



Public Health
England

Protecting and improving the nation's health

Universal approaches to improving children and young people's mental health and wellbeing

Short descriptions of interventions identified from the synthesis of systematic reviews

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000

www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk)

Facebook: www.facebook.com/PublicHealthEngland



© Crown copyright 2019

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.ogil.io). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published October 2019
PHE publications
gateway number: GW-840

PHE supports the UN
Sustainable Development Goals



Contents

About Public Health England	2
Short descriptions of interventions	4
References	26

Short descriptions of interventions

This document lists the interventions¹ identified from the synthesis of systematic reviews. Wherever possible, the titles of the interventions are linked to a website where further information about the intervention can be found. Where no official website exists, a link to the most informative summary available or a relevant research paper which describes the intervention has been included.

- 1.1 **Achievement Mentoring Program** (as described in Holt et al., 2008): An adapted intervention based on the Behavioral Monitoring and Reinforcement Program (BMRP; Stanley, Goldstein, & Bry, 1976). Mentors were asked to (a) talk with one of the student's teachers to learn one positive thing the student did that week and to learn about any upcoming assignments; (b) meet with the mentee for 15–20 minutes to acknowledge one positive accomplishment for that week and to problem-solve around how to maintain this positive behaviour and complete future assignments; (c) practice an important and relevant behaviour with the mentee, such as having the mentee rehearse speaking to a teacher or parent, organising a notebook together, or doing homework together; and (d) follow the mentee's attendance record, tardy arrivals to school, discipline referrals, and report cards, and discuss these with the student. In addition, mentors learned about their mentee's longer-term plans and goals, such as obtaining a summer job and or educational vocational aspirations. Mentors were encouraged to contact the mentee's parents verbally or in writing once a month to communicate one positive behaviour demonstrated by the mentee. Finally, mentors were encouraged to meet with their mentee for monthly booster sessions during the next academic year. Mentors also received 3-hour training prior to the intervention and met once a week with other mentors to discuss challenges arising from their work.
- 1.2 **Active Programme Promoting Lifestyle in Schools**: A 1-year multidisciplinary, multiagency programme designed to improve knowledge and influence diet and physical activity. The programme consists of teacher training, modifications of school meals, and the development and implementation of school action plans designed to promote healthy eating and physical activity.
- 1.3 **Antibullying Program** (as described in Fekkes et al., 2006): A programme developed in the Netherlands which aims to reduce bullying behaviour, including training for

¹ Targeted interventions have not been included in this list

teachers and the writing of an anti-bullying policy describing the activities that a school is planning on implementing when faced with bullying incidents.

- 1.4 **Arizona Attorney General's Social Networking Safety Promotion and Cyberbullying Prevention:** 45 minute presentation on social networking, safety promotion and cyberbullying. Discussion of digital citizenship. About two-thirds of the presentation focuses on issues related to social networking safety promotion, and one-third focuses on issues related to cyberbullying prevention.
- 1.5 **Aussie Optimism Programme:** The Aussie Optimism Programme is based on Seligman's theories of learned helplessness, and more generally on Positive Psychology. It focuses on building competencies in children, rather than alleviating problems. It aims to reduce anxiety and depression. It is designed for teachers to use with a whole class in school over a term with one session a week.
- 1.6 **Beyondblue:** An Australian secondary school programme for years 8–10. The programme is intended to be delivered over 3 years, with students participating in 10 weekly classroom sessions each year of 30–45 minutes duration. It is built around the development of 6 senses (sense of self-worth, sense of control, sense of belonging, sense of purpose, sense of future and sense of humour). It uses a range of interactive methods including small-group exercises and discussions, role-plays, deep-learning tasks and quizzes.
- 1.7 **Bite Back:** An online positive psychology program designed to improve the overall wellbeing of young Australians between 13 and 16 years old. It uses a combination of fun, interactive exercises and information.
- 1.8 **Bounceback:** The programme aims to support teachers and schools in their efforts to promote positive mental health, wellbeing and resilience for both students and teachers and build safe and supportive class and school learning environments. It has 10 curriculum units that include: core values and social values, people bouncing back, courage, looking on the bright side, emotions, relationships, humour, being safe and success.
- 1.9 **Bridging Mental Health and Education in Urban Schools (BRIDGE)** (as described in Cappella et al., 2012): It includes the combination of 2 programs: Links to Learning (L2L; Atkins et al., 2006) and MyTeachingPartner (MTP; Pianta et al., 2008). The aims of the intervention include promoting effective emotional support and classroom organisation, improving children's social and behavioural skills, and academic adjustment. Teachers attended a two-hour workshop after school or during professional development time and received access to the CLASS website. The website contained explanation of the CLASS dimensions of effective teacher–student interactions as well as accompanying video clips of K-5th grade teachers

using practices that depict effective interactions. The teacher workshop focused on reflective teaching, and the CLASS domains of emotional support and classroom organization. BRIDGE was delivered by school-based mental health staff. Supervision support to individual consultants was scheduled in monthly meetings with the university implementation team (4 meetings of 60 minutes each).

- 1.10 **Brief cognitive behavioural depression prevention programme** (as described in Horowitz et al., 2007): This programme educates about the nature and risk for depression and teaches how to (a) monitor daily moods; (b) identify activating events; (c) discover, challenge, realistically evaluate, and revise negative beliefs; (d) recognise the connections among activating events, beliefs, and consequences (e.g., affect and behaviors); and (e) problem solve and cope with stressful events. The expectation is that these skills will help teens deal with stress and thereby immunise them against future depression. The sessions consist of active guidance by group leaders and structured activities for participants. A participant workbook, including exercises for practice outside of the group, was distributed to all students.
- 1.11 **Cognitive-behavioural (CB) or interpersonal psychotherapy skills training (IPT) intervention to prevent depression** (as described in Horowitz et al., 2007): Derived from the Coping with Stress Course. It consisted of how to (a) monitor daily moods; (b) identify activating events; (c) discover, challenge, realistically evaluate, and revise negative beliefs; (d) recognise the connections among activating events, beliefs, and consequences (e.g., affect and behaviours); and (e) problem solve and cope with stressful events. Additionally, a participant workbook, including exercises for practice outside of the group, was distributed to all students. The IPT was created as an extension of interpersonal therapy. It consisted of 8 group sessions which were divided into 3 phases. The initial phase (Sessions 1–3) teaches adolescents about the link between interpersonal relationships and their mood and introduces them to techniques that may be useful in improving their relationships. The middle phase (Sessions 4–6) focuses on applying the skills learned in the first phase to individual situations reported by group members. The last phase (Sessions 7–8) centres on establishing the group members' sense of competence in dealing with interpersonal problems and preparing them for dealing with difficult situations on their own.
- 1.12 **Cognitive behavioural (CB) psychoeducational program** (as described in the Dray et al., 2017 review): Cognitive behavioural psychoeducational programme.
- 1.13 **Cognitive behavioural intervention to prevent anxiety and depression** (as described in Hains and Ellman, 1994): this is a school-based prevention intervention to reduce the incidence of negative emotional arousal and other psychological problems in adolescents in response to stress. The prevention program was modelled after a stress inoculation training program and included a

variety of cognitive behavioural interventions (i.e., cognitive restructuring, problem solving, anxiety management training).

