2026 PROGRAM EVALUATION REPORT

our minds matter

2025-26

Participant Outcomes Report

Student perspectives on protective factors, mental well-being, and school culture

Evaluation period
2025-26 school year

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External summary prepared in September 2026

EXECUTIVE SUMMARY

OMM club participants reported on protective factors and club experiences

In the 2025-26 evaluation, most respondents reported feeling safe in their OMM clubs, viewing professional help as useful, and feeling confident supporting peers with mental health concerns. Open-ended responses included descriptions of connection, belonging, and more open conversations about mental health.

401

usable spring responses

85

students matched fall to spring

74%

of respondents identified as BIPOC

What the findings show

- **Positive participant experience.** 89.4% felt safe in their OMM club, 86.9% felt happy to be there, and 80.2% felt part of the club.
- **Help-seeking responses varied by question.** 23.8% indicated they would not seek help from anyone when having a personal or emotional problem, while 79.5% said they would seek help if worried or upset for a long time.
- **Confidence in peer mental health support.** About three in four respondents felt confident supporting a peer with mental health concerns (74.6%) and helping them access assistance (73.7%)
- **Positive perceptions of school culture.** 71.6% agreed that their school's health and wellness culture improved because of efforts led by their OMM club.
- **No statistically significant pre-post changes detected.** Among 85 students with matched fall and spring responses, none of the 13 outcomes showed a statistically significant change. These results do not establish that no change occurred.
- **Findings identify areas for further attention.** Variation in help-seeking intentions, lower endorsement of some healthy habits, and subgroup differences on selected outcomes highlight potential priorities for programming and further evaluation.

How to read the findings

This is an annual program evaluation, not a causal impact study. End-of-year percentages describe respondents. Pre-post analyses describe change among 85 matched students. Regression and campaign analyses identify associations that may reflect program engagement, implementation, or pre-existing differences among students and schools.

EVALUATION APPROACH

Who participated and what was measured

The Spring Impact Poll was administered from April 1 through May 18, 2026. Of 445 submissions, 401 remained after 44 duplicate or nonresponse entries were removed. Most analytic respondents participated in District Partner Clubs. The overall reported response rate was 13.4%, or 23.7% using the adjusted participant count.

Characteristic	Respondent profile
School level	74.3% high school; 25.7% middle school
Grade	53.3% in grades 11 or 12
Gender	69.4% female; 24.1% male; remaining respondents reported another gender identity, self-described, or did not disclose
Race and ethnicity	74.1% BIPOC; 20.4% White; 5.6% self-described or did not disclose
Club role	23.9% club leaders
Matched sample	85 students completed both fall and spring surveys

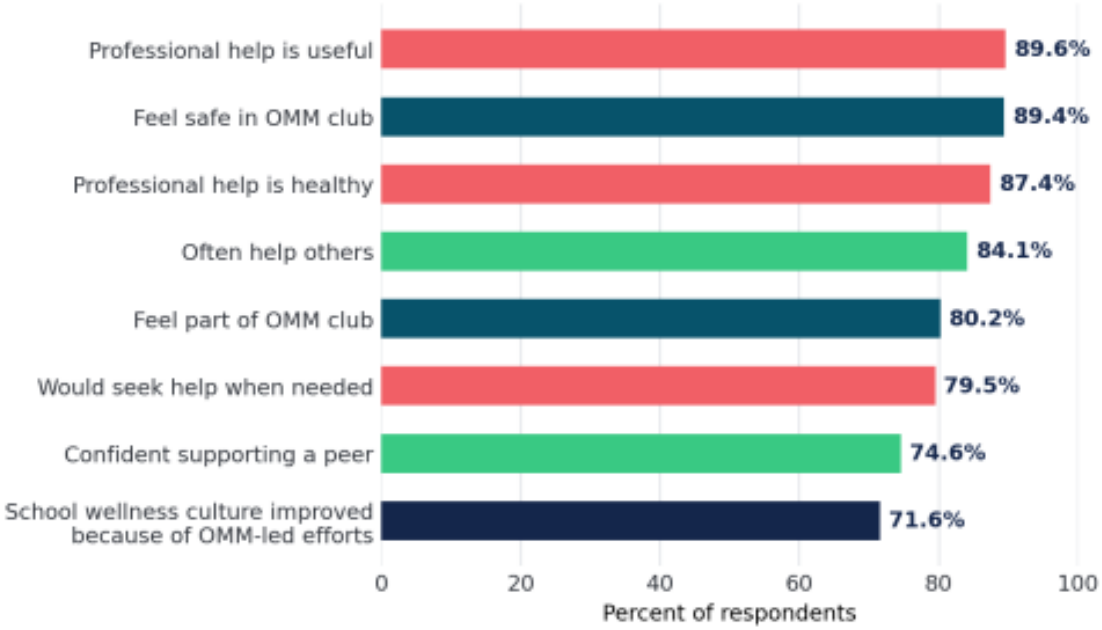
Note: The respondent pool overrepresented high school students, upperclassmen, girls, and more highly supported District Partner clubs. Results should not be treated as representative of all students served by OMM.

