



Hopeful Minds:

An early intervention, school based mental health promotion programme

Dr Karen Kirby, Senior Lecturer, School of Psychology

Kathryn Goetzke (www.ifred.org, USA, founder of Hopeful Minds)

Marie Dunne – Mental Health Promotion Specialist, Western Trust



Hopeful Minds
an iFred.org Project



Acknowledgments

- Apart from acknowledging Kathryn Goetzke and Marie Dunne, I need to also acknowledge the support of a number of people involved in this project, who may not have presented the work today but contributed to the pilots and this presentation in some way.
- **Wendy Gibbons** – OuterWest Neighbourhood renewal Partnerships- this community organisation were instrumental in supporting the 2016 and 2017/18 Hopeful minds programmes to be delivered in a range of schools (to date 22 schools).
- **Aoife Lyons**- Masters graduate supporting the Post primary school data collection, peer review and research assistant for the Malaysia Project
- **Aine Ni Chiamshi (Bonner)** – Masters graduate who supported the primary school data gathering / analysis 2016
- **Tara Harkin**- Masters student who supported the primary school data gathering and analysis 2016
- **Jill Ferguson**- Masters student who supported the post primary school data gathering and analysis 2016
- **Sharon Sweeney**- Masters student who is currently supporting the data gathering and analysis in 2017/18 pilot
- **Emily McGlinchey**- PhD student who supported the study regarding measures and ethics, and who also is working on *Adolescent Mental Health in NI* (includes peer reviews on self harm and current statistics on Anxiety and depression- slides included- other paper in prep.
- **Dr John Mallett**- Senior Lecturer, School of Psychology, Ulster University for his background support with statistical data analysis on the 2016 pilot.
- **Prof Myron Belfar**- Professor of Psychiatry, Harvard Medical School, Senior Associate in Psychiatry, Boston Children's Hospital- contributed to Hope theory and the development of the Hopeful minds curriculum, sits on the Hopeful Minds advisory Board.
- **Kristy Stark** - M.A., Ed.M., BCBA Master Graduate from Harvard University contributed to Hope theory development, and sits on the Hopeful Minds advisory Board.
- **Many thanks to you all, as without your support and role, this important project could not have happened, Dr Karen Kirby (Lead Investigator).**



Presentation Plan

- **Karen-** what are the issues, global and local position on prevention and early intervention
- **Kathryn-** The journey to the creation of Hopeful minds
- **Marie-** The journey to bringing Hopeful Minds to Northern Ireland, Ireland
- **Karen-** Outcome evaluation of initial NI pilot,
- Where we are now and plans for the future

..

What are the key issues with regard to child and adolescent mental health in NI?

What are the issues facing our young people today?

- Data on the prevalence of mental ill health in children and young people in NI is scarce (Bretts & Thompson, 2017).

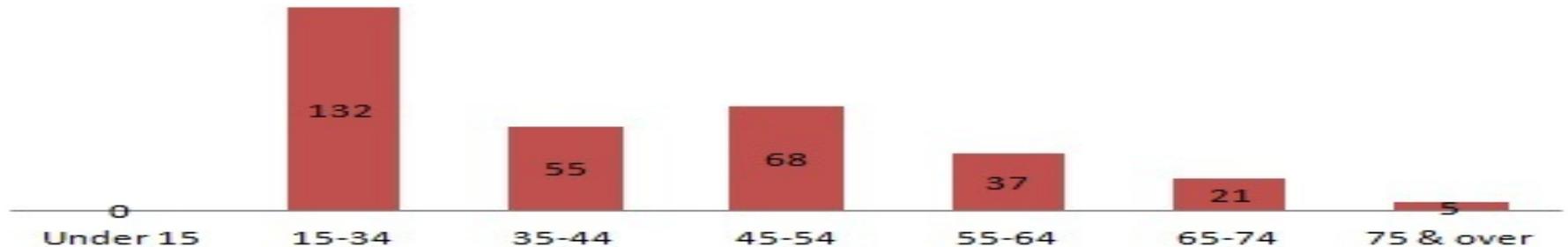
However, DHSSPS (2015) estimated that:

- Around 45,000 of children and young people in NI have a mental health need at any one time
- More than 20% of young people are suffering “*significant mental health problems*” by the time they reach 18.
- **Research has shown that 50% of mental health problems emerge by the age of 14** (Sands, 2017).

