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EFFECTIVENESS OF SCHOOL ANTI-BULLYING AND MENTAL HEALTH PROMOTION PROGRAMMES ON STUDENTS' MENTAL HEALTH: A CRITICAL REVIEW

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ABSTRACT: School anti-bullying programmes and school mental health promotion are often treated as parts of the same preventive agenda, yet they do not always produce the same kinds of student outcomes. This critical review examines whether school anti-bullying and mental health promotion programmes improve students' mental health, with attention to anxiety, depression, internalising symptoms, self-esteem, subjective wellbeing, school belonging and psychological safety. It draws on fifteen recent peer-reviewed reviews, meta-analyses, umbrella reviews and intervention studies published mainly between 2022 and 2026, while using two earlier meta-analytic sources to locate current evidence within the established anti-bullying evidence base. The evidence presents a useful tension. Anti-bullying programmes show consistent but modest reductions in bullying victimisation and perpetration, while effects on mental health outcomes are usually smaller and less stable. Mental health promotion programmes, especially those using cognitive-behavioural, social and emotional learning, mental health literacy or structured wellbeing components, appear more psychologically direct, but they can underplay the peer ecology in which bullying harms are produced. Whole-school approaches are theoretically stronger because they address norms, teacher responses, bystander behaviour and school climate, yet their impact often weakens when implementation is superficial or poorly monitored. The most convincing position is that student mental health improves best when bullying prevention and mental health promotion are not run as separate agendas. Schools need layered programmes that combine universal culture change, targeted support for victimised students, bystander and peer-norm work, teacher training and direct measurement of mental health outcomes over time.

Keywords: Anti-Bullying Programmes, Mental Health Promotion, Student Wellbeing, School Climate, Peer Victimisation, School-Based Intervention

INTRODUCTION

Bullying is no longer defensible as a routine school discipline problem. It is a mental health concern because victimisation is linked with depression, anxiety, low self-esteem, loneliness, poor school belonging and withdrawal from learning. Recent meta-analytic work connects peer victimisation with depressive symptoms and shows that students who occupy the bully-victim position carry particularly high psychological risk (Song et al., 2024; Wu et al., 2023). The issue for schools is therefore not only how to stop harmful behaviour, but how to protect students' psychological safety after harm has already occurred.

School-based anti-bullying programmes have earned a cautious place in prevention research. Hensums et al. (2023) found that interventions reduced victimisation and perpetration, while Ng et al. (2022) and Polanin et al. (2022) reported small but meaningful effects across traditional bullying and cyberbullying outcomes. These findings are useful, yet they do not prove that students' mental health improves at the same rate. A school may reduce reported incidents and still leave victimised students anxious, ashamed or socially isolated.

Earlier meta-analytic work is important here because it prevents the review from treating the field as though it began in 2022. Ttofi and Farrington (2011) first consolidated evidence that school-based anti-bullying programmes could reduce bullying and victimisation, while Gaffney et al. (2019) updated that evidence and confirmed that effectiveness varies across programme design and context. The newer literature does not replace that foundation; it asks a harder question about whether reduced bullying translates into measurable mental health gain.

Mental health promotion programmes begin from a different point. They target emotion regulation, coping, help-seeking, social skills, mental health literacy or wellbeing more directly. Zhang et al. (2023) found small positive effects for school interventions targeting depression and anxiety, and Cipriano et al. (2023) reported broad benefits from universal social and emotional learning (SEL). The stronger reading of the field is that anti-bullying work and mental health promotion are both necessary, but neither is sufficient alone.

The aim of this review is to examine whether school anti-bullying programmes and school mental health promotion programmes serve the same psychological ends, where their effects diverge, and what kind of integrated school model is more convincing for protecting student mental health.

