

# Child TRENDS FACT SHEET

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## WHAT WORKS FOR MENTAL HEALTH: Lessons from Experimental Evaluations of Social Interventions for Children's Mental Health

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### OVERVIEW

Mental health disorders are common in children and adolescents. It is estimated that one out of five young people in the United States is struggling with an emotional, behavioral, or developmental problem. Mental health is a critical component of children's well-being and healthy development. Left untreated, mental health problems can lead to difficulties with school, problematic relationships with peers and family, substance abuse, and death. In fact, suicide is the third leading cause of death among adolescents. The impact of early mental health problems often reaches far beyond childhood—most adult mental health disorders first appear in childhood or adolescence. This makes early diagnosis and intervention crucial, since the earlier a disorder is detected and treated, the less serious the course of the illness is likely to be.

### WHAT WORKS

The What Works for Mental Health table is based on a review of 57 social interventions for children ages 5 to 18 that have been evaluated in a random assignment experiment and that focus on educational outcomes from the Child Trends database of experimental evaluations of social interventions for children and youth—LINKS.<sup>1</sup> The table lists studies of programs that have been shown to work, those that have not been shown to work, and those that have yielded mixed findings. Our conclusions are based on the 57 evaluation studies included in the table and don't represent the full span of effective treatment interventions. For example, this table does not review the effectiveness of medication, and while some forms of therapy have been included, the programs evaluated are mostly school-based interventions. It's important to note that many programs involve multiple components, so we can determine only *that* a program does or does not work, not *why*. Lessons learned from evaluations of these social interventions include:

- **Social skills and problem-solving skills training works.** Twelve of the 14 programs that involve these skills had a clear impact, and the other two showed mixed results. These programs improved self-esteem, conduct disorder tendencies, resiliency, anxiety. All six of the programs found to improve self-esteem and resilience in children involved social and problem-solving skills training.<sup>2</sup>
- **Programs are often more effective when they are interactive.** All three of the interventions intended to prevent eating disorders and eating disorder symptoms that had students take an active role in challenging the thin ideal were found to be effective.<sup>3</sup>
- **Parent involvement helps.** Five out of the seven school-based programs found to be effective at preventing antisocial and conduct disorder tendencies involved parents.<sup>4</sup>

- **Early intervention school-based programs can be an effective in preventing and treating antisocial and conduct disorder tendencies.** Seven of the eight school-based programs that were found to be effective in preventing antisocial and conduct disorder tendencies were targeted toward children under 14.<sup>5</sup>
- **Teaching emotion regulation skills appears to boost programs' effectiveness.** All three of the effective school-based interventions for depression<sup>6</sup> and four of the five effective school-based interventions for anxiety included emotion regulation training.<sup>7</sup>
- **Booster sessions seem to be an important component of anxiety interventions.** Three of the four programs found to be effective at preventing anxiety included booster sessions a number of months after the intervention.<sup>8</sup>
- **Social interventions can improve the effectiveness of medication.** While medication is effective in treating some disorders, such as ADHD, interventions that involve a combination of therapy and medication have been found to be the most effective. Family therapy has also been shown to improve young people's adherence to medication.
- **Across disorders, short-term programs with a narrow focus can have positive impacts.** Eighteen of 25 effective school-based programs were specifically targeted at preventing or treating one outcome and lasted less than three months.<sup>9</sup>

Overall, mental health is influenced by a combination of social and genetic factors, which means that sometimes social interventions are sufficient to treat certain disorders, and interventions that address biological aspects of disorders, such as medication, are necessary. This review suggests, though, that social interventions can have positive effects. Based on the social programs reviewed here, the ideal social intervention for addressing adolescents' mental health needs would start before high school, have a specific targeted outcome, and include training to help children develop and strengthen their interpersonal skills and their ability to regulate their own emotions. The program would also be interactive and give children an opportunity to take an active role in what they are learning. The length of the intervention could be less than three months, but it would also include a several "booster sessions" to ensure that the effects of the program lasted as long as possible. The ideal intervention also would include multiple ecological contexts of the child's life and strengthen connections among the child, teachers, family, school, and peers.

