Health Education

A Review of School-based Education on Alcohol and Drugs and Mental Health/ Suicide Prevention:

What to do now the evidence is in?

This think piece is a summary of findings from research undertaken by Massey University's Centre for Social and Health Outcomes Research and Evaluation (SHORE). The project was initiated and funded by community trusts and philanthropic organisations concerned about the effectiveness of externally provided education programmes in schools.

Overview

Schools are seen as ideal settings in which to promote mental, emotional and social wellbeing for young people. As a result, both in New Zealand and overseas, a smorgasbord of alcohol, drug and mental health programmes is offered in schools, many delivered by outside providers.[1]

Classroom-based programmes have been particularly popular. But how effective are these in curbing alcohol and drug use, reducing harm and promoting wellbeing?

In terms of alcohol education, recent reviews of the international literature consistently show classroom-based programmes have little long-term impact on consumption levels or related problems – and that they are expensive and ineffective as strategies for reducing harm compared with legal restrictions and pricing policies. In terms of classroom-based programmes to reduce illicit drug use, it would appear that in some cases life skills training may lessen early drug use – but there is no information available about long term beneficial effects.

These findings have been causing concern among both those funding programmes and some of the outside providers delivering them.

Mental health and suicide prevention programmes are also being presented in the classroom by outside providers. Again, there is a lack of evaluation of longer-term effectiveness. However 'whole school' approaches promoting wellbeing look promising. (A 'whole school' approach integrates the curriculum, teaching practices, policies and procedures, school ethos and culture – and includes engagement with the wider community.)

The aim of this review has been to discover 'best practice' principles for the delivery of effective alcohol and drug education and mental health promotion to young New Zealanders by:

- Identifying key principles and approaches underpinning effective promotion of health and wellbeing in school communities
- Identifying alcohol and drug and mental health/ suicide prevention programmes delivered in New Zealand schools by external providers, and reviewing published evaluations
- Analysing the effectiveness of these programmes in relation to international 'best practice' evidence

[1]*New Zealand Ministry of Education guidelines recommend these issues be taught within the Health Curriculum. However decisions about programmes delivered by outside providers (often marketed directly to schools) are made by school principals and Boards of Trustees*

Background

A literature search was carried out to identify 'best practice' principles for alcohol, drug and mental health education, with a focus on evaluations measuring longer-term health and behavioural outcomes. This included relevant international findings on classroom-based programmes, 'whole school' approaches and strategies in the wider community to reduce harm from alcohol and drugs and promote mental health, as well as New Zealand Ministerial guidelines for effective teaching and learning.

Programmes that met the project criteria (provided by an organisation external to the school and not predominantly government funded) were identified. These were analysed to see the extent to which they fitted with approaches known to achieve longer-term behavioural and health outcomes, along with principles of effective teaching and learning.

A Rich Dialogue Process (RDP) then brought together all of the stakeholders, including programme funders, providers and key government ministries. The RDP provided a forum to communicate the findings and investigate ways of shaping educational efforts to reduce harm from alcohol and drugs and promote mental health which were more in line with the evidence on effectiveness.

The first of three facilitated meetings was attended by programme providers and the second by programme funders, potential funders and key government ministries and agencies (Health and Youth Development). The reasons for the review and a summary of the findings were outlined, followed by questions and discussion about the issues raised. Summaries of the key points agreed to in these two meetings were then circulated to all stakeholders who then came together for a third and final joint meeting.

Programmes Reviewed

Twelve relevant programmes being delivered by external providers in 2006 were identified and assessed. Seven of these were aimed at reducing alcohol and drug related harm and five at promoting mental health and wellbeing.

The alcohol and drug programmes included two classroom-based initiatives, two counselling support services, a theatre production, an organisation providing resources and policy support and one programme with an integrated 'whole school' approach (including an early intervention/student assistance component).

The mental health and suicide prevention programmes included three life skills training programmes, one 'whole school' peer

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mediation initiative and one early intervention programme (delivered as part of a 'whole school' approach).

Ten of the 12 programmes had independent evaluations but there appeared to be confusion between educational outcomes and behavioural outcomes in terms of evaluating programme effectiveness. While many programmes rated well in terms of best practice principles for teaching and learning, there was no evaluation of longer term effectiveness in terms of reduced risk from alcohol and drugs, or more positive mental health outcomes. Thus programmes could exemplify best practice principles for teaching and learning, but be ineffective in alcohol and drug harm reduction or mental health gains.

Findings from the International Literature.
The weight of the international evidence indicates that classroom-based drug and alcohol education programmes have little or no effect on longer term substance use. It would appear that strategies to change individual behaviour through knowledge and skills are largely ineffective in delaying or reducing alcohol and drug use.

The evidence for the effectiveness of some mental health programmes looks a little more promising. Both universal and targeted programmes reviewed appear to have had a positive impact, but only in the short term. Follow-up evaluations are needed to see whether such programmes positively influence mental health outcomes for young people over time.

While classroom-based drug and alcohol education by itself may be ineffective, there is general consensus in the literature that school-based programmes linking through to families and the wider community are more effective – that an integrated 'whole-school' approach combined with community action projects which enrich young people's lives and enhance parental involvement, may be useful. For instance one school-based programme with some limited community engagement showed medium-term effects on reducing alcohol consumption (although this ceased once the intervention was withdrawn); and evaluation of a project training parents how to communicate well with their children showed this is a promising approach.

