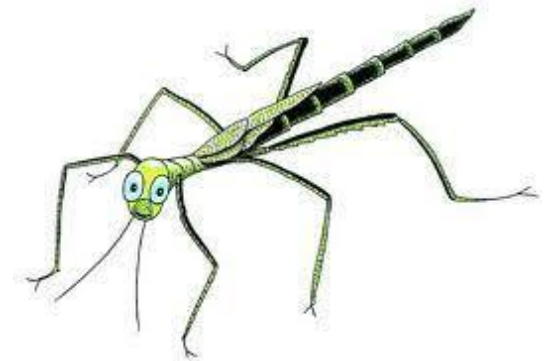


Mental Health Promotion for Children

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Agenda

- Children Mental Health
- The Zippy's Friends Programme
- Own research

Children mental health

There is 13% prevalence of mental disorders in children and youth in the world (Polanczyk, Salum, Sugaya, Caye & Rohde ,2015)

The World Health Organization in the 2014 report states that depression among adolescents is a significant problem and every third cause of death.

WHO researchers also point out that half of the disorders, that are observed in adolescents, develops before the age of 14 (World Health Organization, 2014).

Children mental health in Poland

Małgorzata Janas-Kozik (2017) reports that in Poland 9% of children (aged 0-18) require psychological and psychiatric support.

In 2014, The Main Statistical Office in Poland indicates that in the group of 10-14 years old, the suicide rate per 100'000 inhabitants was 0.7 (13 in total), while in the group of 15-19 the rate was 9.4. The rate for this group was growing for the last five years.

The main cause of suicides among children aged 10-14 are school problems (Gmitrowicz, 2018)

Mental health promotion in school

Schools are very well placed to provide mental health promotion and support children and young people (they have access to all children in school age (Bothe et al., 2014; Cheney et al., 2014; Nielsen et al., 2015; Cefai & Cooper, 2017))

Children spend at school many hours.

In many cases schools are serving as centres where support is either provided or facilitated with referral to appropriate health and psychosocial services

Mental health promotion for children in Poland

WHO in the HEALTH 2020 strategy emphasizes the value of health support throughout the life cycle, starting from childhood, and recommends reinforcing actions for mental health promotion programs (WHO, 2013, pp. 6-7).

The European Union also recommends measures for the mental health of children and young people, and considers them a priority (Wahlbeck et al., 2010).

National Mental Health Program notes the value of interventions that promote mental health, such as the acquisition of basic skills to cope with difficulties during childhood and adolescence in order to build individual mental immunity (Kalbarczyk, Murawiec & Kalbarczyk, 2016).

The Zippy's Friends Programme: History

The programme is distributed internationally through a non-profit organisation Partnership for Children (www.partnershipforchildren.org.uk),

Zippy's Friends has been running around the world since 1998 and is now in over 30 countries. The programme has helped more than 1.6 million children!



Zippy's Friends Programme in Poland

The one and only recommended
mental health promotion programme
for children

Since its introduction in 2005, almost
200'000 children were participating in
the Programme.

Since 2011 it is coordinated by Centre
of Positive Education



Zippy's Friends Programme: concept

The Programme is intended for children aged 5 to 9.

The fundamental concept behind the programme:

if we can teach young children how to cope with difficulties, they should be able to better handle problems and crises in adolescence and later life.

Zippy's Friends has been evaluated and found to improve children's coping skills, social skills, emotional literacy, improve the class atmosphere and reduce bullying.

Zippy's Friends Programme: contents

Programme has 24 sessions of 45 minutes.

The six modules cover:

- Feelings
- Communication
- Friendship
- Conflict
- Change and Loss
- Moving forward

Zippy's
Friends
Programme:
evaluation
studies

- Czech Republic (Žufníček, J., Gricová, J., Běláček, J., Dosoudil, P., Čermáková & M. & Papežová, H., 2016)
- The Netherlands (Trimbos Institute, 2016),
- Ireland (Clarke et al., 2014),
- Canada (Monkevicienė, Mishara, B. L. & Dufour, S., 2006),
- Norway (Holen et al., 2012),
- USA (Rodker, 2013),
- Denmark and Lithuania (Mishara & Ystgaard, 2006). Note: Programme running in both countries with control group in Lithuania.

Polish evaluation

- 213 children from 2 schools, age 7-9
- Experimental group: 107 (54 girls and 53 boys)
- Control group: 106 (56 girls and 50 boys)

Own study: Measures

- Quality of life: **KIDSCREEN-52** for children (10 dimensions),
- **Strengths and Difficulties Questionnaire (SDQ)**, for parent and teacher, multidimensional measure that covers five dimensions of mental health in children aged 3–16 years (Goodman, 1999).

