

Flex Your Head!

An Evaluation of a Youth Mental Health Pilot Program

Boys and Girls Clubs of Canada

**Submitted by Taylor Newberry
Consulting**



**To Boys and Girls Clubs of Canada
and AstraZeneca**



Boys & Girls Clubs of Canada
Clubs Garçons et Filles du Canada

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Introduction

The World Health Organization predicts that by 2020, depression will be the leading cause of disability. Research demonstrates that mental health difficulties such as depression and anxiety can lead to later difficulties with relationships, employment and academic success, as well as increase the risk of physical health problems. As a result, public health organizations are beginning to focus on preventing mental illness and promoting wellness. Adolescence is the period of development when mental health issues often first arise. Unfortunately, research suggests that youth may not reach out for help when needed because they lack understanding about mental illness and where they can turn for help, and also because they fear being stigmatized.

In collaboration with their member Clubs, BGCC has identified mental health difficulties as a pervasive challenge among youth members. Boys and Girls Clubs of Canada (BGCC) is uniquely positioned to address mental health difficulties among youth. Clubs operate in an informal, inclusive and engaging environment outside of school hours. Programming is universal in its approach – it is for all children and youth – but it is also the case the children and youth who may have greater needs for support are more likely to access the Clubs. Clubs also have access to a range of community and social service partners, as well as schools, to build support for addressing mental health challenges.

With the generous support of AstraZeneca, BGCC has developed a mental health promotion and education program to be delivered to youth by Clubs. Taylor Newberry Consulting (TNC) worked with BGCC to lead the development of the program's theory, approach, and materials, and to conduct a pilot project of the program with four Clubs. The program has been named *Flex Your Head!* Based on the delivery of the pilot, the program content and design has been revised and submitted to BGCC and AstraZeneca for a wider roll out to Clubs across Canada. The present document provides the findings and recommendations of the pilot project with four Clubs.

The Program Development Process

In partnership with BGCC and AstraZeneca, TNC assembled a national advisory committee composed of BGCC staff and Club representatives who expressed interest contributing to the development of the program. Alongside the committee, TNC built a leadership team that had extensive experience in clinical theories and interventions associated with youth mental health, youth engagement and programming, and program evaluation. A national advisory committee meeting was held in Toronto in December of 2011 review current issues, theories, practices, and models pertaining to

youth mental health; discuss youth mental health programs in relation to the Club context; and gather feedback on promising options to build the new program. This meeting provided education to Club representatives about the concepts of health promotion, primary prevention, and universal interventions in the context of contemporary clinical theories of youth mental health; conversely, Club representatives were able to provide descriptions of current needs among youth and critically reflect on how well potential interventions would fit within Club contexts. The agenda included hands-on exercises that modeled potential activities that could be used with youth.

Based on the feedback of the National meeting, contemporary literature on youth mental health interventions, and principles of youth engagement in general, TNC began to develop a comprehensive program. Program content and materials were provided to sub-committee for ongoing feedback. Specific activities were piloted with local youth to gain feedback on how engaging and useful they were. This development work occurred during the first half of 2012.

By the Fall of 2012 a complete program had been developed. Based on an application process, four Clubs were selected to participate in the pilot project (this will be discussed further). Club staff attended a 2-day national training session in Toronto. The training focused on the following:

- The goals, philosophy, and assumptions of *Flex Your Head!*
- The theoretical frameworks of youth mental health that inform the program.
- What the program modules and activities look like.
- The information and skills that Clubs need to run the program effectively.
- The role of evaluation in the piloting of the program.
- The key questions and the expected outcomes of the evaluation.
- The options for designing the evaluation.
- The process of delivering and evaluating the program and the resources and support provided by TNC.

The Structure of Flex Your Head!

Flex Your Head! is composed of engaging, group-based activities designed to promote mental health and prevent difficulties associated with depression and anxiety. The *Program Guide* begins with youth leadership training and a program launch, followed by 12 program “modules” containing a variety of group activities. A *Staff Manual* provides background information on contemporary issues and theories of youth mental health, the rationale of the program, and important information on youth engagement, consent and confidentiality, troubleshooting difficult situations, and establishing community

connections with mental health services and supports. The *Staff Manual* is a key resource for staff and youth leaders who directly deliver the program. *Flex Your Head!* also includes a range of extra-curricular Club activities that can occur at any time before, during, and after the targeted group program.

In addition to time for staff preparation, youth training, and the program launch, the program runs over the course of approximately 12 weeks (about one module per week). This time frame will vary according to how often the Club decides to run the activities and how many activities are chosen for inclusion. The program is designed for youth of both genders and for ages 13 and up. While some activities are suggested for certain age ranges and group sizes, there is a menu of activities to choose from under each module. All of these activities and how they can be delivered are detailed in the companion *Program Guide*.

The program delivery is organized as follows:

Introduction	An Introduction to <i>Flex Your Head!</i> for staff and youth leaders.
Program Launch	A Club wide awareness and recruitment event on mental health issues which may include presentations from youth leaders, multi-media and art exhibits, and guest speakers. The launch includes a number of fun and engaging awareness raising activities that can also be implemented in the Club generally, alongside the targeted program.
In smaller groups based on member interest:	
Module One	“What Is Mental Health?”: An introduction to the program and education on mental health and illness, services and programs, and how to get help.
Module Two	“Thinking and Talking About Mental Health” : Deepening youth understanding of mental health and how to talk about emotions, health, and well-being.
Module Three	“Who You Are, Where You Have You Been, And Where Are You Going!”: Understanding identity, values and goals.
Module Four	“Reading Your Emotional Cues and Becoming Mindful”: Introducing the concepts of mindfulness. Helping youth identify bodily sensations and emotions and how they are important to day to day life.
Module Five	“Our Brains: The Thought Machines”: Helping youth to identify and reflect on automatic thoughts.
Module Six	“Thinking About Thoughts”: Helping youth to reflect on thinking patterns and negative thoughts and to develop skills to manage them.

Module Seven	“Living in Full Experience”: Helping youth understand how to accept difficult emotions and lead full and vital lives.
Module Eight	“Caring for Yourself and Finding Balance”: Identifying the relationship between stress and mental health and the importance of self-care
Module Nine	“Self-Compassion and Good Relationships”: Promoting self-compassion, maintaining good relationships, and asserting needs
Module Ten	“Resolving Conflict with Others”: Strategies to reduce and resolve conflict.
Module Eleven	“Knowing what Hurts, Knowing what Helps”: Understanding stigma, it’s affects, and how to fight it.
Module Twelve	“Our Health, Our Voice”: Actions youth can take to raise awareness and sensitivity to mental health issues.

The Goals of Flex Your Head!

The intent of *Flex Your Head!* is to promote mental health and resiliency among participating youth. This broad aim can be broken down into several goals.

- 1. To provide staff with helpful information on youth mental health and assist them in locating resources and training as needed so that they feel more comfortable talking about mental health issues with youth.***

The *Staff Manual* and *Program Guide* is designed to be a fairly comprehensive set of resources regarding current issues in youth mental health and strategies to promote mental health and well-being. There are also links and references to other useful resources that may be helpful to staff wishing to learn more.

- 2. To create awareness and enhance understanding of mental health and mental illness among youth members.***

The program includes educational content that challenges youth to consider multiple perspectives on mental health issues. The activities are designed to accessibly present a range of mental health issues and make sure that youth have information that is useful, engaging, and meaningful. The program also provides additional resources to ensure that youth have a sense of where to go if they, their friends, or their family members need help.

3. Help youth develop strategies to cope with stress, promote healthy relationships, and understand the relationship between thoughts, feelings, and behaviours.

The program is designed to help youth understand how their thoughts about themselves, others, and the world interact with their emotions and how both feelings and thoughts impact actual behaviour. Youth experientially learn ways of looking at thoughts and feelings that can promote well-being and resilience. They will also learn problem-solving strategies to promote positive interpersonal relationships and manage day-to-day stresses.

