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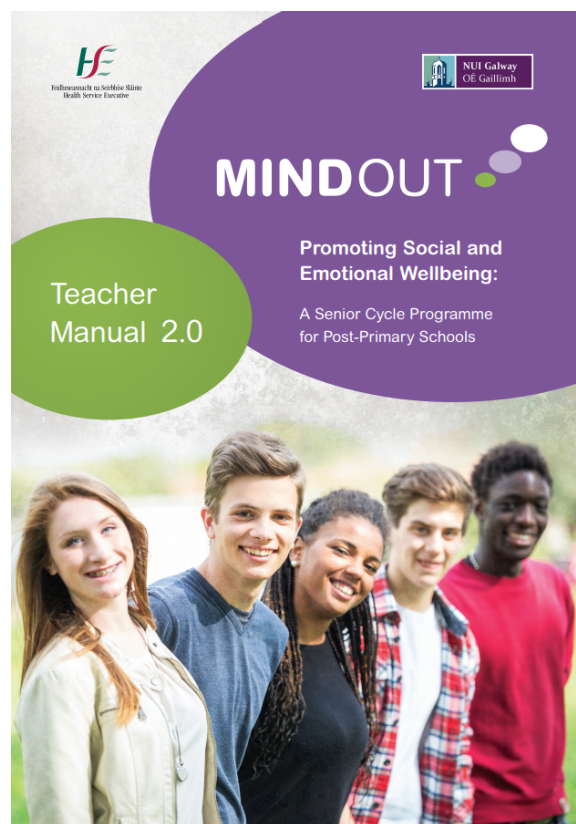
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An Evaluation of the MindOut (2) Programme in Disadvantaged Post-Primary Schools

A Report on Preliminary Findings



Katherine Dowling and Margaret M. Barry

Health Promotion Research Centre

NUI Galway

October 2017

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Executive Summary

INTRODUCTION

This report describes the evaluation of the MindOut (2) social and emotional wellbeing programme for senior level students in Irish post-primary schools. This programme, which was updated in 2015, is comprised of twelve sessions which are designed using interactive and student-centred approaches to engage students in promoting their social and emotional well-being. The Health Promotion Research Centre (HPRC) at NUI, Galway was commissioned by the HSE to evaluate the implementation of the revised MindOut programme in disadvantaged post-primary schools.

AIMS

The key aims of the evaluation are to assess:

- The programme impact on students' (i) social and emotional skills development; (ii) overall mental health and wellbeing; and (iii) academic performance.
- The views of the participants on the perceived benefits of the programme.
- The attitudes of the teachers regarding the impact of the programme on themselves, the young people and the wider school community.
- The process of implementation and perceived gains from each session.
- The effects of different levels of implementation on the process of programme delivery and on the outcomes achieved.

METHODS

A cluster randomised control trial (RCT) design was employed to determine the programme outcomes with assessments before (T1) and immediately after implementation (T2). This intervention study employs a mixed-methods design with the use of both quantitative and qualitative methods to assess programme outcomes and the implementation process. Baseline measures were taken approximately one to two weeks before programme implementation within each school and post-intervention measures were collected immediately following programme delivery. Process measures were employed during and after programme implementation.

SAMPLE

A total of 34 disadvantaged (DEIS) schools were recruited for the study and these schools were randomly assigned to either the intervention or control group. In order to qualify for selection, the schools had to be assigned the designated disadvantage status by the Department of Education & Skills, be at post-primary level and English-speaking. Following recruitment, two schools within the control group dropped out of the study leaving a total of 675 students from 32 schools (15 control; 17 intervention) participating at baseline. Of the 675 students that participated in the study at baseline, 497 were present at post-intervention and, therefore, the pre-post analyses were performed with these students only (n=497).

MEASURES

The evaluation employed a mixed-methods approach employing 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 (Outcome Measures)
- (ii) Measures to evaluate the process of implementation (Process Measures)

Outcome data were collected through paper questionnaires, which were designed to reflect the content of the core components of the MindOut programme. Items were drawn from a number of published psychometric scales and questionnaires which were reviewed for their age appropriateness, reliability and validity. Process data were collected via questionnaires, student participatory workshops, structured classroom observations and teacher interviews.

The following measures were employed:

Programme Impact

Social and Emotional Skills:

- Rosenberg Self-Esteem Scale (Rosenberg, 1965)
- Emotional Regulation Questionnaire (Gross & John, 2003)
- The Trait Meta-Mood Scale (Salovey et al., 1995)
- Coping Strategy Indicator (CSI-15) (Amirkhan, 1990)
- Social Self-Efficacy Scale (Muris, 2001)
- Adolescent Interpersonal Competence Questionnaire (Bentler, 1985)
- Decision Making (Cater et al., 2010)

Academic Performance:

- Attitudes Toward School (Anderson, 1999)
- Grades – Student and teacher reported student grades for Maths, English and Irish

Overall Mental Health and Wellbeing

- Depression, Anxiety, Stress Scale: DASS-21 (Lovibond & Lovibond, 1995)
- The Warwick Edinburgh Mental Well-being Scale (Stewart-Brown et al., 2009)

Programme Implementation

Teachers' experience of the programme

- Teachers' Weekly Reports
- Telephone Interviews

Students' experiences of the programme

- Student Review Questionnaire
- Participatory-based Workshops

School Context

- School Ethos Questionnaire

Additional Implementation Measure

- Classroom Observations

OVERVIEW OF PRELIMINARY FINDINGS

Demographics

Participants included either Transition Year or 5th year students ranging from 15 to 18 years of age ($M=15.87$, $SD=.683$). There were almost equal numbers of males ($n=247$; 49.7%) and females ($n=250$; 50.3%) who took part.

Impact of the programme

Students' emotional well-being: The evaluation results indicate that the programme had an overall significant positive impact on students' emotional well-being, with significant improvements in students' 'Total Emotional Intelligence' ($p=.048$) and 'Awareness of Feelings' ($p=.021$), as measured by the *Trait Meta-Mood Scale (TMMS)*, as well as students' 'Suppression of Emotions' ($p=.017$) as measured by the *Emotional Regulation Questionnaire (ERQ)*.

Students' coping skills: Students in the intervention group were significantly more likely to report increases in positive 'Social Support' ($p=.035$) coping strategies and decreases in negative 'Avoidance' ($p=.001$) coping strategies, as measured by the *Coping Strategy Indicator*, in comparison to those students who did not participate in the programme.

Academic Outcomes: The evaluation results on the impact of the programme on students' academic outcomes revealed that students who participated in the programme were more likely to self-report higher ratings on their grades in Maths ($p=.007$) and English ($p=.003$) between baseline and post-intervention in comparison to students in the control group. Although these results are based on self-report, rather than standardised grades (which were unattainable for these TY and 5th year students), these findings could suggest that students who participated in the programme are more likely to have higher confidence in relation to their academic abilities in comparison to those students that did not participate in the programme.

Mental Health and Well-being: The preliminary evaluation results suggest that the programme had an overall significant positive effect on students' mental health in relation to their 'Stress' ($p=0.18$) and 'Depression' ($p=.036$), scores as measured by the *Depression Anxiety Stress Scale (DASS-21)*, in comparison to the control group. Although anxiety levels and well-being both improved for the intervention group, the increases were not statistically significant.

Process of Implementation

Quality of Implementation: The quality of implementation was assessed through measures of: (1) adherence to the programme, (2) dosage/how much of the programme was delivered, (3) quality of programme delivery, and (4) participant responsiveness. Just under two thirds of the schools completed 80-100% of the programme activities as reported in the teacher-reported *Weekly Reports*. There were 82% of schools which completed the entire programme (e.g., every session). A majority of teachers received a high rating for quality of implementation, however, 30% of teachers received a low-rating on their delivery as rated by students in the *Student Review Questionnaire*. Just under two thirds of the schools reported a high rating for participant responsiveness, however, 35% of schools reported low-participant responsiveness based on students' ratings in the *Student Review Questionnaire*. Quality of implementation was also assessed through classroom observations with a sub-sample of

schools (n=6). Of the schools observed, implementation quality overall was quite high, however it was visible that quality varied and that there were notable inconsistencies between some schools in terms of implementation quality. A coding method was applied based on the four measures which indicated that 11 schools were considered to have a high quality of implementation whereas six schools were allocated to the low-implementation group.

Influence of implementation on outcomes: The effect of levels of implementation was examined in relation to the outcomes achieved across the high- and low-implementation schools. The results indicate that students in the high-implementation schools benefitted more from the programme, showing significant improvements in their emotional intelligence ‘Attention to Feelings’ (p=.048), coping skills ‘Avoidance’ (p=.001) and ‘Social Support’ (p=.021), and mental health ‘Stress’ (p=.039), in comparison to the control groups. These differences were not found to be significant between the low-implementation schools and the control schools, which indicates that there is a need for high quality implementation of programmes for positive outcomes to be achieved.

Students’ experiences of the programme: Overall, the students were very positive about the programme. A majority of students (64%) rated their overall experience as being good or very good. Intervention students reported favourable experiences of the programme in terms of its perceived relevance, helpfulness, ease of understanding and level of interest. The main perceived benefits from the programme that students reported included improved ability to: (i) manage emotions; (ii) identify supports; (iii) manage thoughts; (iv) use coping skills; and (v) show empathy towards others, as well as greater (v) confidence and self-esteem. High-implementation groups reported better experiences of the programme in terms of their overall rating as well as ratings of; perceived relevance, helpfulness and interest, in comparison to the low-implementation group. These findings suggest that those students who received a higher quality of programme delivery also found the programme to be more beneficial and reported higher frequencies of practising SEL skills in comparison to students in schools that had low-quality implementation.

Students were asked to report on different aspects of the programme and key themes were identified:

- **Favourite aspect:** (i) interacting with others; (ii) teaching strategies; (iii) skills; and (iv) specific sessions.
- **Least favourite aspect:** (i) timing; (ii) interest; (iii) usefulness; and (iv) teacher delivery.
- **Overall experience:** (i) positive; (ii) helpful; (iii) engagement; (iv) relatable; (v) structure; (vi) recommend for future; (vii) timing.

Teachers’ experiences of the programme: In general, the teachers were very positive about the programme and this was apparent both from the *Weekly Reports* and the telephone interviews. Teachers found the programme to be engaging, age-appropriate and culturally relevant for their students and also acknowledged that the programme was very user-friendly. Teachers reported that they had noticed visible differences to students’ self-esteem, support-seeking, ability to manage emotions, relationship skills and empathy. Teachers also acknowledged that they themselves had benefitted from the programme as they gained a better understanding of their students and an awareness of the issues they are facing in their lives. Teachers also said that they felt their own relationships with their students had strengthened as a result of the programme. All of the intervention school teachers stated that

they would like to deliver the programme again, and that they would recommend the programme to other teachers and schools in the future. Teachers rated each of the programme sessions on a scale of 1 to 10 (1 being poor and 10 being excellent) and the total mean score for all the twelve sessions combined was $M=7.8$ ($SD=.62$). The highest rated session was Session 8 (Managing Online Behaviours) and the lowest rated session by teachers was Session 12 (Review).

Teachers were asked to report on different aspects of the programme and key themes were identified:

- **Positive aspects:** (i) specific activities; (ii) videos; (iii) teaching strategies; (iv) resources; (v) engaging; and (vi) relevant.
- **Negative aspects:** (i) engagement and (ii) resources. In terms of specific sessions, the (iii) age-appropriateness of Session 8 (Managing Online Behaviours) was highlighted by teachers as being ‘too young’ and Session 9 (Help-Seeking) was said to be too (iv) unstructured and led to disorganisation. By far the biggest difficulty reported was the (v) timing, with many teachers saying they ‘ran out of time’ or ‘felt rushed’ when delivering some sessions.

Recommendations:

The main recommendations as suggested by students included: (i) more interactive teaching strategies (e.g., games and videos); (ii) more topics (e.g., LGBT, mental health issues); (iii) make some sessions more relevant (e.g., change the scenarios used); and (iv) improvements to the timing (e.g., lengthen the programme or give more time each week).

The main recommendations by teachers included:

- **Timing:** Teachers suggested that it would be useful to have the programme timetabled into the curriculum to help with timing.
- **Resources:** Teachers requested that it would be helpful to have the sessions colour coded so that they could find activities easily during delivery and that all of the worksheets and videos were available on the USB.
- **Support:** Teachers also said that it would be beneficial to have more support from school management in delivering the programme to ensure attendance was stricter for that class.
- **Whole-school:** Teachers reported that the whole-school strategies were very helpful and were a great resource, however, they found it difficult to communicate this information to other staff. They made a suggestion to introduce the programme and resources at a staff meeting/training.

CONCLUSIONS

The revised MindOut programme was successfully implemented by teachers in DEIS post-primary schools in Ireland and was well received by both students and teachers alike. The findings from an RCT study support the effectiveness of the programme in improving students’ social and emotional skills development, mental health and wellbeing. The findings also highlight the need for high quality programme implementation in order for positive outcomes to be achieved. The recommendations for improvements from students and teachers have been used to inform final edits to the programme materials. A more detailed analysis of the findings is underway, which will include cluster level analysis and evaluation of the longer-term impacts of the programme at 12 months follow-up.

1. Introduction and Overview

1.1 INTRODUCTION

This report presents the preliminary findings on the evaluation of the revised MindOut (2) social emotional wellbeing programme for senior level students in Irish post-primary schools (Dowling et al., 2017). The MindOut programme is designed to promote the mental wellbeing of senior level students (15-18 years) by enhancing their social and emotional skills (e.g., self-awareness, self-management, social awareness, relationship management and responsible decision making). The programme, which was updated in 2015, is comprised of twelve sessions which are designed using interactive and student-centered approaches to engage students. The Health Promotion Research Centre (HPRC) at NUI, Galway was commissioned by the HSE to evaluate the implementation of the revised MindOut programme in disadvantaged post-primary schools. This evaluation report presents preliminary findings in relation to:

- The impact on students' (i) social and emotional skills development; (ii) overall mental health and wellbeing; and (iii) academic performance.
- The views of the participants on the perceived benefits of the programme.
- The attitudes of the teachers regarding the impact of the programme on themselves, the young people and the wider school community.
- The process of implementation and perceived gains from each session.
- The effects of different levels of implementation on the process of programme delivery and on the outcomes achieved.

A more detailed analysis of the findings is underway, which will include cluster level analysis and evaluation of the longer-term impacts of the programme at 12 months follow-up.

1.2 SOCIAL AND EMOTIONAL WELL-BEING IN SCHOOLS

1.2.1 RATIONALE

The promotion of adolescents' social and emotional wellbeing is a key determinant of their healthy development and enables them to achieve positive outcomes in school, work and in life more generally (Durlak et al., 2015; OECD, 2015, Barry et al., 2017). A substantive body of international research indicates that young people can learn to develop social and emotional competencies and that skills-based programmes in schools can positively impact on their social, emotional, academic and behavioural development (Oberle & Schonert-Reichl, 2017; Taylor et al., 2017, 2011; Weare and Nind, 2011). The evidence also indicates that the development of social and emotional skills provides the skill base for the prevention of a wider range of problem behaviours such as substance misuse, anti-social behaviour and risky health and sexual behaviours (Weare and Nind, 2011; Institute of Medicine Report, 2009).

Adolescence is a critical transition period in a young person's life where life challenges can have a significant impact on their mental health and wellbeing. The transition into adulthood is characterised by many changes such as identity formation, decision making about future education and career plans, the establishment of new social and interpersonal relationships, and an increased exposure to a series of stressors (e.g., bullying, social and academic pressures and body-image issues). These significant changes in a young person's life can put them at increased risk of mental health and behavioural problems. Adolescence is a period of turbulence and emotional instability for many youth, and is also a peak period for first onset of mental health problems. Findings from the *My World Survey* (2012) indicate that a majority of mental health problems among young Irish people emerge in early adolescence and peak in late teens. International studies have also supported this finding, suggesting that almost 75% of all serious mental health difficulties first become evident between the ages of 15 and 25 years old (Hickie, 2004; Kessler et al. 2005; Kim-Cohen et al. 2003). Young people from disadvantaged backgrounds are at an even higher risk of poor mental health, as well as early school leaving and social exclusion (OECD, 2015; Kiely et al., 2014; Dooley & Fitzgerald, 2012). While early intervention is beneficial for youth mental health and wellbeing, adolescence is identified as a particularly sensitive period for social and emotional skills development, which are regarded as being more malleable at this age (OECD, 2015).

Previous research in mental health promotion among the adolescent population indicates that the most successful interventions are those which focus on strengthening young people's social and emotional competencies and skills (e.g., problem-solving, stress management, self-esteem etc.) rather than targeting specific problem behaviours (Jessor et al., 2003; Weare & Gray, 2003; Barry and Jenkins, 2007; Tennant et al., 2008; Weare & Nind, 2011). Enhancing young people's social and emotional skills development in school is, therefore, a critical strategy in promoting their mental health and wellbeing, reducing risks for mental health problems, building resilience and supporting young people, especially those who are disadvantaged, in achieving positive life outcomes (OECD, 2015).

1.2.2 SCHOOLS

The role that schools play in students' social and emotional development has been widely researched and supported (Oberle & Schonert-Reichl, 2017; Barry et al., 2017; OECD, 2015, Durlak et al., 2011, Zins et al., 2003). The school as a setting is acknowledged as a place where young people spend the majority of their time and a great deal of their development takes places, thus, making it an opportune environment to promote wellbeing and positive development (Jones & Bouffard, 2012; Roeser et al., 2000) The classroom and wider school setting provide a socialising context in which students are able to learn many life skills such as managing emotions and negative thinking, coping with difficult situations, problem-solving and building and maintaining relationships with peers and staff. Schools have begun to adopt and implement skills-based social and emotional wellbeing programmes in an effort to support students in improving these aforementioned skills.

There is well established and consistent evidence that delivering well-designed and well-implemented social and emotional wellbeing programmes in schools can produce positive improvements on young people's emotional, social and behavioural functioning, as well as their academic performance (Barry et al., 2017; Clarke et al., 2015; Barry et al., 2013; Weare and Nind, 2011; Durlak et al., 2011; Payton et al., 2008; Adi et al., 2007; Jané-Llopis et al., 2005; Zins et al., 2004; Wells et al., 2003; Greenberg et al., 2001). These programmes have also been shown to protect young people by reducing their emotional distress, conduct problems and risky behaviours (Taylor et al., 2017; Sklad et al., 2012; Durlak et al., 2011; Weare and Nind, 2011; Adi et al., 2007).

1.2.3 SOCIAL EMOTIONAL LEARNING (SEL)

According to the Collaborative for Academic, Social and Emotional Learning (CASEL) in the United States, social and emotional skills-based programmes should focus on a core set of interrelated competencies (e.g. self-awareness; self-management; social- awareness; relationship management; and responsible decision making), which create a framework for effective and successful programme development and design (CASEL, 2015).

These five competencies are described in greater detail below:

Competency 1: Self-Awareness

Self-awareness is defined as the ability to recognise and label one's emotions and understand what causes these feelings. It also involves accurately assessing one's strengths and challenges and possessing a well-grounded sense of confidence and self-esteem.

Competency 2: Self-Management

Self-management is described as the ability to regulate one's emotions, thoughts and behaviours effectively. It involves being able to manage stress and acquire effective coping strategies for dealing with stressful situations. Additionally, self-management includes being able to control impulses and the ability to motivate oneself to overcome obstacles and achieve personal goals.

Competency 3: Social Awareness

Social Awareness is defined as the ability to take the perspective of and empathise with others. It involves being able to appreciate and respect diversity and recognise sources of support in one's family, school and community network.

Competency 4: Relationship Management

Relationship management involves being able to establish and maintain rewarding relationships with diverse individuals and groups. This involves communicating appropriately, resolving conflict constructively and resisting inappropriate social pressure. It also reflects being able to seek help and offer help to others when needed.

Competency 5: Responsible Decision Making

Responsible decision making is described as the ability to make constructive choices about behaviour and social interactions based on personal, moral and ethical responsibility. It involves being able to identify problems and use problem solving techniques while considering the wellbeing of oneself and others.

(CASEL, 2015)

Social and emotional learning (SEL) has been described by CASEL as ‘a process for learning life skills, including how to deal with oneself, others and relationships, and work in an effective manner. In dealing with oneself, SEL helps in recognising our emotions and learning how to manage those feelings’ (CASEL, 2015). Through education and development of the social and emotional competencies, effective SEL programmes not only increase young people’s wellbeing but also support academic achievement and positive development directly (CASEL, 2003). These five core competencies established by CASEL form the theoretical base for the updated MindOut programme.

1.2.4 INTERNATIONAL AND IRISH POLICY CONTEXT

The role of the school as a key setting for promoting social and emotional wellbeing has also been endorsed in a number of recent policy documents both internationally and nationally. The World Health Organization (WHO, 2013) acknowledges the part a school plays, not only in nurturing students’ academic development, but their social and emotional development as well (WHO 1997; Elias et al. 1997; Weare 2000). Additionally, the EU Joint Action for Mental Health and Wellbeing (2016), endorses the school as a core setting for promoting social, emotional and mental wellbeing and recognises the importance of implementing evidence-based interventions in schools to protect the mental health and wellbeing of children and adolescents (*JA MH-WB* , 2016).

In Ireland, the *Wellbeing for Post- Primary Schools Guidelines* (2013), recognises the school as an ideal setting for promoting social and emotional wellbeing as it provides an opportunity to reach a majority of young people during their developmental years and provides a context for socialising and building relationships (DES, HSE, DoH, 2013). Similarly, the *Healthy Ireland* (DOH, 2013) and the *Better Outcomes Brighter Futures* (DCYA, 2014) policy frameworks in Ireland also acknowledge the critical role of schools in helping to protect young people’s mental health and wellbeing. The Irish national suicide prevention strategy, *Connecting for Life* (DOH, 2015), clearly identifies the need to support the mental health and wellbeing of young people as a priority group and takes this one step further in encouraging schools to deliver SPHE programmes at senior cycle level.

Both internationally and nationally, whole-school approaches are receiving much attention and support through frameworks such as the WHO’s Health Promoting Schools (HPS) framework which recognise that all dimensions of health are interconnected and that they

influence, and are influenced by the school environment (HSE, 2013). Evaluations from the *Schools for Health in Europe* (SHE), formally known as the *European Network of Health Promoting Schools* (ENHPS), have reported the following benefits:

- Better learning outcomes for students
- Improved staff wellbeing
- A more co-ordinated approach to social, physical and environmental needs
- Increased student self-esteem
- Lowered incidence of bullying
- Safer and more secure school environment
- Better understanding of schools' health aims
- Improved relationships within the school
- Increased involvement of parents and guardians
- Better use of external agencies

(HSE, 2015)

Further, evidence on HPS also suggests that socio-emotional factors (e.g. student-teacher and teacher-teacher interactions, school culture, classroom climate, peer group relationships) have the greatest influence on learning, therefore, the notion of a whole-school approach whereby there is consistency around the school's policies and practices to promote social inclusion, facilitates increased learning outcomes, social-emotional wellbeing and reduces health risk behaviours (HSE, 2015).

The *Wellbeing for Post-Primary Schools Guidelines* (2013), endorse the importance of implementing a whole-school approach in which the policies and practices of the school reflect values of respect, fairness and inclusiveness. Promoting mental health awareness among staff members; developing whole-school guidance plans and policies (e.g., anti-bullying); and introducing a code of behaviour which includes positive behaviour management strategies are some of the suggested actions for increasing a school's ethos which are highlighted in these Irish guidelines (DES, HSE, DoH, 2013).

1.2.5 INTERNATIONAL AND IRISH EVIDENCE BASE

1.2.5.1 Evidence: Effectiveness of SEL Interventions

There is a strong international evidence base which indicates that school-based social and emotional programmes, when implemented successfully can offer a number of long-term benefits to students and schools (Clarke et al., 2015; Barry et al., 2013; Weare & Nind, 2011; Durlak et al., 2011; Payton et al., 2008; Jane-Llopis et al., 2005; Wells et al., 2003; Greenberg et al., 2001).

One of the most relevant meta-analyses in the area of social and emotional wellbeing programmes was conducted by Durlak et al. (2011) which examined 213 universal school-based interventions, a majority of which were implemented in the United States. The findings from this review demonstrated that students who participated in social and emotional learning programmes presented improvements in a number of outcomes including: improved social and emotional skills (mean ES=0.57), improved attitudes towards self, school and others (mean ES=0.23), increased positive social behaviour (mean ES=0.24) decreased conduct problems (mean ES=0.22) and reduced emotional distress (mean ES=0.24). The review also revealed that not only did these programmes impact students' social and emotional skills positively, they also significantly improved students' academic performance (mean ES=0.27), with an average of an 11 percentile-point gain. A more recent meta-analysis examining the follow-up effects of these school-based SEL interventions was also conducted. Taylor et al. (2017) studied the longer-term effects of 82 school-based universal SEL interventions. The findings show that at follow-up (ranging from 6 months to 18 years), students who participated in SEL interventions were more likely to have improved SEL skills (mean ES =.23), improved attitudes towards self, school and others (ES=.13), positive social behaviour (ES = .13), decreased emotional distress (ES=.16), reduced conduct problems (ES=.14), and drug use (ES=.16) in comparison to control groups. Students who participated in the programmes were also more likely to show improved academic performance (ES= .33) in comparison to those students that did not participate in a SEL programme. These findings endorse the durability of the impact of school-based SEL approaches in promoting the positive social, emotional and academic development of young people and reducing the risk of mental health and behavioural problems.

1.2.5.2 Evidence: Key Characteristics of SEL Programmes

A number of reviews have also examined the key characteristics of effective social and emotional wellbeing programmes. These characteristics include: a focus on teaching skills and competencies rather than prevention of mental health problems, use of competence enhancement and empowering methods, grounded in theory, use of interactive teaching strategies, well-defined goals and coordinated activities which meet objectives and clear teacher guidelines (supported through training and manuals) (Clarke et al., 2015; Durlak et al., 2011; Weare & Nind, 2011; Zins et al., 2004).

