



Western Centre for School Mental Health

## ABSTRACT

Limited research exists about factors that influence the sustainability of universal mental health promotion programs after the controlled and supported environment of a research study ends. This sustainability study explores the factors associated with sustained implementation of MindUP™, a mindfulness-informed social and emotional learning (SEL) curriculum in schools following a quasi-experimental longitudinal evaluation. The purpose of this study is to evaluate the sustainability of MindUP™ in LDCSB using discontinuation analysis and identifying factors associated with discontinued and sustained implementation.

Between 2016-2021, 279 educators of LDCSB in Southwestern Ontario were trained in MindUP™. Educators were support staff/ administrators trained for district-wide capacity building and educators trained to implement the program as part of the quasi-experimental study. The research team provided many resources intended to support and sustain the implementation of MindUP™. In January 2022, every LDCSB educator trained in MindUP<sup>™</sup> was invited to participate in an online survey (n=142). Data were analyzed using SPSS descriptives.

Of the 142 survey respondents trained, 60 educators indicated they sustained their implementation of the program in the 2021-2022 school year. Barriers to sustainability included low self-efficacy among educators trained in the online modules, pandemic-related challenges, conflicting curriculum priorities and limited time to implement. Facilitators attributed to sustained implementation are the resource package, observing benefits in the students, educator benefits, and educators observing a need for self-regulation skills among students

This discontinuation analysis identified points that respondents discontinued or sustained implementation and the factors that they attribute as barriers or facilitators for using the mental health promotion program. The findings contribute to the identification critical stages and the associated strategies that could promote sustainability of program implementation.

## INTRODUCTION

- MindUP<sup>™</sup> is a mindfulness-informed SEL program shown to promote cognitive and SEL skills such as self-awareness, self-management, and perspective taking for children who receive the program (Schonert-Reichl, 2015).
- In an evaluation of MindUP<sup>™</sup> in LDCSB, a school district in Southwestern Ontario, we found evidence of positive effects including improved child behavioural problems (Crooks et al., 2020) and reducing educator burnout and stress (Kim et al., 2020).
- The implementation of evidence-based prevention programs, such as MindUP<sup>™</sup>, needs to be sustained over time to produce the intended benefits for children (Han & Weiss, 2005). There is limited literature on the factors that promote sustained implementation of evidence-based programs in schools (Arnold et al., 2021).
- Sustainability of evidence-based mental health programs by teachers is defined as the continued use of the curriculum components at a level that is sufficient to sustain the outcomes (Han & Weiss, 2005).

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**Research questions:** 

21 survey respondents trained in MindUP and traumainformed practice 2016-2017

6 respondents attended Spring **Booster Training** 

Sustainability Strategies: Trained implementors received a resource package of curriculumaligned storybooks, chime, Hoberman Sphere breathing ball, and mindfulness activities cards. MindUP<sup>™</sup> lesson extensions of District-specific and Catholic-relevant activities, parent handouts, and curriculum alignment documents showing the provincial expectations that are met by teaching MindUP.

Survey: Respondents indicated their implementation or discontinuation of the program. Respondents self-identified factors that they attribute to their sustained implementation or barriers to implementation. Educators were asked to describe their suggestions for supports and strategies to promote the sustained implementation of MindUP<sup>TM</sup> and other mental health promotion programs in the school district.

**Data Analysis:** Survey data were analyzed in SPSS using descriptive statistics.

Analysis Discontinuation of the MindUP<sup>™</sup> program implementation based on self-reported survey respondents during the data collection time period of January to March 2022 (10 respondents did not answer this question). Eligibility to implement was based on school district level data of educators currently teaching in classrooms (i.e. not retired, on maternity leave, left the district, etc.) Three discontinuation points are

identified.

Public Health Agency of Canada

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# **RESEARCH OBJECTIVE**

Through a quasi-experimental multi-year implementation research study of MindUP™ in Kindergarten to Grade 3 classrooms, we found significant impacts on students' social, emotional, and adaptive behaviour skills and positive affects on educators, as compared to educators and students who did not receive the training/ program (Crooks et al., 2020; Kim et al., 2021)

Throughout the 6-years of our university-school district partnership, we planned for sustained program implementation in LDCSB schools through multiple support strategies. This study assessed barriers and facilitators to sustaining MindUP™, a universal mental health promotion program in low-resource schools of a Catholic School District in Southwestern Ontario following outcomes evaluation research.

