Promoting positive mental health among youth in transition: A literature review

Produced for Frog Hollow Neighbourhood House

August 2011

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Executive summary

Program planners and researchers are increasingly realising that the most effective way to address negative health and health risk behaviours is by taking a more positive health promoting approach.

The aim of this literature review is to focus on available evidence that supports community-based programs promoting positive mental health among youth, most notably youth in transition into and out of adolescence. Programs which specifically target immigrant youth and Aboriginal youth are also discussed.

As this is a relatively new area for most communities, many programs currently operating are small in scale, neighbourhood specific and are not being effectively evaluated. However, among programs that have been rigorously evaluated, a number of key components emerge. The most successful programs include youth in all elements of development and delivery, are evidence-based, sustainable, include families, provide mentors, include multiple partners, and strive to build community capacity, support and resources.

The most successful strategies are those that focus on positive rather than negative outcomes, allow youth to develop skills and competencies, enhance connectedness, and provide opportunities for youth to contribute to their community. Yet these strategies cannot be truly successful in isolation and must be coupled with policies that address threats to health (such as poverty reduction strategies) and promote positive mental health.

Introduction

Transitions into and out of adolescence can be critical times in the development of positive mental health and well-being, yet only limited evidence exists in relation to effective programs that promote positive mental health among youth.

This review considered the research evidence for interventions that promote positive mental health, with a particular emphasis on young people transitioning into adolescence or into adulthood. Studies focused on these age groups and on evaluated interventions are not common, but the literature does provide evidence on programs that are or could be implemented in British Columbia.

This literature review aimed to evaluate only community programs and did not consider purely clinical programs. However, we found that community programs when available were often used to enhance clinical, family, and school strategies rather than as standalone initiatives (e.g., Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004).

The usefulness and applicability of a variety of initiatives is discussed along with suggestions for which programs may be most likely to succeed in B.C.

About this review

To complete this review, McCreary Centre Society conducted a structured search of all applicable research indexes for positive youth mental health research published since 1996. All identified abstracts were compiled and ones that were not relevant to this project were discarded. The complete articles were then retrieved for all abstracts that were to be included in the review.

A search through 'grey literature,' such as government report indexes and sites, was also conducted in an effort to capture reports about interventions that may have been formally evaluated but had not been published in the professional literature. Examples of searched databases include the Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention and the New York Academy of Medicine Grey Literature Report.

All articles and reports were screened for methodological rigour, research context, and relevance to British Columbia.

Limitations

There are a number of limitations to this review. These are partly due to the complexity of the topic of promoting positive mental health, but also due to a lack of evaluated evidence and to budget and time constraints.

Community based initiatives can be particularly challenging with regard to evaluation, as there is no standard process or protocol across communities, and outcomes may differ from one community to another. The programs identified in this review were not all evaluated against the same standard measures, and often tracked the effect of the program on reducing risk factors and negative outcomes rather than positive ones.

Most evaluations of programs to promote positive mental health have tended to be of small scale projects, and rely on youths' or youth workers' qualitative reports of the programs' impacts. For this reason, interventions that relied on subjective qualitative self reports were only included if the interventions appeared worthy of wider testing.

Many promising programs exist in British Columbia (e.g., The Summerland Asset Development Initiative and the YWCA's Vancouver-based Aboriginal Mentorship Program) but no evidence could be found that these have been independently evaluated, and they were therefore not included in this review.

Some of the most rigorously evaluated programs were found in Australia, Ireland and the US. These examples were included in the review if it appeared that they could be transferable to a BC setting, although this has not been tested.

Transitions into and out of adolescence

As children transition into adolescence, their sense of self becomes more defined. They are also increasingly able to think through the consequences of their actions, and develop more sophisticated and complex decision-making skills (Saewyc & Stewart, 2008).

During this time there are changes in the emotional response systems of the brain, and young people become better equipped to understand and manage their moods. They also begin to develop longer term planning skills and to make reasoned choices that will positively affect their futures (Saewyc & Stewart, 2008).

The transition into adolescence is also marked by many changes that can impact a young person's mental health, including sexual maturation and the identification of their sexual orientation. They also begin to develop and widen their social interests, and peer relationships take on a more central and important role.

McCreary and other research (e.g. Smith et al, 2008; Mackay, 2007) has also shown that for young people in B.C. this can be a critical time in the development of positive health behaviours, as they are exposed to a greater range of potential health risks including increased exposure to negative peer pressure, bullying, alcohol, and other substances.

Whilst the transition into adolescence is recognised as a key stage in development, the transition out of adolescence into adulthood has become an elongated process. Young people generally take longer than those in generations before them to finish school, leave their parental home, and take on roles such as marriage and parenting (Leadbeater, Smith & Clark, 2008).

Despite the elongated nature of transitioning to adulthood for most youth, the most vulnerable young people in B.C. often face an abrupt end to supportive services they have relied upon. For example, foster care and some other social services end when a young person turns 19 rather than when they are fully equipped and ready to transition to adulthood and to access necessary adult services.

Although some transition services exist (e.g., supported housing for youth leaving foster care and transition services in the education system), these are often inconsistent, time-limited or oversubscribed, and this can put additional stress on the mental health of already vulnerable youth.