Measures and analytic approach

Students completed established measures of peer and club connectedness, help-seeking, healthy habits and adaptive coping, prosocial behavior, confidence supporting peers, mental well-being, school connectedness, perceived mental health stigma, and perceived school wellness culture. Analyses included descriptive statistics, matched fall-to-spring comparisons, subgroup comparisons, regression analyses, campaign comparisons, and qualitative review of open-ended responses.

PARTICIPANT OUTCOMES

Connection, help-seeking, and peer support were strengths



Note: Selected indicators use different response scales and are presented as the percentage meeting each item's positive-response threshold.

Connection and club belonging

Mean peer connectedness was 4.87 on a 6-point scale. Within OMM clubs, connectedness to fellow club members averaged 4.22 on a 5-point scale. 89.4% of respondents felt safe, 86.9% felt happy to participate, and 80.2% felt like they were part of the club. The comparatively lower share who felt close to fellow club members (67.3%) identifies room to deepen relationships within clubs.

Prosocial behavior and peer mental health support

Prosocial behavior averaged 4.15 on a 5-point scale. Most students said they often or almost always tried to help others (84.1%). About three in four felt confident supporting a peer who was struggling with their mental health (74.6%), helping that peer access assistance (73.7%), and identifying a peer at risk (72.9%).

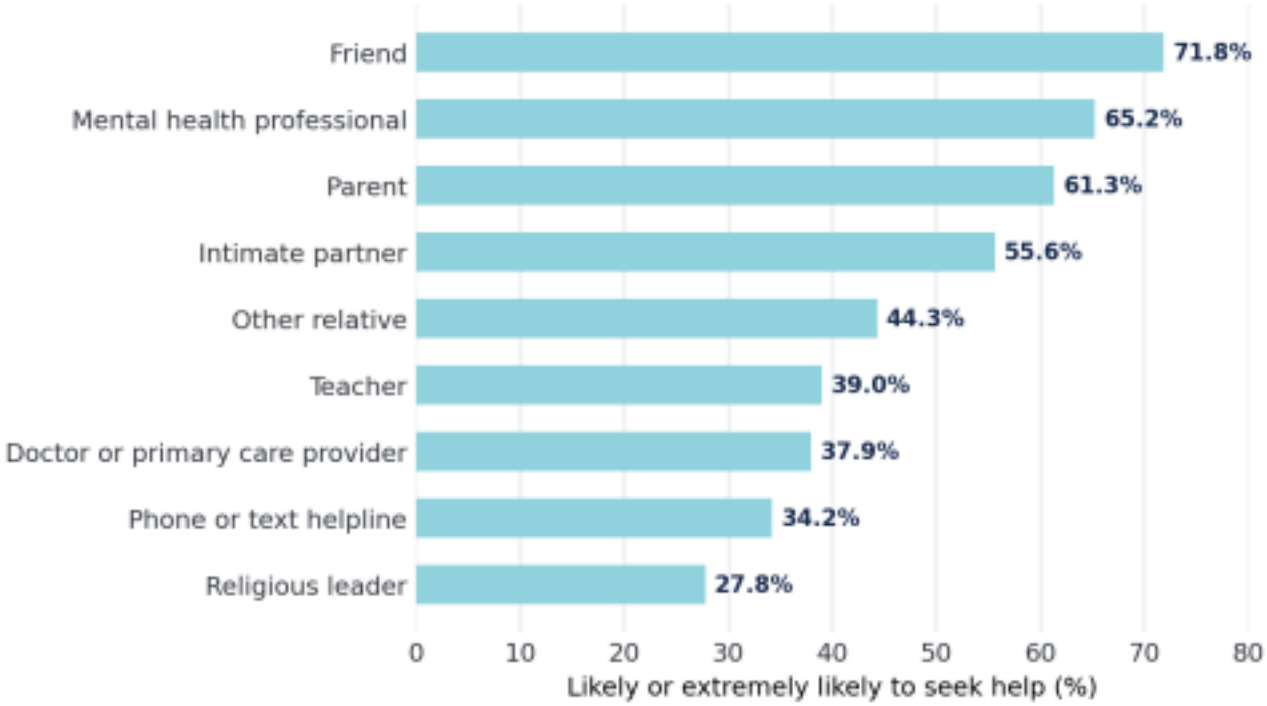
Professional help-seeking

89.6% of the respondents viewed seeking help from a mental health professional as useful, 87.4% as healthy, and 83.6% as effective. Lower proportions viewed it as desirable (56.9%) or satisfying (61.3%), suggesting that recognizing value does not fully remove social and emotional barriers.

Of respondents, 79.5% said they would seek help if worried or upset for a long time, and 74.9% indicated they would know what to do and who to talk to if they decided to seek help for psychological problems.

HELP-SEEKING AND COPING

Friends were the most likely source of help