Prevalence rates from existing literature

- Between the years 2012/13 to 2014/15 the **rates of self-harm presentations to emergency departments in NI increased by 30% for 15 to 19 year olds** (McCafferty, 2016).
- With regard to suicide, 318 suicides were registered in NI during 2015. Of these, 132 were aged between 15 and 34-years-old (Torney, K. 2016),

Age of people registered in 2015 as dying from suicide



detaildata

Compiled by Detail Data using statistics from the Registrar General's 2015 quarterly reports.

Mental health prevalence rates: Self Harm

Derry Area 15-18 year olds

15-18 year olds	O'Connor et al 2013/14 (n-3,500)	Ulster School of Psychology (Gillen, Kirby et al, 2017 (n-864)
Life time prevalence	10%	12.5%
Serious thoughts of self harm in last 12 months	12.7%	18.5%

Mental health prevalence rates: Self Harm

Derry Area 11- 14 year olds

11-14 year olds	2014 (n-864) Gillen, Kirby et al. (2017)	2016 (n- 222) McGlinchey, Kirby et al. (2017)
Life time prevalence of SH	5.1%	11.4%
Serious thoughts of self harm in last 12 months	7.9%	11.2%



- ▶ People Self Harm to escape from or manage unwanted emotional experiences (Chapman, Gratz & Brown, 2006).

Mental health prevalence rates:

Derry Area 11- 14 year olds

Prevalence of Mental Health Issues Younger Adolescent	Frequency (N=222) 2017 (McGlinchey, Kirby et al.)
Depressive symptoms	22% (over 2 in 10)
Anxiety	28% (almost 3 in 10)

What are the consequences of developing mental health issues in adolescence?

- Mental health problems in children have a **significant negative impact**
- **on social relationships,**
- **school and occupational attainment, and**
- **physical health** (Dvir et al, 2014).....

With other **implications on self-esteem, behaviour, attendance at school, educational achievement, social connectedness and quality of health** (Rao, 2001).

So what can done?

- Global and local guidance and evidence of what works!

- ..

..The Global Mental health position...



Within the Global Challenges, Children emerge as requiring particular attention for prevention and care..

(Collins, Patel, Joestl, March, Insel & Daar, 2011).

The Sustainable Development Goal's have 'prioritised mental health and wellbeing, mental health promotion, and early intervention' in the Global Development agenda (United Nations General Assembly, September 2015)

Patel & Saxena (2014) refer to **policy actions** which state that

'We must identify and treat mental disorders early — for example, by delivering school-based interventions to support the prevention of childhood mental disorders'.

Reported within '*Transforming Lives, Enhancing Communities — Innovations in Global Mental Health*'....

Early Intervention: School-Based Prevention Strategies

- School setting: a major contexts that influences development (Frydenberg, 2008).
- Research in the area of suicide prevention has indicated that focusing on **mental health promotion and developing resilience in the school setting can be more helpful than focusing solely on prevention of suicide** (Wells et al, 2003)

EVIDENCE:

Early Intervention: School-Based Prevention Strategies

- Interventions promoting the positive mental health of young people (aged 6–18 years) in school and community-based settings, generally show significant positive effects on students' emotional and behavioural wellbeing, **including improved self-efficacy and coping skills** (Systematic review by Barry et al., 2016, Commissioned by WHO)
- Recent meta-analyses highlight the benefits of a range of school based prevention strategies:-
 - Appraising their ability to **improve skills, positive attitudes, pro-social behaviour and academic performance** (Taylor, Oberle, Durlak, & Weissberg, 2017) and
 - their potential to **reduce symptoms of anxiety and depression** (Werner-Seidler, Perry, Callear, Newby, & Christensen, 2017).

However, a universal 'Whole school approach' is advised

(Weisz, Sandler, Durlak & Anton 2005).

- Creates a ***culture of coping in the wider community*** rather than merely targeting 'at-risk' individuals.
- **Pupils are helped to build on skills to increase their mental wellbeing and therefore be less susceptible to anxiety, depression, and suicide** (Protecting Life in Schools, 2016).

A Need For Investment in child and adolescent mental health, ...

