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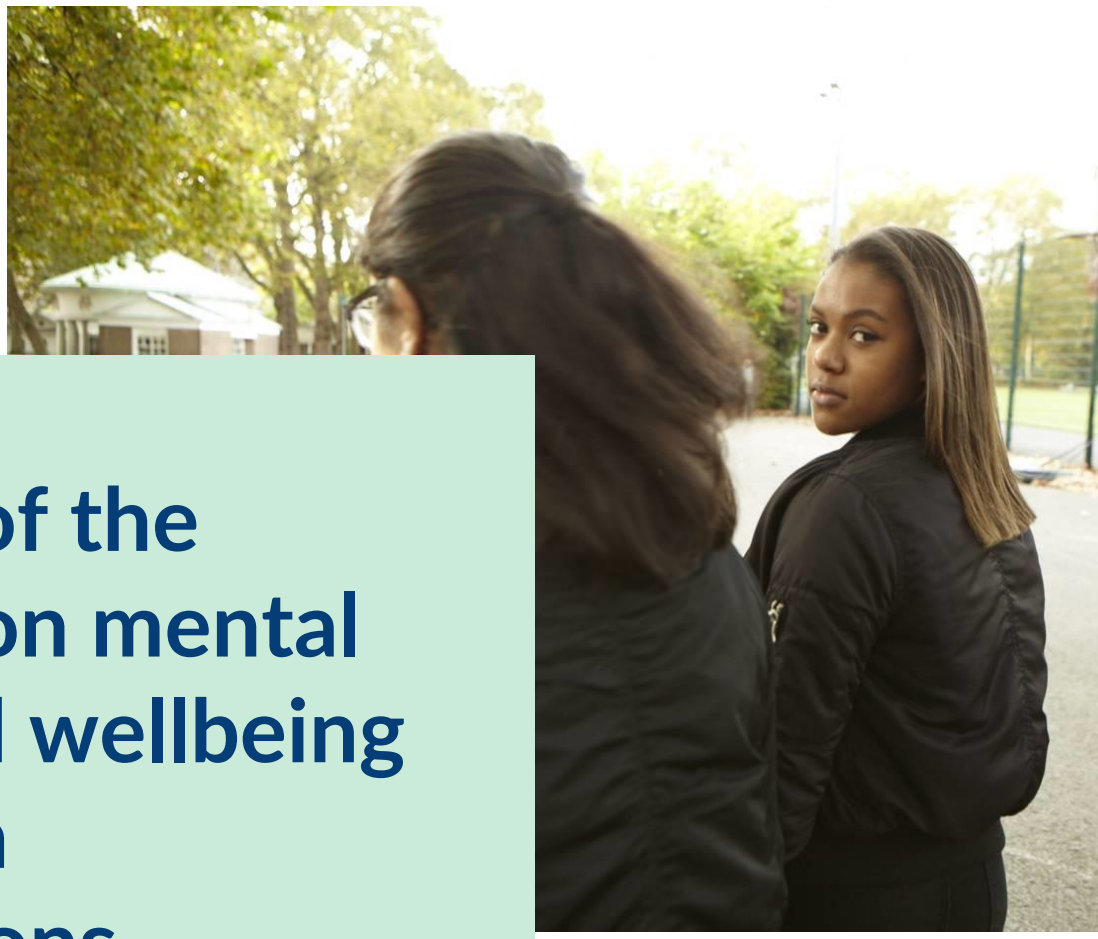

A review of the evidence on mental health and wellbeing promotion interventions delivered outside of education for young people

28th November 2022

Edbrooke-Childs, J., Appleton, R., Afzaal, S., Ateia, W., Bademosi, O., Choksi, D., Goodacre, E. J., Hancox, A., Malik, N., Norcop, H., Sharkah, L., Trevillion, K., Johnson, S., Woodman, J., & Deighton, J.

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Funding

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Ethics

Ethical approval was not relevant for this project as it was a review of existing literature.

Acknowledgements

We would like to thank all the young people who were experts by experience whose invaluable input greatly informed this project.

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List of acronyms

LGBTQIA+ = lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and other communities

At a glance

Why we did this study

The prevention of mental health difficulties and promotion of wellbeing for young people is crucial so they are supported to be healthy and happy. The aim of this study was to synthesise existing evidence on interventions for promoting mental health and wellbeing provided outside of educational settings for young people 11 to 25 years.

What we did

We conducted a systematic review of systematic reviews that examined mental health and wellbeing promotion interventions delivered outside of educational settings for young people. We conducted additional searches on areas for which there was less information from previous reviews, and we also spoke to groups of young people at the start and end of the project and worked with a peer researcher.

What we found out

- We found evidence of positive impacts on mental health and wellbeing for interventions that involved exercise, sports/dance, life skills, social action projects, creative activities, mentoring, and mindfulness-based interventions.
- There was relatively little focus and/or analysis of inequalities in access, engagement, and impact in the included reviews and primary studies. However, the social action projects in the included review were generally focused on disadvantaged areas and marginalised groups of young people (e.g., minoritised ethnic groups).
- A range of factors that help and hinder access to and engagement with mental health promotion interventions were identified. In addition to what the intervention is, how the intervention is delivered is also important.

Why this is important

Our experts by experience described the importance of mental health promotion interventions provided outside of educational settings. These interventions provide support for young people who are not in education and those communities who might not have opportunities to connect in schools (e.g., Black young people, LGBTQIA+ young people, neurodivergent young people). These interventions provide a space away from a setting in which young people may be experiencing challenges, making it easier for young people to acknowledge if things are difficult and to open up. This might be particularly useful when bringing together young people who are struggling with similar things. Interventions outside of educational settings were also described as beneficial as they would encourage young people to leave the house.

What are the implications

There is an urgent need for more interventions (and research), beyond social action based projects, to be developed and evaluated with young people from marginalised groups.

Funding is needed to provide accessible and inclusive mental health promotion interventions outside of education. However, it is also important that such funding is consistent, to avoid such interventions (and their impacts) being transitory.

Research is needed to understand how to implement and engage young people with mental health promotion interventions outside of education. This research should focus on how to make the interventions engageable for young people, considering the factors identified in this report on what helps and hinders engagement.

Executive summary

Background

The prevention of mental health difficulties and promotion of wellbeing for young people is crucial so they are supported to be healthy and happy. This period is also important for preventing difficulties later in life. Interventions provided in educational settings have been widely researched, but less is known about such interventions provided outside of educational settings.

Aim

To synthesise existing evidence on interventions for promoting mental health and wellbeing provided outside of educational settings for young people 11 to 25 years.

Research question

1. What is the impact of mental health and wellbeing promotion interventions delivered outside of education for young people?
2. What do we know about inequalities and mental health and wellbeing promotion interventions delivered outside of educational settings for young people?
3. What helps and hinders the implementation, delivery, and impact of mental health and wellbeing promotion interventions delivered outside of education for young people?

Methods

Stage 1: Review of reviews

We conducted a systematic review of systematic reviews that examined mental health and wellbeing promotion interventions delivered outside of educational settings for young people.

Stage 2: Additional searches

We then carried out further searches for additional reviews on targeted topics, primary studies, and grey literature (i.e., reports by charities and voluntary organisations). This was because there was little information in the stage 1 on creative activities and peer mentoring. These were also areas identified as important by the peer researcher.

Experts by experience

We also spoke to groups of young people at the start and end of the project and worked with a peer researcher. Their views and experiences particularly provided information on what helps and hinders mental health and wellbeing promotion interventions, which was another area on which there was less information from stage 1.