In a study conducted across British Columbia (Leadbeater et al, 2008), 75 youth who identified as being in the process of transitioning to adulthood provided recommendations as to what was needed for them to successfully transition out of adolescence. These recommendations included extending youth services to serve 19-25 year olds, ensuring all young people have an adult mentor, and ensuring programs are designed to meet the culturally specific and diverse needs of youth, including girls, sexual minority, transgendered and Aboriginal youth.

Youth in transition to adulthood who participated in the study noted that accessing mental health services was at the top of their list of health concerns. They reported reluctance to access adult services because of fear of the adults who used the services and of being misunderstood, labelled, and further stigmatised. However, at age 19 they were considered too old to access many youth services (Leadbeater et al., 2008).

When asked specifically about programs that would promote positive mental health among young people transitioning to adulthood, youth again emphasised the need for targeted community programs that serve specific sub populations of marginalised young people, as well as peer and adult mentorship programs, easier access and referral processes for existing services, and more free counselling and other mental health services (Leadbeater et al., 2008).

Interestingly, this list of recommendations was very similar to that provided by youth transitioning into adolescence (Smith, Martin, & Hoogeveen, 2010) who additionally suggested the need for information and services at a young age and the need for programs that provide an outlet for stress and diversion from problems, such as arts and sports programs.

Youth who experience mental health challenges face additional risks to their health as they enter and exit adolescence. For example, McCreary and other research has shown that these youth are at an increased risk for substance use problems (e.g., Smith et al., 2011; Taylor & Anthony, 2011). The reason for this increased risk may be that youth without mental health problems use drugs and alcohol to socialize with trusted peers, whereas youth with mental health challenges tend to use substances in an effort to overcome social anxiety, make peer connections, or manage symptoms (Taylor & Anthony, 2011).

Promoting positive mental health

Transitions into and out of adolescence have been identified as key times when young people's positive mental health and well-being can be compromised. Despite this increased vulnerability, most young people in B.C. successfully navigate these transitions and report high self-esteem and relatively low rates of negative mental health outcomes such as extreme stress, self-harm and suicidal ideas or attempts (Smith et al., 2011).

A number of studies have found that social support or connectedness to family, peers, school, and community are important in promoting the mental health of young people (e.g., Blum & Rinehart, 1998; Catalano et al., 2004) and that youth engagement is a key protective factor in promoting positive mental health (Toumbourou et al., 2000).

The McCreary Centre Society recently considered factors that promote positive mental health among B.C. youth in Grades 7 through 12 (Smith, et al. 2011). The protective factors which were found to be most strongly associated with positive mental health for youth included the presence of supportive adults inside and outside the family, feeling skilled and competent, having friends with healthy attitudes to risky behaviours, feeling connected to school and family, engaging in extracurricular activities, and feeling listened to and valued within those activities.

Another British Columbia study found that protective factors have a cumulative effect. The more protective factors a young person has in their lives, the more likely they are to report positive outcomes and healthy development (MacKay, 2007).

These findings are important when considering which community programs are most likely to be effective in promoting positive mental health, and suggest the need to move from a focus on risky behaviours to a healthy youth development approach which promotes protective factors.

Despite this evidence, rather than focusing on promoting positive mental health, many youth programs instead aim to prevent negative mental health outcomes by reducing or preventing key risk factors such as alcohol use (Foxcroft, Ireland, Lister-Sharp, Lowe, & Breen, 2002) or violence (Petrosino, Turpin-Petrosino, & Buehler, 2002). Programs that focus on a single risky behaviour may be successful in reducing the specific risk behaviour but rarely have a positive effect on other aspects of young people's mental health.

However, young people can be supported to develop adaptive coping skills, positive attitudes and values, healthy behaviours, and supportive social networks by changing the emphasis of programs from reducing risky behaviours to promoting positive mental health and building resilience. As a result, health risk behaviours are less likely to be taken up or to become lifelong patterns (Komro & Stigler,2000; Saewyc & Stewart, 2008).

For example, instead of focusing on risky behaviours, the Everybody's Different program in Australia works across school, community and family settings to improve body image and build

self-esteem. Youth aged 11 to 14 participate in lessons at school and do additional exercises with their family in the community. An evaluation of the program showed that through these combined activities, youth learned how to deal with stress, build a positive sense of self, and develop relationship and communication skills. Youth who participated showed increased self-esteem and improved body satisfaction, and these improvements were sustained a year after the intervention was completed (O'Dea & Abraham, 2000).

Other examples from two rigorously evaluated programs in Australia (Patton et al., 2006) and Seattle (Hawkins, Catalano, Kosterman, Abbott, & Hill, 1999) showed that programs that were designed to foster greater school connectedness, and social and emotional competence, also demonstrated strong reductions in risk behaviours.

Youth are at greatest risk for not developing healthily in communities that have high rates of poverty, unemployment, crime, where families move in and out regularly, and where negative media attention is focused (Bernat & Resnick, 2006). However, having access to any healthy youth program, which includes supportive adults as a component, is a protective factor for promoting youth mental health in these communities (Komro & Stigler, 2000).

Bernat and Resnick (2006) identified the elements that promote positive mental health among youth in a community setting as:

- The presence of adults who advocate for youth.
- Neighbours monitor young people's behaviour.
- Adults and youth model positive, responsible, healthy behavior.
- Youth programs are available.
- There is investment in community agencies and social networks that promote the needs of young people.

There is strong evidence that community-based programs are helpful in promoting positive mental health for youth (e.g. Connell and Gambone, 1999). Community programs that help a young person to establish and maintain relationships with parents, siblings and friends can also assist youth to improve their responsibility-taking and problem-solving capacity, and ensure an easier transition through adolescence and into adulthood (O'Brien et al., 2004).

