

youth futures FOUNDATION

Supporting young people's mental health

A review of evidence on the impact of non-clinical interventions on young people with mental health issues

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1. About this review

NPC conducted a light-touch review of online resources that examine the impact of **non-clinical interventions** on young people's **mental health**. There is currently limited evidence around this, although a systematic review by the Early Intervention Foundation has shed some light on the types of interventions that tend to work best in supporting young people's mental wellbeing in school settings.¹ Other reports have looked at the evidence of impact of youth community interventions, mentoring and peer support.^{2;3;4}

The [Youth Futures Foundation](#) (YFF) funded this review as part of an evaluation capacity-building project delivered in partnership by [Ipsos](#) and [NPC](#). The project involved the provision of evaluation capacity building support to organisations that help young people to access training and employment. Originally tailored for a YFF-funded organisation, this review has been adapted to cater to a broader audience of researchers and practitioners. It is one among several learning outputs from the capacity-building project, which aim to capture and share knowledge and insights from the initiative.

There is limited evidence of the effectiveness of non-clinical interventions in post-school settings, including within employment support programmes, but this review draws on evidence from other contexts that can provide transferable lessons to programmes like those supported by YFF.

About Youth Futures Foundation

Youth Futures Foundation is an independent, not-for-profit organisation established with a £90m endowment from the Reclaim Fund to improve employment outcomes for young people from marginalised backgrounds. Our aim is to narrow employment gaps by identifying what works and why, investing in evidence generation and innovation, and igniting a movement for change.

¹ Clarke, A., Sorgenfrei, M., Mulcahy, J., Davie, P., Friedrich, C., McBride, T. (2021) Adolescent mental health. A systematic review on the effectiveness of school-based interventions. Early Intervention Foundation: London.

² Armitage, H., Heyes, K., O'Leary, C., Tarrega, M., Taylor-Collins, E. (2020) What Makes for Effective Youth Mentoring Programmes A rapid evidence summary. Nesta: London.

³ Coleman, N., Sykes, W., Groom, C. (2017) Peer support and children and young people's mental health. Independent Social Research (ISR).

⁴ García-Carrión R, Villarejo-Carballido B, Villardón-Gallego L. Children and Adolescents Mental (2019) 'Health: A Systematic Review of Interaction-Based Interventions in Schools and Communities'. Front Psychol. 2019; 10:918. Published 2019 Apr 24.

2. Supporting young people with mental health difficulties

This section summarises key information about young people's mental health and the factors that affect it.

Who is affected: The peak age of onset for any mental disorder is 14.5 years.⁵ Prevalence data in England shows that around one in seven young people aged 11–19 experience at least one mental disorder.⁶ Emotional disorders, including anxiety and depression, are the most common mental disorders experienced by young people, followed by behavioural disorders.

Impact of Covid: The most recent data suggests that young people's mental health has further deteriorated.⁷ Covid-19 is likely to have played a role in the latest deterioration due to the unprecedented degree of disruption and uncertainty the pandemic has brought to the lives of young people.

Risks associated with unaddressed mental health problems: Depression and anxiety during adolescence are associated with decreased psychosocial functioning, poor academic performance and an increased risk of substance abuse, other mental health problems, and suicide.⁸ Longitudinal research has shown that young people who experience persistent emotional and behavioural problems during adolescence are at greater risk of negative outcomes throughout their adult life, including increased risk of depression and anxiety during adulthood, poorer employment outcomes, and not being in education, employment or training (NEET).⁹

How to support young people: Promotion, prevention and early intervention are recognised as key to supporting young people with their mental health

⁵ Solmi, M., Radua, J., Olivola, M., Croce, E., Soardo, L., Salazar de Pablo, G., Il Shin, J., Kirkbride, J. B., Jones, P., Kim, J. H., Kim, J. Y., Carvalho, A. F., Seeman, M. V., Correll, C. U., & Fusar-Poli, P. (2021). Age at onset of mental disorders worldwide: Large-scale meta-analysis of 192 epidemiological studies. *Molecular Psychiatry*, 1–15.

⁶ NHS Digital. (2018). Mental health of children and young people in England, 2017. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>.

⁷ NHS Digital. (2020). Mental health of children and young people in England, 2020: Wave 1 follow up to the 2017 survey.

⁸ Birmaher, B., Ryan, N. D., Williamson, D. E., Brent, D. A., Kaufman, J., Dahl, R. E., Perel, J., & Nelson, B. (1996). 'Childhood and adolescent depression: A review of the past 10 years. Part I'. *Journal of the American Academy of Child & Adolescent Psychiatry*, 35(11), 1427–1.