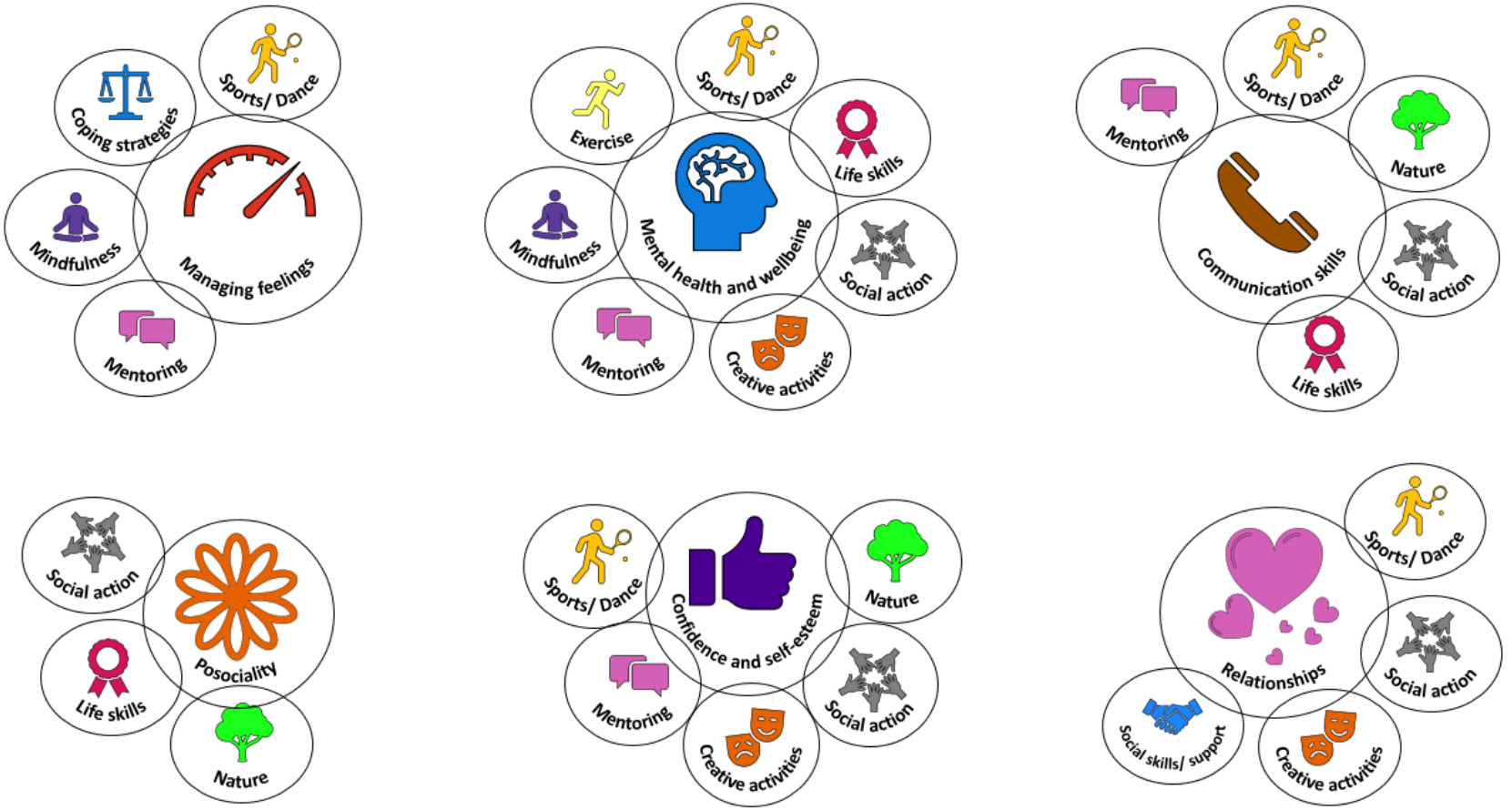
Results

After deduplication, 5,565 records were included for title and abstract screening. Of these records, 92 were included for full text screening after removing obviously irrelevant hits. Eight reviews were from the systematic review of reviews that met the inclusion criteria.

From the additional searches, we identified three more systematic reviews, two addressing research question 1 and one addressing research question 2. We also identified nine primary studies, one of which addressed research question 1 and eight addressed research questions 2 and 3.

Figure 1. Summary of main findings of positive impacts. Please see Appendix 3 for a no colour version.

Large, central circles are outcomes. Small, peripheral circles are interventions with evidence of positive impacts on that outcome.



There was relatively little focus and/or analysis of inequalities in access, engagement, and impact in the included reviews and primary studies.
The social action projects in the included review were generally focused on disadvantaged areas and marginalised groups of young people (e.g., minoritised ethnic groups).

From discussions with the peer researcher and consultations with two groups of young people who were experts by experience, we heard a range of factors that help and hinder access to and engagement with mental health promotion interventions. In addition to what the intervention is, how the intervention is delivered is also important.

Implications of these findings

There is an urgent need for more interventions (and research), beyond social action based projects, to be developed and evaluated with young people from marginalised groups. To address this, research on working with specific communities is needed to understand what they would like from such interventions, what existing support is being used, and how they think such support should be developed.

More evidence is needed on the impacts of accessible and inclusive mental health promotion interventions outside of education, which is complicated by the inconsistent provision of such interventions. However, as we heard from young people, it is also important that such provision is consistent, to avoid such interventions (and their impacts) being transitory.

Research is needed to understand how to implement and engage young people with mental health promotion interventions outside of education. This research should focus on how to make the interventions engaging for young people, considering the factors identified in this report on what helps and hinders engagement.

Related to engagement, it was clear from young people that how an intervention is delivered is important in addition to what the intervention is. For example, interventions that are friendly and welcoming, young person led, and authentic (e.g., led by and/or provide the ability to interact with people with relevant lived experience) are important facilitators to engagement.

The ability to choose between different interventions based on individual needs and preferences may be a challenge because options will be constrained by what is available in the local community. Findings particularly from the grey literature and consultations with young people suggest that these constraints are likely to disproportionately impact young people from marginalised groups, for example for whom it may be less possible to travel to interventions further away.

Limitations

This was a rapid review of the literature. Stage 1 was a systematic review of systematic reviews, however it is possible that relevant reviews that would meet our inclusion criteria were not identified, as with any systematic review.

There was a relatively small number of included reviews and studies. Although this was not surprising given the relatively small amount of research in this field, it should be considered when interpreting the findings. Similarly, the findings extracted from the included reviews in some instances had been based on a small number of studies that had been identified and included in that review, and these reviews lacked quality assessments.

It is important to recognise that the findings of literature reviews are by their nature broad. Therefore, more nuanced and detailed findings should be considered when choosing or commissioning mental health promotion interventions.

Background

An estimated 1 in 6 young people experience mental health difficulties (1). This represents an increase from pre-COVID-19 pandemic levels (2). Research indicates that childhood and adolescence is an important period for preventing difficulties later in life, with 50% of adults who experience mental health difficulties having first done so during adolescence (3). However, before the pandemic, 1 in 3 young people experiencing mental health difficulties received specialist mental health support (4). To ensure better functioning in childhood and across the lifespan, it is, therefore, crucial that young people are supported to be healthy and happy. Young people from marginalised groups experience higher levels of mental health difficulties (5) and inequalities in receiving mental health support (6).

The prevention of mental health difficulties and promotion of mental wellbeing has been widely researched. A recent systematic review examined such interventions provided in school settings (7). It found evidence of positive impacts for:

- Social and emotional learning interventions (e.g., identifying and managing emotions, communication skills, conflict resolution) on social and emotional skills, depression, and anxiety
- Cognitive behaviour therapy on depression and anxiety
- Violence prevention programmes on aggressive behaviour, bullying, and wellbeing
- Bullying prevention on bullying and cyberbullying

The review also found larger impacts when prevention and promotion interventions were delivered to young people experiencing difficulties, e.g., young people with low mood but without clinical levels of depression. It found a lack of research that focused on prevention and promotion interventions for young people from marginalised groups, and a particular lack of studies on interventions that had been developed for, and evaluated with, young people from minoritised ethnic groups. Finally, the review highlighted the importance of understanding how to best implement prevention and promotion interventions, as those that were more successfully implemented had the largest impacts (7).

Although mental health and wellbeing prevention and promotion interventions for young people in schools have been widely researched, both in terms of primary research and systematic reviews, less is known about such interventions that are delivered in the general community, outside of school or other educational settings. Evidence reviews tend to focus on school-based interventions, even if this is not specified at the outset, given the predominance of such literature and primary studies (8). To diversify options of support for young people, making support more accessible and inclusive of those less able to engage in school-based interventions, there is a need for a synthesis of the existing evidence on interventions promoting mental health and wellbeing for young people delivered outside of education.