4. Help youth translate their understanding of mental health into positive, anti-stigma attitudes and actions in their clubs and communities.

The program is designed to help youth feel safe and empowered in talking about mental health issues, with the goal of engaging in anti-stigma activities in the club, their school, and their communities. Through conversations about the effects of stigma and how perceptions have changed, the program encourages youth to think about what they can do differently at a personal level and in their peer groups. Activities promote fun, engaging, youth-relevant efforts to raise awareness about mental health issues.

Guiding Principles of Flex Your Head!

In addition to the goals of the program, there are number of guiding principles that directed the creation of the program. These principles are intended to guide the delivery of the program.

Principles regarding youth learning and engagement:

- Youth learn best when they are given a degree of ownership over the material and when they are able to contribute their own understanding, input, and creativity.
- Youth learn best when the environment is safe, inclusive, and respectful.
- For activities to be successful, they must be fun, engaging, and relevant to the experiences of youth.
- A successful program will combine individual skills and knowledge with peer group collaboration and dialogue.

Principles regarding youth mental health:

- Anxiety, sadness, and pain are inevitable. It is how we respond to these experiences that influences our mental health.

- Youth keep silent about their concerns regarding mental illness because of stigma, which can be reduced by education and modeling by peers and staff.
- Understanding and experimenting with possible reactions to thoughts and feelings provides flexibility, which is associated with positive mental health.
- Social problem-solving reduces stress and prevents problems from building and triggering mental health issues.
- Knowing your values and the kind of person you want to be creates motivation and allows for healthy choices.

In addition, *Flex Your Head!* assumes the following definition of mental health:

Mental health is the capacity of the individual, the group, and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective, and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality.¹

In the context of children’s mental health, positive mental health consists of social competence, cognitive problem-solving skills, skills to cope with stress, and perceptions of having social support². It is also asserted that empowerment and resilience are important aspects of positive mental health for children³. The presence of mental illness may be apparent when youth withdraw and stop doing things that they enjoy – when thoughts and feelings become so difficult that they “get in the way of life”.

The Scope of Flex Your Head!

This program is preventative in nature and promotes positive mental health – it therefore targets all youth. The focus is on the feelings of depression and anxiety as symptoms that are present in many different mental health disorders, but that are also common experiences for youth. The program is designed to not just help prevent mental health problems, but to promote well-being by helping all youth cope with the stressful experiences of adolescence. In a safe and inclusive environment, youth are given the knowledge and skills that allow them to live their lives more fully, and to feel vital and strong without getting "stuck" along the way.

¹ Health & Welfare Canada (1988). *Achieving Health for All: A Framework for Health Promotion*. Ottawa: ON.

² Peters, R. (1988). Mental health promotion in children and adolescents: An emerging role for psychology. *Canadian Journal of Behavioural Science*, 20, 389-401.

³ Cowen, E.L. (2000). Community psychology and routes to psychological wellness. In J. Rappaport & E. Seidman, *Handbook of Community Psychology*. New York, NY: Springer, LLC.

There are a range of mental health difficulties that are relevant to youth. Adolescence is often the time at which mental illness may first emerge and it is this age group that is more likely than any other to experience mental illness.⁴ *Flex Your Head!* is based on a range of principles, theories and interventions derived from clinical therapy contexts. However, it is not a “clinical treatment” program and is not designed to treat serious and severe psychiatric difficulties (e.g., schizophrenia, bipolar disorder). The prevalence of severe mental illness in Clubs will tend to be quite small. However, across the great majority of mental health difficulties, from minor and intermittent to major and chronic problems, there is the common thread of distress and anxiety.

The intent of this program is to promote and nurture positive mental health by focusing on assets and strengths. The program acknowledges the struggles of youth who may experience feelings of depression and anxiety. Efforts to help youth manage distress, sadness and worry, combined with efforts to open up dialogue and raise awareness about youth experiences, can be key ingredients to wellness promotion and resiliency, even among individuals who may be at risk for more serious illness. This is what makes *Flex Your Head!* a “universal program”.

The Evaluation of *Flex Your Head!*

The evaluation of the pilot phase of *Flex Your Head!* was organized around two major components – process evaluation and outcome evaluation.⁵

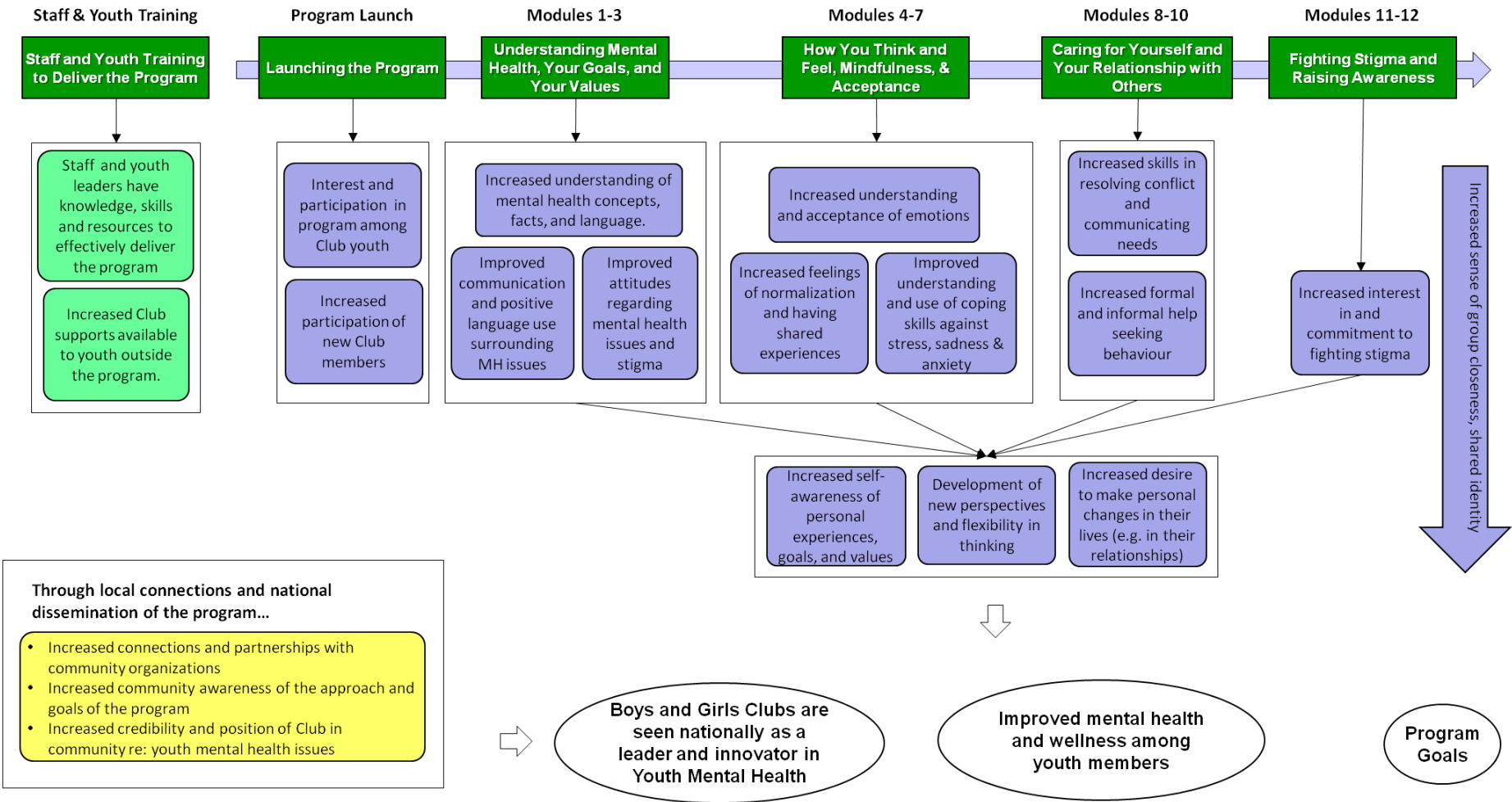
1. **Process Evaluation**: To understand the extent to which the activities were delivered as planned and if they were clear, well received, useful, and engaging for youth.
2. **Outcome Evaluation**: To understand the extent to which the expected outcomes of the project were achieved.

