



# MENTAL HEALTH DEEP DIVE

*Effective and promising practice in mental health promotion with young people*

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***Mental Health Deep Dive:  
Effective and promising practice in mental health promotion with young people***

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### *Acknowledgement of Country*

We collectively acknowledge and pay respects to the Traditional Owners, and Country on which we work - the Bedegal and Gadigal People (both of the Eora Nation), and the Ngunnawal People, who are the Traditional Custodians of the lands on which UNSW is based, the Wurundjeri People of the Kulin Nation, who are the Traditional Custodians of the lands on which Swinburne's Australian campuses are located in Melbourne's east and outer-east; and the Whadjuk Noongar people, who are the Traditional Custodians of the lands on which UWA is situated. We pay respects to these Lands and Peoples and their Elders, past and present.

### *Acknowledgement of Lived Experience*

We acknowledge the individual and collective expertise of those with a living or lived experience of mental health, alcohol, and other drug issues. We recognise their vital contribution and value the courage of those who have shared their perspectives and personal experiences for the purpose of learning and growing together to achieve better outcomes for all.

## REPORT STRUCTURE

This report has been divided into seven main sections, as follows:

1. Executive summary
2. Introduction
3. Findings
4. Limitations and recommendations
5. Conclusion
6. References
7. Appendix

# 1. EXECUTIVE SUMMARY

This report is the second in a series of reports produced for the *Building Back Better – Mental Health Deep Dive* project. Following the production of a first report summarising the mental health landscape in Australia (*Mental Health Deep Dive: Strategic context and problem definition report*), the research team met with representatives of Zurich Financial Services Australia and the Z Zurich Foundation to discuss the core problem definitions<sup>1</sup> and needs that the first report identified in relation to mental health in Australia.

## 1.1 Defining the problems and the need

Our problem definition process generated a series of needs statements, summarised below.

**Problem:** Waiting for people to be in crisis and access acute care is not working.

**Need:** We need low-threshold, easy-to-access, consistent care which takes into account the complexity of people's lives and the stigma around accessing mental health support.

**Problem:** Social inequalities are exacerbated by access barriers and system design.

**Need:** We need to reduce the barriers to accessing appropriate preventative and clinical care, particularly for people in Australia who experience social inequality and mental health risks.

**Problem:** Care is fragmented/not coordinated well, it is difficult to support people where they are at, and to help them move through their experience to a holistic recovery.

**Need:** We need clear, holistic and coordinated mental health care, available at the level, location and in the mode wanted by the person experiencing the mental health condition.

**Problem:** The mental health crisis in Australia is not improving despite investments.

**Need:** We need effective preventative and early-intervention care (early in life, illness, and episode) with a focus on connection, developed through collaboration between those with relevant lived experience and those with other expertise. We need health & wellbeing policies – including, but not limited to funding decisions – to be designed, implemented, and overseen through collaboration between those with relevant lived experience & those with other expertise.

Promising and effective practice in mental health promotion for young people (aged 12–25) in Australia was selected as a focus for the next stage of work, for a number of reasons. Several of our needs statements identified a need for effective prevention and early intervention, particularly for people experiencing social inequities or risks to mental health. Youth is a common time for the onset of mental health conditions, the risk of mental health distress is increased for young people experiencing social inequities, and mental health challenges can significantly affect a young person's education, employment and life trajectory (Orygen and the World Economic Forum, 2020). Hence, intervening effectively early in life has the greatest potential for change.

This report provides findings from a review of literature on mental health promotion and prevention programs for young people who experience socioeconomic disadvantage. This literature review incorporated academic sources, relevant grey literature (such as policy documents, government plans or reports), and a targeted review of a sample of mental health promotion and prevention programs.

The objectives of this literature review are:

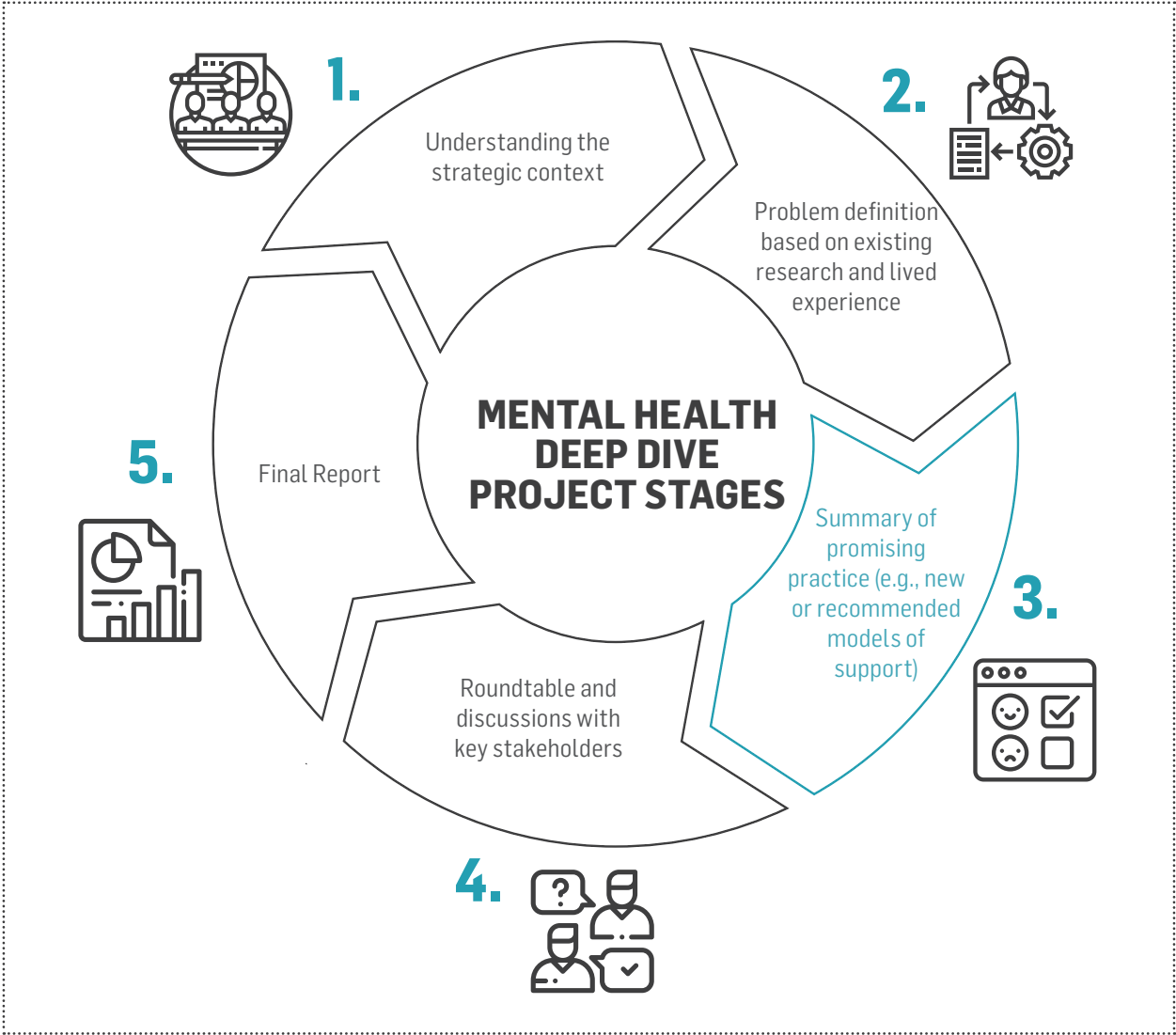
- To synthesise evidence on effective and promising mental health promotion with young people in Australia who experience socio-economic disadvantage
- To present some examples of promising practice in this area

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<sup>1</sup> A problem definition process is used in design thinking methods to allow a disciplined focus on an issue, before solutions can be developed.



Figure 1- Progress against project plan



This body of work will support the overall project objective of understanding how to support mental health frameworks in Australia, with a focus on mental health promotion for young people who experience socio-economic disadvantage.

