verbal
EVERY STORY MATTERS

CAWT RoI Post-Project Report

Exploring the benefits of storytelling-based wellbeing and resilience programmes in primary and secondary school children in the Republic of Ireland

Table of Contents

01	Executive Summary	01
02	Introduction	02
03	Methods	03
04	Results: Participant Overview	07
05	Results: Resilience	08
06	Results: Mental Wellbeing	09
07	Discussion	10
08	References	12

Executive Summary

This project was a collaboration between Verbal and CAWT. Verbal carried out a Shared Reading programme designed to improve resilience and mental wellbeing across schools in County Donegal. It is imperative to improve these factors as charities have described children in the Republic of Ireland as facing “a tsunami of mental health issues” (Hutton, 2021) that are exacerbated by waiting lists of over a year to receive care from mental health services (McMonagle, 2022).

This intervention was delivered within four schools between January-March 2023. This intervention reached a total of 293 students, encompassing 120 storytelling sessions delivered across 180 hours.

All types of resilience significantly improved after taking part in the programme, with overall resilience increasing in 53% of children. Significant improvements in resilience were found for girls, beginning the programme with the lowest levels of resilience and ending with the highest.

Mental wellbeing improved in 42% of children after taking part. Significant improvements to wellbeing were found for younger children taking part.

The ability to significantly improve resilience and mental wellbeing demonstrates that Verbal’s programmes can improve children's mental health and wellbeing directly within schools. Our programmes are particularly effective in improving the wellbeing of groups at risk of poor wellbeing such as girls and children preparing for challenges such as transitioning to secondary school.

Introduction

The Irish Society for the Prevention of Cruelty to Children (ISPCC) describes children in the Republic of Ireland as facing “a tsunami of mental health issues” (Hutton, 2021). Recently published research indicates that up to 21% of children in the Republic of Ireland (RoI) report symptoms of depression, yet only 44% of children who have been identified as in need of mental health care actively receive support (Lynch et al., 2022).

While young people can struggle to seek help for their mental health difficulties (Divin et al., 2018), this lack of support may also be due to long waiting lists stemming from the significant increase in referrals to mental health services in recent years. Within County Donegal, Referrals to Child and Adolescent Mental Health Services (CAMHS) have increased by 47% between 2020 and 2021, resulting in children waiting over a year to receive care (McMonagle, 2022). Such delays and other factors have led to the United Nations Committee on the Rights of the Child to "express serious concerns about the insufficient and inadequate mental health services for children in Ireland" (Ombudsman for Children, 2023).

In response to high rates of poor wellbeing and sizable waiting lists for mental health care, it is imperative to deliver interventions to children aiming to improve their mental wellbeing and to promote resilience. Resilience refers to the ability to use available internal and external resources to manage and overcome difficult challenges (Pooley & Cohen, 2010). This refers to both equipping people with a skillset for managing difficulties (known as personal resilience) while also encouraging them to seek help and rely on others (known as relational resilience).

The aim of this project is to foster resilience and improve wellbeing in County Donegal in the context of poor childhood wellbeing and high waiting lists for child mental health services.

Methods

The Programme

Two 12-session interventions designed to improve resilience and mental wellbeing in primary and secondary school children were delivered in one secondary school (Scoil Mhuire) and three primary schools (Scoil Íosagáin; Scoil Eoghain; St Aengus' Primary School) across County Donegal.

These curriculums differ on their selected stories but aim to instil the same tenets of resilience and emotional wellbeing:

Emotional awareness and thinking straight

Self-image and self-esteem

Problem-solving and learning from mistakes

Gratitude and self-care

Empathy and compassion

Happiness, wellbeing and a hopeful outlook

Shared Reading Model

This intervention was developed using Verbal's Shared Reading Model. This model is derived from Affective Bibliotherapy (Shectman & Nir-Shfrir, 2008, Heath et al., 2005), a process involving the guided reading of literature combined with targeted discussions. Shared Reading fosters change and understanding in others by gently breaking through defence mechanisms to help develop insight (Shechtman & Nir-Shfrir, 2008). Stories act as an "intermediary object" between the person and their problems (Gray et al., 2016), offering a less direct but appropriate way of discussing their emotions and experiences in a safe and inclusive environment (Detrixhe, 2010).