The SDQ is widely used as a brief psychiatric screening instrument for children and adolescents (Goodman, Ford, Simmons, Gatward, & Meltzer, 2003; Obel et al., 2004)

Own study: Measures – cont'd

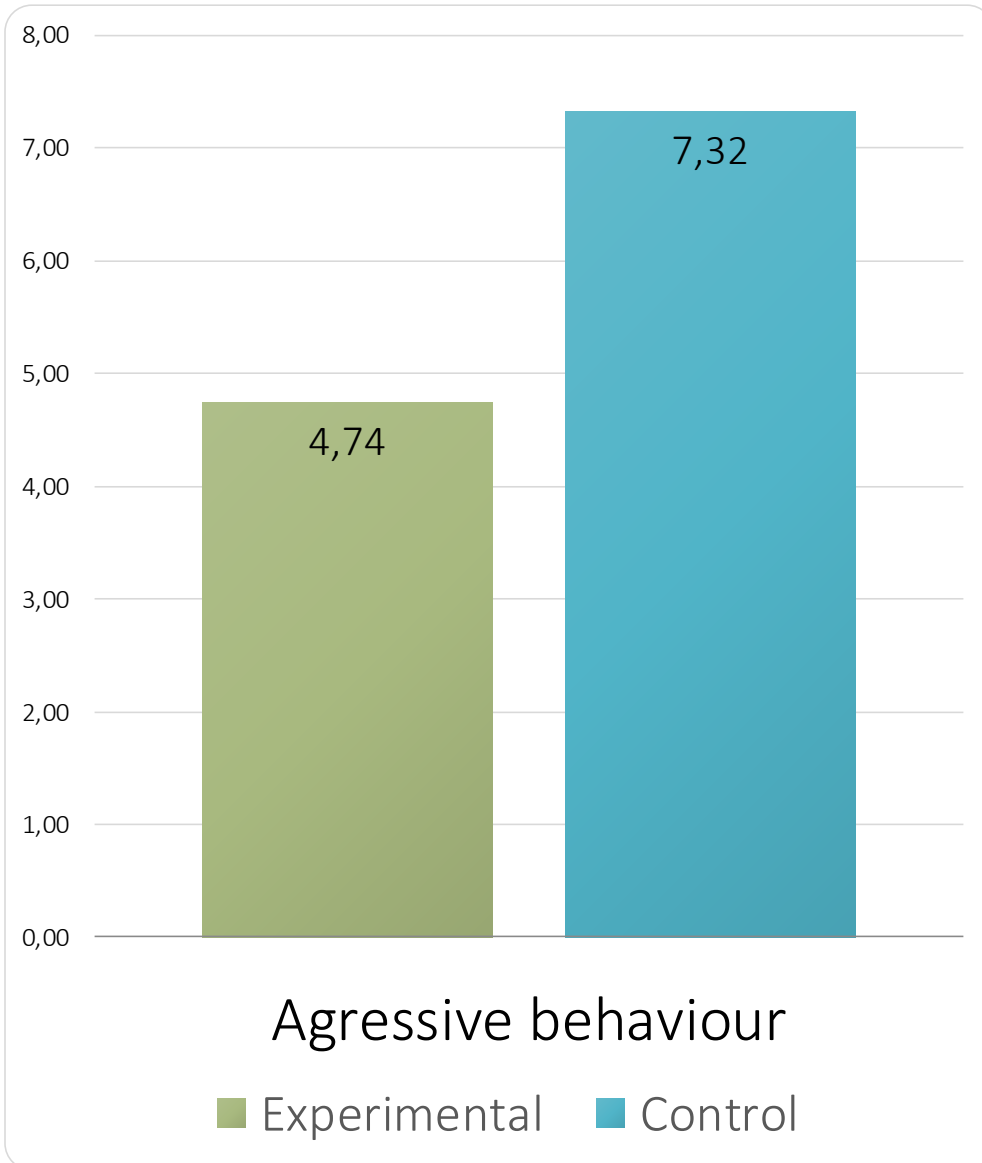
- **The Schoolagers' Coping Strategy Inventory** (Ryan-Wenger, 1990) was employed to determine the impact of the Programme on the children's use of coping strategies

Children were asked to indicate how frequently they use specific coping strategies (e.g., talk to someone, pick on someone) when stressed, nervous or worried and to rank the helpfulness of each coping strategy.

