STUDY REFERENCE: C/ADEPIS 06

Programme Name
The Mind and Body Programme

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Programme description

The Mind and Body Programme was developed by Addaction's Young Persons' Services in Kent as a multi-component risk reduction programme for young people who are vulnerable to risk taking behaviours. Its primary aim is to reduce students' and young people's self-harming and develop better coping strategies. Other risky behaviours, such as those related to drug and alcohol misuse, are also targeted by strategies developed by the Mind and Body Programme.
The structure of the programme uses a mix of:

1. Therapeutic group work sessions exploring behaviours, life-skills and strategies for risk reduction;
2. One-to-one motivational and assessment interviews with participants away from other group members;
3. Creation of links between the participants and outside agencies who can continue to support them in reducing risks;
4. Three months follow up to evaluate progress and support continuation of risk reduction.

Young people then follow five sessions on building life-skills for risk reduction and identifying risky behaviours. These include:

1. Why do people take risks, how do people reduce risks?
2. Communication, assertiveness and expressing needs and feelings;
3. Exploring self-harm related thoughts and behaviours;
4. Strategies for change and making plans.

Each one is an hour long and delivered to small groups of young people. The programme is run by qualified and experienced workers from Addaction Young Person's Services.

Target population

The programme targets young people aged between 14 and 17 years old who have been identified as vulnerable to take risky behaviours -including self-cutting, burning, bruising, self-poisoning, self-strangulation.

Expected Outcomes

Expected Outcomes include:

1. Reduction on self-harming behaviours;
2. Improved mental well-being;
3. Improvement on other areas related to risky behaviours such as substance use, wellbeing, safety and security, education , citizenship and relationship with family.

Study Reference

"*The Mind and Body Programme". Evaluation of Canterbury pilot programme (2015). Published by Addaction Young Persons' Services.*

Study details

The Mind and Body programme was commissioned by Canterbury City Council and piloted from April 2014 until May 2015 in five schools in the Canterbury district (Simon Langton Girls Grammar, Canterbury Academy, Spires Academy, Herne Bay High and Learning Opportunities).The programme was delivered by Addaction Young Persons' Services, a group of professionals in therapeutic group works and targeting young people involved in, or at risk of self-harming behaviours.

Study Sample

49 young people aged between 12 and 16 years old took part in the programme and participated to the five group sessions. Of these, 44 were female and only 5 male. Although a small number of selected participants were actually younger, groups were carefully selected to ensure that composition was appropriate in terms of level of needs and age. The high number of girls in the sample is because a large number of participants came from a girls Grammar school.

Methodology

To evaluate the programme both quantitative and qualitative analysis was conducted. For quantitative analysis, questionnaires and other therapeutic tools were given to participants to be completed at pre, post and exit of the programme. Of the 49 participants 47 (95.9%) completed the programme as well as questionnaires and surveys.
Qualitative interviews with 10 participants coming from two secondary schools were used for the qualitative analysis.

Results and Impact

Main findings from quantitative and qualitative analysis:

- Although self harming and self harming thoughts did continue among participants for the whole duration of the programme, this happened with less magnitude. 26.1% of young people who engaged in self-harming before the start of the programme stopped completely after completion, while the proportion of young people having self-harming thoughts was reduced by 33.3% at exit point.
- Improvement in overall mental well-being for participants was recorded at the end of the programme. Overall, 78.7% of participants registered an improvement in mental well-being and 40.4% of them reported a statistically significant improvement.

- Results from the TeenStar tool (a holistic self- scoring tool which measures progress towards safety and well-being for vulnerable and troubled teenagers over various dimensions) also showed impact of the programme on other areas in relation to substance use, wellbeing, safety & security, education, citizenship, and relationship with family. 70% of participants reported an improvement across these areas scoring themselves higher in the self-reported questionnaire.
- Qualitative analysis revealed that all participants positively received the Mind and Body Programme. Particularly, participants found that sharing and talking to other people their age about thoughts and feelings helped them feel less lonely and contributed to achieve the positive outcomes.

The data presented are however from an initial phase and results may change over time as more evidence is being collected.

Impact grade: 1

Quality of evaluation of evidence
The report uses some before and after analysis collecting questionnaires and surveys at pre, post and exit of the programme. Main methodological weaknesses relate to the fact that no formal statistical analysis was carried out, and that no control group of adolescents in similar conditions was considered.

Comment: The current report is based on a first pilot phase of the programme and further research will need to be conducted to confirm preliminary results. An additional extended pilot has recently been commissioned and an evaluation will be conducted by the University of Bath. Although the Mind and Body programme is still under development, it is worth reporting its initial results. This because it is rather specific intervention targeting young people at risk and already exposed to self-harming.

