mindkit

An evaluation of a peer-led intervention
to build resilience and mental well-being
in young people

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EXECUTIVE SUMMARY

Mindkit is a universal peer facilitated mental health and wellbeing intervention devised by local Mind organisations in London and delivered to 18,233 young people across five London boroughs, primarily in schools during assemblies or class time. The stated aims of the Mindkit sessions were to increase young people's knowledge of approaches to manage their wellbeing and develop resilience; and to signpost young people to appropriate sources of support.

This evaluation, carried out by Goldsmiths, University of London, presents quantitative and qualitative data from 8449 of the 12-20 year olds who experienced a Mindkit session and qualitative data from eight organisations where Mindkit sessions had been delivered to assess the effectiveness of the intervention against stated aims. This evaluation also looks at data from 85 of the Mindkit Youth Wellbeing Trainers (MYWT) and the Mind-based Volunteer Coordinators to assess the benefit that volunteering for this programme had on the volunteers themselves.

Mindkit

Mindkit sessions focused on raising awareness about methods for improving resilience in adolescents and young adults based on the Mind Resilience Model, which defines resilience as 'the capacity to confront and cope with life's challenges and to recover from or adapt to adversity' (Mind and the Mental Health Foundation, 2013).

Mindkit sessions were developed and delivered in a largely standardized way, with scope for individualization to the group and/or the MYWT leading the session. In total, there were eight 'types' of Mindkit sessions delivered: three core sessions ('5 ways to wellbeing', 'Mindful living' and a combination session), and five tailored sessions, ('Eating Difficulties', '14-16 year olds', 'Young Parents', 'Black and Minority Ethnic groups' and 'Stress and Anxiety'). Sessions were co-produced with MYWT, secondary school and college teachers and staff, mental health practitioners working with young people and mindfulness organisations and practitioners. 140 young people participated in the co-production of Mindkit Sessions – from helping to choose the length of sessions and the topics explored, to choosing the language and images employed, designing session activities and writing the content of session leaflets and wallet cards. MYWT were also involved in the development of the evaluation.

Each Mindkit Session comprised six key 'building-blocks', delivered via a selection of visual, audio and discussion-based materials and resources. All sessions included some notion about the aim of the session; information about mental health; a personal story from the volunteer; activities and suggestions about tools and techniques to promote resilience; signposting to other mental health support organisations, and post-session evaluation.

Outcomes

The evaluation team collected data from MYWT, students, participating organisations and the volunteer coordinators in order to get a 360° view of the project.

Data from the **Mindkit Youth Wellbeing Trainers** (MYWT) showed that taking part in the training was likely to have had some positive influence on the MYWTs own well-being and employability. On average, 51% of volunteers from each borough entered work during their involvement in the Mindkit project. MYWT reported that they were pleased to have been able to *make a difference* to the young people they spoke to. This *sense of purpose* is important for well-being, and likely to have contributed to the increased *sense of confidence* that MYWT reported. Trainers also reported that the training they received was beneficial to them, and that *skills development relevant to employability* (e.g. public speaking, personal organisation and taking initiative) was a highly advantageous outcome. MYWT were also positive about the *support network* that developed amongst the volunteer coordinators and other trainers.

For their part, **volunteer coordinators** were positive about the experiences of working with Mindkit. They reported that the Mindkit group was quick to respond to challenges and developed their protocol in response to feedback from MYWT and organisations. Having an evaluation running alongside the programme meant that feedback could be provided frequently, and objectively.

During the evaluation, 8449 young people provided information about their knowledge and feelings related to mental health before and after the session. Of particular significance, 72% of young people reported previous/current experience of significant stress, worry or feeling low. With respect to Mindkit's impact on young people, we report a statistically significant level of increased learning as a result of the sessions. This difference has an associated large effect size, indicating a highly meaningful level of increased learning as a result of the session. Those students with previous experience of mental health difficulties reported higher levels of knowledge about mental health, both before and after the

session. The same pattern was seen for female respondents as compared with males. That sessions were, at times, delivered to a large number of young people at any one time with no discernable effect on any item of feedback suggests that Mindkit is able to offer very good value for money.

When asked what the most useful part of the Mindkit session has been, the overwhelming response (79%) was that a technique had been taught; such techniques might include mindfulness, meditation and breathing, or using the five ways to wellbeing. Young people also reported that it was helpful and encouraging to hear about the MYWT's personal stories, and to be given suggestions about places they could go to seek further support or information.

What participating organisations say

A representative sample of organisations across the participating boroughs were interviewed individually about their Mindkit session. Organisations reported being impressed by the *Peer-led Approach*, and we noted that for Mindkit to work successfully within a school, it appeared that the school's own *ethos* toward mental health discussion and provision was of importance, where organisations that had integrated mental health into their school activities reported more positive feedback about their Mindkit session. For both staff and students, Mindkit *initiated a discussion* about mental health, which in some cases was followed by increases in students taking up school services related to mental health (e.g. a school mindfulness group). The final theme noted was particularly encouraging. Many of the organisations had already invited Mindkit back following the first year, and were keen to think about ways that they might continue and in *future develop* this relationship, including teacher education and more student-focused sessions.

The evaluation of Mindkit suggests that this programme, funded by the Health and Social Care Volunteering Fund, has the capacity to effect positive change for its volunteers, and the young people and organisations who receive Mindkit sessions. While Mindkit is one part of a much larger toolbox of mental health focused initiatives for schools and young people, it offers an authentic voice about mental health that young people are able to hear and respect.

This important focus on co-production of material and delivery means that Mindkit sessions can be subtly tailored towards their audience, maximizing potential impact.

www.mindkit.org.uk/

This report provides an overview of the Mindkit programme (funded by the Health and Social Care Volunteering Fund), as well as the results of a full evaluation carried out by Goldsmiths, University of London examining outcomes for Mindkit volunteers (or Mindkit Youth Wellbeing Trainers), young people and organisations who received Mindkit sessions and Mindkit volunteer coordinators for the five participating boroughs. Firstly, some context about mental health and young people – to provide a background to the development, and importance, of Mindkit and similar schemes.

Mental Health and Young People

The annual economic and social cost of mental health problems to the UK government is estimated at £105 billion, equivalent to almost the entire NHS annual budget (Prime Minister's Office, 2017). There is a strong argument for government funding and policy development to bring mental health services in line with physical health, in order to reduce the cost of mental health problems on other services and ensuring support for those that need it. In 2014, the Children's and Young People's Mental Health Taskforce (CYPMHT) was created with the aim of improving services and access for the under 25s. The taskforce's 2015 report 'Future in Mind' noted that 1 in 10 young people reported requiring support or treatment for a mental health problem, and that half of adult mental health problems start before the age of 14 and 75% before 18 (Department of Health, 2015). Membride (2016) estimated that 10% of children and young people suffer from mental health problems to such an extent that every day activities are significantly impacted and up to 25% of young people have some need for mental health support (Weare & Nind, 2011).

With this in mind, early intervention is frequently recognised as a desirable and often cost-effective solution to later difficulties. Lack of treatment early in life has been identified as a contributing factor to a number of negative life outcomes such as reoccurring mental health problems (Membride, 2016), dependency on illegal drugs and poor educational attainment (Woodward & Fergusson, 2001). The Children's Society estimate that 70% of young people do not receive appropriate intervention at an early enough point.

Mental Health in Schools

Although targeted interventions have value for those at high risk or with a formal diagnosis, in the current economic climate there is increased demand for early universal preventative strategies. Schools and colleges have an important role to play in providing these services (Coleman, Sykes & Groom, 2017) with school based social and emotional learning programmes providing the best value for money according to a recent Department for Health report that showed for every £1 of government investment, the net saving on wider services was £84 (Mind and the Mental Health Foundation, 2013).

A pan-EU project on mental health provision for young people across Europe found that evidence from over 52 countries supported early intervention as increasing positive outcomes for young people (Weare & Nind, 2011). The consensus of this large study was that schools present a 'unique opportunity' in supporting young people with mental health and wellbeing due to the length of time children spend in their care, this is particularly the case for young people at higher risk of mental health problems. A systematic review of perceived barriers to young people accessing mental health support concluded that the issues stopping access to services were poor understanding of what mental health problems looked like (mental health literacy), feelings of embarrassment or stigma and a desire to be self-reliant (in control of the process). They suggest that to improve service up-take these areas need to be tackled (Gulliver, Griffiths & Christensen, 2010). Peer-led interventions have been suggested as one way to achieve this goal (Chisholm, Patterson, Torgerson, Turner & Birchwood, 2012).

