



School-Based Mental Health and Substance Abuse Consortium  
Knowledge Translation and Review Team

**School-Based Mental Health and Substance Abuse:  
A Review of Systematic Reviews and Meta-analyses**

An overview of findings in context

*This overview provides highlights from the systematic synthesis of research reviews conducted by Directions Evidence and Policy Research Group (Directions EPRG) on behalf of the School-Based Mental Health and Substance Abuse (SBMHSA) Consortium.*

*In addition, the overview places these findings in policy/practice context, includes reference to resources that are consistent with the evidence summarized, and provides initial recommendations in the form of actionable messages.*

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# SBMHSA Consortium

## Review Findings

This overview provides highlights from the systematic synthesis of reviews conducted by Directions EPRG on behalf of the SBMHSA Consortium. The Review synthesizes findings from 94 systematic reviews and meta-analyses conducted prior to January 2010 that met inclusion criteria (363 reviews screened). Rather than focusing on individual studies, this methodology collates high quality research from multiple studies devoted to the same topic. The KTE Report places these findings in policy/practice context, includes reference to resources consistent with the evidence, and provides a series of actionable messages. Findings are organized using the Mental Health Commission of Canada's Evergreen Framework, in terms of mental health promotion, prevention and intervention (Kutcher & McLuckie, 2010).

### Mental Health Promotion

#### ***Bottom Line***

Universal school-based initiatives designed to promote student social-skill development (also known as social emotional learning) are associated with enhanced prosocial ability, self-concept, and academic achievement (see also the more recent meta-analysis by Durlak et al., 2011). The balance of evidence suggests that educators are well-positioned to deliver instruction in this area, and that teacher involvement is associated with academic gains. Best results follow when skills are taught systematically in a class-wide manner with opportunities for practice and generalization, conducted within a sustained whole-school approach to mental health promotion. The implementation literature suggests that professional development, adherence to evidence-based protocols, and ongoing program evaluation is important for positive student outcomes.

#### ***Actionable Messages***

These findings are consistent with the Comprehensive School Health Framework (JCSH, 2009) which suggests that mental health promotion should exist within a whole school approach that considers (1) teaching and learning (2) school environment (3) partnerships and (4) policy.

- (1) Given that students benefit from systematic teacher instruction to enhance social-emotional skills (e.g., problem-solving, decision-making, social interactions, self-management), consideration should be given to including this within curriculum in Canadian schools where this is not yet occurring. Educators and policy leaders can learn more at the Collaborative for Academic and Social Emotional Learning (<http://case1.org>).
- (2) It is the responsibility of school/board leaders to ensure that school environments support student safety, belonging, engagement, and well-being. Leaders are encouraged to assess school climate to identify priority areas for action. Longer mental health promotion efforts are superior to shorter initiatives; therefore school boards in Canada should plan to embed this into board/school plans over several years.
- (3) The review suggests that family engagement in school-wide mental health promotion efforts has positive benefits. The Joint Consortium for School Health (2010, pp 32-33) recommends several key methods for sustained positive school-family communication.
- (4) In order for effective mental health promotion to occur in Canadian schools, governments need to commit to this as a national/provincial priority. This review calls for policy to include social emotional learning at school, to ensure adequate professional development for educators delivering instruction in this area, and to promote the use of evidence-based practices in school mental health promotion.