1.2.5.3 Evidence: Sustainability of SEL Programmes

Additionally, Durlak et al., (2011) recommended the use of four elements in ensuring the effectiveness and sustainability of social and emotional wellbeing programmes. These criteria can be outlined using the acronym S.A.F.E: (i) **S**equenced activities that are led in a coordinated, connected way to the development of skills; (ii) **A**ctive forms of learning; (iii) **F**ocused on developing one or more skills; and (iv) **E**xplicit about targeting specific skills.

1.2.5.4 Evidence: Whole-Approach to SEL

While the evidence for the need for social and emotional wellbeing programmes is clear, many argue that a curriculum-based approach on its own is not enough (Weare & Nind, 2011; Clarke et al., 2015). There is a wealth of research which supports the implementation of whole-school approaches for promoting social and emotional wellbeing and producing sustainable and meaningful outcomes for students (Barry & Jenkins, 2007; Weare & Markham 2005; Lister-Sharp, 1999). A series of systematic reviews have determined that the strongest evidence for successful interventions was found in programmes which adopted a whole-school approach for promoting social and emotional wellbeing rather than individualised classroom-based approaches (Weare & Nind, 2011; Wells et al., 2003; Greenberg et al., 2003). The revised MindOut programme is characterised by a number of whole-school strategies which are both embedded into the programme sessions (e.g., practice-at-home activities; teacher reflection; whole-school tips for staff etc.) as well as offered as additional resources for schools (e.g., whole-school activities; tips for schools for engaging students, parents and the community; guidelines for organising a ‘fit and well week’ in the school etc.).

1.2.5.5 Evidence: Common Elements Approach

Recent research in the area of youth mental health treatment and prevention has begun to identify core components of evidence-based interventions and identify what commonalities successful interventions possess (Chorpita and Daleiden, 2009; Boustani et al., 2015). This approach, referred to as a common elements framework, enables the most potent evidence-based strategies to be identified and embedded into newly developed programmes. While the common elements method has proven to be effective for treatment-based interventions, it has not been applied as often to SEL interventions. Barry et al. (2017) propose that this common elements approach could be applied to SEL interventions in an effort to identify core skills and strategies for improving young people's social and emotional development. Using this common elements approach would facilitate the identification of a set of core skills for SEL programmes, which would ensure that these skills are met when developing new programmes and thereby extend the impact and reach of evidence-based practice in school settings (Barry et al., 2017). This common elements approach was applied during the re-development of the MindOut programme by identifying the core components of current evidence-based SEL programmes and ensuring these were embedded in the updated programme.

1.2.6 QUALITY OF IMPLEMENTATION

Implementation refers to the way a programme is delivered and put into practice in comparison to how the programme was intended to be delivered (Durlak, 2016). It is important that steps are taken to measure quality of implementation in evaluation studies as the literature indicates that quality of implementation is one of the biggest predictors of achieving programme outcomes (Durlak & Dupre, 2008). However, examining implementation and evaluating the effect quality of implementation has on outcomes has often been overlooked when evaluating social and emotional learning programmes (Samdal & Rowling, 2012; Jones & Bouffard, 2012; Lane et al., 2012; Reyes et al., 2012; Domitrovich et al., 2008, Banerjee et al., 2014). In the meta-analysis carried out by Durlak et al. (2011) they found that only 57% of studies reported on implementation data. Of the studies that did report on these findings, Durlak and colleagues concluded that schools which delivered SEL programmes with high implementation fidelity or high quality showed significantly higher student outcomes in comparison to schools where teachers delivered with low implementation. The findings from this meta-analysis indicate just how crucial quality of implementation is in producing positive outcomes.

1.2.7 IMPLEMENTATION OF SEL PROGRAMMES IN IRELAND

In Ireland good progress has been made in ensuring that social and emotional wellbeing is taught in schools. The Social, Personal and Health Education (SPHE) curriculum is currently mandatory through the educational system within primary and secondary schools (junior level) cross-nationally. The SPHE curriculum aims to provide young people with an opportunity to develop new skills and competences which enable them to participate as active and responsible adults in the personal and social aspects of society (DES, 2012). There have also been additional programmes and resources implemented in Ireland such as *Zippy's Friends* and *FRIENDS for Life* which adopt a SEL approach in order to promote the use of skills to combat and protect against mental health risk factors (Clarke et al., 2014; Henefer & Rodgers, 2013).

Both the SPHE curriculum and other programmes (e.g., *FRIENDS for Life*) have shown to be effective in providing positive outcomes for young people in Ireland (e.g., increased self-awareness, motivation, social skills, self-confidence and reduced anxiety). However, the SPHE curriculum and the majority of individual SEL programmes in Ireland are designed for children or youth who are below sixteen years of age. While it is clear that mental health and wellbeing is a concern for people of all ages and that early intervention is key, it is also vital that programmes do not overlook the older adolescent age group, a critical period when many new challenging experiences and stressors occur (e.g., preparing to leave school, passing exams such as the leaving certificate; developing identities, romantic relationships; body image issues; peer pressure etc.). Furthermore, it is important that programmes which aim to promote SEL reflect the most up-to-date evidence and best practice and are grounded in a structured framework. Moreover, while evidence suggests that programmes which adopt a holistic approach to health promotion are the most effective, very few SEL programmes in Ireland truly implement this type of approach. The majority of programmes are strictly curriculum-based and do not encompass the principles of a whole school approach, which has been identified as a key component for success (Clarke et al., 2015; Barry & Jenkins, 2007; Weare & Nind, 2011; Wells et al., 2003). While it is clear that efforts are being made in Ireland to produce strong SEL programmes for young people, there remains a gap in producing effective programmes for the older adolescent age group. The updated MindOut programme aims to fill this gap and uses the most current and up-to-date evidence to produce a youth friendly, relevant and effective SEL programme.

1.3 THE MINDOUT PROGRAMME

1.3.1 BACKGROUND

The MindOut programme was first developed in 2004 in an effort to support the mental wellbeing of young people aged 15-18 years old in post-primary schools in Ireland. The programme was originally developed based on national and international evidence and best practice to be delivered within the context of the health education curriculum (SPHE) and aimed to improve mental wellbeing through the wider context of the school and community. The programme was designed to promote positive mental health at the senior level through the exploration of stress and coping, sources of support, emotions and a greater understanding of mental health.

The MindOut programme was originally developed by Professor Margaret Barry and Dr. Mary Byrne from the Centre for Health Promotion Studies, NUI Galway, together with Ms. Anne Sheridan, Mental Health Promotion Officer, HSE, and other cross-border colleagues as part of a Peace 11 funded health promotion project (Reynolds, Byrne & Barry, 2004). The programme materials were developed and piloted with teachers before the final programme was implemented and evaluated. Since then, rigorous evaluations of the programme have been carried out within the school setting.

An evaluation was carried out using a randomised controlled experiment design to examine the outcomes from the MindOut Programme (Byrne, Barry & Sheridan, 2004a). A total of 59 schools were included in this research and (N=1850) participants were assessed before and after implementation as well as 12 month follow-up through both qualitative and quantitative approaches. The evaluation showed a number of positive effects for students, including increased levels of awareness of support services, increased compassion toward people showing symptoms of distress and greater confidence in their ability to help these individuals, and increased likeliness to engage in help-seeking behaviours if they felt they themselves were in distress (Byrne, Barry & Sheridan 2004b; Byrne, 2005; Byrne, Barry, NicGabhainn & Newell, 2005). Findings also revealed that teachers reported positive responses to the programme and found the materials to be user friendly and age-appropriate for both them and their students. Over the past ten years, the MindOut programme has been implemented in post-primary schools across Ireland. It has also been adapted to suit the needs of out-of-school sector and has further been evaluated in these settings (Clarke, Canavan & Barry, 2008).

1.3.2 RE-DEVELOPMENT OF THE MINDOUT PROGRAMME

As the MindOut programme was developed over ten years ago, the content required updating to reflect the current lives of young people at the senior level in post-primary schools. The update of the MindOut programme considered a number of components within the programme including the content, teaching strategies, language, timing, whole school approaches, theory etc. Attention was also given to the needs of current users and stakeholders during development while concurrently considering the existing evidence on effectiveness of SEL programmes and current national policy documents (e.g., *Well-being in Post-Primary Schools*; *Connecting for Life*; *Better Outcomes Brighter Futures*; *Healthy Ireland Framework* etc.). In terms of language, efforts were made to ensure there was a common language used throughout the programme which matches that of the Well-being Guidelines and current evidence. It was decided that the updated programme would be framed as a 'well-being' programme which would focus on the promotion and development of students' social and emotional skills.

Once an appropriate definition for the updated MindOut programme was established, the development of the MindOut materials and resources could commence. These developments were informed by feedback and information collected from three principal sources:

A. Review of existing resources for school-based programmes.

Core components for effective school-based SEL programmes were determined by examining existing reviews (e.g., Barry & Dowling, 2005; Clarke et al., 2015; Durlak et al., 2011). Individual programmes were also studied to identify their core practice elements, with programmes that used whole school approaches given more attention e.g., *Mindmatters* (Wyn et al., 2000); *Gatehouse* (Glover et al., 2005) and *Positive Action* (Allred, 1977). Additionally, the current SPHE frameworks and evidence-based programmes currently used in the educational curriculum, such as the *FRIENDS for Life* programme (Barrett et al., 2000) were also included in the review. A number of practices were identified as being core practice elements as they reappeared in all or a majority of programmes examined. These elements included: recognising and managing emotions, managing thoughts, positive thinking, coping skills, identifying personal strengths, sources of social support, problem solving, decision making, communication skills, social skills, empathy, managing conflict and help-seeking. Delivery methods or instructional elements were also identified and the most frequent

approaches included: collaborative learning, group discussion, reflection, scenarios and worksheets for structured activities, games and role play.

B. Consultation with a National Working Group

Members of the group included key stakeholders from research, education, health promotion, mental health services and educational psychology. The Working Group was consulted throughout the development of the programme and during this time a number of suggestions were made in regards to the content, teaching strategies, language, timing and whole school initiatives. There was continuous contact with Working Group members throughout the development process and members were also responsible for reviewing and providing feedback on the newly updated materials.

C. Consultations with teachers and young people (post-primary schools & SpunOut).

Two approaches were taken to ensure the voices of young people were included. Consultations were conducted with 55 students (aged 15-18 years, 62% males) from three post-primary schools that had recently received the original MindOut programme, and a second consultation was held at a later stage with a group of seven young people (15-18 years) who were engaged in a national youth organisation for a youth-focussed website (<http://spunout.ie>). Further details of this consultation process may be found in McCrohan (2015). During the consultation with post-primary students, a participatory workshop was employed to explore students' views on important issues in their lives that needed to be reflected in the revised version, and specific recommendations for programme content, teaching activities, language and timing. The young people from SpunOut.ie also engaged in a participatory workshop. These participants were asked to identify real-life situations that young people of their age find challenging (based on the themes previously identified by students), and were then asked to draft scenarios that reflected these situations to be used within the programme.

After gathering input from the three principal sources, a draft version of the programme was produced and this was forwarded onto members of the Working Group for their feedback. The revised programme materials and video clips were also sent to the young people from the youth organisation to review. Once feedback was provided from both groups, a draft programme was printed and this was piloted with five post-primary schools to assess the feasibility of implementing this programme in schools. All of the teachers from the pilot

schools were consulted on their experience of delivering the programme, and a group of students from one of these schools were also consulted on their feelings towards the revised programme. Further amendments were made based on this feedback. Further details of the re-development process of the revised programme can be found in Dowling et al. (2016).

1.4.3 THE REVISED MINDOUT (2) PROGRAMME

The updated programme builds on the original version and continues to address the social and emotional wellbeing of Irish adolescents through the programme content in the classroom and at the wider school and community levels.

The revised MindOut consists of 12 sessions which are intended to be delivered consecutively on a weekly basis. The revised programme is a product of input from current evidence-based interventions while also considering the needs of all stakeholders including teachers and students. The content of the programme is based on CASEL's core competencies for SEL, as well as the common elements for SEL programmes identified through a review of existing programmes. The programme uses interactive teaching strategies (e.g., collaborative learning, structured games, scenarios, videos etc.) to engage students in the learning. Additionally, the programme promotes a whole-school approach by providing staff with a menu of strategies for promoting social and emotional development at a whole-school level. These whole-school resources, in combination with the MindOut curriculum, aim to support student's wellbeing not only at the classroom level but at the school, home and community levels.

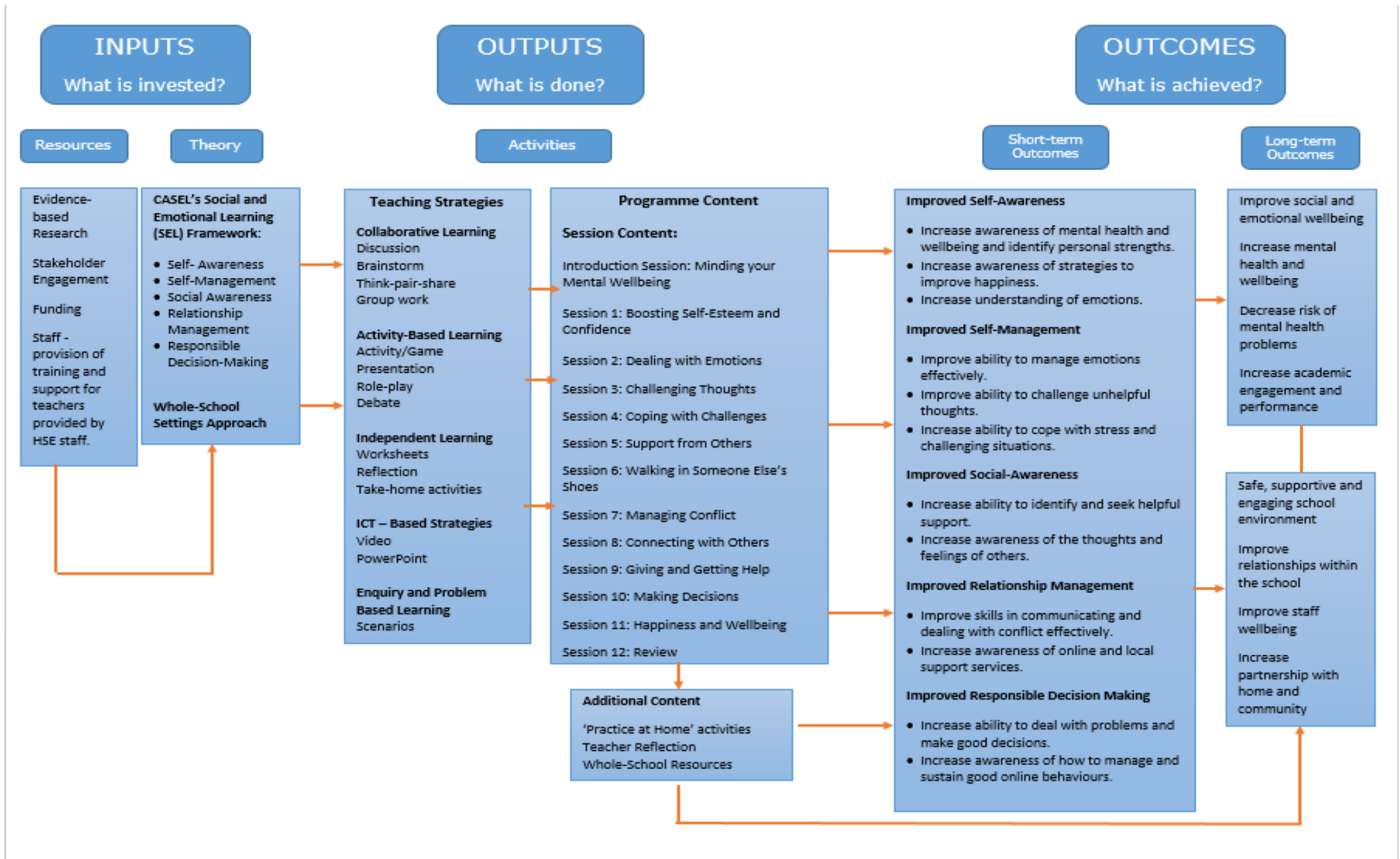
The revised programme is comprised of a teacher manual, with structured activities and resource materials which promote the development of social and emotional competencies, as well as a USB stick which provides supplementary resources (e.g., PowerPoint slides, video links, whole school resources etc.). Further details of this revised programme can be accessed in Dowling et al. (2016). Table 1 provides a summary of the programme content within each of the 12 sessions.

Table 2: MindOut Programme Content

Session Title	Session Goal
INTRODUCTION SESSION Minding your Mental Wellbeing	To introduce the MindOut programme and to explore ideas around mental health and wellbeing.
SESSION 1 Boosting Self-Esteem and Confidence	To help students build skills to increase their self-esteem and confidence.
SESSION 2 Dealing with Emotions	To recognise and explore a range of emotions and learn how to manage these effectively.
SESSION 3 Challenging Thoughts	Understand the connection between thoughts, feelings and actions and learn how to challenge unhelpful thoughts.
SESSION 4 Coping with Challenges	To identify a range of helpful coping strategies that can be used to deal with stressful situations.
SESSION 5 Support from Others	To increase awareness of supports and recognise the differences between helpful and unhelpful sources of support.
SESSION 6 Walking in Someone Else’s Shoes	To help students increase their awareness of the thoughts and feelings of others and to show compassion.
SESSION 7 Managing Conflict	To encourage students to practise skills for communicating successfully with others and manage conflict effectively.
SESSION 8 Connecting with Others	To encourage students to think about their relationships and how they can make successful connections with others.
SESSION 9 Giving and Getting Help	To discuss how to overcome barriers to help-seeking and to help students learn how to be there for others.
SESSION 10 Making Decisions	To introduce students to a three-step problem- solving approach and encourage them to use this to make informed responsible decisions.
SESSION 11 Happiness and Wellbeing	To explore practical strategies for happiness.
SESSION 12 Review	To encourage students to reflect upon the range of skills they developed throughout the course of the programme.

The logic model for the MindOut programme can also be seen in Figure 1. The logic model provides a visual for the inputs, outputs and outcomes of the MindOut programme. The programme is underpinned by both CASEL's competencies for SEL as well as a whole-school settings approach. The outputs for the programme include both the interactive teaching strategies and programme content which were based on the common elements approach. Finally the outcomes for the programme revolve around the five core competencies identified by CASEL (self-awareness, self-management, social awareness, relationship management and responsible decision-making). This logic model was used to guide the evaluation of the process of delivery and the expected outcomes.

Figure 2: MindOut Logic Model



2. Evaluation Design and Methodology

2.1 PURPOSE OF THE EVALUATION STUDY

As the MindOut programme was recently revised, it was important to determine the effectiveness of the revised version before implementing it more widely in schools across the country.

There have been very few robust evaluations of social and emotional wellbeing programmes, not only in Ireland but throughout Europe (Clarke et al., 2015; Durlak et al., 2011; Sklad et al., 2012). The majority of existing evaluations originate from the USA and may not reflect adequately the cultural and social contexts of Irish schools and adolescents. Additionally, while evidence suggests that social and emotional outcomes directly impact adolescents' academic performance, this relationship has rarely been assessed when evaluating social and emotional programmes; thus, additional research is warranted. Lastly, evidence suggests that programme evaluations primarily focus on evaluation outcomes and tend to overlook the process of implementation. Further research is necessary in order to identify what implementation factors are needed to achieve the greatest benefits from this type of programme.

This study aims to contribute new knowledge by evaluating the impact of the revised MindOut social and emotional programme for adolescents within the Irish secondary school context. Young people from more disadvantaged backgrounds with lower socio-economic status (SES) are more at risk of developing psychological problems and are less likely to receive help (Farahmand et al., 2011; McLaughlin et al., 2012; Grant et al., 2004). Therefore, for the purpose of this study, there is a particular focus on students from designated disadvantaged (DEIS) schools throughout Ireland. Focusing on students who are viewed as more at risk for mental health difficulties was deemed appropriate for this study as it was hypothesised that if results from the study demonstrated significant outcomes for this at-risk population, there would be a high likelihood this could be translated to the wider population of senior level secondary school students in Ireland. This evaluation, therefore, examines the programme impact on DEIS students' social and emotional wellbeing, overall mental health, and their academic outcomes. Finally, the study not only examines the impact the programme has on students' outcomes, but also evaluates the process of implementation and seeks to identify key conditions for ensuring programme effectiveness. The details of the study aims, design and research methods are outlined below.

2.2 STUDY AIMS

The specific aims of the study are to:

1. Determine if the revised MindOut programme has significant effects on young peoples' social and emotional wellbeing, academic performance and mental health outcomes.
2. Examine the process of implementation in order to determine the conditions that need to be created to achieve successful outcomes in the school setting.

A. Outcomes strand:

The outcome objectives of this study are to:

- Assess the immediate and longer-term impact of the revised MindOut programme on the participants' (i) social and emotional skills development; (ii) overall mental health and wellbeing; and (iii) academic performance.

B. Implementation process strand

The process of implementation is monitored and documented throughout the study in order to understand the school contexts within which the programme was implemented and how the level of implementation affects programme outcomes.

The process objectives of this study are to:

- Establish the feasibility of implementing the revised MindOut materials for social and emotional wellbeing within disadvantaged schools in the Irish secondary school setting.
- Investigate whether the programme effects are greater than those of the standard SPHE programme.
- Assess the views of the participating students and teachers on the perceived benefits of the programme.
- Explore the attitudes of the teachers regarding the impact of the programme on themselves, the young people and the wider school community.
- Investigate the process of implementation and perceived gains from each session.
- Assess the effects of different levels of implementation on the process of programme delivery and on the outcomes.

2.3 STUDY DESIGN

This intervention study employs a mixed-methods design with the use of both quantitative and qualitative methods to assess programme outcomes and the implementation process. A cluster randomised control trial (RCT) design was employed to determine the programme outcomes with assessments before (T1) and immediately after implementation (T2). The twelve week programme was implemented between October 2016 and April 2017. Baseline measures were taken approximately one to two weeks before programme implementation within each school and post-intervention measures were collected immediately following programme implementation. Process measures were employed during and after programme implementation. The final phase of this study will examine the twelve month follow-up (T3), findings and will be reported in 2018.

2.4 SAMPLE

A total of 34 DEIS (designated disadvantaged) schools throughout Ireland were recruited for this study. In order to qualify for selection, the schools had to be assigned the designated disadvantage status by the Department of Education & Skills (DES), be post-primary and English-speaking schools. To determine the sample size needed for this study, a similar intervention study using comparable measures was consulted (Kuyken et al., 2013), which indicated a likely effect size of 0.29. Based on previous research, it was also anticipated that there would be an intra-class correlation (ICC) of 0.02 and a non-participation rate of 20%. Using these data and assuming an average class size of 20, a total of 600 students were deemed to be needed in 30 schools (15 control; 15 intervention). It was decided that, in order to account for any dropouts at a school (cluster) level, schools would be oversampled. Therefore, for the purpose of this study, 34 schools (17 control; 17 intervention) were recruited.

2.5 ETHICAL APPROVAL

Ethical approval for this study was obtained from the NUI Galway Research Ethics Committee in August 2016. Parental/Guardian passive consent was sought before the research began. Parents were required to respond when they did not want their child participating. A letter was forwarded to the students' parent(s) describing the nature of the study and requesting the parent to sign the consent form if they did not want their child participating. Steps were also taken to ensure no teacher or students could be identified from

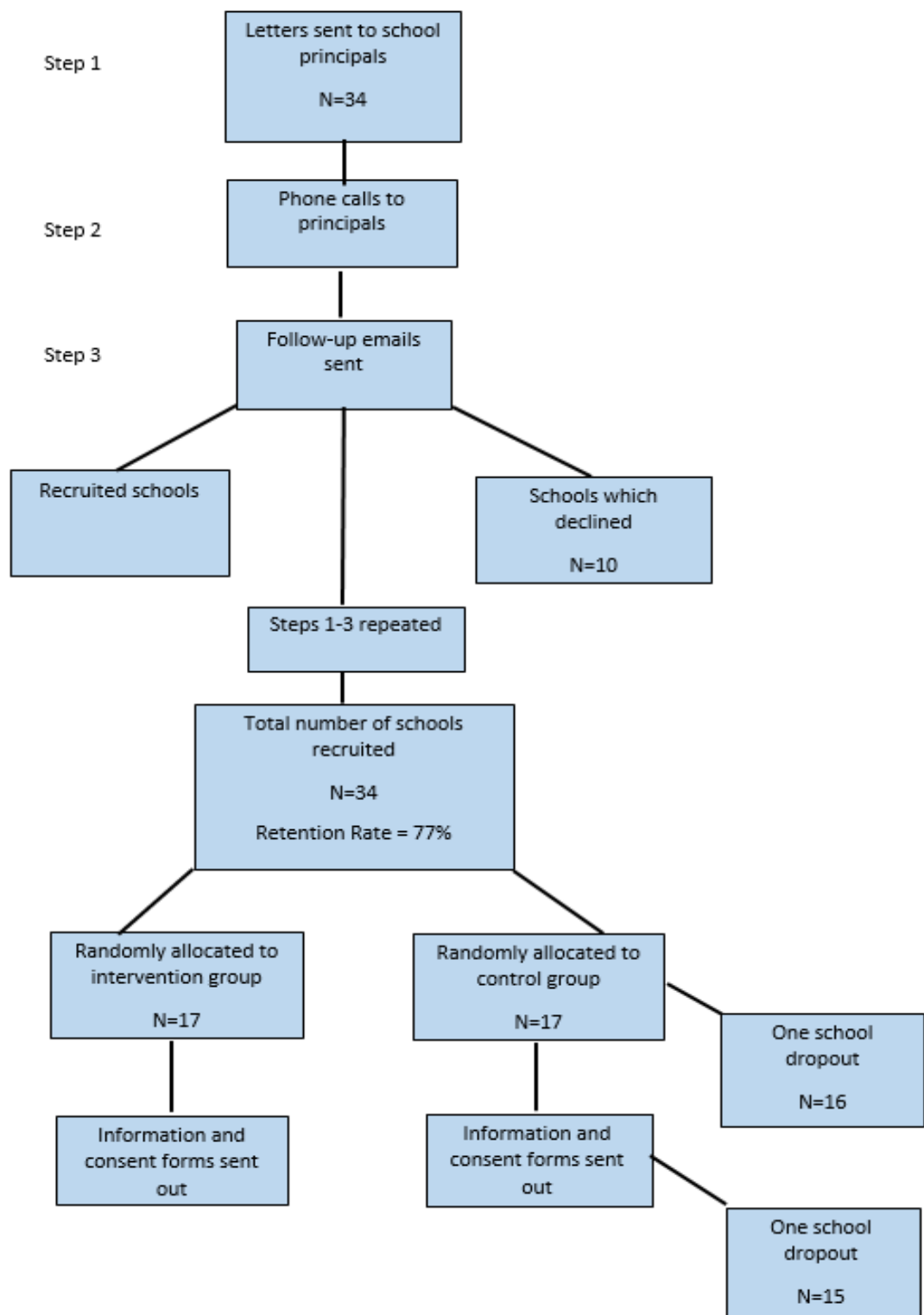
the questionnaires or interviews. All data files were stored on a password protected computer and these were not linked to participant's names. All students and schools were assigned a unique ID numbers which were later used to link data once entered into SPSS.