Scope and Review Logic

This critical review draws on recent systematic reviews, meta-analyses, umbrella reviews and intervention evidence published mainly between 2022 and 2026. Effectiveness is treated as more than a reduction in bullying counts. A programme is more convincing when it reduces exposure to peer harm, improves psychological outcomes, strengthens school climate, protects vulnerable students and gives a credible explanation of how intervention activity becomes mental health change. The review compares three linked bodies of evidence: anti-bullying interventions, school mental health promotion and whole-school approaches.

Sources were identified through targeted searches of Google Scholar, PubMed, ERIC and publisher databases using combinations of the following terms: school bullying, anti-bullying intervention, mental health promotion, school wellbeing, social and emotional learning, whole-school intervention, peer victimisation, cyberbullying, adolescent mental health, meta-analysis and umbrella review. Inclusion favoured peer-reviewed English-language reviews, meta-analyses, umbrella reviews and rigorous school-based intervention papers involving children or adolescents. Studies centred on workplace bullying, university-only samples, non-school clinical treatment or intervention designs without relevance to bullying or student mental health were excluded. The final synthesis used fifteen recent sources, supported by two foundational meta-analytic anchors.

Table 1: Core evidence base used in the review

Source	Design/evidence type	Context or focus	Headline relevance to this review
Ttofi & Farrington (2011)	Foundational systematic review and meta-analysis	School-based anti-bullying programmes	Established the earlier evidence base that school programmes can reduce bullying and victimisation.
Gaffney et al. (2019)	Updated meta-analytical review	School-bullying prevention programmes	Shows that programme effects are real but context- and component-dependent.
Amado-Rodriguez et al. (2022)	Systematic review with meta-analysis	Mental health literacy in schools	Knowledge and attitudes may improve, but literacy alone cannot guarantee safety.
Guzman-Holst et al. (2022)	Systematic review, meta-analysis and meta-regression	Anti-bullying interventions and internalising symptoms	Finds very small effects on anxiety, depression and internalising symptoms.
Ng et al. (2022)	Systematic review and meta-analysis	Traditional bullying and cyberbullying education	Reports small but meaningful reductions across bullying outcomes.
Polanin et al. (2022)	Systematic review and meta-analysis	Cyberbullying perpetration and victimisation	Supports prevention value while showing modest effects in digital contexts.
Cipriano et al. (2023)	Contemporary meta-analysis	Universal school-based SEL	Shows broad benefits for skills, attitudes, school climate and behaviour.
Grande et al. (2023)	Systematic review and meta-analysis	School-based mental health interventions in LMICs	Shows promise but emphasises resource and delivery constraints outside high-income systems.
Hensums et al. (2023)	Individual participant data meta-analysis	School-based anti-bullying interventions	Shows effects differ by students and programme conditions rather than being uniform.
Mullan et al. (2023)	Systematic review and meta-analysis	Victimisation, self-esteem and internalising symptoms	Explains why reduced bullying may not immediately restore self-worth or wellbeing.

Source	Design/evidence type	Context or focus	Headline relevance to this review
Wu et al. (2023)	Meta-analysis	Bullying and depressive symptoms	Strengthens the case for treating bullying as a mental health issue.
Song et al. (2024)	Systematic review and meta-analysis	Peer victimisation and depression	Clarifies psychological risk and gendered patterns in adolescent victimisation.
Balasooriya Lekamge et al. (2025)	Systematic review and meta-analysis	Whole-school mental health and risk behaviour interventions	Shows whole-school promise but limited effects for anxiety, depression and positive mental health.
Hayes et al. (2025)	Systematic review and meta-analysis	Universal school-based emotional interventions	Reports small improvements in emotional outcomes, supporting direct mental health promotion.
Benavente et al. (2026)	Systematic review and meta-analysis	Subjective wellbeing interventions	Shows wellbeing gains are possible but heterogeneous and often limited by follow-up.
Uddin et al. (2026)	Umbrella review	School-based mental health and wellbeing interventions	Highlights promising approaches and gaps in participatory and low-resource implementation.
Zhang et al. (2023)	Meta-analysis of rigorous RCTs	Depression and anxiety interventions	Supports psychologically direct school interventions for common emotional difficulties.

