yourtown
POWERING kids helpline

what works?

Complex mental health interventions

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purpose

This paper provides a summary of evidence relating to what works regarding child and adolescent mental wellbeing for children and young people aged 5-25.

The evidence is centred around what works to meet the needs of a child or young person, aged 5-25, who requires support to cope with diagnosed and moderate to severe mental health problems. Vulnerability factors include severe and moderate mental disorders[1] and suicidal ideation[2] (Figure 1).

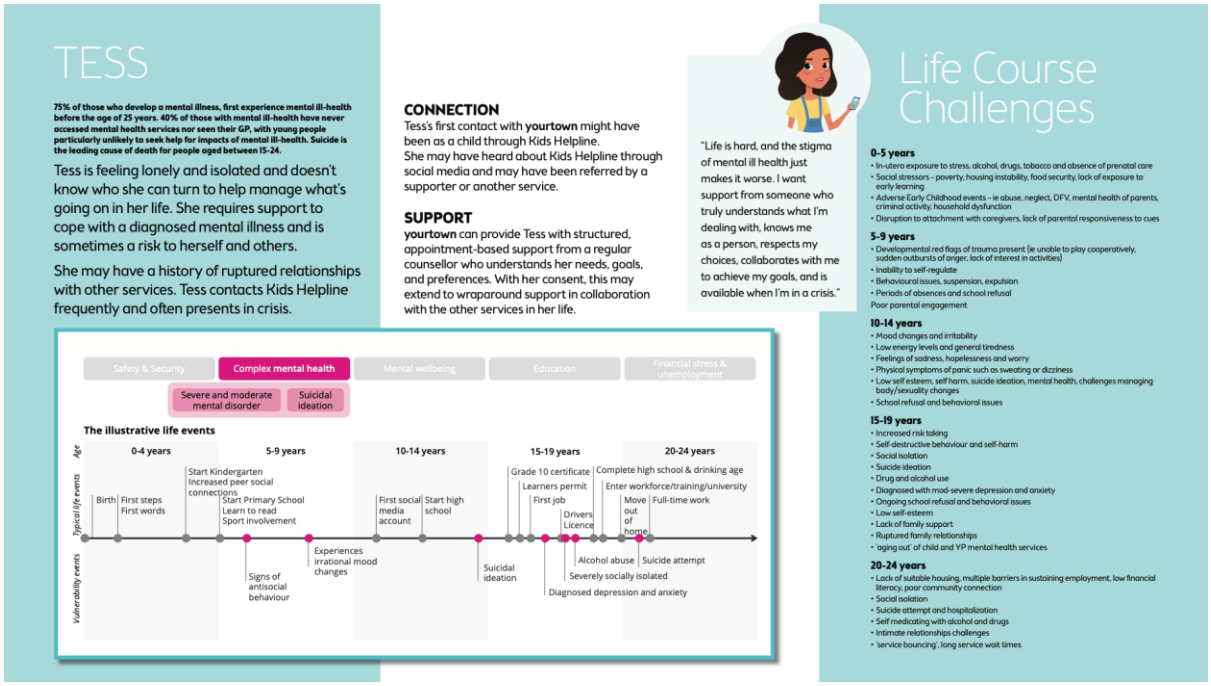

Figure 1.

[1] Mental disorders include depression, bipolar disorder, schizophrenia, and other psychoses.

[2] Suicidal ideation is defined as thinking about or planning on taking one's life.

background

According to the World Health Organisation (WHO), good "mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community". Multiple social, psychological, and biological factors contribute to the level and significance of mental health concerns a person may have at any point in time [1].

Complex mental health may include coexisting mental health concerns and physical health problems that impact on functioning in most areas of life. The significant needs cannot usually be addressed by generic mental health services and require accessing support from a range of services and/or specialist mental health services [2].

Person-centred and rights-based approaches

In Australia, the framework for mental health services is a highly complex mix of public and private systems, with funding shared between the Australian, state and territory governments, and private health insurers. Young people can struggle to navigate and access support in this complex system. Mental health systems that are under-resourced and dealing with growing demand are at higher risk of focusing on symptoms rather than the person's wider needs and how they contribute to the person's mental health concerns. This can lead to an overreliance on medication for symptom reduction, and where people with mental health conditions are subjected to violations of their human rights. The WHO notes that good practice in mental health is person-centred, recovery-oriented and aligns with human rights standards. This will reduce coercive practices and address power imbalances between service delivery staff and people accessing support. These approaches also promote and enhance autonomy, empowerment, recovery, and participation in society for people accessing mental health care [3].