- Systematic review by Turner et al (2017) summarised research on child and adolescent mental health...
- *Investment with respect to capacity building, research and prevention of mental disorder projects and....*
- Early intervention is both effective and cost-effective, particularly those implemented in schools and through national policy, as part of a whole school approach

Local NI Recommendations

PROTECTING LIFE IN SCHOOLS



Helping Protect Against Suicide
by **Supporting Pupils'
Emotional Health and
Wellbeing**

Need for focus: Preventative Strategies

- Recommendations regarding Preventative mental health models, reported within Protect Life 2006-2016 and Protect Life 2 (2016).
- International Research to date has highlighted such **school based preventative strategies should aim**
 1. **to reduce use of emotion-oriented based coping strategies by teaching emotion-regulation skills,**
 2. **reducing avoidant behaviour, and**
 3. **encourage the adoption of more adaptive coping strategies**

(Kidger et al., 2015; McMahon et al, 2013; Morey et al., 2016)

So why 'Hopeful Minds'

- What is it about?
- The journey to the development of the Hopeful Minds Programme

- Kathryn Goetzke
- www.ifred.org
- www.hopefulminds.org

How was 'Hopeful Minds' brought to Northern Ireland/Ireland?

- Marie Dunne- Mental health Promotion Specialist
- WH&SCT

Growing the evidence of effectiveness

- Theory
 - Hypotheses
 - Method
 - Outcomes
-
- Dr Karen Kirby



Handbook of
HOPE

Theory, Measures, and Applications

Edited by

C. R. Snyder



Hope Theory:

- There is a growing interest in the role of 'hope' in generating positive wellbeing for children and adolescents.
- Snyder et al. (1991), have pioneered the **development of hope as a theory**....
- Hope is defined as '**goal-directed thinking in which the individual has the perceived ability to find routes to goals (pathways thinking), and the motivation to use those routes (agency thinking)**' (Snyder et al., 2002).
- This implies that when individuals learn to be more hopeful, they will be more likely to make commitments, set goals, and work effectively towards attaining those goals (Shorey et al., 2007).

Research indicates that Hope (goal pursuit thoughts) can...

- **Influence esteem** (Snyder et al., 1996)
- **Increase confidence and empowerment** (Alsop et al., 2006, Snyder, 2000).
- **Increase Self Belief and Self Efficacy** (Bandura, 1997).
- **lower emotional distress** (Gilman et al., 2006) a greater use of engaged coping styles (Change et al., 2001) and positive coping abilities such as problem solving (Snyder, 2000).
- **Act as a source of resilience.** Ong et al. (2006) found that compared with those low in trait hope, high-hope individuals showed diminished stress reactivity, more effective emotional recovery (less anxiety and less depressive symptoms).
- **Hopeful Mindsets That Promote Resilience:** When Students *Believe* That Personal Characteristics Can Be Developed, and therefore not fixed, their **resilience and performance increased** (Scott & Dweck, 2012).

Children with lower levels of hope

- Findings have consistently noted that **lower scores on a hope measure was** significantly related to several negative outcomes such as overall psychological distress (Snyder, LaPointe, Crowson, & Early, 1998) and depressive symptoms (Kwon, 2000).

Study Hypotheses

We hypothesised that the 'Schools for Hope' curriculum (now rebranded as Hopeful Minds) which is a 12 week school based programme, could :

- **reduce anxiety, rumination and hopelessness**
- **increase coping skills, emotional regulation and resilience, problem solving capabilities and confidence?**
- **increase self belief an self-efficacy**

Method

Design:

Mixed Quantitative: A pre/post quasi experimental design (no control at pilot stage).

method:

Assess mean scores before and after the programmes.

Questionnaires differed for primary school children (under 11) and post primary (12 up to 15).

2. Qualitative (Focus Groups) in both schools

Parental consent required.

Sample:

6 Schools (5 primary and 2 post primary schools in Derry/Strabane areas.

Primary/Post Primary school sample:

- Pre-Post n-89
- Focus Group n-70

Psychometric measures used

- The 'Hope scale' (iFred) and the 'Kid Matter Scale' were both assessed pre/post Hope Programme.