⁹ Clarke, A., & Lovewell, K. (2021). Adolescent mental health evidence brief 2: The relationship between emotional and behavioural problems in adolescence and adult outcomes. Early Intervention Foundation.

and wellbeing.¹⁰ It is increasingly recognised that treatment-based approaches alone are not sufficient to address the burden of mental disorders among the adolescent population.¹¹ Intervening early to prevent problems from developing brings several advantages, including preventing patterns become ingrained and difficult to reverse, reducing the burden on young people and their families, and reducing the costs associated with treating mental disorders¹²¹³¹⁴. This can be achieved through school-based interventions or interventions in the community.

¹⁰ Solmi, M., Radua, J., Olivola, M., Croce, E., Soardo, L., Salazar de Pablo, G., Il Shin, J., Kirkbride, J. B., Jones, P., Kim, J. H., Kim, J. Y., Carvalho, A. F., Seeman, M. V., Correll, C. U., & Fusar-Poli, P. (2021). Age at onset of mental disorders worldwide: Large-scale meta-analysis of 192 epidemiological studies. *Molecular Psychiatry*, 1–15.

¹¹ Barry, M. M., Clarke, A. M., Petersen, I., & Jenkins, R. (2019). *Implementing mental health promotion*. Springer.

¹² Ormel, J., Cuijpers, P., Jorm, A. F., & Schaevers, R. (2019). 'Prevention of depression will only succeed when it is structurally embedded and targets big determinants'. *World Psychiatry*, 18(1), 111.

¹³ Barry, M. M., Clarke, A. M., Petersen, I., & Jenkins, R. (2019). *Implementing mental health promotion*. Springer.

¹⁴ Catalano, R. F., Fagan, A. A., Gavin, L. E., Greenberg, M. T., Irwin Jr, C. E., Ross, D. A., & Shek, D. T. (2012). 'Worldwide application of prevention science in adolescent health'. *The Lancet*, 379(9826), 1653–1664.

3. Mental health interventions in communities and school settings

Schools and communities (e.g. peers, families and community-based organisations) can make the most of their environments to foster the development of children and young people, and to promote good mental health.¹⁵ Starting from the premise that the problems experienced by adolescents are determined by the interaction of individual, environmental and family factors,¹⁶ schools and communities offer an optimal context to use interaction-based interventions as adolescents grow and develop through social interaction.¹⁷ Many of the mental health programs implemented in schools and communities promote the development of social skills, socio-emotional competences and learning outcomes, whilst reducing disruptive behaviour.^{18;19;20;21} This can play a critical role in developing protective factors for mental health, such as social-emotional competences and skills.²²

A range of interventions that have been implemented in community and school settings are explored below.

Interventions in school settings

The Youth Futures Foundation aims to reduce the employment gap for young people from marginalised backgrounds, therefore in-school support is not a focus of their funding. However, it is covered here as there may be transferable lessons for other types of provision. The Early Intervention Foundation's review of mental health interventions in school settings has found inconsistent evidence of positive impact:²³

¹⁵ Weist M. D., Murray M. (2008) 'Advancing school mental health promotion globally'. *Adv. School Mental Health Promotion* 1, 2–12.

¹⁶ Manjula M. (2015). Community-based mental health interventions in adolescents, in *A Practical Approach to Cognitive Behaviour Therapy for Adolescents*, eds Mehta M., Sagar R. (New Delhi: Springer India), 43–53.

¹⁷ García-Carrón R, Villarejo-Carballido B, Villardón-Gallego L. Children and Adolescents Mental (2019) 'Health: A Systematic Review of Interaction-Based Interventions in Schools and Communities'. *Front Psychol.* 2019; 10:918. Published 2019 Apr 24.

¹⁸ Dowdy E., Ritchey K., Kamphaus R. W. (2010). 'School-based screening: a population-based approach to inform and monitor children's mental health needs'. *School Mental Health* 2, 166–176.

¹⁹ Durlak J. A., Weissberg R. P., Dymnicki A. B., Taylor R. D., Schellinger K.B. (2011). 'The impact of enhancing students' social and emotional learning: a meta-analysis of school-based universal interventions'. *Child Dev.* 82, 405–432.

²⁰ Moreira P., Crusellas L., Sa I., Gomes P., Matias C. (2010). 'Evaluation of a manual-based programme for the promotion of social and emotional skills in elementary school children: results from a 4-year study in Portugal'. *Health Promotion Int.* 25, 309–317.

