Appendix A: Evidence summary

Summary of new evidence from 8-year (PH20)	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
PH20 Recommendation 1 Strategic framework evidence statement 1a, 1b; IDE		
Evidence that may affect the recommendations: there was one systematic review[33] and two RCTs[34-35] that looked at improving resilience in high school pupils. The systematic review and one RCT showed that interventions can be effective at increasing coping, resilience, social behaviour and self-esteem. <u>Resilience</u> A systematic review[33] looking at 19 articles focusing on the effects of classroom-based creative expression interventions on adolescent children's mental health indicated that creative expression can be beneficial to children but need to be considered with moderation. Improvements were found in hope, coping, resilience, prosocial behaviours, self-esteems and emotional and behavioural problems. In one RCT[34] there were 164 adolescents in the intervention group and 88 in the control. The intervention involved a 6 week course to improve subjective wellbeing by fostering resilience, coping skills and self-esteem. In the intervention group those who had low social wellbeing (SWB) had an initial worsening of symptoms before improving. Those with high SWB improved and then plateaued. In one RCT[35] there were 3115 students participating in the intervention and control schools. This was a universal, school based intervention for targeting resilience protective factors in reducing mental health	PHE were keen to build emotional wellbeing and resilience in children and to consider a pathway of need. They were keen to focus on prevention instead of early interventions. One topic expert suggested the need to ensure PH20 is inclusive of Further Education and sixth form colleges. Another topic expert suggested there was a need to make preventing and tackling bullying both physical and virtual very obvious in the guidance. At a consultation on this guideline review in 2013 it was noted by stakeholders that there is little within the recommendations around mental health and anxiety management. Ongoing research is currently looking at strategies for enhancing the implementation of school-based policies or practices targeting risk factors for chronic disease[62]. It is hoping to improve physical inactivity, poor diet, tobacco smoking, risk alcohol consumption and obesity via school-based policies. The publication date is not known.	**New evidence was identified that may have an impact on the recommendation.** This recommendation looked at an organisation wide approach to promoting social and emotional wellbeing. This included the curriculum and extra curriculum activities. It discussed sharing information and liaising with other establishments. It also discussed improving the wellbeing of those who work with young people. One systematic review and one RCT focused on interventions to effectively improve resilience and coping among students. Four RCTs focused on interventions to effectively reduce symptoms of depression, anxiety and stress. Two RCTs focused on interventions to effectively reduce harmful behaviours in students and these also improved mental health conditions. It is believed that the recommendations could be strengthened by incorporating evidence from these studies and showing their importance.

Summary of new evidence from 8-year (PH20)	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
problems. There were no significant differences at follow up for mental health outcomes. <u>Depression, stress, anxiety</u> Evidence that may affect the recommendations: there were three RCTs[36-38] that looked at interventions to prevent depression, stress and anxiety symptoms. Two of the RCTs[36-37] showed that interventions could be effective at preventing stress, depression, anxiety and negative thoughts and emotions. In one RCT[36] the participants (n=1348) who were aged 13-17 were randomly assigned to either the control group or the intervention which was a mobile phone delivery of a depression prevention intervention developed from 15 key messages derived from CBT. There were 2 messages a day for 9 weeks involving text, video and cartoons. The control group was an attention control program of the same number and types of messages but on different topics. The intervention group felt more positive and had less negative thoughts compared to the control group. One RCT[37] implemented the (Rational Emotive Behavioural Education) REBE (Viennese Social Competence) ViSC intervention in 5 schools, the ViSC-REBE intervention was implemented in 3 schools and there were 3 schools in the control group. The REBE intervention involved 9 lessons on rational emotive behavioural theory. The ViSC intervention involved 10 lessons on social learning theory. There were differences depending on the order of the programs. The REBE-ViSC intervention was more effective at changing negative emotions. Both were effective at reducing dysfunctional cognitions.		