- 1.14 **Cognitive Behavioural Therapy (CBT)** (as described in Hong et al., 2011): Comprised 13 sessions of CBT delivered once per week during one school semester (3 months) as part of the school curriculum. The program emphasised the development of a positive attitude toward life, self-awareness, empathy, decision making, refusal and resistance skills, anxiety management, interpersonal communication, problem-solving skills, and assertiveness.
- 1.15 **Cognitive intervention to prevent anxiety and depression** (as described in Hains, 1992): this intervention involves a procedure in which youth are trained to recognise maladaptive self-statements and then restructure these thoughts to reduce negative emotional arousal.
- 1.16 **Cognitive intervention to prevent anxiety and depression** (as described in Hains and Szyjakowski, 1990): Consists of several phases: conceptualisation (where participants learned about self-defeating cognitions, how to identify them and monitor them), skill acquisition and rehearsal (where participants learned how to challenge, examine the evidence for, and restructure the self-defeating cognitions that they learned to identify during the previous phase), and application (the final phase involved further practice of skills and the preparation for potential stressful events). Each phase began with a one hour group session that was followed by 2 individual sessions.
- 1.17 **Computer-assisted parent program** (as described in MacKenzie and Hilgedick, 2000): A computer program that comprises 4 components/lessons: 1) praise and attention; 2) ignoring; 3) time-out; and 4) compliance training and skill generalisation to common problem child behaviours. It consists of scenarios where a child behaves in a certain way (either favourable or unfavourable) and the participants are asked to choose how to respond. Corrective feedback is provided based on their responses.
- 1.18 **ConRed**: Sessions on social networks focusing on digital citizenship and networking; teachers and parents receive similar content. The lessons cover the following: (a) Internet and social networks; (b) benefits of using these digital media and instrumental competence; and (c) information about the risks and advice on use. Programme length: 3 months.
- 1.19 **Cool Teens** (as described in Wuthrich et al., 2012): CD-ROM based with high quality audio and video components, 8 x 30-minute modules with free access to all content with a recommended order for completion. The program uses a combination of multi-media formats (text, audio, illustrations, cartoons, and live video) to deliver information, examples, activities, and homework in an engaging

way. The program includes 6 video case studies of adolescents discussing different anxiety problems and applying skills to their particular problem. Brief telephone sessions between the therapist and adolescent are also encouraged during certain weeks.

- 1.20 **Creating a Peaceful School Learning Environment (CAPSLE)** (as described in Fonagy et al., 2009): A CAPSLE team was identified from school staff. In year 1, teachers received a day of group training, students received 9 sessions of self-defence training, and the CAPSLE team consulted with school staff monthly. Year 2 began with a school-wide half-day refresher training for all school staff and a three-session refresher self-defence course, and consultation continued with counsellors, teachers, and the adult/peer mentor programs.
- 1.21 **Creating Opportunities for Personal Empowerment (COPE) - Healthy Lifestyles TEEN (Thinking, Emotions, Exercise, and Nutrition)**: A school-based cognitive-behavioural skill-building programme delivered in 15 weekly 50-minute sessions by health teachers (who are trained in delivering the intervention and need to pass an examination) in their classrooms. Teachers follow a manual and use materials (e.g., PowerPoint presentations) that include colourful animations and diagrams to explain lesson concepts. Each COPE session incorporates mindfulness exercises as well as 20 minutes of physical activity to establish students' beliefs and confidence in their ability to engage in and sustain physical activity on a regular basis. Participants also receive a COPE manual with homework activities and wear pedometers each day and track their daily steps. Additionally, 4 parent newsletters are sent home with participants during the programme to inform parents about what their teens are learning through COPE, encourage a dialogue between parents and teens about the information conveyed in the programme, and suggest opportunities for parents to engage in COPE activities with their teen (e.g., going on walks together, picking out healthy foods).
- 1.22 **Cyber Friendly Schools (CFS) Project (YouTube)**: The program has 3 components, designed for (1) the whole-school community, (2) students, and (3) parents. Programme focusses on online communication, conflict resolution and social responsibility. Youth Cyber leaders led activities against cyberbullying. Online modules for students with online discussion. Programme length: 1.5 years.
- 1.23 **Cyberprogram**: Student discussions to promote critical reflection. Topics: cyberbullying consequences, rights and responsibilities and coping strategies. Involves teachers and parents. Programme length: 19 weeks.
- 1.24 **E-couch**: Comprises 2 main sections: psychoeducation and evidence-based toolkits for anxiety consisting of cognitive behaviour therapy (CBT), relaxation and physical activity. The psychoeducation section includes a definition of worry, differentiation of worry, fear and anxiety, description of anxious thinking, risk

factors for generalised anxiety, consequences of anxiety, and medical, psychological and lifestyle treatments for anxiety. The CBT toolkit focuses on the cognitive aspects of worry and how to change them. The relaxation toolkit contains a mindfulness meditation exercise and progressive muscular relaxation exercise, while the physical activity toolkit teaches participants about some of the benefits of being physically active and allows them to evaluate their own level of physical activity and learn some strategies for increasing or maintaining their current physical activity level. The toolkit can be used with a teacher or mental health professional.

- 1.25 **Empower Youth Program**: A nine-week school-based peer education and support group programme that includes activities such as guided imagery, stress reduction techniques, journaling, focusing and concentration skills. Trained group facilitators lead the 45-minute groups that allow participants to talk about any problems they face; participate in movement exercises, learn and practice skills to help concentration and memory and increase self-awareness and self-control; practice reading skills and written and oral communication skills; and experience group support.
- 1.26 **FRIENDS for Children**: A school-based, universal intervention for children aged between 4–7 years. It uses a play-based and experiential learning approach to provide cognitive behavioural skills in a developmentally appropriate manner. During each session children are taught skills aimed at helping them to increase their coping skills through stories, games, videos, and activities. It also involves group sessions for parents which are scheduled at regular intervals throughout the programme.
- 1.27 **FRIENDS for Life**: FRIENDS for Life aims to teach adolescents self-regulation and how to cope with difficult emotions. The programme also teaches creative alternatives to solving problems. FRIENDS for Life encourages smiling, happiness and bravery, and facilitates smooth transitions into adolescence.
- 1.28 **Gatehouse**: A school-based prevention programme that aims to promote the emotional and behavioural wellbeing of students. The program's priority areas for action are to build a sense of security and trust, increase skills and opportunities for good communication, and build a sense of positive regard through valued participation in aspects of school life. It is delivered by teachers within normal classroom hours.
- 1.29 **Girls First Resilience Curriculum** (as described in Leventhal et al., 2015): Consists of 22 sessions, with content as follows: 1–3) introduction and setting the structure of the sessions; 4–5) topics on character strengths; 6–7) life stories, goals and planning; 8–9) identifying and awareness of emotions; 10–13) managing strong emotions and communication skills; 14–16) restorative practices for conflict

resolution and problem solving and identifying and opposing violence; 17–19) forgiveness, apologies, self-esteem and character strengths, and problem solving with a focus on friendships; 20–21) a project; 22–23) reviewing, celebration and gratitude.

