# AFCCT x GRS 2021-22 Mindset Evaluation

# Executive Summary

## Mindset: a highly valued approach to mental health within Aberdeen schools.

This mixed method evaluation provides an in depth exploration of the Mindset mental health program as delivered by the Aberdeen FC Community Trust in collaboration with Grassroot Soccer. The evaluation clearly presents the positive impact of Mindset and how much it is valued by both participants and partner schools. A summary of the key outcomes is presented below.

- Mindset does improve participant's knowledge around mental and physical health. This includes skills and strategies related to self-care outside of sessions.
- Mindset especially develops participant knowledge and behaviours related to empathy.
- Mindset supports positive behaviours related to mental health, notably emotional control and the ability to bounce back from difficulties.
- Mindset does not impact directly on the personal well-being of participants. This is perhaps unsurprising given its non-targeted approach working with whole year groups (reporting average baseline well-being measurement) rather than targeting specific groups struggling with their mental health.
- AFCCT Coaches deliver Mindset in expertly facilitated safe spaces that are highly valued in the school context.
- Mindset enables group discussion around mental health not available elsewhere within school.
- AFCCT coaches utilise Mindset in a targeted manner for individual case work with students facing significant challenges in school. This supports his highly valued by schools and teaching staff.
- 100% of teachers surveyed would recommend Mindset to colleagues or other institutions.

## Mission Statement

Aberdeen FC Community Trust (AFCCT), Partner Charity to Aberdeen Football Club, was established in March 2014 with the vision **"to provide support and opportunity to change lives for the better"**.

AFCCT maintain a close and mutually supportive relationship with Aberdeen Football Club, while operating under the direction of its own Board of Trustees, contributing towards the Club's own objective of being at the "heart of the local community".

Our work supports people across all age groups and backgrounds, expanding across three main categories, Education, Football for Life and Healthy Communities.

## Background

*Here please include a couple of paragraphs about AFCCT, how the GRS collaboration came about, and what the aims of Mindset are (ignoring anything that we discovered from this evaluation if possible).*

## Mindset

*Please here include a description of Mindset intervention, perhaps as it is described when pitched to schools?*

## The Need[1]

Within Scotland challenges to youth mental health have been on an upward trend with dramatic increases in a wide range of psychological health complaints. Within recent surveying almost a quarter of Scottish youth reported having experienced two or more psychological complaints (such as having difficulty sleeping, or feeling low, irritable or nervous) within the previous week. By the time they're 16, roughly 3 children in every class will have experienced a mental health problem and half of mental health problems in adulthood begin before the age of 14. As young people progress towards adulthood mental well-being decreases, mental health problems generally increase, and pro-social behaviour deteriorates. Scottish pupils with mixed or multiple ethnicities have been reported as being more likely to report poor mental health and well-being than those from other ethnicities and as a group, 15 year old girls have poorer mental health and well-being than other demographic groups. On top of this high prevalence of negative mental health, young people often struggle to get the help they need. Over 7,000 young people were turned away from CAMHS services in the previous year and when it comes to finding help for your mental health, only a quarter of young people know where to go. These challenges have been further exacerbated by the recent COVID-19 pandemic with negative mental health prevalence

[1] Youth mental health statistics taken from the SAMH 2017 report 'Going to be all right? – A report on the mental health of young people in Scotland.'
[https://www.samh.org.uk/documents/Going_to_Be_All_Right_Jacki_Gordon_Report_2017.pdf]

appearing to rise[2] and CAMHS waiting list times at their worst on record.[3] The importance of both the school environment for support and the role of physical activity based programs have been identified in trying to prevent a '*lost generation'* due to COVID-19 pandemic.[2]

[2] Cowie, H., & Myers, C. A. (2021). The impact of the COVID-19 pandemic on the mental health and well-being of children and young people. *Children & Society*, *35*(1), 62-74.

[3] Mental Health Today, "*Lost generation" of vulnerable children are being failed by Scottish CAMHS, say campaigners'* Dec 8th 2021 [https://www.mentalhealthtoday.co.uk/news/government-policy/lost-generation-of-vulnerable-children-are-being-failed-by-scottish-camhs-say-campaigners]

# Method

The aim of this evaluation was to explore the impact of the Mindset program as delivered to schools in Aberdeen across the Autumn term of 2021. The key areas targeted for exploration were participant well-being, participant mental health knowledge, participant satisfaction/experience, teacher satisfaction/experience, and the experience of coaches delivering the program. A range of different measures were utilised to explore these target areas.

*Participant Well-Being* – Exploring any potential change in participant well-being, utilising a validated well-being scale, was a priority for this evaluation. The measure selected for this purpose was Stirling Children's Well-Being Scale (SCWS)[4]. The SCWS was initiated by the Stirling Educational Psychology Service with the objective of creating a holistic, positively worded scale measuring emotional and psychological well-being in children aged 8 to 15 years. This scale provides a useful tool to assess any changes in well-being from a mental well-being perspective and was deemed especially appropriate given its development within a Scottish education context. Given the priority of this measure was to explore change data were analysed using Wilcoxon Signed Rank Test to explore significance and to calculate effect sizes.

*Participant Mental Health Knowledge and Behaviours* – Given a key aspect of the Mindset curriculum consists of psychoeducation, a range of questions were refined based on prior evaluation, to explore knowledge and behaviour change within participants. These included rating agreement on 6 statements related to key Mindset teaching points, alongside open-ended responses where participants could demonstrate/expand on changes in knowledge or behaviours. Each of these individual knowledge or behaviours items are presented within results. While there do exist validated scales around elements of targeted behaviour (such as the DERS-16 exploring emotional regulation), adding further full length scales was not deemed appropriate within this round of evaluation. Wilcoxon Signed Rank Tests were again utilised to explore significance and to calculate effect sizes, though the lack of validation of these items should be acknowledged when viewing results.

*Participant Satisfaction/Experience* – Participant satisfaction within Mindset was explored through Agree/Disagree options on a range of statements. Wider participant experience was explored through a word association exercise alongside further open ended question.

*Teacher Satisfaction/Experience* – Teacher experiences of the Mindset program were investigated through use of an online survey that explored their satisfaction with the delivery and observed impact of the program and any recommendations. Further depth was added through stakeholder interviewers held by the primary investigator with teachers at Mindset locations.

*Coach Delivery Experiences* – A focus group with AFCCT Coaches was carried out by the primary investigator exploring coaches' experiences around delivering Mindset, perceived impacts, and what could be improved within future service delivery.

Alongside these targeted forms of data collection, the primary investigator undertook site visits of different schools delivering Mindset in Aberdeen in November 2021. This visit enabled better understanding of the project, as experienced by participants, and allowed for more nuance and depth

[4] 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.

within analysis. Observational data has been included where it correlates with other forms of data collection to provide in situ examples for discussion.