Peer Led Interventions in Mental Health

There is a theoretical base for how peer-led interventions might be useful. The impact of information is increased if the delivery is through a similar, credible facilitator (*Dynamic Social Impact Theory*; Simoni, Franks, Lehavot & Yard, 2011). Simoni and colleagues go on to suggest that with careful selection of peers these three reasons for processing can be used to inspire change in the listener. Peer education is also thought to be effective through changing social norms, both in behaviour and reducing stigma, clearly important for interventions with a mental health focus. Behaviour change may be influenced by how the listener views the status of the person delivering the information, where more successful outcomes are associated with a peer who is considered 'trustworthy' and highly regarded.

It is also more likely that young people will alter health-related behaviour if the message is received from a peer that has

experienced similar challenges than from an adult (Wye, Madden, Poeder, McGuckin & Shying, 2006). Done well, peer lead interventions with a 'contact' element (where the peer is also a service user) can reduce stigma, raise mental health literacy and improve wellbeing (Chisholm et al., 2012). Simoni and colleagues (2011) also report that such peer support raises self-efficacy of those receiving the intervention, all areas that have been highlighted as key to service uptake amongst young people.

Although it has been estimated that peer-led interventions of one kind or another are used in over half of all schools in England (largely related to bullying; Houlston & Smith, 2009), there is no agreed upon definition of what this kind of intervention entails. Peer-led interventions are so varied in their scope, aims and delivery that any definition used must rely on generalizations and high-level descriptions (Coleman et al., 2017). One potentially uniting and useful definition describes peer-led interventions as "Using the knowledge, skill and experience of children and young people in a planned and structure way to understand, support, inform and help develop the skills, understanding, confidence and self-awareness of other children and young people with whom they have something in common" (Hartley-Brewer, 2002, p. 3).

So far, previous work on peer-led programmes focusing on mental health have demonstrated positive outcomes with regard to increasing knowledge, reducing stigma and an increase in perception of self-efficacy and autonomy, which relate strongly to the idea of resilience (Dray et al., 2017; Patalay et al., 2017; Pinfold, Stuart, Thornicroft & Arbolelda-Florez, 2005).

School-based programmes

Direct comparisons with other school based mental health interventions is problematic as there is little high-quality peer reviewed research on similar one-off whole school interventions. Dray and colleagues (2017), Felver, Celis-de Hoyos, Tezanos and Sing (2016) and Blank and colleagues (2008) in their report produced for NICE have conducted systematic reviews and a meta-analysis into similar interventions. Evidence was found for peer educators being associated with positive outcomes, and that being relatable is of importance.

There are few programmes similar to Mindkit in their focus on resilience but one, HeadStart, is currently also under-going evaluation. Headstart runs across the UK, and comprises many different activities, including: creative arts; curriculum development training for teachers; education events for young people; workshops for parents and school-based counselling and peer-led work.

The experience of the volunteer

It is clear then that peer-led interventions on mental health have potential to offer a good deal to young people. It is also the case that those leading the interventions also have a much to gain. Involvement in meaningful activities has been documented as a major determinant of health, where people who volunteer have the benefit of good mental health, good physical health, lower rates of mortality and are less likely to experience depression (Thoits & Hewitt, 2001; Young & Glasgow, 1998; Moen, Dempster-McClain & Williams, 1992; Morrow-Howell et al, 2003; Musick & Wilson, 2003; Li & Ferraro, 2005 & Kim & Pai, 2010).

Volunteering has been positively related to psychological wellbeing over time and those who were less socially integrated at the start benefited from volunteering the most (Piliavin & Siegl, 2007). Social isolation is frequently one of the most significant challenges faced by individuals with mental health difficulties (House, Landis & Umberson, 1988, Cornwell & Waite, 2009), and volunteering has been seen to provide roles and social ties which led to improved social integration and psychological wellbeing (Farrell & Bryant 2009). Engagement in peer-support roles allows individuals to build new relationships and develop a new identity from 'helpee' to 'helper' in a supportive environment, which has a positive effect on psychological wellbeing (Mead et al., 2001).

Research has identified that volunteers who reported higher psychological wellbeing also reported a higher perception of general self-efficacy as well as social connectedness and self-esteem, compared to non-volunteers (Brown, Hoye & Nicholson, 2012). Self-efficacy explains some of the relationship between volunteering and increased psychological wellbeing, suggesting that the development of self-efficacy is an important factor in the volunteer experience. Outside of volunteering, self-efficacy has been well-established as a strong predictor of mental health (Bavojdan et al., 2011; Parto, 2011). Volunteering provides individuals with opportunities to control their activities, and may therefore provide opportunities for them to develop their sense of self-efficacy and autonomy.

Employability

One important outcome to consider for volunteers taking part in a peer-led intervention with a mental health focus is employability. A number of Mindkit Youth Wellbeing Trainers (MYWT) gained paid employment, or moved into paid employment that better reflected their aspirations, during or at the end of their time with Mindkit. For example, across Bromley and Lewisham, this figure represented 60% of volunteers.

It is widely assumed that volunteering has a positive impact on employability. The relationship between volunteering and employability has been a persistent feature of the UK government over the last 30 years, with specific programmes set up to facilitate employability through volunteering (Kamerade & Ellis Paine, 2014). A desire to learn new skills and receive support for career paths have both been recognised as important motivations for volunteering (Low et al., 2007). Volunteering has been identified to contribute to factors that can enhance an individual's ability to gain employment. These factors include: enhanced knowledge and skills; improved work attitudes; increased levels of confidence and self-esteem; positive mental health; and psychological wellbeing (Hirst, 2001; Corden & Sainsbury, 2005).

Of course, it is not only volunteering that is associated with useful outcomes for people with experience of mental health difficulties; 'good' paid work (acknowledging that 'good' is somewhat difficult to define) is also associated with recovery from mental health difficulties and enhanced psychological well-being, while employment that is precarious, or highly demanding (Fountoulakis, 2017; Head et al., 2016; Modini et al., 2016) is associated with poorer psychological well-being outcomes.

Additionally, volunteering also has a positive effect on student volunteer's experience of how well university prepared them for employment and their ambition for advanced degrees (Astin et al., 1999), as well as increasing academic development (Astin & Sax, 1998). Given that many young people who may become volunteer trainers are likely to still be in, or considering a return to, education, it is useful to consider the effect that volunteering may have on their education experience, as well as future employability.

Outcomes associated with Peer-Led Volunteering

To date, most of the research on volunteering has considered a broad range of volunteering contexts. Peer-led work is developing in popularity, and an increasing number of qualitative studies have identified important benefits for engaging in peer-led support roles. Salzar & Shear (2002) identified that many of the peer-led support workers they interviewed expressed the feeling of being appreciated and felt an improvement in their confidence and self-esteem. Likewise, Ratzlaff et al. (2006) also found that the self-esteem of peer-led support workers improved. In addition, it has been demonstrated that providing peer-led support results in improved mental health, stronger social support and increased independence in work, income, education and

training at 9 and 18-month follow-ups; suggesting providing peer-led support has beneficial effects over time (Ochocka et al., 2006). Individuals have also reported that through peer-led work they were able to change attitudes towards mental health and break down the stigma associated with it by building hope in the peers they were supporting (Mowbray, Moxley & Collins, 1998). Arnstein et al. (2002) reported on two themes emerging amongst volunteers in one peer-led intervention on mental health; "making a connection" and "a sense of purpose" indicating that volunteering had a beneficial effect on volunteers' sense of self and connection with others. One further study reported the psychological wellbeing of peer-led volunteers measured at three time-points to be stable throughout volunteering, but themes identified from interviews showed significant increases in personal growth and wellbeing over time (Brunier et al., 2002). Similarly, another study identified through interviews that increased emotional and social support was an added benefit to volunteering in peer-led support groups as well as a greater sense of confidence (Coppa & Boyle, 2003).

MINDKIT

The principle aims of Mindkit are to:

- Increase young people's knowledge of approaches to manage their wellbeing and protect themselves against mental ill-health; and

- Signpost young people who identify that they are struggling with mental health problems to appropriate sources of support.

