An Evaluation of the Our Minds Matter (OMM) Program [2020-2021]

Is OMM club participation associated with mental wellbeing, mental health self-efficacy, peer support, help-seeking, and perceived club benefit among high school students: Results from student post-survey data

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Background

The Our Minds Matter (OMM) program empowers high school students to change their school culture around mental health. The average high school OMM club has three to five trained student leaders who host weekly, bi-weekly or monthly meetings where they facilitate activities and discussion among their peers. Clubs are also overseen by a school faculty sponsor(s) who is a school psychologist, social worker, counselor and/or teacher. Under the direction of the faculty sponsor and club leaders, each meeting provides students with an opportunity to learn strategies that enhance mental wellbeing, promote advocacy, facilitate help seeking, build positive coping skills, and foster social connectedness. Specifically, OMM skills-based activities encapsulate the areas of mindfulness, relaxation, self-care, active listening, coping skills development, sleep hygiene habits, and mental health psychoeducation, among others, and aim to create multi-level change: individual-level change (positive coping skills, mental wellbeing), dyadic change (peer support) and school-wide change (campaigns) to improve the mental health climate and culture at each school.

A 2019 – 2020 OMM program evaluation demonstrated a significant increase in mental wellbeing and perception of resource awareness among students from pretest (Fall 2019) to posttest (Spring 2020, which was at the start of the COVID-19 pandemic). An initial 2020-2021 evaluation demonstrated a significant association between several OMM club characteristics, including peer influence and OMM leader status with nearly all of the intervention outcomes. Building on these results, this secondary data analyses examined whether student OMM club participation was associated with programmatic outcomes.

Research Question

The primary purpose of this evaluation was to address the following research question:

1. Is student participation in the OMM program associated with mental-wellbeing, mental health self-efficacy, help seeking, peer support, beliefs about promoting wellness or preventing unwellness, or perceived benefit of OMM on mental health?

OMM Post-survey Evaluation 2020-2021 Summary

OMM club members from participating high schools completed an online survey in the Spring of 2021 following completion of the OMM intervention for the 2020-2021 school year. Students that attended at least one OMM meeting were included in this analysis examining the association between OMM club participation, five primary OMM outcomes: 1) mental wellbeing 2) mental health self-efficacy, 3) help seeking intention, 4) peer support received, and 5) peer support provided, and three exploratory outcomes: 1) promoting wellness, 2) preventing unwellness, and 3) perceived efficacy of OMM. Results demonstrate that OMM club participation was positively correlated (more meetings= higher or "better" scores) with mental wellbeing, mental health self-efficacy, help seeking intention, promoting wellness, preventing unwellness, and perceived benefit of OMM on mental health. These relationships were robust and remained statistically significant after adjusting for grade, gender, sexual identity, OMM leader status, and total semesters in OMM, meaning that club participation had a significant, independent effect on the outcomes beyond these other characteristics. These results suggest that greater participation in OMM and resulting opportunities to apply learned skills may enhance mental health knowledge, mental health resource awareness, and adaptive coping that serve as mechanisms for improved mental wellbeing, confidence in one's ability to improve their mental health, and eagerness to seek help. Based on these findings, increasing OMM participation may serve as one strategy to optimize student's mental health. Several limitations should be considered when interpreting these results, such as the cross-sectional design and data collection during the COVID-19 crisis. The detailed report is below.

Methods

Participants

High school students participating in an OMM club were invited to complete a posttest survey on sociodemographic characteristics, club information, and the programmatic outcomes from March 22, 2021 to April 26, 2021. At the time of survey discontinuation, 494 students completed the posttest. Students were excluded from this analysis if they did not consent to use of their data in programmatic evaluation (n=14) or if they did not indicate participating in a meeting during the 2020-2021 school year (n=299), which yielded a total analytic sample of N=181.

Measures

Primary Independent Variable

OMM club participation: Participants responded to the question, “How many OMM meetings did you attend during the school year (2020-2021)?” OMM club participation was a continuous variable with higher scores indicating more meetings attended.