Taken together the findings show that by creating opportunities for youth to participate in challenging and interesting learning experiences, providing leadership opportunities, and building social and academic competencies, young people will build resilience, develop protective factors and will be more likely to successfully transition through adolescence.

Strategies for promoting positive mental health

Education interventions:

Educational programs are among the most common interventions to promote positive mental health in school and community settings. The aim of educational programs is to increase young people's knowledge and awareness about mental health in the hope that they will change their behaviour based on their knowledge about health promoting and risk behaviours. These programs often use a variety of active and engaging strategies to convey the information content.

Examples of education-based health promotion programs include programs designed to improve the early detection of emotional difficulties (Santor, Poulin, LeBlanc, & Kusumakar, 2007) and ones to improve participants' body image (O'Dea & Abraham, 2000).

Health education programs have shown some positive effects in fostering the development of positive mental health, although the biggest effects have been on knowledge and attitudes, rather than on behaviours. Some programs designed to improve self-image, self-esteem, and self-efficacy have demonstrated success for female participants (Kerr & Robinson Kurpius, 2004; LeCroy, 2004). However, other education-based interventions have been less effective for males, and ineffective in changing males and females behaviour (Fink, 2005; Kemper et al., 2002).

An Australian meta-analysis of 178 programs that aimed to promote youth health found that interventions to improve mental health outcomes exclusively through education did not appear effective. A more effective intervention involved including an education component with other life skills training. However, there was little evidence that this strategy was effective with youth identified as high risk for mental health challenges (Toumbourou, 2000).

Educational interventions that have combined attitude change with other interventions have been more successful. For example, both the Go Grrls and TARGETS programs were found to promote positive mental health and self-esteem through facilitating attitude change among adolescent girls (Kerr & Robinson Kurpius, 2004; LeCroy, 2004).

Go Grrls was a 12-session program for female youth in transition which was implemented in middle schools. The curriculum included units entitled *Establishing independence* and *When it all seems like too much* that emphasised building skills and competence. This gender-specific program provided girls with information specific to the experiences of transitioning into adulthood. Evaluation of the program indicated that females who had completed the program showed improved body image, assertiveness and self-liking, as well as decreased hopelessness, when compared to a control group (LeCroy, 2004).

TARGETS was aimed at female youth identified as at risk of not achieving their career goals because of problems with math and science. The goal was to encourage them to continue

studying these subjects. A combination of education, self care, and skill building techniques was found to not only increase the likelihood that participants would pursue male-dominated careers, but also to increase their self-esteem and decrease their risk of suicide (Kerr & Robinson Kurpius, 2004).

Skill-building interventions

Skill-building interventions are often used alongside education components. Many interventions aimed at facilitating positive mental health have a skill-building component, and can be designed to develop specific competencies, such as conflict-resolution skills, communications skills, and emotion regulation techniques.

The evidence suggests that when multiple strategies are combined (e.g., education and skill-building), skill-building interventions can be particularly effective at promoting positive development and behaviour change. Skill-building programs that have been shown to promote positive mental health include those which foster arts development (Wright et al., 2006), positive interaction among peers and emotional development (Garaigordobil, 2004), and problem-solving and decision-making skills (Nota & Soresi, 2004).

A Canadian example of a successful skill-building program is The Fourth R, which had been adapted for use in all the provinces, in a school or community setting. This health education and skill-building program teaches relationship skills and fosters healthy peer interactions among Grade 9 youth. It has been rigorously evaluated and the evidence shows it increases knowledge and skills in communication, negotiating conflict and peer relationships, as well as promoting healthier attitudes toward risk behaviours. A recent external evaluation concluded that participation in the program also reduced levels of dating violence and risky sexual practises among males (Wolfe et al, 2009).

The Fourth R has also been modified for Aboriginal youth. Entitled Uniting Our Nations, this modified program includes a peer mentorship component. Uniting Our Nations was particularly successful at having older youth support younger ones through the transition from elementary to secondary school (Crooks, Chiodo, Thomas, & Hughes, 2010).

Most evaluated skill-building programs are school-based (e.g., the Canadian Roots of Empathy Program). However, Wright et al. (2006) evaluated a year-long community arts based skill-building program outside of the school setting. The program was delivered in a supportive group atmosphere, in five low income communities across Canada (including one in Vancouver). Participants received free transportation to the twice-weekly sessions, food was provided and there was no cost to participate. Over 37 weeks, youth explored different arts media and created a community production or presentation.

In addition to developing artistic skills, participants reported improvements in communication, cooperation, conflict resolution, social connections and teamwork skills, and reductions in emotional problems when compared to a control group. The evaluators suggested that the

success of the program appeared to be as a result of the development of a no barrier community-based, non-competitive and supportive social environment for young people, run by non-judgmental adults (Wright et al., 2006).

More concrete evidence of the effectiveness of arts programming as an intervention strategy was offered by Miller and Rowe (2009). They found that arts programs that were successful at improving mental health all included an enabling component. (They also found this youth empowerment component present in the successful non-arts based programs they evaluated.)

Skill building on its own was not enough to promote positive mental health. The most successful programs also included the provision of food and transport, a supportive peer environment, the presence of peer mentors, trained staff, a respectful relationship between staff and youth, the creation of an environment that supported risk-taking, and the opportunity to learn and practice life skills (Miller & Rowe, 2009).