## Sample

*Participants* – Participant data was collected utilising electronic surveys. Matched pre/post data was collected from 92 young people across 4 schools (Buchanhaven Primary, Manor Park Primary, Lochside Academy, and Inverurie Academy). These matched surveys enable comparison of changes in well-being and mental health knowledge associated with attending the Mindset program. This data also included satisfaction and qualitative data. Demographics for this sample can be viewed below.

| | ***n*** | **Age** | **Male** | **Female** | **Other** | **Prefer not to say** |
|---|---|---|---|---|---|---|
| **Buchanhaven Primary** | 20 | 9.75 | 55% | 40% | 0% | 5% |
| **Manor Park Primary** | 21 | 10.29 | 52% | 48% | 0% | 0% |
| **Lochside Academy** | 14 | 11.7 | 57% | 43% | 0% | 0% |
| **Inverurie Academy** | 37 | 12.97 | 46% | 51% | 0% | 3% |
| **Total** | 92 | 11.47 | 51% | 47% | 0% | 2% |

Alongside these matched data sets, single time point satisfaction and qualitative data was collected from a further 46 young people across 2 schools. The demographics for this sample can be seen below.

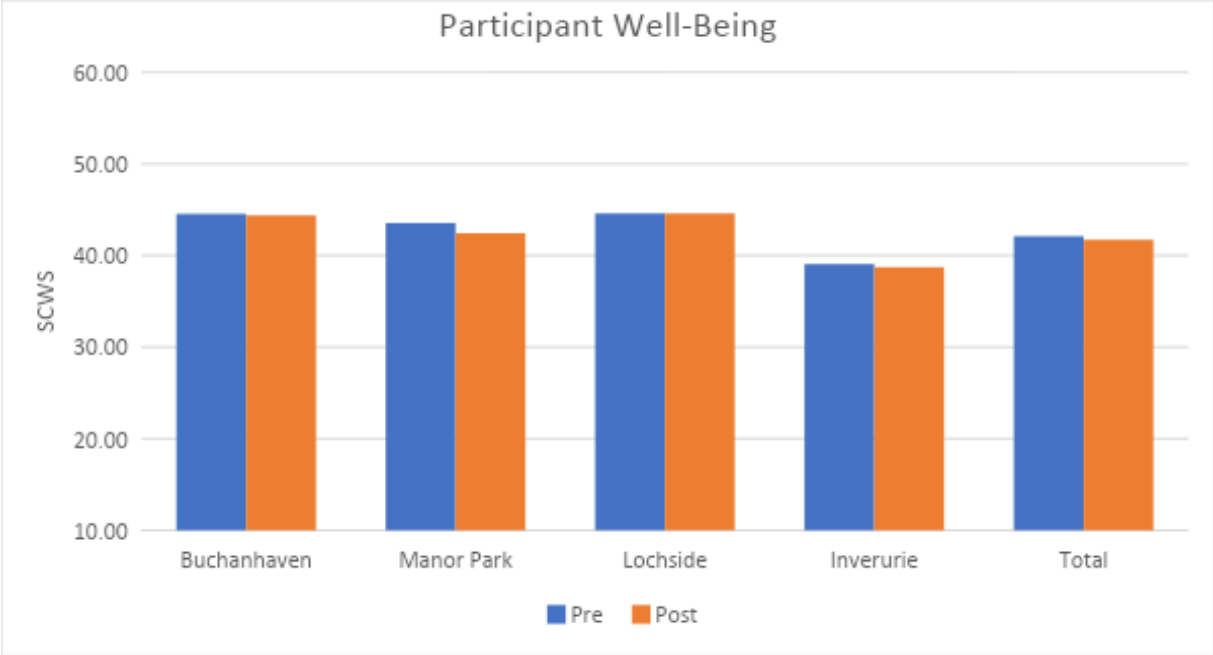
| | ***n*** | **Age** | **Male** | **Female** | **Other** | **Prefer not to say** |
|---|---|---|---|---|---|---|
| **Northfield Academy** | 32 | 11.75 | 47% | 50% | 3% | 0% |
| **St Machar Academy** | 14 | 11.93 | 50% | 43% | 7% | 0% |
| **Total** | 46 | 11.8 | 48% | 48% | 4% | 0% |

The overall sample is smaller than was anticipated at the planning stages of this evaluation due to a combination of COVID-19 disruption within schools and data collection errors. These challenges have been reviewed and will inform future monitoring and evaluation arrangements. Despite this the sample size is sufficient for an in-depth exploration of the key aims of this evaluation, especially due to the triangulation offered by the multiple methods and stakeholders involved within the evaluation process.

# Results & Discussion

## Participant Well-Being

Mindset's impact on participant well-being was tracked through use of the Stirling Children's Well-Being Scale (SCWS) prior to and after delivery of the curriculum. The SCWS includes a social desirability sub-scale to determine whether any participants scores have a response bias or a predominance of socially desirable answers. Only one matched participant data set was removed based on recommendations associated with the social desirability sub-scale. Well-being data is shown in the graph below based on all schools who submitted usable matched data. The minimum score on SCWS is 12 and the maximum is 60.

