

ONE GOOD SCHOOL

Evaluation of the acceptability and feasibility of the One Good School initiative 2019 - 2021



The Jigsaw Research and Evaluation team
December 2021

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GOOD
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JIGSAW
Young people's
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One Good School

Acceptability and Feasibility Evaluation

EVALUATION OF THE
ACCEPTABILITY AND FEASIBILITY
OF
THE ONE GOOD SCHOOL INITIATIVE
2019/2021

By Jigsaw Research & Evaluation Team

December 2021

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Acknowledgements

Jigsaw's Youth Mental Health Promotion and Research and Evaluation teams would like to thank all of the Jigsaw staff and the schools around the country that were involved in this first year of One Good School. In particular, we would like to give special thanks to school leadership, school staff, students and caregivers who so kindly gave up their valuable time to participate in the evaluation process.

We also wish to express a huge thank you to all those who participated in the initial consultation process for One Good School including school representatives, Jigsaw Service staff and the National Schools Team, Jigsaw Senior Management and Board of Directors.

Finally, we would like to thank the Jigsaw Schools Advisory Group including Jacinta Stuart, Eamonn Gaffney, Patricia O'Hara, Brian Geoghegan and Joseph Duffy, who provided significant advice and guidance at all stages.



Executive Summary

The One Good School Initiative

One Good School (OGS) is a whole-school mental health and wellbeing initiative developed by Jigsaw: The National Centre for Youth Mental Health. The initiative was designed to promote and support the mental health and wellbeing of young people, and those around them, by developing a shared responsibility for mental health across the whole-school community. OGS is a complex multi-component intervention that offers schools a choice from a suite of mental health activities for all members of the school community, including students, staff, and parents/caregivers. The initiative aims to improve the mental health literacy of the school community through improved mental health knowledge, reduced stigma, and increased help-seeking intentions and self-care strategies. OGS was initially designed for mainly face-to-face delivery over the course of one academic year. However, it was adapted for on-line/hybrid delivery and extended over two academic years in response to extensive COVID-19 restrictions and disruptions to normal school delivery. This report presents the findings from an acceptability and feasibility evaluation of Jigsaw's OGS delivered over two years.

OGS Evaluation

The acceptability and feasibility of the OGS initiative was evaluated using a mixed-method design comprising five components: implementation activity, workshop evaluations, baseline & follow-up surveys, actions plans, interviews, and focus groups. A total of 80 schools across 13 Jigsaw catchment areas completed basic evaluation activities recorded as part of normal service delivery, with a subset of 11 schools that took part in the more in-depth evaluation activities. In line with adaptations made to the overall initiative in response to COVID-19 restrictions, the evaluation was conducted over two academic years. Data for this report were collected between September 2019 and May 2021.

Key Findings

Implementation

Key information regarding uptake and delivery of the OGS initiative was examined to provide an indication of the type and quantity of schools' engagement with OGS and Jigsaw.

The results showed that despite massive disruption to delivery of the initiative caused by COVID-19, the rate of successful completion was high with the vast majority (86.3%) of schools that joined OGS successfully completing the initiative. In addition, the initiative reached a wide audience within the school community. Across the 80 schools that took part in OGS, Jigsaw staff delivered 760 OGS activities as well as providing access to six self-directed eLearning activities. The most highly attended activities were delivered to students, with two student workshops delivered to collective audiences exceeding 4,000 young people. Finally, although referrals to Jigsaw's therapeutic services from OGS schools increased nearly three-fold during the implementation of the initiative, there is some indication that the profile of referrals may have been more appropriate for Jigsaw services as the majority were offered an appointment and over half were offered a brief intervention.



Workshop Evaluations

Anonymous feedback from workshop evaluation forms was analysed to provide an indication of participants' reactions to the OGS activities.

The results showed that workshop participants felt that their learning and understanding had improved, with feedback from school staff, student and caregiver respondents indicating improvements aligned with the workshop objectives. Workshop satisfaction was also high, with the majority of respondents rating the workshops as enjoyable and useful/helpful. The lowest ratings were observed for the staff activity, *Self-Care for Teachers*, where just over two-thirds (67.0%) indicated that they found the activity useful and 59.8% indicated that they found it enjoyable.

Baseline & Follow-Up Surveys

Responses to baseline and follow-up surveys completed by students ($n = 432$), school staff ($n = 49$) and caregivers ($n = 104$) were analysed to assess change over time from the start of the initiative in key aspects of mental health literacy and reactions to the OGS initiative. Baseline surveys were completed at the start of the initiative in September/October 2019 and follow-up surveys were completed towards the end of the initiative in April/May 2021.

The results showed that at the end of the initiative, familiarity with Jigsaw as a youth mental health service was high among all participant groups (students, school staff and caregivers). However, awareness of the OGS initiative did not appear to effectively reach the wider school community. Although all school staff (100.0%) reported that they were aware that the initiative was taking place in their school, just over a third of students (35.0%) and just under two thirds (65.4%) of caregivers were aware of the initiative. The results also indicated improvements in students' beliefs about mental health. However, their use of self-care strategies and ratings of how their school promotes and supports mental health significantly decreased, and their scores for understanding mental health and help seeking intentions remained relatively stable. For staff, there was a significant increase in their confidence and competence to support youth mental health from baseline to follow-up, but their scores for mental health knowledge and self-care strategies remained relatively stable. Finally, caregiver scores for understanding youth mental health, mental health knowledge, confidence and competence to support youth mental health, and self-care strategies remained stable across baseline and follow-up surveys.

Action Plans

Action plan and review documents that were developed by schools in collaboration with their local Jigsaw service were examined to investigate schools' planning and adherence to implementing their outlined plan.

Results indicated that schools were ambitious in their planning. More than half of schools exceeded the minimum criteria of six action planned activities in both their initial and revised action plans. The completion rates of planned areas of activity were also high despite disruptions caused by COVID-19 restrictions, exceeding 70% across activities for all target audiences. The examination of action plans also showed the breadth of activities selected by schools from the full OGS suite.



Interviews & Focus Groups

Qualitative interviews with members of the school community and focus group with Jigsaw staff members were conducted and analysed to capture the thoughts and experiences of those taking part in and those involved in the development and delivery of OGS.

The results indicated that there was a strongly positive reception to the OGS initiative from all participant groups. Participants described feeling that OGS was beneficial for schools and a sense that continuation of OGS and this type of interaction with schools was important. In addition, students, school staff and caregivers all felt that OGS was valuable for raising awareness of mental health in schools. However, all participant groups also highlighted a lack of awareness of OGS across the school community. Several of the students, schools staff and caregivers interviewed had little knowledge about the initiative or had not taken part in any of the OGS activities. Jigsaw staff also noted the lack of visual OGS presence in schools. Resourcing of the initiative was another concern raised by those involved in the delivery of OGS (Jigsaw staff and school staff), they described the level of work involved in coordinating the initiative. Finally, Jigsaw staff also called for greater involvement in the development of OGS and the accompanying activities and felt their direct experience in the settings would make a valuable contribution to content for the initiative.

Concluding Remarks

Overall, the findings from this evaluation point towards the acceptability and feasibility of OGS. Indeed, the initiative was well received by both Jigsaw staff and members of the school community, the content and structure was deemed relevant, and a wide audience from across the school community successfully engaged with a range of OGS activities. The evaluation also provided some preliminary evidence in relation to potential areas of effectiveness and components of change. However, in interpreting the results it is important to acknowledge the significant confounding influence of COVID-19. Extensive public health restrictions coupled with adaptations to the initiative meant that it was not delivered in the way that it was initially designed. Therefore, the findings in this report should be interpreted in this light.

Nonetheless, this evaluation provides valuable insights to inform future development of the OGS initiative.

Recommendations:

- There is a need for a comprehensive and efficient system to support coordination of the initiative and facilitate access to school specific data on participation and engagement.
- To increase participation among all target groups, future iterations should enhance the visibility of the initiative within the school setting, and improve how OGS is communicated and promoted throughout the school community – particularly caregivers.
- Strategies to deliver content in a more efficient manner should be explored to facilitate scalability of the initiative to work with more schools.



Chapter 1 - Background

Introduction

Schools are increasingly recognised as an important setting for youth mental health promotion efforts (Aguirre Velasco et al., 2020; Caan et al., 2015). It is now well established that the onset of mental health problems peaks among school age young people. Recent meta-analytic estimates indicate that the peak age of onset for mental health problems is 14.5 years and approximately half of all mental health challenges first occur before the age of 18 (Solmi et al., 2021). Several large scale surveys internationally, including the My World Survey 2 (Dooley et al., 2019) in Ireland, also point to an increase in levels of mental health difficulties among school age young people (e.g. Deighton et al., 2019; Keyes et al., 2019; Rickwood et al., 2007; Weins et al., 2020). During this period of developmental vulnerability, schools play a formative role in the social, emotional and behavioural development of most young people (Fazel et al., 2014). Therefore, it is unsurprising that the importance of mental health in schools has received global attention in recent years (Kutcher et al., 2015).

Schools offer an ideal setting to effectively deliver interventions that promote and support youth mental health. Most young people spend the majority of their time over several years at school, so naturally schools represent a space where a wide audience of young people can be reached during a key developmental stage for their mental health (Eccles & Roeser, 2011). Schools are also an important part of young people's support network. Through peers or a trusted staff member, schools are often a first point of contact for young people seeking support for their mental health and they have been identified as an important point of entry into formal mental health services (Farmer et al., 2003). In addition to this, the structured learning environment of schools facilitates the efficient delivery of material (Wells et al., 2003). Indeed, the key role of schools and the potential of school-based mental health promotion in addressing young people's mental health needs is iterated in public policy documents internationally (Cavioni et al., 2020; O'Reilly et al., 2018). A wide range of benefits for young people, families and communities have also been identified through meta-analyses of school-based mental health promotion interventions (Weare & Nind, 2011). Evidence from reviews and meta-analytic studies further indicate that school-based mental health interventions are more likely to be effective if they adopt a systemic, whole-school approach, sustained over time, with a focus on mental health promotion rather than illness prevention (Tomé et al., 2021; Weare & Nind, 2011; Wells et al., 2003).

In the Irish context, the critical role of schools in promoting and supporting mental health is documented in Ireland's mental health strategy: *Sharing the Vision: A Mental Health Policy for Everyone* (2020). It is also incorporated into the policy of the Department of Education and Skills through the *Wellbeing and Policy Statement and Framework for Practice* (2018-2023). This document provides an overarching framework that supports the implementation of whole-school, multicomponent, preventative approaches to promote mental health and well-being in schools (DES, 2019).



1.1.1 Whole-school mental health promotion

A whole-school approach involves the entire school community including school staff and leadership, parents/caregivers as well as students, comprises multiple components and promotes collaborative action across the whole school system (Hoare et al., 2017). A whole-school approach recognises the potential for all aspects of the school community, and the interactions between them, to impact on a young person's mental health (Weare & Markham, 2005). Aligned with the World Health Organisation's (WHO) definition of a Health Promoting School, whole-school approaches to youth mental health promotion extend the focus of intervention beyond individual level change to change in the wider school community, environment and culture (WHO, 1998). This approach is typically favoured by experts in the field of school-based mental health interventions, as it is considered to be more likely to generate enduring positive change than stand-alone activities or classroom based approaches (Hoare et al., 2017). Indeed, evidence suggests that implementing a whole-school approach has a number of benefits for young people across a range of outcomes, including a reduction in mental health difficulties, improved social skills and social and emotional wellbeing, increased inclusion, improved learning and greater social cohesion (García-Carrión et al., 2019; Weare & Gray, 2003). One systematic review of 30 whole-school interventions collectively including nearly 500,000 participants provides additional support for their effectiveness, identifying small but significant improvements in students' social and emotional development (Goldberg et al., 2018).

1.1.2 Mental health literacy

A key determinant of good mental health among young people centres around mental health literacy (Kutcher et al., 2016). A subcomponent of the broader term health literacy, mental health literacy is most recently conceptualised as encompassing i) knowledge and understanding about how to look after your mental health, ii) recognising the signs and changes that reflect mental health difficulties and the support and treatment options to manage them, iii) non-stigmatising attitudes about mental health, and iv) knowing about and being able to access support, including formal, informal and self-care strategies (Jorm, 2012; Kutcher et al., 2016; Reavley & Jorm, 2011). Mental health literacy is considered essential for students to deal effectively with life challenges and stressors beyond the school years and into adulthood (Kutcher et al., 2016), and to develop essential life skills, resilience and confidence and be able to adapt in the real world (DCYA, 2014). Targeting mental literacy through school-based mental health promotion can facilitate better mental health outcomes for young people by equipping them and their wider support networks to be better able to identify and manage early signs of mental health difficulties (Kelly et al., 2007). Indeed, many school based mental health promotion interventions include components to improve mental health literacy (Cairns & Rossetto, 2019).

One Good School

One Good School (OGS) is a whole-school mental health and well-being initiative developed by Jigsaw: The National Centre for Youth Mental Health. It is a comprehensive initiative designed to promote and support the mental health and wellbeing of young people and those around them by developing a shared responsibility for mental health across the whole-school community. The



initiative builds on Jigsaw's existing work with schools and responds to expressions for a more structured, systematic and programmatic approach to supporting mental health and wellbeing in post primary schools.

OGS was developed to contribute to the implementation of National Government policy for schools. It is underpinned by key objectives outlined in national policy including Better Outcomes, Brighter Futures (2014-2020) and the Well-Being Policy Statement and Framework for Practice (2018-2023). The initiative was also informed through conversations and meetings with key stakeholders including: the National Educational Psychological Service (NEPS), the Health Service Executive (HSE), the Inspectorate, the Junior Cycle Curriculum Teaching Unit and endorsement of eLearning courses for school staff by Education Support Centres Ireland (ESCI).

OGS is a complex multi-component intervention that offers schools a choice from a suite of mental health activities for all members of the school community, including school leadership teams, staff, students and parents/caregivers. These activities take an early intervention/prevention and health promotion approach that aims to improve the mental health literacy of the school community through improved mental health knowledge, reduced stigma, increased help seeking behaviours and self-care strategies. Year 1 of the initiative began in September 2019.

1.1.3 The OGS process

After schools signed up to take part in OGS, the first step in the OGS process was for each school to undertake a **self-assessment**. This involved consulting with, and collecting information from, different members of the school community to review the school's performance in the area of mental health and wellbeing and inform priority areas for improvement. Schools then completed an **'action plan'** in collaboration with their local Jigsaw service that documented planned areas of activity. Throughout the academic year, schools then engaged in their planned **areas of activity**, followed by an end of year **review** with their Jigsaw service of the activities delivered. To complete this pilot phase of OGS, schools were required to deliver a minimum of six from a suite of 17 areas of activity, with at least one activity for each target audience group (see Appendix A for a description of each of the OGS Areas of Activity).

1.1.4 Adapting to COVID-19

The OGS initiative was developed prior to the COVID-19 pandemic. The majority of activities were designed for face-to-face delivery with some activities available through online self-directed learning. However, planned delivery of the initiative was disrupted from March 2020 due to the introduction of public health restrictions in response to the spread of COVID-19, which caused massive disruption to the education system, including school closures and distance learning. In order to accommodate changes to normal school delivery, several adaptations were made to OGS and the suite of activities offered to schools:

- Schools were given more time to complete Year 1 of OGS, delivery of the pilot phase of OGS was extended into the 2020/2021 academic year
- 5 activities were no longer available after March 2020



- 1 student activity was adapted and made available for online self-directed learning with teacher support
- 4 activities were adapted and made available through online webinar format
- Jigsaw services supported schools to develop a revised action plan to accommodate changes in school circumstances and adapted OGS activities

These changes allowed for online/hybrid delivery of OGS activities and facilitated schools' continued participation in the face of ongoing restrictions (see Table 1.1 for a summary of activities and adaptations).

Table 1.1
Overview of Areas of Activity and Adaptations in Response to COVID-19

Target Audience	Areas of Activity	Delivery Type	Adaptations in Response to COVID-19
Leadership	Leadership Training	Face-to-face	Delivery completed pre March 2020
	What is Jigsaw	Face-to-face	Not available after March 2020
	Health Team Training	Face-to-face	Not available after March 2020
Teaching and Support Staff	E-learning Courses for Teachers Course A and Course B	Online self-directed	Continued online
	Understanding Youth Mental Health for Teachers	Face-to-face	Not available after March 2020
	Self-Care for Teachers	Face-to-face & online self-directed	Continued online
	Minding Youth Mental Health	Face-to-face	Not available after March 2020
	Managing Anxiety in the Classroom	Face-to-face	Adapted for online webinar format
Students	Innovate for Wellbeing	Face-to-face	Adapted for online webinar format
	It's Time to Start Talking	Face-to-face or peer led	Adapted for online webinar format
	Introduction to Youth Mental Health - Junior and Senior Cycle Teacher-Led Workshops	Classroom delivery by teachers	Continued classroom delivery by teachers
	Peer Education Programme	Face-to-face	Not available after March 2020
	Managing Exam Stress	Face-to-face	Adapted for online self-directed learning with teacher support
	My Mental Health - What Helps	Face-to-face	Adapted for online webinar format
Parents	Self-Care for Parents	Face-to-face & online self-directed	Continued online
	Mental Health Awareness for Parents	Online self-directed	Continued online
	Supporting Young People's Mental Health for parents	Face-to-face	Not available after March 2020
Notes: Face-to-face activities were delivered by Jigsaw services to members of the school community; Peer led activities were delivered by trained students to other students			



Aims and Overview of the Report

OGS represents a new coordinated and systematic approach to Jigsaw's works with schools. The aim of this report is to summarise the results of an acceptability and feasibility evaluation of Jigsaw's new OGS initiative to determine whether it meets the needs of schools and Jigsaw services, and to gather key feedback from participants regarding its implementation. Specifically, this report reviews key aspects of OGS in relation to:

- Satisfaction
- Relevance
- Engagement
- Effectiveness
- Components of change

Chapter 2 of this report provides an overview of the OGS evaluation. This is followed by five chapters, Chapters 3 to 7, that describe the data collection and analysis procedures and provide a summary of findings from each of the evaluation components: implementation activity, workshop evaluations, baseline and follow-up surveys, action plans, qualitative interviews and focus groups. Finally, Chapter 8 provides an overview of key findings and discusses future directions, before offering a series of evidence-based recommendations and concluding remarks.

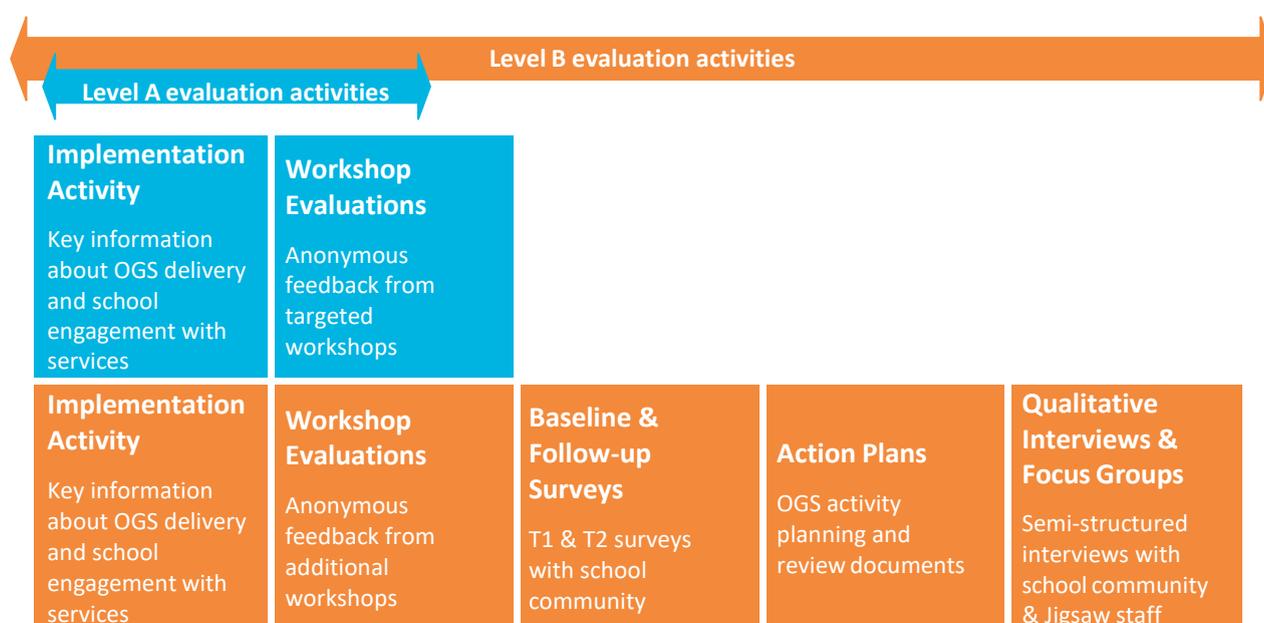


Chapter 2 - OGS Evaluation

Design

The acceptability and feasibility of OGS was evaluated using a mixed-method design incorporating both qualitative and quantitative data collected from members of the school community: students, staff, leadership teams, caregivers, and members of Jigsaw staff involved in the development and/or delivery of the initiative. The evaluation framework comprised two levels (Level A and Level B, see Figure 2.1 for an overview of the evaluation components).