- 1.30 **Go!** (as described in Manz et al., 2001): Eight-week classroom-based intervention which focuses on preventing depression and anxiety. It includes modules such as: 1) what is stress, analysis of risk factors for adolescents, development of a 4 component stress model; 2) cognition and emotions: personal aims, stress experiment, cognition- emotion-behaviour circle, automatic thoughts; 3) anxiety: 3 components of anxiety, maladaptive anxiety, self-confrontation; 4) depression: depressive thinking, cognitive distortions, logical mistakes, dysfunctional attitudes; 5) social competence and assertiveness: insecure-aggressive-self secure behaviour, assertive behaviour; 6) stress and coping: habits-attitudes- behaviour, time management techniques, relaxation techniques; 7) problem-solving: general structure of rational problem solving, techniques for solving social problems; and 8) a final session to discuss the sessions overall, give feedback and plan for the future.
- 1.31 **Good Behaviour Game:** A classroom behaviour management strategy for primary schools. The Game is based on 4 rules (working quietly, being polite, getting out of seats with permission and following directions) that encourage pupils to support one another as they complete classroom assignments.
- 1.32 **HeadStrong:** A school-based programme delivered by teachers consisting of a booklet, slideshow and various appendices. The booklet contains information about mood disorders, activities to implement in classrooms, and guidance on how to deliver the activities. HeadStrong classroom activities are delivered over a period of 5 to 8 weeks and take approximately 10 hours of class time in total. The HeadStrong resource contains 5 modules: mood and mental wellbeing; the lowdown on mood disorders; reaching out – helping others; helping yourself; and making a difference.
- 1.33 **Healthy Buddies:** Aims to empower elementary school children to live healthier lives by providing knowledge about physical health, healthy eating and feeling good about oneself. It consists of 21 classroom-based lessons. The first 2 include buddying (an older child supporting a younger child – including the use of the gym with buddies); lessons 3–11 include discussions around healthy living; lessons 12–14 include discussions around challenges to living a healthy life; lessons 15–20 covers discussions around overcoming these challenges and the last session involves a celebration of learning about healthy living. The physical activity component of Healthy Buddies is a series of 8 stations, placed around the gym. The Fitness Loops are based upon themes such as transportation, animals,

seasons, weather and sports. Buddy classes meet in the gym twice each week to warm up, move vigorously, cool down and stretch.

- 1.34 **Incredible years**: A set of interlocking programmes targeting parents, teachers and children. The programmes are designed to work jointly to promote emotional, social, and academic competence and to prevent, reduce, and treat behavioural and emotional problems in young children. The parenting programs (for babies (9 months–1 year), toddlers (1–3 years), pre-schoolers (3–6 years) and school-age children (6–12 years)) focus on strengthening parent–child interactions and attachment, reducing harsh discipline and fostering parents' ability to promote children's social, emotional, and language development. The child programme covers 3–8 years of age and is classroom-based and delivered by the teacher, focusing on increasing the children's understanding and communication of feelings, using effective problem-solving strategies, managing anger, practising friendship and conversational skills, and behaving appropriately in the classroom. Lastly, the teacher programme is delivered to teachers of 3–8 year old children and consists of 42 hours (6 days) of monthly workshops delivered by a trained facilitator. The programme focuses on strengthening teachers' classroom management strategies; promoting student's prosocial behaviour, emotional self-regulation and school readiness; and reducing children's classroom aggression.
- 1.35 **Injoy**: An Internet-based depression prevention program primarily based on positive psychology and cognitive-behavioural theory. It is intended for a universal, adolescent population and the program components were selected to address modifiable risk factors for depression: 1) cognitive factors; 2) stress; 3) subsyndromal depression; and 4) poor interpersonal relationships.
- 1.36 **Interpersonal Psychotherapy – Adolescent Skills Training**: A prevention program for adolescent depression, targeted at adolescents with elevated depression symptoms. It teaches adolescents interpersonal and communication skills in a group format.
- 1.37 **iZ HERO**: Transmedia adventure-based story where students learn about online issues; includes peer mentoring and a multisystemic approach including schools, peers and parents. Programme length: 5 days.
- 1.38 **Kinder-Sportstudie (KISS)**: Includes daily physical education classes (two additional lessons of 45 minutes per week, each given by physical education teachers), several short activity breaks per day during academic lessons, PA homework and adaptation of playgrounds to encourage activities during school breaks. The 3 regular physical education classes are given by the classroom teachers, but the content of the lessons is prepared by a physical education expert. The 2 additional physical education classes are given by physical education teachers. The intervention takes place over one academic year.

- 1.39 **KiVa**: An antibullying program where students can have access to a virtual learning environment with discussions and videos covering bullying topics. It also includes an extensive amount of material for teachers, students and parents including e.g. teachers' manuals, videos, online games, KiVa student and staff surveys, posters, vests and parent's guide.
- 1.40 **LARS & LISA** (as described in Pössel et al., 2008): A manualised school-based prevention programme, originally developed for 8th-graders using 2 psychologists as trainers. It is based on the social information processing model. It consists of 2 sessions on forming a group and motivating them to participate; 4 cognitive sessions which focus on understanding the relation between cognitions, emotions, and behaviours and teach how to identify and challenge negative cognitions; 4 social sessions which train participants in assertiveness and social competence skills. Two adolescent coping role-models (Lars and Lisa) accompany the students through all the topics, showing how to cope with difficult situations and change dysfunctional thoughts and behaviour, appearing in many exercises and films with examples throughout the program. Implemented techniques involve role play, transfer to everyday life, positive reinforcement, etc.
- 1.41 **Learning to Breathe Programme**: A mindfulness curriculum created for classroom or group settings. There are different versions for younger and older adolescents, as well as for college-age/emerging adults. The programme aims to strengthen attention and emotion regulation, cultivate emotions like gratitude and compassion, teach stress management skills, and help participants integrate mindfulness into daily life.
- 1.42 **Learn Young Learn Fair**: A stress-management intervention to prevent anxiety and depression, led by teachers. It addresses stress, stress awareness, coping skills and possible barriers.
- 1.43 **Lessons for living: Think well, Do well** (as described in Collins et al., 2014): CBT-based intervention to reduce anxiety which is delivered either by a teacher or a psychologist. It consists of 10 sessions that aim to reduce anxiety by developing and practising coping and problem-solving strategies, for both controllable and uncontrollable problems.
- 1.44 **Life Skills Training**: A classroom-based, 3-year, middle school substance abuse prevention program to prevent teenage drug and alcohol abuse, adolescent tobacco use, violence and other risk behaviours. The life skills curriculum teaches students self-management skills, social skills, and drug awareness and resistance skills.

- 1.45 **LISA-T** (as described in Pössel et al., 2004): 10-week classroom-based intervention which aims to teach the relationship between cognition, emotion, and behaviour. Each group was coached by a trainer and a co-trainer. Trainers were either psychologists (master's degree equivalent) or graduate students experienced in working with adolescents. Before the training, each trainer went through the programme as a participant. Trainers studied the manual and all materials and procedures and resolved any unclear points with the first author.
- 1.46 **Lunchtime Enjoyment and Activity and Play (LEAP)** (as described in Hyndman et al., 2014): The intervention provided movable/recycled materials for children to use in the school playground with usual playground supervision by teachers. There was no fixed play equipment in the school grounds during the intervention (e.g. climbing frames, monkey bars, slides). The movable/recycled materials introduced to the playground by the researchers were items generally not considered to be typical play materials for children within schools, with the exception of play balls, hoops and skipping ropes. The materials included milk crates, swimming noodles, buckets, cardboard boxes, tyre tubes, pipes, vacuum/pool hoses, plastic walls and sheets, hessian bags, buckets, water/sand shells, tractor/motorbike and bicycle tyres, swimming boards, exercise mats, buckets and hay bales. Five materials were introduced during the first week of the program, and each week thereafter a maximum of 2 additional types of material were introduced during the intervention period to avoid over-stimulation. All children (aged 5–12) were on the playground for 30 minutes at morning break and 30 minutes during the lunchtime period.
- 1.47 **Master Mind Program**: A school-based mindfulness education, prevention programme designed to enhance the coping strategies and decision-making skills of elementary school students to prevent substance abuse.
- 1.48 **Media Heroes**: A structured manual-based, universal cyberbullying prevention programme implemented by trained teachers within the existing school curriculum. It aims to promote media literacy and to prevent cyberbullying. The programme is available in 2 versions: a curriculum to be implemented over 10 weeks with 90 minutes per week and a one-day project day consisting of four 90-minute sessions.
- 1.49 **Meditation for the Awareness of Breathing** (as described in Brown et al., 2011): Comprises focusing on the moment, sustaining attention on the breathing process, and passively observing one's thoughts. The individual sits upright in a comfortable position with the eyes closed and focuses on the movements of the diaphragm while breathing in a slow, deep, relaxed manner. Each weekday, 10-minute sessions were conducted during the HE classes. Participants were also asked to practice a 10-minute session at home each weekday and twice daily during the weekends.

