SUMMARY REPORT

Findings from an evaluation of the Jigsaw peer education programme

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JIGSAW
Young people's health in mind

Contents

Acknowledgements

This report describes the findings from an evaluation of a schools-based peer education programme that was carried out during the 2015/6 academic year. The peer education programme was designed and delivered by *Jigsaw* National Office staff in partnership with staff working in *Jigsaw* services. Two services participated in the formal evaluation of the programme: *Jigsaw* Dublin 15 and *Jigsaw* Tallaght.

The evaluation team comprised Dr Aileen O'Reilly (Research Coordinator), Dr Louise Dolphin (Research Coordinator, Maternity Leave), Claire Fahey (Education & Training Officer), Dr Lynsey O'Keefe (Research & Evaluation Officer), Jennifer Rogers (Research & Evaluation Officer), Alanna Donnelly (Research & Evaluation Officer), Aoife Clerkin (Youth and Community Engagement Officer, *Jigsaw* Dublin 15), Aoife Connolly (Youth and Community Engagement Officer, *Jigsaw* Tallaght) and Dr Michelle Waldron (Clinical Support Worker, *Jigsaw* Tallaght).

The design of the peer education programme and coordination of the project was guided by Dr Gillian O'Brien (Director of Clinical Governance) and Siobhan McGrory (Education and Training Manager). The team involved in this project would like to acknowledge the valuable contribution made to this project by the *Jigsaw* Dublin 15 and *Jigsaw* Tallaght Project Managers and staff, and the schools, teachers and students involved in this project.

Introduction

Background

It is well established that peers play a large part in a young person's life and that young people are most likely to seek support from their friends (Dooley & Fitzgerald, 2012). For this reason, peer based approaches to youth health promotion have been widely used in both institutional and community contexts (O'Reilly, Barry, Neary, Lane, & O'Keefe, 2016). Peer education is defined as a process by which trained individuals lead educational and skill-building initiatives with their peers to support and improve young people's health and wellbeing (Family Health International, 2010). Peer education programmes are believed to be effective because they use role models to influence the majority through modelling behaviour; young people are most influenced by their peer group and people they find credible or with whom they identify; and social networks exist organically within peer groups, thus providing a natural communication channel for influencing change (Turner & Shepard, 1999). The success of peer education programmes has been attributed to the fact that peer educators are members of the target group, and are assumed to have a level of comfort and trust with their peers that allows for more open discussion of sensitive topics (Campbell & MacPhail, 2002).

Jigsaw's Peer Education Programme

Although peer education approaches have increased in popularity, very little is known about the effectiveness of peer education in the area of youth mental health. In view of the potential benefits associated with peer education, *Jigsaw* designed a peer education programme which was piloted in *Jigsaw* Dublin 15 during the 2014/5 academic year. Following the success of this programme, it was rolled out in a number of *Jigsaw* services during the 2015/6 academic year (i.e., Jigsaw Tallaght, Dublin 15, Offaly, Clondalkin and North Fingal).

As part of the peer education programme, peer educators were trained to deliver a 40 minute workshop developed by *Jigsaw* entitled "It's Time to Start Talking" (ITTST). ITTST targets 13-17 year olds and focuses on promoting help-seeking behaviours among young people. Specifically, the objectives of ITTST are to:

- promote positive attitudes to mental health by exploring holistic definitions of mental health;
- promote help-seeking by encouraging young people to talk to someone they trust when feeling worried, sad, or down;
- help young people to identify trusted informal sources of support;
- provide information about how to access formal support.

The rationale for focusing on help-seeking in ITTST is because research has shown that while adolescence is the peak period of onset for mental health difficulties, many young people do

not seek help in relation to their mental health (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Furthermore, the *My World Survey* (MWS; Dooley & Fitzgerald, 2012) revealed that young people who share their problems have better mental health. ITTST was developed in consultation with young people from *Jigsaw's* Youth Advisory Panel (YAP) to ensure that the content was appropriate and acceptable for young people.

In each school participating in the programme, peer educators were recruited by a teacher, who acted as a liaison during the project and supported peer educators throughout their training. Selection of peer educators was guided by inclusion criteria, which specified that peer educators should be aged 15 and over, not in an exam year, have an interest in mental health and basic public speaking skills.

