

## Promoting Social and Emotional Wellbeing in Schools

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### Abstract

**Purpose:** This paper provides a critical perspective on the international evidence on promoting young people's social and emotional wellbeing in schools. The challenges of integrating evidence-based interventions within schools are discussed and the need for innovative approaches to research and practice are considered in order to support more sustainable approaches that can be embedded into the everyday practice of school systems.

**Approach:** A common elements approach to intervention development and implementation is explored. A case study is presented on piloting this approach with post-primary students, based on consultations with students and teachers concerning their needs in supporting youth social and emotional wellbeing.

**Findings:** The integration and sustainability of evidence-based social and emotional skills programmes within the context of whole school systems is far from clearly established. Research on the use of a common elements approach to evidence-based treatment and youth prevention programmes is presented and the application of this method to the development and implementation of social and emotional learning interventions is considered. Preliminary case study findings are presented exploring this approach in school-based intervention development for post-primary school students.

**Research limitations/implications:** The potential of adopting a common elements approach is considered, however, more rigorous research is needed to identify the most potent strategies for social and emotional skills development.

**Originality /value:** Identifying a common set of evidence-based strategies for enhancing adolescents' social and emotional skills could lead to innovative approaches to intervention delivery that would extend the impact and reach of evidence-based practice across diverse educational systems and school settings.

## **Introduction**

Promoting the social and emotional wellbeing of young people is an important determinant of their positive development, enabling them to achieve positive outcomes in school, work and in life more generally (Durlak et al., 2015; OECD, 2015). A substantive body of research indicates that young people can learn to develop social and emotional competencies and that skill-based programmes in schools can positively impact on their social, emotional, academic and behavioural development (Durlak et al., 2011; Weare and Nind, 2011). However, the translation of evidence-based interventions into the everyday practice of schools presents significant challenges and is poorly developed in many countries. The majority of evidence-based programmes have not been adopted or scaled up at a country level. There has been an emphasis to date on the development and adoption of discrete single programmes rather than more comprehensive system-wide approaches. If the full potential of school-based interventions is to be realized then there is a need for greater attention to how they are delivered, adopted and embedded within the diverse contexts of schools and educational systems across countries.

This paper provides a critical review of the current evidence on school-based interventions and considers what advances have been made in integrating social and emotional skills development within the school curriculum. The paper discusses how innovative research and practice paradigms could be used to support the development of more accessible and feasible approaches to social and emotional learning (SEL) in schools that can be integrated into system-level practices in a more sustainable manner. The common elements approach to SEL intervention

development is explored and a case study is presented on piloting this approach with post-primary students in Ireland. This case study presents preliminary work on developing a revised version of the MindOut programme, a universal SEL programme for 15-18 year old post-primary students, incorporating a common elements approach combined with consultations with students and teachers. The revised programme is currently being evaluated at a national level and the case study outlines the process involved to date in developing this approach.

## **Background**

The school is a unique setting within which young people's social and emotional wellbeing can be promoted and critical skills for school, work and life can be taught and learned. A broad range of skills, including cognitive, social and emotional skills, are needed by young people to develop positively and be successful in life. Educational curricula are increasingly incorporating a more holistic focus on young people's SEL alongside their cognitive development in the school curriculum (OECD, 2015). SEL is defined as the process of acquiring a set of skills or competencies to recognise and manage emotions, set and achieve positive goals, appreciate the perspectives of others, establish and maintain positive relationships, make responsible decisions, and handle interpersonal situations constructively (Elias et al., 1997). The Collaborative for Academic, Social and Emotional Learning (CASEL) in the US, which has pioneered the development of research and policy in this area, has described the goal of SEL programmes as being to foster the development of five interrelated sets of cognitive, affective, and behavioural competencies; self-awareness, self-management, social awareness, relationship skills, and responsible decision-making (CASEL, 2003). These core skills play a crucial role in empowering young people in realising their potential, maximising their participation in education, work and society and are key determinants of future mental health and wellbeing (Durlak, Domitrovich, Weissberg & Gullotta 2015; OECD, 2015; Viner, Ozer, Denny et al., 2012).

## **Current Evidence on Promoting Social and Emotional Skills in Schools**

There is a substantive body of international evidence that school-based interventions that promote SEL lead to long-term benefits for young people, including improved mental health, social functioning, academic performance and positive health behaviours (Clarke et al., 2015; Barry et al., 2013;

Weare & Nind, 2011; Durlak et al., 2011; Payton et al., 2008; Adi et al., 2007; Jané-Llopis et al., 2005; Zins et al., 2004; Wells et al., 2003; Greenberg, Domitrovich & Bumbarger, 2001). The evidence also indicates that the development of social and emotional skills provides the skill base for the prevention of a wider range of problem behaviours such as substance misuse, anti-social behaviour and risky health and sexual behaviours (Weare and Nind, 2011; Institute of Medicine Report, 2009). In a recent rapid review of the evidence (Barry & Dowling, 2015), seven reviews were identified, including two reviews of reviews, which synthesized the evidence on the effectiveness of SEL school-based interventions for young people. Synopsizing the findings from these reviews of the international evidence, the following key findings are highlighted:

- School-based universal programmes have reported consistent positive effects on a range of social and emotional wellbeing outcomes for students including; targeted social and emotional skills, self-confidence, attitudes toward self, others and school, and enhanced positive social behaviours (Durlak et al., 2011; Weare and Nind, 2011; Adi et al., 2007, Sklad et al., 2012). Positive effects are also evident in reducing problem behaviours including the prevention of bullying, conflict, aggression and substance misuse, and reducing mental health problems such as anxiety and depression (Durlak et al., 2011; Weare and Nind, 2011; Adi et al., 2007; Sklad et al., 2012).
- Academic outcomes have also been reported with significant improvements in young people's commitment to school and performance on standard academic achievement tests and grades, yielding an average gain in academic test scores of 11-17 percentile points (Durlak et al., 2011). The teacher's role in programme delivery has been identified as being critical to achieving these educational outcomes (Durlak et al., 2011; Payton et al., 2008).
- Adopting a whole school approach, which embraces changes to the school environment as well as the curriculum, in keeping with a health promoting schools approach (WHO, 1998), is identified as being more effective in producing sustainable change (Weare and Nind, 2011; Adi et al., 2007). However, other reviewers suggest that some whole school approaches are failing to show impact (Durlak et al., 2011; Wilson & Lipsey, 2007) and attribute this to a lack of consistent and rigorous implementation, which is leading to diluted impact.