Aim of this study

The aim of this rapid review was to synthesise existing evidence on interventions for promoting mental health and wellbeing for young people 11 to 25 years. As there have been recent evidence syntheses of such interventions delivered in educational settings (7), we focused on interventions delivered outside of educational settings or the school curriculum.

Research question

Our objective was to answer three research questions:

1. **What is the impact of mental health and wellbeing promotion interventions delivered outside of education for young people?**
2. **What do we know about inequalities and mental health and wellbeing promotion interventions delivered outside of educational settings for young people?**
3. **What helps and hinders the implementation, delivery, and impact of mental health and wellbeing promotion interventions delivered outside of education for young people?**

Scope of this study

To address these research questions, we examined evidence from the research literature and evidence from experts by experience. We worked with a peer researcher throughout the project who provided input on decisions and conduct throughout the review. We consulted with two groups of young people at the start and end of the project, to hear from a wider group of experiences. Our six paid researcher interns also worked on this project, who were part of a scheme that aims to increase representation in researcher careers for those groups who experience additional barriers to such careers. Their work on the project was excellent, and the project supported funding for their roles.

Methods

We examined three sources of evidence.

First, we conducted a systematic review of systematic reviews that examined mental health and wellbeing promotion interventions delivered outside of educational settings for young people.

Second, we carried out further searches for additional reviews on targeted topics, primary studies, and grey literature (i.e., reports by charities and voluntary organisations). This was because there was little information in the stage 1 on creative activities and peer mentoring. These were also areas identified as important by the peer researcher.

Third, we spoke to groups of young people at the start and end of the project and worked with a peer researcher. Their views and experiences particularly provided information on what helps and hinders mental health and wellbeing promotion interventions, which was another area on which there was less information from stage 1.

Stage 1: Review of reviews

We conducted a rapid review (9) of existing published literature reviews that assessed the impact of mental health and wellbeing promotion interventions delivered outside of educational settings for young people (11 to 25 years). This method emphasises the need for a clear and manageable focus and refining of eligibility criteria to ensure synthesis is achievable. It involves using systematic review techniques whilst working with stakeholders to refine the scope of the review and to interpret findings. A protocol was developed before we conducted the searches. The inclusion and exclusion criteria for identified studies are outlined in Table 1 below.

Table 1. Participants, Intervention, Comparator, Outcomes, and Study design (PICOS) and inclusion/ exclusion criteria for stage 1.

	Inclusion criteria	Exclusion criteria
Who was the study about?	• Children and young people aged 11 to 25 years • Average age of sample between 11 to 25 years • Eligible for universal or indicated interventions: whole population or those at higher levels of risk of experiencing mental health difficulties but not currently experiencing mental health difficulties • Whole population or specific marginalised groups	• Young children (under 11 years of age), young adults, or adults (over 25 years of age) • Mean age of sample under 11 years or over 25 years • More than 50% of sample is under 11 years or over 25 years • If age information not reported, no reference to interventions being adapted for or delivered to children or young people • If age information not reported, no reference to participants indicating they are children or young people (e.g., terms such as students or young adults not used) • Parents or carers • Already experiencing mental health difficulties, with a diagnosis, or in receipt of specialist support • Specific groups in an educational or clinical setting (e.g., hospital patients)
What interventions did they look at?	• Community-based interventions • Provided in non-education settings • Targets children and young people • Structured intervention (referred to as for example programme, course, sessions) delivered by a professional, non-professional, peer, or self-guided	• Specialist support • Provided in specialist clinical settings or as part of the school curriculum (e.g., school-based anti-bullying programme, telemedicine) • Targets parents or carers • Non-structured activities (e.g., impact of physical activity on mental wellbeing)
What impacts did they report?	• Mental distress, mental wellbeing, incidence and severity of mental health problems, and use of mental health services	• Physical health; quality of life; functioning; interpersonal relationships; or education, employment, or training[a]
What type of study was it?	• Any type of published literature review study (e.g., narrative review, scoping review, systematic review) • Peer reviewed publications	• Papers reporting primary research • Protocols, grey literature (e.g., doctoral theses) • Insufficient information

[a] These outcomes were extracted for studies that also reported mental health outcomes.

We searched four databases (PsycINFO (Ovid), Medline (Ovid), Web of science core collection, and the Cochrane Library of Systematic Reviews) for English-language publications which were published over the past fifteen years (2007-2022). Search terms were informed by previous reviews (10-12) as shown in Appendix 1. Forward and backward citation searching was conducted on any included articles and the references lists of identified systematic reviews were searched for further relevant papers.

Search results were deduplicated and exported into a systematic review software programme, Rayyan (13). Title and abstract screening were conducted by six reviewers (SA, WA, OB, AH, HN, LS) with 10% of all screening checked by a senior member of the research team (RA). Full text screening was conducted by the same six reviewers, with any discrepancies resolved through discussion with other members of the research team. All included papers were checked by RA.

A data extraction form was developed using Microsoft Excel and Word and piloted using a small sample of included papers. Amendments were made to the data extraction form, and relevant information was extracted for all papers. Data extraction included: first author, year, study aim, number of studies included, pooled participants (*N,* age [mean, SD, range], gender, ethnicity) or narrative description if pooled participants were not quantitively summarised, study setting, intervention (name, brief descriptions, number of sessions, delivered by, costs), comparator (name, brief descriptions, number of sessions, delivered by, costs), review design, types of included studies, outcomes (narrative summary and effect size or equivalent of mental health and wellbeing outcomes and secondary outcomes), data on inequalities (narrative or quantitative summary of inequalities of access, engagement, or impact), and barriers or facilitators to implementation (narrative summary of barriers or facilitators, extracted separately for those reported by the participants and those identified by the researchers).

The quality of included reviews was conducted using a published checklist (14). Quality assessment was conducted by 4 reviewers (SA, WA, OB, LS) and checked by a senior member of the research team (RA). The results of the quality assessment for stage 1 are shown in Appendix 2.

We conducted a narrative synthesis of the included reviews for research questions 1 and 2. For research question 1, the impacts of mental health and wellbeing promotion interventions delivered outside of educational settings were grouped by individual impacts (e.g., mental health and wellbeing), relational impacts (e.g., communication and relationships skills), and community impacts (e.g., community engagement). Due to the range of impacts included in the identified reviews, if a review reported conflicting results (e.g., both significant and non-significant impacts on mental health and wellbeing), then we did not report on those impacts; we focused on impacts that the reviews had found non-conflicting evidence for (whether it was significant or non-significant).

We conducted a descriptive summary of what helps and hinders for research question 3. Findings were predominantly drawn from the additional searches, discussions with the peer researcher, and consultations with the two groups of young people who were experts by experience. To help illustrate what helps and hinders, we provided a descriptive summary of findings from the additional searches on peer support as a more specific example.

Stage 2: Additional searches

We reviewed the findings from the review of reviews with the peer researcher. They identified two further priority areas, as less information had been identified from the included reviews around creative activities and peer mentoring. There was also less information in the included reviews on research questions 2 and 3. Targeted literature searching was conducted by three members of the research team (RA, NM, EG). Searches were

