

Last reviewed: February 2023

Intervention website: <https://www.hse.ie/eng/about/who/healthwellbeing/hse-education-programme/training-and-resources-for-post-primary-school-teachers/mental-health-training-and-resources-for-post-primary-school-teachers.html>

GUIDEBOOK INTERVENTION INFORMATION SHEET

MindOut

Please note that in the ‘Intervention summary’ table below, ‘child age’, ‘level of need’, and ‘race and ethnicities’ information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
Description	MindOut is a school-based intervention for children between the ages of 15 and 18. It is delivered by a teacher to groups of 20 to 25 students for 13 weeks.
Evidence rating	3
Cost rating	1
Child outcomes	<ul style="list-style-type: none"> Supporting children’s mental health and wellbeing <ul style="list-style-type: none"> Improved social and emotional development Improved mental health.
Child age (population characteristic)	15 to 18 years old
Level of need (population characteristic)	Universal
Race and ethnicities (population characteristic)	Not reported

Foundations Guidebook – Intervention information sheet

Visit the Foundations Guidebook | www.foundations.org.uk/guidebook

Intervention summary	
Type (model characteristic)	Group
Setting (model characteristic)	Secondary school
Workforce (model characteristic)	Teacher
UK available?	No
UK tested?	No

Model description

MindOut is a universal, school-based intervention for adolescents aged 15 to 18, aimed at improving social and emotional skills and promoting positive mental health and wellbeing. It is delivered by teachers in secondary school settings and consists of 13 interactive sessions, typically implemented over 12 weeks within a 35- to 40-minute class period. Suitable for transition year or 5th-year students, the intervention engages groups of 20 to 25 students through active learning techniques, including discussions, games, group work, and scenarios.

MindOut covers topics related to psychoeducation, social and emotional learning, and mindfulness, focusing on skills such as self-esteem, coping, empathy, and communication. Sessions incorporate video clips to illustrate weekly topics, and each concludes with a 'Practice at Home' activity, encouraging students to apply their learned skills outside the classroom.

Target population

Age of child	15 to 18 years old
Target population	Universal

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.



Theory of change

Why		Who	How	What		
Science-based assumption	Science-based assumption	Science-based assumption	Intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
Teenagers between childhood and late adolescence have a range of mental health needs.	Social and emotional skills promote positive mental health and wellbeing and protect against negative problem behaviours and poor mental health outcomes.	Young people aged 15 to 18 years old.	MindOut teaches young people a range of SEL skills including self-esteem, coping skills, empathy, communication, and problem-solving which promote positive wellbeing and protect against negative mental health outcomes.	In the short term, young people build their awareness of, and ability to apply, skills across the five core SEL competencies (CASEL) including self-awareness, self-management, social awareness, relationship management, and responsible decision-making.	In the longer term, young people have increased mental wellbeing outcomes.	The young people have a reduction in poor mental health outcomes including stress, depression, and anxiety.



Implementation requirements

Who is eligible?	Students aged 15 to 18 years old who are enrolled full-time in either 4th (transition) year or 5th year.
How is it delivered?	MindOut is delivered in 13 sessions of 40 to 60 minutes' duration each by teachers, to groups of 20 to 25 students.
What happens during the intervention?	<ul style="list-style-type: none"> • MindOut is suitable for 4th (transition) year or 5th year pupils and is designed to be implemented within a single 35- to 40-minute class period over 13 weeks. • MindOut uses interactive learning methods and sessions cover topics related to psychoeducation, social and emotional learning, and mindfulness, focusing on skills such as self-esteem, coping, empathy, and communication. Sessions incorporate video clips to illustrate weekly topics, and each concludes with a 'Practice at Home' activity, encouraging students to apply their learned skills outside the classroom.
Who can deliver it?	The practitioner who delivers this intervention is a teacher who has attended a one-day comprehensive training session, delivered by a Health Promotion Officer (HPO) from the Health and Wellbeing Division of the national Health Service Executive (HSE).
What are the training requirements?	The practitioners have one-day of intervention training. Booster training of practitioners is not required.
How are practitioners supervised?	Information not available.
What are the systems for maintaining fidelity?	Intervention fidelity is maintained through the following processes: <ul style="list-style-type: none"> • Training manual.
Is there a licensing requirement?	No



Implementation requirements (Cont.)

*Contact details	<p>Contact person: Meabh McGuinness</p> <p>Organisation: HSE Health and Wellbeing</p> <p>Email address: Meabh.mcguinness@hse.ie</p> <p>Website: https://www.hse.ie/eng/about/who/healthwellbeing/hse-education-programme/training-and-resources-for-post-primary-school-teachers/mental-health-training-and-resources-for-post-primary-school-teachers.html</p> <p>*Please note that this information may not be up to date. In this case, please visit the listed intervention website for up to date contact details.</p>
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Evidence summary

MindOut's most rigorous evidence comes from a singular RCT which was conducted in Ireland. The intervention can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

This study identified statistically significant improvements in emotion regulation (suppression subscale), coping skills (avoidance and social support), and mental health (stress and depression).

