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Health promotion for adolescents: Specific characteristics of group programs

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Abstract

Adolescence is a period of transition, marked by physical, cognitive, and psychosocial transformations, therefore, the development of health-promoting elements for these individuals is important. The objective of this paper is to carry out an integrative review based on the guiding question: "what characteristics of group health promotion programs are aimed at adolescents?", between 2008 and 2018. Searches were carried out in the SciELO, LILACS, PubMed, and PsycInfo databases, in the month of July 2018, using the keywords "teenager", "mental health", "health promotion", "group", and "program". As a result, 17 articles were included, presenting interventions based on different specific theoretical approaches and themes, with a predominance of social and life skills. Weekly meetings and programs lasting at least seven sessions in a school environment and without the participation of parents or guardians predominated.

Keywords: adolescence, group intervention, health promotion, mental health, social skills

PROMOÇÃO DE SAÚDE PARA ADOLESCENTES: CARACTERÍSTICAS ESPECÍFICAS DE PROGRAMAS EM GRUPO

Resumo

A adolescência é um período de transição marcado por transformações físicas, cognitivas e psicossociais, sendo importante o investimento em elementos de promoção de saúde para esses indivíduos. O objetivo deste trabalho consiste em uma revisão integrativa de literatura pautada na questão norteadora "Quais são as características dos programas de promoção de saúde em grupo voltados para adolescentes?", abrangendo o período de 2008 a 2018. Foram realizadas buscas nas bases de dados SciELO, LILACS, PubMed e PsycInfo, durante o mês de julho de 2018, utilizando as palavras "adolescente", "saúde mental", "promoção de saúde", "grupo" e "programa". Como resultados, incluíram-se 17 artigos que apresentavam intervenções pautadas em diferentes abordagens teóricas e temáticas específicas, predominando a presença de habilidades sociais e para a vida. Ainda, evidenciou-se uma maioria de encontros semanais e programas de duração de pelo menos sete sessões, em ambiente escolar, sem a participação dos pais ou responsáveis.

Palavras-chave: adolescência, promoção de saúde, saúde mental, habilidades sociais, intervenção em grupo

PROMOCIÓN DE LA SALUD PARA ADOLESCENTES: CARACTERÍSTICAS ESPECÍFICAS DE LOS PROGRAMAS GRUPALES

Resumen

La adolescencia es un período marcado por transformaciones físicas, cognitivas y psicosociales, y la inversión en elementos de promoción de la salud es importante. Este trabajo consiste en una revisión integral de la literatura basada en la pregunta guía "¿Cuáles son las características de los programas de promoción de la salud en grupo para adolescentes?", que abarca el período comprendido entre 2008 y 2018. Se realizaron búsquedas en las bases de datos SciELO, LILACS, PubMed y PsycInfo, durante el mes

de julio de 2018, utilizando las palabras "adolescente", "salud mental", "promoción de la salud", "grupo" y "programa". Como resultado, se incluyeron 17 artículos que presentan intervenciones basadas en diferentes enfoques teóricos y temáticos específicos, con predominio de las habilidades sociales y de la vida. Aún así, hubo un predominio de reuniones semanales y programas que duraron al menos siete sesiones, en un entorno escolar, sin la participación de los padres o tutores.

Palabras clave: adolescencia, promoción de la salud, salud mental, habilidades sociales, intervención grupal

Adolescence is a transition period between childhood and adulthood, being a stage of development characterized by physical, cognitive, and psychosocial changes, marked by the presence of conflicts related to the definition of identity, the perception of these bodily changes, and the efforts of the individual to achieve the cultural expectations of the society in which they live (Sadock & Sadock, 2007; Eisenstein, 2005). Self-control, resistance to peer influence, and reflection on future consequences are not yet fully developed, partly explaining the emotional drive and engagement in risky behaviors, which are a characteristic of this phase (Steinberg & Scott, 2003). The behaviors that are established during this period have a direct influence on central issues of adult life, such as substance abuse, levels of physical activity, and mental health (Inchley et al., 2016).

Thus, this phase can also correspond to a period of vulnerability, since the adolescent, who is going through a process of biopsychosocial changes, cannot protect themselves from the risks present in their social environment, as they are not able to properly use of their resources (Pessalacia et al., 2010). The most difficult aspects of adolescence include mood swings, engaging in risky behaviors, and intense conflicts in family relationships (Cicchetti & Rogosh, 2002).

Risk behaviors, such as early initiation of sexuality, having sex without using condoms, non-use and/or inappropriate use of contraceptives, drug, alcohol, and tobacco abuse, and traffic accidents – which may be increased when associated with poverty, social exclusion, violence, rejection of peers, isolation, and lack of family support – are very common during this phase (Gorayeb, 2002; World Health Organization [WHO], 2014). Protective factors are linked to cohesion at the community level, family well-being, individual behaviors and skills, access to services, and policies specifically aimed at adolescents (WHO, 2014). Regarding mental health, although adolescents are generally perceived as a healthy age group, 20% of them experience some mental health problems, with depression and anxiety being the most common (WHO, 2012).

The WHO (2004) points out that the elements of prevention and promotion are often associated in the same programs and strategies, since both aim to improve mental health; however, they must be understood as distinct approaches, albeit interconnected. The main difference between prevention and health promotion lies in the purpose of the action: while preventive actions are aimed at reducing symptoms and the prevalence of specific illnesses and/or disorders, promotion emphasizes individual and collective strengthening to deal with health conditions, thus providing well-being and quality of life (Luz et al., 2015).

Regarding health promotion specifically for adolescents, the results of the systematic review carried out by Barry et al. (2013), with the aim of assessing the efficacy of intervention programs for mental health promotion in young people from low- and middle-income countries, indicate that these interventions can be effectively implemented in these environments. However, the authors emphasize that the development of abilities for the

implementation and assessment of mental health promotion policies and practices are fundamental for the promotion and support actions to improve young people's mental health.

