



# MINDSET EVALUATION

## EXECUTIVE SUMMARY

An evaluation of MINDSET — an adolescent mental health promotion program developed by Grassroot Soccer (GRS) and Aberdeen Football Club Community Trust (AFCCT) — shows that the program is contributing to developing foundational skills for good mental health in adolescents in Aberdeen, Scotland. MINDSET participants demonstrated statistically significant improvements in interpersonal skills, emotional regulation, and care-seeking behaviors. Participants, along with teachers and coaches who delivered MINDSET sessions, reported that the program reduced the stigma around mental health by creating safe spaces for honest discussions.

## BACKGROUND

Over a billion people worldwide have mental health or substance use disorders. Mental disorders significantly contribute to the global disease burden, and depression is among adolescents' primary causes of illness and disability.<sup>1</sup>

Recent data<sup>2</sup> indicate that as many as one in three Scottish youth may be experiencing a diagnosable mental health challenge, and rates of depression, anxiety, and suicidality have increased dramatically since the COVID-19 pandemic began. Demand for mental health treatment is outstripping supply, and the Scottish government has called for a focus on mental health promotion, prevention, and early intervention.

To support good mental health and well-being among adolescents in Aberdeen, Scotland, the Aberdeen Football Club Community Trust (AFCCT) and Grassroot Soccer (GRS) partnered to deliver and evaluate a sport-based mental health program known as MINDSET.

## MINDSET

MINDSET is a 12-session, curriculum-based program that uses games, metaphors, and discussion with the goal of helping adolescents (10-14 years old) **develop knowledge, skills, and behaviors that support good mental health and well-being**. Each session is 60 minutes and delivered during school hours.

MINDSET is designed to be delivered to any adolescent. The program was informed by research that identified common characteristics among mental health programs that were found to improve positive mental health, reduce depression and anxiety symptoms, reduce violence and bullying, and reduce substance use. MINDSET incorporates essential components from the research, which shows that programs that built interpersonal skills (such as empathy and communication) and emotional regulation (such as being able to manage emotions) achieved the strongest results.<sup>3</sup>

## EVALUATION

A mixed-methods evaluation was conducted from August 2021 to February 2022 to assess the effectiveness of MINDSET at improving interpersonal skills and emotional regulation. An external evaluator from Edinburgh Napier University led the evaluation in partnership with AFCCT coaches, who administered the evaluation surveys and collected program data.

## CONTEXT AND PARTICIPANTS

The evaluation was conducted with adolescent participants from a convenience sample of MINDSET interventions at six schools (two primary schools and four secondary schools) serving students from lower socioeconomic communities. The average age of participants was 11.6 years; 51% identified as male, 47% as female, and 2% preferred not to say. Perspectives from teachers and AFCCT coaches were also sought as part of the evaluation.

## INTERVENTION CHARACTERISTICS

- **Strengths-based.** MINDSET is based on a positive approach to mental health. It focuses on reinforcing and enhancing adolescents' strengths and skills (e.g., emotional regulation) to cope with life's stresses. The program places less emphasis on mental health disorders and more on life skills that promote good mental health.
- **Designed for non-specialists.** MINDSET is delivered by AFCCT coaches and, as of March 2022, teachers. MINDSET was designed so that a sports coach or teacher could deliver sessions without being a mental health professional.
- **Structured to support every adolescent.** MINDSET is available to any adolescent group rather than specific populations (e.g., adolescents with depression). MINDSET aims to break the stigma around mental health by making it normal for all adolescents to talk about mental health.
- **Developed with stakeholders.** MINDSET was developed with input from schools, the National Health Service (NHS), researchers, and young people. MINDSET is designed to enhance outcomes in the national school curriculum and respond to NHS priorities.