- 1.50 **Michigan Model for Health (MMH)**: A comprehensive health education curriculum for grades kindergarten through to 12th grade based upon principles of the Health Belief Model and Social Learning Theory, in which several important cognitive, attitudinal, and socio-emotional factors converge to enhance health-promoting behaviour. It consists of between 25–28 lessons of 20–50 minutes in length on social and emotional health; alcohol, tobacco, and other drugs; safety; and nutrition and physical activity.
- 1.51 **Michigan's Exemplary Physical Education Curriculum (EPEC)**: A comprehensive and flexible K–5 physical education and physical activity system leading to physical literacy. EPEC contains 51 lessons per grade, designed to be taught 2 days per week for 30 minutes throughout the school year.
- 1.52 **Mindfulness-based Cognitive Therapy (MBCT) & Mindfulness-based Stress Reduction Combined** (as described in Raes et al., 2014): The programme comprised 8 weekly 100-minute sessions delivered by an instructor. It included mindfulness exercises such as mindfulness breathing, sharing of experiences of going through the exercises, psycho-education and reviewing homework. The homework included 15-minute of mindfulness practice each day, suggested reading, and weekly tips on how to bring mindfulness into daily life. Sessions focused on attention to: 1) the breath and the moment; 2) the body and pleasant moments; 3) inner boundaries and unpleasant moments; 4) stress and space; 5) thoughts and emotion; 6) interpretations and communication; 7) attitudes and moods; 8) oneself and heartfulness. Participants also received a book called *Mindfulness voor jongeren* [Mindfulness for adolescents]. Lastly, participants were also encouraged to apply mindfulness throughout their daily lives. They received a workbook for making notes on their home practice which was discussed during the next group session.
- 1.53 **Mindfulness-based Stress Reduction (MBSR)**: Aims to address prolonged periods of stress, which can lead to poor mental and physical health. It is based on an adult mindfulness curriculum. It comprises four 40 minute classes and aims to improve psychological functioning, decrease stress and reduce worries about the future. The mindfulness classes cover the concepts of awareness and acceptance, and the mindfulness practices include bodily awareness of contact points, mindfulness of breathing and finding an anchor point, awareness of sounds, understanding the transient nature of thoughts and walking meditation.
- 1.54 **Mindfulness in Schools Program**: A classroom-based mindfulness practice that aims to direct attention to immediate experience with open-minded curiosity and acceptance. It is usually delivered within 8 weeks by a trained teacher.

- 1.55 **Mindfulness Programme** (as reviewed in Langer et al. 2015): A combination of Acceptance and Commitment Therapy and Meditación Fluir (Meditation Flow). **Acceptance and Commitment Therapy (ACT)** A form of counselling which uses acceptance and mindfulness strategies mixed in different ways. The main objective of ACT is not to eliminate difficult feelings but to be present with what life brings and to "move toward valued behaviour". ACT encourages people to open up unpleasant feelings, and learn not to overreact to them, and not avoid situations where they are invoked. **Meditación Fluir** (as described in Franco et al., 2011): It consists of repeating a word, or mantra, while directing attention toward the abdomen and noticing how air goes in and out while breathing, but not trying to change or alter respiration itself. The aim is not to stop the thoughts, but being aware of them without evaluating, judging or analysing them, and just watching how they appear and disappear, and letting them go by.
- 1.56 **Mindfulness techniques** (as reviewed in Langer et al., 2015): This intervention teaches relaxation techniques and consists of repetition of words, metaphors and exercises and body scan. Originally presented in Spanish by Justo et al. (2010).
- 1.57 **MindMatters**: A mental health initiative for secondary schools that aims to improve the mental health and wellbeing of young people. MindMatters provides school staff with learning that includes online resources, spotlights on topics relevant to schools, face-to-face events, webinars and support. It provides staff with practical advice and guidance so that they can support students who may be struggling with mental health problems in a timely and appropriate way.
- 1.58 **MindUP**: A classroom-based curriculum, spanning ages 3 to 14, comprising 15 lessons led by a teacher in the classroom. Aims to increase positive behaviour, improve learning and scholastic performance, and increase empathy, optimism and compassion.
- 1.59 **Multicomponent lifestyle intervention**: Combines multiple components such as: 1) Training modules for teachers about promoting physical activity and correct alimentary styles which is a structured course with teachers; 2) Training modules for instructors of local sport societies which is a structured course with instructors; 3) Educational activities in class, motor activities in the gym, free and structured games inside the school and in the open – which is a structured course to promote movement delivered by the teachers; 4) Cookery workshops which is an experiential programme for children; 5) Sensory courses for parents and teachers which includes meetings/workshops with parents and teachers; 6) Moments of movement with parents in free time (homework) which includes physical exercises such as walks, swims, bike rides etc. during the out of school hours; 7) Dog walking which includes informative meetings for children about man-dog relations, visits to municipal dog pound with teachers and vets and practical experience of a walk with class/family; 8) Home–school routes on foot/by bike which includes

mapping the territory (with municipal police) and sharing home–school routes for moving on foot or by bike and 9) Creation of didactic materials (recipes, leaflets, DVDs, food pyramids).

- 1.60 **Norwegian Universal Preventive Programme for Social Anxiety (NUPPSA)** (as described in Aune and Stiles, 2009): NUPPSA targets all children and adolescents in school settings, as well as teachers, school personnel, parents/guardians, and county health workers. All public and school health nurses in the targeted county received one day of lectures and supervision about social anxiety and social anxiety disorder in children and adolescents. Teachers, school personnel, community health and welfare workers, primary physicians, and parents/guardians received short versions of the psychoeducative program. Parents/guardians also received a lecture which focused on the fact that social anxiety is a common phenomenon, as well as on the distinction between normal and pathological social anxiety. Lastly, pupils first received a 45-minute lecture that provided education about anxiety, emphasising the normalcy and commonness of feeling anxious in various situations, and how anxious thoughts, affects, and associated somatic symptoms can be recognised to avoid misinterpretation of such symptoms. Next, pupils worked for 45 minutes on a handout focusing on skills for increasing their perceived ability to cope with situations that might provoke social anxiety.
- 1.61 **NoTrap! (YouTube)**: The NoTrap! (Noncadiamointrappola!) programme is a school-based intervention, which utilizes a peer-led approach to prevent and combat both traditional bullying and cyberbullying.
- 1.62 **Optimism and Lifeskills Program**: Adapted from the Penn Prevention Program and aims to prevent depressive symptomology among 10–13-year-olds. The original programme consisted of 12, 90-minute sessions (18 hours). In Western Australia, the programme is adapted to 8, 80-minute weekly sessions (10 hours, 40 minutes). The programme consists of a cognitive component (the link between thoughts and feelings) and a social problem-solving component (e.g. coping strategies for uncontrollable situations, decision making, assertiveness, and negotiation). The group sessions include instruction, games, cartoons, role-plays, and group discussions. Homework is given at the end of each session via student workbooks.
- 1.63 **Op Volle Kracht (OVK)**: A school-based programme delivered by teachers intended to prevent depression in adolescents between the ages of 11 and 16. Teachers also received a comprehensive manual and could ask questions of the trainers at any time during the training or during the course of the program. OVK is a translated and adapted version of the Penn Resiliency Program. It is delivered to entire classes as part of the regular school curriculum. The programme is comprised of 16 lessons taught over the course of 6 months.