Outcomes

Mental wellbeing: Mental wellbeing was assessed with six of the seven items from the short Warwick-Edinburgh Mental Wellbeing Scale: 1) “I've been feeling useful”, 2) “I've been feeling relaxed”, 3) “I've been dealing with problems well”, 4) “I've been thinking clearly”, 5) “I've been feeling close to other people”, and 6) “I've been able to make up my own mind about things”. Items were assessed using a Likert scale with scores ranging from 1.0 (“none of the time”) to 6.0 (“all of the time”) yielding a possible total score ranging from 6.0-36.0. We defined mental wellbeing as a continuous variable, with higher scores indicating greater (better) mental wellbeing. The six items demonstrated good (α=0.75) internal consistency in this sample.

Mental health self-efficacy (positive coping): Belief in the capacity to address one’s mental health was measured with four items: 1) “I am confident in my ability to address my

mental health by promoting mental wellness", 2) "I am confident in my ability to address my mental health by preventing mental unwellness" 3) "I am confident in my ability to address my mental health by responding to stressful situations," and 4) "I am confident in my ability to address my mental health by restoring mental health after crises or traumatic events." Items were assessed using a Likert scale with scores ranging from 1.0 ("not at all confident") to 5.0 ("completely confident") yielding a possible total score ranging from 4.0-20.0. We defined mental health self-efficacy as a continuous variable, with higher scores indicating greater (better) self-efficacy. These items demonstrated excellent (α=0.90) internal consistency in this sample.

Peer support received: Peer support received was measured by adapting a social support questionnaire for children (Gordon, 2011) for OMM members using four items: 1) "OMM members praise me when I've done something well", 2) "OMM members encourage me", 3) "OMM members comfort me when I am upset", and 4) "OMM members care about me and make me feel wanted." Items were assessed using a Likert scale with scores ranging from 1.0 ("never or rarely true") to 4.0 ("always true") yielding a possible total score from 4.0-16.0. We defined peer support received as a continuous variable, with higher scores indicating greater (more) received support. These items demonstrated excellent (α=0.91) internal consistency in this sample.

Peer support provided: Peer support provided was measured using four items: 1) "I praise my peers when they've done something well", 2) "I encourage my peers", 3) "I comfort my peers when they are upset", and 4) "I care about my peers and I make them feel wanted." Items were assessed using a Likert scale with scores ranging from 1.0 ("never or rarely true") to 4.0 ("always true") resulting in a summed score ranging from 4.0-16.0. Peer support provided was a continuous variable, with higher scores indicating greater (more) provided support. These items demonstrated excellent (α=0.85) internal consistency in this sample.

Help-seeking intention: Help-seeking intention was measured using the mental help-seeking intention scale (Hammer & Spiker, 2018), a three item questionnaire assessing

propensity to seeking help for mental health with the following items: 1) “If I had a mental health concern, I would intend to seek help from a mental health professional”, 2) “If I had a mental health concern, I would try to seek help from a mental health professional”, and 3) “If I had a mental health concern, I would plan to seek help from a mental health professional.” Items were assessed using a Likert scale with scores ranging from 1.0 (“strongly disagree”) to 7.0 (“strongly agree”). Consistent with scoring guidelines, the mean score across the three items was used with higher scores indicating greater help-seeking intention. These items demonstrated excellent (α=0.96) internal consistency in this sample.

Exploratory Variables

Beliefs about promoting wellness: Beliefs about promoting wellness was measured using four items: 1) “People's mental wellness can be promoted”, 2) “There are certain things a person can do to help promote mental wellness”, 3) “Doing or saying certain kinds of things can work to help promote mental wellness”, and 4) “I myself can make a difference in helping to promote mental wellness.” Items were assessed using a Likert scale with scores ranging from 1.0 (“disagree completely”) to 6.0 (“agree completely”) resulting in a possible summed score of 4.0-24.0. Beliefs about promoting wellness was a continuous variable, with higher scores indicating stronger beliefs. These items demonstrated excellent (α=0.86) internal consistency reliability in this sample.