Figure 2.1
Evaluation Components



Level A consisted of two basic evaluation components incorporated as part of normal service delivery that were compulsory for all schools involved with the initiative ($N = 80$). For these schools, data about implementation of the initiative were captured from service records, including information about uptake and engagement with OGS and the school community's engagement with Jigsaw's therapeutic services through referrals and therapeutic contacts. The Level A evaluation also captured anonymous feedback from four 'targeted' workshops that were new Jigsaw offerings and/or were considered central to the success of the initiative. Level B was a more in-depth evaluation conducted with a selection of schools ($N = 11$) who agreed to take part in a more comprehensive assessment of the initiative. For these schools, information was captured from a number of extended and additional evaluation components. The Level B evaluation included workshop evaluations captured through anonymous feedback from a broader range of OGS activities; baseline (October/November 2019) and follow-up (April/May 2021) surveys with members of the school community which examined changes in different aspects of mental health literacy over time, initiative awareness and engagement; an examination of OGS action planning and review documents; and qualitative interviews and focus groups with members of the school community and Jigsaw staff.

A detailed overview of the data collection and analysis procedures and findings from each of the evaluation components is provided in Chapters 3 to 7.

2.1.1 Impact of COVID-19 on OGS design

The OGS evaluation was initially designed to run alongside the initiative over the course of one academic year. However, adaptations to OGS to accommodate changes to normal school delivery meant that the initiative was extended into the 2020/2021 academic year. In order to complete the acceptability and feasibility evaluation, the evaluation was also extended into 2020/2021 and all components of the evaluation were retained. Data for the Level A evaluation components, implementation activity and workshop evaluations, and the Level B action plan component were collected as part of normal service delivery so were minimally disrupted by extension of the evaluation. The data collection for two Level B evaluation components, follow-up surveys and qualitative interviews and focus groups, was moved to the end of the 2020/2021 academic year, which had implications for participation rates. These implications are described in the relevant chapter for each component, Chapters 5 and 7 respectively.

Participants

In total 80 schools across 13 Jigsaw catchment areas participated in the Level A evaluation. Jigsaw services invited 11 of these schools to participate in Level B of the evaluation framework.

Of the 80 schools who participated in the Level A evaluation, 37.5% were designated as disadvantaged (DEIS) schools, with only a small proportion of fee-paying schools (3.8%). The majority (77.5%) were situated in urban areas, were mixed sex schools (70%), and taught no subjects through Irish (92.5%). Although the largest proportion of schools operated under a Catholic ethos (37.5%), there was also a large proportion of inter (36.3%) and multi denominational (23.8%) schools. On average, Level A schools had 571.1 registered students and 54.2 teaching staff.

The profile of the 11 schools who participated in the Level B evaluation was largely similar, with 36.4% designated as DEIS schools and no fee-paying schools (0%). The majority, (72.7%) were situated in urban areas, 54.5% were mixed sex schools and all 11 schools taught no subjects through Irish. The most common ethos in Level B schools was Catholic (45.5%). On average, Level B schools had 647.9 registered students and 54.4 teaching staff. See Table 2.1 for an overview of school characteristics

Table 2.1
Overview of School Characteristics

Characteristic	Level A 80 schools n (%)	Level B 11 schools n (%)
DEIS	30 (37.5)	4 (36.4)
Fee Paying	3 (3.8)	0 (0.0)
Location		
Urban	62 (77.5)	8 (72.7)
Rural	17 (21.3)	3 (27.3)
Unknown/Missing	1 (1.3)	0 (0.0)
Gender		
Mixed	56 (70.0)	6 (54.5)
Single Sex	24 (30.0)	5 (45.5)
Ethos		
Catholic	30 (37.5)	5 (45.5)
Church of Ireland	1 (1.3)	0 (0.0)
Inter Denominational	29 (36.3)	3 (27.3)
Multi Denominational	19 (23.8)	3 (27.3)
Unknown/Missing	1 (1.3)	0 (0.0)
Language of Instruction		
No Subjects Taught Through Irish	74 (92.5)	11 (100.0)
All Pupils Taught All Subjects Through Irish	2 (2.5)	0 (0.0)
Some Pupils Taught All Subjects Through Irish	3 (3.8)	0 (0.0)
Unknown/Missing	1 (1.3)	0 (0.0)
Average Number of Students, M (SD)	571.1 (300.1)	647.9 (295.4)
Average Number of Teaching Staff (M, SD)	54.2 (25.9)	54.4 (17.3)
Notes. Table presents n and (%) unless otherwise specified. DEIS = Delivering Equality of Opportunity in Schools, a national programme that supports schools with high concentrations of students from socioeconomically disadvantaged backgrounds.		

Chapter 3 - OGS Implementation

Procedure

Implementation of the OGS initiative was monitored from recruitment of schools through to delivery of OGS activities. Key information about uptake of the initiative, including basic school characteristics, the number of schools offered the opportunity and those recruited to participate in the initiative was recorded by Jigsaw services. Additional information about school characteristics was captured from the Department of Education post-primary school 2019/2020 school list (DES, 2020). Jigsaw's data system, the JDS, and Jigsaw's eLearning platform were used to monitor delivery of the initiative to participating schools, including the number of activities delivered and number of people in attendance. The JDS was also used to examine engagement with Jigsaw's therapeutic services, including referrals from OGS schools, and the rate of referrals that were offered an appointment (transitioned to brief contact and/or brief intervention).

Implementation data was examined at Level A and B of the evaluation, based on data from all schools. Data were extracted from three key sources; a service implementation document, the Jigsaw data system and Jigsaw's eLearning platform. Descriptive and inferential statistical analyses were conducted using SPSS version 27.

Results

3.1.1 Uptake and completion

The Youth Mental Health Promotion Team and Jigsaw services oversaw the recruitment of post-primary schools into Year 1 of the OGS initiative. A total of 132 schools across 13 Jigsaw catchment areas were invited to take part. Of these, 80 schools (60.6%) signed up to take part.

Of the 80 schools that took part in OGS, 69 completed the initiative (86.3%), meeting the minimum requirements of six areas of activity required for OGS accreditation. Whereas, 11 did not complete the initiative as they did not meet the minimum requirements for accreditation (see Table 3.1 for an overview of school characteristics for completer and non-completer schools). Bivariate analysis was conducted to explore systematic differences in the characteristics of completer and non-completer schools, however no significant differences were observed. A series of Chi Square Tests of Independence revealed no significant differences in terms of schools' DEIS status, whether they were fee paying, rural or urban school location, gender composition, ethos or language of instruction. Finally, Mann Whitney U testing revealed no significant differences between the average number of students and teachers at completer and non-completer schools.



Table 3.1
Overview of School Characteristics

Characteristic	Completers 69 schools n (%)	Non-Completers 11 schools n (%)
DEIS	25 (36.2)	5 (45.5)
Fee Paying	2 (2.9)	1 (9.1)
Location		
Urban	51 (77.5)	11 (100.0)
Rural	17 (24.6)	0 (0.0)
Unknown/Missing	1 (1.4)	0 (0.0)
Gender		
Mixed	49 (71.0)	7 (63.6)
Single Sex	20 (29.0)	4 (36.4)
Ethos		
Catholic	26 (37.7)	4 (36.4)
Church of Ireland	0 (0.0)	1 (9.1)
Inter Denominational	25 (36.2)	4 (36.4)
Multi Denominational	17 (24.6)	2 (18.2)
Unknown/Missing	1 (1.4)	0 (0.0)
Language of Instruction		
No Subjects Taught Through Irish	64 (92.7)	10 (90.9)
All Pupils Taught All Subjects Through Irish	1 (1.5)	1 (9.1)
Some Pupils Taught All Subjects Through Irish	3 (3.8)	0 (0.0)
Unknown/Missing	1 (1.4)	0 (0.0)
Average Number of Students, M (SD)	583.2 (315.9)	495.4 (160.4)
Average Number of Teaching Staff (M, SD)	55.7 (12.1)	44.6 (12.1)
Notes. Table presents n and % unless otherwise specified. DEIS = Delivering Equality of Opportunity in Schools, national programme that supports schools with high concentrations of students from socioeconomically disadvantaged backgrounds.		

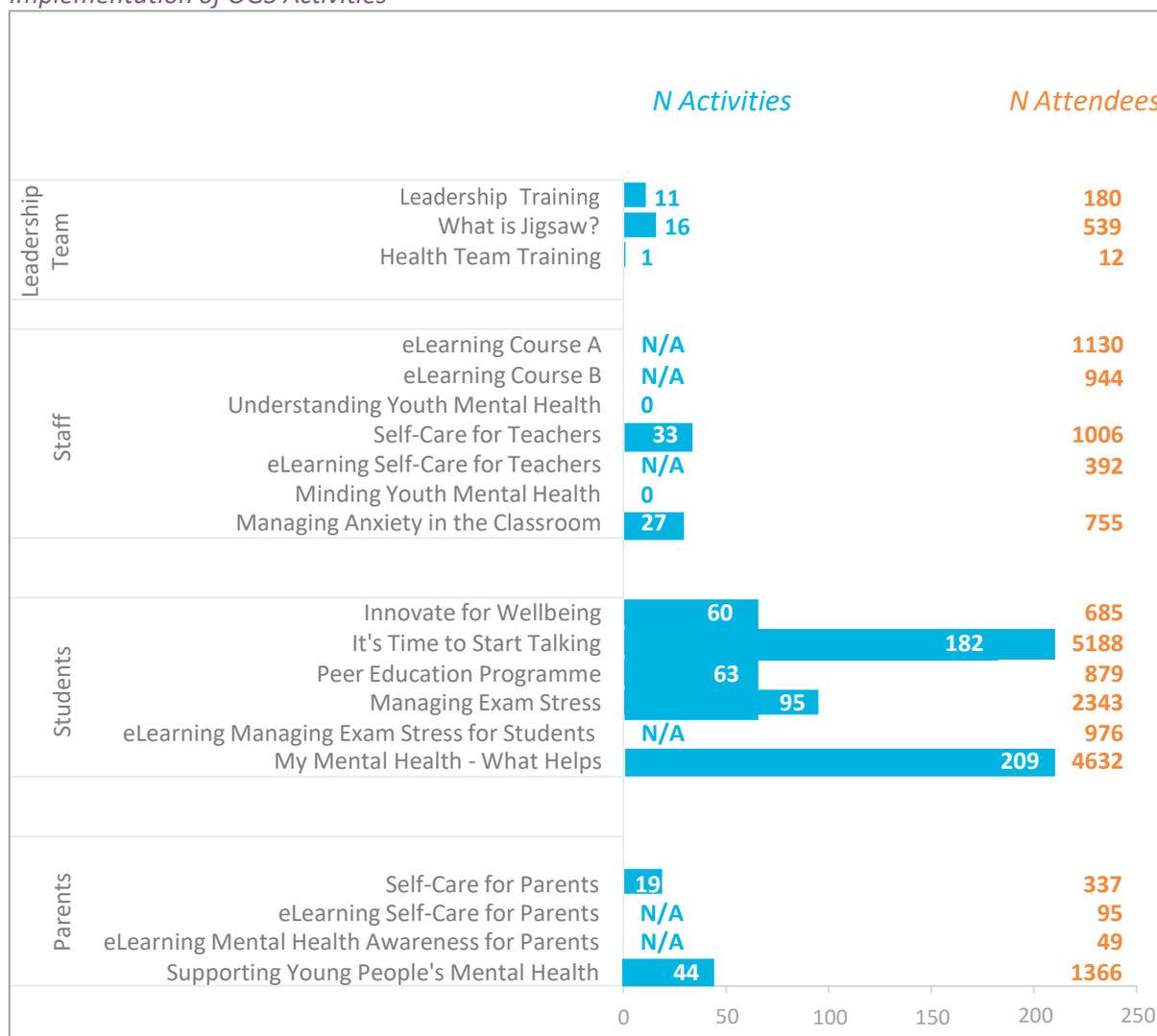
3.1.2 Engagement with OGS activities

Information regarding the delivery of OGS was recorded on the Jigsaw data system and Jigsaw's eLearning platform for all 80 schools taking part in the initiative. Specifically, information was extracted regarding the number of activities delivered and the numbers in attendance at the activities.

In total, Jigsaw staff delivered 760 OGS activities to schools from the 1st September 2019 through to the 30th May 2021. This included 28 activities to leadership teams, 60 to school staff, 609 to students and 63 to caregivers. Figure 3.1 below summarises the number of OGS activities delivered and the total number of participants who attended each activity. As shown, the reach of the activities is demonstrated by the total number of people who attended each activity, ranging from 12 who attended *Health Team Training*, up to 5,188 who attended *It's Time to Start Talking*. In addition to activities delivered directly by Jigsaw staff, six self-directed online activities were available, five of

these were available for the full duration of the initiative and one was adapted for online self-directed learning following the introduction of COVID-19 restrictions. The numbers completing the online courses ranged from 95 who completed *Self-Care for Parents* up to 1,130 who completed *eLearning Teacher Course A*. Two activities, *Self-Care for Teachers & Self-Care for Parents*, were designed for both eLearning and face-to-face delivery by Jigsaw staff. The largest audiences for these activities was reached through face-to-face delivery even though this mode of delivery was discontinued following the introduction of COVID-19 restrictions.

Figure 3.1
Implementation of OGS Activities



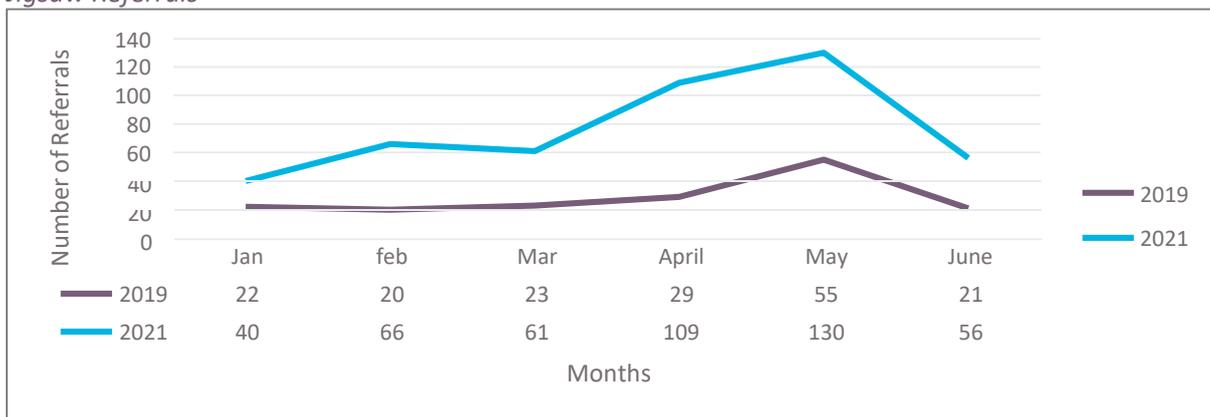
3.1.3 Engagement with Jigsaw therapeutic services

To explore schools' engagement with Jigsaw's therapeutic services, data for young people attending OGS schools were extracted from the Jigsaw Data System in terms of referrals received and referral transitions for those who were offered an appointment.



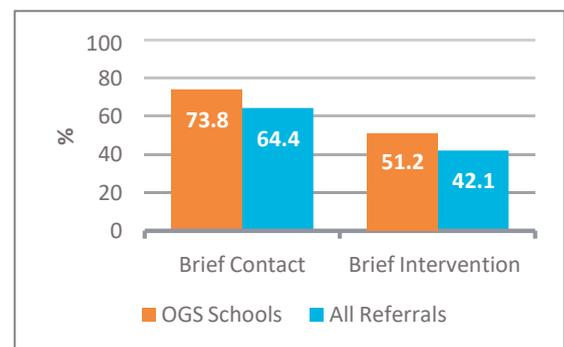
To explore changes in referral patterns from OGS schools, referral data from before and during OGS implementation was compared. Data from before OGS implementation were drawn from a six-month period before the initiative began (January - June 2019). This was compared to data for a six-month time period during OGS implementation (January - June 2021). Data from January - June 2020 were omitted due to extensive disruptions to normal service delivery immediately after the introduction of COVID-19 restrictions. Between January and June 2019, Jigsaw received a total of 170 referrals for young people attending OGS schools. However, almost three times more (462; 172% increase) referrals were received for young people attending OGS schools during the same time period in 2021 (see Figure 3.2). This compares to an 11.6% increase in the overall number of referrals received by Jigsaw between these two time periods, indicating a substantial increase in referrals from OGS schools that is not reflective of the general trend in overall referrals to Jigsaw.

Figure 3.2
Jigsaw Referrals



To explore the transition of referrals through brief contact (i.e. offered an initial appointment) or brief intervention (i.e. offered an appointment for a brief intervention), referral and appointment data from the beginning of the initiative (1st September 2019) through to the end (30th May 2021) were examined. In total, 1,575 referrals were received from OGS schools during this time, of these 1,163 (73.8%) transitioned to a brief contact and 807 (51.2%) transitioned to a brief intervention. This compares to 51.2% of all referrals to Jigsaw that transitioned to brief contact and 42.1% that transitioned to brief intervention (see Figure 3.3).

Figure 3.3
Referral Transitions



Summary of Key Findings

These findings from an examination of OGS implementation data provide an indication of schools' engagement with OGS and Jigsaw's therapeutic services. In summary, the key findings indicate that:

- Despite massive disruption to delivery of the initiative caused by COVID-19, the vast majority of schools that joined OGS (86.3%) completed the initiative. There were no significant differences in the school characteristics of completer schools and non-completer schools.
- Across the 80 schools taking part in OGS, a large number of activities were delivered. In total, Jigsaw staff delivered 760 OGS activities in participating schools, including 28 to school leadership, 60 to school staff, 609 to students, and 63 to caregivers. As well as activities delivered by Jigsaw staff, six self-directed eLearning activities were also provided.
- Student workshops (*It's Time to Start Talking* and *My Mental Health - What Helps*) had the highest numbers in attendance. For school staff and leadership, the *eLearning Courses for Teachers* reached the widest audience and *Supporting Young People's Mental Health* had the highest number in attendance for caregivers. For courses that were designed for both eLearning and face-to-face delivery (*Self-Care for Teachers & Self-Care for Parents*), the largest audiences were reached through face-to-face delivery even though this mode of delivery was discontinued following the introduction of COVID-19 restrictions.
- Referrals to Jigsaw's therapeutic services from OGS schools increased substantially (172%) during the implementation of the initiative. In total 1,575 referrals were received from OGS schools over the course of the initiative. The majority of these referrals (73.8%) received an appointment for an initial screen and over half (51.2%) were offered a brief intervention. These transition rates were slightly higher than those for all referrals to Jigsaw during that time which may indicate more appropriate referrals for young people attending OGS schools.



Chapter 4 - Workshop Evaluations

Procedure

The OGS activities were evaluated using online or paper based anonymous workshop feedback forms distributed to attendees.

Following the evaluation framework, four OGS activities, 'targeted workshops', were evaluated at Level A of the evaluation based on feedback from all participating schools. These activities; *Leadership Training*, *eLearning Courses for Teachers*, *Innovate for Wellbeing* and *Self-Care for Parents*, were new Jigsaw offerings and/or were considered central to the success of the initiative.

Ten 'additional workshops' were evaluated at Level B of the evaluation based on feedback from the 11 schools involved in the more in-depth evaluation. However, only feedback from *Self-Care for Teachers*, *Managing Anxiety in the Classroom*, *Managing Exam Stress* and *My Mental Health - What Helps* is presented in this section. Insufficient data were available for six activities: *Health Team Training*, *Understanding Youth Mental Health*, *Minding Youth Mental Health*, *Peer Education Programme*, *Mental Health Awareness for Parents*, and *Supporting Young People's Mental Health*. There was low/no uptake of these activities or low numbers of responses received in Level B schools, thus feedback from these workshops is not presented (see Appendix A for descriptions of these activities).

Three activities did not include workshop evaluations: *What is Jigsaw?* as it was considered an introductory workshop; *It's Time to Start Talking*, as it has previously undergone rigorous evaluation; and *Introduction to Youth Mental Health - Junior and Senior Cycle*, as these were resources available to school staff for in-class delivery following completion of the online courses (see Appendix A, for descriptions of these activities).

All workshop feedback was examined using quantitative and qualitative data analyses. Quantitative data was analysed using descriptive and non-parametric (Mann Whitney U tests) inferential statistics. The significant differences reported were significant at the $p < .05$ level. All statistical analyses were carried out using SPSS version 27. The open-ended feedback questions were analysed using qualitative content analysis (Lavrakas, 2008).

Results

4.1.1 'Targeted' workshop evaluations

Leadership Training

Leadership Training was a mandatory one-day workshop for school leadership team members, including principals/deputy principals, year heads and teaching staff with relevant positions of responsibility in the school. The key learnings for *Leadership Training* focused on providing a framework for supporting and promoting mental health and wellbeing in schools through self-care, supporting student mental health and a whole-school approach. Face-to-face delivery of this workshop to all schools was completed by Jigsaw's Youth Mental Health Promotion Team in 2019, prior to the introduction of COVID-19 restrictions.



