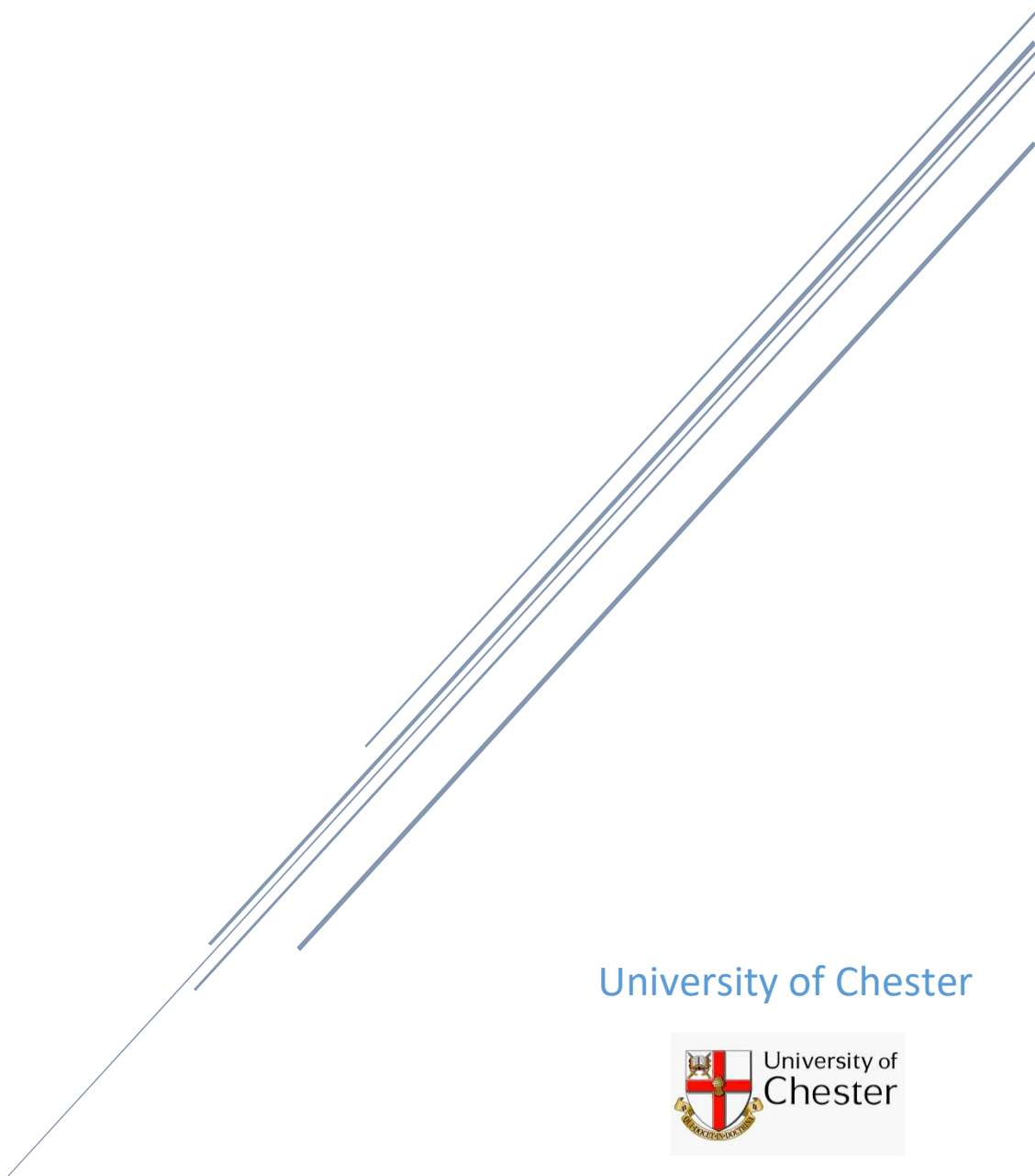


MYHAPPYMIND

Real World Validation Report



University of Chester



Real World Validation (RwV) facilitated by the University of Chester (UofC)
in partnership with myHappyMind, Health Innovation Manchester (HInM) and Cheshire
& Warrington LEP

This RwV is facilitated as part of the C&W Health MATTERS project, which is partly
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Executive Summary

The Enterprise, myHappyMind developed a programme designed to enable a whole school approach to the curricula which provides children with the strategies necessary to build and develop resilience, self-esteem, and self-regulation skills so embedding habits and techniques that can prevent mental ill health. They are working with over one thousand schools across the UK with schools reporting an improvement in the students' wellbeing, mental health and resilience. This review has focused on 36 schools and programmes (28 + 8) delivered in a Northwest Local Authority.

The curriculum that myHappyMind provides is broken down into five modules.

1. Meet Your Brain – Understanding how your brain works, how to look after it as well as how to manage and deal with emotions,
2. Celebrate – building self-esteem by celebrating what strengths you have,
3. Appreciate – understand appreciation and why it matters as it links to well-being and resilience, developing a habit of gratitude,
4. Relate – how to build positive relationships and why they matter,
5. Engage – how to set a meaningful goal and how to stay resilient in times of difficulty.

Alongside this, the school also receives a journal for every child, myHappyMind teddies, as well as stickers and conversation cards. In addition, the school also has access to over eighty additional resources to embed the programme in school further. The curriculum is delivered to all year groups from Early Years to Year 6, with the focus in Year 6 supporting the transition to secondary school. The lessons are all pre-prepared for the teacher, they are delivered digitally and include quizzes, animations and more. This format makes them very easy for teachers to deliver with minimal preparation. This is key to successful adoption in schools. The pupils are subsequently taught at least once per week with short intervention of twenty-minute duration. Together with the main curriculum, parents are also given access to a specific Parent App so that they can see what their children have been taught enabling reinforcement at home. Furthermore, all staff in the school are able to access a CPD-certified well-being programme for themselves too. In summary, myHappyMind fulfils a gap within the current education and

health system that aims at prioritising students' resilience, self-esteem and regulation as well as preparing them for the future by enhancing their mental health and well-being.