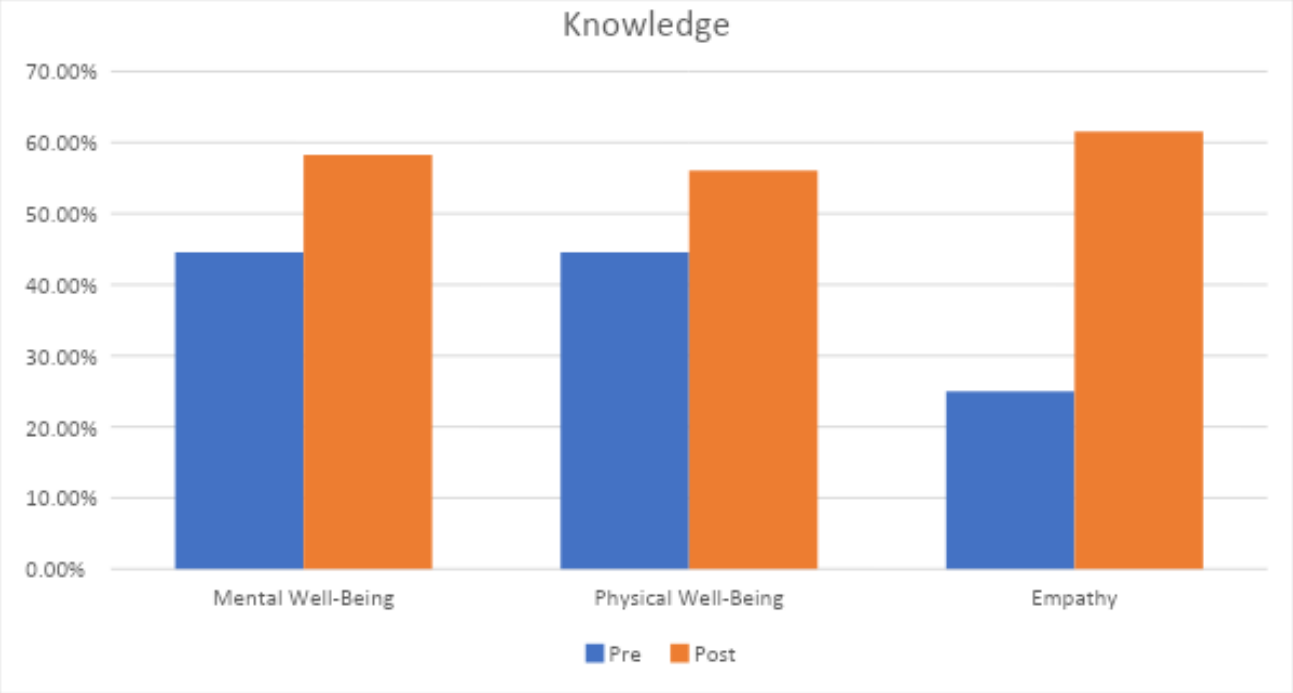



As can be seen in the above data there was no notable impact on participant well-being associated with delivery of the Mindset curriculum. The data were also run through statistical analyses and none of the changes were statistically significant ($p \leq 0.05$). It is notable that the scores were all around scale's mean average score of 44 which may be due to the sample being a general youth population sample. What this means is the sample comes from whole school year groups or classes that Mindset was delivered to, as opposed to a targeted intervention that works with young people identified as facing additional challenges to their mental health. Given this non-targeted approach the lack of change on participant well-being is potentially unsurprising. It should be noted alongside class/year group based delivery; Mindset content was used within AFCCT case work for individual young people facing such challenges. A future research consideration could be splitting up evaluation to explore this case work separately from class/year group delivery where impact on well-being may be less noticeable.

## Participant Mental Health Knowledge and Behaviours

A range of both qualitative and quantitative tools were devised to explore changes in participants' mental health knowledge and behaviours associated with the Mindset program. Participants were asked

to rate their understanding of Mental Well-Being, Physical Well-Being and Empathy, key topics within Mindset. This data is shown in the graph below.




As can be seen above there was a self-reported increase in knowledge across all the key topics from Mindset that were covered. The 13.7% and 11.5% increases in mental well-being and physical well-being knowledge respectively are encouraging and triangulates with lively discussion on these topics reported by both staff and observed by the primary investigator on site visits. Observed positive interaction between Mindset and other centralised health promotion strategies such as the Daily Mile (https://www.gov.scot/news/scotland-a-daily-mile-nation/) further supported an integrated approach to promoting mental and physical well-being within schools. The most notable change (36.5% increase) was to participant knowledge around empathy, a key concept explored and celebrated within the Mindset curriculum. Empathy is foundational to a range of pro-social behaviours associated with improved school attendance/performance and mental well-being. To add further depth to these changes in knowledge and explore related behaviours, participants were given the opportunity to explain what they do that supports their mental/physical well-being or that demonstrates empathy. Some examples of these responses from matched participant data are given in the table below.

| **Can you give an example of how you do or could look after your mental well-being?** | |
|---|---|
| **Pre** | **Post** |
| *"Unsure what to say."* | *"Chatting to people, going for a walk."* |
| *"Think positive."* | *"I talk to my parents how I feel."* |
| *"Try to calm yourself down."* | *"You could take deep breaths."* |
| *"I don't know."* | *"Mental well-being is when you realise on your own how you're feeling."* |

It was encouraging to see that participants developed their mental health knowledge, often from a limited starting point, to be able to describe clear examples of how they can take proactive steps to look

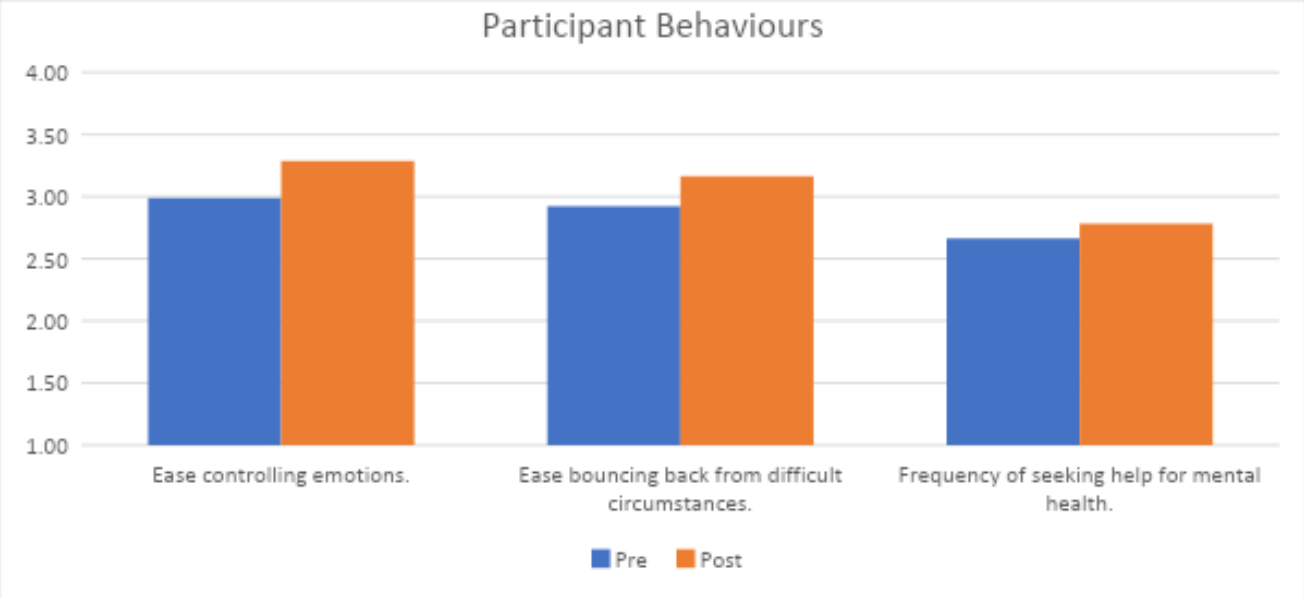
after their well-being. At times participants also demonstrated knowledge around broad elements of mental well-being, such as the importance of staying calm; post Mindset participants describe specific steps to achieve this such as using breathing exercises taught within the program.

| **Can you give an example of how you do or could look after your physical well-being?** | |
|---|---|
| **Pre** | **Post** |
| *"No."* | *"Eat healthy. Fruit and veg."* |
| *"Not sure."* | *"If you're getting fit and going to play."* |
| *"Not sure."* | *"Making sure you're healthy; exercise and good diet."* |
| *"Not sure."* | *"Go out and be active and healthy."* |

While many participants already had positive responses related to physical well-being, where participants demonstrated limited knowledge there was a clear trend toward better understandings of the importance of diet and physical activity. The reference to play, as well as exercise, is also encouraging to see as it speaks to effective communication as to the variety of ways to achieve recommended levels of physical activity.