Friends were the most common intended source of support, followed by mental health professionals and parents. Teachers, primary care providers, helplines, and religious leaders were less commonly selected. 23.8% of the respondents indicated they would not seek help from anyone, underscoring the need to reduce barriers and make pathways to support clearer and more trusted.

Coping skills were common while daily healthy habits showed more room for growth

Selected behavior	Percent
Take action to improve the situation	85.9%
Learning to live with it	80.4%
Thinking through next steps	80.1%
Look for something positive	80.1%
Seek help and advice	80.1%
Get emotional support	74.8%
Say something positive to friends/family regularly	74.4%

Eat nutritious food daily	61.1%
Exercise regularly	57.0%
Get at least 7 hours of sleep most nights	52.6%
Limit screen time each day	25.5%

Note: Coping items (1-6) reflect students reporting the strategy "sometimes" or "a lot"; healthy-habit items (7-11) represent the percentage who "agreed" or "strongly agreed" with each statement.

WELL-BEING AND SCHOOL CULTURE

Wellbeing and school culture findings were encouraging and mixed

Mental well-being

The average mental well-being score was **3.67 on a 5-point scale**, with 75.5% of respondents scoring above the scale midpoint. Students most often reported being able to make up their own minds (66.2%) and feeling close to other people (63.4%). About half often or always felt relaxed (50.3%) or dealt with problems well (52.8%).

The average score was slightly lower than the 2025 average of 3.77. Because the samples were not matched, this is a descriptive comparison rather than evidence of a trend.

We also examined how protective factors and perceptions of school culture were related to mental well-being. **Students who reported stronger protective factors and a more supportive school environment tended to report better well-being**. Healthy habits, social connectedness, confidence supporting peers' mental health, and positive coping had the strongest relationships with well-being. Mental health stigma at school had a very small negative relationship with well-being that was not statistically significant.

These findings are **consistent with OMM's theory of change**, but correlations do not establish that OMM *caused* the differences observed or that strengthening these factors *led to* improved well-being.