This Real-World Validation (RwV) report explores the impact of the programme on the children as well as what skills the children have learnt and taken away from the lessons. The report also examines schools' budgets and the cost implications of the curriculum and its sustainability. Lastly, the report looks at the potential wider national impact using data from Local Authority schools. It reviewed data over the academic years 21-22 and 22-23, using datasets provided by the company and those produced and published nationally following central data cleansing exercises.

Key Findings

The myHappyMind programme and whole school approach had a significant impact on both pupils, teachers and parent behaviour. This study found:

- In the 28 schools that participated in the programme, all reported progress in the children's understanding of how to look after their brains and well-being.
- The data demonstrated a move from a starting position where teaching staff reported that children did not have the requisite knowledge, tools or skills to manage their well-being and understanding of how their brain functions. To one, where, following the programme commencement, 95% of teachers reported that the children now had the appropriate skills to manage their well-being and resilience (emotional needs) and 98.5% now understood how their brain functioned.
- Teaching behaviour also changed following the programme. Prior to the myHappyMind involvement, 39.7% did not offer any formal lessons targeting mental health and wellbeing whereas after the myHappyMind intervention, 97.4% (n=185) offered between one and three lessons per week.

By reviewing the dataset provided by the myHappyMind programme, the team agreed that the programme demonstrated impact on resilience, self-esteem and self-regulation skills as well as overall mental well-being over the course of the curriculum.

The wider feedback underscored the effectiveness and transformative power of the myHappyMind programme. It not only taught students new techniques to manage stress but has also fostered their ability to apply these strategies when faced with difficult situations independently, both at home and at school.

Educators, students, and parents attested to the success, impact and influence that the programme had in teaching students' beneficial techniques and enhancing their mental wellbeing and resilience. The techniques taught to the students have proven effective and easily retainable, leading to these techniques being independently applied outside of the programmes. The methods have also proven successful in aiding the children in managing their emotions and have resulted in improvements in classroom environments and academic focus. Parents also appreciated the significant improvements in their child's mental well-being and happiness due to their child's participation.

In conclusion, the programme has been widely regarded as a resounding success. It equipped students including those who are vulnerable i.e. Learning Disabilities, neurodiverse, etc with a comprehensive understanding of their brain, emotions, and feelings and effective, long-lasting and retainable strategies for creating and maintaining a positive and healthy mental outlook.

The team found no correlation between school size and budget and the impact of the programme, suggesting that impact results were specific to the programme and school.

Following a review of both school trade shows and local government guidance, it was noted that although a number of other parties (n=8) were available to offer similar services, subject to the data publicly available to the review team, these alternate parties do not appear to offer the combination of a school-based programme, staff wellbeing programme, staff training or parent app that myHappyMind does. Nor, do they appear to start with the youngest cohorts in Early Years (age 3-5) where the myHappyMind approach does, rather many just offer resources for teacher intervention.

Conclusions

The enterprise, myHappyMind, whole school approach appears to be, from the data provided, an effective school-based approach to both developing positive behaviours that strengthen pupil mental health, resilience, and wellbeing consistent with the expectations of current UK education and health policy. This was evident in the pre and post intervention pulse survey data which saw significant changes in pupil behaviours in dealing with stressful events, active participation and listening in the classroom, being grateful for people and experience rather than “stuff” and address their social and emotional needs.

The myHappyMind programme is a good adjunct to the wider health and education priorities of the local commissioning footprint of the NHS and is aligned with the local investment priorities.

The SME running the programme do not appear to be an outlier in cost to the current marketplace, and they offer a breadth of service not evident in many of their competitors, suggesting value for money.

It is apparent that, when considering the myHappyMind programme through both the quantitative (impact of cohorts) and qualitative data (feedback and competitor analysis), the SME offer is both scalable and affordable to other local education authorities.

Recommendations

With the company also offering targeted cohorts outside of the school system, and with a recognised association between school attendance with emotional wellbeing (Arslan, 2018), mental health literacy (Bjornsen et al., 2019) and school culture (Cross & Lester, 2015); further value may be found by analysing this non-school-based data and mapping it against local General Practice profiles. This could demonstrate further alignment with the wider Integrated Care Board (ICB) and NHS priorities.

The company to also explore further the impact on teachers of their offer by modification of both their base line and pulse surveys.

Validation Context

The Challenge

It is acknowledged by the World Health Organisation (2005) that 20% of children and adolescents experience mental health problems or disorders. Their report emphasized the significance of effective interventions in reducing the burden of these disorders on individuals and families and minimizing costs for health systems and communities. NHS England in their 2022 review of the Mental Health of Children and Young People found that, the prevalence of mental disorders among children aged 7 to 16 years was as follows: 18.0% had a probable mental disorder, 10.8% had a possible mental disorder. Among the children aged 7 to 10 years the prevalence of a probable mental health disorder was 15.2% increasing in the 11 to 16 years cohort to 20.4%, although this difference was not statistically significant. For young people aged 17 to 24 years, the rates further increased with 22.0% for a probable mental disorder and 13.6% for a possible mental disorder. Among younger children aged 7 to 10 years, this prevalence of a probable mental disorder was almost twice as high in boys (19.7%) compared to girls (10.5%). However, in the 11 to 16-year-old age group, rates of a probable mental disorder were similar in boys (18.8%) and girls (22.0%). Among young people aged 17 to 24 years, the trend reversed, with significantly higher rates in young women (31.2%) than young men (13.3%).

This review (NHS England, 2022) had shown an increase from their initial study in 2017 that demonstrated a direct correlation between these Mental Health needs and engagement with schools. This 2022 study cited approximately 5.6% of children aged 7 to 16 years missing more than 15 days of school in Autumn 2021.

Among the children with a probable mental disorder, the rate was higher, with 12.6% missing more than 15 days compared to 3.9% of those unlikely to have a mental disorder. While there was a decrease in the proportion of children missing more than 15 days from the previous year, the percentage of children who had not missed any days of school also declined, with an increase in the number of children missing between 1 and 5 days of school during that period.

