Evaluating Your School’s Mental Health Status, Pastoral Structures and Wellbeing Programs

IBSC Conference
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What are we doing here?

We will:
1. clarify or confirm terminology and ideas
2. discuss a framework for “evidence”
3. discuss the evidence for whole school wellbeing programs
4. reach some conclusions and identify directions
5. trial a checklist to evaluate our own school’s wellbeing programs and status
6. discuss if this was a worthwhile workshop
POSITIVE PSYCHOLOGY and Whole School Wellbeing Programs

- What is it?
- Whose definition is it?
- What is it meant to do?
- Are the outcomes able to be measured?
- What do the outcomes say about positive psychology?
- Is there a clear direction?
What is Positive Psychology?

- Rutter 1964-74
  - Protective Factors & “wellness rather than illness”
- Seligman
  - Optimistic Child 1995
  - The Science of Optimism and Hope 2000
  - Authentic Happiness 2002
  - Character Strengths 2004
- Positive emotions, positive character, positive institutions
- CBT (Cognitive Behaviour Therapy) has remained a key component
What is Positive Psychology?

- **Wellbeing**
  - Positive Psychology Center (UPenn)
  - Wellbeing Institute Cambridge
  - Geelong Grammar AUS
  - Wellington College UK

- **Resilience**
  - Resilience Project UK
  - Promise Project UK

- **Happiness**
  - Social and Emotional Aspects of Learning (SEAL) UK
  - Mindmatters, Safe Schools Framework AUS
What is Positive Psychology?

- Maslow

Mazlow’s Hierarchy of Needs:

- **Physiological**
  - breathing, food, water, sex, sleep, homeostasis, excretion

- **Safety**
  - security of: body, employment, resources, morality, the family, health, property

- **Love/belonging**
  - friendship, family, sexual intimacy

- **Esteem**
  - self-esteem, confidence, achievement, respect of others, respect by others

- **Self-actualization**
  - morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts
Resilience/Wellbeing Programs

**Targeted**
Individual or small group – obvious need

**Indicated**
Grade level or group – for a reason

**Universal**
Whole school or grade level - prevention
What is Positive Psychology?

- Noble and McGrath 2008
  - “Positive Educational Practices”
    1. Social and emotional competency
    2. Positive emotions
    3. Positive relationships
    4. Engagement through strengths
    5. A sense of meaning and purpose
What is Positive Psychology

- The problem with the drift from a “population CBT” model to an “organisational wellbeing” model is that it may now be difficult to measure outcomes.

- The drift is even more apparent when we look at recent conferences, e.g. “Happiness and its Causes.”

- The following review of outcomes involves primarily “universal CBT” programs.
What is it meant to do?

- Happiness can be increased at a population level, and that happiness is authentic
- Resilience can be trained and/or improved
- Mental health problems can be reduced by using early intervention, positive psychology principles
- Strengths and virtues can be taught
- All of this brings greater fulfilment in life
Can it be measured?

“Levels of Evidence”
from National Health and Medical Research Council (Australia)

I Evidence obtained from a systematic review of all relevant randomised controlled trials
II Evidence obtained from at least one properly designed randomised controlled trial
III - 1 Evidence obtained from well-designed pseudorandomised controlled trials (alternate allocation or some other method)
III - 2 Evidence obtained from comparative studies (including systematic reviews of such studies) with concurrent controls and allocation not randomised, cohort studies, case-control studies, or interrupted time series with a control group
III - 3 Evidence obtained from comparative studies with historical control, two or more single arm studies, or interrupted time series without a parallel group
IV Evidence obtained from case series, either post-test or pretest/post-test

V “I heard a really interesting speaker the other day…”
Outcomes

Seligman and Steen 2005

“We found specific interventions that make people lastingly happier, and we believe this study holds implications… for the future of positive interventions and perhaps clinical interventions”
Outcomes

- Green, Grant and Rynsaardt 2007
  - “Life coaching was associated with significant increases in levels of cognitive hardiness and hope and significant decreases in levels of depression.”
  - “...all participants fell within the ‘normal’ range of psychopathology....were not an ‘at-risk’ population.”
Barrett and Farrell 2007

“This review highlights the worth of pursuing universal prevention to reduce the incidence of childhood anxiety and depression….one promising programme for school-based prevention is FRIENDS.”
Outcomes

Merry 2007

“Although the idea of preventing depression has appeal and could potentially be cost effective, there is currently little evidence to support introducing depression prevention programmes.”

