

Partnering to support a mindfulness-informed social and emotional learning program in elementary schools



Highlights

- MindUP™ is a classroom-based program that teaches social-emotional learning (SEL) skills to children through cognitive neuroscience, positive psychology, and mindful awareness
- Our six-year MindUP for Young Children project with London District Catholic School Board, involved training almost 300 educators and staff to implement MindUP™, bringing the program to thousands of students school board-wide.
- The Quality Implementation Framework (QIF) provides a useful template to retrospectively identify strategies that contributed to the success of the MindUP™ for Young Children project.
- Schools can promote child mental health and wellbeing through evidence-based mindfulness and SEL programming when implemented with high quality.

What is this article about?

In recent years, the use of mindfulness practices in classrooms have become increasingly popular. Research suggests that mindfulness in the classroom can help students become calmer, more focused and reduce their experiences of stress. Mindfulness-based social and emotional learning (SEL) programs in schools have shown evidence of positive effects if implemented with high quality. Moving evidence-based programs from science to practice in schools continues to challenge researchers, school policymakers, and facilitators.

This case study is an in-depth description of the supported implementation strategies that fit with the Quality Implementation Framework (QIF) in a university-school board partnered implementation of SEL program, MindUP™.

What did the researchers do?

Researchers conducted a semi-structured focus group for social workers and multiple semi-structured focus groups for MindUP educators at the end of each school year of the project (except spring 2020).

In the spring of 2021, the online focus group educator participants were asked additional questions about the successes, challenges, adaptations, modifications, and experiences associated with implementing MindUP™ in the online learning environment and in-person during a pandemic.

Researchers also conducted formal interviews with two school board key informants. Other data sources include Steering Committee meeting minutes, project plan, partnership agreement, year-end reports to funders, and alignment documents. The data was then deductively analyzed, beginning with QIF phases, steps, and descriptions to test the fit between the research data and the QIF lens.

Main findings

Implementation strategies contributed greatly to the successful adoption of the program within the school board. Researchers were able to map their implementation process onto the four sequential phases of the QIF and identify strategies that promote success at each stage.

Key strategies for success include continuous efforts for engagement and buy-in, commitment to quality training, support and communication from Steering Committee, and consistent data collection and review.

Providing MindUP™ and trauma-informed care (TIC) training and supports for educators in multiple formats and throughout the changes associated with the pandemic context was essential for quality program delivery in schools. The framework of training and supporting the implementation educators over multiple years aligns with implementation science best practices for mental health promotion programs.

Lessons learned – share with others

Throughout the project, educator focus groups functioned as a feedback mechanism from the implementors to the Steering Committee and a means of sharing lessons learned among implementers. Other knowledge sharing efforts were produced such as: presenting published findings to the Board of Trustees, two video projects that informed about the project, lessons learned, specific implementation strategies within the board, and a whiteboard video that gave an overview of the research findings and implications. These knowledge mobilization efforts were key in maintaining buy-in from senior leadership, stakeholders, and educators.

Limitations

The case study approach and the implementation context of a well-funded university-school board partnership limit the generalizability of findings. However, this case study provides a compelling case for school boards and researchers to work together and apply systematic implementation strategies for universal mental health programs.

How can you use this research?

The promising results from this study suggest the steps of the QIF can be applied to a mindfulness-informed SEL program implementation in schools, even in the context of a complex, dynamic, and multi-year project, to broaden the impacts and embed the program further into the school board.

About this snapshot

Original research article

For a complete description of the research and findings, see the full research article: Delaney, A., Crooks, C. V., Bax, K., Savage, S. & Spencer, T. (2022). Partnering to support a mindfulness-informed social and emotional learning program in elementary schools: Strategies aligned with the Quality Implementation Framework. *Canadian Journal of Community Mental Health*. <https://doi.org/10.7870/cjcmh-2022-022>

Keywords: implementation science; schools; social-emotional learning; community-university partnerships

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