The Children's Commissioner identified that spending by mental health commissioners has increased with CCGs allocated £881 million to children's mental health services, accounting for 1.1% of the total NHS spend of £82 billion. This represents an increase of 11% in monetary terms and 4.4% in real terms compared to previous year's allocation of £791 million (0.97% of the total). Moreover, the expenditure per child has also increased from £66 in 2019/20 to £73 in 2020/21, marking a 9.6% rise in monetary terms and a 3.7% increase in real terms.

This growth trajectory was reinforced by the new Children's Commissioner (2023) noting that the NHS had committed to ensuring that by 2023-24, at least 345,000 more children and young people would have access to community support for mental health, with the long-term goal of providing specialist support to all children in need and that current population estimates, identifying that there are approximately 1.4 million children and young people with a probable mental health disorder. Compounding this challenge, is the fact that in 2021-22 only 48% of eligible children received at least one contact with Children and Young People's Mental Health Services (CYPMHS), and when considering the two-contact measure, only 34% were considered to have accessed treatment. This indicates that over half of children with mental health disorders did not receive treatment.

In 2014, Public Health England published the Health Equity Evidence Review 2, which emphasized the role of resilience in promoting healthy behaviours, higher qualifications and skills, improved employment prospects, better mental well-being, and a quicker or more successful recovery from illness. Schools are highlighted as crucial settings for fostering resilience in children and young people (PHE,2014; DoE, 2018).

Statutory guidance on Relationships and Sex Education (RSE) and health education has underscored the importance of schools enabling students to develop and practice resilience, while also urging school leaders and governors to consider how the curriculum supports this objective (DoE, 2020) with the positive impact of in-school mental health interventions on the outcomes of pupil premium students being demonstrated by Treadaway (2017) and Kare et al., (2021).

Furthermore, the COVID-19 pandemic has brought renewed attention to the importance of good mental health, as the impact of restrictions, limited access to school and social contact has become evident. Dame Rachel de Souza, the Children's Commissioner, acknowledges that this generation of children recognises the inseparability of mental and physical health. While a significant number of children reported being content with their mental health, the Commissioner notes that 1 in 5 children expressed unhappiness with their mental well-being, increasing to 2 in 5 for certain groups (Children's Commissioner, 2022). Considering then the increasing evidence of the impact of the pandemic on demand for mental health services (Waite et al, 2021) and with the National Institute for Clinical Excellence re-emphasising the importance of implementing a comprehensive whole-school approach in primary and secondary education to foster positive social, emotional, and mental wellbeing for staff, children, and young people, including those with neurodiverse conditions. Noting that the approach should cultivate a culture, ethos, and practice that prioritises relational approaches, inclusion, with the recognition of psychological safety (NICE 2022). It is clear that the Mental Health of Children and Young People should be a key priority for Local Authorities and Integrated Care Systems (ICS).

This is consistent with earlier findings by Cross and Lester (2015) on impact of school culture, Arslan (2018) surrounding emotional wellbeing, Bjornsen et al. (2019) mental health literacy of children and national policies that have seen the UK government identify child and adolescent mental health as a priority, allocating £79 million in March 2021 to support mental health teams in schools and colleges. A further £10 million was subsequently announced in May 2022 to expand training for senior mental health leads in educational institutions. This favourable climate reinforces the need for the value proposition that the myHappyMind programme offers and the showcasing of the benefits of their programme to commissioners, with the aim of expanding its implementation. To attract potential commissioners, it is crucial for the company to adopt and demonstrate an independently robust evaluation strategy that can effectively demonstrate the value added by their intervention and define it using specific metrics aligned with statutory guidance. Furthermore, ongoing refinement of resources based on data collected during the evaluation process and developing a compelling value proposition supported by literature and evidence will be essential for engaging future commissioners.

Value Proposition of the innovation

The significance of introducing new service providers to support both the NHS and schools in their response to the prioritisation of child and adolescent mental health by the UK government has been underlined with strong evidence of the positive effects of mental health interventions within schools on the outcomes of pupil premium students. This is illustrated by the research of Cross and Lester (2015), Treadaway (2017), and Kara et al. (2021). These studies, coupled with the UK government's guidance for schools to bolster mental health and well-being support within the educational setting, emphasise the necessity for innovative programs in response to this growing priority.

The myHappyMind curriculum is such an innovation. It has been crafted with the aim of enhancing the skillset of school staff through a structured curriculum, serving a dual purpose - promoting children's well-being and proactively preventing the onset of poor mental health and offering efficiencies such as a reduced demand for Special Educational Needs Co-ordinator support (SENCO), CAMHS referrals and external exclusions (Tyson et al, 2009; Kara et al, 2021; Stapley et al, 2022) and also reported in the company impact data report of their 2018-19 West Cheshire cohort. In this latter report the company identified reductions in exclusions (Internal 44%; Fixed Exclusions 60%), CAMHS referral (43% reduction) and 67% reduction for SENCO support (myHappyMind, 2020).

In order to do this, the curriculum is designed to help children understand and manage emotions, understanding their strengths and gratitude, how to build positive relationships and why they matter and understanding meaningful goals and time management.

The curriculum that myHappyMind provides is broken down into five stages.

1. Meet Your Brain – Understanding how your brain works, how to look after it as well as how to manage and deal with emotions,
2. Celebrate – building self-esteem by celebrating what strengths you have
3. Appreciate – understand appreciation and why it matters as it links to well-being and resilience, developing a habit of gratitude,

4. Relate – how to build positive relationships and why they matter,
5. Engage – how to set a meaningful goal and how to stay resilient in times of difficulty.