Beliefs about preventing unwellness: Beliefs about preventing unwellness was measured using four items: 1) “People's mental unwellness can be prevented”, 2) “There are certain things a person can do to help prevent mental unwellness”, 3) “Doing or saying certain kinds of things can work to help prevent mental unwellness”, and 4) “I myself can make a difference in helping to prevent mental unwellness.” Items were assessed using a Likert scale with scores ranging from 1.0, (“disagree completely”) to 6.0 (“agree completely”) resulting in a possible summed score of 6.0-24.0. Preventing unwellness was a continuous variable, with higher scores

indicating stronger beliefs. These items demonstrated excellent (α=0.85) internal consistency in this sample.

Perceived Benefit of OMM: Perceived benefit of OMM on mental health was assessed with the following item: “I believe OMM has had a positive impact on my mental health this school year.” Responses ranged from 1.0 (“strongly disagree”) to 7.0 (“strongly agree”) with higher scores indicated greater perceived benefit of OMM.

Covariates

These included grade (9^{th}, 10^{th}, 11^{th}, 12^{th}) gender (cisgender male, cisgender female, transgender/non-binary/gender nonconforming), sexual identity (heterosexual, LGBTQ+), race/ethnicity (non-Hispanic/White, non-Hispanic/Black, non-Hispanic/Asian, non-Hispanic/Arab, Hispanic/Latino, biracial), total semesters in OMM (1, 2+), and OMM leadership status (leader, non-leader).

Statistical Analyses

Data was collected using Survey Monkey and subsequently imported, cleaned, and analyzed in IBM SPSS Version 25 (SPSS, Version 25; IBM, Armonk, NY). Univariate descriptive statistics assessed sample sociodemographic characteristics, OMM club participation, and the primary outcomes of interest. Pearson correlations examined the bivariate relationships between study variables. Two-tailed differences of $p < 0.05$ were considered significant. Separate multiple linear regression model were fit for each outcome associated with club participation in bivariate analysis, i.e., mental wellbeing, mental health self-efficacy, help seeking intention, promoting mental wellness, preventing mental unwellness, and perceived benefit of OMM. Each model adjusted for OMM leader status, total semesters in OMM, grade, gender, and sexual identity. Due to sample size limitations, race/ethnicity was not included in the model since inclusion necessitated five additional “dummy coded” variables. Data was normally distributed

and no multicollinearity was observed in multivariate analyses, as all variance inflation factor values were <2.0.

Results

Sociodemographic Characteristics, Club Information, OMM Club Participation, and Study Outcomes

The sample (N=181) mostly identified as female (78.5%), white/non-Hispanic (43.7%), heterosexual (58.6%), non-club leaders (63.0%), and OMM club members for more than one semester (72.4%). The largest proportion of students were in 11th grade (39.2%). Participants comprised 62 different high schools and attended an average of 5.45 (SD=5.05) OMM meetings during the 2020-2021 school year (Figures 1-7). Please see Table 1 for *M* and *SD* of study outcomes.

Figure 1.

OMM Club Participation (N=181)

