Building Resilience in our young people:
The Hopeful Minds project and Trauma Sensitive Approaches in Schools

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Wendy Gibbons- Project Manager,
OuterWest Neighbourhood Renewal Partnership,
Dr John Mallett (School of Psychology, Ulster).

Masters graduates/students
Aoife Lyons, Tara Harkin, Aine NiChiamshi, Jill Ferguson, and Sharon Sweeney
Presentation Plan

• Brief overview of the key mental health issues in young people in NI

• Global and local position on prevention and early intervention

• Existing evidence on school based approaches?
  1. Hopeful minds: a school based mental health promotion programme
    • The research design, method, and outcomes of the preliminary pilot.

  2. Introduce Trauma Sensitive Approaches in Schools – another new approach to be piloted soon.
What are the key issues with regard to child and adolescent mental health in NI?
What are the issues facing our young people today?

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).

(as cited in Bretts & Thompson, 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),
Mental health prevalence rates: Self Harm

Derry Area 15-18 year olds

<table>
<thead>
<tr>
<th>15-18 year olds</th>
<th>O’Connor et al 2013/14 (n-3,500)</th>
<th>Ulster School of Psychology (Gillen, Kirby et al, 2017 (n-864))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life time prevalence</td>
<td>10%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Serious thoughts of self harm in last 12 months</td>
<td>12.7%</td>
<td>18.5%</td>
</tr>
</tbody>
</table>
Mental health prevalence rates: Self Harm
Derry Area 11-14 year olds

<table>
<thead>
<tr>
<th>11-14 year olds</th>
<th>2014 (n=864)</th>
<th>2016 (n=222)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life time prevalence of SH</td>
<td>5.1%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Serious thoughts of self harm in last 12 months</td>
<td>7.9%</td>
<td>11.2%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Prevalence of Mental Health Issues</th>
<th>Frequency (N=222)</th>
</tr>
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<tbody>
<tr>
<td>Younger Adolescent</td>
<td>2017</td>
</tr>
<tr>
<td></td>
<td>(McGlinchey, Kirby et al.)</td>
</tr>
</tbody>
</table>

- 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 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 and become less susceptible to symptoms of anxiety and depression (Werner-Seidler, Perry, Calear, Newby, & Christensen, 2017) and suicide (Protecting Life in Schools, 2016).
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.

• Systematic review by Turner et al (2017)....

Early intervention is both effective and cost–effective, particularly those implemented in schools and through national policy, as part of a whole school approach.

**Investment needed to build**

1. *build workforce capacity- training*

2. *research and*

1. *prevention of mental disorder projects*.
Local NI Recommendations
Recommendations regarding Preventative mental health models, reported within Protect Life 2006-2016 and Protect Life 2 (2016).
So why ‘Hopeful Minds’

• What is it about?

• Kathryn Goetzke

• www.ifred.org

• www.hopefulminds.org
Hope is being able to accomplish anything when you believe in yourself.
WHY HOPE?

Hopelessness is the leading predictor of suicide and the number one symptom of depression

(The Association of Physicians, 2004)

- Suicide is now the leading cause of death, globally, for teen girls. (WHO, 2012) In the US, 36% of adolescent girls in the US are depressed before graduating high school, and research suggests that 1 out of 9 students attempt suicide before graduating high school, with 40% of them in grade school. (Journal of Adolescent Health, 2009)

- The opposite of Hopelessness? HOPE

- Research suggests Hope is a teachable SKILL (Rand and Cheavens, 2008). It suggests that higher hope corresponds to
  * greater emotional and psychological well-being,
  * greater academic performance
  * enhanced personal relationships (Snyder, 2005).
  * Hope can be taught (Cheavens, 2008), and the greater the hope, the greater the level of well-being (Scioli, 2009).


Hope 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, Synder, 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).
How was ‘Hopeful Minds’ brought to Northern Ireland/Ireland?

• Lead - Marie Dunne
  • Mental health Promotion Specialist, WH&SCT

Community Lead
• Wendy Gibbons, OuterWest Neighbourhood renewal Partnership

All worked in partnership together

Ulster University
Principal Investigator - Dr Karen Kirby
• Bringing 6 post graduate students to support the research evaluation

Schools
Primary and Post Primary principals/Teachers
16’ 17’ (N-6)
17’/18’ (N-14)

Trained Facilitators
N-88
(CAMHS staff, school teachers, young workers, etc)
Lesson #1: What is Hope?
“Once you choose hope, anything’s possible.”
~Christopher Reeve

Topic: Define Hope

Lesson #2: Why is Hope Important?
“Success is liking yourself, liking what you do, and liking how you do it.”
~Maya Angelou

Topic: Hopeful people live more fulfilling and successful lives.