Physical activity is known to enhance mental health (e.g., Smith, Stewart, Poon, Saewyc & McCreary Centre Society, 2010). However, evaluations of the effectiveness of physical activity programs have found that they must not be solely based around skill development but must be enjoyable and tailored to the specific goals and needs of youth participants in order for them to improve youth mental health (Keleher & Armstrong, 2005).

Skill building programs with an employment focus can be particularly relevant for young people transitioning out of adolescence, as economic participation is a key determinant of mental health and well-being. Results from the Longitudinal Surveys of Australian Youth showed that participation in youth employment programs which offered connections to meaningful employment opportunities were associated with positive mental health outcomes. In addition to employment skills, participation provided social connectedness, additional skills and knowledge development, and improved feelings of self confidence, being valued, and a sense of meaning and purpose (Keleher & Armstrong, 2005).

Based on the existing evidence, Keleher and Armstrong suggested that to be successful an employment program must:

- Include literacy and numeracy skill-building.
- Include youth in the planning, decision-making and evaluation stages.
- Work strategically to build the capacity of individuals and communities.
- Be inclusive and diverse.
- Provide concrete and immediate benefits for youth, including income and public recognition of the value afforded by their efforts.
- Provide sustainable social and economic security for youth.

A Vancouver-based example that meets these criteria is PLEA's Career Path program. Currently being evaluated by McCreary Centre Society, this community-based program aims to connect gang involved youth with meaningful employment opportunities. Thirty three youth have participated in the program to date and at discharge from the program most youth reported

that their participation in Career Path helped to increase their hope for the future (70%) and to reduce their criminal behaviour (63%). Moreover, 55% reported being less gang-involved because of their participation in the Career Path program.

Most employers involved with the program also reported that the youth on placement at their job site showed improvements in their hopefulness, as well as their overall mood, anger-management skills, self-esteem, relationships with peers, and connections to the community as a result of taking part in the Career Path Program (Peled & Smith, 2011).

Mentorship programs

Mentorship programs have been well evaluated and regularly produce strong results. They are often one-to-one programs whereby one program worker or volunteer is paired with a young person to serve as social support, a role model or tutor (Tierney, Grossman, & Resch, 1995).

A number of meta-analyses of international studies of mentoring programs have found positive effects for mentees in the areas of positive mental health, social, academic, and employment functioning, as well as reductions in problem behaviours. Mentorship programs have been found to be particularly effective for vulnerable and disadvantaged youth, who had lacked positive social relationships. Young people assigned a trained and supportive mentor benefited from the provision of practical and emotional support in a safe and flexible climate (Brady, Dolan, Cavanan, 2005).

One of the most successful examples of a mentoring intervention is the Big Brothers/Big Sisters program (BB/BS). BB/BS matches young people considered vulnerable or at-risk with suitable older volunteers who provide guidance and support. Trained volunteers commit to meeting two to four times every month, for at least a year, with the young person they are matched with.

Results from more than a decade of international evaluations of the BB/BS program have indicated that participation in the program has led to improvements in school connectedness and achievement, peer relationships, family relationships, mental health, social relationships and self-expression. It has also led to reductions in use of drugs and alcohol, acts of violence and criminality. Although some findings suggest that the program is effective at changing both attitudes and behaviours in girls, it is less effective at changing behaviour in boys (Brady, Dolan, & Cavanan, 2005; Brady et al., 2011; Tierney et al., 1995).

Key elements to the success of the BB/BS program were the one-to-one nature of the interaction, which allowed the intervention to be carried out with regular contact from someone who the participant viewed as a friend; and the program infrastructure which encouraged appropriate matches between participant and volunteer (Brady et al., 2011).

Across Ages was another US initiative that was successful in promoting positive mental health among young people transitioning into adolescence. This program partnered families, school

and communities in a mentorship program by linking adult mentors aged 55 and over with grade 6 students and their families. Whilst the program was generally unsuccessful at engaging parents, it was successful at teaching youth social and emotional coping skills. The program did this through a school-based education and skill-building program and through the partnership of each youth with a trained and vetted senior mentor who engaged with them in community volunteer work and other community-based activities. When compared to a control group, youth in the program showed not only increased community engagement and improved attitudes toward older people, but also improved school attendance, reduced substance use and increased hope for the future (LoSciuto, Rajala, Townsend, & Taylor, 1996).

The disadvantages of mentorship programs are that program staff or volunteers are often required to make a long-term commitment to the program, and can only work with one young person at a time, which can make these programs time consuming and expensive to implement (Tierney et al., 1995). Mentorship programs have also been shown to have a negative effect on young people if the mentorship relationship breaks down (Brady et al., 2005). However, the long term impact on positive mental health may still make mentorship programs a cost-effective community program option.

Social marketing and internet-based interventions

Social marketing and internet-based interventions usually take the form of campaigns to improve health behaviours or to raise awareness about a topic. These strategies are extremely difficult to evaluate. There have been few if any evaluated interventions aimed at promoting positive mental health, particularly among youth in transition.

One example of an internet-based intervention that has been evaluated was a website education program that encouraged early identification and help-seeking among youth with emotional difficulties. The program was accessed more frequently by females than by males and by youth who reported health, substance use or social problems. When program participants were compared to a control group of youth who did not use the website, the program was not found to have any positive impact on overall health, although it did decrease school-related stress and was associated with increased access to other sources of support such as school counsellors (Santor et al., 2007).