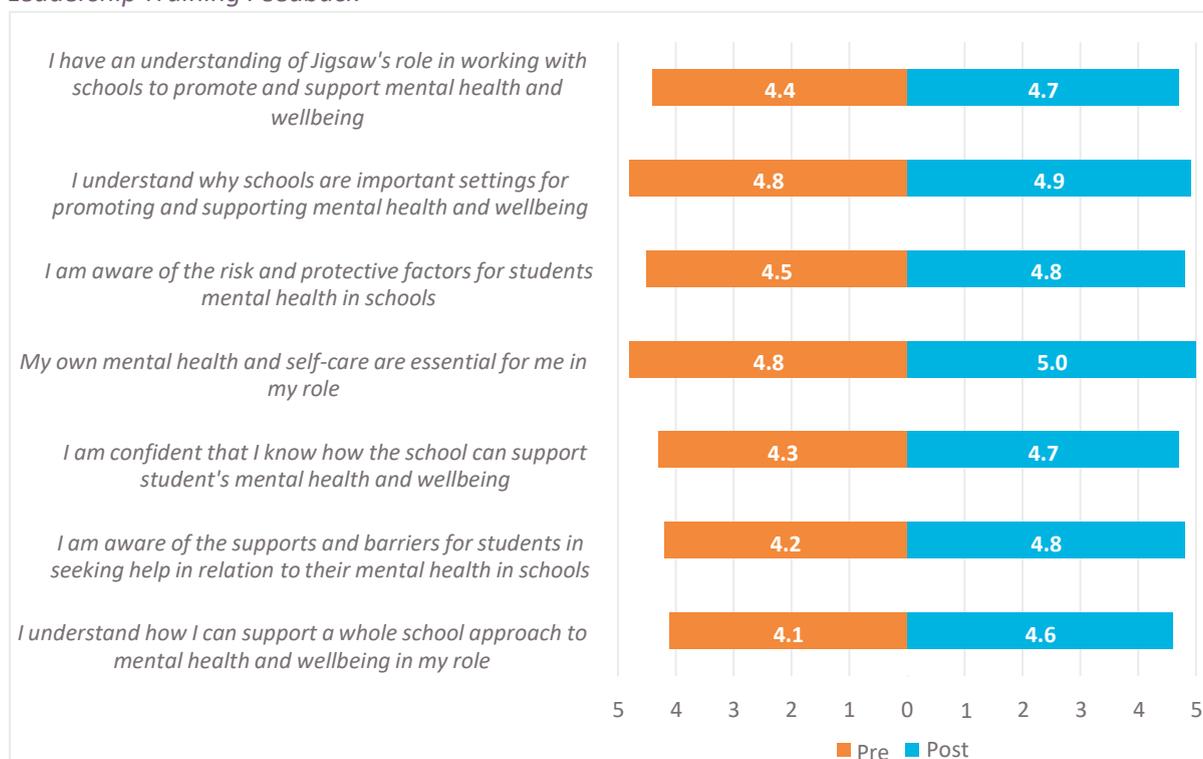
“School leaders need to look after their own wellbeing in order to be fully present to staff and students”

OGS Leadership – school lead

Workshop participants were asked to fill-in a workshop evaluation form before (pre) and after (post) completion of the workshop. A total of 154 participants, of which 118 (76.6%) were female and 36 (23.4%) were male, provided *Leadership Training* workshop evaluation feedback. Of these, 5.8% were under 30 years of age, 27.9% were between 30-39, 64.9% were 40 and above, and 1.3% did not disclose. A large proportion of respondents were principals/deputy principals (46.1%), followed by career guidance counsellors (22.7%), and subject teachers (11.0%; see Appendix B, Table B.1 for an overview of respondent characteristics). Post-workshop evaluation feedback was provided by 136 participants.

A series of Mann-Whitney U tests were conducted on data collected from pre and post *Leadership Training* evaluations to explore potential changes in respondents’ scores. A statistically significant increase in scores from pre to post workshop was observed for all seven items (see Figure 4.1).

Figure 4.1
Leadership Training Feedback



Respondent feedback following completion of the *Leadership Training* workshop indicated that:

- In total, 92.6% of respondents reported that the workshop was enjoyable and 89.7% felt the information they received would be useful (see Figure 4.3).
- The majority of respondents felt the workshop was very well facilitated (83.1%), while 11.8% felt it was well facilitated, and 5.1% did not answer.



- Of the 136 respondents who provided qualitative feedback, nearly half (45%) commented that they enjoyed the collaborative nature of the workshop. Participants also identified the importance of minding their own mental health (22.0%), and the rationale for adopting a whole-school approach (21.0%), as key learnings they would take away from the workshop.

eLearning Courses for Teachers (Courses A and B)

Two self-directed *eLearning Courses for Teachers* were available online through Jigsaw's eLearning platform. These courses, targeted at teachers, were suitable and of relevance to school staff of all subjects and experience levels. *Course A: Introduction to Youth Mental Health* focused on what is mental health? youth mental health in Ireland, national and international perspectives on promoting and supporting youth mental health in schools and youth mental health and the school environment. *Course B: A Whole-School Approach to Mental Health* focused on the whole-school approach, strategies to promote and support mental health, responding to a young person's mental health needs and leading learning in mental health and well-being. Each course contained approximately one hour of content and completion of Course A was required to undertake Course B. Resources to support in-class delivery of *Introduction to Youth Mental Health - Junior and Senior Cycle* workshops was provided on completion of Course B. Online delivery of these courses continued after the introduction of COVID-19 restrictions.

Teacher Course A

"I am not expected to be an expert but doing nothing is not helpful, trying might just make a difference and maybe I could be that one good adult to more students"

eLearning Courses for Teachers – school staff member

Course participants were asked to fill-in a course evaluation form before and after completion of *Course A*. A total of 1,440 participants, of which 1,048 (72.8%) were female and 379 (26.3%) were male, <1% were other/non-binary and <1% did not disclose, provided pre-workshop evaluation feedback for the *Introduction to Youth Mental Health eLearning* course. Of these, 25.6% were under 30 years of age, 28.7% were between 30-39, 44.0% were 40 and above, and 1.7% did not disclose. A large proportion of respondents were subject teachers (70.4%; see Appendix B, Table B.1 for an overview of respondent characteristics). Post-workshop evaluation feedback was provided by 1,127 participants. As shown in Figure 4.2, a statistically significant increase in school staff scores from pre to post course completion was observed for all four items.

Teacher Course B

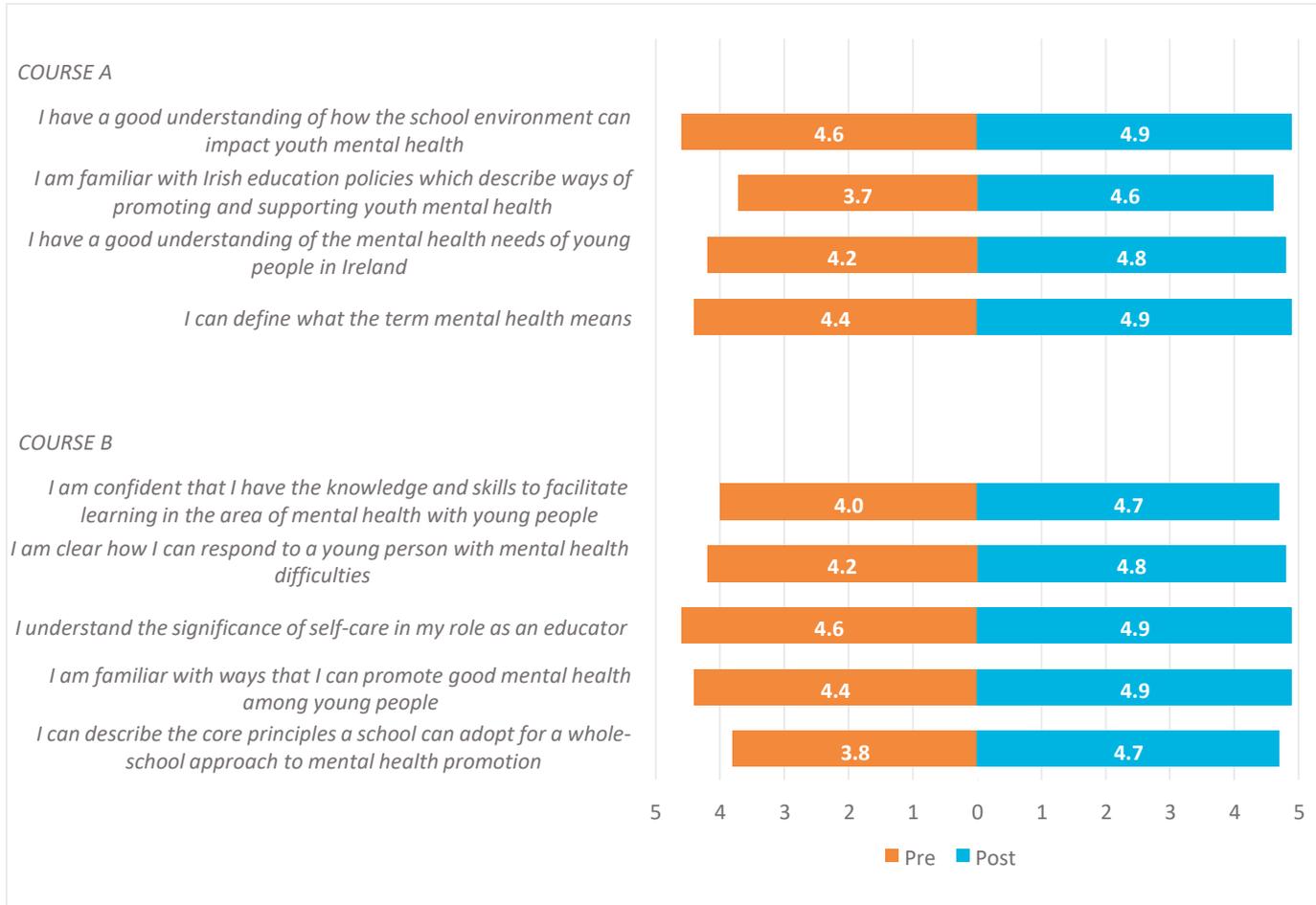
"We all have a part to play in promotion of good mental health in the school community. Active listening is a key element. Being alert is key to identifying potential difficulties for students"

eLearning Courses for Teachers – school staff member



Course participants were asked to fill-in a course evaluation form before and after completion of *Course B*. A total of 1004 participants, 745 (74.2%) females, 254 (25.3%) males and <1% who did not disclose, provided workshop evaluation feedback for the Whole-School Approach to Mental Health eLearning course. Of these 26.5% were under 30 years of age, 30.5% were between 30-39, 41.9% were 40 and above, while 1.1% did not disclose. A large proportion of respondents were subject teachers (69.9%; see Appendix B, Table B.1). Post-workshop evaluation feedback was provided by 935 participants. A statistically significant increase in school staff scores from pre to post course completion was observed for all five items (see Figure 4.2).

Figure 4.2
eLearning Courses for Teachers Feedback



Analysis of respondent feedback following completion of both courses indicated that:

- 95.7% of respondents said that they would recommend the online courses to a colleague, while less than half (61.7%) reported that they were likely to deliver *Introduction to Youth Mental Health - Junior and Senior Cycle* teacher-led workshop material that they received on completion of the online courses (see Figure 4.3).



- Of those that provided qualitative feedback, the main aspects of the course that school staff found most useful were workshop content (31.5%), practical strategies to apply when engaging with students (23.5%) and the resources (17.4%).
- Key take away messages staff took from the workshop were increased awareness and listening skills (18.5%), mental health knowledge (14.8%), and understanding the role of school staff within youth mental health (13.9%).

Innovate for Wellbeing

Innovate for Wellbeing was a 10-week project-based activity for transition year students led by a designated school staff member. This activity was developed and delivered in collaboration with Young Social Innovators. *Innovate for Wellbeing* aimed to engage students in a social action project and enable student voice on mental health in schools. Jigsaw staff provided face-to-face training and project support through a one-hour pre-project 'kick-starter' session and a one-hour post-project 'reflection' session with students and the school lead as well as an optional mid-way check-in for the school lead. School leads were also provided with resources and lesson plans through the Young Social Innovators website. Following the introduction of COVID-19 restrictions, the training and project support sessions were adapted for delivery through an online webinar format.

"I enjoyed working with my friends to come up with ideas to help people within our school community"

Innovate for Well-Being - student

Students completing *Innovate for Wellbeing* were asked to fill-in a programme evaluation form after completing their reflective session. A total of 112 students from six schools across the country provided programme evaluation feedback. The majority 100 (89.3%) were female, 11 (9.8%) were male and <1% did not disclose. On average respondents were 14.9 years of age, ranging from 12-18 years (see Appendix B, Table B.2 for an overview of respondent characteristics). Respondent feedback indicated that:

- The vast majority (92.0%) of respondents felt they learned more about a topic related to mental health and well-being post workshop, 70.5% agreed that taking part helped them get 5 a day for mental health.
- Most respondents agreed (50.0%) or strongly agreed (34.8%) that the project was a good way of letting their school know about areas of mental health that are important to students and 72.4% felt their school listened to issues their project addressed.
- 87.5% of respondents felt the programme was enjoyable and indicated the key elements they enjoyed the most were working as a team and supporting other students (33.0%), being involved in fun worthwhile activities (16.9%) and getting the chance to have a relaxing break from school life and miss some classes in the afternoon (11.6%).

Self-Care for Parents

Self-Care for Parents was a one-hour workshop for parents/caregivers. The workshop aimed to provide caregivers with a better understanding of what self-care is, a greater understanding of the



importance of looking after their own wellbeing in their role as a caregiver, better awareness of their own self-care needs and the ability to develop their own self-care plan. This workshop was available online through Jigsaw's eLearning platform and through face-to-face delivery by Jigsaw staff. Following the introduction of COVID-19 restrictions face-to-face delivery was discontinued and delivery of the workshop continued online.

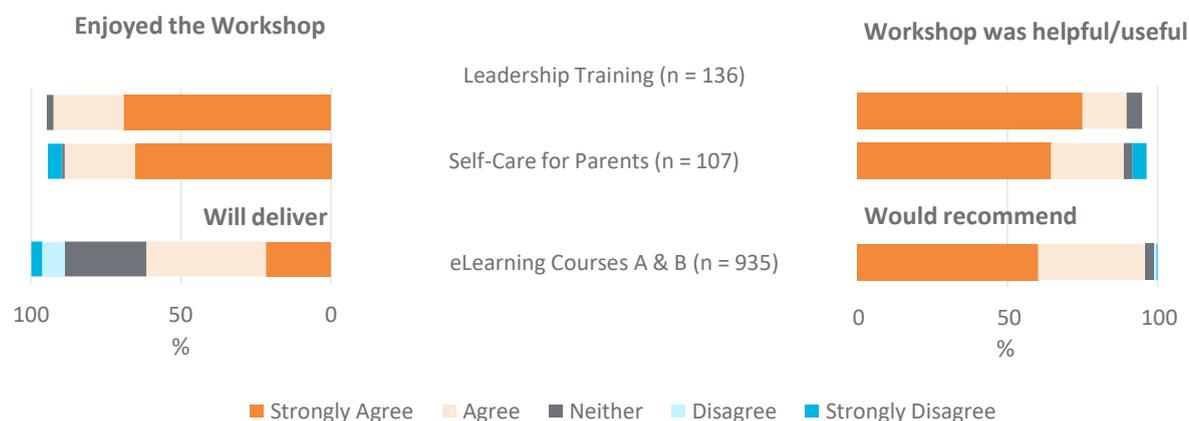
“Very helpful information and an eye opener. I will be making changes in my life”

Parent Self-Care - parent

Workshop participants were asked to fill-in a workshop evaluation form after completion of the workshop. A total of 107 participants provided *Self-Care for Parents* workshop evaluation feedback, of which 90 (84.1%) were female, 16 (15.0%) were male and <1% did not disclose. Of these, <1% were under 30 years of age, 7.5% were between 30-39, whereas the vast majority (87.9%) were 40 and above and 3.7% did not to disclose (see Appendix B, Table B.3 for overview of respondent characteristics). Respondent feedback indicated that:

- Overall, 63.6% of respondents strongly agreed they had an increased understanding of the importance of self-care in their role as a parent/caregiver followed by 26.2% who agreed, a further 4.7% strongly disagreed, while 2.8% neither agreed/disagreed and 2.8% chose not to disclose.
- The vast majority of respondents (87.9%) felt more aware of their own self-care needs.
- In total, 88.8% felt the workshop was enjoyable and 88.8% felt it was helpful (see Figure 4.3).
- Key take home messages reported by attendees were: the importance of self-care and looking after you own mental health and well-being (28.5%), choosing to make time for themselves (22.8%) and referring to the 5 a day for looking after oneself (11.4%).

Figure 4.3
Summary of Satisfaction Workshop Feedback for Targeted Workshops



4.1.2 'Additional workshop' evaluations

Self-Care for Teachers

Self-Care for Teachers was a one-hour workshop for school staff. The workshop aimed to provide school staff with a better understanding of self-care and its importance in their role as a teacher,

For information, support, or just to find out more about what we do, visit jigsaw.ie

Jigsaw, registered charity in Ireland.
Registered charity number 20064846. Charity revenue number 17439.



explore the challenges of supporting self-care practice, increase staff awareness of their own self-care needs and having the ability to develop their own self-care plan. This workshop was available online through Jigsaw's eLearning platform and through face-to-face delivery by Jigsaw staff. Following the introduction of COVID-19 restrictions face-to-face delivery was discontinued and delivery of the workshop continued online.

“Be more aware of how ‘stressed’ I am so I can take steps toward my own self-care”

Self-Care for Teachers – school teacher

Workshop participants were asked to fill in a workshop evaluation form after completion of the workshop. A total of 97 participants from Level B schools provided *Self-Care for Teachers* workshop evaluation feedback, of which 70 (72.2%) were female, 24 (24.7%) were male and 3 (3.1%) did not disclose. Of these, 29.9% were under 30 years of age, 24.7% were between 30-39, 40.2% were 40 and above and 5.2% did not disclose. A large proportion of respondents were subject teachers (56.7%; See Appendix B, Table B.1 for an overview of respondent characteristics). Respondent feedback indicated that:

- In total, 73.2% of respondents felt they had a better understanding of what self-care means at the end of the workshop, while 70.2% felt they had an increased understanding of the importance of self-care in their role as a teacher.
- The vast majority (70.1%) felt more aware of their own self-care needs, while similar numbers (69.1%) were more aware of ways they could support their own self-care practice.
- 59.8% said they enjoyed the workshop and 67.0% felt it was helpful for them in their role (see Figure 4.4).

Managing Anxiety in the Classroom

Managing Anxiety in the Classroom was a one-hour workshop for school staff. The key learning objectives from this workshop were to have a greater understanding of what anxiety is, increase self-awareness of own anxiety response, identify whole-school/classroom approaches to managing anxiety and learn strategies to support responses to individual students experiencing anxiety. This workshop was designed for face-to-face delivery by Jigsaw staff, but was adapted for delivery through an online webinar format following the introduction of COVID-19 restrictions.

“Anxiety is not a scary word, we should acknowledge the feeling within ourselves and within our student population”

Managing Anxiety in the Classroom – school staff

Workshop participants were asked to fill-in a workshop evaluation form after completion of the workshop. A total of 70 participants from Level B schools provided *Managing Anxiety in the Classroom* workshop evaluation feedback, of which 45 (64.3%) were female, 18 (25.7%) were male, 1.4% identified as other (e.g. non-binary) and 6 (8.6%) did not disclose. Of these, 24.3% were under 30 years of age, 27.1% were between 30-39, 38.6% were 40 and above and 10.0% did not disclose. The majority of respondents were subject teachers (67.1%; See Appendix B, Table B.1 for an overview of respondent characteristics). Respondent feedback indicated that:



- 85.7% of respondents felt they had a better understanding of anxiety and 85.7% felt aware of their own anxiety response.
- A large proportion (90.0%) felt they could identify a whole-school/classroom approach for managing anxiety, while 91.5% described learning practical strategies that they can use to support students who may be experiencing anxiety.
- Overall, 88.6% enjoyed the workshop and 84.3% thought it was helpful (see Figure 4.4).
- The key take home messages mentioned by respondents were learning useful strategies and techniques that they can apply to help students who have anxiety in the classroom (22.8%), knowing the signs of anxiety (18.5%), and understanding feelings of anxiety are normal and will come and go (15.7%).

Managing Exam Stress

Managing Exam Stress was a one-hour workshop for students, the content was suitable for all students undertaking exams, but particularly for those in Junior and Leaving Certificate exam years. This workshop aimed to provide students with an understanding of what stress is, to recognise stress as a common human emotion, give students a greater awareness of their own personal responses to stress, practical skills and strategies that they can use to support them in coping with stress and to make them more aware of the supports available in their local area. This workshop was designed for face-to-face delivery by Jigsaw staff. Following the introduction of COVID-19 restrictions the workshop was adapted for online self-directed learning.

“It gave one a great understanding of what stress is and how to handle it”

Managing Exam Stress – student

Workshop participants were asked to fill in a workshop evaluation form after completion of the workshop. A total of 524 participants from Level B schools provided *Managing Exam Stress* workshop evaluation feedback, of which 336 (64.1%) were female, 170 (32.4%) were male, 10 (1.9%) identified as other (e.g. non-binary) and 8 (1.5%) did not disclose. The average age of respondents was 16.2 years ranging from 12-19. (See Appendix B, Table B.2 for an overview of respondent characteristics). Respondent feedback indicated that:

- Overall, 84.9% of respondents felt they had a better understanding of what stress is post workshop.
- A large proportion (76.0%) felt they were able to identify strategies to help them manage stress, while 86.6% were aware of other supports available to help them manage stress.
- In total, 74.4% of respondents thought the workshop was enjoyable and 72.9% felt it was helpful (see Figure 4.4).
- Almost one third (31.4%) felt knowing and learning techniques to help them manage stress in their lives was a key message they got from the workshop, other key messages included understanding that stress is a normal human response (27.6%) and everyone experiences stress (8.2%) at some point depending on what is happening in their life.



