Appendix 6. Evidence summary RQ2

Question (PICO)	What is the effect of educational programs aimed at dealing with mental health (problems), social skills, recognizing signs of mental health problems or referring to professional help (I), on the mental health or mental health knowledge/skills/attitudes and/or behavior (O) in children and adolescents between 5 and 18 years old (P)?
Search Strategy	See Appendix 1
Search date	7/7/2021
In/Exclusion	See Appendix 2
criteria	

Characteristics of included studies

Author,	s of included studies Study design	Population	Comparison	Remarks
year, Country				
Aguirre Velasco, 2020, UK	Systematic review of 36 experimental studies, but data of only 3 studies (2 cluster RCTs and 1 RCT) were eligible for this summary	Studies included 9154 adolescents between 10 and 19 years old. Studies were conducted in Australia, UK and USA. [data from the 55 studies about barriers and facilitators were not extracted; data from 33 interventions studies were not extracted (see "Comparison")].	Interventions targeting help-seeking for common mental health problems: Classroom-based interventions based on psychoeducation, with a focus on general mental health knowledge or specifically addressing stigma: • MAKINGtheLINK program (1 study): 5 interactive activities provided by trained teachers to year 9 students (14-15 years): • Recognizing when a friend needs help • Identifying types of helpers available as well as obligations related to professional confidentiality • Understanding myths and facts about substance use and mental health • Identifying and overcoming barriers to professional help- seeking • How to assist a friend to access professional help and how to access reliable sources of help. After one month, the interactive activities were followed by a booster session Control: waiting list • Dissemination of a student booklet about	Search date: April 2019 Databases searched: MEDLINE, Embase, PsycINFO, Web of Science, Google scholar, Open Grey This systematic review was used as a source of studies as not all studies fulfilled our selection criteria. We used the following studies: Lubman 2016, Sharpe 2016, Saporito 2013. As Lubman 2016 is a study protocol, we searched for the corresponding study, which was published as Lubman 2020. Outcome: help- seeking behaviour, measured via: Simplified version of the Actual Help Seeking Questionnaire (AHSQ) adapted to include substance use and mental health, outcome measured at 12-month follow-up (Lubman 2016, 2020)

			 help-seeking and self- management support (1 study) to year 7 students (11-12 years); control: waiting list School-based interactive session and video with case example, with focus on stigma and myths regarding mental illness, to adolescents from public high school (1 study); control: educational presentation with content unrelated to mental health [Interventions targeting help-seeking for specific mental health problems such as suicide or depression were not included; outreach interventions (delivered by professional health care providers) were not included] 	 A 4-point scale to assess help- seeking behaviour, outcome measured at 12-month follow-up (Sharpe, 2016) A 7-point Likert Scale regarding 'Willingness to seek treatment', timing outcome measurement not specified (Saporito, 2013)
de Mooij, 2020, The Netherlands	Systematic review of 66 RCT studies and 32 non- RCTs/observational studies	Studies included 71,226 children and adolescents between 3 and 17 years old from a general population. Special populations (e.g. children with ASD or ADHD) are excluded. Studies were conducted in Asia, Australia, Eastern and Western Europe, India, Middle East and North America.	Social skills training programs vs no social skills training programs Intervention: 60 unique social skills training programs aimed at teaching or developing children's adaptive social behaviour to improve their success in social interactions: 19 social-emotional learning programs (42 studies) 6 programs targeting bullying behaviour (9 studies) 10 programs targeting (social) anxiety (12 studies) 11 programs targeting disruptive behaviour (12 studies) 5 programs targeting resilience and self- esteem (9 studies) 9 programs targeting prosocial interactions (14 studies) Controls: "care as usual" or "no treatment" or "attention control" Inclusion of specific training components in	Search date: October 2018 Databases searched: PsycINFO, MEDLINE, Scopus, ERIC and Google Scholar Outcomes: Interpersonal skills, emotional skills, peer relationship problems, internalizing problem behaviour and externalizing problem behaviour The systematic review included studies in which the post-intervention measurements ranged from <6 months to >2 years.

			the social skills training	
			program vs without	
			training components	
			Training components:	
			fraining components.	
			 Psychoeducation 	
			 Psychophysical 	
			components	
			Skill-building	
			components	
			components	
			Inclusion of specific	
			booster components in	
			the social skills training	
			program vs without	
			booster components	
			Booster components:	
			200000 0000000000	
			Class management	
			Rewarding	
			Goal setting	
			Generalization	
			Coaching	
			 (Self-)monitoring 	
			()	
			Influence of specific	
			program characteristics	
			of the social skills	
			training program	
			51 5	
			 Setting: indicated 	
			program vs universal	
			program	
			• Duration of program:	
			1-9 weeks vs 10-11	
			weeks vs 12-16	
			weeks vs 17-26	
			weeks vs >27 weeks	
			 Type of trainer: 	
			school personnel vs	
			mental health	
			professional vs non-	
			school personnel	
			Schooling required for	
			trainer: schooling vs	
			no schooling vs not	
			specified	
			 Mode of delivery: 	
			computer program vs	
			face-to-face	
			 Age of participants: 	
			primary school age vs	
			secondary school age	
			vs children and	
			adolescents	
Mertens,	Systematic review	Studies included	Universal secondary	Search date: April
2020, The	of 99 experimental	97,884	school-based programs	2019
Netherlands	(RCT studies and	adolescents	aiming to stimulate	
	non-RCTs) and	between 11 and	students intra- and	Databases
	observational	18 years old	interpersonal domains	searched:
	studies	(average age	vs control	PsycINFO, PubMed,
		13.70 years).		ERIC and Cochrane
		Chudioa wara	Universal secondary	CENTRAL
		Studies were conducted in	school-based interventions were defined	Systematic review
1	•			Systematic review
		USA, Canada,	as interventions delivered	includes 104

F	the structure of the state	and the stars
Europe,	to students during regular	publications
Australia, Asia	school hours, targeting all	reporting on 99
and Africa.	students.	unique
		experimental studies.
	The intrapersonal domain	3.uuics.
	was defined as managing	Outcomes:
	one's own feelings,	 Intrapersonal
	emotions, and attitudes	domain with the
	pertained to the individual self in which one can	following
	experience competencies	subdomains:
	(e.g., resilience, self-	resilience, self-
	esteem, self-regulation,	esteem, self-
	general wellbeing) and	regulation,
	problems (e.g.,	general
	internalizing behavior).	wellbeing and
	-	internalizing
	The interpersonal domain	problems
	was defined as the ability	 Interpersonal
	of an individual to build	domain with the
	and maintain positive	following
	relationships with others	subdomains: social
	and understanding social	competence,
	situations, roles and norms, and respond	school climate,
	appropriately in which one	aggression and
	can experience	bullying
	competencies (e.g.,	[outcome
	sexual health, social	sexual health
	competence, positive	was not
	school climate) and	extracted]
	problems (e.g.,	Outcomes were
	aggression, bullying).	measured within 6
		months post-
	The following components	intervention.
	of the programs were	
	separately analysed:	
	Content components (a definition of each	
	component is presented in	
	appendix 1 at the end of	
	this evidence summary):	
	Emotion regulation	
	Assertiveness	
	 Self-efficacy 	
	Self-control	
	 Insight building 	
	Cognitive coping	
	Relaxation	
	Social skills	
	Problem solving	
	Peer resistance	
	Instructional	
	components:	
	Practice	
	Modelling	
	 Discussion 	
	Goal setting	
	 (Self-)monitoring 	
	Multimedia	
	Homework	
	 Didactic instruction 	
	Controls:	

			 In 47 studies, an active control group was used (i.e. Care As Usual or another intervention). In 57 studies, a passive control group was used (i.e. waiting list or no intervention). [Interventions targeting the inclusion of structural components were not extracted] 	
Moy, 2018, USA	Systematic review of 27 experimental (RCT studies and non-RCTs) and observational studies	Studies included 18,847 children between 4 and 14 years old. Studies were conducted in Germany, Guatemala, Norway and USA.	The Second Step, a universal social- emotional learning program vs no Second Step program Second Step is based on a blend of theoretical foundations, including the cognitive-behavioural model, social learning theory, social information processing and verbal self-regulation. Control: not specified Additional comparison: Second Step program in pre-kindergarten vs Second Step program in multiple grades	The systematic review included published and unpublished research reports from 1984-2016. Search date not reported. Databases searched: Academic Search Complete, Child Development and Adolescent Studies, Education Research Complete, Education Administration Abstracts, ERIC, OmniFile Full Test Select, Professional Development Collection, PsycINFO, PsycArticles, Social Work Abstracts, Teacher Reference Center, Social Work Reference Center, ProQuest Dissertations and Theses. Outcomes: • Antisocial behaviour (physical aggression, bullying, peer victimization, sexual violence and other antisocial behaviours) • Prosocial behaviour (coping, cooperative behaviour, conflict resolution,

			positive social behaviour,
			social problem
			solving,
			empathy and social
			competence)
			Content
			knowledge of Second Step
			lessons (i.e.
			knowledge or
			attitudes about violence or
			violence
			prevention)
			Timing outcome measurement not
			specified.
Ng, 2020a, Systemati Singapore of 2 RCTs		Anti-(cyber)-bullying program vs no anti-	Search date: June 2019
Singapore of 2 RCTs cluster RC		(cyber)-bullying	2019
	between 10 and	program	Databases
	18 years old.	 Educational programs with a set curricula 	searched: PubMed, Embase, PsycINFO,
	Studies were	focused on bullying	Cumulative Index to
	conducted in	prevention.	Nursing and Allied
	Australia, Austria, Belgium	Seven intervention programs were	Health Literature, Google Scholar and
	Brazil, Finland,	designed to reduce	ProQuest
	Germany, Italy,	traditional bullying.	Dissertations and
	Romania, South Africa, Spain,	Five intervention programs were	Theses
	USA	designed to reduce	Cluster RCTs were
		cyberbullying.One antibullying	randomized with schools or classes
		program was used for	as common
		both traditional and	clusters.
		cyberbullying.	Outcomes:
		Controls received usual	 Traditional
		lessons, treatment-as-	bullying victimization
		usual bullying prevention programs, placebo	Traditional
		interventions or waiting	bullying
		list control.	perpetrationCyberbullying
		Influence of specific	victimization
		program	Cyberbullying
		 characteristics: Personnel delivering 	perpetration Immediate post-
		program:	intervention values
		 Teachers/school staff vs control 	were of primary interest in the
		 Content expert vs 	systematic review
		control	as not all studies
		 Teachers/school staff vs content 	conducted follow-up measurements.
		expert	
		Location of program:	
		 Location of program: School vs control Classroom vs control 	
		 Location of program: School vs control Classroom vs 	

		I		· · · · · · · · · · · · · · · · · · ·
Ng, 2020b, Singapore	Systematic review of 14 experimental studies, but data of only 2 cluster- randomised crossover trials were eligible for this summary	Studies included 1605 adolescents between 15 and 17 years old. Studies were conducted in Australia. [data from 12 experimental studies were not extracted (see "Comparison")].	 Up to 3 months vs control 3<x>6 months vs control</x> More than 6 months vs control Up to 3 months vs 3<x>6 months vs more than 6 months</x> Parental involvement: Parental involvement: Parental involvement vs control No parental involvement vs no parental involvement vs no parental Nolvement vs no parental Nolvement vs no parental No parental Nolvement Teen Mental Health First Aid program (tMHFA) vs physical first aid training (2 studies): tMHFA is a program delivered to students from secondary schools, using age- appropriate learning materials: Three 75-minute classroom sessions presented by trained external instructors according to a manualised curriculum to students of 15-17 years old. Training involved a PowerPoint presentation, videos, role-plays, group discussion, small group and workbook activities 	Search date: September 2020 Databases searched: PubMed, Embase, PsycINFO, ERIC and Cochrane CENTRAL. This systematic review was used as a source of studies as not all studies fulfilled our selection criteria. We used the following studies: Hart 2018 and Hart 2020. The papers of Hart 2018 and Hart 2020 refer to the same intervention study with the same population, but present different outcomes: • recognition of mental illness • mental health knowledge • stigma • helping intentions • confidence Outcomes were measured at 1 week post-intervention and at 12-month follow-up via a depression (post-
				follow-up via a depression (post- intervention and follow-up) and

				anxiety vignette
				(only post-
				intervention).
Russell,	Systematic review	Studies included	Adologoont Dating	Search date: April
	Systematic review of 10 RCTs	15953	Adolescent Dating	
2021, USA	OF TU RCTS		Violence (ADV)	2019
		adolescents	prevention program vs	Databasas
		between 11 and	no program or waiting	Databases
		18 years old.	list control	searched: Academic
				Search Complete,
		Studies were	All included studies used	CINAHL, ERIC,
		conducted in the	an educational program as	Humanities
		USA.	the intervention.	International
				Complete,
			Examples of included ADV	MEDLINE,
			prevention programs:	PsycINFO,
			Teen Choices (1	Psychology and
			study): a 3-session	Behavioural
			online program that	Sciences Collection,
			delivers assessments	Social Work
			and individualized	Abstracts,
			guidance matched to	SocINDEX and
			dating history, dating	Cochrane CENTRAL.
			violence experiences,	
			and stage of	Outcomes:
			readiness for using	Perpetration:
			healthy relationship	overall,
			skills.	emotional,
			 Building a Lasting 	physical, sexual
			Love (1 study): 4	and threatening
			sessions focussing on	Victimization:
			i.a. signs of healthy	overall,
			versus unhealthy	emotional,
			romantic	physical, sexual
			relationships,	and threatening
			healthy couple	The systematic
			communication,	review included
			assertiveness,	studies in which the
			problem-solving	follow-up
			techniques, and	measurements
			conflict	ranged from 6
			management	weeks to 2.5 years.
			strategies.	,
			• Fourth R: Skills for	
			Youth Relationships (1	
			study): a 21-lesson	
			curriculum focussing	
			on dating violence	
			and relationship skills.	
Seedaket,	Systematic review	Studies included	Mental Health Literacy	Search date:
2020,	of 7 experimental	9432 adolescents	(MHL) programs:	December 2019
Thailand	studies, but data	between 10 and	School-based intervention	
	of only 5 studies	19 years old.	with two strategies:	Databases
	(2 RCTs, 2 cluster		• Education stand-alone	searched:
	RCTs and 1 non-	Studies were	intervention (4	ScienceDirect,
	RCT) were eligible	conducted in	studies):	Scopus, PubMed,
	for this summary	Australia,	• "Mental Health for	Cochrane and
		Canada, Norway	Everyone"	CINHAL.
		UK and USA.	program provided	
			by trained	This systematic
		[data from the	teachers or	review was used as
		two studies	researchers vs	a source of studies
		about	classes as usual.	as not all studies
		community-	 "HeadStrong" 	fulfilled our
		based	program provided	selection criteria.
		interventions	by schoolteacher	We used the
		were not		following studies:
				0

[]	ovtracted (cas		Skro 2012 Dame
	extracted (see "Comparison")].	vs classes as usual.	Skre 2013, Perry 2014, Milin 2016,
		 "Mental Health 	Swartz 2017 and
		and High School	Chisholm 2016.
		Curriculum Guide"	2010.
		delivered by	Outcomes: mental
		trained teachers	health knowledge,
		vs teaching as	attitudes or stigma,
		usual.	help-seeking
		 "Adolescent 	efficacies, resilience
		Depression	and emotional well-
		Awareness	being.
		Program (ADAP)"	Measured via:
		delivered by	 A 66-item
		trained teachers	questionnaire,
		vs routine health	outcome
		curriculum.	measured at 2-
		Educational program	month follow-
		 Educational program on mental health 	up (Skre, 2013).
		complemented with	 A Depression
		contact module vs	Literacy Scale,
		educational program	a Depression
		on mental health	Stigma Scale
		alone (1 study):	and the
		The intervention	Inventory of
		included an	Attitudes
		interactive session	towards
		with a young person	Seeking Mental
		with experience of	Health Services,
		mental illness.	outcome
		The main procedure of all	measured at
		The main procedure of all studies was focused on	post- intervention
		imparting the information	and 6-month
		about mental illness and	follow-up
		available mental health	(Perry, 2014)
		resources for adolescents.	 A questionnaire
			consisting of 15
		The MHL programs	multiple choice
		included interactive	questions
		teaching methods, use of	(mental health
		various media such as group discussion, videos	knowledge) and 8 statements
		and movies.	rated on a
			Likert scale
		[Community-based	(stigma),
		interventions were not	outcome
		included]	measured at
			post-
			intervention
			(Milin, 2016).
			An Adolescent
			Depression
			Knowledge Questionnaire
			and a modified
			Reported and
			Intended
			Behaviour
			Scale, outcome
			measured at 6-
			week
			postintervention
			and 4-month

Tejada- Gallardo,	Systematic review of 9 experimental	Studies included 4898 adolescents	Multicomponent Positive Psychology	follow-up (Swartz, 2017). The Mental Health Knowledge Schedule, the Reported and Intended Behaviour Scale (stigma), a questionnaire on attitudes to help-seeking, a 15-item version of the Resilience Scale and Strength and Difficulties questionnaire (emotional well- being), outcome measured at 2- week follow-up (Chisholm, 2016). Search date: July 2019
2020, Spain	studies (7 RCTs and 2 non-RCTs)	between 10 and 18 years old.	Intervention program (MPPI) vs placebo	Databases
		Studies were conducted in Australia, Israel, Italy, Portugal, UK and USA.	 (MPP1) vs placebo program or waiting list control The MPPI program in the included studies is based on a variety of individual exercises targeting at least two theoretically relevant well-being components (subjective and psychological well-being). Two of the included studies were combined with another technique, i.e. acceptance and commitment therapy and positive youth development. The number of sessions varied between 6 and 18 and the duration of the program ranged from 4 to 30 weeks. Controls: Placebo (5 studies): anxiety-management school protocol Waiting list (4 studies) 	 balabases searched: PsycINFO, PubMed and Scopus databases. Outcomes: Subjective well- being: satisfaction with life, positive affect, student's life satisfaction. Psychological well-being: i.a. self-efficacy, autonomy, environmental well-being, personal growth, positive relationships, purpose in life and self- acceptance. Six of the included studies also performed follow-up measurements which ranged from 5 weeks to 12 months.

