# Discover/Recover Theatre Project : “A Face in the Crowd": A Social Impact Study

# Discover/Recover Theatre Project: "A Face in the Crowd"

## A Social Impact Study

Just Economics

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*Niall O Muiri, Paula Lowney and Mairead Connaughton (Discover/Recover Project Team)*


A play and workshop that aims to improve mental health literacy, reduce stigma and promote help-seeking.
Attended by 1007 young people from 10 schools
70-75%
of adult mental health problems and mental disorders start to manifest during adolescence or early adulthood
57%
increase in the proportion that report knowing the signs and symptoms of mental health
48%
increase in the proportion that agreed they would know where to go for professional help
35%
increase in the proportion that state that they would seek help from a professional
50%
increase in the proportion that recognise very unsettled sleep as a sign/symptom of poor health
A Face in the Crowd
discover/recover theatre group
48%
increase in the proportion that know what action to take if they feel depressed or anxious
18%
increase in the proportion that would be willing to live with someone who has a mental illness
78%
increase in the proportion that recognise medication as effective for recovery
63%
agreed that they were less likely to be stigmatising
75%
agreed that they were less likely to make offensive jokes
83%
agreed that they were more likely to see people with severe and enduring mental illness as people of worth
Reflections on the play
92%
of young people agree or strongly agree that the play should be shown in other locations
80%
said they were more likely to support policies that encourage spending on mental health support
Just economics
Wexford Mental Health Association

*Figure 1: Infographic of findings*

# Executive summary

## Introduction

Young people are at their most vulnerable during periods of transition, and it is perhaps unsurprising that the majority of mental health problems begin to manifest during teenage years. There is much support in the literature for interventions that are protective of young people's mental health at this time. This is all the more pressing given the high rates of mental illness amongst young people in Ireland, especially young women and girls who, according to recent research, have the highest rate in the EU (Eurostat, 2019).

The Discover/Recover Theatre Project is a preventative mental health intervention that seeks to increase mental health literacy and reduce stigma through education and awareness-raising. It does this by using a testimonial theatre performance which has been developed from the lived experience of people with mental health challenges. The intervention consists of the performance of a play – *A Face in the Crowd* - in a community setting, followed by a post-performance workshop that takes place in participating schools. The play has primarily been performed to students in second level schools in Co. Wexford. The play is the product of a creative process involving mental health professionals (with an interest in community theatre) and the storytellers (users of mental health services). The approach was informed by the principles of co-production and recovery and the storytellers - as well as inspiring the content of the play - were involved in many aspects of its production.

## About the evaluation

In 2019, Just Economics was commissioned to carry out an independent evaluation of the intervention. The aim of the evaluation to was test the intervention's efficacy as a health promotion tool, and whether there was a evidential basis for this approach to be more widely adopted. The evaluation began with a qualitative phase of interviews and workshops with a range of stakeholders including young people who had seen the play previously, teachers, developers and storytellers. Following this, a theory of change was developed, and key outcomes identified, most notably: mental health literacy, attitudes towards help-seeking and stigma. Literature searches were carried out to identify indicators and (where possible) validated scales to measure these outcomes.

A total of 1032 students from 10 schools attended the play and 1,007 attended the workshop. Students were asked to complete a baseline survey (n=822) and a follow-up survey once the workshop was completed (n=551) Once the data were cleaned and matched, the total sample included in the analysis was 364. Questions were compared ex-ante and ex-post and changes were tested for statistical significance using the Wilcoxon sign test, which is appropriate for this type of data analysis.

Participants were aged between 15 and 18, and, due to the inclusion of a large all-boys school in the project, there were more males than females in the sample (60%

and 40% respectively). They were also asked about their own lived experience of mental health challenges, and 64% reported that they had been affected, either personally, through their families or their wider network. This demonstrates how relevant the subject matter of the play is for the young people.

## Mental health literacy

In this evaluation, we understand mental health literacy as having three elements:

- Evidence-based knowledge and awareness of ways to prevent us becoming unwell and promote healthy lifestyles
- Evidence-based knowledge and awareness of mental illness, treatments and ways to access help
- Understanding of recovery and ways to enable recovery
- Language and skills to talk about one's own mental health and that of others

The findings of this study reflect good evidence of improvement in the knowledge and awareness of mental health issues amongst the sample, including the signs and symptoms of mental illness, steps to take in response to them and where to seek help. Areas that were particularly effective and reached statistical significance were:

- Awareness of the efficacy of medication
- Knowing what advice to give a friend/family member in order to get professional help
- Awareness of the importance of sleep as a sign and symptom of unwellness
- Self-reports on own knowledge of signs and symptoms of unwellness
- Steps to take when feeling depressed
- Steps to take when feeling anxious or stressed
- Perception that they were getting the right kinds of information on mental health through the various mediums

The survey findings also demonstrated a reasonably high level of mental health literacy at baseline in certain areas, limiting the potential for creating change in those areas. Finally, the survey identified some areas where misinformation, or inaccurate information persisted at follow-up and the intervention would be well-placed to address myths and misinformation in future iterations.

## Stigma

Stigma and self-stigma are damaging to society because they create a culture of silence around mental illness, inhibit help-seeking and are damaging to the dignity and confidence of people who use mental health services. Stigma was measured in two ways in this survey. First, students were asked a series of 'social distance' questions to measure the extent to which they were comfortable having friendships, intimate relationships and work colleagues with mental health challenges. Second, they were given a series of statements to gauge their attitudes, and the attitudes of others, towards mental health. Of the two, there was more change in relation to the social distance questions, especially the proportion that would be willing to live with, work with and live nearby someone that had experienced mental ill-health. For the second set of questions, although young people observe a stigmatising world

around them, their own attitudes were not highly stigmatising at baseline. Indeed, their views were less stigmatising than previous research conducted in the general population (HSE, 2007). For example, at baseline 96% of our sample agreed with the statement that 'anyone can experience mental health problems.' This means that the scope for change for this set of questions was low, and although there were small improvements, these were generally not large enough to be statistically significant. The findings may also be explained by social desirability bias, which refers to the tendency of survey respondents to answer questions in a manner that will be viewed favourably by others, and which can mask the true level of prejudicial or intolerant views. In the survey, students were also asked whether they considered the play to have influenced their views towards users of mental health services. Strong majorities agreed that they were less likely to be stigmatising, make offensive jokes and more likely to see people with severe and enduring mental illness as people of worth (63%, 75% and 83% respectively). Nonetheless, it is also the case that these statements could still be answered positively by people who had non-stigmatising views at baseline. It may well be that these reflect the true attitudes of the sample, and that what is being observed is evidence of a positive attitudinal shift, especially amongst the younger generation. More research on stigma and attitudes would be required to understand this.

## Help-seeking

Although adolescence and young adulthood are the periods of life when most mental health problems broadly develop, most young people do not get the help they need and there is often a strong reluctance to seek support. Young people in this study were asked about the likelihood that they would seek help from various sources.

For each potential source of help, we observe an improvement, including a statistically significant decrease in the proportion stating that they would not seek help from anyone. There were also statistically significant increases in the proportion that said they would be prepared to contact a professional and a helpline for support. The proportion that said they would seek help from friends and family (73%) was already high at baseline.

## Other findings

The play was highly endorsed by the young people and 92% supported its staging in other locations. Young people valued its contribution to their own knowledge and skills, especially their ability to recognise and respond to the signs and symptoms of mental illness. 80% said they were more likely to support policies that encourage spending on mental health support, suggesting that the play has the potential to build public support for better services

We can conclude that the theory of change for the programme is broadly supported by the evidence. However, we only have data on short-term impacts. Less is known about the potential for the play to change behaviour, reduce the incidence of mental illness, or the risk that symptoms exacerbate. Nonetheless, we know from secondary evidence that the three key outcomes: improved help-seeking, mental health literacy and reduced stigma are all protective for young

people and we would expect to see positive longer-term outcomes in the future. This is further supported by the good recall of the play's messages in the interviews with young people 18 months post-intervention.

Finally, there is evidence that this is a cost-effective intervention. The total cost of delivering the intervention in 10 schools, including all production, marketing and administrative costs was €22,000 plus VAT, or just over €22 per participant, or €2,200 per school. A rough estimate of the cost of staging the play for each of the 723 secondary schools in Ireland would be just under €1.6 million, although the actual figure may be lower than this when delivered at scale. Either way, this could be a cost-effective way of delivering a universal mental health prevention programme.

## Recommendations

A rationale for commissioning this evaluation was to gather evidence of its impact with a view to identifying a future for the intervention. Given our central finding that the play is an effective mental health literacy tool, there is a strong rationale for its continuation in Wexford and extension to other locations, perhaps piloting it initially in areas where mental health needs are highest. However, the play is unlikely to have a future as a voluntary-funded initiative and will need consistent state support from bodies like the HSE Health Promotion unit, the National Office for Suicide Prevention, the Department for Education, or a combination of the three.