My Mental Health - What Helps

My Mental Health - What Helps was a two-hour workshop for senior cycle students. The workshop aimed to give students an understanding of mental health, a greater awareness of what helps and hurts their mental health, develop their awareness of mental health as a resource for living, build their capacity to identify strategies to improve and manage their own mental health on a day-to-day basis, learn how and where to get help and become aware of local supports. This workshop was designed for face-to-face delivery by Jigsaw staff. Following the introduction of COVID-19 restrictions it was adapted for delivery through an online webinar format.

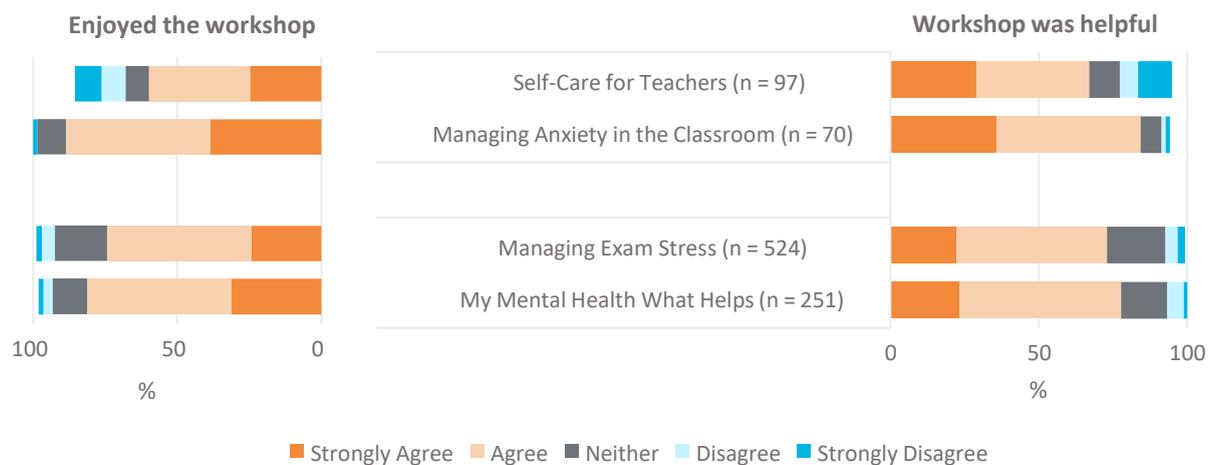
“All I can say is I’m now more aware of my mental health and I enjoyed it”

My Mental Health - What Helps – student

Workshop participants were asked to fill in a workshop evaluation form after completion of the workshop. A total of 251 participants from Level B schools provided *My Mental Health - What Helps* workshop evaluation feedback, of which 160 (63.7%) were female, 75 (29.9%) were male, 9 (3.6%) identified as other (e.g. non-binary) and 7 (2.8%) did not disclose. The average age of respondents was 16.0 years ranging from 12-18. (See Appendix B, Table B.2 for an overview of respondent characteristics). Respondent feedback indicated that:

- In total, 87.3% of respondents felt they had a better understanding of mental health post workshop, while a similar proportion (86.0%) felt more aware of what helps and hurts their mental health.
- The vast majority (91.2%) felt more aware of the supports available to them at the end of the workshop.
- A large proportion (81.3%) enjoyed the workshop and 77.7% felt it was helpful for them (see Figure 4.4).

Figure 4.4
Summary of Satisfaction Workshop Feedback for Additional Workshops



Summary of Key Findings

These findings from an examination of workshop feedback evaluation forms provide an indication of participants' reactions to the OGS activities. In summary, key findings from the workshop evaluations indicate that:

- 'Targeted workshops' generated positive outcomes aligned with the workshop objectives across all audiences. *Leadership Training* and *eLearning Courses for Teachers* demonstrated statistically significant increases in scores from pre to post workshop completion across all items. In addition, 92.0% of students who provided feedback reported that they learned more about a topic related to mental health and well-being and 87.9% of caregivers felt more aware of their own self-care needs after completing *Self-Care for Parents*.
- 'Additional workshops' generated positive outcomes aligned with the workshop objectives for students and school staff post workshop. More than 85.0% of students reported having a better understanding of stress and mental health having completed the *Managing Exam Stress* and *My Mental Health - What Helps* workshops. Similarly, over 70.0% of school staff reported having a better understanding of self-care, increased understanding of anxiety and awareness of their own anxiety response having completed workshops: *Self-Care for Teachers* and *Managing Anxiety in the Classroom*.
- Overall, workshop satisfaction was high. For almost all workshops, a large proportion of respondents indicated that they found the activities enjoyable (74.4%+) and helpful/useful (72.9%+). The lowest ratings were observed for the staff activity, *Self-Care for Teachers*, with just over two-thirds (67.0%) indicating that they found the activity useful and 59.8% rating it as enjoyable.

Chapter 5 -Baseline and Follow-Up Surveys

Procedure

Baseline and follow-up surveys were carried out with students, school staff and caregivers from Level B schools to determine what changes, if any, had occurred across the school community following participation in the OGS initiative. All members of the school community in Level B schools were eligible to take part. For students under 18, parental consent was required before being asked to complete the survey. Each participant group was provided with information about the OGS evaluation and the surveys and asked to give their consent/assent to take part. Surveys were predominantly conducted online via Qualtrics, however paper-based surveys were also available and used on request or according to resources available in the school.

Participants completed measures to assess mental health literacy, including: understanding youth mental health, help-seeking, mental health beliefs and self-care. They were also asked questions relating to their demographics, awareness of Jigsaw and early intervention, perceived level of youth mental health-related activity in school and perceived competence and confidence in supporting young people with mental health difficulties. Follow-up surveys included additional questions about OGS, including awareness of the initiative, involvement and attendance in activities/workshops and levels of satisfaction (See Appendix C, Table C.1 for information about the standardised measures for each participant group).

Baseline surveys were administered in September/October 2019 as planned. However due to COVID-19, follow-up surveys were administered a year later than planned in April/May 2021. While this facilitated continued participation from schools, it also contributed to reduced participation rates. In particular, 6th year students, and many of their caregivers, who completed baseline surveys in September 2019 were not available to complete the follow-up surveys. In addition, two Level B schools were unable to take part in the follow-up surveys due to issues with logistics and increased burden associated with COVID-19. Where possible, baseline and follow-up survey data for participants were matched longitudinally using a combination of key variables provided at the start of each survey. Statistical analysis was conducted on the matched sample (i.e., the group of participants who had baseline and follow-up survey data; see Table 5.1). Data were analysed using descriptive statistics to present summary data and parametric (repeated measures *t*-tests) and non-parametric (Wilcoxon signed rank and chi-square tests) inferential statistics were used to examine repeated measures. The significant differences reported were significant at the $p < .05$ level.

Table 5.1

Participant Numbers for Baseline, Follow-Up and Matched Samples

	BL <i>n</i>	Follow-Up <i>n</i>	Matched <i>n</i>
Students	1700	563	432
School Staff	329	100	49
Caregivers	843	387	104



Results

5.1.1 Sample characteristics

Student sample

The student sample consisted of 432 young people. At baseline, student participants were, on average, 14 years old, ranging from 11 to 18 years. The majority (74.6%), identified as female, 25.2% as male and <1% identified as other (e.g., non-binary). The majority of students identified as White Irish (74.5%), 7.7% said they were any White background other than Irish, 5.8% Black or Black Irish, 5.3% Asian or Asian Irish, an additional 6.7% identified with an 'other' ethnic background. Students were distributed across school year groups, with 36.8% in 1st year, 20.6% in 2nd year, 18.8% in 3rd year, 7.2% in Transition/4th year and 16.4% in 5th year. Approximately, 11.1% reported that they received additional teaching support at school.

School staff sample

The staff sample consisted of 49 school staff with an average age of 43 (range: 25 to 59 years). The majority (85.7%) identified as female and a further 14.3% identified as male. The vast majority identified as White Irish (98.0%), with the other 2.0% identifying as Any White background, other than Irish. Just over half the sample (51.0%) described their primary role as subject teachers, 18.4% as Year Heads, 14.3% as Principals/Deputy Principals, and 16.3% said other. Approximately 8.2% of staff reported that they had been a member of the school staff for 1-2 years, 20.4% for 3-5 years, 10.2% for 6-10 years, 20.4% for 11-15 years, 14.3% for 16-20 years and 26.5% for 21+ years.

Caregiver sample

The caregiver sample consisted of 104 caregivers with an average age of 46 (range: 33 to 55 years). The majority identified as female (92.3%), with 6.7% identifying as male. The majority identified as White Irish (84.6%), with 8.7% Any White background other than Irish, 3.8% Asian/Asian Irish and 2.9% as other. Overall, 72.0% of caregivers reported having one child attending a Level B school, 24% reported two children and 3.8% reported three children. Caregivers reported that their children were distributed across the school years, 43.3% reported having a child in 1st year, 21.2% in 2nd year, 22.1% in 3rd year, 11.5% in Transition/4th year, 17.3% in 5th year and 12.5% in 6th year. (See Table 5.2 for an overview of key participant characteristics).

Table 5.2
Overview of Participant Characteristics

Characteristic	Student n (%)	Staff n (%)	Caregivers n (%)
Age, M (SD)	14 (1.49)	43 (9.49)	46 (6.06)
Gender			
Male	108 (25.2)	7 (14.3)	7 (6.7)
Female	320 (74.6)	42 (85.7)	96 (92.3)
Other (e.g., non-binary)	1 (0.2)	-	-
Ethnicity			
White Irish	321 (74.5)	48 (98.0)	88 (84.6)
Any White background, other than Irish	33 (7.7)	1 (2.0)	9 (8.7)
Black/Black Irish	25 (5.8)	-	-
Asian/Asian Irish	23 (5.3)	-	4 (3.8)
Other	29 (6.7)	-	3 (2.9)

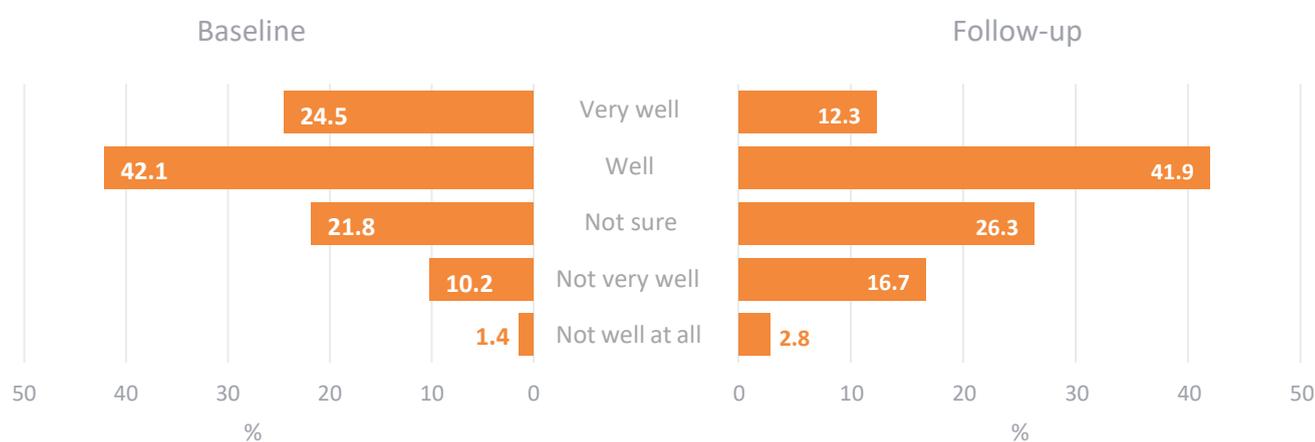
Notes. Table presents n and % unless otherwise specified. M = Mean; SD = standard deviation. Due to missing data sample sizes vary across variables: Age $n_{\text{student}} = 430$, $n_{\text{staff}} = 48$, $n_{\text{caregiver}} = 100$; Gender $n_{\text{student}} = 429$, $n_{\text{staff}} = 49$, $n_{\text{caregiver}} = 103$; Ethnicity $n_{\text{student}} = 431$, $n_{\text{staff}} = 49$, $n_{\text{caregiver}} = 104$.

5.1.2 Findings for students

Mental health and wellbeing support at school

Students were asked to rate how well they thought their school promotes and supports mental health and wellbeing. The results showed a statistically significant decrease in students' ratings from baseline to follow-up (see Figure 5.1).

Figure 5.1
Students' Perceptions of Mental Health and Wellbeing Promotion and Support at School



Seeking help for problems

Jigsaw

Students were asked if they had ever heard of Jigsaw. Students were more familiar with Jigsaw at the end (88.3%) of the initiative than at the beginning (49.8%), indicating a significant increase in familiarity with Jigsaw across the initiative (see Figure 5.2).

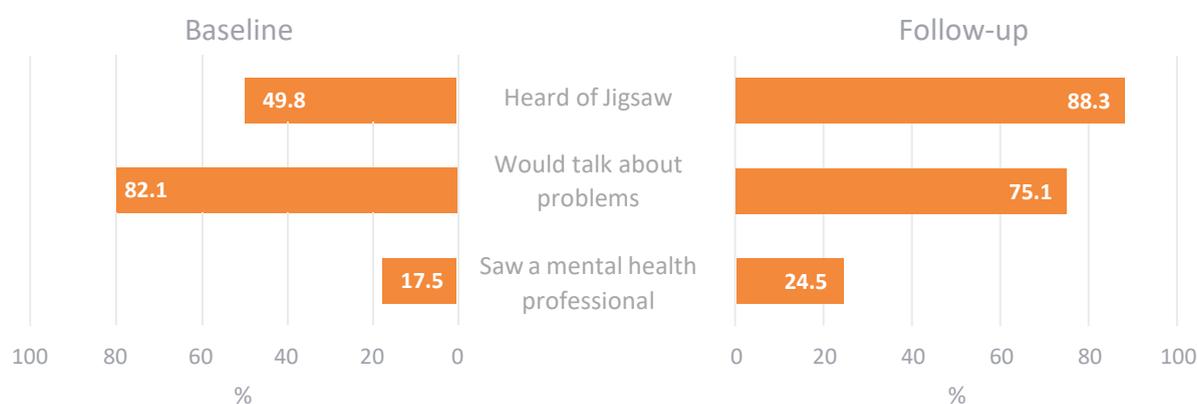
Talking about problems

At baseline, 82.1% of students said they would talk to someone about their problems. This percentage decreased to 75.1% at follow-up; however, this decrease was not significant (see Figure 5.2). At the beginning of the initiative, the majority of students reported they would be most likely to talk to a 'family member'. Whilst at the end of the initiative, the majority of students said they would most likely talk to a 'friend'.

Professional support for personal problems

There was a small increase, from 17.5% to 24.5% in the proportion of students who reported seeing a mental health professional to get help for personal problems. However, statistical analysis revealed that this increase was not significant (see Figure 5.2).

Figure 5.2
Students' Awareness of Jigsaw and Help-Seeking Behaviour

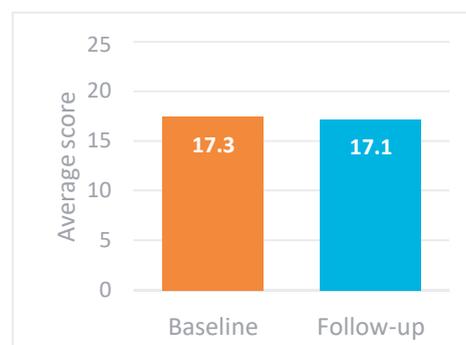


Attitudes towards help-seeking

Students' scores for attitudes towards help-seeking indicate the degree to which they would be willing to seek help if they were experiencing a mental health difficulty. Scores range between 0 and 30, with higher scores indicating more positive attitudes toward seeking professional help, whereas lower scores reflect more negative attitudes.

Results presented in Figure 5.3 show no significant changes in student attitudes toward help-seeking. Indeed, scores remained just above the mid-range; indicating positive attitudes toward help-seeking amongst students at the beginning and the end of the initiative.

Figure 5.3
Students' Attitudes Towards Help-Seeking



What students know about mental health

Understanding of youth mental health

Students' scores for understanding of youth mental health indicate the degree to which they understand Jigsaw's holistic model of youth mental health. Possible scores range from 7-35 with higher scores indicating a better understanding of youth mental health. Results presented in Table 5.3 show a moderate level of mental health understanding amongst participants at baseline, with no statistically significant change over the course of the initiative.

Beliefs about mental health

Students' scores for beliefs about mental health indicate the degree to which they perceive societal stigma towards youth mental health (society) and their own agreement with stigmatizing statements (self). The lowest possible score for both types of stigma (self and society) is 8 and the highest is 40. High scores indicate a high level of agreement with stigmatizing statements, whilst lower scores indicate a lower level of agreement (see Table 5.3).

Overall, at both baseline and follow-up, students perceived themselves as having less stigmatizing attitudes about youth mental health than broader society. From baseline to follow-up, student scores regarding perceived societal stigma towards youth mental health significantly increased. Whereas students' own levels of agreement with stigmatizing statements regarding youth mental health significantly decreased over the course of the initiative (see Table 5.3).

Table 5.3

Summary of Changes in Scores for what Students Know about Mental Health

Measure	Average score at baseline	Average score at follow-up	Test of significance
Understanding youth mental health	26.7	26.9	ns
Beliefs about mental health (society)	32.6	33.7	$p < .05$
Beliefs about mental health (self)	23.1	21.9	$p < .05$

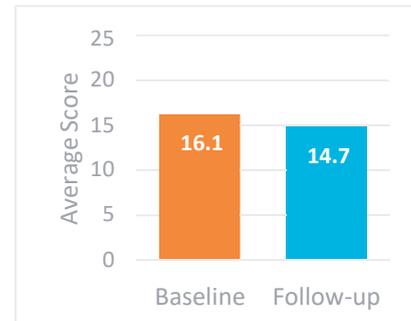
Notes: ns = not significant; $p < .05$ denotes statistically significant change based on p value from repeated measures t -test

How students look after their mental health

Self-care strategies

Students' scores for use of self-care strategies identify how well they look after their own mental health. Possible scores range between 0-28, where higher scores indicate greater use of good self-care practices for mental health. Analysis revealed that students' use of self-care strategies significantly decreased from the start to the end of the initiative (see Figure 5.4). Moreover, results presented in Figure 5.4 show that the average scores of students at baseline and at follow-up were around the mid-range, indicating moderate use of self-care strategies for mental health at the beginning and end of OGS.

Figure 5.4
Students' use of Self-Care Strategies

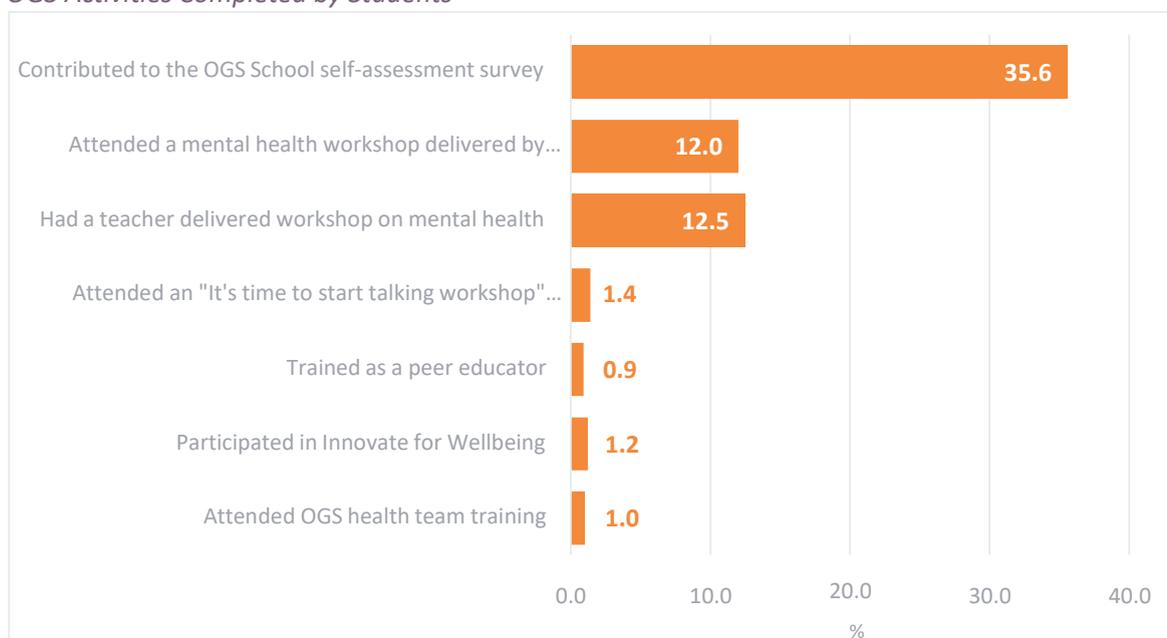


What students thought of the OGS Initiative

At the end of the initiative, students were asked about their knowledge of OGS. In total of 35.0% said that they knew the initiative was happening at their school, 46.1% said they did not and 19.0% did not answer.