Synthesis of findings

Outcome	Comparison	Effect Size	#studies, # participants	Reference
		ng for common mental health p	oroblems	
Help-seeking	MAKINGtheLINK	Not statistically significant:	1, 1130 vs 1317	Aguirre
behaviour at 12		243/1130 vs 271/1317		Velasco, 2020
months	list	OR: 1.00, 95%CI [0.70;1.42] ¥		(Lubman,
	4	(p=0.99)	1 242 274	2016, Lubman
Help-seeking from		Statistically significant:	1, 243 vs 271	2020)
formal sources (vs informal sources)		109/243 vs 83/271 § OR: 1.81, 95%CI [1.19;2.75]		
		(p=0.005)		
		In favour of help-seeking from		
		formal sources		
Help-seeking	Student booklet vs	Not statistically significant:	1, 4865 vs 1686	Aguirre
behaviour	waiting list	£†		Velasco, 2020
		OR: 1.01, 95%CI [0.95;1.07]		(Sharpe,
		(p>0.05)	<u> </u>	2016)
Willingness to seek		Statistically significant:	1, 80 vs 76 §	Aguirre
help		$24.6\pm5.6 \text{ vs } 23.6\pm5.9$		Velasco, 2020
		$F_{(1, 146)} = 6.64, \eta^2_p = 0.04 \times (p = 0.01)$		(Saporito,
	another	(p=0.01)		2013)
	presentation	<i>In favour of stigma-based</i> <i>interactive session and video</i>		
Social skills train	ing programs	riterative session and VIDEO		<u> </u>
Internersonal skills	Social skills training	Statistically significant:	68, £££	de Mooij,
	programs vs no	£		2020
		SMD: 0.386, 95%CI		-
	programs	[0.288;0.484]		
	-	(p<0.001)		
		In favour of social skills training		
	1	programs		1
Emotional skills		Statistically significant:	38, £££	
		£		
		SMD: 0.328, 95%CI		
		[0.225;0.431]		
		(p<0.001)		
		In favour of social skills training		
Peer relationships	+	programs Statistically significant:	27, £££	-
problems		f	<i></i>	
p. 0010110		^z SMD: 0.255, 95%CI		
		[0.095;0.415]		
		(p=0.002)		
		In favour of social skills training		
	-	programs		1
Internalizing		Statistically significant:	52, £££	
problem behaviour				
		SMD: 0.233, 95%CI		
		[0.159;0.306]		
		(p<0.001) In favour of social skills training		
		2		
Externalizing	1	programs Statistically significant:	60, £££	-
externalizing problem behaviour		£		
		SMD: 0.172, 95%CI		
		[0.078;0.266]		
		(p<0.001)		
		In favour of social skills training		
		programs		1
Interpersonal skills		Statistically significant:	42, 24278 vs 21276	
	learning programs	£		
		SMD: 0.290, 95%CI		
	_	[0.187;0.393]		
	programs	(p<0.001)		<u> </u>

		In favour of social-emotional	
		learning programs	
Emotional skills		Statistically significant:	
		£	
		SMD: 0.249, 95%CI	
		[0.142;0.355]	
		(p<0.001)	
		In favour of social-emotional	
		learning programs	
Door relationship	1		
Peer relationship		Not statistically significant:	
problems			
		SMD: 0.249, 95%CI	
		[0.142;0.355]	
		(p<0.001)	
Internalizing		<u>Statistically significant:</u>	
problem behaviour		£	
		SMD: 0.171, 95%CI	
		[0.000;0.342]	
		(p=0.05)	
		In favour of social-emotional	
		learning programs	
Extornalizing	4		
Externalizing		Not statistically significant:	
problem behaviour			
		SMD: 0.095, 95%CI [-	
		0.007;0.197]	
		(p=0.067)	
Interpersonal skills	Programs targeting	Statistically significant:	9, 2975 vs 2524
		£	
		SMD: 0.709, 95%CI	
	targeting bullying	[0.367;1.050]	
	behaviour	(p<0.001)	
		In favour of programs targeting	
		bullying behaviour	
Encetional ekille	+		
Emotional skills		Statistically significant:	
		£	
		SMD: 0.864, 95%CI	
		[0.742;0.987]	
		(p<0.001)	
		In favour of programs targeting	
		bullying behaviour	
Peer relationship		Not statistically significant:	
problems		£† , 5	
		SMD: 0.666, 95%CI [-	
		0.010;1.342]	
		(p=0.053)	
Intornalizing	+	Statistically significant:	
Internalizing problem behaviour		<u>Statistically Significant:</u> c	
problem benaviour			
		SMD: 0.846, 95%CI	
		[0.583;1.110]	
		(p<0.001)	
		In favour of programs targeting	
		bullying behaviour	
Externalizing]	Statistically significant:	
problem behaviour		£	
		SMD: 0.774, 95%CI	
		[0.099;1.448]	
		(p<0.05)	
		In favour of programs targeting	
		bullying behaviour	
Interpersonal skills		Not statistically significant:	12, 652 vs 524
		£†	
		SMD: 0.259, 95%CI [-	
		0.248;0.766]	
	` /		
	anxiety	(p=0.203)	
Emotional skills	anxiety	(p=0.203) Statistically significant:	

	1			
		£ SMD: 0.264, 95%CI		
		[0.082;0.447]		
		(p<0.05)		
		In favour of programs targeting		
		(social) anxiety		
Internalizing		Statistically significant:		
problem behaviour				
		SMD: 0.384, 95%CI [0.134;0.634]		
		(p<0.01)		
		In favour of programs targeting		
		(social) anxiety		
Externalizing		Not statistically significant:		
problem behaviour		£†		
		SMD: 0.402, 95%CI [-		
		1.852;2.692]		
Internersonal skills	Programs targeting	(p=0.256) <u>Statistically significant:</u>	12, 1016 vs 759	
Lincer personal SkillS	disruptive	f	12, 1010 05 / 39	
		д SMD: 0.253, 95%СІ		
	programs targeting	[0.127;0.378]		
	disruptive	(p<0.001)		
		In favour of programs targeting		
		disruptive behaviour		
Emotional skills		Not statistically significant:		
		£† SMD: 0.494, 95%CI [-		
		0.316;1.304]		
		(p=0.166)		
Peer relationship		Not statistically significant:		
problems .		£†		
		SMD: 0.219, 95%CI [-		
		0.740;1.179]		
Takawa Kaba a		(p=0.429)		
Internalizing problem behaviour		<u>Statistically significant:</u>		
		д SMD: 0.348, 95%СІ		
		[0.092;0.603]		
		(p<0.05)		
		In favour of programs targeting		
	7	disruptive behaviour		
Externalizing		<u>Statistically significant:</u>		
problem behaviour		£ SMD: 0.245.05%CI		
		SMD: 0.245, 95%CI [0.086;0.405]		
		(p<0.01)		
		In favour of programs targeting		
		disruptive behaviour		
Interpersonal skills			9, 3507 vs 2234	
	resilience and self-			
		SMD: -0.006, 95%CI [-		
	programs targeting resilience and self-	(p=0.893)		
Emotional skills		<u>Statistically significant:</u>	-	
		£		
		SMD: 0.287, 95%CI		
		[0.015;0.559]		
		(p<0.05)		
		In favour of programs targeting		
Tatawa kaina n	-	resilience and self-esteem		
Internalizing problem behaviour		Statistically significant:		
		± SMD: 0.112, 95%CI		
		[0.046;0.178]		
L	ļ		ι	

			1
		(p<0.01)	
		In favour of programs targeting	
		disruptive behaviour	
Externalizing	1	Not statistically significant:	
problem behaviour		£†	
		SMD: 0.165, 95%CI [-	
		0.795;1.125]	
		(p=0.273)	
Interpersonal skills	Programs targeting	Statistically significant:	14, 5486 vs 4047
	prosocial	£	
	interactions vs no	SMD: 0.660, 95%CI	
	programs targeting		
		(p<0.01)	
		In favour of programs targeting	
		prosocial interactions	_
Emotional skills		Not statistically significant:	
		£†	
		SMD: 0.098, 95%CI [-	
		0.088;0.284]	
		(p=0.281)	
Peer relationship		Not statistically significant:	╡
		\pounds^{\dagger}	
problems			
		SMD: 0.149, 95%CI [-	
		0.373;0.670]	
		(p=0.344)	<u> </u>
Internalizing		<u>Statistically significant:</u>	
problem behaviour		£	
		SMD: 0.198, 95%CI	
		[0.028;0.369]	
		(p<0.05)	
		In favour of programs targeting	
		prosocial interactions	
Externalizing		Not statistically significant:	
problem behaviour		£†	
		SMD: 0.045, 95%CI [-	
1		0.145;0.235]	
		(p=0.638)	
Interpersonal and		Statistically significant:	77, £££
			//, <i>LLL</i>
		0.415, 95%CI [0.331;0.499] vs	
(estimate of effect	. ,	0.181, 95%CI [0.014;0.348]	
size, 95%CI)		££	
		(p=0.015)	
		In favour of social skills training	
		programs with psychoeducation	
	components		
	-		
Peer relationshin		components	27 fff
		components Not statistically significant:	27, £££
problems (estimate		<i>components</i> Not statistically significant: 0.282, 95%CI [0.097;0.468] vs	27, £££
problems (estimate of effect size,		components Not statistically significant: 0.282, 95%CI [0.097;0.468] vs 0.170, 95%CI [-0.163;0.503]	27, £££
problems (estimate of effect size,		components Not statistically significant: 0.282, 95%CI [0.097;0.468] vs 0.170, 95%CI [-0.163;0.503] ££†	27, £££
problems (estimate of effect size,		components Not statistically significant: 0.282, 95%CI [0.097;0.468] vs 0.170, 95%CI [-0.163;0.503] ££ ⁺ (p=0.558)	
problems (estimate of effect size, 95%CI)		components Not statistically significant: 0.282, 95%CI [0.097;0.468] vs 0.170, 95%CI [-0.163;0.503] ££†	27, £££ 52, £££
problems (estimate of effect size, 95%CI) Internalizing		components Not statistically significant: 0.282, 95%CI [0.097;0.468] vs 0.170, 95%CI [-0.163;0.503] ££† (p=0.558) Not statistically significant:	
problems (estimate of effect size, 95%CI) Internalizing problem behaviour		components Not statistically significant: 0.282, 95%CI [0.097;0.468] vs 0.170, 95%CI [-0.163;0.503] ££† (p=0.558) Not statistically significant: 0.239, 95%CI [0.159;0.320] vs	
problems (estimate of effect size, 95%CI) Internalizing problem behaviour (estimate of effect		components Not statistically significant: 0.282 , 95%CI [0.097 ; 0.468] vs 0.170 , 95%CI [-0.163 ; 0.503] $\pounds \pm^+$ ($p=0.558$) Not statistically significant: 0.239 , 95%CI [0.159 ; 0.320] vs 0.199 , 95%CI [0.013 ; 0.384]	
problems (estimate of effect size, 95%CI) Internalizing problem behaviour (estimate of effect		componentsNot statistically significant: $0.282, 95\%$ CI [$0.097; 0.468$] vs $0.170, 95\%$ CI [$-0.163; 0.503$] $\pounds \pm^+$ (p=0.558)Not statistically significant: $0.239, 95\%$ CI [$0.159; 0.320$] vs $0.199, 95\%$ CI [$0.013; 0.384$] $\pounds \pm^+$	
problems (estimate of effect size, 95%CI) Internalizing problem behaviour (estimate of effect size, 95%CI)		components Not statistically significant: 0.282 , 95%CI [0.097;0.468] vs 0.170 , 95%CI [-0.163;0.503] $\pounds \pm^+$ (p=0.558) Not statistically significant: 0.239 , 95%CI [0.159;0.320] vs 0.199 , 95%CI [0.013;0.384] $\pounds \pm^+$ (p=0.691)	52, £££
problems (estimate of effect size, 95%CI) Internalizing problem behaviour (estimate of effect size, 95%CI) Externalizing		components Not statistically significant: 0.282 , 95%CI [0.097 ; 0.468] vs 0.170 , 95%CI [-0.163 ; 0.503] $\pounds \pm$ ($p=0.558$) Not statistically significant: 0.239 , 95%CI [0.159 ; 0.320] vs 0.199 , 95%CI [0.013 ; 0.384] $\pounds \pm$ ($p=0.691$) Not statistically significant:	
problems (estimate of effect size, 95%CI) Internalizing problem behaviour (estimate of effect size, 95%CI) Externalizing problem behaviour		componentsNot statistically significant: $0.282, 95\%$ CI [$0.097; 0.468$] vs $0.170, 95\%$ CI [$-0.163; 0.503$] $\pounds \pm$ (p=0.558)Not statistically significant: $0.239, 95\%$ CI [$0.159; 0.320$] vs $0.199, 95\%$ CI [$0.013; 0.384$] $\pounds \pm$ (p=0.691)Not statistically significant: $0.189, 95\%$ CI [$0.085; 0.294$] vs	52, £££
problems (estimate of effect size, 95%CI) Internalizing problem behaviour (estimate of effect size, 95%CI) Externalizing problem behaviour		components Not statistically significant: 0.282 , 95%CI [0.097 ; 0.468] vs 0.170 , 95%CI [-0.163 ; 0.503] $\pounds \pm$ ($p=0.558$) Not statistically significant: 0.239 , 95%CI [0.159 ; 0.320] vs 0.199 , 95%CI [0.013 ; 0.384] $\pounds \pm$ ($p=0.691$) Not statistically significant:	52, £££
problems (estimate of effect size, 95%CI) Internalizing problem behaviour (estimate of effect size, 95%CI) Externalizing problem behaviour (estimate of effect	· · · · · · · · · · · · · · · · · · ·	componentsNot statistically significant: $0.282, 95\%$ CI [$0.097; 0.468$] vs $0.170, 95\%$ CI [$-0.163; 0.503$] $\pounds \pm$ (p=0.558)Not statistically significant: $0.239, 95\%$ CI [$0.159; 0.320$] vs $0.199, 95\%$ CI [$0.013; 0.384$] $\pounds \pm$ (p=0.691)Not statistically significant: $0.189, 95\%$ CI [$0.085; 0.294$] vs	52, £££
problems (estimate of effect size, 95%CI) Internalizing problem behaviour (estimate of effect size, 95%CI) Externalizing problem behaviour (estimate of effect	· · · · · · · · · · · · · · · · · · ·	componentsNot statistically significant: $0.282, 95\%$ CI [$0.097;0.468$] vs $0.170, 95\%$ CI [$-0.163;0.503$] $\pounds \pm$ $(p=0.558)$ Not statistically significant: $0.239, 95\%$ CI [$0.159;0.320$] vs $0.199, 95\%$ CI [$0.013;0.384$] $\pounds \pm$ $(p=0.691)$ Not statistically significant: $0.189, 95\%$ CI [$0.085;0.294$] vs $0.099, 95\%$ CI [$-0.116;0.315$] $\pounds \pm$	52, £££
Peer relationship problems (estimate of effect size, 95%CI) Internalizing problem behaviour (estimate of effect size, 95%CI) Externalizing problem behaviour (estimate of effect size, 95%CI)		componentsNot statistically significant: $0.282, 95\%$ CI [$0.097; 0.468$] vs $0.170, 95\%$ CI [$-0.163; 0.503$]££†(p=0.558)Not statistically significant: $0.239, 95\%$ CI [$0.159; 0.320$] vs $0.199, 95\%$ CI [$0.013; 0.384$]££†(p=0.691)Not statistically significant: $0.189, 95\%$ CI [$0.085; 0.294$] vs $0.099, 95\%$ CI [$-0.116; 0.315$]££†(p=0.460)	52, £££ 60, £££
problems (estimate of effect size, 95%CI) Internalizing problem behaviour (estimate of effect size, 95%CI) Externalizing problem behaviour (estimate of effect size, 95%CI) Interpersonal and	Social skills training	componentsNot statistically significant: $0.282, 95\%$ CI [$0.097; 0.468$] vs $0.170, 95\%$ CI [$-0.163; 0.503$] $\pounds \pm$ $(p=0.558)$ Not statistically significant: $0.239, 95\%$ CI [$0.159; 0.320$] vs $0.199, 95\%$ CI [$0.013; 0.384$] $\pounds \pm$ $(p=0.691)$ Not statistically significant: $0.189, 95\%$ CI [$0.085; 0.294$] vs $0.099, 95\%$ CI [$-0.116; 0.315$] $\pounds \pm$ $(p=0.460)$ Not statistically significant:	52, £££
problems (estimate of effect size, 95%CI) Internalizing problem behaviour (estimate of effect size, 95%CI) Externalizing problem behaviour (estimate of effect size, 95%CI) Interpersonal and emotional skills	Social skills training programs with	componentsNot statistically significant: $0.282, 95\%$ CI [$0.097; 0.468$] vs $0.170, 95\%$ CI [$-0.163; 0.503$]££†(p=0.558)Not statistically significant: $0.239, 95\%$ CI [$0.159; 0.320$] vs $0.199, 95\%$ CI [$0.013; 0.384$]££†(p=0.691)Not statistically significant: $0.189, 95\%$ CI [$0.085; 0.294$] vs $0.099, 95\%$ CI [$-0.116; 0.315$]££†(p=0.460)Not statistically significant: $0.353, 95\%$ CI [$0.246; 0.461$] vs	52, £££ 60, £££
problems (estimate of effect size, 95%CI) Internalizing problem behaviour (estimate of effect size, 95%CI) Externalizing problem behaviour (estimate of effect size, 95%CI) Interpersonal and emotional skills (estimate of effect	Social skills training programs with psychophysical	componentsNot statistically significant: $0.282, 95\%$ CI [$0.097; 0.468$] vs $0.170, 95\%$ CI [$-0.163; 0.503$]££+(p=0.558)Not statistically significant: $0.239, 95\%$ CI [$0.159; 0.320$] vs $0.199, 95\%$ CI [$0.013; 0.384$]££+(p=0.691)Not statistically significant: $0.189, 95\%$ CI [$0.085; 0.294$] vs $0.099, 95\%$ CI [$-0.116; 0.315$]££+(p=0.460)Not statistically significant: $0.353, 95\%$ CI [$0.246; 0.461$] vs $0.388, 95\%$ CI [$0.275; 0.501$]	52, £££ 60, £££
problems (estimate of effect size, 95%CI) Internalizing problem behaviour (estimate of effect size, 95%CI) Externalizing problem behaviour (estimate of effect size, 95%CI) Interpersonal and emotional skills (estimate of effect size, 95%CI)	Social skills training programs with psychophysical components vs	componentsNot statistically significant: $0.282, 95\%$ CI [$0.097; 0.468$] vs $0.170, 95\%$ CI [$-0.163; 0.503$]££†(p=0.558)Not statistically significant: $0.239, 95\%$ CI [$0.159; 0.320$] vs $0.199, 95\%$ CI [$0.013; 0.384$]££†(p=0.691)Not statistically significant: $0.189, 95\%$ CI [$0.085; 0.294$] vs $0.099, 95\%$ CI [$-0.116; 0.315$]££†(p=0.460)Not statistically significant: $0.353, 95\%$ CI [$0.246; 0.461$] vs	52, £££ 60, £££