There is also scope for improving the overall offer to increase the range of benefits the intervention can bring, First, there is clear evidence from both qualitative and quantitative data that the workshop is not as effective as the play. Whilst this may relate in part to strength of theatre as a pedagogical device, there is also scope to improve the workshop both in terms of content and approach. In terms, of content, it would be important to address common misunderstandings of mental health more directly and educate young people about where to access factual information. In terms of approach, there is more scope with the workshop to be more interactive, and to engage students by drawing more directly on techniques from drama therapy. Whilst the workshop was initially developed as a method of providing aftercare for the students - and that this remains its primary objective, we believe it should be possible to fulfil a dual purpose and target areas where young people need more support.

Whilst they play was widely endorsed, there were also some suggestions for ways to improve it, which could be addressed, either in the play itself or in the workshop. The emphasis on severe and enduring mental health challenges, was queried given the widespread nature of less severe health concerns like depression, anxiety and eating disorders amongst young people. In addition, the play is set in the 1990s, and based around the lives of people who were young at the time. However, contemporary audiences would like to have seen the play dealing more directly with issues relevant to young people today and indeed including young people on stage. These quibbles aside, there was strong support for the script, its production values and the quality of the overall performance, and in general young people

described the experience as powerful one, the messages of which they will carry with them into adulthood.

Finally, if findings from this sample of young people were generalisable, it would suggest much improvement in stigmatising and intolerant attitudes towards people with lived experience of mental health compared with data from previous national surveys. More research is required to better understand this, and determinants of stigma in Ireland today.

# 1. Introduction

The Discover/Recover Theatre Project is a mental health intervention aimed at young people, which has been spearheaded by the Wexford Mental Health Association. It seeks to increase mental health literacy and reduce stigma through education and awareness-raising. It does this by using a testimonial theatre performance which has been developed from the lived experience of people with mental health challenges. The intervention consists of the performance of a play – *Face in the Crowd* - in a community theatre, followed by a post-performance workshop that takes place in participating schools. The play has primarily been performed to students in second level schools in Co. Wexford.

In 2019, the Wexford Mental Health Association were successful in obtaining LEADER funding to evaluate the effectiveness of this intervention. The need for evaluation was identified in several ways. First, the developers were interested in whether the small-sample evidence that they had gathered about the impact of the play could be generalised to the wider school population. Second, funders were requesting a higher quality of evidence to support the continued funding of the play. Third, there was demand for, and interest in, rolling out the play to more schools, and potentially nationally. Such a development would require a more permanent 'home' for the play and a more sustainable funding stream. Finally, the developers were interested in capturing young people's views on ways in which the play could be improved. Just Economics was commissioned to carry out an evolution in late 2019 and this paper presents the findings from this evaluation and key recommendations.

The report begins with background and contextual information, and then goes on to give a brief overview of the existing literature on similar kinds of interventions. Section 2 sets out the research questions, methodology and overall approach. Section 3 presents the qualitative and quantitative findings. Section 4 concludes the report and provides a list of key recommendations.

# 2. Project scope and preliminary analysis

## 2.1 About the project

The Discover/Recover Theatre project began initially as a partnership between the Waterford/Wexford Mental Health Services (HSE), the Wexford Mental Health Association, local secondary schools and an amateur community theatre group. It has since evolved with funding from the HSE National Office for Mental Health Engagement, ESB Energy for Generations and National Lottery Funding. More recently the partnership with the Carlow Mental Health Association enabled the project to reach a wider group of young people and communities across Wexford and Carlow.

The goals of Discover/Recover Theatre Project can be described as follows:

- To make audiences more aware of the importance of mental health, especially how prevalent mental health issues are
- To encourage people to seek help if experiencing changes in mental health or related difficulties
- To promote the idea that people recover from mental health challenges
- To highlight the importance of prevention, building resilience and positive mental health
- To co-produce alternative narratives of mental health, drawing on lived experiences to increase mental health literacy and tackle stigma

Prior to the 2019 staging, the play had reached an audience of several thousand including:

- 1 sell out performance in Smock Alley Theatre as part of First Fortnight Mental Health Arts Festival in Dublin,
- 7 performances for the public in Carlow and Wexford,
- 7 performances for secondary school students,
- 29 educational workshops.

## 2.2 The development process

The process of creating the play began in 2015. The project was born out of an observed need for sharing the stories of those affected by mental illness to promote recovery. It was developed by two occupational therapists and a community mental health nurse (the Discover/Recover Project team), all of whom had experience of community theatre. They invited a group of service users to take part in an eight-week group process (meeting once a week) to document their stories of illness and recovery. Two of the professionals facilitated the group using various creative methods such as art and drama, and the third - the writer - listened and

captured the stories. The process also included a site visit to St. Senan's, the (now closed) local mental health institution where some of the group had spent time. This was described as a turning point in the process, as it sparked powerful memories for the storytellers. The writer then formed a script that merged the stories in order to protect anonymity.

Initially, the project aim was to support the recovery journey of participants but by this stage, the developers recognised the play's potential as an educational tool. To this end, the team enlisted a local drama group to record a script reading of the play which was then played for the story tellers in a professional audio environment to which the storytellers provided feedback and suggested script edits. The play was then performed at the Wexford Arts Centre over four sell-out nights. Students were invited to attend the play and a workshop was held immediately afterwards with a sample of young people to gather their feedback. Funding was then sought to show the play more formally. The follow-up workshop was developed to allow the students to debrief, and to provide aftercare to students should that be required. This was also identified an opportunity to disseminate information and further some of the other educational objectives of the play. The intervention has adapted to feedback from these different audiences and has been improved over time.

## 2.5 Comparison of the project with existing services/market conditions

As discussed, the leads of the Discover/Recover team are professionals working in mental health and allied services. As part of the project development, they have identified the immediate needs of young people, both directly through meeting students in the workshops delivered as part of this project, and indirectly through their work and as volunteers with the Wexford Mental Health Association. In general, these could be described as mental health literacy needs i.e. knowledge, awareness and skills gaps relating to their own health and the health of those around them. Key knowledge gaps are as follows:

- Information about the signs and symptoms of mental ill health
- Awareness of the differences between mental illness and general mental health management
- Lack of signposts to supports that are available
- Awareness of the dangers of poor mental health
- Awareness of the prevalence of suicide in the county
- Negative stereotyping of mental illness, especially profound and enduring mental illness

Skill/behaviour gaps are as follows:

- An absence of language to talk about mental health and challenge taboos
- Help-seeking skills
- Skills in symptom management

- Prevalence of behaviour that is risky for mental health

They also observe that young people need a supported opportunity, or 'way in' to open up about mental health, and a safe space to talk about their experiences. Finally, there is a need to share the untold stories of mental illness that would otherwise not have a forum. This gives a voice to those with lived experiences based on the principles of co-production and allows the storytellers to share their narrative as a central part of their own recovery journey.

There is much support in the literature for the need for preventative interventions that work with young people. Although rates of mental health issues vary greatly by country, across the globe there is evidence of a rising trend, even taking demographic changes into account (Ofson, 2016; Twenge, 2015). and depression is now the leading cause of disability worldwide (WHO, 2017). OECD data suggest that Ireland has one of the highest rates of mental illness in Europe with an annual cost of €8.2 billion (OECD, 2018). The proportion of those reporting chronic depression is especially high (Eurostat, 2019). Amongst young people, the most recent Eurofound report also points to high rates of depression, especially among young women who have the highest rate in Europe (Eurofound, 2019). This report also found that those from low income backgrounds were at a higher risk: a finding that is common across all studies of the determinants of mental ill-health (Jenkins et al. 2008; Burns, 2015). Although comparable rates of mental illness are not available at county level, CSO data show that Wexford has one of the highest suicide rates in the Ireland (CSO, 2019).

Along with the rise in rates of mental illness, there has also been a huge increase in the use of pharmacological and psychological treatments. For example, prescribing of antidepressants in Europe increased by an average of 20% per year between 2000 and 2010 (Lewer, 2015). Organisations like the World Health Organisation (WHO, 2019) now advocate preventative, rather than curative approaches to tackling mental ill health. This has been accompanied by a growing recognition that living well is about more than an absence of illness, and recent decades have seen renewed philosophical, political and practical interest in what it means to live a good life.

In the context of these changes, the 'Recovery Approach' is posited as an alternative way of delivering mental health services and is now the 'guiding principle' for service delivery in many countries. In Ireland, the concept was developed into an actionable framework in 2017: The National Framework for Recovery in Mental Health (NFRMH) (HSE, 2017). Key features of a recovery approach are:

1. Recognising the value of lived experience, and the expertise of users of services as agents in their own recovery, and that of their peers as well as in the design and delivery of mental health services.
2. Recognising the value and contribution of families and other relationship assets to the recovery process

3. Recognising the social and economic determinants of mental health and the need to address these issues as a central part of recovery
4. Deploying recovery education initiatives to empower and educate service users, families and professionals
5. Encouraging recovery-oriented practice and reducing stigmatisation by emphasising trusted user/professional relationships and prioritising professional competencies like empathy and respect.

Such an approach has implications not just for public services but for the economic and social priorities that countries pursue, as well as personal behaviours and lifestyles. It recognises the fact that with appropriate support, those with the most severe and enduring mental health problems can recover, and live lives they have reason to value. In psychiatry, it is consistent with a move away from the biomedical model (the presence or absence of symptoms) to the biopsychosocial model that sees mental health as one part of wider social, economic, cultural and spiritual life ((Deacon 2013).