These aims were achieved through the delivery of short (20-60+ minute) sessions on resilience building, experience of mental health difficulties and signposting to other sources of support provided by young people with lived experience of mental health difficulties to young people in educational and other youth contexts.

Mindkit Sessions typically comprised of:

1. *Mindkit Core Wellbeing and Resilience Session* (delivered mainly as a 15-20 minutes Assembly session or a 40-60 minute class lesson session);

2. Mindkit Tailored Wellbeing and Resilience Sessions (delivered across a single or double class lesson in the final year of the project only), as follows:

a) Wellbeing and Resilience for 14-16 year olds including the role of social media;

b) Wellbeing and Resilience including a spotlight on Black and Minority Ethnic Group topics and issues;

c) Wellbeing and Resilience for Young Parents;

d) Eating difficulties, Wellbeing and Resilience – exploring eating difficulties and wellbeing and resilience support that can help;

e) Anxiety and Exam Stress, Wellbeing and Resilience – exploring anxiety and stress due to exams and wellbeing and resilience support that can help.

Co-Production

One of the most important aspects of Mindkit is that co-production has been at its heart from the start. Mindkit Sessions were co-produced with 140 young people aged 14-25, MYWT, secondary school and college teachers and staff, mental health practitioners working with young people and mindfulness organisations and practitioners – from helping to choose the length of sessions and the topics explored, to choosing the language and images employed, designing session activities and writing the content of session leaflets and wallet cards. It is also the case that volunteers were involved in the co-production of the evaluation, where the evaluation team not only used an 'embedded experience' method to learn more about the MYWT, but also by volunteers being actively involved in developing the evaluation tools, providing feedback on draft measures and making recommendations about language, research direction and content.

Content of Mindkit Sessions

A standardised, 'building-block' approach to content-development was applied to all Mindkit Sessions. This allowed flexibility so that sessions could be tailored to individual classes and groups of young people through the swopping in and out of certain materials and resources, facilitated easier learning by MYWT of the content and promoted consistency across delivery locations. Each Mindkit Session comprised the following six key 'building-blocks', delivered via a selection of visual, audio, kinaesthetic and discussion-based materials and resources:

1. Introduction - Session aims and objectives

2. Information about specific emotional wellbeing difficulties – Signs, symptoms and celebrity and 'real-life' case studies

3. Mindkit Volunteer Youth Wellbeing Trainer personal resilience story

4. Activities and personalised action plans focussing on evidenced-based tools and techniques which can help build resilience. Sessions included 'The 5 Ways to Wellbeing' or an introduction to Mindfulness or both of these approaches, in addition to other tools such as breathing exercises. All sessions provided free access for every young person to a Mindfulness App, courtesy of the organization 'Headspace' (www.headspace.com);

5. Local and national support services and useful further resources; and

6. Post-session evaluation form.

All Mindkit Sessions were preceded with a briefing session and followed by a debriefing session with volunteers.

Mindkit sessions focused on raising awareness about methods for improving resilience in adolescents and young adults based on the Mind Resilience Model (Fig 1). Mind defines resilience as 'the capacity to confront and cope with life's challenges and to recover from or adapt to adversity' (Mind and the Mental Health Foundation, 2013), and the model comprises three key factors to building resilience, 'wellbeing', 'social connections' and 'ways to cope'. Interventions should support each of these in order to be effective in building resilience.

Wellbeing: *'feeling good'; made up of internal as well as external factors and can be measured through subjective and objective measures. Mindkit focuses on the internal factors through teaching the 5 Ways to Wellbeing and mindfulness techniques that have been shown to correlate with higher levels of subjective wellbeing in young people (Bluth & Blanton, 2013; Kallapiran et al., 2015).*

Social connectedness: *has been associated with social capital, and good social connectedness promotes wellbeing and plays a protective role against mental health problems across all age groups (Mind and the Mental Health Foundation, 2013). Mindkit emphasises the role of social connectedness through one of the 5 Ways to Wellbeing 'connect', as well as through signposting to other organisations and reducing stigma through programme delivery and personal stories from volunteers,*

Ways of coping are practical tools that can be used to manage change and adversity. These tools can be learned before challenging times arise in order to build resilience. Evidence shows that early, preventative intervention is key to high levels of wellbeing (Durlak & Wells, 1997).
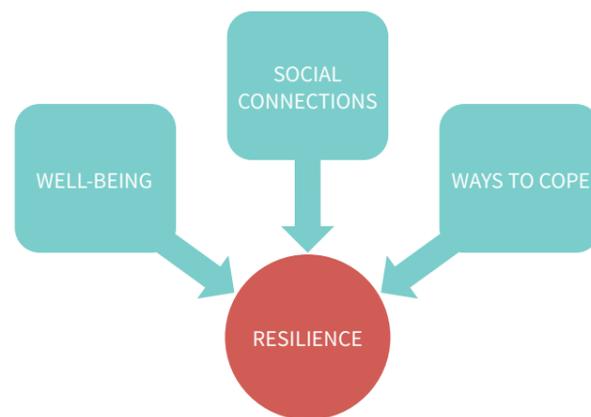

Figure 1: Mind Resilience Model (from 'Building Resilient Communities: Making Every Contact Count for Mental Health', by Mind and the Mental Health Foundation, August 2013 – with language adapted)

Mindkit Youth Wellbeing Trainers (MYWT)

Volunteer Mindkit Youth Wellbeing Trainers (MYWT) attended a 13-week, Level 4 'Mental Wellbeing Train The Trainer' group course accredited by the University of Middlesex. They also attended additional training relating to the content of Mindkit Sessions and safeguarding children and adults, among other courses. Volunteer coordinators were employed for each participating borough, and these individuals were responsible for recruitment, training support, developing relationships with organisations (and organising Mindkit sessions), and mentoring MYWTs.

A mixed-methods design was used in this study to explore the effects of volunteering on volunteers MYWT over time to examine possible impact on their psychological wellbeing, self-efficacy and perceived employability. The qualitative part of this design involved semi-structured interviews of volunteers in focus groups analysed using Thematic Analysis. Quantitative data was treated by a longitudinal repeated measures design. Data was collected over three time-points: pre-training, six months post-training and one-year follow-up after training/cessation of volunteering. We investigated MYWT's self-reports of psychological wellbeing, self-efficacy and perceived employability. An evaluation of the Mindkit sessions by young people in the sessions were completed immediately (or as soon as possible) post-session.

In total, 151 individuals completed their training as MYWT. In total, 418 Mindkit sessions were held over the life of the programme. Sessions were delivered in response to individual organisations' needs, and ranged from 20-minutes to one hour or more in duration. Sessions were delivered to large-group assemblies in schools, colleges and universities and smaller groups in schools, colleges, universities, youth groups and clinical settings.

Psychological Adjustment was measured using the Warwick-Edinburgh Scale (Tennant et al., 2007). *Perceived Employability* was measured using seven questions that were developed to investigate where the MYWTs saw themselves in terms of their employment development but also where they would like to be in the short- and long-term. A measure of *Self-Efficacy* (Schwarzer & Jerusalem, 1995) was since self-efficacy is an important aspect of self-reliance and positive psychological adjustment and is related to perceived employability. We also included a measure of Physical Health (based on Hoyt et al, 2012). This measure was included to gain an idea of perceived physical health and sleep as well as participation in risky health behaviours (e.g. substance use, excessive alcohol consumption and poor food choices). Better physical health and participation in physical health activities may accompany improved psychological adjustment. This extra area of interest

also allowed us to examine other health behaviour that frequently are associated with mental health difficulties and often have high cost implications (for individuals and services).

The qualitative study used an embedded experience approach to develop the interview items and thematic analysis was used to explore responses. Focus groups were selected as an efficient method of gaining insight into the experiences of as many MYWTs as possible. Based on observations of the training and sessions delivered, we developed a series of key questions exploring the initial engagement and expectations of the MYWTs, and also their own perceived outcomes of their involvement with Mindkit.

MYWT Key Findings

Data was provided by 85 volunteer MYWT (77% female) evenly spread across the participating boroughs. The mean age was 27 years of age, with most aged between 21-26 years. The largest proportion described themselves as white (48%), but with individuals identifying themselves as asian (13%), black (14%) and belonging to mixed and other ethnic groups (26%) also represented. MYWT were asked where they felt they were in relation to their experience on mental health problems; 40% reported that their mental health difficulties were current, and 44% reported that they were in recovery from these. Some (16%) reported that they had not experienced mental health problems, which is interesting given the recruitment brief which sought candidates with lived experience of personal mental health problems. However, closer analysis of those questionnaires packs suggests a range of reasons for this response, including MYWT who identified instead as having autistic spectrum conditions, or those who did not necessarily consider stress and/or anxiety as a mental health issue.