Peer educators then took part in training over four three-hour sessions, held on a fortnightly basis. Session one focused on the role of the peer educator and why peer education might be a good way of spreading mental health messages among young people. In session two, the emphasis was on developing participants' understanding of mental health and help-seeking patterns amongst young people. Sessions three and four focused on the core messages in ITTST and delivery of ITTST, and included content on public speaking skills, managing groups, staying safe and answering questions. After each training session, participants were required, to prepare material for the next session. Once peer educators had delivered a workshop, they attended a one hour booster training session in their school which focused on getting feedback about their experiences and assisting with any issues or concerns that had arisen. The first training session was held in a *Jigsaw* service while additional training sessions were held in the schools participating in the peer education programme.

Evaluation of Jigsaw's Peer Education Programme

Evaluation of the Jigsaw peer education programme in 2014/5 demonstrated that participation in the peer education programme significantly improved peer educators' knowledge about mental health, personal beliefs about help-seeking and presentation skills (O'Reilly et al., 2016).

The aim of the current evaluation was to further expand upon these findings and examine whether attendance at peer delivered mental health workshops impacts on young people's understanding of mental health and help-seeking intentions. Specifically, this study examined whether attending *Jigsaw's* ITTST workshops, delivered by peer educators, would lead to improvements in young people's help-seeking intentions and their knowledge about mental health. Two services - *Jigsaw* Dublin 15 and *Jigsaw* Tallaght - participated in this formal evaluation.

Method

Participants

Participants were students attending ITTST workshops delivered by peer educators in eight schools in the Dublin 15 and Tallaght areas. In total, 245 young people, aged 12 to 16 years (M = 13.49; SD = .782), participated in this evaluation (see Figure 1). This group consisted of 114 males, 129 females and 2 young people who self-identified as 'other'.

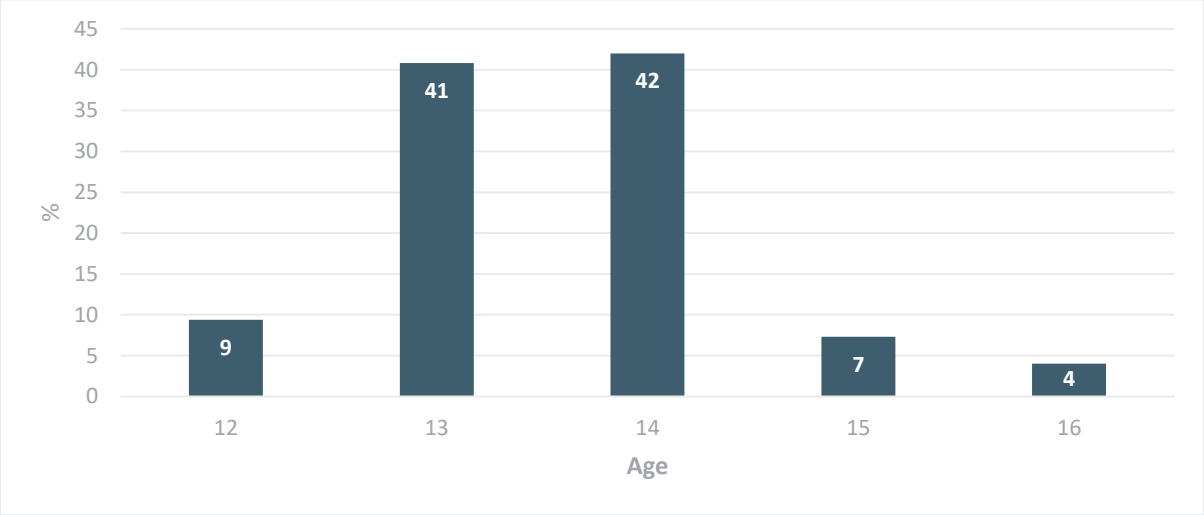

Figure 1. Percentage breakdown of Participants' (N = 245) Age.

Procedure

Ethical approval for this research was granted by Jigsaw's ethical review panel, and the study was carried out in accordance with the 2013 Declaration of Helsinki. First, teachers involved in the peer education programme were provided with information packs for parents and young people by the Clinical Support Worker (CSW) and Youth and Community Engagement Worker (YCEW) in *Jigsaw* Tallaght and the YCEW in *Jigsaw* Dublin 15. The information packs contained information letters and consent forms to be signed by both young people and their parents/guardians if they were interested in taking part in the evaluation. The young people were asked to return their signed consent forms to these teachers.