To guide the evaluation, a logic model was created that visually displays the major components of the program (i.e., groups of modules) and the corresponding short-term, intermediate, and long-term outcomes. This model was developed through a facilitated process with the Clubs during the national training. The final program logic model appears on the next page.

⁴ Statistics Canada (2013). Canadian Community Health Survey – Mental Health.

⁵ When evaluating a new program, the combination of process and outcome evaluation is often called “formative evaluation”. While outcomes are intended and expected, there is less known up-front about the details program implementation (i.e., the activities might not work very well). This means that the program and the evaluation may need to be adjusted during delivery. Some outcomes may not be achieved until a more consistent and finalized program is operating.

Flex Your Head! Program Logic Model



The major components of the program are:

- Staff and Youth Training
- Launching the Program
- Understanding Mental Health, Your Goals, and Your Values (Modules 1-3)
- How You Think, Mindfulness, and Acceptance (Modules 4-7)
- Caring for Yourself and Your Relationship with Others (Modules 8-10)
- Fighting Stigma and Raising Awareness (Modules 11-12)

Each of these “clusters” of modules (and the activities within) are intended to achieve a range of outcomes, as denoted in the model. In the short-term, we expect youth to meaningfully engage in the program activities, gain knowledge and awareness about mental health issues, achieve a level of self-awareness and normalization of their personal experiences, improve their skills in managing stress/anxiety and resolving conflict, and gain an interest in speaking out with anti-stigma messages. Throughout the program, we expect that the group of participating youth will develop a closeness and shared identity.

All these benefits are designed to greater flexibility in thinking, a willingness to seek out help, and desire to make personal changes in their lives. In the long-term (and beyond the scope of the evaluation), the program is designed to improve overall mental health and wellness among youth members.

Evaluation Design

The evaluation design had a number of different components, variously created to assess program implementation (process) and program impact (outcomes). Some evaluation components were optional and suggested (“optional tools”) whereas others were formally expected from participating Clubs (“core tools”). The evaluation methods/design are described below:

Activity Tracking and Reflection

For each activity, a brief form was completed by staff to document the delivery of the activities in each module. The form contained reflection questions on how the activity was received by youth and how it could be improved. This was a core tool of the evaluation.

Youth Program Attendance

Club staff collected youth attendance at each of the modules over the course of the program. This was a core tool of the evaluation to understand program engagement.

Youth Pre- and Post-Program Survey: Before and After

A pre-program and a post-program survey were completed by participating youth. This was a core evaluation method of the evaluation. The pre-program survey was administered during Module 2 or 3. The post-program survey was completed at or around Module 12. The surveys contained a set of measures that were selected to assess the short-term outcomes before and after program delivery. Longer measures were shortened to a smaller representation of items to prevent boredom and attrition among the youth completing the survey. All measures have acceptable levels of reliability and validity in previous studies. The measures included in the surveys were as follows:

The Mental Illness Stigma Scale: The MISS is a 28 item measure that assesses the level of stigmatizing attitudes associated with mental illness. Subscales included anxiety when associating with people with mental illness, perceived impact on relationships, visibility, treatability and professional efficacy, and potential for recovery. A total of 13 items were selected for use in the survey. Higher scores indicate greater stigmatizing attitudes. Example item: *I would find it difficult to trust someone with mental health difficulties.* (Day, Edgren, & Eshleman, 2007)

Adult State Hope Scale: This scale is a brief 6-item measure that assesses current goal-directed thinking and perceptions of agency. Respondents rated items from 1 (“definitely false”) to 8 (“definitely true”). Higher scores reflect greater “hope”. Example item: *There are good ways around any problem that I am facing now.* (Snyder, 2000)

Acceptance and Action Questionnaire-II: The AAQ-II is a 7-item measure that assesses psychological inflexibility and experiential avoidance. Respondents rated items ranging from 1 (“never true”) to 7 (“always true”). Higher scores reflect greater levels of psychological inflexibility. Example item: *I worry about not being able to control my worries and feelings.* (Bond, et al., 2011)

Difficulties in Emotional Regulation Scale: The DERS is a 40-item measure that assesses nonacceptance of emotional responses, difficulties engaging in goal-

directed behavior, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity. For the purposes of this survey, the impulse control and emotional clarity subscales were removed. A total of 18 items were selected for use from the remaining subscales. Respondents rated items ranging from 1 (“almost never”) to 5 (“almost always”). Higher scores reflect greater difficulties in emotional regulation. Example item: *When I’m upset, I become angry with myself for feeling that way.* (Gratz & Roemer, 2003)

General Help Seeking: The Help Seeking Scale is a 10-item item measure that assesses the likelihood of respondents seeking help with emotional difficulties from people in their lives. Each item is a separate potential source of help (e.g., intimate partner, friend, parent, etc.). Respondents rated items ranging from 1 (“extremely unlikely”) to 7 (“extremely likely”). Higher scores reflect greater help-seeking behaviour. (Wilson, Deane, & Rickwood, 2005)

Disclosure Expectations Scale: The DES is an 8-item measure that assesses perceived risk and utility of disclosing personal information. In the wording of the items, the word “disclose” was changed to “talk about” and “counselor” was changed to “Club staff member”. Respondents rated items ranging from 1 (“not at all”) to 7 (“very”). High scores reflect greater perceived risk (4 items) and greater utility (4 items) Example item: *How difficult would it be for you to talk about personal information to a Club staff member?* (Vogel & Wester, 2003)

A total of 49 youth completed either a pre-program survey, a post-program survey, or both. This accounts for about 73% of the total participating youth (see p.14). Table 1 provides the number of youth who completed the surveys for each Club, along with the total sample.

Table 1 – Number of Participants Completing the Evaluation Surveys

Club	Pre- & Post-	Pre- Only	Pre- Total	Post- Only	Post Total
Calgary	2	12	14	5	7
Botwood	13	2	15	2	15
Kawartha Lakes	0	0	0	5	5
Riverview	2	4	6	2	4
Total	17	18	35	14	31

The evaluation ideally hoped to receive a higher number of paired pre- and post-program surveys. While communication was consistently made with the Clubs to emphasize the design and expectations of the evaluation, gaps in the sample still

persisted. In one case, it is possible that a set of surveys were lost in the mail. In another instance, the post-program sample was considerably different from the pre-program sample (i.e., there was little overlap in the youth). This Club was also unable to provide attendance to further understand this discrepancy. Post-program survey numbers were smaller for two Clubs because attendance to complete the survey was low.

While these challenges are unfortunate, we are still able to examine differences in outcomes between a pre-program and a post-program group. Of the pre-program sample of 35 youth, and the post-program sample of 31 youth, 17 completed both surveys. This overlap is largely due to the efforts of one Club.

Regular Check-Ins with Pilot Clubs

Throughout the program several conference calls were scheduled between TNC and each of the sites. The purpose was to discuss the delivery of the program, troubleshoot difficulties, and gain an ongoing understanding of how the program was unfolding. This was a core method of the evaluation.

Staff and Youth Leader Interviews

TNC conducted an interview with staff and youth leaders near the end of the program. The purpose was to reflect on the successes and challenges in delivering the program, make observations about how youth have engaged in activities, and comment on how they have benefited. This was a core method of the evaluation.

Feedback Box

Clubs supplied an anonymous Feedback Box (e.g., a locked box or other secure container, such as a locker) with a slot for youth to provide their ongoing feedback of the program. This was an optional component of the evaluation. Only one Club regularly utilized this method.

Other Options

The evaluation package provided to Clubs also included some optional ways to gather information about the program. All Clubs took photos and, where possible, collected or documented items that were created as part of the program activities (e.g., signed t-shirts, posters, completed exercise sheets). Some Clubs formally documented their

“campaigns” in Module 12; two Clubs produced videos of program activities, anti-stigma messages, and youth voices.