problems (estimate of effect size, 95%CI)	components	Not statistically significant: 0.321, 95%CI [0.106;0.536] vs 0.172, 95%CI [-0.068;0.413] ££† (p=0.361)	27, £££	
Internalizing problem behaviour (estimate of effect size, 95%CI)		Not statistically significant: 0.223, 95%CI [0.119;0.326] vs 0.244, 95%CI [0.138;0.350] ££† (p=0.778)	52, £££	
Externalizing problem behaviour (estimate of effect size, 95%CI)		Not statistically significant: 0.128, 95%CI [-0.006;0.262] vs 0.214, 95%CI [0.083;0.346] ££ (p=0.365)	60, £££	
emotional skills (estimate of effect size, 95%CI)	programs with skill-building components vs without skill-	Not statistically significant: 0.372, 95%CI [0.292;0.451] vs 0.314, 95%CI [-0.110;0.739] ££† (p=0.794)	77, £££	
Peer relationship problems (estimate of effect size, 95%CI)	components	Not statistically significant: 0.254, 95%CI [0.086;0.422] vs 0.286, 95%CI [-0.364;0.936] ££ (p=0.924)	27, £££	
Internalizing problem behaviour (estimate of effect size, 95%CI)		Not statistically significant: 0.246, 95%CI [0.171;0.321] vs 0.017, 95%CI [-0.281;0.315] ££† (p=0.143)	52, £££	
Externalizing problem behaviour (estimate of effect size, 95%CI)		Not statistically significant: 0.169, 95%CI [0.073;0.265] vs 0.243, 95%CI [-0.215;0.700] ££† (p=0.756)	60, £££	
emotional skills	programs with class management as a booster	Not statistically significant: 0.375, 95%CI [0.293;0.457] vs 0.322, 95%CI [0.069;0.575] ££† (p=0.694)	77, £££	
	Social skills training programs with rewarding as a booster component	Not statistically significant: 0.295, 95%CI [0.159;0.431] vs 0.404, 95%CI [0.310;0.497] ££† (p=0.195)	77, £££	
	programs with goal setting as a booster component vs	Not statistically significant: 0.335, 95%CI [0.170;0.501] vs 0.379, 95%CI [0.291;0.468] ££† (p=0.644)	77, £££	
	programs with generalization as a booster component	(p=0.948)	77, £££	

			<u></u>	,
		Not statistically significant:	77, £££	
		0.368, 95%CI [0.279;0.457] vs		
	-	0.377, 95%CI [0.214;0.539]		
	booster component			
	vs without coaching	(p=0.922)		
	as a booster			
	component			
	Social skills training	Not statistically significant:	77, £££	
	programs with	0.316, 95%CI [0.141;0.490] vs		
	(self-)monitoring	0.383, 95%CI [0.296;0.471]		
	as a booster	££†		
	component vs	(p=0.496)		
	without (self-			
)monitoring as a			
	booster component			
	Influence of the	Not statistically significant:	77, £££	
	setting of social	0.356, 95%CI [0.155;0.556] vs	,	
	skills training	0.372, 95%CI [0.288;0.457]		
	program: indicated			
	program vs	(p=0.883)		
	universal program			
	Influence of the	Not statistically significant:	74, £££	
		0.275, 95%CI [0.091;0.460] vs	.,	
	skills training	0.452, 95%CI [0.313;0.592] vs		
	program: 1-9	0.510, 95%CI [0.312;0.708] vs		
		0.376, 95%CI [0.199;0.552] vs		
	weeks vs 12-16	0.208, 95%CI [0.046;0.370]		
		££†		
	weeks vs >27	(p=0.089)		
	weeks	(P=0.005)		
		Not statistically significant:	74, £££	
	type of trainer in	0.343, 95%CI [0.255;0.431] vs	, , , , , , , , , , , , , , , , , , , ,	
	the social skills	0.426, 95%CI [0.255;0.431] vs 0.426, 95%CI [0.246;0.605] vs		
		0.403, 95%CI [-0.008;0.813]		
	school personnel vs			
	mental health	(p=0.704)		
	professional vs			
	non-school			
	personnel Influence of	Not statistically significant:	77 555	
		Not statistically significant:	77, £££	
		0.377, 95%CI [0.281;0.473] vs		
		0.390, 95%CI [0.217;0.564] vs 0.305, 95%CI [0.093;0.516]		
	program: schooling	(p=0.802)		
	3	(µ=0.002)		
-	not specified	Not statistically size if as at		
		Not statistically significant:	77, £££	
		0.525, 95%CI [0.079;0.972] vs		
		0.365, 95%CI [0.286;0.444]		
	program: computer			
		(p=0.487)		
	to-face			
	Influence of the	Not statistically significant:	77, £££	
		0.391, 95%CI [0.295;0.486] vs		
		0.428, 95%CI [0.136;0.720] vs		
		0.298, 95%CI [0.142;0.455]		
	primary school age			
	vs secondary	(p=0.565)		
	school age vs			
	children and			
	adolescents			
		ents intra- and interpersonal do		
Intrapersonal		Statistically significant:	£££†	Mertens, 2020
domain		£		
	based programs	SMD: 0.19, 95%CI [0.13;0.25]		

	aiming to stimulate		
		In favour of universal secondary	
		school-based programs aiming to	
		stimulate intra- and interpersonal	
		domains	
Resilience		Not statistically significant:	
		£†	
		SMD: 0.06, 95%CI [-0.01;0.14]	
		(p>0.05)	
Self-esteem		Statistically significant:	
		£	
		SMD: 0.25, 95%CI [0.11;0.39]	
		(p<0.05)	
		In favour of universal secondary	
		school-based programs aiming to	
		stimulate intra- and interpersonal	
		domains	
Self-regulation		Statistically significant:	
en regulation		f	
		(p<0.05)	
		In favour of universal secondary	
		school-based programs aiming to	
		stimulate intra- and interpersonal	
2	ł	domains Chabled live algoritica anti-	
General wellbeing		<u>Statistically significant:</u>	
		SMD: 0.13, 95%CI [0.08;0.19]	
		(p<0.05)	
		In favour of universal secondary	
		school-based programs aiming to	
		stimulate intra- and interpersonal	
		domains	
Internalizing		Statistically significant:	
problems		£	
		SMD: 0.19, 95%CI [0.10;0.29]	
		(p<0.05)	
		In favour of universal secondary	
		school-based programs aiming to	
		stimulate intra- and interpersonal	
		domains	
nterpersonal		Statistically significant:	
lomain		£	
		SMD: 0.15, 95%CI [0.10;0.19]	
		(p<0.05)	
		In favour of universal secondary	
		school-based programs aiming to	
		stimulate intra- and interpersonal	
		domains	
Social competence		Statistically significant:	
		£	
		(p<0.05)	
		In favour of universal secondary	
		school-based programs aiming to	
		stimulate intra- and interpersonal	
		domains	
School climate			
School climate		Not statistically significant:	
		£† SMD: 0.24, 05% CT [0.11:0.58]	
		SMD: 0.24, 95%CI [-0.11;0.58]	
A = = = = = = = = = = = = = = = = = = =	1	(p>0.05)	
Aggression		<u>Statistically significant:</u>	
		SMD: 0.10, 95%CI [0.03;0.17]	
		(p<0.05)	

		In favour of universal secondary	
		school-based programs aiming to	
		stimulate intra- and interpersonal	
		domains	
Bullying		<u>Statistically significant:</u>	
		£	
		SMD: 0.13, 95%CI [0.03;0.24]	
		(p<0.05)	
		In favour of universal secondary	
		school-based programs aiming to	
		stimulate intra- and interpersonal	
		domains	
Self-esteem (effect	Programs focussing	Not statistically significant:	
		0.13 vs 0.37 Φ	
	3	B: -0.24 ££†	
		(p<0.10)	
Self-regulation		Not statistically significant:	
(effect size)		0.20 vs 0.23 Φ	
(checc size)		B: -0.03 ££†	
-		(p>0.05)	
General wellbeing		Not statistically significant:	
(effect size)		0.12 vs 0.16 Φ	
· · · ·		B: -0.05 ££†	
		(p>0.05)	
Intornalizing			
Internalizing		Not statistically significant:	
problems (effect		0.17 vs 0.21 Φ	
size)		B: -0.03 ££†	
		(p>0.05)	
Social competence		Not statistically significant:	
(effect size)		0.17 vs 0.20 Φ	
		B: -0.03 ££†	
		(p>0.05)	
School climate		Not statistically significant:	
(effect size)		-0.04 vs 0.35 Φ	
(checc size)		B: -0.39 ££†	
		(p>0.05)	
Aggression (effect		Not statistically significant:	
size)		0.10 vs 0.10 Φ	
/		B: -0.01 ££†	
		(p>0.05)	
Bullying (effect		Not statistically significant:	
size)		0.03 vs 0.18 Φ	
		B: -0.16 ££†	
		(p<0.10)	
Resilience (effect	Programs focussing	Not statistically significant:	
		$0.12 \times 0.04 +$	
, ,	on assertiveness vs		
		B: 0.08 ££†	
		(p>0.05)	
Self-esteem (effect		Not statistically significant:	
size)		$0.25 \text{ vs} 0.26 \Phi$	
5120)			
		B: -0.00 ££†	
		(p>0.05)	
Self-regulation		Not statistically significant:	
(effect size)		0.07 vs 0.29 Φ	
(B: -0.22 ££†	
		-	
		(p>0.05)	
General wellbeing		Not statistically significant:	
(effect size)		0.15 vs 0.13 Φ	
·		B: 0.02 ££†	
		(p>0.05)	
Taska una a Kart			
Internalizing		Statistically significant:	
have belower a 1 CC 1	1	0.04 vs 0.26 Φ	
problems (effect			
problems (effect size)		B: -0.21 ££	

r	I		
Aggression (effect		Not statistically significant:	
size)		0.24 vs 0.08 Φ	
,		B: 0.16 ££†	
		(p>0.05)	
Bullying (offect		Not statistically significant:	
Bullying (effect			
size)		0.38 vs 0.11 Φ	
		B: 0.27 ££†	
		(p>0.05)	
Resilience (effect	Programs focussing	Not statistically significant:	
		0.22 vs 0.04 Φ	
		B: 0.18 ££†	
		(p<0.10)	
Self-esteem (effect		Not statistically significant:	
size)		0.20 vs 0.31 Φ	
		B: -0.11 ££†	
		(p>0.05)	
Solf regulation			
Self-regulation		Not statistically significant:	
(effect size)		0.29 vs 0.14 Φ	
		B: 0.15 ££†	
		(p>0.05)	
General wellbeing		Not statistically significant:	
(effect size)		$0.12 \text{ vs} 0.15 \Phi$	
		B: -0.03 ££†	
		(p>0.05)	
Internalizing		Not statistically significant:	
problems (effect		0.28 vs 0.15 Φ	
size)		B: 0.13 ££†	
5.20)		(p>0.05)	
Social competence		Statistically significant:	
(effect size)		0.24 vs 0.08 Φ	
		B: 0.16 ££	
		(p<0.05)	
		In favour of programs focussing	
		on insight-building	
School climate	1	Not statistically significants	
1		Not statistically significant:	
(effect size)		0.09 vs 0.38 Φ	
		B: -0.29 ££†	
		(p>0.05)	
Aggression (effect		Not statistically significant:	
size)		0.08 vs 0.11 Φ	
5120)		B: -0.04 ££†	
-		(p>0.05)	
Bullying (effect		Statistically significant:	
size)		0.56 vs 0.02 Φ	
-		B: 0.55 ££	
		(p<0.01)	
		In favour of programs focussing	
		on insight-building	
Resilience (effect	Programs focussing	Not statistically significant:	
size)	on cognitive-coping		
		B: -0.11 ££†	
		(p>0.05)	
Self-esteem (effect		Not statistically significant:	
size)		0.22 vs 0.26 Φ	
		B: -0.05 ££†	
		(p>0.05)	
Self-regulation		Not statistically significant:	
(effect size)		0.13 vs 0.31 Φ	
		B: -0.18 ££†	
		(p>0.05)	
General wellbeing		Not statistically significant:	
(effect size)		0.15 vs 0.12 Φ	
		B: 0.03 ££†	
		(p>0.05)	
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B: -0.04 ££†	
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Internalizing Not statistically significant:	
problems (effect 0.19 vs 0.20 Φ	
size) B: -0.01 ££†	
(p>0.05)	
Social competence Not statistically significant:	
(effect size) $0.06 \text{ vs } 0.21 \Phi$	
B: -0.15 ££†	
(p>0.05)	
School climate Not statistically significant:	
(effect size) 0.18 vs 0.25 Φ	
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(p>0.05)	
Aggression (effect Not statistically significant:	
size) 0.29 vs 0.08 Φ	
$B: 0.21 \text{\pounds}^+$	
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Resilience (effect Programs focussing Not statistically significant:	
size) on social skills vs 0.07 vs 0.09 Φ	
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size) 0.31 vs 0.18 Φ	
$B: 0.13 \pounds \pm 1$	
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Self-regulation Not statistically significant:	
(effect size) 0.23 vs 0.16 Φ	
B: 0.07 ££†	
(p>0.05)	
General wellbeing Not statistically significant:	
(effect size) 0.09 vs 0.17 Φ	
B: -0.07 ££†	

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		(p>0.05)	
Internalizing		Not statistically significant:	
problems (effect		0.16 vs 0.23 Φ	
size)		B: -0.07 ££†	
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Social competence		Not statistically significant:	
(effect size)		0.19 vs 0.18 Φ	
(011000 0120)		B: 0.01 ££†	
		(p>0.05)	
School climate		Not statistically significant:	
(effect size)		0.13 vs 0.33 Φ	
		B: -0.20 ££†	
		(p>0.05)	
Aggression (effect		Not statistically significant:	
size)		0.11 vs 0.09 Φ	
5120)		B: 0.02 ££†	
		(p>0.05)	
Bullying (effect		Not statistically significant:	
size)		0.19 vs 0.08 Φ	
		B: 0.12 ££†	
		(p>0.05)	
Resilience (effect	Programs focussing	Not statistically significant:	
	on problem solving		
		B: 0.15 ££†	
		(p>0.05)	
Self-esteem (effect		Not statistically significant:	
size)		0.34 vs 0.21 Φ	
		$B: 0.12 \pm \pm \pm$	
		(p>0.05)	
Self-regulation		Not statistically significant:	
(effect size)		0.30 vs 0.17 Φ	
		B: 0.13 ££†	
		(p>0.05)	
General wellbeing		Not statistically significant:	
(effect size)		0.19 vs 0.13 Φ	
(enect size)			
		B: 0.06 ££†	
		(p>0.05)	
Internalizing		Not statistically significant:	
problems (effect		0.20 vs 0.19 Φ	
size)		B: 0.01 ££†	
- /		(p>0.05)	
Social competence		Not statistically significant:	
(effect size)		0.16 vs 0.16 Φ	
		B: 0.00 ££ ⁺	
		(p>0.05)	
School climate		Not statistically significant:	
(effect size)		0.67 vs 0.04 Φ	
()		B: 0.63 ££†	
		(p<0.10)	
Aggression (effect		Not statistically significant:	
size)		0.13 vs 0.07 Φ	
		B: 0.06 ££†	
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size) Self-regulation (effect size)	Programs focussing on peer resistance vs not	$\begin{array}{l} (p > 0.05) \\ \hline Statistically significant: \\ 0.30 vs 0.03 \Phi \\ B: 0.27 \pounds \\ (p < 0.01) \\ In favour of programs focussing \\ on problem solving \\ \hline Not statistically significant: \\ 0.27 vs 0.20 \Phi \\ B: 0.08 \pounds \\ + \end{array}$	