Students were also asked whether they had taken part in a number of OGS activities during the year. The most common activity that students reported engaging with was contributing to the OGS school self-assessment survey (35.6%), followed by attending a mental health workshop delivered by a teacher (12.5%) and attending a mental health workshop (12.0%; see Figure 5.5).

Figure 5.5
OGS Activities Completed by Students

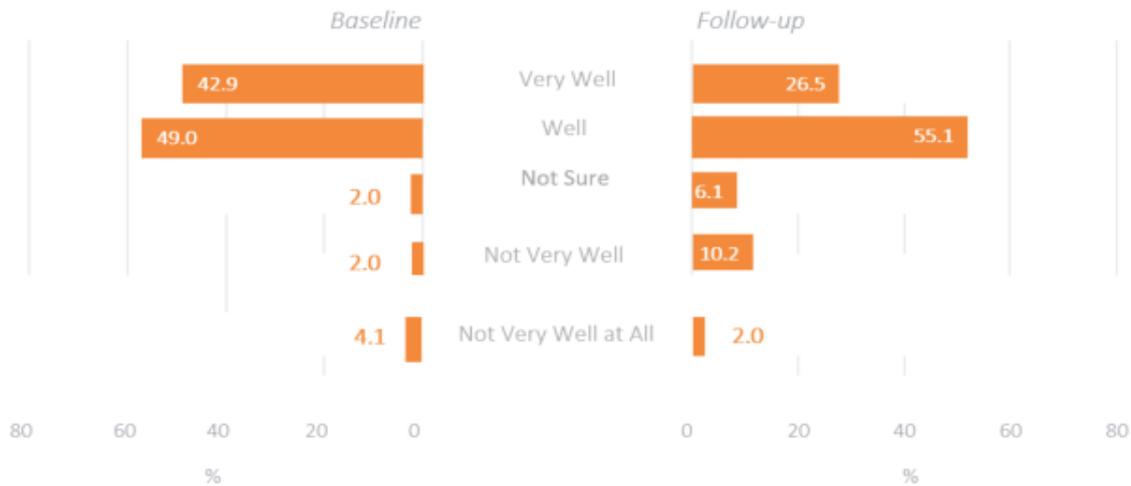


5.1.3 Findings for school staff

Mental health and wellbeing support at school

School staff were asked to rate how well they thought their school promotes and supports mental health and wellbeing. The results showed a statistically significant decrease in staff ratings from baseline to follow-up (see Figure 5.6).

Figure 5.6
Staff Perceptions of Mental Health and Wellbeing Promotion and Support at School



Supporting students

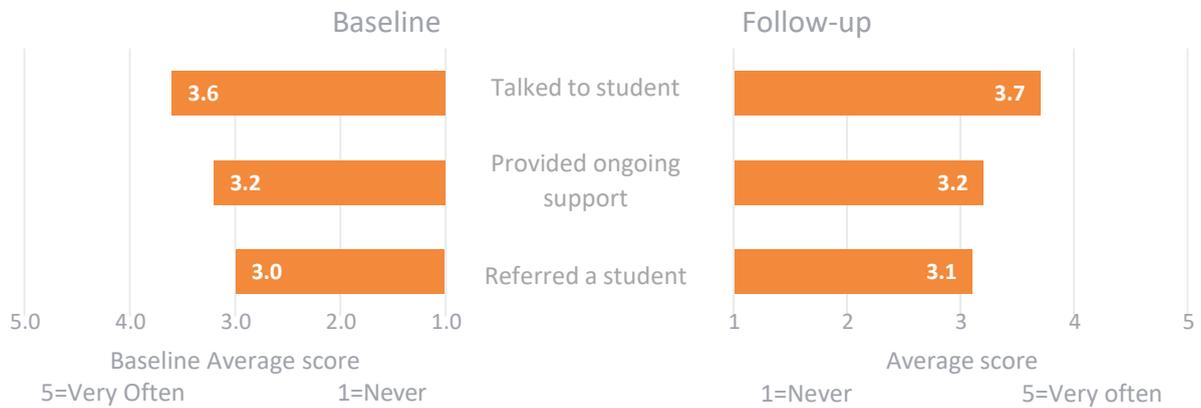
Jigsaw

Participants were asked if they had ever heard of Jigsaw. Results showed that staff were more familiar with Jigsaw at the end (93.9%) of the initiative than at the beginning (85.7%), indicating an increase in familiarity with Jigsaw across the initiative. However, this increase in familiarity was not significant (see Figure 5.7).

Experience of providing support

Staff were asked to reflect on their experiences of providing support to students in the previous year and report how often they had provided different types of support to students. No significant changes were observed across baseline and follow-up measures regarding the frequency with which staff provided support to young people (see Figure 5.7).

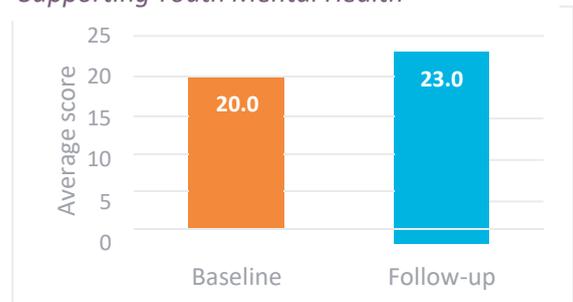
Figure 5.7
Staff Experiences of Providing Support to Students



Confidence and competence supporting youth mental health

Staff were asked to complete a short questionnaire regarding their level of confidence and competence supporting youth mental health. Possible total scores on this measure range between 6-30, with scores in the higher range indicating a good level of perceived confidence and competence to support youth mental health. Results showed a significant increase in confidence and competence scores amongst school staff from baseline to follow-up (see Figure 5.8).

Figure 5.8
Staff Competence and Confidence in Supporting Youth Mental Health

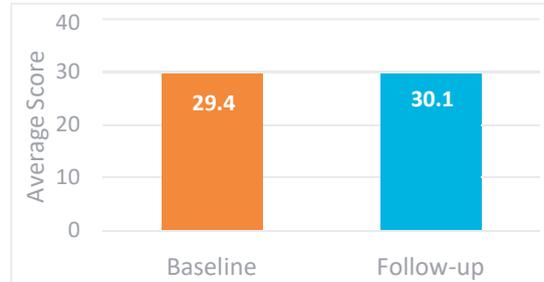


What staff know about mental health

Mental health knowledge

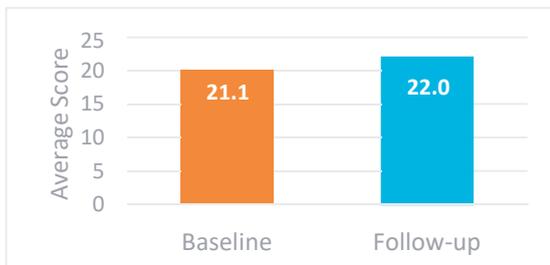
Staff scores for mental health knowledge indicate their level of understanding about mental health and wellbeing. Possible scores for this measure range between 7-35. Higher scores are indicative of a good understanding of youth mental health and wellbeing. Staff scores at both baseline and at follow-up were above the mid-point on the scale and no significant change was observed in mental health knowledge scores over the course of the initiative (see Figure 5.9).

Figure 5.9
Staff Mental Health Knowledge



How staff look after their mental health

Figure 5.10
Staff use of Self-Care Strategies



Staff scores for use of self-care strategies indicate the level of self-care staff engage in to look after their own mental health. Scores range from between 0-28, with higher scores indicative of greater levels of good self-care practices for mental health. No significant changes were observed in self-care scores, with moderate-high scores reported at the beginning and the end of the initiative (see Figure 5.10).

What staff thought of the OGS Initiative

Staff awareness

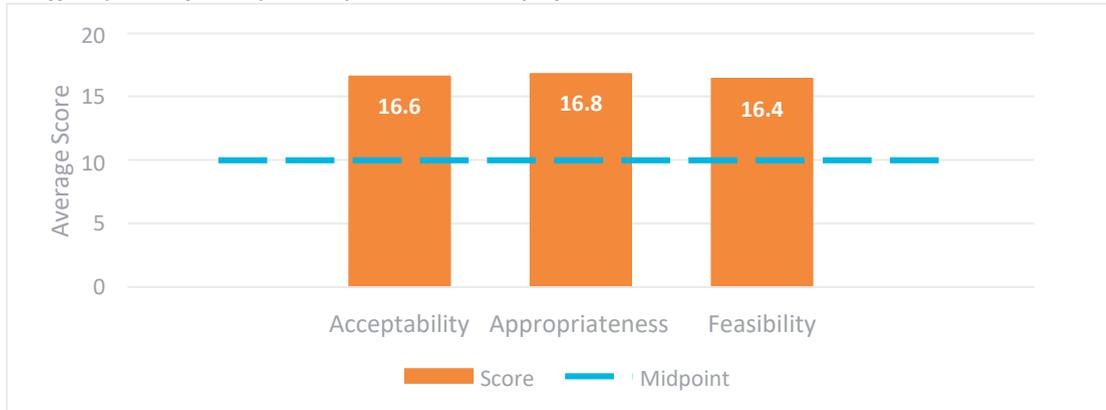
All staff (100.0%) who completed follow-up surveys said that they knew the OGS initiative was happening at their school.

Acceptability, appropriateness and feasibility

The follow-up surveys asked school staff to rate the acceptability, appropriateness and feasibility of the initiative at their school in terms of whether they felt OGS was suitable, implementable and enjoyable. Possible scores for each subscale range between 4-20. Scores above the mid-point (10) are indicative of perceived acceptability, appropriateness and feasibility, whereas scores below the mid-point indicate the opposite. Results presented in Figure 5.11 show that school staff ratings for acceptability, appropriateness and feasibility of OGS were all above the mid-point.



Figure 5.11
Staff Reports of Acceptability and Feasibility of OGS

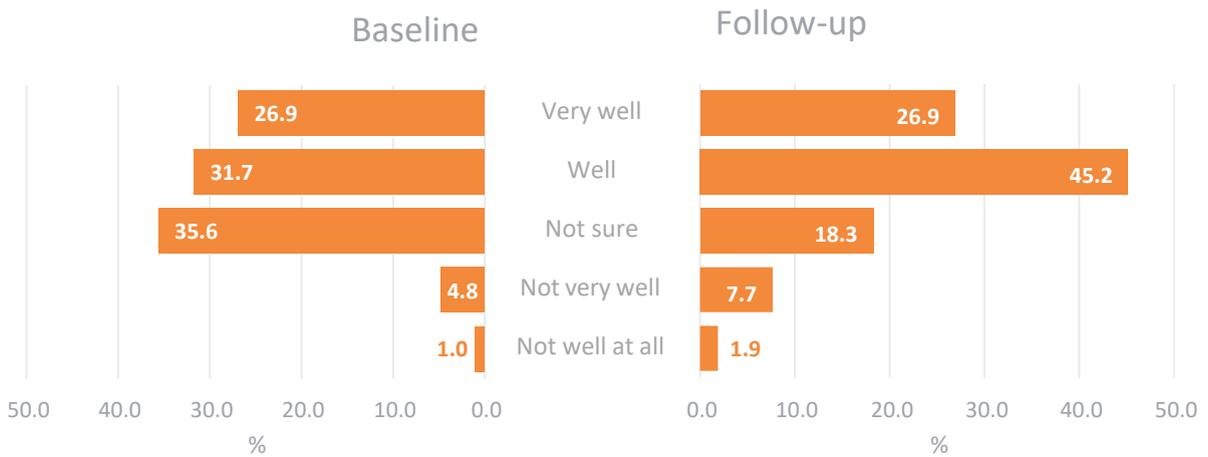


5.1.4 Findings for caregivers

Mental health and wellbeing support at school

Caregivers were asked to rate how well they thought their school promotes and supports mental health and wellbeing. The results showed no significant change in caregiver ratings from baseline to follow-up (see Figure 5.12).

Figure 5.12
Caregiver Perceptions of Mental Health and Wellbeing Promotion and Support at School.



Supporting young people

Jigsaw

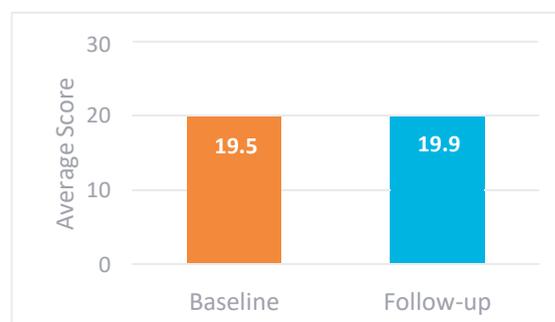
Caregivers were asked if they had ever heard of Jigsaw. Results showed that a higher proportion of caregivers were familiar with Jigsaw at the end (90.8%) of the initiative than at the beginning (79.1%), indicating a significant increase in familiarity with Jigsaw across the initiative.



Confidence and competence supporting youth mental health

Caregivers were asked to complete a short questionnaire regarding their level of confidence and competence supporting young people's mental health. Total scores on this measure range between 6-30, with scores in the higher range indicating a good level of perceived confidence and competence to support youth mental health. Findings revealed no significant change in confidence and competence scores amongst caregivers from baseline to follow-up (see Figure 5.13).

Figure 5.13
Caregiver Competence and Confidence in Supporting Youth Mental Health.



What caregivers know about mental health

Understanding of youth mental health

Caregivers' scores for understanding youth mental health indicate the degree to which they understand Jigsaw's holistic model of youth mental health. Possible scores range from 7-35 on this measure, with higher scores indicating a good understanding of youth mental health. Results presented in Table 5.4 indicate a moderate level of mental health understanding amongst participants at both baseline and follow-up, with no statistically significant change in scores over the course of the initiative.

Mental health knowledge

Caregivers were asked a series of questions to ascertain their level of mental health knowledge. Possible scores for this measures range between 7-35. Higher scores are indicative a good understanding of youth mental health and wellbeing. Results presented in Table 5.4 show that average scores at baseline and at follow-up were moderately high, with no statistically significant change over the course of the initiative.

Table 5.4

Summary of Changes in Scores for what Caregivers Know about Mental Health

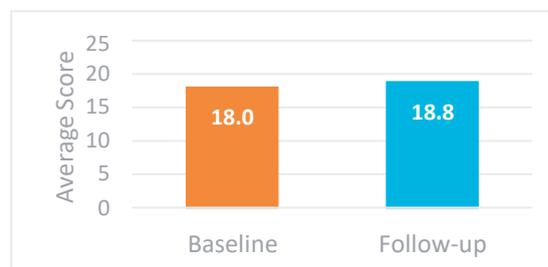
Measure	Average score at baseline	Average score at Follow-up	Test of significance
Understanding Youth Mental Health	29.1	29.5	ns
Mental Health Knowledge	26.1	26.1	ns

Notes: ns = not significant; $p < .05$ denotes statistically significant change based on p value from repeated measures *t*-test

How caregivers look after their mental health

Caregiver scores for use of self-care strategies indicate the level of self-care caregivers engage in to look after their own mental health. Possible total scores range between 0-28, with higher scores indicative of greater levels of good self-care practices for mental health. Caregiver scores were above the mid-point on the scale at both baseline and follow-up and no significant changes were observed over the course of the initiative (see Figure 5.14).

Figure 5.14
Caregivers' use of Self-Care Strategies



What caregivers thought of the OGS Initiative

At the end of the initiative, caregivers were asked about their awareness of the OGS initiative. Approximately, 65.4% said that they knew the initiative was happening at their school, whereas 16.3% said they did not and 18.8% did not answer.

Summary of Key Findings

The baseline and follow-up surveys provided insights regarding key aspects of mental health literacy and reactions to the OGS initiative among students, school staff and caregivers. In summary, the key findings indicate:

- Both student and staff ratings of how schools promote and support youth mental health decreased over the course of the initiative, whereas caregiver ratings did not change.
- All participant groups (students, school staff and caregivers) reported a high level of familiarity with Jigsaw's youth mental health service at the end of the initiative.
- Although all school staff (100.0%) reported that they were aware the initiative was taking place in their school, less than half of students (43.0%) and just under two thirds (65.4%) of caregivers were aware of the initiative taking place in their school.
- Student scores for understanding mental health, help-seeking intentions and self-care strategies remained relatively stable across baseline and follow-up. Results also indicated improvements in students' beliefs about mental health, evidenced by decreased levels of agreement with stigmatizing statements regarding mental health. Finally, students' use of self-care strategies significantly decreased from the start to the end of the initiative.
- Staff scores for mental health knowledge, self-care strategies and experience supporting student mental health remained relatively stable with no significant changes over time. However, there was a significant increase in staff confidence and competence to support youth mental health from baseline to follow-up.

- Overall, school staff rated OGS as an acceptable, feasible and appropriate programme to promote and support the mental health and wellbeing of young people and develop a shared responsibility for mental health across the whole school community.
- Caregiver scores for understanding youth mental health, mental health knowledge, confidence and competence to support youth mental health and self-care strategies remained stable across baseline and follow-up.



Chapter 6 - Action Plans

Procedure

As part of the OGS process, all schools taking part in the initiative undertook a self-assessment to inform priority areas for improvement based on information collected from members of the school community. Schools then developed an action plan informed by the findings from the school self-assessment to document planned areas of activity. Action plans were completed by each school in collaboration with their local Jigsaw service to identify and map out the activities that would be conducted across the school year. However, the implementation of action plans was disrupted in March 2020 following the introduction of COVID-19 restrictions. Due to the impact of these restrictions and the resulting adaptations to OGS and the suite of activities offered to schools, Jigsaw services extended the timeframe for planned implementation of action plans and supported schools to develop a revised action plan.

Following the evaluation framework, school action plans were assessed at Level B of the evaluation. Once completed, schools and their local Jigsaw service each retained a copy of the signed action plan. Data from the initial and revised action plans of Level B schools were extracted in terms of number and type of planned activities. Information about the number of planned activities completed were captured from the action plan review at the end of Year 1 of OGS implementation in May 2021. Descriptive analysis was conducted on the extracted data.

Results

In their initial action plans, developed between September and December 2019, Level B schools planned an average of seven areas of activity. The number of planned activities varied across schools ranging from six to nine. The most common number of activity areas included was six, which is the minimum requirement to achieve OGS accreditation ($n = 5$ schools). In their revised action plans, developed in September 2020, the average number of planned activities per school increased to eight (range: 6-11), with nine of the 11 Level B schools planning seven or more activities in the extended timeframe.

By the end of the initiative in May 2021, Level B schools had completed an average of seven activity areas per school. The level of completion varied across schools ranging from five to nine activities completed. Of the 11 Level B schools, 10 met or exceeded the minimum requirement of six areas of activity, with two schools completing nine areas; two completed eight areas, three completed seven, and a further three schools completed the minimum requirement of six areas of activity. Only one school did not meet the minimum criteria, completing only five activity areas.

Figure 6.1 below summarises the number of Level B schools that included each activity area in their revised action plan and the proportion of those areas of activity that were completed.

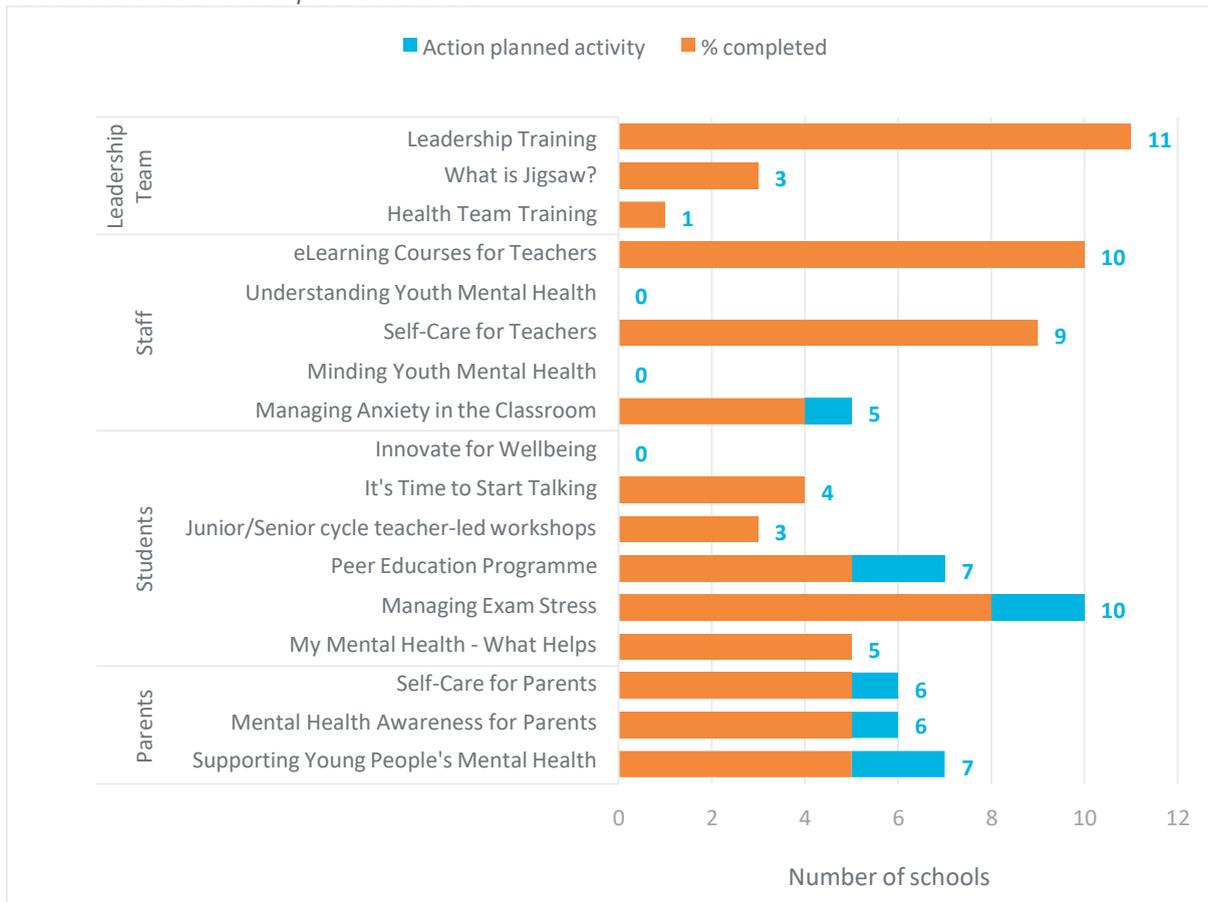
In total, 14 out of 17 areas of activity were included in the revised action plans of Level B schools. As a mandatory workshop, *Leadership Training* was included in the action plans of all Level B schools. In addition, almost all Level B schools ($n = 10$), included *eLearning Courses for Teachers* and *Managing Exam Stress*. None of the revised action plans for Level B schools included the day long courses, *Understanding Youth Mental Health* or *Minding Youth Mental Health* which were not available after



March 2020, or the 10-week project-based activity, *Innovate for Wellbeing*, which was adapted for online webinar format.

