest levels of body esteem at baseline reported the largest gains. Internalization was significantly lower among boys in the control group compared to the intervention group at 3-month follow-up. | II |

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| **Happy Being Me Co-Educational** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Dunstan et al. (2017) | Australia | 11-14 (12.7) | 200 | Body Dissatisfaction | Cluster Randomised Controlled Trial | Female students in 5 state secondary schools in Melbourne, in medium socioeconomic status areas | Schools were randomly allocated to receive the intervention in single-sex classes (n = 74), co-educational classes (n = 73), or participate as a non-intervention control (n= 53) | Eating Disorder Inventory – Body Dissatisfaction Subscale; Sociocultural Attitudes Toward Appearance Scale-3 — Internalization-General Media Subscale; Physical Appearance Comparison Scale; Rosenberg Self-Esteem Scale; McKnight Risk Factor Survey – Weight Teasing – Peers subscale; Appearance Conversations Scale; Dutch Eating Behavior Questionnaire – Restraint Subscale | 6 months | Significant improvements in body dissatisfaction and psychological risk factors were observed in the intervention group at post-intervention and these were maintained at follow-up for psychological risk factors. Importantly, no significant differences between universal and selective delivery were observed, suggesting that the intervention is appropriate for dissemination in both modes. | II |

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| **Media Smart** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Wilksch & Wade (2014) | Australia | (13.62) | 540 | Eating Disorders | Cluster Randomised Controlled Trial | 24 classes from one public secondary school, one Catholic secondary school and two private secondary schools in South Australia | Non-intervention control group | Child Depression Inventory e Short Form; Sociocultural Attitudes Towards Appearance Questionnaire-3; Eating Disorder Inventory; Eating Disorder Examination e Questionnaire; Dutch Eating Behaviour Questionnaire e Restraint; Perceived Sociocultural Pressure Scale | 6 months; 30 months | Media Smart achieved a reduction in eating disorder risk factors for high-depression participants and a reduced rate of growth in risk factor scores for low-depression participants. High depression Media Smart participants scored significantly lower than their control counterparts at post-program on shape and weight concern, media internalization and dieting; low depression Media Smart participants scored significantly lower on shape and weight concern at 2.5 year follow-up. | II |
| Wilksch et al. (2015) | Australia | (13.21) | 1,316 | Eating Disorders | Cluster Randomised Controlled Trial | 12 secondary schools, across three Australian states (South Australia n = 355; Victoria n = 467; Western Australia n = 494). Schools were public (n = 3), private (n =4) and Catholic (n = 5) | (1) Life Smart intervention group; (2) the Helping, Encouraging, Listening and Protecting Peers (HELPP) initiative intervention group; and (3) non-intervention control group (usual school class) | Eating Disorder Examination; Dutch Eating Behavior Questionnaire; Eating Disorder Inventory; Sociocultural Attitudes Towards Appearance Questionnaire-3; Perceived Sociocultural Pressure Scale; Child Depression Inventory – Short Form; McKnight Risk Factor Survey; Multidimensional Perfectionism Scale; | 6 months; 12 months | Media Smart girls had half the rate of onset of clinically significant concerns about shape and weight than control girls at the 12-month follow-up. Media Smart boys experienced significant benefit on media internalization compared with control boys and this effect was sustained at the 12-month follow-up. A group × time effect found that Media Smart participants reported more physical activity than control and HELPP participants at the 6-month follow-up, Media Smart participants reported less screen time than controls. | II |
| Wilksch (2015) | Australia | (12.43) | 51 | Eating Disorders | Pilot Cluster Randomised Controlled Trial | 2 Grade 7 classes participated from 1 public primary school in Adelaide, South Australia | Non-intervention control group | Eating Disorder Examination; Dutch Eating Behaviour Questionnaire; Eating Disorder Inventory; Sociocultural Attitudes Towards Appearance Questionnaire-3; Child Depression Inventory-Short Form; Rosenberg Self-Esteem Scale; McKnight Risk Factor Survey | 6 months | Media Smart girls scored significantly lower than their control counterparts on weight-related peer teasing at 6-month follow up; however, no other differences were found between Media Smart and the control group, for either boys or girls, at this time. | II |