Next, the YCEW's arranged a suitable time for collection of consent forms and data collection with each school. Students who returned signed consent forms were invited to complete short questionnaires prior to attending the peer education workshop on mental health. (i.e., Time 1). The questionnaires contained a short demographic questionnaire, a questionnaire about help-seeking intentions (adapted from the *My World Survey*, Dooley & Fitzgerald, 2012) and an author-designed questionnaire assessing young people's understanding of mental health. Participants' answers on the questionnaires about help-

seeking and understanding of mental health were rated on a five-point scale, where lower scores indicated higher levels of help-seeking intentions and a better knowledge of mental health. The demographic questionnaire also included a question which asked participants if they would talk to anyone if they had a problem and an open-ended question that asked who they would be most likely to talk to.

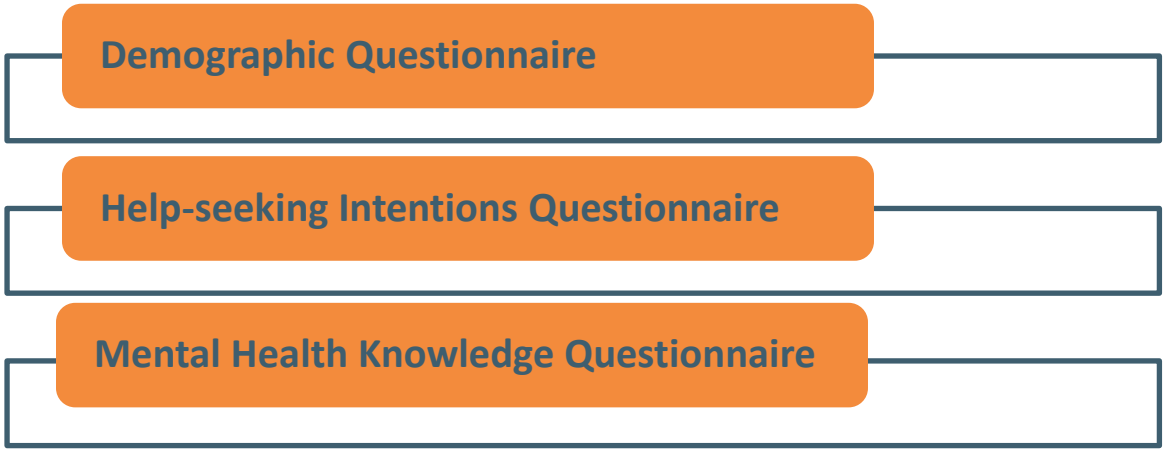

Figure 2. Measure Used to Assess Impact of Attending Peer Education Workshop

The second phase of data collection involved the YCEW's revisiting each of the schools; 2-4 weeks after the young people had attended the peer education workshop. Young people who had participated in the first phase of data collection were again invited to complete the same questionnaires as they had completed prior to attending the workshop (i.e., Time 2).

Results

Data Analysis

Quantitative data were analysed using SPSS version 22. Descriptive and inferential statistics were carried out to assess whether there were any changes in participants' responses after they had attended the ITTST workshops delivered by peer educators.

Impact of Attending the Peer Education Workshop

Results are presented here in two subsections: the first subsection outlines the impact of attending the peer delivered workshop on young people's help-seeking intentions, while the second subsection provides an overview of the impact of the workshop on their mental health knowledge.

Help-Seeking Intentions

To assess participants' help-seeking intentions they were first asked, if they had a problem whether they would talk about it with anyone. As shown in Table 1 below, there was a slight increase in the number of young people who said that they would talk to someone if they had a problem, after they had attended the ITTST workshop.

Table 1.

Response to Question: If you had a Problem, Would you Talk about it with Anyone?

Response	N (%)
Time 1	
Yes	210 (87%)
No	32 (13%)
Time 2	
Yes	219 (91%)
No	23 (9%)

However, a McNemar's Test using binomial distribution revealed that there was no statistically significant change in the proportion of participants who said they would talk to someone if they had a problem after attending the workshop (91%) when compared with the proportion prior to the workshop (87%), (N = 240, exact p = .122).

Participants were also asked who they would be most likely to talk to if they had a problem. Various informal sources of support were mentioned, which were categorised into groups (see Table 2). As this table shows, the most frequently mentioned informal sources of support by young people were friends, parents and mothers. These remained as the top three cited sources of support across both phases of data collection.

Table 2.