Lesson #3: The Brain and Hope.
“We are what our thoughts have made us, so take care about what you think. Words are secondary. Thoughts live; they travel far.”
~Unknown


Lesson #4: Creating a Hopeful Mindset.
“Hope is a waking dream.”
~Aristotle

Topic: Self-Regulation.

Lesson #5: Having a Hopeful Purpose.
“What really matters to you? This question reminds you of what is important to you and what you have to offer the world.”
~Dr. Shane Lopez

Topic: Connecting Passion and Purpose.

Lesson #6: Hopeful Goals and Pathways.
“I will prepare and some day my chance will come.”
~Abraham Lincoln

Topic: Setting goals and creating realistic action steps to reach your goals.

www.hopefulsminds.org
Lesson #7: Reviewing Hope

“Hope can be a powerful force. Maybe there’s no actual magic in it, but when you know what you hope for most and hold it like a light within you, you can make things happen, almost like magic.”
~Laini Taylor, Daughter of Smoke and Bone

Topic: Review or Introduction on Hope.

Lesson #8: A Hopeful Approach to Change

“You may not always have a comfortable life and you will not always be able to solve all of the world’s problems at once but don’t ever underestimate the importance you can have because history has shown us that courage can be contagious and hope can take on a life of its own.”
~Michelle Obama

Topic: It is important to anticipate obstacles and create plans ahead of time to overcome them.

Lesson #9: Finding Hope After Failure

“When it was dark, you always carried the sun in your hand for me.”
~Sean O’Casey, Three More Plays: The Silver Tassie, Purple Dust, Red Roses for Me

Topic: Using detective skills to find the clues to why we’ve failed so we can solve the mystery and succeed going forward.

Lesson #10: Shifting Rumination through Hope

“It seems quite clear that one cannot solve the problem with the same kind of thinking that has created the problem.”
~Berg and de Shazer

Topic: Using your hope tools to change the channel.

Lesson #11: Challenges to Hope

“When it was dark, you always carried the sun in your hand for me.”
~Sean O’Casey, Three More Plays: The Silver Tassie, Purple Dust, Red Roses for Me

Topic: Using our hope tools when life brings unexpected events. Finding and identifying a person who will support you and your hope.

Lesson #12: Giving Hope

“True Friends are like sunflowers that never fade away, even over distance and time.”
~Marie Williams Johnstone

Topic: Giving Back.

www.hopefulsminds.org
Study Aims & Design

Teach Hope and assess the efficacy of the hopeful minds programme in its ability to support good mental health awareness, insight, develop problem solving coping skills, build confidence to cope with potential life adversities, and reduce anxiety in young people, as well as increase their awareness on how to seek help and help others (building empathy).

Study Design: Mixed Method
Pre- Post quasi Experimental Pilot & Focus group interviews with the pupils x 3
Northern Ireland Pilot: Hopeful Minds indicated statistically significant changes in baseline (T1) and after (T2) the programme on the following variables:

- Reduced levels of Anxiety and Negative Cognitions
- Improved levels of Emotional Regulation, Emotional arousal and control, Coping, Self care, Empathy, Tolerance, Resilience, ‘Emotional’ resilience, Emotional insight, Confidence.

Sample:

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

Primary/Post Primary school sample:
- Pre-Post (n-88)
- Focus Groups x 3 (n-50)
Improvements noted in other variables…

But they did not reach statistical significance (p>0.05)

- Hopelessness
- Self Esteem Scale
- School and community connectedness
- Rumination

- These were mainly found in the post primary school pupils- likely due to inconsistent sample size and some missing data.

- Since the first pilot, 2 new lessons introduced on Rumination and Failure, and schools trying hard to adopt a whole school approach (parents getting involved and some schools trained most of their teachers).
Northern Irish Pilot:
Focus Group Themes identified across 50 pupils who were interviewed
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’.
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.

• These are the building block life skills that all our young people need to prepare them for life stressors and adversity.
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 Education and from Public Health England.