At the first time point, mean scores for the Warwick-Edinburgh scale and Self-Efficacy measure indicated that MYWT scores mostly fell within the average range, with a quarter falling within the 'poor' range. To explore whether the psychological wellbeing, general self-efficacy and perceived employability differed across the three time-points a series of statistical analyses were performed. There are no differences across time points with respect to trainer-reports of their own well-being or self-efficacy. However, it was possible to also compare MYWT to the general population. Scores on the self-efficacy measure did not differ from general population at any of the three time points, suggesting that MYWT had a good sense of their own ability to cope and manage difficult situations. For the Warwick-Edinburgh well-being measure, the scores at pre-training indicated a significant difference between the MYWT and the

general population[1]. At post-training, there was no statistically significant difference between the current sample and the normative population[2], which suggests that taking part in training may have had some positive influence on the MYWTs own well-being. However, at follow-up, results indicated a statistically significant difference between the MYWT and the general population[3].

In terms of employability, at the pre-training time point, the majority of MYWT were either in work or education or both. Only 4% said that they were not working or in training. Most said that they had thought about where they wanted to be in relation to work, and had an idea about how to get there. Most were clear that they would want to pursue additional training, education or volunteering opportunities in order to be able to achieve their work goal. Most MYWT also reported that they felt that they knew how best to use their skills in relation to possible volunteering roles, and somewhat unsurprisingly, these positive and constructive feelings about work did not change over time. On average, 51% of MYWT from each borough entered work during their involvement in the Mindkit project (a small proportion of those left the project early due to work commitments) It is likely to be the case that those individuals who have sought out, volunteered for and been successfully recruited to the Mindkit training programme are clear about their work goals, and felt that being involved in Mindkit was one of the steps that would help them to achieve these.

During the five focus groups, MYWT described their experiences of their journey through the Mindkit project, the impact volunteering had on their wellbeing and what they gained out of the experience.

> The thematic analysis applied to the transcripts elicited five key themes that were evident in the data. These themes have been labelled as "*Making a Difference*", "*Increased Confidence*", "*Sense of Purpose*", "*Skills Development*" and "*Support Network*".

Making a Difference: Defined as the ability to have an impact on the psychological wellbeing of the young people. By having a valuable contribution to the psychological wellbeing of young people the MYWT felt that they were accomplishing something meaningful. Providing support to young people who are in the same situation they were once in, helped the MYWT to feel that they are making a difference. One stated that "*I recognise that my problems started from a really young age and if I could help someone that was in my position, like when I was in school...I'd feel very good, I'd feel like I accomplished something meaningful in my life*". The opportunity to use their personal stories to educate the young people and raise awareness of mental health difficulties helped MYWT to feel positive about themselves and their experiences.

Encouraging the young people to communicate with each other to support themselves and their peers with their psychological wellbeing helped reinforce the importance of mental health education. One trainer who had no support when they were in school stated, "*Getting to the point where I'm not the most important person in the room is really nice, because it shows that they've listened, they've taken information on and they're supporting each other, which will show that there'll be a lasting impact after I've left the building, which is such a nice feeling to witness, to know okay, I'm done here now*".

In addition, many of the MYWT talked about being able tackle the stigma associated with mental health from their lived experiences as well as experiences of talking about mental health in schools. One individual stated in response to a question regarding the impact on young people "*There is still like a lot of stigma, but I think it busts the stigma for young people when we're talking about [mental health], but also they see people that are confident talking to them*". The MYWT reported feeling empowered when they felt that they made an impact from talking to the young people, one stating that "*When people come up to you at the end, like when they say…when you can tell you've made an impact…like it just feels like even if one person is like 'it's really resonated with them', it feels like worth it*".

Increased Confidence. This theme encapsulates the MYWT experience in the Mindkit project. All the MYWT interviewed expressed an increased confidence following their involvement in Mindkit.

One individual who had reported being unable to leave the house for months due to mental health difficulties had stated that: "*Building up that confidence each week with the group and our trainer, it really, really helped my confidence and I thought, right, I want to just give it a go, and then I did it and it went so well...it's completely helped me get my confidence back. It's got me to a place where I feel like myself again, coming out of something that was quite bad*".

The ability to talk to people in their own community about wellbeing and their personal stories with mental health was quite a difficult thing to do for some of the MYWT. "*I was very nervous talking about my personal story, because it's something that still has an effect on me and it will probably have an effect on me forever*".

Sense of Purpose. Providing peer wellbeing support to young people in schools has given the volunteers the opportunity to feel appreciated and valued which has enhanced their feeling of having a purpose.

> "*A few years ago, I couldn't leave the house. I was a complete mess. I couldn't really do a lot for myself. This is the first time in years that I actually feel like I've got a purpose, and I'd love to do more to do with promoting mental health*".

Many expressed receiving a sense of appreciation from the young people as well as other volunteers and organisations: "*You get a hell of a lot of appreciation from the young people and respect… showing you that it was valuable for you to do what you did in terms of opening up yourself in that way, so you feel validated as well*". The high level of appreciation from the young people enabled MYWT to feel validated by knowing that their mental health experiences are understood and being used to spread awareness. By being appreciated and accepted by others, the MYWT see their experiences in a different light, which appears to strengthen their sense of identity. One individual who had struggled with telling their personal story in the beginning stated, "*Using my personal story as something that is now helpful and useful to other people, as something that can help them to feel not alone and something that they can relate to, for me that was part of my life, now it's become something good, whereas it was always going to be something that was really difficult for me*".

Skills Development. All commented on the training aspects of the project being highly beneficial and useful for future opportunities. The majority of the MYWT felt that they had improved their communication and interpersonal skills by interacting with the young people and the other volunteers. These were skills that the MYWT felt they had struggled with following their mental health difficulties. When asked about developing skills in Mindkit one volunteer stated, "*Social skills...before that [Mindkit] I wasn't quite very social due to what I've explained in my personal story, but because of that I'm more social*".

Furthermore, volunteering had assisted the volunteers to use the skills developed and apply them outside of the Mindkit project to accomplish matters relating to their education, employment and personal life. Developing these skills has helped to motivate the volunteers to progress further with one volunteer feeling more confident in looking for employment, and noting "*The skills I have gained are invaluable and they're going to be really a big help to finding jobs that I'm going to enjoy*".

Support Network. The support from Mindkit volunteer coordinators was valued by the volunteers. Some volunteers had dropped out temporarily of the project due to struggles with commitment, however the encouragement and motivation from the coordinators helped the volunteers to feel comfortable and supported enough to return to the project. One volunteer stated "*I got called every single day, yeah, motivating me to get back on the course…showing me my reasons why I wanted to do the course in the first place. Thanks to her I finished the course, and now I feel a lot more happier*".

In addition, the MYWT found the goal setting sessions with the coordinators extremely helpful.

> "*we have regular meetings with [Coordinator], which is for goal setting and our personal development, so we've had that support throughout, which has been really great*".

Some MYWT reported that they sometimes felt overwhelmed and benefited from talking to their coordinators before and after delivering the sessions.

The MYWT were not only supported by the coordinators but also by each other. "*Sitting in a group with 24 people talking about their personal experiences, it made us also become closer as a group...and they're all giving up their time and we're all here for the same reason, but we're also supporting each other*".

Responses demonstrated the appreciation for being well-supported during the project by the accredited trainers, coordinators and other MYWT which has helped them to maintain commitment to the project.

It has also been possible to ask three MYWT to provide more in depth case studies of their experience of being a wellbeing trainer with Mindkit.

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1 t(22) = -2.44, p = 0.02, CI.95 = -6.68, -0.54 with a mean difference of -3.61
2 t(29) = -1.84, p = 0.77, CI.95 = -5.79, 0.31 with a mean difference of -2.74
3 t(55) = -2.185, p = 0.03, CI.95 = -5.24, -0.23 with a mean difference of -2.73

Mindkit Youth Wellbeing Trainers Case Studies

This first case study is that of a male trainer who was recruited as part of the first cohort of volunteers.