## 1.2 Key findings of this review

A review of the evidence found that:

- There is limited evidence available on effective mental health promotion practice with young Australians affected by socioeconomic disadvantage
- Much of the research focuses on prevention of mental health conditions rather than promotion of mental health and wellbeing, and these approaches differ. Prevention approaches aim to prevent or reduce illness, while health promotion approaches aim to promote health and wellbeing (Everymind, 2017)

Prevention programs include:

- Primary prevention, which aims to reduce risk factors and increase protective factors within the population or groups at higher risk in order to prevent mental health condition onset;
- Secondary prevention, which aims to reduce the severity or length of mental health conditions through early intervention;
- Tertiary prevention, which focuses on supporting people experiencing a mental health condition to reduce its impact on their lives (Everymind, 2017).
- Many studies focus on secondary prevention through improving young people's access to, and engagement with mental healthcare at an early stage of illness
- Evidence on the effectiveness of mental health prevention programs is mixed, with some evidence to support reduction of symptoms and improved wellbeing through mental health education, physical activity, and supporting access to early help, but limited evidence of the primary prevention goal of preventing the onset of mental health conditions (Fusar-Poli et al., 2021; Joshua et al., 2015)
- A recent systematic review found that population health approaches targeting school environments or the social determinants of mental health (including socioeconomic factors) have the most promise for reducing the risk of mental health conditions for the whole population (Fusar-Poli et al., 2021)
- There is some evidence that mental health promotion programs can be effective in improving mental health, through improving mental health literacy, emotions, self-perceptions (e.g. self-compassion), quality of life, thinking skills (e.g. decision making, problem solving, and attributional style) and social skills (Salazar de Pablo et al., 2020)
- Good mental health supports people's ability to live a connected, contributing life, and cope with the stressors they encounter (Herrman, Saxena & Moodie 2005; Salazar de Pablo et al., 2020)
- Health-promoting environments have the potential to benefit everyone (Everymind, 2017), and contribute to systems change through raising awareness of equity and mental health as a shared community responsibility
- Universal approaches to promoting mental health across the whole population can be less stigmatising than programs that explicitly target "disadvantaged" groups "at-risk" of mental health conditions (Welsh et al., 2015)
- "Proportionate universalism" (Welsh et al., 2015) is recommended as a best practice model to ensure that socio-economic inequities are not perpetuated by universal programs that fail to engage or benefit those with the most to gain. Examples of this kind of approach include increased resourcing of universal supports (such as schools and community health services) in low-socioeconomic status areas (Currier et al., 2021); or providing universal parenting support programs that are targeted to specific community needs, but available to everyone (Habib et al., 2014)





- To support young people who leave school early, health promotion efforts should extend into other community activities such as sports and vocational training (Currier et al., 2021; Sofija et al., 2021)
- Utilising proportionate universalism supports upstream effects on staff, service providers and agencies, encouraging them to recognize experiences and impacts of inequality, and translate this understanding into structural-level changes in how interventions are designed and implemented (Jones et al., 2021; Raymond et al., 2018)
- This review finds that the body of evidence for effective mental health promotion with young Australians affected by socioeconomic disadvantage is still being developed. There are multiple calls for:
  - More research into effective mental health promotion;
  - Greater involvement of young people in priority-setting, design and delivery of mental health promotion initiatives;
  - Increased focus on equity and addressing the social determinants of health.
- There are some common design and implementation features that appear to support young people's engagement in existing programs and contribute to positive outcomes of both mental health prevention and mental health promotion. Common features of effective mental health promotion or prevention practice include approaches that are:
  - Co-designed or informed by young people (and other stakeholders as relevant for the program being developed);
  - Universally available, (no entry criteria of being “at-risk” or requiring a diagnosis), but also adapted to the local and cultural context, and using an equity lens to provide support in alignment with need – (Welsh et al., 2015) describe this as “proportionate universalism”;
  - Holistic, integrated and coordinated – engaging and addressing the whole person and their interests and needs;
  - Local, affordable, convenient and flexible;
  - Safe and culturally responsive (e.g. welcoming, youth-friendly spaces, non-discriminatory, non-judgmental, non-stigmatising, culturally competent staff or facilitators);
  - Enabling social connection and the development of supportive relationships with peers and trusted adults;
  - Longer-term – for example, programs or initiatives that continue over a period of 12 months or more.

## 2. INTRODUCTION

The reform areas outlined by the recent Productivity Commission's Review into Mental Health (2020), and the Royal Commission into Victoria's mental health system (Victorian Government, 2021) acknowledge that in addition to individual biological and psychological factors, a broad range of social, political, economic and environmental factors shape mental health for better or worse (Patel et al., 2018; Posselt et al., 2017; World Health Organization and Calouste Gulbenkian Foundation, 2014). Risks to mental health are not equally distributed among the population (Productivity Commission, 2020), and risk factors for mental health conditions are strongly associated with social inequities (Allen et al., 2014). These same inequities in access to resources can make mental healthcare inaccessible or unaffordable to those who need it (Posselt et al., 2017; Victorian Government, 2021). Attention to people's social and economic circumstances, culture, and opportunities to prevent ill-health are called-for by Australian and international mental health researchers (Jones et al., 2021; Jorm, 2018; Patel et al., 2018), by the recent public inquiry processes into mental health in Australia (Productivity Commission, 2020; Victorian Government, 2021), and by organisations focused on increasing effective investment into mental health (Future Generation Investment and EY, 2021).

Our *Mental Health Deep Dive: Strategic context and problem definition report* presented key findings regarding prevention and early help, including:

- The need to recognise and reduce current social inequities that affect mental health
- An increased focus and resources towards prevention of mental health distress across the lifespan, from childhood through to education and workplace settings and beyond
- Appropriate training for professionals and community members across these major life settings, to foster greater understanding of mental health challenges and develop capacity to support people within the community

This report builds on these findings by exploring promising and effective practice in mental health promotion and prevention of mental health conditions, with a focus on young people with experiences of socio-economic disadvantage.

### 2.1 Definition of concepts, and context for the current review

#### 2.1.1 Mental health and mental health conditions

The World Health Organization defines mental health as a state of wellbeing that enables people to cope with stress, reach their potential, and live a meaningful, fulfilling life (World Health Organization and Calouste Gulbenkian Foundation, 2014). A mental health condition is commonly defined as a health problem that significantly affects how a person thinks, feels, or behaves (Manderscheid et al., 2009). Mental health challenges often emerge in early childhood and adolescence, and can have substantial and lasting impacts on life trajectory. In contrast, wellbeing in early life is associated with a range of positive outcomes, including improved social relationships, engagement, academic achievement and economic security (VicHealth, 2015). Prevention and early help for signs of psychological distress aim to prevent progression, duration and severity of mental health conditions.

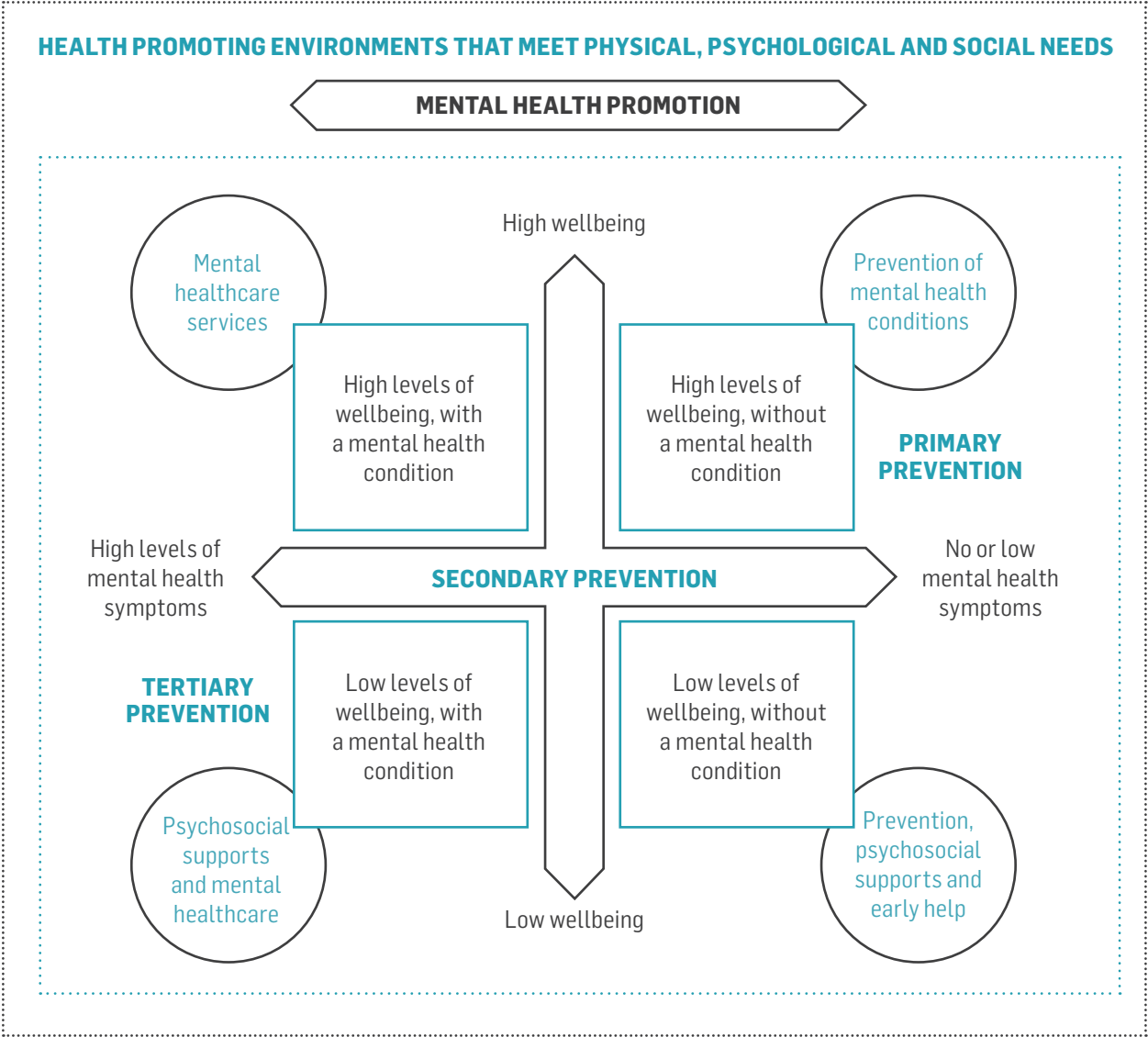
#### 2.1.2 When health promotion and prevention approaches may be used

While everyone benefits from health promoting environments that meet their physical, psychological and social needs, a range of prevention efforts and supports may be applied as people experience lower wellbeing, or degrees of mental health symptoms. Often, prevention interventions look to identify and modify factors associated with mental health conditions, including family and other interpersonal relationships, and education settings (Mrazek & Haggerty, 1994). Investing in the mental health and wellbeing of young people delivers significant returns, and impacts a broad range of outcomes, including engagement in education, and longer-term participation in a contributing and fulfilling life (The Centre for Adolescent Health, 2018; Productivity Commission, 2020).



