

Mind Out

The development and evaluation of a mental health promotion programme for post-primary schools in Ireland¹

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INTRODUCTION

Historically, health and personal development has been delivered on an ad hoc basis in Irish schools. However, from September 2005 Social, Personal and Health Education (SPHE) will be a mandatory curriculum subject for 15 to 18 year olds. There is a shortage of high-quality resources on positive mental health available for teachers to implement SPHE with this age group, and the Mind Out project sought to meet this need.

AIM OF THE PROJECT

The aim of the Mind Out project was to develop, implement and evaluate a curriculum-based programme, in the form of a module promoting positive mental health, for 15 to 18 year olds in the Irish school setting. The project included schools from both the Ireland and Northern Ireland, with the additional aim of building relationships and sharing experiences between the two jurisdictions.

The module focuses explicitly on positive mental health issues, and forms an integral part of a more general health education programme. The aims of the programme materials that have been developed are to:

- identify a range of coping strategies available to young people in stressful situations;
- identify rational thinking skills for use in controlling negative emotions;
- raise awareness of feelings and how to deal with them positively;
- raise awareness of sources of support, both informal and formal, for young people in distress;
- explore attitudes towards mental health issues and towards seeking help.

The aims of the associated evaluation study were to:

- establish the feasibility of adapting international models of best practice in curriculum materials for mental health promotion to the Irish school setting;
- assess the impact of the programme on pupils' knowledge, attitudes and skills in relation to mental health;
- investigate whether the programme's effects are greater than those of a standard health education programme;
- explore the effects of different levels of teacher fidelity to the process of programme delivery;
- assess the attitudes of teachers towards the content and structure of the programme and its effect on their pupils, the pupil-teacher relationship and the wider school environment;
- ascertain the attitudes of pupils towards the programme;
- explore the usefulness of an activity-based workshop as an evaluation tool with young people.

METHOD AND DESIGN PROGRAMME DEVELOPMENT

The programme materials were developed in consultation with teachers, pupils and health promotion practitioners. In addition, a review of international programmes and evidence in the area was undertaken. Mental health components of existing Irish material for health education (the Lifeskills programmes, McAuley 1996)

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were integrated with material from other countries, in particular the Australian Mind Matters programme (Commonwealth Department of Health and Aged Care, 2000), with a view to compiling a balanced selection of items that would complement each other while meeting the needs expressed by students and teachers. Draft materials were the subject of a pilot study. Materials were revised following the results of this pilot before being used in the main evaluation study.

Two programme manuals were compiled, one containing 10 curriculum-based sessions for implementation during the first year of the programme, and the second containing three “booster sessions” designed to follow on from the original 10 in the second year. Most of the 13 sessions are interactive, and include some form of physical activity as well as time for reflection and discussion. Students are rarely required to write, and the emphasis is on experiential learning.

Teachers delivering the programme are required to attend a half-day training session exploring meanings of mental health and the rationale for mental health promotion in addition to the module materials.

PROGRAMME EVALUATION

The evaluation research study employed a randomized controlled experimental design. Programme evaluation assessments took place before and after implementation and at a 12 month follow-up, using the written questionnaire described below. Comparisons were made between:

- a. intervention groups receiving the Mind Out programme and control groups receiving no health education programme;
- b. intervention groups receiving the Mind Out programme and control groups receiving a standard health education programme.

A total of 59 schools from within the study region agreed to participate in the study as either intervention or control schools. Data were analysed at the cluster (classroom) level, using multilevel modelling techniques (Byrne et al, in press).

A combination of qualitative and quantitative measures were employed with both teachers and students to assess the aims of the study.

A written questionnaire administered to pupils at baseline and post-intervention assessed the impact of the programme on pupils' knowledge and awareness of mental health issues; their attitudes towards mental health difficulties in others; their behavioural intentions in a hypothetical situation; and their general mental well-being and coping skills. The questionnaire included the following:

- A vignette depicting a young person experiencing symptoms of depression, followed by questions about respondents' levels of concern, possible causes and solutions, behavioural response to the case and attitudes to professional services.
- Five items assessing self-rated personal skills relating directly to the content of the programme, such as dealing with anger and conflict, positive thinking and talking about emotions.
- Two psychometric scales – the General Health Questionnaire (GHQ-12), a screening instrument designed to detect current, diagnosable psychiatric disorders (Goldberg, 1972), and the Brief COPE inventory, a multidimensional scale developed to assess a broad range of coping responses (Carver et al, 1989).
- A series of open and closed questions assessing pupils' attitudes towards the programme, both before and after its implementation.

Four groups of students who had participated in the programme took part in an activity-based evaluation workshop, which was designed to supplement the information from the written questionnaires. Involving young people as active partners in the research process in this way ensured maximum participation and articulation of their opinions in a naturalistic format, allowing an increased insight into their views and experiences.

