



mind & body

MIND AND BODY PROGRAMME IMPACT REPORT 2017

Addaction's Mind and Body programme provides eight group sessions and three one-to-one sessions to young people who may be at risk of engaging in self-harming behaviours. An evaluation was conducted in three pilot sites between 2016 and 2017. The evaluation findings and programme recommendations are summarised in this impact report.

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MIND AND BODY PROGRAMME IMPACT REPORT 2017

EXECUTIVE SUMMARY

Mind and Body:

Addaction developed the Mind and Body programme in response to the need for targeted prevention and early intervention for young people who engage in risk-taking behaviours that are associated with self-harm. The programme has two aims: To facilitate young people to explore and better manage the thoughts and actions that are associated with self-harm; and, to support young people to address issues that may be associated with reduced well-being.

The Training Effect were commissioned to develop a short online screening survey to help identify young people who might be at-risk of engaging in self-harm. Young people were also identifiable by school staff and through self-referrals to the programme.

The Mind and Body programme consists of a preliminary baseline assessment, eight group sessions and three one-to-one sessions with a practitioner for needs based support, in addition a series of manuals were available to provide information and to promote programme fidelity. The programme was rolled out to three pilot sites in 2016: Kent, Cornwall and Lancashire.

Evaluation:

A before and after programme design was used to evaluate the Mind and Body programme, using a mixture of quantitative and qualitative approaches. Data were collected from 299 young people before and after they had completed the Mind and Body programme. In addition, 30 professionals from various stakeholders participated in the focus groups.

Results:

There are three main findings from the evaluation:

1. The Mind and Body programme resulted in an efficient identification, referral and support for young people engaging in self-harm and/or risk-taking behaviour.

- The screening survey and the initial assessment session identified a number of young people who were “under the radar” of being at-risk.
- Focus groups reported enthusiastically about how the programme enabled young people’s individual needs to be identified and addressed once they engage in the Mind and Body programme.

2. Mind and Body had a positive impact on young peoples’ awareness, thoughts, feelings and behaviours relating to self-harm and risk-taking.

- 81% of the young people experienced a decrease over time in self-harm thoughts or did not think about self-harm at all whilst they engaged in the programme.
- 91% of the young people experienced a decrease over time in self-harm actions or did not engage in taking action at all whilst they engaged in the programme.

3. Mind and Body had a positive impact on young peoples’ mental well-being.

- 73% of young people experienced an increase in mental well-being.

In conclusion, this evaluation provides evidence for the effectiveness of the Mind and Body programme and provides recommendations for further service development and improvement.

FOREWORD BY MIKE DIXON, CEO ADDACTION

Anyone can be at risk of self-harm. As this important report shows, even the most outwardly confident and successful young people may be having frequent thoughts of harming themselves. This is an issue that matters a lot to young people; their parents, carers and families; and wider society. We need to get better at taking action early to prevent it.

At Addaction, we strive to make a positive difference to people's lives, offering the tools, support and tactics people need to be healthy. In our services across England and Scotland, we see every day how the right help at the right time can have a profound and lasting impact.

As resources get ever tighter, it's more important than ever to deliver effective services. That's why Addaction has been so pleased to work with the University of Bath to assess our Mind and Body programme. We want to know what works. We want to know what doesn't work. And we want to keep using the best possible evidence to improve our services.

I'm proud of the results shown here. They're a result of hard work; the imagination and dedication of project and case workers in Kent, Cornwall and Lancashire; and the detailed research and evaluation of the academic team. The stories of Katie and Annie bring life and context to the raw numbers in this report: behind each statistic is an individual person's life with hopes and fears, aspirations and a future.

We'll use the findings here to change what we do. But we hope that this report has a wider impact beyond improving Addaction's services. That's why we're making it public. Self-harm among young people is a problem that many different organisations can and should address better. So, we hope that the evidence and approaches set out in this report can also help those commissioning and evaluating services to make the best possible decisions. The more we all focus on the impact and outcomes of our work, and share lessons openly and transparently, the more effective we'll be together.

And that means more young people will live healthy, happy lives, free from self-harm.

INTRODUCTION

The Mind and Body programme provides a structured intervention for young people who may be at risk of engaging in self-harm, based on a community approach, which includes working within secondary schools. Due to this focus, the definition, prevalence and onset information for community samples are summarised in this report.

Broadly speaking, self-harm can be defined as actions that include self-injury and/or self-poisoning. Intentions and motives to engage in self-harm may be complex. The approach and methods of engaging in self-harm are also diverse across and within different populations. As such, defining and understanding the extent of the issue presents a challenge to researchers and practitioners alike.

Studies with community samples report life-time prevalence rates for self-harm amongst adolescents between 13-45% (Lloyd-Richardson et al, 2007, Plener et al, 2009, Ross & Heath, 2002 – cited in Nock, 2010, p344). A systematic review of 128 studies found the average proportion of adolescents who reported engaging in deliberate self-harm at some point in their lives and within the previous year was 13.2%, but two studies specifically looking at engagement in such behaviours within the previous year found a higher proportion of 26%. One study, involving over 12,000 adolescents across 11 European countries, found an overall life-time prevalence for deliberate self-harm was 27.6% amongst adolescents with an average range of 14.9 ± 0.89 (Brunner et al, 2014).