The Participating Clubs and Youth Members

Four Clubs were selected for participation in the pilot evaluation. The criteria for selection was quite open-ended. At minimum, Clubs needed to have an expressed interest and need for youth mental health supports and sufficient experience in youth engagement. Participating Clubs needed to regularly serve male and female youth aged 13 to 18. The pilot was otherwise interested in examining the application of the program in diverse settings. The context of *Flex Your Head!* program delivery are described for each of the four Clubs below.⁶

Boys and Girls Clubs of Calgary (Alberta)

Calgary ran *Flex Your Head!* through an Aboriginal programming teen night. The Aboriginal program works with the medicine wheel and one component of this wheel is “spirit”. The mental health program fits well in this component. The program ran once a week from March through June. Three youth were selected to co-lead the program alongside staff. There were 18 youth participants (6 males and 12 females), as well as additional youth that participated sporadically. The number of youth participating each night was high since it was during a youth night in an already established program. They did not want to split the group because the Aboriginal program focuses on being holistic and creating a familial, inclusive atmosphere. This group size was a little bit beyond what was recommended for the program (i.e., maximum of 15 youth).

Boys and Girls Clubs of Kawartha Lakes (Ontario)

At Kawartha Lakes there were three groups that received the program. Group 1 was more informal – selected program elements were delivered to six 11 year-old boys who struggle with behavioural challenges (e.g., ADD, ADHD, learning disabilities, OCD, etc.). Activities were pulled from the program as needed. The staff person leading the group completed a number of the activity sheets to provide feedback, but otherwise this group was not a formal part of the pilot evaluation.

Group 2 was composed of older kids (17-18 year olds) and was run in collaboration with the Gay-Straight alliance of a local school. On average 8 youth participated regularly. The purpose of Group 2 was to build the leadership needed to help deliver the program

⁶ For convenience we will refer to the Clubs by their city/town name throughout the document.

to Group 3, in collaboration with staff. Group 3 was run as the formal pilot program within the Club, although Group 2 members also participated in the evaluation. Group 3 received the program once a week from February through April. There were 10 youth in the group. Two youth from Group 2 acted as co-leaders of the program. Youth participants were between 14-19 years old. The broad age range worked well because the older youth acted as leaders for the younger youth in the program and helped to encourage the younger youth to participate.

Across Groups 2 and 3 there was a total of 18 youth (11 male and 6 female; one individual declined to identify gender).

Boys and Girls Clubs of Riverview (New Brunswick)

Riverview's offering of *Flex Your Head!* was school-linked and took place at a high school with youth who were not yet members of BGCC. The school provided them with a room and they did the program over the lunch hour (1.5 hours) each Friday. The program ran 16 weeks from the end of February until the end of June. There were challenges getting the program off the ground because the school required more information than was initially expected. There were 16 participants total; of these, 10 attended consistently (2 males and 8 females). Two student leaders were selected to co-lead the program.

Botwood Boys and Girls Clubs (Newfoundland and Labrador)

Botwood has initial concerns regarding recruitment and felt the program name was not attractive to Club youth. The name was changed to *Mind Your Own Business* and recruitment was successful thereafter. The program ran once a week over a 12-week period, from November through January,. There were 16 participants (8 males and 8 females) in the program and all attended regularly. One youth co-lead the program.

Table 2 – Number of Program Participants

Club	Males	Females	Total
Calgary	6	12	18
Kawartha Lakes (Group 1)	6	0	6
Kawartha Lakes (Groups 2 & 3)	11	6	18*
Riverview	2	8	10
Botwood	8	8	16
Total	33	34	67*

*One youth declined to identify a gender

In total, almost 80 youth were exposed to the program across the four pilot clubs. Youth who participated more consistently (i.e., were present at most of the modules) numbered 67. Table 2 provides the breakdown of the 67 participants by gender.

Evaluation Findings

The evaluation of *Flex Your Head!* was concerned with issues of 1) program development and implementation and 2) the received benefits (or “outcomes”) of the program as experienced by youth. In the current evaluation, these two concerns share considerable overlap. Very often evaluations are concerned with whether or not there has been adequate participation, beyond mere attendance, as an important check on program process. In other words, participation in a program is seen as a basic assumption of program delivery that is necessary in order to be confident that the outcomes can be achieved. In the case of *Flex Your Head!*, many of the outcomes we are interested in are much more intertwined with the youth’s participation. Merely opening up and talking about mental health issues reflects on all sorts of gains experienced by youth, such as mental health literacy, destigmatization and normalization, and use of new coping strategies. The process of *Flex Your Head!* says a lot about the outcomes.

In the sections that follow we talk about key aspects of implementation, such as whether or not the activities were useful and engaging. We will then move into discussions of the core outcomes of the program and the evidence – quantitative and qualitative – as to whether or not they have been attained. The logic model provides a good guide to the narrative of this document, and we have pulled out the core outcomes of the model and placed them next to the sections that discuss the corresponding findings.

Evaluation of Program Implementation and Modifications

A central goal of the evaluation was to inform program development and the usefulness and reaction of youth to each individual activity. Clubs completed an activity feedback sheet for each activity when it was delivered. This information was collected and analyzed in order to make modifications to the module content. This report does not provide the granular details of how activities were modified. This information has been summarized separately and corresponding changes have since been made in a revised version of the program. In general, however, we can summarize the feedback as follows:

- The overall reception to individual *Flex Your Head!* activities was very positive. With a few exceptions, youth enjoyed the activities and were highly engaged in them. Overall staff gave a very high approval of the program design.
- We altered or removed activities that were focused on individual work, especially written work. Where possible, we modified such activities to be more group based and experiential. A few poorly received activities were removed.

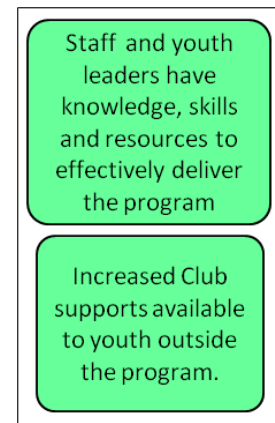
- We introduced the brief centering exercises that help practice mindfulness later on in the program, after youth learned more about their purpose. We did this because some Clubs felt these exercises sometimes made it hard to engage youth. Clubs also believed that youth would feel more connected to the exercise once a deeper understanding of mindfulness had been established. Optionally, Clubs can now deliver these activities at the end of the modules if it makes more sense to their context.
- Some modules were longer than others and Clubs sometimes struggled to complete the “mandatory” content. We reduced the total number of activities in each module and increased the number of optional activities.
- Some learning goals and activities were moved between modules to improve the flow and balance of the program.
- A significant number of youth at two Clubs dislike the program name, and one Club rebranded it as *Mind Your Own Business*. “Flex Your Head!” has been retained for now, but this issue may need to be revisited in the future

Staff and Youth Training

As mentioned, Club staff participated in program training at a national meeting in Toronto. The training and program itself was very well received among attending staff.⁷ During program implementation, staff completion of the activity sheets, as well as staff/youth check-in calls and interviews, were used to assess the extent to which staff and youth have the knowledge, skills and resources to deliver the program.

Staff responded that the program activities were clear in their directions and their purpose, with some minor exceptions. Staff also reported that the youth training was valuable and useful.