Teachers were asked to complete and return a short Recording Sheet immediately after delivering each session. The sheet asked for comments on what was covered during the session; the suitability of the content to the time frame available; the extent of students' enjoyment, benefit and engagement; and the positive aspects and difficulties experienced in the session.

Teachers were also invited to attend a regional review session with other teachers after completing the module. A number of teachers participated in an individual interview as an alternative or addition to attending the group review session.

Finally, a School Ethos Questionnaire explored the promotion of positive mental health in the school as a whole, covering policies; ethos and environment; partnerships with families and community; availability of support staff; curriculum; and perceived barriers to mental health education.

RESULTS

Approximately 650 pupils were taught the module by 33 teachers in 22 schools during the academic year 2001–2002. The mean age of participating students at baseline was 16.17 years. 56% were female and 57% came from non-manual social class backgrounds. Over 1 200 control students from a further 37 schools also participated in the evaluation study.

IMPACT ON KNOWLEDGE, ATTITUDES AND SKILLS

Students who had participated in Mind Out —

- Were more confident about what to do if someone in their class were in distress (talk to a teacher or another adult, do not ignore the problem or avoid the person).
- Showed an increased awareness of a range of voluntary and statutory support services and organisations.
- Demonstrated greater compassion towards a young person showing symptoms of distress.
- Felt themselves more likely to engage in constructive help-seeking behaviour if they were in distress (talking to a friend, talking to a teacher, contacting an outside organisation or professional for help).

These positive effects remained even when intervention students were compared with other students who had taken part in a standard health education programme over the same time period, suggesting that Mind Out can yield benefits over and above programmes without an explicit focus on mental and emotional issues.

A separate analysis was conducted only among groups where the programme was implemented with a high level of fidelity to the manual. Some additional positive programme effects emerged for these groups, particularly in their awareness of sources of support for young people. No adverse effects were noted, either by teachers or from the questionnaire assessment. Overall, girls appear to have benefited from the programme to a greater extent than boys.

ATTITUDES TOWARDS THE PROGRAMME

Overall the programme was well received by both teachers and pupils. Teachers judged the materials to be age appropriate and user friendly. The programme was thought to be neither too long nor too short and the balance of activity-based exercises with discussion activities was praised. Benefits to the teacher-pupil relationship were noted as well as overall benefits to students.

The majority of students themselves enjoyed the programme and reported perceived gains in many areas, in particular an increased ability to cope with problems and emotions, and improved interpersonal relations. During the qualitative activity-based evaluation workshops, students gave their verdict on the programme to peers, stating that the programme was well targeted at their age group and benefitted male and female students equally. Over three quarters of students in the workshops said the programme would make a difference to their lives outside the classroom. However, the programme had a greater appeal for girls than for boys.

DISCUSSION

The evaluation study has shown that the Mind Out programme can have positive short-term effects on a range of student outcomes in a variety of school settings. The result is a timely new resource for schools, based on international models of best practice, which has been well received by both teachers and students and which furthers the emotional development of young people in Irish schools.

The degree of teacher fidelity to the process of programme delivery was highlighted by this study (and elsewhere: Greenberg et al, 2001) as a critical factor in programme success. Students in classrooms where the teacher followed the manual guidelines closely tended to show more positive programme effects, particularly in the areas of knowledge and awareness of sources of help. This underscores the crucial importance of pre-service training sessions for teachers of Mind Out. Sessions should include guidance in identifying the core elements of the programme that may contribute to its effectiveness, as well as those elements which are amenable to adaptation in particular circumstances.

FUTURE PLANS

To date, the Mind Out programme has been delivered in a number of schools in the border-midlands-western region, identified by the European Union as being particularly at risk due to social disadvantage. The North Western Health Board (Ireland) has recently funded a reprint of module materials, and training has been offered to all teachers from the 27 post-primary schools in this region. The Northern Health and Social Services Board (Northern Ireland) has also committed funding to reprinting and disseminating module materials.

The National Council for Curriculum and Assessment have endorsed Mind Out as a suitable resource for the new Social, Personal and Health Education (SPHE) curriculum for 15 to 18 year olds. A project is underway to produce and disseminate a Mind Out pack, which will help regional health authorities in Ireland to make the programme available to schools in their regions. The pack will contain:

- electronic version of Mind Out materials in printable format;
- summary of results from the evaluation of Mind Out;
- guidelines for agencies on training teachers to deliver the module;
- costing information for printing the Mind Out pack.;
- parent information leaflet;
- guidelines for schools on holding an evening session for parents during the course of the Mind Out programme;
- guidelines for teachers on interactive and participatory ways to evaluate the programme with their students.

The development of Mind Out curriculum materials is seen as a necessary first step towards the development of a whole school

approach to positive mental and emotional health in Irish schools, in keeping with international best practice (Weare, 2000).

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