Why Bullying Reduction Does Not Automatically Mean Mental Health Improvement

The relationship between bullying and student mental health is strong, but it is not mechanically reversible. Mullan et al. (2023) found that peer victimisation relates to internalising symptoms partly through self-esteem, which means that harm is carried through the student's interpretation of the self, not only through the aggressive act itself. Once humiliation, rejection or fear becomes internalised, removing the immediate bullying behaviour may not be enough to rebuild confidence or belonging.

Guzman-Holst et al. (2022) make this point especially clear. Their review found very small effects of anti-bullying interventions on internalising symptoms, anxiety and depression. That finding should not be read as a dismissal of anti-bullying work. It is better read as a warning against treating reduced victimisation as psychological recovery. A student who is no longer targeted may still avoid corridors, mistrust peers or expect adults to fail them.

This gap partly reflects how programmes are evaluated. Bullying outcomes are often measured close to the programme content: fewer reported incidents, less perpetration, improved bystander intention or better knowledge. Mental health outcomes sit further away. They are shaped by duration of victimisation, family support, peer friendships, previous trauma, teacher warmth and access to help. When programmes ignore these layers, they can reduce visible aggression while leaving quieter distress untouched.

What Anti-Bullying Programmes Do Well

The positive evidence for anti-bullying programmes still matters. Hensums et al. (2023) showed that effects differ across students, with some benefits stronger among those most victimised at baseline. This is an important correction to a crude reading of small average effects. A modest pooled effect can still be meaningful when it protects students who are repeatedly harmed. Schools should therefore avoid the cynical conclusion that anti-bullying programmes are pointless.

The more serious problem is overclaiming. Ng et al. (2022) found small effects for educational interventions on traditional bullying and cyberbullying, while Polanin et al. (2022) reported small reductions in cyberbullying perpetration and victimisation. These effects are not trivial, but they are not transformative either. Bullying is sustained by peer status, bystander approval, adult inconsistency and digital spillover, so a brief curriculum or awareness campaign can be absorbed without changing the culture that rewards aggression.

Anti-bullying programmes are strongest when they stay close to their behavioural purpose: reducing victimisation, disrupting perpetration, improving reporting and challenging bystander silence. They become weaker when schools assume those changes will automatically reduce depression, anxiety or shame. Psychological outcomes require direct support. Without it, a school may succeed in stopping a behaviour and still fail to heal the student affected by it.

Mental Health Promotion: Stronger Psychological Pathways, Different Risks

Mental health promotion has a clearer pathway to wellbeing because it works on emotional and cognitive mechanisms. Cognitive-behavioural programmes, mental health literacy, social and emotional learning, mindfulness and positive psychology activities can improve how students identify distress, regulate emotion, seek help and relate to peers. Zhang et al. (2023) found positive effects for interventions targeting depression and anxiety, while Hayes et al. (2025) reported small improvements in school-based emotional outcomes.

Social and emotional learning is particularly relevant because it sits between bullying prevention and mental health promotion. Cipriano et al. (2023) found benefits across skills, attitudes, school climate, behaviour and academic functioning. This gives SEL a broader logic than a narrow anti-bullying lesson. If students learn empathy, self-management and relationship skills, they may be less likely to harm peers and more able to cope with conflict or exclusion.

The weakness is that mental health promotion can become too individualised. A bullied student may be taught breathing exercises, resilience, or help-seeking while the classroom norms that made

bullying possible remain unchanged. That can shift responsibility onto the harmed student. Amado-Rodriguez et al. (2022) show that mental health literacy can improve knowledge and attitudes, but knowledge alone does not guarantee safety, disclosure or support. Psychological skills are valuable only when the school also reduces social sources of distress.

Whole-School Approaches and the Implementation Gap

Whole-school approaches appear theoretically stronger because bullying is not a private conflict between two students. Peer audiences, teacher response, school rules, supervision, online behaviour, parental involvement, and the school's moral climate shape it. A programme that targets only victims or perpetrators misses the ecology that gives bullying its power. This is why whole-school models remain attractive: they promise to make safety a shared institutional responsibility.