Named Informal Sources of Support at Time 1 & Time 2

Source of Support	Time 1 (*N* = 212)	Time 2 (*N* = 217)
Friend	77 (36%)	80 (37%)
Parent	57 (27%)	52 (24%)
Mother	44 (21%)	53 (24%)
Family	11 (5%)	13 (6%)
Sibling	11 (5%)	7 (3%)
Father	6 (3%)	4 (2%)
Other	4 (2%)	7 (3%)
Teacher	2 (1%)	1 (1%)

Help-seeking intentions were further explored by asking participants to complete a questionnaire about places they would be most likely to get information and support about their mental health. This measure was shown to be reliable with Cronbach's alpha values of .703 at Time 1 and .748 at Time 2. As displayed in Table 3, prior to attending the ITTST workshop almost half of the participants stated they were 'very likely' to obtain support from their parents/guardians and friends. Relatives were also seen as an important source of support with over one fifth of participants stating they would be 'very likely' to seek support from an aunt, uncle or cousin. Participants were least likely to obtain support from more formal sources of support such as a doctor/GP, psychologist/counsellor/therapist or phone help-line. It is noteworthy that over one quarter of participants stated they would be very unlikely to seek support from a teacher or guidance counsellor.

Table 3.

Sources of Support about Mental Health Time 1 (N = 245)

Source of support	Very likely	Quite likely	Neither likely or unlikely	Quite unlikely	Very unlikely
Parents/Guardians	120 (49%)	66 (27%)	29 (12%)	15 (6%)	15 (6%)
Friend	110 (45%)	101 (41%)	20 (8%)	12 (5%)	2 (1%)
Relatives (e.g. aunty, uncle, cousin)	53 (22%)	72 (29%)	50 (20%)	38 (16%)	32 (13%)
Internet	15 (6%)	43 (18%)	61 (25%)	50 (21%)	74 (31%)
Teacher/Guidance Counsellor	10 (4%)	56 (23%)	61 (25%)	51 (21%)	67 (27%)
Psychologist/Counsellor/Therapist	9 (4%)	23 (10%)	35 (14%)	67 (27%)	111 (45%)
Phone help-line	3 (1%)	11 (5%)	23 (9%)	64 (26%)	144 (59%)
Jigsaw	4 (2%)	17 (7%)	71 (29%)	52 (21%)	99 (41%)

Doctor/GP	0 (0%)	9 (4%)	42 (17%)	66 (27%)	128 (52%)

Parents/guardians, friends and relatives were also selected as the individuals from whom most young people were likely to seek support about their mental health at Time 2 (see Table 4). Again, the majority of participants indicated they were 'very unlikely' to obtain support from more formal sources such as a doctor/GP, psychologist/counsellor/therapist or phone line. Of note is that there was a decrease in the number of participants who stated they would be 'very unlikely' to seek support from *Jigsaw* at Time 2. Prior to attending the workshop approximately 40% of young people indicated they were 'very unlikely' to utilise *Jigsaw* services; however, after attending the workshop this decreased to just over one quarter of young people (i.e., 26%). In addition, the number of young people who were very/quite likely to seek support from *Jigsaw* increased from 9% to 18%.

Table 4.

Sources of Support about Mental Health Time 2 (N = 245)

Source of support	Very likely	Quite likely	Neither likely or unlikely	Quite unlikely	Very unlikely
Parents/Guardians	126 (51%)	67 (27%)	24 (10%)	16 (7%)	12 (5%)
Friend	93 (38%)	116 (47%)	22 (9%)	11 (5%)	3 (1%)
Relatives (e.g. aunty, uncle, cousin)	53 (22%)	82 (34%)	53 (22%)	34 (14%)	22 (9%)
Teacher/Guidance Counsellor	13 (5%)	67 (28%)	62 (25%)	51 (21%)	51 (21%)
Internet	13 (5%)	31 (13%)	65 (27%)	56 (23%)	80 (33%)
Psychologist/Counsellor/Therapist	10 (4%)	31 (13%)	52 (22%)	64 (26%)	87 (36%)
Jigsaw	9 (4%)	35 (14%)	85 (35%)	52 (21%)	64 (26%)
Doctor/GP	2 (1%)	12 (5%)	36 (15%)	80 (33%)	115 (47%)
Phone help line	1 (0.4%)	12 (5%)	40 (16%)	72 (30%)	119 (49%)

To assess whether there was a statistically significant change in help-seeking intentions following attendance at the peer delivered ITTST workshop a Wilcoxon Signed Rank Test was performed. This revealed a statistically significant change in help-seeking intentions from Time 1 to Time 2, $z = -3.830$, $p < .001$, with a small effect size ($r = 0.17$). The median score on the help-seeking intentions scale decreased from pre-workshop ($Md = 21$) to post-workshop ($Md = 19$). Lower scores indicated a higher likelihood to access various sources of support.