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| **BounceBack!** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Anthony & McLean (2015) | Australia | 8-10 (9.17) | 39 | Resilience | Quasi-experimental (two group non-randomised comparison) | Grades 3 and 4 from two medium sized primary schools in Southeast Melbourne | Non-intervention control group | Resiliency Scales for Children and Adolescents (RSCA) and a 14-item social validity scale created for this study | 3 months | Children who completed the program showed significantly higher levels of resilience 3-months post intervention compared to controls. Optimism and self-efficacy increased significantly and was maintained at 3-month follow-up, however there was no change to emotional regulation or perceived access to supportive relationships. | III-2 |

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| **Bounce Back Program** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Langley et al. (2015) | USA | (7.65) | 74 | Post-traumatic Stress | Cluster Randomised Controlled Trial | 4 elementary schools in Los Angeles County. All participating students endorsed had (1) experience of one or more traumatic events, and (2) current symptoms of PTSD indicating moderate or higher levels of symptom severity (score of 20 on the PTSD Reaction Index) | Waitlist control group | The Modified Traumatic Events Screening Inventory for Children – Brief Form (TESI-C-Brief); The UCLA Posttraumatic Stress Disorder Reaction Index (RI); Children's Depression Inventory (CDI); Screen for Child Anxiety Related Emotional Disorders (SCARED-C); Strengths and Difficulties Questionnaire (SDQ); Social Adjustment Scale-Self-Report for Youth (SAS-SR-Y); The Coping Efficacy measure; The Emotion Regulation Checklist (ERC) | 3 months; 6 months | Compared to children in the Delayed condition, children who received Bounce Back immediately demonstrated significantly greater improvements in parent- and child-reported posttraumatic stress and child reported anxiety symptoms over the 3-month intervention; effects were medium to large in magnitude. Upon receipt of the intervention, the Delayed intervention group demonstrated significant improvements in parent- and child-reported posttraumatic stress, depression, and anxiety symptoms. The Immediate treatment group maintained or showed continued gains in all symptom domains over the 3-month follow-up period (6 month assessment). | II |
| Santiago et al. (2018) | USA | (7.76) | 52 | Post-traumatic Stress | Cluster Randomised controlled trial | 8 primary schools within an urban school district in Illinois from 2013 to 2016. The inclusion criteria were (1) exposure to trauma (identified using the modified TESI-C-Brief) and (2) current moderate to severe symptoms of PTSD (score of ⱖ25 on the UCLA-RI | Waitlist control group | Modified Traumatic Events Screening Inventory for Children—Brief Form (TESI-C-Brief);; University of California–Los Angeles PTSD Reaction Index (UCLA-RI); Children’s Depression Inventory (CDI); Screen for Child Anxiety Related Emotional Disorders Child Report (SCARED-C); Responses to Stress Questionnaire (RSQ); Strengths and Difficulties Questionnaire (SDQ) Teacher Report | 3 months; 6 months | Symptoms of PTSD were significantly reduced among students who received Bounce Back immediately compared with those on the waitlist. Significant improvements were also observed in active coping skills (problem-solving; emotion regulation; emotional expression) for children who immediately received Bounce Back. Improvements in PTSD symptoms and coping were maintained at 6-month follow-up for the immediate treatment group, and the delayed treatment group also showed significant improvement in both areas when they received treatment. | II |

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| **CLIMATE Schools** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Newton et al. (2014) | Australia | (13.1) | 764 | Substance Use Reduction including Risk Factors (including Mental Health) | Cluster Randomised Controlled Trial | 10 secondary schools in Sydney | Non-intervention control group | Truancy rates were determined by asking students; Kessler-6 (K6); Moral Disengagement Scale | 6 months; 12 months | Compared to the control group, students in the intervention group showed significant reductions in truancy, psychological distress and moral disengagement up to twelve months following completion of the intervention. | II |