When I came to Mindkit, I was not working, living in supported housing accommodation after being homeless for a while and on my recovering journey living with mental health difficulties. I applied to become a Volunteer Mindkit Youth Wellbeing Trainer as I wanted to help others, since I was fortunate to be receiving support myself, whilst gaining skills and confidence to help me get back into employment and education. I felt a great affinity to the idea of breaking down mental health stigma and offering choices to young people that would help empower them to help themselves and those around them to achieve better emotional wellbeing.

My Mindkit Volunteer Supervisor mentored me, helped me to set goals and work towards achieving them in terms of my personal and professional development. As I deliver Mindkit sessions now, it is gratifying to see the young people feeding back that they feel encouraged to seek help and voicing opinions with more clarity and confidence about their emotional wellbeing. I have observed them being able to take away new ways to look after their emotional wellbeing and implement these. After a while, I worked my way up to becoming a Volunteer Senior Youth Wellbeing Trainer where I also assist newer Trainers in their growth and development

As a result of my volunteering with Mindkit, I am now much more confident and I have developed a great amount of transferrable skills. These have just allowed me to secure paid employment as an Apprentice Project Worker and enjoy life more richly.

A second case study focuses on a female volunteer trainer, recruited during the second cohort.

Volunteer E. had been a client of her local Mind group after having moved to London with her husband from abroad. E had experienced anxiety and depression for around 3 years, since she first started at University, and said she felt as though she'd like to develop some friendships in London. We suggested that she might like to apply for Mindkit in order to meet other people of a similar age and to build confidence. E agreed and joined our train the trainer course.

E accessed a therapy group with our Wellbeing Network which she reported gave her some tools to manage her anxiety and changed her attitude towards negative thoughts and emotions. She found the Mindkit training to be informative and engaging and enjoyed the supportive atmosphere created by being with her peers and being able to discuss mental health in a safe and non-judgmental environment. She found the personal stories session difficult as it bought up a lot of emotions for her, but went for a walk with the volunteer coordinator and was able to express her feelings and felt able to come back in to the session- E then successfully delivered her personal story in several Mindkit sessions.

During supervision, we discussed E's employment goals and put her in touch with our youth employment advisor who helped with her CV and job hunt. We also discussed how to improve E's confidence and reflected on what had gone well in sessions delivery and how she could improve on things such as voice projection. E was surprised to find she had a natural affinity with young people and decided to tailor her job search more in that direction.

E is now working as a teaching assistant for one of the main schools that we'd delivered Mindkit sessions to, a job for which we were able to provide her a reference. She is now feeling more confident and on top of her mental health and better integrated into her local community.

A third case study comes from a female volunteer:

After 2 years of poor mental health following a breakdown triggered at work, it [volunteering for Mindkit] was a stepping stone to building my confidence back up again. The support from our trainer/coordinator and all the other volunteers made going to training the highlight of my week.

When I started the training, I was very nervous and was unsure if I would be able to deliver sessions. But each week my confidence grew with support from everyone at the training.

Knowing that I was able to commit as much as I was able to was really helpful and made me feel less anxious or under pressure. The supportive nature of our coordinator made me feel more comfortable to deliver the sessions post training. This project has truly helped me to understand myself better and helped me to regain my confidence and to learn more about myself that I didn't know before I took part in Mindkit. I started off thinking it would be an achievement if I managed to complete the training but I have now delivered 50 workshops to young people and it is one of my favourite things to do. I have learnt that I have a passion for public speaking when it is something that I truly care about which is something I never would have imagined.

I have also been able to get back into work part time, which I am very proud of and is a credit to this project.

The final case study is also a female volunteer:

I came across the Mindkit project when I was looking for experience in mental health following completion of my undergraduate Psychology degree in 2014. I applied to be a volunteer, as I felt it was a great opportunity for me gain experience working in mental health through raising awareness and improving the wellbeing of young people in [my local area].

I received a lot of support throughout the project, particularly from the volunteer coordinator. She was very caring, flexible and supported individual needs of all the volunteers. The on-going feedback and reflections from my peers and the volunteer coordinator really helped me to develop professionally and personally. Taking part in the project was instrumental in developing my career and myself. It increased my confidence greatly in facilitating group work and speaking in front of many people. It supported my personal development and employment in mental health. Following my volunteering experience at Mindkit, I completed a postgraduate diploma in Mental Health Studies in 2016, and I managed to secure a place on the training to become a Psychological Wellbeing Practitioner in 2017. Volunteering for the Mindkit project was valuable in getting to where I am today.

These case studies and feedback from the focus groups illustrate the feeling of increased confidence and pride that volunteers gain as a result of their training and volunteering role with Mindkit. It is clear that the role of the volunteer coordinators, offering supervision to MYWT, was crucial in helping to develop skills and self-confidence and to guide and support volunteers into future work opportunities. The feedback from the volunteer MYWT is testament to the work of the coordinators throughout the project.

Young People

Of the 18,233 young people who experienced a Mindkit session, complete data is available for 8449, aged between 12 – 20 (60% female, 39% male, 1% non-binary). Of those with evaluation data returned, 2252 young people were based in Bromley & Lewisham, 1706 in Hackney, 1270 in Richmond and 3116 in Harrow (a small number did not indicate what borough they were responding from). Young people were located at a range of schools, alternative curriculums, colleges, universities, youth groups and other youth and community services (for example, youth offending services or supported housing services). According to information returned by the organisations themselves, 58% of the young people who experienced Mindkit were of Black, Asian and Minority Ethnic status.

Young people who experienced a Mindkit session were asked to complete one short measure comprising questions about their knowledge of how to look after their mental health before the session, and after; and whether they felt confident in helping a friend who was experiencing mental health difficulties and would know where to go for support. There was space for young people to tell us about what they liked and did not like about the session. We also asked young people whether they had experience of feeling anxious, stressed or had experience of any similar problem. Responses are representative providing a cross-section of gender, age and organisations that fits the number and locations of sessions provided across the five boroughs.

Students were asked about their own experiences of mental health difficulties or difficulties managing stress - ("Have you ever felt low, anxious, stressed or struggled in other ways with your mental health?"); 72.35% responded 'yes' to this question.

Young people were largely extremely positive about their involvement with the Mindkit sessions. Young people's ratings about knowledge were statistically significantly different, with a large effect size, indicating a very meaningful level of increased learning as a result of the session[4] (see Figure 2). There was a statistically significant effect of experience of mental health difficulties on answers to questions about pre and post session knowledge)[5]. Those that answered yes to the above question reported higher levels of both pre and post session knowledge compared with those that answered no, however the effect size is relatively small[6].

Students were also asked a further three questions on the same scale, see Table 1 for answers to all five questions.

4 t(8390) = -57.35, p <.001, Cohen's D= .80
5 F(1,8000) = 106.42, p = <.001.
6 Partial Eta Sq= .013.

Since tailored sessions were provided to a minority of young people, and were developed to address rather more specific groups than the general Mindkit sessions, feedback was considered separately. We are able to provide data from three tailored sessions: 'Eating difficulties' (N=82); '14-16 year olds' (N=352); and 'Anxiety and stress' (N=284).

Table 1: Young people's mean response to the first five questions, split as whole sample and tailored sessions.

| Question	Mean response	
	All	**Tailored**
How much do you think you knew about mental health and wellbeing before this session?	**5.37**	**6.12**
How much do you know about mental health and wellbeing now?	**7.24**	**7.12**
Have you learned new ways to look after your own mental health and wellbeing?	**6.84**	**6.65**
Do you think you know more about how to advise a friend about looking after their mental health?	**6.79**	**6.93**
Do you know more about where to find help for your own mental health if you thought you needed to?	**7.32**	**7.34**
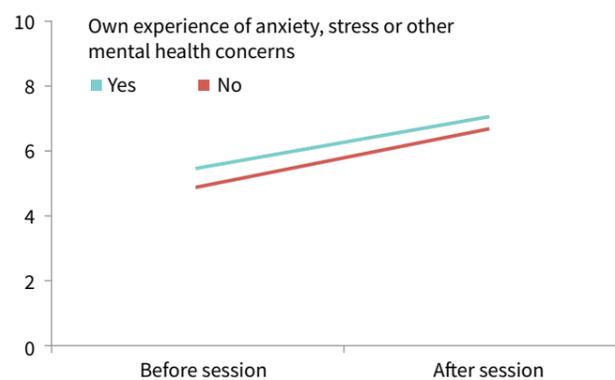
Figure 2: Young people's ratings of mental health and well-being knowledge at the beginning and end of session according to whether they report own experience of mental health concerns.