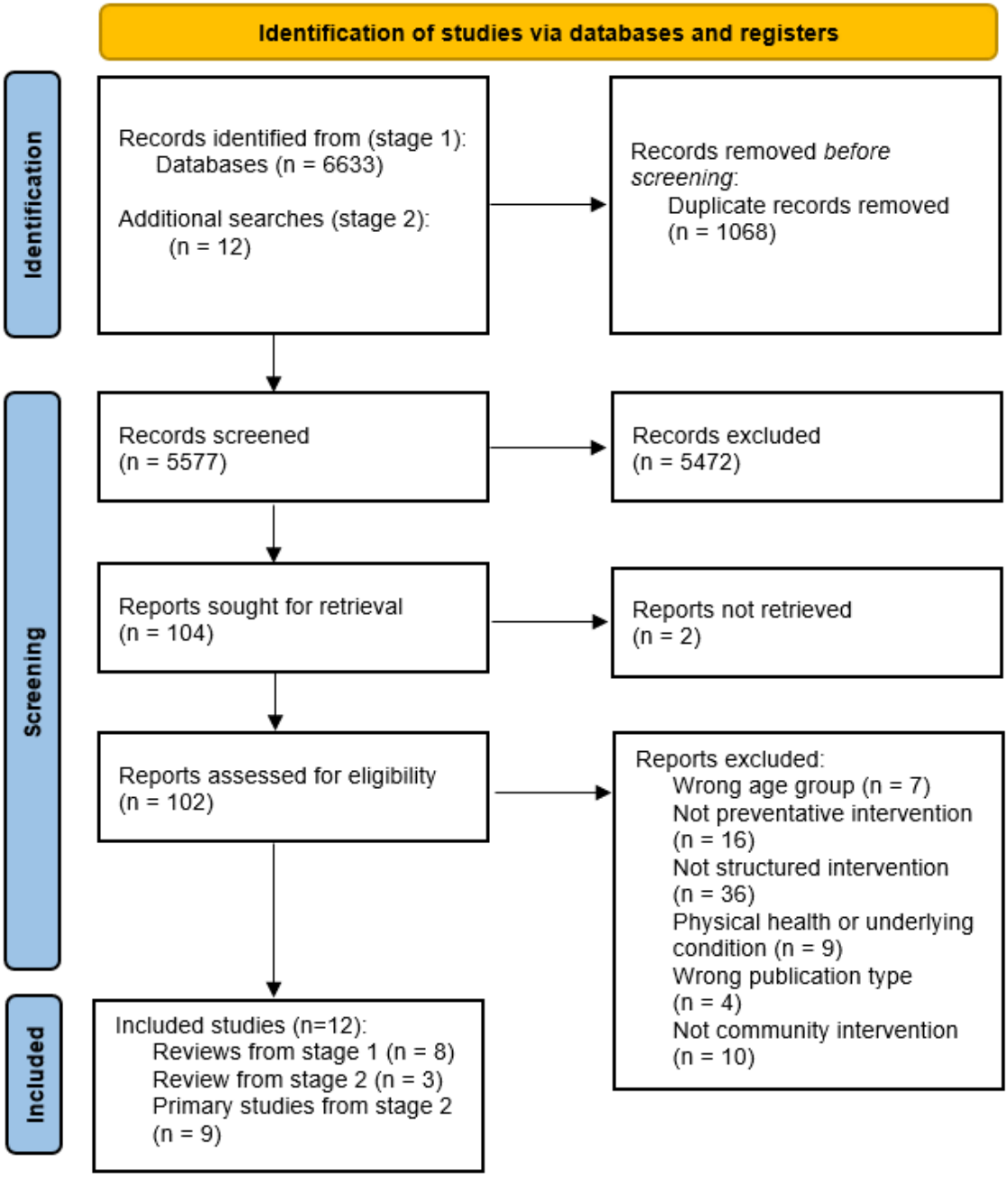
conducted using PubMed, and records from the first 10 pages were screened by title and abstracts and full text. We also searched for charity and voluntary sector reports. In these additional searches, we included reviews and primary studies.

Results

After deduplication, 5,565 records were included for title and abstract screening. Of these records, 92 were included after removing obviously irrelevant hits for full text screening. Eight reviews were from the systematic review of reviews that met the inclusion criteria (see Figure 1 below for flow diagram). A summary of these studies is shown in Appendix 2.

From the additional searches, we identified three more systematic reviews, two addressing research question 1 and one addressing research question 2. We also identified nine primary studies, one of which addressed research question 1 and eight addressed research questions 2 and 3.

Figure 1. Flow diagram for the review (15).



Types of interventions

Ten interventions were examined in the included articles.

Mindfulness-based interventions (16, 17). Mindfulness can be understood as focusing with non-judgmental acceptance on how you are feeling and what you are experiencing in the present moment. These interventions were typically delivered over more than one session and delivered by a trained teacher, where mindfulness was the central component of the activity.

Coping strategies (18). "Coping strategies" here refers to emotion regulation (a term our experts by experience described as inaccessible), which can be understood as the ability to identify, understand, and manage feelings, which the aim of reducing the intensity and/or duration of distressing emotions. These interventions were a range of specific emotion regulation interventions and other interventions that included emotion regulation (e.g., cognitive behaviour therapy) delivered in person or online.

Exercise (19, 20). Meditative practices (e.g., yoga) were one of the most consistently examined interventions. A range of other interventions, less consistently examined, included aerobic exercise, body condition, dance training, specific sports, and active video games. One randomised controlled trial examined a 4-week 90-minute dance programme (21).

Sports/ Dance (19, 22). These interventions typically included a structured programme of group-based sports or dance activities delivered over a number of sessions or weeks. Some of the reviews included dance alongside other exercise interventions above, however in the majority of included reviews they were combined with group-based sports interventions.

Engaging with nature (23). These interventions typically involved expeditions or base camp adventure experiences with a focus on building relationships (e.g., teamwork, anti-bullying).

Mentoring (22). Mentoring interventions aimed to help young people to develop skills and wellbeing through working with an adult or peer mentor, often involving a residential component, ongoing mentoring, and other training or development programmes.

Social skills and support (24). These interventions aimed to tackle loneliness through a range of group, individual, and technology-enabled social and emotional skills development, social interaction, social support, and psychological interventions.

Creative activities. One review included community singing with the aim of improving wellbeing and social isolation (22). One review included a range of arts, play, and yoga activities to promote mental health for young people (25).

Social action projects (22). Social action projects involve different activities to help young people develops skills, leadership, confidence, and social responsibility. To do this, young people are supported to design and deliver social action projects that typically address the needs of the local community (e.g., race relations, knife violence). The social action projects in the included review were generally focused on disadvantaged areas and marginalised groups of young people (e.g., minoritised ethnic groups).

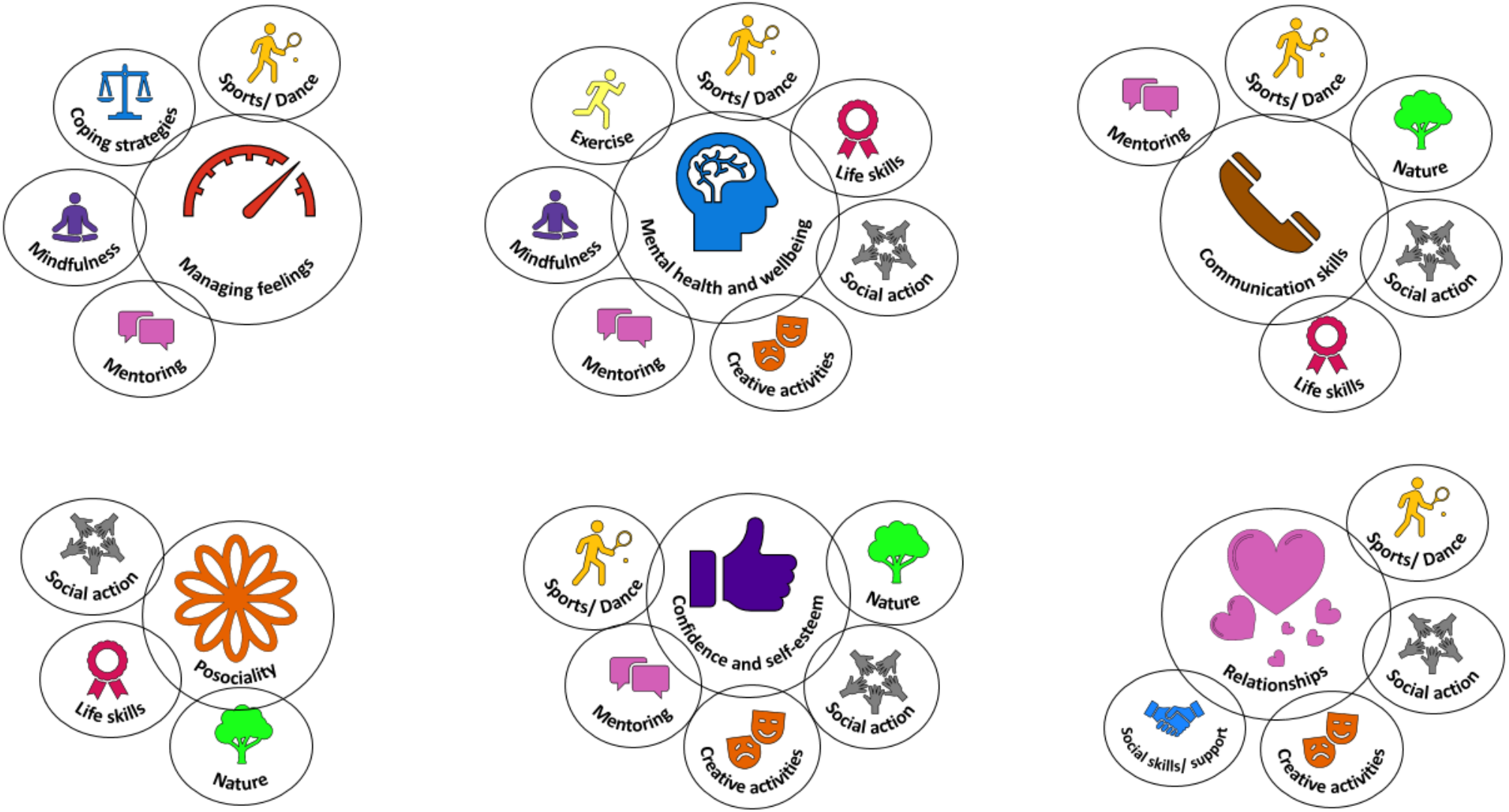
Life skills. This inclued two groups of interventions. First, Scouts, Girlguiding, Army Cadets, etc., collectively referred to as uniformed organisations (22). These organisations provide training and experience for young people on life skills and/or specific topics to help young people develop skills, leadership, self-esteem, and community belonging. Second, programmes on life and vocational skills with the aim of helping young people to live in the community (20).