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| **COPE (Creating Opportunities for Personal Empowerment)** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Melnyk et al. (2013) | USA | 14-16 | 779 | Mental Health Outcomes / Social Emotional Learning / Academic Outcomes | Cluster Randomised Controlled Trial | 11 high schools from two school districts in the Southwestern U.S. The choice of schools was designed to provide diversity across race/ethnicity as well as SES | Active control group (Healthy Teens program) | Healthy Lifestyles Behavior Scale (HLBS); Academic performance was measured by the students’ health course grade obtained from school records; Social Skills Rating System; Youth Risk Behavior Survey | 6 months | There were no significant differences between the groups at 6 months post-intervention on self-reported outcomes of anxiety, depression, or substance use. COPE teens had higher health course grades than did control teens. | II |
| Melnyk et al. (2015) | USA | 14-16 | 779 | Body mass index / Depression | Cluster Randomised Controlled Trial | 11 high schools from two school districts in the Southwestern U.S. The choice of schools was designed to provide diversity across race/ethnicity as well as SES | Active control group (Healthy Teens program) | Beck Youth Inventory II; Measure of Body Mass Index (BMI) | 12 months | There was a significant decrease in the proportion of overweight and obese COPE teens from baseline to 12 months as compared to Healthy Teens. For youth who began the study with extremely elevated depressive symptoms, COPE teens had significantly lower depression at 12 months compared to Healthy Teens. | II |
| Ardic & Erdogan (2017) | Turkey | 12-15 | 87 | BMI / Health and Wellbeing Outcomes (including Anxiety and Depression) | Quasi-experimental design with pre-test/post-test control group | 2 middle schools in Istanbul | Non-intervention control group | Adolescent Lifestyle Profile (ALP) Scale; Measure of BMI; Beck Depression Inventory; Beck Anxiety Inventory; Healthy Lifestyle Beliefs Scale | 12 months | Following the intervention, the adolescents in intervention groups showed improvements in nutritional behaviour, physical activity and stress management. While their nutrition/physical activity knowledge significantly increased, their weight and anxiety symptoms significantly decreased. The effect of the program on BMI, depression and health beliefs of the adolescents were not significant compared with the control group. | II |

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| **HeadStrong 2.0** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Perry et al. (2014) | Australia | 13-16 (14.75) | 380 | Mental Health literacy / Stigma / Psychological Distress / Suicide Ideation | Cluster Randomised Controlled Trial | 5 Catholic and 5 Independent secondary schools in Central West New South Wales (5% ATSI) | Non-intervention control group | Depression Literacy Scale (D-Lit); Depression Stigma Scale (DSS); Inventory of Attitudes towards Seeking Mental Health Services (IASMHS); Depression Anxiety and Stress Scales (DASS-21); Moods and Feelings Questionnaire (MFQ) | 6 months | Mental health literacy improved and stigma reduced in both groups at post-intervention and follow-up, relative to baseline; however, these effects were significantly greater in the HeadStrong condition. No differences were found within or between groups on attitudes towards help-seeking, psychological distress, or suicidal ideation. | II |

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| **Learn 2 Breathe** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Fung et al. (2016) | USA | 12-14 (12.7) | 19 | Reduce internalizing and externalizing behaviour problems; enhance emotion regulation | Pilot Randomised Controlled Trial | 2 Los Angeles secondary schools. Selected students were Latino-American and Asian-American middle school students with elevated mood symptoms | Waitlist control group | Child Behaviour Checklist (CBCL); Youth Self-Report (YSR); Emotion Regulation Questionnaire for Children and Adolescents (ERQ-CA) | 3 months | The program led to a reduction in parent-reported externalizing problems, youth-reported internalizing problems, and youth-reported use of expressive suppression (inhibiting emotional expressive behaviour) | II |