Although the evidence base is still 'emergent', positive relationships have been found between many areas of recovery practice and outcomes such as feelings of recovery, mental health management and symptoms, socio-economic outcomes, relationships, attitudes/behaviours of professionals and stigmatisation (see Slade et al. 2014).

Some of the central features of a recovery approach - fostering hope and optimism, creating a sense of meaning and purpose, develop new coping mechanisms and rebuilding identities – are also facilitated by artistic processes, and many recovery model advocates emphasise the value of providing voice through creativity (Jakovljević, 2013). Although it has much in common with dramatherapy – drama as a form of psychotherapy - which itself has a growing evidence base (e.g. Bourne at al, 2018; Orkibi and Feniger-Schaal, 2019), the Discover/Recover Theatre Projectit is perhaps more similar to recovery education due to its educative and student-oriented focus. Within the recovery literature, recovery education is one of the areas with the strongest evidence bases, including evidence from randomised controlled trials (RCTs) (Slade et al. 2014; Cook et al. 2012; Meddings et al. 2012; Gilburt et al. 2013; Salgado et al. 2010; Higgins et al. 2012; Peebles et al. 2010; Chen et al. 2014). Evaluations have covered different educational settings and various stakeholder groups, including medical students (Feeney, 2013), nursing students (Patterson et al. 2016) other mental health professionals (Walsh et al. 2017), and service users (Meddings et al. 2015).

Several educational programmes utilise art and creativity to support teaching and learning (Tan et al. 2002; D'Alesandro and Frager 2013; Boggs et al. 2007). A well-developed approach is Playback theatre, which is based on improvisational theatre in which a personal story told by a group member is transformed into a theatre piece on the spot by other group members. Originally developed by Fox and Salas in the US in 1975, it has inspired many iterations in different social and cultural contexts. An evaluation of its role in recovery found significant enhancement in self-esteem, personal growth and recovery following a 10-week course (Moran and

Alon, 2011). Another evaluation of its efficacy on empathy and aggression found a significant increase in comprehension levels of the criminal justice/court system and significant decrease in tolerance for aggression, although no impact was found on empathy (Bornmann and Crossman, 2011).

*On the Edge*, in the UK, is similar in design to "A *Face in the Crowd*" but is focused exclusively on psychosis (Roberts et al. 2007). A mixed methods evaluation found significant gains with respect to its three aims of awareness raising, understanding of psychosis and anti-stigma, as well as new links between schools and mental health services. *In Our Own Voice* is a US-based mental health education programme that comprises of a presentation developed and delivery by people with lived experience. An evaluation of its efficacy showed significant positive improvements in knowledge, attitude and stigma measures (Wood and Wahl, 2006; Pittman and Coleman, 2010).

There is also evidence for drama programmes in wider health promotion. A systematic review of school-based drama projects registered with the Cochrane collaboration found positive changes in knowledge and attitude towards health behaviour in most of the interventions (Joronen et al. 2008). For example, in Finland, an anti-bullying drama programme led to a 20 percentage point decrease in bullying victimisation in the intervention group relative to the control group (Joronen et al. 2011). Wei et al (2013) conducted a systematic review of schools-based mental health literacy interventions and concluded that the evidence was weak due to a lack of experimental studies. The authors called for a greater number of these studies to improve our understanding in this area.

# 2. Research questions and methodology

This section sets out the research questions, methodology and presents some descriptive statistics from the survey.

## 2.1 Research questions

We have identified the following seven research questions:

1. What is the level of mental health literacy (knowledge and awareness) about mental health and signs/symptoms of mental illness and recovery amongst the students? Does the intervention impact on the level of mental health literacy?
2. What sources of help are students most likely to access? Does the play have an impact on students' help-seeking behaviour (i.e. willingness to seek help)?
3. Does the intervention increase the student's awareness of the relationship between lifestyle/behaviour and mental health?
4. What are the dominant attitudes towards mental health and mental illness amongst young people? Does the intervention impact on stigma/negative attitudes, including self-stigma, and attitudes to profound and severe mental illness?
5. Does the intervention contribute to the recovery journey of storytellers?
6. Does the intervention have wider impacts on other stakeholders? (e.g. teachers, storytellers)
7. What are the recommendations for improvement?

## 2.2 Development of data gathering methods

The research followed a mixed methods approach. It began with a literature review of similar kinds of interventions and recovery education more broadly as well as a review of indicators and validated scales for measuring mental health literacy. This was followed by a project preparation and qualitative phase that took place over the summer months of 2019. The subsequent quantitative phase took place during the autumn of 2019.

### 2.2.1 Qualitative phase

The qualitative phase included a combination of interviews and workshops. Interviews were carried out with students who had previously attended the play and the follow up workshop. These interviews took place 18 months after students had received the intervention (n=5). Interviews followed a semi-structured format and took about 20 minutes. In addition, a workshop was held with stakeholders, including mental health practitioners, intervention founders and teachers (n=14). A second group interview was held with the storytellers to explore the changes that took place from their perspective (n=5).

The main purpose of the stakeholder engagement phase was to develop a theory of change (ToC) for the intervention. The use of ToCs in evaluation is now widely established. They are used by a range of governmental, bilateral and multi-lateral agencies, civil society organisations, international non-governmental organisations and research programmes intended to support social change. A ToC describes the relationship between inputs into an organisation or an intervention and the short, medium and long-term changes that then occur. These changes can be positive or negative, intended or unintended. The ToC that resulted from this process is set out in Appendix 1. The ToC was used to identify outcome indicators for the quantitative phase. Qualitative data gathered during this phase also addressed some of the research questions directly and are reported on in the findings section.

### 2.2.1 Quantitative phase

The quantitative phase centred around the performance of the play in late 2019. Using the qualitative information gathered in the first phase a series of indicators were identified from the Theory of Change. The wording of questions was informed by the literature review and incorporated where possible questions used in previous evaluations with good psychometric properties. The survey was administered at two points in time: one prior to the play and workshop and again in the days following attendance at them. The surveys were developed online, and students were initially asked to complete them in class before attending the play and following the workshop. Both versions included identical questions that captured perceptions and attitudes at baseline at follow-up. The follow-up also included some additional reflective questions. Both versions took an average of 8 minutes to complete.

In total, the play was attended by 1032 students from 10 different schools. The workshop was attended by 1007 students. The total population for the study is therefore 1007 young people. In total, 822 young people completed a baseline survey and 551 completed a follow-up. Each student was provided with a unique identifying number to ensure that the pre and post surveys could be matched. The follow-up dataset was cleaned to remove surveys that could not be matched or were incomplete and to remove duplicates. This reduced the sample further to 364. However, this sample was still considered adequate to capture the views of a representative sample of young people. To test this further, demographics - gender identity, age, and experience of mental illness - between this and the larger baseline sample (n=822) were compared and found to be similar. In addition, few differences in responses were identified between the final sample and the initial follow-up sample (n=522). This suggests that the final sample is largely representative of the population. Significance tests were carried out using the Wilcoxon sign test. The Wilcoxon sign test is statistical comparison of the average of two dependent samples, and is generally the nonparametric alternative to the paired samples t-test. The Wilcoxon sign test tests the null hypothesis that the average signed rank of two dependent samples is zero.

#### Sample demographics

Figure 1 shows a breakdown of gender identity within the final sample. As we can see, there was a substantially larger proportion of males than females in the sample, which may be explained by the inclusion of a large all-boys school in the intervention. Again, there was a similar proportion in the larger baseline sample.

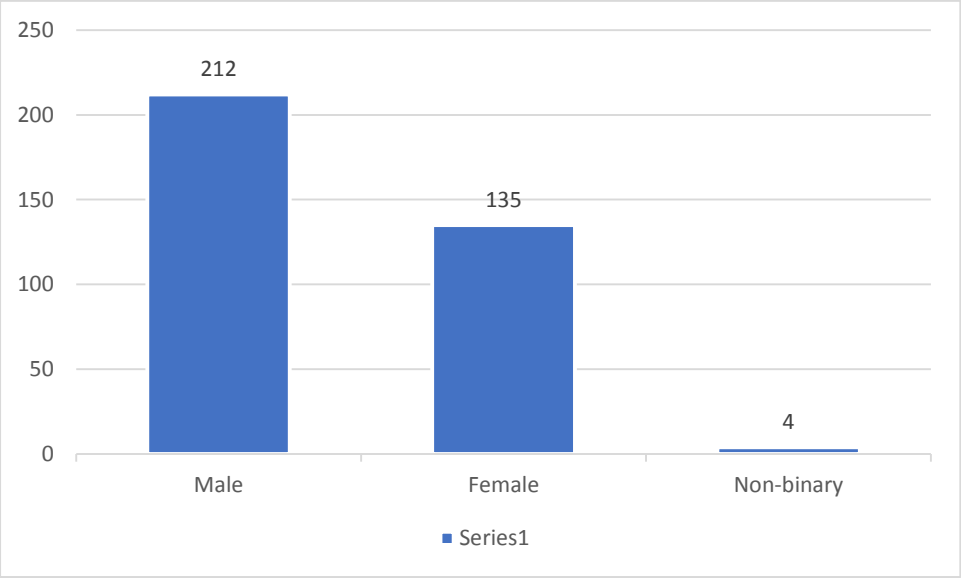



*Figure 2: Gender breakdown*

Almost all students were aged between 15 and 18 (one student was aged 20). Figure 2 provides a breakdown of the age range.