- With regard to equity impacts, while programmes have been successfully delivered to a diverse range of school children in varying contexts (Payton et al., 2008), including in low and middle-income countries (Barry et al., 2013), the empirical findings on the differential impact of school-based programmes with regard to gender, ethnicity and socioeconomic status is inconclusive and no substantial clear results have been reported (Adi et al., 2007; Durlak et al., 2011; Weare and Nind, 2011).
- There is emerging evidence on the economic case for investing in school-based SEL programmes. Belfield et al. (2015) report an average return on investment for SEL programmes of \$11 for every dollar invested, while McDaid and Park (2011) report a ratio of 25:1 for high quality programmes that impact on young people's mental health and wellbeing. Knapp et al. (2011) also report that school-based interventions are cost-saving for the public sector based on cost-benefits analyses in the UK, with savings accruing in relation to reduced crime and improved education and employment outcomes. Improved outcomes in relation to earning power as an adult have also been reported for children who received social and emotional skills programmes (Heckman, 2006).

For positive effects to be achieved, implementation quality and fidelity are identified as key factors in the effectiveness of SEL interventions, with effect sizes reported as being two to three times higher when school-based programmes are carefully implemented and free from serious implementation problems (Durlak and DuPre, 2008). However, few of the studies included in existing reviews provide detailed information on the quality of programme implementation or its impact on outcomes (Jones & Bouffard, 2012; Domitrovich et al., 2008). Using the findings from those studies that have measured and reported on implementation, Durlak et al. (2011) found that implementation quality was associated with significantly better student outcomes among teachers who effectively taught and integrated the programmes into their teaching practices. Durlak et al. (2011) also report that the most effective programmes were those that incorporated four elements represented by the acronym SAFE (i) **S**equenced activities that led in a coordinated, connected way to the development of skills (ii) **A**ctive forms of learning (iii) **F**ocused on developing one or more skills (iv) **E**xplicit about targeting specific skills.

The other key characteristics of effective school-based interventions identified in the evidence reviews include: programmes with a strong theory base and well-designed goals using a coordinated and sequenced approach to achieving their objectives; an explicit focus on teaching skills that enhance social and emotional competencies; use of empowering approaches including interactive teaching methods, starting early with the youngest and continuing through the school grades.

### **Exploring the science-to-practice gap in implementing evidence-based approaches**

While there is well established and consistent evidence concerning the effectiveness of school-based SEL programmes from international studies, there is a science-to-practice gap in the translation of evidence-based interventions into mainstream educational practice. The adoption of evidence-based programmes as part of the core mission of schools presents significant challenges, especially in low resource settings, as many interventions developed under well-resourced and highly controlled conditions are not easily implemented in settings where there is a lack of supportive structures and limited capacity (Jones and Bouffard, 2012). Schools may be presented with an array of different student issues and problems that need to be addressed such as bullying, substance misuse, antisocial behaviour, etc., making it difficult to make decisions concerning which interventions are likely to be most effective. In addition, there is often insufficient guidance and support provided for the effective implementation of interventions in school settings. Therefore, although these school-based programmes can achieve significant and sustained impacts on children and young people's lives, the majority of these programmes have not been adopted or scaled up at a country level.

The most extensive evidence relates to studies on SEL programmes originating in the US, however, the transferability and sustainability of these programmes across diverse social and cultural contexts is not rigorously evaluated in many cases. In the European region, for example, there is a paucity of interventions and empirical evidence developed for the European context (Sklad et al., 2012). Building solid knowledge about what works and under what conditions is essential in terms of supporting effective local implementation. There is a need to determine how different

cultural and social contexts influence programme adoption, implementation, impact and sustainability, especially across diverse educational systems, organizational frameworks and with diverse population groups.

It is also important to determine whether universal evidence-based programmes can respond effectively to the needs of young people from different socioeconomic and cultural backgrounds, including disadvantaged minority and migrant youth at increased risk of poorer mental health, early school leaving and social exclusion. The increasingly complex social, cultural and economic climate in Europe presents growing challenges for young people, including increases in youth unemployment, migration, rising levels of mental health problems and youth suicide (EU, 2015). Many EU countries have witnessed decreasing levels of youth mental wellbeing with levels of youth suicide for both young men and women aged 15-24 in Finland and Ireland being among the highest in the EU since the economic crisis (Thomson et al., 2014). Enhancing young people's social and emotional skills development in school is a critical strategy in promoting their mental health and wellbeing, reducing risks, building resilience and supporting young people, especially those who are disadvantaged, in achieving positive outcomes in school, work and life (OECD, 2015). However, there is limited evidence available from existing studies to guide evidence-informed planning with regard to meeting the needs of different subgroups of young people. It is, therefore, critical to determine whether existing evidence-based interventions can reduce inequities with regard to social and emotional wellbeing and school achievement for diverse populations of young people, especially those who are at higher risk of poorer life outcomes.

Social and emotional skills development needs to be understood within the wider context of the social determinants of mental health and youth development (WHO & Gulbenkian Foundation, 2014). Effective partnerships across the education, youth, family, and community sectors are critical to sustaining evidence-based programmes that can bring about enduring change to the lives of young people. The participation of young people and key stakeholders such as teachers and parents is critical in shaping the design and delivery of evidence-based interventions in order to ensure that the needs of end users are understood and met more effectively in the context of local capacities and resources.

### ***Integrating social and emotional learning in schools:***

While the international evidence endorses the importance and the positive impact of developing young people's social and emotional skills in schools, the integration of evidence-based interventions into the school curriculum, their optimal implementation within the context of a whole school system, and their sustainability is far from clearly established. Among the challenges to integrating SEL programmes into routine school practices and systems is the competition for time and space in crowded school curricula. In practice, SEL programmes may not be perceived as important relative to more traditional academic subjects and, therefore, there may be a lack of dedicated time with limited support for their implementation and a failure to incorporate them into cross-curricular learning.

A school curriculum that integrates SEL skills within subject areas, with clear progression of learning objectives, delivered by trained teachers and with support for parents, is recommended in the literature (NICE Guidelines 2009; Weare and Nind, 2011). Jones and Bouffard (2012) outline guiding principles for developing a more integrated approach that includes; continuity over time and consistency, realization that social and emotional and academic skills are interconnected and operate together, that social and emotional skills develop in the context of relationships, and that classrooms and schools operate as systems. These principles underscore the importance of adequate training for teachers and the use of standards to guide schools in how to integrate academic and social and emotional skills as part of their everyday practice. For sustainable outcomes to be achieved, SEL programmes need to be embedded into the core mission of the school and integrated into educational practice and the wider school system.

