Evaluation of the MindOut Programme in Youthreach Centres

Report

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EXECUTIVE SUMMARY

Introduction

This report describes the evaluation of the MindOut programme that was implemented in Youthreach Centres in the HSE West (Galway, Mayo and Roscommon). The MindOut programme was originally developed as a resource to promote mental health in Irish secondary schools. Since then it has been adapted to suit the out-of-school setting. The programme aims to provide an opportunity for trainees in Youthreach Centres to develop an awareness of mental health issues and to acquire skills in relation to dealing with stress, emotions, relationships and being a support to others.

Aims

The evaluation aims sought to:

- examine the feasibility of implementing a mental health promotion programme in Youthreach Centres
- measure the effectiveness of the programme in improving the trainees' coping skills
- measure the impact of the programme on the trainees' knowledge and awareness of mental health issues
- assess the trainees' attitudes towards the programme
- measure the impact of the training programme on the staff
- assess the attitudes of the tutors towards the content and structure of the programme
- assess the attitudes of the tutors regarding the effect of the programme on the trainees and themselves
- examine the process of delivery and the perceived gains from each session.

Methodology

Eight Youthreach Centres from the Galway, Mayo and Roscommon region were involved in the study. This study employed a quasi-experimental design, with the intervention group fully participating in the MindOut programme and the control group having no participation. The tutors in the intervention centres undertook a one-day training session for sessions 1-5 and another one-day training session for sessions 5-10.

Sample

A total of 53 trainees (21 in the intervention group and 32 in the control group) were involved in the evaluation of the programme. The difference in the number of participants in the intervention and control groups was mainly as a result of the absence of the participants for the post-intervention data collection from one of the intervention centres. There were 28 males and 25 females altogether. The ages of the participants ranged from 15 to 20 years of age. The mean age was 17.2 with a standard deviation of 1.081.

Evaluation Measures
The evaluation consisted of six distinct components and employed a combination of both quantitative and qualitative measures. The evaluation of the programme was divided into two main sections:

(I) Measures to evaluate the impact of the programme
(II) Measures to evaluate the process of implementation.

The trainees took part in pre- and post-intervention participatory workshops. These workshops were designed to elicit information about the trainees' knowledge and awareness of mental health issues and their coping skills. During these workshops the trainees completed three questionnaires (The Vignette Questionnaire, Emotional Skills Questions (adapted from Byrne et al., 2004) and Cope Inventory (Carver, 1997)).The Vignette Questionnaire and the Emotional Skills Questions were devised specifically for the evaluation of the MindOut Programme and the questions related directly to the skills that were taught throughout the programme. At the end of the programme the trainees completed the Post-Intervention Evaluative Questionnaire. This questionnaire examined how the trainees felt they had changed as a result of taking part in the programme. The trainees also completed weekly questionnaires based on each session.

The tutors completed an Ethos Questionnaire about the environment of the Youthreach Centre. The also completed weekly questionnaires and took part in a review session held after the first five sessions and at the end of the programme

Overview of Principal Findings
Overall, the Youthreach MindOut was well received by both the trainees and the tutors. The following is a synopsis of the key findings from the evaluation:

<u>Impact of the Programme</u>

- The results from the Emotional Skills Questions were very positive. The intervention group showed positive changes on all of the questions. Furthermore, post-intervention the intervention group were significantly more likely than the control group to have (i) felt positive about themselves, (ii) sorted out an argument and (iii) talked to someone about their feelings in the past month. The intervention group were also significantly less like to have lost their cool than the control group.

- On the Brief Cope Questionnaire, the intervention group improved on all of the scales with the exception of substance abuse. Also, trying to "*get help and advice from other people*" improved significantly for the intervention group in comparison to the control group.

- Results from the post-intervention Evaluative Questionnaire show that the trainees were very positive in terms of what they felt they had gained from doing the programme. The majority of trainees agreed that as a result of doing the

programme (i) they have a better understanding of mental health, (ii) they find it easier to cope with difficult situations and (iii) they feel that they have learned a lot from the programme. In addition, the majority of trainees disagreed with the statements "*I am not aware of people that they can turn to for help"* and "*I would not be able to help someone who was feeling down or alone*". Overall, the results from the post-intervention Evaluative Questionnaire indicates that the trainees benefited from doing the programme in terms of understanding mental health issues, being more able to cope with difficult situations and being able to help others.

- The pre- and post-intervention participatory workshops revealed that following completion of the programme, the intervention group was more likely than the control group to suggest talking to someone as a way of coping with difficult family situations presented in the vignette. Also, the intervention group was more likely than the control group to suggest that Paul, the vignette character should talk to a friend or a teacher.

- Post-intervention there was an increase in the number of trainees in the intervention group and a decrease in the number of trainees in the control group who thought it was important to remain positive when experiencing a problem situation.

Implementation Process

- In order to assess the level of programme implementation in each centre the tutors were given a list of the activities that were part of the session in their weekly questionnaire. The tutors were asked to tick '*yes'*, '*no'* or '*in part'* depending on whether they (i) fully implemented (ii) partially implemented or (iii) left out the parts of the lesson that were listed in the weekly questionnaire. One centre fully implemented over 85% of the programme. Two centres fully implemented just under 65% of the programme and partially implemented 30% of the programme. A large proportion of sessions 5, 6, 7, and 8 were implemented "*in part*" by both groups. The majority of the sections that were implemented "*in part*" were related to the group discussion component of the sessions after the main activity.
- A comparison of results between the centre where the programme was implemented with greatest fidelity and the two centres where the programme was implemented with the least fidelity showed that the centre that was most faithful was significantly more positive about what they have learned as a result of doing the programme and the difference the programme has made to their lives.

- As part of examining the process of implementation, one tutor in each centre completed an Ethos Questionnaire which was designed to elicit information about the ethos of the centres and the promotion of positive mental health in the centres. The results from the ethos questionnaire highlight the need for a more holistic approach to mental health in Youthreach Centres. The majority of the centres

reported that their centre rarely works with community mental health services and that links with the parents are weak. In addition, all of the centres reported that staff do not feel equipped to educate students about mental health and mental illness.

Trainees' Attitudes towards the Programme

- Overall the trainees were positive about the programme. The majority of trainees said they learned either *'a lot of new things'* or *'some new things'* from all of the sessions with the exception of session 1.

- Most of the sessions were considered very or fairly interesting by over half of the trainees. Session 5 (Group Support) was regarded as the most interesting and session 7 (Positive Self-Talk) was considered the least interesting.

- The majority of the trainees said that the programme was more suited for a younger age group as they might gain more from it.

- The trainees said that the discussions, the warm ups and the activities such as the smarties game, the music game and the collage were the most popular aspects of the programme.

- In terms of what the trainees gained from the programme, the trainees said that they have a better understanding of how to deal with difficult situations and more of an awareness of mental health and stressful situations.

Tutors Attitudes towards the Programme

- The tutors were very positive about each session. Most of the sessions were rated highly in terms of the appropriateness of the content for the trainees' age. Session 5 (Group Support) received the highest overall rating.

- In terms of the positive aspects of the sessions, the tutors said that (i) the trainees' enjoyment of activities, (ii) their participation during the sessions and (iii) the awareness the sessions raised were the most positive aspects.

- Management of the group, lack of interest and concentration were highlighted as the main problems during the sessions.

- The benefits of the programme included (i) awareness raising about mental health issues and how to cope with difficult situations amongst the trainees, (ii) an improved tutor trainee relationship and (iii) the development of trust and respect between the trainees.

- All of the centres with the older trainees said that the maturity of the trainees was an important factor in the smooth running of the programme. In addition, the implementation of the programme in tutor pairs was regarded as critical. Furthermore, the training that tutors received, the preparation that was done ahead of the lesson and the user friendly manual, were all noted as factors that helped the programme to run smoothly.

- With regard factors that hindered the implementation of the programme, timetabling was considered a major issue, all of the tutors said that because the programme was not timetabled into the centres curriculum it was difficult to implement it weekly. Also, lack of familiarity with the programme was highlighted as a factor that affected the implementation.

Recommendations

- The trainees top three recommendations for improving the programme included: more topics, video clips as part of the programme, class trips and each trainee to have their own workbook.

- The tutors suggested that the programme could be timetabled into the centres curriculum and that all of the handouts could be put together into a booklet form. The tutors requested that more hands on activities and group work would be included in the programme. Also, the tutors recommended the use of a DVD as part of the introduction to each session.

- An analysis of programme fidelity revealed that the centre where the programme was implemented with greatest fidelity showed more positive results. This suggests that the level and quality of programme implementation influences the effectiveness of interventions. The fact that the centres where certain parts of the programme were only partially implemented showed less positive results, indicates the need for the programme to be implemented more faithfully in terms of both quality and quantity.

- Given the high level of absenteeism, high drop-out rate in the centres and the partial implementation of the programme in some centres this has clear implications for the overall impact and effectiveness of the programme. Such findings highlight the need for further staff support and training with regard programme implementation and facilitation skills. The development of such skills could further enhance the effectiveness of mental health promotion programmes.

- It is also recommended that a more holistic approach to mental health promotion is adopted in Youthreach Centres. The need for improved links between HSE mental health promotion services, parents and Youthreach Centres is proposed.

Chapter One

INTRODUCTION

This report presents the findings from the evaluation of the MindOut programme, an emotional wellbeing programme implemented with trainees in Youthreach Centres in counties Galway, Mayo and Roscommon in the HSE West. The evaluation set out to examine the process and impact of this programme on the participating young people.

1.1 RATIONALE

Mental health is described by the World Health Organisation as

> "a *state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community"* (WHO 2001a, p1).

In this positive sense, mental health is the foundation for well-being and effective functioning for an individual and a community. Within the international health context, mental health issues have risen to prominence in recent years. Mental health and wellbeing are now amongst the six key focus concerns being addressed by the World Health Organisation. In collaboration with the World Bank, the WHO predicts that by the year 2020, mental health problems will become the greatest burden of disability in the developed world (Murray & Lopez, 1996). Furthermore, it is currently estimated that up to 25% of children and adolescents may be affected by mental health difficulties at any one time (Mental Health Foundation, 1999).

Adolescence is a critical developmental period for mental health. It is during this transitional life period that many teenagers begin to experiment in new health behaviours as they grow into independent adults (Kazdin, 1993). It is well known that many of the symptoms and difficulties associated with mental health problems and disorders typically develop before the age of 25 years. Intervening during adolescence gives the opportunity not only to prevent the onset of health-damaging behaviours but also to promote positive behaviours and to intervene with health compromising behaviours that may be less firmly established as part of their lifestyle. There is substantial evidence that mental health promotion programmes when implemented effectively, can produce long-term benefits for young people including emotional and social functioning and improved academic performance (Durlak & Wells, 1997; Greenberg et al., 2001a, Harden et al., 2001, Wells et al., 2001, 2003, Jané-Llopis et al., 2005; Barry and Jenkins, 2007). Recent crossnational research from America and China highlights the importance of targeting protective factors and the promotion of competencies in the promotion of mental health among young people (Jessor et al., 2003).

In 2004 the National Health Promotion Strategy Review reported high levels of health promotion activity in Irish schools at national and regional levels however, levels of health promotion activity were noticeably lower for the more informal out-of-school youth settings. International studies have found that some of the most needy young people drop out of school early and are often exposed to adverse home environments, abuse and homelessness (Beverley, 2002). In addition, Schoon et al., (2004) found that school failure during adolescence is associated with behavioural maladjustment. Such findings highlight the importance of action to promote the health and wellbeing of young people within the out of school setting. *'A Vision for Change'*, a report of the expert group on mental health policy in Ireland (2006) recommended the implementation of health promotion education and training with young people who have left school early.

1.2 YOUTHREACH

Youthreach Centres provide educational opportunities to unemployed early school leavers aged 15-20 years. It offers a programme of integrated general education, vocational training and work experience and is structured around two distinct phases:
(I) Foundation phase to help overcome learning difficulties, develop self-confidence and gain a range of competencies essential for further learning
(II) Progression phase which provides for more specific development through a range of educational, training and work experience options.

The main objectives of Youthreach are:

- Personal and social development and increased self-esteem
- Second-chance education and introductory level training
- Promoting independence, personal autonomy and a pattern of lifelong learning
- Integration into further education and training opportunities and the labour market
- Certification relative to ability and career options
- Social inclusion

Research conducted by the National Centre for Guidance in Education (1998) has indicated that the number of trainees attending the Youthreach Centres in the Republic of Ireland who require counselling has increased, with the percentage exhibiting severe emotional distress and behavioural difficulties increasing to 25% of all trainees.

1.3 MINDOUT PROGRAMME

The MindOut programme was originally developed as a resource/programme to promote the mental health of transition year students in an Irish School setting (Byrne and Barry, 2003) and has undergone rigorous evaluation within the school setting (Byrne and Barry, 2003; Byrne, Barry & Sheridan 2004).

Based on the consultation with key stakeholders and a review of international best practice, a 13 session curriculum programme was developed which was founded on the

relevant theoretical literature related to a competence enhancement approach and protective factors for mental health. Educational theories of experiential learning and active participation are at the core of the programme delivery which addresses issues such as coping strategies and sources of support.

The aims of the MindOut programme 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 (Byrne and Barry, 2003).

Byrne et al. (2004) conducted a randomised controlled evaluation of the MindOut programme with 1850, 15-18 year olds from schools in Ireland and Northern Ireland. It was found that the programme had a positive impact on the knowledge, attitudes and skills of the students who participated in the programme. It was reported that students:

- were more confident about what to do if someone in their class was 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 (talk to a friend, talk to a teacher, contact an outside organisation or professional for help)

Byrne, Barry & Sheridan. (2004) reported that the programme was well received by teachers who found it to be age appropriate and user friendly. The teachers also found the programme to be the right length with a good balance of activity-based exercises and discussion activities. The study highlighted that the degree of teacher fidelity in the process of programme delivery was a critical factor to the programmes success.

1.4 EVALUATION OF MINDOUT IN YOUTHREACH

In order to evaluate and assess the effectiveness of the MindOut programme within Youthreach Centres, O' Keeffe et al (2005) conducted a pilot of the Mindout Programme in four Youthreach Centres in County Donegal and in two Senior Traveller Training Centres in the region. Before the programme was implemented the original MindOut teacher manual and evaluation measures (Byrne and Barry, 2003) were adapted in consultation with Youthreach tutors. This was done in consideration of various factors, such as the literacy levels of the trainees and the terminology used in the original manual.

Changes were mainly confined to the terms used in the manual, in order to make it more appropriate for Youthreach groups. For example, 'school', 'teachers' and 'pupils' were replaced with 'centre,' 'tutors' and 'trainees.' Certain aspects of some sessions were enhanced where the tutors believed it would be particularly beneficial and relevant to the needs of trainees. The structure and goals of the sessions are outlined in Table 1.1.