## NEEDED RESEARCH

The results of this review reveal several areas where further research into social interventions for children's mental health is especially needed. Few evaluations were found of social interventions intended to prevent and treat conditions that are traditionally addressed with medication, such as ADHD and bipolar disorder, and no evaluations were found of social interventions intended to address symptoms of borderline personality disorder in children or adolescents. In addition, a number of the programs found positive outcomes in areas that were not necessarily the intended area of focus, highlighting the need to measure multiple outcomes of well-being when evaluating the effectiveness of an intervention.

## ENDNOTES

<sup>1</sup> <http://www.childtrends.org/links>

<sup>2</sup> [Social Skills Training Program](#), Cognitive Skills Training, [Peer Coping Skills Training](#), Skills for Social and Adolescent Success, [Social Relations Intervention](#), [Positive Youth Development Program](#)

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<sup>3</sup> Engaging Teachers in an Eating Disorders Preventive Intervention, Dissonance-Based Eating-Disorder Prevention Program, [Altering the School Environment to Prevent Eating Disorders](#)

<sup>4</sup> [Fast Track Prevention Program](#), [First Steps to Success](#), [Iowa Strengthening Families Program](#), [LIFT](#), [Coping Power Program](#)

<sup>5</sup> [Peer Coping Skills Training](#), [Children are People Too](#), [Fast-Track Prevention Program](#), [First Steps to Success](#), [Iowa Strengthening Families Program](#)

<sup>6</sup> C-CARE and CAST, [PATHS](#), and the [Cognitive-Behavioral Intervention for Trauma in Schools](#)

<sup>7</sup> [Children of Divorce](#), Queensland Early Intervention, C-CARE and CAST

<sup>8</sup> [Penn Prevention Program](#), SASS, Queensland Early Intervention

<sup>9</sup> In a few of the studies of school interventions, randomization was done at the school level and clustering was not accounted for. If this were done, estimates of effectiveness would be more conservative.

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Note: As funds become available, Child Trends will be expanding this line of work to conduct meta-analyses.

**Experimental Evaluations of Social Programs That Examined Impacts on One or More Mental Health Outcomes and Whether They Were Found to Work, Not Proven to Work, or Had Mixed Findings**  
 (Source: <http://www.childtrends.org/links>)

OUTCOME AREAS	WHAT DOESN'T WORK	MIXED REVIEWS	WHAT WORKS
Self-Esteem	School-based interventions <ul style="list-style-type: none"> <li>- <a href="#">Children of Divorce Intervention Program</a></li> <li>- <b>Modification of Eating Attitudes in Adolescent Girls</b></li> </ul> Family Interventions <ul style="list-style-type: none"> <li>- <a href="#">The Family Bereavement Program</a></li> </ul> Mentoring Programs <ul style="list-style-type: none"> <li>- <a href="#">Big Brothers, Big Sisters</a></li> </ul>		School-based interventions <ul style="list-style-type: none"> <li>- <b>Cognitive Skills Training</b></li> <li>- <a href="#">Social Skills Training Program for Children's Social Functioning</a></li> </ul>
Psychological Resiliency	Targeted school-based treatment intervention <ul style="list-style-type: none"> <li>- <a href="#">Reconnecting Youth</a></li> </ul>	School-based treatment interventions <ul style="list-style-type: none"> <li>- <a href="#">Social Relations Intervention</a> <i>(Effective for aggressive children)</i></li> </ul> School-based prevention interventions <ul style="list-style-type: none"> <li>- <a href="#">The Family Bereavement Program</a> <i>(faded for boys at follow up)</i></li> <li>- <a href="#">Children are People Too</a></li> </ul>	School-based programs with parent involvement <ul style="list-style-type: none"> <li>- <a href="#">Linking the Interests of Families and Teachers (LIFT)</a></li> </ul> School-based programs <ul style="list-style-type: none"> <li>- <a href="#">Children of Divorce Intervention Program</a></li> <li>- <a href="#">Peer Coping Skills Training</a></li> <li>- <a href="#">Positive Youth Development Program</a></li> </ul>
Depression/Depressive Symptoms	Wraparound intervention with parent involvement <ul style="list-style-type: none"> <li>- <a href="#">Multidimensional Treatment Foster Care</a></li> </ul> School-based interventions <ul style="list-style-type: none"> <li>- <a href="#">Penn Prevention Program</a></li> <li>- <a href="#">Reconnecting Youth</a></li> </ul>	School-based programs <ul style="list-style-type: none"> <li>- <a href="#">Problem Solving for Life</a> <i>(effects faded)</i></li> <li>- <a href="#">Penn Resiliency Program</a> <i>(worked for 2 of 3 schools)</i></li> </ul> Neighborhood Change <ul style="list-style-type: none"> <li>- <a href="#">Moving to Opportunity</a></li> </ul>	Treatment-focused psychotherapy <ul style="list-style-type: none"> <li>- <a href="#">Cognitive Behavioral Therapy</a></li> <li>- <a href="#">Trauma-Focused Cognitive Behavioral Therapy</a></li> </ul> School-based prevention interventions <ul style="list-style-type: none"> <li>- <b>C-CARE and CAST</b></li> <li>- <a href="#">PATHS</a></li> </ul> School-based treatment interventions <ul style="list-style-type: none"> <li>- <a href="#">Cognitive-Behavioral Intervention for Trauma</a></li> </ul>