| **Can you give an example of giving or receiving empathy?** | |
|---|---|
| **Pre** | **Post** |
| *"No."* | *"When someone understands how you feel when your upset."* |
| *"Not sure."* | *"Putting yourself in other people's shoes so you know what I feel."* |
| *"I am unsure."* | *"It's when your supportive for someone and hear them out."* |
| *"If your upset someone making you feel better."* | *"Helping someone through a difficult situation and understanding how they feel."* |

Empathy saw the biggest change in self-reported understanding and qualitative data further triangulates with this finding. Where previously many participants did not offer a clear understanding, post Mindset participants offered some eloquent descriptions of empathy and how to provide empathic support. Where broad ideas around empathy existed prior to the training, these were further developed in terms of utilising empathy within wider life. It should be noted some of these responses are particularly impressive coming within primary school level contexts. All the qualitative data exploring changes of knowledge hinted at potential behaviour changes that young people referenced regarding implementation of mental health knowledge. These potential behaviour changes were further explored within evaluation alongside participants. Participants were asked, using an agreement based Likert scale, about the how comfortable they felt controlling their emotions, bouncing back from difficult circumstances, and seeking help related to mental health. The data from these questions are presented below with 1 representing the most negative response (very difficult/never) and 5 representing the most positive (very easy/all the time).




There were positive increases across all measures and while, as previously mentioned this data does not relate to validated scales, statistical analysis was utilised to explore patterns. Statistically significant positive changes with moderate effect sizes were seen in terms of 'Ease controlling emotions' ($p \leq 0.004$; $r = 0.30$) and 'Ease bouncing back from difficult circumstances' ($p \leq 0.005$; $r = 0.29$). Again, these changes must be caveated with the non-validated measures used, but these positive changes are encouraging regarding potential uptake of positive behaviours by Mindset participants. Further, more targeted research could explore these changes in more depth. 'Frequency of seeking help for mental health' saw a statistically non-significant positive change with a small effect size ($p \leq 0.301$; $r = 0.11$). Despite the lack of change on this element, it was encouraging to see that 15 participants post Mindset felt they could speak to AFCCT coaches when they needed help or emotional support, compared with only 3 pre Mindset courses. This fivefold increase represents a new social support structure that AFCCT coaches developed within schools which further supported not only Mindset, but the individually targeted case work already mentioned within this report. An example of this was seen on the primary investigators site visit where a young person made their way to the AFCCT office straight after being excluded from class to calm down and discuss what happened. The value the young person clearly saw in the social support offered by the AFCCT coaches was on clear display and highlighted the office as a safe space within school for such individual case work to be carried out.

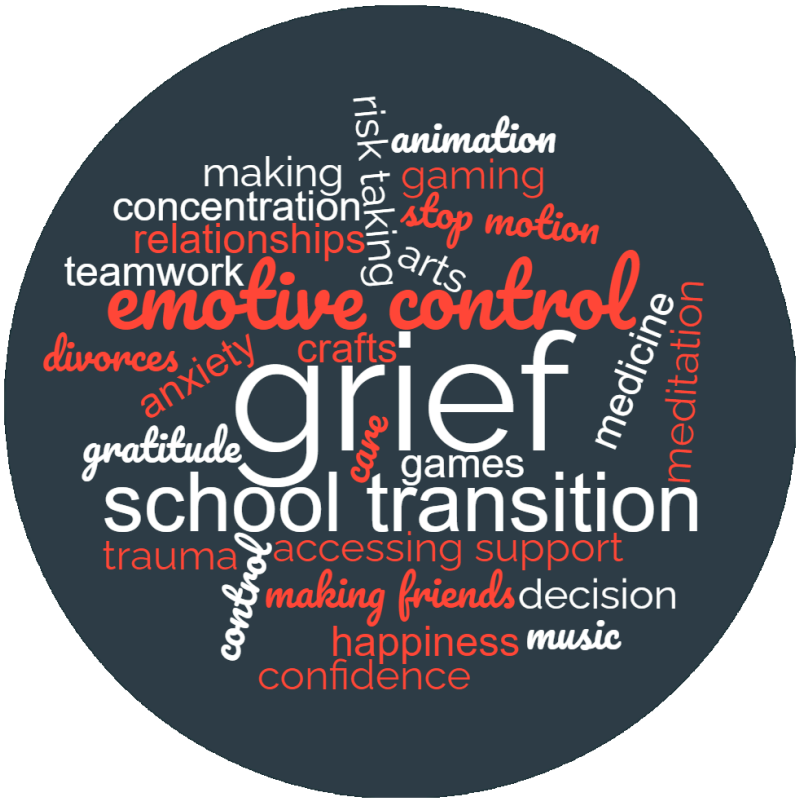
## Participant Satisfaction

Participants were surveyed across a range of measures to explore their satisfaction with the Mindset programming. The sample size of this group is higher ($n = 119$) as non-matched post Mindset data was able to be used as for these single time point questions.

| **Mindset participants felt they….** | |
|---|---|
| …now have a stronger Mindset. | 73.73% |
| …were more physically active. | 65.25% |
| …now have a better understanding of mental well-being. | 64.41% |
| …had fun. | 92.37% |

| | |
|---|---|
| …would do Mindset again. | 76.27% |

Participant satisfaction was broadly high with ⅔ of participants recognising improved knowledge/behaviours around mental and physical well-being corroborating previous findings on improved knowledge and adopted behaviours. Importantly almost all participants had fun through the Mindset program, an integral element in a school delivered mental health curriculum. Over ¾ of participants would do the program again which supports further discussion around a progressive approach to the curriculum in the future, for example a primary school-based Mindset, followed by a secondary school-based Mindset delivery. Alongside these positive satisfaction scores participants were given an opportunity to offer topics from their lives they would be interested in exploring in future Mindset courses. A range of topics for consideration at the next review of the curriculum are presented below in the form of a word cloud, the bigger the word/phrase the more frequently it was reported.




As can be seen the most frequently raised topic for consideration in future Mindset curriculum was how to address *grief*. This should be addressed at the next review of curriculum content given the frequency that participants brought it up. Another range of topics were brought up (*anxiety, making friends, risk taking, trauma, divorces, school transition*) could also warrant further discussion, potentially within existing curriculum items. Interestingly participants also mentioned methods of delivery (*music, animation, stop motion, gaming*) that could be considered. While Mindset is by its very nature focused on football/soccer, incorporating creative elements such as arts or music could broaden the program's appeal especially when delivered across whole year groups.

Participants were also asked if they had anything else they wanted to share about their experience of the Mindset program with a range of broadly positive responses that highlight what Mindset meant to participants:

***"It helped a lot in class and outside school."***

***"I loved it, my coach was very supportive, fun, and funny."***

***"It gave me more insight into other people's feelings."***

These participant quotes highlight the positive experiences they had at Mindset and are further associated with a word association exercise. Participants were asked to sum up their experience at Mindset in three words and the data gathered in this exercise are presented below in the form of a word cloud. As with before the bigger the word/phrase the more frequently it was reported.