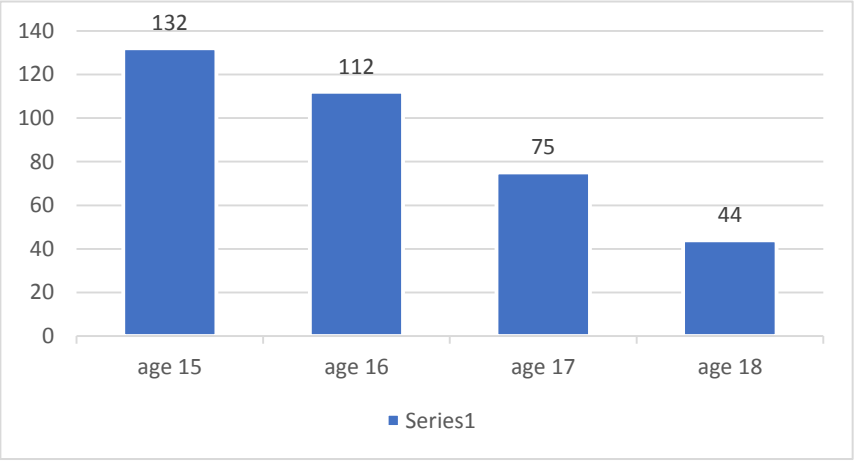
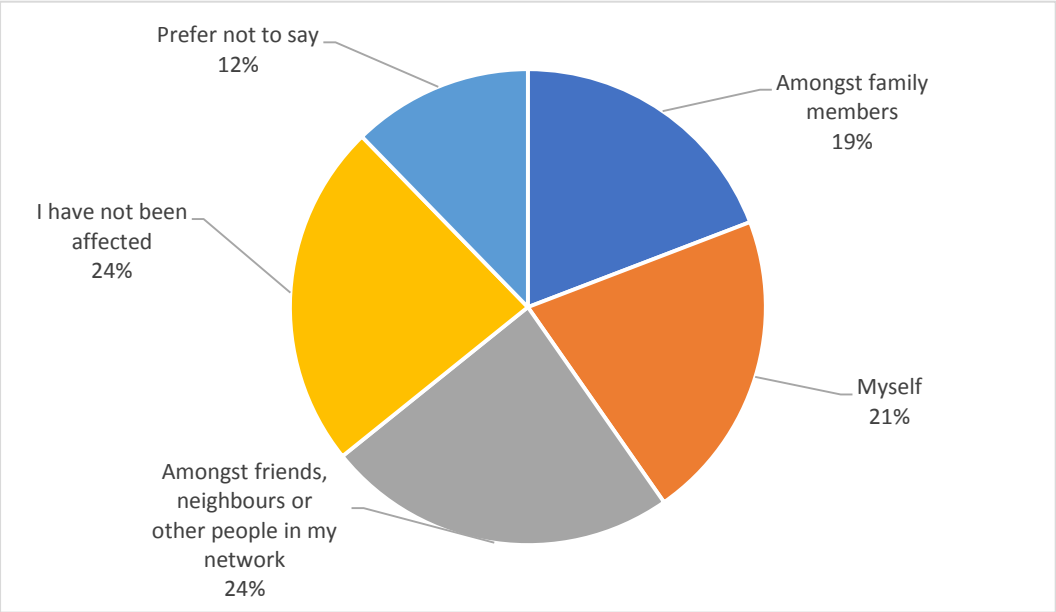



*Figure 3: Age breakdown*

Students were also asked whether they had been personally affected by mental illness. The results are displayed in Figure 3. As we can see, 64% report having been affected either personally, within their families, or their wider network. This shows how relevant the subject of the play is to this group, already at this early stage of their lives.



*Figure 4: Self-reports on experiences of mental illness*


Prefer not to say
12%
Amongst family members
19%
I have not been affected
24%
Myself
21%
Amongst friends, neighbours or other people in my network
24%

# 3. Review and analysis of data

In this section, we set out the main findings from the evaluation. This covers three interlinked outcome areas:

- Mental health literacy
- Stigma/self-stigma, and
- Help-seeking

It then goes on to discuss reflections on the play and workshop from the follow-up survey and the evidence of outcomes for other stakeholders.

## 3.1 Mental health literacy

Approximately 70 %-75 % of adult mental health problems and mental disorders start to manifest during adolescence or early adulthood (ages 12-25) (Costello et al. 2004). Untreated mental health problems in adolescents strongly predict poor outcomes in adulthood, with a recent review finding impacts on educational achievement, interpersonal relationships and life expectancy (due to associated conditions such as a diabetes, heart disease, respiratory conditions, stroke and suicide) (Wei et al. 2015). International research suggests that most young people do not receive the mental health care they need with stigma, lack of information and preference for self-reliance all acting as barriers to appropriate help-seeking and behaviour change (Gulliver et al. 2010).

The evidence shows that improved knowledge about mental health challenges, better awareness of how to seek help and treatment, and reduced stigma towards mental illness may promote early identification, increase the use of health services and improve mental health outcomes (Rusch et al. 2011; Henderson et al. 2013). In this evaluation, we understand mental health literacy as having three elements:

- Evidence-based knowledge and awareness of ways to prevent us becoming unwell and promote healthy lifestyles
- Evidence-based knowledge and awareness of mental illness, treatments and ways to access help
- Understanding of recovery and ways to enable recovery
- Language and skills to talk about one's own mental health and that of others

The first survey question related to knowledge and awareness, and drew heavily on the Mental Health Knowledge Schedule (MAKS).[1] This question contained nine sub-statements and respondents were offered answers of agree, disagree, neutral and don't know. Table 1 shows the change in respondents answers ex-ante and ex-post.

*Table 1: Change responses to questions drawn from MAKS*

| Statement | Change | Change in | Change in | Change in |
|---|---|---|---|---|

[1] See copy of MAKS here https://www.kcl.ac.uk/ioppn/depts/hspr/archive/cmh/CMH-Stigma-Measures/6MAKSFINALVERSIONOctober09.pdf

| | in agree | neutral | disagree | don't know |
|---|---|---|---|---|
| Anyone can experience mental ill-health at any time of their lives | -5 | +6 | -2 | 0 |
| Most people with mental illnesses want to have paid employment | +14 | +21 | +2 | -36 |
| Psychotherapy, like counselling or talking therapy, can be an effective treatment for people with mental illnesses | +8 | +3 | +1 | -13 |
| If a friend had a mental illness, I know what advice to give them to get professional help | +68 | -14 | -22 | -31 |
| People with severe mental illnesses can fully recover | +18 | +15 | -4 | -30 |
| Most people with mental illnesses go to a healthcare professional to get help | +31 | +41 | -59 | -13 |
| There is nothing you can do to reduce your risk of developing a mental illness | -8 | +8 | +21 | -22 |
| Suicide continues to increase in Ireland and is now at an all time high | -10 | +2 | +6 | +1 |
| Medication can be an effective treatment for people with mental illnesses | +104 | -39 | -33 | -32 |

From Table 1, we can see that although some of the counts are low, most are moving in the right direction. The reason that we don't see more change for some of the variables, may well be that several of them show positive mental health literacy at baseline. For example, for the first statement, we can see that 97% of the sample (n=353) agree at baseline. The scope for change for that statement is therefore very low to begin with. We also know that a majority of the sample of young people have prior experience of mental health in some capacity, suggesting that they are bringing their lived experience, and the understanding that comes with that.

One of the largest changes was in response to the statement 'If a friend had a mental illness, I know what advice to give them to get professional help', where there was a 48% increase in the proportion that agreed and a 48% decrease in the proportion that disagreed, as well as a 61% decrease in 'don't knows'. These differences were tested for statistical significance using the Wilcoxon sign test and found to be highly significant ($p<.0001$). A second area with a big shift in responses was the statement on the efficacy of medication to improve mental health, with an increase in 78% those agreeing, a decrease of 67% in those disagreeing and a 71%

decrease in the proportion of 'don't knows'. These were also highly significant (p<.0001). Although the former may be at odds with some of the aims of the recovery approach, the play has a strong focus on severe mental health conditions, for which medication tends to be an important part of recovery and medication – as part of the recovery journey - also features strongly in the plot of the play.

The survey questions contained two sub-questions that are often assumed to be true but are actually untrue. The first was that most people seek professional help for mental illness. In fact, a study by the World Health Organization found that between 30% and 80% of people with mental health issues don't seek treatment (WHO, 2019). At baseline over half (54%) of respondents agreed with this, but this figure actually decreased to 38% at follow-up. The emphasis on treatment and recovery in the play may erroneously give the impression that help-seeking from professionals is more common than it actually is, which may explain the change. The second area of common misunderstanding is that the suicide rate continues to increase. Data from the CSO shows that the suicide rate is 2019 was actually at its lowest rate in 20 years (CSO, 2019). At follow-up, 65% of young people still considered this statement to be true.