Peer mentoring. Peer mentoring interventions can be understood as those delivered by peers or non-professionals with similar characteristics and experiences as the target population. These interventions typically involve peers taking a helping role for both emotional and practical support, over one or more sessions. Four primary studies were identified in the additional searches (26-30). Although these studies reported a range of impacts, there were inconsistent results across studies. Therefore, these studies are not reported in research question 1 on impacts but are reported in research question 3 on what helps and hinders.

Findings relating to research question 1: What is the impact of mental health and wellbeing promotion interventions delivered outside of education for young people?

The included reviews examined a range of different impacts, which have been grouped into three types: 1) individual impacts, 2) relational impacts, and 3) community impacts. A summary of main findings of positive impacts is shown in Figure 2.

Figure 2. Summary of main findings of positive impacts. Please see Appendix 3 for a no colour version.
Large, central circles are outcomes. Small, peripheral circles are interventions with evidence of positive impacts on that outcome.



1. Individual impacts

1.1. Mental health and wellbeing

The included reviews reported a range of interventions such as exercise, mentoring, and social action (Figure 2a), and they assessed a range of different mental health and wellbeing impacts, such as depression, stress, anxiety, wellbeing, life satisfaction, life worth, happiness, and resilience.

Figure 2 a. Evidence of positive impacts on mental health and wellbeing.

The review on engaging with nature reported conflicting findings on mental health and wellbeing, which included mixed findings on mood but positive impacts on resilience (23).

1.2. Confidence and self-esteem

The included reviews reported a range of interventions such as mentoring, creative activities, and social action (Figure 2b), they and assessed a range of different confidence and self-esteem impacts, such as confidence, self-esteem, self-efficacy, and goal setting.

Figure 2 b. Evidence of positive impacts on confidence and self-esteem.

Non-significant findings on exercise and confidence and self-esteem were reported in one review (19), and mixed non-significant findings and positive impacts were reported in one review on life skills (22).

1.3. Managing feelings

The included reviews reported a range of interventions such as mentoring, mindfulness, and coping strategies (Figure 2c), and they assessed a range of different impacts related to managing feelings, such as emotion regulation, mindfulness, anger management, and coping.

Figure 2 c. Evidence of positive impacts on managing feelings.

Non-significant findings on exercise (19) and life skills (22) on managing feelings were reported in two reviews.

1.4. Skill development

The included reviews assessed a range of different impacts related to skill development, such as employability and problem-solving skills (relational skill development is included under relational outcomes). Evidence of positive impacts on skills development was found for social action projects (22), and mixed non-significant findings and positive impacts on skill development were found for life skills (20, 22).

1.5. Drugs and alcohol

Evidence of positive impact on drugs and alcohol was found for social action projects and mixed non-significant findings and positive impacts were reported for mentoring (22).

2. Relational impacts

2.1. Communication skills

The included reviews reported a range of interventions such as mentoring, nature, and social action (Figure 2d), and they assessed a range of different impacts related to communication skills, such as communication, social functioning and skills, empathy, teamwork, and leadership.

Figure 2 d. Evidence of positive impacts on communication skills.

Mixed non-significant findings and positive impacts on communication skills were reported in one review on mindfulness-based interventions (16), and mixed findings were reported in one review on exercise (20)

2.2. Relationships

The included reviews reported a range of interventions such as sports/dance, creative activities, and social action (Figure 2e), and they assessed a range of different relationship

outcomes, such as peer and family relationships, loneliness, and attitudes towards socialising.

Figure 2 e. Evidence of positive impacts on relationships.

Mixed non-significant findings and positive impacts were reported for exercise (yoga) (20) and mentoring (22) on relationships, and mixed findings were reported in one review for engaging with nature and relationships (23).

2.3 Social support and 2.4 Social anxiety

Two relational outcomes, social support and social anxiety, were included in one review of engaging with nature, which reported no consistent significant effects for both outcomes (23).

One review of sports/dance interventions included qualitative studies, in which young people reported that these interventions could raise levels of social anxiety in terms of concerns about your own ability and negative comparisons with other people taking part (19).

One review that included skills training for autistic young men found evidence of positive impacts on social anxiety (20).

2.5 Attitudes towards others from different backgrounds

In the review that included social action projects, a positive impact was found on attitudes towards others from different backgrounds, in line with these being interventions targeted on local communities and community engagement (22).

3. Community impacts

3.1 Education, employment, and training

The included reviews reported a range of interventions such as engaging with nature, mentoring, sports/dance, social action projects, and life skills, and they assessed a range of education, employment, and training outcomes, such as academic performance and interest, and school exclusion and truancy.

Evidence of positive impacts on education, employment, and training were found for engaging with nature (23) and mentoring (22). Non-significant findings were reported in one review for sports/dance interventions and education, employment, and training (22). In that review, mixed findings were reported for social action projects, and a negative impact was shown for life skills, although it should be noted this was only from one primary study.

3.2 Community engagement

Evidence of positive impacts on community engagement were found for sports/ dance, social action, and life skills (22).

3.3 Prosociality

The included reviews reported a range of interventions such as life skills, nature, and social action (Figure 2g), and they assessed a range of prosociality impacts, such as prosocial behaviour, volunteering, civic engagement, and willingness to help others.

Figure 2 g. Evidence of positive impacts on prosociality.

Mixed non-significant findings and positive impacts were found for mentoring and prosociality (22).

Findings relating to research question 2: What do we know about inequalities and mental health and wellbeing promotion interventions delivered outside of education for young people?

There was relatively little focus on and/or analysis of inequalities in access, engagement, and impact in the included reviews and primary studies.

One review was a systematic mapping of the literature on individual non-clinical mental health and wellbeing interventions for adolescents from marginalised groups (31). This review concluded that there was a lack of evidence due to the small number of studies and inconsistent patterns of findings from the studies on this topic. For example, a single publication was found examining asylum seekers and refugees, minoritised ethnic groups, young people from economically disadvantaged neighborhoods, young parents, and adolescents exposed to domestic violence. They found no evidence examining adolescents who are unemployed, excluded or not in education, or young carers. The finding this review reported was that there was evidence of positive impacts of cognitive behaviour therapy for adolescents in the youth justice system, who had been sexually abused, or who were homeless, with practical support also benefiting young people who were homeless.