Some targeted early intervention programmes also look promising. For instance programmes using cognitive behavioural therapy with young people already at risk of mental health problems, such as anxiety and depression, to enhance coping strategies, appear to be helpful. But again, due to the lack of follow-up, it is not possible to draw conclusions about longer term effectiveness.

In terms of suicide, approaches to school-based suicide prevention have been extensively debated in the literature. While some programmes demonstrated improvements in knowledge, attitudes and help-seeking, others found no gains – or even harmful effects. At present there is insufficient evidence to show that suicide awareness programmes are safe to implement in schools. Current recommendations encourage programmes to focus on promoting positive mental, emotional and social wellbeing, rather than the issue of suicide itself.

The World Health Organisation champions a 'whole school' approach to health promotion, with integrated strategies across school, home and community environments.

New Zealand policy documents relating to alcohol, drugs, mental health and suicide prevention education in the school context mirror this emphasis on the need to deliver health education for young people within the context of a comprehensive socio-ecological model.

The Rich Dialogue Process
Research findings from the review of the international literature and assessments of the local programmes described above were communicated in the first RDP meeting to providers and in the second meeting to funders, prior to a third joint meeting of all stakeholders.

Issues raised by programme providers in the first meeting included the positive evaluations they had received (mainly process evaluations commenting on sound teaching and learning principles) and the enthusiasm of schools keen to purchase their programmes. These, they felt, justified continuing with

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Assessing against international evidence

The 12 New Zealand programmes identified were assessed both against the evidence for effectiveness in creating behavioural change and good health outcomes and best practice principles for teaching and learning:

- In terms of sustainable long term health and behavioural outcomes, nearly all of the programmes were rated as likely to be ineffective
- With regard to best practice principles for teaching and learning, some programmes rated reasonably well in areas such as interactive learning and teaching, having a social skills focus, clear aims and realistic goals
- Programmes generally rated poorly in terms of embracing a whole school approach or linking in to effective community-level strategies – approaches evidence has shown to be more effective.

their classroom-based initiatives. One provider, however, said he had moved away from a universal, classroom-based approach to providing a counseling support service targeting at-risk young people because he was aware the international evidence showed the ineffectiveness of the universal, classroom-based approach. A major theme in discussion from providers who were classroom-based was the difficulties posed by working with the wider community.

At the second RDP meeting the general consensus among funders was one of acceptance of the research findings and a keenness to move on to alternative ways to effectively reduce alcohol and drug-related harm and promote health and wellbeing among young people. Discussion acknowledged the demands on schools to deal with a huge variety of problems. A contrast was drawn between issues in which schools could model healthy behaviour (such as exercise and healthy eating) and the alcohol and illicit drug area, where they could not, as it was outside the provenance of the school.

In the joint third meeting with all stakeholders, the role of the school was again a focus of the discussion. Given that schools are primarily about education (and not the achievement of health and safety outcomes), it was considered unlikely schools could ever provide the time and focus required to achieve desired long-term behavioural changes to reduce alcohol and drug related harm and enhance mental health outcomes.

Despite the temptation posed by having a captive audience in the school setting, there appeared to be a consensus reached about the need to move beyond the classroom. It was agreed considerable infrastructural support would be required for the development of cross-sector programmes.

Learnings/Recommendations

Confusion between learning outcomes and behavioural outcomes:

- Most of the evaluations of the New Zealand programmes focused on learning outcomes – when these were highly rated there was a tendency to assume behavioural change would follow
- The bulk of the evidence suggests this is not the case
- That good classroom-based teaching will not, in itself, improve health and safety in later years was difficult for some providers to accept.

Promising directions identified in the literature included:

- Adopting a 'whole school' approach to improve the mental health promoting qualities of the school, including connectedness with home and wider community initiatives
- Involving parents in communication about expectations and discipline
- The need for a cross-sector community-wide action limiting supply and marketing of alcohol and drugs

Suggested changes in direction require a significant commitment to extra resourcing and funding:

- There is a need for a 'whole school' approach
  - As many teachers and providers have limited experience in a 'whole school' approach, Professional development and training would be required
- Providers need to better collaborate with each other and other community groups
  - Many providers have little awareness of other programmes/community networks. Effective networking would require considerable capacity-building
- There is a need to develop promising local initiatives
  - Extensive infrastructure support and funding would be needed
- There is a need for programmes designed to meet specific cultural needs (there is evidence from the literature that this is a promising approach)
  - As no culture-specific programmes were identified, these would have to be developed
- There is agreement that alcohol and drug and mental health education is appropriately part of the Health and Physical Education curriculum
  - While these issues are being addressed as part of the Health and Physical Education curriculum in schools, there is concern over the ability of some teachers to deal with these topics and effectively implement mental health education programmes

There is a commitment from several funders to continue the momentum and explore funding alternative directions: to shift the nature of alcohol, drug and mental health education so programmes can be more effective in producing behaviour changes needed for better health and safety outcomes for young New Zealanders.

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