Figure 2 illustrates some of the broad types of support that people can benefit from as they experience different levels of wellbeing and mental health, and shows the points at which different prevention approaches, and health promotion approaches are targeted. This illustration is a simplification of complex experiences and approaches, so some detail and nuance are necessarily omitted.

**Figure 2 – Dual-continuum model of mental health and wellbeing**  
 (adapted from Tudor, 1996 in Jay et al., 2017)



### **2.1.3 Prevention of mental health conditions**

As shown in Figure 2, primary prevention efforts aim to prevent the onset of mental health conditions, so these approaches are often focused on reducing risk or increasing protective factors for the whole population before a mental health condition occurs (Everymind, 2017; Fusar-Poli et al., 2021). Secondary prevention aims to reduce the severity or duration of illness or impacts of a mental health condition, so these approaches focus on supporting people with early symptoms of a mental health condition, often through identifying those at risk and facilitating access to treatment (Bridgman et al., 2019; Fusar-Poli et al., 2021; Platell et al., 2017). Tertiary prevention aims to reduce the impacts of illness on people with an established mental health condition, through efforts that support recovery and reduce relapse (Fusar-Poli et al., 2021). Young people are often targeted by primary and secondary prevention efforts, as youth (frequently defined in Australia as 12–25 years of age) is a common time for the onset of a mental health condition (Fusar-Poli et al., 2021; Sharma et al., 2021), yet young people do not always seek, or receive early help (Boyle, 2020; Platell et al., 2017).

### **2.1.4 Promotion of good mental health**

While primary mental health prevention shares some common approaches with mental health promotion in terms of increasing protective/health promoting factors within the population, these approaches differ in their aims – primary prevention aims to prevent a mental health condition from occurring, while mental health promotion aims to promote good mental health (Everymind, 2017). Prevention tends to approach mental health from a medical model, while mental health promotion is more aligned with a broader focus on supporting wellbeing and flourishing, in line with recovery/positive psychology models (Everymind, 2017). Mental health promotion can focus on the whole population, or particular groups of people, and health-promoting approaches can be utilised with people across the entire spectrum of health, illness and wellbeing states (Everymind, 2017). There is evidence to suggest that effective health promotion can change the social determinants of health – the social, economic and physical environments in which people live and that influence health outcomes (Herrman, Saxena & Moodie 2005). This is relevant to the current report, as social determinants such as socioeconomic status (defined below) are a well-established influence on mental health (Allen et al., 2014; Herrman, Saxena & Moodie 2005; Iizuka et al., 2015), and a recommended target for improving mental health (Fusar-Poli et al., 2021; Welsh et al., 2015).

### **2.1.5 Socio-economic status**

The definition of socio-economic status (SES) is contested (Currier et al., 2021; Penn, 2019), but the Australian Bureau of Statistics defines SES in terms of people's access to material and social resources, as well as their ability to participate in society. In Australia, SES is commonly defined through the (ABS, 2006) Socio-Economic Indexes for Areas (SEIFA), which measures socio-economic status according to area, based on indicators such as relative income, education, unemployment or occupation; and access to resources, such as vehicles, housing and other assets. Low socioeconomic status is associated with higher rates of mental health conditions, but lower rates of accessing mental health services (Currier et al., 2021).

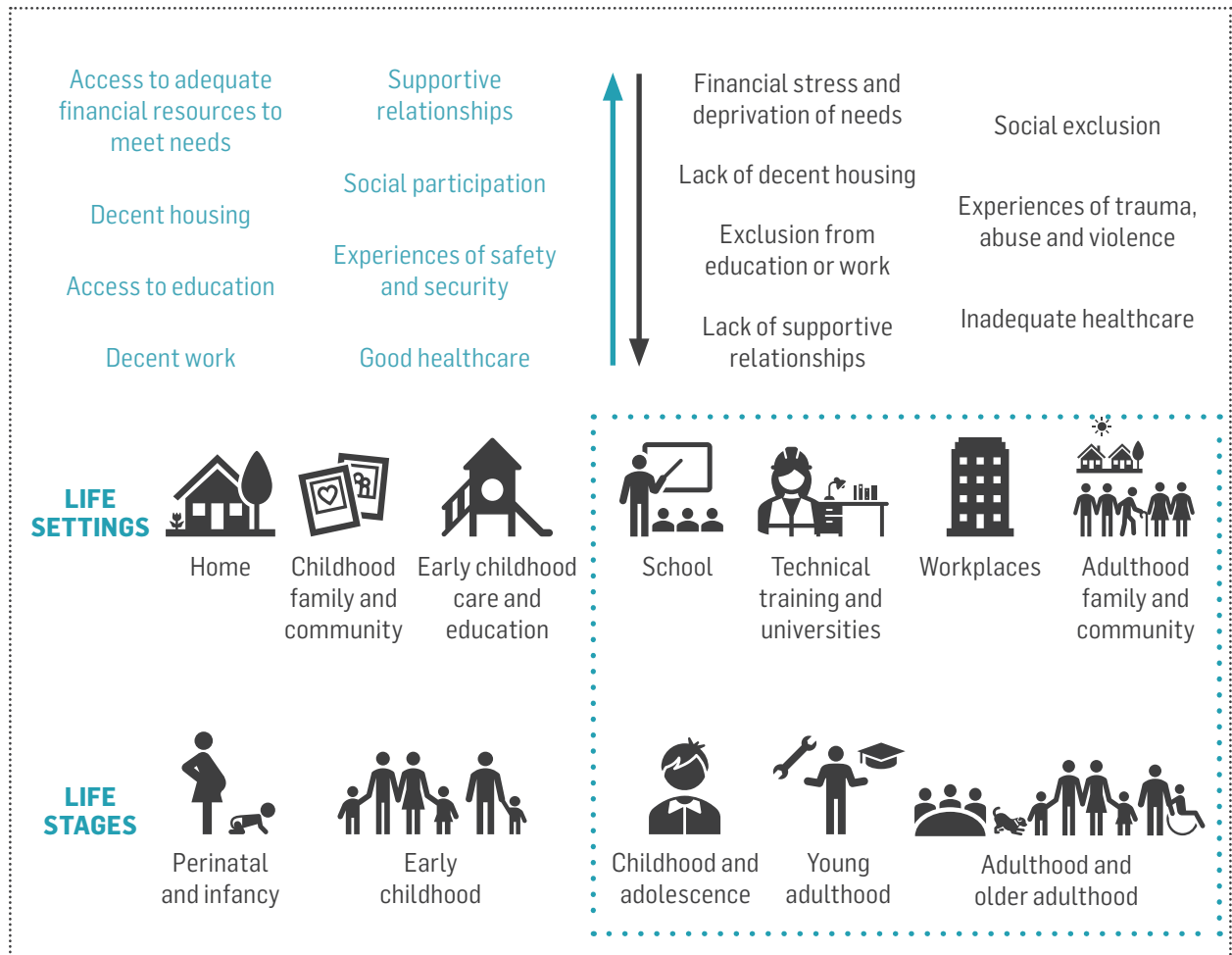
## **2.2 Review approach and method**

Our review approach was based on the aim of this stage of the Mental Health Deep Dive project: to identify promising and effective practice in mental health promotion with young people who experience socio-economic disadvantage.

Reviewing the mental health promotion evidence with an equity focus aligns with two of the Z Zurich Foundation's three focus areas – improving mental wellbeing and enabling social equity. It also acknowledges that experiences of mental health or distress are not only located within the formal mental health service system, but occur throughout our lifespan, and within all of the settings we inhabit throughout life, from home, to school, work and our communities (as shown in Figure 3).



**Figure 3 – Influences on mental health and illness across life settings and stages**



Supporting mental health therefore spans many forms, including illness prevention and early help in adolescence and young adulthood; and mental health promotion across the settings that young people occupy – including education settings, workplaces, family and community.

### 2.3 Scope of review

Based on the call for people with lived experience to be involved in the design of policies and services (Productivity Commission, 2020; Sharma et al., 2021; Victorian Government, 2021), this review initially set out to focus on mental health promotion or illness prevention programs for young people that were co-designed or co-delivered by young people. However, initial searches found a lack of literature on this topic, and the search was expanded to the scope defined below.