Alongside this, the school also receives a journal for every child, myHappyMind teddies, as well as stickers and conversation cards. In addition, the school also has access to over eighty additional resources to embed the programme in school further. The curriculum is delivered to all year groups from Early Years to Year 6, with the focus in Year 6 supporting the transition to secondary school. The lessons are all pre-prepared for the teacher, they are delivered digitally and include quizzes, animations and more. This format makes them very easy for teachers to deliver with minimal preparation. This is key to successful adoption in schools. The pupils are subsequently taught at least once per week with short intervention of twenty-minute duration. Together with the main curriculum, parents are also given access to a specific Parent App so that they can see what their children have been taught enabling reinforcement at home. Furthermore, all staff in the school are able to access a CPD-certified well-being programme for themselves too.

Mentally Healthy Schools (AFNCCF, 2023) found that 1 in 10 students at primary schools aged five to ten have identifiable mental health conditions which can worsen over time, they also state that young people need to be taught the skills needed to recognise and manage their emotions alongside helping those students with mental health (Arslan, 2018). Other studies have shown that there is now an increased need for primary school mental health lessons (Bjornsen et al., 2019), as well as at-home education, for young students and after the return to school owing to the COVID-19 pandemic and forced isolation which could lead to the development of future mental health problems (Zhang et al, 2020; Waite et al, 2021; Children’s Commissioner, 2022).

In developing the school workforce, the myHappyMind innovation can also support Integrated Care Systems to both meet their assessed need for children and preventive health alongside their new duties to promote innovation (Health and Care Act, 2022). This position is reinforced in the recent review of Integrated Care Systems (ICS) by the Rt Hon Patricia Hewitt who highlights the importance of the ICS implementing a

comprehensive strategy that addresses preventative health issues, promotes population health, and reduces health inequalities among children and young people (UK Gov, 2023). It enables teachers to address all children's needs regardless of cognitive ability including those who are neurodivergent, have moderate to severe learning disabilities or possessing a low economic status.

Real world context

The Innovation Agency (AHSN) through the Cheshire and Warrington Health Matters Programme provides Small Medium Enterprises (SMEs) in Cheshire and Warrington Local Enterprise Partnership with support that enables the SME to better understand, work with and sell their products, services and innovations to the NHS and other health and social care markets through understanding both market need and any impact of the SME offer.

Even when there is clear need demonstrated, SMEs can still often have a problem in articulating the true value of their products and innovations in a way that chimes with the purchaser. By supporting Real World Validation (RWV) of innovation through the Health Matters Programme, delivered via an independent academic partner, the value proposition and case for adoption of any innovation is enhanced since a prospective commissioner needs to see evidence from the real world that an innovative intervention has been successfully introduced and resulted in positive impact. Furthermore, the programme enables SMEs to access independent tools and measures to evidence the value proposition when the underlying evidence is not evident.

It is proposed that this report both supports the development of an evidence base that will inform future business cases for commissioners and complemented by underpinning theory drawn from the literature and best practice guides that have gone before.

As described in the validation context and detail on the myHappyMind value proposition, studies have given strong emphasis on young children's mental health post-pandemic, with schools reporting a rise in mental health symptoms since returning from lockdown,

due to being away from families, lack of social contact, the sudden change of environment, as well as other factors such as COVID-19 news coverage. These studies have found an increase in students with the most common mental health outcomes being, Anxiety, Depression, ADHD, social anxiety, PTSS and reactivation of eating disorders (Loades et al., 2020; Panchal et al, 2021). The World Health Organisation identified that as a result of this, early detection and non-pharmacological treatments are crucial, especially after the COVID-19 pandemic as prolonged exposure to this heightened level of stress and isolation can lead to irreparable long-term consequences (WHO, 2023) also recognised by the NHS England (2022).

Methodology

Purpose

The aim of this study is to look at the impact of the curriculum at a whole school level as recommended by NICE guideline (NG225) rather than at an individual pupil or class level reflecting the changing priorities of commissioners as discussed previously. As we have seen in the Value Proposition above the SME is well positioned with their myHappyMind innovation to meet this need.

This report explores the impact of myHappyMind's approach using schools in one Local Authority as the area of study. To accomplish this the University of Chester (UofC) Health Matters research team undertook a mixed methods approach that set out to;

- 1) undertake an analysis of the company baseline and pulse survey results
- 2) undertake a thematic analysis of case studies and testimonies from families, teachers, and pupils.

The UofC research team also contrasted this data alongside data gathered by the Office of Health Improvement and Disparities (OHID) and the Department of Education (DoE), in order to look at what the social terminuses are in those areas where the schools are located noting any variance in feedback related to local conditions.

Data has been collected by myHappymind across the research questions, as indicated above. The quantitative data collected by myHappymind is from their initial baseline survey as well as pulse surveys completed after each curriculum module, which is then correlated. Alongside this myHappymind also collects qualitative data through case studies and parent, student, and teacher testimonials. The review then hypothesised that the curriculum myHappymind have designed aids students in dealing with emotions as well as improving their resilience, self-esteem and self-regulation skills from the baseline survey (before the course takes place) followed up with pulse surveys until the end of the curriculum, in addition supporting mental health, wellbeing and transition into secondary school as well as later life.

All data was anonymised secondary data provided to the UofC team by the company myHappymind. This real-world secondary data is in line with GDPR and is not identifiable to any of the UofC research team. The quantitative data categorise as well as qualitative case studies and testimonies that the team from myHappymind have been collected from the schools in the test area.

The study received ethical approval from the University of Chester Faculty of Business and Management ethics committee.

Key Validation/Research Questions

The key validation objectives in evaluating the effectiveness of the myHappymind five stage curriculum were:

- 1) Was there evidence that the myHappymind programme had an impact on resilience, self-esteem, self-regulation and mental wellbeing over the course of the curriculum?
- 2) What were the schools' budgets and subsequently is the myHappymind curriculum sustainable for the schools?
- 3) What is the curricular impact on students, teachers and parents? (Achieved by thematic analysis of Case Studies)
- 4) What does the competitor market look like?

- 5) Are there any unintended outcomes or benefits reported by schools? (all data)

Limitations

There were certain limitations to this review, primarily associated with the timeframes of the dataset spanning 2 school years, which did not easily align with national reporting timelines in addition not all competitor data was published or wholly replicated the myHappyMind approach.