Some general youth health programs have used social marketing as a component of the intervention, and one BC program that was exclusively based on a media promotion successfully increased knowledge of health information, but was not consistently successful in improving health behaviours (Poureslami, Rootman & Balka, 2007).

According to Keleher and Armstrong (2005), the effectiveness of media-based campaigns for mental health promotion is increased when a campaign is complemented by a mix of focused community activities and used over time rather than as a brief intervention. They recommended that web-based interventions and campaigns to promote positive mental health should also develop culturally sensitive and appropriate materials and practices.

Although few specific positive mental health programs could be found, it seems likely that such interventions may improve participants' knowledge but are less likely to effect change in behaviours. As with other knowledge-based initiatives, these resources may be best used in tandem with other, more interactive efforts.

Community development

Due to their scale, community development programs can be difficult to implement and evaluate effectively. However, local community interventions for specific needs and groups within community-building and regeneration programs appear to be most effective in promoting positive mental health among specific sub populations. This approach has been found to be particularly effective for youth, single parents, the elderly, and people with a disability. Further, this approach works best in neighborhoods where there is a true partnership between a range of community agencies, government and non-government organizations (Keleher & Armstrong, 2005).

One example of a program that falls in this domain is from Ireland (Brady, Dolan & Canavan, 2003). Like in Canada and other counties, Irish youth leaving the care of the government often face a more difficult transition to adulthood than their peers.

One Irish health authority established the After Care Program with the objective of improving outcomes for youth transitioning out of care. This program was based on evidence that youth who had a planned and supported exit from care were less likely to later experience homelessness, early pregnancy, and physical and mental health difficulties. The program provided coordinated community support from a variety of agencies to help young people make the transition to independence. Planning for leaving care began when youth turned 16 (two years prior to leaving the care system) and included the youth, their family, and a host of community agencies who worked together to identify and establish links with services the young person may have required (Brady, Dolan & Canavan, 2003).

Another Irish example is the Community Development Program (Brady, Merriman & Canavan, 2008) which promoted positive mental health in communities affected by high unemployment, poverty and disadvantage. The program included community based one-to-one and group work with youth and their families, including drop-in and phone assistance for parents. The program offered youth and their parents training in assertiveness, communication, trust-building, conflict management and stress management, as well as access to a wide range of community agencies and resources, and referrals to specialist and acute mental health support services (including psychiatrists and psychiatric nurses if required). Youth could access the program for as long as they needed, and the support they received generally fell into the areas of school, emotional support, personal development and mental health.

Group interventions particularly relevant to youth in transition included a young mothers' support group, groups for youth struggling with the transition into and out of high school, and

issue-based groups focused on separation and loss, drugs awareness, suicide awareness, health and well-being, and social skills and self-esteem. The program also included training in cooking and basic home care, as well as activity clubs, homework clubs, family activities and outings.

The program was evaluated after it had been in place for three years. Twenty-five families took part in the full evaluation which included individual interviews and the completion of a series of surveys comprised of well-validated objective measures. The results showed that involvement in the program reduced adolescent depression, emotional problems and conduct problems, and improved family support and communication. Parents also reported reduced anxiety and depression (Brady et al., 2008).

An additional 35 families completed interviews to provide feedback (for a total of 60 families involved in the evaluation). Subjective self reports from program participants confirmed the above result and suggested that the success of the program was due to its open timeframe, flexibility, community base, and the fact that it could include all members of the family in any intervention. Youth and their families who participated in the evaluation also suggested that the program served a preventative role and stopped any problems escalating to a point where clinical services would be required.

A further evaluation was carried out of the program's effectiveness in different communities (Brady et al, 2008). The evaluators concluded that the program's strength lay in the fact that it could be individualized to meet the unique needs and issues of different communities (e.g., rural and urban). The evaluators suggested that the program served to break down the barriers between youth, their families and statutory agencies by supporting and facilitating interactions between them, and by offering services within community agencies that reduced the need for statutory agency involvement.

Policy interventions

There are few evaluations of the effectiveness of policy changes for improving mental health among youth. However, the available evidence suggests that policy change on its own may not be effective. For example, in an attempt to reduce suicide among young men, Australia made changes to its firearms legislation. Although this did result in a reduction of suicides using firearms as a method, it led to an increase in the use of other methods to commit suicide (Toumbourou et al., 2000).

That said, policy interventions can still play a large part in improving mental health and well-being and can be developed in any organization, club or workplace. A policy component is not only important in a program to promote positive mental health among youth in transition but is also part of the necessary infrastructure to support health promotion and shows the organization's commitment to mental health promotion among its staff, volunteers and clients (Keleher & Armstrong 2005).

Policy change is rarely used as the only strategy in healthy child and youth development interventions. For example, the Child Development Project successfully promoted school connectedness by changing both school policy and the school curriculum. Other examples were programs that met their aim to improve physical fitness or improve the school environment by changing school policy whilst also engaging a number of community agency stakeholders and focusing on attitude change as well as policy change (Battistich, Schaps, & Wilson, 2004).

Multiple strategies

There is increasing evidence to suggest that the most successful interventions are those which involve a coordinated approach between school, family and community (Dryfoos, 1990). In general, multiple strategy approaches show stronger effects and longer-term improvements than individual strategies.