Protective Factor or School Culture Indicator	*r*	n	Relationship with mental well-being
Protective factors			
Social connectedness with peers	.53***	387	Strong positive
Social connectedness within OMM club	.39***	387	Moderate positive
Help-seeking attitudes	.34***	386	Moderate positive
Help-seeking intentions	.47***	387	Moderate positive
Help-seeking propensity	.47***	385	Moderate positive
Healthy habits	.54***	386	Strong positive
Positive coping	.51***	386	Strong positive
Prosocial skills (general)	.50***	387	Strong positive

Confidence supporting peers' mental health	.53***	385	Strong positive
School culture indicators			
School connectedness	.42***	382	Moderate positive
School wellness culture	.41***	383	Moderate positive
Mental health stigma *(higher score indicates higher stigma)*	-.07	384	Not statistically significant

Notes.: A positive correlation means that higher scores on an indicator were associated with better well-being. For ease of reading, correlations of .30–.49 are described as moderate and .50 or above as strong; these labels are approximate conventions.

*r = Pearson correlation coefficient; n = number of students included in each correlation. Values are rounded to two decimal places. *** p < .001 (two-tailed). The stigma correlation was not statistically significant (p = .189).*

Perceived school connectedness and wellness culture

Students described supportive school relationships: 84.6% agreed students help one another, 80.1% said students like one another, and 73.5% said students do their best to support one another with mental health. In addition, 71.6% agreed that their school's health and wellness culture improved because of OMM-led efforts.

Stigma remains visible

22.6% agreed broadly that there was stigma around mental health at their school, 38.9% said students insulted people because of mental health problems, 36.6% said students avoided them, and 31.9% worried about others knowing they received psychological treatment. The item-level results show that stigma has not been completely eliminated and may be expressed in specific behaviors even when students do not endorse a general label.

What students said

Impact on mental health

> *"OMM actually made me feel that I'm not alone dealing with my mental health."*
> *"OMM lets me share how I feel in a safe environment. It's nice to be able to talk without feeling judged."*
> *"OMM has helped me throughout my first year of high school up to now, it has greatly changed me as a person and is the only reason I chose to become a leader."*
> *"[OMM] is like a second family to me."*

Students across OMM clubs described OMM as having a substantial positive impact on their mental health by creating a **supportive, community-building space** where they felt accepted, understood, and connected to others. Many students reported feeling less alone, more comfortable expressing their

emotions, and better equipped to manage stress and challenges. Students frequently highlighted the importance of having a **judgment-free space** to share their feelings, build friendships, learn coping strategies, and access support when needed. OMM also appeared to **strengthen students' self-awareness, confidence, sense of belonging, and willingness to seek help** for themselves and others.

Impact on school culture

> *"OMM has spread the message that speaking about mental health is not something to be ashamed of and it is important to seek help from the proper people when necessary."*
> *"OMM has given the student body a place to share their problems and feel seen and supported."*
> *"OMM created a safe place for people to come together and talk about the mental health culture so it impacted my school mental health culture in a very positive way."*
> *"It has destigmatized mental health and allowed [...] for students to collaborate and speak their minds."*

Overall, students reported that OMM has had a positive and meaningful impact on their school's mental health culture by **increasing awareness, reducing stigma, encouraging help-seeking, and creating safe spaces** where students feel supported and connected. Many students described a **noticeable shift toward more open conversations about mental health, greater acceptance of emotional struggles, and stronger peer support networks.** Through awareness campaigns, wellness events, peer-led discussions, and community-building activities, OMM has helped foster a school environment where students feel more comfortable expressing themselves, seeking resources, and supporting one another. While a small number of students reported limited awareness of OMM's impact or noted that the club is still growing, the overwhelming sentiment was that OMM has contributed to a more inclusive, compassionate, and mentally healthy school culture.

Note: Open-ended comments were anonymous and lightly edited only for length. A small number of students reported little impact or said they had joined too recently to assess impact.