Overall participant data was very positive despite the lack of change in well-being associated with the Mindset curriculum. While well-being did not change, the non-targeted cross year group approach of delivery seems to account for this and informs future exploration of AFCCT's more targeted case work's impact on well-being. The lack of any negative impact on well-being is also noteworthy suggesting the Mindset program is safe despite covering potentially distressing or difficult topics. Across the year group delivered Mindset, positive changes were seen across a range of knowledge and behavioural elements of mental health. In this regard Mindset seems to have been very positive for participants as further seen by high satisfaction scores and encouraging qualitative feedback.

## Teaching Staff Survey Feedback

Teaching staff perspectives of Mindset from partnered schools were initially gathered through use of an anonymous online survey. In this survey participants were asked to rate agreement (Yes/No/Unsure) on statements about Mindset as well as asking open ended questions about different elements of the program. Data from 4 teachers across multiple schools are presented below.

| | |
|---|---|
| I believe participants learnt new skills through Mindset sessions. | 100% |
| I believe Mindset sessions helped participants understand mental well-being better. | 75% |
| I believe Mindset sessions had a positive impact on participants. | 75% |
| I would recommend Mindset to other colleagues/organizations. | 100% |
| I would like to see Mindset continued at my institution. | 75% |

Teacher satisfaction with Mindset was broadly high with all teachers surveyed stating they would recommend it to other colleagues or organisations. Teachers also recognised the transfer of new knowledge and skills that triangulates with participant data presented previously, further strengthening these claims. These high levels of teacher satisfaction were also represented within data gathered through open ended questions.

*"It gave them a good insight into well-being and how to deal with issues in school. I think it helped them to talk about their goals and well-being."*

*"I believe the Mindset program has helped my pupils think about their own mental being as well as that of others. Through the different sessions, I believe they came to understand that everyone has their own emotions and things going on in their life, therefore we should treat each other with kindness in order to help others. Similarly, Mindset has also helped my pupils manage their own emotions and talk to me about things that are troubling them as they now have the confidence to do so."*

*"They remember what they were taught each week and gave very good examples showing their understanding. The participants really got involved and were happy to take part it made some of them think about how their actions affected others."*

*"I currently teach a P6 class and truly believe the Mindset program has helped them all in different ways: growth in confidence, managing their own emotions as well as that of others, communication, teamwork, a sense of community and belonging, strengthening and expanding one's friendships groups etc."*

These responses from teaching staff further corroborate encouraging findings within participant data, especially around developing positive mental health knowledge and behaviours. It is especially notable how discussions of empathy are so present within teacher responses, again aligning with participant data. Alongside exploring perceptions of Mindset teachers were also asked about any changes or additional topics they would like to see.

*"I would love some longer sessions, if possible, I think it's rather tricky to cover a session in an hour, so maybe afternoon slots that last an hour and a half or so may be more beneficial? "*

*"Combine in some way so this was not a one off set of lessons."*

*"It might be good to have catch up lessons maybe once a term following initial input."*

*"Potentially have some 1 to 1 sessions with pupils."*

All the suggestions offered by teachers were focused on the structure of Mindset. The Mindset content is highly valued, but teachers recognised the challenges of covering some topics within a single hour long class. In a similar vein, teachers were interested in a more integrated approach that could reinforce lessons across multiple terms to ensure sufficient time is given to topics. The suggestion around 1 to 1 session is interesting as case work like this is an active part of AFCCT delivery within schools. It is possible this was not the situation in this school (the anonymous nature of the survey makes it impossible to distinguish). It could also be that the case work was not viewed as linked in with Mindset despite the frequent use of Mindset curriculum items within individual support. The value in such case work was seen within site visits and is further supported by these teacher comments. Teachers also offered a range of topics they would like to see considered in future Mindset delivery which are listed below.

- **Transitions (e.g. primary to secondary school, school to work, other life events)**
- **Mindfulness**
- Coping with change
- Bullying
- LGBTQ+
- Peer pressure

These items are all worthy of consideration within future Mindset curriculum review, most notably those listed in **bold** as these, or similar items also appeared within participant data.

## Teaching Staff Interviews

Alongside the anonymous surveys teacher perspectives were also collected via semi-structured interviews with the primary investigator. Interviews were conducted with two teachers from two separate schools based on open ended questions around aspects of Mindset and its delivery and lasted a combined total of 1 hour and 6 minutes. The interviews were transcribed, and a few key themes emerged: **Impact on Participants, Safe Spaces, What Next,** and **Integration/Duplication.** Data and themes from the teacher interviews are presented and discussed below.

**Impact on Participants**

The two interviews conducted allowed for in depth exploration of teacher perspectives of Mindset, including the impact it had on participants. Teachers reported seeing positive changes in relation to behaviours and seeking advice, triangulating with previously described participant data.

*"It helps them make better positive choices, because they've got something to relate back to thinking of what did we speak about during Mindset? […] And the fact that the kids will often come up to AFCCT staff out with the sessions and asked for their advice, that shows an impact."*

One of the biggest changes seen within participant data related improved understanding around the concept of empathy and how to practice it within wider life. One example offered during teacher interviews supported this conclusion and gives an example of participant empathy in action.

*"In one of the classes we have a young man who is on the autistic spectrum, and he comes to class often wearing his ear defenders and he's quite happy to sit and work on his own. That would usually be what he would choose to do but I had said we're going to be in teams and I want everybody in the team to*

*have a shot and he threw himself into it. But not only that, the people on his team, one of our key words, was empathy, and they were so empathetic. The activity involved drawing a picture on the board, but he couldn't see the board and his team had to describe to him how to get the drawing onto his bit of paper. And normally when kids are doing that, there's five voices all shouting. But they took it one at a time, and then they let it sink in for him and I never heard a raised voice from them. And that really stuck in my memory. Both how he was willing if put himself forward, which says a lot about him, but also what the others learned about well, if I'm working with him, I need to do certain things and they were really empathetic, maybe without kind of realizing that that they were being. […] I actually gave all of them in praise postcards for that and it really stuck out in my memory that particular incident. But I think it would be true to say that most of the groups had somewhat similar things going on with them."*

This observed demonstration of empathy not only bolsters previous findings but offers a real life example of the value and positive impact developing participant knowledge around empathy. Importantly these positive behaviours were recognised and further celebrated by school teaching staff reinforcing Mindset learnings. The opportunity to for positive achievements, and its subsequent celebration within Mindset was also highlighted as an important positive impact for the program. Teachers highlighted this was especially true for participants who may not otherwise get many opportunities for such praise.