Programme Development

Literature was selected by Verbal's Literature Team to align with the mental health themes previously outlined. In the Shared Reading Model, discussions are guided by psychologically-informed annotations written by Verbal's Psychology Team to prompt personal and group growth, healing and understanding. These annotations are guided by key psychological frameworks, including Cognitive Behavioural Therapy to change unhealthy thoughts and behaviours, and Acceptance and Commitment Therapy to accept and/or change emotions and behaviours.

This programme was delivered in schools by facilitators. Facilitators were provided training on Verbal's Shared Reading Model and how to read stories aloud. Facilitators were also provided with Safeguard Training and background checks before entering schools.

While this programme was facilitator-led, Verbal welcomes a whole-school approach in encouraging teachers and classroom assistants to become involved. For example, teachers can join in with discussions, encourage children to share their voice, and continue discussions outside of the session and share these discussions with the facilitator when they return.

Programme Assessment

Participants completed a questionnaire before and after taking part in the intervention; these questionnaires contained the same psychological measures to allow direct comparison pre- and post-intervention. These measures are:

WHO-5 Well-Being Index

This is a five-item measure designed to assess psychological wellbeing and quality of life (Bech, 2004). High scores are indicative of positive wellbeing and a high quality of life. The WHO-5 has been used in a range of studies worldwide and is a useful measure for recognising symptoms of depression in young people (Topp, Østergaard, Sondergaard, & Bech, 2015).

Child & Youth Resilience Measure-Revised (CYRM-R)

The CYRM-R is a 17-item measure to assess resilience in children and young people, with high scores indicating high resilience (Resilience Research Centre, 2018; Jeffries, McGarrigle, & Ungar, 2018). Along with summing scores to create an overall resilience score, the CYRM-R contains two subscales related to resilience: personal and relational resilience. Personal resilience refers to a young person's sense of self and how they relate to the world around them. Relational resilience relates to a young person's quality of relationships and the ability to rely on others in times of need.

Procedure

This programme took place between January-March 2023. Parental consent forms were sent out to parents which contained information about the programme and were collected prior to the beginning of the programme. A trained facilitator visited schools to explain the purpose of the programme and what children would be doing. After this explanation, children completed the pre-intervention questionnaire.

Each session, children would be read a story by the facilitator pertaining to themes of resilience and wellbeing. Stories were selected by Verbal's Literature Team and structured breaks were implemented for discussions. The Psychology team developed questions for these breaks that would encourage discussion and reflection on the theme. The programme was delivered in 12 sessions by facilitators, typically on a weekly basis where possible. Children completed the post-intervention questionnaire at the end of the programme.

Data Analysis Strategy

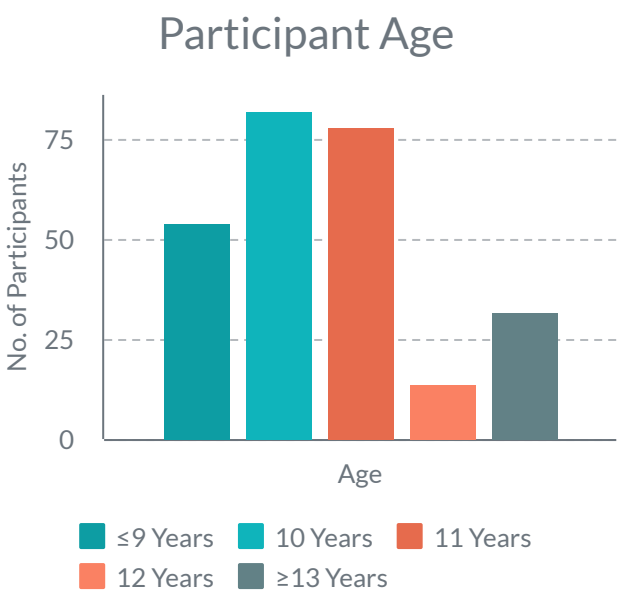
Quantitative data were entered, cleaned and statistically analysed by the Verbal Psychology Team using a combination of SPSS Version 28.