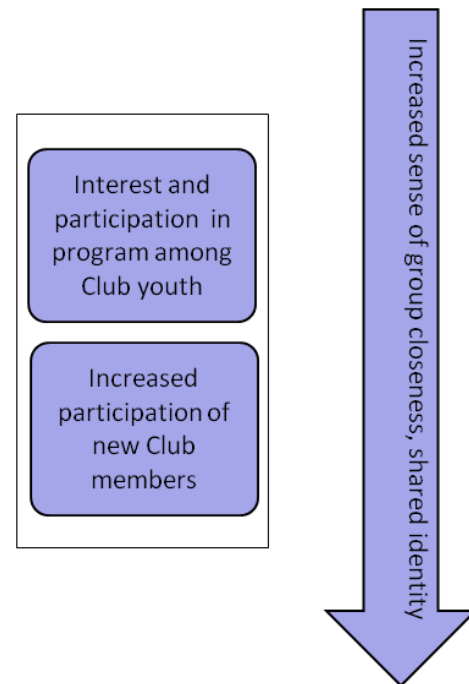
It was also hoped that *Flex Your Head!* would serve to build the capacity of Clubs to provide help mental health supports outside the formal delivery of the program. Improved capacity should follow from greater mental health literacy among staff and youth leaders, new program resources that can be “pulled” when needed, and connections to local and online resources. This is an evaluation question that was beyond the scope of the current evaluation. It may be useful to convene with the pilot Clubs in the future to examine how the program has helped build capacity in this regard.



⁷ TNC and BGCC has since delivered abbreviated *Flex Your Head!* training to additional Clubs at other national gatherings. While formal evaluations were not conducted, the feedback was highly positive.

Youth Engagement in Flex Your Head!

Flex Your Head! was designed to fill a gap in mental health programming and support. Youth in most communities do not have access to mental health information and education or an opportunity to learn skills important to positive mental health. Most mental health services are individualized and focused on treatment of existing issues. In contrast, *Flex Your Head!* is universal and available to all youth in the participating Clubs. *Flex Your Head!* is designed to be fun and engaging while also promoting information, skills, and resources that are grounded in current theories and practices associated with positive mental health. It is meant to be delivered in an inclusive, respectful, and collaborative environment by staff and youth leaders. A peer-led group approach promotes open discussion, normalization of mental health challenges, feelings of safety, and anti-stigma attitudes. *Flex Your Head!* is also situated in relation to local communities -- mental wellness is a shared community objective and a social issue that requires active engagement.



With this backdrop of program theory in mind, it was expected that *Flex Your Head!* would be highly engaging for youth. In the sections that follow, we use feedback from staff and youth to understand what helped (or hindered) participation, engagement, and program satisfaction. This information help assess program implementation as well as the outcomes associated with staff knowledge, youth participation, and group cohesion.

Participation and Group Cohesion

All of the pilot clubs experienced a small amount of attrition from the program. However, this tended to be very early in the program. Attrition in the later stages of delivery was rarer and a core group of youth remained in the program for the full duration in each Club. The participation at Riverview was a little less consistent than the other Clubs. Because it was delivered in a school setting, other competing demands of students sometimes interfered.

In interviews staff were asked to comment on the factors that contributed to program participation, engagement, and satisfaction. Staff reported that the program clearly **filled a local gap in accessible and universal mental health programming:**

“People came mostly because there was a need for the program. And this need wasn't being met anywhere else in the community. Some of our other programs can be accessed in other places, but not this one. Not in this type of atmosphere.”

Staff attributed youth engagement in the program to the nature of the activities, which were considered **experiential and interactive.**

“The program wasn't stuffy. It was edgy and engaging because it got kids moving. The programs that have kids sitting still and working through this stuff flop. Some of our kids have participated in those programs before and they said this one was better because it made it fun.”

“The more experiential the activity the better. Not just because they had fun, but because they understood the messages better. It is just how kids learn. It was a breath of fresh air to finally have a program understand that.”

“The metaphors were great and even better when mixed with interactive activities. These activities were really engaging. The key messages got through and the participation was high.”

“The interactive activities worked really well and they understood the messages most when the activities were creative and play-based. The paper and pencil activities weren't as strong and to be honest, the messages got through less.”

Feelings of safety and comfort level among participating youth were also important to participation. According to staff, for example:

“They already felt safe in our Club and so we weren't trying to introduce two new things at once. I think they felt comfortable taking the leap because they already trusted us.”

Youth were asked to comment on how comfortable they were in talking about their own thoughts and feelings during the program and if this comfort level changed over time. Of the youth who responded to this question with some detail (24), some youth felt uncomfortable and did not report a change (4); others felt they were already comfortable when they started the program (5). Many youth (15) noted that they were not entirely comfortable sharing personal thoughts and feelings at first but that this improved over time. For example:

“Weird at first, but better over time”

“I got more comfortable over time because I got used to the people”

“I felt a little weird in the beginning but I'm fine with it now”

"At the beginning I was a little uncomfortable but within the course of the program I became more comfortable"

"I felt apprehensive at first but eventually became more open because I realized it was okay"

"After a while it was really good because the leader always talked about how important it is to realize we are all similar in some way to each other and we should respect each other."

"I felt fine but it took a while. I didn't know the other people at first but then it wasn't a big deal because we were friends."

"After a while I felt really comfortable talking to the staff because I got to know her and she was really nice."

"I felt fine talking because it was a fun group and we got to know each other really well."

"At first I was hard but it became much easier over time."

"At first it was hard but the more I got to know everyone, by the end it was easy"

"I liked that I knew it was every week so I knew that if something happened I would have somewhere to go to talk about it."

"I liked having somewhere to go and feel comfortable talking to people because the group is a really safe place. The same staff was helpful because we trusted her."

This feedback from youth was echoed by staff, who reported that youth became more comfortable and confident over the course of the program:

"Some of the younger youth were a bit intimidated at first so they were a bit quiet. But after a couple of weeks they felt the same as everyone else and had no problem participating and speaking up."

"At first they were really shy. As you move through though the modules, you explain really well what the program is about and so it is easier for them to get perspective on the program. They were more engaged as time went by because they understood the content more."

"They became more relaxed talking about mental health. Some of the youth were going through personal difficulties and we watched them process it. It was really great."

"Kids came in who were really shy and introverted and then they totally became more confident speaking to people and in groups, and talking about mental health."

"In early weeks there was tension in the room and over time they started to talk more about who they are as people and the trial and tribulations they experience in their lives."

"Kids came in who were really shy and were introverted and then they totally became more confident speaking to people and in groups and talking about mental health"

It should be noted that these comments also reflect the importance of group cohesion and also increased feelings of normalization and having shared experiences. Staff echoed this idea:

"We noticed they are more comfortable with the subject matter. It won't be such a big deal to talk with their peers now. They will be more comfortable discussing with their friends."

"We noticed changes around openness. There was less judgment and more openness to difference."

"We had 3 males who were gay and this was a big deal for them. It really helped them. They didn't miss a meeting. The group was quite cohesive. 12-18 together, mix of boys and girls and personalities and everyone got along."

"They like being a part of something so meaningful. They like talking about deep issues and doing it with their friends. Friends joining is key."

"They felt safe talking to the peer leader. They had a connection on a level that I couldn't have with them. I think having me there was important because I could clarify messages, but the peer leader made the content understandable."

Participation was also improved by the provision of transportation and, for some Clubs, engagement with parents. Staff commented:

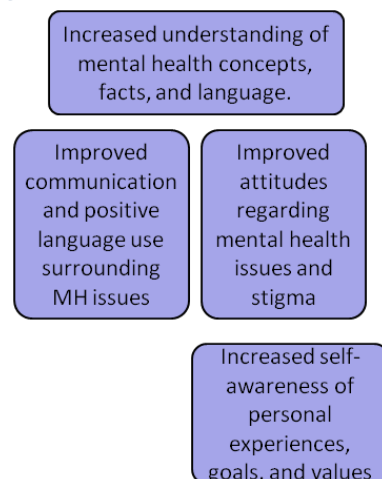
"We called home to remind the youth about the program and often spoke with the parents. This really helped to motivate the parents to support the kids coming to the program."

"They parents loved the program as well. They were sure to tell us. The parents were elated that their kids were in it. Many of them told us it was exactly what they have been looking for in the community. Another parent had one child participating but not the other. And now the other is begging to get in for September. That is so huge."

Core Outcomes: Mental Health Understanding and Attitudes

Modules 1 to 3 provide an introduction to mental health concepts while demystifying common stereotypes and promoting positive language and attitudes regarding mental health and mental illness.