*"And I think some of our pupils that we work with a lot of what they're going through is very negative and they don't get a lot of praise. And they also don't voluntarily opt into things like clubs and groups. So when they're put into something in Mindset that they have to do and they actually end up liking it, too. I mean, they get involved and think this is actually great. And then they get at the end, they're proud of it, they're proud of themselves."*

The opportunity to achieve, receive praise, and feel pride was reported as an important impact for Mindset participants. Within the same interview the staff member also described how Mindset certificates were never left behind at the end of a course demonstrating the value held by participants in their achievements at Mindset. The opportunity to achieve and boost individual self-efficacy aligns with wider mental health literature, especially for individuals who have limited chances for such achievements as described within this interview.

**Safe Spaces**

Another theme that emerged clearly within teacher interviews was observations around the safe space that AFCCT coaches facilitated within sessions. Coaches enabled this by sharing qualified examples from their own life related to Mindset topics in a manner that demonstrated vulnerability, controlled for power dynamics, and encouraged open discussion.

*"The AFCCT coach spoke about some of their things and personal life that had, you know, that tested them and their resilience and their motivation. They used good examples that were able to be a bit of an inspiration for some of these kids. […] This is what I've gone through and this is how I've tackled it, and then relate it to the content that's been taught. So yeah that was really good. And the kids then felt like they knew the coaches as well, so they were more likely to come up and speak to them at work."*

Facilitating such safe spaces seems to have allowed AFCCT coaches to fulfil different roles to teaching staff enabling different kinds of positive discussion especially around topics such as mental health.

*"I think it bridges the gap […] it kind of maybe makes the kids feel like they're more of a you know, more somebody to go and open up. They can have different conversations with then they then they would with teaching staff."*

These safe spaces within Mindset session also translated to outside of the classroom enabling both individual casework that AFCCT staff undertakes and supporting students when they are especially struggling. In this manner teachers described how valuable AFCCT staff were to the school supporting students in crisis or about to walk out, often using and/or referring back to Mindset curriculum items or behaviours.

*"But I personally have relied on AFCCT coaches on a number of occasions, when a kid's having a bit of a tough time, needs that space, and needs that person to listen to them."*

*"That can provide that service to the kids where they're there to bring them down from that heightened state and get them back on track and meaning that they don't just leave the building and they don't just end their day there and then."*

The value placed on AFCCT coaches, the safe spaces they facilitate, and use of Mindset items outside of sessions was very apparent within interviews with teaching staff. The ability of hold a safe spaces is fundamental within all kinds of work related to mental health and is something that AFCCT staff appear very skilled in doing. This skillset and the training/experience that has enabled it, should be a vital consideration within future iterations of Mindset and AFCCT work with local schools.

**What Next**

One theme related to the delivery of Mindset was the question of 'what next' in terms of consolidation after the delivery of the curriculum. Teaching staff described how, while Mindset was very positive, the lack of any continuation was challenging.

*"And it just feels like it would be more beneficial if they continued on the program until the end of their 4th year. Or potentially even the 4th year supporting younger kids on the program and almost being mentors for it, because they've gone through the program. I don't know, but it feels like it comes very abrupt end and its like, oh, back you go to 4th year."*

Mindset is delivered across a range of age groups as such the specifics of this example may not apply in all situations, but the '*abrupt end*' was an element discussed across both teaching staff interviews. The lack of continuation or continued reinforcement was also identified as a concern in terms of not maintaining positive knowledge/behaviour changes in the longer term.

*"So previously to that we only had is S1 and S2 (age groups) doing Mindset for a number of years. And what we saw was particularly, you know, some pupils who could not quite check their behaviour, but having that extra support, having that extra person to speak to, knowing that people would be on their back, could kinda toe the line a little bit better across the board. But then they would go into S3 and that support was taken away and then we would see old problems rearing their head."*

The abrupt end of Mindset and AFCCT support in these instances seems to have led to a loss of positive behaviour changes achieved with participants. Exploration of continued (potentially targeted) support for Mindset participants is suggested as an important aspect for consideration within future delivery.

**Integration/Duplication**

The final theme referenced within teaching staff data was discussion around Mindset's integration within schools. This was discussed in a very positive manner and the integrated roles of AFCCT staff in supporting students has already been outlined. One suggestion that emerged was developing shared language around Mindset within the wider school, especially in terms of guidance staff being able to reference back to curriculum items.

*"I can remind them (students) about being a good listener by taking it back to remember that Mindset activity we did. How hard was it when everybody was shouting at once and that kind of thing? And I think if more staff knew about that in terms of the Mindset, the more you have a common language, the more in people kind of get on board with it."*

Mindset is already being integrated into the school with guidance staff being able to refer back to curriculum items and learnt behaviours. The suggestion to develop this integration wider into school delivery language and policy speaks to the value placed on Mindset within the school. Future Mindset trainings for school staff (sympathetic to their workloads) could help further integrate the curriculum and boost wider impact, knowledge/behaviour change, and partly address aforementioned continuation challenges. Further integration steps could also help to avoid potential duplication of work carried out within other school programs.

*"Some of the winning word, some of the key kind of workshops, maybe. It wasn't that they weren't appropriate, but they maybe didn't quite hit in the same way. [..] And yeah, I think that when they probably do cover that topic a bit more in their PSC, so they almost came in with pre prepared answers, if you know what I mean? Like it felt a little bit felt like they've done that one before."*

Further discussions around integration within schools could avoid such duplication or align language so such sessions reinforce one another. Overall teacher perspectives of Mindset were very positive particularly around its impact on participants and the safe spaces enabled by AFCCT staff. Suggestions related to further integration of the curriculum within schools enable potential optimization of future Mindset delivery while also demonstrating the value seen by teaching staff and AFCCT partnered schools.

## AFCCT Coaches Focus Group

AFCCT coaches are a valuable source of data regarding Mindset that can offer insight no other source can. While their vested interest in the project should be noted, this does not invalidate the data coaches can provide especially when reviewed in combination with participant and staff data. To best explore AFCCT coach perspectives of Mindset an online focus group was conducted by the primary investigator in December 2021 with 7 AFCCT coaches working in multiple schools. The focus group was transcribed, and several key themes emerged (including themes that matched with teacher interview data): **Impact on Participants, Safe Spaces, Time, Order/Suitability,** and **What Next.** Data and themes from the focus group are presented and discussed below.

**Impact on Participants**

Coaches offered insight into the kind of impact they had seen on young people both within Mindset sessions and more broadly in and around school.

*"I was actually surprised at how much the young folk got of it, and how much they also admitted they never discussed things like this before in school."*

*"I think the winning words were a great pointer towards a lot of conversations and I think when you start unpacking each word, empathy was huge one that I think a lot of them still want to focus on and talk about a lot because they can point to their experiences. And I think for those winning words, you get the debate, you get the discussion that wouldn't happen in the playground and wouldn't happen in the lunch hall. "*

*"One example 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 just that was massive. But you know, he stood up in class and spoke about having decide about whether he could manage the funeral or not, if he was well enough to go, and the support and the empathy he got back from his classmates was extraordinary."*

AFCCT coaches presented clear examples of the impact Mindset was having for young people especially in terms of being able to openly discuss important mental health elements that there is otherwise little space to discuss in school. This correlates with both participant and staff data and further supports key findings related to positive changes in mental health knowledge. The example of class empathy for a young person being open within a session about grief provides a lived instance of the changes to participant perceptions around empathy seen in previous data. The unique space provided within Mindset sessions for important discussions seems to have been highly valued by participants, to the point where in some schools it was a part of the curriculum that younger students looked forwards too.