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| **Positive Action** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Bavarian et al. (2013) | USA | School years 3 through to 8 | 1,170 | Social–emotional learning / Academic Outcomes | Matched-Pair Cluster Randomised Controlled Trial | 14 Chicago Public high schools | Non-intervention control group | Student self-report measures of school engagement; Teacher-reported measures of academic ability and motivation; Illinois State Achievement Test (ISAT) academic results | The study evaluated a 6-year (72 month) period | Positive Action significantly improved growth in academic motivation and mitigated disaffection with learning. There was a positive impact of Positive Action on absenteeism and marginally significant impact on math performance of all students. There were favourable program effects on reading for African American boys and cohort students transitioning between grades 7 and 8, and on math for girls and low-income students. | II |
| Lewis et al. (2013a) | USA | School years 3 through to 8 | 1,170 | Emotional Health / Minority Groups | Matched-Pair Cluster Randomised Controlled Trial | 14 Chicago Public high schools | Non-intervention control group | Positive and Negative Affect Scale for Children (PANAS); Student Life Satisfaction Scale; Behavior Assessment System for Children; Social-Emotional and Character Development Scale (SECDS) | 7 waves of evaluation over a 6-year period | Students in Positive Action schools, compared to those in control schools, had more favourable change over the course of the study in positive affect and life satisfaction, as well as significantly lower depression and anxiety at study end point. Program effects for positive affect, depression, and anxiety were mediated by more favourable change over time in social-emotional and character development for students in Positive Action schools. | II |
| Lewis et al. (2013b) | USA | School years 3 through to 8 | 1,170 | Social–emotional learning / Problem Behaviours | Matched-Pair Cluster Randomised Controlled Trial | 14 Chicago Public high schools | Non-intervention control group | The Normative Beliefs About Aggression Scale; Orpinas and Frankowski’s Aggression Scale; Child Problem Behavior Scales; Risk Behavior Survey; Parent-report - Aggression and Conduct Problem Subscales of the Behavior and Assessment System for Children (BASC); School-level aggregated data on disciplinary referrals and suspensions | 8 waves of evaluation over a 6-year period | Positive Action mitigated increases over time in (1) youth reports of normative beliefs supporting aggressive behaviours and of engaging in disruptive behaviour and bullying (girls only); and (2) parent reports of youth bullying behaviours (boys only). At study end-point, students in Positive Action schools also reported a lower rate of violence-related behaviour than students in control schools. School-wide findings indicated positive program effects on both disciplinary referrals and suspensions. | II |
| Snyder et al. (2013) | USA (Hawaii) | School years 5 and 6 | 1,088 | Social–emotional learning / Risk Behaviours | Matched-Pair Cluster Randomised Controlled Trial | 20 public elementary (K-fifth or K-sixth) schools (10 matched pairs) on three Hawaiian islands | Non-intervention control group | Student self-report on academic behaviour, negative behaviour; Teacher reports of student behaviour | Evaluation over a 5-year (60 month) period | Students attending intervention schools reported significantly better academic behaviour and significantly less substance use, violence, and sexual activity; boys reported more negative behaviours than girls. This study suggests that a social-emotional and character development program is associated with academic-related behaviours that mediate the positive program effects on substance use, violence, and sexual activity. | II |
| Guo et al. (2015) | USA | 9-20 | 1,246 | Self-esteem / Aggression / School hassles / Internalizing symptoms | Quasi-experimental | Two violent, low-income rural schools in North Carolina | Non-intervention control group | Modified version of the School Success Profile | 36 months | Beneficial effects on self-esteem scores and school hassles scores. No significant difference on aggression scores or internalising symptoms. | III-2 |
| Bavarian et al. (2016) | USA | School years 3 through to 8 | 1,170 | Social–emotional learning / Physical Health Behaviours | Matched-Pair Cluster Randomised Controlled Trial | 14 Chicago Public high schools | Non-intervention control group | Youth Risk Behavior Surveillance System; Student self-report on health behaviours; Measure of Body Mass Index (BMI) | 8 waves of evaluation over a 6-year period | The findings suggest that Positive Action had a modest positive impact on student's physical health behaviours, BMI, and sleep-times. | II |
| Smokowski et al. (2016) | USA | (12.78) | 5,894 | Internalizing Symptoms / Aggression / School Hassles / Self-Esteem | Quasi-experimental | Two rural, low income schools in North Carolina | Non-intervention control group | Modified version of the School Success Profile | 36 months | Students who received 3 years of the Positive Action intervention and attended a high number of Positive Action lessons had a significantly higher self-esteem scores than controls. No significant effects on aggression, school hassles or internalizing symptoms were observed. | III-2 |
| Duncan et al. (2017) | USA | School years 3 through to 8 | 1,130 | Social–emotional learning | Matched-Pair Randomised Controlled Trial | 14 Chicago Public high schools | Non-intervention control group | Child Social Emotional and Character Development Scale; Aggression Scale | 8 waves of evaluation over a 6-year period | The Positive Action program improved children’s trajectories of social-emotional and character development, and misconduct, regardless of class membership. These findings suggest that Positive Action has the potential to yield comparable benefits across subgroups of youth with differing trajectories of positive and negative behaviours, making it a good candidate for universal application in schools. | II |