Even at the lower reported incidence rates, it is evident that self-harm is a major public health concern, particularly due to its association with suicide attempts and suicide outcomes (Brent et al, 2013). Moreover, there is concern that self-harm behaviours are increasing (Garrison et al, 1993; Muehlenkap & Gutierrez, 2004; Olfson et al, 2005 – cited in Jacobson & Gould, 2007, p129; Nock, 2010).

According to Nock (2009, 2010) the age of onset for self-injury is consistently reported to be between 12 and 14 years old. An anonymous survey study exploring a random sample of undergraduate and graduate students in the US found self-injury was usually reported to have first occurred between the ages of 10-20 years. Typically research in this area relies on retrospective self-report and therefore the complete accuracy regarding age of onset should be interpreted with caution; however, the broad developmental period of adolescence is consistently reported as a time of vulnerability for starting to engage in self-harm (Jacobson & Gould, 2007). As a response to the need for prevention and early intervention approaches, Addaction developed the Mind and Body programme. The programme was rolled out to three pilot sites in 2016, where Addaction was established and where there were partnerships with other providers and secondary schools. These were: Kent, Cornwall and Lancashire. An independent evaluation team who are based at the University of Bath conducted a preliminary evaluation of the programme. The pilot study was a year in duration – April 2016 to March 2017. To integrate the evaluation into routine practice, data collection took place between September 2016 and January 2017. This means that a greater number of pupils and schools have engaged with the programme than will have had the opportunity to participate in the evaluation itself. This impact reports outlines the aims and key components of Mind and Body programme and the evaluation and then summarises the evaluation findings in the context of the intended programme outcomes.

MIND AND BODY PROGRAMME

Aims of the Programme

Mind and Body seeks to support young people who engage in risk-taking behaviours that are associated with self-harm. The primary aim of the programme is to facilitate young people to explore and better manage the thoughts and actions that are associated with self-harm. The secondary aim of the programme is to support young people to address issues that may be associated with reduced well-being.

Identifying At-Risk Young People

Addaction commissioned The Training Effect to develop a short online screening survey to help identify young people who might be at-risk of engaging in self-harm¹. The questions focused on factors such as emotions, life-focus, peers and family, alcohol, smoking, self-harm and school support. Each question contained a risk rating and all responses were scored via a traffic light to highlight potential risk for self-harm using a standard and consistent approach. Importantly, in addition to the screening survey, young people were also identifiable by school staff and through self-referrals to the programme. In other words, even if a young person disclosed no issues on any of the risk factors, they were still welcomed to engage with the programme if they self-referred and were deemed appropriate for the intervention.

Mind and Body uses a bespoke screening survey that identifies young people at-risk of or those already engaging in self-harming thoughts and behaviours

Session Overview

The Mind and Body programme is comprised of a preliminary baseline assessment, eight group sessions and three one-to-one sessions with a practitioner for needs based support. A series of manuals are available to provide information and to promote programme fidelity. The diagram that follows outlines the core themes within each of the group sessions, which are attended by young people who were identified as being either at-risk or in-risk for engaging in self-harm behaviours.

¹ Mark Bowles is the Director of The Training Effect. Contact details: <http://www.thetrainingeffect.co.uk/>

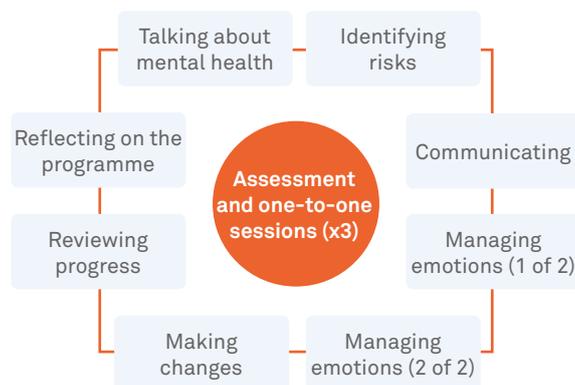


Figure 1: Mind and Body Session Topic Themes.

Practitioner Skills

To effectively deliver Mind and Body, practitioners must have relevant training and experience in working with young people in the context of mental health. Some of the current practitioners have backgrounds in working within community CAMHS teams, inpatient units and various substance misuse treatment and educational settings². One of the key requirements for practitioners is the ability to build a professional relationship with the young people they work with. For example, communication, empathy and presentation skills are vital for this work. Safeguarding is paramount and all practitioners must be competent, confident and have an excellent working knowledge of the policies, protocols and processes that relate to safeguarding and child protection. In addition to working with young people and education and health professionals, the practitioners must also be competent in managing databases, outcome monitoring and evaluation tasks. This means that the practitioner’s exceptional organisational skills will promote adherence to governance and evaluation processes. Overall then, in addition to effective working outcomes, the practitioner’s skills can positively influence the building of the programme evidence base.

Commissioning Arrangements

Mind and Body has been primarily commissioned by Clinical Commissioning Groups in Kent and by Health Education England in Cornwall and Lancashire³. There are proposals for the integration into Public Health provision so that it can be commissioned alongside substance misuse treatment services. Currently, the programme works effectively with secondary schools and existing social care providers such as ‘Early Help’ and specialist CAMHS services. Partnership working is central to the delivery of the programme, especially in the support of young people and teaching and pastoral staff⁴.

