



Canadian Mental
Health Association
British Columbia
Mental health for all



**Living Life to the Full for Youth
Pilot Evaluation Report**

OVERVIEW

Blue Wave is a youth mental health program of the Canadian Mental Health Association, BC Division (CMHA BC). It began as a Foundation run by a couple from Langley who lost their daughter to suicide when she was 18. It was then gifted to CMHA BC in May 2013. Many BC youth are struggling with mental health and substance use problems, and Blue Wave is working to provide all youth with skills and support to face challenges in their lives. It is also working to normalize the discussion of mental health problems, and to involve youth at every stage as it develops its programs for youth.

A central component of the Blue Wave program consists of the delivery of a mental health promotion course, Living Life to the Full, a 12-hour cognitive behavioural therapy-informed community course that is delivered across 8 weekly 1.5 hour group sessions. The adult version of the course is evidence-based (through randomized controlled trials conducted in the UK) and designed to help people learn better self-management skills for meeting life's challenges. The course looks at worry, depression, low motivation and isolation, healthy thinking, problem solving, confidence, and anger management. Course content is fun, practical and low-literacy.

Blue Wave has adapted the Living Life to the Full course for use with BC teenagers. Youth have been involved at every level of the adaptation; from development, to delivery, to evaluation. During development we enlisted the help of the Blue Wave Youth Team, eight teenagers aged 13-18 from across BC. The team read the course booklets thoroughly and gave detailed feedback to ensure that Canadian youth would connect with the examples, images and concepts. Mental health professionals, illustrators, and designers then shaped the course to reflect the honest feedback of the team. Regarding delivery, since we know that youth respond best when interventions are delivered by other young people, older youth from the community (aged 20-25) were trained to deliver the course alongside experienced adult facilitators. Evaluation of the course is based primarily on youth participants' pre- and post-course questionnaire data.

This report describes the results of a pilot study of the adapted youth course that was delivered by three CMHA branches and one external partner at a total of five sites in the spring and summer of 2014 (Delta, Cranbrook, Burnaby, and two sites in Victoria).

The Living Life to the Full course was written and developed by Dr. Chris Williams, and the Canadian Mental Health Association, BC Division holds the exclusive Canadian licence. Funding for 2013-2014 was provided to CMHA BC's Blue Wave program by Bell Let's Talk, RBC Children's Mental Health Project, Ismaili Students Association and donations.

The following people were involved in adapting this course for use with youth:

- Paula Vaisey, Education Programs Coordinator, Canadian Mental Health Association, BC Division
- Blue Wave Youth Team, 8 youth aged 13-18 from across BC: Kavneet Chahal, Mariecia Clegg-Willett, Shailen Kristiansen Yeulett, Philip Kuligowski Chan, Marlis Merry, Kerry Ryan, Hannah Taves, Calvin Zheng
- Dr. Chris Williams, course creator, UK psychiatrist and professor

We would also like to thank staff at the Canadian Mental Health Association, BC Division (special thanks to Donna Panitow, Communications Assistant), Dr. Michelle Haring and Mrs. A McCreath.

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KEY FINDINGS



Participant's self-reported well-being had improved after completing the course

There was a statistically significant change in pre- and post-intervention scores on the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) ($t(28)=-3.8, p<0.001$). The effect size indicates a moderate change (i.e. improvement) in self-reported mental well-being.

52 youth participants filled out the pre-questionnaire and 30 filled out the post-questionnaire.*



100% agreed that overall the course was useful to them



100% would be likely to recommend the course to another young person



90% agreed that the course was useful in improving their self-esteem (10% no opinion; 0 disagreed)



86% agreed that the course was useful in improving their ability to deal with stress (14% no opinion; 0 disagreed)



83% agreed that the course was useful in improving their social relationships (14% no opinion; 3% disagreed)



85% favoured the face-to-face group setting versus other methods such as online



85% felt less isolated than if they had done it online



82% felt more connected and closer to others in their group by the end of the course

- 86% said their ability to deal with **negative thinking** had improved
- 86% said their ability to boost their **confidence** had improved
- 83% said their ability to **do simple things to feel happier and healthier** had improved
- 79% said their ability to **work through problems in their lives** had improved
- 79% said their ability to **work on unhelpful behaviours** had improved
- 79% said their ability to **deal better with feelings of anger** had improved
- 70% said their ability to **plan activities to boost how they feel** had improved
- 93% found the course **fun and interactive**

* Attrition was largely due to the pilot course being run at the end of the school term and in the summer holidays. Those that did not complete a post-course questionnaire were not statistically different from the youth who completed.