²¹ Suldo S. M., Gormley M. J., DuPaul G. J., Anderson-Butcher D. (2014) 'The impact of school mental health on student and school-level academic outcomes: current status of the research and future directions'. *School Mental Health* 6, 84–98.

²² Osher D., Dwyer K. P., Jimerson S. R., Brown J. A. (2012). 'Developing safe, supportive, and effective schools: facilitating student success to reduce school violence', in *Handbook of School Violence and School Safety*, eds Furlong M., Jimerson S., Nickerson A. B., Mayer M. J. (Mahwah, NJ: Lawrence Erlbaum Associates).

²³ Clarke, A., & Lovewell, K. (2021). Adolescent mental health evidence brief 2: The relationship between emotional and behavioural problems in adolescence and adult outcomes. Early Intervention Foundation.

- **Universal and targeted cognitive behavioural therapy (CBT) interventions** seem to be effective in reducing internalising symptoms in young people (i.e. symptoms that are experienced by the individual such as sadness, anxiety and loneliness). Universal CBT interventions have evidence of improving symptoms of depression and anxiety in the short term. Targeted CBT interventions delivered to young people with minimal but detectable signs of depressive symptoms appear to be effective in reducing symptoms of depression in both the short and medium term.
- **Universal social and emotional learning (SEL) interventions** have good evidence of enhancing young people's social and emotional skills and reducing symptoms of depression and anxiety in the short-term.
- **Mental health literacy interventions** have been shown to have a positive impact on young people's mental health knowledge. However, there is limited evidence that these interventions can have an impact on stigma, attitudes towards mental health, and help-seeking behaviour.
- **Mindfulness interventions** and **positive youth development interventions** have produced inconsistent or limited evidence of enhancing young people's mental health and wellbeing.

One-to-one mentoring

Youth mentoring is defined as 'a trusting, purposeful and ongoing relationship between a younger person or people, and an older, unrelated person, which involves the exchange of support, advice, encouragement, and skills development'.²⁴ There is huge diversity in the design and delivery of youth mentoring programmes. Programmes can include a range and mix of different expected outcomes, such as: skills attainment; better familial relationships; positive school and work outcomes; and better overall mental and physical health.

According to research on youth mentoring, recently commissioned by Nesta, a significant and growing evidence base demonstrates that mentoring programmes can improve outcomes across academic, behavioural, emotional and social areas of young people's lives.²⁵ These impacts are small but significant.²⁶

²⁴ Armitage, H., Heyes, K., O'Leary, C., Tarrega, M., Taylor-Collins, E. (2020) What Makes for Effective Youth Mentoring Programmes A rapid evidence summary. Nesta: London.

²⁵ Ibid.

²⁶ Dubois, D., Portillo, N., Rhodes, J.E., Silverthorn, N., and Valentine, J.C. (2011). 'How Effective Are Mentoring Programs for Youth? A Systematic Assessment of the Evidence', *Psychological Science in the Public Interest*, 12(2): 57-91.

The evidence suggests that the recruitment of mentors,²⁷ their training^{28;29;30} and their ongoing motivation³¹ are factors that contribute to effective programmes. Mentors with professional backgrounds of working with vulnerable young people, such as social workers, tend to have better outcomes than those with no such background. This is because they do not appear to expect as much from their mentee.³² Mentors also seem to benefit from ongoing training and opportunities to discuss issues with other mentors.^{33;34;35;36}

Several studies suggest that matching mentees and mentors who have shared backgrounds^{37;38} and in a culturally sensitive way are important ingredients for effective mentoring programmes. Building rapport and trust between mentors and mentees is also key to successful relationships. This can involve agreeing how and when to be flexible, understanding each other's motivations and appreciating the damage that can be caused by the early unplanned termination of the mentoring relationship.^{39;40}

Longer relationships between mentees and mentors are associated with better outcomes; those mentees who are still in touch with their mentor for a minimum of 12 months, and especially after 21 months, are most likely to have the best outcomes.⁴¹ Specific goals and clarity of purpose tend to be associated with better quality relationships, which generally lead to positive

²⁷ Ibid.

²⁸ Wilson, N. J., Cordier, R., Ciccarella, M., MacCallum, J., Milbourn, B., Vaz, S., and Stancliffe, R. J. (2018), 'Intergenerational mentoring at Men's Sheds: A feasibility study', *Journal of Applied Research in Intellectual Disabilities*, 31(1): 105-117.