# SBMHSA Consortium Review Findings

## Prevention

### Bottom Line

Internalizing	Externalizing	Substance Use
<p><b>School-based behavioural and cognitive-behavioural programs, designed to prevent problems like depressed mood and anxiety, appear to be effective in reducing symptoms in this area.</b></p> <p><b>The best approaches are skill-based (developing protective factors and increasing competence), not just psychoeducational in nature. Brief, information-focused depression prevention programs are not effective.</b></p> <p><b>Screening, tied with intervention, can be effective, though it is important to attend to the potential for stigmatization with targeted approaches.</b></p> <p><b>Suicide prevention is a complex area warranting special consideration. The literature is not yet conclusive, but emerging evidence suggests that building capacity to recognize warning signs amongst educators (and parents and students) is helpful. Early identification and treatment of mental health problems is a key part of suicide prevention.</b></p>	<p>School-based behavioural and cognitive-behavioural programs, designed to prevent problems with aggression and conduct, appear to be effective in reducing symptoms in this area.</p> <p>The best approaches focus on prosocial skill development, conflict resolution, anger control, and stress management.</p>	<p>There are mixed results for school-based substance use prevention programming.</p> <p>The best approaches involve interactive methods with considerable participant dialogue, and focus on resistance education (refusal skills) and life skills training (decision-making, assertiveness, problem-solving).</p> <p>Not all programs are effective. Those that focus on social influence (understanding peer pressure) and affective education (building self-esteem) yield limited effects.</p> <p>There is some evidence that peer involvement in delivery of programs can be helpful, particular for female student audiences and for those at lower risk of substance use. It is important to avoid messages that normalize substance use and highlight the perceived availability of drugs.</p>

# SBMHSA Consortium Review Findings

## Actionable Messages

Internalizing	Externalizing	Substance Use
<p><b>Internalizing disorders can be difficult to detect. Raising awareness amongst educators (and parents and students) about common signs, and resources that can help, is important. School boards may also wish to consider some form of early identification process where students can seek help by self-reporting their concerns.</b></p> <p><b>Schools that have identified that internalizing problems are an area of concern should consider the implementation of behavioural / cognitive behavioural prevention programs. Selection and implementation of programs should involve school mental health professionals, where available. There are existing menus of evidence-based programs to draw from, for example, the US Substance Abuse &amp; Mental Health Services Administration’s (SAMHSA) National Registry of Evidence-Based Programs &amp; Practices: <a href="http://nrepp.samhsa.gov/">http://nrepp.samhsa.gov/</a></b></p> <p><b>Although the literature is not definitive in the specific approach, it is recommended that Canadian school boards consider having a suicide prevention and response plan. Resources that can be helpful in this regard include:</b></p> <p><b>Canadian Association for Suicide Prevention <a href="http://www.suicideprevention.ca/">http://www.suicideprevention.ca/</a></b></p> <p><b>School-Based Youth Suicide Prevention Guide <a href="http://theguide.fmhi.usf.edu/">http://theguide.fmhi.usf.edu/</a></b></p>	<p>The Positive Behavioural Intervention and Supports movement advises a three-tiered model of intervention support that is not unlike the Evergreen Framework. It emphasizes the use of evidence-based practices universally (promotion), for specialized groups (prevention), and in the form of highly individualized support (intervention). There has been considerable work in the area of school-wide intervention support for disruptive behavior, along these tiers of intervention. System and school leaders may wish to consult the <i>Technical Assistance Center on Positive Behavioural Interventions and Supports</i> for useful resources related to prevention and intervention: <a href="http://www.pbis.org/">http://www.pbis.org/</a></p> <p>Schools that have identified that externalizing problems are an area of concern should consider the implementation of behavioural / cognitive behavioural prevention programs. Selection and implementation of programs should involve school mental health professionals, where available. There are existing menus of evidence-based programs to draw from, for example, SAMHSA (2011) listing of evidence-based and promising practices for disruptive behavior disorders: <a href="http://store.samhsa.gov/shin/content//SMA11-4634CD-DVD/EBPsPromisingPractices-IDBD.pdf">http://store.samhsa.gov/shin/content//SMA11-4634CD-DVD/EBPsPromisingPractices-IDBD.pdf</a></p>	<p>The recently released <i>Cross-Canada Report on Student Alcohol and Drug Use</i> (Canadian Centre on Substance Abuse, 2011) provides a national picture of student reported substance use. This compilation of survey data across provinces can be used to identify areas of focus for intervention (e.g., use of alcohol in early secondary school and the accompanying risky behaviours): <a href="http://www.ccsa.ca/">http://www.ccsa.ca/</a></p> <p>Because the evidence is mixed, school boards should consult the evidence-base carefully before selecting a substance use prevention program. <i>Preventing Substance Use Problems among Young People: A compendium of best practices</i> (Health Canada, 2002) or <i>Best Practices: Early intervention, outreach, and community linkages for youth</i> (Health Canada 2008) are useful starting places.</p>

