Mental Health and Adolescent Health Risk Outcomes of a School-Based Prevention Program: Aussie Optimism

01 INTRODUCTION
This study investigated the health outcomes for students who participated in the dissemination of Aussie Optimism, a universal school-based mental health promotion program designed to prevent depression through impacting on associated risk and protective factors.

02 THE AUSSIE OPTIMISM PROGRAM
Aussie Optimism consists of two 10-session curriculum-based programs and a self-directed program for parents implemented in the final two years of primary school.

The Social Life Skills program focuses on interpersonal skills, social problem solving, conflict resolution and social support.

The Optimistic Thinking Skills program focuses on cognitive skills, emotional regulation and self esteem building.

Both programs include teacher resources, curriculum materials, student workbooks and parent booklets.

Parents and families is a self-directed program for parents that focuses on modifiable family risk and protective factors.

In addition, schools receive materials to use with parents at parent-teacher meetings or as a part of transition to high school activities.

03 METHOD
Participants
2289 (70%) Grade 6 students from 63 schools participated at pre-test.

Retention rates were high, with 97% (2218) of the sample assessed at post-test and 92% (2112) at follow-up.

Design
A cluster randomised controlled trial was employed, with schools randomised to one of three conditions:

- Program + teacher training + coaching (intervention 1)
- Program + teacher training (intervention 2)
- Usual care control

04 RESULTS
Total Difficulties
Following the transition to high school, the intervention 2 group reported significantly fewer total difficulties on the SDQ-S compared to the intervention 1 or control groups (p = .043). See Figure 1.

Depression
For students identified as at-risk at pre-test but without diagnosis (N = 142), the intervention was not associated with reduced incidence of depressive disorders at post-test or follow-up.

However, of students with a diagnosis (N = 48), 88% who received intervention 1 and 93% who received intervention 2 recovered at follow-up, compared with only 40% of the control group (p = .013). See Figure 2.

Smoking
Compared to the control group, intervention 2 children were significantly less likely to have smoked a cigarette in the first year of high school (p = .03). Control group children were twice as likely to have done so in the four weeks before assessment. See Figure 4.

Suicidal Idenation
For at-risk students not reporting suicidal ideation or behaviour at pre-test (N = 100), the intervention was not associated with reduced incidence at post-test.

At follow-up however, there were significant group differences in incidence (p = .018), with only 3% of intervention 1 children and 0% of intervention 2 children reporting one or more symptoms of suicidal ideation or behaviour, compared with 16% of the control group. See Figure 3.

Alcohol
Compared to the control group, intervention 2 children were significantly less likely to drink alcohol at post-test (p = .016) and follow up (p = .003). At post-test, the control group was just over 1.5 times more likely to have drunk an alcoholic drink in the four weeks before assessment, and just under 1.5 times more likely in the first year of high school. See Figure 5.

05 DISCUSSION
Overall, these results indicate it is possible to maintain positive health outcomes after a mental health promotion intervention has been disseminated widely. However, ongoing support should be provided to implementers, as this clearly achieved better outcomes for children.

Furthermore, these results highlight the ability of a school-based mental health promotion program to provide health benefits for students across a major transition, from primary school to high school.

06 REFERENCES


07 FUNDING
- Western Australian Office of Mental Health
- Western Australian Department of Education and Training
- Australian Research Council (ARC)