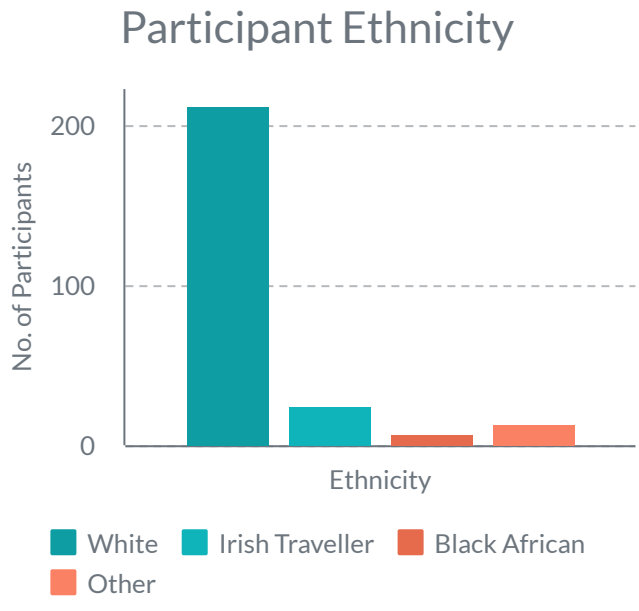
Descriptive statistics such as age and gender were explored. t-tests were used to explore whether scores on psychological measures significantly changed before and after taking part in the intervention, including by age and gender. Analyses of Covariance (ANCOVAs) were then used to explore whether changes in scores pre- and post-intervention significantly differed by age or gender.

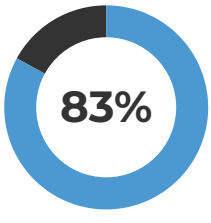
Statistical significance was explored when analysing data. Statistical significance refers to the probability that a finding happened due to a specific cause, most likely the result of the programme. In alignment with established guidelines, results were considered as statistically significant if $p<.05$. This means that we can be at least 95% sure that a finding was not due to chance or coincidence. Statistically significant findings in charts and graphs were denoted using an asterisk (*).

Results: Participant Overview

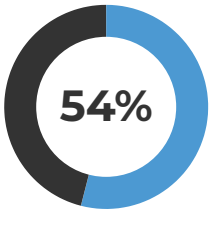
This intervention was delivered within four schools between January-March 2023. This intervention reached a total of **293 students**, encompassing **120 storytelling sessions** delivered across **180 hours**. A parental consent form, a pre-programme questionnaire, and a post-programme questionnaire was available for **260 participants** (89%).







Catholic



Boys

Slightly more boys (54%) than girls (45%) took part in the programme, while 1% did not wish to disclose their gender. Children in this programme ranged between ages 8-14, with ages 10 and 11 being the most common age groups.

A range of ethnicities were observed in the programme, including White, Irish Traveller, Black African, Mixed Ethnic Group (<1%) and Other. The majority of students who took part were Catholic (83%) while some students identified as being Protestant (<1%) or Other (6%); 11% of children did not wish to disclose their religious identity.

Results: Resilience

Programme Results

Resilience **significantly improved** in children after taking part in the programme (t=2.41, *p*=.008). We found that resilience scores **increased in 53% of children**.

We also explored changes in personal and relational resilience after taking part. We once again found **significant improvements** in personal resilience (t=2.15, *p*=.016) and relational resilience (t=2.43, *p*=.008). Personal resilience **increased in 48% of children**, and relational resilience **increased in 46% of children** following our programme.

53%
Increase in overall resilience

48%
Felt more able to manage difficulties

46%
Felt more supported by others

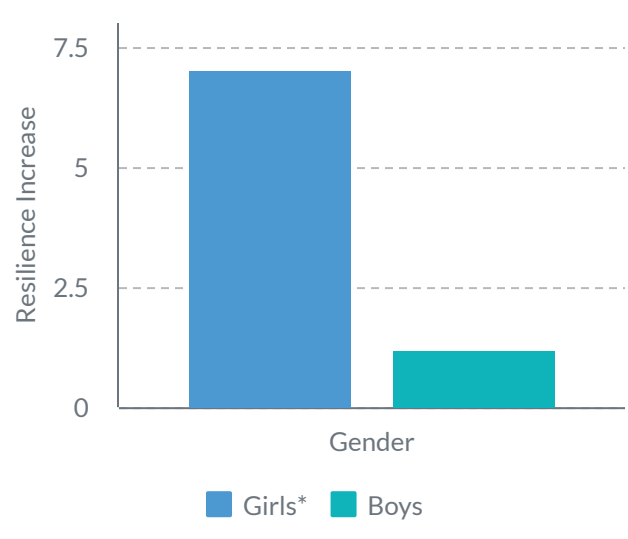
Exploring Demographic Differences

Analyses explored whether age or gender differences were apparent between the pre- and post-intervention assessments.