This review focuses on young people from low socioeconomic backgrounds, as our initial report found that:

- Social determinants (such as access to social and economic resources) play an influential role in either supporting or compromising mental wellbeing
- Research consistently finds a social gradient in health, where people with the least access to socioeconomic resources experience the highest rates of illness
- The people who our society places most at risk of experiencing mental health challenges (e.g. through social inequities) are also the least likely to have good access to mental healthcare

This review does not focus on suicide prevention, because:

- We see the overarching goal of illness prevention and mental health promotion as intervening at a much earlier stage so that people do not find themselves at this point – e.g. with universal or targeted support at an early stage before distress escalates to crisis point
- There is substantial existing work available on suicide prevention (for example, see Robinson et al., 2018; Wearing, 2011)

## **2.4 Research question**

What is the evidence on effective and promising models of practice for mental health promotion with young people with low socioeconomic status in Australia?

## **2.5 Search strategy**

### **2.5.1 Inclusion criteria**

- Australia-based or includes Australia
- English language
- 12-25 years
- Programs, practices and interventions with a focus on vulnerable young people, low socio-economic young people, marginalised young people, disadvantaged young people
- Programs, practices, and interventions with a focus on improving mental health outcomes such as wellbeing, confidence, engagement, etc
- Empirical research
- Grey literature, evaluation reports
- Literature reviews

### **2.5.2 Exclusion criteria**

- Young people not in one of the listed target groups
- Study based outside of Australia or not including Australia
- Published prior to 2010
- Outcomes not reported
- No full text: Studies whose full text could not be found
- Duplicate of another study
- No program/intervention or practice reported
- Programs, practices, interventions that focus on suicide prevention outcomes
- No suitable outcomes measured



## **2.6 Search results**

A total of 737 results were screened, of which 35 were included for full-text review. The main reasons for excluding papers were that they did not focus on young people with low socioeconomic status, were not based in Australia, or were not reporting on a mental health promotion or prevention program (for example, many papers focused on mental health treatment interventions). While the primary focus of our review was on young people aged 12–25, some papers focus on a subset of this age group that did not fall neatly within this age range – for example, school-aged young people between 4–17. These papers were still considered relevant to our topic and were included for review where they met other inclusion criteria.

## **2.7 Review of mental health promotion or prevention programs**

In addition to the literature review, the team conducted a targeted review of current mental health promotion or prevention programs operating in Australia and working with young people. Similar to the literature review, not all programs had an age-range of 12–25, and some did not define the ages of the young people they worked with. For these reasons, some programs supporting younger children were also included in this review.

All programs were purposively selected based on their receipt of government or philanthropic funding, to enable exploration of the range of mental health promotion and prevention efforts that are currently being invested in, and may represent emerging promising practice. The sample of organisations was selected based on programs mentioned in the literature, and those known to the project team. While not exhaustive, the 36 reviewed programs provide additional insight into current mental health promotion and prevention practice in Australia. These programs were reviewed against the literature findings to examine the extent to which they aligned with the available evidence on effective practice.



## 3. FINDINGS

This section presents the findings of our review of mental health promotion and illness prevention for young people experiencing socio-economic disadvantage, with each section presenting the relevant findings from both the literature review, and the practice review.

### 3.1 *Key themes emerging from the review of literature*

#### 3.1.1 *Recognising and reducing inequity is key in improving mental wellbeing outcomes*

Contextualising the impacts of inequity using a human rights/social justice perspective (Joshua et al., 2015; Wearing 2011; Welsh et al., 2015; Royal Commission into Victorian Mental Health System, 2021) is fundamental in:

- Planning the type of intervention (for example, using proportionate universalism to ensure that an equity lens is factored into the program design) (Welsh et al., 2015)
- Implementing the intervention with flexibility and responsiveness (i.e., cultural, physical location, holistic service, acceptance of young people of the program) for maximised engagement and mental health and wellbeing outcomes (Jones et al., 2021; McCann & Lubman, 2012; Raymond et al., 2018)
- Evaluating and applying the model more broadly (which must be underpinned and supported by policy documents and funding allocation/diversion to communities in most need) (Victorian Royal Commission, 2021; VicHealth, 2021)

Applying these principles also means that there are upstream effects on staff, services providers/agencies and structural level impacts on how interventions are designed and implemented while recognising the impact of inequality (Jones et al., 2021; Raymond et al., 2018).

Existing research indicates that mental health promotion and prevention initiatives should incorporate an awareness of how to effectively respond to mental health inequities experienced by some community-members, including low-SES young people, culturally marginalised young people, young men, young people experiencing homelessness, children of parents or carers with a mental health condition, LGBTIQ+ young people, young people experiencing family conflict, young people with chronic health conditions, young people not in education, employment or training, and young people who are incarcerated.

#### 3.1.2 *There is currently limited and mixed evidence for what works*

Overall, there is limited and mixed evidence for effective mental health promotion and illness prevention with young people who experience socio-economic disadvantage, but some evidence that school-based mental health promotion programs can be effective for supporting aspects of good mental health and school engagement (Barry et al., 2013; Fusar-Poli et al., 2021), and that universal psychological or mental health literacy interventions can improve symptoms of anxiety (Fusar-Poli et al., 2021).

A recent systematic review of prevention and mental health promotion found that selective screening and psychological support or education approaches with specific groups who experience increased risk of mental health challenges may improve symptoms, but there is not enough evidence to suggest that these interventions prevent the occurrence of mental health disorders (Fusar-Poli et al., 2021). There is mixed evidence regarding physical activity, with some potential identified for exercise as protective for anxiety (Fusar-Poli et al., 2021), but much of the evidence being of low quality (Costigan et al., 2019).

Of the available evidence, the most supported approaches are universal public health approaches targeting school environments or social determinants of health (Fusar-Poli et al., 2021), and mental health promotion initiatives using psychoeducation approaches – for example, building young people's mental health literacy, problem solving skills and relationship skills (Salazar de Pablo et al., 2020).





### **3.1.3 The focus is often on seeking help**

Many studies focus on secondary prevention – for example, encouraging help-seeking at the emergence of distress or mental health conditions, and facilitating improved access to early help for young people impacted by socioeconomic disadvantage or marginalisation (Platell et al., 2017; Robards et al., 2019; Bridgman et al., 2019; Brown et al., 2016; Posselt et al., 2017). Our review found less evidence about cohesive, community-integrated mental health promotion and primary prevention (such as strengths-based interventions and coping skills training with a wellbeing focus) prior to the emergence of clinically relevant distress. Schools are a common point of access to mental health support for some young people experiencing early mental health challenges (Platell et al., 2017), and flexible, integrated or collaborative services with outreach capacity are identified as important in better supporting young people who experience socioeconomic disadvantage – including young people in low socioeconomic status neighbourhoods, young people experiencing homelessness, and young people from refugee backgrounds (Oostermeijer et al., 2021; Boyle, 2020; Posselt et al., 2017).

### **3.2 Key themes emerging from the review of current practice**

Our review of a selected sample of current programs indicates there are existing mental health prevention programs for young people that are based on evidence and demonstrating some positive effects. Most of these programs are universal, but some do respond to specific needs. For example, some programs target groups who may be at increased risk of mental health conditions or barriers to help-seeking – including young men (The Man Cave, Top Blokes), school communities who have experienced trauma from bushfires (The Bushfire Response Program), or rural and regional young people (Youth Live4Life). We found that the majority of programs reviewed were at least partially aligned with what the evidence suggests is effective mental health promotion or illness-prevention practice, but few programs clearly documented their own outcomes.

Among the reviewed mental health promotion and prevention programs, peer-led education and health promotion interventions are common (examples of these include batyr, mieact, and Youth Live4Life). Reflecting our findings from the literature review, many programs focus on building mental health literacy and encouraging early help seeking (Salazar de Pablo et al., 2020; Fusar-Poli et al., 2021; Arundell et al., 2020). Culturally responsive and community-led interventions (Casse, Children's Ground) are found to be key to maximising engagement in community (Jones et al., 2021; Posselt et al., 2017).

There were many commonalities between the reviewed programs, and literature findings, including:

- The appeal of universal programs that are holistic and do not label or silo mental health (Mindfull, Pathways to Resilience)
- Targeted community mentoring, providing safe and non-judgmental environments for children and young people to voice their mental health concerns (Shine for Kids, Raise)
- Peer-led/co-designed programs (Satellite Foundation, Raise, Project Rockit, Outback Futures)
- Experiential programs, focused on creativity (e.g., music workshops) (Satellite Foundation) and recreational activities based in nature (e.g., surfing, hiking, outdoor camps) (Outward Bound, Ocean Mind, Childhood Grief, Mindfull)

Several benefits to staff, volunteers and systems through mental health promotion/prevention initiatives were expressed by programs, and largely reflected in the literature (Salazar de Pablo et al., 2020), including:

- Empowerment
- Strengthening family systems (though evidence on this is mixed)
- Debunking myths around mental health
- Less pressure on mental health and health systems (Tackle Your Feelings, mieact, Casse, batyr, Children's Ground, Cores)

### **3.3 Evidence of effective or promising practice from the literature**

Much of the literature describes the link between mental health and socioeconomic status, or presents information about barriers in mental health support – but few papers present evidence on mental health outcomes arising from prevention or mental health promotion initiatives in Australia with young people experiencing socioeconomic disadvantage. Recent research that surveyed young people, family members, and mental health professionals and researchers about strategies to improve youth mental health suggests that potential solutions should include enhancement of family and community support, support for mental health and wellbeing within schools, and systemic reforms in healthcare (Sharma et al., 2021).