In order to assess if there was any difference in the help-seeking intentions of males and females before and after attending the ITTST workshop a Mann-Whitney U Test was performed. Although, two participants neither identified as male or female but rather self-

identified as other, it was not possible to include them in the gender analysis due to the small sample size. Analysis revealed that there was no significant difference in the help-seeking intention levels of males (*Md* = 21, n = 113) and females (*Md* = 20.5, *n* = 126) at Time 1, *U* = 6897.5, *z* = -.416, *p* = .678). Similarly, no significant difference was found between males (*Md* = 19, *n* = 113) and females (*Md* = 20, n = 127) at Time 2, *U* = 6876, *z* = -.559, *p* = .576) at Time 2.

Mental Health Knowledge

To examine participants' mental health knowledge an author designed questionnaire which was specifically developed to assess understanding of mental health was utilised. The Cronbach's alpha values for this measure were low, .473 at Time 1 and .547 at Time 2; however, it is not unusual for scales composed of a small number of items (i.e., fewer than 10) to have quite small Cronbach's alpha values (Pallant, 2013). Figure 3, below provides an overview of participants' levels of agreement/disagreement with each item on this questionnaire before they attended the peer education workshop. As illustrated, a high level of mental health knowledge was observed amongst young people prior to attending the workshop.

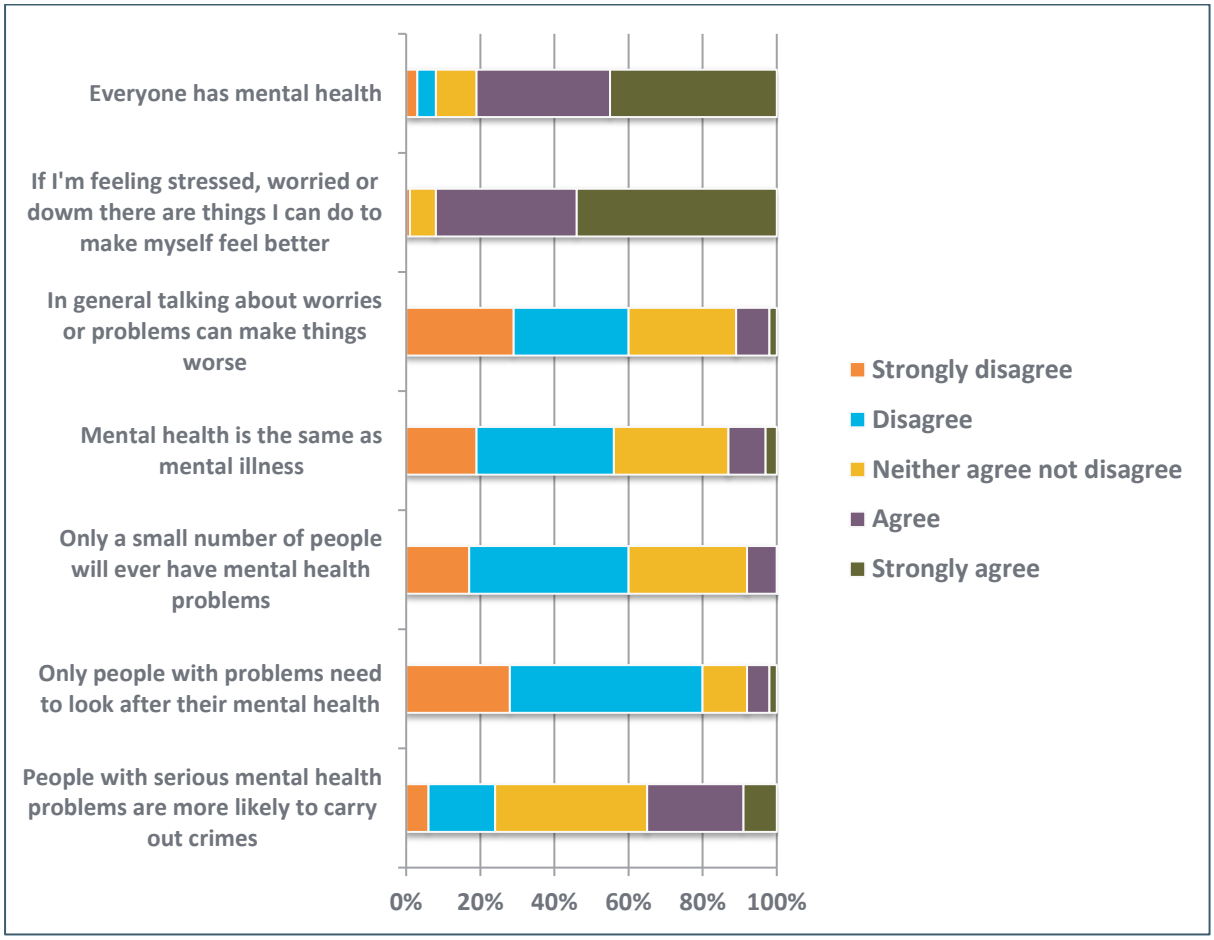

Figure 3. Summary of Responses to the Mental Health Knowledge Questionnaire at Time 1

Figure 4, on the following page provides an overview of participants' responses on the Mental Health Knowledge Questionnaire after they had attended the peer education workshop. As portrayed, there was an increase in the number of young people who disagreed with the statement *'People with serious mental health problems are more likely to carry out crimes than people who do not have serious mental health problems'*, with almost one quarter of young people disagreeing with this statement pre-workshop and almost one third disagreeing with this statement post-workshop. In addition, there was a decrease in the number of young people who agreed with the statements *'Only people with problems need to look after their mental health'* and '*Mental health is the same as mental illness'*, post-workshop.