We found that improvements in resilience significantly differed by gender (F=3.86, p=.050). When exploring this difference, we identified that the programme was **most effective in improving the resilience of girls** (Figure 1).

Girls began the programme with lower resilience than boys and ended the programme with the highest resilience. This same pattern of findings was **also identified for relational resilience** (F=5.60, *p*=.019).

Figure 1



Results: Mental Wellbeing

Programme Results

42%

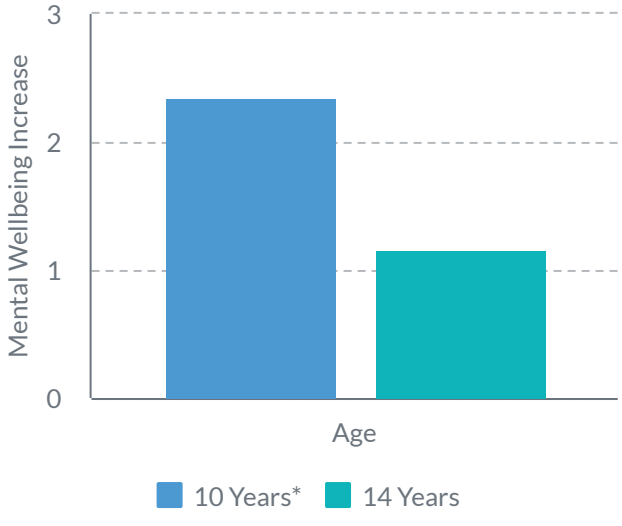
Increase in wellbeing

We found that mental wellbeing **improved in 42% of children** after taking part in the programme.

Exploring Demographic Differences

Analyses explored whether age or gender differences were apparent between the pre- and post-intervention assessments.

Figure 2



We found that improvements in mental wellbeing **significantly differed by age** (F=2.35, *p*=.032). The direction of findings suggests that increases in wellbeing were higher for primary school children compared to secondary school children. A comparison is provided in Figure 2 of increases in wellbeing for primary school children aged 10 and secondary school children aged 14.

Discussion

Verbal's programme was found to deliver upon its stated aim of improving resilience and mental wellbeing in young people. Overall resilience, personal resilience and relational resilience all significantly improved in children after taking part, and these improvements were significantly higher in girls. Mental wellbeing increased in 42% of children, and these increases were significantly higher in primary school children.

These findings suggest that Verbal's programmes are most effective at improving resilience and mental health in vulnerable children most in need of help. Girls consistently show poorer wellbeing than boys across research, with girls aged 11 years being 30% more likely to experience poor mental health than boys (Patalay & Fitzsimons, 2018; Walker, 2022). While girls began our programme with lower resilience than boys, they saw the largest improvements in being able to manage their difficulties and reach out to others for help. Improvements in mental wellbeing were highest in primary school children, a group approaching life challenges such as transitioning from primary to secondary school. These increases indicates that our programmes are beneficial in improving resilience and wellbeing for those with poor wellbeing and on the cusp of experiencing a challenging period of transition.

Our programme's ability to improve resilience and wellbeing echoes the findings of research that has demonstrated the efficacy of reading, and shared reading in particular, as an intervention to improve wellbeing in children as well as adults (Bal & Veltkamp, 2013; Billington et al., 2016; Davis, 2009; Hall et al., 2018; Kidd & Castano, 2013; Longden et al., 2013).

The significant improvements found for all types of resilience can be attributed to open and honest discussions surrounding mental health that shared reading allows. Previous interventions at Verbal have found that children can have a range of discussions in these sessions, including empathising with their parents about the increasing cost of "everything" during the current Cost of Living crisis (Verbal, 2023). These conversations can help foster empathy and understanding in others, as evidenced by the significant increase in relational resilience. Feeling connected to and able to rely on others is particularly important for encouraging young people to seek help from others if they are experiencing mental health difficulties (Divin et al., 2018).

The mental health benefits of this programme are particularly important in the context of current mental health care challenges in the Republic of Ireland. Regions such as County Donegal have large waiting lists for child mental health services that can lead to children waiting over a year for their first appointment (McMonagle, 2022), and a United Nations committee have described mental health services for children in the Republic of Ireland as "insufficient and inadequate" (Ombudsman for Children, 2023). The findings of this study show that Verbal's programmes can significantly improve the resilience and mental wellbeing of vulnerable children directly within schools.

References

Bal, P. M., & Veltkamp, M. (2013). How does fiction reading influence empathy? An experimental investigation on the role of emotional transportation. *PloS one, 8*(1), e55341.