The review on emotion regulation interventions (18) found that most studies focused on vulnerable or at-risk groups and that there was a larger effect for these groups compared to community samples. However, they note that this could in part be due to vulnerable or at-risk groups experiencing more difficulties at the outset and, therefore, having more room to make positive changes. This review also noted that older adolescents may currently be under-served in terms of emotion regulation interventions due to a focus on younger adolescents, despite older adolescents' possible need for more support given increases in autonomy and social changes in late adolescence.

One of the included reviews on mindfulness-based interventions focused on young people in the youth justice system (17). They found positive effects on stress, emotion regulation, and anger management, similar to the review focused on young people more generally (16). One limitation was the small number of females sampled from the youth justice system (17).

A review focused on hip hop health interventions for African American children and young people from marginalised and economically disadvantaged groups (32). The studies they identified typically combined counselling with hip hop (e.g., listening to, reflecting on, singing/rapping), however they were not able to

draw conclusions about the mental health impact due to a lack of evidence.

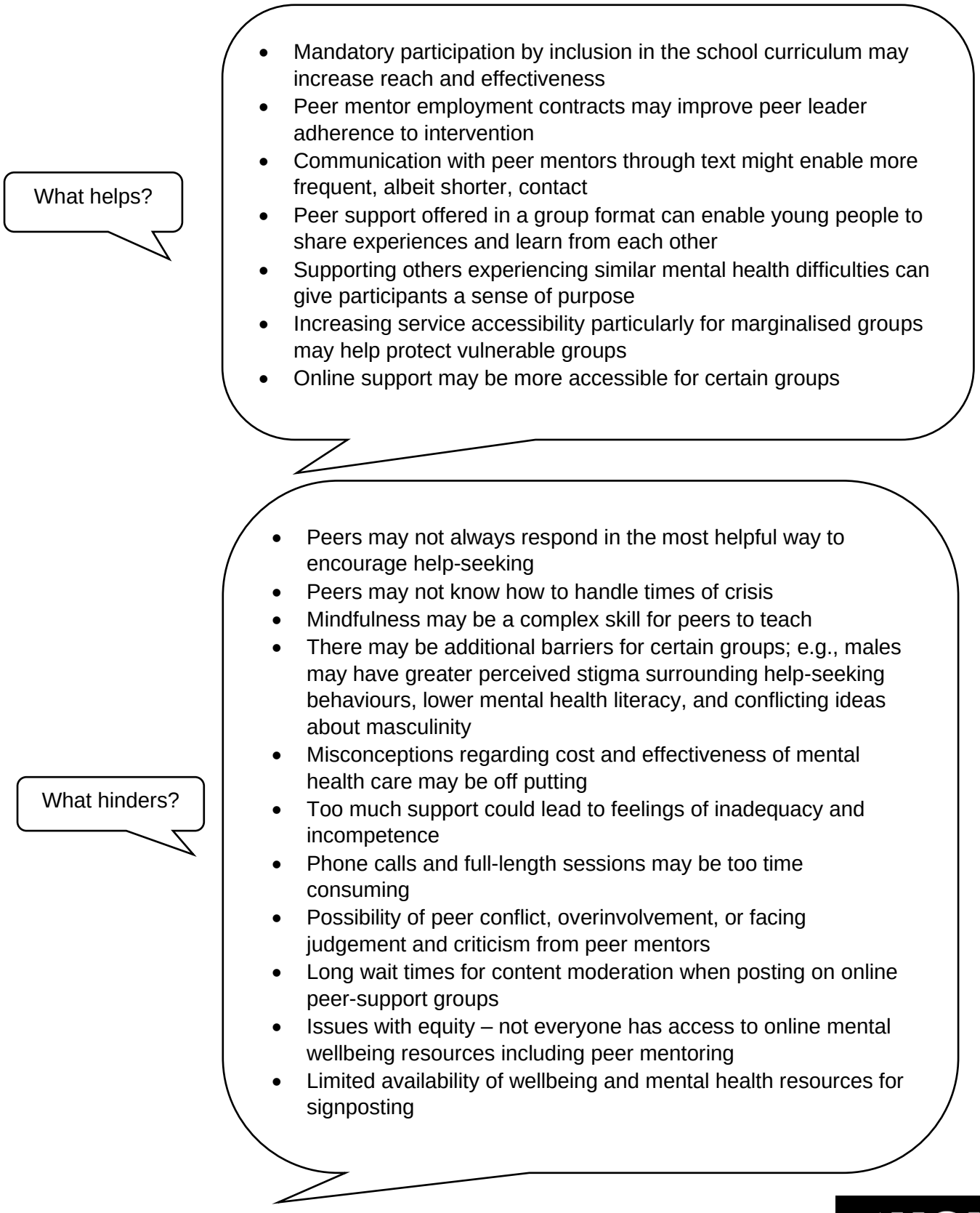
Three primary studies examined creative activity based interventions to support young people from marginalised groups and those experiencing homelessness (33) and traumatic events (34), including domestic violence (35). Interventions included a nation-wide social circus programme where young people learn and perform circus acts, a bonsai-based therapy programme, and creative activities to help young people express their experiences. Evidence of positive impacts were found on young people's mental health and wellbeing, with social interaction and the ability to meet young people with similar experiences being reported key facilitators to impact.

Findings relating to research question 3: What helps and hinders the implementation, delivery, and impact of mental health and wellbeing promotion interventions delivered outside of education for young people?

Findings in relation to this research question are represented visually in figures 3 and 4.

Figure 3. What we heard from young people.

Figure 4. What we found from peer mentoring targeted search.



Discussion

The aim of this rapid review was to synthesise existing evidence on interventions for promoting mental health and wellbeing for young people 11 to 25 years. As there have been recent evidence syntheses of such interventions delivered in educational settings (7), we focused on interventions delivered outside of educational settings or outside of the school curriculum. Our objective was to answer three research questions.

What is the impact of mental health and wellbeing promotion interventions delivered outside of education for young people?

The included evidence examined a range of different impacts, which have been grouped into three types: 1) individual impacts, 2) relational impacts, and 3) community impacts.

The heterogeneity of interventions, impacts, and study designs presents a challenge when synthesising the evidence and drawing conclusions. It is important that future interventions have clear goals and ideally an underpinning logic model, which then inform the impacts measured. For example, interventions that involved more relational or community activities correspondingly had more relational and community impacts than those interventions that involved more individual activities.

The more focused interventions (mindfulness and emotion regulation) had more specific impacts on mental health and wellbeing and emotion regulation.

There was more evidence available on the impacts for sports/dance interventions than exercise interventions, although this could be an artefact of the number of primary studies and the number of outcomes they assessed. Nonetheless, the group-based component may be beneficial in terms of additional impacts on confidence and self-esteem, communication skills, relationships, and community engagement. It should be noted that qualitative evidence was identified in one review (19) that indicated a potential for increased social anxiety in sports/dance interventions due to concerns about your own ability and negative comparisons with other people taking part.

Consultation with the peer researcher identified the importance of mental health promotion interventions provided outside of educational settings in building social connections, which in turn benefits mental health. Still, interventions that focus on social connections, such as mentoring, may be challenging for those with social anxiety, particularly as these interventions are typically more self-directed and less structured.

There was evidence of a number of positive impacts of social action projects across individual (mental health and wellbeing, confidence and self-esteem, skill development, drugs and alcohol), relational (communication and relationship skills, relationships, attitudes towards people from different backgrounds), and community (community engagement and prosociality) levels. Limitations of the evidence (discussed below) should be considered, and for some groups these interventions may be less appropriate, such as young people with communication needs. Still, these interventions were generally focused on disadvantaged areas and marginalised groups of young people, suggesting that when developing interventions for such groups that aim to build relational and community level impacts, social action projects and learning from these interventions might be useful to consider.

There were more mixed findings for the life skills interventions (e.g., Scouts, Girlguiding, Army Cadets, etc.), although it should be noted that this group of interventions is particularly heterogenous. Similarly, we identified a smaller number of types of positive impacts for engaging with nature, mentoring, and creative activities, although these was less consistently researched.

What do we know about inequalities and mental health and wellbeing promotion interventions delivered outside of education for young people?

There was relatively little focus on and/or analysis of inequalities in access, engagement, and impact in the included reviews and primary studies.