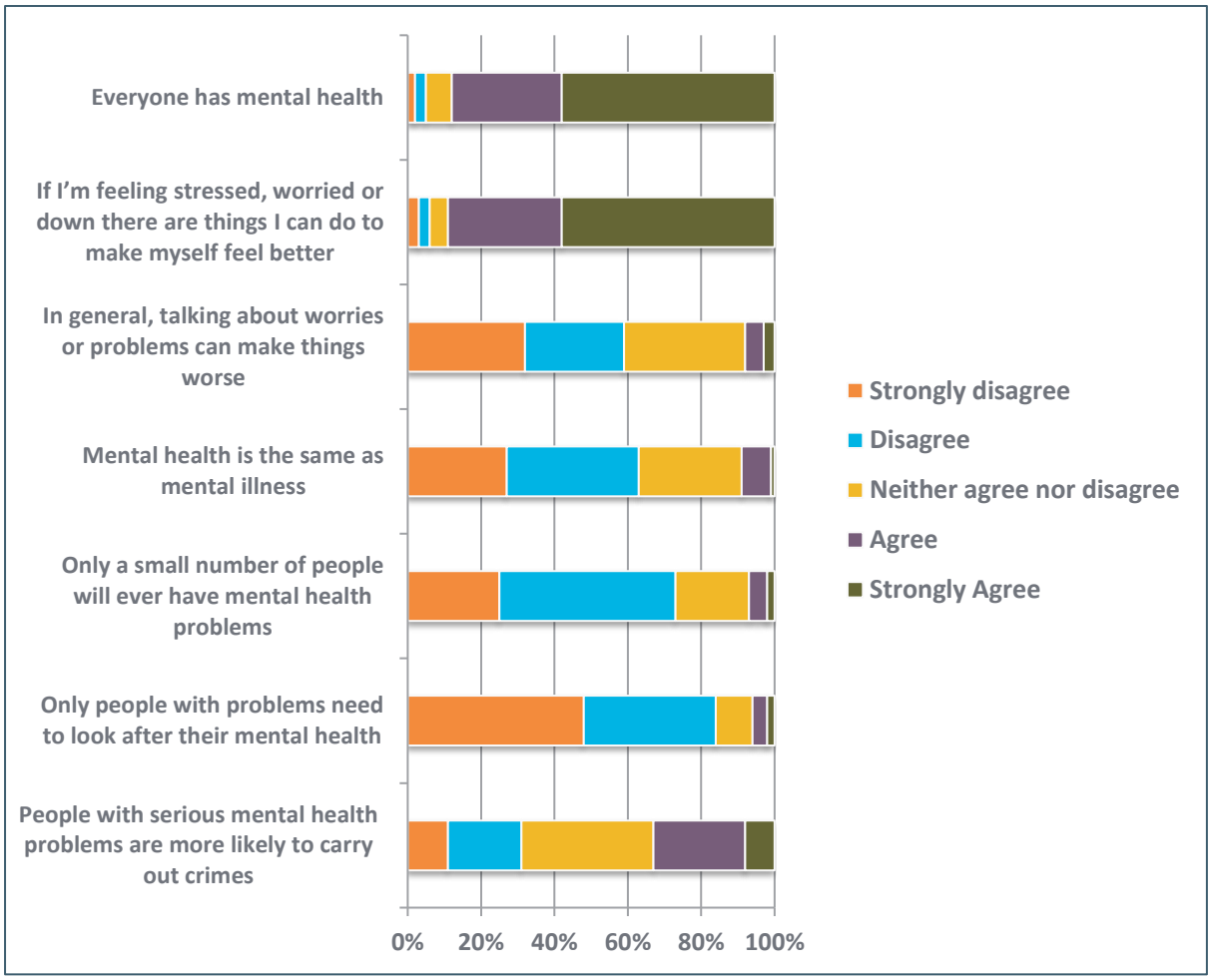

Figure 4. Summary of Responses to the Mental Health Questionnaire at Time 2

Overall, while participants had a good level of mental health knowledge prior to attending the peer delivered ITTST workshop there was a significant improvement in their knowledge after they attended the workshop. A Wilcoxon Signed Rank Test revealed a statistically significant improvement in young people's mental health knowledge following attendance at the ITTST workshop, $z = -5.186$, $p < .001$, with a small effect size ($r = .24$). The median score on the mental health knowledge questionnaire decreased from pre-workshop (*Md* = 8.5) to post-workshop (*Md* = 7), indicating that participants' mental health knowledge improved after they had attended the workshop.

When items were assessed individually, significant improvements were observed in young people's understanding that everyone has mental health or will experience mental health difficulty at some stage, the importance of self-care and the distinction between mental health and mental illness (see Table 5). However, there were no significant changes in relation to participants' understanding that talking about problems can make things worse, or that there are a number of things people can do to look after their mental health. Furthermore, no significant changes were observed with regard to the statement that *'people with serious mental health problems are more likely to carry out crimes than people who do not have serious mental health problems'.*

Table 5.

Wilcoxon Signed Ranks Tests Results from Pre-workshop to Post-workshop

Questions	Pre Mdn	Post Mdn	*z*	*p*
Everyone has mental health	1	0	-3.67	.000*
