

# Mental health in schools: the development and evaluation of a universal educational intervention

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<b>Registration date</b> 28/07/2011	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 22/02/2016	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

There is growing pressure on schools to address the emotional well-being and mental health of needs of their students as the majority of mental illnesses will have their beginnings in childhood and adolescence. Though a number of interventions have been conducted with the intention to address mental health literacy, stigma of mental illness, or emotional health in schools, an inconsistency of reporting standards and methodologies have led many systematic reviews to claim that more rigorous research is needed. The study aims to develop and test a secondary school-based educational intervention to target stigma of mental illness, mental health literacy, and emotional health, utilising contact with young people with experience of living with mental illness as a way to engage with students.

### Who can participate?

The project is currently running in secondary schools in the West Midlands. Classes are led by members of Birmingham and Solihull Mental Health Foundation Trust, as well as voluntary teaching assistants including current and ex-service users of the Trust.

### What does the study involve?

The project aims to teach classes of 12-13 year olds in Birmingham secondary schools about mental health, including common misconceptions of mental illness and the importance of looking after your own mental health. Young people aged between 18 -35 who have experienced mental illness themselves support the facilitation of the classes and talk to the pupils about their own experiences (usually for approximately 10 - 20 minutes) which has proven to be a very powerful way to combat stigma. Students are randomly allocated to one of two groups:

The contact and education group is taught throughout the day by a young person who has experience of living with mental illness. The education only group received a brief history of mental illness.

### What are the possible benefits and risks of participating?

No risks associated with this study

Where is the study run from?

The intervention days take part within secondary schools in the West Midlands

When is the study starting and how long is it expected to run for?

The study started in March 2011 and is expected to end in January 2012, with a follow up data collection period extending to June 2012.

Who is funding the study?

Funded by the National Institute for Health Research Collaboration for Leadership in Applied Health

Research and Care (NIHR CLAHRC); Birmingham and Black Country.

Who is the main contact?

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## Contact information

### Type(s)

Scientific

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## Additional identifiers

### Protocol serial number

2.3

## Study information

### Scientific Title

The development and feasibility evaluation of a universal educational intervention for secondary school age pupils to combat stigma and misconception of mental illness and to improve mental health literacy and mental health

### Acronym

YouthSpace in Schools

### Study objectives

Primary research question: Is education in combination with contact with a young person with experience living with mental illness, better than education alone for reducing stigma, and for improving mental health literacy and mental health? It is hypothesised that participants in the contact and education condition will show significantly reduced stigma of mental illness compared with participants in the education only condition (control condition), that participants in the contact and education condition will show significantly improved mental health literacy compared with participants in the education only condition, and that participants in the contact and education condition will show significantly improved mental health compared with participants in the education only condition

Further hypotheses relating to secondary research questions are:

1. A reduction in stigma and increased mental health literacy will lead to significantly more positive attitudes towards help-seeking
2. Improvement in mental health will be significantly mediated by and improvement in resilience.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

University of Birmingham ethics committee, 16/06/2010, ERN\_10-0397

### **Study design**

Randomised controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

### **Health condition(s) or problem(s) studied**

Mental Health

### **Interventions**

There are two study arms- contact and education, and education only. The methodology for each is the same. The only difference between the two groups is that pupils in the contact and education group are taught throughout the day by a young person who has experience living with mental illness, and this young person talks to the pupils about these experiences. In the education only condition, instead of this pupils receive a brief history of mental illness.

The intervention will last for one day in each school, and cover three interrelated subjects

1. Stigma of mental health issues
2. Mental health literacy
3. Improving our own mental health, including dealing with stress and anxiety, how thinking affects our behaviour and feelings, ways to cope with strong emotions, and the link between physical and mental health.

In the contact and education condition a young person with experience living with mental illness will work with the pupils as a teaching assistant and will also give a 10-20 minute talk about living with a mental illness to the pupils.

The intervention will be delivered by members of the research team, NHS staff, and current or past mental health service users. Training days and workshop notes will be provided for all individuals prior to their involvement in facilitating the interventions to ensure consistency and fidelity of implementation. The intervention will be delivered to classes of 20-30 pupils (depending on the usual class size of the school).

There will be a pre-test (3-4 weeks prior to intervention), post test (1-2 weeks post intervention) and at six month follow up.

### **Intervention Type**

Other

### **Phase**

Not Applicable

### **Primary outcome(s)**

1. Stigma of mental illness - Reported & Intended Behaviour Scale
2. Mental health literacy - Mental Health Knowledge Scale
3. Mental health/emotional well-being - The Strengths and Difficulties Scale

Outcomes will be measured pre-test, post-test, and at six month follow up

### **Key secondary outcome(s)**

1. Resilience to mental illness - The Resilience Scale
2. Schizotypal thinking - The Schizotypal Personality-Brief Form
3. Attitudes to Help-seeking- In the next 12 months if you were to experience a mental illness, how likely are you to seek help? Definitely not/ Very unlikely/ A bit unlikely/ Not sure/ Likely/ Very likely/ Definitely

Outcomes will be measured pre-test, post-test, and at six month follow up

### **Completion date**

20/12/2011

## **Eligibility**

### **Key inclusion criteria**

1. School: Based in the West Midlands Secondary schools represent a rough cross section of West Midlands school types, e.g. grammar, comprehensive, independent. Girls only, boys only, mixed gender.
2. Individual participant:
  - 2.1. Pupils aged 12-13
  - 2.2. Pupil has sufficient competency of the English language to be able to complete questionnaire

### **Participant type(s)**

Other

### **Healthy volunteers allowed**

No

**Age group**

Child

**Lower age limit**

12 years

**Upper age limit**

13 years

**Sex**

All

**Key exclusion criteria****1. School:**

1.1. Based outside the West Midlands

1.2. Primary school or sixth form college

1.3. No more than 4 grammar schools, 5 comprehensive schools, 2 independent schools to be involved in the intervention.

1.4. No more than 3 all girls schools, 3 all boys schools, or 6 mixed schools to be involved in the intervention.

**2. Individual participant:**

2.1. Pupils age 11, or 14 - 18

2.2. Pupil does not have sufficient competency of the English language to be able to complete questionnaire

**Date of first enrolment**

10/01/2011

**Date of final enrolment**

20/12/2011

**Locations****Countries of recruitment**

United Kingdom

England

**Study participating centre**

University of Birmingham

Birmingham

United Kingdom

B15 2TT

**Sponsor information**

## Organisation

University of Birmingham (UK)

## ROR

<https://ror.org/03angcq70>

## Funder(s)

### Funder type

Government

### Funder Name

National Institute for Health Research (NIHR) (UK) - Collaboration for Leadership in Applied Health Research and Care (CLAHRC)

## Results and Publications

### Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	19/02/2016		Yes	No
<a href="#">Protocol article</a>	2 protocol	22/03/2012		Yes	No