METHODS

Pilot sites collected informed consent from all participants. Pre- and post-course questionnaires were developed by CMHA staff in consultation with research experts. The pre-course questionnaire contained standardized demographic and background questions (e.g., questions about gender, age, educational status, ethnicity and how the youth had heard about the course), in addition to the primary outcome for the pilot study, the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). The post-course questionnaire included the WEMWBS, in addition to a series of questions about experiences and perceptions of the Living Life to the Full course.

Tests and analysis related to statistical significance were performed by Dr. Erin Michalak, PhD. Dr. Michalak is a researcher and Associate Professor in the Department of Psychiatry at the University of British Columbia with a research background including psychology, psychosocial support and mood. To learn more about Dr. Michalak's research credentials, visit <http://psychiatry.ubc.ca/person/erin-michalak>

Warwick-Edinburgh Mental Well-Being Scale

The WEMWBS is a 14-item scale with a 1 to 5 Likert scale response format. The minimum scale score is 14 and the maximum is 70, with higher scores indicating better well-being. Average (adult) population scores for the scale are around 51. The scale is a well-validated, reliable and respected tool, and performs equally well in the general population as in student groups with youth aged 13 and older. On inspection, the pilot data was normally distributed (that is, the sample appears typical of the population with low, mid and high scores), thus t-tests were used to explore pre- and post-differences between means on the WEMWBS.

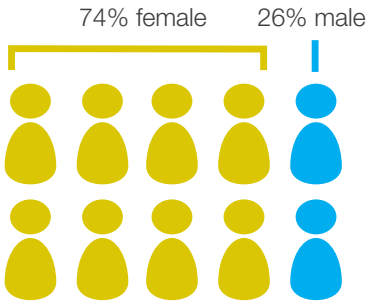


DEMOGRAPHICS

Across all sites:

- 52 respondents completed PRE-questionnaire
- 30 respondents completed POST-questionnaire

Gender



- 35 identified as female
- 1 respondent who identified as female specified being of fluid gender
- 12 identified as male
- 5 did not respond

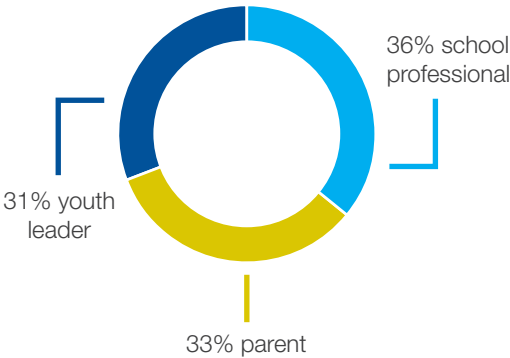
Average age – 14.9

Average grade level – 9.5

Ethnicity¹

- 6 identified as Aboriginal
- 3 identified as Asian
- 1 identified as Black
- 9 identified as South Asian
- 21 identified as Caucasian
- 3 identified as another ethnicity, with one specifying Chinese and Dutch
- 9 did not respond

Youth heard about the courses from:



- other responses included: friend, grandmother, counsellor, Project Alive and ledger
- 3 did not respond

¹ Many respondents who identified as a certain ethnicity also provided more specific written responses. These included Asian and Caucasian; mixed Asian and Caucasian; European and South Asian. One respondent who identified as Aboriginal specified "White passing."



The nine booklets used in the course

RECRUITMENT AND RESPONSE RATES

In total, 52 youth across the three sites were recruited to the pilot study: 8 youth were part of the pilot study in Victoria Site 1, 10 youth in Victoria Site 2, 8 in Burnaby, 10 in Delta and 16 in Cranbrook.

Attrition

58% of all participants to begin the course completed the post-course questionnaire given out in the last session (30 out of 52).

Possible reasons for attrition (from facilitator feedback):

1. Timing

- All pilot courses were held either at the end of the school term or in the summer holidays.

2. Attendance at last session

- Only participants who attended the last session were given the post-questionnaire; some participants attended the majority of sessions but if they missed the last session they were not given the post-questionnaire to fill out.

3. Suitability

- Some youth were not suitable for the course because it is not designed for youth with severe mental health problems.