Funding

This validation study was funded by the European Regional Development Fund programme Health Matters (03R16P01250).

Findings

When comparing local indicators to the England averages, it appears that the health and well-being of children in the local authority footprint is generally similar to the national level. This is evident with the infant mortality rate aligning with the national average, with an average of 12 infants dying before the age of 1 each year; child deaths (ages 1 to 17) have averaged 5 per year recently; the teenage pregnancy rate and the percentage of pregnant women who smoke are also similar to the national figures, with 44 girls becoming pregnant each year and 8.8% of pregnant women smoking. Approximately 57.1% of newborns in the area are initially fed breast milk, but data on breastfeeding at 6 to 8 weeks after birth is unavailable. Child obesity rates are comparable to the national average, with 9.5% of children in Reception and 24.5% of children in Year 6 classified as obese. The rate of child inpatient admissions for mental health conditions and the rate of self-harm among 10 to 24-year-olds are also similar to the national rates, at 91.4 per 100,000 and 408.3 per 100,000, respectively. (OHID, 2023). It is for this reason that the Local Authority is arguably a good proxy for further impact modelling.

The spend per child in the local authority reported for 2021-22 is £106 which is £29 per child higher than the England average (Range £141 - £34).

myHappymind were operating in 28 schools in the authority in 2022-23 running 33 programmes in the Local Authority with 258 cohorts. This was an increase of 17 schools from 21-22 (150%).

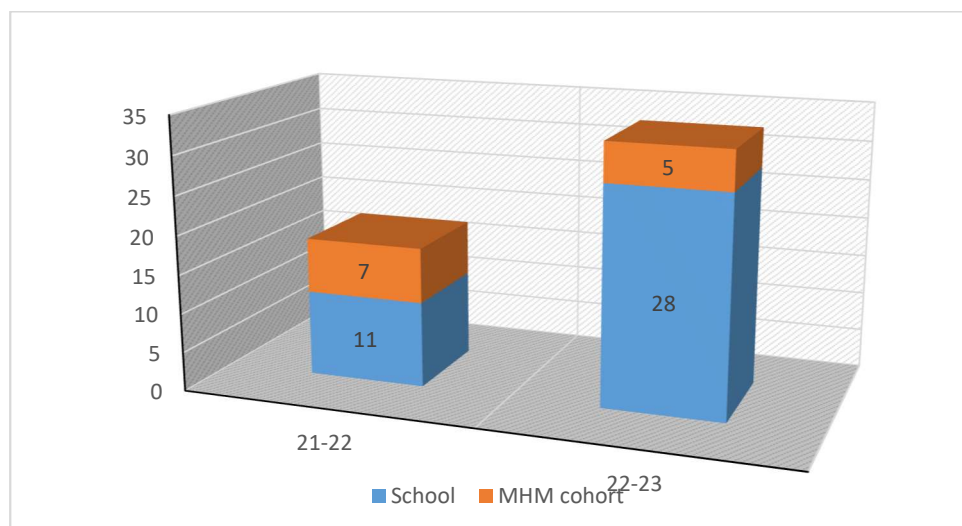


Figure 1 – Distribution of programmes

The information provided to the review team included two types of programme data. Some data had a unique identifier for the school, while others had an identifier specific to the myHappymind programme. The review aimed to connect data from the Department of Education's Schools Financial Benchmarking with the program cohorts to investigate whether the programme was financially sustainable and if school budget constraints affected its effectiveness. As a result, the programmes not associated with a school were excluded from the analysis.

Is there evidence that the myHappymind programme had an impact on resilience, self-esteem, self-regulation and mental well-being over the course of the curriculum?

The company, myHappymind undertake a baseline of each cohort at the start of the programme intervention exploring the following areas:

- What proportion of a class are aware of the factors that contribute to their wellbeing and know how to look after their own brain? (Figure 2)
- What percentage of class have a method or tool to self-regulate when they face a stressful or worrying time? (Figures 2 & 4)

- How often do teaching staff have formal lessons each week learning about the children's emotional and mental health? (Figures 3 & 5)
- What proportion of a class do teachers think can talk articulately about their character strengths? By 'character' this does not refer to their competence (e.g. good at maths) but rather the things that make each child unique (e.g. curiosity, kindness, determination etc.). (Figures 8&9)
- What proportion of a class struggle with their confidence and self-esteem? (Figures 7 & 10)
- How often does the teacher notice and celebrate individual character strengths being used in the classroom?
- How often does the teacher observe children expressing gratitude to each other or to you about experiences or things that they have done for each other? (Figure 11)
- What proportion of a class would focus on "stuff" if you asked them what they were grateful for? (Figure 11)
- Do most of the children proactively express gratitude to each other? (Figure 11)
- How does the teacher rate the children's active listening skills? (Figure 11)
- What proportion of a class have friendship challenges with their classmates?
- What proportion of a class struggle to see things from another's point of view?
- What percentage of the class know how to set their own SMART goals?
- What proportion of a class are able to persevere in the face of challenges when they are trying to achieve their goals?
- What proportion of a class know how to make a plan to achieve their goals?
- To what extent does the teacher understand the factors that contribute to their own emotional and mental wellness?
- How often do teachers talk about their own emotional and mental wellness with your colleagues?
- In their teaching career, how many programmes have they been offered to help you understand the factors that lead to positive mental wellbeing (not mental health issues)?