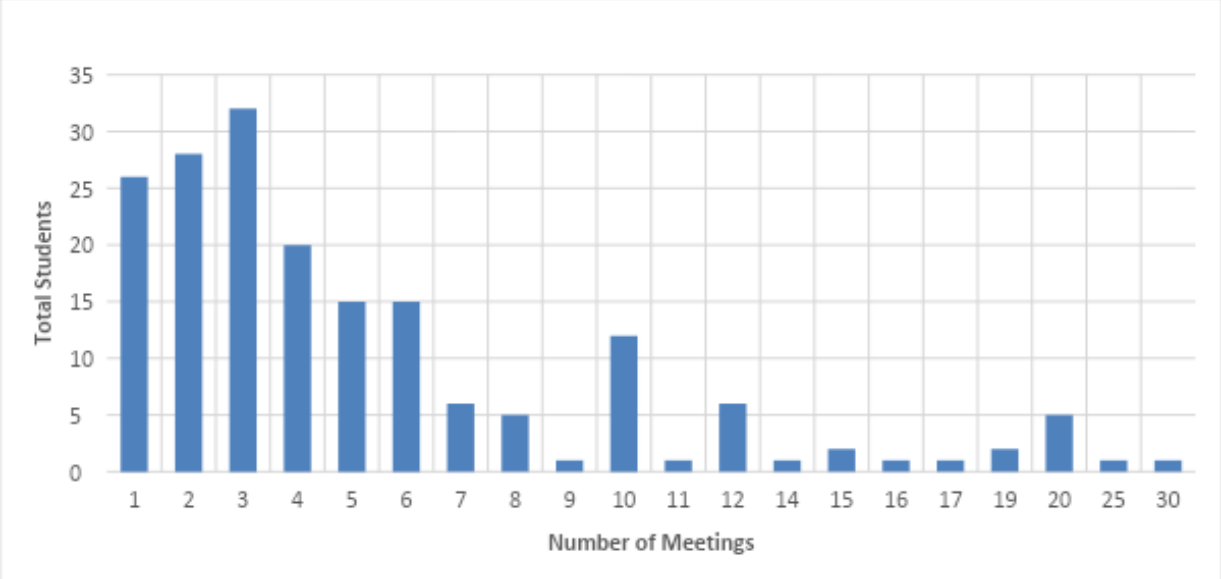

Figure 2.

Grade (n=179)

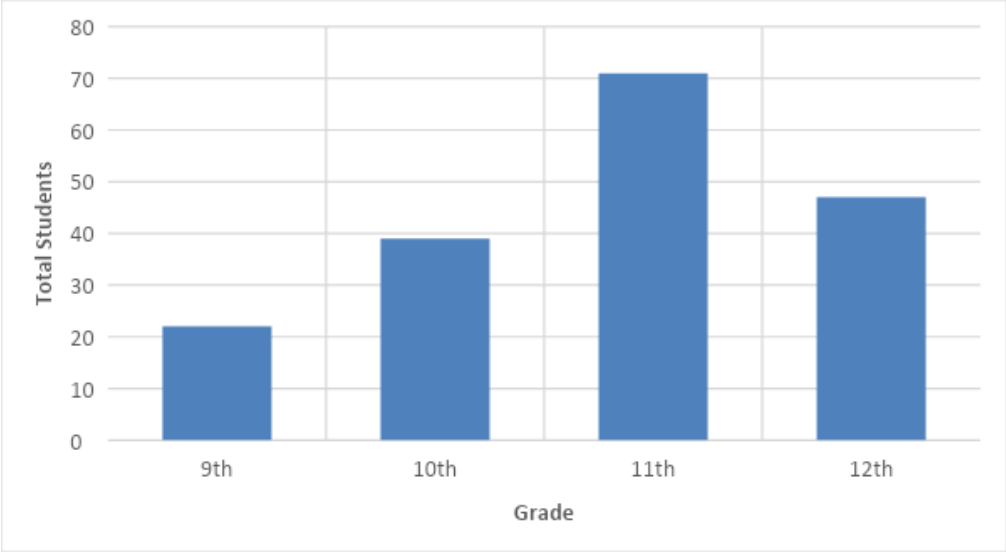

Figure 3.
Club Leader Status (n=179)

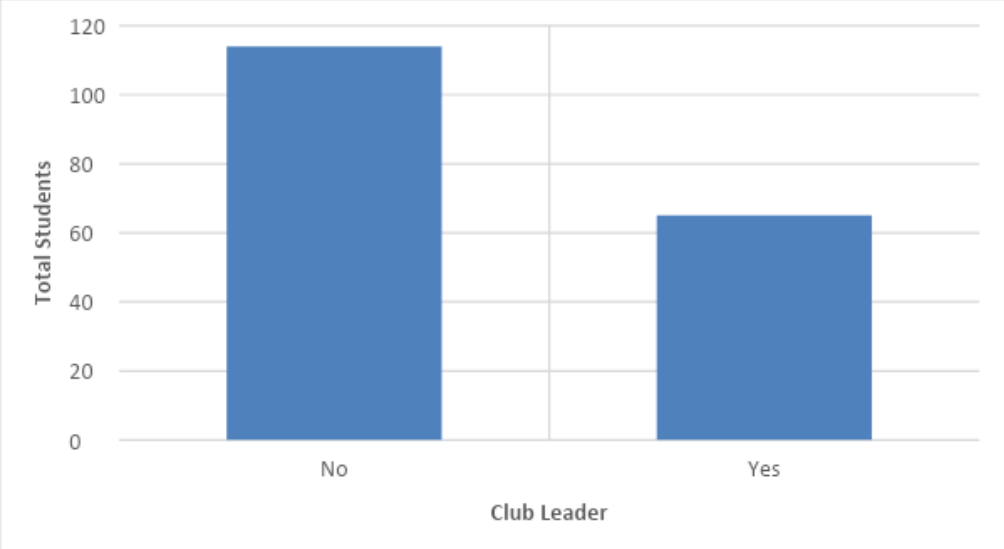

Figure 4.
Total Semesters in OMM (n=179)