A whole school approach provides a flexible framework within which to implement SEL programmes. Central to this is the implementation of a coordinated approach to bringing about change at the level of the individual, the classroom and the school in the context of the wider community. Initiatives such as MindMatters (Wyn et al., 2000) and KidsMatters (Dix et al., 2012) in Australia and SEAL in the UK (DfES, 2007) provide a whole school framework for the implementation of SEL in both primary and post-primary schools. Findings from evaluations of

SEAL to date (Hallam et al., 2009; Banerjee et al., 2014) indicate that successful implementation is associated with commitment by school leadership, dedicated time for staff training, valuing of SEL principles by staff, and allocation of sufficient preparation and delivery time.

Comprehensive evaluations of whole school approaches to SEL are quite rare as the majority of studies are based on highly structured classroom-based programmes. In addition, whole school approaches where changes are brought about at multiple levels are methodologically more complex to evaluate as they do not easily fit within traditional experimental study designs. A review of the health promoting schools literature by Samdal and Rowling (2013) suggests that effective whole school practices are supported by key implementation components including, school leadership and management practices, the school's readiness for change, and the organisational and support context of the school. Attention to these broader contextual factors is critical to ensure effective integration of SEL within the wider school system.

#### ***Implementing interventions in the complex contexts of schools:***

A variety of contextual factors have been found to influence both the level and quality of implementation across school settings including; organizational capacity, management and methods, leadership, teacher training and support (Greenberg et al., 2001; Bumbarger et al., 2010; Clarke et al., 2010). The implementation science literature emphasises the need to also consider how these influencing factors interact with each other, including characteristics of the intervention, the implementer, the programme recipients, the delivery and support systems and the setting or context in which the intervention is taking place (Chen, 1998; Greenhalgh et al., 2004; Fixsen et al., 2005). The successful implementation of whole school integrated approaches calls for greater attention to effecting change at a systems level through processes that focus on; i) *context*, including the role of the school's ecology in effecting change; ii) *content* and clarity around what is to be delivered; and iii) *capacity*, ensuring clarity on how it is to be implemented. This requires a shift in both current research and practice from a focus on discrete programmes to also consider whole school systems and how to strengthen the school's capacity as a setting for social and emotional learning (Dooris and Barry, 2013).

#### ***Effecting change at a systems level:***

The sustainability of successful SEL interventions in schools is dependent on their integration into the core mission of the school and their adaptation and fit to the ecology of the school and community in which they are delivered. The development of organizational and system-level practices and policies that will ensure the sustainability of high quality programmes and evidence-informed strategies within the context of whole school approaches is vital to realising the multiple long-term outcomes for positive youth development that these programmes can deliver.

At a policy and practice level, providing clear guidance and expectations for schools and teachers regarding the implementation of SEL programmes is critical for effective and consistent delivery. Professional development structures and capacity development for teachers at both pre-service and in-service training is required to support effective implementation. Support from the school organization and management, including the school principal, is also critical and influences the overall readiness of the school to implement SEL programmes. Developing standards for the assessment of school practices and skills in the delivery of SEL will also raise its perceived importance in the school curriculum and assist in consolidating the interconnectedness of academic and SEL in the education and development of young people (Jones and Bouffard, 2012). Supportive policies, structures and practices are key to sustaining the quality of implementation necessary for positive youth outcomes to be achieved and for change to be sustained. Alongside the delivery of full programmes, further testing of specific evidence-informed strategies and implementation methods is required for integrating SEL into the daily practices of schools and the everyday contexts of young people's lives.

### **Need for innovative strategies and approaches**

Existing evidence reviews have usefully advanced the knowledge base concerning the type of SEL programmes that are effective in the school setting and lead to positive outcomes for young people. The majority of studies included in these reviews are based on randomized controlled trials of highly structured, manualized programmes and the findings tend to be presented on the basis of whether or not a particular whole programme is effective. However, as already outlined in this paper, there are several challenges to implementing and sustaining such comprehensive programmes in schools where time and resources for training and implementation may be very limited. This is especially the case in low resource settings where challenging environments and a lack of resources limit the possibility of implementing programmes for

young people who could benefit the most. As current evidence-based programmes tend to be designed to address specific health issues or problems (e.g., bullying, substance misuse, anxiety prevention etc.), this can increase the complexity of selecting which programmes to choose and the cost of providing training for teachers across multiple programmes.

To address these challenges, Jones and Bouffard (2012) call for the development of a continuum of approaches, ranging from full-scale programmes to specific evidence-informed strategies and practices, that could provide an integrated foundation for SEL development within the context of everyday school practices. This includes the use of less intensive approaches, such as routines for managing emotions and conflicts, that can be easily incorporated into everyday school practice, either independently or alongside a comprehensive curriculum, while still achieving meaningful outcomes for students. They describe this as moving from the use of specific packaged programmes or brands to the use of ‘essential ingredients’ that can be integrated into school practices. An example of this approach in the area of prevention, is the identification of ‘kernels’ by Embry and Biglan (2008). Kernels are defined as ‘fundamental units’ or activities of effective prevention programmes (e.g. use of praise, time out, self-monitoring etc.) that have been shown empirically to effect behaviour change and can be used on a stand-alone basis as they are not tied to a specific programme. The development of these less intensive evidence-based practices places more emphasis on the need for quality assurance rather than strict whole programme fidelity, making them more attractive and feasible to implement for teachers in busy school settings.

Rotheram-Borus, Swendeman and Chorpita (2012) call for the scaling up of user-friendly tools, products and practices that draw on what has been learned from evidence-based interventions. Framing this as a disruptive innovation, Rotheram-Borus et al. (2012) argue that this approach would result in a simpler version of strategies derived from structured approaches that would extend the impact of evidence-based interventions and create new modes of intervention delivery that could have a wider reach and impact at a lower cost. This innovation requires a shift in focus from seeking to determine whether or not a specific programme or intervention works to also consider what are the essential components of effective approaches and what insights can be gleaned about the mechanisms of change within and across programmes.