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$ \begin{array}{c c} (p > 0.05) \\ \hline \text{Not statistically significant:} \\ (effect size) \\ \hline \text{Aggression (effect} \\ \text{size)} \\ \hline \text{Bullying (effect} \\ \text{size)} \\ \hline \end{array} \begin{array}{c} (p > 0.05) \\ \hline \text{Not statistically significant:} \\ 0.11 \text{ vs } 0.09 \Phi \\ B: 0.02 \text{\pounds}^{+} \\ (p > 0.05) \\ \hline \text{Bullying (effect} \\ \text{size)} \\ \hline \end{array} \begin{array}{c} \text{Not statistically significant:} \\ \text{o.11 vs } -0.01 \text{ vs } -0.14 \Phi \\ \hline \end{array} $	(effect size)			
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(effect size) $0.25 \text{ vs } 0.22 \Phi$ B: $0.03 \pounds \pm^+$ (p>0.05)Aggression (effect size)Not statistically significant: $0.11 \text{ vs } 0.09 \Phi$ B: $0.02 \pounds \pm^+$ (p>0.05)Bullying (effect size)Not statistically significant: $-0.01 \text{ vs } -0.14 \Phi$	School climate		Not statistically significant:	
B: $0.03 \pm f^+$ (p>0.05)Aggression (effect size)Not statistically significant: $0.11 \text{ vs } 0.09 \Phi$ $B: 0.02 \pm f^+$ (p>0.05)Bullying (effect size)Not statistically significant: $-0.01 \text{ vs } -0.14 \Phi$	(effect size)			
$\begin{array}{c c} (p > 0.05) \\ \hline \mbox{Aggression (effect} \\ \mbox{size)} \\ \hline \mbox{Bi 0.02 \poundst^+$} \\ (p > 0.05) \\ \hline \mbox{Bullying (effect} \\ \mbox{size)} \\ \hline \mbox{Not statistically significant:} \\ \mbox{-0.01 vs -0.14 Φ} \\ \hline \end{array}$	(0.1000 0.20)			
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B: $0.02 \pm \pm^+$ (p>0.05)Bullying (effectsize)-0.01 vs -0.14 Φ				
(p>0.05) Bullying (effect size)	size)			
Bullying (effect Not statistically significant: size) -0.01 vs -0.14 Φ			B: 0.02 ££†	
Bullying (effect Not statistically significant: size) -0.01 vs -0.14 Φ			(p>0.05)	
size) -0.01 vs -0.14 Φ	Bullving (effect			
	5120)			
(p>0.05)		_ · ·		
Self-esteem (effect Programs including Not statistically significant:				
size) modelling vs 0.26 vs 0.25 Φ	size)	modelling vs	0.26 vs 0.25 Φ	
without $B: 0.00 \neq \pm^+$			B: 0.00 ££†	
(p>0.05)				
Self-regulation Not statistically significant:	Self-regulation			
(effect size) 0.08 vs 0.23 Φ	(enect size)			
B: -0.15 ££†				
<u>(p>0.05)</u>				
General wellbeing Not statistically significant:	General wellbeing			
(effect size) $0.14 \text{ vs } 0.13 \Phi$				
B: 0.01 ££†	(======)			
(p>0.05)	T 1 1 1			
Internalizing Not statistically significant:				
problems (effect 0.08 vs 0.21 Φ				
size) B: -0.13 ££†	size)		B: -0.13 ££†	
(p>0.05)	-			
Social competence Not statistically significant:	Social competence			
B: -0.03 ££†	(enect size)			

$ \begin{array}{c} (p > 0.05) \\ \hline \\ School climate \\ (effect size) \\ \hline \\ Aggression (effect size) \\ \hline \\ Aggression (effect size) \\ \hline \\ Bullying (effect size) \\ \hline \\ \\ Bullying (effect size) \\ \hline \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $	
(effect size)-0.11 vs 0.31Φ B: $-0.42 \pounds t^+$ (p>0.05)Aggression (effectsize)Not statistically significant: $0.15 vs 0.08 \Phi$ $B: 0.07 \pounds t^+$ (p>0.05)Bullying (effectNot statistically significant:	
B: $-0.42 \pounds \pounds^{+}$ (p>0.05)Aggression (effectsize)0.15 vs 0.08 Φ B: 0.07 $\pounds \pounds^{+}$ (p>0.05)Bullying (effect	
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size) $0.15 \text{ vs } 0.08 \Phi$ $B: 0.07 \pounds ^+$ (p>0.05) Bullying (effect Not statistically significant:	
B: 0.07 ££† (p>0.05) Bullying (effect Not statistically significant:	
(p>0.05) Bullying (effect Not statistically significant:	
Bullying (effect Not statistically significant:	
size) 0.10 vs 0.15 Φ	
B: -0.05 ££†	
(p>0.05)	
Resilience (effect Programs including Not statistically significant:	
size) discussion vs £	
without B: 0.09 ££†	
(p>0.05)	
Self-esteem (effect Not statistically significant:	
size) 0.21 vs 0.41 £	
B: -0.20 ££†	
(p>0.05)	
Self-regulation Not statistically significant:	
(effect size) 0.26 vs 0.14 £	
B: 0.12 ££†	
(p>0.05)	
General wellbeing Not statistically significant:	
(effect size) $0.14 \text{ vs } 0.13 \text{ £}$	
B: 0.01 ££†	
(p>0.05)	
Internalizing Not statistically significant:	
problems (effect 0.21 vs 0.16 £	
size) B: 0.05 ££†	
(p>0.05)	
Social competence Not statistically significant:	
(effect size) $0.21 \text{ vs } 0.14 \text{ £}$	
B: 0.07 ££†	
(p>0.05)	
School climate Not statistically significant:	
(effect size) 0.26 vs 0.02 £	
B: 0.24 ££†	
(p>0.05)	
Aggression (effect Not statistically significant:	
size) 0.06 vs 0.20 £	
B: -0.13 ££†	
(p>0.05)	
Bullying (effect Not statistically significant:	
size) -0.04 vs -0.18 £	
B: 0.14 ££†	
(p>0.05)	
Resilience (effect Programs including Not statistically significant:	
without $B: 0.15 \pounds f^{\dagger}$	
(p>0.05)	
Self-esteem (effect Not statistically significant:	
size) 0.16 vs 0.28 £	
B: -0.12 ££ ⁺	
(p>0.05)	
Self-regulation Not statistically significant:	
(effect size) 0.01 vs 0.25 £	
B: -0.24 ££†	
(p>0.05)	
General wellbeing Not statistically significant:	
(effect size) 0.12 vs 0.14 £	
B: -0.01 ££†	
(p>0.05)	

Social competence		Not statistically significant:	
(effect size)		0.16 vs 0.16 £	
(B: 0.00 ££†	
		(p>0.05)	
School climate		Not statistically significant:	
(effect size)		0.02 vs 0.29 £	
		B: -0.27 ££†	
		(p>0.05)	
Aggression (effect		Not statistically significant:	
size)		0.04 vs 0.11 £	
5120)			
		B: -0.07 ££†	
		(p>0.05)	
Self-esteem (effect		Not statistically significant:	
size)	(self-)monitoring	0.44 vs 0.23 £	
-	vs without	B: 0.21 ££†	
		(p>0.05)	
General wellbeing		Not statistically significant:	
(effect size)		0.10 vs 0.14 £	
		B: -0.04 ££†	
		(p>0.05)	
Internalizing		Not statistically significant:	
problems (effect		0.35 vs 0.16 £	
size)		B: 0.19 ££†	
5120)			
		(p>0.05)	
Social competence		Not statistically significant:	
(effect size)		0.13 vs 0.17 £	
		B: -0.04 ££†	
		(p>0.05)	
School climate		Not statistically significant:	
(effect size)		-0.02 vs 0.30 £	
		B: -0.32 ££†	
		(p>0.05)	
Aggression (effect		Not statistically significant:	
size)		0.16 vs 0.09 £	
0.20)		B: 0.07 ££†	
		(p>0.05)	
		Not statistically significant:	
size)		0.16 vs 0.31 £	
	without	B: -0.15 ££†	
		(p>0.05)	
Self-regulation	ł	Not statistically significant:	
(effect size)		0.18 vs 0.21 £	
		B: -0.03 ££†	
		(p>0.05)	
General wellbeing		Not statistically significant:	
(effect size)		0.15 vs 0.12 £	
,		B: 0.04 ££†	
		(p>0.05)	
Intornalizina		Not statistically significant:	
Internalizing			
problems (effect		0.19 vs 0.19 £	
size)		B: -0.00 ££†	
		(p>0.05)	
Social competence		Statistically significant:	
(effect size)		0.28 vs 0.13 £	
		B: 0.15 ££	
		(p<0.05)	
		In favour of programs including	
		multimedia	
School climate		Not statistically significant:	
(effect size)		0.05 vs 0.32 £	
		B: -0.27 ££†	
		(p>0.05)	
Aggression (effect		Not statistically significant:	
size)		0.08 vs 0.11 £	
-		B: -0.03 ££†	

		(p>0.05)	
Bullying (effect	+	(p>0.05) Not statistically significant:	
,		0.16 vs 0.12	
size)		$B: 0.05 \pm \pm 1$	
		(p>0.05)	
Solf-ostoom (offect	Programs including	Not statistically significant:	
size)	homework vs	0.34 vs 0.24 £	
SIZE)	without	B: 0.10 ££†	
	without	(p>0.05)	
Self-regulation	1	Not statistically significant:	
(effect size)		$0.17 \text{ vs} 0.21 \text{\pounds}$	
(enect size)		B: -0.05 ££†	
		(p>0.05)	
General wellbeing		Not statistically significant:	
(effect size)		0.17 vs 0.12 £	
(enect size)		B: 0.05 ££†	
		(p>0.05)	
Internalizing		Not statistically significant:	
problems (effect		0.24 vs 0.18 £	
size)		B: 0.07 ££†	
5.20)		(p>0.05)	
Social competence	†	Not statistically significant:	
(effect size)		0.33 vs 0.18 £	
		B: 0.15 ££†	
		(p>0.05)	
Aggression (effect	†	Not statistically significant:	
size)		0.18 vs 0.09 £	
5120)		B: 0.09 ££†	
		(p>0.05)	
Bullying (effect	+	Not statistically significant:	
size)		0.37 vs 0.11 £	
5120)		B: 0.26 ££†	
		(p>0.05)	
Resilience (effect	Programs including	Not statistically significant:	
size)	didactic instruction		
5120)	vs without	B: 0.02 ££†	
	is manoue	(p>0.05)	
Self-esteem (effect		Not statistically significant:	
size)		0.28 vs 0.23 £	
5120)		B: 0.05 ££†	
		(p>0.05)	
Self-regulation		Not statistically significant:	
(effect size)		0.17 vs 0.25 £	
(B: -0.07 ££†	
		(p>0.05)	
General wellbeing	1	Not statistically significant:	
(effect size)		0.14 vs 0.12 £	
		B: 0.02 ££†	
		(p>0.05)	
Internalizing	1	Not statistically significant:	
problems (effect		0.23 vs 0.16 £	
size)		B: 0.07 ££†	
		(p>0.05)	
Social competence	1	Not statistically significant:	
(effect size)		0.17 vs 0.15 £	
· · ·		B: 0.02 ££†	
		(p>0.05)	
School alimete	1	Not statistically significant:	
School climate			
(effect size)		0.36 vs -0.08 £	
		$B: 0.44 \pm \pm 1$	
		B: 0.44 ££†	
(effect size)		B: 0.44 ££† (p>0.05)	
(effect size) Aggression (effect		B: 0.44 ££† (p>0.05) Not statistically significant:	
(effect size) Aggression (effect		B: 0.44 ££† (p>0.05) Not statistically significant: 0.16 vs 0.03 £	

Dulluing (offerst				
Bullying (effect size)		Not statistically significant: 0.14 vs 0.13 £		
5120)		B: 0.01 ££†		
		(p>0.05)		
Second Step soci	al-emotional learn			
Antisocial			14, £££	Moy, 2018
behaviour		£†		,.
	learning program	SMD: 0.22, 95%CI [-0.03;0.47]		
		(p>0.05)		
Prosocial behaviou	program	Statistically significant:	14, £££	
		£		
		SMD: 0.19, 95%CI [0.08;0.31] Ω		
		(p<0.05)		
		In favour of Second Step social-		
	-	emotional learning program	12.000	_
Content knowledge		<u>Statistically significant:</u>	13, £££	
of Second Step				
lessons		SMD: 1.08, 95%CI [0.55;1.60] Ω		
		(p<0.05) In favour of Second Step social-		
		emotional learning program		
Antisocial	Second Step	Statistically significant:	14, £££	-
behaviour	program in pre-	f		
	kindergarten vs	<pre>^ Meta-regression coefficient (±SE):</pre>		
	Second Step	0.05 ± 0.23		
	program in multiple	1.95 ± 0.25 t-value (test for significance):		
	grades	t-value (test for significance):		
	-	4.15		
		(p<0.05)		
		In favour of Second Step social-		
		emotional learning program in		
		kindergarten		
Anti-(cyber)-bull				
Bullying	Traditional anti-		2, 3956 vs 3846	Ng, 2020a
victimization	bullying program	1642/3956 vs 1580/3846		
(dichotomous		RR: 0.98, 95%CI [0.94;1.04]		
data)	anti-bullying	(p=0.54)		_
Bullying	program	Statistically significant:	9, 2348 vs 1695	
victimization				
(continuous data)		SMD: -0.18, 95%CI [-0.26;-0.10]		
		(p<0.0001) In favour of traditional anti-		
		bullying program		
Bullying	+		2, 3950 vs 3847	-
perpetration		1013/3950 vs 990/3847	2, JJJU VS JUH/	
(dichotomous		RR: 0.98, 95%CI [0.89;1.08]		
data)		(p=0.68)		
Bullying	1		9, 2342 vs 1691	1
perpetration		£	,	
(continuous data)		SMD: -0.30, 95%CI [-0.44;-0.15]		
,		(p<0.0001)		
		In favour of traditional anti-		
		bullying program		
Cyberbullying	Anti-cyberbullying	Statistically significant:	5, 3632 vs 2787	
victimization	program vs no	£		
(continuous data)		SMD: -0.13, 95%CI [-0.25;-0.02]		
	program	(p=0.02)		
		In favour of anti-cyberbullying		
	4	program		_
Cyberbullying		<u>Statistically significant:</u>	5, 3610 vs 2756	
perpetration				
(continuous data)		SMD: -0.16, 95%CI [-0.29;-0.03]		
		(p=0.01) In favour of anti-cyberbullying		
		program		
	1	program	1	