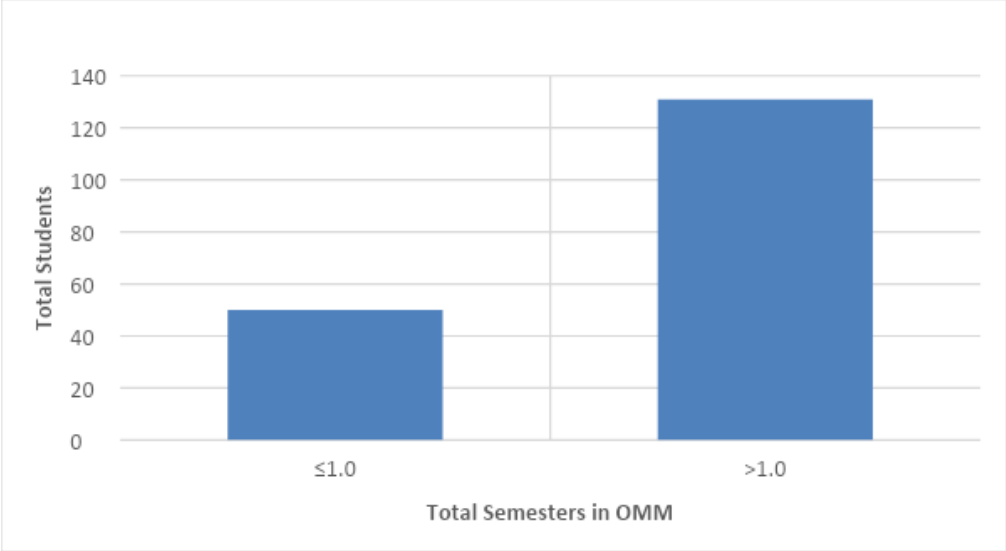

Figure 5.
Gender Identity (N=169)

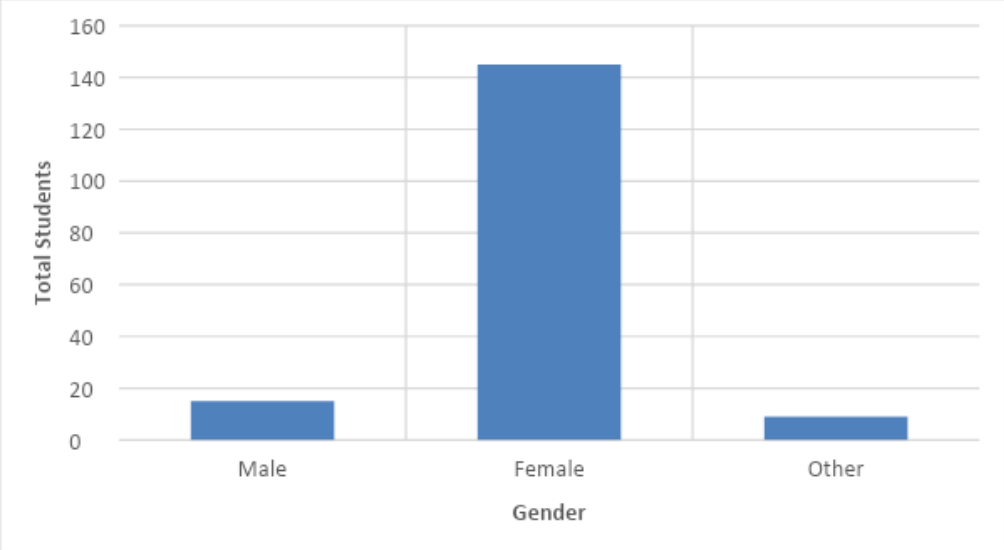

Figure 6.
Sexual Identity (n=164)