CHANGE OVER TIME

Matched results indicate stability and remain inconclusive for small changes

Unlike results from previous years, matched pre-post analyses of 85 students found no statistically significant changes in all of the 13 outcomes. Across domains, scores generally remained stable over the course of the school year. At the same time, the matched sample provides limited power to detect small changes, so the findings cannot rule out modest improvement or decline.

Outcome	Scale	Fall Mean	Spring Mean
Peer connectedness	1-6	4.72	4.72
OMM club connectedness	1-5	4.30	4.23
Attitudes toward professional help	1-7	5.45	5.18
Help-seeking intentions	1-7	4.21	4.12
Help-seeking propensity	**1-5**	**4.04**	**4.21**
Healthy habits	1-5	3.61	3.53
Positive coping	1-4	3.10	3.04
Prosocial behavior	**1-5**	**4.13**	**4.15**
Peer support self-efficacy	1-5	3.99	3.99
Mental well-being	1-5	3.67	3.61
School connectedness	**1-4**	**2.89**	**2.93**
Perceived mental health stigma*	**1-5**	**3.04**	**2.93**
School wellness culture	1-5	3.92	3.92

*Note: None of the changes was statistically significant. *Lower scores indicate less perceived stigma. Means are not directly comparable across measures with different response scales.*

Interpretation

Small directional gains appeared in help-seeking propensity, prosocial behavior, school connectedness, and perceived stigma reduction. Small declines appeared in club connectedness, attitudes toward professional help, help-seeking intentions, healthy habits, coping, and well-being. The counter-directional pattern does not support a simple improvement claim. High baseline scores on

several protective factors may also have limited room for growth. Other program-specific factors (e.g. club sponsor or student leader capacity) as well as broader contextual factors (e.g. reductions in school-based mental health resources, community violence, or political unrest) may also have influenced student experiences and outcomes. However, these factors were not directly tested in the current analyses.

WHAT MAY SHAPE OUTCOMES

Club engagement and implementation findings are promising

Club engagement findings

Club leaders reported higher scores than members on the following measures:

- Club connectedness, $t(220.9) = -6.61$, $p<.001$, Cohen's $d = -.66$;
- Help-seeking attitudes, $t(395) = -2.47$, $p=.014$, Cohen's $d = -.29$;
- Adaptive coping, $t(388) = -2.36$, $p=.019$, Cohen's $d = -.28$;
- Prosocial behavior, $t(386) = -3.28$, $p<.001$, Cohen's $d = -.39$; and peer mental health support $t(384) = -3.51$, $p<.001$, Cohen's $d = -.42$;
- Well-being, $t(386) = -2.45$, $p=.015$, Cohen's $d = -.29$; and
- Perceptions of school wellness culture, $t(193.99) = -2.55$, $p=.012$, Cohen's $d = -.27$.

Regression analyses likewise identified club leadership status as the most consistent positive correlate of student outcomes across nearly all protective factors (club connectedness, $b = .390$; $p<.001$; help-seeking attitudes, $b = .564$; $p=.001$; coping, $b = 7.536$; $p=.021$; prosocial, $b = 8.698$; $p=.048$) as well as post-graduate interest in mental health professional pathways ($b = .572$; $p=.030$).

Be There certification significantly predicted students' intentions to seek help from various trusted sources ($b = .306$; $p=.035$) and their social connectedness ($b = 9.584$; $p=.015$). **Longer term OMM participation (number of meetings attended all-time)** was a significant predictor of students' awareness of mental health resources and willingness to seek out help for themselves ($b = .014$; $p=.018$), prosocial skills in supporting others with their mental health ($b = .010$; $p=.047$), and their perceptions of school connectedness ($b = .010$; $p=.024$). Because students were not randomly assigned to these experiences, the findings are observational and cannot establish causality. Students who were more engaged or better supported may have been more likely to take them on.