Primary

- The Hopelessness Scale for Children (HSC).
- How I feel Questionnaire (measures emotional regulation)
- Spence Generalised Anxiety Measure for children

Post primary

- The Difficulties in Emotional Regulation Questionnaire-Short Form (DERS-SF)
- The Measure of Child and Adolescent Coping Scale
- Adolescent Resilience Questionnaire Revised (ARQ-R)
- GAD-7 Anxiety
- The Beck Hopelessness Scale for Children
- Rosenberg Self Esteem Scale

Outcomes for the Primary school children

Using paired samples t test (comparing time 1 and time 2), the children's scores on the:

- The Hopelessness Scale for Children (HSC) (**hopelessness reduced significantly**)
- How I feel Questionnaire (**measures emotional regulation which improved significantly**)
- Spence Generalised Anxiety Measure for children (**anxiety levels reduced significantly**)

Indicated Statistically significant improvements between the mean scores of pre-test and post-test data ($p < 0.05$)

Outcomes for the Post Primary school children

Using paired samples t test (comparing time 1 and time 2)

•The **Difficulties in Emotional Regulation** Questionnaire-Short Form (DERS-SF)

•The Measure of Child and Adolescent **Coping** Scale

3. Adolescent **Resilience** Questionnaire Revised (ARQ-R)

4. GAD-7 **Anxiety**

***Statistically significant Improvements noted on all of these variables, between the mean scores of pre-test and post-test data ($p < 0.05$).**

• No significant differences were noted on these two measures ($p > 0.05$)

• The Beck **Hopelessness** Scale for Children

• Rosenberg **Self Esteem Scale**

• Missing data here had reduced the sample size which has possibly affected the analysis.

Sub scales within the resilience, coping and regulation measures

- **Personal ‘emotional’ resilience** significantly increased after the programme, as did **empathy, tolerance, emotional insight, coping and confidence** increased significantly, **rumination and self-Care**.
 - **Negative Cognition** reduced significantly.
- *Statistical evidence shows a significant difference between the mean scores of pre-test and post-test data ($p < 0.05$) on the following:

Northern Irish Pilot: Themes identified across 50 pupils who were interviewed

Phase 2 Qualitative Study: Findings with discussion



All of the post primary school children recommended that

- *'Primary school age children, like P6/P7 should receive the Hope programme, as it would show them and teach them how to deal with stress'*
- *'It will show them how to cope when things are tough'*
- *'it prepares you for the future, as it gives you the tools to know how to cope with stress'.*

Recommendations

What works in promoting social and emotional well-being and responding to mental health problems in schools?

Advice for Schools and Framework Document
Professor Katherine Weare

INTRODUCTION

This advice covers two overlapping areas of school practice: promoting positive social and emotional well-being for all in schools, and tackling the mental health problems of pupils in more serious difficulty. It is designed to support schools, in particular, school leaders, in the delivery of their work on these two areas and complements other recent guidance from the Department for Education¹ and from Public Health England².

Schools are taking their role in delivering a broad area of practice – which is sometimes referred to as

the 'non-cognitive' side of education – increasingly seriously. The last 30 years has seen an exponential growth in programmes and interventions in schools under a wide range of titles. Internationally, programmes and research often use the term '*social and emotional learning*' (SEL), while some more specific terms are sometimes used – particularly current are the terms '*character*' and '*resilience*'. In general, this field has been the focus of a considerable amount of evaluation, including several comprehensive reviews and meta-analyses³, including four in the UK covering all phases of schooling by the National Institute of Clinical Excellence⁴⁵⁶⁷.

WHAT WORKS – FRAMEWORK OF EFFECTIVE APPROACHES

There is clear evidence from well-conducted systematic reviews to support schools in employing the following approaches to improve outcomes:

ENGAGE THE WHOLE COMMUNITY

- Engage pupils through encouraging pupil voice, authentic involvement in learning, decision-making, and peer-led approaches
- Engage parents/carers and families in genuine participation, particularly those of pupils in difficulties whose families may feel blamed and stigmatised

Adopt whole-school thinking

- Use a 'whole school approach', which ensures that all parts of the school organisation work coherently together
- Provide a solid base of positive universal work to promote well-being and help prevent problems
- Develop a supportive school and classroom climate and ethos which builds a sense of connectedness, focus and purpose, the acceptance of emotion, respect, warm, relationships and communication and the celebration of difference
- Start early with skills based programmes, preventive work, the identification of difficulties and targeted interventions. Work intensively, coherently, and carry on for the long term
 - Promote staff well-being, and particularly address staff stress levels

Develop supportive policy

- Ensure that there are robust policies and practice in areas such as behaviour, anti-bullying and diversity, including tackling prejudice and stigma around mental health

Prioritise professional learning and staff development

- Understand the risk factors to well-being, and help pupils develop the resilience to overcome adverse circumstances
- Raise staff awareness about mental health problems and the school's role in intervening early
 - Base their response on a sound understanding of child and adolescent development
 - Help all pupils cope with predictable changes and transitions, and keep abreast of new challenges posed by technology.