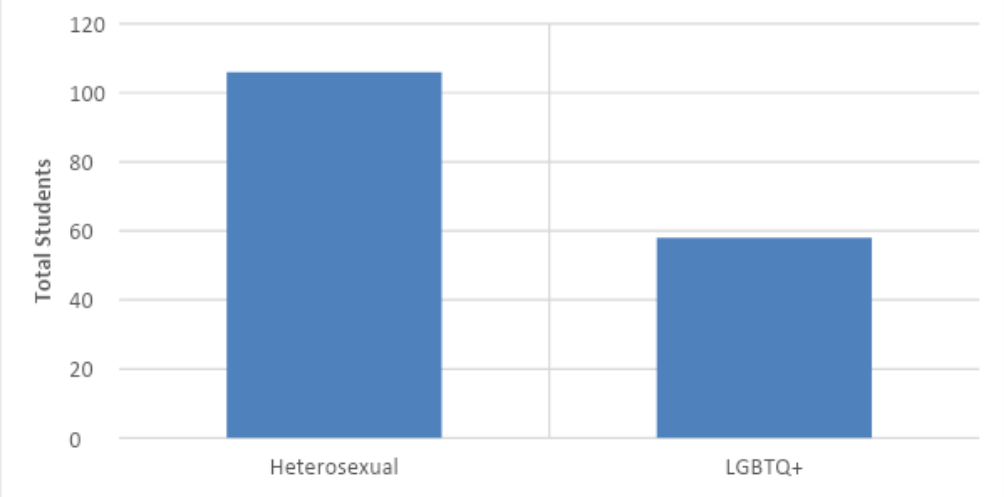

Figure 7.
Race/Ethnicity (n=167)

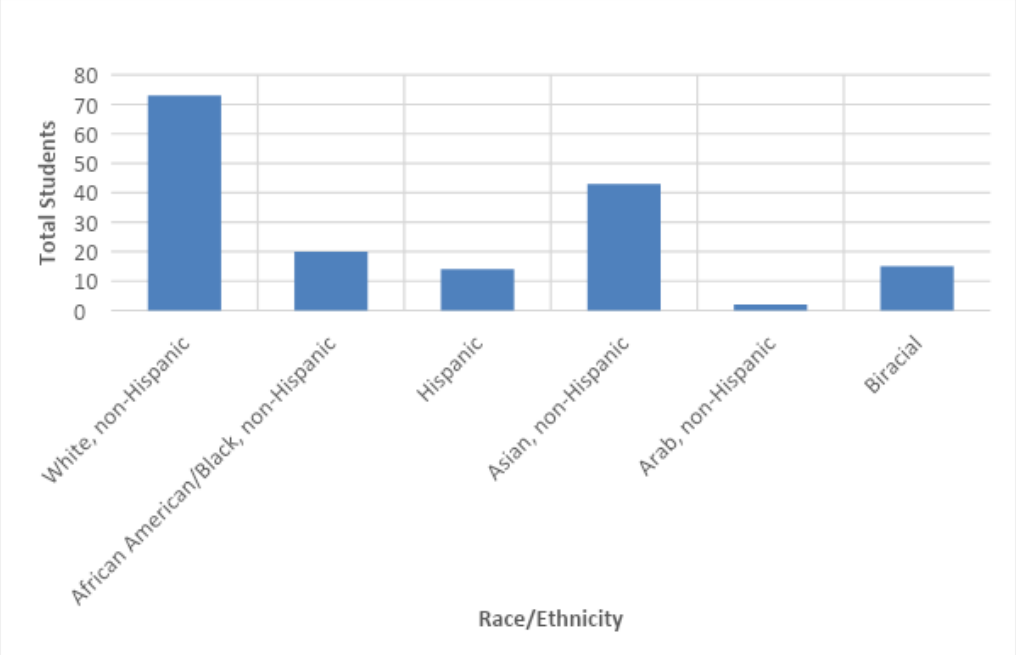

Table 1.

