
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?

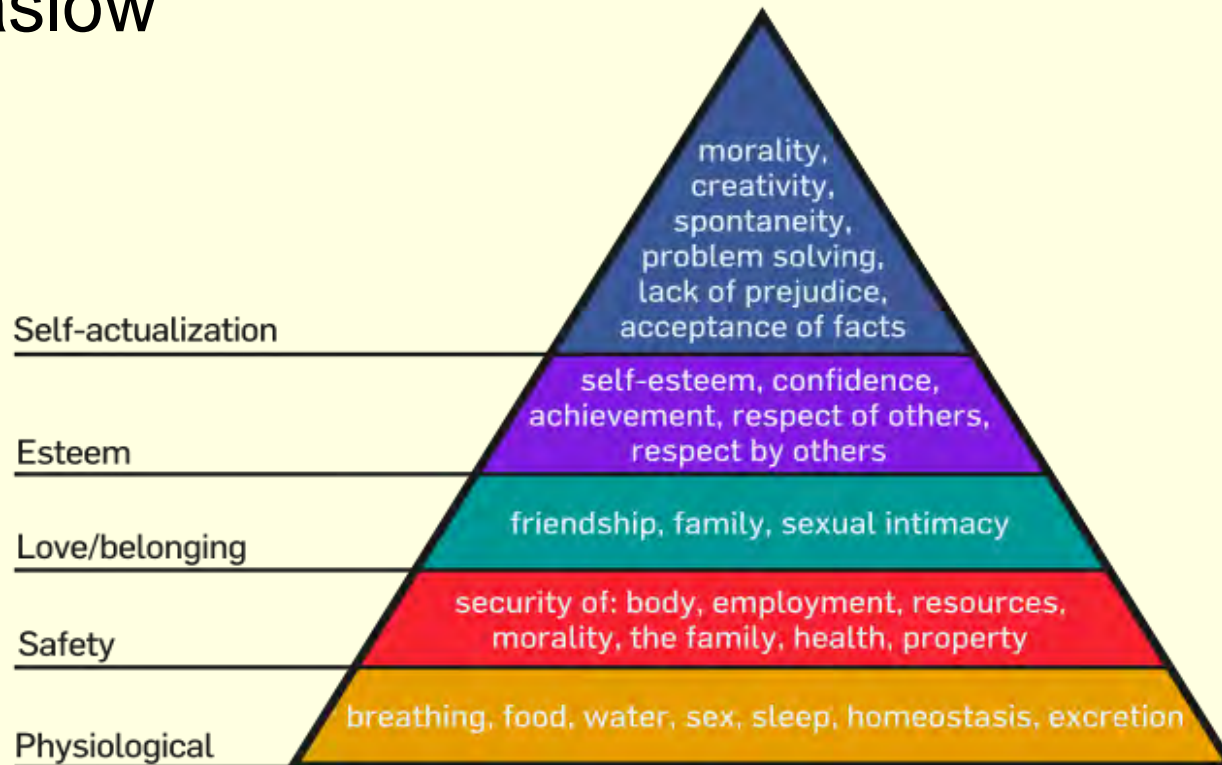
- Rutter 1964-74
 - Protective Factors & “wellness rather than illness”
- Seligman
 - Optimistic Child 1995
 - The Science of Optimism and Hope 2000
 - Authentic Happiness 2002
 - Character Strengths 2004
 - Positive emotions, positive character, positive institutions
 - CBT (Cognitive Behaviour Therapy)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



Maslow's Hierarchy of Needs

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.”

Outcomes

- 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.