The evidence is more restrained than the theory. Balasooriya Lekamge et al. (2025) found that whole-school interventions reduced some risk behaviours, including cyber-bullying and cyber-aggression, but did not show significant effects for anxiety, depression or positive mental health. This finding is not a rejection of whole-school work. It exposes a frequent weakness: the whole-school label is sometimes attached to a few lessons, posters, staff briefings or policy statements that do not actually change daily practice.

Uddin et al. (2026) reached a similar caution in their umbrella review of school-based mental health and wellbeing interventions. Several approaches appear promising, but gaps remain around low- and middle-income settings, health-promoting school frameworks and participatory design. Delivery conditions may decide whether a programme works: teacher skill, student trust, class size, culture, referral pathways and leadership commitment can matter as much as the programme manual.

Contextual Limits of School-Based Intervention Evidence

The low- and middle-income context should not appear only near the end of the discussion, because it changes how effectiveness itself should be understood. Much of the strongest school-intervention evidence comes from systems with smaller classes, trained school counsellors, clearer referral structures, and more stable implementation resources. Grande et al. (2023) give a necessary corrective by showing that school-based mental health interventions in low- and middle-income countries can be useful, yet their success is tied to teacher workload, local acceptability, referral capacity and the practical limits of school health infrastructure.

This matters for anti-bullying and mental health promotion because programme logic does not travel unchanged across contexts. A reporting system assumes that students trust adults and that adults have the authority and time to respond. A counselling referral assumes that trained support exists beyond the classroom. SEL assumes that teachers are equipped to move beyond moral slogans into sustained relational learning. A school in a low-resource setting may still pursue the same mechanisms, but it may need simpler reporting routes, teacher-led support, peer-led components, culturally familiar language and stronger links with parents or community structures.

The stronger position is therefore not to reject evidence from high-income systems, but to read it with implementation humility. Current review evidence shows what may work; local school realities decide whether it can work, for whom, and at what intensity. Treating low- and middle-income settings as an afterthought would reproduce the same weakness that the paper criticises in intervention design: assuming that a general model protects all students equally.

Comparing the Two Programme Logics

Anti-bullying programmes begin with social harm. They ask schools to reduce aggression and protect students from peer abuse. Ethically, this is powerful because no student should be told to become resilient while the environment remains unsafe. Mental health promotion begins with psychological capacity. It gives students language, skills, and support for distress. This is equally important because even a safer school does not automatically repair damaged self-esteem or fear.

The anti-bullying position is stronger on prevention of external harm. Its weakness is that behavioural success may not become psychological recovery. The mental health promotion position is stronger on internal coping and wellbeing. Its weakness is that it may overlook peer power, stigma, and school climate. The better position is therefore layered rather than single-track: bullying prevention should create safety, mental health promotion should build psychological resources, and targeted support should respond to students already harmed.

This layered model is more convincing because it fits the complexity of school distress. A universal layer should change school norms, reporting systems, bystander behaviour and teacher response. A classroom layer should teach SEL, digital citizenship and mental health literacy. A targeted layer should offer counselling, peer reintegration support, parental involvement or referral for students with persistent distress. Such integration avoids two mistakes: reducing bullying to discipline and reducing student mental health to individual coping.

Student Mental Health as a Layered Outcome

Student mental health should not be reduced to the absence of anxiety or depression. In bullying contexts, it also includes psychological safety, belonging, self-esteem, trust in adults, peer connection, and confidence that help will be available. Benavente et al. (2026) found positive effects of school-based interventions on adolescents' subjective wellbeing, but also noted high heterogeneity and limits in follow-up. This pattern fits the wider evidence: wellbeing can improve, yet effects depend heavily on what is measured and how deeply the programme is embedded.