Among the various approaches to health promotion for adolescents, there are the life skills (LSs) teaching and training programs, which allow adolescents to learn skills to face risk situations in a healthier way, arising from possible conflicts or pressures experienced in relationships with family members, teachers, partners, and peers (Murta et al., 2009). These LSs consist of skills that promote adaptive and positive behavior, which allow individuals to effectively deal with the demands and challenges of everyday life. The skills are decision-making, problem-solving, creative thinking, critical thinking, effective communication, interpersonal relationships, self-knowledge, empathy, dealing with emotions, and dealing with stress (WHO, 1997).

Therefore, it can be said that LSs are intrinsically related to the individual's social, personal, intellectual, emotional, and physical development (Hosseinkhanzadech & Yeganeh, 2013). Effective training in LSs can increase the individual's awareness by providing greater self-knowledge and allowing them to use these skills to solve problems and improve aspects of their life, in addition to improving interaction with the environment and with others, thus providing a better quality of life (Abbasi et al., 2014).

The LSs include a series of skills focused especially on the social aspect, that is, the social skills, which consist of self-control, emotional expressiveness, empathy, civility, assertiveness, making friends, academic social skills, and interpersonal problem-solving (Del Prette & Del Prette, 2005). Having a good social repertoire indicates a good adjustment and positive prospects for development, as opposed to a poor social repertoire, which can lead to psychological problems and interpersonal conflicts. Still, the absence of some social skills can lead to restricted and conflicting social relationships, thus interfering negatively on the group and on the person's mental health (Del Prette & Del Prette, 2011).

Thus, the description of health promotion programs aimed specifically at adolescents is important, as the literature typically focuses on prevention programs focused on specific disorders and clinical conditions. There are no specific age group divisions, often bringing together children and adolescents in the same interventions; however, such populations have different needs.

Therefore, the objective of this study is to carry out a literature review based on the question "what are the group health promotion programs aimed at adolescents and the characteristics of the proposed interventions?". Therefore, the methodological path, results obtained, and discussion of the subject in question are presented below.

Method

This study consists of an integrative literature review on group interventions focused on health promotion for adolescents, guided by the following guiding question:

- What are the group health promotion programs aimed at adolescents and the characteristics of the proposed interventions?

From this question, data collection was performed in the following bibliographic databases: Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Scientific Electronic Library Online (SciELO), PubMed, and PsycInfo, considering the period between 2008 and 2018. The following keywords were used to search for articles, considering their presence in the title or abstract and based on their combination using Boolean operators: ((“adolescente” OR “adolescent” OR “teenager”) AND (“health promotion” OR “promoção de saúde” OR “promoción de la salud”) AND (“mental health” OR “saúde mental” OR “salud mental”) AND (“grupo” OR “group”) AND (“programa” OR “program”)).

The searches in the databases were carried out in the languages that stood out in each database, thus using keywords in Portuguese, English, and Spanish, based on these specifications.

The search for articles was carried out through the Integrated Library System of the University of São Paulo (*Sistema Integrado de Bibliotecas da Universidade de São Paulo* – SIBiUSP), the part of the Rectory of the University of São Paulo that, which provides public access to bibliographic records of books, journals, theses and dissertations of the university, congress proceedings, catalogs, films, iconographies, newspapers, brochures, among others, allowing access to the full text whenever possible.

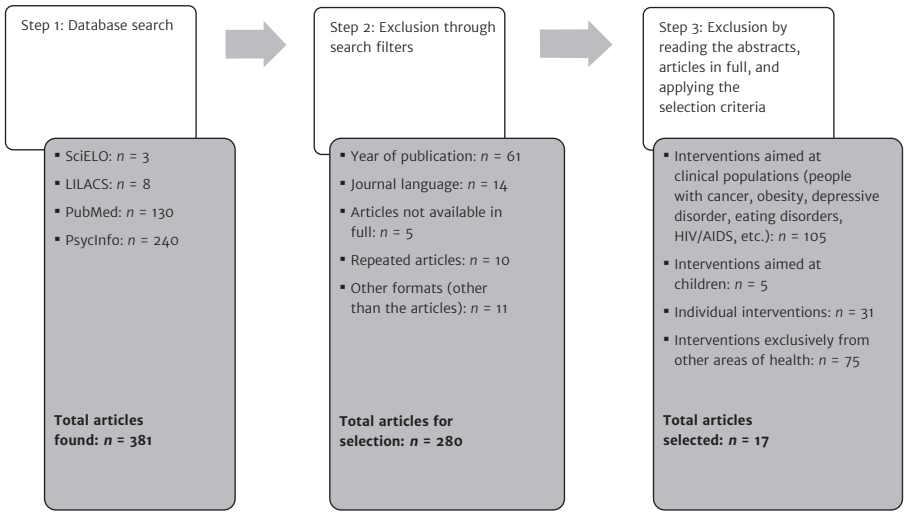
To refine the collection, the following filters were used when the organization of the database allowed: article format; published between 2008 and 2018; written in Portuguese, English, or Spanish. When these filters were not available in the database, the exclusion of articles that did not meet these criteria was performed manually. Furthermore, the following inclusion criteria were considered: 1. interventions aimed at adolescents, with the possibility of parallel or concomitant intervention by parents, guardians, and/or teachers; 2. written in English, Portuguese, or Spanish; 3. interventions aimed at health promotion; 4. interventions from the perspective of psychology; 5. article format; and 6. group interventions. The exclusion criteria were established: 1. interventions aimed at clinical populations (people with cancer, obesity, depressive disorder, eating disorders, HIV/AIDS, for example); and 2. exclusive interventions of other health areas. After performing the search, reading the abstracts and articles in full, and based on the aforementioned inclusion and exclusion criteria, the selected articles were retrieved, which constituted the search result, as shown in Figure 1. After reading these studies, there was a step of extracting the data of interest for the review, using an appropriate form containing the following fields: 1. article identification number; 2. title of the article; 3. authors; 4. country of origin; 5. year of publication; 6. journal; 7. database; 8. article language; 9. keywords; 10. study design; 11. participants; 12. instruments; 13. objective; 14. characteristics of the proposed intervention; 15. results; and 16. conclusion. We highlight that the peer review feature was not used in the selection of articles included in this review.