²⁹ Schwartz, S. E., Rhodes, J. E., Spencer, R., and Grossman, J. B. (2013), 'Youth initiated mentoring: Investigating a new approach to working with vulnerable adolescents', *American Journal of Community Psychology*, 52(1-2): 155-169.

³⁰ McArthur, K., Wilson, A., Hunter, K. (2017), 'Mentor suitability and mentoring relationship quality: Lessons from the Glasgow Intergenerational Mentoring Network', *Journal of Community Psychology*, 42(5): 646- 657.

³¹ DeWit, D., DuBois, D., Erdem, G., Larose, S., Lipman, E., DeWit, D. J. and Lipman, E. L. (2016), 'The Role of Program-Supported Mentoring Relationships in Promoting Youth Mental Health, Behavioral and Developmental Outcomes', *Prevention Science*, 17(5): 646-657.

³² McArthur, K., Wilson, A., Hunter, K. (2017), 'Mentor suitability and mentoring relationship quality: Lessons from the Glasgow Intergenerational Mentoring Network', *Journal of Community Psychology*, 42(5): 646- 657.

³³ Ibid.

³⁴ Wilson, N. J., Cordier, R., Ciccarella, M., MacCallum, J., Milbourn, B., Vaz, S., and Stancliffe, R. J. (2018), 'Intergenerational mentoring at Men's Sheds: A feasibility study', *Journal of Applied Research in Intellectual Disabilities*, 31(1): 105-117.

³⁵ Schwartz, S. E., Rhodes, J. E., Spencer, R., and Grossman, J. B. (2013), 'Youth initiated mentoring: Investigating a new approach to working with vulnerable adolescents', *American Journal of Community Psychology*, 52(1-2): 155-169.

³⁶ Lindsay, S., Hartman, L. R. and Fellin, M. (2016), 'A systematic review of mentorship programs to facilitate transition to post-secondary education and employment for youth and young adults with disabilities', *Disability and Rehabilitation*, 38(14): 1329-1349.

³⁷ Eby, L.T., Allen, T.D., Hoffman, B.J., Baranik, L.E., Sauer, J.B., Baldwin, S., Morrison, M.A., Kinkade, K.M., Maher, C.P., Curtis, S. and Evans, S.C. (2013), 'An interdisciplinary meta-analysis of the potential antecedents, correlates, and consequences of protégé perceptions of mentoring', *Psychological Bulletin*, 139(2): 441-476.

³⁸ DeWit, D., DuBois, D., Erdem, G., Larose, S., Lipman, E., DeWit, D. J. and Lipman, E. L. (2016), 'The Role of Program-Supported Mentoring Relationships in Promoting Youth Mental Health, Behavioral and Developmental Outcomes', *Prevention Science*, 17(5): 646-657.

³⁹ Bogat, A. G., Liang, B., and Rigol-Dahn, R. (2008), 'Stages of Mentoring: An Analysis of an Intervention for Pregnant and Parenting Adolescents', *Child and Adolescent Social Work Journal*, 25(4): 325- 341

⁴⁰ Schwartz, S. E., Rhodes, J. E., Spencer, R., and Grossman, J. B. (2013), 'Youth initiated mentoring: Investigating a new approach to working with vulnerable adolescents', *American Journal of Community Psychology*, 52(1-2): 155-169.

⁴¹ DuBois, D., and Silverthorn, N. (2005), 'Natural Mentoring Relationships and Adolescent Health: Evidence From a National Study', *American Journal of Public Health*, 95(3): 518-524.

outcomes.^{42:43:44} Conversely, early or unplanned termination of relationships can lead to negative outcomes.⁴⁵

Peer support

This type of intervention involves 'using the knowledge, skills and experience of children and young people in a planned and structured way to understand, support, inform and help develop the skills, understanding, confidence and self-awareness of other children and young people with whom they have something in common'.⁴⁶ According to a review of peer support programmes conducted for the Department for Education,⁴⁷ there is great diversity in the various peer support schemes on offer in both school and community settings, and schemes differ in terms of their source of delivery, approach or activities and their aims. This makes comparison difficult. However, the review found that there is mixed evidence of success for peer support schemes, with some studies identifying positive outcomes⁴⁸ but others finding little evidence of significant differences resulting from participation.⁴⁹

A recent review by Tower Hamlets Clinical Commissioning Group (CCG) compared seven peer support programmes from Australia and the US and found positive impacts on self-esteem and depressive and emotional symptoms, among other positive outcomes.⁵⁰ Another review of peer support programmes conducted by Nesta⁵¹ examined 524 studies with a particular focus on children and mental health, finding that peer support has the potential to improve experience, psycho-social outcomes, behaviour, health outcomes and service use among young people with long-term physical and mental health conditions.