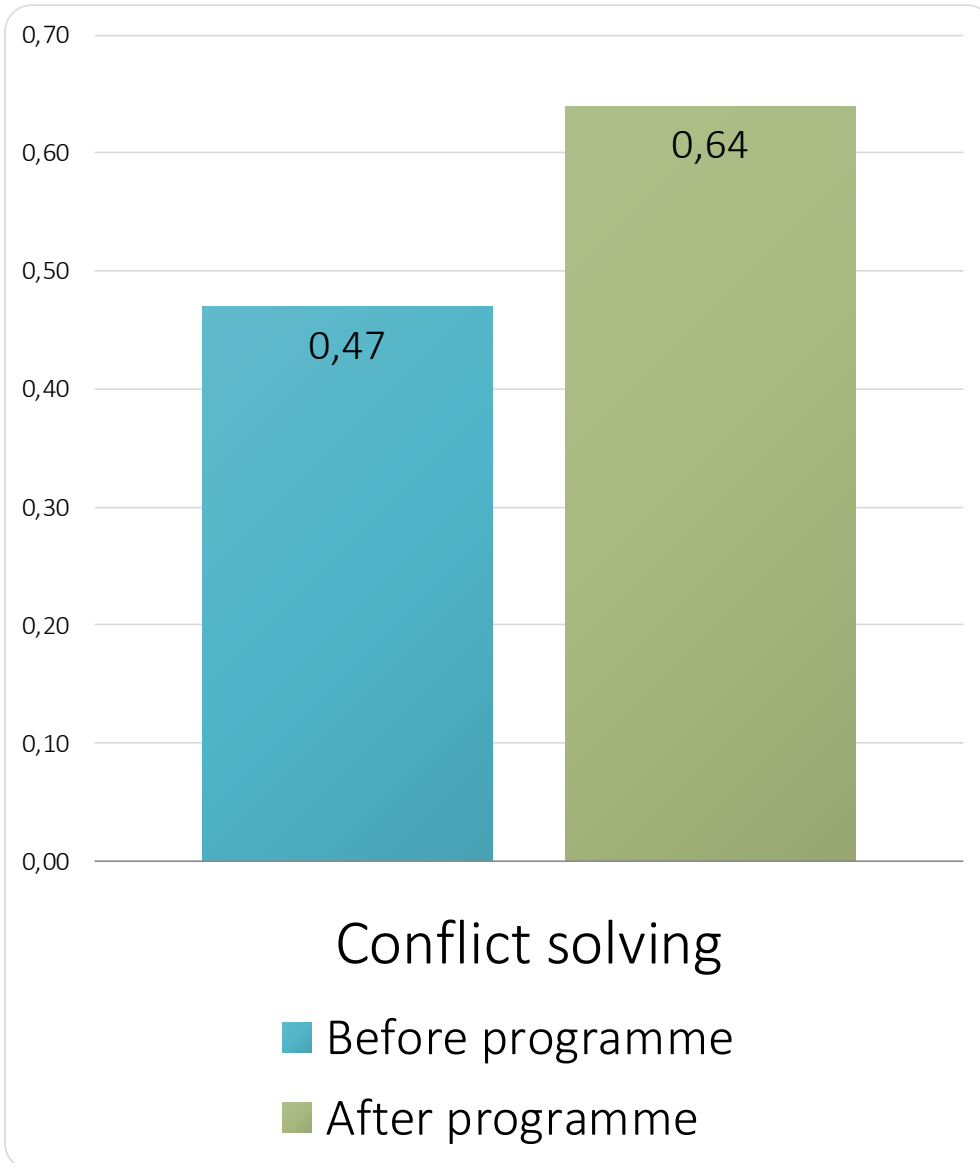
There are no separate scales in the questionnaire, which is why subcategories (factor analysis) have been identified for the needs of in-depth analysis.

Own study: Measures – cont'd

- Own questionnaire developed to assess psychosocial skills aimed by the Programme:
 - emotions,
 - communication,
 - conflict-solving,
 - change adoption,
 - coping skills.