## METHODS

**Participant** surveys were completed by 138 adolescents (92 matched pre/post surveys and 46 single time-point surveys). Surveys assessed participant well-being, mental health knowledge and behaviors, and program satisfaction, and also incorporated open-ended questions to contextualize quantitative findings. Questionnaires included the Stirling Children's Well-Being Scale (SCWS), a scale developed and validated in Scotland to measure emotional and psychological well-being (range of 12=low to 60=high well-being).<sup>4</sup> Changes from pre to post were analyzed using Wilcoxon Signed Rank Tests. Pearson's  $r$  correlations were used to examine the effect size of changes observed as follows: 0.1 to 0.3= small, 0.3 to 0.5= medium, and 0.5 to 1.0=large.<sup>5</sup>

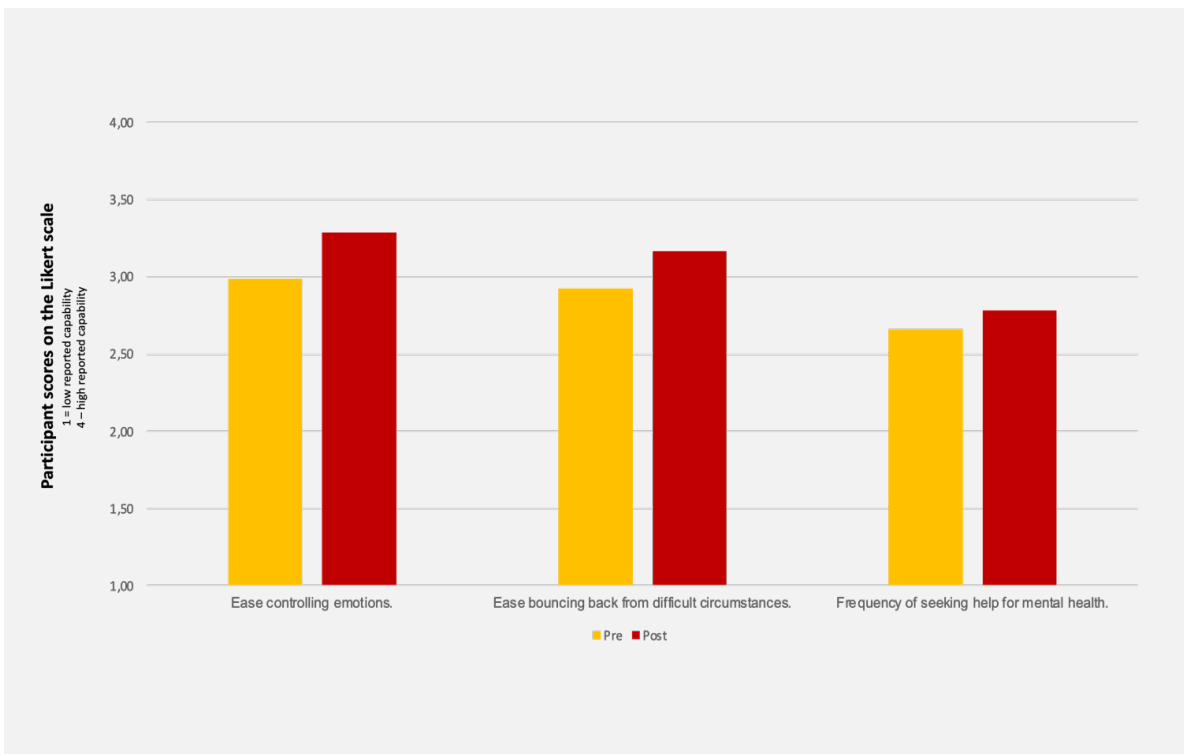


**Teacher** perspectives were explored through an online survey administered after the program (n=4) and key informant interviews (n=2). One focus group discussion was conducted with seven **AFCCT coaches** to understand their experiences with implementation, perceived impacts, and recommendations for improvement. Intervention observations were also conducted. Qualitative data were analyzed for key themes.