The Australian Government's National Mental Health and Suicide Prevention Plan (2021) recognises that effective mental health interventions should include whole-of-government, whole-of-community approaches, and offer integrated, person-centred care (Commonwealth of Australia, 2021). This plan responds to many recommendations from the Productivity Commission (2020), including utilising employment, education, and service settings beyond health to support prevention and early intervention efforts (Commonwealth of Australia, 2021).

The 2020 Productivity Commission report made several recommendations for effective practice in mental health promotion with young people across key life settings. For young people, common settings for mental health promotion can include (but are not limited to) family and community, school, tertiary education, workplaces, and health settings. Some programs span multiple settings where young people may be. The evidence on effective or promising practice is briefly summarised by setting in the sections below.

#### **3.3.1 Family and community**

Parenting interventions have been found to be effective in detecting early signs of childhood mental health challenges, however, interventions do not always reach families in need (Productivity Commission, 2020). Promising examples of support include the increasingly well-placed role of schools to respond to community expectations in implementing interventions to support mental health and wellbeing (Productivity Commission, 2020).

#### **3.3.2 School settings**

Recommendations from the Productivity Commission (2020) report regarding schools include:

- Making wellbeing a national priority for the education system, by updating the National School Reform Agreement to include wellbeing outcomes, and clearly defining the roles and responsibilities of all those involved in student wellbeing, including school principals, teachers, counsellors and psychologists (sections 5.3 and 5.5 of the Productivity Commission report)
- Collecting nationally consistent data on student wellbeing, and using it to report on progress against the outcomes in the national agreement, inform policy planning and improve schools' implementation of a social and emotional wellbeing curriculum (section 5.6)
- Improving outreach and support services to students with a mental health condition and other vulnerable children

Following the 2014 National Mental Health Commission review to address duplication in prevention and promotion programs for children and young people, Be You, the national mental health initiative for education providers, was introduced. This national initiative aligns with the Productivity Commission's recommended reforms to address the lack of national commitment to support students' wellbeing and provide students, teachers and principals with practical policy. Be You is evidence based and aligns with many of the findings from this review into features of effective mental health promotion practice.



There is some evidence for other school-based universal programs such as the FRIENDS program (Iizuka et al., 2015) indicating that well designed and implemented school-based programs can promote social and emotional wellbeing for students. There is also tentative empirical support for the integration of social and emotional learning using effective models of professional development and coaching supports for teachers – including evidence of a decrease in at-risk students' anxiety (separation anxiety), obsessive compulsive symptoms and physical anxiety; and an increase in teacher's emotional resilience following a Friends for Life program incorporating professional development/coaching for social/emotional learning in low SES schools (Iizuka et al., 2015). This example illustrates the importance of appropriate resourcing, support and capacity-building for educators in the implementation of school-based mental health promotion programs.

More specifically, there is evidence to suggest that school based mental wellbeing programs can be effective for those in diverse groups including low-income, disadvantaged non-English speaking and culturally diverse student populations (Welsh et al., 2015). Sense of belonging at school has also been found to be a key element of emotional engagement and basis of strategies to increase retention of marginalised students (Pendergast et al., 2018), and support wellbeing for tertiary students (Martin & Wood, 2017). A small amount of evidence is also found for targeted creative/recreational programs in schools, mainly as a secondary/tertiary prevention approach (supporting access to early help or reducing the impact of an existing mental health condition). An illustrative example of this is a music program (DRUMBEAT) targeted to disadvantaged boys experiencing mental health issues, that was found to lead to increased mental wellbeing and reduced mental health symptoms (Martin & Wood 2017). However, this study was limited by small sample size, and further high-quality studies are needed to better evaluate these effects (Martin & Wood, 2017).

### **3.3.3 Tertiary education/training and workplace settings**

Supporting mental health for young people involved in education and training should involve approaches that aim to increase mental health and wellbeing, as well as provision of accessible supports for people who experience a mental health condition (Orygen, 2020). Expansion of online mental health services has been recommended as a way to assist in meeting students' needs (Productivity Commission, 2020), and all approaches should be developed in partnership with young people themselves (Orygen, 2020). Informal mentoring, peer support and other sources of support have been found to make a difference to the mental health and success of apprentices (Productivity Commission, 2020), but otherwise we found little evidence that focused specifically on young people in workplace settings.

### **3.3.4 Health services**

Support was found for regional networks and co-located services that provide collaborative and integrated care responding to a range of needs that people seeking mental healthcare might require. One example of this is First Step, which provides mental health and substance use services alongside legal and social inclusion supports (Productivity Commission, 2020). Collaborative and integrated services are also strongly recommended to improve accessibility and outcomes for young people experiencing homelessness (Boyle, 2020), and young people from refugee backgrounds (Posselt et al., 2017). Services not informed by young people are less suited to their needs (Platell et al., 2017).

In relation to secondary prevention (supporting early help-seeking), qualitative themes that arose in numerous articles in this review included the importance of physical locations facilitating access (whether to a service, or providing a pathway to also address broader issues or needs associated with disadvantage) (Jones et al., 2021; McCann & Lubman, 2012), flexibility, and adapting to the context and location (Jones et al., 2021; Raymond et al., 2018). One illustrative example of this is a visual arts program (Artspace), located in a youth health service and targeted to disadvantaged young women who have experienced trauma. Findings indicated that this program improved mental wellbeing and health service access (Brooks et al., 2020).

### 3.3.5 Multi-setting programs

Some preliminary findings of the Resilient Futures Program – a multi-site program working across education, mental health and justice settings – indicate promising results and that desired outcomes are met, including: increased youth awareness and skills, influencing wellbeing and behavioural markers, and strengthening youth self-regulation skills capacity; as well as broader outcomes related to community connection, and education/vocation (Raymond et al., 2018). These findings largely align with the outcomes found in an international systematic review of mental health promotion programs for young people (Salazar de Pablo et al., 2020).

### 3.4 Evidence of effective or promising practice from the review of practice

Current mental health promotion and prevention practice reveals evidence mainly around facilitating improved resilience, wellbeing, capability, help-seeking behaviours for students, and improved capacity of educators and parents to support young people. Some examples include:

- Raise mentoring programs, which show evidence of improved resilience and capability, including:
  - Statistically significant positive and sustained change in hope for the future, resilience, help-seeking, ability to set and achieve goals, confidence, coping, communication skills, grades, ability to get a job, relationships with family, friends and teachers (Raise Foundation, 2021);
  - 2020 Youth Initiated-Mentoring Pilot – 76% of participants saw improvement in knowledge of where to get help, while 60% saw an improvement in communication (which could result in better access to help) (Raise Foundation, 2021).
- Project Rockit; which found that:
  - 96% of students were equipped to stand up to online hate, and 90% of participants interviewed (n=10) believe Project Rockit online can positively impact bullying in their school (Pilh et al. 2016; Project Rockit, n.d).
- Pathway to Resilience ‘For Wings to Fly’ program, which showed:
  - A 32% increase in participants (early childhood educators) who rated their capacity to support children’s wellbeing as high, and 17% for very high (Pathway to Resilience, n.d.).
- Outward bound programs, which show improvements in “self-confidence, teamwork, leadership abilities, communication skills” – though the evaluation/evidence-base for this program is dated (1998) (Outward Bound, 2021)
- Confidence/intention to seek help for mental health challenges was an outcome reported by several programs (batyr, Youth Live4Life, Tackle Your Feelings), and confidence in supporting someone experiencing mental health issues was another (Be You, Youth Live4Life)
- Childhood-focused interventions targeted at younger age groups often aimed to increase engagement at school, leading on to and associated with health promoting emotional and social outcomes (Children’s Ground, Hope Centre Services, Kookaburra Kids)

The potential for mental health promotion programs to contribute to the kinds of outcomes reported above is supported in the literature, which finds that the strongest effects of mental health promotion initiatives are improving young people’s mental health literacy, emotional experiences, self-perception, quality of life, cognitive skills and social skills, with some support for improved academic performance (Salazar de Pablo et al., 2020).