Results:
coping
strategies;
effect size:
Cohen's $d=0,45$

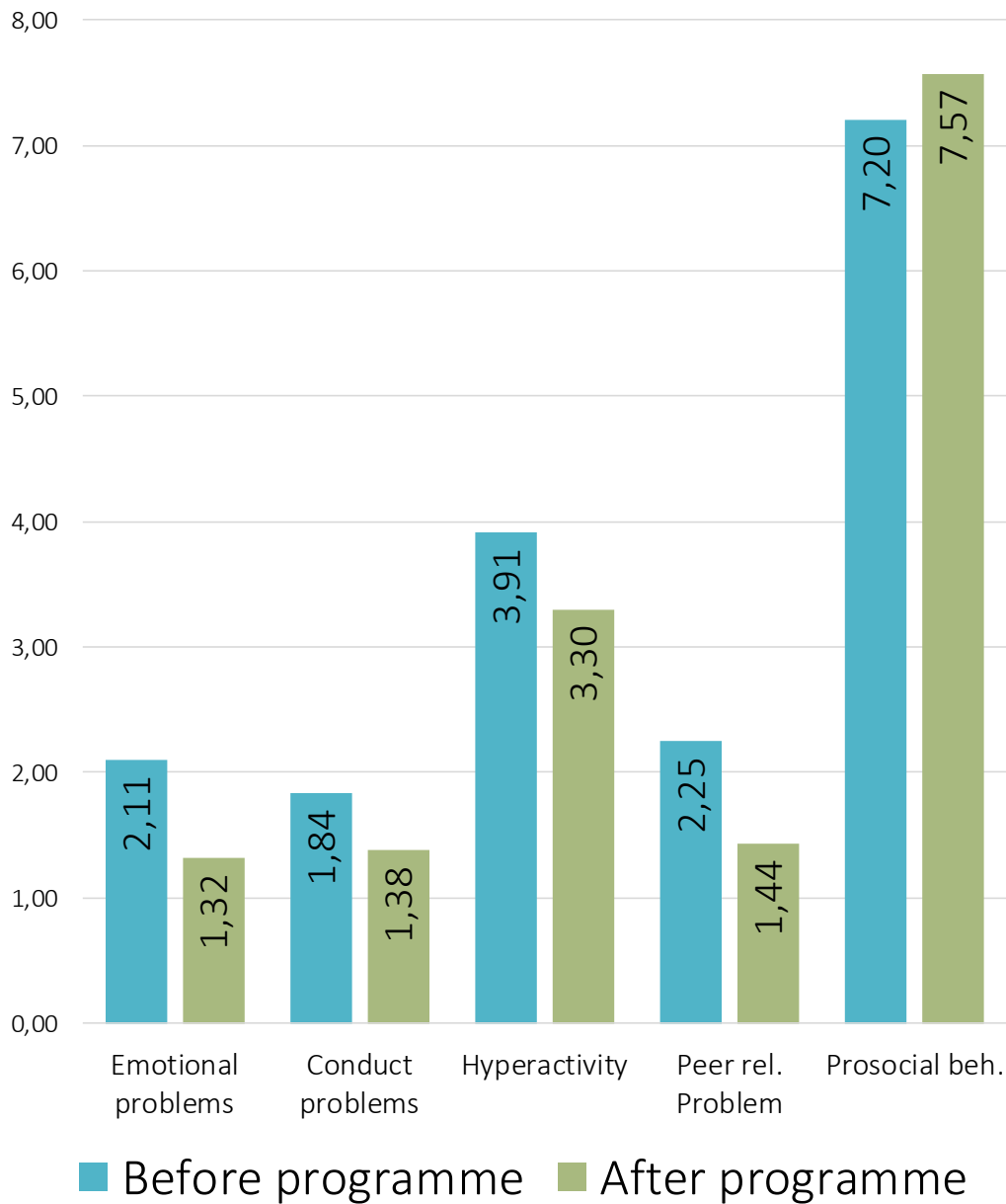


Results:
Psychosocial
skills;
effect size for
Wilcoxon two-
sample paired
signed-rank test:
 $rc=-0,17$