Club implementation findings

Exploratory regression analyses examined relationships between club implementation and student outcomes. Statistically significant findings included the following:

- A greater **number of club meetings held** significantly predicted stronger social connectedness among school peers ($b = .024$; $p=.030$) and OMM club members ($b = .019$; $p=.011$).
- Adherence to OMM guidelines and principles during meetings **(club fidelity)** was a significant predictor of social connectedness among OMM club members ($b = .458$; $p=.02$).
- More frequent use of **Opening Connections** was predictive of stronger school connectedness ($b = .108$; $p=.012$), while use of **Mindful Closings** was associated with more positive attitudes toward seeking help ($b = .278$; $p=.004$).

Many other implementation–outcome relationships examined were not statistically significant. Overall, these findings offer preliminary signals that providing consistent opportunities for students to connect may support social connectedness. However, because students were not randomly assigned to

different implementation conditions and multiple relationships were tested, the results should be viewed as exploratory—not evidence of causation. Both the significant and null findings should be replicated before being used to guide program changes.

Signature campaigns exploratory findings

Evidence pattern	What the evaluation found
Positive signals	• Hosting *any* OMM Signature Campaign was associated with lower perceived stigma and higher school connectedness. • Schools that hosted the *Because You Matter* campaign reported higher help-seeking propensity, healthy habits, and school connectedness, and lower stigma. • Schools that combine Signature Campaigns with regular club meetings—or that integrate Signature Campaigns alongside other school-wide programming—often see stronger outcomes (healthy habits and social connectedness) than schools that implement other campaigns in isolation.
No detected association	• Hosting a Signature Campaign did not significantly predict the overall school wellness culture measure.
Mixed and counter-directional findings	• *We Belong Week* hosts reported lower help-seeking attitudes, prosocial skills, and school connectedness than non-hosts. • Repeat campaign hosts reported higher perceived stigma than first-time hosts. • Schools hosting both campaigns reported higher healthy habits and school connectedness but lower professional help-seeking attitudes than one-campaign schools.
Interpretation	These comparisons are **exploratory**. They may reflect implementation quality, school context, student composition, campaign selection, or chance across many statistical tests. They do not show that a campaign caused the observed differences.

Equity signals align with national trends but warrant focused follow-up

Consistent with national trends, as compared to cisgender students, gender-diverse students reported lower…

- Peer connectedness, $t(384) = 3.58$, $p<.001$, Cohen's $d = .86$;
- School connectedness, $t(369) = 3.33$, $p<.001$, Cohen's $d = .80$
- Help-seeking propensity, $t(375) = 3.25$, $p<.001$, Cohen's $d = .79$;
- Coping, $t(376) = 2.78$, $p=.006$, Cohen's $d = .67$; and
- Well-being. $t(373) = 2.75$, $p=.006$, Cohen's $d = .67$

LGBQ+ students reported lower well-being [$t(94.45) = 3.23$, $p=.002$, Cohen's $d = .49$] and healthy habits [$t(316) = 2.93$, $p=.004$, Cohen's $d = .40$] than straight students.

Neither gender-diverse nor LGBQ+ students differed significantly from their respective comparison groups in OMM Club Connectedness scores. The finding suggests that gender-diverse and LGBQ+ students felt similarly connected within their OMM clubs as their respective comparison groups and may indicate that OMM clubs provide an inclusive space for belonging.

In contrast to findings from previous years, BIPOC students reported slightly lower OMM club connectedness than White students, $t(366) = 1.98$, $p=.049$, Cohen's $d = .25$. Although the difference was small, it warrants follow-up to understand whether students experience belonging within OMM clubs differently across racial and ethnic groups.

Importantly, the subgroup comparisons presented above should be treated as preliminary signals rather than definitive evidence of population-level differences because subgroup sizes varied and many statistical tests were conducted.

Graduating seniors

Of 129 graduating seniors, 61 reported being interested or potentially interested in mental health education or careers. Among those 61 students, **78.7%** said OMM was ***"somewhat" to "extremely" influential*** in shaping that interest. 26.7% reported having a lot or a great deal of knowledge about mental health careers, suggesting an opportunity for more concrete career exposure. This finding reflects interest and perceived influence, not a demonstrated workforce-pipeline outcome.