Search and review

	Number of studies
Identified in search	1
Studies reviewed	1
Meeting the L2 threshold	0
Meeting the L3 threshold	1
Contributing to the L4 threshold	0
Ineligible	0



Individual study summary: Study 1

Study 1	
Study design	RCT
Country	Ireland
Sample characteristics	The sample consisted of 675 adolescents aged between 15 and 18 years of age, who were in 4th/transition year or 5th year, from 34 disadvantaged schools in Ireland
Race, ethnicities, and nationalities	Not reported
Population risk factors	Participants were from 34 disadvantaged schools in Ireland, which often had lower baseline mental health and wellbeing scores compared to national averages
Timing	<ul style="list-style-type: none"> • Baseline • Post-intervention (13 weeks post-baseline).
Child outcomes	<ul style="list-style-type: none"> • Emotion regulation (suppression subscale, child report) • Coping skills (avoidance and social support subscales, child report) • Mental health (stress and depression subscales, child report).
Other outcomes	None
Study Rating	3
Citation	Dowling, K., Simpkin, A. J. & Barry, M. M. (2019) A cluster randomized-controlled trial of the MindOut social and emotional learning program for disadvantaged post-primary school students. <i>Journal of Youth and Adolescence</i> . 48, 1245–1263.



Brief summary

Population characteristics

The sample consisted of 675 adolescents aged between 15 and 18 years of age, who were in 4th transition year of 5th year, from 34 disadvantaged schools in Ireland. There was an equal split of female (50.1%) and male participants (49.9%).

Study design

This study uses a cluster randomised controlled trial design. Thirty-four schools were randomly assigned, with 17 schools allocated to the intervention group and 17 schools allocated to the service as usual control group, ensuring gender and location balance.

Measurement

Measurement took place at baseline and post-intervention (13 weeks post-baseline).

- **Child report** measures included the Rosenberg Self-esteem scale, the Emotional Regulation Questionnaire, the Trait Meta-Mood Scale, the Coping Strategy Indicator short form, the Self-Efficacy Questionnaire for Children, the Adolescent Interpersonal Competence Questionnaire, the Making Decisions in Everyday Life Scale short form, the Depression Anxiety Stress Scale, the Warwick Edinburgh Mental Wellbeing Scale, and the Attitudes Towards School Scale.
- **Teacher report** measures included the School Achievement Motivation Rating Scale.

Study retention

Of the original 34 schools, only two schools dropped out; one school dropped out due to cross-contamination and the other dropped out as students surveyed did not meet the eligibility requirements.

In terms of individual participants, 675 participants completed the baseline assessment (330 from the intervention group, 345 from the control group); 497 participants (74%) completed post-intervention measures (246 from intervention group, 251 from control group). Attrition was due mainly to student absences at data collection.

Results

Data-analytic strategy

This study used an intent-to-treat design. Intervention effects were analysed using a linear mixed model (LMM) framework due to the clustered nature of the data.

Findings

The intervention group showed significant improvements in emotion regulation skills (suppression) and coping skills (avoidance and social support), and they showed reduced symptoms of stress and depression at the 13-week post-intervention assessment.



Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Self-esteem	Rosenberg Self-esteem scale (Child report)	d=1.48	No	497	Post-intervention
Emotional intelligence	Trait Meta-Mood Scale (Child report)	d=1.78	No	493	Post-intervention
Coping skills: Avoidance subscale	Coping Strategy Indicator short form (Child report)	d=-3.35	Yes	496	Post-intervention
Coping skills: Problem-solving subscale	Coping Strategy Indicator short form (Child report)	d=0.97	No	496	Post-intervention
Coping skills: Social Support subscale	Coping Strategy Indicator short form (Child report)	d=2.13	Yes	496	Post-intervention
Social self-efficacy	The Self-Efficacy Questionnaire for Children (Child report)	d=0.394	No	496	Post-intervention
Emotional regulation: Reappraisal subscale	Emotional Regulation Questionnaire (Child report)	d=1.26	No	497	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Emotional regulation: Suppression subscale	Emotional Regulation Questionnaire (Child report)	d=-2.2	Yes	497	Post-intervention
Asserting influence and conflict resolution	Adolescent Interpersonal Competence Questionnaire (Child report)	N/A	No	497	Post-intervention
Decision-making	Making Decisions in Everyday Life Scale short form (Child report)	d=-0.76	No	494	Post-intervention
Mental health: Stress subscale	Depression Anxiety Stress Scale (Child report)	d=-2.37	Yes	495	Post-intervention
Mental health: Anxiety subscale	Depression Anxiety Stress Scale (Child report)	d=-1.5	No	495	Post-intervention
Mental health: Depression subscale	Depression Anxiety Stress Scale (Child report)	d=-2.18	Yes	495	Post-intervention
Mental wellbeing	Warwick Edinburgh Mental Wellbeing Scale (Child report)	d=-0.18	No	494	Post-intervention
Attitudes towards school	The Attitudes Towards School Scale (Child report)	d=0.23	No	497	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
School achievement	The School Achievement Motivation Rating Scale (teacher report)	d=-0.22	No	538	Post-intervention

Other studies

No other studies were identified for this intervention.

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Note on provider involvement: This provider has agreed to Foundations' terms of reference (or the Early Intervention Foundation's terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.