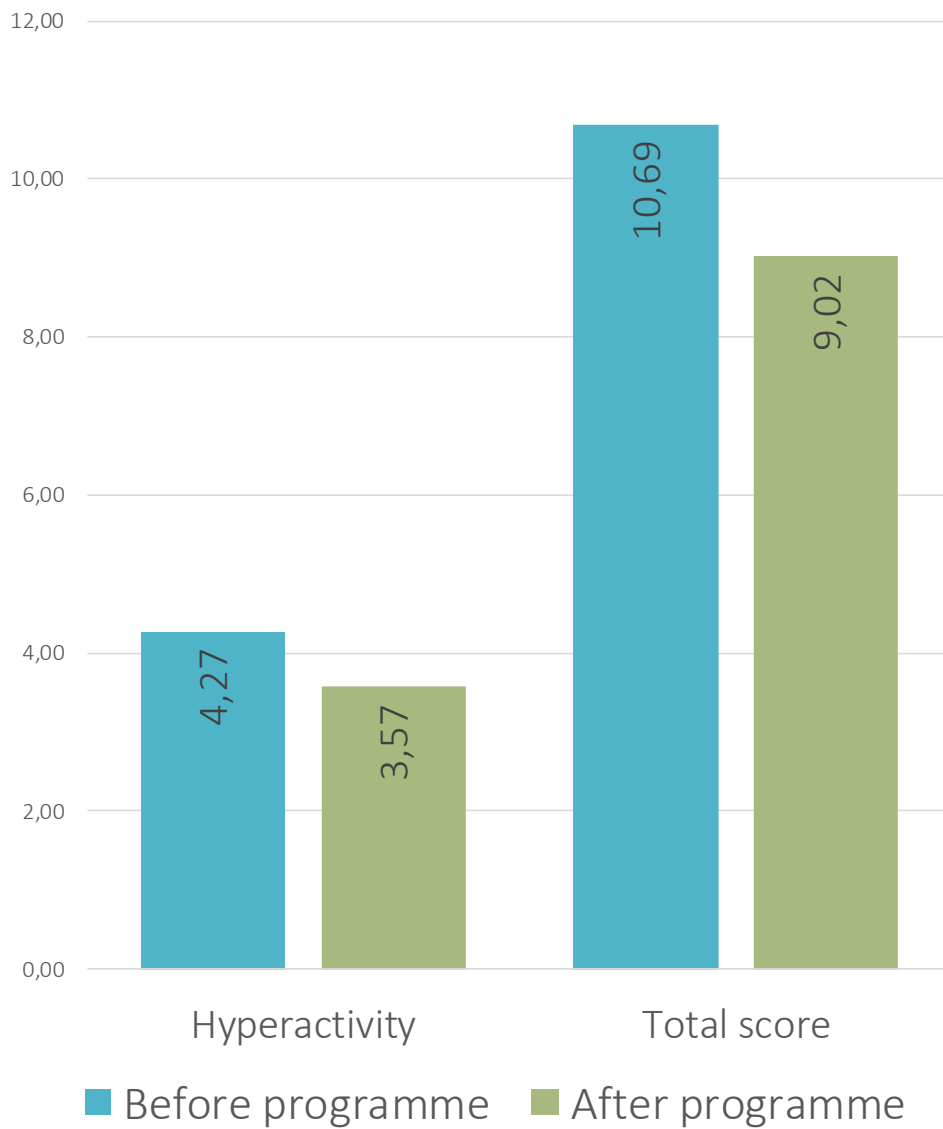
Conduct disorders	Before programme		After programme		Z	p
	M	SD	M	SD		
Emotional problems - teachers	2,11	2,203	1,32	1,660	-3,645	0,001
Conduct problems - teachers	1,84	1,921	1,38	1,623	-3,300	0,001
Hyperactivity/inattention - teachers	3,91	3,005	3,30	2,707	-2,371	0,018
Peer relationship problems - teachers	2,25	1,884	1,44	1,444	-4,767	0,001
Prosocial behaviour - teachers	7,20	2,227	7,57	2,160	-2,000	0,046
Total score - teachers	10,11	6,862	7,44	5,089	-4,659	0,001
Impact score (distress & social impairment) - teachers	0,57	1,086	0,00	0,000	-2,070	0,038
Emotional problems - parents	2,68	2,003	2,46	2,256	-0,941	0,347
Conduct problems - parents	2,11	1,588	1,73	1,066	-1,786	0,074
Hyperactivity/inattention - parents	4,27	2,401	3,57	2,241	-3,841	0,001
Peer relationship problems - parents	1,62	1,431	1,25	1,513	-1,765	0,078
Prosocial behaviour - parents	8,16	1,826	8,52	1,585	-0,399	0,690
Total score - parents	10,69	4,730	9,02	4,808	-3,198	0,001
Impact score (distress & social impairment) - parents	1,75	2,079	1,17	1,612	-1,446	0,148

M – Mean value ; *SD* – Standard deviation ; *Z* – Wilcoxon test result ; *p* – one-sided statistical significance