At the end of OGS implementation in May 2021, eight areas of activity that were included in the revised action plans of Level B schools were completed in full. These activities were delivered in all schools that had included them in their revised action plan. A further six activity areas were partially completed, these activities were delivered in some but not all of the schools that had included them in their action plan. The highest completion rates were in activities offered to school leadership (100.0%), followed by those for school staff (80.0%+) and students (71.4%+) and parents/caregivers (71.4%+).

Figure 6.1
Action Planned and Completed Activities



Summary of Key Findings

Despite the massive disruptions caused by COVID-19, which was facilitated by an extended timeline and opportunity to revise action plans, these findings from a review of action plan and review documents provide an indication of schools' planning across OGS activities and their adherence to implementing the outlined plan. In summary the findings indicate that:

- Schools were ambitious in their planning. More than half exceeded the minimum criteria of six action planned activities in both their initial and revised action plans.



- A breadth of activities from the full OGS suite were planned and implemented by schools. Only three activities: *Understanding Youth Mental Health*, *Minding Youth Mental Health* and *Innovate for Wellbeing*, were not included in the action plans of Level B schools. Two of these activities were day long courses that were no longer available after March 2020 following the introduction of COVID-19 restrictions.
- For the most part, schools adhered to their revised action plans. The completion rates of planned areas of activity were high, exceeding 71.4% across activities for all target audiences.
- Schools were able to meet the minimum criteria of completing six areas of activity. Only one of the 11 Level B schools failed to meet the minimum criteria for completion of Year 1 of OGS.



Chapter 7 - Qualitative Interviews and Focus Groups

Procedure

Qualitative interviews and focus groups were conducted with members of the school community from Level B schools as well as Jigsaw staff members to capture their thoughts and experiences about being involved in the OGS initiative.

Semi-structured qualitative interviews were conducted with students ($n = 9$), school staff ($n = 15$) and caregivers ($n = 8$) from Level B schools. A key focus of the interviews was on participants' experiences of OGS in their school. Interviews were conducted by research assistants (student & caregiver interviews) and an IRC enterprise PhD scholar (school staff interviews) on Jigsaw's Research and Evaluation Team. Interviews with school staff formed part of a PhD project. Interviews were conducted via phone, zoom or Microsoft Teams according to participant preference. Participants were recruited through the baseline survey in September/October 2019. At the end of the survey, participants were asked if they would be interested in taking part in individual interviews about the OGS initiative. Volunteer lists were randomised and participants from the list were contacted and invited to participate until a sufficient target sample for each group was achieved. Additional purposive sampling was conducted with key school staff involved in OGS. Due to COVID-19, qualitative interviews were conducted a year later than planned, with participants contacted about the individual interview in April/May 2021. This likely contributed to reduced response rates from members of the school community given the substantial time gap between volunteering and being invited for interview.

Semi-structured focus groups were conducted with Jigsaw staff members from Jigsaw's National Office, specifically staff from the Youth Mental Health Promotion team and Regional Service Managers ($n = 9$), and staff from Jigsaw's service hubs, specifically a Youth and Community Engagement Worker (YCEW) or a Service Manager involved in the delivery of OGS from each Jigsaw service ($n = 10$). Relevant staff were invited to participate in the focus groups which centred around capturing the thoughts and experiences of staff who were directly involved in the development and delivery of OGS to schools. A key focus of this discussion was to explore the challenges and opportunities of this pilot initiative, and identify key learnings for future developments of the initiative. Focus groups were conducted via Microsoft Teams by Jigsaw research assistants.

Interviews and focus groups were recorded and transcribed verbatim. The data were analysed by participant group using thematic analysis (Braun & Clarke, 2006).

Results: Qualitative Interviews with School Community

7.1.1 Interviews with students

In total, 278 students volunteered to be contacted for interview at the end of the baseline survey; 151 were contacted via text and 8 assented to take part (8 females; response rate 5%). Phone interviews, lasting approximately 18 minutes on average, were transcribed and analysed using thematic analysis and four main themes were identified: mental health support and awareness in



schools before OGS, the role of OGS in schools, peer educators and suggested changes and recommendations from young people.

Mental health support and awareness in schools before OGS

Student perceptions of mental health support and awareness prior to OGS were mixed. Some students reported positive mental health activities and support from teachers, or explained that they knew a teacher or guidance counsellor they could confide in if they needed to talk to someone.

“...that's one thing I always say about my school... there's so many people in the school that you could go talk to if you needed someone to talk to, like we have a guidance counsellor and he's just brilliant like, he's amazing.” [Student interview 2]

In contrast, other students felt that their school neglected mental health. They reported a lack of facilities and support, and stated that school staff were generally not open to discussing mental health with students. This in turn made students feel less comfortable to talk openly about how they were feeling or reach out for support if needed.

“I feel like teachers not talking about mental health has made a lot of people not want to talk about what they're going through if that makes sense? Because they've not been taught that it's a good thing to talk about what you're going through, so they just keep it in, they don't let anyone know that they're stressed, they don't let anyone help them because the school hasn't made it a comfortable place for it.” [Student interview 6]

The role of OGS in schools

The majority of interviewees were aware of Jigsaw as a mental health service for young people as a result of promotion within the school context. Some mentioned having a Jigsaw staff member come into the school to give a talk and seeing flyers and posters of Jigsaw on billboards around their school. Students explained how the OGS initiative created greater awareness and understanding of the work Jigsaw does and how to access the service.

“I think I did but I wasn't aware of it a lot, like I remember maybe the start of second year actually understanding what Jigsaw really was... Well I know a lot about Jigsaw now, like I definitely would recommend it to people a lot more now like.” [Student interview 2]

A couple of participants also felt the initiative improved mental health support and awareness in their school, they described a greater onus on school staff to be open to talking about mental health in the classroom and the school environment in general. In addition, interviewees felt better equipped to identify resources for support in their school, such as becoming aware of designated staff members who are responsible for providing support for student wellbeing.

“I think also before we weren't very aware of which teachers you could go to, because I know we weren't really sure which of the guidance counsellors or



which of the teachers were kind of trained or handled those kinds of problems. But I think after that we knew exactly who to go to if something happened, we wouldn't just go to a random teacher who would be like "I'm not really sure."

[Student interview 5]

Students gave mixed reactions to the workshops; some were positive, describing one of the workshops completed in school as relaxed and comfortable and facilitated by a "lovely" Jigsaw staff member.

"Yeah, everyone was lovely... it just felt so relaxed and like no judgment and it kind of just felt like a chat, it wasn't like we were in school getting a talk from someone, it was just so relaxed and comfortable kind of." [Student interview 3]

Others felt the workshops they completed were too simplistic, referring to coping mechanisms for exams that they already knew. Three students did not recall completing any workshops as part of OGS, but claimed they would have liked to if their school had made them aware of the workshops available. Students recommended that their school inform students about OGS and promote the initiative better going forward.

"I only done like the survey; I didn't know there was any workshops... definitely would have though, if I heard about the workshops." [Student interview 7]

Peer educators

Students who became peer educators and delivered talks to other class groups as part of OGS spoke very highly of the initiative from a peer educator perspective. They talked about the training sessions they completed with Jigsaw describing them as collaborative and engaging, in that they had the opportunity to talk and interact with peer educators from other schools about their experiences and views on mental health. One student described her experience;

"It was really good... you'd engage a lot, it wasn't just sitting and listening you did the stuff. You were kind of constantly discussing it and everything which was really good because I know if I was just to sit there and listen it would get really boring but we were all there, we were all talking discussing all these things, I think we learned a lot from each other and from the Jigsaw educators as well. I do think interacting with other young people and their experiences also gave me a new perspective to see things from." [Student interview 5]

Additionally, peer educators felt they learned a lot about Jigsaw and had a greater understanding of the work this organisation does and who they help as a result of the OGS initiative.

Suggested changes and recommendations from young people

Students recommended that OGS should take place on a yearly basis. Permanency of the initiative would ensure that learnings surrounding mental health literacy (knowledge, stigma reduction and

help-seeking) would not only be ongoing but available to new students, staff members and caregivers into the future.

“I feel like if people are reminded of it yearly, like oh yeah I can do this, I can go to Jigsaw for help with anything, the school will also have to pay attention if it was a yearly thing.” [Student interview 1]

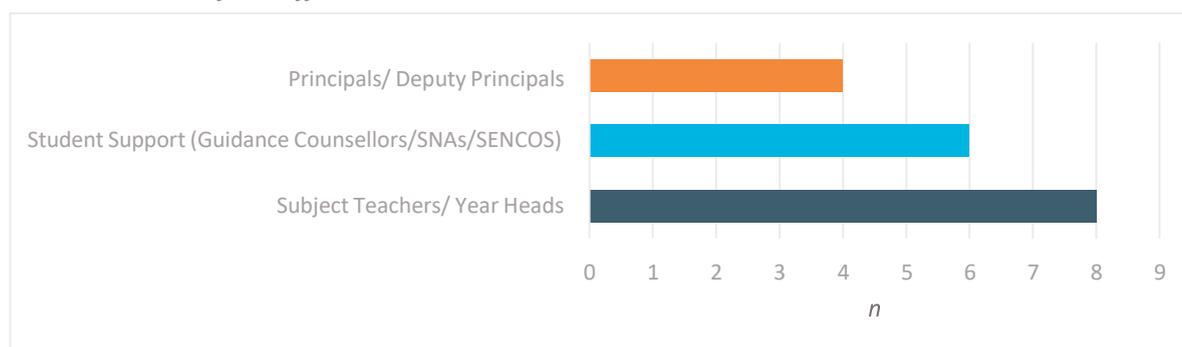
Lastly, students spoke about the need to improve understanding of youth mental health among parents and teachers. They felt parents are unaware of the stresses of social media on young people and being a young adult in school nowadays. Similarly, students felt teachers are unaware of the pressures of the school work load on students. An interesting and pro-active suggestion from one student for parents was;

“I think there should be a day where parents come into the school and have to see what students spend a whole day (doing) in school... I feel like school was a lot easier back then and it's a lot more difficult now and it's a lot more like cliques and clichés sort of things that students feel they have to fit into. Just if parents could see what students our kind of age have to go through, I think they'd be a bit more lenient with stuff.” [Student interview 4]

7.1.2 Interviews with staff and school leadership

In total, 77 staff members volunteered to be contacted for interview at the end of the baseline survey, 56 were contacted by phone and 15 consented to take part (response rate: 26.79%). Additional purposive sampling of schools' main OGS contacts resulted in an additional three participants taking part in interviews. In total, 18 interviews were carried out with school staff (11 females; 8 males; see Figure 7.1 for a role breakdown). Phone/zoom interviews, lasting approximately 40 minutes on average, were transcribed and analysed using thematic analysis. Nine themes were identified across three different areas: Staff perspectives on OGS, staff perspectives on teacher and leadership activities and areas for improvement in OGS.

Figure 7.1
Role Breakdown for Staff Interviews



Staff perspectives on OGS

Increased awareness of mental health

Overall, staff were very positive about OGS; they welcomed the initiative and said that they had seen positive changes as a result of the school's involvement. The biggest change being a noticeable raised awareness around mental health.

"I think the thing that... worked best for me... was to give an awareness of mental health... it brought in this empathy... it's made us now a Jigsaw school, or a school that recognises mental health. I think that was a fabulous thing about it." [Staff interview 18]

Some staff also mentioned that they had seen an increased awareness in the school community about Jigsaw with more students availing of the service.

"We would have noticed... more referrals were coming through, which is great, you know, because kids felt "Okay, well, this is coming up over the last little while, and now I know it's okay to talk..." so it gave them a sense of comfort."
[Staff interview 6]

Embedding OGS

Many of the staff interviewed differentiated between OGS and other initiatives remarking that OGS wasn't just a "themed week"; it felt like something more lasting that could become part of the school's culture.

"A lot of initiatives, it might be just one week a year... we concentrate on one thing and then that's gone. Whereas with One Good School, I felt the idea was that... it was going to be embedded." [Staff interview 8]

A structured whole-school approach

Staff were in favour of the whole school approach of OGS; they liked that this wasn't an initiative for just one group in the school. Many of the staff interviewed also referred to the structured process of OGS. Staff were in favour of the action planning process; they noted that this gave mental health promotion within the school a structure and direction.

"I think it gives structure to the whole school and it makes it a whole school approach, as opposed to a few individuals doing it... It should be coming from everybody, everybody has mental health, and everybody has a way of helping somebody... and if... One Good School is the way to do that, that structure... then brilliant." [Staff interview 1]

The role of school staff in youth mental health

Many of the staff interviewed drew connections between OGS and their previous Jigsaw One Good Adult™ training. Some of these staff members emphasised that OGS helped them to better understand their role in terms of student mental health.

“Initially when I heard... One Good School... the One Good Person idea... I used to panic about that, I used to really, really worry about being that person, but I think One Good School and the speakers we've had in, has kind of helped me understand that it's more that you become part of the support network, you're not the only parachute, you're just part of the net.” [Staff interview 2]

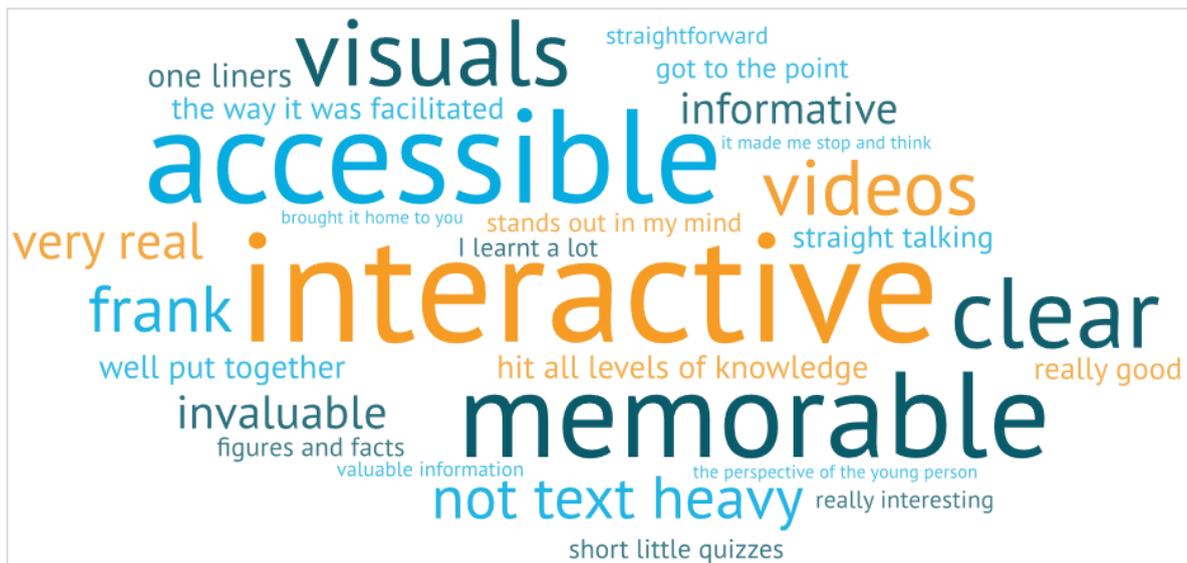
Staff perspectives on teacher and leadership activities

Valuable resources

Overall, staff were very positive about the activities for teachers and school leaders. Staff enjoyed the visuals used, the way they were facilitated and how accessible they were. The participants also noted that the activities were suitable both for staff who were new to mental health training and those with more experience. The word cloud in Figure 7.2 highlights some of the feedback from staff.

Figure 7.2

Extracts from Staff on OGS Staff and Leadership Activities



Staff found the content of the activities informative and useful. Most notably, staff found it useful to be given language to use with students when mental health issues came up and were interested to see statistics on youth mental health.

“...Simple things, like even the phrases on how to react to students... what I liked about it was the figures and the facts that were presented... because of the My World Survey, and it was Ireland... this is valuable information about the cohort of our students.” [Staff interview 16]



Areas for improvement in OGS

Roll out process

It was clear from the interviews that there were problems with the roll out process of OGS in some schools. The interviews highlighted that OGS had not reached all staff: Of the 18 staff members interviewed, six had little to no knowledge of OGS and approximately 10 had not participated in any staff or leadership activities at the time of their interview. Some of the staff interviewed highlighted that OGS was only rolled out to some staff and not others.

“We weren't given a huge amount of information about what was happening... there was a bit of a concentration in the school... on the teachers who were directly involved with this... so I think there was a lot of miscommunication... and that's not how the programme is supposed to work, but also just not beneficial for the students or us on the ground.” [Staff interview 9]

It was also clear from the interviews that there were other inconsistencies in how OGS was rolled out across schools. For example, in some schools, OGS was led by a team whereas in other schools, the responsibility to roll out the initiative came down to one or two staff members. Not only was this not beneficial for the larger staff body in those schools, but it was also a huge undertaking for the staff tasked with the responsibility.

“It would have been nicer if I could have... delegated a little bit more... I think, going forward that I would definitely... pick a team that are definitely committed and have the time to put into it.” [Staff interview 16]

Scheduling issues

Most participants were satisfied with how OGS fit into the school's schedule. However, others noted that trying to organise activities was very challenging and that it was sometimes difficult to reconcile the expectations Jigsaw had with the reality of school scheduling.

“I'm disappointed that... there's a failure to realise that in rolling out wellbeing programmes... we can't just bring the same speaker back and disrupt classes... You're taking different kids out, you're actually causing more stress and anxiety because kids are missing stuff... the logistics of it proved to be quite... a challenge.” [Staff interview 10]

This was also an issue raised in relation to the staff activities; some participants noted that it was hard for staff to find time to take part in the activities.

“When you're trying to get staff to do a course... they're all just so busy... it's not that they don't care, but they're running around like crazy people and all the emails are flying... so they mightn't necessarily... engage as much as they would.” [Staff interview 8]

Mode of delivery for staff activities

Some of the staff interviewed noted that doing the activities online, in their own time, was difficult and remarked that having them scheduled as part of their CPD might make it easier for staff to complete the activities.

“The actual content was good... If it was easier accessed... I would be encouraging our school... to do it as part of CPD in the school. That there would be a mental health training afternoon every year for teachers... I think that works better than sort of ‘off you go... do it yourself.’” [Staff interview 17]

Similarly, some staff made a comparison between activities done in person before the COVID-19 pandemic and those done independently online. These staff members noted that some activities work better for staff when done with colleagues as it gives them the opportunity to engage in conversation and ask questions.

“The online one was done on your own, sitting in front of a computer, whereas... when one of the personnel from Jigsaw came in, we all sat in a room, and we all listened, and we all partook in the conversation, and we all asked questions... I found it more enjoyable to be face to face rather than online.” [Staff interview 18]

Data collection and dissemination

Finally, some staff highlighted that the data collection procedure at the beginning of their involvement in OGS was quite challenging. It is worth noting that these staff members saw the benefit for taking part in the surveys, and in collecting data from students, however, they emphasised that it was a difficult process.

“It's a huge undertaking... the data needs to be more user friendly, something quick and easy... because that can be a bit off putting then for people... and I know it's necessary. We have to know these things.” [Staff interview 13]

Related to this, some staff noted that they would have liked to receive more timely feedback from Jigsaw. This was mentioned in terms of getting feedback from Jigsaw on their school's data following the baseline data collection process. It was also mentioned in terms of hearing about what other schools were doing and possibly getting feedback on uptake of activities in their school community.

“But I think to this day we still haven't got... data back... And we were told at the time that we would get... the general picture nationwide... but we'd also be facilitated in getting our own school data back.” [Staff interview 10]

7.1.3 Interviews with caregivers

In total, 172 caregivers volunteered to be contacted for an interview at the end of the baseline survey, 95 were contacted via text and 8 agreed to take part (8 females; response rate: 5%). Phone interviews lasting approximately 30 minutes on average, were transcribed and analysed using thematic analysis and four main themes were identified: school supports for youth mental health

prior to OGS, caregivers' awareness of the OGS initiative, insights into workshops and suggested changes for the future.