One successful example of a program that engaged youth, their family, their school and local community agencies is Gorey Youth Needs Group (GYNG). This Irish community-based youth project aimed to support young people at risk of experiencing social exclusion and disadvantage (often as a result of mental health challenges). The project created a partnership with peers, parents, school, community and statutory agencies. Programs developed an individualized, coordinated plan for each youth. The project offered in-school support in combination with community support groups, drop-in's and social activities to increase young people's self-esteem, equip them with skills for managing behaviour and explore their attitudes. The program also offered an intensive parenting course for parents of youth receiving support from the project. Youth could remain involved with the program on a long-term basis as they transitioned into adolescence through to 18 years of age. Evaluation of the program found evidence of improved school attendance and retention, uptake of educational opportunities and professional support and improved mental health on the part of young people (Brady et al., 2003).

The evaluation suggested that the success of the program came from its approach, which included:

- Working in an integrated way with the youth, school and other service providers.
- Facilitating young people to express themselves and understand their own and others' behaviour.
- Offering stability as young people can build up a relationship with the youth project from an early age and use it as a source of support in their lives.
- Working with parents as a means of supporting the parent-child relationship to function in a healthy manner.

The C.R.I.B. Youth Project and Health Café (Choices, Responsibilities, Ideas, Belonging) is another Irish community-based initiative that combined education, peer and adult mentorship, support and skill-building. The project operated as a youth café with an emphasis on adolescent mental and physical health. The café was a youth-friendly and relaxed social setting which provided support to young people in a drug-free community environment. C.R.I.B. was open

after school and on the weekends and offered both a drop-in and group work facility. The project included a coffee shop, high profile drug free entertainment (live music, DJs, etc.), health information and youth homelessness prevention. A youth committee directed the service. There was also a range of individual and group work programs offered in the café, including group interventions with a mixture of generic and special interest topics and individual work where required.

The café's approach was to be accessible, flexible, have staff with a range of appropriate skills, have information available in a wide range of formats, and to create a partnership with youth involved at every level of service delivery and management. Youth engagement was central to the success of the café.

An initial evaluation showed that C.R.I.B was successfully providing a user-friendly one stop shop for young people, an alternative entertainment venue to licensed premises, and an arena for youth to work on their goals in a non-threatening, non-stigmatising manner. It was also effectively targeting vulnerable young people through universal service provision, and providing specific programs for young people in crisis (Brady et al., 2003).

A program that combined school and community strategies was the US Teen Outreach program. The program took a healthy youth development approach to reach its goal of reducing teen pregnancies and academic failure by empowering young people to make positive changes in their lives. Youth in grades 9 through 12 followed a school curriculum which included discussions and skills training on relevant issues and experiences (including self-awareness, life skills, dealing with family stress, decision-making skills, human growth and development, and issues related to social and emotional transitions from adolescence to adulthood).

The school curriculum was delivered in partnership with local community agencies which also provided opportunities for youth to volunteer and have pro-social involvement in their community. After one school year of the intervention, the 342 youth who took part in this program (across 25 US schools) showed significant decreases on measures of school failure, school suspension, and teen pregnancy compared with a matched control group (Allen, Philliber, Herrling, & Kuperminc, 1997).

Allen et al. (1997) suggested that the success of the program was due to its positive developmental approach with the key components to success appearing to be meaningful volunteer work and a program that offered young people autonomy and a forum to make important social connections.

Another successful partnership that improved mental health among Australian youth was a community circus program. This program partnered a community non-profit agency with a local alternative school and occupational therapists, with the aim of increasing life skills for youth to transition to adulthood. Sessions were co-facilitated by the health professional and circus trainers. The evaluation of the program was small in scale and was based on observational data

but supported evidence found in other successful programs. The evaluation concluded that the program promoted positive mental health by providing a fun environment, increasing positive risk taking in a safe and supported environment, promoting physical health, and enabling participants to acquire a broadened skill base relating to the circus as well as more generic life skills. The program also helped to increase self-confidence and self-efficacy, and improve social connectedness, teamwork, and leadership skills within the group (Maglio & McKinstry 2008).

Strategies incorporating volunteering in the community and community arts appear to have been successful at promoting positive mental health among at-risk youth (including those who have dropped out of school early). The High Rise project, another promising program that incorporated these elements, has shown a short-term improvement in mental health for participants. The High Rise project was a puppetry and performance project based on an Australian housing estate for young people transitioning into adolescence. The project worked with young people to create a large scale performance using the estate grounds as the theatre and the 12-storey building as a prop for projection and display. Partnerships among a range of local agencies were developed to deliver and support the project. The initial evaluation showed that the project was able to include youth at risk (including those who had dropped out of school), enhanced school connectedness and produced positive behavioral changes in participants (Miller & Rowe, 2009). However, to date this program lacks solid evidence of its longer-term impact.

Using sports within a multiple strategy approach has also been particularly effective for youth transitioning into adolescence. One US example is the Tenacity program for "at risk" youth in Boston middle schools. The program offers youth tennis lessons and competitions in combination with literacy workshops and emotional health training. Tenacity actively involves parents, community organizations and the school in all elements of the program. An evaluation of the first two years of the program showed that not a single youth who participated had dropped out of high school, and there were significant improvements in emotional well being, behaviour, school attendance and connectedness (Berlin, Dwokin, Eames, Menconi, & Perkins, 2007). However, using sports participation as a way to draw youth into programs such as those to improve mental health have been found to be less successful with older youth because sports does not provide the 'hook' that it does for younger youth (e.g., Nickelson, 2007).

