

ROAR Evaluation, 2010

Background

From January to June 2010, Saskatoon Health Region (SHR) partnered with the Saskatoon Public School Division (SPSD) and the Canadian Public Health Association to adapt, deliver, and evaluate a school-based mental health promotion program. The program was delivered to grade six classrooms in five elementary schools involved in SHR's Building Health Equity (BHE) program. These schools were selected for the program based on the 2006/07 Student Health Survey, which revealed significant differences in mental health in the BHE schools compared to other schools in Saskatoon.

The mental health program, 'Resilience. Opportunity. Attitude (Self-Talk). Reflection.' (ROAR), focused on promoting positive mental health and resilience. ROAR included three components: ROAR-S (Students) reached 127 grade six students in a total of six classrooms and consisted of 11 weekly modules; ROAR-F (Family) targeted caregivers of ROAR-S students, and each school hosted an average of two sessions, reaching a total of 42 caregiver participants; and ROAR-C (Community) was to be implemented in later phases of the program and was intended to target the surrounding communities. ROAR-S and ROAR-F sessions were facilitated by both SPSP and SHR staff.

Our purpose

The primary aim of this evaluation was to explore processes and short-term outcomes associated with ROAR.

The short-term outcomes of ROAR-S were that students would enhance reflective skills, strengthen resilience, increase skills to positively deal with stress and negative self-talk, and improve mental health literacy.

The short-term outcomes of ROAR-F were that caregivers would have an increased understanding of ROAR-S, an increased understanding of their children's developmental stages and needs, and increased skills to prevent major conflict and promote harmonious relationships.

What we did

We evaluated ROAR with quantitative and qualitative methods, including: a document review, observations, a written student survey, evaluation murals, interviews with staff, and an oral caregiver survey. Some components

of ROAR were based on the Resourceful Adolescent Program (RAP), so the developers of RAP also evaluated ROAR content.

How we interpreted the data

All findings across methods were compared and contrasted to determine consistencies and inconsistencies. Also, outcomes were categorized as follows:

- Minimal (rated 1-2.4 by staff members, with limited reinforcing data from surveys / mural),
- Moderate (rated 2.5-3.7 by staff members, with some reinforcing data from surveys / mural), and
- Large (rated 3.8-5 by staff members, with substantial reinforcing data from surveys / mural).

What we found

The majority of students enjoyed ROAR-S, as indicated by their murals and survey responses. ROAR-S enhanced students' personal reflective skills since results revealed moderate improvement in their journal participation, although there was minimal improvement in verbally sharing their thoughts. Students experienced protective resiliency factors, with results that revealed moderate improvement in identification of things they were good at and a sense of connectedness to each other. However, ROAR-S had minimal impact on students' confidence levels and ability to consider others' perspectives. Students demonstrated knowledge of some mental health terms and moderate improvement in their abilities to recognize positive problem-solving strategies.

"I learned how to calm down when I'm stressed." - Student, ROAR-S Survey

ROAR-S brought about some unanticipated positive outcomes such as students became acquainted with small group work and facilitators deepened their relationships with the students.

For ROAR-F, the schools experienced high variability in program structure and content. However, ROAR-F improved relationships between caregivers, schools, and facilitators across the schools. ROAR-F also familiarized caregivers with what their children did in ROAR-S.

"ROAR-F was a success as families connected to each other and built relationships, which is the foundation to everything we do."- Community School Coordinator

Finally, ROAR-S and -F strengthened relationships among local partners in Saskatoon. SPSP and SHR continue to work together on mental health promotion programming in the schools. In addition, ROAR allowed for some support personnel in the schools to be more strongly engaged and better integrated into the classroom environment (e.g., nurses, social workers, counselors, educational assistants, etc.).

Future Programming

ROAR was developed and implemented in an extremely short time frame. This process led to a shared vision amongst stakeholders about future programming, which would include the following elements.

- Enhanced mental health support for BHE schools should still be a priority in the future.
- Schools should work towards a whole-school, team-based approach.
- The target audiences should be younger and older children in the BHE schools and their caregivers.
- Future programming should have a strengthened evidence-base, consistency, and clear roles and responsibilities.
- All program facilitators should receive small group facilitation training prior to the program beginning.
- The partnership between SHR and the schools should be maintained.
- External funding assists in program planning, implementation, and evaluations. However, the partners should work towards a sustainable model of delivery.

Recommendations

The results of this evaluation were used to inform a number of recommendations.

- Continue incorporating mental health promotion into schools through a community integrated model.

- Begin mental health promotion programming in the fall / winter, rather than the spring.
- Incorporate mental health promotion program into more than one classroom in each school.
- Aim for high level of consistency across the schools.
- Communication and resources should be centralized.
- Continue seeking funding for the program.
- Set up guidelines on referrals to health services.
- Enhance partnership with Mental Health & Addiction Services (MH&AS), Saskatoon Health Region.

Limitations

Some of the limitations of this evaluation include: lack of a comparison group; outcomes are subject to social desirability bias and recall bias; and there were no baseline data. Moreover, future evaluations should consider the long-term impact of mental health programming in the BHE schools since only short-term outcomes were assessed in this evaluation.

Conclusion

Since the development and delivery of ROAR, enthusiasm and momentum for promoting mental health within the school setting has grown considerably. One of the primary benefits of implementing ROAR was the strengthened partnership between SPSP and SHR, which continues in the area of health promotion in the school setting. Future shared programming should continue to emphasize the importance of evaluation.

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