Bullying victimization	Influence of personnel	Statistically significant: £	5, 1715 vs 1253	
	delivering	SMD: -0.20, 95%CI [-0.32;-0.08]		
	program:	(p=0.002)		
	teachers/school	In favour of program delivered by		
	staff vs control	teachers/school staff		
Bullying		Statistically significant:	5, 1709 vs 1249	
perpetration				
		SMD: -0.32, 95%CI [-0.53;-0.10] (p=0.004)		
		In favour of program delivered by		
		teachers/school staff		
Cyberbullying		Statistically significant:	4, 3563 vs 2708	
victimization		£	.,	
		SMD: -0.09, 95%CI [-0.19;-0.00]		
		(p=0.05)		
		In favour of program delivered by		
		teachers/school staff		
Cyberbullying		Statistically significant:	4, 3541 vs 2677	
perpetration				
		SMD: -0.11, 95%CI [-0.22;-0.00]		
		(p=0.04) In favour of program delivered by		
		teachers/school staff		
Bullying	Influence of	Statistically significant:	4, 633 vs 442	
victimization	personnel	f	7, 033 73 772	
The second second	delivering			
	program: content	(p=0.05)		
	expert vs control	In favour of program delivered by		
		content expert		
Bullying		Statistically significant:	4, 633 vs 442	
nornotration				
perpetration		£		
perpetration		SMD: -0.22, 95%CI [-0.35;-0.08]		
perpetration		(p=0.002)		
perpetration		(p=0.002) In favour of program delivered by		
		(p=0.002) In favour of program delivered by content expert		
Cyberbullying	_	(p=0.002) In favour of program delivered by	1, 69 vs 79 §	
		(p=0.002) In favour of program delivered by content expert Statistically significant: £	1, 69 vs 79 §	
Cyberbullying		(p=0.002) In favour of program delivered by content expert Statistically significant: £ SMD: -0.50, 95%CI [-0.83;-0.18]	1, 69 vs 79 §	
Cyberbullying		(p=0.002) In favour of program delivered by content expert Statistically significant: £ SMD: -0.50, 95%CI [-0.83;-0.18] (p=0.003)	1, 69 vs 79 §	
Cyberbullying		(p=0.002) In favour of program delivered by content expert Statistically significant: £ SMD: -0.50, 95%CI [-0.83;-0.18]	1, 69 vs 79 §	
Cyberbullying victimization		(p=0.002) In favour of program delivered by content expert Statistically significant: £ SMD: -0.50, 95%CI [-0.83;-0.18] (p=0.003) In favour of program delivered by	1, 69 vs 79 §	
Cyberbullying victimization Cyberbullying		(p=0.002) In favour of program delivered by content expert Statistically significant: £ SMD: -0.50, 95%CI [-0.83;-0.18] (p=0.003) In favour of program delivered by content expert Statistically significant: £	1, 69 vs 79 §	
Cyberbullying victimization Cyberbullying		<pre>(p=0.002) In favour of program delivered by content expert Statistically significant: £ SMD: -0.50, 95%CI [-0.83;-0.18] (p=0.003) In favour of program delivered by content expert Statistically significant: £ SMD: -0.58, 95%CI [-0.91;-0.25]</pre>	1, 69 vs 79 §	
Cyberbullying victimization Cyberbullying		<pre>(p=0.002) In favour of program delivered by content expert Statistically significant: £ SMD: -0.50, 95%CI [-0.83;-0.18] (p=0.003) In favour of program delivered by content expert Statistically significant: £ SMD: -0.58, 95%CI [-0.91;-0.25] (p=0.0005)</pre>	1, 69 vs 79 § 1, 69 vs 79 §	
Cyberbullying victimization Cyberbullying		(p=0.002) In favour of program delivered by content expert Statistically significant: £ SMD: -0.50, 95%CI [-0.83;-0.18] (p=0.003) In favour of program delivered by content expert Statistically significant: £ SMD: -0.58, 95%CI [-0.91;-0.25] (p=0.0005) In favour of program delivered by	1, 69 vs 79 § 1, 69 vs 79 §	
Cyberbullying victimization Cyberbullying perpetration		<pre>(p=0.002) In favour of program delivered by content expert Statistically significant: £ SMD: -0.50, 95%CI [-0.83;-0.18] (p=0.003) In favour of program delivered by content expert Statistically significant: £ SMD: -0.58, 95%CI [-0.91;-0.25] (p=0.0005) In favour of program delivered by content expert</pre>	1, 69 vs 79 § 1, 69 vs 79 §	
Cyberbullying victimization Cyberbullying perpetration Bullying	Influence of	(p=0.002) In favour of program delivered by content expert Statistically significant: £ SMD: -0.50, 95%CI [-0.83;-0.18] (p=0.003) In favour of program delivered by content expert Statistically significant: £ SMD: -0.58, 95%CI [-0.91;-0.25] (p=0.0005) In favour of program delivered by content expert Not statistically significant:	1, 69 vs 79 § 1, 69 vs 79 §	
Cyberbullying victimization Cyberbullying perpetration Bullying	personnel	<pre>(p=0.002) In favour of program delivered by content expert Statistically significant: £ SMD: -0.50, 95%CI [-0.83;-0.18] (p=0.003) In favour of program delivered by content expert Statistically significant: £ SMD: -0.58, 95%CI [-0.91;-0.25] (p=0.0005) In favour of program delivered by content expert Not statistically significant: £[†]</pre>	1, 69 vs 79 § 1, 69 vs 79 §	
Cyberbullying victimization Cyberbullying perpetration Bullying	personnel delivering	<pre>(p=0.002) In favour of program delivered by content expert Statistically significant: £ SMD: -0.50, 95%CI [-0.83;-0.18] (p=0.003) In favour of program delivered by content expert Statistically significant: £ SMD: -0.58, 95%CI [-0.91;-0.25] (p=0.0005) In favour of program delivered by content expert Not statistically significant: £† Chi²: 0.63</pre>	1, 69 vs 79 § 1, 69 vs 79 §	
Cyberbullying victimization Cyberbullying perpetration Bullying victimization	personnel	<pre>(p=0.002) In favour of program delivered by content expert Statistically significant: £ SMD: -0.50, 95%CI [-0.83;-0.18] (p=0.003) In favour of program delivered by content expert Statistically significant: £ SMD: -0.58, 95%CI [-0.91;-0.25] (p=0.0005) In favour of program delivered by content expert Not statistically significant: £[†]</pre>	1, 69 vs 79 § 1, 69 vs 79 §	
Cyberbullying victimization Cyberbullying perpetration Bullying victimization Bullying	personnel delivering program:	$\begin{array}{l} (p=0.002) \\ In favour of program delivered by \\ content expert \\ \hline \\ Statistically significant: \\ & \\ & \\ \\ & \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $	1, 69 vs 79 § 1, 69 vs 79 § 9, 2348 vs 1695	
Cyberbullying victimization Cyberbullying perpetration Bullying victimization Bullying	personnel delivering program: teachers/school	$\begin{array}{l} (p=0.002) \\ In favour of program delivered by \\ content expert \\ \hline \\ Statistically significant: \\ & \\ & \\ \\ & \\ \\ SMD: -0.50, 95\%CI [-0.83;-0.18] \\ (p=0.003) \\ In favour of program delivered by \\ content expert \\ \hline \\ & \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\$	1, 69 vs 79 § 1, 69 vs 79 § 9, 2348 vs 1695	
Cyberbullying victimization Cyberbullying perpetration Bullying victimization Bullying perpetration	personnel delivering program: teachers/school staff vs content	$\begin{array}{l} (p=0.002) \\ In favour of program delivered by \\ content expert \\ \hline \\ Statistically significant: \\ & \\ & \\ \\ & \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $	1, 69 vs 79 § 1, 69 vs 79 § 9, 2348 vs 1695 9, 2342 vs 1691	
Cyberbullying victimization Cyberbullying perpetration Bullying victimization Bullying perpetration Cyberbullying	personnel delivering program: teachers/school staff vs content	$\begin{array}{l} (p=0.002) \\ In favour of program delivered by \\ content expert \\ \hline \\ Statistically significant: \\ & \\ & \\ \\ & \\ \\ SMD: -0.50, 95\%CI [-0.83;-0.18] \\ (p=0.003) \\ In favour of program delivered by \\ content expert \\ \hline \\ & \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\$	1, 69 vs 79 § 1, 69 vs 79 § 9, 2348 vs 1695	
Cyberbullying	personnel delivering program: teachers/school staff vs content	$\begin{array}{l} (p=0.002) \\ In favour of program delivered by \\ content expert \\ \hline \\ Statistically significant: \\ & \\ & \\ \\ & \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $	1, 69 vs 79 § 1, 69 vs 79 § 9, 2348 vs 1695 9, 2342 vs 1691	
Cyberbullying victimization Cyberbullying perpetration Bullying victimization Bullying perpetration Cyberbullying	personnel delivering program: teachers/school staff vs content	$\begin{array}{l} (p=0.002) \\ In favour of program delivered by \\ content expert \\ \hline \\ Statistically significant: \\ & \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $	1, 69 vs 79 § 1, 69 vs 79 § 9, 2348 vs 1695 9, 2342 vs 1691	
Cyberbullying victimization Cyberbullying perpetration Bullying victimization Bullying perpetration Cyberbullying	personnel delivering program: teachers/school staff vs content	$\begin{array}{l} (p=0.002) \\ In favour of program delivered by \\ content expert \\ \hline \\ Statistically significant: \\ & \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $	1, 69 vs 79 § 1, 69 vs 79 § 9, 2348 vs 1695 9, 2342 vs 1691	
Cyberbullying victimization Cyberbullying perpetration Bullying victimization Bullying perpetration Cyberbullying	personnel delivering program: teachers/school staff vs content	$\begin{array}{l} (p=0.002) \\ In favour of program delivered by \\ content expert \\ \hline \\ Statistically significant: \\ & \\ & \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $	1, 69 vs 79 § 1, 69 vs 79 § 9, 2348 vs 1695 9, 2342 vs 1691	
Cyberbullying victimization Cyberbullying perpetration Bullying victimization Bullying perpetration Cyberbullying victimization	personnel delivering program: teachers/school staff vs content	$\begin{array}{l} (p=0.002) \\ In favour of program delivered by \\ content expert \\ \hline \\ Statistically significant: \\ & \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $	1, 69 vs 79 § 1, 69 vs 79 § 9, 2348 vs 1695 9, 2342 vs 1691 5, 3632 vs 2787	
Cyberbullying victimization Cyberbullying perpetration Bullying victimization Bullying perpetration Cyberbullying	personnel delivering program: teachers/school staff vs content	$\begin{array}{l} (p=0.002) \\ In favour of program delivered by \\ content expert \\ \hline \\ Statistically significant: \\ & \\ & \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $	1, 69 vs 79 § 1, 69 vs 79 § 9, 2348 vs 1695 9, 2342 vs 1691	

Bullying victimization Influence of program location: school vs control Statistically significant: £ 2, 1125 vs 678 Bullying berpetration SMD: -0.16, 95%CT [-0.31;-0.01] (p=0.03) 2, 1124 vs 678 Sullying berpetration SMD: -0.15, 95%CT [-0.28;-0.03] (p=0.01) 2, 1124 vs 678 Cyberbullying victimization SMD: -0.16, 95%CT [-0.28;-0.03] (p=0.01) 3, 3201 vs 2356 Cyberbullying victimization Statistically significant: £1 3, 3201 vs 2356 Sullying victimization Influence of program Not statistically significant: £1 3, 3179 vs 2330 Bullying victimization Influence of program location: classroom vs control Statistically significant: £1 7, 1223 vs 1017 Bullying victimization Influence of program Statistically significant: £1 7, 1218 vs 1013 Bullying berpetration Influence of program Statistically significant: £1 7, 1218 vs 1013 Bullying berpetration Statistically significant: £1 7, 1218 vs 1013 Cyberbullying victimization Statistically significant: £1 2, 431 vs 431 Cyberbullying victimization Statistically significant: £1 2, 431 vs 426 SMD: -0.36, 95%CI [-0.71;-0.05] (p=0.03) 2, 431 vs 426 £ SMD: -0.38, 95%CI [-0.71;-0.0				
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$\begin{array}{c c} (p=0.03) \\ In \ favour \ of \ classroom-based \\ program \end{array}$	perpetration		SMD: -0.38 95%CT [-0.71:-0.05]	
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classroom (p=0.75) Bullying perpetration £ ⁺ Chi ² : 3.14			£†	
Bullying Not statistically significant: 9, 2342 vs 1691 perpetration £ ⁺ Chi ² : 3.14				
perpetration £ ⁺ Chi ² : 3.14		classroom		
Chi ² : 3.14				9, 2342 vs 1691
	perpetration			
	Cyberbullying	-		5 3632 vc 2797
	victimization			J, JUJZ VS Z/O/
Chi ² : 0.52				
(p=0.47)				
	Cyberbullying	İ		5, 3610 vs 2756
	perpetration			-,
Chi ² : 3.03			Chi ² : 3.03	
(p=0.08)				
Bullying Influence of <u>Statistically significant:</u> 1, 366 vs 352 §	, 3			1, 366 vs 352 §
vistinging tion in a sum of the later of the	victimization	program duration:	£	
			SMD: -0.16, 95%CI [-0.31;-0.01]	
up to 3 months vs SMD: -0.16, 95%CI [-0.31;-0.01]		control	(p=0.03)	

		1	1	
		<i>In favour of program duration of up to 3 months</i>		
Bullying		Statistically significant:	1, 361 vs 348 §	
perpetration		£	1,001 10010 3	
-		SMD: -0.31, 95%CI [-0.46;-0.16]		
		(p<0.0001)		
		<i>In favour of program duration of up to 3 months</i>		
Cyberbullying		Not statistically significant:	2, 431 vs 431	
victimization		£†	2, 101 10 101	
		SMD: -0.26, 95%CI [-0.68;0.15]		
		(p=0.21)		
Cyberbullying		<u>Statistically significant:</u>	2, 431 vs 426	
perpetration		± SMD: -0.38, 95%CI [-0.71;-0.05]		
		(p=0.03)		
		In favour of program duration of		
		up to 3 months		
Bullying	Influence of	Statistically significant:	5, 463 vs 515	
victimization	program duration:			
	control	SMD: -0.24, 95%CI [-0.44;-0.04] (p=0.02)		
	control	In favour of program duration of		
		3< <i>X</i> >6 months		
Bullying		Statistically significant:	5, 463 vs 515	
perpetration				
		SMD: -0.44, 95%CI [-0.75;-0.13]		
		(p=0.006) In favour of program duration of		
		3 < X > 6 months		
Bullying	Influence of	Statistically significant:	3, 1519 vs 828	
victimization	program duration:	£		
	more than 6	SMD: -0.15, 95%CI [-0.25;-0.05]		
	months vs control	(p=0.003) In favour of program duration of		
		more than 6 months		
Bullying		Statistically significant:	3, 1518 vs 828	
perpetration		£		
		SMD: -0.16, 95%CI [-0.25;-0.07]		
		(p=0.0005) In favour of program duration of		
		more than 6 months		
Cyberbullying		Not statistically significant:	3, 3201 vs 2356	
victimization		£†	-,	
		SMD: -0.10, 95%CI [-0.23;0.02]		
		(p=0.09)	2 2472 2222	
Cyberbullying perpetration		Not statistically significant: £†	3, 3179 vs 2330	
perpenation		SMD: -0.07, 95%CI [-0.17;0.03]		
		(p=0.16)		
Bullying	Influence of	Not statistically significant:	9, 2348 vs 1695	
victimization	program duration:			
	up to 3 months vs $2 < X > 6$ months vs	Chi^2 : 0.65		
Bullying	3< X >6 months vs more than 6	(p=0.72) Not statistically significant:	9, 2342 vs 1691	
perpetration	months	f^{\dagger}	J, ZJTZ VJ 1091	
	-	Chi ² : 5.10		
		(p=0.08)		
Cyberbullying	Influence of	Not statistically significant:	5, 3632 vs 2787	
victimization	program duration:	f^{+}		
	up to 3 months vs more than 6	Chi ² : 0.52 (p=0.47)		
Cyberbullying	months	Not statistically significant:	5, 3610 vs 2756	
perpetration	-	£†	,	
perpetration		Chi ² : 3.03		

		(n-0.08)		<u> </u>
Bullying	Influence of	(p=0.08) Statistically significant:	4, 1651 vs 1193	-
victimization	parental		4, 1031 VS 1193	
victimization	involvement:			
	parental	(p=0.001)		
	involvement vs	<i>In favour of parental involvement</i>		
	control	in the program		
Bullying	1	Statistically significant:	4, 1645 vs 1189	-
perpetration		£	,	
		SMD: -0.34, 95%CI [-0.58;-0.09]		
		(p=0.007)		
		<i>In favour of parental involvement</i>		
		in the program		
Cyberbullying		Not statistically significant:	3, 2186 vs 2043	
victimization		£†		
		SMD: -0.12, 95%CI [-0.26;0.03]		
	4	(p=0.11)		_
Cyberbullying		Not statistically significant:	3, 2164 vs 2012	
perpetration		£†		
		SMD: -0.14, 95%CI [-0.31;0.03]		
Bullying	Influence of	(p=0.12) Not statistically significant:	5, 697 vs 502	-
victimization	parental		5, 097 85 502	
	involvement: no	SMD: -0.11, 95%CI [-0.23;0.00]		
	parental	(p=0.06)		
Bullying	involvement vs	Statistically significant:	4, 697 vs 502	-
perpetration	control	£	.,	
		SMD: -0.21, 95%CI [-0.33;-0.09]		
		(p=0.0005)		
		In favour of programs without		
		parental involvement vs no anti-		
	_	bullying program		_
Cyberbullying		Not statistically significant:	2, 1446 vs 744	
victimization				
		SMD: -0.25, 95%CI [-0.69;0.19]		
Cultarita and culturing a	4	(p=0.26)	2, 1446 vs 744	-
Cyberbullying perpetration		Not statistically significant: £†	Z, 1440 VS 744	
perpetration		SMD: -0.30, 95%CI [-0.80;0.20]		
		(p=0.24)		
Bullying	Influence of	Not statistically significant:	9, 2348 vs 1695	-
victimization	parental	£†	5, 20 10 10 2000	
	involvement:	Chi ² : 1.23		
	parental	(p=0.27)		
Bullying	involvement vs no	Not statistically significant:	9, 2342 vs 1691	
perpetration	parental	£†		
	involvement	Chi ² : 0.82		
	4	(p=0.36)		4
Cyberbullying		Not statistically significant:	5, 3632 vs 2787	
victimization		£†		
		Chi ² : 0.31		
Cyborbullying	4	(p=0.58)	5 2610 vc 2756	-
Cyberbullying perpetration		Not statistically significant: £†	5, 3610 vs 2756	
perpenation		Chi ² : 0.37		
		(p=0.54)		
Mental Health Fir	st Aid programs	<u>μρ-0.5</u> τ)		
Knowledge about		Statistically significant:	1, 542 vs 574	Ng, 2020b
depression at post-		4.01 ± 2.3 vs 3.23 ± 2.2	_, , , , _ , , , , , , , , , , , , , ,	(Hart, 2018)
intervention		MD: 0.78, 95%CI [0.59;0.96]		(
	training	(p<0.001)		
		In favour of Teen Mental Health		
		First Aid program		

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In favour of Teen Mental Health		MD: -0.33, 95%CI [-0.44;-0.21]		
	intervention			
		In favour of Teen Mental Health		
		First Aid program		