Finally, an evaluation of 12 years of Neighborhood Youth Programs (NYP) in Ireland (Dolan & Kane, 2005) showed that a multiple strategy approach can be particularly helpful in improving the mental health of young people transitioning into adolescence. The NYP provided young people with access to individual crisis interventions, a BB/BS mentor, structured support and skill-building groups, and opportunities to sample and engage with local youth voluntary groups. Support and training was also offered to parents and other care givers. An ongoing **l**ongitudinal study by Dolan and Kane (2005) has found significant improvements in youth mental health as well as in the support perceived by young people as being available to them (although the program did not improve youth's development of close peer friendships).

Programs aimed at immigrant youth

As has been shown throughout this review, young people gain multiple health benefits from opportunities to participate and become involved. Genuine participation builds social connections, as well as feelings of belonging and self advocacy. Community connectedness can be enhanced by ensuring immigrant youth have access to familiar language and culture, connection to social support services and recreational activities (Mulvihill et al. 2001).

Interventions to establish connectedness of immigrant youth have tended to focus on 'high risk' individuals rather than populations or communities (Rychetnik & Todd 2004). One example focusing on high risk immigrant youth is the Minnesota Runaway Intervention Project, in which the majority of participants were Hmong immigrant girls. The project's evaluation considered the effects of this strengths-based program for sexually assaulted or exploited young runaway girls transitioning into adolescence. The program combined home visits by community nurses with a weekly girls' empowerment support group. Community-based activities included connecting the girls with extracurricular activities to assist them in enhancing supportive relationships and protective factors in their lives, and to prevent or reduce risk behaviours. Participants showed improvements at 6 months and/or 12 months in family and school connectedness, post secondary aspirations, safer sexual practices and self-esteem, and reductions in emotional distress, suicide ideation and attempts, and alcohol and drug use (Saewyc & Edinburgh, 2010).

An example of a program aimed at immigrant youth in general was a US program to improve diabetes health. The initiative took a multiple strategy approach and consisted of culturally appropriate in-school and after school physical activity curriculum, family activities and food training. The program met its goal and this was stated to be as a direct result of presenting culturally sensitive materials through multiple sources using pre-existing community leaders and social networks (Trevin et al., 2004).

In Australia, youth sports programs have been used as part of a settlement service offered to immigrants who are refugees. The programs used bilingual sports coaches and youth resettlement workers to assist youth to make new friendships, develop language skills, try new sports and participate in physical activity in a relaxed environment. Although youth expressed frustration at the current lack of sustainability of the program, the evaluation findings appear to suggest that sports engagement is worth considering as part of a multi-strategy approach (Ollif, 2007).

Chiu and Ring's (1998) research suggests that programs aimed at immigrant youth should take account of whether youth are in the country intentionally or as a result of being forced to leave their country of origin (e.g., because of war or famine). Refugee youth have often had little or no preparation for life in their new country, whereas immigrants who have planned their arrival often have access to established friends or family and more English language skills.

It is also suggested that any program which aims to work with immigrant youth needs to:

- Identify population groups of interest.
- Work in partnership with local refugee or cultural centres and community leaders.
- Ensure high levels of community engagement with all stakeholders.
- Establish social arenas that build connection and trust in multicultural contexts.
- Become sustainable by ensuring processes for skills development, establishing ongoing support mechanisms, changing community attitudes and creating connections that did not previously exist (Keleher & Armstrong, 2005).

Programs aimed at Aboriginal youth

Any intervention aimed at improving Aboriginal youth mental health must promote empowerment of Aboriginal communities to develop and implement their own interventions (Campbell, Pyatt, & McCarthy, 2007). British Columbia research has shown that the extent to which communities are actively engaged in a process of rebuilding or maintaining their cultural continuity is directly related to the rate of youth suicide in that community. As such, Aboriginal communities that have taken active steps to preserve and rehabilitate their own cultures are shown to be those in which positive mental health is higher and suicide rates are lowest (White & Jodoin, 2007).

As with non-Aboriginal interventions, a collaborative community-driven approach appears to be effective in promoting positive mental health, increasing connectedness and in addressing risk behaviours in Indigenous communities.

Evaluated programs in Australia have shown that programs which combine youth training and employment preparedness with recreation and culture, and are accepted by communities, reduce risky behaviours and enhance Aboriginal youth resilience (Lee et al., 2008). Additionally, elder-led activities have been found to decrease the number of young Aboriginal people using substances, committing suicide and self-harming (Campbell et al., 2007).

Providing culturally relevant opportunities for youth to build healthy relationships and develop leadership skills has the potential to increase youth engagement and promote positive mental health. The Uniting Our Nations Peer Mentoring Program is a community-based program which supports the development of healthy and positive relationships between younger secondary students and older First Nations peer mentors, and includes an annual transitions conference. The program also involves an adult mentor from the First Nations community who facilitates a teaching circle with the mentoring participants. This community mentor helps provide support to the youth mentors, incorporates cultural teachings into the program, serves as a role model, and provides the opportunity for the youth to become connected to another healthy adult in their community. Furthermore, the inclusion of a community mentor ensures ownership and responsibility of the program is located in the community. One sustainable outcome of the program has been that many youth who were mentees have gone on to become mentors; the other has been that the majority of youth (73%) reported that their transition to high school was easier as a result of the program (Crooks et al, 2010).