- Meta-analytic and Cochrane review
- Targeted effective, Universal not effective
Outcomes

Neil and Christensen 2007

“A number of schools programs produced positive outcomes. However, even well established programs require further evaluation….”

- Medical Journal of Australia
- Meta-analytic
- Society for Prevention Research criteria used
Outcomes

- Spence and Shortt 2007
  - “Of the studies reviewed, the majority did not demonstrate positive effects upon depression immediately after intervention. Outcomes were marginally stronger around 6 to 10 months…..but not maintained.”
    - Research Review in JofCPP
Outcomes

Sin and Lyumomirsky 2009

- Meta-analysis of 51 positive psychology interventions
- “The results revealed that positive psychology interventions do indeed significantly enhance well-being… and decrease depressive symptoms”
- Self-selection was predictive of good outcomes along with duration of intervention
Outcomes

- Sawyer et al 2009
  - “Despite using an extensive, structured programme, based on best evidence ..... the intervention did not reduce levels of depressive symptoms among participating adolescents.”
    - Randomised controlled, 25 pairs of schools
    - Funded by *beyondblue* and NHMRC
    - Problems with delivery of the program
Outcomes

NICE 2009

“Promoting young people’s social and emotional wellbeing in secondary education”

- Guidance involves mainly systemic change and management, rather than programs
- Interim Evidence Statements are again mixed, e.g. conflict resolution is positive, bullying and disruptive behaviour is mixed
Outcomes

- Challen, Noden and West 2010
  - UK Resilience Programme
    - 22 schools involved
    - Used Penn Resilience Program
    - Funding and analysis by DCSF/DFE and London School Economics
Outcomes

Challen, Noden and West 2010 *cont.*

Final Report found…..

“...found a significant short-term improvement in pupils’ depressive symptom scores, school attendance rates, and academic attainment in English.”

“There was no impact on any of the outcome measures by the two year follow-up in 2010”
Outcomes

Lyubomirsky, Dickerhoof and Boehm 2011

- Experimental study
- “Expressing Optimism & Expressing Gratitude”
- “We conclude that happiness interventions are more than just placebos, but they are most successful when participants know about, endorse and commit to the intervention”
Outcomes

- Rivet-Duval, Heriot and Hunt 2011
  - 160 adolescents in Mauritius
  - School based program using RAP-A (Resourceful Adolescent Program)
  - “The results, drawing from a culturally diverse population, suggest that universal programs such as RAP-A may be better seen as promoting positive mental health, rather than having a direct prevention or intervention effects on clinical problems.”
Ongoing

- The Promise Project
  - Uses RAP
  - Measures depression scores
  - Government funding led by University of Bath
  - Results by the end of 2011
Conclusions

- Evidence for positive outcomes, specifically “inoculation for anxiety and depression” is very mixed – “set point/SWB” might be important.
- Even good quality programs have problems getting results.
- Many worthwhile outcomes may not have been measured.
- The qualifications and commitment of staff who deliver programs seems important.
- Further research is needed!
Conclusions continued

“SenseAbility”
- Australian program published in 2011
- Has a substantial research review
- Acknowledges the varied evidence for universal depression prevention programs
- Focuses has changed to the “wellness end of the continuum”
- Promotes awareness, help seeking, a common vocabulary and resilience
Possible Directions

- Pursue whole-school wellbeing/resilience programs, being mindful of the evidence
- Stick with intuition and experience
- Use good quality, inexpensive programs
- Investigate and use depression screening and interventions
- Investigate peer involvement and monitoring
- Use targeted programs, rather than universal, for depression and anxiety
Be happy about unhappiness

A negative mood:

- enables people to pick up detail and threat more accurately,
- makes people less prone to influence or false or misleading information,
- reduces people’s irrational biases because everyone irritates them.