A review of emotion regulation interventions (18) found that there was a larger impact for vulnerable or at-risk groups than for community samples, in line with a review of school-based universal interventions (8).

Although there have been attempts to synthesise evidence on mental health promotion interventions for young people from marginalised groups (32), there is a lack of evidence for them to synthesise, limiting the ability to draw conclusions.

The social action projects in the included review were generally focused on disadvantaged areas and marginalised groups of young people (e.g., minoritised ethnic groups) (22). Similarly, the mentoring interventions in the same review were generally focused on disadvantaged areas or groups (e.g., increased likelihood of experiencing pregnancy or involvement with crime and violence). This may suggest that efforts to increase mental health promotion interventions for young people from marginalised groups may want to consider these interventions or learning from such approaches.

What helps and hinders the implementation, delivery, and impact of mental health and wellbeing promotion interventions delivered outside of education for young people?

From discussions with the peer researcher and consultations with two groups of young people who were experts by experience, we heard a range of factors that help and hinder access to and engagement with mental health promotion interventions. In addition to what the intervention is, how the intervention is delivered is important.

A friendly and inclusive approach is needed, reassuring young people that they will not be judged, particularly when the activity is new and/or the young person may not be confident in how to do it. Authenticity was described as highly important, facilitated by the activity being led by young people and/or those with relevant lived experience. Opportunities to interact with such groups was equally described as helping to increase authenticity and create a friendly and inclusive environment.

Although obvious, it is important to highlight the fundamental hinderance of mental health promotion interventions not being available to young people. This was particularly highlighted in the grey literature search in relation to the reductions in funding to provision, for example community/youth centres. The transient nature of certain activities, starting from a new project but then stopping when the funding stops, was also described by young people in the searches and our peer mentor as being destabilising.

Accessibility and inclusion need to be considered from multiple perspectives, from the cost of the activity, the affordability of transport, and the logistics of transport especially in more rural areas (e.g., lack of public transport, infrequent bus times), to the accessibility of the activity itself and how accessible options can be provided in a manner that minimises further separation between those involved.

Context from voluntary and charity sector reports

Reports from voluntary and charity organisations highlighted reductions in funding for youth service provision, including mental health promotion delivered outside of educational settings. For example, one report highlights a 71% reduction in funding for youth services compared to 2011 (36). It is important to build evidence of the impact of such interventions to support the case for funding.

Still, a tension in building this evidence was described in these reports. Methodological barriers were reported, as these community-led interventions are typically specific to the local context and comprise multiple components, making comparisons between interventions and identifying a common measure of impact challenging (37). This heterogeneity may also make identifying a control group, comprised of similar characteristics, challenging given the local specificity of such interventions (38). The importance of building and maintaining trust between researchers and communities was described as highly important. There may also be a conceptual tension between the informal and person-centred approach of such interventions and the formal and structured approach to evaluation, with concerns that an evaluation may interfere with young people's engagement in the intervention (39).

Social prescribing is a relatively new service that specifically aims to connect people with mental health and wellbeing promotion interventions in the community. One report examined a pilot programme for young people 11 to 24 years across three regions (40). Social prescribing typically involved a link worker from voluntary and community sector organisations, who worked with young people over 4 to 5 sessions, adapting the number of sessions to individual needs. This report found statistically significant increases in levels of wellbeing, with greater impacts for those with lower levels of wellbeing at the start. In qualitative data, young people described the service as making them feel welcome and addressing a gap in existing provision as they were able to almost immediately receive non-clinical emotional support. Young people described the link worker as helping them to feel empowered and less concerned about mental health stigma. However, mirroring our findings on what helps and hinders, young people described transport for distant activities and the cost of sessions as barriers to engagement.

Limitations

This was a rapid review of the literature. Stage 1 was a systematic review of systematic reviews, however it is possible that relevant reviews that would meet our inclusion criteria were not identified, as with any systematic review. We tried to mitigate against this through the additional searches and forward/backward citation tracking of including papers. Still, as the stage 2 additional searches were complementary to the systematic review, included papers from stage 2 did not undergo all of the same processes as those included in stage 1 (e.g., quality assessment).

There was a relatively small number of included reviews and studies. Although this was not surprising given the relatively small amount of research in this field, it should be considered when interpreting the findings. Similarly, the findings extracted from the included reviews in some instances had been based on a small number of studies that had been identified and included in that review. Nevertheless, it is worth noting that the majority of the reviews identified in stage 1 were of moderate or high quality (6/8).

It is important to recognise that the findings of literature reviews are by their nature broad. Therefore, more nuanced and detailed findings should be considered when choosing or commissioning mental health promotion interventions. For example, there is evidence that mindfulness-based interventions can be unhelpful for neurodivergent individuals.

Recommendations

1. Based on the evidence reviewed in this report, there is an urgent need for more interventions (and research), beyond social action based projects, developed and evaluated with young people from marginalised groups. To begin to address this, research is first needed that incorporates working with specific communities to understand what they would like from such interventions, what existing support is being used, and how they think such support should be developed.
2. Social prescribing may be one opportunity for this intervention and research development,

as it provides an infrastructure for identifying different types of support based on the needs and preferences of the young person and what is available in the local community.

3. More evidence is needed on the impacts of accessible and inclusive mental health promotion interventions outside of education, which is complicated by the inconsistent provision of such interventions. The included reviews, grey literature, and young people called for more funding to provide such interventions. However, as we heard from young people, it is also important that such funding is consistent, to avoid such interventions (and their impacts) being transitory.
4. Research is needed to understand how to implement and engage young people with mental health promotion interventions outside of education. This research should focus on how to make the interventions engaging for young people, considering the factors identified in this report on what helps and hinders engagement.
5. Related to engagement, it was clear from consultations with young people that how an intervention is delivered is important in addition to what the intervention is. For example, interventions that are friendly and welcoming, young person led, and authentic (e.g., led by and/or provide the ability to interact with people with relevant lived experience) are important facilitators to engagement.
6. The ability to choose between different interventions based on individual needs and preferences may be a challenge because options will be constrained by what is available in the local community. Findings particularly from the grey literature and consultations with young people suggest that these constraints are likely to disproportionately impact young people from marginalised groups, for example for whom it may be less possible to travel to interventions further away.
7. The included reviews reported different impacts of interventions at the individual-, relational-, and community-levels. Evidence is needed on how to provide multi-level support across these levels. For example, a framework of interventions may be needed so young people can receive support focused on different impacts and have choice where possible in which interventions they receive.

Early Support Hubs

Early Support Hubs provide holistic physical and mental health support for children and young people (11-25 years). The aim is to bring evidence-based interventions out of a clinic setting and into the community where young people are, and young people can self-refer or drop-in. Early Support Hubs typically provide one to one counselling, group work, peer to peer support, and other resources such as digital access and activities.

Although the research is limited, evidence points towards creative physical and social activities being beneficial to the promotion of mental health and wellbeing. This could mean either that Early Support Hubs consider widening their repertoire to include these kind of activities or that they link closely to community organisations that provide this sort of support to signpost/refer to.

Additional considerations arising from this report that may be relevant to Early Support Hubs are:

1. To inform discussions and shared decisions about what support and activities a young person may find useful, it might help to have a directory of local and national resources, which includes information such as what an activity is, what the aims of the activity are, and how it can be accessed.
2. It may be helpful for Early Support Hubs to discuss with groups of young people receiving their support about any other needs, barriers, or preferences to try and identify activities and resources not currently provided but of relevance to the local community.

3. A forum for different Early Support Hubs to share learning and practice may benefit implementation, impact, and sustainability. It may also provide opportunities for hubs to share activities and resources, potentially broadening the support available to young people.
4. At the outset of work with a young person, it may be worth considering an engagement support plan, to identify potential barriers (and solutions) that the young person may encounter in relation to continuing to be involved with the hub.
5. Evaluation of the implementation and impact of Early Support Hubs may help to continually learn about the best ways of providing support to young people out of a clinic setting and in the community.