*"Our primary fives, they're not doing Mindset, they know it's about mental health, because they see it in the room and know the older ones enjoy it. And like it's actually like something that they're now really want to do when they're older. And that used to be the football thing, you know, when are you going to take me for football, it's now where are you going to take me for Mindset, and which is a real culture change in our school."*

This '*culture change*' within a school seems to allude to the impact Mindset has had on young people exposed to the program and how they have subsequently discussed and acted upon what they learnt within the school. Through this indirect exposure younger students have started to look forward to accessing Mindset themselves as something much more valuable than a football class.

**Safe Spaces**

Another element that consistently emerged from coach perspectives of delivering Mindset was the safe space that developed around sessions and the value students found in this, mirroring data from teacher interviews.

*"Over the six months at that assembly hall at our school became the safe space for young people on a Wednesday pop down and talk about their mental health. And, you know, it just became a kind of habit. And I think that's what I found was the most valuable thing."*

*"I think the biggest thing I've taken from it is the facilitating of discussion and debate that I don't know would always happen in a classroom setting. And I think my classroom did become that period a week where they could come and chat somebody, and they knew that they maybe would get challenged on a point they made, but it would be in a safe space where everyone was listening."*

These safe spaces offered lessons around mental health, but also a place for discussion, openness, debate, sharing, and listening. Access to such a space is an important contributor to positive well-being that is often taken for granted until it is lost and is foundational to successful transfer of mental health knowledge. The home is not always a safe space and having consistent access to such a space within a school setting can help to mediate for this. Coaches also offered insight into how they implemented such spaces within Mindset sessions.

*"So, automatic pushback against the authority is dropped with us being able to show that level of vulnerability, giving a lot of yourself. Think it was probably one of my first sessions I did by myself, was the prioritise one and being able to put my own life up there and ask them to help, in almost like they were helping me with something meant that they were more open to coming to me to ask them for help themselves. And we can do that in a very, very different way, to a teacher."*

Coaches being open and offering lived examples of their own experiences seems to have facilitated more openness and willingness to share within Mindset sessions. This participatory facilitation is well established in wider research as an important component of structured mental health programs, as well as referred in teaching staff data. This element alongside AFCCT coaches' positions within schools seems to have offered a different power structure than normally available in class and may have accounted for the kinds of discussions previously reported. It should be noted these safe spaces and coach behaviours were also apparent within observed individual case work. As mentioned previously students saw the AFCCT office as somewhere they could go for advice or a listening ear when they were struggling, and it was noticeable outside of sessions how often students would engage with AFCCT coaches, checking in and letting coaches know how they were getting on. The comparable use of safe spaces in year group, and individual work, highlights these different but complementary uses of the Mindset curriculum within AFCCT partner schools. The process of training that led to the AFCCT coaches delivering such effective safe spaces should be audited and formalised to support wider implementation of Mindset in the future.

**Time**

Separate from observations around impact on participants, coaches also offered invaluable insight as to implementation of Mindset. Session timing emerged as one of the most consistent themes in discussion.

*"To start with, we probably thought that an hour would be a lot and maybe even too much but the more that we're doing it the more, I'm realising that needs to be a full afternoon class or hour and half, two hours potentially for wanting to make the most impact possible per group."*

*"You know, we're talking about we're talking about not having enough time in our session sort of can't rectify that issue. Because obviously, it's not just about, us, it's about the schools and what time they can afford us to work with young people. So, if we can't rectify that issue, then do we factor in sort of weeks where you just, you know, it's not a new winning word, but it's a recap of the first three."*

The Mindset curriculum offers in-depth lessons and activities related to mental health but fitting all content into time slots available to AFCCT coaches presented some challenges. This was an especially interesting observation given it aligned with feedback gathered from teachers. One of the solutions suggested by coaches also mirrored that of teachers in terms of planning sessions within the curriculum that repeat, recap, or allow for reflection on previously taught sessions. This could overcome these

challenges without making any additional demands on the school timetable. Such ideas warrant consideration in the next Mindset curriculum review.

**Order/Suitability**

The other key themes related to implementation were around session ordering and suitability across all age groups. In terms of ordering there was some discussion around certain sessions that help with the facilitation of Mindset should appear earlier within the curriculum.

*"Having control quite early on, for example, was really important, because the young folk we target generally do have kind of issues with resilience and anger and that sort of thing as well. So having that week to maybe easier because, you know, otherwise it's like you're losing your temper, and we'll talk about that in week four. You know, what, actually, it might be better to look back the way, you know, and say remember, week two we discussed the three T's and embedding that in."*

*"The purpose of our session is about a safe space, being respectful. So, embedding control early on would be great."*

The most notable example of this was the 3 T's session on emotive control. This is a session designed to teach participants skills to help them remain in control of their emotions in the face of stressors or other challenges. It was identified by coaches that teaching this early on would enable its use in sessions were a participant may have a strong emotive response, both improving that participants enjoyment with the session and mitigating disruption. Such a reordering would be very easy to enact and could further strengthen the Mindset curriculum. Further consultation on changes like this with AFCCT coaches based on their experiences delivering Mindset could prove valuable. Alongside this reordering there was some question around topic suitability for a couple of sessions, especially for the youngest participants.

*"But for me, sometimes, during some of the sessions, I found that what I was, you know, delivering, I was like, is this the right level for this particular year group?"*

*"I just that word consensus, I think the theme makes sense. But is that a word that really clicks with primary six and seven."*

Mindset is currently being delivered across a range of ages and it did seem within the focus groups that certain topics seemed to have landed differently across age bands. The primary investigator was made aware of behind the scenes work at GRS about a potential primary school and secondary school versions of the curriculum being developed. Further consultation with AFCCT coaches could greatly help this process through identifying which sessions are landing best with which age groups. In a similar vein consultation with AFCCT coaches could help explore any language barriers with specific words for younger age groups. These points are by no means significant challenges to the Mindset program, the positive impact of which has been demonstrated throughout this evaluation. These themes are highlighted to allow for further optimisation of the program and to draw attention to the invaluable role AFCCT coaches could have in this process.

**What Next?**

One final implementation theme that emerged from the focus group was the question of what young people have access to upon completion of Mindset to further support and consolidate positive changes. This theme directly mirrors a theme within teaching staff feedback previously presented.