Intended Programme Outcomes

The three core intended outcomes are:

1. Efficient **identification, referral and support** for young people **engaging in self-harm and/or risk-taking behaviour**.
2. A **positive impact on young people’s awareness**, thoughts, feelings and behaviours as they relate to self-harm and risk-taking.
3. A **positive impact on mental well-being**.

²CAMHS: Child and Adolescent Mental Health Services.

³The funds from the Kent CCGs came through the CYP Mental Health Transformation Fund

⁴Detailed information on the programme can be accessed by contacting: Rick.Bradley@addaction.org.uk

The Evaluation

Introduction

An independent evaluation was commissioned by Addaction and was conducted by researchers who are based at the University of Bath. As a preliminary exploration of the Mind and Body programme, the evaluation took place in three pilot sites where Addaction young person services were already established and where teams were known to local secondary schools. The pilot sites were Kent, Cornwall and Lancashire.

Design

As this was an initial piece of work, hypotheses were not set. Instead the evaluation explored Mind and Body in relation to the intended programme outcomes. A before and after programme intervention design was utilised. A mixed quantitative and qualitative approach was used to collect data. This was analysed statistically and by identifying key themes and patterns in the data.

Sample

Across all three pilot sites, two cohorts participated in the evaluation. These were young people who took part in Mind and Body and stakeholder groups who comprised practitioners, teachers, managers, pastoral staff, commissioners and other health and education professionals who were involved in varying capacities in the programme.

Data Collection

Data were collected from 299 young people before and after they had completed the Mind and Body programme. Reliable and valid outcome measures were utilised to collect data about mental well-being and emotional behaviours. Bespoke measures were utilised to collect data about self-harm, particularly in relation to thoughts, actions and additional risk behaviours. Young people were also invited to participate in focus groups. To collect data from stakeholders, each pilot site invited professionals from commissioning teams, other health service providers and partners and education providers to participate in before and after focus groups at the start of the pilot phase and again, six months later. Thirty professionals participated in focus groups. The questionnaire data was analysed statistically and a thematic analysis was conducted with the focus group transcripts. Data was triangulated by discussing transcripts with the focus group participants. Accuracy and perspective checks were the core focus of these discussions. The findings are presented in the following sections of the report.

Outcome 1

The efficient identification, referral and support for young people engaging in self-harm and/or risk-taking behaviour.

Overall, the screening survey developed by The Training Effect has been a popular component of the Mind and Body programme design. Positive feedback has been provided by young people, teaching staff, pastoral school staff, practitioners and commissioners alike.

The screening survey enabled young people at risk or in risk to be identified consistently according to eligibility and referral criteria.

Referral Criteria Examples:

- Amber and red on survey screening
- Comments on survey screening that raised concerns
- 13 to 17 years, presenting with recent concerns relating to self-harm

This screening process also worked efficiently alongside professional referrals within schools and with self-referrals by young people. Young people have been supported by the programme and where necessary have been referred onwards for further support, based on individual needs.

Onward Referral Examples:

- Early intervention teams
- CAMHS
- Local voluntary and community sector organisations that have skilled teams to support young people
- Addaction practitioners for additional one-to-one support

Screening Survey, Output Data and Focus Group Findings

Findings from the focus groups were consistent and identified three key themes that link to the first intended outcome. These were the (i) Identification of “under the radar” students; (ii) The identification of different levels of individual need; and (iii) The ability of the programme to deliver different levels of support.

1. Identification of “under the radar” students:

The screening survey and the initial assessment session identified some young people who were “under the radar” of being at-risk. In other words, these young people were not previously known to school staff or mental health services as being potentially at-risk for engaging in self-harm behaviours. Education professionals disclosed that they would never have realised those young people might need support. Similarly, some young people who had completed the screening survey, and disclosed that they were in-risk and engaging in self-harm behaviours were not known to schools or mental health services. Where relevant, young people were supported and referred directly to CAMHS services. Whilst the intended outcome to effectively identify young people who were at risk of self-harm and other risk taking behaviours was achieved across all three sites, this is an area that professionals and practitioners noted as being important for future service development. The focus group discussions identified cases where a young

person's screening findings suggested they were eligible for the programme, yet were unable to attend the sessions. It was unclear what was available currently for these young people, specifically when they did not meet the criteria or threshold for referral to CAMHS. The increase in support seeking by the young people and the healthy group dynamic were positive and unanticipated outcomes from the pilot work. Young people noted that they could share in the success of individuals within the groups and felt free from a sense of social and scholastic competition because everyone looked out for each other. The use of social media meant that young people could maintain peer relationships outside of school too.

“
The survey pulled out students who we would never have come across and would never have got support. It was a real eye opener.
 ”
 Focus Group Contribution



The findings from the focus group and output data provide significant support to suggest that the first intended outcome was achieved in relation to the programme's success to efficiently identifying, referring and supporting young people to engage. The findings also show where the programme can develop further to identify an approach to support young people who reach the eligibility criteria for the Mind and Body programme though are unable to attend the sessions or find suitable alternative services in their local area.