Table 1.1: Outline of the structure and objectives of the programme's sessions

Session	Goal
Session 1: Setting the Scene	*To establish the focus and rationale for the mental health module*
Session 2: How young people cope	*To identify a range of positive coping strategies available to young people encountering stressful or challenging situations.*
Session 3: Is it the same for males and females?	*To explore gender differences in coping styles and to raise awareness of informal sources of support*
Session 4: Group Support	*To raise awareness of informal sources of support*
Session 5: Managing Emotions 1: Dealing with anger and conflict	*To learn of appropriate ways to deal with anger and conflict*
Session 6: Positive Self –Talk	*To learn to use rational thinking skills to control negative emotions*
Session 7: Managing Emotions 2: Dealing with rejection and depression	*To raise awareness of the feelings of rejection and depression and how to deal with them positively, and to raise confidence in dealing with depression in others.*
Session 8: Visitor	*To raise awareness of professional and voluntary support services available to people experiencing mental health difficulties.*
Session 9: Getting Help	*To improve attitudes towards seeking help for mental health problems.*
Session 10: Conclusion	*To conclude the programme appropriately.*

The Key findings of the pilot were:

Trainees

- Female Youthreach trainees (80%) found the programme very or fairly interesting compared with male Youthreach trainees (37.5%).
- Some of the benefits highlighted by trainees were better communication skills, increased confidence and self-esteem, the development of a more positive outlook on life and more positive attitudes towards mental health.
- Youthreach trainees would have liked the choice to revisit certain topics, such as anger management, and they would have liked more opportunity for discussions to share problems and feelings. They reported that the social aspect of the programme was meaningful to them.
- In terms of help seeking attitudes the Youthreach trainees were significantly more likely to report after completing the programme that someone who was feeling down should talk to a tutor/centre counselor.
- The trainees benefited greatly from the sessions on **'**Coping', 'Group Support', and 'Dealing with Anger and Conflict'.

Tutors

Overall, the tutors responded positively to the programme and they perceived a high level of enjoyment, benefit and engagement from trainees throughout the various sessions.

- The tutors found the programme provided a platform for the trainees to be listened to. They noted a dramatic positive change in the trainees' attitude towards mental health and how they managed their anger following their participation in the programme.

- The tutors felt that building trust within the group was a significant factor in the successful delivery of the programme. They also suggested that it would be important to have back up support available for trainees who may become upset. The sessions on 'Coping' and 'Dealing with Rejection and Depression' were the sessions most likely to bring up the topic on suicide. As a result, tutors felt that there should be more follow up and support in this area.

- The sessions that rated highest among the tutors in terms of overall level of enjoyment, benefit and engagement were 'Positive Self-Talk' (Session 6) and 'Getting Help' (Session 9).

The findings suggest that the MindOut Programme has the potential to positively influence the Youthreach Centre's trainees and the Senior Traveller Training Centre's trainees. In their conclusions the authors recommended the roll out of the programme on a larger scale with longer term evaluation follow-up.

1.5 ADAPTION OF THE PROGRAMME

The MindOut Curriculum used by O'Keefe et al (2005) was adapted for the purposes of the current study. Ms. Edel O'Donnell (Health Promotion Officer) and Ms. Siobhan O'Higgins (Health Promotion Researcher) reviewed the recommended changes from the pilot study and the programme was adapted accordingly. The changes were as follows:

- A session entitled 'What are feelings' was added to the progamme as Session 2. This was included in order to improve the emotional literacy of the participants at the start of the programme. Session 2 'How Young People Cope' then became Session 3 and so on.

- Session 8 'The Visitor' was put as and optional extra at the end of the programme. Therefore the programme still numbered ten sessions.

- A specific review session took place at the beginning of each session and the ground rules were also revised.

- In Session 1 a collage was introduced based around the students thinking about someone who was emotionally and mentally healthy.

- 'Identifying my Network of Support" was moved from Session 4 ('Is it the same for Boys and Girls') to Session 5 ('Group Support').

- In Session 6 'Managing Emotions 1', a discussion around issues of conflict and differing response to them entitled 'Agree, Disagree, Don't Know' was included instead of a role play.

Chapter Two
METHODOLOGY

2.1 INTRODUCTION

The evaluation was conducted in a series of stages before, during and after the programme was completed. The study employed a quasi-experimental design, with the intervention group participating fully in the MindOut programme and the control group having no participation. Both the tutors and trainees were involved in the evaluation of the programme. The methods selected for evaluating the impact and process of the programme included participatory workshops with the trainees, tutor and trainee weekly evaluative questionnaires and review sessions with the tutors during and after programme implementation. The approaches adopted sought to engage the young people and the tutors as active partners in the research.

2.2 ETHICAL CONSIDERATIONS

Ethical approval was received from NUIG, Galway Research Ethics Committee to undertake the evaluation of the MindOut programme. Throughout the evaluation process, informed consent was obtained from participants and a description of the purpose and nature of the research was given at each step of the evaluation. All participants were guaranteed that their responses would be dealt with in the strictest of confidence. Transcripts were coded to protect anonymity. Permission was sought from tutors prior to recording the focus groups review sessions.

2.3 EVALUATION AIMS

The aims of the evaluation were to:

- examine the feasibility of implementing a mental health promotion programme in Youthreach centres
- measure the effectiveness of the programme in improving the adolescents' coping skills
- measure the impact of the programme on the adolescents' knowledge and awareness of mental health issues
- assess the adolescents' attitudes towards the programme
- measure the impact of the training programme on the staff
- assess the attitudes of the tutors towards the content and structure of the programme
- assess the attitudes of the tutors regarding the effect of the programme on the trainees and themselves
- examine the process of delivery and the perceived gains from each session.

2.4 SAMPLE

The Health Promotion Officer met with the managers of the Youthreach Centres in the Galway, Mayo and Roscommon region. Eight centres signed up to take part in the study. Four of these were assigned as intervention centres and four centres served as the control centres. The intervention and control centres were matched in terms of size and location.

2.5. EVALUATION MEASURES *

The evaluation consisted of six distinct components and employed a combination of both quantitative and qualitative measures in a triangulation of methods to ensure the validity of the study (Nutbeam, 1998; Philips et al., 1994). The evaluation of the programme was divided into two main sections:

(I) Measures to evaluate the impact of the programme
(II) Measures to evaluate the process of implementation.

Measures to Evaluate the Impact of the Programme

Participatory Workshops
The impact of the programme on the trainees' knowledge and awareness of mental health issues and their coping skills was assessed using pre- and post-intervention participatory workshops. The control group participated in the same processes in order to compare the changes across the two groups post-intervention. Participatory and interactive methods of evaluation were employed to elicit the most comprehensive, valid and reliable responses possible from the young people involved (Douglas et al., 2000). The workshop has been developed and piloted with young people in recent years (Byrne & Barry, 1999, Meade, Barry & Rowel, 2006). The workshops were presented in the following order:

- **Vignette:** A vignette depicting a 16 year old boy called Paul who was experiencing family problems was read by one of the facilitators. The vignette was used in order to elicit the trainees' attitudes towards Paul and the difficult situation that he was were in.

- **Group Discussion:** Immediately after reading the vignette the group were questioned about (i) their reactions towards Paul and his situation, (ii) what he might have been thinking, (iii) how he was feeling, (iv) what they thought he should do and (v) who he could turn to. All of the trainees' responses were written down.

- **Vignette Questionnaire :** The trainees completed a questionnaire about what they thought Paul should do to improve his situation. The trainees were asked to tick either '*Yes*', '*No*' or '*Don't Know*' to a series of statements about what Paul could do.

* Copies of the measures are available from the Health Promotion Research Centre on request.

- **Vignette Activity:** When the trainees completed the questionnaire a facilitator read out each statement from the questionnaire regarding Paul and what he could do. The trainees were asked to look at the answer they gave and those who said that they agreed with the statement were asked to stand in one corner of the room. Those who said they were unsure were asked to stand in the centre of the room and those who said they disagreed were asked to stand in another corner of the room. An open discussion regarding reasons for their answers then took place. The number of trainees in each group and the comments made were written down.

- **Emotional Skills Questions:** The second questionnaire was devised specifically for the evaluation of the MindOut programme. It consisted of 8 items assessing self-rated emotional skills. These eight items related directly to the the skills that are taught in the programme: (i) recognition of feelings, (ii) coping skills, (iii) dealing with anger and conflict, (iv) positive-self talk, (v) use of group-support and (vi) helping others. Each item was scored on a Likert Scale ranging from 1 '*always*' to 5 '*never*'. As the questions were developed specifically for this study they are not yet validated.

- **Cope Inventory:** The COPE Inventory is a multi-dimensional scale assessing a broad range of coping responses (Carver et al, 1989). The abbreviated 28-question 'Brief Cope' questionnaire was used in this study (Carver, 1997). In reliability analysis, alpha values exceeded 0.5 for all scales on the Brief COPE. Convergent and discriminant validity of the scales has also been confirmed. The Brief Cope contains 14 distinct scales. Each scale is assessed by two items on the questionnaire. Each item is scored on a Likert scale ranging from 1 *'I didn't do this at all'* to 4 *'I did this a lot'*. The scales are categorised as either positive, negative or neutral:

  Positive – constructive action in any stressful situation
  Negative – harmful or unhelpful action in any stressful situation
  Neutral – action which could be constructive in some situations but not in others, or which is neither constructive or harmful

  The 14 scales are:

Positive	**Negative**	**Neutral**
Active Coping	Denial	Acceptance
Use of Emotional Support	Substance Use	Humour
Use of Instrumental Support	Self Blame	Self Distraction
Positive Reframing	Venting	Religion
Behavioural Disengagement		

  A number of the questions were adapted from the original version of the 'Brief Cope' Inventory to suit the literacy levels of the trainees. These are highlighted on the questionnaire in the Measures Appendix (available from Health Promotion Research Centre on request).

- **Post-Intervention Evaluative Questionnaire**: The trainees in the intervention group completed a questionnaire about how they felt they had changed since they started the programme. The questionnaire consisted of 11 items. Each item was scored on a 5 point Likert Scale ranging from 1 '*Strongly agree'* to 5 '*Strongly disagree'*.

Measures to Evaluate the Process of Implementation

Trainees' Weekly Review Questionnaire

After each session the trainees completed a short questionnaire. The questionnaire was concerned with how involved they were in the session, their enjoyment of the session, their attitudes regarding the length of the lesson and how they felt before and after the session.

Trainees' Evaluative Workshop

In order to supplement the data from the weekly questionnaires regarding the trainees attitudes towards the programme, an evaluative workshop was carried out in intervention centres at the end of the programme. An outline of the workshop is included in. The workshops consisted of three activities that were designed to assess the process of implementation. These activities included:

- **Energiser Game** The trainees recapped on the different parts of the programme that were implemented in their centre through the use of an energizer game.

- **Brainstorming:** Trainees brainstormed in groups (i) what they liked and disliked about the programme, (ii) what they have gained as a result of doing the programme and (iii) what changes they would make to the programme. The trainees wrote down their ideas on A3 sheets of paper and a class discussion followed. All of the trainees' responses were written down.

- **Graffiti Sticker Sheet:** Trainees voted their top 3 recommendations for improving the programme by placing colour-coded stickers on wall charts.

Tutors: Ethos Questionnaire

The social environment of a school is known to influence mental health outcomes in young people (Rutter et al., 1979; Wells et al., 2001). Therefore, as part of assessing the process of implementation of the programme, it was necessary to monitor the effect of the centres environment on the outcomes of the programme within each centre. One member of staff in each Youthreach Centre, both intervention and control, was asked to complete a written questionnaire. The questionnaire was designed to assess the environment of the centres, the policies in place, the perceived benefits of a mental health promotion programme and the perceived barriers that exist in providing mental health education. This questionnaire was adapted from the Ethos Questionnaire that was used as part of the evaluation of MindOut in secondary schools (Byrne & Barry, 2003).

Tutors: Weekly Questionnaires
The tutors completed a weekly questionnaire. This questionnaire was designed to examine their opinions about:

(i) the suitability of each session for the adolescents
(ii) what sections of the programme were implemented in full, in part or not at all
(iii) the positive aspects and the difficulties experienced by the tutors
(iv) the extent to which the adolescents enjoyed and benefited from the each session

Tutors: Focus Group Review Session
The tutors from the four centres that implemented the programme were brought together for a review session after the first five sessions were completed and at the end of the programme. The aim of these sessions was to elicit further information regarding their attitudes towards the programme. One tutor who was unable to attend the end of programme review session was interviewed in her own centre. The key issues explored in the focus group session were:

(a) the tutors' overall experience of the programme
(b) their attitudes towards the content and structure of the programme
(c) the perceived effects of the programme on the trainees
(d) the effect on the programme on the tutors
(e) the effect of the programme on the centre as a whole
(f) suggestions for improvement.

The tutors were also be given the opportunity to write any additional comments they may not have wished to disclose in front of the group.

2.6 TRAINING AND PLANNING

Tutor Training
A one-day tutor training session for sessions 1-5 took place in November 2007. Another one-day training session for sessions 6-10 took place in February 2008. Seven tutors attended the training.

This training day explored the following:

- the different meanings of mental health and illness
- the rationale for mental health promotion
- the ten sessions of the programme including guidelines on dealing with difficult situations
- any concerns regarding the implementation of the programme
- list of organisations offering mental health support in the HSE West
- an outline of the evaluation schedule and the different evaluation measures to be used.

One potential difficulty was highlighted by the tutors during the pre-programme training i.e. the fact that attendance can be sporadic amongst trainees and therefore the possibility that not all will receive the benefit of the full ten sessions.

2.7 DATA ANALYSIS

Pre- and Post-Intervention Workshop: Quantitative Data
The SPSS statistical package was used to analyse the data from the questionnaires. The data from each respondent was entered manually**.**

Vignette Questionnaire: The 'Don't Know' responses were omitted from the analysis. Chi Square statistical tests were used to analyse the data.

Emotional Skills Questions : A two-way, within subject, analysis of variance was used to analyse the data.

Cope Questionnaire**:** The neutral scales were omitted from the analysis. The scores from both questions for each subscale were combined and divided by 2 to give the average score for each subscale. A two-way, within subject, analysis of variance was then used to analyse the data.

Post Intervention Review Questionnaire (Trainees) –The 'Strongly Agree' and 'Agree' answers and the 'Disagree and 'Strongly Disagree' answers were combined for the analysis.

Participatory Workshop: Qualitative Data
The trainees' responses during the group discussion and the vignette activity at the pre- and post-intervention participatory workshops were written down and later transcribed. Tape recordings of the workshops were also transcribed verbatim. Both sets of transcriptions were later analysed and responses to questions were grouped into themes.

Weekly Questionnaires and Ethos Questionnaire
The trainees and tutors weekly questionnaires and the ethos questionnaires were analysed using SPSS. Responses to closed questions were coded and inputted directly, while responses to open questions were transcribed and grouped into meaningful categories.

Tutors Group Review Sessions
All group review sessions were tape recorded with the permission of the respondents. Content analysis was used to develop a coding frame for the review sessions. Transcripts were reviewed and the main sections were highlighted. The responses were grouped into mutually exclusive themes and a coding frame was devised (see Appendix 1). This coding frame was used to code all the data and assess the common themes that were present across the groups.

Chapter Three
RESULTS OF EVALUATION

3.1 DEMOGRAPHIC PROFILE

Participants

There were 53 participants for the post intervention data analysis, 21 in the intervention group and 32 in the control group. The difference in the number of participants between intervention and control groups is in the main due to the absence of participants for the post intervention data analysis from one of the intervention centres.