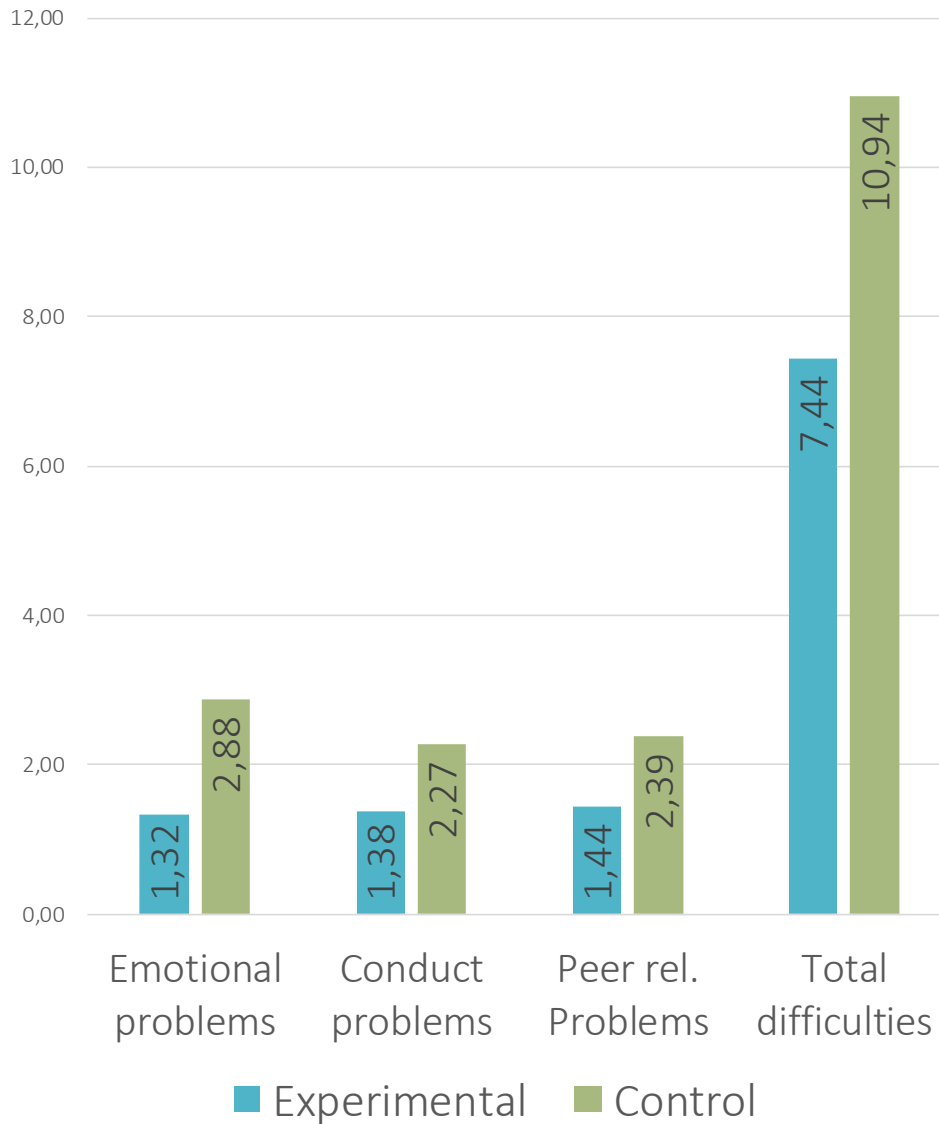
Results:
SDQ mental health (within experimental group)