In the youth mental health treatment and prevention literature, research has sought to identify the component strategies that characterize evidence-based interventions and map what specific strategies are common among successful interventions (Chorpita & Daleiden, 2009, Boustani, Frazier, Becker et al., 2015). This common elements framework has resulted in systematic efforts to identify the most potent evidence-based strategies from existing successful interventions, thereby facilitating the implementation of core elements of effective approaches that have been tested as being efficacious. In defining the common features of evidence-based interventions, core practices can then be selected to custom design and adapt intervention plans to suit local settings and specific population needs. This approach also facilitates the provision of training in a set of common practices, including how to select practices for different clients' needs, which could be significantly less complex and less costly than providing training in multiple different and independent evidence-based approaches.

Research in evidence-based treatments for children's mental health has examined the common components across treatment programmes tested in multiple RCTs and developed models for integrating them within existing service systems. Chorpita & Daleiden (2009) applied a Distillation and Matching Model (DMM) to systematically review and distill the common components across evidence-based programmes for common problems such as depression, anxiety and disruptive behaviours, and then match specific practices to specific client needs and characteristics. For example, among the common practice elements identified from intervention protocols for children with anxiety, are exposure, cognitive restructuring, psychoeducation, relaxation, modeling, parent psychoeducation, and self-monitoring. The identification of these most common, and potentially most potent, treatment components is then applied to develop a modular approach to treatment, whereby the content, sequencing, and duration of specific treatment components are tailored to meet each child's needs. Data from clinical trials reveal promising results with the modular approach to child mental health treatment outperforming both usual care and standard evidence-based treatment (Weisz et al., 2012; Chorpita, Weisz, Daleiden et al., 2013). This approach provides an alternative paradigm for evidence-based practice by providing a common set of core strategies that can be applied across a number of domains and behaviours and their implementation can be tailored on a modular basis to match client needs thereby maximizing efficiency in improving outcomes in everyday practice.

Boustani et al. (2015) applied codes from the DMM, as described above, to five categories of evidence-based youth prevention programmes - substance use, life skills, sexual health, depression and anxiety, violence prevention. The programme content was categorized into practice elements and instructional elements. *Practice elements* were described as a particular skill or set of skills that youth learn as part of the programme e.g., problem-solving skills. *Instructional elements* were described as methods of information delivery used by the programme facilitator (e.g. modeling, role play etc.). Across all programme categories, problem solving emerged as the most common practice element (present in 76% of all programmes), followed by communication skills (45%), assertiveness training (45%), and insight building at 38% (i.e., perspective taking, emotional exploration and self-awareness). Other practice elements included; cognitive coping, social skills training, coping skills, goal setting, and support networking. Among the instructional elements, psychoeducation emerged as the most common (62%), followed by modeling (31%), and role play (21%). It is interesting to note that for the life skills programmes, the most common elements were insight building and self-efficacy (57%), while cognitive coping (75%) was the most common element for depression and anxiety prevention programmes.

The findings from this study suggest that youth prevention programmes, despite their distinct goals, are comprised of overlapping practice elements and that a small number of core skills such as problem solving, insight building and communication skills, appear to have broad applicability across evidence-based prevention programmes. With regard to the instructional elements, the findings indicate that teaching methods that provide students with opportunities to model, discuss, and practice skills will maximize reach and impact. Based on these findings, Boustani et al. (2015) concluded that identifying common practice elements for building a core set of skills that underpin common risk and protective behaviours factors for healthy development could facilitate the use of the most potent prevention strategies with the greatest potential for impact.

### ***Adopting a common elements approach to social and emotional learning:***

It is useful to consider whether similar research on identifying the most essential components across effective SEL interventions could identify core skills that are appropriate for all youth and exhibit potential for greatest impact. Identifying a comprehensive set of core evidence-based strategies for enhancing adolescents' social and emotional skills development could lead to innovative approaches to intervention delivery that would increase their applicability across a broad range of health behaviours and enhance their accessibility and integration into school practices, thereby reaching a wider population of young people in school.

The theoretical and empirical rationale for developing this common elements approach is that there is a clustering of common risk and protective factors that are shared across a broad range of youth mental health and behaviour problems (IOM, 2009). Similarly, as shown by the work of Boustani et al. (2015), there are a number of common elements that underlie evidence-based strategies used across different social and emotional interventions. These common elements address a common set of core skills for positive social and emotional development, such as those identified by CASEL (2003). As risk behaviours among youth tend to co-occur, interventions which can address a broad range of skills deficits across domains are likely to have broadest relevance and greatest impact in empowering young people and equipping them with critical skills for life. Integrating these common elements into practice also supports the adoption of innovative approaches to delivery with more accessible and less expensive alternatives to packaged programmes.

### **Case Study:**

This case study presents preliminary work on developing a common elements approach to SEL in Irish post-primary schools.

### ***Background:***

The MindOut programme provides a structured resource for promoting the mental health and wellbeing of adolescents aged 15-18 years in post-primary schools in Ireland through strengthening their social and emotional skills and competencies for healthy development. The programme

has been implemented in post-primary schools across the Republic of Ireland over the last ten years and is delivered in the context of the national health education curriculum Social Personal and Health Education (SPHE), which is a mandatory curriculum subject focusing on students' development of generic skills for personal development, health and wellbeing within a supportive whole school environment (NCCA, 2011). Building on the original programme development and evaluation (Byrne, Barry & Sheridan 2004; Byrne, Barry, NicGabhainn & Newell, 2005), and working in collaboration with the Department of Education and Health Service Executive, the MindOut programme has been revised and updated to take into account current issues in the lives of young people and to align more closely with recent policy, practice and research developments. Based on consultations with young people, teachers and professionals with experience of the programme, the revised version seeks to address skills of relevance to young people, and adopts a common elements framework in developing a range of interactive instructional approaches, take-home activities and whole school resources for students and teachers (Dowling, Clarke, Sheridan and Barry, 2016).

#### *Developing the Revised programme:*

Updating the MindOut programme involved reviewing the key components of programme content, teaching strategies, language, timing, whole school initiatives etc., and making adjustments to ensure the programme reflected the needs of current users and key stakeholders. It was also important to ensure that the revised programme would reflect the more recent evidence concerning effective approaches and strategies and align with policy developments, including the guidelines on *Well-being in Post-Primary Schools* (Department of Education & Skills, Health Service Executive and Department of Health, 2013). The original programme was labelled as a 'mental health' programme and had a focus on coping with difficulties. In keeping with the Wellbeing Guidelines and current evidence, it was deemed necessary that the revised version would have a clearer focus on student wellbeing and the development of core social and emotional skills. The following section outlines the process which was undertaken in updating the MindOut programme.

#### **Method:**

The development of the revised programme was informed by feedback and information collected from three principal sources.