Implement targeted programmes and interventions (including curriculum)

- Ensure high-quality implementation of specific programmes and interventions
- Explicitly teach social and emotional skills, attitudes and values, using well-trained and enthusiastic teachers and positive, experiential and interactive methods. Integrate this learning into the mainstream processes of school life

Implement targeted responses and identify specialist pathways

- Provide more intense work on social and emotional skill development for pupils in difficulties, including one-to-one and group work
- Use specialist staff to initiate innovative and specialist programmes to ensure they are implemented authentically, then transfer responsibility to mainstream staff whenever possible, to ensure sustainability and integration
- Where pupils experience difficulties, provide clear plans and pathways for help and referral, using a coherent teamwork approach, including in the involvement of outside agencies such as CAMHS

Connect appropriately with approaches to behaviour management

- Respond wisely to 'difficult' behaviour, both responding actively with clear consequences and also understanding its deeper roots, taking opportunities to model and teach positive alternatives

Take Home Message

- Preliminary findings suggest that ...

Increasing the conceptualisation of 'Hope' in young minds has demonstrated improvements in coping, emotional resilience and regulation skills, has increased confidence in problem solving, and significantly reduced anxiety.

In the younger children in particular, Teaching Hope has demonstrated a reduction in hopelessness.

- These are the building block life skills that all our young people need to prepare them for life stressors and adversity.

So where next??

1. Irish Study (intervention and control N-115 in each group)
2. Northern Ireland pilot schools ongoing (a further 6 this year)
3. Malaysia- part of a Global Challenge Research Fund

• ..

GCRF Research Proposal

Title of project:

Hopeful Minds in Malaysia: An early intervention, school based mental health promotion programme

Dr Karen Kirby (Lead Investigator)
Prof Cherie Armour
Dr Paula McFadden
Dr Karise Hutchinson
and Aoife Lyons;

in collaboration with Kathryn Goetzke (www.ifred.org, USA),
and Prof Siti Rhaudza Ghazali, University of Malaysia- Sarawak
and the extended Academic Team. November 2017



References

- Gillen, Allison M. C., Kirby, Karen, McBride, Orla, McGlinchey, Emily and Rushe, Teresa (2017), *Comparing Self-Harm (SH) Thoughts and Behaviours Among a Community Sample of Younger and Older Adolescents in Northern Ireland*. *Child Care in Practice*, n/a . pp. 1-11.
- 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*201313:835. DOI: 10.1186/1471-2458-13-835© Barry et al.; licensee BioMed Central Ltd. 11 September 2013
- DHSSPS (2015) *Delivering Excellence, Achieving Recovery*, A professional framework for the mental health nursing profession in N.I. p10.
- McCafferty, M, (2016), Chief Executive, NI Commissioner for Children and Young People, 'Children and young people with mental health problems: priorities for tackling a growing trend', presentation at Policy Forum for NI Keynote Seminar: improving mental health provision in NI: prevention, treatment and developments in care, 17th January 2017, Stormont Hotel, Belfast
- Neil, A.L, Christensen, H. (2009).Efficacy and effectiveness of school-based prevention and early intervention programs for anxiety. *Clinical Psychology review*.
<https://doi.org/10.1016/j.cpr.2009.01.002>
- Torney, K. (2016), *Suicide rates in Northern Ireland Highest on Record*, The Detail, <http://www.thedetail.tv/articles/suicidedeaths-in-northern-ireland-highest-on-record>
- DE (2014) *A Guide to Managing Critical Incidents in Schools*
<https://www.deni.gov.uk/publications/guide-managing-critical-incident-schools>
- 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
- Belfast Strategic Partnership – *Building Emotional Resilience Strategy consultation document 2014-17*