Baseline data

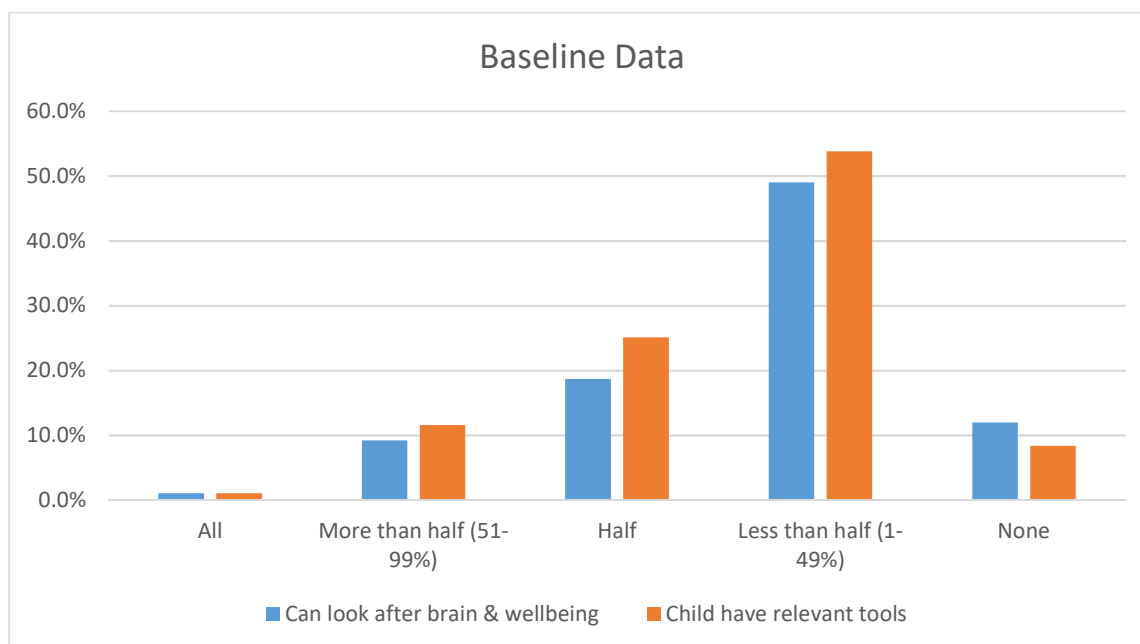


Figure 2 – Baseline data on ability to look after own brain and possessing tools to do so.

When we isolated the data to just the 251 school-based programmes in 2022-23 across the 28 schools in the Local Authority area, we identified that 19.5% (n= 49) of the children were considered by teachers as not having the knowledge and understanding of how their brain functions in accordance to their wellbeing. A significant majority of school programmes n= 172 felt that less than half of the class had the relevant skills (68.5%). Similarly, 61% of the programmes felt that less than half of the children had the requisite tools to manage their well-being and resilience (see Table 2 above).

If we then look at the impact of the programme on teacher behaviour, we note that 38.7% (n=97) of teaching staff had no formal lessons addressing the children's emotional and mental health with 129 programmes (51%) having 1 lesson per week (see figure 3 below).

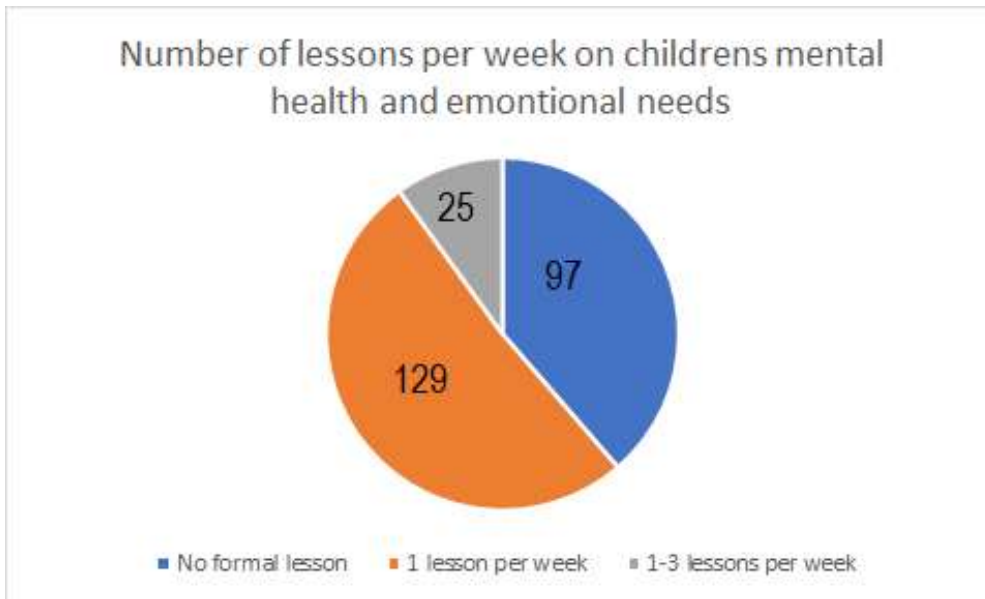


Figure 3 – Number of lessons per week on mental health and emotional needs

The review team considered the 190 programmes across the 27 schools that ran Meet Your Brain. By contrasting the responses from the pulse survey provided by the company against the initial baseline (see figure 4), the team identified a significant impact on both the children's skills and knowledge alongside teaching activity.

From the very small number (n=3) of children who understood and could act on their emotional needs over 95% were now able to respond appropriately.