- 1.64 **Parenting Wisely**: A CD-ROM self-administered parent training program. Parents view video clips on a family struggling with one of 9 common family problems, select a solution to the problem out of the alternatives, view a video enactment of their selected solution, and participate in a critique of that choice. After, they are shown the most effective solution with a series of multiple-choice questions about the concepts and skills depicted in that section. It takes roughly 2 hours for parents to complete the program.
- 1.65 **Penn Preventive Program (PPP)**: A universal programme delivered in school settings. It is designed to build young people's resilience and promote realistic thinking and adaptive coping. Programme sessions include lessons on topics including: feelings and thoughts, dealing with family conflict, assertion and negotiation, coping skills, social skills training, decision making, and problem solving.
- 1.66 **Penn Resiliency Programme (PRP)**: An 18-lesson curriculum aimed at 11–13-year olds (although it has been used with a range of different age groups). The lessons are taught by a PRP trained teacher and generally taught during PSHE lessons. The programme enables young people to develop skills to be more resilient in dealing with situations both in and out of school. Young people develop skills in emotion control and emotional awareness, problem solving, assertiveness, peer relationships, and decision making.
- 1.67 **Personal Wellbeing Lesson Curriculum** (as described in the review by MacKenzie and Williams, 2018): Covers the 'scientific basis of happiness' focusing specifically on 2 core aspects: positive emotions/experiences and positive relationships. Based on theoretical constructs from wellbeing research and positive psychology, for example, 'three good things', forgiveness.
- 1.68 **Physical activity programme** (as described in Bonhauser et al., 2005): This programme aims to improve mental health through physical activity. Three sessions were held each week and each lasted 90 min. Each session consisted of 3 steps. The first step included minimum activity with no weight transfer: stretching, and non-strenuous arm, leg and trunk movement. The second step included weight transfer activities and incorporated dynamic large muscle movements such as fast walking, running and jumping. The third step consisted of sports practice. This part of the session varied according to the unit students were involved in throughout the year. In each of the units, students learn and practice specific sports skills. Men and women chose different sports to practice. Women chose dance, aerobics, track practice and volleyball. Men chose soccer, basketball, volleyball and track practice. Each unit was conducted for 10 consecutive weeks so that all students were practicing the same sport at any given point in time during the year. Classes in the intervention group were given

additional materials (e.g. balls) so that students had more opportunities to be active during a class.

- 1.69 **Play on the school field or the playground** (as described in Wood et al, 2014): Over 2 consecutive weeks participants were allocated to either play on the school field or the playground during morning and lunch playtime. Participants were instructed to play as normal and were free to engage in their chosen activities. Morning playtime lasted for 15 minutes, whilst lunch playtime lasted for one hour including the time taken to eat lunch (approximately 30 minutes).
- 1.70 **Positive Thinking Program**: A universal school-based mental health promotion programme based on cognitive and behavioural strategies. It is designed to meet the developmental needs of children in the middle primary school Years 4 and 5. It aims to prevent depressive symptoms and disorders, by promoting optimistic thinking styles, emotional regulation and social competence during the middle childhood years.
- 1.71 **Proactive Classroom Management** (as described in Abbott et al., 1998): A classroom management strategy to minimise disruption in class activities. Teachers develop and use methods to prevent and manage student misbehaviour. Strategies include establishing consistent classroom routines; rewarding good behaviour; and providing clear learning objectives.
- 1.72 **Problem Solving for Life** (as described in Spence et al., 2003): Includes a training day (or 2 evening sessions) lasting approximately 6 hours which explains the theory underlying the program. The programme included 8 sessions which could be delivered during a class period of 45–50 minutes, once per week, over 8 weeks. Teachers had a curriculum which included materials to teach life problem-solving skills, positive problem-solving orientation, and optimistic-thinking styles. Teachers also received supporting materials such as resource book, overheads, background notes, handouts, cartoons, puzzle pieces, and posters being provided for each session.
- 1.73 **Promoting Alternative Thinking Strategies**: Promoting Alternative Thinking Strategies (PATHS) is a comprehensive program for promoting emotional and social competencies and reducing aggression and behavior problems in elementary school-aged children while simultaneously enhancing the educational process in the classroom. The curriculum is designed to be used by educators and counselors in a multi-year, universal prevention model. The PATHS Curriculum was developed for use in the classroom setting with all elementary school aged-children, but it has also been researched with a variety of special needs students (deaf, hearing-impaired, learning disabled, emotionally disturbed, mildly mentally delayed, and gifted). Ideally it should be initiated at the entrance to schooling and continue through Grade 5 and be taught 3 times per week for a minimum of 20-30

minutes per day. The curriculum provides teachers with systematic, developmentally-based lessons, materials, and instructions for teaching their students emotional literacy, self-control, social competence, positive peer relations, and interpersonal problem-solving skills. PATHS lessons include instruction in identifying and labeling feelings, expressing feelings, assessing the intensity of feelings, managing feelings, understanding the difference between feelings and behaviors, delaying gratification, controlling impulses, reducing stress, self-talk, reading and interpreting social cues, understanding the perspectives of others, using steps for problem-solving and decision-making, having a positive attitude toward life, self-awareness, nonverbal communication skills, and verbal communication skills.

- 1.74 **Psycho-educative and behavioural intervention to prevent depression** (as described in Clarke et al., 1993): Participants received five 50-minute prevention health classes. The first session included an introductory lecture and a 20-minute video. Consecutive sessions presented a behavioural intervention for depression where adolescents were provided with training to increase their daily rates of pleasant activities.
- 1.75 **Psycho-educative intervention to prevent depression** (as described in Clarke et al., 1993): It consisted of 3 50-minute prevention health classes (lectures and a 20-minute video). Health class teachers also received 2 hours training in the administration of the curriculum and had a scripted curriculum. The curriculum encouraged adolescents to increase their daily rates of pleasant activities. No specific behavioural-skills training were given.
- 1.76 **Resilient Families Intervention**: An Australian school-based 10-week programme delivered to Year 7 students by their classroom teachers. The programme aims to increase family involvement and enhance parent education opportunities and through these means improves student adjustment to secondary school. It covers communication skills, emotional awareness, conflict resolution, stress reduction, responsibilities in the family, and changes that occur in families.
- 1.77 **Resourceful Adolescent Programme (RAP UK)**: Developed to build resilience and promote positive mental health in teenagers. The programme specifically aims to prevent teenage depression and related difficulties. It is primarily run as a universal prevention program. It is a positively focused programme that consists of 11 sessions of approximately 50 minutes duration. The programme is usually run as part of the school curriculum (from grades 7 to 10) and it can be delivered by a range of professionals (i.e. psychologists/social workers/occupational therapists/psychiatrists/mental health nurses, school counsellors/guidance officers/chaplains, teachers or community workers).