Only participants who had completed both the pre- and post-intervention data collection were used for the evaluation.

Table 3.1 Number of Participants in each centre Post-Intervention (pre-intervention numbers in brackets)

Intervention		**Control**	
Centre 1	8 (14)	Centre 5	6 (10)
Centre 2 *	0 (4)	Centre 6	7 (11)
Centre 3	6 (8)	Centre 7	11 (12)
Centre 4	7 (9)	Centre 8	8 (12)
Total	**21 (35)**		**32 (45)**

* The four pre-intervention participants had left the centre at the time of post-intervention data collection

Gender

There were 28 males and 25 females post-intervention. Table 3.2 shows the numbers of males and females for both the control and intervention groups. The differences are not statistically significant.

Table 3.2 Number of Males and Females in Control and Intervention Groups

	Male	**Female**
Control	18	14
Intervention	10	11
Total	**28**	**25**

Age

The ages of the participants ranged from 15 to 20 years of age. The mean age was 17.21 and the standard deviation was 1.081.

Figure 3.1 Age of Participants

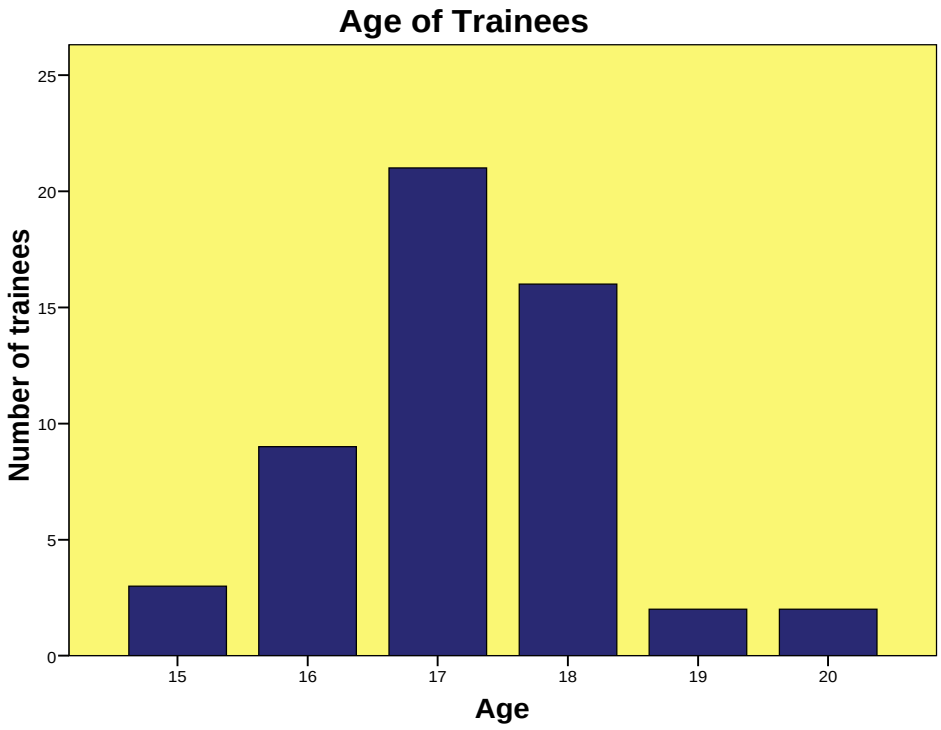

Table 3.3 shows the age profile of participants in terms of gender. We can note that the youngest participants were mostly male and that there was an even spread amongst the older age groups. However, these differences are not significant.

Table 3.3: Matched Age and Gender of Participants

Age	Male	Female	Total
15	3	0	**3**
16	6	3	**9**
17	10	11	**21**
18	7	9	**16**
19	1	1	**2**
20	1	1	**2**
	28	**25**	**53**

3.2 EVALUATION OF QUESTIONNAIRES

3.2.1 Vignette Questionnaire

There were no significant differences between responses of the participants in the intervention group and control group to any of the questions. It is important to note that on questions 2, 4, 5 and 6, the pre intervention responses were almost on the whole positive, and therefore one would not expect any changes or improvements in the post-intervention data. The pre and post responses of the intervention groups to the Vignette questionnaire can be seen in Table 3.4.

On Question 1 more of the intervention group responded 'No' to '*Paul should stop feeling sorry for himself*' (Q1) at post-intervention compared to pre-intervention. Therefore, those who participated in the programme would seem to have more empathy with Paul and his situation post-intervention. On the other hand, at post-intervention the control group were more likely to respond 'Yes' to '*Paul should stop feeling sorry for himself*' than at pre-intervention.

At post intervention fewer participants in the programmes were likely to believe that Paul should 'move out' (Q3) compared to pre intervention. There was no change in the control group. Therefore, more participants seem to believe that Paul should take more responsibility for his situation.

3.4 Responses of Intervention Group to Vignette Questionnaire Pre- and Post-Intervention with number of control group responses in brackets.

	Yes	**Don't Know**	**No**
(1) Stop Feeling Sorry Pre	**10** (15)	**6** (8)	**5** (9)
Stop Feeling Sorry Post	**10** (19)	**1** (4)	**10** (9)
(2) Talk to a Friend Pre	**21** (29)	**0** (0)	**0** (3)
Talk to a Friend Post	**21** (29)	**0** (1)	**0** (2)
(3) Move Out Pre	**1** (4)	**8** (8)	**12** (20)
Move Out Post	**5** (4)	**6** (9)	**10** (19)
(4) Think More Positive Pre	**17** (28)	**4** (3)	**0** (1)
Think More Positive Post	**19** (25)	**1** (7)	**1** (0)
(5) Rejoin Soccer Club Pre	**18** (25)	**1** (2)	**2** (5)
Rejoin Soccer Club Post	**19** (28)	**1** (1)	**1** (3)
(6) Nothing At All Pre	**0** (0)	**1** (4)	**20** (28)
Nothing At All Post	**0** (1)	**2** (3)	**19** (28)

*The 'Don't Know' responses are included in this table. However, they were not included in the statistical analysis.

3.2.2 Emotional Skills Questions

- The intervention group were significantly more likely to have '*Felt Positive About Themselves during the past month'* following the programme in comparison to the control group (p<.05). Therefore, post-intervention having '*felt positive about themselves*' showed significantly greater levels of improvement for those who participated in the programme compared to those who did not.

- The intervention group were significantly less likely to have '*Lost Their Cool during the past month*' following the programme in comparison to the control group (p<.05). Therefore, post-intervention having 'lost their cool' showed significantly greater levels of improvement for those who participated in the programme compared to those who did not.

- The intervention group were significantly more likely to have '*Sorted Out An Argument during the past month'* following the programme in comparison to the control group (p<.05). Therefore, post-intervention having 'sorted out an argument' showed significantly greater levels improvement for those who participated in the programme compared to those who did not.

- The intervention group were significantly more likely to have '*Talked About Their Feelings during the past month'* following the programme in comparison to the control group (p<.05). Therefore, post-intervention having 'talked about their feelings' showed significantly greater levels of improvement for those who participated on the programme compared to those who did not.

On the Emotional Skills questions the intervention group showed positive changes and these improvements were greater relative to any improvements in the control group.

Table 3.5 Mean Scores and P Values of Groups on the Emotional Skills Questions

Question: How often have you…?	Intervention Pre	Intervention Post	Control Pre	Control Post	Interaction P Value
Lost your cool	2.67	3.14	3.16	2.94	**.036**
Sorted out argument	2.86	2.10	2.60	2.80	**.019**
Felt positive	2.81	2.52	2.23	2.58	**.014**
Talked about feelings	3.86	3.14	3.39	3.45	**.020**
Changed negative thoughts	3.00	2.71	2.87	3.00	.210
Felt disappointed	2.57	3.00	3.03	3.00	.175
Thought about looking for help	4.00	3.43	4.32	4.00	.559
Tried to help someone else	2.00	1.76	2.42	2.39	.512

3.2.3 Cope Inventory

As we can see in Table 3.6, the intervention group mean scores on all of the positive scales increased post-intervention. This suggests that post-intervention the intervention group were more likely to engage in positive coping actions. On the control group's positive scales, the mean scores for 'Positive Reframing' and 'Planning' decreased post-intervention. Therefore, the control group were less likely than the intervention group to engage in positive coping actions post-intervention. Looking at the negative scales, the interventions group's mean scores on three of the four scales decreased post-intervention. Their mean score for 'Substance Abuse' remained the same. This suggests that the intervention group were less likely to engage in negative coping actions after the intervention compared to before. The control group's mean scores for "Denial' and 'Substance Abuse' increased post-intervention.

Statistical analysis showed that the intervention group were significantly more likely to have used '*Instrumental Support during the past month*' following the programmes in comparison to the control group ($p<.05$). Therefore, post-intervention having 'tried to seek help and advice from other people' showed significantly greater levels of improvement for those who participated in the programme compared to those who did not.

Table 3.6 Mean scores and P Values of Control and Intervention Groups on the 'Cope Questionnaire' [*]

	Intervention Pre	**Intervention Post**	**Control Pre**	**Control Post**	**P Value**
Positive					
Active coping *Q's 2 +7*	2.36	2.64	2.42	2.60	.727
Use of emotional support Q's 5+15	2.10	2.57	2.10	2.17	.198
Use of Instrumental support Q's 10 + 23	1.88	2.45	1.87	1.91	**.048**
Positive reframing Q's12 + 17	2.17	2.26	2.26	2.17	.462
Planning Q's 14 + 25	2.29	2.60	2.41	2.37	.189
Negative					
Denial Q's 3 + 8	1.53	1.45	1.57	1.58	.962

[*] Scale used in Cope Inventory: 1 = *I didn't do this at all,* 2 = *I did this a little bit,* 3 – *I did this a medium amount,* 4 *I did this a lot*

Substance use Q's 4 + 11	1.60	1.60	1.83	1.95	.643
Behavioural disengagement Q's 6 + 16	1.60	1.47	1.74	1.64	.931
Self-Blame Q's 13 + 26	1.62	1.50	1.96	1.83	.976

3.2.4 Post-Intervention Evaluative Questionnaire

20 trainees completed the questionnaire post intervention. A summary of the trainees responses is contained in Table 3.7

Table 3.7: Trainees Responses (%) to the Post-Intervention Evaluative Questionnaire

Questionnaires Statements: *As a result of doing the MindOut programme I have...*		**Strongly Agree /Agree** **%**	**Not Sure** **%**	**Disagree/Strongly Disagree** **%**
1	Better understanding of mental health	65%	15%	20%
2	Find it easier to cope	65%	20%	15%
3	Not aware of people I can turn to for help	10%	20%	70%
4	More able to deal with difficult situations	50%	25%	25%
5	Think about myself in more positive way	50%	35%	15%
6	Not able to help someone who is feeling down or alone	0%	20%	80%
7	Group that did MindOut get on better	55%	30%	15%
8	Relationship with the tutor is the same	40%	30%	30%
9	Recommend programme to a friend	50%	25%	25%
10	Learned a lot	60%	20%	20%
11	Don't think programme will make difference to life	20%	30%	50%

The above are abbreviated forms of the questions.. Also, the 'Strongly Agree' and 'Agree' responses and the 'Disagree' and 'Strongly Disagree' responses were combined for the analyses. A table showing the responses across the five 5 possible scales of reply (without the combinations) is shown in Appendix 2.

As can been seen from the table above, the responses of the participants to all of the questions were very positive. The majority of trainees strongly agreed/agreed with the

positively worded statements and strongly disagreed/disagreed with the negatively worded statements. Looking at the table, 65% of trainees strongly agreed/agreed that they have a better understanding of mental health and that as a result of the programme they find it easier to cope with difficult situations. 60% of trainees said that they feel they have learned a lot from the programme. In addition 70% of trainees disagreed with the statement *"I am not aware of the people I can turn to for help"* and 80% of trainees disagreed with the statement *"I feel that I would not be able to help someone who is feeling down or alone"*.

The results from this questionnaire indicate the positive effect of the programme on the trainees. Overall the majority of trainees felt that the programme had improved their understanding of mental health and their ability to cope with difficult situations. In addition, the trainees felt more able to help others and were more aware of the help that was available to them.

3.2.5 Summary of Findings from Questionnaires

- No significant differences were found on the 'Vignette questionnaire'. However, given the high levels of positive responses pre-intervention this was to be expected. Post-intervention, the intervention group were also less likely than the control group to suggest that 'Paul should stop feeling sorry for himself'.

- On the 'Emotional Skills Questions' the intervention group showed significant improvements compared to the contro group on the 'Lost Your Cool, 'Sort Out Argument', 'Felt Positive' and 'Talked About Feelings' questions. On all of the questions on the 'Emotional Skills Questions' the intervention group showed positive changes.

- On the 'Cope Inventory' use of 'Instrumental Support' improved significantly for the intervention group in comparison to the control group. The intervention group improved on all of the scales with the exception of 'Substance Abuse'.

- On the 'End of Programmes Evaluative Questionnaire' the responses on all of questions were positive, significantly so in relation to 'better understanding' 'easier to cope' 'aware of help' 'being able to help someone' and 'learned a lot".

3.3 EFFECTS OF AGE

In the pre-intervention data analyses the responses of the younger and older participants (15/16 v's 17+) were compared and it was found that the older participants performed significantly better on a number or variables i.e. significantly more likely in the past month to have *'tried and sort out an argument with someone'*, '*talked about their feeling's'* and '*tried to help someone else'*. The older participants were also more proactive in using 'emotional and instrumental support'.

Therefore, to test any potential effects of age post intervention the younger participants (15 and 16 year olds) were omitted from the analysis and the effects of the programme with the older group only (those aged 17 and over) was tested. It was found that on the whole the programme effects were more positive for the intervention group compared to the control groups when the younger group were omitted. The analysis showed that:

- the intervention group no longer performed significantly better on the '*Lost your cool question'*. However, there were much higher levels of significance on the 'Sort Out an Argument' and 'Felt Positive About Yourself' questions ($p<.005$). The levels of improvement shown by those who participated in the programme compared to those who did not were much stronger when looking at the older age group.

- the intervention group were also now significantly more likely to have '*Changed Their Negative Thoughts during the past month'* following the programmes in comparison to the intervention group ($p<.05$). This was not the case in the original analyses.

3.4 EFFECTS OF GENDER

In the pre-intervention analyses, significant differences in the responses between males and females on some variables were found; i.e. males were significantly more likely to feel that one should '*stop feeling sorry for oneself*' and '*plan'* how to deal with stressful situations, while females were significantly more likely to use 'emotional support' and to try and '*help some else when they were sad and feeling down'*.

In the post-intervention analyses, gender did not have a significant effect with any of the variables with the exception of 'positive reframing'. In this case, females in the intervention group significantly improved in comparison to males in the intervention group and also in comparison to females in the control group.

3.5 PARTICIPATORY WORKSHOPS

3.5.1 Group Discussion

After reading the vignette about Paul, the trainees were asked five questions about Paul and his situation. The control and intervention groups pre- and post-intervention responses are summarised below.