The second question also measured knowledge and awareness but this time in relation to the Spectrum of Mental Health (see Appendix 2). The Spectrum of Mental Health was developed as an educational/help-seeking tool by the Discover/Recover Theatre Project Team. It offers a way of speaking about mental health that is accessible to young people especially for those who may have difficulty articulating their thoughts and feelings. The workshop, in particular, aims to impart information on signs and symptoms of mental health, based on the Spectrum, and the developers believe that this is an integral part of the intervention that should be used in any future iterations of the intervention.

The Spectrum of Mental Health aims to contrast the difference between everyday feelings of unhappiness or dissatisfaction with feelings that are more profound, prolonged or unhealthy. Students were asked to identify whether scenarios drawn from the spectrum were signs that help should be sought with the answer options of 'definitely', 'possibly' and 'not usually'. Table 2 shows the changes between the ex-ante and ex-post survey.

*Table 2: Change in responses to knowledge of Spectrum of Mental Health*

| Items on Spectrum of Mental Health | Change in definitely | Change in possibly | Change in not usually |
|---|---|---|---|
| Very unsettled sleep | +32 | -8 | -26 |
| Excess alcohol or drug use | +10 | -2 | -9 |
| A fight with a friend | +2 | -15 | +9 |
| Thoughts of self-harm | -6 | +1 | +3 |
| Feeling a bit down in the dumps | -8 | -14 | -21 |
| Feeling stressed before exams | -14 | +7 | +6 |
| Not eating | -21 | 0 | +20 |

Here, we can see the scale of change is limited, again reflecting high levels of awareness at baseline. For example, at baseline, only 4% considered a fight with a

friend to definitely merit seeking professional help and 90% thought that thoughts of self-harm definitely did merit it. Nonetheless, we do see some positive improvements, including a 50% increase in the proportion that recognise very unsettled sleep as a sign/symptom of poor health, and this change is highly statistically significant ($p < .000$) and a 22% decrease in those that thought 'feeling a bit down in the dumps' merited seeking professional help. The latter was not statistically significant, however.

A third question on mental health literacy focused on self-reports of confidence in own knowledge/awareness of mental illness and skills in talking about it. The changes in responses are set out in Table 3. The answer options spanned Strongly agree to Strongly disagree with a Don't know option (we have aggregated the agree and disagree options for ease of analysis).

*Table 3: Change in self-reports of knowledge/awareness*

| Statements | Change in total agree | Change in total disagree | Change in neutral |
|---|---|---|---|
| I know the signs and symptoms of mental ill-health and could recognise them in myself or others | +66 | -37 | -1 |
| I understand the relationship between lifestyle (diet, exercise, substances etc.) and general well-being | +14 | -1 | -11 |
| I know what steps to take if I feel down or depressed | +62 | -48 | -12 |
| I know what steps to take if I feel worried or anxious | +64 | -53 | -1 |
| I know how to respond if a friend discusses personal or emotional problems with me | +15 | -28 | 7 |
| Young people get enough of the right information about mental health | +20 | -47 | 26 |

Across all of these areas, we can see strong improvements in knowledge/awareness/skill, mostly notably a 58% improvement in knowledge of the signs and symptoms. This is coupled with a large decrease in don't know (64%). This finding is highly statistically significant ($p < .0001$).

At baseline, three quarters of young people agreed, or strongly agreed that they knew what lifestyle steps to take to improve their mental health. This increased to 80% at follow-up but was not a large enough change to reach statistical significance. The proportions that chose 'don't know' (3%) or 'disagree' (4%) were minimal at follow-up, suggesting that these messages have landed with this sample of young people. Similarly, at baseline 64% felt they knew how to respond if a friend discussed an emotional or personal problem with them. This rose to 69% at follow-up and there was a 58% drop in the proportion that disagreed with this statement (n=28). These are promising findings, regarding the emotional intelligence of the

sample and for the potential of the play to enhance that further. The latter change did not reach statistical significance, however.

There were significant changes in the proportion that told us they knew what steps to take if they feel down or depressed ($p < .028$) and worried or anxious ($p < .0001$). The proportion of young people that agreed with the statement that' young people get the right kind of information about mental health' also increased and this change was also statistically significant ($p < .0001$).

### Summary

Improving mental health literacy is a key outcome that the play is trying to achieve. There was evidence of progress on this issue in all of the measures used, and the broad direction of travel was positive. Areas that were particularly effective and reached statistical significance were:

- Awareness of the efficacy of medication
- Knowing what advice to give to get professional help
- Awareness of the importance of sleep as a sign and symptom of unwellness
- Self-reports on own knowledge of signs and symptoms of unwellness
- Steps to take when feeling depressed
- Steps to take when feeling anxious or stressed
- Perception that they were getting the right kinds of information on mental health

As well as the outcomes that reached significance, there is evidence of substantial positive change in other areas.The survey also demonstrates a high level of mental health literacy at baseline in some areas, hence the limited potential for creating change.

However, the survey also shows some residual areas of misinformation (and at times by a large margin), most notably an awareness of the rate of suicide and the likelihood that people with mental illness will seek professional help. The intervention would be well-placed to address these issues directly in future iterations, and to focus on the importance of accessing factual over anecdotal information. This may align with other work that schools are doing on media literacy more generally. In the final section, we provide some recommendations of ways the intervention could address this.

## 3.6 Stigma

Research suggests that mental health stigma is widespread in Ireland. 60% of adults report not wanting to know about it if they themselves were experiencing mental health problems and a similar proportion do not believe that people with mental health problems should do important jobs such as being a doctor or a nurse (HSE, 2007). This is concerning for the quality of life and dignity of individuals but even more than that, stigma inhibits help-seeking. One of the reasons that people do not seek help is to avoid the label of mental illness and the harm that this is perceived to bring (Corrigan, 2004).

There were two questions in this survey designed to directly address stigma. The first is what are referred to as 'social distance' questions. These were drawn from the Reported and Intended Behaviour Scale (RIBS), which is a robust measure of mental health stigma related behaviour (Evans-Lacko et al. 2011), which can be used with the general public in conjunction with other attitude and behaviour-related measures. Table 4 shows the changes in response to the social distance questionnaire. The answer options spanned strongly agree to strongly disagree with a don't know option (we have aggregated the agree and disagree options for ease of analysis).

*Table 4: Change in responses to social distance questions*

| Statements | Change in total agree | Change in total disagree | Change in neutral |
|---|---|---|---|
| In the future I would be willing to live with someone with a mental illness | +41 | -9 | -33 |
| In the future, I would be willing to work with someone with a mental illness | +18 | -4 | -15 |
| In the future, I would be willing to live nearby with someone with a mental illness | +19 | +4 | -33 |
| In the future, I would be willing to continue a friendship with someone with a mental illness | -1 | +2 | +4 |

It is encouraging that we do not see strong evidence of stigmatising views at baseline. For example, 95% agree with the statement that they would be willing to continue a friendship (65% strongly agree). There is a sizeable improvement, however, in the key measure of social distance: the proportion that would be willing to live with someone with a mental health problem (an 18% increase on baseline). This change was also highly significant ($p < 0.0001$). There were also improvements in the proportion willing to work and live nearby someone with a mental health problem, and both of these were statistically significant ($p<.001$; $p<.013$ respectively).

The second question that addressed stigma provided respondents with a series of statements about their attitude towards mental illness[2] and those that experience mental health challenges.

Again, we do not see strong evidence of stigmatisting attitudes amongst the young people at baseline. For example, only 4% agreed at baseline that it was best to hide mental illness from friends and family. Similar proportions reported that it was best to hide it from work colleagues (7%), that they would be embarrassed if members of their family was diagnosed with a mental illness (5%), or that it was easy to recognise someone who once had a serious mental illness (7%).

[2] These questions were informed by scales such as Attitudes to Mental Illness Questionnaire (AMIQ) and Community Attitudes Towards the Mentally Ill (CAMI). Although these have good psychometric properties, the language of these scales was often old-fashioned and inconsistent with a recovery approach in mental health. Some of the basic ideas in these questionnaires were utilised but were heavily edited due to inappropriate language

However, there was some evidence of residual stigma and self-stigma. For example, 30% agreed that they would be embarrassed if their friends knew that they were seeking professional psychological help. This decreased to 25% at follow-up and this change was statistically significant ($p<.004$). At follow-up, 15% still agreed with the statement 'It is hard to be trusting or relaxed around people who have experienced severe mental illness', although this had decreased from baseline (18%).

In general, young people in the sample also appear to see other people in society more stigmatising than they themselves are. At baseline, 38% believe that 'most people think less of someone who has spent time in a mental health hospital'. Again, there was some improvement in this at follow-up, most notably a fall from 33 to 17 strongly agreeing with this statement but not a sufficient change to reach statistical significance. In addition, 29% agree that 'most people think it is best to avoid people with severe mental illness' and there was very little change at follow-up.