4. Interest

- In one course, some of the youth did not want to continue, due to not enjoying the content in the third and fourth session (it was not as interactive as the first two sessions).
- Some participants were not informed as to the nature of the course and felt pressured by someone else in their life to attend.

5. Family and personal issues

- Parents' commitment level (for drop offs, pick-ups), sickness, family emergencies.

6. Commitment

- Some had difficulty committing to a multi-week time frame and because the course was free, there was not that same sense of responsibility/commitment.



QUANTITATIVE RESULTS

Participants' Well-being

Warwick-Edinburgh Mental Well-being Scale

- Mean baseline WEMWBS scores in the entire sample with complete data (N=50) was 42.5 (SD±10.7) (range 21-61)
- Mean post-intervention WEMWBS scores in the sample of time1 and time2 completers (N=29²) was 48.5 (SD±13.3)

This result is a statistically significant change in pre- and post-intervention WEMWBS scores ($t(28)=-3.8, p<0.001$). This means that the differences in scores before and after were not due to chance.

The change from 42.5 to 48.5 represents an effect size of 0.5 which is considered a moderate change.

Participants' self-reported well-being had improved after completing the course.

Completers versus non-completers

Mean baseline WEMWBS scores in the sample of time1 and time2 completers (N=29) was 42.0 (SD±10.0). Mean baseline WEMWBS scores in the sample of time1 and time2 non-completers (N=21) was 43.1 (SD±12.1). The implication of this is that at the start of the course, the youth who ended up completing Living Life to the Full did not have different³ mental well-being scores than the youth who did not complete. Age or gender were also not associated with whether youth did or not complete the course.

² WEMWBS scores were fully available for analysis in 50 respondents at baseline (time1) and 29 respondents at time2. Three respondents did not complete all of the WEMWBS (2 on Pre questionnaire, 1 on post questionnaire) and were excluded from this section of the analysis. The two who did not complete the Pre WEMWBS scale questionnaire did not complete any of it. The one respondent who did not complete the Post EW scale questionnaire completed 8 of the 14 questions.

³ Statistically significant



RESPONDENTS' PERCEPTIONS OF THE COURSE

Overall perception



100% of respondents agreed that overall the course was useful to them

→ 29 out of 29 respondents indicated “Agree” or “Strongly agree” to “Overall, the course was useful to me” (16 Strongly agree; 13 Agree; 0 No opinion; 0 Disagree; 0 Strongly disagree. 1 did not respond)



100% of respondents would be likely to recommend the course to another young person

→ Out of 29 who responded, 29 (100%) indicated that they would be likely to recommend the course to another young person (“How likely are you to recommend the course to another young person?” 16 Very likely; 8 Quite likely; 5 Slightly likely; 0 Not likely. 1 did not respond)

Perception of the effects of the course



90% of respondents agreed that the course was useful in improving their self-esteem

→ 26 out of 29 who responded indicated “Agree” or “Strongly agree” to “The course was useful in improving my self-esteem” (5 Strongly agree; 21 Agree; 3 No opinion; 0 Disagree; 0 Strongly disagree. 1 did not respond)



86% of respondents agreed that the course was useful in improving their ability to deal with stress

→ 25 out of 29 who responded indicated “Agree” or “Strongly agree” to “The course was useful in improving my ability to deal with stress” (10 Strongly agree; 15 Agree; 4 No opinion; 0 Disagree; 0 Strongly disagree. 1 did not respond)