Q1 What do you think about Paul and his family situation?

Table 3.8 gives an overview of the type of responses from both groups pre- and post-intervention. The most frequently reported response for this question across both groups pre- and post-intervention was sympathy for Paul. Responses included

- *"Poor Paul"*
- *"His head is wrecked"*
- *"You'd have to feel sorry for him, he has to look after his brother, he might not have time for his homework or socialising"*.

Pre-intervention, females were more likely than males to assign blame. Also, only females suggested that Paul needed help. One female said *"He needs help, he can't manage this on his own"*. Post-intervention, more trainees in the intervention group came up with solutions to his situation. One suggested he move in with his Dad, while another said that he should send his mother to *"a dry-out centre"*. In the control group, one trainee said *"He should try get his mother help, like from a counsellor or something"*.

Table 3.8 Responses to question "What do you think about Paul and his family situation?"

Intervention		**Control**	
Pre	Post	Pre	Post
Sympathy for Paul Get help Blame	Sympathy for Paul Take action	Sympathy for Paul Blame Move on	Sympathy for Paul Responsibility Take action

Q2 What might Paul be thinking right now?

The most frequently reported thoughts that Paul was having across both groups pre-intervention were (i) suicide and (ii) the sense of isolation he felt (Table 3.9). Only males suggested that Paul was thinking about taking his own life. Post-intervention however, only one male from the control group suggested that Paul was suicidal.

Interestingly, one of the most frequently reported thoughts from the intervention group post-intervention was Paul's thoughts about the future. One trainees said that he might be thinking about what he could do while another trainee said that he might be *"wondering what might happen to himself and his brother in a few years"*. This is in contrast to the most frequently reported response from the control group post-intervention. A number of trainees in the control group said that Paul would be thinking *"life's just not fair"*. The sense of isolation Paul was feeling was a common theme pre- and post-intervention.

Table 3.9 Responses to question "What might Paul be thinking right now?"

Intervention		**Control**	
Pre	Post	Pre	Post
Hates his life Suicide Lonely	Future Isolated Blame	Take drink/drugs Suicide Isolation Anger	Not fair Isolated Suicide Scared

Q3 What might Paul be feeling right now?

Similar themes could be seen across both groups pre- and post-intervention (Table 3.10). Both groups said that Paul would be feeling sad or depressed. More females than males in the control and intervention group said that he was depressed. Both males and females also suggested that he was lonely or felt alone. Some of the responses from the control and intervention group included

- *"Like he has no one to talk to"*
- *"That no one is listening to him"*
- *"Lonely"*

The control group said that Paul was angry pre- and post-intervention, however the intervention group only suggested the feeling of anger pre-intervention. More females than males suggested he was angry. Post-intervention both groups said that Paul was feeling confused.

Table 3.10 Responses to question "What might Paul be feeling right now?"

Intervention		**Control**	
Pre	Post	Pre	Post
Sad Alone Blame Angry	Lonely Sad/Depressed Confused	Sad/Depressed Angry Lonely Other (hurt, broken, useless etc)	Sad/Depressed Angry Confused

Q4 What might Paul do to cope with the situation?

Looking at the responses the intervention group gave (Table 3.11), pre-intervention the most salient responses to this question were (i) drink/take drugs and (ii) take personal action. Both males and females suggested a variety of things that he could do such as

- *"Get a job",*
- *"Move in with his father",*
- *"Try selling drugs so that he could put his mother into rehab",*
- *"Throw his mother out of the house"*

Post-intervention however, the most frequently reported response to this question was "Talk to someone". One female said *"He should talk to someone about it incase he gets depressed"*. A male suggested *"He should seek guidance from a counsellor /doctor"*.

While the number of trainees who suggested he take drink or drugs in the intervention centres decreased post-intervention, the control centre showed the opposite trend. No trainees suggested this pre-intervention however, post-intervention a number of males suggested he start drinking or smoking. A number of trainees in the control groups also suggested Paul try get his parents back together or get help pre-intervention. Post-intervention the control group suggested that he either (i) drink or smoke (ii) get on with things or (iii) get out more.

Table 3. 11 Responses to question "What might Paul do to cope with the situation?"

Intervention		**Control**	
Pre	Post	Pre	Post
Drink/Take drugs Take personal action Get help	Talk to someone Get on with things Drink/Drugs Get out more	Get parents back together Get help Help himself (pos) Help himself (neg) Nothing Get on with it	Drink/Smoke Get on with things Get out more

Q5 Who could he turn to for help?

Pre-intervention, the most common response regarding who Paul could turn to from both groups was his extended family (such as auntie, grandmother, uncle). More males than females suggested he turn to his family (7 males and 4 females). Post-intervention however, the intervention group were more likely to suggest a friend than a relation. A school member (teacher, principal) was suggested by 1 male and 2 females.

Pre-intervention, two trainees in the intervention group said that Paul had nobody. One male trainee said *"He can't turn to nobody"* and a female trainee said *"He barely gets to see his friends"*. None of the intervention group said that he had nobody to turn to post-intervention.

Table 3. 12 Responses to question "Who could he turn to for help?"

Intervention		**Control**	
Pre	Post	Pre	Post
Family Support services Responsible adult Nobody Religion	Friend School Relation Doctor/Counsellor	Family Peers Support services Responsible adult	Family Social worker School Friend

3.5.2 Vignette Activity

The discussion about the trainees reasons for saying '*yes*', '*no*' or '*don't know*' to the statements in the vignette questionnaire were recorded and transcribed. Below is a summary of the number of trainees that said '*yes*', '*no*' and '*don't know* pre- and post-intervention and the main reasons they gave for positioning themselves in the yes, no or don't know corners.

1. Should Paul stop feeling sorry for himself?

Table 3.13 below shows the number of trainees that said 'yes', 'no' or 'don't know' pre- and post-intervention. More trainees in the intervention group changed from "don't know" to "no" post-intervention. In the control group more trainees changed from "don't know" to "yes" post intervention. Pre-intervention the most commonly reported reason as to why Paul should stop feeling sorry for himself was because he had to look after his family. One male trainee in the control group said *"He is the man of the house now"*. Another male trainee said that he has to "*worry about his Mam*". The female trainees in both groups were more concerned about Paul looking after his little brother. One female trainee said *"He has his little brother to mind now"*.

Post-intervention both groups said that if he continued to feel sorry for himself he might end up feeling depressed. One trainees in the control group added that he might start drinking. Another trainee in the control group said *"He needs to get on with his life and forget about it, he needs to be positive"*. Both groups said that there was no point in feeling sorry for himself pre- and post-intervention.

Only females pre- and post-intervention said that Paul should not stop feeling sorry for himself. The same themes appeared across both groups. Some of the comments included:

- *"It's ok to feel bad"*
- *"It's his way of coping"*
- *"He's in a tough situation"*.

Table 3.13: Responses to question "Should Paul stop feeling sorry for himself?"

	Intervention Group		**Control Group**	
	Pre	Post	Pre	Post
Yes	10	10	15	19
No	5	10	9	9
Don't Know	6	1	8	4

2. Should Paul talk to a friend?

All of the trainees in the intervention group said that Paul should talk to a friend (Table 3.14). Reasons for talking to a friend included

- *"They can give good advice"*
- *"Cause it does actually help"*
- *It's good to share your problems"*
- *"If he doesn't talk to someone he could get worse"*
- Post-intervention one trainee in the intervention group said *"It will help him to express his feelings"*

Pre-intervention, two males in the control group said that he shouldn't talk to someone because *"There's no point, they are not going to listen"* and *"It's his own business"*. Another male in the control centre said (post-intervention) *"What's talking going to do for him?"*.

Table 3.14 Responses to question "Should Paul talk to a friend?"

	Intervention Group		**Control Group**	
	Pre	Post	Pre	Post
Yes	21	21	29	29
No	0	0	0	2
Don't Know	0	0	3	1

3. Should Paul move out?

Table 3.15 indicates that there was an increase in the number of trainees in the intervention group that said Paul should move out post-intervention. The number of trainees in the control group that said he should move out remained the same. Pre-intervention, both the intervention and control group said that he should start somewhere new. Post-intervention reasons for moving out included:

- *"He has to put himself first"*
- *"His mother is drinking"*
- *"Why stay, he needs to get away"*

More males than females in both groups said that Paul should not move out because he has to look after his mother. One male in the intervention group said *"His mother could kill herself*". A male in the control group said *"If he moves out he will enable her drinking"*. More females than males said that he shouldn't move out because he has to mind his brother. One female in the intervention group said *"If it was me I wouldn't leave my little sister to deal with my mother and father"*. Another female in the intervention group said *"He can't walk out on his family, it wouldn't be morally right"*.

Table 3.15 Responses to question "Should Paul move out?"

	Intervention Group		**Control Group**	
	Pre	Post	Pre	Post
Yes	1	5	4	4
No	12	10	20	19
Don't Know	8	6	8	9

4. Should Paul think more positively?

The majority of trainees in both groups said that Paul should think positively both pre- and post-intervention (Table 3.16). Both males and females identified the need for Paul to stay positive. One female in the intervention group said *"I think he should because otherwise he will just get depressed"* (pre-intervention). Post-intervention, one male from the intervention group said *"If he thinks in a more positive way he will be able to cope and he will be able to move on"*. Two trainees from one intervention centre suggested ways to think more positively. One suggested he try socialise with his friends more and another said if he talks to someone it might help him to think more positively. One female in the control centre said that he will be able to help his family more if he starts to think more positively.

Post-intervention, in comparison to the trainees in the intervention centre there was an increase in the number of trainees in the control centre that said 'no' or 'don't know'. Only males said 'no' or 'don't know'. One male in the control centre said that thinking positively was a waste of time. Another asked *"How is he going to have the time to think positively?"*.

Table 3.16 Responses to question "Should Paul think more positively?"

	Intervention Group		**Control Group**	
	Pre	Post	Pre	Post
Yes	17	19	28	25
No	0	1	1	0
Don't Know	4	1	3	7

5. Should Paul rejoin soccer club

Looking at Table 3.17 one can see that there was an increase in the number of trainees in the intervention and control group that said Paul should rejoin the soccer club post-intervention. The main reason given was so that it would take his mind off things and so that he would be socialising and having fun again. One male in the control group said *"Why should he quit his soccer club just cause his Mam and Dad split up?"*. More males than females said that he should not rejoin his soccer club. One male in the control group asked how this would help him. Another male in the control group suggested that he get a job.

Table 3.17 Responses to question "Should Paul Rejoin his soccer club?"

	Intervention Group		**Control Group**	
	Pre	Post	Pre	Post
Yes	18	19	25	28
No	2	1	5	3
Don't Know	1	1	2	1

6. Should Paul do nothing at all

The majority of the trainees in the control and intervention groups said that Paul should not do nothing at all (Table 3.18). Those who said 'don't know' declined to comment.

Table 3.18 Responses to question "Should Paul do nothing at all?"

	Intervention Group		**Control Group**	
	Pre	Post	Pre	Post
Yes	0	0	0	1
No	20	19	28	28
Don't Know	1	2	4	3

7. Could you help Paul?

The trainees were asked if they felt that they could help Paul. Pre-intervention more females than males in both group suggested talking to him as a way of helping him.. Two males from the intervention group said they would try find someone who could help him. One female trainee said she would try talking to his mother. More males than females said they could not help Paul. The reasons given included

- *"You would not want to be interfering with his problems"*
- *"You could give him the wrong advice"*
- *"How is a friend going to help?"*

Post-intervention, more females than males in the intervention group said they could help him. The females said that they would: talk to him, talk to his Mum or Dad, look after his brother and get help from a GP. One male in the control group said they he would ring social services while another said *"I'll get him drunk"*. One male in the control centre said *"I wouldn't know what to do really"*.

3.5.3 Summary of Findings from Participatory Workshops

- In relation to Paul and his situation, the intervention group were more likely than the control group to suggest talking to someone as a way of coping with the situation post-intervention.
- The intervention group were also more likely than the control group to suggest talking to a friend or school member.
- Post-intervention, there was an increase in the number of trainees in the intervention group and a decrease in the number of trainees in the control group that said that Paul should think positively.
- More female trainees than male trainees said that they could help Paul. The females were more likely to suggest talking to him or his family while the males were more likely to suggest getting help for him.

3.6 ETHOS QUESTIONNAIRE

When the first five sessions were implemented both the control and intervention centres were asked to complete and return an ethos questionnaire. This questionnaire was designed to elicit information about policies in place in the Youthreach Centres, the promotion of positive mental health in the centres, the environment and ethos of the centre, the work that is does in the centre, the services the centre provides and the links the centre has with the community.

Policies

Table 3.19 below gives an overview of the policies that are in place in the eight centres. All of the centres have a policy on bullying and most of the centres have a policy on welfare and discrimination, gender equity and reported or suspected child abuse. Half of the centres have a critical incident policy in place while less than half of the centres have devised a policy for staff health and welfare and the administration and storage of medication for students.

Table 3.19 Policies in place in the Youthreach Centres

Policy	**Yes** N	**No** N	**Unsure** N
Bullying	8	0	0
Welfare and Discipline	7	0	1
Gender equity/discrimination / harassment	7	0	1
Critical incident policy	4	3	1
Reported or suspected child abuse	6	1	1
Staff health and welfare	3	4	1
Referral of suspected student health problems	5	2	1
Administration and safe storage of medication for students	3	3	2

Work in the Centre

The majority of the centres said that the centre's curriculum gives sufficient coverage to aspects of mental health (N=5) and that the promotion of students health and welfare is a continuing priority of the centre's strategic plan (N=5). In addition most of the centres reported that students develop skills in help-seeking and communication (N=6) and that parents are consulted when sensitive content areas in health are to be addressed (N=6). However, most of the centres said that parents are rarely given an opportunity to participate and learn about the content of the centre's health curriculum (N=5). In addition, all eight centres said that the staff do not feel well equipped to educate students about mental health and mental ill-health. When the intervention responses were compared with the controls responses, there were the same number of positive responses about work in the centre from the intervention as the control centre.

Partnership and Services

The tutors were asked about the links the centre has with the community and the use of community services. While most of the centres said that their centre was committed to regular exchange of information between families, the local community and the centre (N=6), the majority of centres said that the centre rarely works with community mental health services to meet the mental health needs of students and staff (N=5). Also five centres said that the staff are rarely provided with information about local mental health services and all 8 centres said that parents are not actively involved in the life of the centre. Most of the centres said that their centre provides adequately for the welfare needs of the students and staff (N=6), yet the same number of centres said the staff members rarely seek help when feeling stressed or over committed. When the intervention and control responses were compared, the intervention centres were more positive about their centres partnership with the community and its services.

Environment and Ethos

All of the centres said that their centre provides a safe caring environment that actively discourages violence and values all cultures. Most of the centres said that the value of counselling and talking things through is a high priority (N=6). Half of the centres said that they cater for students who experience periods of mental illness. Most of the centres said that staff experiencing stress would be well supported in the centre (N=5). Five centres said that opportunities are rarely provided for staff, students and parents to develop positive relationships and students are rarely encouraged to participate in the centres decision making process. The intervention centres gave more positive answers regarding the environment and ethos of their centres than the control centres.