- 1.78 **Resourceful Adolescent Programme with family component** (as described in the review by Carnevale, 2013): This programme builds on the RAP and includes a further educational component for parents.
- 1.79 **Responsive Advocacy for Life and Learning in Youth (RALLY)**: The programme is based on developmental psychopathology theory, emphasising a risk and resilience framework. It is a multi-component programme with a few components delivered universally in the classroom. The focus of RALLY is pulling in services to the classroom and school in order to extend prevention and intervention into the child's everyday experiences.
- 1.80 **Responsive Classroom Approach**: An approach that focuses on the relationship between academic success and social-emotional learning. It has different models for middle school and elementary school and consists of a set of practices and strategies that build academic and social-emotional competencies. It has set structures which may include a morning meeting to set goals for the day and a group activity; establishing rules and identifying consequences etc.
- 1.81 **School-based Train-the-trainers Accessibility of Resources (STAR project)** (as described in Ha et al., 2015): A three-day 12-hour skipping workshop which was held to support PE teachers and their student sports leaders to teach the promotion of skipping in school settings. Additionally, skipping ambassadors (professionally trained individuals) were available and helped participating schools to conduct relevant skipping activities. For 4 weeks, participating schools received a free package containing skipping materials, ropes, professional skipping training and ambassadors' support. The research team also helped schools set up a rope skipping corner during recess and lunch periods, where skipping ropes and relevant materials were made available to all students.
- 1.82 **SchoolSpace**: A one-day intervention delivered by NHS staff covering topics such as stress, depression, psychosis and a drama workshop.
- 1.83 **SEAL for adolescents** (as described in the O'Reilly et al., 2018 review): A whole-school social and emotional intervention. Schools visited once per term over 5 terms.
- 1.84 **Second Step: Student Success through Prevention**: The Steps to Respect programme is designed to decrease school bullying problems by (a) increasing staff awareness and responsiveness, (b) fostering socially responsible beliefs, and (c) teaching social-emotional skills to counter bullying and promote healthy relationships. Comprises a school-wide programme guide, staff training, and classroom lessons for students in grades 3–6. The programme guide presents an overview of curricular content, goals, and research foundations as well as a blueprint for developing school-wide policy and procedures. All staff receive an

overview of programme goals and key features of programme content (e.g., a definition of bullying, a model for responding to bullying reports). Teachers, counsellors, and administrators receive additional training in how to coach students involved in bullying. Take home messages are sent to parents with potential activities to support their children.

- 1.85 **Sensibility Development Program Against Cyberbullying:** Involves discussion sessions on cyberbullying, human rights, negative aspects of virtual environment, peer pressure and students' experiences and feelings about cyberbullying. Programme length: 5 weeks.
- 1.86 **Social and Emotional Training (SET):** The programme is guided by detailed manuals for teachers, it also includes a workbook for students of each grade. SET focuses on helping the development of the following 5 functions of students: self-awareness, managing one's emotions, empathy, motivation and social competence. Teachers are instructed to use modelling and role-play in the exercises, and interaction between school and parents is emphasised.
- 1.87 **Social, Personal and Health Educational Programme:** A DVD-based resource that consists of 14 stories of young people's experiences of dealing with mental health problems (e.g. anxiety, depression, ADHD, OCD, self-harm and suicide) and stories of adolescents who have coped with issues such as bullying, school pressures, and conflict with parents. The stories offer advice on how to cope and give ideas on how to improve relationships, things young people can do to help themselves and getting help and support.
- 1.88 **Steps to respect:** This program has a dual focus on bullying and friendship. It is designed to decrease bullying at school and help students build more supportive relationships with each other. The roles of children who bully, children who are the targets of bullying, and the 'bystanders' are addressed. The program focuses on developing the skills of teachers, administrators, parents, and other adults to develop a school-wide approach to bullying, while training students to make and keep friends, as well as recognise, resist and report bullying behaviour.
- 1.89 **Stockholm County Implementation Programme** (as described in Elinder et al., 2012): The aim of the programme is to improve students' diet, physical activity and self-esteem and promote the development of healthy body weight. It consists of 4 workshops delivered to health teams formed by the individual schools that are in the trial. First workshop: the health teams are asked to fill in a self-assessment tool called The KEY which consists of 4 modules (General school health practices (8 items), Physical activity (14 items), Mental health (13 items), and Nutrition (16 items)). Second workshop: the teams were asked to write their action plans based on the KEY results (focusing at least 3 of the 4 KEY modules). The implementation of action plans was carried out by school staff, coached by the research team.

Third workshop: health teams presented their action plans to each other. Each school received at least 3 visits by the research team during the intervention period. All school staff were also invited to 4 training sessions concerning health promotion, diet and health, physical activity and health, mental health, and outdoor education. Lastly, each school organised at least one meeting for parents, where a typical school meal was served, and the research team gave a presentation of the project and its background and questions were taken from the audience. All parents received a health information brochure to take home. The last workshop consisted of decision makers, public officials from the municipality and health teams to discuss the programme's sustainability.

- 1.90 **Strengthening Families Program**: Formerly known as the Iowa Strengthening Families Program. A seven-week-long intervention aimed to reduce substance use among 10–14-year-olds and improve the parent–child relationship by teaching various communication, problem-solving, and perspective-taking skills to parents and adolescents.
- 1.91 **Stress management as part of health promotion programme** (as described in the O'Reilly et al., 2018 review): Delivered by a physiotherapist who had experience of stress management.
- 1.92 **Strong Start**: Includes instruction sessions with scenarios, role play, think/pair/share activities and children's literature. The aim of the programme is to promote social and emotional wellbeing to prevent future emotional and behavioural problems. Duration: weekly sessions over one year. Delivered by a teacher.
- 1.93 **Substance abuse risk reduction I and II: SARR I** (as described in Schinke et al., 2004) Consists of 14 computer-mediated intervention modules which aims to enhance the quality of girls' relationships with their mothers and teach girls cognitive behavioural skills to avoid underage drinking. The first 5 modules focused on rapport building to build a foundation of positive parent–child communication, interpersonal relationships, and respect between girls and their mothers. The next 5 modules addressed conflict management, ground rules for negotiating arguments, the value of being polite and respectful, and empathic listening. The last 4 helped participants analyse media portrayals of drinking, enabled girls to correctly understand peer norms around underage drinking, and taught alcohol use-refusal skills that they practiced in role-play scenarios. Each intervention module was introduced and demonstrated by animated characters portraying an adolescent girl and her mother. **SARR II** (as described in Fang et al., 2010) Consists of nine 35–45-minute interactive sessions, each including 3 to 5 interactive modules for girls and mothers to complete together. The modules include: mother–daughter relationship; conflict management; substance use

opportunities; body image; mood management; stress management; problem solving; social influences and self-efficacy.

- 1.94 **Tabby in Internet:** Lesson on digital citizenship, videos and discussion on cyberbullying. Teachers received training booklet. Online videos and surveys. Programme length: one day.
- 1.95 **Taming Worry Dragons:** Taming Worry Dragons is a creative approach to CBT and psychoeducation (teaching about mental health conditions) that is designed to help anxious children learn how to cope with their worries. The approach can be adapted by therapists and parents to match the developmental level and interests of the child involved.
- 1.96 **Teaching Kids to Cope** (as described in Puskar et al., 2003): Consisted of 45-minute group sessions that took place during school time. Group leaders were master's-level nurses with psychiatric mental health experience including group therapy and adolescent work.
- 1.97 **Think Feel Do:** A computerised CBT programme that includes cartoon characters which guide users through activities including quizzes, practical exercises, music. Length: six 45-minute sessions. Covers themes that include emotion recognition and management; linking thoughts, feelings and behaviour; identifying and challenging negative thoughts; and problem solving.
- 1.98 **Thinking About Reward in Young People:** A modified CBT model with a session on identifying rewarding experiences and happy memories; a session on identifying and evaluating thoughts; 2 sessions on decision making (evaluating potential risks and rewards when making decisions); a session on the role of social support and a final recap session. TRY primarily aims to identify and focus on positive events and memories in addition to decision making training. The intervention is designed to be delivered by practitioners that have had significant training and experience in CBT.
- 1.99 **Think Time:** Designed to help teachers with classroom management by addressing disruptive behaviours in class. The design enables the provision of feedback and a distraction free environment for the student to think about their behaviour, and then discussion of the behaviour with the student before returning the him/her to the classroom. It requires team work between 2 or more teachers and having a designated Think Time area.
- 1.100 **Tri-Ministry study Classwide Social Skills Program:** Consists of 3 universal programs: 1) a Classwide Social Skills Program (SS), 2) Connections Partner Reading Program (RE), and 3) a combination of both (SS/RE). Programmes are administered by classroom teachers who were trained by programme facilitators.