Only people with problems need to look after their mental health	1	1	-4.46	.000*
People with serious mental health problems are more likely to carry out crimes than people who do not have serious mental health problems	2	2	-2.60	.009
Mental health is the same as mental illness	1	1	-2.86	.004**
Only a small number of people will ever have mental health problems	1	1	-3.27	.001**
If I'm feeling stressed, worried or down there are things I can do to make myself feel better(e.g. sport, listen to music)	0	0	-0.05	.963
In general, talking about worries or problems can make things worse	1	1	-0.53	.596
Notes: *$p < .001$, **$p < .005$				

Further analysis was conducted to explore whether there was a gender difference among participants' understanding of mental health. Again, while two participants neither identified as male or female but rather self-identified as other, it was not possible to include them in the gender analysis due to the small sample size. A Mann-Whitney U Test revealed no significant difference between males (*Md* = 8, *n* = 113) and females (*Md* = 8, *n* = 127) at

Time 1, *U* = 6618.5, *z* = -1.04, *p* = .297. Similarly, there was no significant difference between males (*Md* = 7, *n* = 113) and females (*Md* = 7.5, n= 126) at Time 2, *U* = 6818.5, *z* = -.565, *p* = .572.

Conclusion

This evaluation examined the impact of attending a mental health peer education workshop on young people's help-seeking intentions and mental health knowledge. The findings demonstrate that attending a mental health workshop delivered by peer educators can play an important role in improving young people's help-seeking intentions as well as their knowledge about mental health.