The outcomes of interest are at right. All of these outcomes were assessed through the use of the Mental Illness Stigma Scale (MISS) and through qualitative feedback in the survey. In Table 3 below, the average



ratings are provided for each item on the MISS, before and after the program, on a 7-point agreement scale. Higher average rating reflect a greater expression of stigma (note: the reverse is true for items 1, 5, and 12). We can see that without exception, the pre-program group was on the “preferred” side of the scale midpoint of the items, suggesting low stigmatizing attitudes from the start. Nonetheless, there were systematic changes in the desired direction across all but two items (4 and 12). The overall scale average was scored such that a higher number reflects greater stigma; the average of all the items was lower at post-program.

These represent encouraging results, suggesting that the post-program group on average displayed less stigmatizing attitudes and greater knowledge and awareness of mental health concepts, facts, and language.

Table 3 – Youth Ratings on the Mental Illness Stigma Scale (7-point agreement scale)

Scale Items of the MIS Scale	Pre-Program (n=33-35)	Post-Program (n=29-30)
1. There are effective medications for mental health difficulties that allow people to return to normal and productive lives.	4.67	<u>4.83</u>
2. I would find it difficult to trust someone with mental health difficulties.	2.85	<u>2.33</u>
3. It would be difficult to have a close meaningful relationship with someone with mental health difficulties.	2.83	<u>2.43</u>
4. I feel anxious and uncomfortable when I’m around someone with mental health difficulties.	2.15	2.60
5. I probably wouldn’t know that someone has mental health difficulties unless I was told.	3.82	<u>3.93</u>
6. There is little that can be done to control the symptoms of mental health difficulties.	3.09	<u>2.40</u>
7. Once someone develops mental health difficulties, he or she will never be able to fully recover from it.	2.86	<u>2.17</u>
8. Once someone develops mental health difficulties, he or she will never be able to fully recover from it	2.83	<u>2.37</u>
9. When talking with someone with mental health difficulties, I worry that I might say something that will upset him or her.	3.91	<u>3.30</u>
10. I don’t think that I can really relax and be myself when I’m around someone with mental health difficulties.	2.34	<u>2.13</u>
11. When I am around someone with mental health difficulties I worry that he or she might harm me physically.	2.34	<u>1.87</u>

Scale Items of the MIS Scale	Pre-Program (n=33-35)	Post-Program (n=29-30)
12. Psychiatrists and psychologists have the knowledge and skills needed to effectively treat mental health difficulties.	4.43	4.30
13. I can tell that someone has mental health difficulties by the way he or she talks.	3.31	<u>3.00</u>
Scale Average	3.05	<u>2.73</u>

Youth were asked to reflect on how their attitudes about mental health and mental illness have changed since starting the program. Many youth reported positive changes to their attitudes, knowledge and awareness, consistent with the program outcomes. The comments below demonstrate a degree of understanding, acceptance, and anti-stigma:

"I know more about mental health and mental illness"

"I feel like I know more and it might help in life later and I feel like I can accept people with mental health illness more"

"I know a lot more facts about mental health and that the media shows it a certain way and that it is really scary but we know now that it is natural to feel the way we do because it tells us what we care about."

"[My attitudes] have changed because I didn't realize what people go through"

"I'm not that hard now as I was since I joined."

"From what we've discussed in this program, I've learned more about mental health and mental illness. I have been made more aware of their situation."

"I have become more understanding and accepting towards things that I can't personally understand."

"Since I have started my attitude has not been the same as it was at the beginning. I learned that mental health is not bad, it is something everyone can get."

"I always knew mental health and illness were important but now I know it's nothing to be ashamed of."

"I learned a lot about youth mental health and I can now tell others my age about it. I know that no one has to feel alone."

"I will be more open to mental health and illness and I understand better what it is."

Staff also reported observing changes to knowledge and attitudes regarding mental health issues:

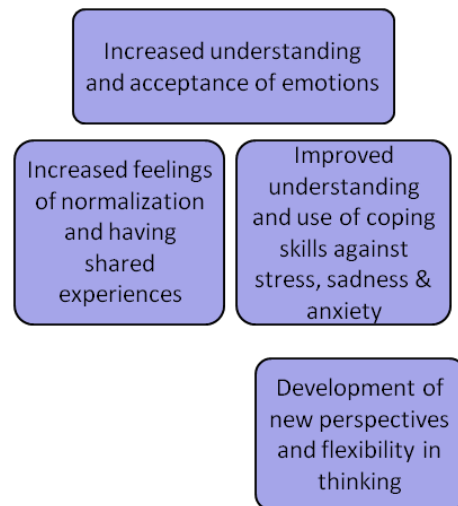
“They really got the message that mental health is part of all of us and for our group, this was a really important message.”

“They totally understood stigma messages, but we tried to move beyond just talking about stigma and to talk about mental health at a deeper level. For example, what makes up our mental health.”

“It was really an ‘A-ha!’ moment when it clicked that mental health is something we all experience and that our mental health fluctuates on a spectrum.”

Core Outcomes: Emotions, Coping, and Normalization

Modules 4 to 7 tie the theories of cognitive behavioural therapy and mindfulness to engaging, experiential activities. The goal is help youth recognize and accept negative emotions, such as sadness and anxiety, as a normal aspect of life. Youth learn to identify “how they think” and to generate coping strategies to address emotional challenges.



The survey used two main measures to assess the corresponding outcomes. The Acceptance and Action Questionnaire-II (AAQ-II) and the Difficulties in Emotional Regulation Survey (DERS). Table 4 displays the average ratings of the AAQ-II items at pre-program and post-program on a 7-point scale. Higher ratings reflect greater levels of psychological inflexibility. Youth consistently rated below the midpoint of 4 at pre-program and post-program. While the differences are mostly small, all the items except one (item 2) showed a lower average rating at post-program. This tentatively supports the notion that youth gained improved psychological coping skills as a result of the program.

Table 4 – Youth Ratings on the AAQ (7-point scale from 1-never true to 7-always true)

Scale Items of the AAQ-II	Pre-Program (n=33-35)	Post-Program (n=29-30)
1. My painful experiences and memories make it difficult for me to live a life that I would value.	3.39	3.32

2. I'm afraid of my feelings.	3.52	3.58
3. I worry about not being able to control my worries and feelings.	3.61	<u>3.40</u>
4. My painful memories prevent me from having a fulfilling life.	3.03	<u>2.77</u>
5. Emotions cause problems in my life.	3.67	<u>2.97</u>
6. It seems like most people are handling their lives better than I am.	3.91	<u>3.42</u>
7. Worries get in the way of my success.	3.24	<u>3.10</u>
Scale Average	3.48	<u>3.22</u>

The DERS is more specific than the AAQ-II and focuses on cognitive actions (positive and negative) in relation to emotional experience. Lower scores reflect better emotional coping. Of the 18 items used, 8 of them required reverse coding, as noted in Table 5. Once again, average ratings fell below the midpoint at both pre-program and post-program. Differences are mostly in the desired direction (with items 4, 5, 8, and 14 as exceptions), but are generally small.