2.6 RECRUITMENT

A list of all post-primary DEIS schools in Ireland was accessed (Department of Education website) from which 34 schools were randomly generated by an external statistician (CSTAR), independent of the research study. Schools were stratified based on gender and geographical location prior to this randomisation. DEIS schools were recruited in order of their appearance on the randomised list. Principals of selected schools were contacted by the researchers regarding participation in the study until a total of 34 schools agreed to participate. Schools who did not agree to participate were then replaced by contacting the next school produced on the list. Once all 34 schools had agreed, an external statistician randomly allocated the schools into either the i) control (N=17) or ii) intervention (N=17) group. Schools were then contacted and informed of the group to which they were assigned. One school in the control group dropped out following randomisation to avoid contamination (as this school participated in the previous pilot study of the programme). Another control school had arranged for a 3rd year group to take-part in the evaluation. Unfortunately, as this year group did not coincide with the agreed participant requirements, this school also had to be excluded from the evaluation. This left 32 schools to participate in the evaluation (control N=15; intervention N=17). Staff and students were not blinded to the study group allocation.

A total of 44 schools were contacted during the recruitment process, therefore, there was a 77% retention rate. An overview of the recruitment process can be seen in Figure 2. All intervention teachers attended a 1-day comprehensive training session delivered by a Health Promotion Officer prior to beginning programme delivery (October 2016). The training prepared teachers by introducing them to the programme content, materials and teaching strategies while also providing them with techniques for supporting their students' needs.

Figure 3: Recruitment Process



2.7 MEASURES

The evaluation employed a mixed-methods approach employing both quantitative and qualitative measures. The evaluation of the programme was divided into two main sections:

- (iii) Measures to evaluate the impact of the programme (Outcome Measures)
- (iv) Measures to evaluate the process of implementation (Process Measures)

2.7.1 OUTCOME MEASURES

Outcome data were collected through paper questionnaires, which were designed to reflect the content of the core components of the MindOut programme. Items were drawn from a number of published psychometric scales and questionnaires which were reviewed for their age appropriateness, reliability and validity.

These measures were piloted with a group (n=18) of transition year (TY) students, of a similar profile as the intended programme participants, to ensure that the questions were appropriate and easily understood by the study participants. No major changes to the questionnaire were needed suggesting that this questionnaire would be suitable for participants. However, researchers were made aware of a few questions students found difficult (e.g., “*I found it hard to ‘wind down’*”; “*I was intolerant of anything that kept me from getting on with what I was doing*”) and students were prompted on these questions verbally before completing their questionnaires. A brief description of all of the measures used in the study is presented below.

A. Social and Emotional Skills:

- Rosenberg Self-Esteem Scale (Rosenberg, 1965) – 10-item scale which assesses global self-worth.
- Emotional Regulation Questionnaire (Gross & John, 2003) – 10-item scale which assesses emotional regulation. (Subscales: Reappraisal and Suppression)
- The Trait Meta-Mood Scale (Salovey et al., 1995) – 24-item scale which measures intrapersonal emotional intelligence. (Subscales: Awareness of feelings, Emotional Clarity, Emotional Repair)
- Coping Strategy Indicator (CSI-15) (Amirkhan, 1990) - 15-item scale which evaluates coping strategies. (Subscales: Avoidance, Problem Solving, Social Support)

- Social Self-Efficacy Scale (Muris, 2001) – 8-item scale which measures self- assessment of social skills.
- Adolescent Interpersonal Competence Questionnaire (Buhrmester, 1990) – 14-item scale which assesses interpersonal skills. (Subscales: Asserting Influence and Conflict Resolution)
- Decision Making (Cater et al., 2010) – 5-item scale which evaluates decision making skills

B. Overall Mental Health and Wellbeing

- Depression, Anxiety, Stress Scale: DASS-21(Lovibond & Lovibond, 1995) – 21-item scale which evaluates mental health. (Subscales: Depression, Anxiety and Stress).
- The Warwick Edinburgh Mental Well-being Scale (Stewart-Brown et al., 2009) – 14-item scale which assesses positive mental health and wellbeing.

C. Academic Performance

- Attitudes Toward School (Sabatelli et al., 2005) – 15-item scale which measures Attitudes towards student’s school environment
- Grades – Both student and teacher reported student grades for Maths, English and Irish

2.7.2 PROCESS MEASURES

Process data was collected via questionnaires, participatory workshops, observations and interviews. The main methods used in the implementation and process study were:

School Ethos questionnaire:

The teachers in both the intervention and control groups completed an Ethos Questionnaire at baseline. This questionnaire examined information about the environment and context within each school. The questionnaire assessed (i) school policies; (ii) school ethos; (iii) implementation of SPHE curriculum; (iv) implementation of positive mental health initiatives; (v) support from community services; (vi) parental involvement. A similar ethos questionnaire was used in the original evaluation of the MindOut programme (Byrne, 2005), the MindMatters programme (Commonwealth Department of Health and Aged Care, 2002) and the Zippy’s Friends programme evaluation (Clarke & Barry, 2010). The questionnaire was adapted for the MindOut evaluation and includes questions regarding school and community support from the Well-being for Post-Primary Schools Guidelines (DES, HSE, DOH, 2013).

Teachers' Weekly Reports on Programme Implementation

Teachers in the intervention group were asked to complete weekly questionnaires online via <http://surveymonkey.com> following the delivery of each session. The 12 weekly questionnaires were designed to provide information on the implementation of each individual session. Questions within the weekly reports assessed programme fidelity, positive aspects and difficulties with delivery, suitability of the content for students, students' engagement with the session, suggestions for improvement and an overall rating of the session.

Classroom observations

Classroom observations were conducted with a sub-sample of schools (N=6) during the first and second half of the programme. These observations were assessed using a structured questionnaire which was completed by two researchers independently. The questionnaire was designed for this study to collect feedback about session adherence to core components, adaptation, quality of delivery, participant responsiveness and factors affecting implementation. Following each session, the researchers discussed their scores and agreed on a final score for each individual question.

Student review questionnaires

Upon completing the programme, in addition to the outcome questionnaire, students from intervention schools were also asked to complete a review questionnaire. This questionnaire asked questions related to the students' experiences of the programme, how often they practice the SEL skills from the programme in their daily life, their teacher's quality of delivery of the programme, their favourite/least favourite aspects, suggestions for improvement and their overall rating of the programme.

Student participatory-based workshops

Participatory-based workshops were employed to determine students' experiences of the programme. Interactive student-centred approaches were employed during this workshop including brainstorming sessions where students discussed; (i) what they liked/didn't like about the programme, (ii) suggestions for improvement, (iii) skills they felt they developed/improved during the programme, and (iv) whole-school practices in their school that promoted mental wellbeing. Students were also asked to rate the skills that they felt impacted them the most.

Teacher telephone interviews

Upon completion of the programme, teachers were contacted via telephone and were asked a series of questions pertaining to their overall experience of the programme, perceived impact of the programme on the students, themselves and the wider school community, their experience of the training, whole school resources, support from both the school and Health Promotion Officers (HPO's) and recommendations for improvement.

2.8 DATA COLLECTION

Study information sheets and passive consent forms for parents were sent to schools in early October 2016 to be sent home with the students. Baseline data were collected from both intervention and control schools prior to programme delivery (October-December 2016). School Ethos Questionnaires and baseline data for the teacher-report questionnaires were completed by all teachers prior to programme delivery and these were posted back to the research team.

During delivery of the programme, Weekly Reports were completed by intervention school teachers online via <http://surveymonkey.com> on a weekly basis. A sub-group of intervention schools (n=6) were randomly selected to participate in classroom observations. Three of these schools were visited during the first half of the programme (sessions 1-6) and the other three schools were visited during the second half of the programme (sessions 7-12).

Following delivery of the programme, students from both intervention and control schools completed the outcome questionnaires once again (post-intervention) (March-May 2017). During these visits, intervention students were also asked to complete the *Student Review Questionnaire* which asked them questions about their experience of the programme, how it was implemented and their feedback for improvement. Again, teachers completed the teacher-report questionnaires and these were once again sent back to the research team.

A sub-sample of intervention schools (n=5) were randomly selected to participate in participatory workshops whereby students were asked to discuss in groups their experiences of the programme and this information was recorded by the researchers. Finally, telephone interviews were completed with all 17 teachers from the intervention schools to evaluate their overall impression of the programme and their feedback for improvement.

2.9 DATA ANALYSIS

2.9.1 HYPOTHESES

In order to explore the impact of the programme, it was hypothesised that between pre- and post-intervention, there would be a statistically significant increase in;

1. The intervention students' social and emotional skills when compared with the control group.
2. The intervention students' academic outcomes in comparison to those students in the control group.
3. The intervention students' overall mental health and wellbeing in comparison to control students.

2.9.2 DATA MANAGEMENT

All quantitative data were entered into a SPSS data file and were recorded as numerical values to allow for further analysis. Each school was given a different code in order to control for bias from the researchers. Each participant was also given a unique ID code based on their school code and date of birth. These codes were then used to match participants once all of the data were collected. Data from both time periods (baseline and post-intervention) were merged into a single data set in order to allow for repeated measures analyses.

Steps were taken to ensure that the missing data were dealt with appropriately. After consulting relevant literature on missing data techniques (Kang, 2013; Roth, 1994), it was decided that pairwise exclusion would be used. As there was a very low proportion of missing data both at baseline ($\leq 3\%$) and post-intervention ($\leq 3.1\%$), imputation was deemed unnecessary. Missing items for each individual question ranged from 0 to 22 (3%) for all of the question at baseline and 0 to 16 (3.1%) at post-intervention. Cases were excluded if they were missing the data required for the specific analysis and were included in any of the analysis for which they had the necessary information.

2.9.3 ANALYSIS

The quantitative data obtained from the student and teacher questionnaires were analysed using SPSS version 23. Frequencies were calculated for all data items. Differences between groups were examined using Chi Squares for categorical variables and t-tests for continuous variables. Analysis of covariance (ANCOVA) was used to determine differences between groups over baseline (t1) and post-intervention (t2). Baseline outcome scores were used as covariates to adjust for baseline differences. Differences were considered statistically significant if the p-value was < 0.05 .

Preliminary analysis of qualitative data obtained from the (i) weekly reports, (ii) teacher focus group interviews (iii) participatory workshops and (iv) student review questionnaires were conducted through thematic analysis.

3. Results: Preliminary Findings (Outcomes)

3.1 RELIABILITY OF MEASURES

In order to test the reliability of the questionnaires used within this study, the Cronbach's alpha of each scale or subscale was computed, Table 2. Cronbach's alpha measures the internal consistency of a scale, or rather how closely related the items of a scale are with each other (Cronbach, 1951). Previous authors have acknowledged that Cronbach's alphas above 0.6 can be considered acceptable as a reliable measure (Nunnally, 1978; Churchill & Peter, 1984; Murphy & Davidshofer, 1988; Kline, 1999; Cortina, 1993; Field, 2009).

Table 2: Reliability of Scales

Scale / Subscale	Cronbach's Alpha	N of Items
Rosenberg Self-esteem scale	.870	10
TMMS: Attention to Feelings	.662	8
TMMS: Emotional Clarity	.754	8
TMMS: Emotional Repair	.801	8
CSI: Avoidance	.762	6
CSI: Problem Solving	.825	5
CSI: Social Support	.905	4
ERQ: Appraisal	.846	6
ERQ: Suppression	.672	4
SEQ-C: Social Self-efficacy	.772	8
AICQ: Assertiveness	.849	7
AICQ: Conflict Resolution	.813	7
Decision Making	.786	5
Attitudes towards school	.868	15
DASS-21: Stress	.853	7
DASS-21: Anxiety	.835	7
DASS-21: Depression	.900	7
WEMWBS	.933	14

The results from these tests revealed that every measure produced a Cronbach's alpha of greater than 0.6. Therefore all of the scales used within this study were considered reliable measures.

3.2 DEMOGRAPHIC PROFILE

A total of 714 students completed the questionnaire at baseline. After eliminating those students who were visiting on exchange (n=39), a total of 675 students remained.

Sex and Age

Almost equal numbers of males (n=338; 50.1%) and females (n=337; 49.9%) took part. Students ranged in age from 15 to 18 years old at baseline ($M=15.87$, $SD=.683$) (Males $M=15.85$, $SD=.709$; Females $M=15.88$, $SD=.657$).

School Year

A breakdown of the number of males, females and total students from each year who participated in the study can be found in Table 3 below.

Table 3: Demographics (gender, year)

	% Male n = 338	% Female n=337	Total % n=675
Transition Year	61.7% N=213	38.3% N=132	51.1% N=345
5 th Year	37.9% N=125	62.1% N=205	48.9% N=330

Place of Birth

Of the 675 students at baseline, 22 students (3.3%) were part of the Travelling community. Of the students completing the questionnaire at baseline, 83.6% (n=564) were born in Ireland and 16.4% (n=111) were not born in Ireland. From the participants born abroad, the most common places of birth were: Western Europe (30.4%), Eastern Europe (37%), Asia (12%) and Africa (10%). The most common countries of birth, other than Ireland, included England (n=24), Poland (n=14), Lithuania (n=9), Philippines (n=6) and Romania (n=5).

Parental Demographics

Of the students who completed questionnaires at baseline, 9.6% (n=65) reported that they do not have or do not see their father, whereas 1.2% (n=8) students reported that they do not have or do not see their mother. Students were asked about their parents' educational background, to which 14% of students said that their father completed a 3rd level degree and 20% of students reported their mother has a 3rd level degree. Students were asked about their parents' employment status, to which 73% reported that their father works either full-time or part-time and 62% reported that their mother did.

3.3 PROFILE OF GROUPS AT BASELINE AND POST-INTERVENTION

A comparison of the characteristics at baseline (pre-intervention) of students (N=675) in the two groups (n=330 intervention; n=345 control) in terms of gender, year group and school category are outlined in the Table 4. This comparison was also conducted with students (N=497) post-intervention in both groups (n=246 intervention; n=251 control) which can be seen in Table 4 below as well.

Table 4: Profile of students in each group (Baseline n=675; Post-intervention n=497)

		Intervention Group		Control Group		Total	
		N %		N %		N %	
		Pre	Post	Pre	Post	Pre	Post
Gender	Male	N=177 52.40%	N=124 50.20%	N=161 47.60%	N=123 49.8%	N=338 50.10%	N=247 49.70%
	Female	N=153 52.40%	N=122 48.80%	N=184 54.60%	N=128 51.20%	N=337 49.90%	N=250 50.30%
School Category	Urban Mixed	N=198 58.0%	N=141 55.0%	N=144 42.0%	N=115 44.90%	N=342 50.60%	N=256 51.50%
	Rural Mixed	N=95 42.20%	N=76 45.20%	N=130 57.80%	N=92 54.80%	N=225 33.30%	N=168 33.80%
	Urban Boys	N=11 32.4%	N=6 25%	N=23 67.6%	N=18 75%	N=34 5.0%	N=24 4.8%
	Urban Girls	N=26 35.10%	N=23 46.90%	N=48 64.90%	N=26 53.10%	N=74 11.0%	N=49 9.90%
Year Group	TY	N=128 37.0%	N=82 33.70%	N=217 63.0%	N=161 66.20%	N=345 51.10%	N=243 48.90%
	5 th	N=202 61.20%	N=164 64.60%	N=128 38.80%	N=90 35.40%	N=330 48.90%	N=254 51.10%

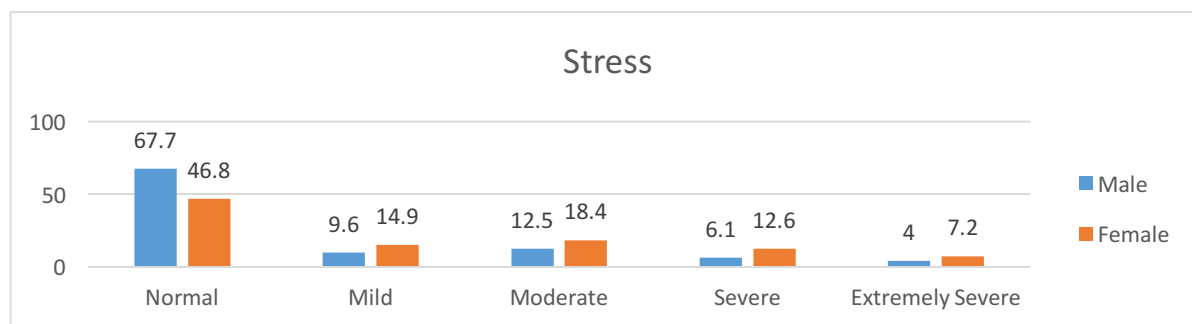
3.4 BASELINE FINDINGS: EVIDENCE OF THE NEED FOR MINDOUT

The baseline data can be useful in providing a profile of the mental health and wellbeing status of a sample of senior level students in disadvantaged post-primary schools in Ireland. The following baseline findings report on all students present at baseline (n=675). The DASS-21 scale was used to assess stress, depression and anxiety levels at baseline.

3.4.1 STRESS SCORES

In relation to stress, 57% of students scored ‘normal’ on the stress score in comparison to 14.9% of students which scored either ‘severe’ or extremely ‘severe’ for stress, with the remaining students scoring between ‘mild’ and ‘moderate’ on the stress scale. Males were more likely to be classified in the normal range, Figure 3.

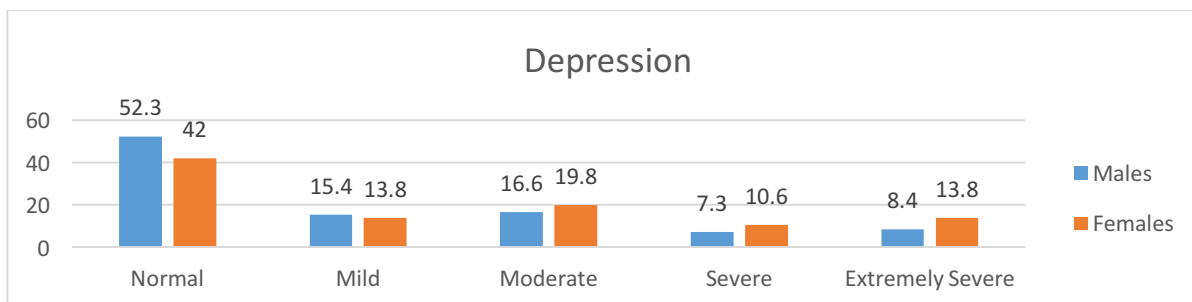
Figure 3: Baseline Stress Scores - DASS-21



3.4.2 DEPRESSION SCORES

In the sample, 47.5% of the 675 students scored ‘normal’ (score: 0-9) on the depression score, however, 20.3% of students were in the category of either ‘severe’ (score: 21-27) or ‘extremely severe’ (score: 28+). The remaining students scored between ‘mild’ (score: 10-13) to ‘moderate’ (score: 14-20) on the depression scale. Males were more likely to be classified in the normal range. Figure 4.

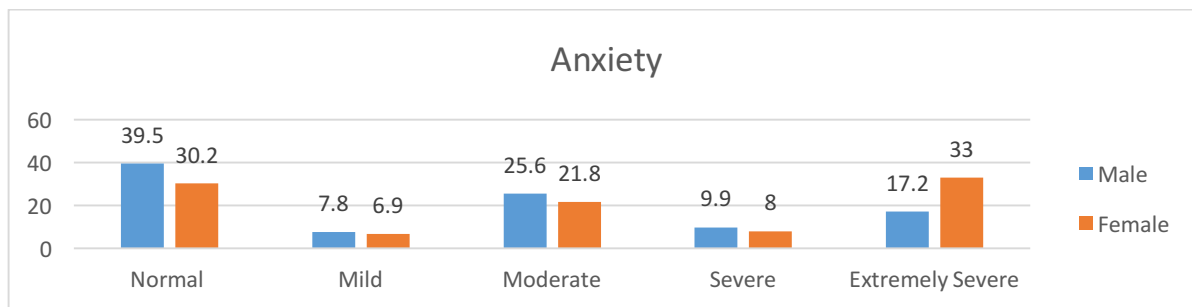
Figure 4: Baseline Depression Scores - DASS-21



3.4.3 ANXIETY SCORES

Only 34.2% of students scored 'normal' on the anxiety scale, and almost the same percentage of students (34.3%) scored either 'severe' or 'extremely severe' for anxiety. There is emerging research that identifies anxiety as an area of increasing concern for young people in Ireland (O'Keeffe et al., 2015; McMahon et al., 2017). Figure 5.

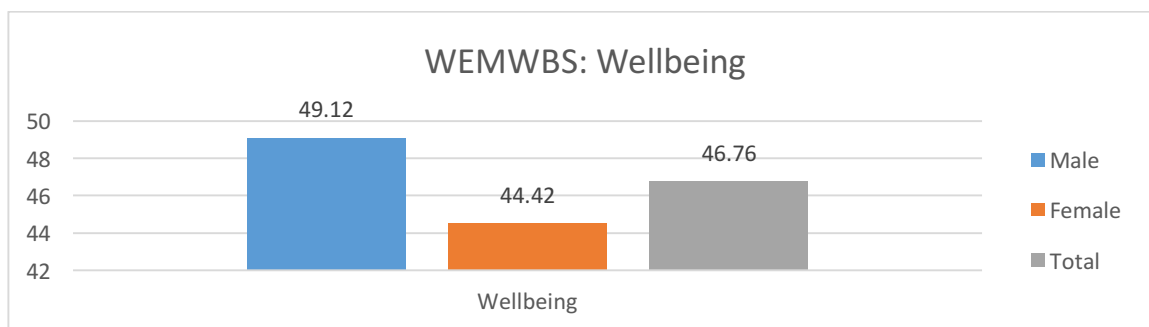
Figure 5: Baseline Anxiety Scores - DASS-21



3.4.4 WELL-BEING SCORES

The average score for students on the WEMWBS wellbeing scale at baseline was (M=46.75) with females more likely to score lower (M=44.47) than males (M= 49.08). Figure 6.

Figure 6: Baseline Well-being Scores WEMWBS



3.5 GROUP OUTCOME DIFFERENCES AT BASELINE

Though this study used randomisation, significant differences were detected using t-tests between control and intervention groups on four scales/subscales: Self-esteem ($t(673) = -3.69, p < .001$) $d = -0.28$; Emotional Clarity [$t(673) = -2.359, p = .019$] $d = -0.18$; Social Support Coping [$t(671) = 2.579, p = .010$] $d = 0.19$; and Avoidance Coping [$t(671) = 3.554, p < .001$] $d = 0.27$. At baseline, the control group had lower Self-esteem and Emotional Clarity scores in comparison to the intervention group but had higher scores for Social Support and Avoidance coping. Details of this analysis can be observed in Table 23 Appendix A.

No significant differences were found at baseline between the control and intervention groups for their academic outcomes (Attitudes towards School), see Table 24 Appendix A.

Differences were detected between control and intervention groups on all the mental health and wellbeing subscales: Stress ($t(672) = 3.02, p = .003$) $d = 0.23$; Anxiety [$t(672) = 2.572, p = .010$] $d = 0.19$; Depression [$t(671) = 3.615, p < .001$] $d = 0.27$; and Wellbeing [$t(661) = -2.665, p = .008$] $d = -0.21$. At baseline, the control group had higher Stress, Anxiety and Depression in comparison to the intervention group and had lower scores for Well-being. Further details of this analysis can be observed in Tables 21, 22, 23, Appendix A.

3.6 GENDER OUTCOME DIFFERENCES AT BASELINE

3.6.1 SOCIAL EMOTIONAL SKILLS

Significant differences were detected using t-tests between males and females on eight social emotional skills scales/subscales. Males scored higher than females on Self-esteem (RSES), Total Emotional Intelligence (TMMS) Emotional Clarity (TMMS), Problem-solving (CSI) Asserting Influence (AICQ). Females scored higher than males on Attention to Feelings (TMMS), Avoidance (CSI), Social Support (CSI). The mean scores for social emotional skills of both males and females at baseline can be seen in Table 5 below.