The impact of the COVID-19 pandemic on young people's mental health

There is emerging evidence to support the anecdotal reports that the mental health of children and young people has been significantly impacted by the COVID-19 pandemic. The National Health Survey 2020-21 was conducted during the COVID-19 pandemic to determine common stressors experienced in the past year. Young people aged 18-24 years rated mental health and unemployment as their most common stressors. One in five young people reported mental health as a stressor, one in six reported not being able to get a job as a stressor, and one in eight reported losing their job as a stressor [4]. 2021 Census data shows mental health conditions (including depression and anxiety) are the most common long-term health condition for young people aged 15-24 years. More than 216,000 female and 114,000 male young people were dealing with diagnosed, ongoing mental health conditions [5].

In part, these impacts have been linked to access to mental health supports in schools, universities and workplaces being disrupted during lockdowns. The closure of schools and educational facilities during the pandemic disrupted routines and normal social interactions, which in turn placed pressure on existing mental health protective factors. Digital technologies provided a way for children and young people to remain connected to their peers, schools, and other supports. However, the pandemic highlighted the disparity in access to these technologies for children and young people living in disadvantaged areas, who then were at greater risk of weakened mental health protective factors. In the employment sector, young people (who are already among the most disadvantaged in the labour market) risked falling into long-term unemployment (unemployed for at least 12 months), leaving them at higher risk of experiencing mental health stress [6].

The importance of good mental health

Good mental health and wellbeing provide a strong foundation for children and young people to thrive in other aspects of their lives and experience less difficulties when transitioning between key life stages. Children and young people with good mental health and wellbeing are more likely to have regular involvement in the community, positive relationships, strong education engagement, and better employment prospects. In contrast, children's and young people's experiences of poor mental health and wellbeing can be linked to feelings of distress and isolation; dysfunctional relationships; lower education and vocational attainment; and poor physical health [7].

Childhood and adolescence are critical times for the emergence of mental health conditions. About 50 per cent of lifetime mental health conditions commence before the age of 14, with, 75 per cent of conditions having their onset before the age of 25. Female adolescents are more likely to report high or very high psychological distress than males. Female young people are also more likely than males to have long-term mental health conditions. Male young people are more likely than females to experience a recent mental health disorder [8].

Suicide is the leading cause of death among young people aged 15-24 years. In 2020, 454 deaths by suicide occurred among young people aged 15–24, a rate of 14.2 per 100,000 young people. This rate was markedly higher among young males (21.2 per 100,000) compared to young females (6.7 per 100,000) [9].

While there is no single wellbeing or mental health intervention that works for all children and young people, evidence-based initiatives that have the greatest impact share many common features, some of which are explored below.

what works?

Contemporary evidence indicates there is good, emerging, and limited evidence for the following components of interventions relevant to a child or young person, aged 5-25, who requires mental wellbeing support.

Quality of evidence is assessed as follows:

 Good Evidence[3]

 Emerging Evidence[4]

 Limited Evidence[5]

Evidence is categorised in three areas:

1. Early intervention

These interventions are for children and young people at pre-diagnosis.

2. Initial support and ongoing care

These interventions are for children and young people who have received an initial diagnosis and who are receiving continuing care and support. These interventions are also aimed at reducing the risk of suicide.

3. Suicide after care

After care interventions are for children and young people who have attempted suicide or experienced a suicidal crisis.

[3] Evidence is considered good if: a systematic review or meta-analysis has a strong quality assessment rating and includes at least 5 primary studies or narrative synthesis has a quality assessment rating of 9+ and recent primary studies are in line with review findings.

Note: When there is good evidence that an intervention is generally successful, this does not mean that each intervention within this space has good evidence. However, it does indicate fewer concerns about the program's theory of change.

[4] Evidence is considered emerging if: only narrative synthesis on the intervention is available.

Note: When there is emerging evidence, generalisability of results is limited as there is limited evidence. While some interventions of a particular type have encouraging results, more research is required to understand the effectiveness of the internet. Rigorous, medium-sized trials are required to better understand the potential of the intervention.

