# Annex 10A Evidence of Interventions at the Population- and Community-Level Platforms


<table>
<thead>
<tr>
<th>Platform</th>
<th>Key issue</th>
<th>Quality of Evidence from HICs</th>
<th>Quality of Evidence from LMICs</th>
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<tbody>
<tr>
<td><strong>Legislation and regulation</strong></td>
<td>Raised tax/price on alcohol</td>
<td>Sufficient evidence that raised tax/price on alcohol, restricted access and bans on alcohol advertising reduce alcohol consumption (Rehm and others 2006)</td>
<td>Sufficient evidence that raised tax/price on alcohol, bans on alcohol advertising reduce consumption of alcohol (Rehm and others 2006)</td>
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<td></td>
<td>Restricted access to alcohol</td>
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<td>Bans on alcohol advertising</td>
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<td></td>
<td>Restricting access to potential lethal means of suicide</td>
<td>Restricting access to commonly used lethal means of suicide e.g., Firearm control legislation, restrictions on pesticides, detoxification of domestic gas has been shown to decrease rates of suicide (van der Feltz-Cornelis and others 2011)</td>
<td>Restricting access to commonly used lethal means of suicide e.g., restrictions on pesticides has been shown to decrease rates of suicide (van der Feltz-Cornelis and others 2011)</td>
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<td>Child protection laws</td>
<td>Sufficient evidence from HICs (Save the Children UK 2009)</td>
<td>Promising evidence that child protection laws for children living outside the family have health and safety benefits for these children (Fluke and others 2012)</td>
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<td></td>
<td>Conditional cash transfers</td>
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<td>Promising evidence that conditional cash transfers protect against poor cognitive and behavioural outcomes in vulnerable children (Lund and others 2011; Fernald and Gunnar)</td>
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### Information and awareness

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<th>Community-level platform</th>
<th>Workplaces</th>
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<tr>
<td><strong>Improved control of neurocysticercosis</strong></td>
<td>Sufficient evidence that mass media interventions reduce prejudice in the immediate, short and medium term (Clement and others 2013, Clement and others 2014, Corrigan and others 2012, Dunion and Gordon 2005, Evans-Lacko and others 2013, Jorm, Christensen, and Griffiths 2005, Thornicroft and others 2014).</td>
<td>Promising evidence from LMIC that improved control of neurocysticercosis can lead to a reduction in symptomatic epilepsy in hyperendemic populations (Medina and others 2011).</td>
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<td><strong>Promising evidence that small scale local interventions can improve awareness</strong> (Finkelstein, Lapshin, and Wasserman 2008, Hao 2011)</td>
<td>Individual and organizational level interventions to promote mental health and primary prevention of MNS</td>
<td>Individual and organizational level interventions improve and maintain mental health at work, including screening and cognitive behavioral therapy for pre-clinical symptoms of depression and anxiety to prevent the onset of these disorders (BOHRF 2005; Hill and others 2007).</td>
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<tr>
<td><strong>Promising evidence of effectiveness for promoting mental health is provided by the new SOLVE training package, developed by the International Labour Organization (Probst, Gold, and Caborn 2008)</strong></td>
<td>Promising evidence of effectiveness for promoting mental health is provided by the new SOLVE training package, developed by the International Labour Organization (Probst, Gold, and Caborn 2008). This package focuses on integrating mental health promotion strategies such as stress reduction and awareness of alcohol and drug misuse into occupational health and safety policies.</td>
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<td>Training in indicated screening of MNS</td>
<td>Sufficient evidence for the effectiveness of screening of CMD in workplace settings (BOHRF 2005; McDaid 2008; Godard and others 2006; Kitchener and Jorm 2004; Page and others 2009; Schneider and others 1999).</td>
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<td>Supported employment for people with SMD to obtain employment</td>
<td>Sufficient evidence for the effectiveness and possibly cost-effectiveness of supported employment in the US and several European HICs (Crowther and others 2001; Dickson and Gord 2008; McDaid 2008).</td>
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<td>Training in first-level management of acute symptoms of MNS, particularly CBT for CMD</td>
<td>Sufficient evidence from HIC for the effectiveness of CBT in the workplace for people with CMD (BOHRF 2005; Graveling and others 2008; McDaid 2008).</td>
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**School**

| School-based mental health awareness programmes. | Sufficient evidence of information and awareness programmes that address knowledge and attitudes about mental illness (Pinfold and others 2003; Swartz and others 2010; Watson and others 2004). | Promising evidence, including one RCT from a LMIC that was performed in rural secondary schools in Pakistan (Rahman and others 1998). |
| Universal social and emotional learning (SEL) programmes | Sufficient evidence from HIC of the effectiveness of SEL and whole school approaches to mental health promotion in terms of children’s improved social and emotional | Sufficient evidence of effectiveness of SEL programmes in schools from LMIC for improving mental health in children (Barry and others 2013; de Villiers and van den Berg 2012; |
### Targeted/indicated interventions for high-risk children

Children having had experiences that elevate their vulnerability to developing a MNS/ show pre-clinical symptoms of the disorder.