(i) *A review of existing resources:* Drawing on the findings from syntheses of the evidence on school-based SEL programmes (Barry & Dowling, 2015; Clarke et al., 2015), details of the main evidence-based programmes developed for adolescents were extracted to determine their core components. In view of the importance of a whole school approach, priority was given to interventions that clearly embraced this approach e.g., MindMatters (Sheehan et al., 2000), Gatehouse (Glover et al., 2005) and Positive Action (Allred, 1977). In addition, the existing SPHE and Wellbeing frameworks and evidence-based programmes already in use in the educational system, such as the Friends programme (Barrett et al., 2006), were also included in the review. Following an initial review of the content of the relevant programmes, the common practice elements that were most frequently used across the interventions were identified. Although a systematic coding process, such as that used by Boustnai et al. (2015), was not employed, a number of common practice elements were identified. All the programmes examined included practice elements that focused explicitly on; recognising and managing emotions (which corresponds quite closely to what Boustani et al. (2015) labelled as insight building), managing thoughts, positive thinking, and coping skills. In addition, the following practices were also used by a majority of the programmes; identifying personal strengths, sources of social support, problem-solving, decision-making, communication skills and social skills. Also included, though less frequently, were empathy, managing conflict, and help-seeking. The most frequently used common instructional elements across the reviewed programmes included; collaborative learning such as group work, group discussion, reflection, use of games, scenarios, and worksheets for structured activities, followed by role-play.

(ii) *Consultation with a National Working Group:* Members included representatives from education, health promotion, educational psychology and mental health services, who were consulted throughout the development process. A number of key recommendations for programme improvement were made, which were grouped into five focused areas:

- *Content* - align with existing resources and guidelines; include current and more relevant topics for the target group (i.e. social networking, cyberbullying etc.); place a stronger focus on wellbeing rather than on ‘mental illness’.
- *Teaching strategies* - reflect the different stages of experiential learning (SPHE framework); use of class discussions and group/pair work, relevant multimedia resources (i.e. YouTube clips, Apps, websites, etc.); incorporate take-home activities.

- *Language* – reflect the language of wellbeing as used in current frameworks; ensure that the language used is accessible for young people with literacy difficulties or for whom English is not their first language.
- *Timing* - the programme should be delivered within one academic year, be comprised of roughly 12 sessions and each session should fit within the given class time slot (i.e., 35 minutes).
- *Whole School Initiatives* – include a menu of options to practice skills at a whole-school level; provide resources which students can access if they need additional support; include efforts to strengthen teachers’ professional development and integrate parents/home links more fully into the programme.

The Working Group had face-to-face meetings and also maintained close contact throughout the entire development process. Their work also involved reviewing and providing feedback on the newly updated materials.

*(iii) Consultation with young people:* Two approaches were used to ensure the voices of young people were included. Consultations were conducted with 55 students (aged 15-18 years, 62% males) from three post-primary schools that had recently received the original MindOut programme, and a second consultation at a later stage was held with a selected group of seven young people (15-18 years) who were engaged with a national youth organization in the writing of a youth-focused website (<http://spunout.ie>). Further details of the consultation process may be found in McCrohan (2015). Overall, the programme was valued by young people as 65% rated the programme very favourably and 70% reported periodic use of the skills learned. A participatory workshop was employed to explore students’ views on important issues in their lives that needed to be reflected in the revised version, and specific recommendations for programme content, teaching activities, language and timing. Based on the recorded data, a thematic analysis identified the following key themes that were recommended for inclusion in the revised programme by the student participants:

- Content - update scenarios and make the programme more relevant to young people in terms of the topics addressed, language and scenarios used.

- Teaching activities - increase the range and diversity of teaching activities, i.e., more interactive approaches, including games, group work, and videos.
- Programme delivery – use of a comfortable environment, consider the time of day the programme is delivered.
- Programme structure – views varied regarding the length of the programme with the majority suggesting longer and more detailed modules, but male students tended to recommend shorter versions.

Students were also asked to suggest the main topics that should be covered, including the issues they found most relevant, and that were challenging or stressful in their daily lives. Their responses were analyzed using thematic analysis and the following summarises the main themes identified across the issues explored:

- Friendships – communication, romantic relationships and friendships, conflicts
- Feelings – dealing with anger, depression, being self-conscious
- Bullying – cyberbullying, discrimination, non-inclusion
- Mental Health – symptom recognition, self-harm, eating disorders
- Education – sexual health, use of drugs and drink, getting a job
- School – exams, how to study, school balance
- Peer Pressure – drugs/alcohol, image, relationships, social media, sports.

The second consultation was conducted with seven young people recruited through a national youth organization and a participative workshop was again employed. Building on the themes identified by the school students, the participants were asked to identify real-life situations that young people their age find challenging and to draft scenarios that could be referenced in the revised programme. This exercise sought to ensure that the issues and scenarios would be topical and relevant for the age group and expressed in appropriate language. In addition, a further online consultation was conducted with the same participants at a later stage to review the revised resources and provide feedback.

## **Development Process**

Drawing together the feedback from the three principal sources – review of evidence-based resources, consultations with young people and the Working Group - a revised structure for the new programme was drafted. The five core competencies for social and emotional skills development as identified by CASEL were used as an overarching theoretical framework for the development of the revised programme and the common practice and instructional elements identified in the review process were mapped onto this framework. The feedback from the young people and the Working Group was then used to design and shape the content of the core practice and instructional elements and the inclusion of supporting materials.

A draft version of the programme was forwarded to the Working Group for their feedback. In addition, the young people from the youth organization were given the revised materials and selected videoclips and activities to review. Following feedback, a draft programme was printed and piloted in five post-primary schools to examine feasibility of its implementation in the context of the local schools. Teachers were consulted regarding their experience of implementing the revised programme in their school and in one school, students (N=24) were also consulted regarding their perceptions of the acceptability of the revised programme. Based on this feedback, further adaptations were made.

### *Updated Programme Elements:*

The updated MindOut programme consists of 12 sessions with structured interactive activities and resource materials and aims to promote social and emotional skills and competencies for positive mental health and wellbeing. All of the sessions contain specific well-defined goals and a programme USB with supplementary resources including PowerPoint slides to assist classroom delivery, relevant video links and whole school resources for teachers' use. Further details of the revised programme content can be found in Dowling Clarke, Sheridan and Barry, 2016. Table 1 summarises the programme content and the main SEL competencies that are addressed.