Supports Available

All of the centres were asked about supports available in their centre for trainees in distress. In addition they were asked if they felt there was a need for Mental Health Education in Youthreach and what barriers existed to their centre providing Mental Health Education. Seven centres said that there is support available in their centre. One control centre said that there was no support available. Five of the centres said that counselling service is available in the centre and two centres said that the tutors and coordinator provided support for the trainees as there is no counsellor available.

Seven of the centres said that there is a need for Mental Health Education in Youthreach Centres. The main reason given was that many of the trainees come from troubled backgrounds and as a result need help dealing with situations. One of the tutors also wrote that mental health is an important aspect of life and that the trainees *"need to express and understand that there will be ups and downs in life and how to cope with that"*. Another tutor wrote that students like to talk over problems with an 'outsider'.

In terms of barriers that exist within the centre, the most frequently mentioned barrier to providing Mental Health Education was timetabling it into the Youthreach Curriculum. The next major barrier was finance followed by adequate training. Other barriers that were mentioned included: Stigma of mental health, confidence delivering the programme and resources.

3.7 ATTITUDES OF THE TRAINEES:

Weekly Reports & Evaluative Workshop

The trainees who took part in the programme were asked to complete a questionnaire after each session. As part of the questionnaire the trainees were asked to give their general attitude about each session in terms of (i) how much they learned during each session (ii) how interesting they found each session and (iii) how they found the length of the lesson. The trainees were also asked to identify how they felt before and after the session and to specify what they liked and did not like about each session. When the trainees completed all ten sessions, they took part in an evaluative workshop of the programme. During this workshop the trainees brainstormed popular and unpopular aspects of the programme, what they gained from doing the programme, the age appropriateness of the programme and recommended improvements. The trainees responses are summarized below.

General attitudes towards each session

(i) How much did you learn from this session?

Table 3.20 below shows the number and percentage of trainees that said they learned a lot of new things, some new things and nothing new in each session. On average, 7% of trainees said that they learned 'a lot of new things' every week. More trainees learned 'a lot of new things' in session 2 and 3 than any other session. In relation to the trainees that said they learned 'some new things', session 10 and session 8 scored the highest. Session 1 and session 6 scored highly in terms of the trainees learning nothing new (52% and 48% respectively). When the figures for learning a lot of new things and some new things were grouped together, 6 sessions contained over 70% of the trainees in this category. These were session 10 (78%), session 4 (75%), session 8 (74%), session 9 (74%) and session 2 (70%)

Table 3.20 Trainees Weekly Questionnaire: How much did you learn from this session?

Session		A lot of new things		Some new things		Nothing new	
		N	%	N	%	N	%
1	**Setting the Scene**	1	**2%**	19	**45%**	22	**52%**
2	**What are Feelings?**	6	**16%**	20	**54%**	11	**30%**
3	**How Young People Cope** *1	5	**15%**	17	**52%**	10	**30%**
4	**Is it the same for boys and girls?**	2	**6%**	22	**69%**	8	**25%**
5	**Group Support** *1	3	**10%**	18	**58%**	9	**29%**
6	**Managing Emotions I: Dealing with Anger & Conflict**	0	**0%**	12	**52%**	11	**48%**
7	**Positive Self-Talk** *3	1	**4%**	17	**68%**	4	**16%**
8	**Managing Emotions II: Dealing with Rejection & Depression** *1	1	**4%**	17	**70%**	5	**21%**
9	**Getting Help**	2	**9%**	15	**65%**	6	**26%**
10	**Conclusion**	0	**0%**	18	**78%**	5	**22%**

* = Trainees Missing

(ii) How interesting did you find this session?

The trainees were asked to rate how interesting they found each session. Table 3.21 shows the number and percentage of trainees that (i) said the sessions was very or fairly interesting (ii) were unsure (iii) said the session was fairly or very boring. According to the trainees the most interesting session was session 5 with 68% of trainees rating the session as either very interesting or fairly interesting. Sessions 2 and 9 were also regarded as interesting sessions. Session 7 was considered the most boring, 32% said that session 7 was fairly or very boring. In addition, session 4 was regarded as fairly or very boring by 28% of the trainees.

Table 3.21 Trainees' Weekly Questionnaire: How interesting did you find this session?

Session		Very interesting or fairly interesting		Not sure		Fairly boring or very boring	
		n	%	n	%	n	%
1	**Setting the Scene**	17	**41%**	14	**33%**	11	**26%**
2	**What are Feelings?**	24	**65%**	5	**14%**	7	**19%**
3	**How Young People Cope**	18	**55%**	6	**18%**	8	**24%**
4	**Is it the same for boys and girls?**	17	**53%**	6	**19%**	9	**28%**
5	**Group Support**	21	**68%**	4	**13%**	6	**19%**
6	**Managing Emotions I: Dealing with Anger & Conflict**	7	**30%**	11	**48%**	5	**22%**
7	**Positive Self-Talk**	9	**36%**	6	**24%**	8	**32%**
8	**Managing Emotions II: Dealing with Rejection & Depression**	12	**50%**	6	**25%**	6	**25%**
9	**Getting Help**	14	**61%**	4	**17%**	5	**22%**
10	**Conclusion**	8	**35%**	11	**48%**	4	**17%**

(iii) Length of each session

The trainees were asked to rate the length of each session (Table 3.22) Over half of the trainees said the every session bar session 4 and session 6 were just the right length. 57% said that session 6 was too long while session 4 was regarded as too short by 38% of the trainees.

Table 3.22 Trainees Weekly Questionnaire: How did you find the length of the lesson?

Session		Too long		Just right		Too short	
		n	%	n	%	n	%
1	**Setting the Scene**	13	**31%**	25	**60%**	4	**10%**
2	**What are Feelings?**	6	**16%**	26	**70%**	5	**14%**
3	**How Young People Cope**	9	**27%**	17	**52%**	7	**21%**
4	**Is it the same for boys and girls?**	6	**19%**	14	**44%**	12	**38%**
5	**Group Support**	5	**16%**	25	**81%**	1	**3%**
6	**Managing Emotions I: Dealing with Anger & Conflict**	13	**57%**	9	**39%**	1	**4%**
7	**Positive Self-Talk**	7	**28%**	14	**56%**	2	**8%**
8	**Managing Emotions II: Dealing with Rejection & Depression**	7	**29%**	16	**67%**	1	**4%**
9	**Getting Help**	4	**17%**	15	**65%**	4	**17%**
10	**Conclusion**	8	**35%**	14	**61%**	1	**4%**

Based on the results from the three tables it is clear that and Session 2 (What are Feelings?), Session 5 (Group Support) and Session 9 (Getting Help) were the most popular among the trainees in terms of interest in the session and how much they learned. Session 6 (Managing Emotions I), Session 7 (Positive Self-Talk) and Session 10 (Conclusion) appeared to be unpopular amongst the trainees.

Feelings before and after each session

As part of the weekly questionnaires the trainees were asked to identify how they felt before and after each session. The trainees ticked one of three smiley faces: happy, sad or unsure to indicate how they felt. Sessions 1, 2, 3, 5, 7, 8, 9, and 10 saw an increase in the number of trainees that said there were happy after the session. Session 6 saw no change in the number of trainees that were happy after the session. There was a decrease in the number of trainees that said they felt happy after Session 4.

A McNemar Test was used to examine if there was a statistically significant difference between the number of trainees that were happy and sad/unsure before and after each session. The McNemar Test showed that there was a significant difference in the number of trainees that said they felt happy before and after session 5 (N=30 , p = .029). No other session showed a statistically significant change in the number of trainees that were happy after the session. However, when all of the trainees feelings for all ten sessions were combined, a McNemar test showed that there was a significant positive change in the proportion of trainees who were happy after the sessions (N=278, p = 0.013). Table 3.23 shows the number and percentage of trainees that felt sad/unsure before and after the sessions and the number and percentage of trainees that felt happy before and after the sessions.

Table 3.23 Number and percentage of trainees that felt happy and sad/unsure before and after sessions 1-10

	Before Session		After Session	
	N	**%**	**N**	**%**
Sad/Unsure	160	56%	131	46%
Happy	127	44%	156	54%

Popular and unpopular aspects of the programme

(i) Popular Aspects

The trainees were also asked to identify what they liked and didn't like about each session. With regard to what they liked about the sessions the main themes identified were (i) the discussions (ii) the warm ups (iii) the fun element to the sessions. For sessions 1, 2, 3, and 5, a number of trainees wrote that the sessions were a good laugh. For the later sessions the predominant theme was the discussions that took place during the sessions. One of the trainees wrote that they liked "*discussing what I'm good at and not good at"* during Session 7. Another trainee wrote he/she liked *"discussing the thoughts people have when someone breaks up with them"* during session 8. The warm up activities, the brainstorm activities (session 2), the coping game (Session 3), the smarites games (Session 5) and the positive self-talk activity (Session 7) were mentioned by a number of trainees as things that they liked about the different sessions.

During the evaluative workshop the trainees brainstormed what they liked most about the programme. Table 3.24 gives a list of what the trainees came up with and the number of times it was mentioned. The trainees said that they liked the brainstorming activities, the smarties game, the car of total behaviour and the discussions the most. It is important to

note that even though the brainstorm activities was regarded as one of the most popular activities, both the trainees and the tutors said there was an overuse of brainstorming in Session 6 (Managing Emotions I) and brainstorming was regarded as one of the negative points of this session. One of the trainees wrote *"It was all like brainstorming and I just found it so boring"*.

Table 3.24 What the trainees liked the most about MindOut

What was liked the most	Number of times mentioned
Brainstorms	4
Smarties game	4
Car of Total Behaviour	3
Discussions	2
Music game	2
F-card game	2
Network of Support	1
Collage	1
Laughing	1

(ii) Unpopular Aspects

The two main themes that were mentioned repeatedly in the trainee weekly questionnaires were (i) the interruptions and (ii) the length of the sessions. The main complaints about the early sessions were trainees interrupting each other and messing. One of the trainees wrote that they didn't like *"the way people in the group were talking and messing"* during Session 1. Another wrote that everyone was talking at once. For Session 2 one trainee wrote *"we kept getting interrupted"* and for Session 4 there were several comments about interruptions and messing during this session. With the later sessions, the length of the sessions was regarded as a problem by a number of trainees. Several trainees said that Session 6 and 7 were too long.

When the trainees brainstormed what they didn't like about the programme during the Evaluative Workshop, more specific aspects of the programme were mentioned. Table 3.25 shows the list of items that the trainees said they liked the least. The trainees explained that they did not like the weekly evaluation because they were too boring. One of the groups said that the time of year was all wrong because they were in the middle of their Leaving Cert. Some older trainees said that they did not like any of the activities that required you to move around.

Table 3.25 What the trainees liked least about MindOut?

What was liked the least	Number of times it was mentioned
Evaluation Sheets	2
Physical Activities/Exercises	2
Time of year	2
Rainbow activity	1
Collage	1
Going over the board stuff	1

Age Appropriateness

During the Evaluative Workshop the trainees were asked if they thought the content of the programme was appropriate for their age group. The majority of trainees in the three centres with the older trainees (Leaving Certificates) said that the programme was more suited for a younger age group. One of the trainees said *"The programme should really be for between 16 and 17 year olds, that's when you get into trouble and when you start experimenting with girlfriends and drugs"*. However another trainee said that *"Fifteen and sixteen is too young for the programme, the programme would be too difficult. They wouldn't sit down every week and listen"*. The other trainee responded by saying that there should be some type of programme for this age group. In a different centre one of the trainees said that *"some of the stuff is a bit young – like the games"*.

Perceived benefits of the programme

The trainees were asked to brainstorm in groups what they have gained as a result of doing MindOut. A number of groups reported that they have a different view of how to deal with difficult situations. One group wrote that they have learned *"how to control yourself in a bad situation"*. Another group said they have learned *"how to deal with things in a positive way"*. It was also mentioned that they have learned how to cope better. Some of the groups said that they have developed a good insight into mental health and young people. One group said they have developed *"an awareness of mental health and stressful situations"* while another group said that they now have *"an idea of mental health problems and solutions"*.

Some of the other comments regarding what the trainees had gained from the programme included:

- *"Guidance"*
- *"Information"*
- *"To know to think more positive"*
- *"Learned to be a better person"*
- *"I thought the network was good – it was only when I wrote it down that I saw how many people I knew that could help me"*
- *"Everyone is getting on better"*.

Recommended Improvements

The trainees were asked to suggest ways in which the programme could be improved. Based on these recommendations the trainees came up with, they were then asked to place a coloured sticker beside 3 of the recommendations that they felt were the most important. The coloured stickers represented their number one recommendation, followed by their second and third recommendation. Below is the list of recommendations in order of importance as voted by the trainees.

- More topics (such as bulimia, drug abuse, alcohol abuse)
- Video clips of how to deal with situations
- Class trips
- Each trainee have their own workbook

- Less reading
- More detail
- Information handouts
- Use of computers

One group recommended starting the programme at the start of the year when the trainees are less pressurised. The centre with the older trainees suggested having less activities in the programme.

3.7.1 Summary of Results from Trainee Weekly Reports and Evaluative Workshop

- The majority of trainees said they learned new things from every session bar Session 1.
- Most of the sessions were considered very or fairly interesting by over half of the trainees. Session 5 (Group Support) was regarded the most interesting and Session 7 (Positive Self-Talk) was considered the least interesting.
- Over half of the trainees said that all of the sessions with the exception of Sessions 4 (Is it the same for Boys and Girls?) and 6 (Managing Emotions 1) were just the right length.
- Overall, there was a statistically significant increase in the number of trainees that felt more positive after the sessions.
- The trainees said that the discussions, the warm ups and the activities such as the smarties game, the music game, the collage and the car of total behaviour were the most popular aspects of the programme.
- The trainees disliked the interruptions and messing during the class the most. Their least favourite parts of the programme included, the evaluation sheets, the activities that involved moving around the room (older trainees), and recapping over what was discussed. Some trainees also said that the time of year when the programme was implemented was also a problem
- The majority of the trainees said that the programme was more suited for a younger age group as they might learn more from it.
- In term of what the trainees gained form the programme, the trainees said that they have a better understanding of how to deal with difficult situations and more of an awareness of mental health and stressful situations.
- Some of the recommendation made by the trainees included: more topics, video clips as part of the programme, class trips and each trainee have their own workbook.

3.8 ATTITUDES OF THE TUTORS:

Weekly Reports

The tutors completed a weekly questionnaire after implementing each session. This questionnaire was designed to obtain information about (i) the tutors general attitude towards the session in terms of what the trainees gained from it (ii) their opinions about the length of the session and the appropriateness of the session for the age of the tutors (iii) positive aspects of the session (iv) difficulties experienced and (v) fidelity to the programme.

General attitudes towards each session

As part of the questionnaire the tutors were asked to rate on a scale from 1 *(not at all)* to 5 *(very much so)* the degree to which the trainees (a) enjoyed the lesson, (b) understood the content of the session (c) diverted from the topic during the session and (d) worked well together during the session. They were also asked to rate the lesson overall on a scale of 1 to 10. Table 3.26 shows the mean ratings for each session.