Bech, P. (2004). Measuring the dimension of psychological general well-being by the WHO-5. *Quality of Life Newsletter*, 15-16.

Billington, J., Farrington, G., Lampropoulou, S., McDonnell, K., Jones, A., Ledson, J. et al. (2016). A comparative study of cognitive behavioural therapy and shared reading for chronic pain. *Journal of Medical Humanities, 43*, 155–165.

Davis, J. (2009). Enjoying and enduring: groups reading aloud for wellbeing. *The Lancet, 373*, 714-5.

Detrixhe, J. J. (2010). Souls in jeopardy: Questions and innovations for bibliotherapy with fiction. *The Journal of Humanistic Counseling, Education and Development, 49*(1), 58-72.

Divin, N., Harper, P., Curran, E., Corry, D., & Leavey, G. (2018). Help-seeking measures and their use in adolescents: a systematic review. *Adolescent Research Review, 3*(1), 113-122.

Gray, E., Kiemle, G., Davis, P., & Billington, J. (2016). Making sense of mental health difficulties through live reading: an interpretative phenomenological analysis of the experience of being in a Reader Group. *Arts & Health, 8*(3), 248-261.

Hall, M., Levy, R. & Preece, J. (2018). "No-one would sleep if we didn't have books!": Understanding shared reading as family practice and family display. *Journal of Early Childhood Research, 16*, 363–377.

Heath, M. A., Sheen, D., Leavy, D., Young, E., & Money, K. (2005). Bibliotherapy: A resource to facilitate emotional healing and growth. *School Psychology International, 26*(5), 563-580.

Hutton, B. (2021). Ireland facing mental health 'tsunami' among children, committee told. Retrieved April 20, 2023 from https://www.irishtimes.com/news/health/ireland-facing-mental-health-tsunami-among-children-committee-told-1.4706171

Jefferies, P., McGarrigle, L., & Ungar, M. (2018). The CYRM-R: a Rasch-validated revision of the Child and Youth Resilience Measure. *Journal of Evidence-Informed Social Work*, 1-24.

Kidd, D. C., & Castano, E. (2013). Reading literary fiction improves theory of mind. *Science, 342*(6156), 377-380.

Longden, E., Davis, P., Billington, J., Lampropoulou, S., Farrington, G., Magee, F., ... & Corcoran, R. (2015). Shared Reading: assessing the intrinsic value of a literature-based health intervention. *Medical Humanities, 41*(2), 113-120.

Lynch, S., McDonnell, T., Leahy, D., Gavin, B., & McNicholas, F. (2022). Prevalence of mental health disorders in children and adolescents in the Republic of Ireland: a systematic review. *Irish Journal of Psychological Medicine*, 1-12.

McMonagle, L. (2022). Rise in young people referred to mental health services. Retrieved April 20, 2023 from https://donegalnews.com/2022/02/rise-in-young-people-referred-to-mental-health-services/

Ombudsman for Children. (2023). Falling Behind: Children's rights in Ireland - The Ombudsman for Children's Office Annual Report 2022. *Millennium House, Dublin.*

Patalay, P., & Fitzsimons, E. (2018). Mental ill-health and wellbeing at age 14–Initial findings from the Millennium Cohort Study Age 14 Survey. *Briefing Paper. Institute of Education*.

Pooley, J. A., & Cohen, L. (2010). Resilience: A definition in context. *Australian Community Psychologist, 22*(1), 30-37.

Resilience Research Centre. (2018). CYRM and ARM user manual. Halifax, NS: Resilience Research Centre, Dalhousie University. Retrieved Dec 20, 2022 from http://www.resilienceresearch.org/

Shechtman, Z., & Nir–Shfrir, R. (2008). The effect of affective bibliotherapy on clients' functioning in group therapy. *International Journal of Group Psychotherapy, 58*(1), 103-117.

Topp, C. W., Østergaard, S. D., Søndergaard, S., & Bech, P. (2015). The WHO-5 Well-Being Index: a systematic review of the literature. *Psychotherapy and Psychosomatics, 84*(3), 167-176.

Verbal. (2023). CAWT Phase 1 and 2 Report. *Verbal Arts Centre.*

Walker, S. (2022). Navigating the Road of Adolescence: Young People's Mental Health in the UK. *STEER Education.*

Thank you

Contact Us

theverbal.co

info@theverbal.co