Quality of evidence grade: 3

Appendix: details of impact grades and quality of evidence grades are set out below

Impact grade	Description
0 (none)	No relationship between the youth service and the outcome in question.
1 (low)	Provision of the youth service may be positively related to one but not all outcomes or just for sub-groups of the target population.
2 (medium)	The youth service has moderate impact on all outcomes and sub-groups or high impact on some outcomes and sub-groups.
3 (high)	The youth service has high impact on all outcomes and sub-groups.

Score	Type of study	More Description	Example of a study	How to improve the quality of evidence
0	Basic	Studies that describe the intervention and collect data on activity associated with it.	A study that describes the intervention and states how much it cost or how many hours of services young people received.	Collect some "before and after" data on the outcome of interest for those receiving the intervention. If it is too late for that, collect outcome "after" data for the group receiving the services and try to compare these outcomes with comparable youth using other sources of data.
1	Descriptive, anecdotal, expert opinion	Studies that ask respondents or experts about whether the intervention works.	A study that uses focus groups or expert opinion or indeed surveys those who received the intervention after they received it.	Collect some "before and after" data on the outcome of interest for those receiving the services. If it is too late for that, collect outcome "after" data for the group receiving the services and try to compare these outcomes with comparable youth using other sources of data.
2	Study where a statistical relationship (correlation) between the outcome and receiving services is established	The correlation is observed at a single point in time, outcomes of those who receive the intervention are compared with those who do not get it.	A study that conducts a survey only after the services have been delivered and concludes that youths who received the services responded more positively than those who did not.	This evidence does not allow for the fact that prior to the intervention youths who received the service may have been different from those who did not. Collect some before and after data on the outcome of interest for those receiving the intervention. If it is too late to do that, see if you can compare outcomes for a clearly defined comparison or control group using other "before" data sources, such as administrative data.
3	Study which accounts for when the services were delivered by surveying before and after	This approach compares outcomes before and after an intervention.	A study that conducts a survey before and after the program.	If you have before-after data you can measure the change in a particular outcome after the services were delivered. Try to determine whether you can compare this gain in the outcome for those who received the youth services to the gain for a similar group of youth who did not receive the services. You might use administrative data for this.
4	Study where there is both a before and after evaluation strategy and a clear comparison between groups who do and do not receive the	These studies use comparison groups, also known as control groups.	A study that matches two locations where both individuals and areas are comparable and surveys them before and after the program e.g. pilot studies.	You have most of the data you need. Contact an expert on statistics or econometrics and they will be able to apply various statistical methodologies to improve the robustness of your results e.g. matching methods to define a better control or comparison group. NOTE: this is the minimum level of evaluation quality applied by the Social Research Unit et al (2011), which also stipulates that any such study fulfil various quality criteria.

	youth services			
5	As above but in addition includes statistical modelling to produce better comparison groups and of outcomes to allow for other differences across groups	Study with a before and after evaluation strategy, statistically generated control groups and statistical modelling of outcomes.	A study that uses a statistical method, such as propensity score matching, to ensure that the group receiving the youth services is similar to the comparison group and a statistical model of outcomes (e.g. difference in difference).	Short of a random control trial, this methodology is the most robust. To improve confidence in the results try to collect additional data, perhaps from administrative sources, on the comparison group to determine any differences between them that may have pre dated the intervention.
6	Study where intervention is provided on the basis of individuals being randomly assigned to either the treatment or the control group.	Study that compares results from two independent randomly generated groups (one receiving the intervention and the other not) and uses statistical analysis to determine the programme's effectiveness.	A study which conducts a Randomised Controlled Trial, taking into account the following criteria: *i)* a fair and independent evaluation has to be conducted; *ii)* ensuring the transferability and generalisability of the programme; *iii)* statistical power of the analysis; *iv)* ensuring minimum bias	The gold standard. It is challenging to run RCTs, with cost, ethical and practical issues arising. Even with RCTs you have to think about how generalisable it is to other situations: for example, if an RCT only looked at a youth service for males, it cannot indicate how well the youth service would do for females.
7	Various studies that evaluate an intervention which has been provided through random allocation at the individual level.	The intervention has been evaluated more than once and its effectiveness is assessed through more than one RCT showing high level of statistical analysis and reporting high quality of evidence	A series of studies which conduct RCTs on a particular intervention programme, taking into account the following criteria: *i)* a fair and independent evaluation has to be conducted; *ii)* ensuring the transferability and generalisability of the programme; *iii)* statistical power of the analysis; *iv)* ensuring minimum bias	The same challenges of level 6 apply here. To strengthen the evidence, conduct meta-analysis or systematic reviews of RCTs, comparing the results from various studies involving experimental analysis.