Summary of new evidence from 8-year (PH20)	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
In one RCT[38] conducted in four high schools in Norway, 1337 student were allocated to one of three intervention groups. This intervention involved internet-based cognitive behavioural therapy to prevent and reduce depressive symptoms. One was tailored weekly email reminders, one was standardised weekly email reminders and one was no email reminders. There was very little participation in the study and no significant effect on depression or self-esteem. <u>Health behaviours</u> Evidence that may affect the recommendations: There were two RCTs[39-40] that considered interventions to improve healthy behaviours in general, which also improved psychosocial problems. One RCT[39] delivered an intervention that targeted a range of health behaviours via a whole school approach to students. Behaviour data was obtained for 336 students. There were significant changes in alcohol use, smoking, sedentary time and bullying. There were also significantly fewer psychosocial problems. In one RCT[40] there were two interventions compared in 12 secondary schools (n=1256), one involved web-based tailored messages focusing on health behaviours and wellbeing and the other receiving the same messages but being referred to a school nurse for a consultation if it was felt they were at risk of mental health problems. The outcomes considered were improvements on wellbeing (such as mental health and quality of life) and health behaviours (such as drug use or safe sex). The standalone intervention showed positive results in quality of life		

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(B=2.79 95% CI 0.72-4.87) and condom use (OR 3.59 95% CI 1.71-7.55). The intervention plus counselling showed positive results in mental health status (B=-0.60 95% CI -1.17--0.04) but negative results for drug use among boys (OR 0.36 95% CI 0.13-0.96).		
PH20 Recommendation 2 Key principles and conditions evidence statement AE; IDE		
None	None	None
PH20 Recommendation 3 Curriculum approaches evidence statement 1a, 1b, 5		
Six RCTs[41-46] looked at interventions to improve student's knowledge and appreciation of mental health problems. Four RCTs[41-44] showed that the interventions were effective at improving attitudes, reducing stigma and encouraging moral engagement. Two RCTs[45-46] showed that CBT was not an effective or cost effective intervention compared to other interventions. <u>Knowledge</u> One RCT[41] in the UK involved participants (n=769) either receiving a 1 day educational programme led by mental health practitioners compared to the control who received the same intervention alongside an interactive session with a young person who had experience of mental illness. The aim was to improve attitudinal stigma of mental illness. After 2 weeks attitudinal stigma improved in both conditions. Improvements were significantly found in the education alone condition for knowledge based stigma, mental health literacy, emotional wellbeing and resilience and help seeking attitudes.	One topic expert believed that the inclusion of computer based work and use of the internet needs to be in the curriculum. There is ongoing research currently around school based prevention programmes to help prevent suicide and suicidal behaviour in adolescents[63]. It is not known when the results will publish. There is also current research taking place in regard to early intervention for depression and anxiety comparing the DISCOVER intervention against normal care[64]. The results are yet to be published. There is current research ongoing around the effectiveness and cost effectiveness of humanistic counselling in schools in order to reduce psychological distress, anxiety and depression and increase self-esteem and	**New evidence was identified that may change the recommendation.** This recommendation looked at the curriculum and reducing bullying behaviour and improving relationships by developing skills education, both within the curriculum and outside it. The evidence identified through the surveillance review showed that interventions to improve skills and knowledge around social and emotional wellbeing were important. It might be useful for the recommendation to be strengthened around this point. Mindfullness was also found to be an effective intervention that could be incorporated into school's curriculum. Consideration should be given to adding cyberbullying to recommendations around bullying, as per the request of the topic expert and evidence found.