In terms of knowledge about mental health, females reported that they knew more both before (Mean=5.46, Standard Deviation= 2.30) and after (M=7.36, SD=2.30) the session compared to males (M=5.23, SD=2.44; M=7.18, SD= 2.31) but the rate of change was the same for both male and female young people (See figure 3). Non-binary young people rated pre-session knowledge higher compared to both male and female (M=5.98, SD=3.40), but consistently rated post session knowledge lower than males, females or their own pre-session score (M=5.57, SD=3.73). All responses were anonymous, and it was beyond the scope of this work to think about these findings in more detail, however this is an area that will be worth following up in the future. A similar pattern to the whole sample results of answers to pre and post session scores by gender is seen in the tailored sessions.
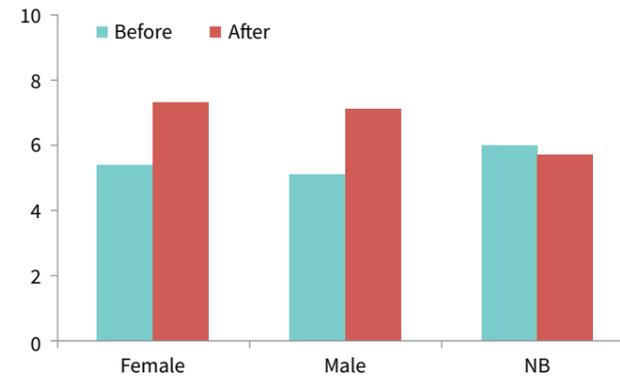
There was also difference in responses to the question about young people's own experience of mental health difficulties or worries based on gender, with 62% of males responding yes to this question compared to 79% of females and 69% of non-binary participant. Although this is statistically significant[7] the effect size is small[8].

There is no statistically significant effect of age on pre- or post-session knowledge overall, so learning occurred across all age groups. However, as expected, knowledge before the session was generally rated lower by younger students, and rose with age. Younger participants (13 years) continued to rate their post session knowledge lower than some older participants. This may be worth considering for the future development of Mindkit and similar programmes, particularly in relation to the session content.

7 X2(2)=267.12, p <.001
8 Cramer's V= .18

Figure 3: Young people's ratings of mental health and well-being knowledge at the beginning and end of session reported by gender.

There was also no discernible difference in mean rating of pre-session knowledge based on session type, indicating that students' knowledge of mental health and wellbeing was similar across the different session types and lengths. There was no discernible difference between tailored sessions and whole sample findings in relation to pre and post session knowledge based upon age or experience of mental health difficulties.

In response to what students found the most useful part of the session, some answers were repeated more frequently than others. Figure 4 presents the main area reported by students to be most useful to them.
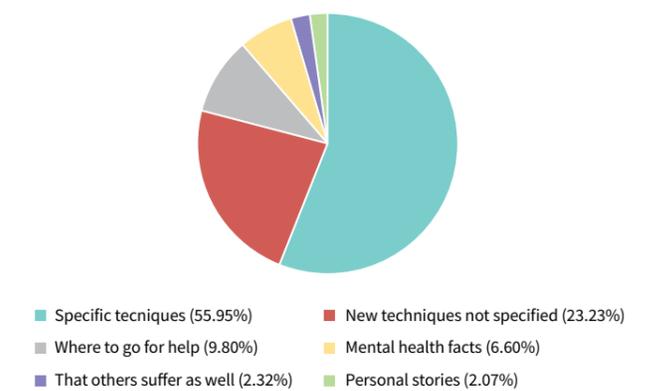

Figure 4: Students' feedback about the most useful elements of the Mindkit session.

We also asked students if there was anything more, or different, that would improve the session, and if there was anything they didn't like; 'Over 84% of students either said 'no' or didn't respond'. Of those who provided a response, their suggestions were:

- More techniques (19%);
- More information about 'disorders' (12%);
- More information in general (12%);
- Information about how to 'help others' (11%);
- Information about 'symptoms and warning signs' (9%);
- Where to go to 'get help for themselves' (7%);
- 'More facts and scientific evidence' (6%).

Over 85% of all respondents reported that they liked the session and/or provided no feedback about things that they did not like. The following ideas are given for the 15% who did provide a comment. These included: requesting more interactivity and fun; improved facilitator presentation (such as speaking too quietly or reading from a sheet); requests for more information. The qualitative feedback from students indicates a great desire to know more, both for their own needs, but also so they feel better equipped to help and support others.

Organisations

Representatives from eight organisations, across the five participating boroughs, took part in individual interviews with a member of our research team by telephone. Participants represented secondary schools, FE colleges and an alternative education provision for youth offenders. Interviewees were school counsellors, practitioners or senior members of teaching staff – all had acted as a main point of contact between their organisation and Mindkit.

We were interested in getting a view about: current mental health and well-being provision within the organisation; reasons why the organisation chose to be involved with Mindkit (including their initial expectations); their views on the sessions, including what worked well, and what might be improved; outcomes for students; and whether the staff/organisation more broadly could see any benefits for themselves.

There were five main themes arising from interviews with participating organisations

Themes
Peer-led Approach
Raising Awareness
School Ethos
Initiating Change
Future Development

Peer-led Approach: Mindkit's peer-led approach was deemed to be a huge positive by the organisations, who reported that their young people were more likely to pay attention to and engage with someone their own age, and someone with lived experience; rather than, for example, a teacher charged with talking about mental health, or a school nurse. *"[the trainers were able to] connect... rather than being preached at".*

Interviewees also talked about the quality of the trainers and the session content, noting that it engaged students without overwhelming them with information or by providing an overly negative view of the experience of mental health difficulties.

"[the session] exceeded the expectation in how well it was pitched, the quality of speakers, the pace and the relevance"

Raising Awareness: Interviewees were also keen to point out that their willingness to engage with Mindkit came as a result of their own identification that adolescence was an important age to talk about mental health and building resilience.

"[Mindkit is an] Important thing that students need. It is time to talk about things like this".

Many organizations noted that young people often do not know how to talk about mental health issues; they do not wish to be alienated from their friends, or worry their parents. *"Addressing something that a lot of people are quite uncomfortable talking about".*

Mindkit offered a way in for young people to talk about their own mental health, or that of their friends, and provided useful signposting for those who wanted to discuss things further.

School Ethos: For Mindkit to work successfully within a school, it appeared that the school's own attitude towards talking about mental health was of importance. Those schools who placed student mental health and well-being at the fore of their own school ethos were more likely say that the sessions worked well for them, and to request repeat sessions, or workshops for smaller groups. Schools noted that Mindkit was able to help them to bridge a gap between education and clinical mental health services, in a way that had not been previously achieved.

The flexibility offered by Mindkit to the schools is one area that they were grateful for, one school noting: *"Every student got the workshop, and it was because of the flexibility of the team."*

Schools also noted that Mindkit was able to boost school's own efforts to develop strategies for building resilience and mental health. One school that already offered a Mindfulness group saw an increase in numbers attending immediately following the Mindkit session, and other schools noted that student attendance at school-based counselling or other support groups similarly increased. This observation that Mindkit sessions can help students to see the benefit of school-based activities and support is important, and suggests that greater partnerships between organisations and Mindkit are likely to yield the most positive outcomes for young people.

It is, however, also worth noting that organisations which placed less of a focus on mental health and resilience-building in their own school reported less of a positive experience with Mindkit. In such cases, it appeared that their expectations about the sessions were not met, and so it seems important to work with organisations before sessions in order to communicate and discuss expectations, make sure that sessions can run with appropriate support, and are suitably embedded into the organisations' other mental health focused activities.

Initiating Change: One important outcome of Mindkit flagged by organisations was effecting change in practice for staff, and change in thinking and behaviour for students. For both staff and students, Mindkit initiated a discussion about mental health. For students, this may be one of the first occasions that they had to talk about mental health and how they looked after themselves.

Importantly, change was also initiated within organisations – these changes are likely to accrue over the course of contact with Mindkit, resulting in lasting and important changes to school ethos and practice. One school noted:

"Teachers begin to realise that this is a focus that they need to take, and it [Mindkit] empowers them to address that."