⁴² Lindsay, S., Hartman, L. R. and Fellin, M. (2016), 'A systematic review of mentorship programs to facilitate transition to post-secondary education and employment for youth and young adults with disabilities', *Disability and Rehabilitation*, 38(14): 1329-1349.

⁴³ Lymburner, J. A. (2006), *Predictors of match duration in a Big Sisters mentoring program* (Doctoral dissertation, Simon Fraser University).

⁴⁴ Sanyal, C. and Rigby, C. (2017), 'E-mentoring as a HRD intervention: an exploratory action research study within an International Professional Mentoring Scheme', *Human Resource Development International*, 20(1): 18-36.

⁴⁵ Dubois, D., Portillo, N., Rhodes, J.E., Silverthorn, N., and Valentine, J.C. (2011), 'How Effective Are Mentoring Programs for Youth? A Systematic Assessment of the Evidence', *Psychological Science in the Public Interest*, 12(2): 57-91.

⁴⁶ Street, C. and Herts, B. (2005) *Putting Participation Into Practice, Young Minds*.

⁴⁷ Coleman, N., Sykes, W., Groom, C. (2017) *Peer support and children and young people's mental health*. Independent Social Research (ISR).

⁴⁸ James, A. (2011) *The use and impact of peer support schemes in schools in the UK, and a comparison with use in Japan and South Korea*, Goldsmiths, University of London.

⁴⁹ Weare, K. and Nind, M. (2011) 'Mental health promotion and problem prevention in schools: what does the evidence say?' *Health Promotion International* 26 (1): pp29-69.

⁵⁰ Tower Hamlets CCG (2013) *Tower Hamlets Mental Health Strategy Supporting Document – Evidence reviews*, August 2013, Tower Hamlets Health and Wellbeing Board https://www.towerhamlets.gov.uk/Documents/Borough_statistics/JSNA/Evidence-Reviews-to-support-Tower-Hamlets-Mental-Health-Strategy.pdf.

⁵¹ Nesta and National Voices (2013) *Peer Support: what is it and does it work?* https://www.nationalvoices.org.uk/sites/default/files/public/publications/peer_support_-_what_is_it_and_does_it_work.pdf.

Overall, the evidence indicates that different schemes have had varied levels of success, but that peer support programmes can potentially result in a range of positive outcomes for young people when the right conditions are in place. Well-run, highly coordinated and formalised peer support programmes tend to work more effectively. The quality of the peer supporters is also important to the success of these interventions – trained supporters who are enthusiastic, committed and reliable, who have strong communication and interpersonal skills, and are provided with the right level of supervision and support tend to be more effective.⁵²

⁵² Ibid.

4. Summary and next steps

This review has explored available evidence of the impact of non-clinical interventions on young people with mental health issues. However, there are substantial gaps in the evidence base which must be addressed if we are to offer high-quality mental health and behavioural support that has the potential to improve young people's health, educational and social outcomes in the short- and long-term. In particular, there is a gap in evidence related to the effectiveness of non-clinical mental health programmes in post-school settings, and their impact on employment outcomes.

More investment in the evaluation of mental health interventions in the UK is therefore needed in schools, the community, and in the youth employment sector to answer the following research questions:

- What does the evidence say about the role and impact of non-clinical interventions in supporting young people's mental health and wider outcomes?
 - What level of need can these interventions address?
- How can non-clinical staff best support young people that are struggling with their mental health?
 - What skills, expertise and attributes should the staff delivering the intervention have?
- How should non-clinical interventions be designed to be helpful to young people?
 - What should intervention look like?
 - How does the intervention reach the young people that need it, particularly those not on the radar of other mental health services?
 - What is the optimum length for a programme to be helpful to young people?
 - Are programmes with a dual focus, such as on employment, helpful in promoting improvements in young people's mental health?

Despite these gaps in evidence, employability services for young people, could look to the evidence available for school and community settings, summarised in this review, to inform their practice. We hope this review is also a useful contribution to the work of charities, funders and practitioners looking

to design a robust research study around interventions into adolescent mental health. At NPC we are keen that such a study should go beyond the question of whether mental health programmes are 'working' (although that is a key question), and focus on the most relevant outstanding questions in the research literature, some of which have been highlighted in this report.