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-analyses, including four in the UK covering all phases of schooling by the National Institute of Clinical Excellence.
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.

**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.

**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.

**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.

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04 Partnership for Well-being and Mental Health in Schools (2015)
Preliminary Pilot Evaluation of ‘Hopeful Minds’: a school based preventative mental health promotion programme: a mixed method analysis.

Kirby, K., Lyons, A., Mallett, J., Goetzke, K., Dunne, M., Gibbons, Ni Chiamshi, A., Fergusson, J., Harkin, T. W., Stark, K., Belfer, M.

Abstract

Study Aims: The present study is the first evaluation of Hopeful minds: a school-based programme mental health promotion designed for children and adolescents. It assessed how 10 curriculum based lessons (five in the fall and five in the Spring) on conceptualising hope, self-belief and confidence, coping, managing stress and anxiety, problem solving, giving hope to others, and help seeking could support mental health and wellbeing in young people.

Method: The programme was evaluated using mixed-methodology. 88 children and adolescents participated in the 10-week Hopeful Minds programme. Anxiety, emotional regulation, hopelessness, coping and resilience were measured pre- and post-intervention, and focus groups were conducted with three post-primary participant groups on completion of the programme.

Results: Significant improvements were noted in anxiety and emotional regulation levels for primary school participants, where coping and resilience levels significantly improved for post-primary participants. Whilst hopelessness levels improved for both populations, they did not reach statistical significance, and this is discussed within. Additional subscales reported significant improvements in self-care, emotional insight, and self-confidence. The findings within the qualitative aspect of study indicated that the overall experiences of Hopeful Minds were very positive. The overarching themes reported by the primary and post primary focus group participants were developing a conceptualisation of hope itself, increasing emotional insight and awareness, improved resilience and gaining new coping skills. The specific subordinate themes within these were self-efficacy, confidence, improved coping strategies, and seeking help.

Limitations are discussed which relate mainly to the variations in sample sizes between the primary and post primary groups in the pre-post pilot.

Key recommendations are to consider ‘opt out parental consent’ to increase sample size and develop a more systemic ‘whole school’ approach for Hopeful Minds, which may improve school and community connectedness which were the aspects of resilience which had no effect. Finally, a full RCT with long term follow up for sustained effects over time is recommended also.

Conclusion: Considering the mixed method findings, the overall outcomes of the current pilot of Hopeful Minds provides preliminary evidence which indicates that this novel school based mental health promotion programme, which is grounded in hope theory and positive psychology, has strong potential in preventing and addressing the development of mental health issues in young people.
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](http://www.ifred.org), USA), and Prof Siti Rhaudza Ghazali, University of Malaysia- Sarawak and the extended Academic Team. November 2017
Trauma Sensitive Approaches in Schools

- www.traumasensitiveschools.org
Volume 1

A Report and Policy Agenda

Published in 2005, TLPI’s landmark report summarizes research from psychology and neurobiology that documents the impact trauma from exposure to violence can have on children’s learning, behavior and relationships in school. The report also introduces the Flexible Framework, a tool organized according to six core operational functions of schools that can help educators maintain a whole-school perspective as they create trauma-sensitive learning environments for all children.

You can download a free PDF of the book by completing the form to the right.

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Creating and Advocating for Trauma-Sensitive Schools

Volume 2 of Helping Traumatized Children Learn: Creating and Advocating for Trauma-Sensitive Schools, safe, supportive learning environments that benefit all children offers a Guide to a process for creating trauma-sensitive schools and a policy agenda to provide the support schools need to achieve this goal. Grounded in theory and practice in schools and with families, the Guide is intended to be a living document that will grow and change as more schools become trauma sensitive and add their ideas. The policy agenda calls for changes in laws, policies, and funding streams to support schools in this work. Together, the online learning community and the book are designed to complement each other, helping to build a growing and increasingly visible trauma-sensitive learning community.

You can download a free PDF of the book by completing the form to the right.

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Appendices
(no time to discuss in detail)

• The names of the psychometric measures used in the Pilot
• Acknowledgments
• References
Psychometric measures used

Primary
• The Hopelessness Scale for Children (HSC).
• How I feel Questionnaire (measures emotional arousal, control/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
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).**
References


- Belfast Strategic Partnership – Building Emotional Resilience Strategy consultation document 2014-17