Results

Through the searches in the databases, a total of 381 articles were found. Initially, 91 articles were excluded due to the application of the filters: time interval (2008-2018), publication format (articles), and language (Portuguese, English, or Spanish). Then, the titles and abstracts of the remaining 280 articles were read, and, from this stage onwards, 39 articles were selected to be read in full. The next step consisted of the reading of the studies, application of the specific inclusion and exclusion criteria, and, finally, the removal of the studies that were repeated in the sample. Then, 17 articles were included in the review, which were used to fill in the coding forms with relevant information for this study. Figure 1 describes this procedure in detail.

Figure 1

Flowchart of the selection procedure of the articles included in the literature review

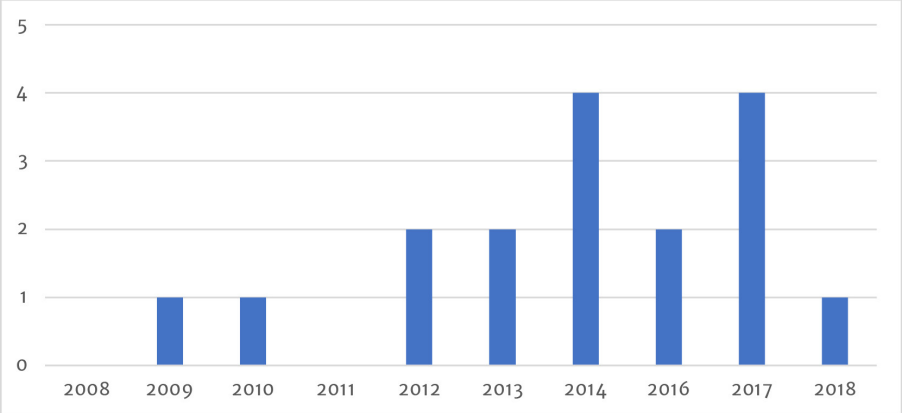


Regarding the date of publication, there is a greater concentration in the years 2014 and 2016, with 23.5% of the articles being published in each of the years (n = 4). The selected articles ranged from 2009 to 2018, and no selected article had been published in the years 2008 and 2011 (Figure 2).

As for the country of origin, the United States of America concentrated 29.4% (n = 5) of the articles, followed by Australia with 17.6% (n = 3), and the other countries (Brazil, Canada Spain, Finland, Nigeria, Norway, Portugal, Sweden, and Turkey) with 5.8% (n = 1) each. Still, in relation to the continent of origin, America was the continent with most studies, with 41.2% (n = 7); followed by Europe, with 35.3% (n = 6); Oceania, with 17.6% (n = 3); and Africa with 5.8% (n = 1).

Figure 2

Distribution of years of publication of the articles selected for the review



The methodologies most used by the articles were quantitative, with the most common being the quasi-experimental methodology – 35.3% (*n* = 6) of the cases –, followed by randomized clinical trials (RCT) – 29.4% (*n* = 5) –, and pre-experimental and experimental – 5.8% (*n* = 1) each. As for qualitative methods, these were used by 11.7% (*n* = 2) of the studies. Mixed methods were used in 11.7% (*n* = 2) of the articles. In total, seven different types of methodologies used for the presentation and assessment of the programs, and their applicability and results were identified.

The objectives of the studies were different, depending on the variables considered in the intervention and the methodology used in the study. For this reason, they were grouped according to their assessment intent. As for the intention to assess the effectiveness of the intervention, 41.1% (*n* = 7) of the studies had this objective; 29.4% (*n* = 5) tried to assess the program's efficacy; and 23.5% (*n* = 4), the efficiency. Still, the description of the intervention adaptation process was present in 5.8% (*n* = 1) of the studies, and the exploration of the participants' experience, in 5.8% (*n* = 1).

Regarding the samples used, 5.8% (*n* = 1) of the studies considered only female adolescents, while all the other 94.2% (*n* = 16) selected individuals of both sexes. In addition, 17.6% (*n* = 3) of the studies presented interventions or instructions aimed at parents/relatives and/or teachers, which occurred at the same time that the adolescents underwent the intervention. As for the participants' age, it ranged from ten to 18 years.

Table 1 summarizes the information of the selected studies, such as the authors, titles, results, and objectives.

Table 1

Description of articles included in the review and characteristics of the interventions

Authors/ year/country	Objective	Methodology/ sample	Theoretical reference	Results	Number of sessions/ frequency/duration/ location/professional	Contents	Conclusion
Tomás et al. (2014) Portugal	Assess the effectiveness of a skills development program (self-concept and resilience) in young people, aged 13 to 15 years.	• Quasi-experimental. • 21 adolescents between 13 and 15 years old of both sexes.	Not specified by the authors.	There were positive results. After the intervention, the groups showed statistically significant differences in the factors of physical appearance and self-concept satisfaction/ happiness, as well as in the total self-concept value. The external resources of resilience in which statistically significant differences were found were the significant participation in school and the high expectations of adults at home.	• 7 sessions. • Weekly. • 45 minutes. • School.	Self-concept and resilience.	The intervention was focused on the development of two skills in adolescents, which happened in a tenuous way, suggesting its replication in similar samples with a view to validating the results found.
Moreira et al. (2017) Brazil	Describe the process of translating the activities contained in the protocol of the *Everybody's Different* program (O'Dea, 2007) to the Brazilian context, as part of the first stage of the cross-cultural adaptation procedure.	• Cross-cultural adaptation. • Adolescents between 10 and 14 years old of both sexes.	Not specified by the authors.	The adaptation process was completed.	• 9 sessions. • Weekly. • 50-80 minutes. • School.	•"Part 1: stress management. • Activities: discussion on how to deal with stress in a positive way and relaxation exercises. • Part 2: building a positive sense of self by exploring the individuality of adolescents and peers. • Activities: adolescents are expected to base their self-esteem on different aspects and not only on their own body size, identifying the different factors that make them different and unique; respect and tolerate others, learning to appreciate diversity; and develop a positive sense of themselves, exercising recognition of their qualities and the qualities of others.	The *Everybody's Different* program becomes a potentially promising strategy, due to the good results indicated in the international studies cited by the authors.

