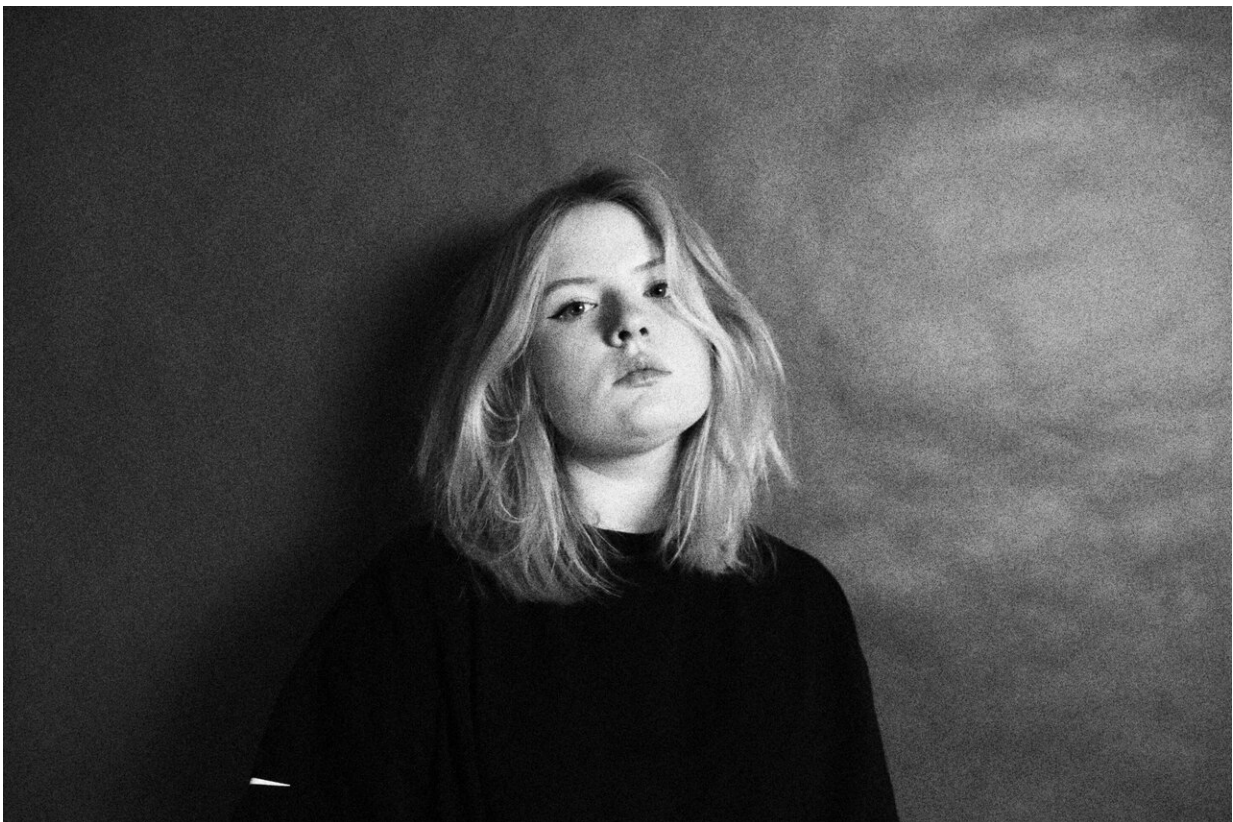


Preventive interventions can improve mental health outcomes in children, teens and young adults

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Offering interventions to young people in the general community can prevent the emergence of certain mental health disorders, according to

the first comprehensive systematic review to address this question. The results appear in the May/June issue of *Harvard Review of Psychiatry*.

"Preventive interventions for poor mental health outcomes in young people are feasible and appear to be effective," according to the review by Gonzalo Salazar de Pablo, MD, and Andrea De Micheli, MD, of King's College London, and colleagues. Evidence suggests that [young people](#) respond well to [early interventions](#).

Universal and selective interventions reduce risk of most mental disorders

The researchers systematically reviewed decades of medical literature and found 295 studies in which individuals under 35 years old were randomly assigned to a mental health preventive [intervention](#) or a control group. Most studies examined psychoeducation (37 percent) or psychotherapy (28 percent), whereas 18 percent explored both and 17 percent involved other types of interventions.

Forty percent of the studies investigated universal interventions, which target a [general population](#)—for example, a high school assembly about alcohol use is a universal intervention. Other studies focused on selective interventions, which target symptom-free individuals who are considered at high risk of developing a mental disorder. Seventy percent of the studies were conducted in North America or Europe.

All told, 447,206 young individuals participated: 234,330 in intervention groups and 212,876 in control groups. The average age of the participants was 15 years, but they ranged from infants under 1 year to adults 34 years old.

The researchers combined the results of all studies using a statistical process called meta-analysis. Compared with control conditions, the 17

mental health disorders studied fell into three groups:

- *Risk reduced by both universal and selective prevention measures:* affective (mood) symptoms, alcohol use and its consequences, anxiety features, conduct problems, interpersonal violence, general psychological distress, posttraumatic stress disorder, tobacco use, and "other" emotional and behavioral problems
- *Risk marginally reduced by both universal and selective prevention measures:* attention-deficit/hyperactivity (ADHD) features, cannabis use, and externalizing behaviors (e.g., aggressive or antisocial)
- *Risk not reduced by either universal or selective prevention measures:* eating-related problems, impaired functioning, internalizing behaviors (e.g., fearful, anxious, or inhibited), and sleep-related problems

Psychoeducation interventions were particularly promising for ADHD features, affective symptoms, or interpersonal violence. Psychotherapy was most effective for anxiety features.

Even for interventions that showed some ability to prevent [mental health](#) problems, the effect sizes (the magnitude of the improvements) were small. However, Dr. Salazar de Pablo, Dr. De Micheli, and colleagues note: "Since these samples are typically young and not yet affected by psychiatric conditions, small effect sizes...can potentially translate into relevant benefits in the longer term—if the intervention is provided to enough individuals."

More information: Gonzalo Salazar de Pablo et al. Universal and Selective Interventions to Prevent Poor Mental Health Outcomes in Young People: Systematic Review and Meta-analysis, *Harvard Review of Psychiatry* (2021). [DOI: 10.1097/HRP.0000000000000294](https://doi.org/10.1097/HRP.0000000000000294)

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