[5] Evidence is considered limited if: there is an absence of strong research on the intervention.

1. early intervention

Wellbeing approaches	
Feature	**Quality of evidence**
Resilience-focused interventions reduce mental health symptoms in children and adolescents Low resilience is linked to a higher chance of experiencing a mental health condition. Interventions targeted at cognitive ability, decision-making competence, interpersonal skills, cooperation, communication and coping skills are effective in reducing symptoms associated with depression as well as emotional and behavioural disorders in children and adolescents aged 18 years and younger **[10]**.	
Mentoring can reduce behavioural issues among children and adolescents Youth mentoring usually involves an adult mentor who provides social support to and participates in social activities with a child or young person. At-risk children and young people who are mentored, in comparison to their non-mentored at-risk peers, are more likely to have reduced behavioural problems and depression and social anxiety symptoms **[11]**.	
Interventions for high-risk families can lessen the impact of adverse childhood experiences Adverse childhood experiences[6] can impact the development of mental health conditions during childhood, adolescence, and adulthood. Interventions that develop parenting skills such as parenting programs and home visiting programs are effective in lessening or preventing the impacts of adverse childhood experiences **[7]**.	
Adapting community infrastructure to provide opportunities for social interaction can improve community wellbeing Adolescents and young people report higher than average levels of loneliness, which is a vulnerability factor for poor mental health **[12]**. There is emerging evidence that community hubs and interventions that take place in green (such as parks and forests) and blue (such as rivers and lakes) spaces can increase community wellbeing and social networks, thereby reducing loneliness and isolation **[13] [14]**.	
Job quality influences wellbeing There is emerging evidence that individuals have stronger wellbeing when they perceive their job as worthwhile. Factors that can enhance job quality and then improve wellbeing include job security and sustainability, the ability to use skills, opportunities to develop skills such as through training, transparency around responsibilities, and positive social connections **[15]**.	

[6] Can refer to maltreatment (such as physical, emotional, and sexual abuse, and neglect) and other characteristics of household dysfunction.

Peer support in the workplace can improve mental health among young people There is emerging evidence that support from peers, particularly those with mental health lived experience, can reduce depression, anxiety, and stress among young employees. Factors that can facilitate this process include appropriate boundaries between peers, leadership buy-in, confidentiality and training for those providing support **[16]**.	
Financial wellbeing is linked to improved mental health among young employees There is emerging evidence that workplace interventions aimed at enhancing the ability to meet financial obligations and feel financially secure about the future can support better mental health of young workers under 25 years, male employees, and those earning lower incomes. Educational financial wellbeing interventions should be tailored to young people's needs and interests, such as budgeting and comprehending financial products, and offered during work hours to build skills and normalise knowledge development regarding financial issues **[17]**.	

Psychotherapy	
Feature	**Quality of evidence**
Cognitive Behavioural Therapy (CBT) works with adolescents There is evidence that CBT is effective for adolescents aged up to 16 years with (subclinical) depression. The effects might improve when CBT involves behavioural activation (i.e. using a person's behaviours to influence their emotional state) and challenging negative thoughts. Involvement of the caregiver(s) of adolescents can also improve the effects of CBT **[18]**.	
Cognitive remediation improves general functioning of adolescents and young adults Moderate to strong evidence supports cognitive remediation (techniques to increase cognitive abilities associated with thinking, concentrating and learning) to improve general functioning of children and young people aged 12-35 years **[19]**	
Family psychoeducation prevents relapse and rehospitalisation Strong evidence supports family psychoeducation (the provision of information and support to help people better cope with mental illness) in preventing relapse and rehospitalisation and improving problem-solving skills and general functioning, particularly among children and young people aged 12-35 years **[19]**.	
Gatekeeper training can influence suicide-related knowledge, attitudes, and behaviour There is emerging evidence that suicide prevention programs (particularly gatekeeper training) for post-secondary students aged 15-29 years can be effective in improving student rates of engagement with mental health services and is associated with greater knowledge and help-seeking attitudes and behaviours **[20]**.	