*"The question around a sort of legacy, that what next? You can make such a big impact, but if after 12 weeks, its then getting taken away? You could end up in a negative situation, and especially when we're talking about opening up, speaking to people, support, then like see you later."*

This concern around the 'one off' nature of Mindset was also raised within teacher feedback and, as highlighted, losing access to a consistently delivered safe space could be a negative experience for students. Exploring mitigation strategies to counter this could be a worthwhile exercise at future Mindset curriculum reviews and the focus group involved discussion around what this could look like with ideas such as flash cards, a Mindset App, a binder built up through the program, signposting to other services, and/or ongoing discussion groups within school.

# Conclusion

## Key Outcomes

This mixed method evaluation has engaged with a range of different stakeholders to provide an in depth exploration of the Mindset mental health program as delivered by the Aberdeen FC Community Trust in collaboration with Grassroot Soccer. The evaluation clearly presents the positive impact of Mindset and how much it is valued by participants and partner schools. A summary of the key outcomes of this evaluation.

- Mindset does not impact directly on the mental health of participants. This is perhaps unsurprising given its non-targeted approach working with whole year groups (reporting average baseline well-being measurement) rather than specific groups struggling with their mental health.
- Mindset does improve participant's knowledge around mental and physical health. This includes skills and strategies related to self-care outside of sessions.
- Mindset especially develops participant knowledge and behaviours related to empathy.
- Mindset supports positive behaviours related to mental health, notably emotional control and the ability to bounce back from difficulties.
- AFCCT coaches deliver Mindset in expertly facilitated safe spaces that are highly valued in the school context.
- Mindset enables group discussion around mental health not available elsewhere within school.
- AFCCT coaches utilise Mindset in a targeted manner for individual case work with students facing significant challenges in school. This supports his highly valued by schools and teaching staff.
- 100% of teachers surveyed would recommend Mindset to colleagues or other institutions.

## Recommendations

On top of these key outcomes, a number of recommendations for Mindset's further optimisation emerged within this evaluation.

- Different uses of Mindset should be clarified, namely its year group wide mental health education format, contrasted with its use in targeted individual case work.
- Future monitoring and evaluation should target outcomes according to the above division.

- An audit of the AFCCT and/or GRS training that has led to coaches delivering such effective safe spaces should be undertaken to facilitate these in future iterations of Mindset.
- At the next Mindset curriculum review the following should be reviewed, if possible, with AFCCT coach consultation:
    - Explore inclusion or prioritization of repeat/reflection sessions to account for timing challenges (elements of this may already exist within the curriculum but were deprioritized due to timing pressures).
    - Explore optimal ordering of curriculum items.
    - Explore differentiation of curriculum item engagement based on age.
    - Explore potential follow up assets for Mindset graduates.
- At the next Mindset curriculum review explore the inclusion of the following topics (either as a standalone or within existing curriculum items):
    - Transitions (e.g. primary to secondary school, school to work, other life events) including linking back to relevant topics/behaviours already covered.
    - Mindfulness/meditation.
    - Grief.

Overall, the Mindset program run by AFCCT, and GRS presents an innovative and impactful approach to mental health education within Scottish schools. The curriculum provides a strong framework for such an approach while the work of AFCCT coaches should be lauded in terms of its delivery and implementation of a safe space. The value placed in Mindset by participants and partner schools is clear and the findings of this evaluation provide the foundations for further optimisation and proliferation within Aberdeen and other parts of Scotland.

***"The coaches were very nice, and I had a lot of fun during the program. I would do it again!"***

GRASSROOTSOCCER

MINDSET.
FEEL. THINK. DO.

ABERDEEN FC COMMUNITY TRUST

# 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.[1]

Recent data[2] 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.[3]

## 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

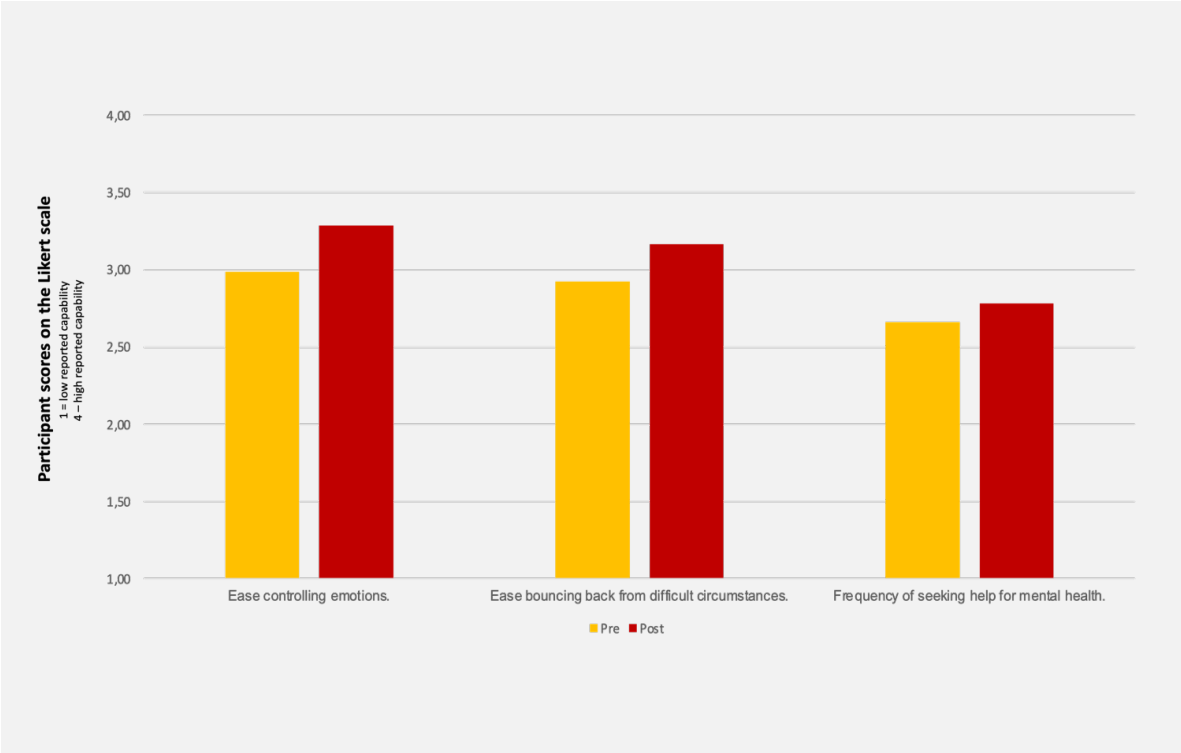
**Participant** surveys were completed by 138 adolescents (92 matched pre/post surveys and 46 single time-point surveys). Surveys assessed participant well-being, mental health knowledge and behaviors, and program satisfaction, and also incorporated open-ended questions to contextualize quantitative 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).[4] 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.[5]


**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

## *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[6] — 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

[1] 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.

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

[3] 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

[4] 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.

[5] Cohen, J. (1988). Statistical power analysis for the behavioral sciences (2nd ed.). Hillside, NJ: Lawrence Erlbaum Associates.

[6] 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