Table 5: Gender differences in Social Emotional Skills at Baseline

Measure	Score range	Males	Females
Self-esteem	4 - 40	(<i>M</i> = 29.50; <i>SD</i> = 4.98)	(<i>M</i> = 26.38; <i>SD</i> = 5.30).
Total Emotional Intelligence	24 - 120	(<i>M</i> = 69.58; <i>SD</i> =9.77)	(<i>M</i> = 67.32; <i>SD</i> =10.15)
Attention to Feelings	8 - 40	(<i>M</i> = 25.79; <i>SD</i> =4.844)	(<i>M</i> = 26.72; <i>SD</i> =4.583)
Emotional Clarity	8 - 40	(<i>M</i> = 26.49, <i>SD</i> =4.82)	(<i>M</i> = 23.79; <i>SD</i> =5.12)
Avoidance	6 – 36	(<i>M</i> = 16.39, <i>SD</i> =5.570)	(<i>M</i> = 18.59; <i>SD</i> =6.432)
Problem Solving	5 - 30	(<i>M</i> = 16.52, <i>SD</i> =5.268)	(<i>M</i> = 15.57; <i>SD</i> =5.194)
Social Support	4 - 24	(<i>M</i> = 11.48, <i>SD</i> = 4.929)	(<i>M</i> = 14.26; <i>SD</i> = 5.682)
Asserting Influence	1 - 5	(<i>M</i> = 3.43, <i>SD</i> = .744)	(<i>M</i> = 3.20; <i>SD</i> = .918)

3.6.2 ACADEMIC PERFORMANCE

Males scored significantly lower than females on the Attitudes toward School scale, Table 6.

Table 6: Gender differences in Attitudes towards School at Baseline

Measure	Score range	Males	Females
Attitudes toward School	1 - 5	($M= 3.66, SD = .670$)	($M= 3.87; SD= .655$)

3.6.3 OVERALL MENTAL HEALTH AND WELLBEING

Significant differences between the males and females were identified on all three of the DASS-21 subscales (Stress, Anxiety and Depression) as well as the WEMWBS.

Males scored higher than females on Wellbeing, whereas females scored higher than males on stress, anxiety and depression, Table 7.

Table 7: Gender differences in Overall Mental Health and Wellbeing at Baseline

Measure	Score range	Males	Females
Stress	0 - 21	($M= 12.47, SD = .9.048$)	($M= 16.93; SD= 9.594$)
Anxiety	0 - 21	($M= 10.90, SD = 8.628$)	($M= 14.69; SD= 10.854$)
Depression	0 - 21	($M= 10.80, SD = 9.840$)	($M= 13.77; SD= 11.085$)
WEMWBS	14-70	($M= 49.12, SD = 10.783$)	($M= 44.42; SD= 11.80$)

3.7 PRE-POST SCORES FOR CONTROL AND INTERVENTION GROUPS

A total of 675 outcome questionnaires were completed by students at baseline and 497 at post-intervention stage. At baseline there were 363 students in the control group and 330 students in the intervention group, however, at post-intervention there was 251 students in the control and 246 in the intervention. The differential retention rates between the control and intervention groups was 73% and 75% respectively.

The demographic characteristics mentioned for baseline above were examined for this group of 497 students but did not differ from the baseline characteristics found (maximum change \pm 1%)

Tables 24, 25 & 26, Appendix B show a comparison of the control and intervention groups' pre and post-interventions mean scores the social and emotional skills, academic performance and mental health and wellbeing scales and subscales.

3.8 PRELIMINARY ANALYSIS OF PROGRAMME EFFECTS

Only data from those students who had completed questionnaires at both baseline and post-intervention (n=497) were included in the analysis of programme impact.

Primary analyses consisted of ANCOVA, with the post-test scores acting as the dependent variable, the condition (control/ intervention) as the independent variable and using the pre-test scores as well as gender as covariates.

3.8.1 SOCIAL EMOTIONAL SKILLS

Students' Emotional Intelligence (TMMS):

The preliminary evaluation results indicate that the MindOut programme had an overall significant positive impact on students' emotional intelligence. In comparison to the control group, the intervention students showed a significant improvement in their 'Attention to Feelings' (p=.021) as well as their 'Total Emotional Intelligence' (p=.048) (as measured by the *Trait Meta-Mood Scale*) from T1 to T2 (Table 9).

Students' Emotional Regulation (ERQ):

The results from the *Emotional Regulation Questionnaire* suggested that the MindOut programme had a positive impact on intervention students' emotional regulation. In comparison to the control students, the intervention students reported a decrease in the expressive suppression (p=.017) of their emotions over time. Though intervention students also showed a slight increase in cognitive reappraisal scores in comparison to the control groups which showed a slight decrease over time in their cognitive reappraisal, this was not statistically significant (Table 9).

Students' Coping Skills (CSI):

The preliminary analysis revealed that the MindOut programme had a significant impact on students' coping skills. In comparison to the control group, the intervention students reported a significant increase in using Social Support (p=.035) as a coping strategy and a significant decrease in using Avoidance strategies (p=.001), (as measured by the *Coping Strategy Indicator*), as a way to cope with their problems after completing the programme (Table 9).

Although the other social and emotional skills scales did not produce significant findings, intervention schools did improve across every scale except for Conflict Resolution (AICQ) and Social Self Efficacy (SEC-Q) which remained the same as well as Problem Solving coping (CSI) and Social Self Efficacy (SEC-Q) which showed a slight dip for both groups.

3.8.2 ACADEMIC PERFORMANCE

Students' Attitudes towards Schools (ATS):

The results from the Attitudes towards School scale (ATS) show that both the intervention and control groups' attitudes towards school decreased over time, however, these findings were not significant (Table 9).

Students' Academic Performance (Self-report):

Preliminary analysis of students' self-reported academic grades revealed that the programme had a significant impact on students' self-report of their academic performance. In comparison to the control group, students in the intervention group reported a significant increase in their grades in English ($p=.007$) and Maths ($p=.003$) from T1 to T2. No significant differences were found for improved scores in Irish between the two groups.

3.8.3 MENTAL HEALTH AND WELL-BEING

Students' Mental Health (DASS-21):

The preliminary evaluation results suggest that the MindOut programme had an overall significant positive effect on student's mental health with significant improvements to students Stress and Depression scores in comparison to the control group. Intervention students reported decreased levels of Stress ($p=.018$) and Depression ($p=.036$) in comparison to those students who did not participate in MindOut between T1 and T2. It is also important to note that anxiety scores for both groups decreased over time. Although this improvement in anxiety was larger for intervention students, this was not found to be statistically significant ($p= .08$) (Table 10).

Students' Mental Well-being (WEMWBS):

Although reported levels of wellbeing (WEMWBS) did not show a significant change for intervention students in comparison to the control group, an increase for both groups from baseline to post-intervention was observed.

For the control group, there was an increase in students' Total Emotional Intelligence, and a decrease in reported levels of Anxiety and Depression, although these were not significant in comparison to the effects on the intervention students. There were no improvements detected for the control group on any of the other scales (± 0.1) (Table 10).

Table 8: Results of Pretest-posttest ANCOVA for intervention and control groups social emotional skill outcomes

Scale Name	Scales/Subscales	Group	N	Mean, SD	df	F	p
RSES	Self-esteem	Control	251	27.49 (5.4)	(1, 495)	2.198	.139
		Intervention	246	29.04 (5.2)			
TMMS	Emotional Intelligence (Total Score)	Control	249	79.14 (11.8)	(1, 491)	4.080*	.048*
		Intervention	244	81.93 (11.4)			
	Subscale: Attention to Feelings	Control	250	25.96 (4.8)	(1, 494)	5.387*	.021*
		Intervention	246	26.91 (4.7)			
	Subscale: Emotional Clarity	Control	251	25.24 (5.5)	(1, 495)	1.490	.223
		Intervention	246	26.31 (5.6)			
	Subscale: Emotional Repair	Control	251	28.21 (5.7)	(1, 495)	1.815	.178
		Intervention	246	28.85 (5.1)			
CSI	Subscale: Avoidance	Control	250	18.39 (5.7)	(1, 493)	11.197	.001**
		Intervention	245	16.17 (5.2)			
	Subscale: Problem Solving	Control	250	16.02 (5.0)	(1, 493)	.018	.893
		Intervention	245	16.09 (5.0)			
	Subscale: Social Support	Control	250	13.13 (5.2)	(1, 493)	4.479	.035*
		Intervention	245	13.3 (5.3)			
SEC-Q:	Social Self-efficacy	Control	250	26.95 (6.3)	(1, 494)	.207	.649
		Intervention	246	27.42 (6.3)			
ERQ	Subscale: Reappraisal	Control	251	4.30 (1.2)	(1, 495)	1.575	.210
		Intervention	246	4.44 (1.1)			
	Subscale: Suppression	Control	251	3.92 (1.2)	(1, 495)	5.751	.017**
		Intervention	246	3.63 (1.1)			

AICQ	Subscale: Asserting Influence	Control	251	3.32 (.80)	(1,495)	1.525	.218
		Intervention	246	3.37 (.81)			
AICQ	Subscale: Conflict Resolution	Control	251	3.17 (.78)	(1,495)	.188	.665
		Intervention	246	3.21 (.75)			
Decision Making	Decision Making	Control	250	2.75 (.68)	(1, 492)	.571	.450
		Intervention	244	2.75 (.66)			

Notes: (1) * indicates statistical significance at $p < .05$; ** indicates statistical significance at $p < .01$. (2) SD = standard deviation.

RSES: Rosenberg Self-esteem scale

TMMS = Trait meta-mood Scale

CSI = Coping Strategy Indicator

SEC-Q = Self-Efficacy Questionnaire for Children

Table 9: Results of Pretest-posttest ANCOVA for intervention and control groups academic outcomes

Scale Name	Scales/Subscales	Group	N	Mean, SD	df	F	p
ATS	Attitudes towards School	Control	251	3.63 (.69)	(1, 495)	.481	.488
		Intervention	246	3.77 (.70)			

Notes: (1) * indicates statistical significance at $p < .05$; ** indicates statistical significance at $p < .01$. (2) SD = standard deviation.

ATS: Attitudes towards School Scale

Table 10: Results of Pretest-posttest ANCOVA for intervention and control groups overall mental health and wellbeing outcomes

Scale Name	Scales/Subscales	Group	N	Mean, SD	df	F	p
DASS-21	Stress	Control	251	15.78 (9.6)	(1, 495)	5.625	.018*
		Intervention	246	12.76 (8.5)			
	Anxiety	Control	251	13.06 (10.1)	(1, 495)	3.073	.080
		Intervention	246	10.49 (9.1)			
	Depression	Control	251	12.95 (10.2)	(1, 495)	4.413	.036*
		Intervention	246	9.70 (9.1)			
WEMWBS	Wellbeing	Control	245	47.73 (11.0)	(1, 484)	.024	.878
		Intervention	241	49.10 (10.0)			

Notes: (1) * indicates statistical significance at $p < .05$; ** indicates statistical significance at $p < .01$. (2) SD = standard deviation.

DASS-21: Depression, Anxiety and Stress Scale

WEMWBS: Warwick Edinburgh Mental Wellbeing Scale

3.9 QUALITY OF IMPLEMENTATION

In this study, quality of implementation refers to the degree to which the programme was implemented as intended. This was measured in four ways following Durlak, 2016 and Dane and Schneider, 1998: (1) adherence to the programme, (2) dosage or how much of the programme was delivered, (3) quality of programme delivery, and (4) participant responsiveness. Adherence to the programme refers to the extent the major programme components were delivered. Dosage refers to the number of programme components (sessions) received by participants. Quality of delivery reflects how well the teachers delivered the programme. Participant responsiveness refers to the engagement and involvement of participants in the programme (Dusenbury et al., 2003).

3.9.1 ADHERENCE

For the purpose of this study, adherence was measured by assessing the extent to which the major programme components (activities, videos, practice-at-home and recap) were delivered. Details of the implementation of programme components can be observed in Table 27, Appendix C. These data were taken from the Weekly Reports completed by teachers. A mean adherence score was calculated using teachers' self-reported adherence scores for each of the twelve individual sessions. 64.7% (N=11) of schools completed 80-100% of the programme's activities. Overall, 17.6% (N=3) of schools completed 60-80% of the activities, and 17.6% (N=3) of schools completed 40-60% of the activities (1 school completed <50% activities). A school was considered in the high adherence group if they delivered 80-100% of the programme's activities, all other schools were considered low adherence.

3.9.2 DOSAGE

In this study, dosage was measured by the number of sessions each intervention school delivered based on the weekly reports completed by teachers. A total of 82.3% (N=14) of schools implemented the programme in its entirety. 17.6% (N=3) schools were unable to complete the programme due to teacher or school related circumstances. All three of these schools completed at least 50% of the programme. A school was considered having high dosage if they delivered the complete programme, schools that did not complete the programme were categorized as low dosage.

3.9.3 QUALITY OF DELIVERY

Quality of delivery was assessed in two ways. The first was through the '*Student Review Questionnaire*' in which students that had received the programme were asked to report on their teacher's delivery of the programme by rating them on a scale from 1 to 10 (1 being poor; 10 being excellent). A majority of teachers, 70.6% (N=12), received an average rating from their students of >7 on their quality of delivery and 29.4% (N=5) of teachers received an average student rating of <7 (6.5 and 5.5). The second method for assessing quality of delivery was through classroom observations by researchers with a sub-sample of schools (N=6). Classroom observations were assessed using a structured questionnaire which was completed by two researchers independently. These questionnaires were used to examine a number of elements: (i) adherence to core session components; (ii) adaptation of programme elements; (iii) quality of teacher delivery; (iv) students' response to the session; and (v) factors affecting implementation. Following each session, the researchers discussed their ratings and came to an agreement for the final rating for each individual question. Of the schools observed, implementation quality varied and there were notable inconsistencies between schools in terms of implementation quality. A school was considered to have high quality of delivery if it received a score of 7 or higher. All other schools were considered to have low quality of delivery.

3.9.4 PARTICIPANT RESPONSIVENESS

Participant responsiveness was measured by the students' responses to the question '*How would you rate the programme overall on a scale of 1 to 10*' (1 being poor; 10 being excellent) on the student review questionnaires. The majority of schools, 64.7% (N=11), rated the programme on average >7 based on students' scores and 35.3% (N=6) of schools rated the programme <7 based on students scoring. A school was considered to have high participant responsiveness if the average of the student ratings was 7 or higher. All schools which fell below this overall rating were considered to have low participant responsiveness.

3.10 QUALITY OF IMPLEMENTATION ON OUTCOMES

Quality of implementation was determined by giving each school a score of 0 or 1 on each of the four implementation measures mentioned above, depending on which group each school met the criteria for (low = 0; high=1). Once schools were given a score for each of the individual measures, these were then combined into an overall index. If a school received a '0' in more than one of the fidelity measures they were classified as a low implementation school. Similarly, if a school received a '1' on three or more of the fidelity measures they were classified as a high implementation school. Using this coding method, n=6 schools were included in the low implementation category and n=11 schools were considered high-implementation.

Primary analyses consisted of ANCOVA, with the post-test scores acting as the dependent variable, the treatment group (control/low/high) as the independent variable and using the pre-test scores as well as gender as covariates. A Bonferonni post-hoc test was employed to assess pairwise comparisons, or the different combinations of the three treatment groups (control/high/low). The results of this analysis can be seen in Tables 11, 12 & 13.

3.10.1 SOCIAL EMOTIONAL SKILLS

Students' Self-esteem (RSES):

The preliminary evaluation results indicate that there were differences between the three groups (control, low-implementation and high-implementation) over time for self-esteem (as measured by the *Rosenberg Self-esteem Scale*), with the high-implementation schools showing the biggest improvement. Though these differences were not significant, they were very close to significance ($p=.054$). No differences were detected between the three groups individually when a post-hoc test was applied (Table 11).

Students' Emotional Intelligence (TMMS):

The preliminary evaluation results indicate that there were differences between the three treatment groups for 'Attention to Feelings' (as measured by the *Trait Meta-Mood Scale*) from T1 to T2 ($p=.054$). Using a post-hoc test, differences were analysed between the three groups individually. In comparison to the control group, the high-implementation students showed a significant improvement in their 'Attention to Feelings' ($p=.048$), however, there

were no significant differences detected between the control and low-implementation schools or the low- and high-implementation schools. This suggests that only those schools with higher implementation showed the benefits of the programme in terms of improving their ‘Attention to Feelings’ (Table 11).

Students’ Coping Skills (CSI):

The preliminary analysis revealed that there were differences between the three groups coping skills over time (as measured by the *Coping Strategy Indicator*) in terms of students’ Avoidance strategies ($p=.001$) and Social Support ($p=.021$). Using a post-hoc test, these differences were examined between the groups individually. In comparison to the control group, the intervention students had significantly higher ratings of Social Support ($p=.025$) as a coping strategy and a significantly lower ratings of using Avoidance strategies ($p=.001$). No significant differences were seen for coping strategies between the control and low-implementation schools or the low- and high implementation group. This suggests that only those schools with higher implementation showed the benefits of the programme in terms of improving their coping strategies significantly (Table 11).

Students’ Emotional Regulation (ERQ):

The preliminary analysis demonstrated that there were differences between the three groups emotional regulation over time (as measured by the *Emotional Regulation Questionnaire*) in terms of students’ Suppression of their emotions ($p=.023$). Using a post-hoc test, these differences were analysed between the three groups individually. In comparison to the control group, the low-implementation schools had significantly decreased Suppression of emotions ($p=0.31$). No significant differences were detected for Emotional Regulation between the control and high-implementation schools or the low-and high implementation groups (Table 11).

3.10.1 ACADEMIC OUTCOMES

Attitudes towards School (ATS):

The preliminary analysis showed that no significant differences were detected between the three groups in their attitudes towards school over time (as measured by the *Attitudes towards School Scale*) (Table 12).

Students' Academic Performance (Self-report):

Preliminary analysis of students' self-reported academic grades revealed that there were significant differences between groups in terms of self-reported Maths ($p=.001$) and English ($p=.012$) scores from t1 to t2. Using a post-hoc test, analyses were conducted to determine whether or not these three groups differed significantly. In comparison to the control group, students in the high-implementation group reported a significant increase in their grades in Maths ($p=.001$) and English ($p=.001$) between baseline and post-intervention. No significant differences were found between the control and low-implementation schools or the low-and high implementation schools in terms of improvements to academic outcomes.

3.10.1 MENTAL HEALTH AND WELL-BEING

Students' Mental Health (DASS-21):

The preliminary evaluation results suggest that there were differences in the reported levels of mental health between the three groups in relation to their stress scores over time ($p=.045$) with both the low-implementation and high-implementation schools showing a greater improvement in comparison to the control group. Using a post-hoc test, the high-implementation group was significantly more likely to show improvements in their stress scores ($p=.039$) in comparison to the control group. No significant differences were detected between the low-implementation group and the control group or between the low-and high-implementation groups. This suggests that only those schools with higher implementation showed significant benefits of the programme in terms of improving their stress. No significant differences were found between the three groups in terms of their anxiety or depression scores (Table 13).

Students' Mental Well-being (WEMWBS):

The preliminary analysis demonstrated that there were no differences detected between the mental wellbeing of the three groups over time (as measured by the *Warwick Edinburgh Mental Well-being Scale*) (Table 13).

Table 114: Results of Pretest-posttest ANCOVA for groups by level of implementation for social and emotional skills

Scale Name	Scales/Subscales	Group	N	Mean, SD	df	F	p
RSES	Self-esteem	Control	251	28.02 (.231)	(2, 492)	2.933	.054
		Low	64	27.75 (.457)			
		High	182	28.77 (.271)			
TMMS	Emotional Intelligence (Total Score)	Control	249	79.65 (.615)	(2,488)	2.575	.077
		Low	64	80.34 (1.22)			
		High	180	81.80 (.724)			
	Subscale: Attention to Feelings	Control	250	26.01 (.257)	(2,491)	2.945	.054
		Low	64	26.55 (.511)			
		High	182	26.97 (.302)			
	Subscale: Emotional Clarity	Control	251	25.51 (.309)	(2, 492)	.803	.448
		Low	64	25.86 (.614)			
		High	182	26.11 (.364)			
	Subscale: Emotional Repair	Control	251	28.25 (.285)	(2, 492)	1.820	.163
		Low	64	28.12 (.568)			
		High	182	29.03 (.336)			
CSI	Subscale: Avoidance	Control	250	17.96 (.283)	(2, 490)	6.626	.001*
		Low	63	17.30 (.564)			
		High	182	16.37 (.331)			
	Subscale: Problem Solving	Control	250	16.03 (.271)	(2, 490)	1.096	.335
		Low	63	15.39 (.543)			
		High	182	16.32 (.318)			

	Subscale: Social Support	Control	250	12.82 (.262)	(2, 490)	3.883	.021*
		Low	63	12.80 (.523)			
		High	182	13.90 (.307)			
SEC-Q	Social Self-efficacy	Control	250	27.09 (.308)	(2, 491)	.366	.694
		Low	64	26.90 (.612)			
		High	182	27.42 (.361)			
ERQ	Subscale: Reappraisal	Control	251	4.31 (.064)	(2, 492)	.786	.456
		Low	64	4.43 (.128)			
		High	182	4.43 (.075)			
	Subscale: Suppression	Control	251	3.88 (.062)	(2, 492)	3.796	.023*
		Low	64	3.53 (.123)			
		High	182	3.72 (.073)			
AICQ	Subscale: Asserting Influence	Control	251	3.31 (.036)	(2, 492)	.891	.471
		Low	64	3.344 (.072)			
		High	182	3.39 (.042)			
	Subscale: Conflict Resolution	Control	251	3.18 (.037)	(2, 492)	.183	.833
		Low	64	3.17 (.074)			
		High	182	3.21 (.044)			
Decision Making	Decision Making	Control	250	2.77 (.035)	(2, 489)	2.282	.103
		Low	63	2.61 (.070)			
		High	181	2.77 (.041)			

* indicates statistical significance at $p < .05$; ** indicates statistical significance at $p < .01$

RSES= Rosenberg Self-esteem scale

SEC-Q = Self-Efficacy Questionnaire for Children

DM= Decision Making Scale

TMMS = Trait meta-mood Scale

ERQ=Emotional Regulation Questionnaire

CSI = Coping Strategy Indicator

AICQ= Adolescent Interpersonal Competence Questionnaire

Table 52: Results of Pretest-posttest ANCOVA for groups by level of implementation for attitudes towards school

Scale Name	Scales/Subscales	Group	N	Mean, SD	df	F	p
ATS	Attitudes towards School	Control	251	3.68 (.032)	(2, 492)	2.041	.131
		Low	64	3.61 (.063)			
		High	182	3.75 (.037)			

* indicates statistical significance at $p < .05$; ** indicates statistical significance at $p < .01$

ATS= Attitudes towards School

Table 13: Results of Pretest-posttest ANCOVA for groups by level of implementation for overall mental health and wellbeing

Scale Name	Scales/Subscales	Group	N	Mean, SD	df	F	p
DASS-21	Subscale: Stress	Control	251	15.09 (.476)	(2, 492)	3.125	.045*
		Low	64	14.12 (.943)			
		High	182	13.25 (.560)			
	Subscale: Anxiety	Control	251	12.41 (.501)	(2, 492)	1.901	.151
		Low	64	11.89 (.994)			
		High	182	10.90 (.589)			
	Subscale: Depression	Control	250	12.10 (.509)	(2, 492)	2.436	.089
		Low	63	11.16 (1.01)			
		High		10.36 (.599)			
WEMWBS	Well-being	Control	245	48.46 (.523)	(2, 481)	1.524	.219
		Low	62	46.79 (1.04)			
		High	179	48.89 (.613)			

* indicates statistical significance at $p < .05$; ** indicates statistical significance at $p < .01$

DASS-21: Depression, Anxiety and Stress Scale

WEMWBS: Warwick Edinburgh Mental Wellbeing Scale

4. Results: Preliminary Findings (Process)

4.1 STUDENTS' EXPERIENCES OF THE PROGRAMME

4.1.1 STUDENT REVIEW QUESTIONNAIRE (QUANTITATIVE)

Intervention students were asked to complete a 'Student Review Questionnaire' at post-intervention and were given the opportunity to report on their experiences of the programme through a series of scales which were adapted from the original MindOut programme evaluation (Byrne, 2005) and the Zippy's Friends evaluation (Clarke, 2011). Students were asked to report a number of items which assessed: (i) Overall experience of the programme; (ii) 'Were the sessions relevant?'; (iii) 'Were the sessions helpful?'; (iv) 'Were the sessions easy to understand?'; and (v) 'Were the sessions interesting?'.

4.1.1.1 Reported Experiences

Students were asked to rate their overall experience of the programme on a scale of 1-5 (1 being very poor and 5 being very good). The majority (63.8%) of students rated their overall experience of the programme as either good or very good (Table 14).

Table 14: Students' ratings of overall experience of programme

	Very Poor	Poor	OK	Good	Very Good
How would you rate your overall experience of the MindOut Programme?	N=11 3.9%	N=7 2.5%	N=83 29.7%	N=138 49.5%	N=40 14.3%

Descriptives were run to determine whether or not there were any noticeable differences between low-and high implementation groups overall experience of the programme. 46.1% of students from low-implementation schools rated the programme either good or very good in comparison to 68.7% of students from high-implementation schools (Table 15).

Table 15: Students' ratings of overall experience of programme (low vs. high implementation groups)

	Group	Very Poor	Poor	OK	Good	Very Good
How would you rate your overall experience of the MindOut Programme?	Low-implementation	N=5 7.9%	N=3 4.8%	N=26 41.3%	N=27 42.9%	N=2 3.2%
	High-implementation	N=6 2.8%	N=4 1.8%	N=57 26.3%	N=111 51.2%	N=38 17.5%

Students were asked to rate their specific experiences (relevance, helpfulness, understanding and interest) of the programme on a scale of 1-5 (1 being strongly disagree and 5 being strongly agree) (Table 16).