- 1.101 **Triple P online**: A web-based parenting intervention for parents of children up to 12 years. Parents are given access to a website which enables them to work through 8 modules sequentially which consists of video clips, worksheets and activities. Each module takes around 30–60 minutes to complete and they focus on positive parenting principles and supporting parents to integrate and generalise parenting strategies through parenting plans. A practitioner can provide support alongside the self-directed online programme and participants can sign up for podcast, email and SMS reminders.
- 1.102 **UK Resiliency Programme (UKRP)**: The UK implementation of the Penn Resiliency Program, a wellbeing programme.
- 1.103 **UP**: It includes education and activities for children, staff skill development, parental involvement, school initiatives. It aims to enhance social and emotional competencies and improve mental health, and increase the positivity of the school mental health environment. Duration: 1 year.
- 1.104 **ViSC Social Competence Program**: A primary preventive programme designed for secondary schools, the main goal being to reduce aggressive behaviour and bullying. Teachers are trained in how to respond to cyberbullying; students complete group project on bullying prevention but cyberbullying not specifically discussed. Parents involved. Programme length: one year.
- 1.105 **WebQuest**: Includes learning activities focused on daily internet use, network etiquette, roles in cyberbullying and group project to create poster. Programme length: 4 weeks.
- 1.106 **Well-being Therapy (WBT)** (as described in Ruini et al., 2006 article): A school-based intervention that encompasses 6 dimensions: autonomy, personal growth, environmental mastery, purpose in life, positive relations and self-acceptance. The aim is to help students in recognising, experiencing and sharing positive emotions. It consists of games, role-playing and group discussions.
- 1.107 **Williams LifeSkills**: Provides training in anger and stress management and stress-related coping skills.
- 1.108 **Yoga sessions** (as described in the O'Reilly et al., 2018 review): Included mindfulness and meditation. The focus was on stress management, emotional regulation, confidence building and promoting peer relationships. Yoga sessions were 35 minutes long and delivered 12 times per week. Integrated into the Physical Education curriculum.

- 1.109 **Yo (I), Pienso (Think), Siento (Feel), and Actuo (Act)**: Based on a cognitive-behavioural therapy model. The program consists of 11 sessions organised as follows: one to give an introduction and explain the influence of thoughts about on what we feel and how we act; 6 sessions dedicated to how we think, the pessimistic thinking style, and how we can change and learn emotional regulation; 3 sessions centred on problem solving; and the last session to summarise what has been learned and how it can be applied it in the future.
- 1.110 **Youth mental health** (Deitz et al., 2009): A web-based program for parents that consists of 4 modules. The modules include: 1) anxiety and related disorders module that gives information about the types of anxiety disorders and potential signs that a child may exhibit; 2) depression module which provides facts and statistics on the prevalence, explains common signs and discussion about suicide; 3) treatment module containing information about how to choose the right provider, medications and psychotherapy; and 4) what parents can do module, aiming to build parents' skills in the areas of communication, interpersonal relationships, and healthy lifestyles.
- 1.111 **YouthMood/MoodGYM**: An interactive face-to-face or web program designed to prevent depression using the principals of CBT. It consists of 5 modules, an interactive game, anxiety and depression assessments, a downloadable relaxation audio and a workbook and feedback assessment.
- 1.112 **Zippy's Friends**: The programme is designed to promote the mental health and emotional wellbeing of all young children by increasing their repertoire of coping skills and by stimulating varied and flexible ways of coping with problems in day-to-day life. Zippy's friends is a 24-week course, split into 6 modules (one module is made up of 4 sessions). Each module covers a different theme, including: feelings; communication; making and breaking relationships; bullying and conflict; change and loss.
- 1.113 **4Rs Program: Reading, Writing, Respect, and Resolution**: The programme provides read-alouds, book talks, and sequential, interactive skills lessons to develop social and emotional skills related to understanding and managing feelings, listening and developing empathy, being assertive, solving conflict creatively and non-violently, honouring diversity, and standing up to teasing and bullying. 4Rs is a grade-specific programme available for students in prekindergarten through eighth grade. Students also take home activities to complete with their caregivers and 4Rs "Family Connections" parent workshops. Peer Mediation and Peace Helper programs are also available to support classroom- and school-wide programming.

References

- Abbott, R., O'Donnell, J., Hawkins, D., Hill, K., Kosterman, R., & Catalano, R. (1998). Changing teaching practices to promote achievement and bonding to school. *American Journal of Orthopsychiatry*, 68, 542–552.
- Aune, T., & Stiles, T. C. (2009). Universal-based prevention of syndromal and subsyndromal social anxiety: a randomized controlled study. *Journal of Consulting and Clinical Psychology*, 77(5), 867–879.
- Atkins, M. S., Frazier, S. L., Birman, D., Adil, J. A., Jackson, M., Graczyk, P., McKay M. M., et al. (2006). School-based mental health services for children living in high poverty urban communities. *Administration and Policy in Mental Health and Mental Health Services Research*, 33, 146–159.
- Bonhauser, M., Fernandez, G., Püschel, K., Yañez, F., Montero, J., Thompson, B., & Coronado, G. (2005). Improving physical fitness and emotional well-being in adolescents of low socioeconomic status in Chile: results of a school-based controlled trial. *Health Promotion International*, 20(2), 113-122.
- Brown, L., Gregoski, M., Tinggen, M., Barnes, V. A., & Treiber, F. (2011). Impact of stress reduction interventions on hostility and ambulatory systolic blood pressure in African American adolescents. *Journal of Black Psychology*, 37, 210–233.
- Cappella, E., Hamre, B., Kim, H. Y., Henry, D. B., Frazier, S. L., & Atkins, M. S. (2012). Teacher consultation and coaching within mental health practice: Classroom and child effects in urban elementary schools. *Journal of Consulting and Clinical Psychology*, 80(4), 597–610.
- Carnevale, T. D. (2013). Universal adolescent depression prevention programs: a review. *The Journal of School Nursing*, 29(3), 181-195.
- Clarke, G. N., Hawkins, W., Murphy, M., & Sheeber, L. (1993). School-based primary prevention of depressive symptomatology in adolescents: findings from two studies. *Journal of Adolescent Research*, 8(2), 183–204.
- Collins, S., Woolfson, L.M., & Durkin, K. (2014). Effects on coping skills and anxiety of a universal school-based mental health intervention delivered in Scottish primary schools. *School Psychology International*, 35, 85–100.
- Deitz, D. K., Cook, R. F., Billings, D. W., & Hendrickson, A. (2009). Brief report: a web-based mental health program: reaching parents at work. *Journal of Pediatric Psychology*, 34(5), 488–494.
- Dray, J., Bowman, J., Campbell, E., Freund, M., Wolfenden, L., Hodder, R. K., et al. (2017). Systematic review of universal resilience-focused interventions targeting child and adolescent mental health in the school setting. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(10), 813–824.