### Summary

We can conclude from this discussion, that the sample of young people were not highly stigmatising at baseline, although they do observe a stigmatising world around them and are at risk of some degree of self-stigma. Nonetheless, we can still observe a positive impact from the programme, most notably the proportion that say they would be prepared to live and work with someone who has a mental illness, which is a key measure of social distance. In addition, we see a significant reduction in the proportion that would be embarrassed if family or friends knew that they were seeking professional help for mental health. Nonetheless, the scope for change with stigma is more limited than some of the other outcomes, due to lower levels of negative perceptions at baseline. There may also be potential to focus on residual self-stigma and social distance in future iterations of the intervention.

It is interesting to the note that the sample appears to be much less stigmatising that the general population. For example, at baseline 96% of our sample agreed that anyone can experience mental health problems, compared with 58% in the HSE survey. In addition, 64% of the national sample agreed that they would not like someone knowing if they had a mental illness. In our sample, only very small proportions of respondents thought that mental illness should be hidden from family, friends, or colleagues. The national survey was conducted in 2007 and the differences may reflect improved narratives around mental health in the media and social change in the intervening years at the national level. Alternatively, it may reflect the fact that it is a younger cohort with more open-minded attitudes. A further explanatory factor may be the high proportion of this sample (and a similar proportion of the larger baseline sample (n=822)) that reported having lived experience of mental health.

## 3.6 Help-seeking

As discussed, adolescence and young adulthood are the periods of life during which most mental health problems develop, but they also tend to be severely undertreated within this age group (Haavik et al. 2019) and the existence of mental health problems tends to be coupled with a strong reluctance to seek support

(Gullivar et al. 2010). This is especially acute among adolescent males (who are over-represented in our sample) (Haavik et al. 2019). However, although gender has an impact on help-seeking, it is not as important as educational background or parental attitudes.

It is interesting to note that some of the reasons why people tend not to seek help include stigma, poor mental health literacy, and a preference for self-reliance, issues that are also targeted in this intervention (Gullivar et al. 2010). This would suggest that outcomes in one area of the intervention may well positively impact on other areas (e.g. as stigma decreases the likelihood of seeking help may increase). Table 5 shows the changes in young people's reports as to whether they would seek help from a range of potential sources of support. Answers are requested on a scale from extremely likely to not at all likely.

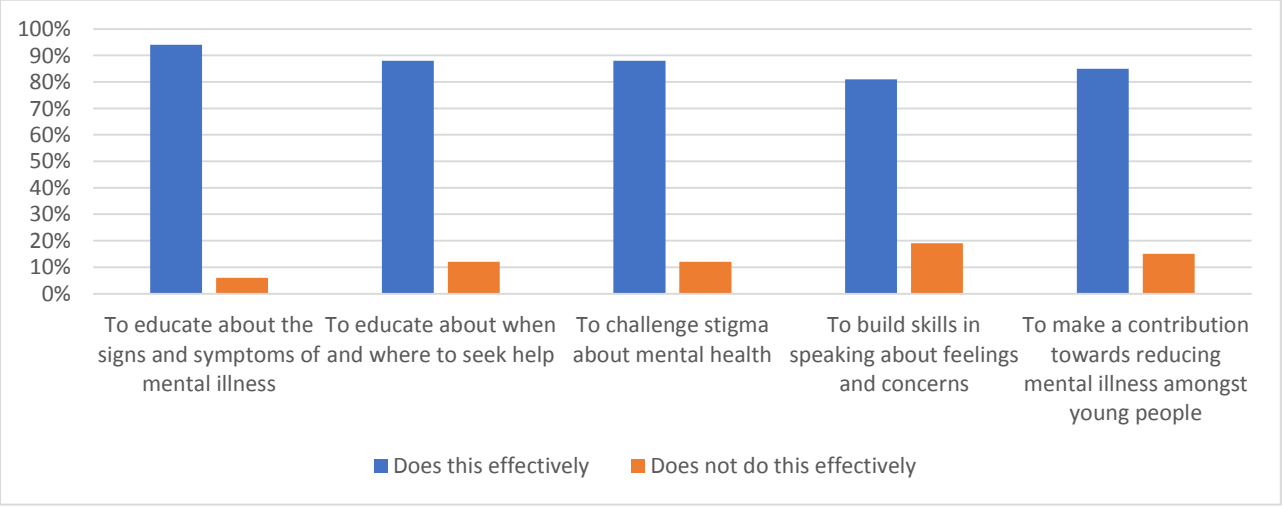
*Table 5: Change in likelihood of help-seeking from different sources*

| Source of help | Change in extremely/quite likely | Change in somewhat likely | Change in not at all likely | Change in don't know |
|---|---|---|---|---|
| Health professional | +35 | +3 | -36 | -2 |
| Someone close to me | +14 | -20 | +4 | +1 |
| A helpline | +19 | +18 | -32 | -5 |
| A teacher | +14 | +2 | -13 | -5 |
| Other | -1 | -13 | -2 | +7 |

As we can see, there is broadly an improvement for each source of support, including a decrease in the proportion stating that they would not seek help from anyone, and this change was statistically significant ($p<.002$). Most notably, there is a 35% increase in the proportion that state that they would seek help from a professional and this change is highly statistically significant ($p < .0001$). There was also a 16% decrease in the proportion that said they were not at all likely to contact a helpline and the changes in response to this question were also statistically significant ($p < .001$). Only 12% said they were 'quite likely' or 'extremely likely' to contact a teacher at baseline. Although this had improved at follow-up, it was not statistically significant. This contrasts with a person close to me, where 73% said they were 'quite likely' or 'extremely likely' to seek help from them at baseline but again this was just short of statistical significance.

## 3.6 Reflections on the play and workshop

In the follow-up survey young people were also asked to reflect on different aspects of the play and workshop and give their overall Impressions. The findings to this



question are presented in Figure 5. As we see, large majorities consider the intervention to have been effective in educating them about signs and symptoms (91%) and where to seek help (88%), tackling stigma (87%), building skills (80%) and making a contribution to reducing mental illness amongst young people (84%).

Students were also asked whether the play should be staged in other schools around Ireland (Figure 6). As we can see, 92% of young people agree or strongly agree that the play should be shown in other locations, with 65% strongly agreeing. This is a very strong endorsement of the play, which was echoed in the qualitative responses that students provided.

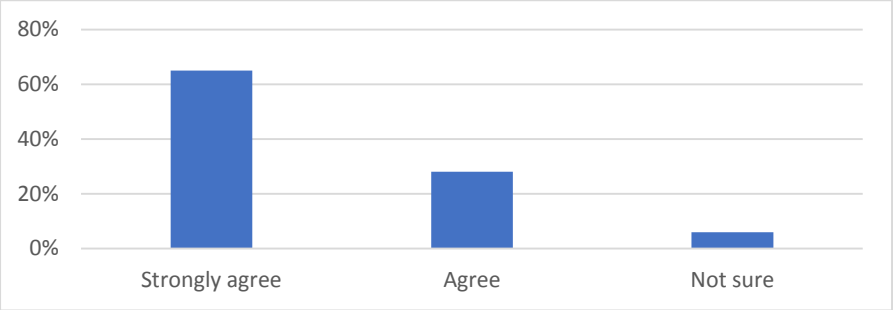



*Figure 6: Should the play be put on in other schools around Ireland*

Students were also
asked to rate both the play and the workshop on a scale of 1 to 5, where 5 is excellent and 1 is very poor. The average score for the play was 4.17/5 and the average for the workshop was 3.66.

Finally, students were asked about the extent to which they believed their views or attitudes had changed as a result of the play. The responses are presented in Figure 7.