School supports for youth mental health prior to OGS

Caregivers' perceptions of the youth mental health supports provided by schools prior to OGS were mixed. Some felt their school provided good supports, displayed an openness to discussing the topic, and provided an overall sense that efforts were being made to promote and support student wellbeing.

“Our school is very, very open I think it’s because it’s a community school. I think they’re very open to all sorts of situations and doing the best they can for every student.” [Caregiver interview 1]

However, other caregivers felt there was a lack of support within their school. They noted the presence of different materials around the schools (e.g. posters), but a lack of day-to-day action or support for mental health. Several caregivers also mentioned that perhaps the lack of support within the school was due to insufficient knowledge or experience dealing with youth mental health issues.

“I think you know there is a lot of talk about being aware of your mental health and about being there, but the reality isn't as good.” [Caregiver interview 8]

Caregivers' awareness of the OGS initiative

Some caregivers reported a lack of knowledge and awareness concerning OGS, stating that they had not heard about it, couldn't remember, or had a vague memory of being contacted at the beginning of the initiative but heard nothing afterwards.

Some caregivers said they had not been contacted about OGS until they were asked to do the interview with our research and evaluation team. When asked if they felt their school advertised OGS well enough to the caregivers, a few replied that they didn't remember seeing any posters or flyers and suggested that more emphasis be put on promoting and advertising the initiative in schools, with a specific focus on ensuring that caregivers are appropriately informed.

“I’ve never had correspondence about the OGS programme from the school so I don’t even know what was meant to be involved.” [Caregiver interview 1]

Many other caregivers interviewed felt very informed about the OGS initiative, several caregivers received surveys as well as reminders, noting that it was hard to miss and easy to be involved with. One caregiver said that their school gave them information about OGS beforehand and also an informative talk, so this caregiver felt they knew what it was all about from the start.

“I think they sent out the information and they did a survey the last time as well and sent a reminder as well so it was very hard to miss it.” [Caregiver interview 2]

Insights into workshops

Caregivers who participated in the *Self-Care for Parents* workshop felt the content presented helped raise their awareness around mental health both for themselves and their children. They felt the OGS activities helped them to realise that school can sometimes be a stressful time for caregivers as well as students, and the importance of acknowledging this themselves.

"... I know there was kind of like writing down things that you do in a day and then it was kind of like how many of those things are actually for yourself, you know? What are you like? Okay, you're a mother, you're a driver, you're a teacher, you're a cook, you're a cleaner. You know all that kind of stuff, it was like awareness really of the amount of stuff you do in a day and how you do forget about yourself" [Caregiver interview 5]

Some of the caregivers described the workshops they had taken part in as informative and enjoyable. They also commented on the speakers at the workshops, they felt they were very good, and appreciated being given the opportunity to ask questions and discuss personal experiences.

"It was very good! Well, we only went to one talk now, I don't know if there was a second one, but it was good yeah, I mean there was good introduction to the whole area and to inform parents about what was going on."

[Caregiver interview 2]

Suggested changes for the future

A couple of interviewees believed it would be useful for young people to receive additional teaching on psychological coping skills, with a particular focus on managing contemporary life stressors such as COVID-19, lockdown, and social media. They felt that teaching young people how to cope with modern day challenges is just as important as the academic curriculum.

"...teach those how to cope, coping mechanisms for kids it should be almost thought in class, how they should cope with ongoing issues, things like social media, and I know they're doing it, I know they try but I think it needs to be a much bigger part of the school curriculum, a lot more important than some of the rubbish that they learn." [Caregiver interview 2]

Results: Qualitative Focus Groups with Jigsaw Staff

7.1.4 Focus groups with National Office staff

In total, nine National Office staff, including members of the Youth Mental Health Promotion team and Regional Service Managers (7 females; 2 males) participated in an online focus group which lasted just over one hour (64 minutes). The focus group was recorded, transcribed and then analysed using thematic analysis. Five main themes were identified: the role of National Office staff, initial reactions/concerns about OGS, challenges, opportunities/highlights and COVID-19.

The role of National Office staff

National Office staff spoke about their role in supporting service staff (i.e., YCEWs and Service Managers) to roll out the initiative. They noted the importance of compliance to the planned delivery and fidelity with the programme content and structure.

Youth Mental Health Promotion staff described their responsibility for programme developments, more specifically the design of eLearning courses for students like *Innovate for Well-Being* and *Managing Exam Stress*, in combination with the day-to-day operational implementation of OGS and supporting Jigsaw services. Lastly, staff worked closely with the Service Managers and YCEWs, providing support and responding to queries around implementation from schools in their region.

Initial reactions/concerns about OGS

Several National Office staff spoke about feeling quite positive towards the programme from the outset, describing it as a brilliant package and approach. Many felt they believed in the initiative as it aligned with mental health policy in Ireland. They spoke to the way Jigsaw as an organisation views mental health, which in turn made it easier when promoting the programme to schools. They also felt it was developed in a timely manner and addressed some of the requests that services were receiving from schools. As one participant mentioned:

“My initial thoughts on it were just really, really positive, insofar as for a long time in Jigsaw we've had no coherent offer or discreet offer in terms of the way we explain or package our programmes for schools, and this really, really did that in a very positive and a very good way. I thought from the outset that the philosophy of the programme was absolutely in line with the way I thought about mental health, the way Jigsaw thinks about mental health.” [Participant 9]

There were some initial concerns particularly among service managers around the ability to maintain relationships with schools not involved with OGS. For example, one participant described having an existing relationship with a number of schools in the region but only being able to include less than half of these in OGS. Participants also spoke about having to estimate the number of schools Jigsaw could work with depending on service size and capacity, with uncertainty around the accuracy of estimating capacity. They were conscious of having to consider the resource input from services and the time and communication needed to lend to the programme in combination with the many other tasks of Service Managers and YCEWs.

“I think the initial concerns, I suppose as (Job title) when it was introduced and I remember being at a (Job title) JLN [type of group meeting] when there were questions around how many numbers could a service work with, and we had to come up with I know it was left to us as well to determine those numbers, and we did come up with numbers for standard services and the larger services. I'm still not sure if they were right numbers and how you actually measure if that was the right number do you know what I mean for a standard service or a larger service or if we've ever reviewed that or looked at that in any great detail”
[Participant 3].



Challenges

Managing relationships

National Office staff talked about the challenge of engaging with schools and how often it depended on the existing relationships and communication with schools before OGS. They described the difficulty of programme implementation in the face of relationship and communication problems.

“I think one of the barriers really lies with the relationship and communication with the school itself and their responsiveness, compliance, cooperation with and I think that definitely is a barrier to the implementation of any programme with schools.” [Participant 4]

Outside stakeholders also influenced the relationship with schools. For example, one participant described the hesitancy of one external stakeholder to be involved in OGS and how this removed the possibility of engaging with schools under their authority. They described how this impacted their relationship with these schools and the likelihood that it will remain a challenge in the next iteration of OGS.

“it was very particular to one of the areas <placename>, it was very difficult for the local service to get buy in from the <stakeholder>, and unfortunately, we had a quite a prominent <stakeholder> who actually didn't want the <stakeholder> schools to engage with the programme because the programme didn't maybe suit. And what the stakeholder felt were the needs of the <stakeholder> schools, which removed the <stakeholder> as potential schools from the One Good School programme.” [Participant 3]

Logistical issues

The National Office group described the difficulty in accessing service data for OGS. In particular, accessing information about rates of completion made it difficult to monitor compliance across services. This not only resulted in staff members feeling uninformed when attending OGS meetings, but it meant that they had to relay information and query completion rates with services due gaps in the tracking data.

“I've noticed in terms of a challenge in my role and trying to kind of monitor compliance was the availability of data in relation to fidelity or compliance to or completion rates even, so I was able to look at the JDS and see kind of what if a service had done a certain amount of workshops or they had delivered certain materials. But I couldn't see like rates of completion where they were on the programme. And so oftentimes I found myself going into meetings and hearing things for the first time and having to go back and explore this with services...”

[Participant 5]

Capacity

The National Office staff described encountering significant challenges in responding to the demands of services for information and guidance regarding OGS. They described the ongoing friction



between the ambition and design for OGS and the availability of resources within services to deliver on key elements of the initiative.

“I think that one of the challenges of One Good School for us definitely was resources in terms of being able to respond to the demand and be able to respond to all the things we wanted to do and all the ideas we had, and all the ideas the education team had” [Participant 6]

The volume of information services received on the OGS initiative at times was also recognised as a challenge. Regional Service Managers described how service staff found it *“hard to digest”*. Moreover, they described their concerns around the time service staff had to dedicate to OGS while fulfilling their other duties.

“I think there were definitely concerns around did the service have the capacity, did the YCEW's have the capacity also maybe the service manager themselves and the amount of time that maybe they would have to dedicate to it.”
[Participant 3]

Opportunities/highlights

Overall, there was a strong sense of enthusiasm and accomplishment from National Office staff in relation to Jigsaw's work with schools over the course of the OGS initiative. Participants in the National Office focus group described great openness and support for the program from the bottom up, with service staff enthusiastic and open to running with the OGS pilot from the outset, and the willingness of Regional Managers to support Service Managers and YCEWs through the process.

“I suppose for me, just in terms of the successes and the strengths, it was that real openness from the services to give it a go and from you guys to support them in doing that.” [Participant 4]

In particular, one participant was enthused about the success of schools in completing OGS and the required areas of activity in the face of the significant impact of COVID-19. This success was attributed to the hard work of both National Office and Jigsaw service staff in the roll-out of OGS.

“I'm just really proud like we've done a final tally there for my board report this week, and 69 out of the 80 schools fully have completed One Good School with all areas of activity despite COVID, which is just amazing. And that's an 86% completion rate, which we never thought we would achieve. So, I mean, that's down to everybody's efforts and hard work and a lot for us all to be proud of.”
[Participant 4]

Additionally, one participant spoke about how Jigsaw still managed to provide non-OGS schools with an opportunity to engage through the eLearning courses, and this helped services maintain relationships at local level.

“So the fact that we had you know the eLearning courses, it still gives schools an opportunity to deliver something to young people as well, and I think that was

really important as well, that schools could still avail of something from Jigsaw, which I think really helped with those conversations in terms of managing local relationships I suppose.” [Participant 7]

COVID-19

Participants from the National Office focus group highlighted the significant impact of COVID-19 on OGS. They discussed the necessary adaptations that were made to the programme to accommodate changes to normal school functioning. For example, having to extend the programme from a one to a two-year initiative in order to take pressure off participating schools and minimise attrition in the immediate aftermath of the initial introduction of public health restrictions. However, some participants also noted that the pandemic was a stimulus for innovation, driving development of the eLearning platform and supporting the expansion of OGS offerings to wider audiences beyond OGS.

“One Good School really forced us into the eLearning space and how to reach that target group more effectively... because of One Good School, we are now and we were back in March 2020 in a very strong position to actually pivot, to deal with COVID and to react to it and respond to it, because we had so many offerings, and now we're obviously expanding a lot of those offerings outside of One Good School, kind of community based programmes, and obviously we've got primary school and teacher programmes that are external to One Good School.” [Participant 8]

7.1.5 Focus groups with Jigsaw service staff

In total, ten Jigsaw service staff, including YCEWs and Service Managers (7 females; 3 males) participated in a 65 minute online focus group. The focus group was recorded, transcribed and then analysed using thematic analysis. Five main themes were identified: first impressions, the role of Jigsaw services, opportunities/highlights, challenges and COVID-19.

First impressions

Initial impressions of the initiative were positive. Some staff remembered thinking that it was a big piece of work to familiarise themselves with and subsequently champion OGS in numerous schools. However, there was a general feeling that the movement towards a whole school approach, that was systematic and structured, felt like a natural next step in the youth mental health promotion journey. They described how school staff seemed to like the initiative's composition and design, and were very positive and welcoming.

The role of Jigsaw Services

Service staff framed their role within the OGS initiative as coordinators, with logistical oversight and practical support being two of their foremost responsibilities. Indeed, they described how a great deal of Service Manager and YCEW time was spent scheduling activities and supporting schools through the OGS process. Another crucial aspect of their role was managing relationships with schools, for example getting buy-in and supporting engagement particularly with staff and caregivers



throughout the roll out of the initiative. They noted how maintaining regular contact and establishing a positive working relationship with key contacts within each school was an important part of their role.

Opportunities/highlights

Four of the workshops were emphasised during the focus group. Participants reported how *Managing Anxiety in the Classroom* and *Managing Exam Stress* were really well received in schools with extremely positive feedback relayed from schools to services. Similarly, staff reported that students really seemed to enjoy the *Peer Education Programme*, and *Innovate for Wellbeing*. One staff member felt that even though *Innovate for Wellbeing* was a great deal of work, the positive feedback given by students made it all worthwhile.

In relation to their own highlights, some of the Jigsaw service staff reported that they really enjoyed the fact that the initiative offered schools lots of choice. The variety of participant groups and activities meant that they were always working on something different. In addition, receiving direct feedback from participants and hearing about how the initiative had improved their mental health literacy was also a major highlight for Jigsaw service staff. For instance, one staff member commented:

“After delivering ‘My Mental Health - What Helps’ a young person help-seeking pretty much straight afterwards. You don’t usually get that kind of feedback straight from the source. So, it was nice to have acknowledgement of the positive effects.” [Participant 5]

Finally, Jigsaw service staff highlighted that access to a designated coordinator for OGS in the school was a great source of support.

“We had regular meetings and it I found it to be like a really safe space if I had any question... it was kind of that shared learning space... I found it really beneficial” [Participant 2]

Challenges

Workload and school engagement

Service staff felt that students and teachers were the most engaged with OGS and noted that it was particularly difficult to get parents to engage. They also noted that school leadership had a tendency to disengage after their training unless they were the key school contact. A key learning shared by one staff member was getting the Parent Teacher Association on board; they found that this really helped to bolster engagement with caregivers.

“It was mainly students and teachers who got the most out of it. Simply because a lot of parents are harder to reach depending on the school... leadership were just kind of let off pretty lightly, they'd show up for the leadership training and then went ‘thanks guys see you later’. So, unless they were actually the liaison themselves they didn't really get involved.” [Participant 6]



The service staff interviewed felt that a stronger visual presence of OGS in schools might have generated better engagement. They noted that some members of the school community didn't know what OGS was.

"I think that we minimize the impact of the overall thing by really not advertising it. We really needed to have some visual presence...you know banners of One Good School or popups or digital communication or something to really raise awareness that we are there. I think we need something physical or practical that people can have at the beginning to say Jigsaw is in partnership with your school you'll be hearing from us." [Participant 4]

Jigsaw staff described how the workload associated with OGS was a problem for some schools with the 'lion's share' of the work being carried out by one or two people in the school. This not only resulted in some school staff becoming fed-up, but caused problems when they were off sick or moved on to another post. Staff felt that this had a direct impact on their workload, as they needed to provide extra help and support to relieve some of the burden for school staff. Jigsaw staff highlighted that the best way to avoid issues with workload was team working among school staff and engagement from the leadership team. Indeed, they explained how those schools that adopted a team approach to the roll out of OGS required the least support and appeared to be the most successful.

"Initially it was the principal himself managing it, so we got a team in place across all the different year groups they each took kind of one area of activity and it really worked very well and they passed with flying colors." [Participant 9]

Logistical issues

The focus group participants described experiencing some logistical issues during the implementation of OGS. Firstly, some participants felt like it was a "bit of a scramble" (Participant 8) to get materials on time and that the initiative felt like it was always running a little bit behind schedule.

"At the start of it you were kind of there was a scramble to start... you were always on slightly unsteady ground because something was being developed and wasn't gonna be ready until January. So, you spent a lot of time explaining the 'nearliness' of it as opposed to kind of being confident saying this is exactly what's happening." [Participant 5]

Secondly, they described how waiting on service data and statistics to be relayed back from National Office was an ongoing source of annoyance for schools who were eager to receive their feedback. Finally, the extension of the programme into 2020/2021 due to COVID-19 was not well received by all schools. Some schools who had already completed their planned areas of activity were unhappy about having to wait a considerable amount of time for their OGS plaques.



Communication loop

The majority of those who took part in the focus group felt there was a disconnect between how National Office envisaged the roll out of the initiative, and the reality of how it was rolled out in practice. They described how they felt this disconnect became more pronounced throughout the pandemic. Staff felt that some of the teething issues associated with OGS implementation (pre and post COVID-19) could have been easily solved if there had been more opportunities for YCEWs and Service Managers from different hubs to come together, troubleshoot implementation issues, and feed back to National Office.

“was kind of check-ins but they were kind of ad hoc ... There should have been this space where we could have come together and talked very practically about our experiences of implementing it as YCEWs and SMs.” [Participant 3]

Moreover, some staff believed that YCEWs and Service Managers should have been more involved in the development of OGS.

“When coming up with an idea, or a new module, or a programme, or an area of activity, they (National Office) could just pull people together for a pitching session and say ‘this is the direction we think we’re heading in what would that look like practically from your side?’” [Participant 1]

COVID-19

The focus group participants described how the pandemic initiated a series of unique challenges for the school community and for them. They described how students and teachers appeared to be extremely stressed, especially when schools were forced to close their doors. Delivering OGS content proved to be quite challenging for Jigsaw staff as the successful delivery of a workshop was determined by factors outside the facilitators control; namely students Wi-Fi connectivity, school staff's level of IT skills, and online fatigue.

However, they also acknowledged that the pandemic highlighted some inherent strengths of the OGS initiative. Firstly, focus group participants noted that it was clear that school staff saw the value in OGS as many of them took the reins and drove the initiative when the YCEWs could not be on site. Secondly, staff felt the content translated really well to online learning. They described how school staff were impressed with how quickly Jigsaw produced online resources, and the students seemed to really engage with online delivery. Finally, focus group participants described how the pandemic forced more flexible engagement with schools than initially intended. They felt that schools responded well to this more fluid approach and felt it should be considered for future iterations of the initiative.

“students understood the content and they engaged...Discussions were good, so in one way it was good to see that our content translated well online.”
[Participant 4]

Summary of Key Findings

The qualitative interviews and focus groups showcase the experiences and perspectives of those involved in different aspects of the OGS initiative, from development and delivery through to the audiences targeted by the material. In summary, the key findings indicate:

- Across all participant groups, in both interviews and focus groups, there was a strong positive reception to the OGS initiative, a feeling that OGS was beneficial for schools and a sense that continuation of OGS and this type of interaction with schools was important. Students, school staff and caregivers all felt that OGS was valuable for raising awareness of mental health in schools. Jigsaw staff felt that the initiative was well received by schools and a good fit for Jigsaw's youth mental health promotion activity as well as being aligned with national policy.
- All participant groups reflected on the appropriateness and relevance of the content for the school community. Students, school staff and caregivers referred to their enjoyment of specific activities that they engaged with and Jigsaw staff described positive feedback they received about specific activities. However, some students did note that some of the content directed at them was too simplistic. Jigsaw staff also called for greater involvement in the development of OGS and the accompanying activities and felt their direct experience in the settings would make a valuable contribution to content for the initiative.
- All participant groups highlighted a lack of awareness of OGS across the school community. Several of the students, school staff and caregivers interviewed had little knowledge about the initiative or had not taken part in any of the OGS activities. Jigsaw staff also noted the lack of visual OGS presence in schools.
- For those directly involved in the delivery of OGS (Jigsaw staff and school staff), the resourcing requirements and staff burden of OGS were highlighted as concerns. In particular, Jigsaw staff described the high level of staff input from Jigsaw to support the delivery of the programme across multiple schools and the sense that some school staff felt overwhelmed by the level of work involved for them in coordinating the initiative. Nonetheless, they praised school coordinators for their effort and support during the initiative.
- The need for a comprehensive and efficient system for collecting information about OGS and feeding back to schools was also highlighted. School staff noted the challenge of engaging with the accompanying evaluation components and the gap between taking part and receiving feedback. Similarly, Jigsaw staff described difficulty and delays in accessing school specific information on participation and engagement and the resulting difficulties in planning with schools.
- Jigsaw staff in both services and National Office recognised inherent strengths in the OGS initiative and Jigsaw's eLearning developments that supported adaptation in response to COVID-19 and changes to normal school functioning. The variety of content and the capacity to pivot towards hybrid and online eLearning platform was identified as significant in supporting ongoing engagement with schools, helping to address school needs quickly and efficiently in response to the pandemic.



Chapter 8 -Discussion

The aim of this report was to summarise the results of an acceptability and feasibility evaluation of OGS, Jigsaw's new whole-school mental health and wellbeing initiative. This report has drawn together key information from each of the evaluation components: implementation activity, workshop evaluations, baseline and follow-up surveys, action plans, qualitative interviews and focus groups. This chapter will discuss findings under five headings: satisfaction, relevance, engagement, effectiveness and components of change, all of which are deemed fundamental indicators of acceptability and feasibility (Bowen et al., 2009).

Satisfaction

The findings from this acceptability and feasibility evaluation indicated that overall satisfaction towards OGS and the suite of activities on offer was high. Feedback for workshop attendees showed that their levels of enjoyment from the activities they engaged in were high across all target audiences, exceeding 72% for students and caregiver activities and 68% for almost all school staff activities.