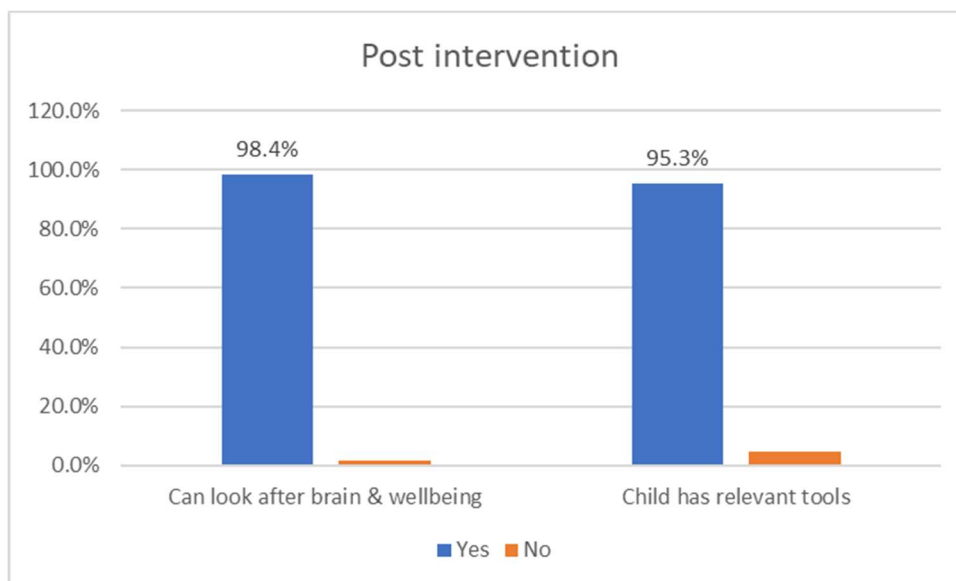


Figure 4 – Impact on children post Meet Your Brain intervention

We can also see that the number of formal lessons targeting mental health and emotional needs has increased significantly from only 10% having more than 1 lesson per week to 71% of those using “Meet Your Brain” (n=190 programmes).

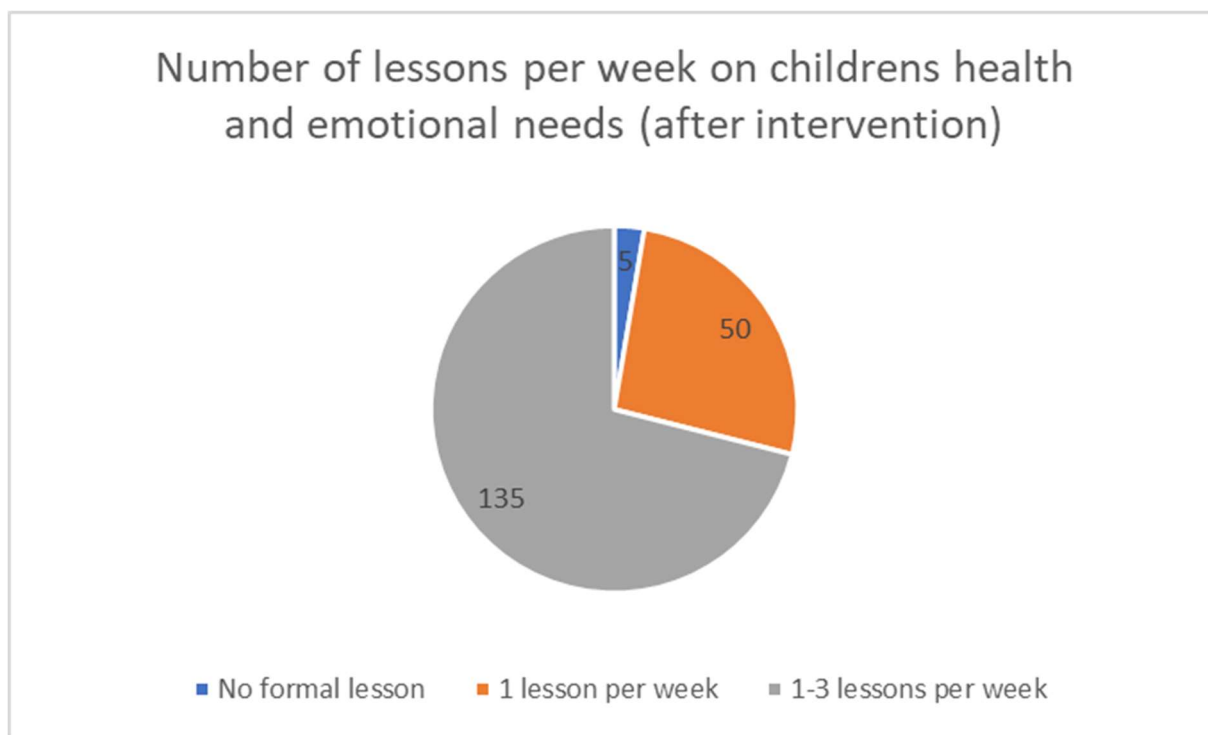


Figure 5 – Number of lessons per week post Meet Your Brain

Impact of the programme on individual traits of the children.

As described earlier in the value proposition (see page 10), myHappymind also offered targeted interventions that focused on the specific attributes; Meet Your Brain, Celebrate, Appreciate, Relate and Engage.

Figure 6 below highlights the progress of the 28 schools at the time of writing this report based on how far through the curriculum they were when the data was collected. Note: all schools start the programme at different times. The team were unable to comment on the Engage programme as no data was provided.