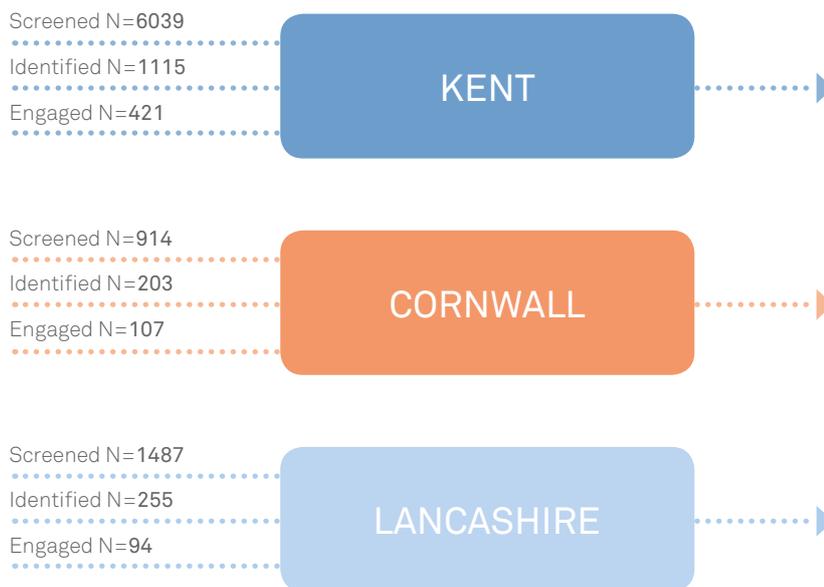


Figure 2: Output Data on the Identification, Referral and Support into the Mind and Body Programme.

Case Study

Katie was at secondary school. She was doing well academically, had a positive and supportive group of friends and was involved in several extracurricular clubs within the school. Therefore, her school had no concerns regarding her well-being. Alongside her school peers, Katie was invited to complete the Mind and Body screening survey. The survey identified her as at high risk of engaging in risk-taking or self-harm behaviours. The initial one-to-one with the Mind and Body practitioner further revealed that she had self-harmed for the first time a year ago, and was currently experiencing frequent thoughts of harming herself.

Over the course of participating in the programme, Katie became more confident and forthcoming about expressing herself within the group and started to share difficulties she had at home. Within a one-to-one session Katie also disclosed concerns about her older brother's controlling behaviour and asked what would happen if he was violent. The practitioner provided Katie with their contact details to be shared with her parents. After Katie talked about her experience of the Mind and Body programme with her parents, they contacted the practitioner to share what was happening at home. This led to a referral to specialist support services for families who are at risk or experiencing domestic violence.

Katie said that Mind and Body gave her the opportunity to speak out about her experiences and that this opportunity had never been possible before. As a result, her family are now being supported and Katie has positively engaged with the opportunity to reduce risk for self-harm.

Outcome 2

A positive impact on young people's awareness, thoughts, feelings and behaviours as they relate to self-harm and risk-taking.

In relation to the second outcome, three key themes were identified in all the professional and young person focus group discussions. These are as follows:

- 1 Increased awareness: Self-harm knowledge, how to identify and access support.
- 2 Increased coping strategies and skills: Use of resources, communication and seeking support.
- 3 Reduced stigma: Shared experiences, understanding, empathy and compassion.

Figure 3: Second Outcome Focus Group Themes

1. Increased awareness about self-harm

Young people and professionals who worked in school settings strongly supported Mind and Body as having a positive impact on their knowledge about self-harm and mental health generally. They made a direct link between this and the first outcome by discussing how knowing more about the issue had resulted in identifying and disclosing the experience of self-harm and promoted discussions within student groups and in the student-teacher relationship too. When students and school staff could talk openly about the issue, routes to accessing support were then discussed too. Focus group participants noted that the assemblies which were typically the venue for introductory discussions with Mind and Body practitioners and screening survey completion were an effective forum or venue to start these discussions. Whilst education professionals considered the dominion of programme delivery as relevant to the Mind and Body practitioners, each pilot site requested further school staff training about self-harm and the safeguarding process in providing support to young people. This is an area for future development and will be returned to in the recommendations section.

2. Behaviours-Increased coping strategies

Focus groups highlighted examples where young people had increased appropriate coping strategies that occurred beyond any other form of support those young people may have been accessing outside of the school environment. Examples included: using coded communication methods so that school staff would know when they were feeling vulnerable; independent use of programme resources to help them at times of difficulty and stress and increased support seeking from school staff and Mind and Body practitioners.

3. Feelings-Reduced stigma

Programme participants specifically identified taking part reduced any feelings of stigma. Young people said that they realised they were not alone in their experiences, some of which had never disclosed thoughts or actions around self-harm to anyone else previously. This in turn was perceived as helping to reduce stigma and the stereotypes regarding mental health and self-harm within the group and more widely in the school settings. Education professionals and young people said that an increase in confidence was common and identifiable through group and wider classroom participation. In addition,

communication about the experience of self-harm and associated needs had increased within Mind and Body groups and outside too (with pastoral and teaching staff and at home with family and friends).



Thoughts, feelings and actions

In total, 244 young people completed the outcome measure to monitor thoughts and actions about self-harm. The young people were based in Cornwall (N=25), Kent (N=179) and Lancashire (N=40). Figure 4 highlights the changes from the beginning to the end of participation in Mind and Body in relation to the number of thoughts about self-harm in a given preceding 28-day period. Examples of self-harm amongst the Mind and Body participants included (but was not limited to) pinching, scratching, cutting, drinking toxic substances, burning, hair pulling and self-hitting. Thinking includes all thoughts and feelings about self-harm. Actions include any behaviours leading up to-and including engaging in self-harm⁵.