Study Outcomes (N=181)

Outcomes	M *(SD)*
Primary Outcomes	
Mental wellbeing	19.83 (3.48)
Mental health self-efficacy	13.88 (3.88)
Help seeking intention	5.26 (1.48)
Peer support received	12.23 (3.10)
Peer support provided	13.45 (2.34)

Exploratory Outcomes	
Promoting wellness	21.27 (2.44)
Preventing unwellness	18.92 (3.30)
Perceived benefit of OMM	5.83 (1.15)

Bivariate Relationship between OMM Club Participation and Study Outcomes

Pearson correlations demonstrated a significant positive association between OMM club participation (more meetings attended=higher "better" scores) and mental wellbeing, $r(179) = .181$, $p < 0.05$, mental health-self-efficacy, $r(179) = .205$, $p < 0.01$, help seeking intention $r(179) = .262$, $p < 0.01$, beliefs about promoting wellness, $r(179) = .217$, $p < 0.01$, or promoting unwellness, $r(179) = .221$, $p < 0.01$, and perceived benefit of OMM $r(179) = .271$, $p < 0.01$. Club participation was not associated with peer support received or peer support provided (Table 2).

Table 2.

Bivariate Associations between OMM Club Participation and Study Outcomes (N=181)

Variables	2	3	4	5	6	7	8	9
Primary Independent Variable								
1. OMM club participation	**.181***	**.205****	**.262****	.035	.100	**.217****	**.221****	**.271****
Primary Outcomes								
2. Mental wellbeing		**.554****	**.297****	**.275****	**.251****	**.194****	**.237****	**.328****
3. Mental health self-efficacy			**.430****	**.259****	**.307****	**.370****	**.391****	**.332****
4. Help seeking intention				**.296****	**.240****	**.307****	.142	**.213****
5. Peer support received					**.340****	**.146***	.121	**.379****
6. Peer support provided						**.351****	**.322****	**.276****

Exploratory Outcomes		
7. Promoting Wellness	**.479****	**.273****
8. Preventing Unwellness		**.344****
9. Perceived Benefit of OMM		

Note. *p<0.05, **p<0.01

Adjusted Associations between OMM Club Participation with Study Outcomes

Multiple linear regression analysis was used to examine the relationship between OMM club participation with mental wellbeing, mental health self-efficacy, help seeking intention, beliefs about promoting wellness or mental unwellness, and perceived benefit of OMM adjusting for OMM club leader status, total semesters in OMM, grade, gender, and sexual identity. After covariate adjustment, OMM club participation remained associated with mental wellbeing (β = .154, p=0.046), mental health self-efficacy (β = .112, *p*=0.040), help seeking intention (β = .276, *p*<0.001), promoting wellness (β = .186, *p*=0.024), preventing unwellness (β = .218, *p*=0.006), and perceived benefit of OMM (β = .271, *p*=0.001; Tables 3-8).

Table 3.

Multiple Linear Regression Examining the Association between OMM Club Participation and Mental Wellbeing (N=181)

Variable	B	Std. Error	β	*t*	*P*	R^2
						.149
OMM club participation	.104	.052	.154	2.01	**0.046**	
OMM club leader (vs no)	-.612	.566	-.084	-1.08	0.282	
Total semesters in OMM	1.83	1.38	.099	1.32	0.188	
Grade	-.465	.282	-.128	-1.64	0.102	
Cisgender woman (vs cisgender man)	-1.50	.960	-.148	-1.56	0.120	
Other (vs cisgender man)	-4.321	1.49	-.285	-2.89	**0.004**	
LGBTQ+ (vs heterosexual)	-1.52	.589	-.205	-2.58	**0.011**	

Note. Bold values indicate significance at $p<0.05$. Model adjusted for OMM club participation, OMM leader status, total semesters in OMM, grade, gender, and sexual identity.

Table 4.