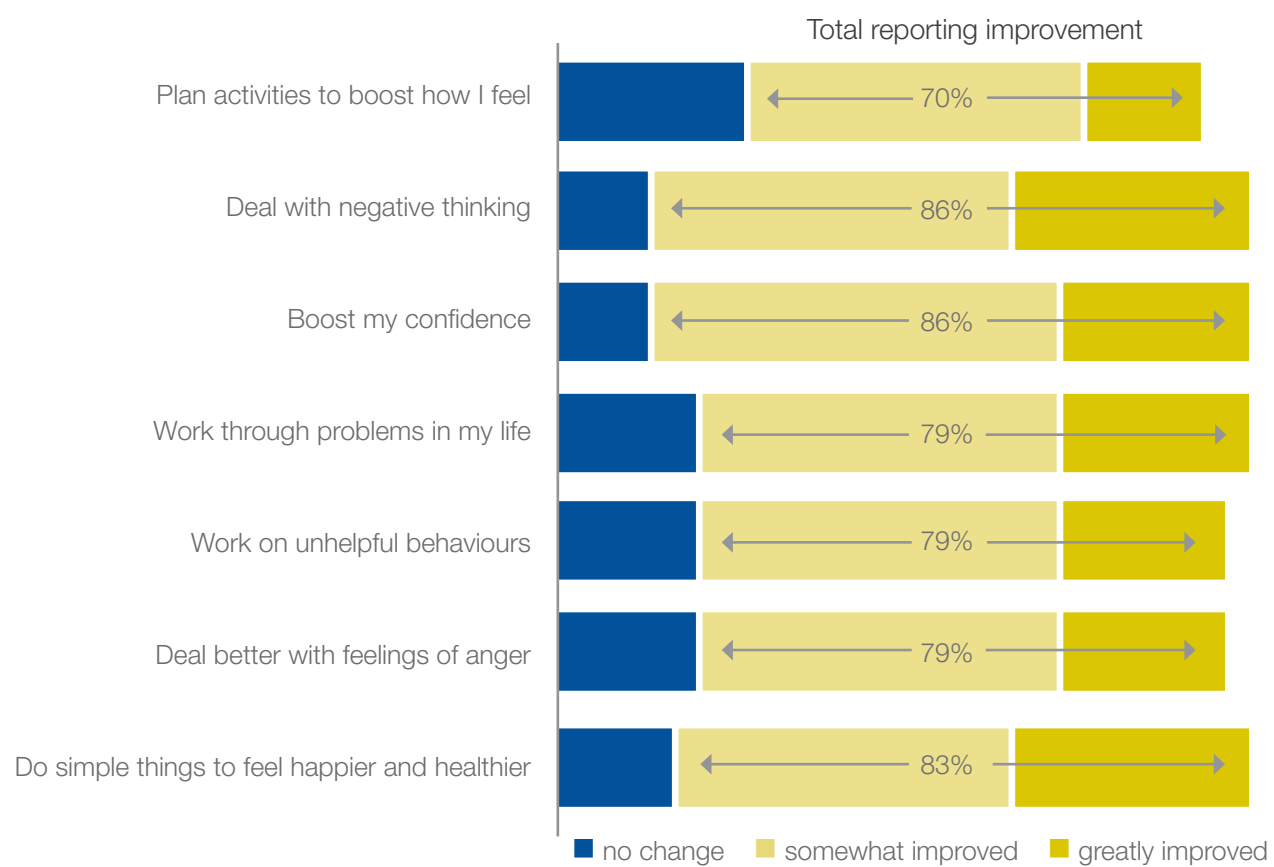
83% of respondents agreed that the course was useful in improving their social relationships

→ 24 out of 29 who responded indicated “Agree” or “Strongly agree” to “The course was useful in improving my social relationships” (6 Strongly agree; 18 agree; 4 No opinion; 0 Disagree; 1 Strongly disagree. 1 did not respond)



RESPONDENTS' PERCEPTIONS OF THE COURSE

When asked to rate their ability in the following areas since completing the course, the majority of youth indicated some or great improvement:





COURSE FORMAT AND CONTENT

Format

The face-to-face group setting was favoured by the majority (85%) of participants. It made the youth feel closer to their group members (82% agreed), more connected (82% agreed) and less isolated (85% agreed) than if they had done the course online or on their own.

Evidence:

- The survey suggested to youth that future courses could be delivered completely online, one-on-one, as the majority of other youth mental health interventions are delivered. Participants wanted the course to be kept just as it is now, using a group format with paper booklets and worksheets (22/26 responses, 85%), but they also wanted the worksheets to be available electronically, e.g. with an app (20/26 responses, 77%). We should interpret this with some caution as people who did not like a face-to-face format are also less likely to choose to attend at all or complete the course.
- The majority of youth (22/27 responses, 82%) felt connected to the other people in their course (“I felt connected to the other people in my course” 9 Agree strongly; 13 Agree somewhat; 4 No opinion; 0 Disagree somewhat; 1 Disagree strongly).
- The majority of youth (23/27 responses, 85%) felt less isolated due to the group interaction (“Talking about

things in a group made me feel less isolated than if I had done it online” 13 Agree strongly; 10 Agree somewhat; 3 No opinion; 0 Disagree somewhat; 1 Disagree strongly).