To what extent is the MindUP<sup>TM</sup> program curriculum sustained by educators after the evaluation? What are the factors associated with each discontinuation point and with sustained implementation of the program?

## METHODS



# FINDINGS

### Figure 1: Discontinuation



Sustained Implementation

### **Participants**

Primary educators (Kindergarten to Grade 3) and school district staff from schools in a Catholic School District in Southwestern Ontario, Canada.

#### Table 1: Descriptive Statistics Summary of Survey **Participant Characteristics**

Variable		Mean or Percentage	Std. Dev.	Min	Max
Years teaching/ in education		17.1 years	8.7	1.5	46
Age	25-34 years	14.1%			
	35-44 years	39.4%			
	45-54 years	28.9%			
	55 years +	14.8%			
Gender	Male	6.3%			
	Female	92.3%			
Current Role	ECE	16.2%			
	Teacher	72.5%			
	Other	9.9%			
Training	In person	77.5%			
	Online	22.5%			
Education	Diploma	12.7%			
	Bachelor	63.4%			
	Graduate	14.8%			
MindUP professional development	Yes	37.3%	e.g. Booster sessions, Master trainer, Online community of practice, etc.		
	No	62.7%			
Number of participants		142			

### Factors Associated with Discontinuation Points and Sustained Implementation.

#### Discon

17 Respondents neve receiving the training 10 were trained in 20 were the school years pandemic. Educators received 1.5 hours of person training of prev **Barrier**:

Factor most frequent from starting to impler Pandemic conditions between in person a

"MindUP got lost in th

#### Discon

10 Respondents disco multiple implementat **Barriers**:

 competing prioritie pandemic condition

- Facilitators:
- Resource package • MindUP lesson e between the progr
- curriculum expec • personal or profes educators (n=8)

"We have the supports. Just need the consistency of fill in class learning and the time."

- 679.
- *Psychology*, *51*(1), 52-66.



## **FINDINGS**

tinuation Point 1	Discontinuation Point 2			
er implemented MindUP after 19-20 and 2020-21(59%), which a disrupted by the COVID-19 trained in 2020-21 (n=9) online training vs. full day in- vious years. y attributed to preventing them ment MindUP <sup>™</sup> s (e.g. shifting back and forth nd online learning) (n=10) he shuffle."	<ul> <li>45 Respondents discontinued MindUP™ before completing or stopped after the first implementation.</li> <li>23 were trained in person (51%) and 19 trained online (42%)</li> <li>Barriers:</li> <li>Factors they most frequently attribute to preventing them from completing or continuing with MindUP™</li> <li>competing priorities for instructional time (n=20) <i>"I found that more of my time had to be dedicated to other curriculum areas."</i></li> <li>pandemic conditions (n=19)</li> </ul>			
tinuation Point 3	Sustained Implementation			
ontinued MindUP™ after ons.	<ul> <li>60 Respondents are currently implementing</li> <li>MindUP<sup>™</sup> and intend to continue.</li> <li>43 were trained in-person (72%) and 15 were trained</li> </ul>			
es for instructional time (n=6) ons (n=7).	online (25%). Facilitators: • Resource package (n=54)			
e (n=9) atensions (n=6) Clear alignment ram with the provincial	<ul> <li>Benefits observed in the students (n=53)</li> <li>Personal benefits or professional practices benefits (n=52)</li> </ul>			
ations (n=8) ssional benefits for the	<ul> <li>A clear need for self-regulation skill development in students (n= 52)</li> </ul>			
	<ul> <li>Having seen the benefits for their students (n=52)</li> </ul>			

# "Students need a SEL program, I feel like they benefit from MindUP activities throughout the day.

# SUMMARY AND CONCLUSIONS

Major barriers to implementation include the challenges associated with the COVID-19 pandemic and limited time for meeting curriculum expectations. Facilitators of sustained implementation include support resources, program strengths (benefits for children and teachers).

Recommendations are to provide high quality training, enhance supports for educators experiencing transitions (e.g. pandemic-related online learning or role changes), and provide implementation resources.

This study contributes to the current literature by demonstrating the fundamental challenges and facilitators of sustained implementation of the MindUP<sup>™</sup> program in a southern Ontario school district.

Factors identified as influencing sustained implementation of evidence-based mental health promotion programs can impact multi-sector partnership plans for implementation in schools. Identification of the critical points of discontinuation phases and processes can promote more successful implementation, program effectiveness and ultimately sustainability of such initiatives.

# REFERENCES

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