Table 5 – Youth Ratings on the DERS (5-point scale from 1-almost never to 5-almost always)

Scale Items of the DERS	Pre-Program (n=33-35)	Post-Program (n=29-30)
1. I pay attention to how I feel. (rev)	2.64	<u>2.60</u>
2. I care about what I am feeling. (rev)	2.55	<u>2.37</u>
3. When I'm upset, I acknowledge my emotions. (rev)	2.74	<u>2.69</u>
4. When I'm upset, I become angry with myself for feeling that way.	2.44	2.67
5. When I'm upset, I believe that I will remain that way for a long time.	2.42	2.50
6. When I'm upset, I believe that I'll end up feeling very depressed.	2.36	<u>2.00</u>
7. When I'm upset, I believe that my feelings are valid and important. (rev)	3.09	<u>2.77</u>
8. When I'm upset, I can still get things done. (rev)	2.45	<u>2.52</u>
9. When I'm upset, I know that I can find a way to eventually feel better. (rev)	2.53	<u>2.33</u>

Scale Items of the DERS	Pre-Program (n=33-35)	Post-Program (n=29-30)
10. When I'm upset, I feel like I am weak.	2.70	<u>2.67</u>
11. When I'm upset, I feel guilty for feeling that way.	2.58	<u>2.43</u>
12. When I'm upset, I have difficulty concentrating.	2.94	<u>2.90</u>
13. When I'm upset, I start to feel very bad about myself.	2.72	<u>2.50</u>
14. When I'm upset, I believe that wallowing in it is all I can do.	2.21	2.41
15. When I'm upset, I have difficulty thinking about anything else.	2.82	<u>2.30</u>
16. When I'm upset, I take time to figure out what I'm really feeling. (rev)	3.21	<u>2.83</u>
17. When I'm upset, it takes me a long time to feel better.	2.70	<u>2.53</u>
18. When I'm upset, my emotions feel overwhelming.	3.06	<u>2.73</u>
Scale Average	2.68	2.54

It could be that the small differences between pre- and post-program are ceiling (or basement) effects. The ratings are quite low (i.e., positive) at pre-program and there is not a lot of “room for the average to move” to an even lower position. This measurement issue may also have to do with the universal nature of this program. Since this is not a “clinical sample”, many youth may not be experiencing significant difficulties, leading to lower ratings on these scales. Nonetheless, the majority of items (14 of 18) changing in the desired direction is a positive finding.

Youth were also asked to rate their level of agreement with a single item on the post-program survey: *“Now that I have participated in Flex Your Head!, I feel better about my own mental health and how I cope with personal difficulties”*. The average rating was 5.30/7, representing a fairly high level of agreement. The minimum score on this item was 4/7, the midpoint of the scale.

When asked what they found most valuable about the program, most youth described it as fun, interesting, and useful. A few other youth provided some more detailed answers, including comments about coping with negative thoughts and emotions. For example:

“I found what's most valuable about this program is that it help's express my negative thoughts. It is helps because it made me change big time.”

"I found ways to cope with negative thoughts and emotions."

"I learned lots of information about how to deal with sad moments."

Staff also commented that the program armed youth with knowledge, skills and resources that will help them address their own personal mental health challenges:

"I know that some of the youth brought home a few of the things we made in the program, just to serve as a reminder of what we talked about. They definitely learned tricks and techniques for communication and positive self-talk, and I think those tools will be really positive for them in their life."

"I think the truth, the facts, and the skills to talk about mental health will be valuable tools for them down the road. I know so."

"I cannot speak highly enough of this program. While we may not see immediate results in all the participants, I believe each participant took away something from this program they will personally use or share with someone else to use."

"A major issue that this group is facing is intergenerational trauma and the program brought tools to them to explore the traumatic effects of this. Our parents and grandparents didn't have the tools to explore their mental health. It is getting this generation tools for this."

Greater normalization of mental health issues was evident in youth feedback regarding their increased "comfort" in speaking about their thoughts and feelings. Normalization came up in other comments as well, providing support to the corresponding outcome (i.e., "feelings of normalization and shared experiences"). For example:

"[The program] makes me feel good about myself. Give you a better, more positive attitude."

"The program taught me that it is okay to feel sad and lonely."

"It helped me come to terms with my own mental issues. I was afraid before and now I'm open about it."

Core Outcomes: Help-Seeking

In relation to Modules 8-10, the evaluation focused on potential changes to help-seeking behaviour. Through education, destigmatization, and the normalization of mental health issues, it was hoped that youth's attitudes

Increased formal
and informal help
seeking
behaviour

and behavioural intentions would become more open to asking for help. This outcome is particularly important given Canadian statistics that estimate fewer than 1 in 4 youth will seek out and receive the help they need.⁸

In addition to qualitative feedback, two measures were used to assess this outcome: The General Help Seeking Questionnaire (GHSQ) and the Disclosure Expectations Questionnaire (DES). The GHSQ required youth to rate how likely it would be to seek help and support from various sources when experiencing emotional difficulties. Higher scores indicate a greater likelihood of seeking support. Table 6 (next page) displays the average ratings for each item a pre-program and post-program.

The findings here are mixed. In some cases, there were no apparent differences in ratings from pre- to post-program, such as for intimate partners (above the midpoint) and for help lines and religious leaders (below the midpoint). In other cases, the likelihood of seeking support appears to decrease, such as for friends and other relatives. The ratings, however, remained above the midpoint; “friends” remained the most highly rated item at post-program, which is encouraging.

The greatest changes, however, were positive and were in relation to more formal sources of support. The largest difference between pre- and post-program groups was in relation to Club staff members (3.28 to 4.14). There were also notable differences for “mental health professional” (3.21 to 4.03) and for “doctor” (2.56 to 3.10). These findings are positive as they demonstrate that youth are likely to reach out to these more formal sources of support, in addition to friends and intimate partners.

The inconsistency in ratings of help-seeking across the different sources of support is reflected in the scale averages, which remained relatively unchanged from pre- to post-program (3.53 to 3.63). Of more importance, however, is the average rating of the item “*I would not seek help from anyone*”. This item average is above the midpoint at pre-program, suggesting that it is more likely (on average) that youth would not seek help. At post-program, the item is below the midpoint, suggesting this it is more unlikely that youth would refrain from seeking help.

The Disclosure Expectations Scale (DES) was adapted to refer to risk in disclosing to Club staff and the perceived utility in doing so. In this measure, risk is related to difficulty, vulnerability and worry about disclosure. Looking at Table 7 the post-program group rated risk as higher than at pre-program for 3 of the 4 items, which was

⁸ Waddell, C., McEwan, K., Shepherd, C.A., Offord, D.A., & Hua, J.M. (2005). A public health strategy to improve the mental health of Canadian children. *Canadian Journal of Psychiatry*, 50, 4, 226-233.

Table 6 – Youth Ratings on the GHSQ (7-point scale from 1-extremely unlikely to 7-extremely unlikely)

Scale Items of the GHSQ	Pre-Program (n=33-35)	Post-Program (n=29-30)
Intimate partner (e.g., girlfriend, boyfriend)	4.38	<u>4.39</u>
Friend (not related to you)	4.94	4.65
Parent	4.19	3.97
Other relative/family member	4.30	3.72
Boys and Girls Club staff Member	3.28	<u>4.14</u>
Mental health professional (e.g. psychologist, social worker, counselor)	3.21	<u>4.03</u>
Phone helpline	2.18	2.10
Doctor	2.56	<u>3.10</u>
Minister or religious leader (e.g. Priest, Rabbi, Chaplain)	2.70	2.60
I would not seek help from anyone*	3.38	<u>2.52</u>
Scale Average	3.53	<u>3.63</u>

*This item is not included in the overall scale average

unexpected. However, average ratings at both times were at or below the scale mid-point of 3/5, so youth do not find the risk to be high in a general sense. The items focused on utility showed the opposite pattern. Youth rated disclosure as more beneficial to them at post-program. While the differences were relatively small, the average ratings were all near or above the mid-point at post-program. At post-program, it appears that youth do not find disclosure about emotional issues particularly risky and, on average, find it useful to them.