Table 1

Description of articles included in the review and characteristics of the interventions (continuation)

Authors/ year/country	Objective	Methodology/ sample	Theoretical reference	Results	Number of sessions/ frequency/duration/ location/professional	Contents	Conclusion
Ardic et al. (2016) Turkey	The objective of the study is to assist in the applicability and analysis of the long-term effectiveness of the *T-COPE Health Teen* program.	• Quasi-experimental. • 87 adolescents between 12 and 15 years old of both sexes.	Cognitive-behavioral therapy (CBT).	The intervention group showed improvements in aspects of eating behavior, physical activity, and stress management. Effectiveness in the development of cognitive and behavioral skills, a healthy lifestyle, weight maintenance, and stress management in Turkish youth. The results were maintained after the 12-month period.	• 15 sessions. • Weekly. • 40 minutes. • School. • Researcher.	Creating a healthy lifestyle, strategies to build self-esteem, stress management, goal setting, effective communication, nutrition, and physical activity. Session structure: review of the previous session; ten to 15 minutes of physical activity (not training exercise); case examples to highlight concepts and improve the learning of behavioral skills; homework assignments between sessions, including goals and progress journal.	The applicability of the program to Turkish adolescents and its effectiveness in their health, eating, and physical activity behaviors and stress management were demonstrated in the study.
Tirlea et al. (2016) Australia	Test the efficacy of an intervention applied by health professionals, outside the school context, to girls who presented self-reported problems of low body image, low self-esteem, low self-confidence, who did not play sports or were overweight or underweight.	• Randomized clinical trial. • 122 girls between 10 and 16 years old.	Not specified by the authors.	Increased levels of self-esteem, self-efficacy, and reduced dietary behaviors.	• 10 sessions. • Weekly. • 8 sessions – 3 hours. • 2 sessions – 1 hour. • Community center. • Health professional.	Every session has discussions to encourage participation and teamwork. Welcoming/introduction; team activities with program objectives; body image and self-esteem; personal satisfaction and assertiveness; eating healthy; healthy mind; physical activity; confidence; celebration; and connections.	The program has proven itself successful as a means of improving self-esteem among girls from different cultures.

Table 1

Description of articles included in the review and characteristics of the interventions (continuation)

Authors/ year/country	Objective	Methodology/ sample	Theoretical reference	Results	Number of sessions/ frequency/duration/ location/professional	Contents	Conclusion
Volanen et al. (2016) Finland	Examine the effects of mindfulness practice in strengthening the internal resources of children and adolescents, which promote mental well-being, cognitive functions, psycho-social responses, academic performance, health behaviors, motivational determinants for participation when compared to a program relaxation pattern, and a non-treatment group.	▪ Randomized clinical trial. ▪ 59 adolescents between 12 and 15 years old of both sexes.	Mindfulness.	-	▪ 9 sessions. ▪ Weekly. ▪ 45 minutes. ▪ School. ▪ Facilitator.	Mindfulness sessions.	-
Melnyk et al. (2015) United States of America (USA)	Assess the long-term efficacy of the (*Creating Opportunities for Personal Empowerment* (COPE) *Healthy Lifestyles Thinking, Emotions, Exercise, Nutrition* (TEEN) program *versus* an attention control program (i.e., *Health TEENS*) on overweight/obesity and depressive symptoms of adolescents from 14 to 16 years old, 12 months after the intervention.	▪ Randomized clinical trial. ▪ 779 adolescents between 14 and 16 years old of both sexes.	Cognitive-behavioral therapy (CBT).	Adolescents who went through the program presented lower rates of body mass index (BMI), thus decreasing overweight and obesity. Also, the students who started the program with high levels of depression showed a decrease in symptoms.	▪ 15 sessions. ▪ Weekly. ▪ School. ▪ Teacher.	Cognitive-behavioral skills and physical activity; cognitive modeling; self-esteem; positive thinking; goal setting; problem-solving; stress management; emotional and behavioral regulation; effective communication, as well as communication and personality styles.	The program is effective in the short and long term for improving the level of BMI and preventing overweight and obesity, as well as decreasing symptoms of depression. Integrating the program into health courses in schools has the potential to improve the physical, mental, and academic health of adolescents.

Table 1

Description of articles included in the review and characteristics of the interventions (continuation)

Authors/ year/country	Objective	Methodology/ sample	Theoretical reference	Results	Number of sessions/ frequency/duration/ location/professional	Contents	Conclusion
Garmy et al. (2015) Sweden	Exploring the experience of adolescents in a cognitive-behavioral health promotion program.	• Focus groups. • 89 adolescents between 13 and 15 years old of both sexes.	Cognitive-behavioral therapy (CBT).	The authors reported changes in three categories worked on: 1. interpersonal strategies – direct thinking, improved self-confidence, stress management, and positive activities; 2. interpersonal knowledge – confidence in the group and consideration for others; 3. structural problems – framing the negative and putting emphasis on good performance.	• 10 sessions. • Weekly. • 90 minutes. • School. • Teacher.	Changing negative thoughts; communication training; problem-solving strategies; exercises to strengthen social skills and social networks; and increased participation in health promotion activities. Sessions: 1. knowing yourself other and learning the program rules; 2. dealing with stress; 3. identification of negative thoughts. 4. positive thinking. 5. changing negative thoughts to positive ones. 6-8. identifying negative thoughts. 9. communication practice. 10. maintaining well-being.	The program was assessed as beneficial and significant at the individual and group levels; however, students expressed the wish that the program were more focused on health promotion.
Bella-Awasah et al. (2014) Nigeria	Verify the impact of a school health promotion program aiming to increase knowledge about mental health and reduce the stigma about people with mental disorders.	• Quasi-experimental. • 154 adolescents between 10 and 18 years old of both sexes.	Not specified by the authors.	There were differences between the control and intervention groups regarding the knowledge score, but there were no differences in the attitude and social distance scores.	• 1 session. • 3 hours. • School. • Consultant.	Assessing your own views on mental health and illness; highlighting some behaviors that may indicate mental health problems; identifying peers who may have mental health issues and those who may be experiencing stress; demonstrating and understanding their limitations regarding their responsibilities; considering ways young people can support peers with mental health problems; considering ways young people can access peers to get support for their own mental health problems; considering strategies individuals can use to maintain a good mental health.	Reduced training and workshops appear to produce small but positive changes in mental health knowledge among Nigerian youth.