Many of the outcomes reported by organisations doing mental health prevention and promotion work indicate a focus on primary and secondary prevention, mostly targeting psychosocial determinants of health (factors



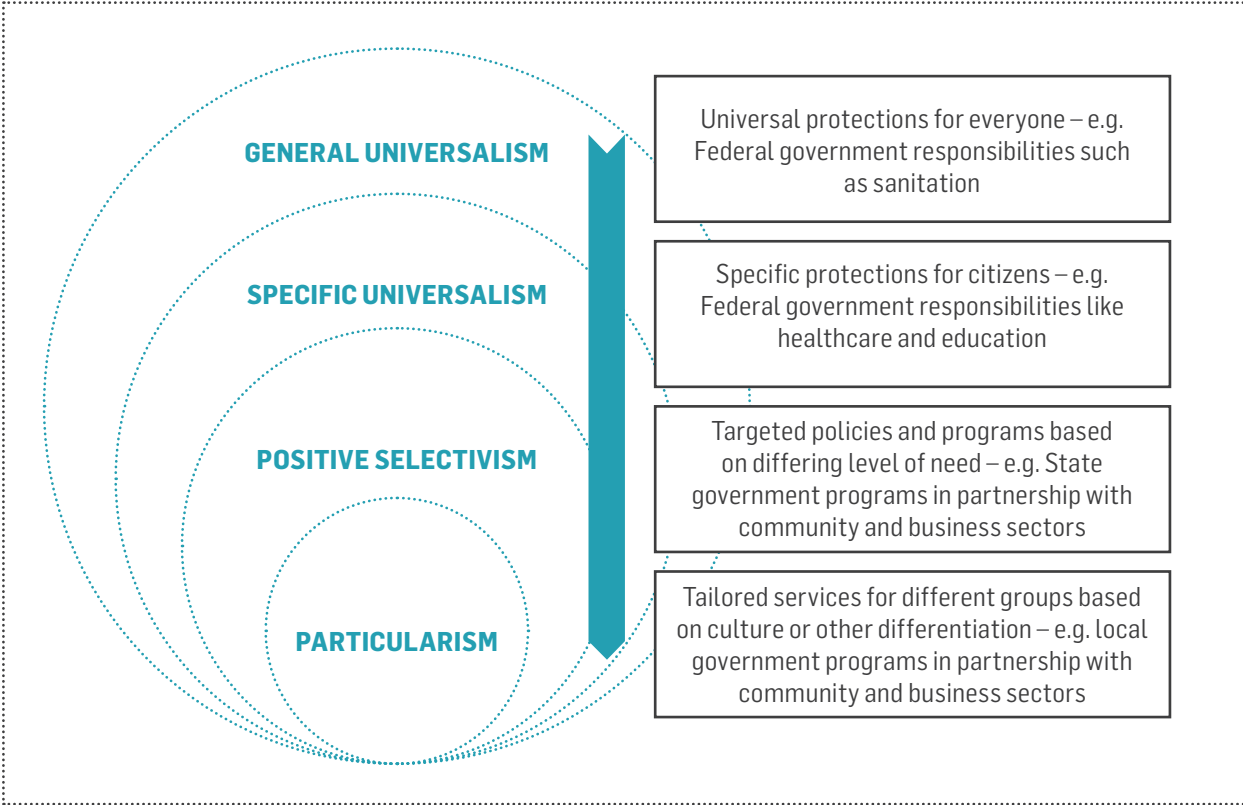
linked to the social environment and individual psychology). Target outcomes reflecting this focus include reducing risk factors such as bullying and negative self-perception, and promoting protective factors such as safe social environments, supportive relationships, mental health literacy and confidence in seeking help or supporting others.

**3.5 Features of successful models from the literature**

**3.5.1 Primary prevention, and promotion of good mental health**

Several features of successful models were identified within the literature. Reducing inequity and stigma, and building long-term safe relationships and connections were viewed as key features of programs aiming to promote mental health among young people who have experienced socioeconomic disadvantage (Brooks et al., 2020). In terms of primary prevention (increasing protective factors/reducing risk factors to prevent ill-health), and mental health promotion (supporting good mental health), a key feature is proportionate universalism (Welsh et al., 2015) which underpins the recent Royal Commission into Victoria’s Mental Health System, and appears to be demonstrated within a new VicHealth Local Government Partnership (2021). Proportionate universalism means providing universal services and supports that selectively target additional resources where required to increase health equity (Carey et al., 2015; Tracey, 2019). Figure 4 shows a framework for proportionate universalism.

**Figure 4 – Proportionate universalism heuristic – adapted from Carey, Crammond & De Leeuw 2015**



### **3.5.2 Secondary prevention – supporting access and engagement in early help**

Integrated, co-designed early intervention models that work with schools to identify and address youth vulnerabilities before they become clinically significant were viewed as effective, with a need to shift away from traditional disease-focused service delivery models (Bradfield, 2018), and focus on collaboration between services (Bradfield, 2018; Tracey, 2019). An international mapping review including Australia (Arundell et al., 2020) found that the following features are facilitators in addressing mental health inequity for young people with low socioeconomic status:

- Service integration – services that can address the whole person
- Mobile or local interventions including outreach, particularly for young people in rural areas (Bridgman et al., 2019) or experiencing homelessness (Boyle, 2020; Brown et al., 2016)
- Involvement of family – though other research finds that young people do not always want this (Platell et al., 2017; Posselt et al., 2017)
- Having a GP as the first point of contact for help-seeking
- Internet based programs – for some, though not all young people prefer online supports (Robards et al., 2019)
- Provision of affordable services/financial support
- Providing culturally appropriate services
- Broad service eligibility

Other features found to support young people's access to help are mental health literacy, active support in navigating health services (Robards et al., 2019), and flexible service models that respond to local youth mental health needs (Oostermeijer et al., 2021). Service gaps remain for some young people, including young people from refugee backgrounds who experience mental health and AOD issues (Posselt et al., 2017). Stigma against explicit “mental health” services, fear of consequences (e.g. deportation), and institutionalised racism are identified as issues in service provision (Posselt et al., 2017).

### **3.6 Features of successful models from the review of current practice**

Features of successful models drawn from the review of current mental health promotion and prevention initiatives include:

- Programs that are adapted to the community/young person – even within the organisation (e.g. CORES, kidsxpress, HEAL)
- Peer/youth-led programs (e.g. batyr, CORES, Satellite Foundation, Raise, Project Rockit, Outback Futures, Youth Live4Life, ReachOut Australia)
- Intensive, targeted support (e.g. Kidsxpress – therapy sessions)
- Longer-term programs focused on mental health/wellbeing (e.g. Outback Futures)

The strongest examples of current practice were those that aligned with the evidence on what works, for example:

- Peer-led/informed by young people
- Based on proportionate universalism – whole school or whole community-based, but providing flexible and wrap-around services that respond to a range of needs, including early help-seeking and psychoeducation support to improve mental health literacy and capability of teachers and community members to respond to mental health challenges
- Incorporating some evaluation of their program





Some selected examples of effective and promising programs from our review of current practice are described in Box 1.

### ***Box 1. Examples of effective and promising programs from our review of current practice***

**BATYR**, a program for high-school to working age young people, that aims to engage young people in positive conversations about mental health and encourage them to seek support if needed. Activities include workshops, and programs for schools, universities and workplaces. The batyr@ school program has been successful in reducing stigma towards others experiencing mental health issues, and led to improved attitudes and intentions to seeking professional help for mental health issues and suicidal thoughts (batyr, n.d.).

**BE YOU**, a government-funded whole school prevention program with some targeted support, that seeks to promote mental health in schools, and support students at-risk of mental health conditions to access help. Early findings indicate that educators are more confident to identify mental health issues and have conversations with young people, with further evaluation of program effects continuing (Beyond Blue, 2021).

**MINDFULL**, which seeks to engage with young people and others (regional & remote communities and blue collar industries & sporting clubs) in “high-risk” areas of Australia to support people to build strategies and skills that support mental health, and encourage early help-seeking. Activities include workshops, programs, speaking engagements, Mental Health First Aid and community events (such as sporting rounds, awareness events, fundraisers), and outcomes include 97% of young people feeling more confident in helping their friends, and 80% reporting that they would seek professional support for mental health if needed (Mindfull, 2020).

**RAISE FOUNDATION**, a mentoring program working with young people aged 12-16 that aims to support young people’s resilience, peer relationships, and help-seeking. Results include significant improvements in confidence, resilience, coping, communication and help-seeking, goal-setting, school attendance, grades, vocational outcomes, and relationships with family, peers and teachers (Raise Foundation, 2021).

**REACHOUT**, an online program providing online self-help information, peer support and referral tools that supports young people increase mental health literacy and skills, to connect with peers, and build positive sense of self (ReachOut Australia, 2021).

**YOUTH LIVE4LIFE**, a youth mental health education and suicide prevention program designed for young people in years 8, 10 & 11 in rural and regional areas, that delivers Teen and accredited Youth Mental Health First Aid (MHFA) training in schools and the wider community to increase conversations about mental health, reduce stigma, and “promote young leaders as mental health ambassadors” (Youth Live4Life, n.d.). Results include students and adults intervening to support others using MHFA training knowledge, and young people seeking support. This approach aligns with research that efforts to support mental health in regional and rural areas should focus on improving mental health literacy and promoting help-seeking behaviour (Black, Roberts, and Li-Leng 2012).