OUTCOME AREAS	WHAT DOESN'T WORK	MIXED REVIEWS	WHAT WORKS
			<a href="#"><u>in Schools</u></a>
Suicidal Behaviors			School-based prevention programs - <a href="#"><u>Signs of Suicide Prevention Program</u></a> - <b>C-CARE and CAST</b>
Bipolar Disorder			Treatment-focused family psychotherapy - <b>Multifamily psychoeducation groups</b> - <b>Individual-family psychoeducation groups</b>
Anxiety/Anxiety Disorders		School-based prevention programs - <b>C-CARE and CAST</b> <i>(found to be effective only for girls)</i>	Treatment-focused Psychotherapy - <a href="#"><u>Cognitive Behavioral Therapy</u></a> - <a href="#"><u>Functional Family Therapy</u></a>  School-based prevention programs - <a href="#"><u>Children of Divorce Intervention Program</u></a> - <a href="#"><u>Penn Prevention Program</u></a>  School-based programs with parent involvement - <b>Skills for Social and Academic Success</b> - <b>Queensland Early Intervention</b> - <b>FRIENDS</b>
Anorexia/Bulimia	Image Education Posters - <b>Five Girls</b>	Interventions that focus on media images - <a href="#"><u>Go Girls</u></a> - <b>Media Advocacy</b>  School-based program - <a href="#"><u>Healthy Weight Intervention</u></a> - <b>Modification of eating attitudes</b> <i>(effects faded)</i>	School-based prevention-focused interventions focused with teacher training - <a href="#"><u>Altering the school environment to prevent eating disorders</u></a> - <b>Engaging Teachers in an Eating Disorder Preventive Intervention</b>  Targeted intervention to challenge internalization of the thin ideal - <b>Dissonance Eating Disorder Prevention Program</b>  Treatment-focused psychotherapy - <b>Family Therapy</b>
Schizophrenia/Schizotypal Symptoms			Treatment-focused Psychotherapy - <a href="#"><u>Trauma-Focused Cognitive Behavioral</u></a>