School-based interventions	
Feature	**Quality of evidence**
School-based prevention programs prevent depressive symptoms in children Prevention programs[7] that are primarily based on CBT principles are effective in preventing depressive symptoms at post-program and long-term follow-up. Programs that contained more sessions were more effective than short programs **[21]**.	
Teacher-delivered mental health interventions for internalizing disorders can improve anxiety outcomes for adolescents There is emerging evidence that teacher-delivered interventions for internalising disorders (depression, anxiety, post-traumatic stress disorder and obsessive-compulsive disorder) are effective at improving depression and anxiety outcomes in adolescents' post-intervention. However, benefits only persist for anxiety symptoms in the longer term **[22]**.	

Peer support	
Feature	**Quality of evidence**
Peer support by and for young people with similar experiences can improve mental wellbeing Structured peer support based on behavioural activation self-regulatory, implementation intention strategies can improve the mental wellbeing in post-secondary students **[23]**.	
Moderated peer mental health online forums offer social connection and information and advice for young people There is emerging evidence that peer mental health online forums build connections for young people experiencing social and geographical isolation. These forums also provide ample opportunities to gain and offer information and practical advice on mental health issues **[24]**.	
Community-based programs may improve mental health There is emerging evidence that peer support involving group or activity-based projects can improve young people's mental health. More robust research and evaluation is required to gather evidence beyond self-reported benefits **[25]**.	
The anonymity associated with online peer support forums promotes more open discussion of mental health There is emerging evidence that online peer support projects (moderated by teachers or mental health professionals) can reduce the stigma and sensitivity associated with mental health among young people **[25]**.	

[7] Prevention programs used in the studies were variations of the FRIENDS Program, the Aussie Optimism Program (AOP), and the Penn Prevention Program (PPP) which focus on mental health promotion.

Peer support does not improve depression and anxiety There is limited evidence that structured peer support is an effective preventative or early intervention for reducing depression or anxiety **[23]**.	
School-based group support does not improve mental health There is limited evidence that peer support delivered in school in a group setting is effective in improving mental health **[25]**.	

E-health interventions	
Feature	**Quality of evidence**
Smartphones have potential as a modern, widely available technology platform to help diagnose, monitor, and treat psychiatric disorders in children and adolescents. There is need for more research investigating the potential positive and negative effects of fine-grained smartphone-based self-monitoring and treatment over prolonged periods of time **[26]**.	
Apps may be effective in the assessment and therapy of anxiety in young people. There is preliminary support for the use of apps in the assessment and therapy of anxiety in young people. Therapy apps have received moderate to high marks in terms of ease of use, acceptability, and overall satisfaction. Assessment apps are rated as easy to use and have moderate to high satisfaction ratings; however, user engagement declines over time. Passive sensing technology provides the potential for smartphone apps to learn user patterns and identify behavioural indicators that map onto changes in mood **[27]**.	
Online and mobile phone apps do not reduce suicidal ideation and self-harm There is limited evidence about online and mobile telephone apps and the self-management of suicidal ideation and self-harm. While some digital interventions may be more effective than waitlist control, further evidence, particularly with regards to safety, is required before these interventions could be recommended **[28]**.	

2. Initial support and care

Parenting programs	
Feature	**Quality of evidence**
Parenting programs can reduce internalising disorders among children Programs that enhance parenting skills are linked to a reduction in emotional disorders such as depression and anxiety among children and teenagers aged up to 18 years **[29]**.	
Self-help parenting programs can lead to reduced symptoms of behavioural disorders among children Self-help parenting programs with written or multimedia content can improve behaviour among children with externalising disorders. These improvements are seen in the short and longer term. Brief therapist assistance (usually via telephone) in conjunction with the self-help programs enhances these outcomes for children **[30]**.	
Therapist-led, group-based parenting programs can reduce the symptoms of mental health disorders in children Group parenting programs that are facilitated by therapists are effective in treating children experiencing disorders such as oppositional-defiant disorder, conduct disorder and anxiety disorders **[31]**.	
Telephone interventions for parents can improve emotional and behavioural disorders among children There is emerging evidence that telephone-based approaches for parents are effective in helping them to manage the emotional and behavioural difficulties of children under 12 years of age. Children of parents who participate in telephone interventions are more likely to be diagnosis-free, in comparison to children of parents who do not participate in these interventions **[32]**.	
Self-help parenting programs are not as effective as face-to-face treatments Self-help parenting programs are effective at improving mental health of children when compared to no intervention. However, they are not as effective as face-to-face interventions in reducing the symptoms of anxiety, depression, and behavioural disorders **[33]**.	
Mindfulness-based parenting programs do not improve children's wellbeing While mindful parenting (based on emotional awareness, non-judgemental acceptance, and regulation of emotion and attention) can improve parent stress and emotional awareness, there is limited evidence that it is effective in improving children's wellbeing **[7]**.	