Table 1

Description of articles included in the review and characteristics of the interventions (continuation)

Authors/ year/country	Objective	Methodology/ sample	Theoretical reference	Results	Number of sessions/ frequency/duration/ location/professional	Contents	Conclusion
Fazier et al. (2014) USA	Examine feasibility and commitment to the program through an open trial.	▪ Quasi-experimental. ▪ 46 adolescents – mean age 13.09 years (*SD* = 0.97) ▪ 36 parents.	Not specified by the authors.	▪ There was no difference in the parents' reports regarding social skills. ▪ There were an improvement in social skills indexes and less behavior problems – parents and staff.	▪ 20 sessions (2x week). ▪ 90 minutes. ▪ Park. ▪ Park employees and mental health professionals.	Two first sessions: group building activities and introduction to the *Good Behavior Game*; maintaining the engagement and minimizing abandonment. ▪ Problem-solving; emotion regulation; effective communication. ▪ Activities: didactic instructions; demonstration of skills and discussions; role-plays; sports and recreation – with feedback.	The findings encourage investment in recreational activities after school with the aim of reducing risks and strengthening resilience in vulnerable youth.
Ritchie et al. (2013) Canada	Assess the impact of the Outdoor Adventure Leadership Experience (OALE) on the resilience and well-being of adolescents of a reserve community and investigate whether this impact was sustainable or whether there were intervening factors that influenced it.	▪ Mixed methods. ▪ 73 adolescents between 12 and 18 years of both sexes.	Not specified by the authors.	▪ Increases in t1-t2 resilience scores. ▪ Increases in mental health ratings were maintained over time. ▪ An open questionnaire indicated a positive perception of the personal growth of the program participants. ▪ Perceived intervening variables: changes in the family and housing situation, stressors, bad influences.	▪ 10 days. ▪ Forest.	Resilience and well-being; positive development of self-concept; development of social skills; formation of bonds with the land; natural challenges; discussions and conversation circles every night.	OALE had a positive impact on the resilience of adolescents in Wikwemikong in the short term. It suggests further research with other populations in Aboriginal communities and adaptation of instruments to these populations.
Melnyk et al. (2013) USA	The purpose of the study was to test the efficacy of the COPE *Healthy Lifestyles* TEEN Program versus an attention control program (*Healthy Teens*) on healthy lifestyle behaviors, BMI, mental health, social skills, and academic performance of high school adolescents immediately after and six months after the intervention.	▪ Randomized clinical trial. ▪ 779 adolescents between 14 and 16 years old of both sexes.	Cognitive behavioral therapy (CBT).	Participants in the intervention group had a higher number of steps per day, lower BMI, and higher social skills scores. Lower rate of alcohol consumption – with no more differences after six months. Higher grades in the health course. The index of overweight was also lower.	▪ 15 sessions. ▪ Weekly. ▪ School. ▪ Teacher.	▪ Cognitive-behavioral skills and physical activity. ▪ Cognitive modeling; self-esteem; positive thinking; goal setting; problem-solving, stress management; emotional and behavioral regulation; effective communication; communication, and personality styles.	The study provides evidence that a teacher-provided cognitive-behavioral skill development intervention can positively affect a range of important outcomes for high school adolescents, with the potential to improve health, psychosocial, and academic outcomes in adolescent populations of high risk.

Table 1

Description of articles included in the review and characteristics of the interventions (continuation)

Authors/ year/country	Objective	Methodology/ sample	Theoretical reference	Results	Number of sessions/ frequency/duration/ location/professional	Contents	Conclusion
Ruiz-Aranda et al. (2012) Spain	To analyze the effects of an emotional intelligence education program based on the emotional intelligence skills model on the mental health of adolescents, immediately after the program and six months after the training.	• Quasi-experimental. • 479 adolescents of both sexes, with a mean age of 13 years.	Not specified by the authors.	Students who participated in the intervention had fewer clinical symptoms than the control group, and differences persisted after six months.	• 24 sessions. • Weekly. • 1 hour. • School. • Researcher.	Emotion perception; demonstration and expression; emotional thought facilitator; understanding and emphasizing emotions; using emotional knowledge; and emotional regulation to promote emotional and intellectual growth.	The results suggest that programs aimed at emotional intelligence can be effective in promoting mental health among adolescents.
Berridge et al. (2010) Australia	Description and development of MAKINGtheLINK, a school-based health promotion program that provides help to young people who use cannabis or present other behavior problems.	• Pre-experimental. • 182 adolescents between 14 and 16 years old of both sexes. • Parents and teachers.	Not specified by the authors.	The program proved to be acceptable and applicable to the school environment. Teachers and students described it as fun, motivating, helpful, and important. Students pointed to an increase in confidence and knowledge in how to seek help for themselves and for peers. Teachers indicated increased confidence and knowledge of how to help students seek help regarding cannabis use and/or mental health problems.	• 5 sessions. • Weekly. • 96 minutes. • School. • Teacher.	• Recognizing when a friend needs help; what types of helpers are available; professional confidentiality; barriers to expressing concerns with a friend; barriers to seeking professional help; and helping a friend to accept professional support and accessing trusted websites to seek help. • Four components: 1. implementation guide; 2. development and information session for the professional team; 3. information session for parents; and 4. student help search program.	The program has been successfully implemented in the school curriculum. The authors believe that using peer models for help-seeking can be a valuable resource for early interventions.
Semeniuk et al. (2009) USA	Report the preliminary results of the efficacy of the *Strengthening Families Program* (SFP10-14) program on the problem-solving skills of parents and adolescents.	• Experimental. • 57 pairs of parents and adolescents. • *M* = 11 years. • *SD* = 1.04. • Both sexes.	Not specified by the authors.	Most items have not changed. As for young people, hostility decreases at t3. Adults showed increased paternal hostility at t3 and decreased positive problem solving at t3.	• 7 sessions. • Weekly. • 2 hours. • Community. • Nurses.	Sessions focused on discipline, family management, stress reduction, substance use resistance, problem-solving, and communication skills.	Questionable efficacy of the program for problem-solving, with this being an indication for further studies and adaptations.