### **3.7 *Inconclusive evidence from the review of literature***

Not all studies had clear findings regarding what works in mental health or wellbeing programs. The results of most prevention studies find limited effects, largely contained to reduction of symptoms rather than preventing the onset of a mental health condition (Fusar-Poli et al., 2021). Non-significant/no effect findings of some meta-analyses contradict positive/significant findings of individual studies, which may be a result of variation in how studies are conducted, sub-group effects, and low statistical power to detect change (Barry et al., 2013; Fusar-Poli et al., 2021). Even those interventions for which the balance of evidence was stronger (universal school-based prevention programs) had limited effects in a low SES region. No significant effects were found for a universal school-based intervention in a low SES region targeting protective factors and reducing mental health problems (as indicated by total Strengths and Difficulties Questionnaire score, internalising problems, and prosocial behaviours) and only a small statistically significant effect was found for externalising problems (such as aggression or outwardly destructive behaviours).

Some examples of studies with mixed or inconclusive findings include: physical activity interventions, which found potential benefits of vigorous physical activity on adolescents' wellbeing, but no relationships detected between low or moderate physical activity (Costigan et al., 2019), online interventions, and parenting and family interventions.

While the evidence remains inconclusive, evaluations of parenting programs designed for disadvantaged populations are promising. They suggest that family interventions are successful and could be used to address inequities in wellbeing related to parenting, however more evidence is needed (Welsh et al., 2015). There is consistent evidence that technology-assisted parenting interventions (self-directed or remote therapist contact) can improve parenting skills in the context of youth externalising behaviours. Although, telehealth approaches may not be as effective for underserved populations including parents experiencing socioeconomic disadvantage (Hansen et al., 2019).

Overall, there were few papers that focused on effective primary prevention or mental health promotion with young people from low-SES backgrounds. This is problematic, given that experiences of a mental health condition at a young age are known to impact future life outcomes such as social connectedness, educational attainment and employment, and are the leading cause of disability for young people (Orygen and the World Economic Forum, 2020).

### **3.8 *Inconclusive evidence from the review of current practice***

Our review of current practice examples finds that there is often a focus on the cost-benefit analysis of delivery of an intervention, as opposed to mental health outcomes. There is also a frequent absence of program Theory of Change or logic models, often associated with an absence of clear drivers for change, regular evaluation and strong/published outcomes (Kookaburra Kids, Hope Centre Services, Eagles Raps). Where reporting is conducted, the focus is frequently on outputs rather than outcomes, such as reporting the number of participants in programs/sessions carried out (Satellite Foundation, Shine for Kids, Childhood Grief). Program materials do sometimes discuss outcomes, but often with varied or limited detail of how these were conceptualised or measured – e.g. “reduced antisocial behaviours” (Top Blokes, 2021) and “pilot programs identified wellbeing improvements” (Ocean Mind, 2019).

Many of the reviewed programs provide a broad overview of the type of approach they take, but few have the outcomes to match exactly what they propose to be improving. Effective outcome measurement remains a challenge within the for-purpose and mental health sectors, with varied reporting requirements, and resourcing constraints (Callis et al., 2019; Productivity Commission, 2020). This is a driver of current efforts by the Centre for Social Impact (CSI) to create tools and resources that support effective outcome measurement, including Indicator Engine (forthcoming, see <https://amplify.csi.edu.au>).





## 4. LIMITATIONS AND RECOMMENDATIONS

Our review did not find much literature focused on mental health promotion and prevention with young Australians experiencing socio-economic disadvantage, so this report is based on a limited body of evidence. Currently, mental health promotion research is still under development, and any intervention must be balanced against risk (using the principle to first do no harm) (Fusar-Poli et al., 2021).

The examples of current practice that we reviewed were a purposively selected sample, and therefore may not be representative of the whole field of mental health promotion and prevention practice with young people in Australia. The examples provided within this report do not constitute endorsement of any specific programs that are referenced, or discount any that were not mentioned. These examples are merely presented to illustrate the types of programs currently operating in Australia, and the balance of evidence relating to these.

There are continued difficulties in developing sustainable and scalable prevention programs that provide effective strengthening of protective factors in resilience and prevention of mental health problems in adolescents (Dray et al., 2017). This is complicated by measurement challenges such as problems with attrition (participation in survey studies) (Dray et al., 2017), small sample sizes – for example due to students not returning consent forms which can be common in low-SES areas (Martin & Wood, 2017), and by research priorities or approaches that do not involve or interest young people themselves (Clarke et al., 2018; Sharma et al., 2021).

We found little evidence of existing co-designed interventions for young people, but there were multiple calls for the development of co-designed, peer-led mental health promotion models, and research on this topic. More research with Australian young people is called for (Brown et al., 2016), and in particular, further research that aligns with young people's priorities is required to better understand their needs and support effective mental healthcare (including mental health prevention and promotion) for young people from low-SES areas (Reynolds et al., 2019).

## 5. CONCLUSION

The findings of this review are briefly summarised below. The evidence indicates some effectiveness or promising potential for universal and selected programs that target:

- The reduction of mental health symptoms
- Promotion of good mental health
- The social determinants of health, and
- Improvements in health and other services to support early access and engagement by young people in help-seeking

However, there is currently limited evidence for programs being able to prevent the onset of mental health conditions entirely.

Several features of effective and promising practice have been identified through this review, including programs being:

- Co-designed or informed by young people, and peer-led
- Universally available (and therefore less stigmatizing), but adapted to the local/cultural context and with an equity lens
- Holistic and integrated – addressing the whole person rather than focusing only on mental health.
- Local, convenient and flexible in their delivery
- Youth-friendly, culturally safe and responsive
- Able to facilitate positive connections with peers and trusted adults
- Longer term (e.g. ongoing for 12 months or more)

These features align with findings of a recent co-design project conducted by the Western Australian Association for Mental Health in partnership with the Centre for Social Impact, University of Western Australia to understand what young people aged 12–24 want in terms of improved mental health supports (Kaleveld et al., 2020).

Further details of the efficacy evidence and features of effective and promising practice are shown in Table 1 and 2 in the Appendix.

Evidence and practice relating to mental health promotion and prevention is still developing, and further research with mental health promotion organisations and young people in Australia (including young people who face socioeconomic disadvantage) is needed. However, we have identified a range of effective and promising practice with young people that responds to socioeconomic disadvantage and seeks to reduce health disparities. Although the reviewed studies and program examples had differing aims regarding prevention of mental health conditions, reduction of symptoms, promotion of mental health and early help-seeking, some common features of effective and promising practice were identified, and these features align with what young people themselves have recommended in previous research (Kaleveld et al., 2020).

The next stage of this project will build on these findings by engaging with representatives from the mental health sector and exploring their perspectives on preventative mental healthcare or promoting good mental health among young people.



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## 7. APPENDIX

7.1 Table 1 – Evidence on efficacy or promising practice by outcome

<i>Target outcome</i>	<i>Type of intervention</i>	<i>Evidence of effectiveness</i>
Prevention of mental health condition onset	Multiple types of universal, selected and indicated prevention interventions reviewed with multiple methods including school programs, physical activity interventions, behavioural counselling, etc.	Limited evidence of effectiveness of preventing mental health condition onset, with the exception of physical activity for anxiety disorder prevention (Fusar-Poli et al., 2021)
Reduction in symptoms of mental health condition	Multiple types of universal, selected and indicated prevention interventions reviewed with multiple methods including school programs, behavioural counselling, etc.	Some evidence for reduction in symptoms, but not prevention of illness entirely (Fusar-Poli et al., 2021). Mixed or non-significant results from some interventions (Roberts et al., 2010). Multiple papers suggest a combination of reasons for this including varied study designs and quality, and measurement challenges (Dray et al., 2017; Salazar de Pablo et al., 2020).
Good mental health – conceptualized as including mental health literacy, positive emotions, self-perceptions and values, quality of life, cognitive skills and social skills (Salazar de Pablo 2020), and related factors including physical health.	<p>Psychoeducation is the most effective intervention for promoting mental health literacy and cognitive skills, and several universal/selective interventions can promote good mental health for young people, but further research is required (Salazar de Pablo et al., 2020). School-based programs (i.e., MindMatters, FRIENDS) and universal wellbeing interventions demonstrate some effectiveness.</p> <p>Some evidence physical activity improves physical health and mental health, but evidence is mixed and mostly low quality (Costigan et al., 2019; Poitras et al., 2016).</p>	A scoping review indicated support for the effectiveness of universal wellbeing programs in diverse groups including low-income, disadvantaged non-English speaking and culturally diverse student population (Welsh et al., 2015). Despite several positive results, a recent systematic review of mental health promotion found no evidence of improved behaviors, relationships or self-management strategies (Salazar de Pablo et al., 2020). This finding contrasts with those reported by some other studies and current programs, indicating that further evidence is needed.
Social determinants of mental health – including socioeconomic status	Adverse social and economic circumstances are known key risk factors for mental health conditions, and universal prevention and health promotion approaches that focus on key risk factors have strong potential for impact, including: reducing gender-based violence, abuse and racial discrimination; and improving economic circumstances through support for basic income, increased employment, and neighbourhood safety (Lund et al., 2018 in Fusar-Poli 2021).	Research and programs focused on prevention of mental health conditions in young people are still being fully developed (Fusar-Poli et al., 2021), and most youth mental health programs do not focus on creating equity through changing social determinants (primary prevention), but on early intervention and treatment for emerging mental health conditions (secondary prevention) (Welsh et al., 2015). Recent local community partnership approaches seek to change this (VicHealth 2021).
Improving health and community services to support early access and engagement, for under-served young people	Outreach services, collaborative health and community service partnerships, improving cultural safety and competence in specific programs such as Early Intervention for Psychosis.	There are currently low level implementation rates related to cultural diversity to increase/sustain engagement in early intervention (Jones et al., 2021). Many papers support increased service integration and collaboration (Boyle, 2020; Bridgman et al., 2019; Oostermeijer et al., 2021).
Building skills and strengthening educational, vocational and social participation	Resilient Futures Program (prevention) for disadvantaged youth.	Preliminary findings (qualitative) support the proposed outcomes (Raymond et al., 2018).