The revised programme balances input from evidence-based interventions with the reality of school contexts and the needs of students and teachers. The programme content is based on the core competencies of SEL and the common practice elements identified in the review of evidence-based resources. Interactive teaching strategies, including collaborative learning, structured games and scenarios are incorporated to engage students in exploring current issues in a more interactive manner together with the use of multi-media resources. The programme is closely aligned with the SPHE curriculum in order to promote its coordination and integration into the curriculum and school environment, thereby increasing the programme's sustainability. A menu of whole school strategies are provided for use by school staff, including guidelines for cross-curricular and community related supports and activities. Whole school strategies are also embedded in the programme through 'practice-at-home' activities and a 'Teacher Reflection' section encourages teachers to strengthen their own social and emotional skills.

The revised MindOut programme is currently undergoing a comprehensive national evaluation of its implementation in the context of disadvantaged post-primary schools. A cluster RCT will determine its impact on students' social and emotional wellbeing, mental health and academic outcomes. A complementary version of the revised programme is also being developed for delivery in youth sector settings, including second chance educational provision for students who have dropped out of mainstream education. This version will also explore the development of a modular approach to programme delivery, whereby specific evidence-based strategies can be selected and prioritised for implementation to meet the needs of specific groups of young people.

## **Conclusions**

Existing evidence-based school interventions can improve young people's social and emotional wellbeing if they can be effectively adopted and integrated into school practices and sustained over time. The effective implementation and scaling up of evidence-based approaches to SEL presents many challenges in the school setting and requires a focus on both simplification and customization to local contexts in order to develop intervention methods that are feasible and usable and can be embedded in everyday practices. A common elements framework was explored in this paper as an innovative approach to developing evidence-based strategies that are easy to implement and can be tailored to suit the needs of

specific student groups and school contexts. The findings from research on children's mental health treatment and youth prevention programmes indicates the potential of this approach in providing a set of core strategies that can be used in practice to address a range of youth behaviours.

The MindOut case study reports on preliminary work developing a common elements approach to SEL in the context of Irish post-primary schools. Drawing on the consultations with young people and teachers, and a review of the common practice elements in current evidence-based interventions, the revised programme employs interactive teaching strategies in addressing core SEL skills of relevance to young people in the context of the national health education curriculum. The current evaluation of MindOut is being undertaken in designated disadvantaged post-primary schools in order to determine its impact on students who are at higher risk of poorer mental health and wellbeing, early school leaving and unemployment. The differential impacts by gender and sub-groups of young people will also be examined. In applying this approach to SEL interventions, existing work is very much at an exploratory stage and it is clear that further rigorous research is needed to identify the most potent strategies for the development of core skills, including the relative potential of individual components and their optimal combination for successful outcomes in the context of diverse school settings. Identification of the most potent practices from existing evidence-based interventions would facilitate the development of a more customized and modular approach to intervention delivery. This would allow for the tailoring of the content and sequencing of intervention components to meet the needs of specific student populations and school contexts, thereby ensuring greater usability and acceptability of evidence-based approaches.

Applying what we know works in improving young people's SEL will close the science-to-practice gap in promoting the positive development of young people. Innovative approaches to research and practice are needed to support the integration and scaling up of effective evidence-based practices in the everyday context of schools, especially those in low-resource settings. Current SEL interventions need to be firmly embedded in educational policies and school practices to ensure that the determinants of positive youth development are addressed and that supportive school environments are created that will empower young people and enable them to grow and flourish.

**Table 1: Summary of Revised MindOut Programme Sessions**

<b>Session</b>	<b>SEL Competency</b>	<b>Key Aims</b>
<b>1. Minding your Mental Wellbeing</b>	Self-Awareness	To explore the topic of mental wellbeing and the importance of recognising personal strengths.
<b>2. Dealing with your Emotions</b>	Self-Awareness & Self - Management	To recognise and explore a range of emotions and learn how to manage these effectively.
<b>3. Thoughts, Feelings, Actions</b>	Self-Management	To explore the connection between thoughts, feelings and actions and learn how to challenge unhelpful thoughts.
<b>4. Coping with Challenges</b>	Self-Management	To identify a range of helpful coping strategies that can be used to deal with stressful situations.
<b>5. Support from Others</b>	Social Awareness	To increase awareness of supports and recognise the differences between helpful and unhelpful sources of support.
<b>6. Walking in Someone Else's Shoes.</b>	Social Awareness	To help students increase their awareness of the thoughts and feelings of others and to show compassion.

<b>Session</b>	<b>SEL Competency</b>	<b>Key Aims</b>
<b>7. Communication &amp; Managing Conflict</b>	Relationship Management	To practise skills for communicating successfully with others and manage conflict effectively.
<b>8. Managing Online Behaviours</b>	Responsible Decision Making	To reflect upon unhelpful online behaviours and learn how to improve these.
<b>9. Help-Seeking</b>	Relationship Management	To build help-seeking behaviours by identifying online and local support services.
<b>10. Problem-Solving &amp; Decision-Making</b>	Responsible Decision Making	To explore a five-step approach for problem solving and responsible decision making.
<b>11. Happiness and Wellbeing</b>	Self-Awareness	To explore practical strategies for promoting happiness.
<b>12. Review</b>		To reflect upon the range of skills developed throughout the course of the programme.

## References

Adi Y, Killoran A, Janmohamed K et al. (2007), *Systematic review of the effectiveness of interventions to promote mental wellbeing in children in primary education. Report 1: universal approaches (non-violence related outcomes)*. National Institute for Health and Clinical Excellence, London.

Allred, C. (1977), The Positive Action Program. Retrieved from <https://www.positiveaction.net/>

Banerjee, R., Weare, K. & Farr, W. (2014), “Working with ‘Social and Emotional Aspects of Learning’ (SEAL): Associations with school ethos, pupils’ social experiences, attendance, and attainment’, *British Education Research Journal*, Vol. 4 No. 40, pp. 718-742.

Barrett, P. M., Lowry-Webster, H., & Turner, C. (2000). *FRIENDS Program for Children: Participants’ workbook*. Australian Academic Press, Brisbane.

Barry, M.M. & Dowling K. (2015), *A Review of the Evidence on Enhancing Psychosocial Skills Development in Children and Young People*. A review produced by the World Health Organization Collaborating Centre for Health Promotion Research, National University of Ireland Galway for the IUHPE and the Picardie Regional Health Agency, France.