Table 166: Students' ratings of specific experiences of the programme

	Strongly Disagree	Disagree	Average	Agree	Strongly Agree
The sessions in the programme were relevant for me.	N=12 4.3%	N=24 8.6%	N=117 41.9%	N=113 40.5%	N=13 4.7%
The sessions in the programme were useful for helping to deal with situations.	N=14 5%	N=21 7.6%	N=86 30.9%	N=133 47.8%	N=24 8.6%
The content of the programme sessions was easy to understand.	N=4 1.4%	N=7 2.5%	N=40 14.3%	N=164 58.8%	N=64 22.9%
The sessions in the programme were interesting.	N=15 5.4%	N=18 6.5%	N=79 28.2%	N=130 46.8%	N=36 12.9%

Again, descriptives were run to determine whether or not there were any noticeable differences between how low-and high implementation groups reported on these specific experiences (Table 16). Some 46.1% of students from low-implementation schools rated the programme either good or very good in comparison to 68.7% of students from high-implementation schools. (Table 17)

Table 17: Students' ratings of specific experiences of the programme (low vs. high implementation)

	Group	Strongly Disagree	Disagree	Average	Agree	Strongly Agree
The sessions in the programme were relevant for me.	Low-implementation	N=6 9.5%	N=9 14.3%	N=31 49.2%	N=15 23.8%	N=2 3.2%
	High-implementation	N=6 2.8%	N=15 6.9%	N=86 39.6%	N=98 45.2%	N=11 5.1%
The sessions in the programme were useful for helping to deal with situations.	Low-implementation	N=6 9.7%	N=7 11.3%	N=24 38.7%	N=22 35.5%	N=3 4.8%
	High-implementation	N=8 2.8%	N=14 6.5%	N=62 28.7%	N=111 51.2%	N=21 9.7%
The content of the programme sessions was easy to understand.	Low-implementation	N=2 3.2%	N=2 3.2%	N=8 12.7%	N=41 65.1%	N=10 15.9%
	High-implementation	N=2 .9%	N=5 2.3%	N=32 14.8%	N=123 56.9%	N=54 24.9%
The sessions in the programme were interesting.	Low-implementation	N=6 9.7%	N=10 16.1%	N=21 33.9%	N=23 37.1%	N=2 3.2%
	High-implementation	N=9 4.2%	N=8 3.7%	N=58 26.9%	N=107 49.5%	N=34 15.7%

4.1.1.2 Differences between low-and high implementation schools on reported experiences

A mean score for each of these above questions was obtained for all of the intervention students as well as the means for those students in the low-and high-implementation groups. T-tests were then used to determine whether or not there were differences between low-and high implementation schools in terms of how the students rated their experience of the programme. These tests revealed that, in comparison to low-implementation schools, high-implementation schools were significantly more likely to report better experiences of the programme in terms of their overall experience of the programme ($p=.000$); relevance of the programme ($p=.000$); helpfulness of the programme ($p=.002$); and interest for the programme ($p=.000$). These findings suggest that those students who received a higher quality of implementation also found the programme to be more beneficial and reported more positive experiences overall in comparison to students in schools that had low-quality implementation (Table 18).

Table 7: Differences in students' experiences of the programme in low- vs high-implementation schools

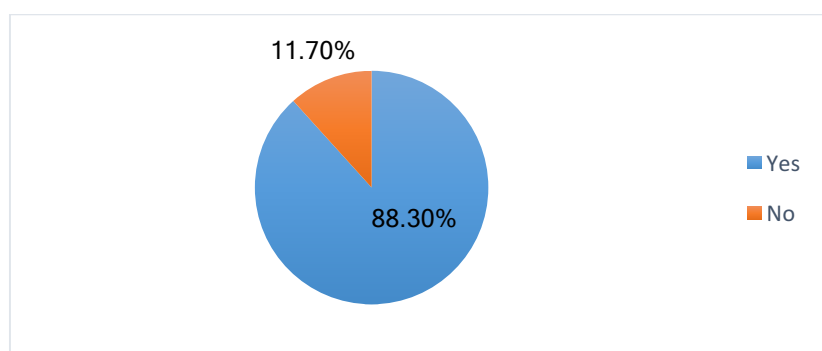
Question	Total Mean (SD)	Group	Mean (SD)	n	df	t	p
How would you rate your overall experience of the MindOut Programme?	3.68 (.892)	Low-implementation	3.29 (.923)	63	277	-4.073	.000**
		High-implementation	3.79 (.851)	216			
The sessions in the programme were relevant for me.	3.33 (.864)	Low-implementation	2.97 (.950)	63	277	-3.830	.000**
		High-implementation	3.43 (.810)	216			
The sessions in the programme were useful for helping to deal with situations.	3.47 (.937)	Low-implementation	3.15 (1.02)	62	276	-3.194	.002**
		High-implementation	3.57 (.892)	216			
The content of the programme sessions was easy to understand.	3.99 (.777)	Low-implementation	3.87 (.833)	63	277	-1.393	.165
		High-implementation	4.03 (.759)	216			
The sessions in the programme were interesting.	3.55 (.981)	Low-implementation	3.08 (1.03)	62	276	-4.453	.000**
		High-implementation	3.69 (.926)	216			

* indicates statistical significance at $p < .05$; ** indicates statistical significance at $p < .01$

All students in the intervention group were also asked to rate the programme on a scale of 1 to 10 (1 being poor and 10 being excellent). The mean score (M=7.43; SD= 1.93) for the programme rated by students was calculated (N=273). The mean score for low-implementation schools was (M=6.18; SD= 2.19) and the mean score for high-implementation schools was (M=7.78; SD= 1.69). A chi-square test revealed that a significant difference was found between the two groups (p=.000) in that the low-implementation group rated the programme significantly lower than those students in the high-implementation group.

Intervention students were also asked if they would recommend the MindOut programme in the future to which 88.3% of students answered 'yes'. Out of the students in the low-implementation schools 77.3% answered 'yes', however, in the high-implementation schools a total of 91.1% of students said they would recommend MindOut to other students in future years.

Figure 7: Recommending MindOut programme to future students (low- and high implementation)



4.1.1.3 Reported Application (practising) of Skills

Students were asked to report how often they practice the skills taught in the MindOut programme on a five point scale ('never', 'once', 'two or three times', 'about once a week', and 'several times a week'). The skills that intervention students reported practising most often included: (i) 'Considered the consequences of your actions before posting /commenting/ sending messages online', (ii) 'Put yourself in someone else's shoes and tried to imagine how others might be feeling or thinking in a situation' and (iii) 'Notice and appreciate yourself and your strengths'. The skills that students reported practising the least often was 'Use the five-step problem solving approach (e.g. 1. State the problem, 2. Think of your options etc.) when dealing with difficult situations.'

4.1.1.4 Differences between low-and high implementation schools on practising of skills

T-tests were then used to determine whether or not there were differences between low-and high implementation schools in terms of how often they practised the social emotional skills taught in the programme. These tests revealed that, in comparison to low-implementation schools, students in high-implementation schools were significantly more likely to practise the following skills: Take-five ($p=.014$); empathy ($p=.022$); assertive communication ($p=.009$); online behaviours ($p=.001$) and identifying support services ($p=.003$). These findings suggest that those students who received a higher quality of implementation were more likely to practise the skills they had learned and apply these to their own lives in comparison to students who received low quality programme implementation (Table 19).

Table 19: Differences in students' reports of practising social and emotional skills in low- vs high-implementation schools

Question	Total Mean (SD)	Group	Mean (SD)	n	df	t	p
How often you practice each of the following skills:							
Notice and appreciate yourself and your strengths.	3.00 (1.23)	Low-implementation	2.79 (1.35)	63	275	-1.525	.128
		High-implementation	3.06 (1.18)	214			
'Take five' (breathing exercises, mindfulness etc.) when you were experiencing strong emotions.	2.40 (1.37)	Low-implementation	2.05 (1.25)	63	111	-2.484	.014**
		High-implementation	2.50 (1.39)	214			
Challenge unhelpful thoughts when you were experiencing negative thoughts.	2.66 (1.31)	Low-implementation	2.47 (1.40)	62	269	-1.325	.186
		High-implementation	2.72 (1.28)	209			
Use different helpful coping strategies when you were dealing with stressful situations.	2.62 (1.34)	Low-implementation	2.35 (1.29)	63	274	-1.861	.064
		High-implementation	2.70 (1.34)	213			
Identify helpful sources of support in your life (e.g., One Good Adult).	2.83 (1.36)	Low-implementation	2.67 (1.31)	63	274	-1.060	.290
		High-implementation	2.87 (1.37)	213			
Put yourself in someone else's shoes and tried to imagine how others might be feeling or thinking in a situation.	3.09 (1.37)	Low-implementation	2.74 (1.45)	61	272	-2.308	.022**
		High-implementation	3.19 (1.33)	213			
Communicated assertively with others during difficult situations.	2.82 (1.3)	Low-implementation	2.44 (1.24)	63	274	-2.613	.009**
		High-implementation	2.92 (1.29)	213			
Considered the consequences of your actions before posting/commenting/sending messages online.	3.38 (1.38)	Low-implementation	2.86 (1.51)	63	274	-3.498	.001**
		High-implementation	3.54 (1.3)	213			
Increased your awareness of the different local and online support services.	2.68 (1.34)	Low-implementation	2.23 (1.29)	62	273	-3.047	.003**
		High-implementation	2.81 (1.33)	213			

Used the five-step problem solving approach (e.g. 1. State the problem, 2. Think of your options etc.) when dealing with difficult situations.	2.29 (1.34)	Low-implementation	2.02 (1.22)	62	110	-1.957	.053
		High-implementation	2.37 (1.37)	213			
Practiced appreciating others around you (e.g., using the 'three good things' exercise).	2.92 (1.43)	Low-implementation	2.68 (1.46)	62	271	-1.517	.131
		High-implementation	2.99 (1.42)	211			

* indicates statistical significance at $p < .05$; ** indicates statistical significance at $p < .01$

4.1.2 STUDENT REVIEW QUESTIONNAIRE (QUALITATIVE)

All intervention students were given the opportunity to provide feedback individually on the programme through the ‘*Student Review Questionnaire*’. Students were asked to comment on their (i) favourite aspect; (ii) least favourite aspect (iii) skills learned (iv) overall experience and (v) suggestions for improving the programme. These comments were analysed using thematic analysis and details of students’ responses can be seen in Tables 29-33, Appendix E.

Popular Aspects

With regard to what students liked, the key themes identified were (i) interacting with others “*I really enjoyed working with other students in the class who I would not normally talk to*” (ii) teaching strategies “*doing more practical work e.g. doing some actions*” (iii) skills “*being able to think rationally about situations*” and (iv) specific sessions. Other themes that emerged from this question were that the programme was relaxing “*didn’t have to stress-just a relaxing time*”; learning new things “*dealing with problems we haven’t been taught in school before*”; and feeling respected “*that we weren’t seen as students but as teenagers and young adults*”.

Unpopular aspects

When students were asked to report on what they didn’t like about the programme a few themes stood out including; (i) timing “*I think the classes were slightly rushed*”; (ii) interest “*some sections weren’t engaging enough*”; (iii) usefulness “*learning things we already know*”, “*some topics weren’t relatable*”; and (iv) teacher delivery “*my teacher wasn’t engaging with us properly or didn’t have something ready for the class*”.

Perceived benefits of the programme (skills learned)

When students were asked to report what skills they felt they learned or developed through the MindOut programme, the following were mentioned (i) managing emotions “*When I am in a stressful situation I take a few seconds to calm down and come to my senses*”; (ii) identifying supports “*that there is one good adult to talk to when something is wrong*” (iii) managing thoughts “*I have learned how to try and diminish negative thoughts*”; (iv) coping skills “*coping with stress, the different strategies we learned*” (v) confidence “*I have learned to be more confident and positive and not to worry about what other people think*” (vi) empathy “*it has made me more aware of people’s emotions and to consider them*”.

Overall Experience

Students comments about their overall experience of the programme were grouped into themes, among which the most frequent were: (i) positive “*it is an overall good experience*” (ii) helpful “*it was helpful and made me feel better about myself*” (iii) engagement “*I thought it was very useful and interesting*”, “*it wasn’t engaging enough for me as I have little patience and concentration*” (iv) relatable “*it was good but didn’t really apply to me*”, “*dealt with problems our generation actually has*” (v) structure “*well put together, broad range of topics that all link*” (vi) recommend for future “*good and informative, I hope more students can experience it*” (vii) timing “*I thought it was a great experience but there needs to be more time in each session to cover time gone over schedule*”.

Recommendations for improvement

Students were also asked to suggest ways in which the programme could be improved. The main suggestions for improvement included: (i) interactive teaching strategies “*have more interactive challenges for students to participate in*”, “*more visuals for each sessions (e.g. games and videos)*” (ii) new topics “*introducing LGBT*”, “*more education about mental health*” (iii) improved relevance “*be more specific on what students are dealing with and don’t just generalise everything*” (iv) increased timing “*it was very rushed therefore I suggest leaving more time for each session*”, “*the class should go on more than once a week*”.

4.1.3 PARTICIPATORY WORKSHOPS

A sub-sample of students (n=77) from five randomly selected intervention schools were asked to participate in a participatory workshop to provide feedback on their experiences of the programme. In groups, students were asked to brainstorm (i) what they think worked best (ii) what they think worked least well (iii) suggestions for improvement (iv) skills they felt they developed/improved during the programme and (v) whole-school practices in their school that promoted mental wellbeing.

The groups were asked to share their responses for *'What skills do you feel you developed/improved during the programme?'* and these were recorded on flip chart paper. Students were then asked to rate the top two skills that they felt impacted them the most by placing stickers beside these on the flipchart paper. The highest rated skills students felt they improved during MindOut included: Take five; Building relationships; positive thinking; empathy; thinking clearly; communicating; and group work skills.

At the end of the participatory workshop, students were asked to write down on an index card how the MindOut programme had helped them personally. On the other side of the index card students were asked to write the session they enjoyed the most out of the 12 sessions.

Some of the comments received by students on how the programme was helpful included:

- *"After the programme, I now feel that I have more courage to talk and be around others."*
- *"I was able to think more rationally when something annoyed me. I gained more perspective (e.g. Realised exams weren't the end of the world etc.)"*
- *"I got to learn that other people have feelings too, and we shouldn't judge anybody by their appearance as we don't know what they are going through. I think that everyone should learn this programme as it is very helpful."*
- *"Helped me control my anger and deal with stressful situations with a more positive attitude"*
- *"It helped me deal with panic attacks and stress"*
- *"I felt this was very helpful it helped me get the help I needed"*
- *"That I have friends, family and people to talk to"*
- *"Helped me resolve problems and showed more than one way of tackling the problem"*
- *"I feel that I understand all my classmates a bit more"*
- *"It really helped realise that it's okay to feel a certain way and how to deal and realising when it's okay to show how you feel"*
- *"I feel I learnt that I can complement myself"*
- *"I found it very interesting seeing how many people were in the same position or had the same problems"*
- *"It was so nice to have someone write down some of the things they like most about me. I don't generally think of myself as confident or the things she wrote about me."*

The top five sessions rated by students in order were: (i) Session 6: *Walking in someone else's shoes* (ii) Session 7: *Communicating and managing conflict* (iii) Session 11: *Happiness and wellbeing* (iv) Session 2: *Managing emotions* and (v) Session 5: *Support from others*. The lowest rated sessions were: (i) Session 12: *Programme review* (ii) Session 1: *Minding your mental well-being*; and (iii) Session 10: *Problem-solving and decision-making*.

All of the student feedback from both the '*Student Review Questionnaire*' and the participatory workshops was used to inform final amendments to the programme which will be discussed in the next section.

4.2 TEACHERS' EXPERIENCES OF THE PROGRAMME

4.2.1 WEEKLY REPORTS

4.2.1.1 Overall Programme Rating

The teachers were asked to give each of the 12 sessions an overall rating between 1 and 10 (1 being poor and 10 being excellent) on the *Weekly Reports*. Table 20 shows the overall mean score for each session. All of the sessions except for the Review session received an overall mean of 7.2 or higher. Session 8 (Managing Online Behaviours) received the highest overall rating (M= 9.154). This was followed by Session 4 (Coping with Challenges), Session 3 (Thoughts, Feelings, Actions), and Session 5 (Support from Others). Session 12 (Review) received the lowest overall rating (M=6.79).

Table 20: Teachers' ratings of sessions

SESSION	N	Mean	SD
SESSION 1 Minding your Mental Wellbeing	16	7.94	1.39
SESSION 2 Dealing with Emotions	17	7.94	1.68
SESSION 3 Thoughts, Feelings, Actions	16	8.13	1.63
SESSION 4 Coping with Challenges	17	8.34	1.22
SESSION 5 Support from Others	16	8.06	1.29
SESSION 6 Walking in Someone Else's Shoes	16	7.31	1.54
SESSION 7 Communicating and Managing Conflict	14	7.79	1.63
SESSION 8 Managing Online Behaviours	13	9.15	1.21
SESSION 9 Help-Seeking	13	7.23	2.86
SESSION 10 Problem-solving and Decision Making	14	7.29	2.49
SESSION 11 Happiness and Wellbeing	14	7.57	2.21
SESSION 12 Review	14	6.79	2.64

The mean scores for all of the twelve sessions were combined and a total mean score was produced for the programme (M=7.8; SD=.62).

4.2.1.2 Programme Implementation

As part of the weekly questionnaires the teachers were asked to comment on the positive and negative aspects of each session. These comments were analysed through thematic analysis and can be seen in Table 28, Appendix D.

Positive Aspects

Teachers were asked to report on the positive aspects of each individual session. These positive aspects were categorised into main themes. The most prominent themes arising included: (i) specific activities “*The relay was fantastic and created a lot of energy in the session*”; (ii) videos “*Again the videos provoked a lot of discussion and interest*”; (iii) teaching strategies “*Active learning. Moving around the classroom*”; (iv) resources “*Material support was very helpful*”; (v) engaging “*All of the students engaged and worked well*”; (vi) relevant “*Again the scenarios were appropriate to their level which was great.*”

Negative Aspects

Teachers were also asked to report on the negative aspects of each individual session. Timing was by far the most commonly reported difficulty with the sessions. Teachers reported that they often ‘ran out of time’ or ‘felt rushed’ when delivering some sessions (e.g., “*Ran out of time. Too rushed - too much content.*”). During the telephone interviews, teachers were asked if they had any suggestions for improving this issue with timing. Teachers felt that the programme should either be delivered in a double class period or carried out for an extended number of weeks. Teachers also suggested that if the MindOut programme was timetabled into the curriculum at the beginning of the school year it would enable them to cope better with the timing of the sessions.

Other themes identified included (i) engagement “*Lack of student engagement.*” (ii) resources “*I could not find the worksheet for the 'Three Good Things' activity.*”, “*Found it difficult to get the clip initially.*”

Additionally, the age-appropriateness of *Session 8: Managing Online Behaviours* was highlighted by teachers, as some teachers felt that this session would be more beneficial for a younger age group and that many senior level students had already covered some of this content in younger years “*All of this session went exceptionally well, however, I would think though that this could be completed with younger students, possibly 2nd years.*”

Session 9: Help-Seeking was also identified by a number of teachers as being too unstructured and teachers felt the session did not engage students enough due to this disorganisation “*I don't think students got as much out of this session as other sessions as it was less structured.*”

4.2.2 TELEPHONE INTERVIEWS

Teachers were also asked to report on their experiences through telephone interviews which were conducted with all 17 teachers at the end of programme implementation. Teachers were asked a number of questions about their experiences of delivering the programme (e.g., students' engagement, implementation factors, benefits, support needed etc.). While a full analysis of these interviews has yet to be completed, some interesting preliminary findings have been noted.

Student Engagement

Teachers acknowledged that student engagement was very evident during the MindOut programme. Many teachers noted that students were very interested and connected well with the programme content. This finding is important as student engagement is a key element for programme effectiveness.

“The students engaged really well with it, they were never bored. The classes always seemed to go really fast because the students were always engaged.”

“The response from students was really good. We had our graduation ceremony last week and one of the things that students spoke to me about that they really liked from Transition Year was the MindOut programme and even in the presentations when they were presenting to parents, it was one of the things that they spoke quite a lot about, that they got a lot out of it.”

User-Friendly

Teachers said that they found the programme to be user-friendly and that the programme included a variety of helpful resources that aided in the delivery of the programme. Teachers indicated that the structure and methodologies used in the Manual made the programme very practical and easy to use. Teachers also acknowledged that the practices in MindOut closely align with the key learning outcomes for SPHE.

“I enjoyed the classes, the programme was so well laid out that it meant that you could go in with very little preparation do beforehand and that was obviously very convenient.”

“I found the programme very easy to deliver in that it was very well put together. There was not much preparation needed, everything was there, the resources were there and all of the methodologies were quite well thought out.”

“For an SPHE programme, it would hit a lot of the learning outcomes for SPHE.”

Student-Friendly

During the interviews, teachers reported that the activities used within the programme sessions were very suitable for their students and that the activities within the sessions encouraged interactive learning. Teachers also noted that the programme was culturally appropriate for the Irish adolescent population.

“It was a well thought out programme. The activities were way more student-friendly and more current in this programme (in comparison to the original). They are more interactively engaging.”

“I feel really strongly that this is something we should persist with and continue with and keep developing. There are so many good practices in here and it is also pitched in the right way for the Irish culture. A lot of other programmes come from a different culture and you’ve got to translate them in a sense whereas this one is up-to-date, it speaks their language and it addresses the big stuff in a good way.”

Benefits for Students

Teachers acknowledged that students developed a number of skills over the course of the programme. In particular teachers noted the visible differences to students’ self-esteem, support-seeking, ability to manage emotions, relationship skills and empathy.

“There would have been about 4 or 5 in the class that wouldn’t have had a huge amount of confidence and they would be afraid that they might say too much, to speak out you know in a group. But I found that towards the end of the programme, it may have taken 6 or 7 sessions but they were the ones giving feedback, they were the ones putting the hands up, they were looking to be the main person in the group to give the feedback, which for me, is just brilliant. Things like when they had to identify good points about themselves, some of them would have found that difficult but got a great boost from the others in the class saying ‘oh you’re good at this’ and they are sitting there thinking ‘oh yeah...well actually I am.’ I would definitely say for those quieter kids it was good.”

Benefits for teachers

In addition to the benefits that students received, teachers also reported that they themselves had benefitted from the programme. Teachers reported that since completing the programme they feel that they have a better understanding of their students and greater awareness of the problems they are facing in their lives. Teachers also stated that they felt their relationships with their students had improved since the start of the programme. Teachers also recognised that the ‘Teacher Reflection’ element of the programme was useful because it encouraged them to take the time to think about their own well-being and improve their own SEL skills.

“I didn’t realise the extent of the stress and everything that TY students are going through. They would tell you things that would happen, just different scenarios and you would say ‘is this actually going on in the lives of teenagers?’ and it is all kept quite general but they really opened my eyes. I kind of developed a different attitude towards the TY’s and it made me more aware of everything. They became a lot more open of telling you things without telling you too much detail. I became a bit more aware of I suppose for all of my students the stresses and strains they have, and that is what really stuck with me.”

Support

Teachers identified that support from management and school staff was sometimes a challenge. Teachers noted that other staff and senior management did not value the programme and, therefore, there was a lack of support for implementing the programme from week to week. Teachers recalled many classes that had been interrupted by other school events (e.g., fundraising, work placements, etc.) which interfered with the delivery of the programme.

“Sometimes on a Friday afternoon the students would just be sent home early if they didn’t have any other classes and the decision would be made above me to just send them home. I don’t think that other people (management) had the value on it, and I would say ‘I’m doing a programme with them’ and they would just say ‘well you can just do it next week’. Management needs to know that students need to be there for the programme and under no circumstances are they to miss it. If that was communicated and emphasised with my management than they might have given me that little bit of support I needed...the mannequin challenge was more important than what I was doing, you know?”

Similar to the student feedback, all of the feedback from the teachers was used to inform final amendments to the programme and these will be discussed in the next section of the report.

5. Discussion

It is clear from the evaluation findings that the MindOut programme was well received by both teachers and students. The programme has been successfully implemented in Irish post-primary schools and has resulted in a number of significant positive outcomes for students, including improved social and emotional skills and overall mental health and wellbeing.

The main findings will now be considered in relation to the overarching aims of the study and the implications of these findings will be discussed within the context of the Irish post-primary school setting.

5.1 KEY FINDINGS ON PROGRAMME EFFECTS

Overall, there was a number of positive programme effects for the intervention group in comparison to the control group. The evaluation results indicate that the programme has an overall significant positive impact on students' emotional wellbeing. Post-intervention scores from the *Trait Meta-Mood Scale* showed a significant increase in students' 'Total Emotional Intelligence' as well their 'Attention to feelings' when compared to the control group. The findings were also stronger for the high-implementation group in comparison to the control group. These findings suggest that students in intervention schools, in particular high-implementation intervention schools, showed greater improvements in their emotional intelligence skills compared to their control school counterparts. Higher emotional intelligence has been shown to be related to a number of positive outcomes for adolescents including increased ability to cope with stresses, improved social relationships and empathy as well as decreased levels of deviant behaviours, aggression and depressive thoughts (Mavroveli et al., 2007; Castillo et al., 2013).

Students in the intervention group also showed a significant improvement in their emotional regulation. Post-intervention scores from the *Emotional Regulation Questionnaire* demonstrated a significant decrease in intervention students' suppression of emotions compared to control students. Lower ratings of emotion suppression has previously been shown to be associated with higher positive affect, life satisfaction, social support as well as lower negative affect and depression (Balzarotti et al., 2010; Nolen-Hoeksema & Aldao, 2011; Gross & John, 2003; and Haga et al., 2009).

Qualitative feedback received from student participants supports these findings, as students who participated in the programme stated that they felt they had developed skills in: talking about their feelings, expressing how they feel and managing their emotions, including using the ‘take five’ strategy’. All of these skills are closely associated with both emotional intelligence and emotional regulation.