- The majority of youth (23/28 responses, 82%) disagreed with the statement “By the end of the course I didn’t feel any closer to the other members in the group” (0 Agree strongly; 0 Agree somewhat; 5 No opinion; 9 Disagree somewhat; 14 Disagree strongly).

Content

The vast majority of youth (93%) enjoyed the course and found it fun and interactive.

Evidence:

- The majority of youth (26/28 responses, 93%) agreed with the statement “I found the course fun and interactive” (15 Agree strongly; 11 Agree somewhat; 1 No opinion; 1 Disagree somewhat; 0 Disagree strongly). This should be interpreted with some caution as those who did not find the course fun were presumably less likely to complete it.
- The majority of youth (24/27 responses, 89%) disagreed with the statement “I found the course boring” (0 Agree strongly; 2 Agree somewhat; 1 No opinion; 11 Disagree somewhat; 13 Disagree strongly).



COMMENTS FROM YOUTH

General feedback

- “I learned how to help myself feel happier.”
- “I learned how to release my anger and stress in a calm way.”
- “It was amazeballs!”
- “I learned how to feel better straight away, how to feel happier, how to solve problems, how to control anger, how to be more active, how to be more positive.”
- “Take the class. It was really good. It will make you happier and more enjoyable about everything.”

“It was an amazing class. I really enjoyed it because I learned a lot from this class. It helped me realize that life isn’t that bad and there is always a way to help yourself and others feel good about themselves.”

- “I learned how to cope with bad thoughts and look at them in a more positive way.”
- “The class was helpful and fun.”
- “This class will help you to boost your confidence and self-esteem and improve your overall quality of life.”



COMMENTS FROM YOUTH

Describe how the course has impacted your life or well-being

- “It’s nice that there’s a helpful course with other people my age to connect with and learn/share stuff together.”
- “I know now that I possess the tools to turn a cloudy day into a sunny one.”
- “It has made me more confident and boosted my self-esteem.”
- “It’s helped me with problem solving.”
- “I feel better about myself and my thoughts.”
- “The course has made me more aware of my mental health. It has helped me problem solve, improved my confidence and helped me learn how to take care of my mental health.”

“I taught my mom some of the skills and she used it along with me. I loved learning about the unhelpful behaviour changing system.”

- “Made me feel better in general in a friendly environment.”
- “This course has given me the tools and resources I need to help myself feel better in general and improve my overall quality of life.”
- “The course helped me deal with my problems without anger or aggression. I feel more confident about myself and the way I do things.”



COMMENTS FROM YOUTH

Describe how the course has impacted your life or well-being

- “It made me think differently on how I might do things/dealing with stress and working harder on problems and overcoming the problems.”
- “This course affected me positively because I learned ways in helping myself solve my behaviours/ problems that occur.”
- “I hadn’t realized I was going through a vicious cycle and I learned so much and I’ve changed a lot for the better.”
- “I may not use all the skills right after the class, but it definitely feels good to know I have something to refer back to, and help me out later on.”

“Since the day this session started it really impacted my life because the negative things I always do changed, I became more friendly to everyone and my confidence really changed because of this session.”

- “I loved the positive and helpful attitude the group brought and the material has made me think about and notice small or even large “kinks” in my daily life.”
- “Made me realize what I needed to improve on, and then gave me the tools to improve.”
- “I met K___, and you know I really need friends. I actually got out of the house and that’s really hard for me but it also helped to hear and talk about things even if it’s just once a week.”



A few of the illustrations appearing in course workbooks

IMPROVING THE COURSE

Do you have any suggestions for how the content of the course could be improved?

- “Name adjustments as discussed (tripped up, etc.).”
- “Emphasize boundaries of the course beforehand so participants know what they can and cannot disclose.”
- “More outdoor oriented!”
- “You could do a fun thing like a wow walk every session to keep them interested.”
- “More fun activities.”
- “Yes, dealing with bullying should also be a topic.”
- “I don’t have any suggestions because they are really good.”
- “More organized and more publicity.”

Do you have any suggestions for how we could improve the course in other ways?

- “Maybe make each course a little longer so participants have more time to discuss the curriculum.”
- “No. I found it worked. Maybe more sessions, but I liked the set up overall. Maybe 6? 1 thing 1st day, 2 next, 1 last day.”
- “More sessions.”
- “Doing a session outside.”
- “The course could be improved by only having people who are actually interested there, instead of having them talk a lot.”
- “Twice a week instead of once. 2 hours instead of 1.5 hours. Better advertising = more people. Play games related to the topic.”
- “I would try harder to get the word out about this course.”
- “More.”
- “More publicity and perhaps shorter classes over longer period of time = more in depth.”





