

## Can Growing2gether Reduce Inequalities in Mental Health?

*Kirsty Humphrey (Research Health Psychologist)*

### Introduction

Research suggests that 75% of adults who experience poor mental health in adulthood first experience these difficulties before the age of age 18, (Kim-Cohen et al, 2013) resulting in subsequent issues with relationships, wellbeing, educational attainment (Brännlund, Strandh & Nilssotn, 2017) and employment (Sadler et al, 2018). The current policy in the UK emphasizes the import role that schools have in promoting good mental health, despite there being little evidence on what aspects of schools influence mental health in pupils (Ford, et al 2021). Teaching staff are under increasing pressure to deliver the curriculum while managing children’s wellbeing, hence, mental health-based programmes may offer a solution to fulfil the needs of young people with mental health issues. Growing2gether aims to reduce mental health inequalities by selecting “at risk” teenagers to enrol on the programme and provide them with an opportunity to build their confidence through helping them to establish positive connections and experiences. Growing2gether is multifaceted in that it includes many components such as positive psychology, transpersonal psychology and experiential learning to help promote wellbeing. More specifically, Growing2gether combines transpersonal and positive psychology to create a holistic psychological and evidence-based approach focusing on enabling individuals to access more of their potential; on developing self-awareness and personal responsibility and on recognising the importance of meaning as requirements for wellbeing and positive engagement with society. Positive Psychology is known to reduce depressive symptoms, as well as increase psychological wellbeing (Sitbon, Shankland, & Krumm, 2018). These interventions are extremely useful and popular, considering their large-scale development and low cost. Growing2gether programmes focus on bringing out the unique potential of young people, rather than seeing them as a ‘problem’, empowering them with life skills, work experience and a deeper understanding of who they are.

### Aims and Objectives

The aims and objectives of this short paper are to ascertain whether Growing2gether can reduce inequalities in mental health by correctly targeting at risk teenagers and providing an intervention that can help them manage their anxiety and depression. On each programme, young people are asked to complete a battery of measure before and after the intervention. This report will use data from programmes 2017- 2021 and will be focusing on measures relating specifically to mental health. By dichotomising young people into two categories based on their mental health scores, we are able to explore any differences in the outcomes.

## Intervention

Growing2gether is an experiential learning programme which supports disengaged young people to develop confidence and self-belief. Since January 2017, Growing2gether has reached 1150 children and young people across the Highlands, building their mental health and educational/community engagement. The programme addresses many of the challenges experienced by young people through positive psychology in order to support them to become successful learners, responsible citizens and effective contributors, whilst earning a nationally recognised qualification by mentoring a small child. Growing2gether programmes aim to address these issues by working with young people facing disadvantage and children who are in need of additional support. Young people become mentors to small children, supporting their development, which provides the young people with work experience, responsibility and a respected role in their community. Traditionally, the programmes run for 17-18 weeks and each session is divided into 1.5 hours of mentoring, whereby the young person mentors their assigned toddler, and 1.5 hours of classroom time, where young people work towards gaining a Level 3/4 SCQF Qualification in "Personal Development: Self in Community" and "Self-Awareness" units. Due to the pandemic and restrictions with running sessions in the nursery, a 12-week programme replaced the flagship programme for two cohorts, prior to resuming back to the full 18-week programme once restrictions were relaxed. The present study includes data from both programmes.

## Measures

The Positive Affect Schedule (PAS) component of PANAS (Watson, Clark, & Tellegen, 1988) is one of the most robust and widely used scales to measure mood and subjective wellbeing. The scale is comprised of 10 items, with 10 items measuring positive affect (e.g., excited, inspired). Each item is rated on a five-point Likert Scale, ranging from 1 = Very Slightly or Not at all to 5 = Extremely, to measure the extent to which the affect has been experienced. High scores are indicative of high positive affect and therefore greater subjective wellbeing. The responses range from 10 – 50, with higher scores representing higher levels of positive affect. Responses are evaluated before and after the programme in order to measure impact.

The Revised Children's Anxiety and Depression Scale (RCADS) is a 47-item self-report measure consists of questions relating to emotional wellbeing such as "I feel worried when someone is angry with me" and "I feel sad or empty". Each question is scored on a 4-point scale (0=never, 1=sometimes, 2=often and 3=always). This measure is intended to assess children's symptoms corresponding to selected *DSM-IV* anxiety and major depressive disorders and is considered to be a suitable instrument to assess anxiety levels across adolescence (Mathyssek et al, 2013). Global scores were calculated before and after the programme. Low scores correlate to better mental health (i.e., lower depression and anxiety). A t-score (total score) of 65 indicates that the score is roughly in the top 7% of scores of un-referred young people (described as borderline clinical by the developer) and a score of 70 indicates that the score is roughly in the top 2% of scores of un-referred young people (described as the clinical threshold by the developer).