Summary of new evidence from 8-year (PH20)	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
In one RCT[42] involving 24 high schools and 534 students who were randomly assigned to the intervention or control group the intervention was delivered by teachers and was a school based mental health literacy intervention for adolescents on knowledge and stigma. It was noted in the intervention group that there was a significant change in stigma scores (p=0.001) and an increase in positive attitudes toward mental illness. There was also an increase in knowledge scores (p=0.001). It was noted that an increase in knowledge predicted increases in positive attitudes toward mental health (p=0.001). In one RCT[43] 1064 participants in the UK who took part in personal, social, health and economic (PSHE) schools were randomised to either the CBT classroom based arm, the attention control PSHE arm or the PSHE as usual arm. The CBT arm was based on the Resourceful Adolescent Programme (RAP) and was delivered by two external facilitators. The attention control PSHE arm also had two facilitators to support. A Short Mood and Feelings Questionnaire was completed and scores decreased for high risk of depression adolescents in all arms of the trial after 12 months. There were no significant differences between the groups. It was noted that classroom based CBT was not cost effective compared to the other interventions. An RCT[44] to compare CBT with usual PSHE, 8 UK schools provided classes involving 3357 children aged 12-16 years. Outcomes were measured on care costs, QALYs and symptoms of depression. It was found that CBT was no more effective or cost effective than PSHE classes.	school engagement.[65] The trial is due to end in March 2019. Further ongoing research is looking at evaluating how best to train classroom teachers to deliver mindfulness training competently in school settings[66]. The trial is due to end in March 2018. Another trial is also looking at mindfulness in secondary school pupils to improve mental health and wellbeing for teachers and staff[67]. The results have not yet been published. Ongoing research is looking at evaluating the breakthrough mentoring scheme which looks at whether providing a mentor to students can increase health, wellbeing and educational outcomes[68]. The results have not yet published. Another study is looking at whether an intervention entitled ‘Be the best you can be’ is effective at increasing levels or wellbeing, self-esteem and self-perception[69].	

Summary of new evidence from 8-year (PH20)	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
In one RCT pupils[45] (n=355) were allocated to either the intervention or the control. The intervention involved awareness-raising and interactive group discussions to target moral disengagement, empathy and social cognitive predictors of bullying. Significant differences were found in moral disengagement scores and distortion of consequences and attribution of blame in the intervention group compared to the control. One RCT[46] (n=?) involved an online school based positive psychology exercise and information for 6 hours delivered over a 6 week period and was delivered in four high schools. Children were randomly allocated to the "Bite Back" intervention or the control, which was entertainment websites. There was no difference in regard to the results from both of the groups – they both had reductions in depression and stress. <u>Mindfulness</u> Four RCTs[47-50] looked at mindfulness interventions in students. It was found that this intervention was effective at reducing symptoms of depression, stress and anxiety and improving wellbeing. One RCT[47] involved a mindfulness-based stress reduction course with sixth form students (n=23). The participants were compared against the control group and gave self-reported assessments on their depression, anxiety, stress and wellbeing. There were slight differences in regard to depression scores (p=0.09) and anxiety reduction (p=0.07). Pupils in the intervention group also scored higher in academic achievement (p=0.08).		

Summary of new evidence from 8-year (PH20)	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
In one RCT[48] (n=27) the intervention involved 16 weeks of yoga compared to regular physical education. Those who received yoga intervention had increased emotional regulation (p=0.01). In one RCT[49] of 109 first year college students the intervention consisted of the Learning to Breathe programme which was a universal mindfulness programme to help with college transition. Those in the intervention group had significant increases in life satisfaction and decreases in depression and anxiety. In one RCT[50], 522 children were randomly assigned to the Mindfulness in Schools intervention or the control. Those in the intervention group reported a decrease in depressive symptoms post treatment (p=0.004) and again at follow up (p=0.005). They also showed lower rates of stress (p=0.05) and improved wellbeing (p=0.05) <u>Bullying</u> Four RCTs[51-54] looked at interventions to reduce bullying in schools and it was found that these were effective at reducing involvement, bullying, victimisation, aggression and improving attitudes, empathy and knowledge. One RCT[51] (n=not specified in abstract) considered a whole-school approach to preventing cyberbullying. 35 schools were randomised to either the intervention or the control. The intervention group showed significant declines in involvement in cyber-victimisation and perpetration but there were no other significant differences. One RCT[52] involved a cyberbullying video program and 167 college students were randomly assigned to		