	1		1	-1
Adequate suicide first aid intentions at post- intervention		<u>Statistically significant:</u> 334/542 vs 75/574 OR: 35.40, 95%CI [19.86;63.14] (p<0.001) In favour of Teen Mental Health First Aid program		Ng, 2020b (Hart, 2020)
Adequate suicide first aid intentions at 12-month follow-up		<u>Statistically significant:</u> 145/465 vs 34/429 § OR: 9.70, 95%CI [5.21;17.89] (p<0.001) In favour of Teen Mental Health First Aid program	1, 465 vs 429	_
Avoid talking about suicide at post- intervention		<u>Statistically significant:</u> 113/542 vs 297/574 OR: 0.13, 95%CI [0.09;0.21] (p<0.001) In favour of Teen Mental Health First Aid program	1, 542 vs 574	_
Avoid talking about suicide at 12- month follow-up		<u>Statistically significant:</u> 154/465 vs 191/429 OR: 0.50, 95%CI [0.30;0.72] (p=0.001) In favour of Teen Mental Health First Aid program	1, 465 vs 429	_
Helpful intentions regarding anxiety at post- intervention		Statistically significant: 4.18±1.6 vs 3.32±1.7 MD: 0.75, 95%CI [0.57;0.93] (p<0.001) In favour of Teen Mental Health First Aid program	1, 542 vs 574	Ng, 2020b (Hart, 2018)
Harmful intentions regarding anxiety at post- intervention		Statistically significant: 0.86±2.8 vs 0.94±2.9 MD: -0.11, 95%CI [-0.23;0.1] (p<0.001) In favour of Teen Mental Health First Aid program		
Adolescent Datin	g Violence (ADV) j	prevention programs	1	
Overall ADV perpetration		Not statistically significant: \pounds^{\dagger} SMD: -0.04, 95%CI [-0.11;0.04] (p>0.05)	2, 2392 vs 2154	Russell, 2021
Emotional ADV perpetration (continuous data)	program or waiting list control	<u>Statistically significant:</u> £ SMD: -1.13, 95%CI [-2.09;-0.17] (p<0.05) In favour of ADV prevention program	3, 846 vs 756	
Emotional ADV perpetration (dichotomous data)		Statistically significant: £ RR: 0.75, 95%CI [0.70;0.80] (p<0.001) In favour of ADV prevention program	3, 2639 vs 2789	_
Physical ADV perpetration (continuous data) Physical ADV		Not statistically significant: £ ⁺ SMD: -0.13, 95%CI [-0.45;0.19] (p>0.05) Statistically significant:	1, 121 vs 70 § 3, 3566 vs 3502	
perpetration (dichotomous data)		Etatistically significant. £† RR: 0.77, 95%CI [0.63;0.94] (p<0.05) In favour of ADV prevention program	5, 5500 v3 5502	
L	<u>.</u>		<u>.</u>	

	1	Statistically significants	1 696 10 652	<u> </u>
Sexual ADV perpetration		<u>Statistically significant:</u>	1, 686 vs 653	
perpetration				
		(p<0.05)		
		In favour of ADV prevention		
		program		
Threatening		Not statistically significant:	1, £££†	
perpetration		£†		
		SMD: -0.08, 95%CI [-0.40;0.24]		
		(p>0.05)		_
Overall ADV		Not statistically significant:	1, 1384 vs 1156	
victimization				
		SMD: -0.03, 95%CI [-0.17;0.11]		
Emotional		(p>0.05) Not statistically significant:	3, 846 vs 756	-
victimization		f^{\dagger}	5, 640 VS 750	
(continuous data)		SMD: -0.07, 95%CI [-0.17;0.04]		
		(p>0.05)		
Emotional	+	Statistically significant:	3, 2639 vs 2789	-
victimization			2, 2005 10 2705	
(dichotomous		RR: 0.77, 95%CI [0.73;0.81]		
data)		(p<0.001)		
		In favour of ADV prevention		
		program		
Physical ADV		Not statistically significant:	1, 121 vs 70 §	
victimization		£†		
(continuous data)		SMD: -0.02, 95%CI [-0.34;0.30]		
	-	(p>0.05)		_
Physical ADV		Statistically significant:	2, 2598 vs 2748	
victimization				
(dichotomous		RR: 0.79, 95%CI [0.71;0.87]		
data)		(p<0.001) In favour of ADV prevention		
		program		
Sexual ADV		Not statistically significant:	1, 686 vs 653	-
victimization			1,000 13 055	
		SMD: -0.05, 95%CI [-0.16;0.06]		
		(p>0.05)		
Threatening		Not statistically significant:	1, £££†	-
victimization		£†		
		SMD: 0.08, 95%CI [-0.23;0.40]		
		(p>0.05)		
	eracy (MHL) progra	ams		1
Mental health	"Mental Health for	Statistically significant:	1, 399 vs 445	Seedaket,
knowledge:		$0.64 \pm 0.31 \text{ vs} 0.31 \pm 0.38$		2020 (Skre,
		MD: 0.33, 95%CI [0.28;0.38]		2013)
recognition"		(p<0.00001)*		
		In favour of "Mental Health for		
Attitudes or		Everyone" program Statistically significant:	4	
stigma:		1.92±0.76 vs 2.28±0.97		
"prejudiced beliefs"	,	MD: -0.36, 95%CI [-0.48;-0.24]		
		(p<0.00001)*		
		In favour of "Mental Health for		
		Everyone" program		
	1		1	
Mental health	"HeadStrong"	Statistically significant:	1, 153 vs 134 §	Seedaket,
		14.76±3.84 vs 12.07±3.54		2020 (Perry,
('literacy') at post-		MD: 2.69, 95%CI [1.84;3.54]		2014)
intervention		(p<0.00001)*		
		In favour of "HeadStrong"		
		program		

-	1	I	1	
Mental health		Statistically significant:	1, 128 vs 66 §	
knowledge		14.27±4.65 vs 13.09±3.15		
('literacy') at 6-		MD: 1.18, 95%CI [0.07;2.29]		
month follow-up		(p=0.04)*		
		In favour of "HeadStrong"		
		program		
Personal stigma	-	Statistically significant:	1, 157 vs 155 §	_
		9.80±5.69 vs 11.79±5.68	1, 157 VS 155 g	
towards depression				
at post-		MD: -1.99, 95%CI [-3.25;-0.73]		
intervention		(p=0.002)*δ		
		In favour of "HeadStrong"		
	-	program		
Personal stigma		Not statistically significant:	1, 137 vs 67 §	
towards depression		8.61±5.29 vs 10.22±5.88		
at 6-month follow-		MD: -1.61, 95%CI [-3.27;0.05]		
up		(p=0.06)*δ		
Attitude towards		Not statistically significant:	1, 159 vs 153 §	
help-seeking at		56.79±12.42 vs 56.17±12.50	_, 10 _ 10 _ 200 3	
post-intervention		MD: 0.62, 95%CI [-2.15;3.39]		
		(p=0.66)*		
Attitude towards	4		1 127	
		Not statistically significant:	1, 137 vs 67 §	
help-seeking at 6-		56.86±12.65 vs 57.13±13.41		
month follow-up		MD: -0.27, 95%CI [-4.12;3.58]		
		(p=0.89)*		
Mental health	"Mental Health and	Not statistically significant:	1, 308 vs 157 §	Seedaket,
knowledge	High School	8.82±2.41 vs 8.51±2.45		2020 (Milin,
5		MD: 0.31 95%CI [-0.16;0.78]		2016)
	vs teaching as	(p=0.19)*		/
Stigma: attitudes		Not statistically significant:	-	
towards mental		$20.93 \pm 3.00 \text{ vs} 20.70 \pm 2.96$		
illness		MD: 0.23 95%CI [-0.34;0.80]		
1111655				
D	NA dala a sa sa t	(p=0.43)*	1 2075 2522	Caadalaat
Depression literacy		Statistically significant:	1, 2975 vs 2532	Seedaket,
at 6-week post-	Depression	1538/2975 vs 818/2532	1, 2975 VS 2552	2020 (Swartz,
	Depression Awareness	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0]	1, 2975 VS 2552	
at 6-week post-	Depression Awareness Program (ADAP)″	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001)	1, 2975 VS 2552	2020 (Swartz,
at 6-week post-	Depression Awareness Program (ADAP)" vs routine health	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent	1, 2975 VS 2552	2020 (Swartz,
at 6-week post-	Depression Awareness Program (ADAP)″	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001)	1, 2975 VS 2552	2020 (Swartz,
at 6-week post- intervention	Depression Awareness Program (ADAP)" vs routine health curriculum	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness "		2020 (Swartz,
at 6-week post- intervention Depression literacy	Depression Awareness Program (ADAP)" vs routine health curriculum	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant:	1, 2975 vs 2552	2020 (Swartz,
at 6-week post- intervention Depression literacy at 4-month follow-	Depression Awareness Program (ADAP)" vs routine health curriculum	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329		2020 (Swartz,
at 6-week post- intervention Depression literacy	Depression Awareness Program (ADAP)" vs routine health curriculum	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0]		2020 (Swartz,
at 6-week post- intervention Depression literacy at 4-month follow-	Depression Awareness Program (ADAP)" vs routine health curriculum	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001)		2020 (Swartz,
at 6-week post- intervention Depression literacy at 4-month follow-	Depression Awareness Program (ADAP)" vs routine health curriculum	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent		2020 (Swartz,
at 6-week post- intervention Depression literacy at 4-month follow- up	Depression Awareness Program (ADAP)" vs routine health curriculum	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent Depression Awareness "	1, 2234 vs 1329	2020 (Swartz,
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health	Depression Awareness Program (ADAP)" vs routine health curriculum	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) <i>In favour of "Adolescent</i> <i>Depression Awareness "</i> <u>Statistically significant:</u> 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) <i>In favour of "Adolescent</i> <i>Depression Awareness "</i> Not statistically significant:		2020 (Swartz,
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health stigma at 6-week	Depression Awareness Program (ADAP)" vs routine health curriculum	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) <i>In favour of "Adolescent</i> <i>Depression Awareness "</i> <u>Statistically significant:</u> 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) <i>In favour of "Adolescent</i> <i>Depression Awareness "</i> Not statistically significant: 98/2975 vs 101/2532 §	1, 2234 vs 1329	2020 (Swartz,
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health	Depression Awareness Program (ADAP)" vs routine health curriculum	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) <i>In favour of "Adolescent</i> <i>Depression Awareness "</i> <u>Statistically significant:</u> 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) <i>In favour of "Adolescent</i> <i>Depression Awareness "</i> Not statistically significant: 98/2975 vs 101/2532 § aOR: 0.50, 95%CI [0.2;1.2]	1, 2234 vs 1329	2020 (Swartz,
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health stigma at 6-week	Depression Awareness Program (ADAP)" vs routine health curriculum	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Not statistically significant: 98/2975 vs 101/2532 § aOR: 0.50, 95%CI [0.2;1.2] (p=0.1)	1, 2234 vs 1329 1, 2975 vs 2532	2020 (Swartz,
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health stigma at 6-week	Depression Awareness Program (ADAP)" vs routine health curriculum	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Not statistically significant: 98/2975 vs 101/2532 § aOR: 0.50, 95%CI [0.2;1.2] (p=0.1)	1, 2234 vs 1329 1, 2975 vs 2532	2020 (Swartz,
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health stigma at 6-week post-intervention Mental health	Depression Awareness Program (ADAP)" vs routine health curriculum	1538/2975 vs $818/2532$ aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs $482/1329$ aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Not statistically significant: 98/2975 vs 101/2532 § aOR: 0.50, 95%CI [0.2;1.2] (p=0.1) Not statistically significant:	1, 2234 vs 1329	2020 (Swartz,
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health stigma at 6-week post-intervention Mental health stigma at 4-month	Depression Awareness Program (ADAP)" vs routine health curriculum	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Not statistically significant: 98/2975 vs 101/2532 § aOR: 0.50, 95%CI [0.2;1.2] (p=0.1) Not statistically significant: 78/2234 vs 53/1329 §	1, 2234 vs 1329 1, 2975 vs 2532	2020 (Swartz,
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health stigma at 6-week post-intervention Mental health	Depression Awareness Program (ADAP)" vs routine health curriculum	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Not statistically significant: 98/2975 vs 101/2532 § aOR: 0.50, 95%CI [0.2;1.2] (p=0.1) Not statistically significant: 78/2234 vs 53/1329 § aOR: 1.22, 95%CI [0.5;3.0] ¥	1, 2234 vs 1329 1, 2975 vs 2532	2020 (Swartz,
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health stigma at 6-week post-intervention Mental health stigma at 4-month follow-up	Depression Awareness Program (ADAP)" vs routine health curriculum	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Not statistically significant: 98/2975 vs 101/2532 § aOR: 0.50, 95%CI [0.2;1.2] (p=0.1) Not statistically significant: 78/2234 vs 53/1329 § aOR: 1.22, 95%CI [0.5;3.0] ¥ (p=0.7)	1, 2234 vs 1329 1, 2975 vs 2532 1, 2234 vs 1329	2020 (Swartz, 2017)
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health stigma at 6-week post-intervention Mental health stigma at 4-month follow-up Mental health	Depression Awareness Program (ADAP)" vs routine health curriculum Educational	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Not statistically significant: 98/2975 vs 101/2532 § aOR: 0.50, 95%CI [0.2;1.2] (p=0.1) Not statistically significant: 78/2234 vs 53/1329 § aOR: 1.22, 95%CI [0.5;3.0] ¥ (p=0.7) Statistically significant:	1, 2234 vs 1329 1, 2975 vs 2532	2020 (Swartz, 2017)
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health stigma at 6-week post-intervention Mental health stigma at 4-month follow-up	Depression Awareness Program (ADAP)" vs routine health curriculum Educational program on mental	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Not statistically significant: 98/2975 vs 101/2532 § aOR: 0.50, 95%CI [0.2;1.2] (p=0.1) Not statistically significant: 78/2234 vs 53/1329 § aOR: 1.22, 95%CI [0.5;3.0] ¥ (p=0.7) Statistically significant: 42.98 \pm 5.77 vs 43.28 \pm 5.83	1, 2234 vs 1329 1, 2975 vs 2532 1, 2234 vs 1329	2020 (Swartz, 2017)
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health stigma at 6-week post-intervention Mental health stigma at 4-month follow-up Mental health	Depression Awareness Program (ADAP)" vs routine health curriculum Educational program on mental health	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Not statistically significant: 98/2975 vs 101/2532 § aOR: 0.50, 95%CI [0.2;1.2] (p=0.1) Not statistically significant: 78/2234 vs 53/1329 § aOR: 1.22, 95%CI [0.5;3.0] ¥ (p=0.7) Statistically significant: 42.98±5.77 vs 43.28±5.83 Unadjusted GEE: -0.65 ££	1, 2234 vs 1329 1, 2975 vs 2532 1, 2234 vs 1329	2020 (Swartz, 2017) Seedaket, 2020 (Chisholm,
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health stigma at 6-week post-intervention Mental health stigma at 4-month follow-up Mental health	Depression Awareness Program (ADAP)" vs routine health curriculum Educational program on mental health complemented with	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Not statistically significant: 98/2975 vs 101/2532 § aOR: 0.50, 95%CI [0.2;1.2] (p=0.1) Not statistically significant: 78/2234 vs 53/1329 § aOR: 1.22, 95%CI [0.5;3.0] ¥ (p=0.7) Statistically significant: 42.98±5.77 vs 43.28±5.83 Unadjusted GEE: -0.65 ££ (p=0.008)	1, 2234 vs 1329 1, 2975 vs 2532 1, 2234 vs 1329	2020 (Swartz, 2017)
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health stigma at 6-week post-intervention Mental health stigma at 4-month follow-up Mental health	Depression Awareness Program (ADAP)" vs routine health curriculum Educational program on mental health complemented with	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Not statistically significant: 98/2975 vs 101/2532 § aOR: 0.50, 95%CI [0.2;1.2] (p=0.1) Not statistically significant: 78/2234 vs 53/1329 § aOR: 1.22, 95%CI [0.5;3.0] ¥ (p=0.7) Statistically significant: 42.98±5.77 vs 43.28±5.83 Unadjusted GEE: -0.65 ££ (p=0.008) In favour of educational program	1, 2234 vs 1329 1, 2975 vs 2532 1, 2234 vs 1329	2020 (Swartz, 2017) Seedaket, 2020 (Chisholm,
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health stigma at 6-week post-intervention Mental health stigma at 4-month follow-up Mental health knowledge	Depression Awareness Program (ADAP)" vs routine health curriculum Educational program on mental health complemented with contact module vs educational	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Not statistically significant: 98/2975 vs 101/2532 § aOR: 0.50, 95%CI [0.2;1.2] (p=0.1) Not statistically significant: 78/2234 vs 53/1329 § aOR: 1.22, 95%CI [0.5;3.0] ¥ (p=0.7) Statistically significant: 42.98 \pm 5.77 vs 43.28 \pm 5.83 Unadjusted GEE: -0.65 ££ (p=0.008) In favour of educational program on mental health alone	1, 2234 vs 1329 1, 2975 vs 2532 1, 2234 vs 1329	2020 (Swartz, 2017) Seedaket, 2020 (Chisholm,
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health stigma at 6-week post-intervention Mental health stigma at 4-month follow-up Mental health	Depression Awareness Program (ADAP)" vs routine health curriculum Educational program on mental health complemented with contact module vs educational program on mental	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Not statistically significant: 98/2975 vs 101/2532 § aOR: 0.50, 95%CI [0.2;1.2] (p=0.1) Not statistically significant: 78/2234 vs 53/1329 § aOR: 1.22, 95%CI [0.5;3.0] ¥ (p=0.7) Statistically significant: 42.98±5.77 vs 43.28±5.83 Unadjusted GEE: -0.65 ££ (p=0.008) In favour of educational program on mental health alone Not statistically significant:	1, 2234 vs 1329 1, 2975 vs 2532 1, 2234 vs 1329	2020 (Swartz, 2017) Seedaket, 2020 (Chisholm,
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health stigma at 6-week post-intervention Mental health stigma at 4-month follow-up Mental health knowledge	Depression Awareness Program (ADAP)" vs routine health curriculum Educational program on mental health complemented with contact module vs educational	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Not statistically significant: 98/2975 vs 101/2532 § aOR: 0.50, 95%CI [0.2;1.2] (p=0.1) Not statistically significant: 78/2234 vs 53/1329 § aOR: 1.22, 95%CI [0.5;3.0] ¥ (p=0.7) Statistically significant: 42.98 \pm 5.77 vs 43.28 \pm 5.83 Unadjusted GEE: -0.65 ££ (p=0.008) In favour of educational program on mental health alone	1, 2234 vs 1329 1, 2975 vs 2532 1, 2234 vs 1329	2020 (Swartz, 2017) Seedaket, 2020 (Chisholm,
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health stigma at 6-week post-intervention Mental health stigma at 4-month follow-up Mental health knowledge	Depression Awareness Program (ADAP)" vs routine health curriculum Educational program on mental health complemented with contact module vs educational program on mental	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Not statistically significant: 98/2975 vs 101/2532 § aOR: 0.50, 95%CI [0.2;1.2] (p=0.1) Not statistically significant: 78/2234 vs 53/1329 § aOR: 1.22, 95%CI [0.5;3.0] ¥ (p=0.7) Statistically significant: 42.98±5.77 vs 43.28±5.83 Unadjusted GEE: -0.65 ££ (p=0.008) In favour of educational program on mental health alone Not statistically significant:	1, 2234 vs 1329 1, 2975 vs 2532 1, 2234 vs 1329	2020 (Swartz, 2017) Seedaket, 2020 (Chisholm,
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health stigma at 6-week post-intervention Mental health stigma at 4-month follow-up Mental health knowledge	Depression Awareness Program (ADAP)" vs routine health curriculum Educational program on mental health complemented with contact module vs educational program on mental	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Not statistically significant: 98/2975 vs 101/2532 § aOR: 0.50, 95%CI [0.2;1.2] (p=0.1) Not statistically significant: 78/2234 vs 53/1329 § aOR: 1.22, 95%CI [0.5;3.0] ¥ (p=0.7) Statistically significant: 42.98±5.77 vs 43.28±5.83 Unadjusted GEE: -0.65 ££ (p=0.008) In favour of educational program on mental health alone Not statistically significant: 13.81±3.96 vs 13.85±3.83 Unadjusted GEE: -0.09 ££ †	1, 2234 vs 1329 1, 2975 vs 2532 1, 2234 vs 1329	2020 (Swartz, 2017) Seedaket, 2020 (Chisholm,
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health stigma at 6-week post-intervention Mental health stigma at 4-month follow-up Mental health knowledge Stigma of mental illness	Depression Awareness Program (ADAP)" vs routine health curriculum Educational program on mental health complemented with contact module vs educational program on mental	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Not statistically significant: 98/2975 vs 101/2532 § aOR: 0.50, 95%CI [0.2;1.2] (p=0.1) Not statistically significant: 78/2234 vs 53/1329 § aOR: 1.22, 95%CI [0.5;3.0] ¥ (p=0.7) Statistically significant: 42.98±5.77 vs 43.28±5.83 Unadjusted GEE: -0.65 ££ (p=0.008) In favour of educational program on mental health alone Not statistically significant: 13.81±3.96 vs 13.85±3.83 Unadjusted GEE: -0.09 ££ † (p=0.5)	1, 2234 vs 1329 1, 2975 vs 2532 1, 2234 vs 1329	2020 (Swartz, 2017) Seedaket, 2020 (Chisholm,
at 6-week post- intervention Depression literacy at 4-month follow- up Mental health stigma at 6-week post-intervention Mental health stigma at 4-month follow-up Mental health knowledge	Depression Awareness Program (ADAP)" vs routine health curriculum Educational program on mental health complemented with contact module vs educational program on mental	1538/2975 vs 818/2532 aOR: 3.10, 95%CI [2.0;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Statistically significant: 1220/2234 vs 482/1329 aOR: 3.30, 95%CI [2.2;5.0] (p<0.001) In favour of "Adolescent Depression Awareness " Not statistically significant: 98/2975 vs 101/2532 § aOR: 0.50, 95%CI [0.2;1.2] (p=0.1) Not statistically significant: 78/2234 vs 53/1329 § aOR: 1.22, 95%CI [0.5;3.0] ¥ (p=0.7) Statistically significant: 42.98±5.77 vs 43.28±5.83 Unadjusted GEE: -0.65 ££ (p=0.008) In favour of educational program on mental health alone Not statistically significant: 13.81±3.96 vs 13.85±3.83 Unadjusted GEE: -0.09 ££ †	1, 2234 vs 1329 1, 2975 vs 2532 1, 2234 vs 1329	2020 (Swartz, 2017) Seedaket, 2020 (Chisholm,