In terms of students’ coping skills, significant positive outcomes were detected for those students who participated in the MindOut programme, as reflected in the *Coping Strategy Indicator* measure. In comparison to control students, intervention students were significantly more likely to report increases in using social support as a coping mechanism and less likely to report avoidance as a coping strategy between baseline and post-intervention. These effects were examined for both low-and high implementation schools in comparison to the control group and these analyses revealed that high-implementation schools were more likely to benefit from the effects of the programme in terms of both decreasing avoidance and increasing social support coping strategies. Previous research on the influence different types of coping mechanisms has on well-being has shown that higher levels of avoidant coping is more commonly associated with higher levels of depression, social anxiety, drinking and deviant behaviours (Horwitz et al., 2011; Markova & Nikitskaya, 2017; Blumenthal et al., 2016). Avoidant coping is also noted as a risk factor for both anxiety and depression. Alternatively, higher levels of social support coping is related to lower levels of stress and depression and higher self-esteem (Thorsteinsson et al., 2013; Camara et al., 2017; Lee et al., 2014).

The qualitative feedback received by students suggested that coping was one of the most frequently mentioned skills learned. Many students reported that they felt they were more likely to discuss their problems with others (e.g., ‘to talk to others when there is something wrong’) after completing the programme, which demonstrates improvements to their positive coping strategies. In addition to this, feedback from teachers demonstrated that many students in the MindOut classes had sought support from them or another staff member since beginning the programme which demonstrates that rather than avoiding the issue, students were more likely to turn to someone else for support.

There were no significant positive effects detected for either of the control or intervention groups in terms of their attitudes towards school. However, the evaluation results on the impact of the programme on students' academic outcomes revealed that students who participated in the programme were more likely to self-report higher ratings on their grades in Maths and English between baseline and post-intervention in comparison to students in the control group. Though these results are based on self-report rather than standardised grades (which were unattainable for these TY and 5th year students), the findings could suggest that students who participated in the programme are more likely to have more confidence and higher self-efficacy in relation to their academic abilities in comparison to those students that did not participate in the programme. Previous studies have showed that students with high academic self-concept are more likely to show higher academic performance and, similarly, students with lower self-concept are more likely to present lower levels of academic outcomes (Ordaz-Villegas et al., 2014; Ghazvini, 2011; Ireson & Hallam, 2009; Schunk *et al.*, 2008).

The preliminary evaluation results indicate that the programme had an overall significant positive effect on students' mental health in relation to their 'Stress' and 'Depression' scores as measured by the *Depression Anxiety Stress Scale* (DASS-21) in comparison to the control group. When low- and high implementation schools were examined separately, only high-implementation schools showed significant differences between the control schools in relation to stress, whereas the low-implementation schools did not show significant differences.

All of the above findings are in line with the current literature (e.g., Taylor et al., 2017; Barry et al., 2017; Clarke et al., 2015; Durlak et al., 2011; Weare and Nind, 2011) as they demonstrate the effectiveness of school-based SEL programmes in promoting positive improvements for students in terms of their social and emotional skills, academic performance and overall mental health and wellbeing. Although the majority of current evidence-based SEL programmes in Ireland are designed and intended for younger audiences (e.g., *Zippy's Friends*, *FRIENDS for Life*), the baseline findings on senior level Irish students' mental health outcomes demonstrate the high need for intervention during these critical and

highly stressful years. The evidence from this study validates the effectiveness of school-based SEL programmes such as MindOut for post-primary schools and their impact on improving the well-being of older adolescents. Therefore, strategies for embedding the MindOut SEL programme into the senior level curriculum and mainstreaming its delivery should be a priority for all post-primary schools and major stakeholders.

In addition, the integration of SEL programmes into schools has the potential to not only increase levels of social emotional skills and positive mental health outcomes for students, as demonstrated in this study, but these programmes can also lead to improvements in student engagement in more positive healthy behaviours and the prevention of a wide range of problem behaviours (e.g., risky health and sexual behaviours, conduct problems, anti-social behaviours, bullying, substance misuse etc.) (Weare and Nind, 2011; IOM, 2009).

5.2 KEY FINDINGS ON IMPLEMENTATION

5.2.1 QUALITY OF IMPLEMENTATION

The quality of implementation was assessed by (1) adherence to the programme, (2) dosage/how much of the programme was delivered, (3) quality of programme delivery, and (4) participant responsiveness. Just under two thirds of the schools completed 80-100% of the programme activities as reported in the teacher-reported *Weekly Reports*. There were 82% of schools that completed the entire programme (e.g., every session). A majority of teachers received a high rating for quality of implementation, however, 30% of teachers received a low-rating on their delivery as rated by students in the *Student Review Questionnaire*. Just under two thirds of the schools reported a high rating for participant responsiveness, however, 35% of schools rated low-participant responsiveness based on students' ratings in the *Student Review Questionnaire*. A coding method was applied, based on the four measures of implementation quality, and this indicated that 11 schools were considered to have a high quality of implementation whereas 6 schools were allocated to the low-implementation group.

5.2.2 INFLUENCE OF QUALITY OF IMPLEMENTATION ON OUTCOMES

The effect of levels of implementation was examined in relation to achieving positive student outcomes. Intervention schools were categorised into either low-implementation or high-implementation groups and analyses were conducted to determine whether or not there were any differences in the outcomes achieved. The evaluation results indicated that students in high-implementation schools benefitted more from the programme showing significant improvements in emotional intelligence ‘Attention to Feelings’, coping skills ‘Avoidance’ and ‘Social Support’ and mental health ‘Stress’, in comparison to the control groups. These differences were not significant between the low-implementation schools in comparison to the control schools which indicates that there is a need for high quality implementation of programmes to achieve the best outcomes.

These findings are in line with current research which recognises that effective interventions are not enough, and that high quality of implementation is needed in order to achieve the best outcomes for the health and well-being of populations (Durlak & Dupre, 2008). Durlak (2016) acknowledges two key points in relation to quality of implementation: (i) better outcomes are produced when implementation is stronger; and (ii) a programme may fail to produce desired outcomes if implementation is poor. There are a number of studies on the effectiveness of SEL programmes which support these two points (Durlak et al., 2011; Dix, Slee, Lawson, & Keeves, 2012; Rimm-Kaufman et al. 2014; Battistich, Schaps, Watson, Solomon, and Lewis, 2000). If teachers do not implement a programme to a high standard of quality, the programme is likely to be unsuccessful, and time, energy and resources are wasted without gaining any benefits in return (Durlak, 2016). Furthermore, if the ineffectiveness of a programme is believed to be due to the programme alone, rather than the implementation of the programme, schools may fail to implement these types of programmes in the future and as a result students could miss out on the benefits of these SEL programmes. This evidence suggests that there is a need for teachers to be made aware of the importance of the quality of implementation for programme outcomes to be achieved and to ensure sustainability of the programme impact. Teachers implementing SEL programmes require training and ongoing support from both school management and Health Promotion Officers in order to ensure that the programme is implemented as intended and with high quality.

5.2.3 STUDENTS' EXPERIENCES OF THE PROGRAMME

Overall the students were very positive about their experiences of the programme.

Intervention students were asked to complete the '*Student Review Questionnaire*' after completing the programme and were given the opportunity to report on their experiences of the programme. Students rated their overall experience of the programme very positively with the majority rating their experience as being good or very good. Intervention students were also asked to report on their specific experiences of the programme (relevance, helpfulness, understanding and interest), and once again the response from students was quite positive with the majority of students giving a favourable rating (e.g., agree/strongly agree) for each of the measures. Analyses were run to determine whether or not there were any significant differences between how students in low-and high-implementation schools reported on their experiences of the programme. Significant differences were detected between the two groups, where the high-implementation group reported better experiences of the programme in terms of overall rating, relevance, helpfulness and interest in comparison to the low-implementation group. These findings suggest that those students who received a higher quality of implementation also found the programme to be more beneficial and reported more positive experiences overall in comparison to those schools which had low-quality implementation.

Students were asked to suggest ways in which the programme could be improved. The top recommendations as suggested by students included:

- ***Interactive teaching strategies:*** Students expressed the view that the programme should include more interactive teaching strategies (e.g., games, videos, group work) to keep them more engaged in the lessons. When students were asked about their favourite aspects of the programme, a large number of students either said the activities (e.g., games), videos or interacting with others was what they enjoyed most about the programme. In order to ensure high levels of engagement for all of the sessions, more interactive sessions and videos were incorporated into revisions of the programme materials following the evaluation study.
- ***Topics:*** Students noted that they would like more topics to be covered in MindOut. Suggestions by students included more of a focus on LGBTI young people and more awareness of mental health problems. While the MindOut programme focuses

primarily on social and emotional skill development and views mental health in the positive sense, a focus on mental health problems was not covered explicitly in the sessions. However, within the individual-based sessions scenarios did provide an opportunity for these topics and others (e.g., LGBT, anxiety, depression, substance misuse, eating disorders, family separation, bullying, abuse etc.) to be discussed.

- **Relevance:** Students also reported that within some sessions, there was a need to make the content (e.g., scenarios) more relevant. Although this was an issue for some students, a majority reported that they did find the programme relevant. During the development of the scenarios and topics for the programme, young people were consulted to ensure that these were relevant for this age-group and resonated with the realities of their lives. However, during the teacher training, teachers are informed that if they feel a scenario is missing that would be more relevant for their group, they are encouraged to use a different one.
- **Timing:** Timing was identified by students as a major issue and that classes were sometimes too rushed. Suggestions from students on how to improve the timing included lengthening the programme so that it was delivered over more class periods or to give more time each week to deliver the session (e.g., more than 35 min class period).
- **Teacher Delivery:** Some students identified that quality of teacher delivery as the main issues of concern, in that the teacher wasn't regarded as being engaging enough, prepared for class or enthusiastic about the programme. Some students felt that if they had a different teacher delivering the programme it would have been better. It is clear from this finding that the need for high quality of delivery is not only important for achieving outcomes but for students' enjoyment and overall experience of the programme. Teachers who decide to deliver the MindOut programme to their classes should do so with a high quality of delivery (e.g., enthusiastic, organised, confident, engaging etc.).

These recommendations suggest that interactive teaching strategies are key in engaging students and keeping them interested. More interactive sessions and videos were incorporated

into revisions of the programme materials following the evaluation study, along with some new scenarios written directly by young people.

Students also wished for more topics (e.g., anxiety, eating disorders etc.) to be covered within the programme, however, it is noted that these additional topics are not the main focus of the MindOut programme. While a variety of scenarios within the programme allow for the exploration of a number of these topics, it is important that in introducing new topics, the main objective of the programme (e.g., to promote the social and emotional skill development of students) is not lost in the process. To ensure that the key aim and objectives of the programme are understood by both students and teachers, a new 'Introductory Session' has been included which lays the groundwork for the whole programme and introduces the concept of social and emotional wellbeing.

Timing was identified by students as a major issue and they suggested that making the programme go on over a longer period of time or lengthening the classes each week could improve this issue. Although lengthening the class period is not feasible for schools, it is recommended that schools plan adequately for the MindOut programme by embedding it into the SPHE curriculum.

Finally, teachers' quality of delivery was highlighted as major factor influencing students' experiences of the programme. As evidenced by the findings reported earlier, poor quality of delivery can not only influence students' attitudes towards the programme but their ability to benefit from it and achieve positive outcomes as well. It is crucial that teachers who intend on implementing the programme in their classrooms should do so with a high quality of delivery and that they receive the necessary training and support to enable them to achieve this.

5.2.4 TEACHERS' EXPERIENCES OF THE PROGRAMME

In general, the teachers were very positive about the programme and this was apparent both from the Weekly Reports and the telephone interviews. All of the intervention school teachers stated that they would like to deliver the programme again, and that they would recommend the programme to other teachers and schools in the future. The teachers perceived a high level of engagement, benefit and interests from the students throughout the twelve sessions. The teachers considered the programme materials to be very user-friendly and both age and culturally appropriate for their students.

Teachers gave quite high ratings to the 12 sessions in the programme with the highest rated session being Session 8 (Managing Online Behaviours) and the lowest rated session was Session 12 (Review). Although Session 8 was rated highly by teachers, they did suggest that this session may be better suited for a younger age-group as the content needed to be introduced to students earlier. This view was also echoed by many of the students. Using the individual scores for each session, an average score of 7.8 (on a 10 point scale) was calculated for the overall programme.

Teachers were also quite positive about MindOut in terms of what they had gained from delivering the programme. During the telephone interviews, teachers said that the programme had made them more aware of mental wellbeing and the importance of skill development for their students. Teachers also stated that they felt the programme created an opportunity to better understand their students and made them become more aware of the stresses and difficulties students are facing. During the interviews, teachers also acknowledged that the programme allowed them to build stronger relationships with their students. Studies have shown that strong teacher-student relationships are important for improving not only the social and emotional wellbeing, mental health and academic outcomes of students (OECD, 2015; Bond et al., 2007; Rorrda et al., 2011) but teachers' social and emotional wellbeing as well (Spilt et al., 2011; Milatz et al., 2015; Jennings & Greenberg, 2009).

Teachers acknowledged that sessions which employed interactive teaching strategies and videos were the most engaging and best received by students. Some of the most popular sessions for students as highlighted by teachers were Session 4 (Coping with Challenges); Session 5 (Support from Others); Session 6 (Walking in someone else's shoes) and Session 11 (Happiness and wellbeing). All of these sessions have an interactive game or activity which encourages students to move around and engage with other students. Sessions which seemed to be the least popular as reported by teachers included Session 1: (Minding your mental well-being); Session 9 (Help-seeking); Session 10 (Problem-solving and decision-making) and Session 12: (Review). These sessions seemed to be lacking an interactive element or video and required more writing and brainstorming within the sessions which could explain why these sessions were not as well-received by students. These findings suggest that there is a need for more interactive activities within the programme sessions.

Teachers were also asked to make suggestions for improving the programme. The top recommendations as suggested by teachers included:

- **Timing:** Teachers also noted that timing was one of the biggest difficulties with delivering the programme. Many teachers had to deliver the programme within a 35 minute class period which, by the time attendance was taken was even shorter. Some teachers had less than 12 weeks to complete the programme which they found difficult. When teachers were asked what could be done to improve this issue of timing many suggested either delivering the programme over double class periods or extending the programme to be delivered over 12+ weeks as they did not feel any valued content should be eliminated from the programme. Teachers reported that timetabling was also a major factor and recommended that the MindOut programme be timetabled into the school curriculum at the start of the year so that it is not just ‘slotted in’ to available time.
- **Resources:** In general, teachers were very positive about the programme resources and how user-friendly they were. They thought the USB was a great additional resource and found it aided in the ease of implementing the sessions. However, teachers requested that it would be helpful to have the separate sessions colour coded so that they could find activities easily during delivery and that all of the worksheets were available on the USB so that they could print in colour rather than photocopy from the manual. They also asked to have all videos downloaded on USB drives so that they could access these without internet.
- **Support:** Teachers also discussed that support from management, including their valuing the programme, was key in ensuring that the programme could be implemented effectively. Teachers in intervention schools, (TY teachers in particular) said that it was very difficult to keep attendance up week-to-week as TY students faced many interruptions (e.g., work placement, community fundraising, school events etc.), which these teachers found quite difficult to manage. Teachers felt that if management valued and recognised the importance of the programme, it would be easier to ensure students were present for this class.

- ***Whole-school:*** Teachers indicated that the whole-school strategies were very helpful and were a great resource, however, they explained that due to lack of time and opportunities to communicate with other staff members, it was difficult to translate this information to all school staff. Teachers felt that as they became more comfortable with the programme materials it would be easier to begin implementing more of the whole-school tips and activities school-wide. They also suggested it might be helpful to email out the tips to other staff and to introduce the programme and whole-schools resources at a staff meeting at the beginning of the academic year.

These recommendations suggest that timing is a critical factor impacting implementation of the programme. Schools considering delivering MindOut should try to timetable this programme into the curriculum and adequately plan with management ahead of the school year to ensure the programme has high levels of attendance and can be completed in the school year without major interruptions. During final programme revision, efforts were made to shorten the length of some sessions by re-arranging or combining activities. In terms of resources, teachers were in favour of making the resource manual as user-friendly as possible by colour coding sessions and making sure all worksheets and videos are available on the USB. These requests were taken on board and included as final edits to the programme. Finally, while teachers acknowledged the importance and usefulness of the whole-school resources, they found it difficult to carry out these strategies on their own and proposed these be shared with all school staff via email or meeting at the beginning of the academic year. In the teacher training for the evaluation study, there was very limited discussion on the whole-school aspect of the programme and advice for teachers on implementing these strategies. However, the updated teacher training framework includes an aspect which focuses solely on the whole-school resources and tips for teachers in communicating this information to other staff. A PowerPoint presentation has also been designed and this will be provided to all teachers who attend training to enable them to bring awareness of the MindOut programme to other staff members in their schools.

Students and teachers both provided additional feedback on improving certain elements within specific sessions and these suggestions were used to inform final amendments to the MindOut programme sessions. A detailed outline of this revision process including the key suggestions for improvement received for each session as well the final changes made can be seen in Table 34, Appendix F.

5.3 LIMITATIONS

In considering the findings of the present study, it is important to also discuss the limitations of the study. Firstly, though the schools participating in the study were randomly allocated into the control and intervention groups, group differences were evident at baseline between the two groups. Ideally, these differences would not be visible, however, as these schools were randomised from the beginning there was no way to avoid this. The second limitation of this study is that the majority of measures used in this evaluation were self-report measures. Unfortunately a limitation with self-report measures is that it is difficult to determine whether or not the respondents are being completely honest with their answers or perhaps whether or not they fully understand what the question is asking. This is particularly relevant for evaluating academic performance through self-report measures. In the future, it would be useful to include more standardised measures of academic performance in order not to rely solely on self-report. Another limitation with these preliminary findings was that cluster-level analyses were not completed. As randomisation was conducted at school level, a cluster-level analysis needs to be applied to assess school level rather than individual-level differences. This is the next stage of the evaluation and a multi-level model will be used to complete this analysis. A further limitation of this evaluation is that the study did not account for other programmes that students may have received in relation to their mental health and well-being. It is possible that some schools involved in the study participated in other programmes that could have impacted their outcomes as well and this should be considered. Finally, although the baseline sample for the study involved 675 students, the post-intervention analysis was much lower at 497 students. As questionnaires were completed at the time the researcher visited the schools, those students who were not present were unable to complete the questionnaire. Therefore, there was a large drop-out of students between t1 and t2 due to absenteeism.

6. Conclusion

The findings from this evaluation indicate that the MindOut programme was successfully implemented in DEIS post-primary schools across Ireland and contributed to a number of significant positive impacts for students. The study findings support the view that school-based social and emotional well-being programmes are effective for senior level post-primary school students in Ireland. It is clear that the school can play an important role in promoting the social and emotional wellbeing of students and these types of programmes should be embedded into the senior cycle curriculum to ensure all higher level post-primary school students are receiving the benefits of programmes such as MindOut. The findings also highlight the need for high quality of programme implementation in order to attain positive student outcomes. This will require school support and adequate training to ensure that high levels of implementation are achieved.

Teachers who participated in the evaluation rated the MindOut programme highly, and commented on its user-friendliness, engaging and relevant content, active teaching strategies as well as its age- and cultural-appropriateness. Students who participated in the programme also reported positive experiences in learning a range of social and emotional skills, and this was even more apparent with students who received a higher quality of implementation. In general, the feedback was very positive, however, a number of recommendations were provided by students and teachers for further improvements and these were used to inform amendments to the final programme.

The results presented in this report endorse the positive impact of the MindOut social and emotional well-being programme for students in disadvantaged post-primary schools in Ireland. The findings also highlight the importance of the quality of implementation for these outcomes to be achieved and the need for support to be in place for teachers to ensure that they are in a position to provide higher quality implementation, thereby increasing their likelihood of achieving higher outcomes for students.

A more detailed analysis of the evaluation findings is underway, which will include cluster level analysis, gender group differences, and evaluation of the longer-term impacts of the programme at 12 months follow-up.

References

- Adi, Y., Killoran, A., Janmohamed, K. and Stewart-Brown, S. (2007). *Systematic Review of the Effectiveness of Interventions to Promote Mental Wellbeing in Children in Primary Education: Report 1: Universal Approaches Non-violence related outcomes*. National Institute for Health and Clinical Excellence, London.
- Allred, C. (1977) *The Positive Action program*. Available at: www.positiveaction.net/ (accessed 16 October 2017).
- Amirkhan, J. H. (1990). A Factor Analytically Derived Measure of Coping: The Coping Strategy Indicator. *Journal of Personality and Social Psychology*, 59 (5): 1066–1074.
- Balzarotti, S., John, O. P., and Gross, J. J. (2010). An Italian adaptation of the emotion regulation questionnaire. *European Journal of Psychological Assessment*, 26: 61–67.
- Banerjee, R., Weare, K. and Farr, W. (2014), “Working with ‘social and emotional aspects of learning’ (SEAL): associations with school ethos, pupils’ social experiences, attendance, and attainment”, *British Education Research Journal*, 4 (40): 718-742.
- Barrett, P.M., Lowry-Webster, H. and Turner, C. (2000), *FRIENDS Program for Children: Participants’ Workbook*. Australian Academic Press, Brisbane.
- Barry, M.M. and Jenkins R. (2007). *Implementing Mental Health Promotion*. Churchill Livingstone, Elsevier: Oxford.
- Barry, M.M. and Dowling, K. (2015), “*A Review of the Evidence on Enhancing Psychosocial Skills Development in Children and Young People*”, Review Produced by the World Health Organization Collaborating Centre for Health Promotion Research, National University of Ireland Galway for the IUHPE and the Picardie Regional Health Agency, France.
- Barry, M.M., Clarke, A.M. and Dowling, K. (2017) "Promoting social and emotional well-being in schools", *Health Education*. 117 (5): 434-451.
- Barry, M.M., Clarke, A.M., Jenkins, R. and Patel, V. (2013), “A systematic review of the effectiveness of mental health promotion interventions for young people in low and middle income countries”, *BMC Public Health*. 13, 813-832.

- Battistich, V., Schaps, E., Watson, M., Solomon, D., and Lewis, C. (2000). Effects of the child development project on students' drug use and other problem behaviors. *The Journal of Primary Prevention*. 21, 75–99.
- Blumenthal, H., Ham, L. S., Cloutier, R. M., Bacon, A. K., and Douglas, M. E. (2016). Social anxiety, disengagement coping, and alcohol use behaviors among adolescents. *Anxiety, Stress, and Coping*, 29 (4), 432–446.
- Boustani, M.M., Frazier, S.L., Becker, K.D., Bechor, M., Dinizulu, S.M., Hedemann, E.R., Ogle, R.R. and Pasalich, D.S. (2015), “Common elements of adolescent prevention programs: minimizing burden while maximizing reach”, *Administration and Policy in Mental Health and Mental Health Services Research*, 42 (2) 209-219.
- Buhrmester, D. (1990). Intimacy of friendship, interpersonal competence, and adjustment during preadolescence and adolescence. *Child Development*. 61, 1101–1111.
- Byrne, M. (2005). The development and evaluation of a mental health promotion programme for post-primary schools. Doctor of Philosophy Thesis, National University of Ireland Galway.
- Byrne, M., Barry, M.M. and Sheridan, A. (2004a) Implementation of a school-based mental health promotion programme in Ireland. *International Journal of Mental Health Promotion*, 6 (1), 17-25.
- Byrne, M., Barry, M.M. and Sheridan, A. (2004b) MindOut: The development and evaluation of a mental health promotion programme for post-primary schools in Ireland. In *Mental Health Promotion: Case Studies from Countries*. (Eds.) Saxena, S. and Garrison, P.J. pages 50-53. World Federation for Mental Health and the World Health Organisation.
- Byrne, M., Barry, M.M., Nic Gabhainn, S. and Newell, J. (2005). The development and evaluation of a mental health promotion programme for post-primary schools in Ireland, in Jensen, B.B. and Clift, S. (Eds), *The Health Promoting School: International Advances in Theory, Evaluation and Practice*, Danish University of Education Press, Copenhagen, pp. 383-408.
- Camara, M., Bacigalupe, G and Padilla, P (2017). The role of social support in adolescents: are you *helping me* or *stressing me out*? *International Journal of Adolescence and Youth*, 22, (2): 123-136
- Castillo, R., Salguero, J. M., Fernández-Berrocal, P., and Balluerka, N. (2013). Effects of an emotional intelligence intervention on aggression and empathy among adolescents. *J. Adolesc.* 36, 883–892.

- Cater, M., Arnold, M., Bouillion-Diaz, L., Heck, K., Mead, J., Spears, B., Silliman, B. and Mulroy, M. (2010). *Decision-Making Scale. Youth Engagement, Attitudes, and Knowledge (YEA-K) Survey*. Washington, DC.
- Chorpita, B.F. and Daleiden, E.L. (2009), “Mapping evidence-based treatments for children and adolescents: application of the distillation and matching model of 615 treatments from 322 randomized trials”, *Journal of Consulting and Clinical Psychology*, 7 (3) 566-579.
- Churchill, G and Peter, P. (1984). Research Design Effects on the Reliability of Rating Scales. *Journal of Marketing Research*, 360-375.
- Clarke, A. M. (2011). *An Evaluation of Zippy’s Friends, an Emotional Wellbeing Programme for Children in Primary Schools*. Doctor of Philosophy Thesis, National University of Ireland Galway.
- Clarke, A. M., Bunting, B., and Barry, M. M. (2014). Evaluating the implementation of a school-based emotional well-being programme: A cluster randomized controlled trial of Zippy’s Friends for children in disadvantaged primary schools. *Health Education Research*, 29(5), 786–798.
- Clarke, A., Canavan, R. and Barry, M.M. (2008). *Evaluation of the MindOut Programme in Youthreach Centres*. Health Promotion Research Centre, NUI, Galway.
- Clarke, A.M. and Barry, M.M. (2010). *An Evaluation of the Zippy's Friends Emotional Wellbeing Programme for Primary Schools in Ireland. Summary Report*. Health Promotion Research Centre, National University of Ireland Galway.
- Clarke, A.M., Morreale, S., Field, C.A., Hussein, Y., and Barry, M.M. (2015), *What Works in Enhancing Social and Emotional Skills Development during Childhood and Adolescence? A review of the evidence on the effectiveness of school-based and out- of-school programmes in the UK*. A report produced by the World Health Organization Collaborating Centre for Health Promotion Research, National University of Ireland Galway.
- Collaborative for Academic, Social and Emotional Learning (2015), *CASEL Guide: Effective Social and Emotional Learning Programs – Middle and high school edition*. Chicago, IL.
- Collaborative for Academic, Social and Emotional Learning (CASEL) (2003), *Safe and Sound: An Educational Leader’s Guide to Evidence-based Social and Emotional Learning Programs, Illinois ed.*, Collaborative for Academic, Social and Emotional Learning, Chicago, IL.