Table 7 – Youth Ratings on the DES (5-point scale from 1-not at all to 5-very)

Scale Items of the DERS	Pre-Program (n=33-35)	Post-Program (n=29-30)
Perceived Risk Items		
How difficult would it be for you to talk about personal information to a Club staff member?	2.36	2.81
How vulnerable would you feel if you talked about something very personal you had never told anyone before to a Club staff member?	2.79	3.10
How risky would it be to talk about your hidden feelings to a Club staff member?	2.75	<u>2.69</u>

Scale Items of the DERS	Pre-Program (n=33-35)	Post-Program (n=29-30)
How worried about what the other person is thinking would you be if you talked about negative emotions to a Club staff member?	2.67	2.87
Scale Average	2.64	2.87
Perceived Utility Items		
If you were dealing with an emotional problem, how beneficial for yourself would it be to talk about personal information to a Club staff member?	2.79	<u>2.90</u>
How helpful would it be to talk about a personal problem to a Club staff member?	2.67	<u>3.32</u>
Would you feel better if you talked about feelings of sadness or anxiety to a Club staff member?	2.81	<u>3.10</u>
How likely would you get a useful response if you talked about an emotional problem you were struggling with to a Club staff member?	3.24	<u>3.71</u>
Scale Average	2.79	2.90

We examined qualitative responses provided by youth after the program to get a sense of their help-seeking behaviour. Help-seeking seemed to go hand in hand with the program’s aim to normalize mental health struggles:

“I think knowing people are talking about it and meeting about it shows that it is a really important topic and I shouldn't just wait if I am feeling sad. I should talk to someone right away, so that changed for me.”

“I should always tell someone because it is no different than getting hurt, like a broken leg.”

“I liked that I knew [the program] was every week, so I knew that if something happened I would have somewhere to go to talk about it.

Knowing that more people suffer from mental health made me feel better about talking to other people. I don't feel like I should be embarrassed.

Youth were also asked to comment on how they would “help family and friends to cope with negative thoughts”. The dominant responses were to suggest that the person “talk to someone”, including themselves, about their problems. For example:

"Everyone likes to hear 'it's going to be okay', but I would make them feel it. I would be there for them every step of the way. I would listen and help."

"Talk to someone they know and say that it is okay. There is lots of help out there."

"I'd tell them 'what you're feeling, it's okay. Don't hide it. Get help, or it'll get worse.'"

"I would tell them to try to understand why they feel that way and that it is really important if they feel like they are always feeling bad to go and seek help from a professional, like at the hospital or someone at the school."

"I would tell them to look into this program."

Core Outcomes: Fighting Stigma

Flex Your Head! is not merely about educating youth about mental health concepts and providing them strategies to cope with their own emotional struggles. It also strives to situate positive mental health as an important community issue that permeates their social world. The goal of Module 12 is take the foundational content of mental health concepts, definitions, and myths and challenge youth to engage in action-oriented, anti-stigma projects. *Flex Your Head!* aims to build leadership among youth in order to build positive attitudes about mental health that can be shared beyond the program – in their Clubs more widely, at school, and in other areas of their lives.

Increased interest
in and
commitment to
fighting stigma

Many of the comments from youth already presented in this report are relevant to anti-stigma attitudes, particularly in relation to newly acquired knowledge of mental health concepts and greater normalization of mental health issues that people experience. Additional comments made by youth further suggest that youth have begun to view mental health issues in a way that is consistent with leadership and an anti-stigma ideal.

"I've learned that people with mental illness are just like us, and they can be helped. You just have to show support toward this issue and understand."

"It was cool to be able to talk about it [mental health issues] with others and teach them some things I knew, especially about the LBGTQ community."

"What I liked best was learning about what mental health and illness actually is. It helps us help people better."

We also asked staff to comment on some of the ways in which youth demonstrated anti-stigma action and awareness raising:

“They wanted to get involved in community activities outside of the Club.”

“We did the Defeat Depression walk together. This was a huge thing and they were very vocal and open. It was their idea and just an add-on for us. It wasn’t our campaign, they just wanted to do it.”

“We also did an anti-bullying night together.”

“For us, this program attracted relatively open-minded individuals and I assume the members aren’t the ones spreading negative messages. They are natural leaders who want to improve the climate of the school and were looking for tools to do so. The program certainly helped them to do this and helped them to learn messages that they can share. They can talk more positively about mental health.”

Module 12 guided participating youth through steps to create an awareness campaign. For two Clubs, this involved the production of a video that documents the program and provides youth voices about mental health struggles and the importance of raising awareness and dialogue. These videos are compelling additions to this evaluation report as they bring to life the actual process of the delivering the program within the actual context of the Clubs. They also provide additional insights into the outcomes that have been discussed so far. A third club created and delivered a school presentation.

Community Connections

While *Flex Your Head!* is designed so that it can be delivered by staff and youth leaders in the Club. However, the program also emphasizes the importance of establishing community connections.

The *Staff Manual* contains a section with tips and strategies on how to reach out to various community organizations. This is important for a number of reasons. First,

Clubs wish to popularize the program among local mental health organizations, other social service organizations, and schools to help connect youth to the program and to the Club more generally. Clubs also aspire to take a leadership role in youth mental health issues in their own communities. Such connections are also important to the program delivery itself. If some youth are identified as having particularly challenging difficulties, the ability of the program to refer them to local services is imperative,

Through local connections and national dissemination of the program...

- Increased connections and partnerships with community organizations
- Increased community awareness of the approach and goals of the program
- Increased credibility and position of Club in community re: youth mental health issues

including in urgent situations. Having mental health organizations available for advice and resources is an important aspect of the programs capacity.

Clubs have echoed this need during the pilot. Riverview, for example, delivered the program in a school setting and elected to have a mental health service provider sit in during the sessions. They felt the presence of the provider was essential, as the participating youth brought up challenging topics early on, such as cutting and self harm. The providers were able to add information to the sessions, advise the staff and youth leaders on how to manage such topics, and to serve as resource to individual youth as needed.

The Clubs made community connections quite quickly. Riverview connected to a local high school, as mentioned, and Calgary connected the program to local Aboriginal programming. Kawartha Lakes and Botwood created promotional launch materials for dissemination to local community organizations. In Kawartha Lakes it quickly became apparent that the pilot project needed to attend to proper messaging, as there was a local appetite for more information about the program, as well as significant press coverage. Kawartha Lakes delivered a partial version of the program to younger boys (not part of the evaluation), which represented a partnership with local school boards and a youth and family service organization. Kawartha Lakes also developed youth leadership in collaboration with the Gay/Straight Alliance of a local high school.

Conclusion: The Future of *Flex Your Head!*

The information gathered for this evaluation demonstrated that the *Flex Your Head!* pilot project was highly successful in a number of related ways:

- It was highly engaging for youth. Youth enjoyed the activities and, over time, became more comfortable in participating.
- Youth gained knowledge, awareness, and literacy about mental health concepts and issues and exhibited positive, anti-stigma attitudes.
- Related to positive attitudes, a greater normalization of mental health issues was apparent. Youth began to talk about these issues more freely.
- Youth showed an understanding of coping strategies to manage emotional distress.
- Youth indicated that they are willing to ask for and receive help in relation to emotional challenges they may experience.
- Youth participated in Club-based awareness campaigns, demonstrating an understanding that mental health is a shared community issue.
- Staff felt that youth benefited from the program and have gained useful knowledge, resources and strategies to use later in life.
- The local programs established important connections to mental health organizations, social service organizations, and schools.

There were two main limitations in the evaluation. First, the evaluation would have been stronger if there was more consistent completion of pre- and post-program surveys so that the same participants uniformly completed the survey at both time periods. Nonetheless, there was still an adequate sample size of pre- and post-program surveys completed. Second, the quantitative measures did not demonstrate large changes on many items. This may be explained by the universal nature of the program. Youth who may be experiencing greater struggles may have shown greater changes. While many of the changes were often small, the majority of them were in the desired, positive direction expected by the program. Furthermore, post-test ratings on the range of scales were, with only a few exceptions, on the “good side” of the scales at the end of the program. Coupled with the qualitative data, we have assembled a

convincing picture that participating youth experienced multiple benefits that were deemed important to the program. It should also be noted that Clubs provided a range of completed program materials, photos, and videos that provide excellent insights into the activities and engagement of the youth

Next Steps

The pilot version of the program required only minor changes and a final version has been completed for broader roll out to a greater number of Clubs. The next steps include a more formalized packaging and branding of the program for future use, the development of national training options for Clubs, and further discussions on broader dissemination of the program beyond the BGCC network.

Taylor Newberry Consulting is excited to continue its partnership with BGCC to further develop, deliver and evaluate the program as it grows and evolves.

Outcome Measurement References

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