Table 1

Description of articles included in the review and characteristics of the interventions (continuation)

Authors/ year/country	Objective	Methodology/ sample	Theoretical reference	Results	Number of sessions/ frequency/duration/ location/professional	Contents	Conclusion
Roberts et al. (2016) Australia	Assess the impact of a universal health promotion program, the *Aussie Optimism Program* (AOP), on tobacco and alcohol use by adolescents.	▪ Randomized clinical trial. ▪ 3,288 adolescents between ten and 13 years old of both sexes.	Not specified by the authors.	The intervention was associated with lower levels of alcohol use at the post-test and lower levels of alcohol and tobacco use after the follow-up – when training was done by trained teachers and coaching.	▪ 20 sessions. ▪ Weekly. ▪ 1 hour. ▪ School/home. ▪ Teachers.	Ten skill sessions and ten optimism sessions. Communication skills; assertiveness; negotiation; solving social problems; decision-making; perspective making; management skills to deal with stress that are controllable or not and identify negative thoughts about themselves and current and future life situations. Identifying, labeling and monitoring feelings. Parents - promoting resilience.	Health promotion programs that focus on LSs in general can impact health risk behaviors, such as alcohol and tobacco use by young people.
Tharaldsen (2012) Norway	Assess the adolescent program using a mixed-methods approach.	▪ Mixed methods. ▪ 81 adolescents of both sexes with a mean age of 17.2 and 18.5 years.	Cognitive-behavioral therapy (CBT).	Analyses indicated small changes in mindful coping strategies between the intervention and comparison groups.	▪ 14 sessions. ▪ Weekly. ▪ 2 hours. ▪ School.	Mindfulness practice; coping skills for stress and negative emotions; and communication skills for constructive interactions.	The findings evidenced important knowledge regarding the design of interventions that integrate mindfulness for a better promotion of psychological coping for adolescents.
Frank et al. (2014) USA	Assess the applicability and potential effectiveness of the program in indicators of emotional and stress symptoms, prosocial behavior, and attitudes towards violence in a high-risk sample of students from an alternative public school.	▪ Quasi-experimental. ▪ 49 adolescents between 14 and 18 years old of both sexes.	Not specified by the authors.	Less motivation for revenge and less hostility. There were no differences in somatization or overall effect.	▪ 48 sessions. ▪ 3-4 times a week. ▪ 15/20/30 minutes. ▪ School.	Yoga postures; breathing techniques; meditation; stress management; body and emotional knowledge; self-regulation; building healthy relationships; *Actions-breathing-Centering Activities* (ABCs). Engagement in yoga postures, focus on breathing and meditation).	The results point to evidence of the potential of Transformative Life Skills (TLS) among young students at risk of socio-emotional outcomes.

The characteristics of the proposed interventions are described in Table 1. The aspects considered by this literature review were the number of sessions, frequency, duration, place of intervention, theoretical framework, responsible professional, and topics covered. Also, the table describes the presence or absence of a complete description of the program, with the themes approached in the sessions of the programs and the activities carried out in each one of them.

As for the number of sessions, these ranged from one to 48, and programs that proposed more than 20 sessions occurred more than once a week or were inserted within school classes. Thus, 76.47% (n = 13) of the sample had weekly sessions. In relation to the duration of the sessions, there was an expressive variation. The duration of the sessions ranged from 30 minutes to 10 days – in this case, it was an immersion program.

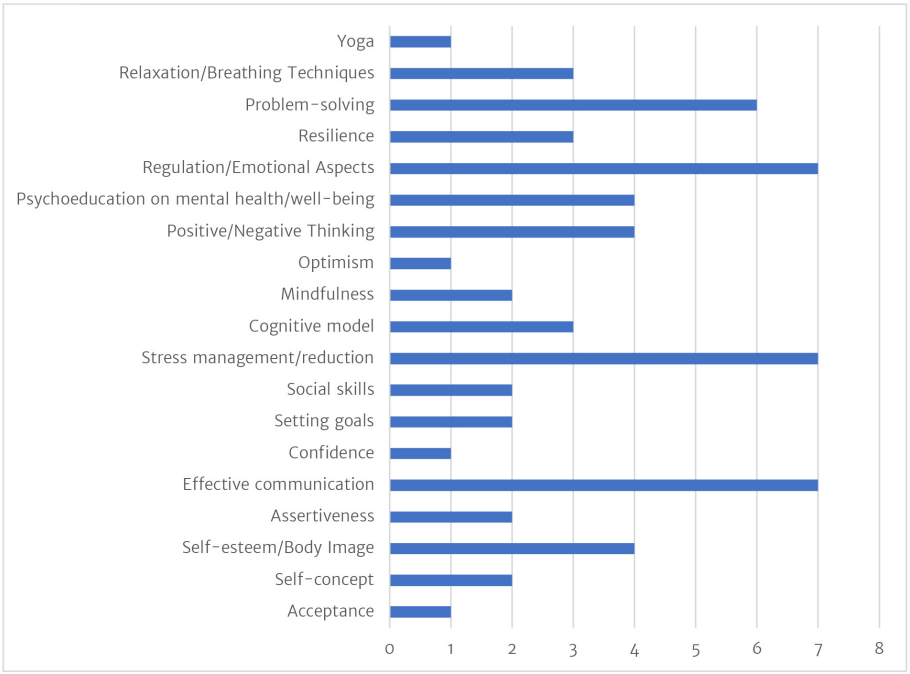
Regarding the place of intervention, 72.2% (n = 13) were carried out in a school environment, 16.6% (n = 3) in a community environment, and 11.1% (n = 2) in other environments. It is important to emphasize that the activities in the community took place after school hours. Still, the option listed as "other" consists of an intervention with parents/relatives carried out in parallel with the intervention of the adolescents, which occurred in the homes of the participating families.