- Commonwealth Department of Health and Aged Care (2002) *MindMatters: A Mental Health Promotion Program for Secondary Schools*. Commonwealth Department of Health and Aged Care, Canberra.
- Cortina, J.M. (1993) What Is Coefficient Alpha: An Examination of Theory and Applications? *Journal of Applied Psychology*, 78, 98-104.
- Cronbach, L. J. (1951). Coefficient Alpha and the Internal Structure of Tests. *Psychometrika*, 16 (3), 297-334.
- Dane A.V., and Schneider, B.H. (1998). Program integrity in primary and early secondary prevention: are implementation effects out of control? *Clinical Psychology Review*. 18: 23–45.
- Department of Children and Youth Affairs (2014). *Value for Money and Policy Review of Youth Programmes 2014*. Government Publications, Dublin.
- Department of Education and Skills; Health Service Executive; Department of Health interdepartmental sub-group. (2013) *Well-being in Post primary Schools: Guidelines for mental health promotion and suicide prevention*. Department of Education and Skills, Dublin.
- Department of Health (2015). *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015- 2020*. Department of Health, Health Service Executive, National Office for Suicide Prevention, Dublin
- Department of Health. (2013) *Healthy Ireland - a framework for improved health and wellbeing 2013 - 2025*. Department of Health, Dublin.
- Dix, K. L., Slee, P. T., Lawson, M. J., Keeves, J. P. (2012). Implementation quality of whole-school mental health promotion and students' academic performance. *Child and Adolescent Mental Health*, 17: 45–51.
- Domitrovich, C., Bradshaw, C., Poduska, J., Hoagwood, K., Buckley, J., Olin, S., Rokamelli, L.S., Leaf, P.J., Greenberg, M.T. and Ialongo, N. (2008). Maximizing the implementation quality of evidence based preventive interventions in schools: a conceptual framework. *Advances in School Mental Health*, 1 (3): 6-28.
- Dooley, B. and Fitzgerald, A. (2012). *My World Survey: National Study of Youth Mental Health in Ireland*. Headstrong and UCD School of Psychology, Dublin.
- Dowling, K., Clarke, A.M. and Barry, M.M. (2016). *The Re-development of the MindOut Programme: Promoting Social and Emotional Wellbeing in Post-Primary Schools*. A report produced by the Health Promotion Research Centre, National University of Ireland Galway.

- Dowling, K., Ryan, J., Clarke, A.M., Sheridan, A. and Barry, M.M. (2017). *MindOut Teacher Manual 2.0 – Promoting Social and Emotional Wellbeing: A senior cycle programme for post-primary schools (2nd Edition)*. Health Promotion Research Centre, National University of Ireland Galway and the Health Service Executive, Ireland.
- Durlak, J (2016). Programme implementation in social and emotional learning: basic issues and research findings. *Cambridge Journal of Education*. 46 (3): 333-345.
- Durlak, J. A. (2013). *The importance of implementation for research, practice, and policy*. Research brief for the Office of the Assistant Secretary for Planning and Evaluation, Office of Human Services Policy, U.S. Department of Health and Human Services.
- Durlak, J.A. and DuPre, E.P. (2008). Implementation matters: a review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41(3-4):327-350.
- Durlak, J.A., Domitrovich, C.E., Weissberg, R.P. and Gullotta, T.P. (2015). *Handbook of Social and Emotional Learning: Research and Practice*. Guilford Press, New York, NY.
- Durlak, J.A., Weissberg, R.P., and Pachan, M. (2010). A meta-analysis of after-school programs that seek to promote personal and social skills in children and adolescents. *American Journal of Community Psychology*, 45, 294-309.
- Durlak, J.A., Weissberg, R.P., Dymneci, A.B., Taylor, R.D. and Schellinger, K.B. (2011). The impact of enhancing students' social and emotional learning: a meta-analysis of school-based universal interventions. *Child Development*. 82 (1) 405-432.
- Dusenbury, L., Brannigan, R., Hansen, W. B., Walsh, J., and Falco, M. (2005). Quality of implementation: Developing measures crucial to understanding the diffusion of preventive interventions. *Health Education: Research, Theory and Practice*, 20, 308–313.
- Elias, M.J., Zins, J.E., Weissberg, R.P., Frey, K.S., Greenberg, M.T., Haynes, N.M., Kessler, R., Schwab-Stone, M.E. and Shriver, T.P. (1997), *Promoting Social and Emotional Learning: Guidelines for Educators*. Association of Supervision and Curriculum Development, Alexandria, VA.
- Farahmand, F.K., Grant, K.E., Polo, A.J., Duffy, S.N. and DuBois, D.L. (2011) School-based mental health and behavioral programs for low-income, urban youth: A systematic and meta-analytic review. *Clinical Psychology-Science and Practice*.18: 372–390.

- Field, A. P. (2009). *Discovering Statistics Using SPSS: (and sex and drugs and rock 'n' roll)*. Los Angeles.
- Ghazvini, S.D. (2011) Relationships between academic self-concept and academic performance in high school students. *Procedia - Social and Behavioral Sciences*, 15: 1034-1039
- Glover, S., Patton, G., Butler, H., Di Pietro, G., Begg, B. and Cahir, S. (2005). *Promoting Emotional Well-being: Team guidelines for whole school change*, Centre for Adolescent Health, Victoria.
- Grant, K.E., Katz, B.N., Thomas, K.J., O'Koon, J.H., Meza, C.M., DiPasquale, A. and Bergen, C. (2004) Psychological symptoms affecting low-income urban youth. *Journal of Adolescent Research*. 19(6): 613–634.
- Greenberg, M.T., Domitrovich, C. and Bumbarger, B. (2001). The prevention of mental disorders in school-aged children: current state of the field. *Prevention and Treatment*, 4 (1): 1-59.
- Gross, J.J., and John, O.P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, 85, 348-362.
- Haga, M. H., Kraft, P., and Corby, E. (2009). Emotion regulation: Antecedents and well-being outcomes of cognitive reappraisal and expressive suppression in cross-cultural samples. *Journal of Happiness Studies*, 10, 271–291.
- Health Service Executive (2013). *Schools for Health in Ireland Framework for Developing a Health Promoting School: Post-Primary*. Health Service Executive, Dublin.
- Henefer J. and Rodgers A. (2013). *'FRIENDS for Life': a School-based Positive Mental Health Programme. Research Project Overview and Findings*. National Behaviour Support Service.
- Hickie, I. (2004). Can we reduce the burden of depression? The Australian experience with beyondblue: the national depression initiative. *Australasian Psychiatry*, 12: 38–46.
- Horwitz, A. G., Hill, R. M., and King, C. A. (2011). Specific coping behaviours in relation to adolescent depression and suicidal ideation. *Journal of Adolescence*, 34(5), 1077–1085.
- Institute of Medicine Report (IOM) (2009), *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities*. National Academies Press, Washington, DC.

- Ireson, J. and Hallam, S. (2009) Academic self-concepts in adolescence: Relations with achievement and ability grouping in schools. *Learning and Instruction*, 19 (3): 201-213
- Jané-Llopis, E., Barry, M.M., Hosman, C. and Patel, V. (2005). Mental health promotion works: a review. *Promotion and Education*. 2 (2): 9-25.
- Jennings, P. A., and Greenberg, M. T. (2009). The prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes. *Review of Educational Research*, 79, 491–525.
- Jessor, R. (2003) Adolescent problem behavior in China and the United States: A cross-national study of psychosocial protective factors. *Journal of Research on Adolescence*, 13, 329–360.
- Joint Action on Mental Health and Wellbeing (2016) *European Framework for Action on Mental Health and Wellbeing*. European Commission, Brussels.
- Jones, S.M. and Bouffard, S.M. (2012), Social and emotional learning in schools: from programs to strategies: social policy report, *Society for Research in Child Development*, 26 (4) 3-22.
- Kang, H. (2013). The prevention and handling of the missing data. *Korean Journal of Anesthesiology*, 64 (5), 402–406.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., and Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, 62, 593-602.
- Kim-Cohen, J., Caspi, A., Moffitt, T. E., Harrington, H. L., Milne, B. J., and Poulton, R. (2003). Prior juvenile diagnoses in adults with mental disorder: developmental follow-back of a prospective-longitudinal cohort. *Archives of General Psychiatry*, 60, 709-717.
- Kline, P. (1999). *The Handbook of Psychological Testing* (2nd Ed.). Routledge, London.
- Kuyken, W., Weare, K., Ukoumune, O. C., Vicary, R., Motton, N., Burnett, R., Cullen, C., Hennelly, S., and Huppert, F. (2013). Effectiveness of the Mindfulness in Schools Programme: Non-randomised controlled feasibility study. *The British Journal of Psychiatry*, 203 (2), 126-131.
- Lane, K. L., Menzies, M., Kalberg, J. R., and Oakes, W. P. (2012). *A comprehensive, integrated three-tier model to meet students' academic, behavioral, and social needs*. In K. Harris, T. Urdan, and S. Graham (Eds.), *American Psychological Association Educational Psychology Handbook*, 3: 551 – 581. American Psychological Association, Washington, DC.

- Lee, C., Dickson, D., Conley, C. and Holmbeck, G. (2014). A closer look at self-esteem, perceived social support, and coping strategy: A prospective study of depressive symptomatology across the transition to college. *Journal of Social and Clinical Psychology*. 33 (6) 560-585.
- Lister-Sharp D, Chapman S, Stewart-Brown S, Sowden A. (1999) Health promoting schools and health promotion on in schools: two systematic reviews. *Health Technology Assessment*, 3: 22.
- Lovibond, S.H. and Lovibond, P.F. (1995). *Manual for the Depression Anxiety Stress Scales*. (2nd. Ed.) Sydney: Psychology Foundation.
- Markova, S. and Nikitskaya, E (2017) Coping strategies of adolescents with deviant behaviour. *International Journal of Adolescence and Youth*, 22 (1) 36-46
- Mavroveli S., Petrides K. V., Sangareau Y., Furnham A. (2009). Relating trait emotional intelligence to objective socio-emotional outcomes in childhood. *British Journal Educational Psychology*, 79: 259–272
- McCrohan, K. (2015). *A Consultation with Young People on the MindOut Programme*. Unpublished master's dissertation in Health Promotion, National University of Ireland Galway, Galway.
- McLaughlin, K. A., Costello, E. J., Leblanc, W., Sampson, N. A., and Kessler, R. C. (2012). Socioeconomic status and adolescent mental disorders. *American Journal of Public Health*, 102(9), 1742–1750.
- Milatz, A., Lüftenegger, M., and Schober, B. (2015). Teachers' relationship closeness with students as a resource for teacher wellbeing: A response surface analytical approach. *Frontiers in Psychology*, 6, 1949.
- Muris, P. (2001). A brief questionnaire for measuring self-efficacy in youths. *Journal of Psychopathology and Behavioral Assessment*, 23: 145.
- Murphy, K. R., and Davidshofer, C. O. (1988). *Psychological Testing: Principles and applications*. Englewood Cliffs, N.J: Prentice-Hall.
- Nolen-Hoeksema, S., and Aldao, A. (2011). Gender and age differences in emotion regulation strategies and their relationship to depressive symptoms. *Personality and Individual Differences*, 51, 704–708.
- Nunnally, J. (1978). *Psychometric Theory*, 2nd Ed. New York: McGraw-Hill.

- Oberle, E., and Schonert-Reichl, K. (2017). *Social and Emotional Learning: Recent Research and Practical Strategies for Promoting Children's Social and Emotional Competence in Schools*. In J.L Matson (Ed.) *Handbook of Social Behavior and Skills in Children*, 175-197.
- OECD (2015). *Skills for Social Progress: The power of social and emotional skills*. OECD Skills Studies, OECD Publishing, Paris.
- Ordaz-Villegas, G., Acle-Tomasini, G. and Reyes-Lagunes, L. (2014). Development of an academic self-concept for adolescents (ASCA) scale. *Journal of behaviour, health & Social Issues*, 5 (2):117-130
- Payton, J., Weissberg, R. P., Durlak, J. A., Dymnicki, A. B., Taylor, R. D., Schellinger, K. B., et al. (2008). *The Positive Impact of Social and Emotional Learning for Kindergarten to Eight-grade Students: Findings from three scientific reviews*. Collaborative for Academic, Social, and Emotional Learning, Chicago, IL.
- Reyes, M. R., Brackett, M. A., Rivers, S.E., Elbertson, N.A., and Salovey, P. (2012). The interaction effects of program training, dosage, and implementation quality on targeted student outcomes for The RULER approach to social and emotional learning. *School Psychology Review*, 41, 82-99.
- Reynolds C, Byrne M, Barry MM. (2004). *Final Evaluation Report of the Rural Mental Health Project (Phase 2)* [unpublished report]. Health Promotion Research Centre, National University of Ireland Galway.
- Rimm-Kaufman, S. E., Larsen, R. A. A., Baroody, A. E., Curby, T. W., Ko., M., Thomas, J. B., and DeCoster, J. (2014). Efficacy of the responsive classroom approach: Results from a 3-year, longitudinal randomized controlled trial. *American Educational Research Journal*, 51: 567–603.
- Roeser. R., Eccles, J. and Arnold J. Sameroff, A. (2000). School as a context of early adolescents' academic and social-emotional development: A summary of research findings. *The Elementary School Journal*, 100 (5): 443-471.
- Roorda, D. L., Koomen, H. M. Y., Spilt, J. L., and Oort, F. J. (2011). The influence of affective teacher-student relationships on students' school engagement and achievement: A meta-analytic approach. *Review of Educational Research*, 81 (4): 493-529.
- Rosenberg, M. (1965). *Society and the Adolescent Self-image*. Princeton University Press, Princeton, NJ.
- Roth, P.L. (1994), Missing data: A conceptual review for applied psychologists. *Personnel Psychology*. 47: 537–560.

- Sabatelli, R. M., Anderson, S. A., and LaMotte, V. A. (2005). *Assessing Outcomes in Child and Youth Programs: A practical handbook*. University of Connecticut, Connecticut.
- Salovey, P., Mayer, J. D., Goldman, S. L., Turvey, C., and Palfai, T. P. (1995). Emotional attention, clarity, and repair: Exploring emotional intelligence using the trait meta- mood scale. In J. Pennebaker (Ed.), *Emotion, Disclosure, and Health*: 125–154. American Psychological Association, Washington, DC.
- Samdal, O. and Rowling, L. (Eds) (2013), *The Implementation of Health Promoting Schools: Exploring the Theories of What, Why and How*, Routledge, New York, NY.
- Schunk D., Pintrich P., Meece J. (2008) *Motivation in education: Theory, Research, and Application*. Pearson, New Jersey.
- Sklad, M., Diekstra, R., De Ritter, M. and Ben, J. (2012), Effectiveness of school-based universal social, emotional, and behavioral programs: do they enhance students' development in the area of skill, behavior, and adjustment? *Psychology in the Schools*, 49 (9): 892-909.
- Spilt, J.L., Koomen, H.M.Y. and Thijs, J.T. (2011). Teacher wellbeing: The importance of teacher–student relationships. *Education Psychology Review*, 23: 457
- Stewart-Brown, S., Tennant, A., Tennant, R., Platt, S., Parkinson, J. and Weich, S. (2009). Internal construct validity of the Warwick–Edinburgh Mental Well-being Scale (WEMWBS): a Rasch analysis using data from the Scottish Health Education Population Survey. *Health and Quality of Life Outcomes*, 7: 15.
- Taylor, R. D., Oberle, E., Durlak, J. A. and Weissberg, R. P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development*, 88: 1156–1171.
- Tennant, R., Goens, C., Barlow, J., Day, C., and Stewart-Brown, S. (2007). A systematic review of reviews of interventions to promote mental health and prevent mental health problems in children and young people. *Journal of Public Mental Health*, 6(1), 25-32.
- Thorsteinsson, E., Ryan, S. and Sveinbjornsdottir, S. (2013). The Mediating Effects of Social Support and Coping on the Stress-Depression Relationship in Rural and Urban Adolescents. *Open Journal of Depression*, 2: 1-6.
- Weare, K. (2000). *Promoting Mental, Emotional and Social Health: A Whole School Approach*. Routledge, London.

- Weare, K. and Gray, G. (2003). *What Works in Developing Children's Emotional and Social Competence and Wellbeing?* DfES Research Report, London.
- Weare, K. and Nind, M. (2011). Mental health promotion and problem prevention in schools: What does the evidence say? *Health Promotion International*, 26: 29–69.
- Weare, K. and Markham, W. (2005). What do we know about promoting mental health through schools? *International Journal of Health Promotion and Education* 12 (3–4): 118–122.
- Wells, J., Barlow, J. and Stewart-Brown, S. (2003), A systematic review of universal approaches to mental health promotion in schools. *Health Education*, 103 (4): 197-220.
- World Health Organisation (1997). *Promoting Health Through Schools*. Report of a WHO expert committee on comprehensive school health education and promotion. World Health Organization, Geneva.
- World Health Organisation (2013). *Mental Health Action Plan 2013-2020*. World Health Organization, Geneva.
- Wyn, J., Cahill, H., Holdsworth, R., Rowling, L. and Carson, S. (2000), MindMatters, a whole-school approach to promoting mental health and wellbeing. *Australian and New Zealand Journal of Psychiatry*, 34 (4): 594-601.
- Zins, J.E., Weissberg, R.P., Wang, M.C. and Walberg, H.J. (Eds) (2004). *Building Academic Success through Social and Emotional Learning: What does the research say?* Teachers College Press, New York, NY.

Appendices

APPENDIX A – Control and intervention group differences at baseline

Table 21: Control and Intervention Differences at Baseline: Social and Emotional Skills

Scale Name	Scales/Subscales	Group	Mean, SD	Statistic	df	P
RSES	Self-esteem	Control	27.20 (5.4)	t= -3.699	673	< .001*
		Intervention	28.72 (5.2)			
TMMS	Emotional Intelligence (Total Score)	Control	67.83 (10.1)	t= -1.657	673	.098
		Intervention	69.1 (9.9)			
	Subscale: Attention to Feelings	Control	26.20(4.6)	t= -.088	673	.930
		Intervention	26.27(4.9)			
	Subscale: Emotional Clarity	Control	24.68 (5.4)	t= -2.359	673	.019*
		Intervention	25.62 (4.9)			
	Subscale: Emotional Repair	Control	27.88 (5.8)	t= -.924	673	.667
		Intervention	28.07 (5.8)			
CSI	Subscale: Avoidance	Control	18.30 (6.2)	t= 3.554	671	< .001*
		Intervention	16.64 (5.9)			
	Subscale: Problem Solving	Control	16.06(5.3)	t= .098	671	.922
		Intervention	16.02 (5.2)			
	Subscale: Social Support	Control	13.40 (5.7)	t= 2.579	671	.010*
		Intervention	12.32 (5.2)			

SEC-Q:	Self-efficacy	Control	29.96 (6.0)	t= -.171	672	.864
		Intervention	27.11 (6.1)			
ERQ	Subscale: Reappraisal	Control	4.33 (1.3)	t= -.335	667	.738
		Intervention	4.37 (1.2)			
	Subscale: Suppression	Control	3.99 (1.3)	t= .952	672	.421
		Intervention	3.91(1.3)			
AICQ	Subscale: Asserting Influence	Control	3.36 (.83)	t= .713	672	.476
		Intervention	3.32 (.83)			
AICQ	Subscale: Conflict Resolution	Control	3.14 (.79)	t= .643	672	.521
		Intervention	3.10 (.79)			
Decision Making	Decision Making	Control	2.78 (.65)	t= .586	672	.558
		Intervention	2.75 (.67)			

*statistically significant $p < .05$

RSES= Rosenberg Self-esteem scale

SEC-Q = Self-Efficacy Questionnaire for Children

DM= Decision Making Scale

TMMS = Trait meta-mood Scale

ERQ=Emotional Regulation Questionnaire

CSI = Coping Strategy Indicator

AICQ= Adolescent Interpersonal Competence Questionnaire

Table 22: Control and Intervention Differences at Baseline: Attitudes towards School

Scale Name	Scales/Subscales	Group	Mean, SD	Statistic	df	P
ATS	Attitudes towards School	Control	3.72 (.69)	t= -1.698	672	.090
		Intervention	3.81 (.65)			

*statistically significant $p < .05$

ATS: Attitudes towards School

Table 23: Control and Intervention Differences at Baseline: Overall Mental Health and Wellbeing

Scale Name	Scales/Subscales	Group	Mean, SD	Statistic	df	P
DASS-21	Stress	Control	15.79 (9.8)	t= 3.021	672	.003*
		Intervention	13.57 (9.3)			
	Anxiety	Control	13.76 (10.3)	t= 2.572	672	.010*
		Intervention	11.79 (9.6)			
	Depression	Control	13.70 (10.9)	t= 3.615	671	< .001*
		Intervention	10.8 (10.0)			
WEMWBS	Wellbeing	Control	45.60 (12.3)	t= - 2.665	661	.008*

*statistically significant $p < .05$

DASS-21: Depression, Anxiety and Stress Scale

WEMWBS: Warwick Edinburgh Mental Wellbeing Scale

APPENDIX B – Control and intervention groups’ pre and post-intervention mean scores

Table 24: Comparison of the control and intervention groups’ pre and post-interventions mean scores for social emotional skills

Scale Name	Measure/Subscale	Control M (SD)		Intervention M (SD)		Total (N)	
		Pre	Post	Pre	Post	Pre	Post
RSE	Self-esteem	N=251 27.4(5.3)	N=251 27.5 (5.45)	N=246 28.8 (5.4)	N=246 29.0 (5.2)	497	497
TMMS	Total Emotional Intelligence	N=251 68.3 (10.3)	N=251 79.3 (11.9)	N=246 69.9 (10.0)	N=246 82.1 (11.5)	497	497
	Attention to Feelings	N=251 26.2 (4.7)	N=250 26 (4.8)	N=246 26.4 (4.9)	N=246 26.9 (4.7)	497	497
	Emotional Clarity	N=251 24.8 (5.4)	N=251 25.2 (5.5)	N=246 25.9 (5.0)	N=246 26.3 (5.6)	497	497
	Emotional Repair	N=251 28.4 (5.7)	N=251 28.2 (5.7)	N=246 28.5 (5.7)	N=246 28.9 (5.1)	497	497
CSI	Avoidance	N=250 18.2 (6.2)	N=251 18.4 (5.7)	N=246 16.5 (5.7)	N=245 16.1 (5.2)	496	496
	Problem Solving	N=250 16.4 (5.3)	N=251 16.0 (5.0)	N=246 16.4 (5.2)	N=245 16.1 (5.0)	496	496
	Social Support	N=250 13.6 (5.6)	N=251 13.1 (5.2)	N=246 12.5 (5.4)	N=245 13.3 (5.3)	496	496
SEC-Q	Social Self-efficacy	N=251 27.1 (6.2)	N=250 27.0 (6.3)	N=246 27.4 (6.1)	N=246 27.4 (6.3)	497	496

ERQ	Reappraisal	N=251 4.4 (1.3)	N=251 4.3 (1.2)	N=246 4.4 (1.3)	N=246 4.4 (1.1)	497	497
	Suppression	N=251 4.0 (1.4)	N=251 3.9 (1.2)	N=246 3.9 (1.3)	N=246 3.6 (1.1)	497	497
AICQ	Asserting Influence	N=251 3.3 (.83)	N=251 3.3 (.80)	N=246 3.3 (.86)	N=246 3.4 (.80)	497	497
	Conflict Resolution	N=251 3.1 (.80)	N=251 3.2 (.78)	N=246 3.2 (.80)	N=246 3.2 (.75)	497	497
DM	Decision Making	N=251 2.7 (.66)	N=250 2.7 (.68)	N=246 2.81 (.67)	N=244 2.7 (.68)	497	494

RSES= Rosenberg Self-esteem scale

SEC-Q = Self-Efficacy Questionnaire for Children

DM= Decision Making Scale

TMMS = Trait meta-mood Scale

ERQ=Emotional Regulation Questionnaire

CSI = Coping Strategy Indicator

AICQ= Adolescent Interpersonal Competence Questionnaire

Table 25: Comparison of the control and intervention groups' pre and post-interventions mean scores for academic performance measures

Scale Name	Measure/Subscale	Control M (SD)		Intervention M (SD)		Total (N)	
		Pre	Post	Pre	Post	Pre	Post
ATS	Attitudes towards School	N=251 3.7 (.67)	N=251 3.6 (.69)	N=246 3.9 (.63)	N=246 3.8 (.70)	497	497

ATS: Attitudes towards School

Table 26: Comparison of the control and intervention groups' pre and post-interventions mean scores for overall mental health and wellbeing scales

Scale Name	Measure/Subscale	Control M (SD)		Intervention M (SD)		Total (N)	
		Pre	Post	Pre	Post	Pre	Post
DASS-21	Stress	N=251 15.8 (9.6)	N=251 15.8 (9.6)	N=246 13.3 (9.3)	N=246 12.8 (8.5)	497	497
	Anxiety	N=251 13.8 (10.2)	N=251 13.1 (10.1)	N=246 11.5 (9.5)	N=246 10.5 (9.1)	497	497
	Depression	N=251 13.7 (10.8)	N=251 12.9 (10.2)	N=246 10.4 (9.7)	N=246 9.7 (9.1)	497	497
WEMWBS	Wellbeing	N=250 45.8 (12.3)	N=246 47.7 (11.0)	N=244 48.6 (10.7)	N=243 49.1 (10.0)	494	489