Table 3.26 Mean tutor ratings for each session

Session		N	Trainees enjoyed the session	Trainees understood the content of session	Trainees diverted from the topic	Trainees worked well together	Overall rating of lesson
1	**Setting the Scene**	4	3.50	3.50	1.75	3.25	**7.00**
2	**What are Feelings?**	4	2.75	3.75	3.25	3.50	**7.25**
3	**How Young People Cope**	4	2.75	3.00	2.00	3.50	**6.50**
4	**Is it the same for boys and girls?**	4	4.00	3.50	3.00	4.00	**6.75**
5	**Group Support**	4	4.25	4.25	1.75	4.75	**7.75**
6	**Managing Emotions I***	3	3.00	3.00	1.67	3.33	**5.67**
7	**Positive Self-Talk***	3	3.33	4.33	2.33	3.50	**6.67**
8	**Managing Emotions II ***	3	3.00	4.00	2.00	3.00	**6.44**
9	**Getting Help***	3	3.67	3.67	1.33	4.00	**7.00**
10	**Conclusion***	3	3.67	4.00	1.67	3.67	**6.50**

* = One centre did not complete these sessions

Looking at the ratings each session received, Session 5 (Group Support) was rated the highest across these scales. It received the highest rating for the trainees (i) enjoyment of the lesson, (ii) understanding of the content, (iii) working well together, (iv) the overall

rating of the lesson. All of the tutors said that the trainees loved to smarties game in this session. One tutor said that the positive aspects of the session included the discussion after the game, the laughter and the encouragement during the game. Another tutor said that all of the trainees were interested in this session and interacted well together.

Session 9 (Getting Help) also scored highly in terms of the trainees not diverting from the topic and working well together. The overall rating of the lesson also scored highly (M = 7.00). The tutors wrote that the group discussions were very good and that the trainees were interested in the scenarios. One tutor stated "*Students got involved in 'What if' game as scenarios were relevant to the students"*.

Session 3 (How Young People Cope) received a low rating from the tutors. The scores for the trainees enjoyment of the session and understanding of the content were both low. The overall average rating was the second lowest score (M = 6.50). While the tutors stated that the trainees related to the topic of coping strategies one of the tutors said that during this session there was a "*barrier of communication – they were slow to express their feelings and thoughts"*.

Session 6 (Positive Self-Talk) received the lowest overall average rating (M = 5.67). The suitability of the content score was low as was the score for the trainees enjoyment of the session. One tutor wrote in her evaluation that the trainees did not like this session. Another said that there was an over-use of brainstorming in this session which led to boredom towards the end of the session.

When the group with the younger trainees was excluded from the mean scores, all of the weekly scores for "*Trainees diverted from the topic*" decreased and all of the weekly scores for "*Trainees worked well together*" increased. Additionally, seven of the sessions had a higher score for "*Trainees understood the content of the lesson*" and six of the sessions had a higher score for "*Trainees enjoyed the lesson"*.

Appropriateness of content for trainees' age

The tutors were asked to rate on a scale of one to five (1 not at all, 5 very much so) how appropriate the content of each lesson was for the age of the participants. Table 3.27 shows the mean score for each session as rated by the tutors. Sessions 1, 2, 4, 5, 8, 9, 10 all received a mean rating of 4 or higher. The content of Session 9 (Getting Help) received the highest average rating in terms of appropriateness for their age (M=4.33). The content of Session 6 Managing Emotions I) received the lowest average rating (M=3.33). The centre with the younger trainees gave all of the sessions apart from Session 6 a lower rating than the other three centres.

Table 3.27 Tutor ratings for appropriateness of the content for the trainees age (mean tutor scores)

Session		Mean
1	**Setting the Scene**	4.25
2	**What are Feelings?**	4.0
3	**How Young People Cope**	3.75
4	**Is it the same for boys and girls?**	4.25
5	**Group Support**	4.25
6	**Managing Emotions I: Dealing with Anger & Conflict***	3.33
7	**Positive Self-Talk***	3.67
8	**Managing Emotions II: Dealing with Rejection & Depression***	4.00
9	**Getting Help***	4.33
10	**Conclusion***	4.00

* = One centre did not complete these sessions

Length of each lesson

For each session the tutors had to state whether the lesson was too long, too short or just the right length (see Table 3.28). All of the tutors said that Sessions 2, 5 and 8 were just right.

Table 3.28 Tutor ratings for length of each session

	Session	Too long n	Just Right n	Too Short n
1	**Setting the Scene**	2	2	0
2	**What are Feelings?**	0	4	0
3	**How Young People Cope**	0	3	1
4	**Is it the same for boys and girls?**	1	3	0
5	**Group Support**	0	4	0
6	**Managing Emotions I ***	1	2	0
7	**Positive Self-Talk ***	1	2	0
8	**Managing Emotions II ***	0	3	0
9	**Getting Help ***	1	2	0
10	**Conclusion ***	0	3	0

* = One centre did not complete these sessions

Positive Aspects of the Sessions

The tutors were asked to list the positive aspects of each session. The following are most commonly reported positive aspects.

Enjoyment of Activities

The tutors commented on the trainees enjoyment of several activities throughout the programme. The activities that were specifically mentioned included: (i) the brainstorming activity in Session 2, (ii) the rainbow activity in Session 2, (iii) listing positive coping strategies in Session 3, (iv) network of supports in Session 5, (v) smarties relay in Session 5 and (vi) refreshing over what they had covered during the last session.

Participation

The participation of the group during the sessions was viewed as a positive aspect of most of the sessions. Responses in this category included *"All students enjoyed it and participated well"* (Session 2) and *"Great participation"* (Session 3, 4 & 8)

Developed an Awareness

The tutors reported an improved awareness among the trainees during particular sessions. Some of the comments included:

- *"Became aware that there are different coping strategies for boys and girls"* (Session 4).
- *"It made the students aware that there are more people in their network then they thought"* (Session 5).
- *"F card activity made the students aware that they have blind spots to certain things"* (Session 7).

Interested

The tutors commented on the interest that the trainees had in certain sessions. For Session 2 one of the tutors said that the trainees *"reacted positively to the topic and related to it"*. The same tutor said that the trainees related well to the topic in Session 3. For Session 9 one of the tutors wrote that the trainees were "*interested in the scenarios discussed*". However the centre with the older trainees referred to the fact that the trainees in her centre were not interested in two sessions in particular, Session 4 and Session 9. This tutor said that the trainees found Session 4 boring and that during session 9 *"…some of the older students stated that the content was not relevant to them as they had been doing this type of work since National School"*.

Difficulties experienced during the sessions

In addition to describing the positive aspects of each session, the tutors were asked to outline any difficulties that were experienced during each session. There most common difficulties experienced by the tutors during these sessions were:

Management of the group

The centre with the younger trainees mentioned the management of the group as a problem most weeks. Some of the comments included:

- *"Group were difficult to control and manage – giddy, etc"*
- *"Very disruptive"*
- *"Did not adhere to the ground rules. Some trainees interested but constantly being distracted by others".*

Concentration

One of the centres said that the trainees lack of concentration hindered the exploration of the content of the first session. Lack of concentration and inability to reflect in a deeper way was reported as a problem during Session 4 and 6.

Programme Fidelity

In order to assess the level of programme implementation in each centre the tutors were given a list of the activities that were part of the session in their weekly questionnaire. The tutors were asked to tick '*yes*', '*no*' or '*in part*' depending on whether they (i) fully implemented (ii) partially implemented or (iii) left out the parts of the lesson that were listed in the weekly questionnaire.

Table 3.29 Number of parts of each session that were *fully* implemented by each centre

Centre	Sessions									Total
	1	2	3	4	5	6	7	8	9	1-10
1	8/10	7/8	5/8	8/8	8/9					36/43
2	4/10	8/8	8/8	5/8	4/9	9/13	5/13	7/15	4/4	54/88
3	10/10	6/8	5/8	8/8	6/9	10/13	4/13	5/15	3/4	57/88
4	8/10	7/8	6/8	7/8	9/9	12/13	13/13	13/15	4/4	79/88

Table 3.29 shows that centre 4 was the most faithful in terms of fully implementing most of the activities in each session. Centre 1 also implemented most of the activities during the first five sessions, however this centre was unable to complete the remainder of the programme due to timetabling issues and exam pressure at the end of the year. Centre 2 and centre 3 were the least faithful as they did not fully implement a number of parts in Sessions 5, 6, 7, and 8. Centre 3 reported that there were nine parts of session 7 that were implemented partially implemented and ten parts of session 8 that were also partially implemented. Centre 2 reported that there were eight parts in session 7 and eight parts in session 8 that were partially implemented.

Of the parts of Session 5, 6, 7, and 8 that were partially implemented, the majority of these were related to the group discussion component after the activities. For example in Session 5 both centre 2 and 3 said that the discussion about ways to increase their network of support and the need for support networks were implemented *in part.* Also both centres said that the discussion about the "Cool it" handout during Session 6 was implemented *in part*. In Session 7 both centres said that the discussion about positive and negative self-talk was implemented *in part*. During session 8 the discussions about (i) feelings people have in certain situations, (ii) why people feel down, (iii) ways of identifying people who feel down and (iv) what can be done to help were implemented *in part* by the two centres. In terms of the activities that were not implemented at all, the centre with the older trainees did not do the collage in session 2, while the centre with the younger trainees did not do the writing section in session 7. Other activities that were not implemented by the other centres included: writing trainees' responses on flip chart and reviewing what was covered in some of the sessions.

In total, centre 1 fully implemented 85% of the first five sessions, centre 2 fully implemented 61%, centre 3 fully implemented 64% of the programme and centre 4 fully implemented 89% of the programme. Centre 2 implemented 31% of the programme *'in part'* and centre 3 implemented 29% of the programme *'in part'*. In order to determine if omitting large sections of certain sessions had an impact on the effect of the intervention in these centres, the results of the centre that implemented 85% of the programme was compared with the other two centres. Analyses revealed that trainees in the most faithful performed better than the other two centres on most of the Post-Intervention Evaluative Questionnaire. The centre that was the most faithful scored significantly better on

- *"I learned a lot from the programme"*
- *"I would recommend the programme to a friend"*, and
- *"I don't think the programme made a difference to my life"*.

Furthermore, post-intervention the same centre scores significantly better than the other two centres on *"I thought about looking for help when feeling down"* in the Emotional Skills Questions.

3.8.1 Summary of Findings from Tutor Weekly Questionnaire

- Session 5 received the highest overall rating and the highest rating for trainees enjoyment of the lesson. Session 7 received the highest rating for trainees understanding of the session.
- Most of the sessions were rated highly in terms of the appropriateness of the content for the trainees age. Session 6 received the lowest rating.
- The tutors said that (i) the trainees enjoyment of activities, (ii) their participation during the sessions, and (iii) the awareness the sessions raised were the most positive aspects of the sessions. Management of the group, lack of interest and concentration were highlighted as the main problems during the sessions.
- One centre fully implemented over 85% of the programme while two centres fully implemented just under 65% of the programme. The parts of the programme that were partially implemented or not implemented by these two centres were mostly discussions after the activities during Session 5, 6, 7 and 8.

3.9 GROUP REVIEW SESSIONS

A group review session was held after the tutors had completed the first five sessions and again after the programme was completed. One individual interview was carried out with a tutor who was unable to attend the end of programme review session. A coding frame (Appendix 1) which included four sections, was applied across the four transcripts. The sections are outlined below and the common themes that emerged for the four group discussions are described under each section.

Section 1: Benefits of the Programme

Over the course of the two review sessions the tutors discussed the benefits of implementing the MindOut programme with the trainees. The benefits were divided into three main themes (i) awareness raising (ii) relationship between the tutor and the trainees and (iii) relationship between the trainees.

Awareness Raising

When the tutors were asked about the effect of the programme on the trainees, the tutors responded with statements such as *"Mine are definitely more aware of coping strategies"* and *"They have learned that they can talk with somebody*". The words 'awareness raising' were mentioned throughout the discussions. One tutor said that *"there was an awareness raising and an awareness that mental health is not the same as mental illness*". Another tutor commented *"They have the positive of it* (mental health) *versus just the negative of it"*. The tutors said that he thought the programme was very beneficial and that it helps the trainees to articulate themselves instead of *"lashing out"*. They said that the trainees seemed to be more open about their feelings. One of the tutors said that she was surprised when she saw how open the boys were with expressing their emotions *"They would never talk about that usually. It's quite good cause it gives them a chance to talk about it as much as they want. It was good for them because they opened up"*. When asked if any part of the programme was having a negative effect on the trainees all of the tutors said that they didn't think any part had a negative effect. One of the tutors added that the only thing she could think of was if a trainee had been recently bereaved. She said that it might be difficult for the trainee to take part in the programme.

The tutors said that it took the trainees a while before they started to "*engage properly with the programme*". One tutor said that *"It was only during session four that they all seemed to get into the whole thing. By session four I found there was a bit of progression"*. Another tutor said that it was the stigma around mental health that resulted in the trainees being reluctant to take part in the first session of the programme, *"the first class nobody wanted to do it, nobody wanted to say anything, they were saying there's nothing wrong with me, I don't need to go into that class"*. She added that when it was explained to the trainees that the programme was about emotional wellbeing and how to cope with problems and when the trainees saw that the programme was fun, they were more enthusiastic about the programme. When the tutors were asked if some trainees were getting more out of the programme than others, the tutors agreed and said that it was the quieter ones that you would hope would interact that didn't. However one tutor said

that the programme "*might make them* (the quieter trainees) *more aware that other people have problems"*

The simplicity of the programme was regarded as an important factor. One of the tutors explained *"It was good from the point of view that it was simplistic for the trainees to understand, they understood it as much as I understood it and they knew exactly what I was asking them to do"*. The tutors said that they could tell by the interaction of the trainees during the sessions that they gained a lot from the programme.

<u>Relationship between the tutors and the trainees</u>

Five tutors said they had no experience of teaching an emotional wellbeing programme with trainees in the past. One of the tutors said:

> "*It's totally out of my scope because I do computers so it was a whole new field for me and it was good. I think it was good for them* (the trainees) *as well because they could see that they could come to different people if they had issues they wanted to talk about"*.

All of the tutors agreed that their relationship with the trainees had improved as a result of doing the programme with them. One tutor said that before MindOut she taught computers to them and that since doing the programme the trainees think she is "*more human"*. The tutors also said that their attitude towards the trainees had changed *"You realise they are more in tune with things that you had thought"*. The tutors also said that they are more considerate of the trainees now. One tutor commented *"I'm always very mindful of the trainees and their situation but doing this programme intensifies this awareness"*. Another tutor said that she had a better understanding of them and where they are at.

The tutors said that the trainees that their relationship with the trainees improved with the number of sessions they had covered and that the trainees were more open after the first few sessions. One tutor said,

> *"I'd say as the sessions went on we did develop a special relationship and they knew that they could trust me and that it wasn't an academic class and that I was a different person. At the beginning I was just a Maths and Geography teacher to them but we were breaking that down as the sessions went on"*

The tutors also said that they found the programme to be of personal benefit. One tutor said *"I have used some of it myself"*. Another tutor said that as a tutor and a mother she learned a lot from the programme. All of the tutors agreed that anyone working with trainees in Youthreach Centres needs to have a background in this area. "*Everyone is dealing with mental health issues, so it really is needed"*.