**7.2 Table 2 – Common features of effective and promising youth mental health promotion or prevention practice**

<b>Program/support features</b>	<b>Related Outcomes</b>	<b>Evidence</b>
Co-designed or informed by young people (and other stakeholders as relevant to the program being developed)	Research or programs that are better tailored to young people are more likely to be effective, and young people value peer-support and connection.	(Brown et al., 2016; Fusar-Poli et al., 2021; Sharma et al., 2021; Wearing, 2011; Beyond Blue n.d)
Universally available, with no entry criteria of being “at-risk”, but adapted to the local/cultural context and providing support in alignment with need. Welsh et al. (2015) describe this best practice approach as “proportionate universalism”	Minimises risk of harm or stigmatisation, and maximises potential for health promotion across population – though some evidence suggests that targeted interventions may also be necessary to reduce health disparities (Jones et al., 2021).	(Fusar-Poli et al., 2021; Iizuka et al., 2015; Posselt et al., 2017; Salazar de Pablo et al., 2020; Beyond Blue n.d)
Holistic, integrated and coordinated – e.g. engaging and addressing the whole person	There is evidence of increased access or engagement by young people in programs that are person-centred, apply concrete strategies to address structural disadvantage, meet a range of needs, and are not siloed or labelled as “mental health” programs. There is also evidence for programs combining physical and recreational activities supporting mental (and physical) health.	(Boyle, 2020; Brooks et al., 2020; Brown et al., 2016; Fusar-Poli et al., 2021; Jones et al., 2021; Martin & Wood, 2017; Oostermeijer et al., 2021; Salazar de Pablo et al., 2020)
Local, affordable, convenient and flexible	Flexible and convenient delivery of programs supports increased access and engagement from young people who may have different preferences regarding digital/in-person programs or supports. Schools and school counsellors are a particularly important access point for some young people.	(Hansen et al., 2019; McCann & Lubman, 2012; Platell et al., 2017; Robards et al., 2019)
Safe and culturally responsive (e.g. welcoming, youth-friendly spaces, non-discriminatory, non-judgmental, non-stigmatising, culturally competent staff or facilitators)	Differing views and priority on mental health, and negative perceptions of specific “mental health” services (or perceived stigma from others) can influence young people’s desire to engage in accessing mental health treatment.	(Boyle, 2020; Brooks et al., 2020; Brown et al., 2016; Jones et al., 2021; Posselt et al., 2017)
Supporting connection	Negative experiences deter engagement, while positive and supportive relationships encourage engagement. Supportive relationships with staff and/or peers are valued by young people, and contribute to positive mental wellbeing.	(Boyle, 2020; Brooks et al., 2020; Brown et al., 2016; Posselt et al., 2017; Sofija et al., 2021)
Longer-term	There is less evidence for the effectiveness of short-term mental health promotion initiatives and stronger evidence for those that run over longer periods e.g. a year or more.	(Barry et al., 2013; Brooks et al., 2020)



### 7.3 Table 3 – List of programs/organisations reviewed

<b>Programs/Organisations</b>	<b>Type</b>	<b>State</b>	<b>Website</b>
Batyr	NFP	NSW	<a href="http://www.batyr.com.au">www.batyr.com.au</a>
Casse	NFP	NT	<a href="http://www.casse.org.au">www.casse.org.au</a>
Children's Ground	NFP	NT	<a href="http://www.childrensground.org.au">www.childrensground.org.au</a>
Cores	NFP	TAS, QLD	<a href="http://www.cores.org.au">www.cores.org.au</a>
Eagles RAPS	NFP	NSW	<a href="http://www.eaglesraps.org">www.eaglesraps.org</a>
Friends of Heal	NFP	QLD	<a href="http://www.fheal.com.au">www.fheal.com.au</a>
Hope Centre Services	NFP	QLD	<a href="http://www.hopecentreservices.org">www.hopecentreservices.org</a>
KidsXpress	NFP	NSW	<a href="http://www.kidsxpress.org.au">www.kidsxpress.org.au</a>
Kookaburra Kids	NFP	NAT	<a href="http://www.kookaburrakids.org.au">www.kookaburrakids.org.au</a>
MIEACT	NFP	ACT	<a href="http://www.mieact.org.au">www.mieact.org.au</a>
Tackle Your Feelings	NFP	National	<a href="http://www.tackleyourfeelings.org.au">www.tackleyourfeelings.org.au</a>
Mindfull Aus	NFP	VIC	<a href="http://www.mindfullaus.org">www.mindfullaus.org</a>
National Centre for Childhood Grief	NFP	National	<a href="http://www.childhoodgrief.org.au">www.childhoodgrief.org.au</a>
Ocean Mind	NFP	VIC	<a href="http://www.oceanmind.org.au">www.oceanmind.org.au</a>
Outback Futures	NFP	QLD	<a href="http://www.outbackfutures.org.au">www.outbackfutures.org.au</a>
Outward Bound Australia	NFP	National	<a href="http://www.outwardbound.org.au">www.outwardbound.org.au</a>
Pathways to Resilience	NFP	QLD	<a href="http://www.pathwaystoresilience.org">www.pathwaystoresilience.org</a>
Project Rockit	NFP	VIC	<a href="http://www.projectrockit.com.au">www.projectrockit.com.au</a>
Raise Foundation	NFP	NSW	<a href="http://www.raise.org.au">www.raise.org.au</a>
Satellite Foundation	NFP	VIC	<a href="http://www.satellitefoundation.org.au">www.satellitefoundation.org.au</a>
Shine for Kids	NFP	National	<a href="http://www.shineforkids.org.au">www.shineforkids.org.au</a>
The Carers Foundation	NFP	QLD	<a href="http://www.thecarersfoundation.org">www.thecarersfoundation.org</a>
The Man Cave	NFP	NSW	<a href="http://www.themancave.life">www.themancave.life</a>
Top Blokes Foundation	NFP	NSW	<a href="http://www.topblokes.org.au">www.topblokes.org.au</a>
Uplifting Australia	NFP	NSW	<a href="http://www.upliftingaustralia.org.au">www.upliftingaustralia.org.au</a>
Upper Hunter Where there's a Will	NFP	NSW	<a href="http://www.uhwheretheresawill.com.au">www.uhwheretheresawill.com.au</a>
Waves of Wellness	NFP	NSW	<a href="http://www.foundationwow.org">www.foundationwow.org</a>

Youth Focus	NFP	WA	<a href="http://www.youthfocus.com.au">www.youthfocus.com.au</a>
Youth Live4Life	NFP	VIC	<a href="http://www.live4life.org.au">www.live4life.org.au</a>
Zero to Hero	NFP	WA	<a href="http://www.zero2hero.com.au">www.zero2hero.com.au</a>
Be You	Federally funded program in the National Mental Health and Suicide Prevention Plan (2021)	National	<a href="https://beyou.edu.au/about-be-you/supporting-evidence">https://beyou.edu.au/about-be-you/supporting-evidence</a>
National School Chaplaincy Program	Federally funded program (2021)	National	<a href="http://www.dese.gov.au/national-school-chaplaincy-program-nscp">www.dese.gov.au/national-school-chaplaincy-program-nscp</a>
Bushfire response program	Federally funded program (2021)	National	<a href="https://beyou.edu.au/bushfire-response-program">https://beyou.edu.au/bushfire-response-program</a>
Student wellbeing hub	Federally funded program (2021)	National	<a href="https://studentwellbeinghub.edu.au">https://studentwellbeinghub.edu.au</a>
Good Sports Program	Federally funded program (2021)	National	<a href="https://goodsports.com.au/program">https://goodsports.com.au/program</a>
ReachOut Australia	Federally funded program (2021)	National	<a href="https://about.au.reachout.com/our-services">https://about.au.reachout.com/our-services</a>

#### 7.4 Table 4 – Search string used for review of literature

1	young people OR youth OR adolescents OR young adults
2	Mental health OR mental wellbeing OR mental well-being
3	Intervention OR program OR practice OR initiative
4	Australia
5	low socioeconomic OR low socio-economic OR social depriv* OR vulnerable OR marginalised OR disadvantage OR socioeconomic disadvantage

The key words in row 3 were not used when searching the EBSCOHost database, as their inclusion in that search restricted results too narrowly.

The search of Australian grey literature database (APO) used only the keywords in row 2 in order to identify all material relevant to mental health, and then screen results for works relating to mental health promotion or prevention with young people experiencing socioeconomic disadvantage.