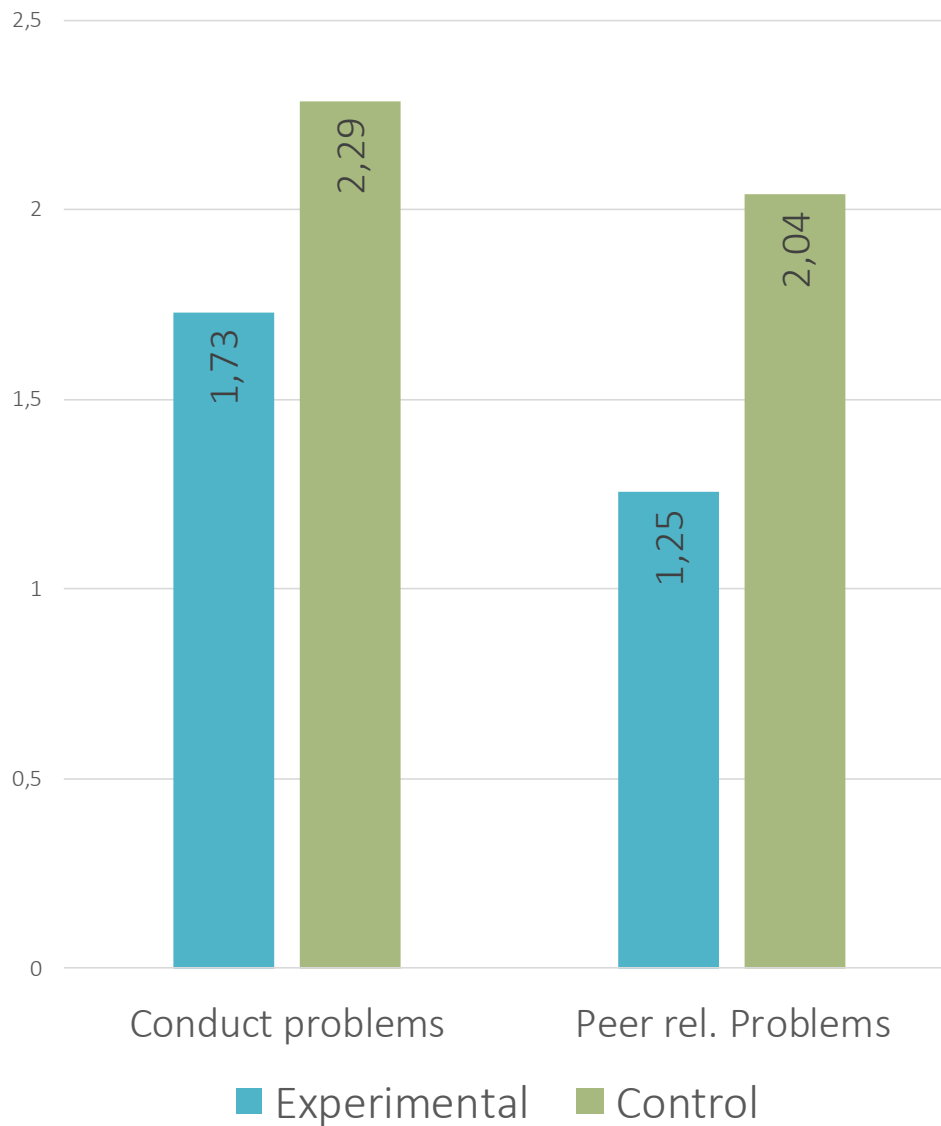
Results: SDQ
teachers



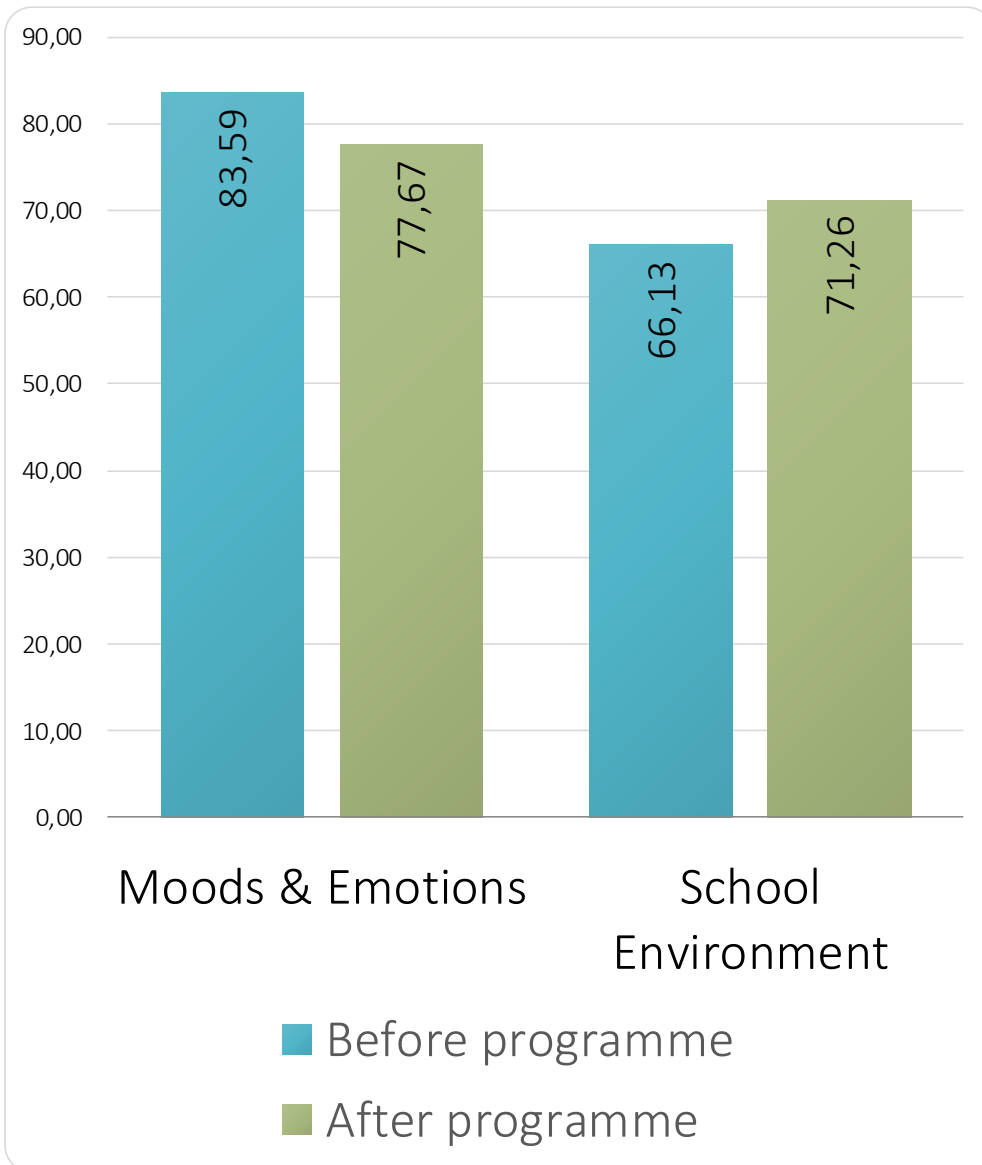
Results: SDQ
parents



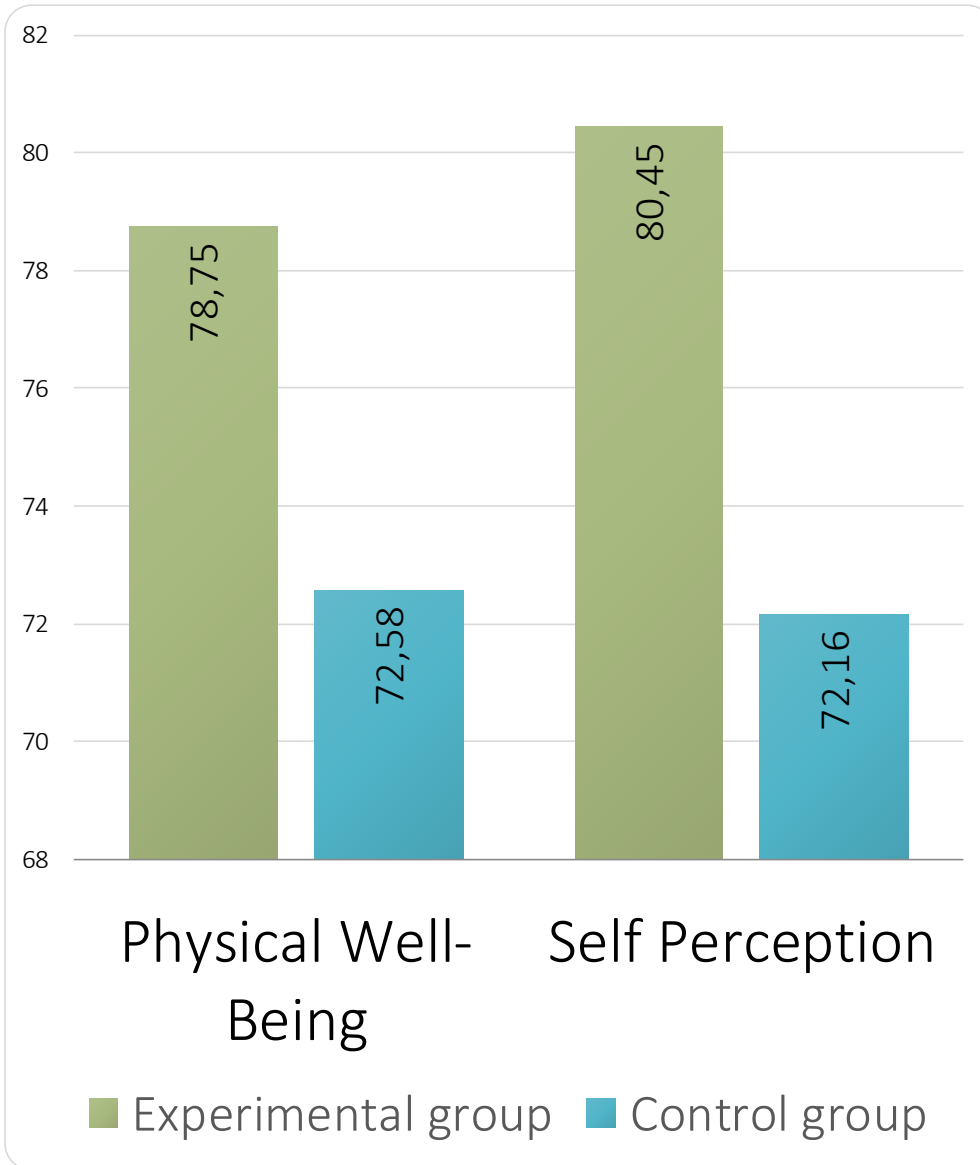
Results: SDQ
teachers
(experimental-
control)



Results: SDQ
parents
(experimental-
control)



Results:
Quality of life-
KIDSCREEN-52
(within
experimental
group)



Quality of life-
Kidscreen 52
(control-
experimental)

Conclusions

The Research showed:

- Less aggressive behaviour as a stress coping strategy,
- Higher psychosocial skills,
- Less conduct disorder in teachers' view (emotional, conduct, hyperactivity and peer related problems, more prosocial behaviours),
- Less conduct disorder in parents' view (less hyperactivity and lower total score),
- Lower Moods & Emotions score (very low effect size,
- Improvement in school environment
- Higher scores in physical well-being and self-perception

Thank you!

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