Relationship between the trainees

The third theme which emerged refers to the relationship that developed between the trainees themselves. The tutors said that the trainees developed a "*way with each other*" as the sessions progressed. One of the tutors said that there was a good bond between the trainees and that Session 5 (Group Support) highlighted this point in particular. During this session the trainees identified each other and the Youthreach Centre as networks of support. She said *"It was nice when they put their names down and recognised their friends as networks of support. I think it does help them"* Another tutor gave an example of how she saw the bond between the trainees develop in her group. She explained that during the coping strategies session one of the trainees felt confident enough to say that they pray and that they find it a useful way of coping with problem situations.

Section 2: Factors that helped the programme to run smoothly

This section outlines the key factors that helped the programme to run smoothly over the ten weeks. Five main themes emerged: (i) Maturity of the group, (ii) Team teaching (iii) Venue (iv) Training, Preparation and Manual.

Theme 1: Maturity

According to the tutors the maturity of the trainees was central to the successful implementation of the programme. Three of the four centres selected the 17-20 year old trainees to implement the programme with. All three centres said that the programme worked well because the trainees were mature. One tutor said *"I think it suits them very well and they seem to get into it a lot more because they are more mature. They seem to like to come together as a group and talk"* Another tutor said that because her trainees were mature they were willing to participate and get involved. The centre that implemented the programme with the 15-18 year olds said that they found the programme difficult to deliver. The tutor said *"Certainly the younger ones think it's just a mad programme that we're delivering"*. She also added that there were one or two in the group that were participating very well but that they were older, both were 18 years old. Another tutor from a different centre commented on the younger trainees in their group. She said *"One or two in ours were a little bit younger and you'd notice they just felt a bit akward about it. The older ones could talk about things more"*.

In addition, the tutors said that because the trainees were older, they were in the centre for longer and as a result the tutors were familiar with their backgrounds. This they felt helped with the implementation of the programme *"Because they have been with us for about three years, I'd know their backgrounds I suppose that's why it worked so well because we know them so well"*.

During the first review meeting with the tutors, the tutors were asked if the programme was pitched at the older or younger trainees. All of the tutors said that it was pitched for the older age group and that they couldn't see the programme working with the younger groups in Youthreach because these trainees would not be mature enough. One tutor said

"It's just too mature for them, the content would be too hard for them so I don't think we could run it with the 15-16 year olds". It is worth noting however that after the tutors had completed the ten sessions with the trainees there was a change in their attitude about teaching it to a younger group. Two of the three centres that implemented the programme with the older group said that they were going to implement it with the younger trainees in the coming year. One tutor said

> *"I think it was wise to start off with the older group cause I'd say you would have a different attitude… well I would have definitely if I had tried to struggle through with they younger group. But now I want to give it a try with the younger group that will be in the centre a year at that stage. With a new group coming in, I don't know if it would work with them"*.

After completing the programme another tutor said that while the programme worked well with her group of trainees she felt that the younger trainees (the Junior Cert group) would benefit from it more that the older group. She explained

> *"The Leaving Certs are that bit more mature and they are able to handle their problems themselves whereas the Junior Certs would probably benefit a little bit more from it. I feel that the Junior Certs wouldn't know how to deal with their problems as well as the Leaving Certs would"*.

Another tutor said *"We don't now if the younger ones would get it as much as the older ones but they need it"*

Team Teaching

The second theme that emerged was team teaching. Three out of the four centres implemented the programme with two tutors present every week. While all of the centres said that one tutor took on the dominant role during the teaching of it, all of the tutors said that it was easier to implement with two people. One of the tutors said that it was just knowing that you had the bit of back up. Another tutor said that she felt more confident and more relaxed with a second person in the room with her. One of the tutors explained

> *"And we wouldn't even be that involved with each other, she would be that side of the room and I would be that side but still it was having someone in the room that was very important"*.

The tutor who implemented the programme on her own said that she would have preferred to implement the programme with someone else for a number of reasons. She felt that it would have been easier to monitor the group if there were two people present. *"If you stop for a second to check something and when you turn around there are two messing* . She also said that the 'Car of Total Behaviour' activity did not work with her group and that if she had someone else implementing the programme with her the trainees might have understood it better. Additionally, she said that she plans on teaching the programme to the younger group of trainees next year and would definitely need to team teach the programme.

Venue

The venue was considered important to the success of the programme. Two of the centres implemented the programme in a large spacious room that was not used as a classroom. One of the tutors said that the space was important for the trainees, as was sitting in a circle. She also added *"If they were in the classroom, I don't think they would have interacted as well. It takes them out of their comfort zones. A different environment creates a whole new meaning as well*". The other tutor commented on the fact that because the large room was detached from the other classrooms, she was not conscious of the trainees making noise and the trainees felt more secure. Another centre implemented the first four sessions in a big room, however after session four they moved to a smaller room. The tutor said that this room was much better for the group. *"It was more compact and it seemed to change the whole flow of it. It was like it felt more homely for them"*.

Training, Preparation and Manual

The tutors all agreed that the tutor-training was essential to the implantation of the programme. One of the tutors said *"I think if I hadn't done it* (the training) *I wouldn't have been at all comfortable with doing the programme"*. The tutors said that the most useful part of the training was trying out the activities themselves so that they could see where difficulties might arise. *"I remembered stuff that we did and it was the acting them out that helped. And you know if it didn't go well for the adults we kind of thought it wouldn't go well for the trainees*". All of the tutors said that you would need the two days of training as it would be too overwhelming to go through all the sessions in one day. They also commented on the fact that it was important to meet with other tutors from other centres and hear how they were finding the programme. *"It was good to hear they were having some of the same difficulties that we were having. It kind of made us feel that we weren't doing it all wrong"*. Another tutor added that the trainees in her centre were happy when they heard that the tutors had to do the programme before they taught it.

Good preparation before the lesson also emerged as a strong theme. One of the tutors said that she familiarized herself with the lesson very well before doing it with the trainees so that she didn't have to be referring to the manual all the time. She said that she felt that this was very important because "*when you were referring to the manual they were hopping around the room and it took too long to get things back in order again*". Another tutor said that the fact that the sessions were well laid out and easy to follow made the programme easy to implement. She did however emphasis the importance of preparing for the lesson the day before. *"You would have to, I sat down the night before each session and went through what I had to do."*

Section 3: Factors that hindered the implementation of the programme

Within this section three themes emerged as factors that hindered the implementation of the programme (i) timetabling, (ii) lack of familiarity with the programme (iii) trainee profile.

Timetabling

Timetabling emerged as a strong theme within this section. Because three of the four groups implemented the programme with the Leaving Certificate group the tutors found it difficult to find the time to implement the programme every week. One tutor explained that she had to sacrifice one of her Maths classes every week in order for her to implement the programme with them. She said that she was *"constantly chasing her tail"* and when she came back after completing the first five sessions she was unable to give up any more Maths time, with the result that she did not get to complete the programme. This tutor said that if the programme was implemented at the start of September in her centre there wouldn't have been a problem because the trainees wouldn't be under pressure from other tutors and the tutors would be more willing to give up a class. Another tutor said that timetabling was also major issue in her centre *"You couldn't have it in your class time, you had to take it outside of your roster times and then you were infringing on someone else's class time*". A tutor in another centre explained that the two tutors implementing the programme had to swap it between their classes, some weeks she would miss her class but because there were two groups of trainees some were still missing and would have to be taken out of another class. She said that timetabling before Christmas would be a lot easier. *"With the LCA's* (Leaving Certificates) *they have a lot of projects and at the end of the year you're running out of time and they are under pressure and it's not the best environment, putting them under more pressure"*.

According to the tutors, a further problem was the inconsistency in numbers which meant that the tutors could not plan a set time for the MindOut session each week. *"Because they are not good attenders you can't say we are going to do it every Tuesday from 11:00 to12:00. So it's really a case of trying to fit in a time of when there are a lot in"*. Additionally, one tutor explained that with a high turnover of trainees in her centre it was difficult to get the same group all of the time. This resulted in having to go back over what was covered in the previous sessions for the new trainees. One tutor said that while they started off with a group or 13, they ended up with a core group of 8 and after session 3 they did not include anybody new to the group. She said that this worked very in her centre.

Lack of familiarity with the programme

The tutors referred to the fact that they were implementing the programme for the first time as a major hindrance. One of the tutors said because it was her first time implementing the programme she was always referring back to the manual and checking to see where she was and that this resulted in lapses where the trainees got a bit restless. She felt that she would be more confident after having gone through the programme once. "*You wouldn't be looking down all the time thinking what will I do next"*.

One of the tutors said that in addition to being dependant on the manual it was also *"tough because you didn't know how they would react to it"*. She explained that there were a couple of girls in her group that refused to take part and that this proved a problem. Another tutor said that it can *be "very daunting as some of the students have ADD or are hung-over"*. He said that some of these trainees were very articulate and were not afraid to say what they thought and *"most of the time this involved making a skit of everything"*.

Trainee Profile

The qualitative results already showed that the age of the trainees had an impact on the effectiveness of the programme. In addition to age, the tutors referred to the impact of different cultures on the effectiveness of the programme. One of the groups of trainees predominantly consisted of trainees from the Travelling Community. The tutors in this session discussed the need for cultural sensitivity when implementing the programme with the Travelling Community. One of the tutors said that the Travelling Community's cultural aspects, particularly with regard to mental health have to be taken into account in order to make it more relevant.

Section 4: Tutors Recommendations

This section outlines some of the recommendations that the tutor made during the review sessions in terms of improving the programme. Four main themes emerged from the tutors recommendations. The first theme is concerned with the timetabling of the programme. The second theme refers to the handouts that the tutor used as part of each session. The third theme relates to improving the programme so that it is more enjoyable for the trainees and that the trainees are more engaged with the programme. The fourth theme describes the tutors ideas about making a DVD to accompany the programme.

Timetabling

It was suggested that the programme should be incorporated into the centres timetable for next year so that the tutors implementing it would not have to ask other tutors to give up their classroom or class time with the trainees. All of the tutors said that the programme should be implemented during the first half of the year because there is less pressure on the tutors and trainees. One of the tutors said

> *"It would be so much easier to run the programme during the first half rather than the second half of the year. Even the trainees said, when I discussed with them, they said the same thing*".

Also, the tutors said that while other tutors in the centre were aware that the programme was being implemented, nobody knew what the programme was about. One of the tutors said that the programme had *"just been slotted in"* She also remarked

> *"I think everyone working with the kids we are talking about needs to have a background in this area because you could be in the middle of class and something could blow up and even if you threw your entire class out the door and are able to discuss the problem with them its worth the entire class"*.

Handouts

It was suggested that the handouts for each session would be put into a booklet form so that they don't get mislaid. It was also mentioned that the master copy of the *Men in the Tree* handout was quite faint and that as it was photocopied it was harder to see the picture clearly. One tutor asked if it would be possible to include an explanation of the different men in and around the tree with this handout.

Games & Group Work

The tutors asked that more games like the Smarties game during Session 5 be included in the programme. All of the tutors commented on the need for more group work where the trainees do a finished product like a collage. They suggested that another activity like the collage should be included half way through the programme and then at the end of the programme. One tutor said "*they* (trainees) *love learning through artistic things*". Another tutor said *"We very much need a hands-on approach rather than talk and chalk, they get more from doing than discussing. When you're talking to them you have lost them"*. One of the tutors also said that it was important that every lesson finished off on a high. She said that Session 8 which deals with rejection and depression was heavy and she added that *"you don't like them going out of the room with that"*.

DVD

One of the tutors suggested using a DVD as part of the introduction to each session. She said that it would be useful to have a ten minute DVD clip that outlined the session to the trainees so that they could visualise what they were going to cover in the session. Another tutor suggested using clips from dramas/soap operas on television so that they could relate to the scenarios and discuss them.

3.9.1 Summary of Findings from Group Review Sessions

- The benefits of the programme included (i) awareness raising about mental health issues and how to cope with difficult situations among the trainees, (ii) an improved tutor trainee relationship and (iii) the development of trust and respect for each other.
- The tutors discussed some of the factors that helped the programme to run smoothly. All of the centres with the older trainees said that the maturity of the trainees was an important factor. In addition, the implementation of the programme in pairs was regarded as critical. The tutors said that the venue was also an important factor to consider when implementing the programme. Furthermore, the training that tutors received, the preparation that was done ahead of the lesson and the user friendly manual were all noted as factors that helped the programme to run smoothly.
- With regard factors that hindered the implementation of the programme, timetabling was considered a major issue, all of the tutors said that because the programme was not timetabled into the centres curriculum it was difficult to implement it weekly.

Also, lack of familiarity with the programme was highlighted as a factor that affected the implementation.

- The tutors made a number of recommendations in terms of improving the programme. It was suggested that the programme would be timetabled into the centres curriculum and that all of the handouts would be put together into a booklet form. The tutors requested that more hands on activities and group work would be included in the programme. Also, the tutors recommended the use of a DVD as part of the introduction to each session.

Chapter 4
DISCUSSION

This chapter gives an overview of the main findings from the study in terms of the effect of the programme and the process of implementation. Recommended areas for development are outlined. In addition, this chapter will also compare the results from the previous study of MindOut in Youthreach Centres (O'Keefe et al., 2005) with the current findings. The methodological limitations of the evaluation are also highlighted.

4.1 OVERVIEW OF PROGRAMME IMPACT

The MindOut programme set out to improve the trainees' (i) knowledge and awareness of mental health issues (ii) awareness of sources of support, both formal and informal and (iii) ability to identify a range of coping strategies available to them in stressful situations. The impact of the programme on these capacities was assessed by a variety methods including participatory workshops and pre- and post-questionnaires and group review sessions.

Questionnaires
Overall, a number of positive programme effects emerged when the intervention group was compared with the control group. The Mindout programme had a positive impact on the participants, mainly in relation to the Emotional Skills Questions**.** Here the intervention group showed significant improvements compared to the comparison group on '*Losing Your Cool'*, '*Sorting Out an Argument'*, '*Feeling Positive'* and '*Talking About your Feelings'*. On all of the questions on the Emotional Skills Questions the intervention group showed positive changes. When the younger participants were removed s from the analysis the effects were, in general, more powerful.

On the Cope Inventory use of '*Instrumental Support'* improved significantly for the intervention group in comparison to the control group. In relation to the other scales the intervention group showed positive changes on all, with the exception of one. In relation to the Vignette Questionnaire no significant results were found although with the high level of positive scores recorded pre intervention this was not unexpected.

It is important to note that overall the variables which the participants (both control and Intervention) clearly scored the least positive on were *'thought about looking for help'* on the Emotional Skills Questions and use of '*Instrumental Support'* on the Cope Inventory. This is worth noting as it indicates a general reluctance amongst the participants to seek help. However, the fact that the intervention group improved significantly on '*Instrumental Support'* in comparison to the control group shows the potential of the programme in tackling this apparent reluctance to seek help.