FACILITATOR FEEDBACK

- “A young girl sharing an example of how she hadn’t been getting out and was staying home and thinking nobody liked her. After we did the Amazing Bad-Thought-Busting Program she was able to use the thought busting, determine her thoughts were not valid, and make a plan to connect with some classmates which she did and enjoyed. She was totally pumped about her success and of course we were as well.”
- “One would be when two students came up to talk to me after class, and said how much they were enjoying it and using it in their lives. This was just after class 4 or 5.”
- “When one of the parents came and told me how at the beginning she was forcing her child to come to the class, but now the youth is up early to go to class and trying to hurry her along.”
- “The girls shared many moments of “getting it”—I was very impressed at how well they could identify their behaviors; they could identify the types of negative thoughts they experienced, their “buttons” that triggered anger, recurring negative thoughts they had, and the positive and negative things they do when dealing with issues. A few of the girls spoke about using the Easy 4-Step Plan to achieve schoolwork they had been putting off.”
- “Beyond the youth “getting it” they formed a strong sense of community. For our last class one of the girls made cupcakes, and two of the girls made “I’m LLTTF!” [Living Life to the Full] pins for the group. It was very touching!”

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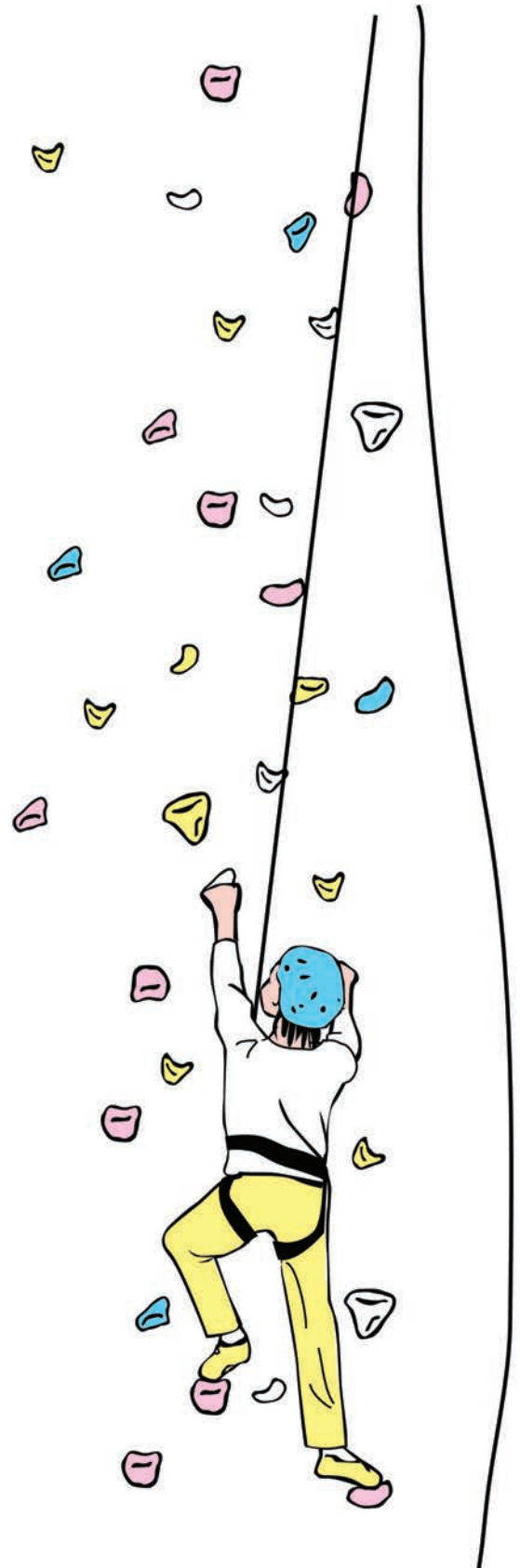


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Health Association**
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CONTACT US

e: bluewave@cmha.bc.ca
t: 1-800-555-8222 or 604-688-3234 ext 236
w: www.ok2bbblue.com
a: c/o Canadian Mental Health Association, BC Division
1200-1111 Melville St
Vancouver, BC V6E 3V6

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