LEARNING AND CONTINUOUS IMPROVEMENT

How OMM is responding

OMM is using these findings to guide the following improvements:

1. **Shorten the Fall and Spring Impact Polls.** Prioritize actionable measures, reduce repetition, and place essential outcomes earlier to lessen respondent burden and late-survey missingness.
2. **Improve matched participation.** Use stronger follow-up and on-site data-collection support to increase the number and diversity of students represented in both fall and spring surveys.
3. **Continue investing in connectedness-centered programming.** Social connectedness emerged as a strong protective factor among participants and was consistently associated with indicators of positive adjustment. Opportunities for peer connection, belonging, and supportive relationships will remain central to OMM programming.
4. **Strengthen help-seeking pathways.** Pair positive attitudes with practical guidance, trusted-adult connections, and targeted outreach to students who do not expect to seek help from anyone. OMM will also re-introduce *Speak Up, Act Louder* as a Signature Campaign in spring 2027.
5. **Increase attention to healthy habits and coping.** Expand programming focused on sleep, screen-time management, movement, stress management, and the connection between daily routines and mental health.
6. **Deepen inclusive club practice.** Use the subgroup findings to strengthen belonging and responsiveness for gender-diverse, LGBQ+, and BIPOC students and to monitor whether gaps narrow or persist over time.
7. **Build pathways to deepen engagement.** Exploratory findings showed that leadership involvement, Be There certification, and sustained club participation (all time attendance) were consistently associated with stronger outcomes. Creating structured leadership pathways and clear incentives for deeper participation may help maximize program benefits.
8. **Reinforce implementation quality and fidelity.** Exploratory findings suggest that clubs that met more frequently and adhered more closely to OMM's recommended guidelines, principles, and meeting flow reported stronger participant outcomes. Continued enforcement of club sponsor and student leader training completion, student leader development, implementation support, and fidelity monitoring may strengthen program effectiveness.

Limitations

Several limitations should be considered when interpreting these findings:

- **Survey length and missing data.** The revised survey was relatively lengthy, which may have contributed to respondent fatigue. Although Little's MCAR test did not detect evidence that missingness departed from a completely random pattern, $\chi^2(17{,}320) = 15{,}541.51$, $p = 1.000$, this result does not rule out response burden. Item-level missingness generally increased from approximately 1–2% near the beginning of the survey to approximately 6% toward the end. Some later open-ended responses also appeared less detailed. Consequently, findings from later survey sections may be more susceptible to response burden and nonresponse bias. These patterns support shortening future surveys and placing the most essential measures earlier.

- **Reliance on self-report data.** The survey relied entirely on students' self-reported experiences and perceptions, which may be influenced by recall, interpretation, or social-desirability bias. Given the survey's length, some respondents may also have completed later sections less carefully, potentially affecting the reliability of those findings.
- **Limited matched pre–post sample.** The matched pre–post sample of 85 students was substantially smaller than the overall cross-sectional sample, limiting the statistical power to detect small changes over time. Therefore, the absence of statistically significant findings should be interpreted as inconclusive evidence of change—not definitive evidence that no change occurred.
- **Observational study design.** Students were not randomly assigned to OMM participation, leadership roles, campaign exposure, or different implementation conditions. The analyses therefore identify associations but cannot establish that OMM participation or specific program practices caused the observed student outcomes. Large numbers of exploratory analyses conducted also increase the possibility of chance findings.

Conclusion

Overall, findings indicate that OMM continues to provide students with supportive environments that promote connection, help-seeking, prosocial behavior, and positive school culture. While measurable changes over time were limited in this sample, the predictive analyses and qualitative findings suggest that meaningful engagement and high-quality implementation are associated with stronger student outcomes and may represent important pathways through which OMM contributes to youth mental health and well-being.