# KEY RESULTS

## Improved Interpersonal Skills, Emotional Regulation, and Care-Seeking Behaviors

On pre-and post-surveys, participants demonstrated statistically significant improvements with moderate effect sizes in self-reported 'ease controlling emotions' ( $p \leq 0.004$ ;  $r=0.30$ ) and 'ease bouncing back from difficult circumstances' ( $p \leq 0.005$ ;  $r=0.29$ ), with smaller positive changes in their frequency of 'seeking help for mental health.'



Participants also showed increases in their self-reported empathy (+36.5%). Before the intervention, participants struggled to give an example of giving or receiving empathy. When asked the same question in the post-intervention survey, however, participants shared responses such as:



*“When someone understands how you feel when [you’re] upset,  
“It’s when [you’re] supportive for someone and hear them out,”  
and “Helping someone through a difficult situation and  
understanding how they feel.”*



## KEY RESULTS CONTINUED

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### *Reduced Stigma Around Mental Health*

Participants, teachers, and coaches reported that MINDSET created opportunities to have honest conversations about mental health. Participants felt safe enough to talk openly about mental health, leading to conversations that shift attitudes and reduce stigma.



*“There was a young lad just talking about having to look after their mental health to deal with the passing of a young friend, and for me, that was massive. But you know, he stood up in class and spoke about deciding whether he could manage the funeral or not if he were well enough to go, and the support and the empathy he got back from his classmates was extraordinary.”*

**- AFCCT Coach**

*“[The AFCCT Coach] makes the kids feel like they're more of, you know, more somebody to go [to] and open up. They can have **different conversations** with them than they would with teaching staff.”*

**- Teacher**



### *No Meaningful Changes on the Stirling Children's Well-Being Scale*

Across all participants, the average well-being score on the pre-survey was 44 — similar to the UK average<sup>6</sup> — and no significant change was observed after the program. Mental health interventions often target specific populations rather than being delivered to an entire school or grade, which could explain this finding. Further research is needed to understand the gap between the positive qualitative feedback from participants, coaches, and teachers on well-being and the lack of movement on the well-being scale.



## LIMITATIONS

Two-thirds (66%) of study participants completed both pre- and post-surveys, which might limit the extent to which the findings on well-being can be generalized to all students across the schools sampled. Additionally, survey measures assessing participants' mental health knowledge and behaviors may not have fully captured changes in these areas since they were not validated.

## LOOKING AHEAD

MINDSET contributes to developing foundational skills for good mental health and reducing the stigma that often prevents young people from having open conversations about mental health or seeking care.

AFCCT coaches who facilitated the program effectively created safe spaces by sharing their own life experiences, which were highly valued in the school context. Coaches and teachers expressed a desire to continue providing integrated and ongoing support for adolescents and expanding MINDSET across multiple grades.

The findings show that MINDSET is responding to calls from the Scottish government for more mental health promotion services, and AFCCT is exploring opportunities to increase access to MINDSET among adolescents in Scotland.



## FOOTNOTES

<sup>1</sup> Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2016. Reference Life Table. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME), 2017.

<sup>2</sup> <https://www.gov.scot/publications/scottish-covid-19-mental-health-tracker-study-wave-4-report/>

<sup>3</sup> Skeen S, Laurenzi CA, Gordon SL, et al. Adolescent Mental Health Program Components and Behavior Risk Reduction: A Meta-analysis. *Pediatrics*. 2019; 144(2):e20183488

<sup>4</sup> Liddle, I., & Carter, G. F. (2015). Emotional and psychological well-being in children: the development and validation of the Stirling Children's Well-being Scale. *Educational Psychology in Practice*, 31(2), 174-185.

<sup>5</sup> Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum Associates.

<sup>6</sup> Ian Liddle & Greg F.A. Carter (2015) Emotional and psychological well-being in children: the development and validation of the Stirling Children's Well-being Scale, *Educational Psychology in Practice*, 31:2, 174-185, DOI: 10.1080/02667363.2015.1008409