Bullying harms through several pathways at once. Direct victimisation can create fear. Exclusion can damage self-worth. Cyberbullying can extend distress beyond school hours. Bystander silence can teach victims that peers approve of their humiliation. Adult inaction can reduce trust in school protection. A programme that only teaches students to identify bullying may touch one pathway and miss several others.

The same logic applies to perpetrators and bully-victims. Bullying may reflect peer reward, status-seeking, poor empathy, hostile interpretation, family stress or previous victimisation. Punishment

may suppress behaviour without changing the social rewards around aggression. Programmes that combine accountability with SEL and mental health support are more likely to reach the drivers of behaviour, particularly among bully-victims who carry both risk and injury.

The Strongest Programme Model

The strongest model is integrated, not crowded. Schools do not need a long list of disconnected campaigns; they need a coherent pathway from safety to skills to support. The universal layer should set expectations around respect, reporting, bystander responsibility and adult consistency. The developmental layer should teach SEL, mental health literacy and digital citizenship as ordinary school learning rather than emergency content. The targeted layer should support students whose distress is already visible or likely to be hidden.

This model also makes better sense of the evidence. Small effects in meta-analyses should not be dismissed, because school interventions are working in complex real environments rather than controlled clinics. Yet small effects should not be inflated into proof of transformation. A layered model accepts both realities. It values modest prevention effects while recognising that severe or repeated victimisation needs follow-up beyond classroom lessons.

The test of quality is whether the school can explain how each activity changes a pathway to harm or healing. A reporting system improves access to protection. Teacher training improves adult response. SEL improves relational skills. Counselling supports recovery. Student participation shifts peer norms. When these pieces are connected, the programme becomes more than a collection of activities; it becomes an ecology of protection.

Implications for Research and Practice

Research should stop treating mental health improvement as an assumed by-product of reduced bullying. Anti-bullying studies need validated measures of anxiety, depression, self-esteem, belonging, wellbeing and school safety, with follow-up long enough to detect sustained change. Evaluations should also test mediators: improved teacher response, safer reporting, reduced peer reinforcement, stronger belonging and increased help-seeking. Without these pathways, it remains unclear why a programme worked or failed.

Schools should also be careful with branding. A programme is not whole-school simply because it is delivered to everyone. It becomes whole-school when staff behaviour, student norms, reporting systems, supervision, curriculum and targeted support are aligned. This distinction matters because weakly implemented whole-school work can look comprehensive on paper while leaving students to manage harm privately.

For practice, the most defensible sequence is to begin with school-wide safety, build classroom-level emotional and relational skills, then identify students who need targeted care. That sequence is important. If schools begin only with individual coping, they may leave the social source of distress untouched. If they stop at universal climate work, they may miss the students whose distress

is hidden or persistent. The practical standard should be connection: each activity must show how it reduces exposure, strengthens protection or supports recovery.

Limitations of the Review

This review is interpretive rather than systematic. Although sources were located through targeted searches and selected for relevance and evidential strength, the paper does not claim PRISMA-level comprehensiveness. The evidence base also leans heavily towards high-income school systems, which limits how confidently its conclusions can be transferred to low- and middle-income settings without adaptation. Because the synthesis relies mainly on secondary reviews and meta-analyses rather than reanalysis of primary trial data, its claims are strongest at the level of programme logic and comparative interpretation, not precise effect-size estimation.

Conclusion

School anti-bullying and mental health promotion programmes are effective in limited but important ways. Anti-bullying programmes are better at reducing exposure to peer harm than at repairing internal distress. Mental health promotion programmes are better at strengthening coping, wellbeing and emotional skills than at changing the peer ecology that makes bullying possible. Whole-school approaches offer the most attractive theory, but their value depends on implementation depth rather than the label attached to them.

The strongest way forward is a layered school model that connects safety, skills and support. Students need schools that reduce bullying, teach emotional and relational competencies, respond quickly to victimisation and provide targeted care for those already harmed. Effectiveness should be judged not only by fewer incidents, but by whether students feel safer, more connected, more valued and more able to seek help.

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