Concluding remarks

Our experts by experience described the importance of mental health promotion interventions provided outside of educational settings. These interventions provide support for young people who are not in education and those communities who might not have opportunities to connect in schools (e.g., Black young people, LGBTQIA+ young people, neurodivergent young people). These interventions provide a space away from a setting in which young people may be experiencing difficulties, making it easier for young people to acknowledge if things are difficult and to open up. This might be particularly useful when bringing together young people who are struggling with similar things, enabling them to connect whilst focused on a different purpose (the activity). Interventions outside of educational settings were described as beneficial as they would encourage young people to leave the house, try out new environments and experiences that they might not otherwise have the opportunity and/or confidence to try, and gain exposure to other elements of life.

The final part of this report, below, is a list of recommended questions to consider that may help service providers and policy makers when setting up new mental health promotion interventions delivered outside of educational settings. These are intended as a starting point for future research to examine.

1. What is already available in the local community?
    a. It might be useful to look for directories of services and/or identify services online.
    b. Consider asking those with local knowledge about what is available, perhaps the services identified online.
2. What interventions would young people in the local community like?
    a. It would be important to consult with young people from the community. Here, it would help to also ask what impacts they want to achieve from these interventions.
    b. There may be reports or needs analyses that could offer further insight.
3. How, if at all, does what is available match with the interventions young people would like?
    a. When interventions do not match, it might be worth using our infographic (figure 2) to identify other interventions that might achieve similar impacts to those young people want to achieve.
4. If designing and implementing a new intervention to fill gaps in what is currently available, it should be co-designed with young people and other stakeholders from the local community. For example, it may be helpful to plan how to involve young people and stakeholders from the outset. Similarly, building in an evaluation strategy to collect evidence during the implementation may provide a starting point to review what has worked well and less well to inform continued implementation.
5. Co-design the evaluation plan from the outset with young people and other stakeholders.

   a. This may help to create an evaluation that provides robust evidence of impact and is also a meaningful component of the intervention.
6. Consider longer-term sustainability from the outset.
   a. Will evidence from the evaluation be convincing to decision-makers and funders?
   b. How can local capacity be built so that members of the local community, and young people, deliver the intervention?
   c. What relationships with other services are needed to ensure people are aware of your intervention and how it addresses needs that they are not able to meet (and vice versa)?
   d. Agree upfront a plan and timeline to iteratively test, learn, and adapt the intervention and evaluation, and agree when the intervention and evaluation will be stabilised.

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Appendix 1. Search terms.

Participants	Comparator	Outcome	Filters or search terms
(Child* or young or youth* or adolescen*or teen*).ti,ab.	(Community-based or community based or universal or indicated or at risk or early intervention or prevention or peer or mentor or creative or arts or community adj4 program* or community adj4 intervention* or community adj4 treatment* or community adj4 support* or community adj4 care or (communit* adj5 (initiative* or intervention* or scheme* or participat* or project* or program* or activit* or partnership* or action or strateg*)) or (neighbo*rhood* adj5 (initative* or intervention* or scheme* or participat* or project* or program* or activit* or partnership* or action or strateg*)) or (universal adj3 (intervention* or program*)) or ((community or population or neighbo*rhood*) adj1 based) or (social development	(emotion* problem* or anxiety or anxious or depression or depressive or internalising or internalizing or socio-emotional or socioemotional or behaviour* problem* or behavio?r* problem* or conduct problem* or externalising or externalizing or wellbeing or well*being or well being).ti,ab.	English 2017-Current 0800 literature review or 0830 systematic review 1200 meta analysis or 1300 metasynthesis

	adj1 (activit* or program*))).ti,ab. Or (Prevention or health promotion or communities).sh.	

Appendix 2. Stage 1: Characteristics of included reviews.

Authors (date)	Aim	Review type	Number of included papers	Total sample size and demographics	Summary of interventions	Results of quality assessment
Barry et al (2018)	To systematically review the effectiveness of community-based programmes in the UK, which aim to enhance young people's social and emotional skill development	Systematic review	14	Not reported	Social action intervention, community sports intervention, community arts intervention. Mentoring: sexual health intervention, mental health intervention, crime prevention intervention.	MODERATE
Dunning et al (2019)	To investigate the efficacy of Mindfulness-Based Interventions (MBI) for use with children and adolescents through a meta-analysis of randomised control trials	Meta-analysis	33	n = 3,666 Aged 18 years or younger	Interventions could vary but were all considered mindfulness-based and included key components of mindfulness They were all delivered over multiple sessions with a mindfulness teacher and the mindfulness needed to be the main component of the session (not combined substantially with a different activity (e.g. yoga).	HIGH

Eadeh et al (2021)	To review literature on ER-focused interventions for a range of disorders in diverse samples including community samples.	Meta-analysis	41	Mean age between 10-19	Range of treatment approaches. All had to fit within the ER process model (Gross, 1998, 2015). Some studies looked at specific prevention program, "Learning to BREATHE" ("Body, Reflection, Emotion, Attention, Tenderness, Habits, and Empowerment"): which focused on mindfulness to help improve emotional regulation skills. Working On Womanhood (WOW): community-developed intervention which focused on building emotional intelligence - building skills to avoid emotional dysregulation. Project STRONG intervention focused on teaching relationship health knowledge, ER, and communication skills to	LOW

					reduce and prevent dating violence. Teaching Recovery Techniques (TRT): an intervention based in CBT that aims to develop effective coping skills and adaptive ER which focused on war-affected Affected Youth.	
Eccles & Qualter (2021)	To examine the effectiveness of interventions to alleviate loneliness in young people (up to 25)	Meta-analysis	39	n = 6750 3-25 years 55% male For the [14] single-group design studies, 10 studies included 'at-risk clinical' samples and four studies included 'at-risk nonclinical' samples"	8 studies focused on social skills 7 focused on social and emotional support 8 focused on enhancing social support 10 focused on psychological therapy	MODERATE

					2 focused on Learning New Hobby 3 on social skills 1 on social and emotional skills 3 on increased social interaction 1 other	
Mansfield et al (2018)	To review and assess effectiveness of sport and dance participation on subjective well-being outcomes among healthy young people aged 15–24 years	Systematic review	11	n = 884 Participants were between 15–24 years of age.	The included studies investigated the effects of a range of sport and dance interventions; the most common form of intervention reported were based on meditative practices including yoga and Baduanjin Qigong. Other interventions reported	HIGH

					included body conditioning, aerobic exercise, dance forms delivered through dance training, hip-hop dance, an empowerment-based exercise intervention programme and specifically identified sports including, body conditioning, and ice skating and Nintendo Wii Active Games. Projects reported in the grey literature included the following interventions: martial arts, dance, gym-based exercise, exercise classes, swimming, netball, cycling and football, circus-based skills (eg, juggling, balancing, diabolo) and a range of dance forms.	
Murray et al (2018)	To investigate the effectiveness of mindfulness-based interventions (MBI) for youth in the criminal justice system	Not stated	10	n = 506 Aged 13-24 95% were male	Mindfullness based interventions of varying length (between 8 to 15 weeks), but the majority lasted 8 weeks.	LOW

				In the criminal justice system		
Mygind et al (2019)	To consider how immersive nature-experience influences health (mental, physical and social) for children and adolescents	Systematic review	84	n = 3,338 Approximately 80% were between 11-18 years old	"Although varying in precise content and scope, the main type of activity was expedition or base camp adventure experiences inscribed in an educational (e.g. teambuilding, anti-bullying initiatives) or health context (e.g. psychological and/or behavioural treatment). Other types of interventions included green educational breaks or activities, regular curriculum-based activities in schools, so-called education outside the classroom (Bentsen et al., 2009b), and free play in outdoor kindergartens"	MODERATE
Vojt et al (2018)	To systematically review studies of individual interventions for mental health or well-being with the aim of reducing health inequalities for young people becoming adults	Systematic mapping review	46	Sample size not reported Aged 10-24 Vulnerable adolescents where the samples (e.g.	Individual-level interventions There were a range unspecified, but some interventions included CBT and practical support services for homeless adolescents.	MODERATE

				experiencing homelessness, looked after children, young offenders, teenage parents, experienced sexual abuse)		

Appendix 3.

Figure 5. No colour summary of main findings of positive impacts.
Large, central circles are outcomes. Small, peripheral circles are interventions with evidence of positive impacts on that outcome.