Another organisation reported that teachers now felt that they had a grasp of the basics about talking about mental health, and about guiding students to appropriate and available support. It is an important outcome that Mindkit is able to offer something useful to both young people and their teachers in different ways. In future, Mindkit and similar programmes may well make more of this when first making partnerships with organisations.

Future Development: One encouraging theme that emerged from our interviews with organisations was that of future development of their partnership with Mindkit. Many of the organisations had already invited Mindkit back following their first year, and were keen to think about ways that they might continue and grow this relationship. One area that organisations were very keen to develop was on the subject of teacher education about mental health:

"If Mindkit offered some sort of follow-up session with teachers, or if they offered consultative process where they could sit and look at the curriculum in terms of PSHE and work with us on that [that would be helpful]."

Organisations were also keen on the idea of top-up sessions for students: *"letting the students try it [the techniques] out, and then following up on that with another top-up later on."*

Taking the content of the other themes discussed into account, it seems sensible that a future top-up session would be delivered via Mindkit; the peer-led style, the creation of a safe space to talk about subjects young people sometimes find uncomfortable or challenging, and the ability for young people to again think about other places they might go, or strategies they might try to support good mental health.

Volunteer coordination team

An interview session was also organized in order to gain an overview of those who had been involved in the programme from recruitment, through training and session delivery, and working one-to-one with volunteers. Each borough was represented, and all coordinators provided their feedback during a single session at the end of the programme.

The first area where lessons were quickly learned related to recruiting volunteers to become MYWT. All coordinators agreed that due to time pressures at the start, some of the first cohort of recruits were not necessarily the best-fit for the demands of being a MYWT (although many were excellent). However, during subsequent rounds of recruitment, all coordinators were able to gain a better understanding of what was entailed and recruitment became more effective, with coordinators reporting that they quickly gained enough experience to be able to make a decision about whether someone was at an appropriate stage in their life to become a well-being trainer.

'I didn't have a proper understanding of how demanding the role is so, didn't realise what a barrier some of these things would be. This changed over the three years by having more lead in time for recruitment and understanding the project better'

Volunteer coordinators across all boroughs mentioned the specific challenges posed by volunteer trainers who had high-support needs due to the mental health problems that they were currently or had only recently started recovery from. One volunteer coordinator suggested that a significant

number of his first cohort of volunteers dropped out after training. Although this might appear to be a large potential problem, in fact this allowed the team to identify the obstacles that made it difficult for trainers to maintain their role. Firstly, some trainers were confused about their role as trainer and service user, and saw Mindkit as part of their treatment, rather than a volunteer role. The second issue was that a number of volunteers reported significant social anxiety, and although willing to facilitate sessions, this was nevertheless a considerable barrier to doing so. Finally, some volunteers found the training and sessions too challenging and others overcommitted themselves in terms of their time.

'On the one hand, you want someone who is really going to gain a lot of benefit from a project and so might have low confidence or may not be able to find volunteering opportunities, on the other you need someone who can grow in confidence'

Coordinators approached these barriers in a number of ways. They used targeted recruitment, where instead of using mental health charities (where people might be quite new in their recovery), they used universities and youth groups. Materials used to recruit also developed over the course of the project, and the Mindkit branding exercise made promotion to potential volunteers more straightforward. For example, in the second half of the project, one area received over 60 applications from prospective volunteers and another received many more suitable applicants than places mainly via word-of-mouth and the Local Mind website. Being able to select volunteers through a recruitment process meant that over time, coordinators had space to take on some more higher need trainers, feeling that they had time to dedicate to appropriate support. These approaches in reducing barriers for MYWT with high support needs had a beneficial impact on the trainer as well Mindkit. One volunteer coordinator described the experience of being able to support high need trainers:

'Taking their experiences that may be a source of guilt and shame and in a supported way flipping them to be a source of support and encouragement for other people... a very healing process.'

The training that the MYWT completed also developed over the course of the project. Initial versions were considered too academic, and lacking in some of the practical skills needs for the Mindkit sessions. The initial training did provide MYWT

with a certified, accredited award, but coordinators felt it necessary to provide extra sessions to cover public speaking, confidence building and other necessary practical skills. The training developed to become less academically focused and more hands on. 'It threaded in well-being and resilience through the course and this year [the volunteers] are much more confident in presenting'.

Coordinators also pointed out that the training could be use in other roles outside of the Mindkit volunteer role.

Coordinators found great variability in the amount of support required for the MYWT; some volunteers needed to think about boosting their confidence, whilst others thought they could "wing it", both requiring significant, but very different, support. Coordinators noted that appropriate support was crucial for MYWT retention. One other key factor for retention was the MYWT's own motivation for participation, with those who remained on board for longest being thought to be more interested in helping others and their communities, rather than solely enhancing their own CV. There were other important factors influencing retention. Firstly, some MYWT experienced important life events and/or had a challenging home life making it difficult for them to commit. Secondly, it was observed by all coordinators that young people either still in the midst of their mental health difficulties or only just on the road to recovery found it harder to manage the demands of training and session facilitation. This was sometimes because issues were too raw to talk about or their particular issues were around social anxiety making it challenging to lead Mindkit sessions. Thirdly, some individuals found it difficult to commit to the time required for training because of current employment. The final perceived obstacle for successful retention was volunteer attitude or ability to be self-reflective. Drop-out was more likely in cases where volunteers were not able to think things through, or approached the role in a laissez-faire way.

Importantly, and with some pleasure, it was also noted that some of those who left early did so for positive reasons, as some volunteers gained valuable skills that they used to find employment that meant they could no longer spare the time to volunteer.

Working with school and other youth organisations posed various challenges. Over the course of the project, coordinators learned the most effective ways of collaborating with different organisations. For example, some schools already had teachers trained in mindfulness and already had various support strategies for their students; these schools were happy to get involved and often requested repeated Mindkit sessions. Other schools gave an impression that their involvement was more like a "box ticking exercise", in order

to be able to say that mental health support/education had been provided for their students but were unlikely to be more involved. Some schools and colleges had a desire to offer greater mental health support but lacked the capacity to do so. They were happy to get involved, welcoming Mindkit as a much-needed additional resource - and in one case highlighting their outcomes from Mindkit Sessions to OfSTED.

Maintaining relationships with so many different schools and organisations also meant that sessions needed to be responsive to their varied needs, which meant different sessions needing to be developed, with every session needing a degree of tweaking. Some schools requested 20-minute whole year assemblies, while others preferred hour-long, smaller-group workshops. Schools that requested shorter sessions cited academic pressures as key reason why they could not allow more than 20 minutes out of a school day for a non-academic presentation. The coordinators all agreed however that the 20 minute sessions did not scrimp on content (and our findings from the young people feedback support this), that the volunteers were very good at knowing what could be left out and what was essential to still deliver the key Mindkit message in practice.

However, it was more difficult for coordinators to judge how well Mindkit complemented other services; coordinators reported signposting to other organisations, but it was not possible to know whether those services experienced any increase in contact with young people. However, there had been a message returned from one school interviewed that wellbeing and mindfulness services that were already being offered had more students attending post Mindkit sessions. We recommend that any future iteration of Mindkit, or services like it, works with local services to examine the impact of the programme on take-up or referral to those services.

Coordinators also felt that the age of the peer was important and that large age gaps between the MYWT and group did

not work well. Having had an experience of mental health problems was considered essential. The personal stories told by the trainers were considered 'the single most powerful aspect of the project' and 'essential'. Coordinators described how even the most challenging groups reacted positively to personal stories, and stressed that this was so important that it might be expanded. The coordinators pointed out that the stories are what makes Mindkit a peer-based programme, where an authentic voice and shared experiences are not typically something a professional can provide.

The coordinators reflected on the fact that there are very few programmes like Mindkit, and that it was somewhat unique in its preventative, universal and peer-led approach. Coordinators felt that session content would require continued development to ensure that it was up to date and relevant.

DISCUSSION

It is clear from the evaluation carried out that Mindkit was a programme that was able to develop over the three years that it ran for, and used feedback throughout the programme to make some significant changes. As a result, the outcomes for young people, volunteer trainers and organisations are largely positive.