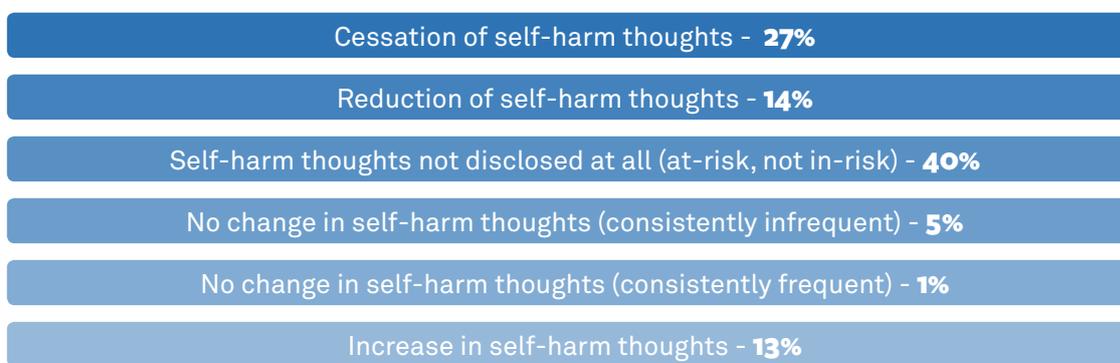


Figure 4: Second Outcome: Changes in Self-Harm Thoughts

The changes in thoughts about self-harm shown in figure 4 provide support that the second outcome was achieved amongst the majority of young people who participated in the programme, 81% of the young people either experienced a decrease over time in self-harm thoughts or did not think about self-harm at all whilst they engaged in the programme (N=196/244). These findings support the idea that Mind and Body integrates well into service provision where young people are ‘at-risk’ and therefore maintaining an outcome (such as the absence of self-harm thoughts) is important; or ‘in-risk’, where reducing a problematic outcome is important. In other words, Mind and Body appears to be both a preventative and an early targeted intervention in relation to self-harm. A very small percentage of young people thought frequently about self-harm consistently whilst engaged in Mind and Body (1% or N=2/244). Similarly, a small percentage of young people thought about self-harm infrequently and this remained consistent over

⁵Details are descriptive to ensure the anonymity of participants is protected.

time (5% or N=11/244). Thirteen percent of young people experienced an increase in thoughts about self-harm over time (N=35/244). Whilst this constitutes a minority of the participants, it is important to note that where positive change did not occur, the practitioners were able to support the young people and refer them for further support on an individual needs-led basis. In relation to the frequency of self-harm thoughts, the consistent pattern in outcome across all three pilot sites certainly lends support to the effectiveness of the Mind and Body programme. In relation to taking self-harm action, the intended outcome was also achieved amongst the majority of young people who participated in the Mind and Body programme.

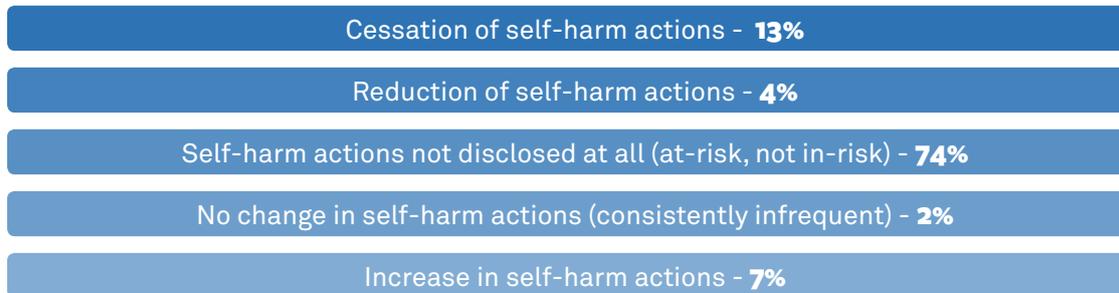


Figure 5: Second Outcome: Changes in Self-Harm Actions

91% of the young people either experienced a decrease over time in self-harm actions or did not engage in taking action at all whilst they engaged in the programme (N=221/244). A small percentage of young people engaged in self-harm actions infrequently and this remained consistent over time (2% or N=6/244). Seven percent of young people experienced an increase in self-harm actions over time (N=17/244). As with self-harm thoughts, any young people who did not experience positive changes whilst engaged in Mind and Body were referred onwards for targeted one-to-one support. Notwithstanding this, in relation to the frequency of (actions or) behaviours relating to self-harm, the consistent pattern across all three pilot sites is positive, showing that self-harm behaviours were addressed during young people’s engagement in Mind and Body.

Mind and Body’s combination of...