# SBMHSA Consortium Review Findings

## Intervention and Ongoing Care

*Bottom Line*

Internalizing	Externalizing	Substance Use
<p><b>School-based behavioural and cognitive-behavioural programs, designed to treat problems like depressed mood and anxiety, are effective (more effective than general counseling).</b></p> <p><b>The best approaches are skill-based and include common elements such as social and problem solving skills, active coping, relaxation training, and cognitive restructuring.</b></p> <p><b>There is emerging evidence to suggest that modular, common elements, approach to intervention is effective (see Chorpita &amp; Daleiden, 2009)</b></p> <p><b>Both individual and group treatments have been shown to have positive effects.</b></p>	<p>School-based behavioural and cognitive-behavioural programs, designed to treat problems with aggression and conduct, are effective.</p> <p>The best approaches focus on cognitive behavioural techniques such as recognizing stimuli that evoke negative emotions, resisting automatic aggressive responses, and implementing alternative strategies. Skill-building in the area of perspective-taking, self-control, and conflict resolution has also been shown to be helpful.</p> <p>While group treatments may have positive effects when adequate structure and adherence to evidence-based protocols are in place, leaders need to be attentive to the possibility of contagion effects when students with disruptive behaviours are congregated (Dishion &amp; Dodge, 2006).</p>	<p>The review did not yield an evidence base within the systematic review or meta-analytic literature related to substance use treatment at school.</p>

# SBMHSA Consortium Review Findings

## *Actionable Messages*

Internalizing	Externalizing	Substance Use
<p><b>Schools are a good place to intervene with students who are struggling with internalizing problems, when boards have qualified school mental health professionals on staff to deliver these services.</b></p> <p><b>Rather than a general counseling approach, school boards are encouraged to adopt cognitive-behavioural approaches to individual and group treatment.</b></p> <p><b>In recent years, there has been a focus on identifying common elements of evidence-based treatments for internalizing disorders. School mental health professionals may wish to consult PracticeWise for more information: <a href="http://www.practicewise.com/">http://www.practicewise.com/</a></b></p> <p><b>When students are experiencing high levels of distress, particularly when school boards do not have mental health professional expertise, referral to community services is key. Clear local pathways to service are needed in school boards in Canada.</b></p>	<p>Schools are a good place to intervene with students who are struggling with externalizing problems, when boards have qualified school mental health professionals on staff to deliver these services.</p> <p>Rather than a general counseling approach, school boards are encouraged to adopt cognitive-behavioural approaches to treatment.</p> <p>In recent years, there has been a focus on identifying common elements of evidence-based treatments for externalizing disorders. School mental health professionals may wish to consult PracticeWise for more information: <a href="http://www.practicewise.com/">http://www.practicewise.com/</a></p> <p>School boards should consider carefully the practice of congregating students with disruptive behavior into “special classes”. There is evidence that, without proper structure and techniques, these settings can increase conduct problems.</p>	<p>Caution is required when selecting and delivering substance use treatment at school, given that there is a limited evidence base to draw on to assist with decision-making.</p>

## Research and Evaluation

The Review findings highlight the evidence base with respect to mental health promotion, prevention, and intervention. There is a focus on internalizing, externalizing, and substance use problems. On balance, the Review indicates that there is adequate evidence to inform policy and practice in Canadian schools. The field is advised to use this evidence base in provincial and local decision-making, and to be attuned to further advances in the field. Further, attention to the literature on implementation science is recommended, to ensure that uptake of these approaches aligns with best practice in this area. Finally, school boards in Canada are advised to continually monitor and evaluate school-based mental health and substance use programming to ensure that these initiatives are achieving intended benefits within the local context, and to consider participating in rigorous trials of promising practices in order to further advance the field of school mental health in Canada.