Summary of new evidence from 8-year (PH20)	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
the intervention group or the control. Follow up occurred both immediately and after one month. It was noted that the intervention group had significantly improved attitudes, descriptive norms, empathy and knowledge both in the short and long term. One RCT[53] involved an intervention entitled Take the Lead and consisted of a 16 session curriculum in order to build social competencies. The 323 participants who took part in the intervention noted significant reductions in bullying (p=0.001) and victimisation (p=0.001) compared to the controls. One RCT[54] involved 18 schools randomised to the intervention and 18 randomised to the control. This intervention was entitled the Second Step: Student Success Through Prevention and focused on reducing youth violence. It consisted of 15 weekly lessons in the curriculum on social emotional learning skills including empathy, communication, bully prevention and problem-solving. There were significant effects in the intervention group in regard to physical aggression and this continued after 1 year follow up. Students were randomly assigned to the intervention or a delayed treatment group. Those in the intervention took part in the Second Step programme and cultural lessons. Those in the delayed treatment group received Second Step after the intervention group were completed. Those who were in the intervention group had a decrease in the amount of bullying perpetration (p=0.05). There was also an increase in perceived self-control (p=0.05). There was an increase in valuing others' cultures (p=0.05) and acceptance of others' cultures (p=0.05) and perceived self-control (p=0.01). There were also lower levels of physical aggression (p=0.01).		

Summary of new evidence from 8-year (PH20)	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
PH20 Recommendation 4 Working with parents and families evidence statement 1b, 5; AE		
None	None	**None**
PH20 Recommendation 5 Working in partnership with young people evidence statement 1a, 3a, 3b; IDE		
One RCT[55] showed that involving children in making decisions increased motivation and improved results. In one RCT[55] 979 youths attended 63 after school programmes in decision making practices. Youths were asked to decide what activities should be offered. There was higher motivation to attend the programmes and higher chances of problem solving and empathy, especially within the older youths.	One topic expert expressed the need for thinking about online fora like social media for young people in secondary schools to ensure that their voice could be heard.	**New evidence was identified that does not have an impact on the recommendation.** This recommendation looks at developing partnerships between children and staff and allowing children to contribute to decision making. Young people should be trained and allowed to build relationships and receive clear, consistent information about their opportunities. The evidence found is in line with this recommendation.
PH20 Recommendation 6 Training and continuing professional development evidence statement 1a, 1b; AE		
One RCT[56] assigned 50 teachers to CARE (cultivating awareness and resilience in education) or to a control group. This mindfulness-based development programme was designed to reduce stress and improve teacher performance. Those in the intervention group had a significant improvement in wellbeing, efficacy, burnout and mindfulness. An RCT[57] was identified which considered an intervention called Fast Track which involved psychosocial support and skill training for parents and children, and intensive reading tutoring as well	Ongoing research was found that looked at reducing stress, depression and anxiety in teachers[70]. It is not known when the results will be published. More ongoing research is looking at the Incredible Years Teacher Classroom Management course to promote socio-emotional wellbeing among pupils[71]. The results have not yet been published.	**New evidence was identified that does not have an impact on the recommendation.** This recommendation looked at training of staff and governors which could cover listening and facilitating skills, behaviour management, how to identify and respond to pupils who are struggling and a refresh on medical conditions. The evidence found is in line with this recommendation.

Summary of new evidence from 8-year (PH20)	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
as behaviour management consultation with teachers and homework support as needed. The intervention did not significantly improve academic progress or behaviour in secondary school years.		
Research Recommendations – PH20		
RR – 01 How effective and cost effective are the different components of an organisation-wide approach to promoting the social and emotional wellbeing of young people? (This includes activities to prevent negative behaviours such as bullying.) Specifically: **What effect do organisation-wide approaches have on health, educational attainment and crime rates in both the short and long term?** **How should these outcomes be measured?**		
None	None	None
RR – 02 What elements of leadership and management are most effective at promoting social and emotional wellbeing using an organisation-wide approach? What competencies are required for effective leadership?		
None	None	None
RR – 03 What methods and techniques enable secondary education establishments to work effectively with parents and carers to promote the social and emotional wellbeing of young people?		
None	None	None
RR – 04 How does the type of professional and the setting impact on the effectiveness of organisation-wide approaches to promoting young people's emotional and social wellbeing? (This includes activities to prevent bullying.)		
None	None	None
RR – 05 What is the prevalence of the different aspects of emotional and social wellbeing among young people in secondary education establishments in England?		
None	None	None
Gaps in the evidence – PH20		
Gap – 01 There is a lack of UK evidence on the short- and long-term effectiveness of using organisation-wide interventions within secondary education to promote the social and emotional wellbeing of young people.		