Although there were significant improvements in young people's help-seeking intentions and mental health knowledge, young people generally had good help-seeking intentions and high levels of mental health knowledge before they attended the ITTST workshops. This is very positive, given previous research has shown that self-stigma has been shown to be a key obstacle to seeking help for mental health concerns among young people in the general population and that many young people do not have appropriate mental health knowledge (Dooley & Fitzgerald, 2012; Gulliver, Griffiths & Christensen, 2010; Hartman et al., 2013; Rose, Thornicroft, Pinfold & Kassam, 2007; Young Minds, 2010). This positive finding may reflect the fact that nationally, there is now significant emphasis in schools on the importance of supporting the mental health and wellbeing needs of students in Ireland. For example, recent policies such as the *Well-Being in Post-Primary Schools Guidelines (2013)* and the *Wellbeing for Junior Cycle Guidelines (2016)* (currently in consultation), recognise the vital role that schools can play in the promotion of positive mental health in young people, and education about mental health and well-being is now an integral part of the school curriculum.

Overall, participants' responses indicate that they would be likely to seek help from informal sources of support such as parents or friends but less likely to seek help from more formal sources of support, such as a doctor or counsellor. This is consistent with previous international research which has shown that while professionals can be a helpful source of support for mental health difficulties, young people often prefer to turn to family or friends for support (Rickwood & Braithwaite, 1994; Rickwood, Deane, & Wilson, 2007). Similarly, in an Irish context the *Lifestyle and Coping Survey* (Sullivan, Arensman, Keeley, Corcoran, & Perry, 2004) of approximately 4,000 students aged 15-17 found that when asked whom they would talk to if they had a problem, the majority of young people reported a preference for talking to friends and family. More recently, the *My World Survey* of approximately 14,500 12-25 year olds in Ireland revealed that nearly two thirds of young people talk informally about their problems (Dooley & Fitzgerald, 2012). This may suggest that formal sources of support are not perceived as accessible to young people and that the benefits of speaking to individuals with professional qualifications and skills in the area of mental health are dismissed in favour of informal supports which are perceived to be more accessible. The finding points towards the need to increase young people's awareness of the benefits of utilising formal supports and to make these formal supports a more viable option for young people.

At the same time, it also highlights the need to provide informal sources of support to young people with increased appropriate resources, equipping them with the education and knowledge they need to be the link between a young person and more formal supports, if necessary. Research suggests that family and friends might be important gatekeepers for facilitating access to formal supports (Arria et al., 2011). *Jigsaw's* capacity goal is strongly aligned with this approach, where the focus is on building capacity in adults who work/volunteer with young people. This is predominantly done in *Jigsaw* through the delivery of workshops such as *Understanding Youth Mental Health (UYMH)* and *Minding Youth Mental Health (MYMH*).

When participants' knowledge about mental health was examined in more detail, it emerged there were no significant improvements in participants' knowledge of the benefits of talking about worries or difficulties, or that there are a number of things people can do to look after their mental health. Furthermore, there was no significant change in young peoples' responses to the statement that *'people with serious mental health problems are more likely to carry out crimes than people who do not have serious mental health problems*'. This indicates that participants may benefit from workshops with more advanced information about these issues.

The present evaluation found that there was no significant difference between the help-seeking intentions and mental health knowledge of males and females. This suggests that gender specific peer education mental health programmes are not necessary for this age group and that both males and females benefit from the same workshops. These findings are in contrast to previous research which has generally found that females are more likely to seek support and advice for mental health problems than males (Boldero & Fallon, 1995; Dooley & Fitzgerald, 2012; Rickwood & Braithwaite, 1994). Furthermore, previous studies have demonstrated that the gender differences in mental health literacy are striking. For example, an Australian study of young people aged between 12 – 25 years finding that males showed significantly lower recognition of symptoms associated with mental illness and were more likely to endorse the use of alcohol to deal with mental health problems than females (Cotton, Wright, Harris, Jorm, & McGorry, 2006). The conflicting findings of the current evaluation and existing research may be related to the age range of the participants in this study compared with previous research which has found that gender differences become more evident as age increases, with males aged between 18-25 years demonstrating significantly less awareness of specific mental health conditions than females in the same age group (Cotton et al, 2006). More research is warranted to provide a more comprehensive understanding of these findings.

Overall, the results from this evaluation suggest that attending a peer education mental health workshop can improve young people's help-seeking intentions, with young people reporting that they would be more likely to seek help after they had attended the workshop. The findings also suggest that attending the peer delivered ITTST workshop has a positive impact on young people's mental health knowledge and that this is the case for

both males and females. As peer education has been shown to be an effective method of improving young peoples' mental health knowledge and help-seeking intentions, this approach should be more widely utilised in schools mental health promotion.

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We're here to make sure that every young person's mental health is valued and supported, providing information and support online, through schools, and our services based in communities across Ireland.

For information and support visit jigsawonline.ie

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