Interventions also did not show a pattern regarding the professional responsible for administering and conducting the groups (Table 1). In 33.3% (n = 6) of the cases, teachers were responsible for the application; in 22.2% (n = 4), health professionals did it; in 27.7% (n = 5) of the interventions, other professionals had this task; and in 16.6% (n = 3) of the studies, it was not reported.

As for the theoretical framework, it was observed that 64.70% (n = 11) of the articles did not explain the theoretical approach on which the intervention was based. Furthermore, 29.41% (n = 5) of selected interventions reported using cognitive-behavioral therapy (CBT), while 5.89% (n = 1) reported being mindfulness-based.

Figure 3

Frequency of contents used by the programs



Regarding the content present in the interventions, these proved to be quite variable and involved several psychological and other aspects of health. The most frequent components involved stress management/reduction, effective communication, and regulation/emotional aspects, each present in seven interventions (10.4%), followed by problem-solving, which was used in 9% (n = 6) of the studies. The contents used for health promotion among the adolescents in the selected programs are described in Figure 3. And, finally, the structured program, or the specification of contents worked on in each session, was presented by 70.5% (n = 12) of the articles, while 29.5% (n = 4) did not bring this information.

Discussion

The aim of this review was to describe studies on programs to promote health for adolescents. In this way, the characteristics of the selected programs were presented, and their particularities and possibilities were described.

The method used to assess these programs is an essential factor to be analyzed, as it directly influences the assessment of the intervention. In this review, articles with different methodological approaches were selected. According to the literature, the methodology

considered the "gold standard" for determining the therapeutic effect is RCT (Cook, 2009). These consist of prospective studies that seek to compare the effect and value of a controlled intervention in human beings, in which the analyzed factor is randomly distributed throughout the sample, through the randomization technique for the formation of experimental and control groups (Escosteguy, 1999). In the sample of this study, it was observed that 29.4% of the interventions were assessed through RCT, however, this was not the most applied method, since 35.3% of the articles described a quasi-experimental methodology.

Quasi-experimental studies are characterized by allowing greater methodological control than pre-experimental ones, but they cannot reach the rigor present in experimental studies and clinical trials. They are usually conducted in a natural environment (schools, hospitals, companies), in an attempt to improve people's living and working conditions and/or assess the efficacy of interventions/treatments performed outside the laboratory environment and also in situations in which it is not practical or ethical to perform a neat experiment. This method lacks full experimental control, but it helps to investigate the practical importance and real significance of experiments, having a high external validity (Shaughnessy et al., 2012). In this sense, Shaughnessy et al. (2012) point out that it is more desirable to have some kind of knowledge about the efficacy of the treatment than no knowledge at all and that this is an advantage of quasi-experimental studies.

The pre-experimental design, which was used in one of the review articles, does not use a control group for comparison and has some limitations regarding history, maturation, test effect, instrument wear, and statistic regression, which results in low internal validity. The pure experimental design, also used in one of the studies, involves direct manipulation and control of variables, using the control group for comparison and experimental control with randomization, resulting in high internal validity (Campbell & Stanley, 1979).

As for focus groups, these are considered a qualitative data collection technique, which has been used to explore the conceptions and experiences of research participants (Backes et al., 2011). Hence, exploring the experiences of participants of a specific group seems to be an adequate method, as used in the study by Garmy et al. (2015). Finally, in two articles, mixed methods were used: data collection procedures, analysis, and a combination of quantitative and qualitative techniques in the same research design to achieve its assessment objectives (Paranhos et al., 2016).

A factor that influences the choice of methodology for a study is its objective. Thus, it is necessary to consider the differences between the efficacy, efficiency, and effectiveness of the proposed interventions. Efficacy refers to how well the treatment works under the conditions of the "ideal world", which would be the assessment of the result of a treatment in a randomized clinical trial; efficiency refers to the cost-effectiveness of the treatment; and effectiveness refers to how the treatment works under "real world" conditions, that is, in situations in which patients/clients are heterogeneous regarding a certain characteristic (Rush,

2009). Thus, concerning the objectives of the selected studies, it was evident that 41.1% (n = 7) sought to assess the effectiveness of the program, while 29.5% (n = 5) assessed its efficacy. These objectives seemed to be in line with the methods used and described above, showing that the methodological choices of the studies were relevant to their objectives and practical possibilities.

The interventions were applied in three different environments, with the participants' school being the most frequent among the selected studies, 72.2% (n = 13) of the cases. Pelicioni and Torres (1999) point out that interventions in the school context, aimed at promoting health, adopt an integral view of the human being, considering them as part of a family, community, and social sphere, in order to improve their quality of life. According to Herzig-Anderson et al. (2012), schools are promising environments for the implementation of mental health services for children and adolescents, as they can normalize mental health care and increase the chances of the population getting access to aid. Del Prette and Del Prette (2009) justify the inclusion of mental health promotion programs in schools through three fundamental functions: the social function of the school itself; the relationship between academic performance and social skills; and inclusion policies. However, this environment also has limitations, as it has scarce resources, and mental health programs in schools often depend on the training of professionals from the institution itself, in order to be implemented (Paternostro et al., 2015).

In this sense, the data from this review are in line with the literature. The results showed that, in 33.3% (n = 6) of the studies, the intervention was applied by trained teachers, which seems to be in accordance with the reality of the school environment and the possibilities of applying health promotion programs for this population. Paternostro et al. (2015) point out that developing the skills of the school team in providing mental health services is essential for the sustainability of these programs. Still, other health professionals were responsible for the application in 22.2% (n = 4) of the selected studies. As for the application of specific programs of the cognitive-behavioral approach, considering groups in a school environment, studies show that professionals from other areas (including teachers), when trained, can conduct the programs efficiently and successfully (Barrett et al., 2000; Maria-Warner et al., 2013).