Summary of new evidence from 8-year (PH20)	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
One RCT[41] in the UK involved adolescents (n=769) either receiving a 1 day educational programme led by mental health practitioners compared to the control who received the same intervention alongside an interactive session with a young person who had experience of mental illness. The aim was to improve attitudinal stigma of mental illness. After 2 weeks attitudinal stigma improved in both conditions. Improvements were significantly found in the education alone condition for knowledge based stigma, mental health literacy, emotional wellbeing and resilience and help seeking attitudes. In one RCT[43] 1064 participants in the UK who took part in PSHE schools were randomised to either the CBT classroom based arm, the attention control PSHE arm or the PSHE as usual arm. The CBT arm was based on the Resourceful Adolescent Programme (RAP) and was delivered by two external facilitators. The attention control PSHE arm also had two facilitators to support. A Short Mood and Feelings Questionnaire was completed and scores decreased for high risk of depression adolescents in all arms of the trial after 12 months. There were no significant differences between the groups. It was noted that classroom based CBT was not cost effective compared to the other interventions. An RCT[44] to compare CBT with usual PSHE, 8 UK schools provided classes involving 3357 children aged 12-16 years. Outcomes were measured on care costs, QALYs and symptoms of depression. It was found that CBT was no more effective or cost effective than PSHE classes.	None	One RCT based in the UK showed that an educational programme could help to improve attitudinal stigma of mental illness. Two other RCTs conducted in the UK compared CBT with other interventions and found that there were no significant benefits with CBT interventions. There is still a lack of UK evidence on the short and long term effectiveness of using organisation –wide interventions.
Gap – 02 There is a lack of evidence on the differential effect of using different professional groups, as part of an organisation-wide approach, to promote the social and emotional wellbeing of young people in secondary education. These groups may include teachers, head teachers and other practitioners.		

Summary of new evidence from 8-year (PH20)	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
One RCT[27] in UK primary school children (n=317) children were allocated to either the intervention or control groups. The intervention involved a universal mental health promotion programme. Those in the intervention group had significantly reduced anxiety and improved coping. No differences were found between the interventions that were teacher led and psychologist led.	None	The results of one study in primary school children showed that there were no differences between interventions that were teacher or psychologist led. There is still limited evidence around the differential effect of using different professional groups.
Gap – 03 There is a lack of UK evidence on the cost effectiveness of using organisation-wide interventions to promote the social and emotional wellbeing of young people in secondary education.		
None	None	None
Gap – 04 There is a lack of UK evidence on the links between the social and emotional wellbeing of young people and their emotional and social wellbeing and physical health as adults.		
None	None	None
Gap – 05 There is a lack of evidence on the prevalence of problem behaviours (such as bullying) in English secondary education establishments.		
None	None	None
Gap – 06 There is a lack of UK evidence on whether organisation-wide secondary education interventions to promote social and emotional wellbeing and reduce problem behaviours have an impact on educational attainment and crime rates.		
None	None	None
Gap – 07 There is no agreed method for valuing the costs and benefits of interventions to promote social and emotional wellbeing that involve different sectors including the NHS, education and the criminal justice system.		
None	None	None
Gap – 08 There is a lack of UK evidence to judge whether or not interventions aiming to promote social and emotional wellbeing and reduce problem behaviours in secondary education have any unintended (including negative) effects.		
None	None	None

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