		Unadjusted GEE: -0.26 ££		
		(p=0.05)		
		In favour of educational program		
		on mental health alone		
Emotional well-	1	Statistically significant:		
being		9.15±5.90 8.87±5.87		
		Unadjusted GEE: 0.10 ££		
		(p=0.02)		
		In favour of educational program		
		on mental health alone		
Resilience		Not statistically significant:		
		82.50±15.75 vs 83.34±15.47		
		Unadjusted GEE: 0.19 ££ +		
		(p=0.3)		
Multicomponent	Positive Psycholog			
Subjective well-		Statistically significant:	6, 2010 vs 1890	Tejada-
being at post-	Positive Psychology	£		Gallardo, 2020
intervention	program vs placebo	SMD: 0.24, 95%CI [0.11;0.38]		
	program or waiting	(p=0.000)		
	list control	In favour of Multicomponent		
		Positive Psychology program		
Subjective well-		Statistically significant:	4, 1840 vs 1797	
being at follow-up		£		
		SMD: 0.13, 95%CI [0.03;0.23]		
		(p<0.05)		
		In favour of Multicomponent		
		Positive Psychology program		
Psychological well-		Not statistically significant:	5, 936 vs 832	
being at post-		£†		
intervention		SMD: 0.25, 95%CI [-0.01;0.51]		
		(p=0.062) Ω		
Psychological well-		Not statistically significant:	3, £££†	
being at follow-up		£†		
		SMD: 0.44, 95%CI [-0.45;1.13]		
		(p>0.05) Ω		

OR: Odds ratio, aOR: adjusted Odds ratio, CI: confidence interval, MD: mean difference, SMD: standardized mean difference, *B*: meta-regression coefficient, SE: standard error, GEE: generalised equation estimates.

Multivariate analysis of covariance (MANCOVA): $F_{(,)}$: F ratio with degrees of freedom; η^{2}_{p} : partial eta-squared

Chi²: Test for subgroup differences

*Calculations of MD and p-value done by the reviewer using Review Manager software

£ Raw data intervention vs control not available

££ Effect size/CI cannot be calculated or is not available

£££ # studies and/or # participants not available

 \times In order to determine imprecision, calculation of MD and CI was done by the reviewer using Review Manager software

Φ CI of effect size not available (raw data)

 Ω the value of the effect size and/or CI and/or p-value is different between table/forest plot and text in the systematic review

 δ Our own calculations differ from the results in the individual study (i.e. statistically significant vs not statistically significant or vice versa)

¥ Imprecision (large variability of results)

+ Imprecision (lack of data)

§ Imprecision (limited sample size)

Study limitations

Author, Year	Information about 'Study limitations' from the SRs
Aguirre Velasco,	Tools used: Joanna Briggs Institute Critical Appraisal Checklist.
2020	Study limitations according to review authors: The majority of the studies were medium
	quality with moderate risk of bias. It was difficult to identify to what extent the groups
	were similar at baseline. Few studies included follow-up and the ones that did, had high
	attrition rates and short follow-up periods (up to 6 months). The randomized controlled

[
	trials presented difficulties in terms of the blinding of the research team and participants at different stages of the process. Some studies did not use valid and reliable (standardized) instruments for measuring help-seeking. Most of the studies only used self-report measures, increasing the risk of bias of the findings.
de Mooij, 2020 Mertens, 2020	 Tools used: Quality Assessment Tool for Quantitative Studies (QATQS). Study limitations according to review authors: According to the systematic review, the quality of most of the included studies (63 studies) was rated moderate to strong (as compared to 14 studies of weak quality). The quality of the study significantly influenced the estimated mean effect of social skills training programs on interpersonal and emotional skills (p<0.001): studies of moderate and strong quality yielded smaller effects compared to studies of weak quality. Tools used: Cochrane Risk of Bias 2.0 tool for Cluster Randomized Trials.
	Study limitations according to review authors: Most studies randomly assigned participants to the conditions ($k = 70$). The mean drop-out rate of participants was 12.33% (SD = 10.65). The analysed components were not implemented in isolation, but in the context of an intervention program consisting of multiple components. Interactions among components can affect their effectiveness. Moreover, it remains unclear how the components were implemented, how much time was allotted to certain components and what the quality of implementation of the component was. These aspects could influence the components' effectiveness. Whether or not participants were randomized, drop-out rate, and type of comparison group were not related to effect sizes concerning the intrapersonal domain or the
	subdomains. Whether or not participants were randomized was related to effect sizes concerning the interpersonal domain; randomized studies yielded stronger effects. Percentage of drop-out was related to effect sizes concerning social competence; studies with lower drop-out rates yielded stronger effects. Whether or not participants were randomized and drop-out rates were also related to effect sizes concerning bullying; randomized studies and higher drop-out rates yielded stronger effects.
Moy, 2018	The tool(s) used for the quality assessment of the included studies was/were not described in the systematic review. Study limitations according to review authors: 11 of the included studies were RCTs and 6 were quasi-experimental studies. The full impact of universal intervention may be difficult to capture with existing instruments that may be focused on identifying clinically significant levels of problem behaviour among a sample of general education students. Furthermore, primary studies on Second Step typically focused on immediate results following participation in the program, whereas program goals ultimately focus on the long-term development of student social competence.
Ng, 2020a	Tools used: Cochrane Risk of Bias 2.0 tool to assess the risk of bias of all included studies. Study limitations according to review authors: the included studies have a high risk of bias. Another limitation of the included studies was the paucity of follow-up assessments in adolescents.
Ng, 2020b	The tool(s) used for the quality assessment of the included studies are/were not described in the systematic review. Study limitations according to review authors: Quality of studies was mostly low with high risk of bias: blinding of participants in comparison group studies was not possible; regarding reporting outcomes, stigmatizing attitudes and confidence were always self-rated and at high risk of bias, especially social desirability for stigmatizing attitudes. Moreover, it is difficult to comment on the sustainability of the program effects since only few studies included a follow-up assessment.
Russell, 2021	Tools used: Cochrane Risk of Bias 2.0 tool to assess the risk of bias of the included studies. Study limitations according to review authors: In terms of risk of bias, all studies included were characterized as low risk to moderate risk. Of the included studies, lack of participant and personnel blinding and incomplete outcome data (due to high attrition rates) were the most common risk categories ranked as "high". Finally, it is possible that the differing follow-up periods of the included studies could have impacted the findings of the meta-analysis.
Seedaket, 2020	Tools used: Jadad scale to assess the quality of reports of randomized clinical trials (Subscales comprised in Jadad scale: randomisation, double-blinding, a description of withdrawals and dropouts). Study limitations according to review authors: Jadad scale scores (scores ranging from 1 (very poor) to 5 (rigorous)) of included studies: Skre, 2016: score 1; Perry, 2014: score 5; Milin, 2016: score 5; Swartz, 2017: score 3 and Chisholm, 2016: score 3

	All included studies used self-report assessments to measure "mental health literacy" outcomes (subjective).
Tejada-Gallardo, 2020	Tools used: Cochrane Risk of Bias 2.0 tool to assess the risk of bias of all included studies. Study limitations according to review authors: Three studies were rated as being at high risk of bias (i.e. low quality) and four studies were rated as having some concerns. The randomization process domain was the most poorly rated due to the non-randomized controlled trials included in the study. Moreover, many of the included studies lacked information regarding the allocation sequence of participants, session attendance and the blinding of the assessor to intervention status. The number of participants in some studies was weakly powered (i.e. less than 50 participants).

Certainty of the body of evidence

1) Interventions targeting help-seeking for common mental health problems (Aguirre Velasco, 2020)

	Initial grading e.g. High [A]	Downgrading due to
Limitations of study design	-1	See table 'Study limitations'
Imprecision	-1	Limited sample sizes/low number of events/lack of data/large variability of the results
Inconsistency	0	
Indirectness	0	
Publication bias	0	
		Upgrading due to
Large magnitude of effect	0	
Dose-response gradient	0	
Plausible confounding	0	
QUALITY (GRADE)	Final grading Low [C]	

2) Social skills training programs (de Mooij, 2020)

	Initial grading e.g. High [A]	Downgrading due to
Limitations of study design	0	See table 'Study limitations'
Imprecision	-1	Lack of data
Inconsistency	0	
Indirectness	0	
Publication bias	-1	Publication bias assessed using the PET-PEESE method
		Upgrading due to
Large magnitude of effect	0	
Dose-response gradient	0	
Plausible confounding	0	
QUALITY (GRADE)	Final grading Low [C]	

3) Programs aiming to stimulate students intra- and interpersonal domains (Mertens, 2020)

	Initial grading e.g. High [A]	Downgrading due to
Limitations of study design	-1	See table 'Study limitations'
Imprecision	-1	Lack of data
Inconsistency	0	
Indirectness	0	
Publication bias	0	
		Upgrading due to
Large magnitude of effect	0	
Dose-response gradient	0	
Plausible confounding	0	
QUALITY (GRADE)	Final grading Low [C]	

4) Second Step social-emotional learning program (Moy, 2018)

Initial grading e.g. High [A] Downgrading due to

Limitations of study design	-1	See table 'Study limitations'
Imprecision	0	
Inconsistency	0	
Indirectness	0	
Publication bias	0	
		Upgrading due to
Large magnitude of effect	0	
Dose-response gradient	0	
Plausible confounding	0	
QUALITY (GRADE)	Final grading Moderate [B]	

5) Anti-(cyber)-bullying programs (Ng, 2020a)

	Initial grading e.g. High [A]	Downgrading due to
Limitations of study design	-1	See table 'Study limitations'
Imprecision	0	
Inconsistency	0	
Indirectness	0	
Publication bias	-1	
		Upgrading due to
Large magnitude of effect	0	
Dose-response gradient	0	
Plausible confounding	0	
QUALITY (GRADE)	Final grading Low [C]	

6) Mental Health First Aid programs (Ng, 2020b)

	Initial grading e.g. High [A]	Downgrading due to
Limitations of study design	-1	See table 'Study limitations'
Imprecision	0	
Inconsistency	0	
Indirectness	0	
Publication bias	0	
		Upgrading due to
Large magnitude of effect	0	
Dose-response gradient	0	
Plausible confounding	0	
QUALITY (GRADE)	Final grading Moderate [B]	

7) Adolescent Dating Violence (ADV) prevention programs (Russell, 2021)

	Initial grading e.g. High [A]	Downgrading due to
Limitations of study design	-1	See table 'Study limitations'
Imprecision	-1	Lack of data/limited sample sizes
Inconsistency	0	
Indirectness	0	
Publication bias	0	
		Upgrading due to
Large magnitude of effect	0	
Dose-response gradient	0	
Plausible confounding	0	
QUALITY (GRADE)	Final grading Low [C]	

8) Mental health literacy (MHL) programs (Seedaket, 2020)

[Initial grading e.g. High [A]	Downgrading due to
Limitations of study design	-1	See table 'Study limitations'
Imprecision	-1	Limited sample sizes/large variability of the results
Inconsistency	0	
Indirectness	0	
Publication bias	0	
		Upgrading due to

Large magnitude of effect	0	
Dose-response gradient	0	
Plausible confounding	0	
QUALITY (GRADE)	Final grading Low [C]	

9) Multicomponent Positive Psychology Interventions (Tejada-Gallardo, 2020)

	Initial grading e.g. High [A]	Downgrading due to
Limitations of study design	-1	See table 'Study limitations'
Imprecision	0	
Inconsistency	0	
Indirectness	0	
Publication bias	-1	Publication bias was assessed through funnel plots, the Egger's test, Duval and Tweedie's trim-and-fill procedure, and the fail-safe N: it is likely that missing publications might have affected the results of the present meta-analysis
		Upgrading due to
Large magnitude of effect	0	
Dose-response gradient	0	
Plausible confounding	0	
QUALITY (GRADE)	Final grading Low [C]	

	Help-seeking promoting programs
	There is limited evidence in favour of classroom-based interventions based on psychoeducation, with a focus on general mental health knowledge or specifically addressing stigma and with the aim of improving help-seeking for common mental health programs.
	It was shown that the MAKINGtheLINK program, consisting of interactive activities concerning help-seeking to adolescents of 14-15 years old, resulted in a statistically significant increase of help-seeking from formal sources (versus informal sources), compared to a waiting list control (Aguirre Velasco 2020). However, a statistically significant increase in help-seeking behavior at 12 months following the program, could not be demonstrated (Aguirre Velasco 2020).
	It was also shown that a stigma-based interactive session and video with a case example to high school adolescents resulted in a statistically significant increase of willingness to seek help, compared to a presentation unrelated to mental health (Aguirre Velasco 2020).
Conclusion	However, a statistically significant increase of help-seeking behavior could not be demonstrated when only disseminating a student booklet about help-seeking and self-management support, compared to a waiting list control (Aguirre Velasco 2020).
	Evidence is of low certainty and results cannot be considered precise due to limited sample size, low number of events, lack of data and/or large variability of results.
	Social skills training programs
	There is limited evidence in favour of classroom-based social skills training programs aimed at teaching or developing children's adaptive social behaviour to improve their success in social interactions.
	It was shown that social skills training programs overall resulted in a statistically significant increase of interpersonal skills and emotional skills, and a statistically significant decrease of peer relationship problems, internalizing problem behavior and externalizing problem behavior, compared to no social skills training programs (de Mooij 2020).
	However, depending on the type of social skills program, results might differ:

 Social-emotional learning programs vs no program: It was shown that such programs resulted in a statistically significant increase of interpersonal skills and emotional skills, and a statistically significant decrease of internalizing problem behaviour. A statistically significant decrease of peer relationship problems and externalizing problem behaviour could not be demonstrated (de Mooij 2020).
 Programs targeting bullying behaviour vs no program: It was shown that such programs resulted in a statistically significant increase of interpersonal skills and emotional skills, and a statistically significant decrease of internalizing and externalizing problem behaviour. A statistically significant decrease of peer relationship problems could not be demonstrated (de Mooij 2020).
 Programs targeting (social) anxiety vs no program: It was shown that such programs resulted in a statistically significant increase of emotional skills and a statistically significant decrease of internalizing problem behaviour. A statistically significant increase of interpersonal skills and decrease of externalizing problem behaviour could not be demonstrated (de Mooij 2020).
 Programs targeting disruptive behaviour vs no program: It was shown that such programs resulted in a statistically significant increase of interpersonal skills and a statistically significant decrease of internalizing and externalizing problem behaviour. A statistically significant increase of emotional skills and decrease of peer relationship problems could not be demonstrated (de Mooij 2020).
 Programs targeting resilience and self-esteem vs no program: It was shown that such programs resulted in a statistically significant increase of emotional skills and a statistically significant decrease of internalizing problem behaviour. A statistically significant increase of interpersonal skills and decrease of externalizing problem behaviour could not be demonstrated (de Mooij 2020).
 Programs targeting prosocial interactions vs no program: It was shown that such programs resulted in a statistically significant increase of interpersonal skills and a statistically significant decrease of internalizing problem behaviour. A statistically significant increase of emotional skills and decrease of peer relationship problems and externalizing problem behaviour could not be demonstrated (de Mooij 2020).
Also, depending on the inclusion of specific training components, results might differ:
 Social skills training programs with psychoeducation components vs programs without these components: It was shown that such programs resulted in a statistically significant increase of interpersonal and emotional skills. A statistically significant decrease of peer relationship problems, internalizing and externalizing problem behaviour could not be demonstrated (de Mooij 2020).
 Social skills training programs with psychophysical components vs programs without these components: A statistically significant increase of interpersonal and emotional skills and decrease of peer relationship problems, internalizing and externalizing problem behaviour could not be demonstrated (de Mooij 2020).
 Social skills training programs with skill-building components vs programs without these components: A statistically significant increase of interpersonal and emotional skills and decrease of peer relationship problems, internalizing and externalizing problem behaviour could not be demonstrated (de Mooij 2020).
A statistically significant increase of interpersonal and emotional skills could not be demonstrated in social skills training programs in which there was focus on a specific "booster component", such as class management, rewarding, goal setting, generalization, coaching, or (self-)monitoring, compared to programs without these booster components (de Mooij 2020).
A statistically significant increase of interpersonal and emotional skills could not be demonstrated in social skills training programs when there were changes in setting

(indicated vs universal programs), duration (1-9 weeks vs 10-11 weeks vs 12-16 weeks vs 17-26 weeks vs >27 weeks), type of trainer (school personnel vs mental health professional vs non-school personnel), training of the trainer (training vs no training), mode of delivery (computer program vs face-to-face) and age of the participants (primary school age vs secondary school age vs both children and adolescents) (de Mooij 2020).
Evidence is of low certainty and results cannot be considered precise due to lack of data.
Programs aiming to stimulate intra- and interpersonal domains
There is limited evidence in favour of universal secondary school-based programs aiming to stimulate students' intrapersonal (i.e. the ability to manage one's own feelings and emotions) and interpersonal (i.e. the ability of an individual to build and maintain positive relationships with others) domains.
It was shown that secondary school-based programs aiming to stimulate students' intra-and interpersonal domains resulted in a statistically significant improvement of the intrapersonal domain, self-esteem, self-regulation, general wellbeing, internalizing problems, the interpersonal domain, social competence, aggression and bullying, compared to control (usual care, another intervention, no intervention) (Mertens 2020). A statistically significant improvement of resilience and the school climate could not be demonstrated (Mertens 2020).
However, depending on a focus on a specific content component of the program, results might differ:
 Programs with focus on emotion regulation vs programs without: A statistically significant improvement for any of the above listed outcomes could not be demonstrated (Mertens 2020). Programs with focus on assertiveness vs programs without: It was shown that such programs resulted in a statistically significant increase of internalizing problems and aggression. A statistically significant increase of resilience, self-esteem, self-regulation, general wellbeing, social competence, and school climate, and decrease of bullying could not be demonstrated (Mertens 2020). Programs with focus on self-efficacy vs programs without: A statistically significant improvement for any of the above listed outcomes could not be demonstrated (Mertens 2020). Programs with focus on self-control vs programs without: A statistically significant improvement for any of the above listed outcomes could not be demonstrated (Mertens 2020). Programs with focus on insight building vs programs without: It was shown that such programs resulted in a statistically significant increase of social competence and decrease of bullying. A statistically significant increase of resilience, self-esteem, self-regulation, general wellbeing, and school climate, and decrease of internalizing problems and aggression could not be demonstrated (Mertens 2020). Programs with focus on cognitive coping vs programs without: It was shown that such programs resulted in a statistically significant decrease of resilience, self-esteem, self-regulation, general wellbeing, and decrease of internalizing problems and aggression could not be demonstrated (Mertens 2020). Programs with focus on cognitive coping vs programs without: It was shown that such programs resulted in a statistically significant decrease of internalizing problems and aggression could not be demonstrated (Mertens 2020). Programs with focus on relaxation vs programs without: A statistically significant inc
 Programs with focus on problem solving vs programs without: It was shown that such programs resulted in a statistically significant decrease of bullying. A statistically significant increase of resilience, self-esteem, self-regulation, general wellbeing, social competence and school climate, and decrease of internalizing problems and aggression could not be demonstrated (Mertens 2020).
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 Programs with focus on peer resistance vs programs without: A statistically significant improvement for any of the above listed outcomes could not be demonstrated (Mertens 2020).
In addition, depending on the use of specific instructional components, results might differ:
 Programs including multimedia vs programs without: It was shown that such programs resulted in a statistically significant increase of social competence. A statistically significant increase of self-esteem, self-regulation, general wellbeing, and school climate, and decrease of internalizing problems, bullying and aggression could not be demonstrated (Mertens 2020). Programs including practice, modelling, discussion, goal setting, (self-)monitoring, multimedia, homework or didactic instruction as instructional component vs programs without: A statistically significant improvement for any of the above listed outcomes could not be demonstrated (Mertens 2020).
Evidence is of low certainty and results cannot be considered precise due to lack of data.
Second Step social-emotional learning programs
There is in favour of the Second Step social-emotional learning programs, based on a blend of theoretical foundations, including the cognitive-behavioural model, social learning theory, social information processing and verbal self-regulation.
It was shown that social-emotional learning programs resulted in a statistically significant increase of content knowledge of the lessons and prosocial behavior, compared to no such program (Moy 2018). A statistically significant decrease of antisocial behavior could not be demonstrated, although a statistically significant decrease could be shown when comparing programs in kindergartens versus multiple grades (Moy 2018).
Evidence is of moderate certainty.
Anti-(cyber)bullying programs
There is limited evidence in favour of anti-(cyber)bullying programs.
It was shown that traditional anti-bullying programs resulted in a statistically significant decrease of bullying victimization and perpetration (based on 9 studies with continuous data) (Ng 2020a). However, this could not be demonstrated in 2 studies with dichotomous data (Ng 2020a).
It was shown that anti-cyberbullying programs resulted in a statistically significant decrease of bullying victimization and perpetration, compared to no such program (Ng 2020a).
However, depending on the personnel delivering the intervention, the location of intervention, the duration of the intervention or the presence of parental involvement, results might differ:
 Anti-(cyber)bullying programs delivered by teachers/school staff (versus no program): It was shown that such programs resulted in a statistically significant decrease of (cyber)bullying victimization and perpetration (Ng 2020a). Anti-(cyber)bullying programs delivered by content experts (versus no program): It was shown that such programs resulted in a statistically significant decrease of (cyber)bullying victimization and perpetration (Ng 2020a).
 2020a). Anti-(cyber)bullying programs delivered by teachers/school staff versus content experts: It was shown that programs delivered by teachers/school staff resulted in a statistically significant less decrease of cyberbullying victimization and perpetration compared to programs delivered by content experts. A difference bullying victimization and perpetration could not be demonstrated (Ng 2020a).
 Anti-(cyber)bullying programs delivered in schools (versus no program): It was shown that such programs resulted in a statistically significant decrease
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of bullying victimization and perpetration. A decrease of cyberbullying victimization and perpetration could not be demonstrated (Ng 2020a).	
 Anti-(cyber)bullying programs delivered in classrooms (versus no program It was shown that such programs resulted in a statistically significant decrease of bullying victimization and perpetration. A decrease of cyberbullying victimization and perpetration could not be demonstrated (2020a). Anti-(cyber)bullying programs delivered in schools versus classrooms: A statistically significant difference in (cyber)bullying victimization and perpetration could not be demonstrated (Ng 2020a). Anti-(cyber)bullying programs up to 3 months (versus no program): It we shown that such programs resulted in a statistically significant decrease of cyberbullying victimization and (cyber)bullying perpertation. A decrease of bullying victimization and (cyber)bullying perpertation. A decrease of cyberbullying victimization could not be demonstrated (Ng 2020a). Anti-(cyber)bullying programs between 3 and 6 months (versus no program): It was shown that such programs resulted in a statistically significant decrease of bullying victimization and bullying perpetration. A statistically significant difference in cyberbullying victimization and bullying perpetration. A statistically significant decrease of bullying victimization and bullying perpetration. A statistically significant difference in cyberbullying victimization and perpetration. A statistically significant difference in cyberbullying victimization and bullying perpetration. Anti-(cyber)bullying programs with parental involvement (versus no program): It was shown that such programs resulted in a statistically significant difference in (kg 2020a). Anti-(cyber)bullying programs with parental involvement (versus no program): It was shown that such programs resulted in a statistically significant difference in cyberbullying victimization and perpetration. A statistically significant difference in cyberbullying victimization and perpetration. Anti-(cyber)bullying programs with parental involvem	Ng as of n):
Montal bookb first aid programs	
Mental health first aid programs There is evidence in favour of teen mental health first aid programs.	
It was shown that teen mental health first aid programs. It was shown that teen mental health first aid programs resulted in a statistically significant increase of knowledge about depression, knowledge about anxiety, recognition of depression, recognition of anxiety, stigma regarding depression, stigma regarding anxiety, helpful intentions regarding depression, adequate suicid first aid intentions, and helpful intentions regarding anxiety, and a statistically significant decrease of harmful intentions about depression, avoiding talking about suicide and harmful intentions about anxiety, when measured immediately after program implementation, compared to a physical first aid training (Ng 2020b). At month follow-up it was shown that the program resulted in a statistically significa increase of adequate suicide first aid intentions and a decrease of avoiding talking about suicide, compared to a physical first aid training (Ng 2020b). However, at 1 months follow-up, a statistically significant increase of recognition of depression could not be demonstrated (Ng 2020b). Evidence is of moderate certainty. Adolescent Dating Violence prevention programs	t 12 nt

There is limited evidence in favour of adolescent dating violence prevention programs.
It was shown that adolescent dating violence prevention programs resulted in a statistically significant decrease of emotional dating violence perpetration and sexual dating violence perpetration, compared to no such program or a waiting list control (Russell 2021). However, for the outcomes physical dating violence perpetration, emotional victimization and physical dating violence victimization, the effect depended on the type of data: a statistically significant decrease was found when measured by dichotomous data, but a significant decrease could not be demonstrated with continuous data (Russell 2021). In addition, a statistically significant decrease of overall data violence perpetration, threatening perpetration, overall dating violence victimization and threatening victimization could not be demonstrated (Russell 2021).
Evidence is of low certainty and results cannot be considered precise due to limited sample size or lack of data.
Mental health literacy programs
There is limited evidence in favour of mental health literacy programs.
It was shown that the "Mental Health for Everyone program", the "HeadStrong program" and the "Adolescent Depression Awareness Program" resulted in a statistically significant increase of mental health knowledge, compared to classes as usual (Seedaket 2020). For the "Adolescent Depression Awareness Program" this effect was also shown at 4 months follow-up, and for the "HeadStrong program" at 6 months follow-up (Seedaket 2020). In addition, it was shown that an educational program with a contact module resulted in a statistically significant increase of mental health knowledge, compared to the same program without contact module (Seedaket 2020). However, for the "Mental Health and High School Curriculum Guide" a statistically significant increase of mental health knowledge could not be demonstrated (Seedaket 2020).
It was shown that the "Mental Health for Everyone program" and the "HeadStrong program" resulted in a statistically significant decrease of mental health stigma. However, for the "Mental Health and High School Curriculum Guide" and the "Adolescent Depression Awareness Program" a statistically significant decrease of stigma could not be demonstrated. For the "HeadStrong program" the decrease of stigma at 6 months-follow up could not be demonstrated. For an educational program with a contact module a statistically significant decrease in stigma, compared to the same program with contact module, could not be demonstrated (Seedaket 2020).
It was shown that an educational program with a contact module resulted in a statistically significant increase of help-seeking, compared to the same program without contact module (Seedaket 2020). However, for the "Headstrong program" a statistically significant increase of a help-seeking attitude could not be demonstrated (Seedaket 2020).
Finally, it was shown that an educational program with a contact module resulted in a statistically significant increase of emotional well-being and resilience, compared to the same program without contact module (Seedaket 2020).
Evidence is of low certainty and results cannot be considered precise due to limited sample size or large variability of results.
Multicomponent positive psychology interventions
There is limited evidence in favour of multicomponent positive psychology interventions.
It was shown that multicomponent positive psychology interventions resulted in a statistically significant increase of subjective wellbeing immediately following implementation of the program and at follow-up, compared to a placebo program or a waiting list control (Tejada-Gallardo 2020). However, a statistically significant

	increase of psychological wellbeing could not be demonstrated (Toisdo, Callerda
	increase of psychological wellbeing could not be demonstrated (Tejada-Gallardo 2020).
	Evidence is of low certainty.
Updatestatus	Update needed
Reference(s)	 Inplate needed Chisholm K, Patterson P, Torgerson C, Turner E, Jenkinson D, Birchwood M. Impact of contact on adolescents' mental health literacy and stigma: the SchoolSpace cluster randomised controlled trial. BM Open 2016, 6(2):e009435 Hart LM, Morgan AJ, Rossetto A, Kelly CM, Mackinon A, Jorm AF. Hejping adolescents to better support their peers with a mental health problem: A cluster-randomised crossover trial of teen Mental Health First Aid. Australian & New Zealand Journal of Psychiatry 2018, 52(7):638-651 Hart LM, Cropper P, Morgan AJ, Kelly CM, Jorm AF. teen Mental Health First Aid as a school-based intervention for improving peer support of adolescents at risk of suicide: Outcomes from a cluster randomised crossover trial. Australian & New Zealand Journal of Psychiatry 2020, 54(4):382-392 Lubman DJ, Cheetham A, Jorm AF, Berridge BJ, Wilson C, Blee F, Mckay-Brown L, Allen N, Proimos J. Australian adolescents' beliefs and help-seeking intentions towards peers experiencing symptoms of depression and alcohol misuse. BMC Public Health 2017, 17(1):658 Lubman DJ, Cheetham A, Sandral E, Wolfe R, Martin C, Blee F, Berridge BJ, Jorm AF, Wilson C, Allen NB, Mckay-Brown L, Proimos J. Twelve-month outcomes of MAKINIGHELINK: A cluster randomized controlled trial of a school-based program to facilitate help-seeking for substance use and mental health problems. EclinicalMedicine 2020, 18:100225 Milin B, Kutcher S, Lewis SP, Walker S, Wei Y, Ferrill N, Armstrong MA. Impact of a Mental Health Curriculum on Knowledge and Stigma Among High School Students: A Randomized Controlled Trial. J Am Acad Child Adolesc Psychiatry 2016, 55(5):383-391 Milin B, Kutcher S, Lewis SP, Walker S, Wei Y, Ferrill N, Armstrong MA. Impact of a adapter andomized controlled trial. J Adolesc 2014, 37(7):1143-1151 Sapontio JM, Ryan C, Teachman BA. Reducing stigma toward seeking mental health treating andopsice rust and

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Appendix 1: definition of the program content components that were analysed (Mertens, 2020)

Content component	Definition
Emotion regulation	Strategies to help youth identify and appropriately express emotions (including aggression).
Assertiveness	Exercises designed to promote the youth's ability to assert his or her needs appropriately with others.
Self-efficacy	Techniques and training to enhance self-confidence and improve self- efficacy.
Self-control	Strategies to help youth interrupt undesired behavioural tendencies (e.g. impulses) and refrain from acting on them.
Insight building	Activities specifically designed to help a youth achieve greater self- understanding and adjust attitudes.
Cognitive coping	Any techniques designed to alter interpretation of events or deal with stressful situations through examination of the youth's reported thoughts (e.g. cognitive restructuring).
Relaxation	Techniques or exercises designed to induce physiological calming.
Social skills	Training youth how to communicate more effectively with others and providing constructive information, training and feedback to improve interpersonal verbal or non-verbal functioning.
Problem solving	Training in the use of techniques, discussions or activities designed to bring about solutions to social, emotional or behavioural problems.
Peer resistance	Techniques or training to learn youth how to resist pressure from peers.