The sample size in the study was relatively small. It is quite possible that greater effects could have been found with a larger sample as this would have generated more power for the statistical analysis which would increase the likelihood of finding any potential

significant effects. When one considers that the intervention group did improve on all of the questions on the Emotional Skills Questions and on all of the Cope Inventory subscales with the exception of 'Substance Abuse', and also that these improvements were greater than any changes in the control group, then it is apparent that with greater power more significant results could have been found.

The results from the Post-Intervention Evaluative Questionnaire were very positive. Over 60% of trainees strongly agreed that as a result of doing the programme (i) they have a better understanding of mental health, (ii) they find it easier to cope with difficult situations and (iii) they feel that they have learned a lot from the programme. Furthermore, over 70% of trainees disagreed with the statements *"I am not aware of people that I can turn to for help"* and *"I would not be able to help someone who was feeling down or alone"*. It is interesting to note the main aims of the MindOut programme are to provide an opportunity for young people to develop an awareness of mental health issues and to acquire skills in relation to dealing with stress, emotions, relationships and being a support to others. The results from the Post-Intervention Evaluative Questionnaire would seem to indicate that the programme was successful in achieving these aims.

Participatory Workshops

In terms of the pre- and post-intervention workshops, one could see some changes in the intervention groups reactions towards Paul, the vignette actor, and what he should do post-intervention. The intervention group were more likely to suggest talking to someone as a way of coping with the situation post-intervention. They were also more likely to suggest turning to a friend or teacher than the control group. Furthermore, there was an increase in the number of trainees in the intervention group and a decrease in the number of trainees in the control group post-intervention that said Paul should think more positively. These results suggest that the programme heightened the trainees' awareness of the importance of talking to someone during difficult times and the importance of remaining positive. It is also possible the activities such as the Network of Support enabled the trainees to identify people other than family members that are able to turn to during difficult times.

4.2 OVERVIEW OF PROCESS OF IMPLEMENTATION & ATTITUDES TOWARDS THE PROGRAMME

Ethos Questionnaire

In order to monitor the effect of the centres' environment on the implementation of the programme, each centre completed an ethos questionnaire. Overall, the responses from all centres were very similar. All of the centres reported having fairly positive and supportive environments with the promotion of the trainees' health and wellbeing at the heart of the centres strategic plans. All of the centres saw the need for the mental health education in Youthreach Centres. While most of the centres indicated a regular exchange of information between families, the local community and the centre, the majority of centres said that the centre rarely works with community mental health services and that

parents are not actively involved in the centres. In addition, all of the centres reported that the trainees are rarely involved in the decision making process of the centre. The majority of the centres reported that staff and trainees are well supported for during periods of stress or illness. However, all of the tutors who filled out the questionnaire reported that staff do not feel well equipped to educate students about mental health and mental illness. This is in line with the comments made during the review sessions regarding the need for more tutor awareness and training in the area of mental health. The results from the Ethos Questionnaire would suggest that there is a need for a more holistic approach to mental health promotion in Youthreach Centres. As part of this approach, opportunities for trainee participation in the centres decision making process should be provided for. Also, there is a need for increased access to staff training and delivery of health education and a stronger partnership with the community and family. The WHO health promoting schools initiative (WHO, 1998) recommends that a supportive school environment and links with other settings where young people spend the rest of their lives, greatly enhances the impact of curriculum-based approaches to positive emotional and mental health. The same may also apply to Youthreach Centres.

Programme Acceptability

Evaluating the tutors' and trainees' acceptability of the programme and their sense of 'ownership' of the programme was regarded as an important and necessary part of the process evaluation of this study. The tutors were overwhelmingly positive about the programme. This was apparent from both the weekly questionnaires and the review sessions. The tutors perceived a high level of enjoyment, benefit and engagement from the trainees throughout the various sessions. In general, the tutors thought that the programme was well structured and that the material was age-appropriate. According to the tutors, the main benefits of the programme included (i) increasing the trainees' awareness of mental health and coping skills and (ii) improving the tutor-trainee relationship and the bond the trainees had amongst themselves.

In general, the trainees weekly questionnaires echoed the tutors comments about and ratings of the programme. The trainees were very positive about the programme in terms of what they personally gained from doing the programme, their level of interest in the programmes content and its structure of the programme. During the evaluative workshops the trainees said that the programme has made them aware of mental health issues and they had learned how to deal with things in a more positive way. Over 50% of the trainees said that they learned either 'a lot or new things' or 'some new things' from every session with the exception of Sessions 1 and 6. On average almost half of the trainees (49%) found the sessions very or fairly interesting.

Some sessions appeared more popular than others with both the tutors and trainees. Session 5 (Group Support) received that highest overall rating from the trainees and the tutors, while Session 6 (Managing Emotions I) appeared to be quite problematic. The trainees particularly enjoyed the smarties relay during Session 5. There was a statistically significant increase in the number of trainees that were happy after Session 5. The tutors commented on the laughter and encouragement during this session. Also, when the trainees were asked what the liked about the sessions one of the things they said was the

"fun element of some of the sessions". It is possible that Session 6 received the lowest rating because it came after Session 5 and didn't contain the same level of activity in it. Some of the tutors said that there was an overuse of brainstorming during this session. These findings suggest that there is a need for more activity orientated sessions throughout the programme.

Analysis of the popular and unpopular sessions and the comments made about these sessions is useful in terms of understanding factors that influence the success of a programme. Based on the tutors and trainees feedback it is apparent that (i) enjoyment of the session (ii) participation during the session and (iii) interest in the topic are crucial to the success of the programme. The trainees commented on their enjoyment of the warm ups at the start of each session. During the evaluative workshop one of the groups said that "laughter" was one of the things they liked most about MindOut. In terms of participation, the tutors particularly enjoyed the sessions where the trainees participated well together. Furthermore, the tutors asked that more activities which required the trainees to work in groups would be included throughout the programme. It is interesting to note that the tutors were very positive about the sessions that the trainees had a interest in.

Looking at factors that hindered the implementation of the programme, management of the group and lack of familiarity with the programme were highlighted on several occasions. All of the tutors emphasised the need to implement the programme in pairs. The support and back-up from another tutor was thought to be necessary for the smooth running of the programme. In addition, the tutors' lack of familiarity with the programme and dependence on the manual was thought to have hindered the implementation. All of the tutors agreed that good training and preparation before the session was central to the success of the programme.

Programme Fidelity

In order to fully understand observed change in health promotion outcomes, it is essential to record the extent to which a programme was implemented as planned. Failure to achieve defined programme objectives could be a result of a poor intervention or a poorly executed intervention. (Barry and Jenkins, 2007; Barry et al., 2005; Nutbeam et al., 1993b). In this study, one of the four centres implemented over 85% of the programme. Two of the centres implemented just over 60% of the programme. The majority of the sections that were not implemented or implemented 'in part' by these centres were related to the group discussion component of the sessions. A comparison of post-intervention results from the intervention groups that was most faithful and the two intervention groups that were least faithful revealed that the intervention group performed significantly better on parts of the Emotional Skills Questions and the Post-Intervention Evaluative Questionnaire. The results seemed to indicate that programme fidelity had an impact on the effectiveness of the programme. It is possible that because the two centres that were least faithful left out or only partially implemented a number of discussions after activities in Sessions 5, 6, 7 and 8, the trainees did not fully grasp the purpose of the activities and as a result did not benefit from the activities as much as the trainees in the other centre. However, it is important to note that the sample size was very small and

only three centres were part of the analyses. Further research is needed to confirm this and this research would make it possible to indicate in the manual what parts of the programme are essential and what parts can be adapted to suit the trainees.

4.3 RECOMMENDATIONS

In relation to improving the programme and the implementation of MindOut in Youthreach Centres, the tutors suggested that the programme could be timetabled into the centres curriculum. It was suggested that all of the handouts could be put together into a booklet form. The tutors requested that more hands on activities and group work could be included in the programme. Also, the tutors recommended the use of a DVD as part of the introduction to each session. The trainees' top recommendations for improving the programme included, more topics, the use of video clips as part of the programme, class trips and each trainee to have their own workbook.

An analysis of programme fidelity revealed that the centre where the programme was implemented with greatest fidelity showed more positive results. This suggests that the level and quality of programme implementation influences the effectiveness of interventions. The results from the fidelity study of the programme indicate the need for faithful implementation of the programme in the future. In addition, the partial implementation of the programme in some centres highlights the need for further staff support and training with regard programme implementation and facilitation skills. The development of such skills could further enhance the effectiveness of mental health promotion programmes.

The results from the Ethos Questionnaire suggest the need for a more holistic approach in the promotion of mental health in Youthreach Centres. This would involve the need for improved links between HSE mental health promotion services within the community and Youthreach Centres. The enhancement of links between parents and Youthreach Centres is also recommended.

4.4 COMPARISON WITH PREVIOUS STUDY

When the results from this study were compared with the results from the previous evaluation of MindOut in Youthreach Centres and Senior Trevelling Training Centres (O'Keefe et al., 2005), there were strong similarities in the key findings from both studies. Both studies indicate that the trainees and the tutors were positive towards the programme. Whilst the trainees appeared more positive in the previous study, the tutors were more positive about the programme in the current study. In terms of what the trainees felt they gained from the programme, trainees in the previous study reported they had gained more of an awareness about feelings and mental health issues. The also remarked that they had more of an understanding of how to deal with difficult situations. These findings are consistent with the current study.

In the previous study the trainees reported that the most popular aspects of the programme were the session on anger management, the social aspect of the programme, raising awareness about mental health and activities such as the smarties relay. It is interesting that the Session on Anger Management (Session 6) received the lowest overall average rating from the trainees in the current study with the majority of tutors reporting that the trainees found it was boring and that there was an overuse of brainstorming during this session.

The tutors' comments about the manual, the sessions and the effect of the programme were consistent in both studies. In the previous study the tutors reported that the manual was well laid out however there was a need for some 'add-ons' built into the end of each session. The tutors highlighted the need to timetable the programme into the centres curriculum. Also, the tutors advocated the use or more games and task focused activities throughout the programme. Furthermore, the tutors reported in the previous study that the session dealing with rejection and depression (Session 8) caused some students to become anxious or upset. Interestingly, the tutors in the current study also expressed concerns about this session and in particular the ending of the session on a low note. The findings from both studies would suggest the need for a more positive approach to the discussion of rejection and depression with the trainees.

In terms of the sessions that received the highest overall ratings from the tutors, Session 6 (Dealing with Anger and Conflict) and Session 9 (Getting Help) scored the highest. The results from the current study indicate that Session 5 (Group Support), Session 2 (What are feelings?) and Session 9 (Getting Help) received the highest overall ratings. It is possible that the difference in results was due to the fact that the previous study consisted of trainees in Youthreach Centres with a mean age of 17.94 and members of the Travelling Community in a Traveller Training Centre with a mean age of 31.64. The overall ratings of the sessions could have been influenced by the age of the participants in both studies. The tutors in the current study reported that the trainees particularly liked the activities in Sessions 5, 2 and 9 as they were enjoyable, hands-on and that the topics discussed in Session 9 were relevant to the problems they were experiencing .

Similar to the current study the tutors reported a change in the trainees' attitudes towards mental health and an awareness how to cope with difficult situations. In addition the tutors reported an improved relationship with the trainees and an awareness of young peoples difficulties and concerns.

4.5 METHODOLOGICAL LIMITATIONS

There are a number of methodological issues which are important in terms of interpreting the findings of this study

Sample Size
The overall number of trainees in the evaluation of the programme was small to begin with (N=80). In addition, the poor attendance and high drop out rate across all the centres resulted in some trainees missing sessions and other trainees not completing the programme as a resulting of leaving the centre (53 trainees completed post-intervention analysis). Also, one of the intervention groups was unable to implement the last five sessions due to timetabling issues and exam pressure. The loss of trainees and small numbers to begin with makes it difficult to make any generalisations about the adaptation and implementation of the programme more widely in the Youthreach Centre settings.

Measures
The use of the same vignette pre- and post-intervention workshop was necessary in order to analyse any changes in the trainees' responses post-intervention. However, because the trainees were already familiar with Paul's story (the vignette character) and the questions that were asked about his situation, post-intervention the trainees were less forthcoming with their opinions and reactions to his situation. This made it more difficult to analyse actual changes in the trainees' attitudes and opinions.

While the process of programme delivery was examined through the use of tutor and trainee weekly questionnaires, no independent observation ratings of programme delivery in class were carried out. This leads to difficulty in validating the tutor and trainee weekly reports. This is worth considering for further studies of the programme.

Long-term follow up
Because the programme was implemented in most of the centres with trainees who were in their final year in Youthreach it was not possible to do a long term follow up study of the effects of the programme on the trainees. The lack of long-term follow up data limits the usefulness of the study's findings. Also, recent reports have suggested that mental health promotion programmes are often subject to 'sleeper effect' whereby programme benefits that may not be apparent immediately post-intervention can emerge after a period of time. With this in mind, a 6-12 month follow-up component would have been a useful part of the study in determining the long-term effects of the programme on trainees in Youthreach Centres.

4.6 CONCLUSION

The evaluation study has shown that the MindOut programme can have positive-short term effects on a diverse group of trainees in the Youthreach setting. The programme was well received by both tutors and trainees. The tutors reported an increased awareness of mental health issues, beneficial effects on trainee-tutor relationships and positive impacts on coping strategies amongst the trainees. It is apparent from the evaluation findings that the programme is most suited for the 17+ age group however, both tutors and trainees expressed a desire for a similar programme for the younger age group. The results from the Ethos Questionnaire suggest that a more holistic approach to mental health promotion within the centres and the development of home and community links are a necessary step in the promotion of mental health education in Youthreach Centres. Overall, the results from this study demonstrate that the MindOut programme is suitable for implementation in Youthreach settings and produces positive impacts for the trainees and tutors.

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APPENDICES

Appendix 1

Appendix 1: Focus Group Coding Frame

Coding Frame

Section 1: Effects of the Programme

Themes: Awareness Raising
Trainees relationship with eachother
Tutors relationship with trainees

Section 2: Factors that helped the programme to run smoothly

Themes: Maturity
Team Teaching
Venue
Preparation and Manual
Training

Section 3: Factors that hindered implementation of the programme

Themes: Timetabling
Lack of familiarity with the programme
Traveller Culture

Section 4: Recommendations

Themes: Timetabling
Handouts
Games and Group Work
DVD

Table 2: Responses of trainees to Post-Intervention Evaluative Questionnaire

	Strongly Agree	**Agree**	**Not Sure**	**Disagree**	**Strongly Disagree**
(a) Better understanding	3	10	3	3	1
(b) Easier to cope	3	10	4	3	0
(c) Not aware of help		2	4	11	3
(d) Deal with difficult situation	3	7	5	4	1
(e) More positive about self	3	7	7	3	0
(f) Not able to help someone	0	0	4	10	6
(g) Group get on better	1	10	6	2	1
(h) Tutor relationship same	2	6	6	4	2
(i) Recommend to a friend	1	9	5	4	1
(j) Learned a lot	1	11	4	2	2
(k) Don't think programme make difference to life	0	4	6	8	2