Still regarding the individuals involved in the programs, adolescence is shown as a challenging phase not only for young people, but also for their parents, family members, teachers, and friends (Macedo et al., 2017). Thus, it is necessary for parents to assume new roles, especially considering parenting styles and their influences on their children's behavior (Silva, 2009). In this sense, Luz et al. (2015) point out that promoting health for young people and adolescents also involves encouraging responsibility for health in other environments, such as the family, organizations, or communities. Considering these points, it is important to highlight the fact that only two programs among those selected by this review had interventions

that also involved parents and family members in the health promotion process. In one of them, after the intervention, it was described that the paternal hostility behaviors increased after the program, as well as the problem-solving skills decreased, indicating problems in its application.

Considering the contents used in the interventions carried out by the programs, several components capable of achieving this objective are described in the literature. Zins et al. (2004) report that these programs typically focus on a variety of emotional and social skills, such as self-awareness, self-management, empathy, and problem-solving. In this review, the most used by the selected programs were stress management/reduction, regulation/emotional aspects, effective communication, and problem-solving, totaling 40.3% (n = 27) of the contents. Considering the abovementioned, these four intervention themes are LSs.

According to the WHO (1997), LSs refer to social, cognitive, and affective skills that are useful for coping with everyday demands. They are self-knowledge, critical thinking, creative thinking, decision-making, problem-solving, interpersonal relationships, effective communication, empathy, managing emotions, and coping with stress. Dealing with stress involves recognizing the sources of stress and developing coping strategies to resolve and reduce its effects. Dealing with emotions is about recognizing one's own emotions and assertively express oneself, without harming their own health. Effective communication is the ability to express opinions, desires, needs, and feelings in a direct and socially appropriate way, seeking to reconcile the rights of both parties. And problem-solving is a skill that involves facing problems constructively, using one's own resources and the environment, without harming others (Murta et al., 2010).

Social skills and assertiveness, in particular, are presented as contents in these studies. They add up to 6% of the topics covered. These skills are social behaviors that contribute to social competence and facilitate healthy relationships, namely: civility, interpersonal problem-solving, making friends, assertiveness, and empathy (Murta et al., 2010). Assertiveness consists of the ability to assert and defend one's rights, through the expression of thoughts, feelings, and beliefs, directly and honestly, without disrespecting the rights of others (Lange & Jakubowski, 1976, as cited in Bandeira, 2003). The WHO proposes life and social skills education programs with the aim of developing adaptive and socially appropriate behaviors so that young people can effectively deal with the demands and challenges of everyday life (WHO, 1997). Currently, these skills have been heavily used in programs to promote well-being and quality of life (Murta & Barletta, 2015), as evidenced by this review.

Murta and Barletta (2015) also point out that the knowledge arising from CBT studies can be important an factor in the development of programs to promote mental health and prevent mental disorders. In this review, 10.5% (n = 7) of the contents studied had CBT elements, namely: the use of the cognitive model and the setting of goals. The cognitive

model proposes that the individual's thoughts influence their emotions and behavior, and goal setting is one of the basic assumptions of this form of therapy (Beck, 1997). Still, it is evidenced in the literature that CBT has been widely used in the contexts of prevention and health promotion.

Also considering CBT elements, in this study, 29.41% (n = 5) of the interventions reported having CBT as the theoretical approach on which the program was based. It was observed that most programs did not report their theoretical basis, which, according to Zeidner et al. (2009), is a common movement considering this specific literature, since the theoretical and empirical bases of most training programs are unclear, and their effects are often not rigorously assessed.

The results presented by the studies point to promising interventions, even if slight in some cases. Only one of the studies highlighted increase in symptoms of hostility and difficulty in problem-solving in the case of the intervention aimed at parents and family members. However, it is important to apply the proposed interventions to larger and more diversified samples, as suggested by the studies. One of the programs presented, COPE, was assessed in three of the selected articles. In fact, one of them made cultural adaptations to the population of Turkish teenagers, and all studies point to positive results to some extent at the end of the assessment. This fact emphasizes the importance of adapting health promotion strategies and programs to the local needs and resources of countries to take into account different social, cultural, and economic systems (Carta de Ottawa, 1986).

There is a difficulty in choosing the articles due to the fact that the concepts of prevention and health promotion are often used in a complementary way (Weisz et al., 2005). The elements of these strategies are usually present in the same programs, since they have the improvement of individuals' mental health as a common objective, although they have different approaches (WHO, 2004).

Considering the abovementioned, it can be said that health promotion programs aimed at adolescents have been increasingly developed, as their importance and need have been highlighted through research. The strategies used are diverse and proved to be effective in most of the studies found, although LSs and social skills stood out in terms of indication and application, even if they were worked on in different ways and combinations in each of the interventions presented.

In this sense, this study seeks to contribute to the research area through a mapping and description of health promotion programs for adolescents and their specific characteristics. In this way, it allows for greater knowledge about how health promotion recommendations for this population are being applied in practice and through what specific content and interventions this has been done.

As a limitation of the research, we point out the selection of the studies, chosen from the inclusion and exclusion criteria, which limits access to the totality of research related to

the topic. There may be specific studies that were not included in the sample and that may approach interventions different from those presented in this review. Thus, the need for further studies on the subject is evident to contribute to the increase in knowledge and evidence about health promotion among adolescents.

The specificities of each type of methodology and different contents make it difficult or even impracticable to compare them in terms of assessment and know which one is more effective in promoting health, since they are very different. Thus, it is important that further revisions be made, considering the methodologies used by the programs and their content, with a more restricted selection, so that comparable items are considered, enabling the assessment of the most appropriate program for the development of specific skills for promotion among adolescents.

This study also showed that there is no standard in the literature that proves to be hegemonic for this purpose, which can also translate the diversity and multiple aspects that can be used when working with health promotion and adolescents since they are complex themes that point to the possibility and need for broad and different perspectives.

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