Barry, M.M., Clarke, A.M., Jenkins, R. and Patel, V. (2013), “The effectiveness of mental health promotion interventions for young people in low and middle income countries: A systematic review”, *BMC Public Health*, Vol. 13, 835.

Belfield, C., Bowden, B., Klapp, A., Levin, H., Shand, R., & Zander, S. (2015), *The Economic Value of Social and Emotional Learning*, Center for Benefit-Cost Studies in Education Teachers College, Columbia University.

Boustani, M.M., Frazier, S.L., Becker, K.D., Bechor, M., Dinizulu, S.M., Hedemann, E.R., Ogle, R.R., & Pasalich, D.S. (2015), “Common elements of adolescent prevention programs: Minimizing burden while maximizing reach”. *Administration and Policy in Mental Health and Mental Health Services Research*, Vol 42, No 2, pp. 209-219.

Bumbarger, B., Perkins, D. F., & Greenberg, M. T. (2010), *Taking effective prevention to scale*. In B. Doll, W. Pfohl, & J. Yoon (Eds.), *Handbook of youth prevention science*. New York: Routledge

Byrne, M., Barry, M.M. & Sheridan, A. (2004), “Implementation of a school-based mental health promotion programme in Ireland”, *International Journal of Mental Health Promotion*, Vol. 6 No. 1, pp. 17-25.

Byrne, M., Barry, M.M., Nic Gabhainn, S. & Newell, J (2005), “The development and evaluation of a mental health promotion programme for post-primary schools in Ireland,” In Jensen, B.B. & Clift, S. (Eds), *The Health Promoting School: International Advances in Theory, Evaluation and Practice*, Danish University of Education Press, Copenhagen, pp383-408.

CASEL (2003), *Safe and Sound: An Educational Leader’s Guide to Evidence-based Social and Emotional Learning Programs*. Illinois Edition. Collaborative for Academic, Social and Emotional Learning, Chicago, IL.

Chen H.T. (1998), “Theory-driven evaluations”, *Advances in Educational Productivity*. Vol. 7, pp. 15–34.

Chorpita, B.F. and Daleiden, E.L. (2009), “Mapping evidence-based treatments for children and adolescents: application of the distillation and matching model of 615 treatments from 322 randomized trials”, *Journal of Consulting and Clinical Psychology*, Vol. 7, No. 3, 566-579.

Chorpita, B.F., Weisz, J.R., Daleiden, E.L., Schoenwald, S.K., Palinkas, L.A., Miranda, J., et al., and Research Network on Youth Mental Health (2013), “Long-term outcomes for the child STEPs randomized effectiveness trial: a comparison of modular and standard treatment designs with usual care”, *Journal of Consulting and Clinical Psychology*, Vol. 81, No.6, pp. 999-1009.

Clarke, A., O’Sullivan, M. and Barry, M.M. (2010), ‘Context matters in programme implementation’, *Health Education*, Vol. 110, No. 4, pp. 273-293.

Clarke, A.M., Morreale, S., Field, C.A., Hussein, Y., & Barry, M.M. (2015), *What works in enhancing social and emotional skills development during childhood and adolescence? A review of the evidence on the effectiveness of school-based and out-of-school programmes in the UK*. A report produced by the World Health Organization Collaborating Centre for Health Promotion Research, National University of Ireland Galway. Accessible online at: [http://www.eif.org.uk/wp-content/uploads/2015/08/Review-of-Social-and-Emotional-Skills-Based-Intervention\\_Report-WEB-VERSION-1.pdf](http://www.eif.org.uk/wp-content/uploads/2015/08/Review-of-Social-and-Emotional-Skills-Based-Intervention_Report-WEB-VERSION-1.pdf)

Department of Education and Skills, Health Service Executive, Department of Health interdepartmental sub-group (2013), *Well-being in Post Primary Schools: Guidelines for mental health promotion and suicide prevention*. Department of Education and Skills; Health Service Executive & Department of Health, Dublin.

DfES (2007), *Social and Emotional Aspects of Learning (SEAL): Guidance Booklet*. Department for Education and Skills, Nottingham, UK.

Dix, K.L., Slee, P.T., Lawson, M.J. & Keeves, J.P. (2010), “Implementation quality of whole-school mental health promotion and students’ academic performance”, *Child Adolescent Mental Health*, Vol. 17, No. 1, pp. 45-51.

Domitrovich, C., Bradshaw, C., Poduska, J., Hoagwood, K., Buckley, J., Olin, S., Rokamelli, L.S., Leaf, P.J., Greenberg, M.T., & Ialongo, N. (2008), “Maximizing the implementation quality of evidence based preventive interventions in schools: A conceptual framework”, *Advances in School Mental Health*, Vol 1, pp. 6–28.

Dooris, M. and Barry, M.M. (2013), “Overview of implementation in health promoting settings”, Chapter 2 in Samdal, O. and Rowling, L. (Eds). *The Implementation of Health Promoting Schools*, Routledge, Abingdon, pp. 14-23.

Dowling, K., Clarke, A.M., Sheridan, A. & Barry, M.M. (2016), *MindOut Teacher’s Manual 2.0 – Promoting social and emotional wellbeing: A programme for post-primary schools*. A programme developed by the Health Promotion Research Centre, National University of Ireland Galway & the Health Service Executive.

Durlak, J.A. & DuPre, E.P. (2008), “Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation”, *American Journal of Community Psychology*, Vol 41, No. 3-4, pp. 327-350.

Durlak, J.A., Domitrovich, C.E., Weissberg, R. P., and Gullotta, T.P. (2015), *Handbook of Social and Emotional Learning: Research and Practice*, Guilford Press, New York.

Durlak, J.A., Weissberg, R.P., Dymneci, 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 Development*, Vol. 82, No.1, pp. 405-432

Elias, M. J., Zins, J. E., Weissberg, R. P., Frey, K. S., Greenberg, M. T., Haynes, N. M., et al. (1997), *Promoting social and emotional learning: Guidelines for educators*. Association of Supervision and Curriculum Development, Alexandria, VA.

Embry, D. D. and Biglan, A. (2008) “Evidence-based kernels: Fundamental units of behavioral influence”, *Clinical Child and Family Psychology Review*, Vol. 11, No. 3, pp. 75-113.

European Union. (2015). *Joint Report of the Council and the Commission on the implementation of the renewed framework for European cooperation in the youth field (2010-18)*. Council of European Union, European Commission.

Fixsen, D.L., Naoom, S.F., Blasé, K.A., Friedman, M.R. & Wallace, F. (2005), *Implementation Research: A synthesis of the literature*, The National Implementation Research Network, University of South Florida, Louis de la Parte Florida Mental Health Institute, Tampa.