1-1

and

Group based sessions

Overall this makes young people feel **more confident** and **comfortable discussing** the **issues they face**

Reduces stigma
Challenges stereotypes
Provides a safe space

of young people **did not think about harming themselves** or **thought less about self-harm**

of young people **did not harm themselves** or **self-harmed less**

Case Study

When Annie completed the screening survey, she received an 'Amber' risk score. During her initial one-to-one with a Mind and Body practitioner, Annie revealed that she had been self-harming for a number of years and whilst she had shared this issue with a counsellor, she had not spoken to her family or school. She shared that the support previously received from a school counsellor was not that helpful to her. Annie reported feelings of anxiety and 'not coping', as well as embarrassment regarding her self-harm behaviours which she often did not realise she was doing until after the event. Whilst she felt that her self-harm was stress-related, she was unable to identify any specific triggers before starting the Mind and Body programme.

Over the course of the programme Annie became more comfortable in talking about her mental health and well-being, both within the group sessions and later, with her family. Her awareness and understanding of her self-harm behaviours increased so that she was able to identify her personal triggers and select and apply appropriate coping strategies to help her overcome them.

By the end of the programme Annie was reporting greater optimism and confidence in her own abilities to manage and reduce her self-harm behaviours and demonstrated pride in her progress on this issue. As a result of her participation in the programme, Annie's self-harm behaviour had reduced from daily, to 3 times in the last 28 days and her risk rating was reduced to a 'Green' rating. Annie was provided with support so that she could continue to access interventions after Mind and Body had finished.

Outcome 3

A positive impact on mental well-being.

Primarily, the programme structure the Mind and Body programme focuses on supports young people to better understand, develop skills and manage thoughts, feelings and behaviours that serve as typical antecedents and consequences of self-harm. As the third secondary intended outcome of Mind and Body, it was anticipated that mental well-being and associated emotional and social behaviours will improve as risk reduces and protective factors, including competencies and skills will increase. As previously noted focus groups and outcome measure data have been analysed to inform evaluate this outcome. In total, 299 young people completed the outcome measure to monitor mental well-being and emotional behaviours. The young people were based in Cornwall (n=23), Kent, (n=240) and Lancashire (n =36).

Focus Group and Outcome Measure Findings

The focus groups identified two key themes in relation to the third intended outcome. These are presented.

- 1 Improved well-being: Broadening of social networks has influenced positive thinking.
- 2 Improved behaviour: Attending and engaging with classroom contributions.

Figure 6: Third Outcome Focus Group Themes

1. Improved well-being

Focus group participants noted the increased confidence of the young people who took part in Mind and Body. Specifically, participants cited improved communication skills and behaviours such as significantly higher participation in school classrooms and school activities generally (such as clubs and associations). Some of the education staff noted that young people volunteered to take on roles that they would not previously have volunteered for in the school environment. The broadening social networks were key facilitators of positive thinking because young people were being acknowledged and identified as significant contributors, which made them feel better and more positive. The reduction in social isolation necessarily occurred as networks increased.

“

The Mind and Body pupils are more open and happy. One of our students is so positive about her future now and her self-esteem has improved.

”

Focus Group Contribution

As an area for further development, two of the professional focus group participants identified a reunion session could be beneficial to prevent a sense of loss, when students finished Mind and Body. They suggested a frequency of once per term, once the programme had been completed would give participants an opportunity to catch up and reconnect. More widely, focus group participants supported the formal development of local area referral pathways for young people at-risk or in-risk of self-harm that integrates community, school and mental health service provision. This could be an especially salient opportunity given that the outcome measure data demonstrated that across all three pilot sites, the majority of young

people experienced an increase in mental well-being (73% or N=218/299). For a small percentage of young people, there was no change in mental well-being, although scores were already above the sample average (4% or N=11/299). A similar percentage of young people experienced no change in mental well-being, although their scores were below average (3% or N=9/299). There was a slight deterioration in mental well-being scores for 5% of the sample, although the start and end of programme scores were consistently above average, even with the reduction in score (N=15/299). In total, 15% of the young people experienced below average scores at the start of Mind and Body, and these deteriorated further by the end of the programme (N=46/299). Where mental well-being scores were below average and/or deteriorating, young people were supported by the practitioner and referred onwards as appropriate for further one-to-one targeted interventions. Whilst change was positive for the majority of the young people, it remains important that an intervention such as this focuses as much on those young people who do not progress in the development of protective factors, as those who do progress.