Sufficient evidence that targeted programmes that promote coping skills, resilience, and cognitive skills training help to prevent the onset of anxiety, depression, and suicide in HIC (Clarke and others 1995; Jaycox and others 1994; Shucksmith and others 2007).

Several RCTs of targeted interventions for vulnerable children (Fazel, and others 2014). However, effects are contingent on individual variables, such as age and gender, as well as contextual variables, such as conflict, displacement, and family functioning (Tol and others 2014) and may be better suited for children with less severe risks and difficulties (Fazel, Patel, Thomas, and Tol 2014).

### Interventions supporting teachers to recognize MNS

Sufficient evidence including cluster randomized trial of Mental Health First Aid for High School Teachers showing an improvement in identification and case detection of MNS by teachers (Jorm and others 2010).

Promising evidence supporting the feasibility and reliability of identifying and assessing MNS among primary and secondary school students (Becker and others 2010a, 2010b; Goel and others 2014; Opoliner and others 2013; Vieira and others 2014).

### Treatment or management of MNS in schools

Sufficient evidence for the effective treatment and / or management of MNS, particularly for anxiety and depression, but also for ADHD (DuPaul, Eckert, and Vilardo 2012; Mueller and others 2011; Smith and others 2008; Srikala and Kishore 2010).

The evidence of effectiveness on improved outcomes for children with depressive, anxiety, and posttraumatic stress disorder (PTSD) symptoms, especially in complex
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<th>Neighbourhood/Community groups</th>
<th>Universal and targeted parenting programmes for infants</th>
<th>Sufficient evidence that early (0-3 years) universal and targeted parenting programmes impact positively on child emotional and behavioural adjustment (Barlow, Parsons, and Stewart-Brown 2005).</th>
<th>Sufficient evidence of the effectiveness and feasibility of programmes designed to enhance mother-child interaction during infancy (Cooper and others 2009; Jin and others 2007; Mejia, Calam, and Sanders 2012; Rahman and others 2009; Wendland-Carro, Piccinini, and Millar 1999).</th>
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<tr>
<td>Parenting programmes for pre- and school aged children</td>
<td>Sufficient evidence that parenting programmes can ameliorate/prevent internalizing and externalizing problems in 0-7 year olds (Kaminski and others 2008).</td>
<td>Promising evidence of effectiveness of parenting interventions for preventing internalizing and externalizing disorders in pre-school and school-going children (2-14 years) (Oveisi and others 2010; Vasquez and others 2010; Fayyad and others 2010; Mejia, Calam, and Sanders 2012).</td>
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<td>Out-of-school gender equity and/or economic empowerment programmes for adolescents/young adults</td>
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<td>Promising evidence of effectiveness, especially those that combine educational and gender empowerment interventions (Jewkes and others 2008; Kim and others 2009; Pronyk and others 2006; Ssewamala, Han, and Neilands 2009; Brady and others 2007).</td>
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<td>Child enrichment/preschool</td>
<td>Sufficient evidence from HIC on</td>
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<td>Promising evidence of the beneficial</td>
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<tr>
<td>Educational Programmes</td>
<td>Effects ofChild Enrichment/Preschool Parenting Interventions on Social and Academic Functioning (Aboud 2006; Cueto and others 2009; Kagitcibasi, Sunar, and Bekman 2001; Kagitcibasi and others 2009)</td>
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<td>Training non-mental health workers in identifying persons with MNS</td>
<td>Training police, community members, spiritual leaders, social workers, and community health workers in identification and case detection can lead to improved access to care and reduced stigma (Han and others 2013; Hansson and Markstrom 2014; Jorm and others 2004; Krameddine and others 2013; Teller and others 2006; Watson and others 2008)</td>
<td>Promising evidence for feasibility and effectiveness of training non mental health workers, particularly community health workers in case identification of MNS can lead to improved access to care in LMIC, (Chibanda and others 2011)</td>
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References


Shucksmith, Janet, Carolyn Summerbell, Susan Jones, and Vicki Whittaker. 2007. "Mental Wellbeing of Children in Primary Education (Targeted/Indicated Activities)." *Teesside: University of Teesside*.