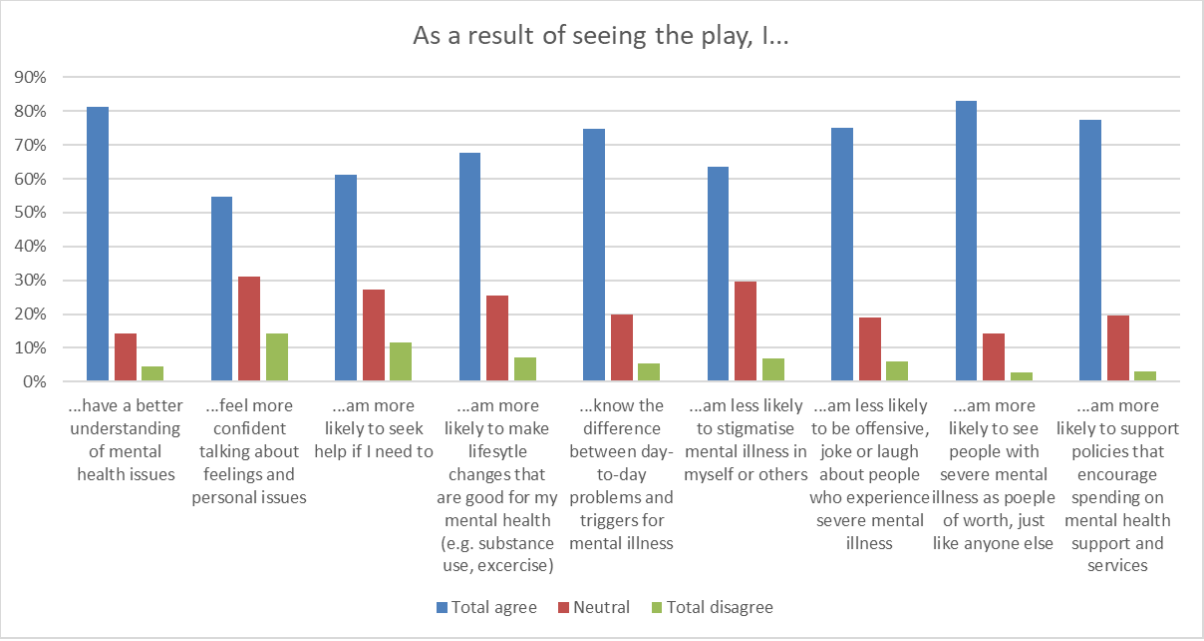



*Figure 7: Extent to which students believed their views had changed*

We can see more evidence here of the effect of the play on their attitudes, with strong agreement for most of the statements (over 80% agreeing that they have a better understanding of mental health and are more likely to see people with severe mental illness as people of worth). It is interesting to note that close to 80% said they were more likely to support policies that encourage spending on mental health support, suggesting that the play also politicised them and could help to build public support for better services in the future. What should also be borne in mind here (as was pointed out by one respondent) is that even if people disagree with these statements it may be because they were already supportive/aware due to their own life experiences.

## 3.9 Potential for longer-term impacts

A limitation of this study is that it only measured change directly after the play i.e. at one point in time and there is a risk that the lessons learned will diminish over time. However, we have some evidence of long-term impacts from a small number of longitudinal interviews (n=5). When students were asked what they remembered about the play, they displayed very strong recall about the themes explored in the play, despite the lapse in time since the intervention. They reported that the play was about the recovery journey:

> *"It definitely moved me, about all the things that people are going through and how they can recover if you talk to people".*

A strong message that they recalled was the importance of peer support in recovery.

> *"You should always ask people how they are even if they look well on the outside".*

Students reported strong emotional reactions to the play, which they still remembered.

> *"I burst into tears after it', 'It made a really big impact on me"."*
>
> *"I remember crying, I actually cried".*

They also reported feeling very struck by the stories of ordinary people.

> *'The fact that* [it can happen to] *ordinary people, it could happen to anyone, one event can lead to problems long term, and can have a terrible effect'.*

The schools have several mental health interventions in place, but the students differentiated this because the powerful effect that the medium of drama had on them.

> *The main thing was that it was set in a mental [health] establishment, I always thought patients were locked away and stuff, but it showed a more positive light, a more positive environment than I would have thought before.*
>
> *[It] changed my awareness of treatment of mental health, it gave an insight into that, it made it more personal, it wasn't statistics, it was real people's stories and that made it much more personable.*

The students also reported that the fact of the play being about local people in Co. Wexford had an impact on them as it made the stories feel very real and relatable.

> *"…especially because it was based in Wexford, shows its not America or something, if you hear it happening in your own county you can see that it is present everywhere. Whereas if it is somewhere else it would be harder to relate to".*

A preference for the play over the workshop was evident in the qualitative comments from both the interview and survey participants. Students displayed a weaker recall about the workshop than they had about the play. The workshop may be overshadowed by the play but may also suffer from being more similar to a traditional teaching style than the play and therefore lack the ability to make a stand-out impression as the play did.

As one student remarked:

> *"All I remember is that we had to fill out a form. The play stuck with me a lot more".*

One student described the two as complementary:

> *"It helped you think more about what you had watched. It helped to cement some of the ideas from the play itself".*

The strongest recall was related to the Spectrum of Mental health of good and poor mental health and students spoke positively of this (see Appendix 2).

> *"I know now there is so much help out there, the booklet we got with the whole list of numbers that you can ring".*

> *"The monitoring of emotions was good, and the colour system, you can unconsciously start feeling down and not even realise so it just made me aware of all of that".*

The qualitative findings also show that as well as being memorable some students reported doing things differently as a result. This is an important 'next step' in the ToC. One student described a lasting effect of the play:

> *…for a while afterwards I was thinking about the play, it struck a chord, it's very interesting to see how stories like that can affect you and make you realise how important it is to take care of your own mental health but also that of your friends and family as well.*

Students also reported taking action and having subsequent conversations with peers about mental health/illness. Some students said that there is a lot of pressure on young people to present their lives in a very positive light and that this does not allow for people experiencing difficulties to feel empowered, to seek help or indeed to be open about their struggles.

> *"I remember it was really influential, it impacted me a lot, made me aware that anyone could have an mental health problem, you see on TV and stuff and you don't think it could happen to anyone but it can, it can happen to anyone".*

When asked if they thought they would carry the knowledge gained from the stories with them into the future they all said that they would, that they remembered the key messages of the play and the workshop and that they had a greater awareness now than before the intervention.

> *"Definitely that there's a lot of help out there that if you are struggling there's loads of opportunities to help you get over things".*

## 3.8 Outcomes for storytellers

Although this evaluation did not focus on the storytellers in a central way, they were the group for whom the intervention originally developed and the impact on them was therefore explored qualitatively in a group interview.

The storytellers described a very creative process in developing the play, where they met regularly and used art, drama and writing to express themselves. They also went on a supported visit to the old psychiatric hospital where they had spent time and were involved in other elements such as props, set design and music selections. Several of the storytellers described feeling very moved when they heard the first version of the play.

> *When I heard it back I felt very strange and I knew it was part of me, I recognised me.*

When asked to describe changes that had occurred for them, they mentioned the following:

- Sense of empowerment through being involved in the process of documenting their experiences
- Confidence built through pride in the story being dramatized and shown to the public
- Increased sense of hope and optimism about recovery
- Peer support and friendships developed throughout the process
- Sense of purpose through being involved in the intervention

It is interesting to note that storytellers also described being affected in the same way that students are, most notably by bringing to the fore issues that they had not dealt with well like suicide of loved ones, and learning that mental health challenges are widespread:

> *People saying they suffer too…makes you feel like you are not on your own.*
>
> *You discover that you are not on your own that other people have the same problems.*

Storytellers were also motivated about educating the public and spreading factual information, as well as helping young people in their own relationship with mental health.

They also told us that the process was painful at times. This included their own feelings about their story and anxiety about the play being staged.

*I found it hard hearing the story back.*

*I was nervous about the props*

*I was nervous about family members coming. They'd be proud of you then for going ahead and doing it. It's kind of a new area for people.*

*My brother was coming I didn't know how he would react to the story of the things I said about my mother*

When asked about their views on the play being shown more widely, the storytellers were very supportive. They said that if new storytellers are involved it can be a very positive process and that they don't need to worry about anonymity. They also emphasised the importance of strong a script.

## 3.8 Outcomes for other stakeholders

The target stakeholder group for this intervention is young people and the vast majority of resources went into measuring change for that group. However, we know from the stakeholder engagement exercises that there are outcomes for other groups, including teachers and parents. These are discussed here briefly, although we only have limited evidence of the extent to which these benefits are being realised at scale, as this was not a focus of the evaluation.

### Teachers

Teachers are beneficiaries of the intervention as it complements work being done through the curriculum on mental health and well-being. It allows them to create a space within the classroom whereby discussions can be facilitated on the issues, as well as further tools to use and access to information about services available. It educates them as to the signs and symptoms in their students, and may for some be helpful with their own mental health and self-care.

### Parents

The intervention aims to provide a pathway of potential support for children should it be required, which in turn benefits parents. A further benefit is that the young person may now feel more confident and/or empowered about seeking help if required or indeed in speaking to parents about issues affecting them. It may also support the young person to understand their parent's mental health issues and challenge any stigma, or self-stigma either party may be experiencing.

In our recommendations, we discuss ways to enhance the offer to these stakeholders.

### The State

We expect, based on these data, that the play will contribute to mental health policy and help promote recovery within society. There is also evidence that this is a cost-effective intervention. The total cost of delivering the intervention in 10 schools, including all production, marketing and administrative costs was €22,000 plus VAT, or just over €22 per participant, or €2,200 per school. A rough estimate of the cost of staging the play for each of the 723 secondary schools in Ireland would be just under €1.6 million, although the actual figure may be lower than this when delivered

at scale. Either way, this could be a cost-effective way of delivering a universal mental health prevention programme.

# 4. Recommendations for ongoing delivery and sustainability.

In this section we briefly summarise the findings and set out some recommendations. One way of approaching the conclusion to this evaluation is to reflect on the extent to which the original theory of change is being realised. We begin with this discussion before moving on to the recommendations.

## 4.2 Reflections on the Theory of Change

*A Face in the Crowd* aims to improve mental health literacy, reduce stigma and promote help-seeking amongst young people at a critical stage in their lives. The evidence gathered as part of this evaluation suggests that it is broadly doing this successfully and achieving positive outcomes across each of these areas. In terms of the original theory of change, the strongest findings relate to mental health literacy and awareness of the signs and symptoms of mental health and the efficacy of treatment. Although there are also improvements in stigma and help-seeking, these are more limited. This is partly due to the erroneous assumption at project inception that stigma was more widespread. A further assumption was that young people were less open to seeking help than was actually the case. Nonetheless, there were significant improvements in openness to seeking help from professionals. These findings are important given the preference amongst boys in particular (who are over-represented in our sample) for self-reliance.