White and Jodoin (2007) have suggested that peer mentorship programs may be effective at promoting positive mental health among Aboriginal youth and at reducing suicide rates. One successful example from Nova Scotia found that peer-led programs that were particularly effective at engaging older Aboriginal youth included dances, karaoke nights and camps, while effective activities for younger youth included storytelling, science, arts and crafts, and movies.

Another evaluated example is The White Stone Project: An Aboriginal Youth Suicide Prevention Program. This program trains youth from First Nations communities to deliver life skills sessions

to other youth in their own community. The term White Stone comes from an Ojibwa concept: one who teaches others how to grow old.

Aboriginal and Inuit youth 18-25 years of age who have been identified as natural leaders by their community and community-based service providers are invited to take part in a *Training for Youth Educators* workshop. The five-day workshop is divided into two components: youth suicide prevention training (16 hours) and leadership training (19 hours).

Following the training, youth leaders return to their community and work in partnership with community services to offer Youth Education Sessions to other youth. The Youth Education sessions are intended to be presented to youth over the age of 16 who are not known to be actively at risk of suicide. The sessions are designed to be flexible and responsive to local needs. The sessions have a life skills development focus that incorporate self-esteem, problem-solving, goal setting, as well as communication and coping skills.

An evaluated BC program which combined skill building, education and community development was McCreary's Aboriginal Next Steps II (Peled & Smith, 2010). This program partnered with a number of diverse community agencies to provide participants aged between 13 and 19 the opportunity to engage in educational workshops about Aboriginal health, and skill-building programs which included the design and delivery of a community project focused on local health issues of importance to young people. The program ran for two years in 10 Aboriginal communities. Initially 138 youth participated in educational and skill-building workshops where they learned about risk and protective factors for health, and developed skills such as film making, leadership, public speaking, event organising and teamwork skills.

At the completion of the project, pre and post evaluation surveys showed involvement in the project helped to improve mental health (including hopefulness, overall mood and self-esteem). Participation also helped to improve youth's relationships with peers and family, their sense of connectedness to their community and school, their feelings of engagement, and reductions in substance use, criminal activity, suicidal ideation and self-harm.

White and Jodoin (2007) reviewed other evaluated programs aimed at promoting positive mental health among Canadian Aboriginal youth. They found 17 promising programs. Having reviewed the successful programs, they observed that programs should incorporate community, school, and youth/family simultaneously in order to reach as many youth as possible and have the most impact. Examples of successful programs included those which:

- Taught traditional skills through camping on the land (hunting, trapping, fishing, tepee-making)
- Paired youth with Elders
- Offered Aboriginal language and history courses
- Taught traditional arts and crafts
- Engaged youth in drumming and dance groups
- Organized regular ceremonies and feasts

A more specific BC study investigated the types of strategies that helped a group of 25 Aboriginal youth recover from suicidal ideation and attempts. They found that connecting with culture and tradition was one of the most successful healing strategies for these young people. Youth who participated in the study mentioned that connecting to First Nations culture and tradition had led to empowerment, pride, purpose, and meaning, and had strongly contributed to their healing (White & Jodoin, 1998).

White and Jodoin concluded that in order to provide a community-based, culturally sensitive intervention, the program must:

- Reach a consensus as to the focus of the program.
- Involve elders.
- Involve youth.
- Involve families.
- Involve community agencies and be knowledgeable about the local community and know and understand community assets.
- Recognize that setting a successful program takes time.
- Ask key evaluation questions.

Final thoughts

This review has shown that single-strategy interventions (especially health education strategies) are not consistently effective in improving mental health, achieving behavioural change or meeting positive youth development outcomes. Mentorship programs are one of the few single-strategy interventions with consistently positive effects for youth in transition (particularly those transitioning into adolescence), yet produce even stronger results when paired with other strategies.

Gilligan (2000) points out the importance of connectedness or 'membership' to positive mental health for vulnerable youth. This literature review has confirmed this to be true for youth in transition into and out of adolescence. Programs that appear to have been most successful at promoting positive mental health are those which have created a sense of connectedness to community, school or peers.

Community programs which have been successful at promoting positive mental health also appear to contain other common elements:

- They have youth at the centre of all decision making processes.
- The program takes an upstream approach to promote mental health (rather than downstream responses to a particular problem).
- They provide young people with friendly outlets and meeting places.
- They include staff who are skilled in working with young people with a variety of needs.
- They are accessible.
- They are collaborative and involve community partners.
- They establish and maintain partnerships with statutory and non-statutory agencies.
- They offer support and skill-building to parents and families.
- They include peer and/or adult mentorship.
- They are sustained over an extended timeframe.
- They have a clear outline, defined rationale and set of priorities.
- They build community capacity, support and resources.
- They are evidence-based (e.g., Keleher, & Armstrong, 2005; Toumbourou et al., 2000).

Michael Resnick (2010) summed it up succinctly when he suggested that when we think about measuring the positive development of our young people, "*we should focus on the five C's: connection, character, caring, compassion, and contribution."* Resnick went on to state*:*

" All young people need safe places to grow up, support and guidance from caring adults, and opportunities to learn, contribute, and make a difference. Our youth need caring role models and energized communities to help them grow into healthy, engaged, and productive adults. These are the nutrients communities can provide our youth. Investment in the healthy development of our young people…is now grounded in evidence about what works and what makes a difference. Our task is to align programs, policies, and practices with this evidence. Our young people, and all of us, will be the beneficiaries."

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