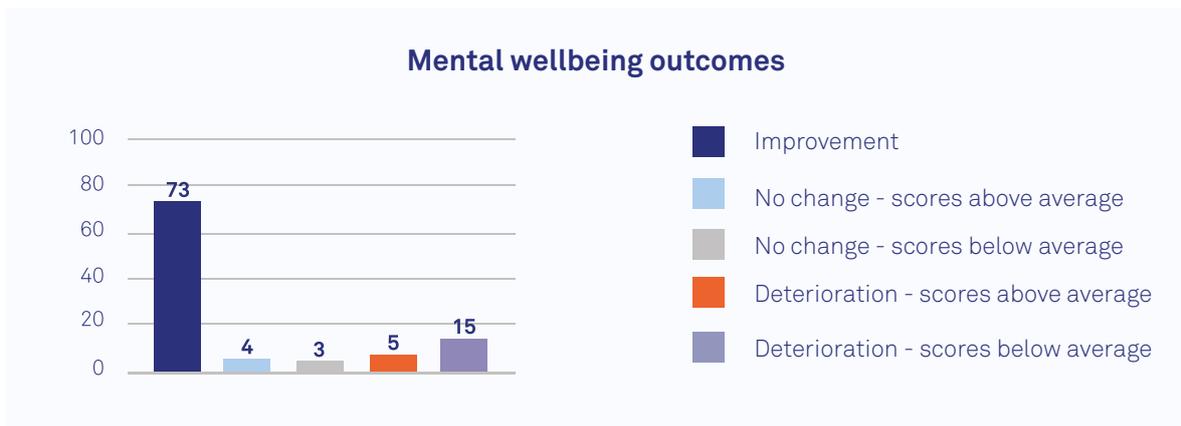


Figure 7: Third Outcome Mental Well-being Data

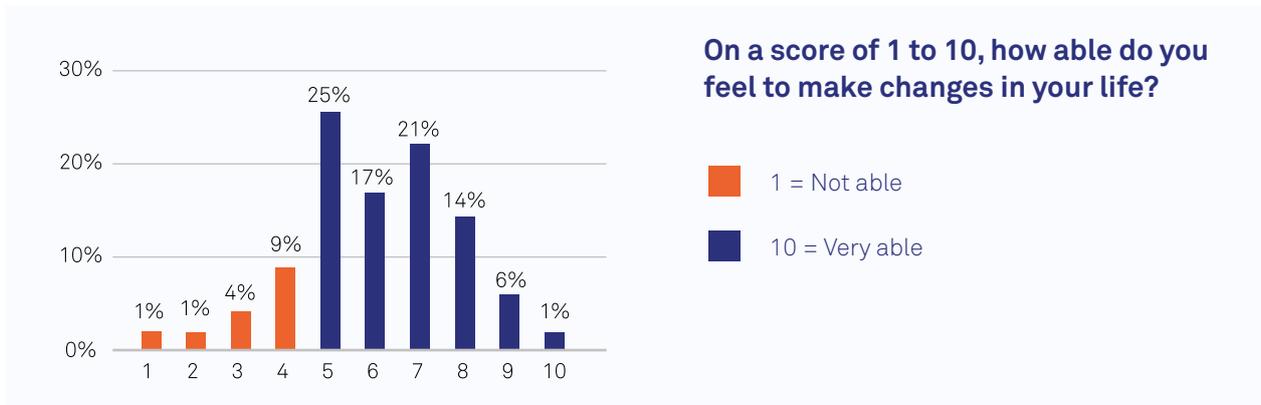
2. Improved behaviour

Analysis of the Focus group discussions identified a pattern of improved attitudes to learning and improved engagement and contributions in the classroom as being significant achievements of the Mind and Body programme. Whilst there was also a general perception about a reduction in behavioural incidents and emotional outbursts, the focus groups were not always attended by education staff who had direct access to data on this. Given the magnitude of focus group perceptions about improvements in behaviour, future evaluation work should follow this up with reliable data because a reduction in persistent absences and lateness was also noted as a common theme and a positive outcome. Education staff consistently noted that improved communication and associated confidence was influencing major contributing factor in explaining the improved relationships young people reported with family members, friends, classroom peers and school staff. Certainly, the evaluation team would introduce a reliable and valid measure of social competence to explore this outcome in more detail in the future.

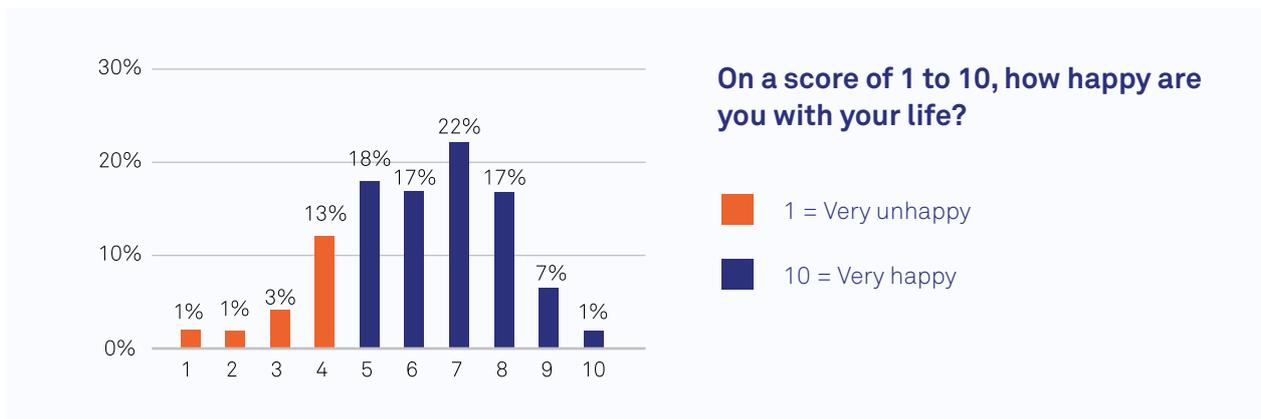
“The exercise in communication really opens student’s eyes to take perspectives and reflect these back. Young people changed their communication styles, especially with teachers.”

Focus Group Contribution

Analysis of Focus group discussions and outcome measure data offers support that the majority of young people benefited from engaging in Mind and Body, specifically in relation to reducing risk and increasing mental well-being. When the young person participants were asked in general, on a scale of one to ten, since completing Mind and Body, how able they felt to make positive changes in their daily life, the majority disclosed a score between five and ten (87%). The responses can be seen below.