Psychotherapy	
Feature	**Quality of evidence**
CBT reduces anxiety symptoms CBT significantly reduces symptoms of anxiety in children and young people aged 4-19 years. It is effective when delivered in a variety of settings, including in groups, individually, and with parents **[34]**.	
More research is needed on the effects of psychological interventions and Early Onset Psychosis[8] There is emerging evidence that psychological interventions (including cognitive remediation therapy, cognitive behavioural therapy, family intervention and psychoeducation), seem to have an important role in improving cognitive deficits and possibly psychosocial outcomes in Early Onset Psychosis when added to medication treatment. Most research on adolescents is focused on cognitive remediation therapy and its effects on cognitive deficits. Further research is required on the effects of other psychological interventions on Early Onset Psychosis **[35]**.	

Suicide prevention	
Feature	**Quality of evidence**
Brief psychological interventions are effective in reducing suicide Restricting access to lethal means, school-based awareness and skill training programs, and interventions delivered in clinical and community settings have been proven effective in reducing suicide and suicide attempts in children and adolescents **[21]**.	
The combination of interventions in clinical and school settings can reduce self-harm and suicidal ideation There is emerging evidence that brief contact interventions in clinical settings, and psychoeducation combined with screening in school settings can reduce the frequency of self-harm and suicidal ideation **[36]**.	
Self-driven and socially-driven therapeutic interventions can reduce suicide attempts and self-harm in adolescents There is emerging evidence that self-driven (self-driven cognitive, behavioural and regulatory interventions) and socially-driven (interventions which require engagement with family and social support) processes can reduce suicide attempts. Combined self-driven and socially-driven approaches can also reduce overall self-harm **[37]**.	

[8] Early Onset Psychosis refers to the onset of psychosis before the age of 18 years and is a more severe form of psychosis associated with worse prognosis.

Community-based interventions	
Feature	**Quality of evidence**
Intensive, multidisciplinary approaches used in youth Assertive Community Treatment[9] (youth-ACT) can reduce severity of psychiatric symptoms and improve general functioning The current literature on youth-ACT is limited but promising. The intensive, multidisciplinary approaches are effective in reducing severity of psychiatric symptoms, improving general functioning, and reducing duration and frequency of psychiatric hospital admissions **[38]**.	

Alternative treatment methods	
Feature	**Quality of evidence**
Physical interventions reduce depressive symptoms in adolescents Physical activity is effective in reducing depressive symptoms in adolescents. Physical activity sessions should be at least moderately intense to be effective **[39]**.	
Interventions targeting multiple modifiable health behaviours can have a positive effect on depression in young adults There is emerging evidence that interventions targeting multiple modifiable health behaviours (i.e., physical activity/sedentary behaviours, nutrition/diet, sleep, substance use) delivered to groups of young people with a higher risk of depression can reduce the symptoms of depression **[40]**.	

[9] Assertive Community Treatment is a well-organised low-threshold treatment modality; patients are actively approached in their own environment, and efforts are undertaken to strengthen the patient's motivation for treatment.

3. Suicide after care

Alternative treatment methods	
Feature	**Quality of evidence**
Assertive aftercare models can reduce further suicide attempts In assertive aftercare models, the responsibility of maintaining contact is on the case manager, rather than on the individual who is being supported. This aftercare model has a strong focus on therapeutic alliance, engagement, and continuity of care. It also involves support people, addresses a wide range of psychosocial needs and is strongly integrated with clinical care needs **[41]**.	
Brief interventions can reduce further suicide attempts Brief interventions are typically limited by the number (usually fewer than six) and/or duration (usually 10-20 minutes) of sessions. This aftercare model uses rapid follow-up with greater frequency in the first month post-discharge. It also usually provides the first session face-to-face (where telephone follow-up is part of the service model) **[41]**.	

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