There were some residual areas of misinformation (prevalence of suicide and help-seeking within the population) and self-stigma (sense of embarrassment), although the latter was still lower at baseline than comparable research within the general population. The play was highly endorsed by the young people and there was strong support for wider staging. Young people valued its contribution to their own knowledge and skills, especially their ability to recognise and respond to signs and symptoms. They also reported stronger support for policies and funding to support mental health services. The workshop was not as universally endorsed, although students still reported positively on its impact. There were several suggestions for improvements that are discussed in the next section.

With the exception of the areas discussed above the theory of change was broadly endorsed by the evidence. However, we only have data on short-term impacts. Less is known about the potential for the play to change behaviour, reduce the incidence of mental illness, or the risk that symptoms exacerbate. Nonetheless, we know from secondary evidence that the three key outcomes: improved help-seeking, mental health literacy and reduced stigma are all protective for young people and we would expect to see positive longer-term outcomes in the future. This is further supported by the good recall of the play's messages in the interviews.

## 4.2 Recommendations

A rationale for commissioning this evaluation was to gather evidence of its impact with a view to identifying a future for the intervention. Given our central finding that the play is a powerful mental health literacy tool, there is a strong rationale for its continuation in Wexford and extension to other locations. There is good potential that the play will lead to more young people responding to signs and symptoms and seeking help, thereby minimising the risk that mental health problems will escalate. There is also a case for the government (e.g. health promotion unit of the HSE) funding and supporting the rollout of the play, as it is a cost-effective way of providing a universal intervention at a critical stage in their lives. A next step may be to pilot the play in areas (e.g. Cavan/Monaghan) where suicide rates are currently high (CSO, 2019). As part of this, the need to adapt the play to the local context could be considered. It is not clear whether is this necessary, it may be helpful but on balance may not be as important as a strong script and fidelity to the process developed by the Discover/Recover team.

There is also scope for improving the intervention. In light of the initial qualitative findings, the evaluation has sought to tease out the separate impacts of the play and workshops as much as possible so as to provide tailored recommendations on each.

### The workshop

The finding that the workshop was not as effective as the play clearly relates in part to strength of theatre as a pedagogical device. There is evidence that human stories and theatrical experiences are an effective aid to teaching and learning (Tan et al. 2002; D'Alesandro and Frager 2013; Boggs et al. 2007) that increase student engagement and comprehension of complex issues. Nonetheless, there is also scope to improve the workshop both in terms of content and approach

**1. Content**. As discussed above, there are some areas where students had misunderstandings that persisted after the intervention, and the play could do more to target these issues and other pieces of misinformation. It was also noted in the comments, that some young people were confusing mental health and behavioural issues such as autism. There may be scope to include fact-based information on mental health, as well as educate young people about where to source factual information and ways to assess the veracity of data that they encounter, especially online. The results of the survey could be a starting point in adjusting the content of the play.

**2. Approach** There were several suggestions that the workshop should be more interactive, and it was occasionally described as 'boring', or 'too long'. The workshop should seek to learn from the success of the play by incorporating more real-life experiences, focus more on issues directly relevant to the young people and involve them in the design and delivery. Lessons from recovery education and drama therapy could be usefully employed here.

It has been pointed out by the developers that the workshop was initially developed as a method of aftercare for the students in case young people are triggered by the

play, and that this remains its primary objective. This is a strong rationale for keeping the workshop irrespective of the findings here. However, we believe that it can fulfil a dual purpose of providing aftercare and further strengthening mental health literacy.

### The play

Whilst they play was widely endorsed, there were also some suggestions for ways to improve it, which could be addressed, either in the play itself or in the workshop.

The first, which was raised several times, was the emphasis in the stories on severe and enduring mental health conditions. Whilst this is important to address in terms of stigma, it is also a small proportion of all mental health problems and more common challenges – that are also very relevant to young people - such as depression, anxiety and eating disorders did not feature. Although the play cannot do everything. the emphasis in the stories on hospitalisation, medication and so on may give an unrealistic impression of what mental illness is for most people.

A further suggestion was to have young actors on stage, or to set the play in a place relevant to young people such as in a school. Some students also suggested the play should be longer and give more detail on the recovery pathways. A final comment was to include less negativity about drugs and alcohol and things that young people like doing. Although these messages and important to convey, there may be a lesson in there about trying to develop positive messages and to keep the workshop focused on the evidence of areas of greatest harm and so on. There may also be scope to develop a story that is focused more directly on addiction, rather than the contribution of casual drug/alcohol use.

### More research

Research on stigma and prejudicial attitudes in Ireland is limited, as is evidence around what works in universal health promotion strategies. If the findings from this sample of young people were generalisable, it would suggest much improvement in stigmatising and intolerant attitudes towards people with lived experience of mental health compared with data from previous national surveys. More research is required to better understand this, and health promotion generally, as well as the determinants of stigma in Ireland today.

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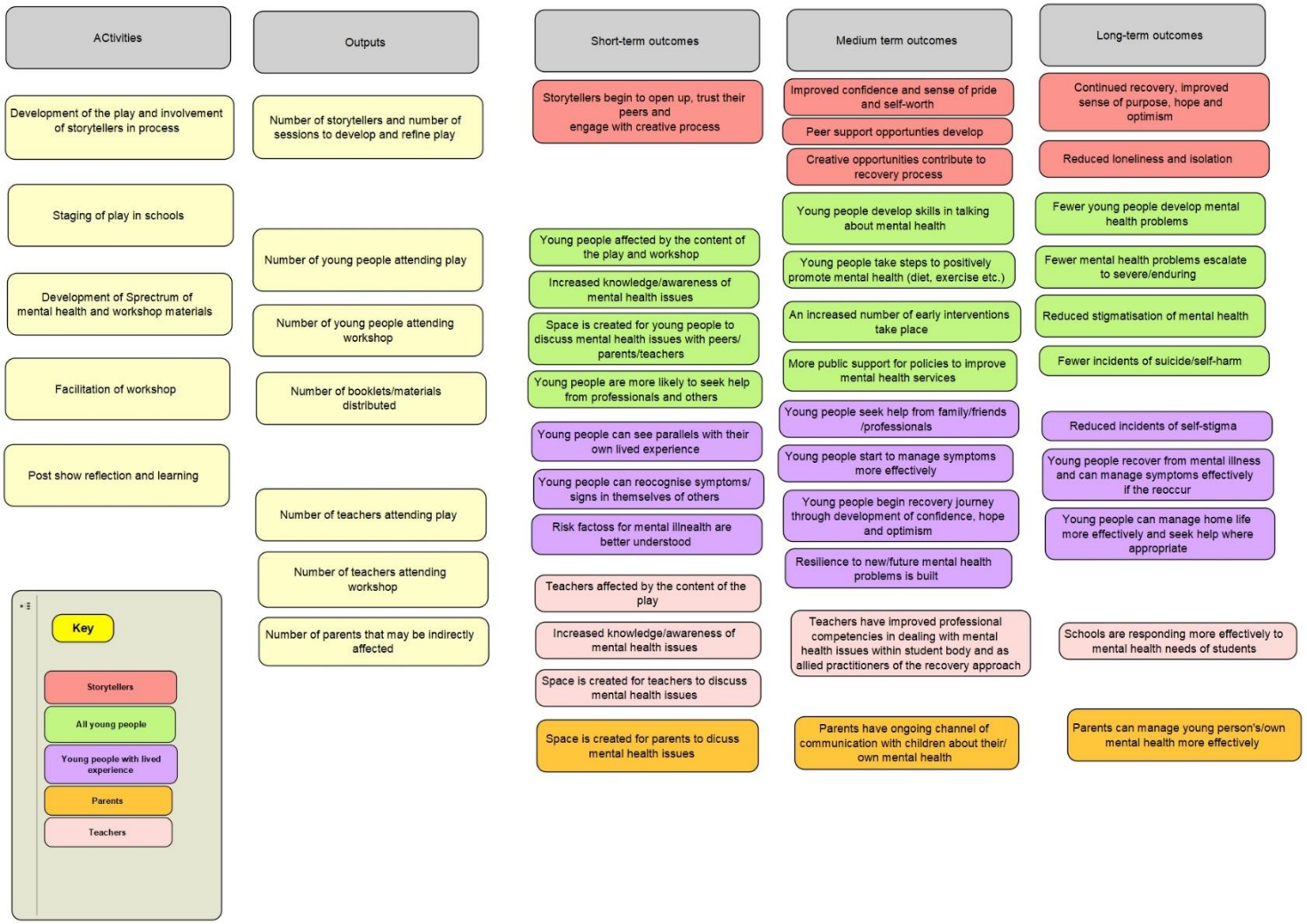
# Appendix 1: Theory of change



# Appendix 2: Spectrum of mental health