Similarly, when young people were asked on a score of one to ten, how happy they were with their life, the majority also disclosed a score between five and ten (78%). The responses can be seen in the following chart.



The bespoke questionnaire data provided strong support that young people consistently rated between five and ten points in relation to feeling they could make changes and were generally happy with their lives. Given these findings and the attributions by professionals and young people about the impact of Mind and Body in their lives, there is strong evidence for the effectiveness of the programme.

Mind and Body

improved young peoples **communication skills,**

reduced feelings of isolation,

This led to young people:

Building more social networks

Participating more in both the **classroom** and in **school activities** and **having an improved attitude to learning**

Case Study

Natalie was attending secondary school, doing well academically and did not appear externally to have any behavioural issues. Natalie was identified as a candidate for Mind and Body due to a history of self-harm and other familial risk factors including the death of a close friend and a parent who drank heavily at home. Within her initial one-to-one with a practitioner Natalie shared that she felt regularly overwhelmed, anxious and unsafe at school. She also revealed that whilst she had not self-harmed recently, she continued to have thoughts about self-harming approximately twice a week and at times had thought about taking her own life. Natalie had sought support from the LGBTQ Youth Group. At the start of the programme she indicated that she had significant worries about sharing this information with others, particularly her family who she described as 'homophobic'.

Despite being unable to attend all of the Mind and Body sessions, Natalie made good use of the group sessions to talk openly with others about her sexuality and her desire to 'come out' to her family. The experience of being able to talk in a space of trust supported Natalie in practicing and developing assertive communication skills as well as coping strategies for stress and anxiety. With these newly developed skills, the continued support of the Mind and Body group and one-to-one sessions Natalie was able to reflect and plan how to communicate with her family and then act accordingly. Natalie was surprised by her family's supportive response to her disclosure.

Natalie told her practitioner that she viewed the programme as being 'essential' for her - supporting and empowering her to make some big changes in her life. As a result of Mind and Body and these self-directed changes, Natalie's thoughts about self-harm have reduced from twice weekly to once in the last 28 days.

Concluding Comments and Recommendations

Conclusion

Addaction developed the Mind and Body programme in response to the need for targeted prevention and early interventions for young people who engage in risk-taking behaviours that are associated with self-harm. Mind and Body aims to facilitate young people to address thoughts and actions associated with self-harm and to increase mental well-being. Mind and Body has been piloted through Addaction's partnership working with secondary schools in Kent, Cornwall and Lancashire. By using an online screening survey, developed by The Training Effect, it was possible to identify young people who were eligible for the programme. The programme was then delivered to these young people in schools over a year-long period. The outcomes were evaluated independently, in relation to the stated aims of the programme. A team based at the University of Bath, with experience of programme evaluation nationally, and internationally at Harvard University conducted the evaluation. This year, a basic 'before' and 'after' design was used to evaluate the Mind and Body Programme, using a mixture of quantitative and qualitative approaches. Data were collected from 299 young people at the start and end of their engagement with Mind and Body. A total of 30 professionals and 6 young people also contributed to focus groups and questionnaire completion.

The Mind and Body programme resulted in the efficient identification, referral and support for young people engaging in self-harm and/or risk-taking behaviour: (i) The screening tool identified a number of "under the radar" students, who were not known by the school or local mental health services. (ii) The Mind and Body programme identified different levels of individual need. (iii) The Mind and Body programme delivered different levels of support to the young people. The Mind and Body programme had a positive impact on young people's awareness, thoughts, feelings and behaviours relating to self-harm and risk-taking: (i) There was an increase in knowledge about self-harm, how to identify support and how to access support. (ii) There was an increase in young people's coping strategies and skills. Their use of resources, improvements in communication and seeking support. (iii) There was a reduction in stigma about self-harm, shared experiences, understanding, empathy and compassion. The Mind and Body programme had a positive impact on mental well-being. (i) There was an increase in young people's well-being and a broadening of their social networks, which had a positive impact on young people's thinking.

(ii) There was also an observed improvement in attending and contributing in classes.

Given these findings about the impact of the Mind and Body Programme in young people's lives, there is strong emerging evidence for the effectiveness of the programme.

Recommendations

The findings to date provide support for the continuation of the Mind and Body programme and integration into Addaction's provision for young people in the UK. The evaluation team recommend:

1. Continued work with The Training Effect, the partners who provided the screening tool data and risk identification that was part of the process that facilitated young people's engagement with Mind and Body.
2. The development of local formal pathways that incorporate referral routes and provision for young people, including parents, schools, the Mind and Body programme, early help services and CAMHS.
3. The development of an advice and information service for young people who cannot immediately engage with Mind and Body, although still require some support, prior to engaging with Addaction or another organisation, including CAMHS.
4. The development and provision of an advice and information service to support parents who are concerned about their offspring in the context of self-harm and associated issues.

5. The development and implementation of a self-harm and mental well-being awareness training session for school staff, which incorporates the local pathway so that schools can better support their students and identify and refer them onwards for formal support as part of the PSHE curriculum and safeguarding processes.
6. The development of a reunion session for young people, to catch-up and to reinforce the positive messages that were learned as a group member in the programme.
7. Additional evaluation work to improve methodology and evidence quality through the provision of a follow up and comparison group to consider the attribution of outcomes to the Mind and Body programme.



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