DASS-21: Depression, Anxiety and Stress Scale

WEMWBS: Warwick Edinburgh Mental Wellbeing Scale

APPENDIX C – Programme adherence to core components

Table 27: Programme Core Components Adherence

	Recap		Activity 1				Activity 2				Activity 3				Video		Take-home	
	Completed		Completed in time		Resources available		Completed in time		Resources available		Completed in time		Resources available		Played		Introduced	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Session 1	N/A	N/A	N=16 94%	N=1 6%	N=16 94%	N=1 6%	N=14 82%	N=3 18%	N=14 82%	N=3 18%	N/A	N/A	N/A	N/A	N=10 63%	N=6 37%	N=13 81%	N=3 19%
Session 2	N=17 100%	N=0 0%	N=16 94%	N=1 6%	N=17 100%	N=0 0%	N=14 88%	N=2 12%	N=17 100%	N=0 0%	N=9 56%	N=7 44%	N=16 94%	N=1 6%	N/A	N/A	N=11 35%	N=6 35%
Session 3	N=16 94%	N=1 6%	N=13 81%	N=3 19%	N=17 100%	N=0 0%	N=16 94%	N=1 6%	N=16 94%	N=1 6%	N=12 75%	N=4 25%	N=16 94%	N=1 6%	N=15 94%	N=1 6%	N=12 75%	N=4 25%
Session 4	N=16 94%	N=1 6%	N=13 76%	N=4 24%	N=17 100%	N=0 0%	N=12 71%	N=5 29%	N=16 94%	N=1 6%	N/A	N/A	N/A	N/A	N/A	N/A	N=15 88%	N=2 12%
Session 5	N=16 94%	N=1 6%	N=13 81%	N=3 19%	N=15 94%	N=1 6%	N=12 75%	N=4 25%	N=15 94%	N=1 6%	N=12 75%	N=4 25%	N=15 94%	N=1 6%	N=12 75%	N=4 25%	N=15 94%	N=1 6%
Session 6	N=15 94%	N=1 6%	N=16 100%	N=0 0%	N=14 93%	N=1 7%	N=15 94%	N=1 6%	N=15 94%	N=1 6%	N=13 81%	N=3 19%	N=15 94%	N=1 6%	N=7* 44%	N=9 56%	N=12 75%	N=4 25%
Session 7	N=13 93%	N=1 7%	N=14 100%	N=0 0%	N=14 100%	N=0 0%	N=13 93%	N=1 7%	N=14 100%	N=0 0%	N=11 79%	N=3 21%	N=14 100%	N=0 0%	N/A	N/A	N=12 86%	N=2 14%
Session 8	N=11 85%	N=2 15%	N=12 92%	N=1 8%	N=13 100%	N=0 0%	N=12 92%	N=1 8%	N=12 92%	N=1 8%	N=12 92%	N=1 8%	N=12 92%	N=1 8%	N=11 85%	N=2 15%	N=10 77%	N=3 23%
Session 9	N=10 77%	N=3 23%	N=12 100%	N=0 0%	N=12 100%	N=0 0%	N=9 75%	N=3 25%	N=12 100%	N=0 0%	N/A	N/A	N/A	N/A	N/A	N/A	N=7 58%	N=5 42%
Session 10	N=13 93%	N=1 7%	N=10 77%	N=3 23%	N=13 100%	N=0 0%	N=8 62%	N=5 38%	N=12 92%	N=1 8%	N/A	N/A	N/A	N/A	N/A	N/A	N=8 62%	N=5 38%
Session 11	N=14 100%	N=0 0%	N=11 79%	N=3 21%	N=14 100%	N=0 0%	N=12 86%	N=2 14%	N=11 85%	N=2 15%	N/A	N/A	N/A	N/A	N=11 79%	N=3 21%	N=10 77%	N=3 23%
Session 12	N=13 93%	N=1 7%	N=11 79%	N=3 21%	N=13 93%	N=1 7%	N=10 77%	N=3 23%	N=13 100%	N=0 0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

APPENDIX D – Teachers feedback on programme sessions

Teachers

Table 28: Teachers' positive/negative aspects of each session

Session		Themes	Comments/ Quotes
Session 1	Positive	Activities	“Students enjoyed focusing on their personal strengths even though it took them out of their comfort zone for a while.” “Looking at physical health vs mental health and what they do to help themselves.”
		Resources	“The interactive nature of it and the variety of resources included.”
		Timing	“Ran out of time. Too rushed - too much content.”
	Negative	Difficulty	“Minor issues. Somewhat challenging to get students to focus on their strengths as they found it embarrassing. They found it more difficult to think about the skills they use in relation to their mental well-being.”
Session 2	Positive	Activities	“Labelling the areas on the body that are affected by emotions.” “The emoji’s and taking five worked very well.”
		Timing	“Just the timing of some of the session.”
	Negative	Engagement	“Students did not engage.”
Session 3	Positive	Videos	“Again the videos provoked a lot of discussion and interest.”
		Activities	“Famous failures really gave them hope for their own future.” “The scenario sheet and challenging unhelpful thoughts worked really well.”

	<i>Negative</i>	<p><i>Timing</i></p> <p><i>Understanding</i></p> <p><i>Timing</i></p>	<p><i>“Timing- students getting the hang of the session.”</i></p> <p><i>“Students understanding and maybe a reluctance to face a time when they failed. They were unable to understand the concept of unhelpful thoughts and actions.”</i></p> <p><i>“Time management.”</i></p>
Session 4	<i>Positive</i>	<p><i>Interactive</i></p> <p><i>Activities</i></p> <p><i>Resources</i></p>	<p><i>“Active learning. Moving around the classroom.”</i></p> <p><i>“The walking debate.”</i></p> <p><i>“The relay was fantastic and created a lot of energy in the session.”</i></p> <p><i>“Material support was very helpful.”</i></p>
	<i>Negative</i>	<p><i>Timing</i></p>	<p><i>“Not enough time.”</i></p>
Session 5	<i>Positive</i>	<p><i>Activities</i></p> <p><i>Helpful</i></p> <p><i>Engagement</i></p>	<p><i>“The My Supports activity interested the students. They wanted to talk about their particular support. They were very open”</i></p> <p><i>“Activity with maze!”</i></p> <p><i>“I feel it helped them identify supports in their lives, even ones available to them that they may not have used yet.”</i></p> <p><i>“All of the students engaged and worked well.”</i></p>
	<i>Negative</i>	<p><i>Timing</i></p> <p><i>Resources</i></p>	<p><i>“Time constraints.”</i></p> <p><i>“Too much material.”</i></p>

Session 6	Positive	<i>Activities</i>	<i>“The stand up, sit down activity worked really well.”</i>
		<i>Scenarios</i>	<i>“The scenarios were good.”</i>
	Negative	<i>Timing</i>	<i>“Timing.”</i>
		<i>Engagement</i>	<i>“Lack of student engagement.”</i>
Session 7	Positive	<i>Flow</i>	<i>“It all seems to work well together.”</i>
		<i>Activities</i>	<i>“The dress! Great activity to start and explain perspectives and conflict.”</i>
	Negative	<i>Timing</i>	<i>“Timing, more needed. It’s a very good activity, and as many as possible of the scenarios need to be gone through.”</i>
Session 8	Positive	<i>Videos</i>	<i>“The videos generated great discussion for the lesson.”</i>
	Negative	<i>Age-Appropriateness</i>	<i>“All of this session went exceptionally well, I would think though that this could be completed with younger students, possibly 2nd years.”</i>
Session 9	Positive	<i>Activity</i>	<i>“The discussion of the scenarios was of particular interest to students.”</i> <i>“The research on the supports available from organisations worked well.”</i>
		Negative	<i>Timing</i>
	<i>Unstructured</i>		<i>“I don’t think students got as much out of this session as other sessions as it was less structured.”</i>

Session 10	Positive	<i>Relevance</i>	<i>“Again the scenarios were appropriate to their level which was great.”</i>
		<i>Activity</i>	<i>“They loved discussing what they would do if faced with the problem scenarios.”</i>
	Negative	<i>Timing</i>	<i>“Timing was my difficulty during this session. We did not through all the feedback. I feel time needs to be spent on the feedback that all groups give in detail.”</i>
Session 11	Positive	<i>Activities</i>	<i>“Activity one and two worked extremely well.”</i> <i>“Writing the 3 good things worksheets for another class member.”</i> <i>“Video”</i>
	Negative	<i>Resources</i>	<i>“I could not find the worksheet for the 'Three Good Things' activity.”</i> <i>Found it difficult to get the clip initially.”</i>
Session 12	Positive	<i>Activities</i>	<i>“I think they enjoyed reflecting on each session. They remembered certain aspects in particular.”</i>
	Negative	<i>Timing</i>	<i>“I felt that I didn't have enough time to give for evaluation of each lesson.”</i>

APPENDIX E – Student feedback on the programme

Students

Table 29: Students' application of skills to real life

Theme	Comments/ Quotes
Managing Emotions	<p><i>"I have been able to express myself better"</i></p> <p><i>"Taking five, avoided losing my temper."</i></p> <p><i>"When I am in a stressful situation I take a few seconds to calm down and come to my senses"</i></p>
One Good Adult/Support	<p><i>"that there is one good adult to talk to when something is wrong"</i></p> <p><i>talk to others when there is something wrong"</i></p> <p><i>"reaching out to people if you have a hard time"</i></p>
Managing Thoughts	<p><i>"I have learned how to try and diminish negative thoughts"</i></p> <p><i>"I thought that things aren't always as serious and important as I first think"</i></p>
Coping	<p><i>"coping with stress, the different strategies we learned"</i></p> <p><i>"learned how to deal with my anxiety"</i></p>
Self-awareness	<p><i>"I have learned to be more confident and positive and not to worry about what other people think"</i></p> <p><i>"Give yourself complements: recognise your strengths"</i></p>
Empathy	<p><i>"it has made me more aware of people's emotions and to consider them"</i></p> <p><i>"walking in other people's shoes"</i></p>

Table 30: Students' favourite aspect of the programme

Theme	Sub-theme	Comments/ Quotes
Specific Sessions		<p><i>“coping with challenges”</i> <i>“thoughts, feeling, actions”</i> <i>“communicating and managing conflict”</i> <i>“walking in someone else’s shoes”</i></p>
Interacting with Others		<p><i>“I really enjoyed working with other students in the class who I would not normally talk to”</i> <i>“that it got the class engaged and it was an enjoyment”</i> <i>“hearing other students opinions on certain situations”</i> <i>“teamwork aspect”</i></p>
Skills	<p>Coping Strategies</p> <p>Managing Emotions</p> <p>Self-awareness</p> <p>Problem-solving/Decision Making</p>	<p><i>“it was good to learn about coping strategies in a fun way”</i> <i>“learning new coping methods”</i></p> <p><i>“being able to talk about your feelings and getting feedback”</i> <i>“expressing how I feel”</i> <i>“learning how to manage your feelings”</i></p> <p><i>“discovering more about myself”</i> <i>“just made me feel better about myself”</i> <i>“that you could feel good about yourself, grow more confident”</i></p> <p><i>“my favourite part about the MindOut programme was that it teaches you to think rationally about situations”</i> <i>“the five step problem solving approach”</i></p>

Relaxing	<i>“Didn’t have to stress- just a relaxing time” “it helps my brain and puts me in a more positive and relaxed attitude”</i>
Learning New Things	<i>“dealing with problems we haven’t been taught in school before” “learning new things” “doing something different”</i>
Feeling Respected	<i>“that we weren’t seen as students but as teenagers and young adults” “just being able to be honest and not have everyone judge me”</i>
Teaching Strategies	<i>“videos” “the games used in the programme and talking about different situations” “doing more practical work e.g. doing some actions” “The scenarios were very life like and realistic which we dealt with.”</i>

Table 31: Students' least favourite aspect of the programme

Theme	Sub-theme	Comments/ Quotes
Timing		<p><i>"I think the classes were slightly rushed"</i></p> <p><i>"should have had more time"</i></p> <p><i>"too long at times"</i></p>
Engagement		<p><i>"some sections weren't engaging enough"</i></p> <p><i>"boring at times"</i></p> <p><i>"can be repetitive sometimes"</i></p>
Opening up to others		<p><i>"sometimes it got very personal and I started to feel panicky when asked to speak"</i></p> <p><i>"talking about my feelings"</i></p> <p><i>"expressing and talking about our strengths"</i></p>
Specific Sessions		<p><i>"help seeking"</i></p> <p><i>"managing online behaviours"</i></p> <p><i>"problem solving and decision making"</i></p>
Usefulness	Perceived Need	<p><i>"learning about your emotions because everyone is aware when they feel happy or sad and how to express it"</i></p> <p><i>"knowing things we already know"</i></p>
	Relatable	<p><i>"some topics weren't relatable"</i></p> <p><i>"some of the group situations were unrealistic"</i></p>
Facilitator/Delivery		<p><i>"the way the teacher presented it"</i></p> <p><i>"my teacher not engaging with us properly or having something ready for the class"</i></p> <p><i>"unenthusiastic teachers"</i></p>
Missing out		<p><i>"missing out on some important sessions"</i></p> <p><i>"the days I wasn't in, I didn't get to learn about help-seeking"</i></p> <p><i>"it was hard to be present for all classes"</i></p>

Table 32: Students' explanation for overall rating of the programme

Theme	Sub-theme	Comments/ Quotes
Positive		<p><i>"it is an overall good experience"</i></p> <p><i>"it is worthwhile"</i></p> <p><i>"was very beneficial"</i></p>
Helpful		<p><i>"it's good help to know that you can deal with your situation by talking to someone and healthy ways to deal with it yourself"</i></p> <p><i>"it helped me learn I am never alone"</i></p> <p><i>"it was helpful and made me feel better about myself"</i></p> <p><i>"I enjoyed it as it helped me relieve stress"</i></p>
Interest/Engagement		<p><i>"I thought it was very useful and interesting"</i></p> <p><i>"it was interesting and learned a lot about myself"</i></p> <p><i>"some of the topics we had already covered outside of the programme which made some of it less interesting"</i></p> <p><i>"it wasn't engaging enough for me as I have little patience and concentration"</i></p>
Relatable/relevant		<p><i>"it is very realistic and relevant"</i></p> <p><i>"it was good but didn't really apply to me"</i></p> <p><i>"dealt with problems our generation actually has"</i></p>
Structure		<p><i>"well put together, broad range of topics that all link"</i></p> <p><i>"I liked it as it was based on lots of different sessions"</i></p> <p><i>"well worded and easy to understand"</i></p>
Recommended for Future		<p><i>"I think it's a very good programme for students to partake in"</i></p> <p><i>"good and informative, I hope more students can experience it"</i></p>
Timing		<p><i>"I thought it was a great experience but there needs to be more time in each session to cover time gone over schedule"</i></p> <p><i>"We were very rushed for time making it slightly stressful"</i></p> <p><i>"would have been better if I got the opportunity to see the full programme"</i></p>

Enjoyable	<p><i>“Very enjoyable, promotes team work. A way of reflecting on feelings and learning”</i></p> <p><i>“it was very enjoyable, I took a lot from the programme”</i></p> <p><i>“the classes I was in for were great fun and had a great atmosphere”</i></p>
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Table 33: Final suggestions for the programme

Theme	Sub-theme	Comments/ Quotes
Teaching Strategies		<p><i>“have the students do more activities, it will keep our attentions more while learning”</i></p> <p><i>“have more interactive challenges for students to participate in”</i></p> <p><i>“more visuals for each sessions, e.g. games and videos”</i></p>
Relevance		<p><i>“be more specific on what students are dealing with and don’t just generalise everything”</i></p> <p><i>“more real life examples”</i></p>
Topics		<p><i>“introducing LGBT”</i></p> <p><i>“more education about mental health”</i></p>
Timing		<p><i>“to make the MindOut programme longer to learn out of class times”</i></p> <p><i>“it was very rushed therefore I suggest leaving more time for each session</i></p> <p><i>“the class should go on more than once a week”</i></p> <p><i>“split over longer time”</i></p>

APPENDIX F – Suggestions for improvement and relevant changes made

Table 34: Teachers' and students' suggestions for improvement and final changes to the programme

Session	Suggestions for improvement	Changes made
<p>1. Setting the scene and wellbeing</p>	<p>Activity 1: <i>'The amount of time allocated the rules. We had a learning contract developed before so it was quick for us but I could imagine in other schools it would take longer to do.'</i></p> <p><i>'I got everything finished in the allocated time but it would be beneficial to have the ground rules established'</i></p> <p>Timing was an issue in this session. Teachers acknowledged the importance of the second activity 'Defining Personal Strengths' and some students failed to fully understand the overall aim of MindOut – to develop students' social and emotional skills.</p>	<p>This session was divided into two sessions: Introductory Session: Minding your mental wellbeing & Session 1: Boosting self-esteem and confidence.</p> <p>The introductory session would allow students to gain a deeper understanding of the programme aims and content. The take-five breathing activity from session 2 was also added into the end of this introductory session to save time in session 2.</p> <p>Session 1 was designed to include more about self-esteem and confidence as the personal strengths activity was such a success in schools.</p>
<p>2. Managing Emotions</p>	<p><i>"Need access to colour photocopier. I have since printed emoji on A4 sheets and laminated them for future use. Didn't work as well in black and white."</i></p> <p>Activity 2: <i>"They kept laughing during the breathing exercise. I think I'd swap it next time to get something like stress ball maybe."</i></p> <p><i>"Timing was an issue"</i></p> <p>Access to resources e.g., colour photocopier was a difficulty for some schools and therefore the emojis were photocopying out black and white which was not as effective.</p> <p>Teachers also felt that the take-five breathing exercise was difficult with some groups who did not take it seriously. Teachers also said they didn't feel comfortable reading out the breathing steps.</p>	<p>The emoji and all other worksheets have been included on the external USB drive so that teachers can print these in colour rather than photocopying.</p> <p>An audio clip was included in this session (and introductory session) to which guides students through the breathing exercise. This could help with focusing students and teachers might prefer to play this clip rather than reading out the steps themselves.</p>

<p>3. Thoughts, feelings, actions</p>	<p><i>“Scenario was a little vague and didn't really engage the class.”</i></p> <p><i>The Robert scenario: “Just did briefly. Is something that could be omitted to leave more time for activity 3”</i></p> <p>Teachers felt the scenario in Activity 2 was not engaging enough and could be left out to allow more time for the final activity. Students found the worksheet in Activity 3 confusing. This session was not as highly regarded by students in comparison to other sessions and this could be due to the lack of interactive activities.</p>	<p>Activity 2 ‘Robert scenario’ was removed from the programme to allow more time for the other activities.</p> <p>Activity 3 was moved to the beginning of the session as the flow made more sense.</p> <p>Rather than using a worksheet, an interactive game was developed which was based on the ‘Ditch the Monkey’ video (which was very popular). This game still includes the core ideas of the worksheet but will allow for a more interactive learning process to occur.</p>
<p>4. Coping with Challenges</p>	<p>Activity 1: <i>“No, they absolutely loved the coping relay and the element of competition in it was great as they became really enthusiastic about it and came up with great suggestions.”</i></p> <p>Activity 2: <i>“Worked well. Great having the cope cards for students to choose from. Gives them the opportunity to see other strategies they may not have thought of.”</i></p> <p>There didn’t seem to be any issues voiced for this session.</p>	<p>No changes made to this session.</p>
<p>5. Support from Others</p>	<p>Activity 1: <i>“No, there was so much fun in this activity and they responded really well to it.”</i></p> <p>Activity 2: <i>“Not sure the video clip totally relates to the point on support.”</i></p> <p><i>“Timing”</i></p> <p>Activity 1: The Maze in general, was well received by students and teachers. The ‘Ditch the Monkey’ video on connecting with others did not seem to link in as well with the topic of supports. Timing was an issue here and many schools said they had to cover ‘tips for connecting with others’ during a different class.</p>	<p>Nothing was changed for Activity 1.</p> <p>The video and ‘Tips for Connecting with Others’ were both moved to form a new session, Session 8: ‘Connecting with Others’. These changes should improve the flow of the session and the timing issue.</p>

<p>6. Walking in someone else's shoes</p>	<p>Activity 1: <i>"Had to change statements as not really relevant to my context."</i> <i>"I changed the statements to make them more interesting."</i></p> <p>Activity 2: <i>"A few of my students struggled to say what they keep hidden. I feel this was too personal for them and they were not able to disclose such information in this particular group."</i></p> <p>Activity 3: <i>"Students responded v well to this."</i></p> <p>Teachers felt that the statements for Activity 1 were not relevant for students so they changed these. Teachers expressed students were hesitant to share the 'hidden' things about themselves, however this was not what the question was asking and therefore wording/language needs to be clearer. Activity 3 was well received.</p>	<p>Statements were changed for Activity 1 to make them more relevant for students based on suggestions from teachers.</p> <p>The wording for Activity 2 was changed to make the question more understandable for students and teachers. Activity 3 was not changed.</p>
<p>7. Communicating and managing conflict</p>	<p>Activity 1: <i>"The students loved this activity and got a lot out of it."</i></p> <p>Activity 2: <i>"I felt that this activity was a lot of me talking them through the slides which they didn't seem to like very much as it was difficult to keep them focused."</i></p> <p>Activity 3: <i>"Timing, more needed. It's a v good activity, and as many as possible of the scenarios need to be gone through."</i></p> <p>Teachers said that Activity 1: Conflicting Ideas went down very well, they suggested having additional images in case the dress did not spark a debate. Teachers felt that during activity 2: Communicating it was very lecture style and therefore was difficult to keep students interested. Timing was an issue for Activity 3: Practising Dealing with Conflict.</p>	<p>Activity 1 remained the same.</p> <p>Activity 2 was altered by adding in a role-play element to practise aggressive, passive and assertive ways of communicating in conflict. This created a more interactive way of learning.</p> <p>Activity 3 was changed by eliminating a few steps in the activity to save time.</p>
<p>8. Managing Online Behaviours</p>	<p><i>"Students are quite familiar about this topic from previous school work."</i></p> <p><i>"I feel this session would work better with a younger age group"</i></p> <p>While teachers agreed that this session worked well and was engaging for students (e.g., videos and discussion) some teachers did voice that this session might be better suited for a younger age group or making it</p>	<p>This session was removed from the programme and added in as an additional whole-school resource on the USB. This would allow for the session to be a 'standalone' session that could be delivered to any group of students in the school depending on their age-level and needs.</p> <p>This session was replaced with a new session, Session 8: Connecting with Others'. This new session encourages</p>

	available to all years in the school (e.g., cyberbullying- junior cycle, sexting/online reputation – senior cycle)	students to think about their relationships and how they can make successful connections with others.
9. Help-seeking	<p>Activity 1: <i>“Try and keep them out of the computer room - it was a disaster for my group”</i></p> <p>Activity 2: <i>“I don't think students got as much out of this session as other sessions as it was less structured. Need more organisation”</i></p> <p>Teachers felt in general that this session was too unstructured and it was difficult to keep students focused on the task at hand, largely due to the fact that they were using computers and phones and going off track. Researching different helpful sources was not very effective. Students also expressed that rather than only focusing on where they can seek help, they would have liked to learn what they can do to help a friend.</p>	<p>This session underwent the biggest changes out of all of the other sessions. As this session no longer required a computer room, the students should be able to focus more on Activity 1.</p> <p>Rather than keeping the whole focus of the session on seeking-help, Activity 2 discussed what students can do to help a friend that is going through a difficult time. Students expressed that this was something they would like to build skills in. Videos were included for this activity to keep students engaged.</p> <p>As the scenarios from the previous session were found to be very relevant and useful for teachers, they were kept in the programme and an additional ‘optional activity’ was added which would allow the class to explore some specific issues an how and where to seek help for these particular topics (e.g., bullying, depression, pregnancy, aggression, lgbt - coming out, anxiety etc.).</p>
10. Problem-solving	<p>Activity 1: <i>“Some students did not find the activity realistic, they didn't think it would work.”</i></p> <p><i>“Timing was my difficulty during this session. We did not through all the feedback. I feel time needs to be spent on the feedback that all groups give in detail.”</i></p> <p><i>“Reduce the number of problem scenarios. Weaker students were unable to think of five options. Overall, a good exercise.”</i></p> <p>Teachers indicated that students did not think it was realistic to suggest a 5-step problem solving approach as it is too many steps. One of the</p>	<p>In order to make the problem-solving approach more realistic and manageable for students it was reduced to three-steps.</p> <p>To save time, Activity 1 and Activity 2 were combined and rather than each group presenting on each scenario individually, the entire class will work on the same scenario. The activity has also been changed to include a debate element to make the session more interactive for</p>

	<p>biggest difficulties with this session was the timing and number of scenarios. Teachers suggested reducing the number of scenarios.</p>	<p>students. If time permits, the class can work through an additional scenario.</p>
<p>11. Happiness & Wellbeing</p>	<p>Activity 1: <i>“I found the students struggled to do this activity. They commented that it felt a bit childish.”</i></p> <p>Activity 2: <i>“No it was a really nice activity to finish up the course before the final evaluation.”</i></p> <p>Teachers said that students felt the first activity was too childish and did not engage students enough. The second activity went down quite well and this was one of the top-rated activities by students.</p>	<p>Activity 1 was removed from the programme and this was replaced by an activity on the importance of gratitude as this is one of the key predictors of ‘happiness’ and it was deemed more age appropriate for students.</p> <p>Activity 2 was not altered.</p>
<p>12. Review</p>	<p>Activity 1: <i>“There were too many sessions to recap over in a 35 minute class as well as having each student state what they learned.”</i></p> <p>Activity 2: <i>“They enjoyed telling the others what they learned.”</i></p> <p>Teachers felt that there was too much content to get through in the time. They suggested a shorter review session so that more time would be left for Activity 2.</p>	<p>Activity 1 was amended by introducing a quicker review activity. The class is now asked to discuss the programme as an entire group rather than in small groups and there is less focus on each individual session but instead, on the programme overall.</p> <p>Activity 2 remained untouched.</p>