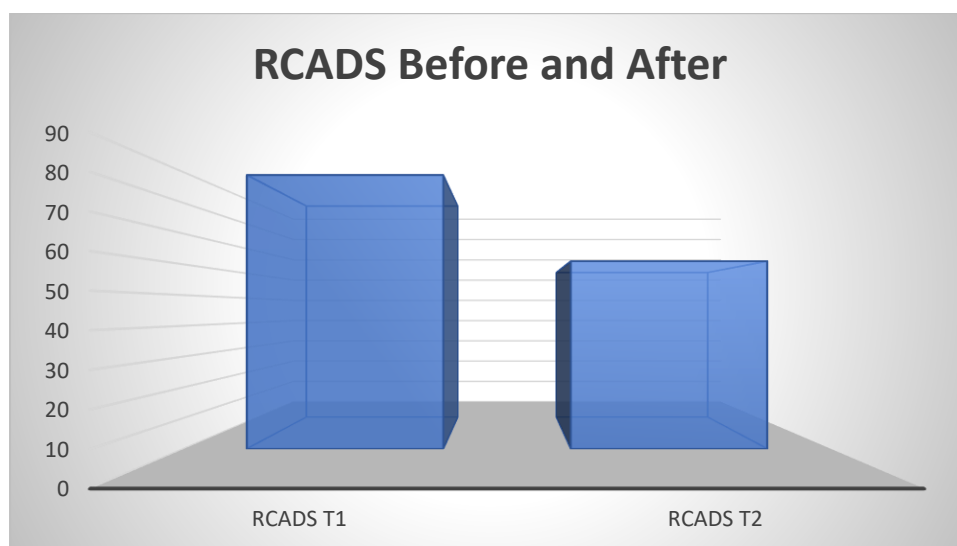
## Analysis

T-tests were conducted to detect any differences in respondents' answers. Significance levels for all tests were 2-tailed. This report proposes a typology of the ways that can best demonstrate the impact of Growing2gether on the young people. We decided to concentrate on participants who were exhibiting higher anxiety/depression and lower positive affect at baseline (based on the recommendations and guidance set by the authors of the scales). Significance levels are used to refer to a pre-chosen probability and the term "P value" is used to indicate a probability that you calculate after a given study. Conventionally the 5% (less than 1 in 20 chance of being wrong), 1% and 0.1% ( $P < 0.05$ , 0.01 and 0.001) levels have been used.

## Results

There were significant differences between young people's mental health scores, ( $n = 300$ ) whereby individuals with higher baseline depression and anxiety scores (as measured by The Revised Children's Anxiety and Depression Scale) showed significant improvements of **31%** by the end of the programme, ( $t = 10.8$  (140),  $p = <0.01$ ) compared to young people scoring below borderline scores (hence reporting less anxiety and depression at baseline), where they improved by **12%** ( $t = 3.17$  (158),  $p = <0.1$ ). Only **7%** of youth in the general population score borderline of 65 and above, however this represents **47%** of the Growing2gether sample (141 out of 300 young people scored above threshold at baseline), suggesting that Growing2gether seem to be recruiting many young people who have mental health issues.

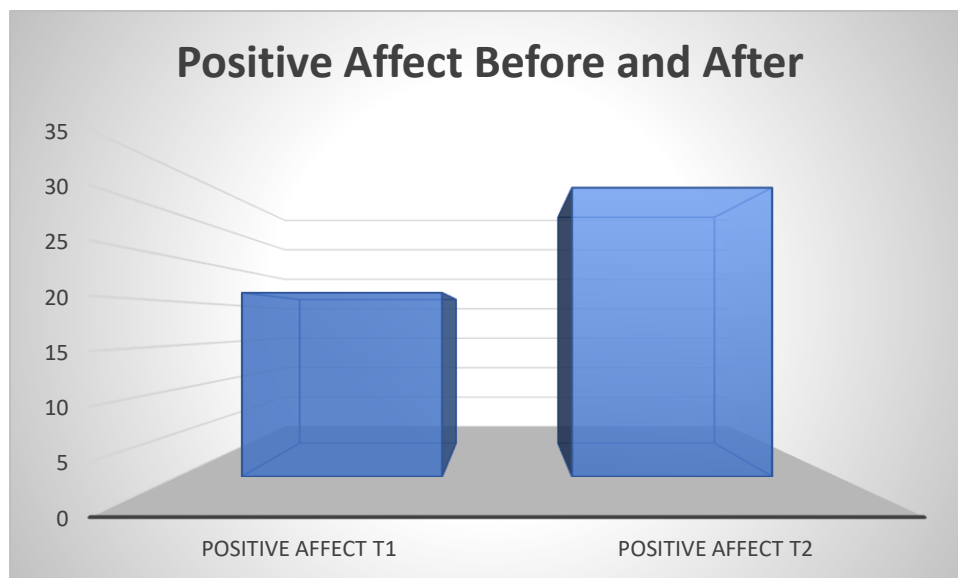
**Graph 1:** RCADS scores before and after Growing2gether in young people with higher depression/anxiety scores at baseline



Growing2gether use Positive Affect Schedule (PAS) to measure young people's propensity to experience positive emotions and interact with others positively, even though the challenges of life, before and after the programme. PAS is a proxy of the young people's mental wellbeing as well as their connectedness and engagement with others.

There were significant differences in scores ( $n = 313$ ) when PA baseline scores were dichotomised into those who scored below threshold (29.7) at baseline and those who scored above it. For those scoring below threshold (hence displaying less positive affect) there was a significant improvement of **39%** in positive affect ( $t = -10.6$  (127),  $p = >0.01$ ) by the end of the programme, compared to young people scoring above threshold (hence displaying greater positive affect at baseline) scores who improved by **5%** ( $t = 3.2$  (184),  $p = <0.5$ ).

**Graph 2:** Positive affect scores before and after Growing2gether in individuals displaying low positive affect at baseline



## Conclusion

The results suggest that a significant proportion of young people enrolling on the Growing2gether programmes have mental health issues. Those who score above the thresholds for anxiety and depression and positive affect make significantly greater improvements by the end of the programme. The evidence strengthens the programme's efficacy with regards to delivering an intervention that can improve adolescent mental health, hence reduce mental health inequalities in young people living in Scotland.

## References

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