Glover, S., Patton, G., Butler, H., Di Pietro, G., Begg, B. & Cahir, S. (2005), *Promoting Emotional Well-being: Team guidelines for whole school change*. Centre for Adolescent Health, Victoria.

Greenberg, M. T., Domitrovich, C., & Bumbarger, B. (2001), “The prevention of mental disorders in school-aged children: Current state of the field”, *Prevention & Treatment*, Vol. 4, No.1.

Greenhalgh, T., Glenn, R., Macfarlane, F., Bate, P., & Kyriakidou, O. (2004), “Diffusion of innovations in service organizations: systematic literature review and recommendations for future research”, *Milbank Quarterly*. Vol. 82, pp. 581-629.

Hallam, S. (2009), “An evaluation of the Social and Emotional Aspects of Learning (SEAL) programme: promoting positive behaviour, effective learning and well-being in primary school children”, *Oxford Review of Education*. Vol. 35, No. 3, pp 313-330.

Heckman, J.J. (2006), “Skill formation and the economics of investing in disadvantaged children”, *Science*, Vol. 312, No. 5782, pp. 1900-1902.

Institute of Medicine Report (2009), *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and possibilities*, National Academies Press, Washington.

Jané-Llopis, E., Barry, M.M, Hosman, C., & Patel, V. (2005), “Mental health promotion works: a review”, *Promotion & Education*, Vol. 2, pp. 9–25.

Jones, S.M., & Bouffard, S.M. (2012), “Social and Emotional Learning in Schools: From Programs to Strategies. Social Policy Report”, *Society for Research in Child Development*, Vol. 26, No. 4.

Knapp, M., McDaid, D., & Parsonage, M. (2011), *Mental Health Promotion and Prevention: The Economic Case*. Personal Social Services Research Unit, London School of Economics and Political Science.

McCrohan, K. (2015), *A Consultation with Young People on the MindOut Programme*, Unpublished Master’s Dissertation in Health Promotion, National University of Ireland Galway.

McDaid, D. & Park, A.L. (2011), “Investing in mental health and well-being: Findings from the DataPrev project”, *Health Promotion International*, Vol. 26 (Suppl. 1), pp. 108-139.

NCCA (2011), *Social, Personal & Health Education, Curriculum Framework*, National Council for Curriculum and Assessment, Dublin.

NICE (2009), *Social and Emotional Wellbeing in Secondary Education*. Public Health Guideline, the National Institute for Clinical Health and Care Excellence, London.

OECD (2015), *Skills for Social Progress: The Power of Social and Emotional Skills*. OECD Skills Studies, OECD Publishing.

Payton, J., Weissberg, R.P., Durlak, J.A. Dymnicki, A. B., Taylor, R.D., Schellinger, K.B., & Pachan, M. (2008), *The Positive Impact of Social and Emotional Learning for Kindergarten to Eighth-Grade Students: Findings from Three Scientific Reviews. Technical Report*. Collaborative for Academic, Social, and Emotional Learning.

Rotheram-Borus, M., Swendeman, D. and Chorpita, B.F. (2012), “Disruptive innovations for designing and diffusing evidence-based interventions”, *American Psychologist*, Vol. 67, No. 6, pp. 463-476.

Samdal, O., & Rowling, L. (Eds.) (2013), *The Implementation of Health Promoting Schools: Exploring the theories of what, why and how*, Routledge, New York.

Sheehan, M., Marshall, B., Cahill, H., Rowling, L., Holdsworth, R., Morrison, P., Griffiths, C., Sunderland, K, Howard, J. & Taylor, B. (2000), *MindMatters*. Commonwealth of Australia.

Sklad, M., Diekstra, R., De Ritter, M. and Ben, J. (2012), “Effectiveness of school-based universal social, emotional, and behavioral programs: do they enhance students’ development in the area of skill, behavior, and adjustment?”, *Psychology in the Schools*, Vol. 49, No. 9, pp 892-909.

Thomson, S., Figueras, J., Evetovits, T., Jowett, M., Mladovsky, Ph., Maresso, A., Cylus, J., Karanikolos, M. and Kluge, H., 2014. *Policy Summary 12: Economic crisis, health systems and health in Europe: impact and implications for policy*. Copenhagen: WHO Regional Office for Europe and European Observatory on Health Systems and Policies.

Viner, R.M., Ozer, E.M., Denny, S., Marmot, M., Resnick, M., Fatusi, A., & Currie, C. (2012), “Adolescence and the social determinants of health”, *The Lancet*, Vol. 379, No. 9826, pp. 1641-1652.

Weare, K., & Nind, M. (2011), “Mental health promotion and problem prevention in schools: What does the evidence say?” *Health Promotion International*, Vol. 26 (Suppl.1), pp. 29-69.

Weisz, J.R., Chorpita, B.F., Palinkas, L.A., Schoenwald, S.K., Miranda, J., Bearman, S.K., et al. (2012), “Treating standard and modular designs for psychotherapy treating depression, anxiety, and conduct problems in youth: A randomized effectiveness trial.”, *Archives of General Psychiatry*, Vol. 69, No. 3, pp. 274-282.

Wells, J., Barlow, J. & Stewart-Brown, S. (2003), “A systematic review of universal approaches to mental health promotion in schools”, *Health Education*, Vol.103, No. 4, pp. 197-220.

WHO (1998), *WHO’s Global School Health Initiative: Helping Schools to Become ‘Health-Promoting Schools’*. World Health Organization, Geneva.

Wilson, S. J., & Lipsey, M. W. (2007), "School-based interventions for aggressive and disruptive behavior: Update of a meta-analysis", *American Journal of Preventive Medicine*, Vol. 33, (Suppl. 2), pp. 130-143.

World Health Organization and Calouste Gulbenkian Foundation (2014), *Social Determinants of Mental Health*. World Health Organization, Geneva.

Wynn, J., Cahill, H., Rowling, L., Holdsworth, R. & Carson, S. (2000), "Mind Matters, a Whole-School Approach to Promoting Mental Health and Well-Being", *Australian and New Zealand Journal of Psychiatry*, Vol 34, No. 4, pp. 594-601.

Zins, J.E., Weissberg, R.P., Wang, M.C., & Walberg, H.J. (Eds.). (2004), *Building Academic Success Through Social and Emotional Learning: What does the research say?* Teachers College Press, New York.