OUTCOME AREAS	WHAT DOESN'T WORK	MIXED REVIEWS	WHAT WORKS
			<ul style="list-style-type: none"> <li>- <a href="#">Therapy</a></li> <li>- <a href="#">Cognitive Behavioral Therapy</a></li> </ul>
<p>Attention Deficit Hyperactivity Disorder ADHD/ADD</p>	<p>Parent training</p> <ul style="list-style-type: none"> <li>- <b>Behavioral Parent Training</b></li> </ul>		<p>School-based programs</p> <ul style="list-style-type: none"> <li>- <b>Challenging Horizons Program</b></li> </ul> <p>School-based programs with parent involvement</p> <ul style="list-style-type: none"> <li>- <b>Child Life and Attention Skills Program</b></li> </ul> <p>Therapy and medication management</p> <ul style="list-style-type: none"> <li>- <b>MTA</b></li> </ul>
<p>Post-Traumatic Stress Disorder</p>			<p>School-based interventions</p> <ul style="list-style-type: none"> <li>- <a href="#">Cognitive-Behavioral Intervention for Trauma in Schools</a></li> </ul> <p>Treatment-focused psychotherapy</p> <ul style="list-style-type: none"> <li>- <a href="#">Trauma-Focused Cognitive Behavioral Therapy</a></li> </ul>
<p>Conduct Disorder/Oppositional Defiant Disorder (includes antisocial and conduct disorder tendencies and externalizing behavior)</p>	<p>A school-based program for high-risk youth</p> <ul style="list-style-type: none"> <li>- <a href="#">Reconnecting Youth</a></li> </ul>	<p>School-based interventions</p> <ul style="list-style-type: none"> <li>- <a href="#">The Good Behavior Game</a></li> </ul> <p>School-based Interventions with parent involvement</p> <ul style="list-style-type: none"> <li>- <a href="#">Second Step</a> (<i>effects faded</i>)</li> </ul> <p>Prevention interventions with parent and teacher training</p> <ul style="list-style-type: none"> <li>- <a href="#">Early Childhood Aggression Study</a></li> </ul> <p>Multi-component programs prevention involving peers and parents</p> <ul style="list-style-type: none"> <li>- <a href="#">Early Risers</a></li> <li>- <a href="#">Montreal Prevention Experiment</a></li> </ul> <p>Neighborhood change</p> <ul style="list-style-type: none"> <li>- <a href="#">Moving to Opportunity</a></li> </ul>	<p>School-based interventions</p> <ul style="list-style-type: none"> <li>- <a href="#">Peer Coping Skills Training</a></li> <li>- <a href="#">Children are People Too</a></li> <li>- <a href="#">PATHS</a></li> </ul> <p>School-based treatment interventions</p> <ul style="list-style-type: none"> <li>- <a href="#">Cognitive-Behavioral Training Program for Behaviorally Disordered Adolescents</a></li> </ul> <p>School-based interventions w/parent involvement</p> <ul style="list-style-type: none"> <li>- <a href="#">Fast Track Prevention Program</a></li> <li>- <a href="#">First Steps to Success</a></li> <li>- <a href="#">Iowa Strengthening Families Program</a></li> <li>- <a href="#">Linking the Interests of Families and Teachers (LIFT)</a></li> <li>- <a href="#">The Coping Power Program</a></li> </ul> <p>Teacher training</p> <ul style="list-style-type: none"> <li>- <a href="#">Raising Healthy Children</a></li> </ul> <p>Treatment-focused psychotherapy</p> <ul style="list-style-type: none"> <li>- <a href="#">Cognitive Behavioral Therapy</a></li> <li>- <b>Behavioral Therapy</b></li> </ul>

OUTCOME AREAS	WHAT DOESN'T WORK	MIXED REVIEWS	WHAT WORKS
			<ul style="list-style-type: none"> <li>- <a href="#"><u>Functional Family Therapy</u></a></li> <li>- <a href="#"><u>Multisystemic Therapy</u></a></li> </ul> <p>Parent interventions</p> <ul style="list-style-type: none"> <li>- <a href="#"><u>Positive Parenting and the Pediatric Symptom Checklist</u></a></li> </ul> <p>Family interventions</p> <ul style="list-style-type: none"> <li>- <a href="#"><u>Minnesota Family Investment Program</u></a></li> <li>- <a href="#"><u>Multidimensional Treatment Foster Care</u></a></li> </ul>