In addition, qualitative interviews with the school community indicated a high level of enthusiasm for the initiative. For instance, students who took part in the peer education programme commented that it was both collaborative and engaging, whilst caregivers noted enjoying the interactive style in which Jigsaw staff delivered workshop content. Similarly, Jigsaw staff were enthusiastic about OGS and the potential to work with schools in a systematic way. In particular, the breadth of activities available through the initiative and the capacity to pivot quickly to online delivery in the face of COVID-19 was appreciated by frontline staff. Finally, responses to the follow-up survey showed that school staff rated the initiative as an acceptable, feasible and appropriate programme to promote and support the mental health and wellbeing of young people, and develop a shared responsibility for mental health across the whole school community.

These findings are in line with previous research in the area, which finds whole-school mental health and wellbeing programmes are typically well received. That is to say, school communities (i.e., students, school staff, caregivers) typically report a good level of satisfaction with this style of youth mental health promotion intervention (Evans et al., 2005; Warren et al., 2019).

Relevance

Overall, findings from this evaluation suggest that OGS, and the content of the activities, were relevant to the school community. During the qualitative interviews, students, staff and caregivers expressed that they felt OGS addressed a lack of mental health content within the school curriculum. Moreover, they made reference to some positive changes that they felt resulted from engaging with the initiative. For instance, students and caregivers felt OGS improved mental health awareness and the mental health supports available in their schools. In particular, students described feeling better able to identify sources of help and support for mental health and wellbeing both in and out of school. Finally, students advocated for the permanency of OGS, while school staff said they could



envision OGS becoming a long-standing programme with the potential to become embedded in school culture. Jigsaw staff also enthused about working with schools in this way. They described OGS as a natural step in the youth mental health promotion journey, that it was aligned with public policy and also helped to address school needs in the area of mental health and wellbeing.

In addition, workshop evaluation feedback showed that that over 77% of students, school staff, and caregivers reported that the activities they participated in were useful. Moreover, open-ended responses demonstrated that participants found the workshop learnings applicable to their lives. For example, student, school staff and caregiver audiences all referred to changes they would implement or techniques they learned from the workshops, such as caregivers 'choosing to make time for themselves' or students and school staff describing 'practical strategies' or 'techniques' that they would take away from the activities.

Content relevance is generally considered to be a critical factor in promoting and maintaining engagement with mental health promotion interventions, influencing motivation to gain and implement new information (Brewer et al., 2020; Patton et al., 2000). Therefore, the relevance of OGS content to participating audiences is likely to be an important factor in the success and effectiveness of the OGS initiative.

Engagement

The OGS initiative generated a substantial level of engagement across all target audience groups. Action plan data showed that schools were ambitious in their planning and most schools successfully completed OGS. Only one level B school failed to meet the minimum criteria (six), completing only five activity areas. In total, 760 OGS activities were delivered to participating schools by Jigsaw staff, including 28 leadership activities, 60 school staff activities, 609 student activities, 63 caregiver activities and six self-directed eLearning activities. Students were the most widely reached group, with a large number of activities delivered to students and attendance at activities ranging between 685 for *Innovate for Wellbeing*, and 5,188 for *It's Time to Start Talking*.

However, the baseline and follow-up surveys indicated a lack of awareness about OGS among the wider school community. While all school staff (100%) were aware of the initiative, less than half of students (43%) and just under two thirds of caregivers (65%) were aware of OGS taking place in their school. This was also apparent during the qualitative interviews where participants described having limited knowledge about, and engagement with, the initiative. They described a lack of promotion and visibility of OGS, perhaps accounting for a potential lack of engagement throughout the wider school community. Caregivers in particular, felt that opportunities to get involved were not effectively communicated to them. Indeed, although a substantial number of caregivers were reached through *Supporting Young People's Mental Health* (1,366), caregivers were the least engaged audience group in the OGS activities.

Although literature on engagement among the wider school community of staff and students is scant. The findings from this evaluation are somewhat reflective of academic commentary regarding the difficulty of engaging caregiver communities. While, research indicates that whole-school interventions yield the most success when they are designed to engage all staff and support parental engagement (Goldberg et al., 2019; Weare & Nind, 2011), engaging caregivers is a consistent barrier identified within the literature. Some research suggests that having a designated support worker,



positive role modelling and ongoing communication for caregivers all help to increase buy in and engagement from this target group (Spencer et al., 2018). Similarly, the findings from this evaluation indicate the difficulty of engaging and communicating with caregivers. However, the findings also spotlight the difficulty of reaching student and school staff members in the wider school community that might not have direct involvement with OGS coordination and/or activities.

Effectiveness

This acceptability and feasibility evaluation generated mixed findings in relation to identifying potential areas of effectiveness of the initiative. The results from baseline and follow-up surveys suggest that OGS had limited impact on the mental health literacy of participants, with scores for key indicators of mental health literacy remaining relatively stable over time. Yet, significant improvements were observed, over the course of the initiative, in relation to student scores for beliefs about youth mental health, school staff competence and confidence to support mental health and familiarity among all participant groups with Jigsaw as a youth mental health service. These findings may be indicative of possible areas of effectiveness from the OGS initiative. However, it is impossible to disentangle the potential unanticipated impact of COVID-19 on the results that were observed, given the extensive disruption to normal school functioning and people's broader lives during this timeframe. In the absence of a concurrent control group, it is difficult to assess whether change, or its absence, is a natural occurrence or due to the mitigating or moderating influence of COVID-19 (Stephenson & Imrie, 1998).

Evidence from the workshop evaluations also points to some potential areas of effectiveness. Specifically, workshop evaluation feedback suggested that the learning objectives set out for individual OGS activities were largely fulfilled, with workshop attendees reporting that their learning and understanding had improved in key areas. For example, attendees at student workshops reported improved help-seeking behaviour, school staff attendees reported increased understanding, awareness and confidence in their role in supporting youth mental health and caregivers reported enhanced understanding of their own self-care needs.

The acceptability and feasibility evaluation also identified an increase in the number of referrals to Jigsaw's therapeutic services from OGS schools, which was much greater than that seen in the overall trend in referrals to Jigsaw over the course of the initiative. This is likely related to the increase in familiarity with Jigsaw as a mental health service and is suggestive of an increase in help-seeking behaviour among young people attending OGS schools, a finding which reflects observations of school staff in the qualitative interviews. Moreover, the majority of referrals (73.8%) from OGS schools were offered an appointment for an initial screen and over half (51.2%) were offered a brief intervention, suggesting their appropriateness for Jigsaw's service. These findings indicate important areas for potential effectiveness of the initiative given that help-seeking is identified as an important first step in improving mental health and accessing appropriate avenues of care (Kauer et al., 2014). Indeed, research indicates that youth mental health interventions that promote learning regarding help-seeking not only improve mental health literacy (Gulliver et al., 2012), but mental health outcomes (Xu et al., 2018).



Components of change

The findings from this acceptability and feasibility evaluation provide some preliminary insights into potential aspects of the initiative that might contribute to change within the school community. For example, the evaluation demonstrated the wide reach of the initiative across the breadth of the school community. The initiative reached a large number of young people and those around them to communicate messages about mental health and wellbeing through a variety of activities. Experts in the field of school-based mental health interventions highlight the importance of engaging multiple groups across the whole-school community to generate lasting change (Hoare et al., 2017). However, the evaluation also highlighted low levels of initiative awareness among the wider school community, which might mitigate the potential of the initiative to bring about change.

Evidence from the qualitative interviews also suggested that OGS facilitated conversations about mental health. Although baseline and follow-up surveys indicated no significant change in students attitudes towards help-seeking, all members of the school community reflected on how the initiative stimulated mental health awareness. Students described how the initiative helped them navigate who to approach if they had a problem and school staff felt they had noticed a change in referrals coming through. Increasing referrals from OGS schools were also identified in Jigsaw service data. Collectively, this suggests that the OGS initiative may stimulate greater awareness of when, how and where to seek help that contributed to a change in help-seeking behaviour and engagement with services and a resulting change in referral patterns.

Another central component to producing meaningful change relates to implementation quality (Bowen et al., 2009). Indeed, evaluations of whole school interventions show that well implemented programmes that are systematically monitored tend to be more effective and thus lead to favorable outcomes (Desimone, 2002; Goldberg et al., 2019; Smith et al., 2004). Findings from this acceptability and feasibility evaluation suggest that OGS was implemented more effectively in some schools than others. The experiences of school staff who were interviewed indicated that some schools had a more coordinated approach to implementing the initiative whereas others lacked the coordination structures of a team to guide implementation. Similarly, Jigsaw staff described how schools that adopted a team approach were more successful in implementing the initiative. Jigsaw staff also reflected on the centrality of the liaison person in the school for effective implementation and also the difficulty in retaining engagement with school leadership if they were not directly involved in coordinating the initiative. These findings suggest the potential for contextual factors to influence implementation quality and subsequently influence the initiatives impact to generate change in the school community.

Concluding Remarks

Overall, the findings from this evaluation point towards the acceptability and feasibility of the OGS initiative. The initiative was well received by both Jigsaw staff and the school community, the content and structure of the initiative was deemed relevant to schools and those taking part in the suite of activities and the initiative successfully engaged a wide audience from across the school community. The evaluation also provided some preliminary evidence in relation to potential areas of effectiveness and components of change. However, in interpreting the results it is important to acknowledge the significant confounding influence of COVID-19. Extensive public health restrictions



coupled with adaptations to the initiative meant that it was not delivered in the way that it was initially designed. Rather OGS was delivered in unprecedented circumstances against a backdrop of disruptions to normal school and social functioning and amid widespread concern regarding the potential impact on young people's mental health (Loades, et al., 2020; Power, et al., 2020). Therefore, the findings in this report should be interpreted in this light.

Nonetheless, this evaluation provides valuable insights to inform future development of the OGS initiative. Firstly, this evaluation highlighted the need for a comprehensive and efficient system to support coordination of the initiative and facilitate access to school specific data on participation and engagement. Secondly, the findings suggest a lack of awareness among the wider school community. In particular, caregivers were the least involved in the initiative and felt that their potential to become involved was poorly communicated to them. Therefore, improved communication and promotion of OGS throughout the school community and enhancing OGS visibility within the school setting is recommended as a potential mechanism to increase participation among all target groups, particularly caregivers. Finally, the evaluation highlighted the resource implications of engaging with schools through OGS. For both school staff and Jigsaw services, the coordination of OGS and the delivery of activities required a significant level of input. Therefore, strategies to deliver content in a more efficient manner should be explored to facilitate scalability of the initiative to work with more schools.



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Appendices

Appendix A – Overview of Areas of Activity

Table A.1

Leadership Team Activities

Title	What is Jigsaw?	Health Team Training
Audience	School staff members	OGS health team members
Format	Face-to-face Delivered by Jigsaw Service Not available after March 2020	Face-to-face Delivered by National Office in collaboration with local Services Not available after March 2020
Duration	30 minutes	Half day
Objectives	Participants will: <ul style="list-style-type: none"> • Understand the aims and scope of Jigsaw • Be aware of the early intervention approach • Understand Jigsaw's referral pathways • Be familiar with the range of workshops available to them 	Participants will: <ul style="list-style-type: none"> • Explore a shared understanding of what is meant by mental health • Think practically about the role and function of the One Good School health team • Have the opportunity to reflect on the self-assessment and action planning process • Consider strategies for overseeing the implementation of the One Good School Initiative • Understand the importance of whole-school participation and partnership working as part of the One Good School health team.

Table A.2
School Staff Activities

Title	Understanding Youth Mental Health for Teachers	Minding Youth Mental Health
Audience	Teaching and support staff	Teaching and support staff
Format	Face-to-face Delivered by Jigsaw Service Not available after March 2020	Face-to-face Delivered by Jigsaw Service Not available after March 2020
Duration	1-day interactive workshop	1-day interactive workshop
Objectives	Participants will: <ul style="list-style-type: none"> • Have an increased understanding of youth mental health • Have increased confidence and competence to support young people experiencing mental health difficulties 	Participants will: <ul style="list-style-type: none"> • Have a greater understanding of upstream and downstream approaches to youth mental health • Explore the concept of resilience and young people • Become familiar with a framework for building resilience in young people including: <ul style="list-style-type: none"> - Self-care and the 5 a day for good mental health - The role of One Good Adult in building resilience and minding youth mental health - The role of organisations in building resilience • Learn how and where to get help

Table A.3
Student Activities

Title	It's Time to Start Talking	Introduction to Youth Mental Health - Junior and Senior Cycle Teacher-Led Workshops	Peer Education Programme
Audience	Students – Junior and Senior Cycle	Junior Cycle students Senior Cycle students	Transition Year students
Format	Face-to-face Delivered by Jigsaw Service OR Peer led (as part of the Peer Education programme) Adapted for online webinar format	Classroom delivery by teachers	Face-to-face Delivered by Jigsaw Service Not available after March 2020
Duration	40 minutes	2 x 40-minute lessons OR 1 x 60-minute lesson (with homework)	5 x 3 hour sessions 1 x 2 hour booster session
Objectives	Participants will: <ul style="list-style-type: none"> • Gain an understanding of mental health • Become aware of what helps and what hurts their mental health • Gain an awareness of the importance of talking to a trusted adult when they feel down, worried or stressed • Learn how and where to get help. 	Participants will: <ul style="list-style-type: none"> • Understand what is meant by mental health • Think about what can hurt and help their mental health • Discuss what barriers there might be to seeking help with their mental health • Consider strategies to support their mental health 	Peer Educators will be trained to deliver <i>It's Time to Start Talking</i> to Junior Cycle students as well as: <ul style="list-style-type: none"> • Develop their knowledge of mental health • Understand why peer education is useful in mental health promotion • Understand self-care and boundaries • Understand the importance of one good adult • Develop their presentation and communication skills

Table A.4
Parent Activities

Title	Mental Health Awareness for Parents	Supporting Young People's Mental Health for Parents
Audience	Parents/caregivers	Parents/caregivers
Format	Online	Face-to-face Delivered Jigsaw Service Not available after March 2020
Duration	1 hour	1 hour
Content	<p>Content Overview:</p> <ul style="list-style-type: none"> • Module 1: The Changing Needs of our Young People • Module 2: Introduction to Mental Health • Module 3: Youth Mental Health in Ireland • Module 4: Promoting and Supporting Youth Mental Health for the Young People in our Lives. 	<p>Participants will:</p> <ul style="list-style-type: none"> • Gain an understanding of the key issues impacting on the mental health and wellbeing of young people • Understand how to recognise some of the signs that a young person may be struggling with their mental health • Learn the value of listening as a way of supporting young people • Learn how to promote young people's mental health • Increase knowledge of the supports available in their local area

Appendix B - Overview of Workshop Evaluation Respondent Characteristics

Table B.1

Leadership & School Staff Workshop Feedback Respondent Demographics

	Leadership Training (N = 154)	Teacher Course A (N = 1440)	Teacher Course B (N = 1004)	Self-Care for Teachers (N = 97)	Managing Anxiety in the Classroom (N = 70)
Gender (%)					
Male	23.4	26.3	25.3	24.7	25.7
Female	76.6	72.8	74.2	72.2	64.3
Other	-	<1	-	-	1.4
Unknown	-	<1	<1	3.1	8.6
Age (%)					
<30	5.8	25.6	26.5	29.9	24.3
30-39	27.9	28.7	30.5	24.7	27.1
40+	64.9	44.0	41.9	40.2	38.6
Unknown	1.3	1.7	1.1	5.2	10.0
Role (%)					
Career guidance/counsellor	22.7	4.9	4.4	3.1	5.7
Home School Community Liaison Coordinator	1.9	<1	1.2	3.1	1.4
Principal/Deputy	46.1	2.2	1.7	6.2	1.4
Special Needs Assistant	<1	10.3	11.7	14.4	4.3
Subject Teacher	11.0	70.4	69.9	56.7	67.1
Year Head	5.8	7.8	7.6	10.3	4.3
Other	11.7	3.5	3.6	6.2	15.7
Unknown	-	-	-	-	-

Table B.2
Student Workshop Feedback Respondent Demographics

	Innovate for Wellbeing (N = 112)	Managing Exam Stress (N = 524)	My Mental Health - What Helps (N = 251)
Gender (%)			
Male	9.8	32.4	29.9
Female	89.3	64.1	63.7
Other	-	1.9	3.6
Unknown	<1	1.5	2.8
Age [Mean (SD)]	14.9 (1.6)	16.2 (1.7)	16.4(1.0)

Table B.3
Parent Workshop Feedback Respondent Demographics

	Self-Care for Parents (N = 107)
Gender (%)	
Male	15.0
Female	84.1
Other	-
Unknown	<1
Age (%)	
<30	<1
30-39	7.5
40+	87.9
Unknown	3.7

Appendix C – Baseline and Follow-Up Survey Measures

Table C.1

Summary of Measures used in Baseline and Follow-up Surveys

Domain	Measure	Baseline			Follow-up		
		Staff	Parent/ Caregiver	Student	Staff	Parent/ Caregiver	Student
Understanding of YMH	Author Designed		✓	✓		✓	✓
Mental health Knowledge	MHKS	✓	✓		✓	✓	
Mental Health Support	Author Designed	✓			✓		
Help-seeking intentions	GHQ			✓			✓
Attitudes towards help-seeking	ATSPPH-SF			✓			✓
Beliefs about mental health	PMHSC			✓		✓	✓
Self-care strategy use	SRAHP <i>psychological wellbeing subscale</i>	✓	✓	✓	✓	✓	✓
Confidence and competence supporting young mental health	Author Designed	✓	✓				

Notes: YMH= Youth Mental Health; MHKS = Mental Health Knowledge Scale (Dooley et al., 2014); GHQ = General Help-seeking Questionnaire (Wilson et al., 2005); ATSPPH-SF = Attitudes toward seeking professional psychological help (Fischer & Farina, 1995); PMHSC = Peer Mental Health Stigmatization Scale (McKeague et al., 2015); SRAHP = Self-Rated Abilities for Health Practices Scale (Becker et al., 1993)

Description of survey measures

Understanding Youth Mental Health (UYMH). This author designed measure consisted of 7 statements about mental health. Each statement (e.g. mental health is something we all have) was rated on a 5-point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree). Items 1, 4, 5, and 6 were negative statements about mental health and were reverse scored. Items were summed to create a total score with higher scores indicating increased levels of understanding.

Mental Health Knowledge Scale (MHKS). The MHKS (Dooley et al., 2014) consisted of 7 items assessing knowledge about mental health. Each item (e.g. mental health is a state of emotional wellbeing) was rated on a 5-point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree). Items were summed to create a total score with higher scores indicating higher levels of knowledge about mental health.



Mental Health Support. This author designed measure required school staff to reflect on their experiences of providing support to students in the previous year and report how often they had provided different types of support to students. This measure comprised of three statements: How often in the past year have you... (1) talked to a student who was experiencing a mental health difficulty, (2) provided ongoing support to a student who was experiencing a mental health difficulty, and (3) referred a student who was experiencing a mental health difficulty to another professional. Each item is rated on a 5-point Likert scale ranging from 1 (never) to 5 (very often). Items were summed to create a total score with higher scores indicating higher levels of providing mental health support.

The General Help Seeking Questionnaire (GHSQ). A modified version of the GHSQ (Wilson et al., 2005) was used to assess future help-seeking behavioural intentions and included some additional questions on past help-seeking experience. Each source of help was rated on a 5-point Likert scale ranging from 1 (very unlikely) to 7 (very likely), with higher scores indicating higher intentions to seek help from that particular source. The GHSQ contained two subscales. The first comprises the mean of formal sources (“Doctor/GP”, “Helpline”, “Teacher/Guidance Counsellor”, “Online” and “Jigsaw”, and the second comprises the mean of informal sources (“Partner”, “Parents”, “Relatives” and “Other”). Help-seeking intention scales were computed by summing scores for each subscale.

Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF). The ATSPPH-SF (Fischer & Farina, 1995) was used to assess attitudes toward seeking professional psychological help. It includes two dimensions: openness to seeking professional help for emotional problems (items 1, 3, 5, 6, 7) with item scores ranging from 0 (disagree) to 3 (agree); value and need in seeking professional help (items 2, 4, 8, 9, 10) with items scored in reverse (0 = agree and 3 = disagree). The total score of the scale ranges from 0 to 30 with higher scores indicating a better help-seeking attitude. The cut-off score on the scale is greater than 20 points and for each dimension is greater than 10 points; otherwise, the attitude is deemed to be negative.

The Peer Mental Health Stigmatization Scale (PMHSS). The PMHSS (McKeague et al., 2015) contained 24 statements (negative and positive) regarding peers with mental health problems. Participants were asked to rate the statements on a 5-point scale ranging from 1 (disagree completely) to 5 (agree completely). Stigma awareness, awareness of prevailing societal stigma towards youth with mental health problems and stigma agreement personal endorsement of stigmatizing statements. Higher scores indicative of higher levels of stigma.

Confidence and Competence Supporting Youth Mental Health: This author designed measure consisted of 6 items regarding participants perceived levels of confidence and competence in supporting youth mental health. Each item was rated on a 5-point scale ranging from 1 (strongly agree) to 5 (strongly disagree). Items were summed to create a total score with higher scores indicating higher confidence and competence.

The Self Rated Abilities for Health Practices Scale (SRAHP): Psychological Well Being Sub-Scale. The psychological wellbeing sub-scale from the SRAHP (Becker et al., 1993) was used to measure perceived ability to practice health-promoting behaviors. Participants were asked to rate the extent to which they are able to perform health practices related to their psychological wellbeing. The scale was made up 7 items which participants were asked to respond to using a 5-point Likert scale ranging from 1 (not at all) to 5 (completely). Total scores ranged from 0 to 28, with higher scores indicating greater abilities for psychological wellbeing practices.



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