One area of the programme that was re-considered following cohort one was recruitment. There was a shift from targeting those seeking help for their mental health through support groups etc, to those who may have experience of mental health difficulties, but are currently active in education, work or training. Altering the focus of recruitment meant that future volunteers required less intensive support for the volunteer coordinators, allowing for a more consistent supervision experience for all volunteers. Volunteer coordinators noted that there would be some very effective volunteers who would require more supervision than others, and that that could be managed, in order to maintain the aims and ethos of Mindkit and allow for a diverse group who are able to learn from each other, as well as provide good quality Mindkit sessions. For Mindkit to be successful (both financially and practically), retention of trained volunteers is crucial. While it is true that some loss of volunteers might reflect positive change (several volunteers finished before their six months because they had obtained paid employment that meant they were no longer free to volunteer), volunteer attrition was also possible due to individuals experiencing difficulties.

Volunteers reported that they formed good and helpful relationships during their training, but these can be difficult to maintain when volunteers run sessions at different times and are not able to meet up with such regularity. It may be desirable to try to organize social meet-up sessions where

volunteer diaries permit, as well as individual sessions, in order to allow volunteers some opportunities to meet each other again and discuss their experiences of running sessions.

Training and session development

Recent research carried out on behalf of the Department for Education looking at efficacy of peer-led interventions over the past 10 years (Coleman et al., 2017) reported that good quality training and support acts as important scaffolding to a peer-led programme. Volunteer coordinators pointed out that the development of more practical competency based training created more confident facilitators particularly in the area of sharing personal stories which they considered the *'single most important aspect [of the programme]'.* This is particularly important in order to be able to share personal stories in a way that is appropriate for the facilitator as well as the audience. The PENN resilience programme similarly to Mindkit adopts a 'train the trainer' approach. They state that effectiveness varies according to the training received, therefore they observe, practice delivery and receive extensive feedback to ensure good quality delivery (Grillham, Brunswasser & Freres, 2007).

One of the most important aspects of the Mindkit development is that of co-production. That Mindkit was able to incorporate the thoughts and voices of volunteers and young people who are 'experts by experience' means that the sessions were able to be developed with a greater amount of authenticity than would have been apparent from sessions developed by professionals and provided to volunteer trainers 'off the shelf'. Programmes working in a similar way to Mindkit should bear this in mind, and consider the voices of their volunteers and end-users in the development of the sessions that are delivered. While basing sessions on evidence-based strategies such as the Five Ways to Wellbeing or Mindfulness is sensible, including the volunteers in the production of the finished session product allows for an experience that sounds real, authentic and honest – all aspects that are associated with greater engagement with young people (Ord, 2016).

Interactions with organisations

The interviews conducted with the organisations have been useful in thinking about how Mindkit might form future relationships with schools, colleges and other youth organisations. From these comments, it seems that one of the most valued aspects of Mindkit is introducing a conversation about mental health for students in a structured and safe way, that both invites future dialogue and guides students towards support should they feel they need it. Teachers should not be left shouldering an increased responsibility for student

welfare that they are not prepared for, but they are clear that more teacher education would be welcomed. It would also be an interesting future question to examine how far teachers would also personally benefit from Mindkit sessions, in terms of managing their own work/life balance and the threat of burnout. Importantly, the Association of Teachers and Lecturers recently reported that over 50% of teachers reported that their jobs had a negative impact on their mental health (2014), a programme like Mindkit may offer something valuable here.

Outcomes

The evaluation was designed against the key deliverables of the project, and in collaboration with the Mindkit team. It is clear that the presence of an external evaluation team provided information directly to the Mindkit steering group and volunteer coordinators that could be taken on board and acted on in good time. We recommend that an evaluation group forms part of the core Mindkit team (whether internal or external to Mind), and further suggest that evaluation programmes should also consider looking more carefully at concepts that arose in our qualitative interviews as being important for volunteer trainers, including self-confidence and some way to capturing increased resilience.

One important aspect of this evaluation has been for the volunteers' voices to be heard. Although our quantitative findings showed little in the way of change relating to own well-being or self-efficacy, this is perhaps unsurprising given that volunteers were very similar in well-being reports to the general population in the first instance. However, the results of our focus group interviews shine a light on areas where volunteers feel that they have been able to develop, and these include their own confidence and skills related to presentation and organisation. It is also of real importance that volunteers have been able to talk about, and in many cases, forge an ownership and/or acceptance of their own mental health experiences. An acceptance and ownership of one's own (sometimes challenging or negative) narrative means that individuals with experience of mental health issues are able to develop an identity that is coherent and more positive; the fact that they are able to present this to others, and receive positive feedback for it, helps to further crystallize this identity and offers further validation that those experiences are an accepted part of the volunteer's life.

Raising the Mindkit profile

During the life of the Mindkit programme, there were several important actions that helped to raise the profile of Mindkit. Firstly, the existence of a webpage and blog to sit alongside the sessions. The maintenance of a webpage and/or other social media presence for Mindkit is likely to be an important part of any future Mindkit programmes, to allow as wide engagement as possible. It will be worth costing this into coordinators' time and training.

Mindkit also benefited from an event at Mind in Harrow involving the Duke and Duchess of Cambridge for World Mental Health day. The Duke and Duchess took part in a Mindkit workshop, facilitated by MYWTs, focusing on the 5 Ways to Wellbeing and how it can be applied to help young people manage difficult times. One Mindkit volunteer who was involved in the group session, talked to the Duke, and reported afterwards,

"He said we were heroes, and that he wanted the voices of young people to be amplified".

Finally, the Mindkit team hosted a dissemination event at the end of the programme, *'Peer-Led Projects: What is their Value?'.* This was attended by over 60 stakeholders from Bromley, Hackney, Harrow, Lewisham, Richmond and neighbouring boroughs from Commissioning, Business Development, Research and Evaluation, CAMHS and Mental Health, Local Authorities, Public Health, Participation, Schools, Colleges, Youth Organisations, Employment and Skills, Community Engagement and Campaigns teams. Participants took part in a series of workshops exploring the benefits of peer-led youth wellbeing and resilience models, the role of young volunteers within these and how schools and youth organisations can be supported to embed peer-led resilience and wellbeing support. The conference led to the strengthening of existing, and development of new, relationships including requests by two local area's CAMHS services to discuss future joint working or possible commissioning arrangements.

Future Directions

It is clear that Mindkit has much to commend it for use with young people; both in terms of information-sharing, initiating conversation in schools and signposting; and for the young people volunteering as wellbeing trainers. It is a strength that the programme has been flexible enough to offer a universal approach for young people aged 14+, but also provided more tailored sessions for specific groups. Youth organisations also reported how they appreciated that Mindkit were able to provide sessions in line with their own requirements. Mindkit appears to offer something valuable to a wider drive to develop well-being in schools, contributing a valuable peer-led element to a whole-school approach.

It seems sensible then for Mindkit to utilize some of that flexibility to respond to calls from organisations for other work that they would be interested in collaborating on. Firstly, it seems like a priority for Mindkit to develop a strategy around working directly with teachers. Those involved in the organisation interviews were clear that they would welcome some education or training for teachers, and various recent reports from teaching unions suggests that teacher well-being ought to be a priority. A double-pronged approach, where teachers are supported in thinking about discussing mental health with their students; but also supported in thinking about how to look after their mental health would likely to be welcomed, and be of value to schools and other youth organisations.

Mindkit also might consider developing a version of their universal programme for even younger children. In this project, Mindkit focused on young people aged 14 and upwards, but universal and more targeted programmes developing resilience exist for children as young as preschool age (Kestenbaum et al., 2016;). Our own evaluation demonstrated what a high proportion of the young people who experienced Mindkit sessions reported feeling stressed or anxious, and even earlier intervention programmes have the potential to be preventative, as well as ameliorating.

SUMMARY

Our external evaluation of Mindkit has been able to demonstrate a positive effect for both young people experiencing Mindkit sessions, and young people volunteering as wellbeing trainers. Organisations were able to work collaboratively with Mindkit, and were appreciative of their flexibility and professionalism. Notably, organizational representatives and their young people reported that the opportunity to meet other young people who were able to be candid about their own mental health challenges contributed to the rapport built between young people and the trainers, and resulted in better engagement.

Volunteer wellbeing trainers reported improved confidence, and many noted that the skills they developed allowed them to build their own careers in ways that they had not anticipated. It was clear that the support provided by dedicated volunteer coordinators in each borough were vital to the success of the programme; both developing relationships with youth organisations, and offering support to the volunteers.

Mindkit has been able to demonstrate clear potential to help young people to consider mental health and resilience-building in novel ways, and there is potential to expand this programme to include teacher education and work with younger children in the future.

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