Multiple Linear Regression Examining the Association between OMM Club Participation and Mental Health Self-Efficacy (N=181)

Variable	B	Std. Error	β	*t*	*P*	R^2
						.171
OMM club participation	.112	.054	.149	2.06	**0.040**	
OMM club leader (vs no)	-1.91	.608	-.232	-3.15	**0.002**	
Total semesters in OMM	2.12	1.51	.099	1.40	0.162	
Grade	-.018	.292	-.005	-.063	0.950	
Cisgender woman (vs cisgender man)	.077	.883	.007	.087	0.930	
Other (vs cisgender man)	-2.29	1.45	-.143	-1.58	0.116	
LGBTQ+ (vs heterosexual)	-1.85	.622	-.224	-2.98	**0.003**	

Note. Bold values indicate significance at $p<0.05$. Model adjusted for OMM club participation, OMM leader status, total semesters in OMM, grade, gender, and sexual identity.

Table 5.

Multiple Linear Regression Examining the Association between OMM Club Participation and Help Seeking Intention (N=181)

Variable	B	Std. Error	β	*t*	*P*	R^2
						.070
OMM club participation	.082	.024	.276	3.44	**<0.001**	
OMM club leader (vs no)	-.416	.255	-.132	-1.63	0.105	
Total semesters in OMM	.966	.620	.123	1.55	0.121	
Grade	-.033	.126	-.021	-.264	0.792	
Cisgender woman (vs cisgender man)	.065	.431	.015	.151	0.880	
Other (vs cisgender man)	.372	.698	.054	.534	0.594	
LGBTQ+ (vs heterosexual)	.281	.262	.088	1.07	0.286	

Note. Bold values indicate significance at $p<0.05$. Model adjusted for OMM club participation, OMM leader status, total semesters in OMM, grade, gender, and sexual identity.

Table 6.

Multiple Linear Regression Examining the Association between OMM Club Participation and Promoting Wellness (N=181)

Variable	B	Std. Error	β	*t*	*P*	R^2
						.064
OMM club participation	.087	.038	.186	2.27	**0.024**	
OMM club leader (vs no)	-.306	.418	-.061	-.733	0.465	
Total semesters in OMM	.547	1.01	.043	.537	0.592	
Grade	.124	.206	.050	.601	0.548	
Cisgender woman (vs cisgender man)	.286	.708	.041	.404	0.687	
Other (vs cisgender man)	-1.05	1.10	-.101	-.955	0.341	
LGBTQ+ (vs heterosexual)	.129	.431	.025	.300	0.764	

Note. Bold values indicate significance at $p<0.05$. Model adjusted for OMM club participation, OMM leader status, total semesters in OMM, grade, gender, and sexual identity.

Table 7.

Multiple Linear Regression Examining the Association between OMM Club Participation and Preventing Unwellness (N=181)

Variable	B	Std. Error	β	*t*	*P*	R^2
						.090
OMM club participation	.144	.052	.218	2.76	**0.006**	
OMM club leader (vs no)	-.377	.569	-.053	-.662	0.509	
Total semesters in OMM	1.80	1.39	.101	1.29	0.196	
Grade	-.151	.282	-.043	-.535	0.593	
Cisgender woman (vs cisgender man)	-1.49	.965	-.151	-1.54	0.124	
Other (vs cisgender man)	-1.58	1.50	-.107	-1.05	0.294	
LGBTQ+ (vs heterosexual)	-1.44	.588	-.200	-2.45	**0.015**	

Note. Bold values indicate significance at $p<0.05$. Model adjusted for OMM club participation, OMM leader status, total semesters in OMM, grade, gender, and sexual identity.

Table 8.

Multiple Linear Regression Examining the Association between OMM Club Participation, and Perceived Benefit of OMM (N=181)

Variable	B	Std. Error	β	*t*	*P*	R^2
						.102
OMM club participation	.060	.017	.271	3.45	**0.001**	
OMM club leader (vs no)	-.175	.189	-.073	-.924	0.357	
Total semesters in OMM	-.303	.461	-.051	-.658	0.512	
Grade	.058	.093	.049	.618	0.538	
Cisgender woman (vs cisgender man)	.189	.320	.057	.590	0.556	
Other (vs cisgender man)	-.661	.449	-.134	-1.32	0.181	
LGBTQ+ (vs heterosexual)	-.111	.195	-.046	-.568	0.517	

Note. Bold values indicate significance at $p<0.05$. Model adjusted for OMM club participation, OMM leader status, total semesters in OMM, grade, gender, and sexual identity.