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| **Promoting Alternative Thinking Strategies (PATHS)** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Crean & Johnson (2013) | USA | School Years 3 through to 5 | 779 | Aggression / Conduct Problems | Cluster Randomised Controlled Trial | 10 primary schools participated from year one: four were from a north-eastern urban school district, four from a north-eastern suburban school district, and two from a mid-western suburban school district. In year two of the study, an additional four schools were added to increase power, all four from the north-eastern urban school district | Non-intervention control group | Teacher Report on Students (TRS); Teacher-Child Rating Scales (TCRS); Behavior Assessment Scale for Children-2 (BASC-2) Teacher Version; Child Report (CR); The Aggression Scale (adapted); Frequency of Delinquent Behavior Survey; The Victimization Scale; Normative Beliefs About Aggression Scale | The evaluation tracked the development of students over 3 years | Whilst control students demonstrated increased normative beliefs about aggression, increased aggressive social problem solving, increased hostile attribution bias, and increased aggressive interpersonal negotiation strategies over time, PATHS students remained relatively stable on these outcomes. Teachers of PATHS students reported significant positive change in student aggression, conduct problems, and acting out behaviour problems. The study results indicate that PATHS had a beneficial effect on student aggressive outcomes at the end of fifth grade. | II |
| Shoshani & Steinmetz (2014) | Israel | 11-15 (13.68) | 1,038 | Positive Mental Health | Cluster Randomised Controlled Trial | 2 large middle schools located in central Israel | Non-intervention control group | Brief Symptom Inventory (BSI); Rosenberg Self-Esteem Scale (RSE); General Self-Efficacy Scale; Satisfaction with Life Scale (SWLS); Life Orientation Test-Revised (LOT-R) | 6 months; 12 months | The findings showed significant decreases in general distress, anxiety and depression symptoms among the intervention participants, whereas symptoms in the control group increased significantly. In addition, the intervention strengthened self-esteem, self-efficacy and optimism, and reduced interpersonal sensitivity symptoms. The intervention was effective in producing a significant improvement in mental health both in high-risk and low-risk students. There was no significant difference between the intervention and control groups in changes over time in self-report judgments about their overall life satisfaction. | II |
| Schonfield et al. (2015) | USA | School years 3 through to 6 | 705 | Academic Achievement Outcomes | Cluster Randomised Controlled Trial | A school district in a large, urban city in the Northeast USA serving a predominantly minority population; all 24 elementary schools within the district were included in the study | Non-intervention control group | Primary outcome measure of this study was the State Mastery Test scores which served as an independently administered measure of academic achievement | The evaluation tracked the development of students over 4 years | Analyses of odds ratios revealed that students enrolled in the intervention schools demonstrated higher levels of basic proficiency in reading, writing, and math at some grade levels. Specifically, the intervention group showed greater basic proficiency in 4th grade reading and math, as well as 5th and 6th grade writing. | II |
| Averdijk et al. (2016) | Switzerland | 7-8 | 1,675 | Externalising Behaviours / Substance Use | Cluster Randomised Controlled Trial | Data were derived from the longitudinal Zurich Project on the Social Development of Children and Youths (z-proso). Zurich is highly affluent, has a low unemployment rate, and a high proportion of socially disadvantaged immigrant minorities. | 4 treatment conditions: (1) PATHS only; (2) Triple P only; (3) PATHS+ Triple P combined; (4) Non-intervention control group | Self-report questionnaire on delinquency, substance use, peer aggression, police contacts, conflict resolution; Teacher-reported questionnaire on deviance, conduct problems; Social Behavior Questionnaire (SBQ) | Outcomes were measured at ages 13 and 15 years (60 months; 84 months) | Across 13 outcomes related to delinquency, substance use, and antisocial behaviour at ages 13 and 15 years, only two non-negligible effects were found. The first was a reduced prevalence of police contacts in the PATHS condition. The second was a difference in competent conflict resolution skills in the combined PATHS+Triple P condition compared to the context, but in the unexpected direction: participants in the combined treatment appeared to be less competent than their control group peers. All other effects were either statistically non-significant or negligible in size. | II |