- Elinder, L. S., Heinemans, N., Hagberg, J., Quetel, A-K., & Hagstromer, M. (2012). A participatory and capacity-building approach to healthy eating and physical activity – SCIP-school: a 2-year controlled trial. *International Journal of Behavioral Nutrition and Physical Activity*, 9, 145–157.
- Fang, L., Schinke, S. P., & Cole, K. C. A. (2010). Preventing substance use among early Asian-American adolescent girls: Initial evaluation of a web-based, mother-daughter program. *Journal of Adolescent Health*, 47, 529–532.
- Fekkes, M., Pijpers F. I., Verloove-Vanhorick, S. P. (2006). Effects of antibullying school program on bullying and health complaints. *Archives of Pediatrics and Adolescent Medicine*, 160(6), 638–44.
- Fonagy, P., Twelow, S. W., Vernberg, E. M., Nelson, J. M., Dill, E. J., Little, T. D., et al. (2009). A cluster randomized controlled trial of child-focused psychiatric consultation and a school systems-focused intervention to reduce aggression. *Journal of Child Psychology and Psychiatry*, 50(5), 607–616.
- Franco, C., Mañas, I., Cangas, A. J., & Gallego, J. (2011). Exploring the effects of a mindfulness program for students of secondary school. *International Journal of Knowledge Society Research*, 2, 14–28.
- Ha, A. M., Burnett, A., Sum, R., Medic, N., & Ng, J. Y. Y. (2015). Outcomes of the rope skipping 'STAR' programme for schoolchildren. *Journal of Human Kinetics*, 45, 233–240.
- Hains, A. A. (1992). Comparison of cognitive-behavioral stress management techniques with adolescent boys. *Journal of Counseling & Development*, 70(5), 600-605.
- Hains, A. A., & Ellmann, S. W. (1994). Stress inoculation training as a preventative intervention for high school youths. *Journal of Cognitive Psychotherapy*, 8(3), 219.
- Hains, A., & Szyjakowski, M. (1990). A cognitive stress-reduction intervention program for adolescents. *Journal of Counselling Psychology*, 37(1), 79–84.
- Holt, L. J., Bry, B. H., & Johnson, V. L. (2008). Enhancing school engagement in at-risk, urban minority adolescents through a school-based, adult mentoring intervention. *Child & Family Behavior Therapy*, 30(4), 297–318.
- Hong, L., Yufeng, W., Agho, K., & Jacobs, J. (2011). Preventing behavior problems among elementary schoolchildren: impact of a universal school-based program in China. *Journal of School Health*, 81, 273–280.
- Horowitz, J. L., Garber, J. C., Jeffrey, A., Young, J. F., Mufson, L. (2007). Prevention of depressive symptoms in adolescents: A randomized trial of cognitive-behavioral and interpersonal prevention programs. *Journal of Consulting and Clinical Psychology*, 75(5), 693–706.
- Hyndman, B. P., Benson, A.C., Ullah, S., & Telford, A. (2014). Evaluating the effects of the Lunchtime Enjoyment Activity and Play (LEAP) school playground intervention on children's quality of life, enjoyment and participation in physical activity. *BMC Public Health*, 14, 164.

Justo, C. F., Ayala, E. S., & Martínez, E. J. (2010). Incidencia de un programa psicoeducativo de mindfulness (conciencia plena) sobre el autoconcepto y el rendimiento académico de estudiantes inmigrantes sudamericanos residentes en España. *Revista iberoamericana de educación*, 53(6), 3.

Langer, Á. I., Ulloa, V. G., Cangas, A. J., Rojas, G., & Krause, M. (2015). Mindfulness-based interventions in secondary education: a qualitative systematic review/Intervenciones basadas en mindfulness en educación secundaria: una revisión sistemática cualitativa. *Estudios de Psicología*, 36(3), 533-570.

Leventhal, K. S., Gillham, J., DeMaria, L., Andrew, G., Peabody, J., & Leventhal, S. (2015). Building psychosocial assets and wellbeing among adolescent girls: A randomized controlled trial. *Journal of Adolescence*, 45, 284–295.

MacKenzie, E. P., Hilgedick, J. M. (2000). The computer-assisted parenting program (CAPP): The use of a computerized behavioral parent-training program as an educational tool. *Child and Family Behavior Therapy*, 21(4), 23–43.

Mackenzie, K., & Williams, C. (2018). Universal, school-based interventions to promote mental and emotional well-being: what is being done in the UK and does it work? A systematic review. *BMJ open*, 8(9), e022560.

Manz, R., Junge, J., Neumer, S. & Margraf, J. (2001). Primary prevention of anxious and depressive symptoms in adolescents. First Results from a Quasi-Experimental Study. *Zeitschrift fur Gesundheitswissenschaften*, 9, 229–241.

O'Reilly, M., Svirydzenka, N., Adams, S., & Dogra, N. (2018). Review of mental health promotion in schools. *Social Psychiatry and Psychiatric Epidemiology*, 53(7), 647–662.

Pianta, R. C., La Paro, K. M., & Hamre, B. K. (2008). *Classroom Assessment Scoring System (CLASS) Manual, K-3*. Baltimore: Brooks Publishing Co.

Pössel, P., Horn, A. B., Groen, G. & Hautzinger, M. (2004) School-based prevention of depressive symptoms in adolescents: a 6-month follow-up. *Journal of the American Academy of Child & Adolescent Psychiatry*, 43, 1003–1010.

Pössel, P., Seemann, S. & Hautzinger, M. (2008). Impact of comorbidity in prevention of adolescent depressive symptoms. *Journal of Counseling Psychology*, 55, 106–117.

Puskar, K., Sereika, S., & Tusaie-Mumford, K. (2003). Effects of the Teaching Kids to Cope (TKC) program on outcomes of depression and coping among rural adolescents. *Journal of Child Adolescent Psychiatric Nursing*, 16, 71–80.

Raes, F., Griffith, J., Van der Gucht, K., & Williams, J. (2013). School-based prevention and reduction of depression in adolescents: A cluster-randomized controlled trial of a mindfulness group program. *Mindfulness*, 5(5), 477–486.

Ruini, C., Belaise, C., Brombin, C., Caffo, E., & Fava, G.A. (2006). Well-being therapy in school settings: a pilot settings. *Psychotherapy and Psychomatics*, 75(6), 331–336.

- Schinke, S. P., Schwinn, T. M., Di Noia, J., & Cole, K. C. (2004). Reducing the risks of alcohol use among urban youth: Three-year effects of a computer-based intervention with and without parent involvement. *Journal of Studies on Alcohol and Drugs*, 65(4), 443–449.
- Spence, S. H., Sheffield, J. K., & Donovan, C. L. (2003). Preventing adolescent depression: An evaluation of the problem solving for life program. *Journal of Consulting and Clinical Psychology*, 71, 3–13.
- Stanley, H., Goldstein, A., & Bry, B. H. (1976). *Program manual for the Early Secondary Intervention Program (renamed the Behavioral Monitoring and Reinforcement Program)*. (Available from Brenna H. Bry, PhD, Graduate School of Applied and Professional Psychology, 152 Frelinghuysen Road, Piscataway, NJ 08854).
- Wood, C., Gladwell, V., & Barton, J. (2014). A repeated measures experiment of school playing environment to increase physical activity and enhance self-esteem in UK school children. *PLOS ONE*, 9(9), e108701.
- Wuthrich, V. M., Rapee, R. M., Cunningham, M. J., Lyneham, H. J., Hudson, J. L., & Schniering, C. A. (2012). A randomized controlled trial of the cool teens CD-ROM computerized program for adolescent anxiety. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51(3), 261–270.