| Fishbein et al. (2016) | USA | Kindergarten school year | 327 | Social–emotional learning | Cluster Randomised Controlled Trial | Four schools in high-poverty neighbourhoods of Baltimore City | Non-intervention control group | Teacher-rated Social Competence Scale; Teacher Observation of Child Adaptation-Revised (TOCA-R); ADHD Rating Scale; Student–Teacher Relationship Scale; Peer Relations Questionnaire (PRQ); Academic Competence Evaluation Scales; Peer reports of positive and negative nominations, desire to play with a classmate (play difference), and likability (liking difference) after kindergarten via individual sociometric interviews for each child; KBIT-2; Peg-Tapping Task; Delay of Gratification (DoG) tasks; The Whack-A-Mole (WAM) Go/No-Go task; FACES task | 6 months | Children who received PATHS exhibited significantly greater improvements than control students across all teacher-rated behavioural measures of social competence (i.e., emotion regulation, prosocial behaviour, peer relations) and behavioural problems (i.e., aggression, internalizing behaviours, impulsivity and hyperactivity). | II |
| Humphrey et al. (2016) | England | 7-9 | 4,516 | Social–emotional learning / Mental Health Outcomes | Cluster Randomised Controlled Trial | 45 primary schools located in Manchester | Non-intervention control group | Child self-report version of the Social Skills Improvement System (SSIS); Teacher informant-report version of the Strengths and Difficulties Questionnaire (SDQ); Teacher informant-report version of the Social and Emotional Competence Change Index (SECCI) | 24 months | A primary effect of the PATHS curriculum was found, demonstrating increases in teacher ratings of changes in children's social–emotional competence. Additionally, secondary effects of PATHS were identified, showing reductions in teacher ratings of emotional symptoms and increases in pro-social behaviour and child ratings of engagement among children identified as at-risk at baseline. However, primary effects favouring the usual provision group, showing reductions in teacher ratings of peer problems and emotional symptoms, and secondary effects demonstrating reductions in teacher ratings of conduct problems and child ratings of co-operation among at-risk children were also found. Effect sizes were small in all cases. These mixed findings suggest that social and emotional learning interventions such as PATHS may not be as efficacious when implemented outside their country of origin and evaluated in independent trials. | II |
| Novak et al. (2017) | Croatia | 7 | 568 | Social Emotional Learning | Cluster Randomised Controlled Trial | 29 primary schools in Zagreb, Rijeka and Istria | Non-intervention control group | Croatian translations of: Social Competence Scale; School Readiness Questionnaire; ADHD Rating Scale; Teacher Observation of Classroom Adaptation–Revised; Strengths and Difficulties Questionnaire; Head Start REDI | 12 months | Teachers reported that children in PATHS classrooms, compared with children in usual practice classrooms, showed marginally greater improvement in emotion regulation from the middle of first grade to the end of second grade. There were no other statistically significant differences between intervention and control group children. When the sample was divided into subgroups of relatively higher and lower risk children, based on pre-intervention patterns of behaviour, it became clear that PATHS was effective for lower risk children across almost all positive and negative outcomes. | II |
| Panayiotou et al. (2019) | England | 7-9 | 5,218 | Mental Health Outcomes / Peer Relationships | Cluster Randomised Controlled Trial | 45 primary schools located in Manchester that were representative of norms in England in terms of size, attendance, attainment, ethnicity, and the proportion of students identified as having special educational needs | Non-intervention control group | Child self-report version of the Kidscreen-27; teacher-report Strength and Difficulties Questionnaire (SDQ); Self-report Social Skills Improvement System | 24 months | PATHS led to a small but significant improvement in children’s psychological wellbeing; however, the program had no discernible impact on their peer social support or school connectedness. | II |

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| **Second Step** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Espelage et al. (2013) | USA | (11.24) | 3,616 | Social–emotional learning | Randomised Controlled Trial | Middle school students | Waitlist control | Verbal / relational bullying perpetration, peer victimization, physical aggression, homophobic name calling perpetration and victimization, and sexual harassment / violence perpetration and victimization | 12 months | Significant intervention effect for physical aggression only. No significant intervention effects for perpetration or victimization of bullying, homophobic teasing, or sexual violence. | II |
| Espelage et al. (2015a) | USA | 11-13 | 3,658 | Social–emotional learning | Randomised Controlled Trial | 36 secondary schools in Illinois and Kansas | Active control group "minimal" intervention programming: “Stories of Us” | Bullying, peer victimization, physical aggression, homophobic name-calling victimization / perpetration, and sexual harassment victimization / perpetration | 24 months | Significant treatment group reduction in self-report homophobic name-calling victimization and sexual violence perpetration, but only in one of the intervention states. No reductions in bullying behaviour, physical aggression, or victimization. | II |
| Espelage et al. (2015b) | USA | (11) | 3,651 | Social–emotional learning | Randomised Controlled Trial | 36 secondary schools in Illinois and Kansas | Active control group "minimal" intervention programming: “Stories of Us” | Perpetration of bullying, cyberbullying, sexual harassment, homophobic name-calling, delinquency | 36 months | No significant direct effects on any outcomes. Significant indirect effects on bullying, cyberbullying, sexual harassment, and homophobic name-calling through reductions of delinquency. No effect on sexual harassment. | II |
| Low et al. (2015) | USA | Not reported | 7,300 | Social–emotional learning | Cluster Randomised Controlled Trial | Kindergarten to 2nd grade students in 61 schools in Arizona and Washington | Waitlist control | Devereux Student Strengths Assessment - Second Step Edition (DESSA-SSE), Strengths and Difficulties Questionnaire (SDQ), Behavioral Observation of Students in Schools (BOSS), Proactive Classroom Management Rating Form (PCM-RF) | 12 months | Modest improvement in DESSA-SSE skills learning and reductions in SDQ emotional problems and hyperactivity, but effect sizes were small. Moderated effects suggest greatest improvement in social–emotional competence and behaviour for children who started the school year with skill deficits. | II |
| Cook et al. (2018) | USA | (6.2) | 7,419 | Social–emotional learning | Randomised Controlled Trial | Kindergarten to 2nd grade students in 61 schools in Washington State and Arizona | Waitlist control | Behavioral Observation of Students in Schools (BOSS) | Unclear ("Fall to Spring") | No significant effect on behaviour measures. | II |
| Low et al. (2019) | USA | Not reported | 8,941 | Social–emotional learning | Cluster Randomised Controlled Trial | Kindergarten to 3rd grade students in 61 schools in Arizona and Washington | Waitlist control | Devereux Student Strengths Assessment - Second Step Edition (DESSA-SSE), Strengths and Difficulties Questionnaire (SDQ), Behavioral Observation of Students in Schools (BOSS), curriculum-based measures of oral reading fluency (RCBM) and math calculation (M-CBM) | 24 months | Small improvements across emotional symptoms, hyperactivity, skills for learning, and emotion management, but these were all moderated by either pre-test levels or gender. The intervention seems to be most beneficial for those with relative skill deficits and may be most effective as a targeted intervention rather than a universal prevention program. | II |
| Upshur et al. (2019) | USA | (4.4) | 770 | Social–emotional learning | Cluster Randomised Controlled Trial | Preschools serving low-income families | Waitlist control | Cognitive ability, executive functioning, social/emotional skills | Unclear ("Fall to Spring") | No effect on SE skills. Significant effect on EF development. | II |

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| **Teen Mental Health First Aid** | | | | | | | | | | | |
| **Author & Year** | **Country** | **Age Range (M)** | **N** | **Study Focus** | **Study Type** | **Setting** | **Comparator** | **Outcome Measures** | **Follow-Up** | **Outcomes** | **NHMRC level** |
| Hart et al. (2016) | Australia | 15-17 (15.98) | 988 | Mental Health Literacy / Stigma | Repeated Measures Design (uncontrolled pilot trial) | 4 secondary schools in the greater Melbourne area: one metropolitan government school, one provincial government school, one metropolitan independent school, and one provincial Catholic school | Pre-post comparison (no control group) | A survey questionnaire was developed to measure mental health literacy, stigmatising attitudes, Mental Health First Aid behaviours, and the mental health and help-seeking status of adolescents; Kessler-6 was used to measure student mental health | 3 months | Significant improvements were found in mental health literacy, confidence in providing Mental Health First Aid to a peer, help-seeking intentions and student mental health, while stigmatising attitudes significantly reduced. | IV |

**REFRENCE**

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