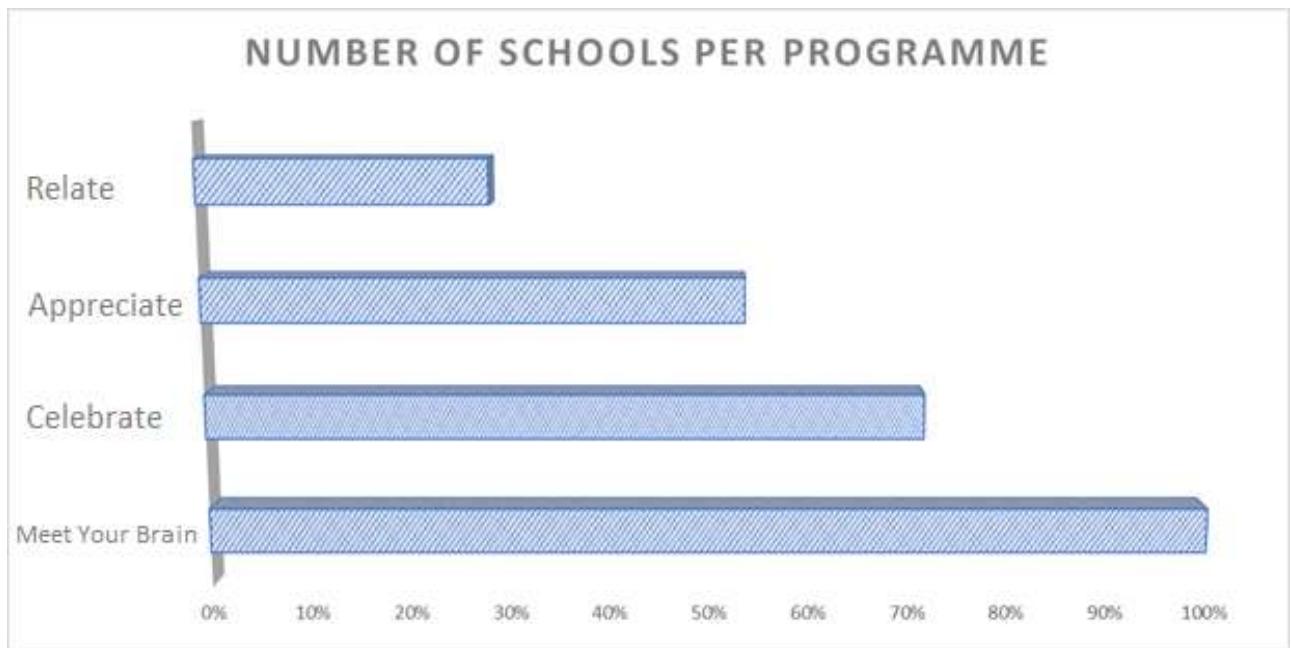


Figure 6 – Number of schools per programme

The review team had data on eight schools (29%) that participated in all four pathways, running 202 programmes over the two years. Some data variance occurred due to the different levels of progress of each school at the time of collecting the data. Some had not yet completed the modules as all schools start at a different point in time. 100% of the schools participated in Meet Your Brain module. 71% (n=20) participated in the Celebrate module building the self-esteem of the pupils through strength-based conversations. As the other schools were still in train, it was not possible to include them in the data analysis.

The baseline collected by the SME from the 21-22 academic year did not have a specific question associated with teacher perception of student self-esteem, so the reviewed team focused solely on the 22-23 cohorts.

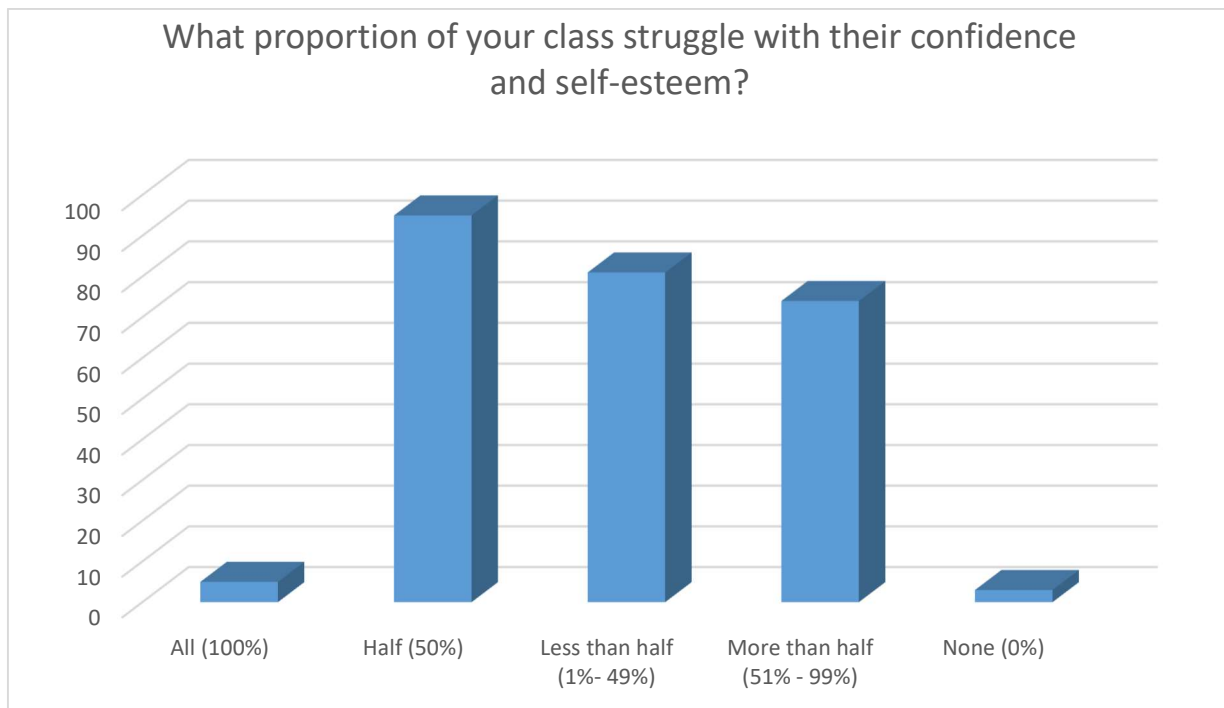


Figure 7 – Proportion of class with confidence and self-esteem issues

The start of year assessment for 2022-23 identified that teachers of 174 cohorts of the 258 schools-based programmes reported that they felt that 50% or more of their class struggle with their confidence and self-esteem (see figure 7). Question 2 of the pulse survey “*Have you seen the self-esteem and confidence of the children improving from using myHappymind so far?*” however identified that 93% of the teachers (n=110) of those 21-22 cohorts who participated in the Celebrate programme had seen the self-esteem of the children improve. If we looked at the total change across both years this remains a significant number with 91% of the Celebrate cohorts having a positive impact on the self-esteem of the pupil.

In both 21-22 and 22-23 academic years, the pulse data explored the ability of the children to talk about their character strengths. The start of each year question examined “*What proportion of your class do you think can talk articulately about their character strengths? By 'character' we do not mean their competence (e.g. good at maths), we mean the things that make them unique (e.g. curiosity, kindness, determination etc.)*”. The classification of the response measures however, although similar, varied between the school years. This meant it was not possible to collate a common baseline that

included both year's programmes. In both years though we can universally accept that the significant majority of teachers felt that it was a low proportion of students who could talk about their character strengths before the myHappyMind intervention (See figures 8 & 9).

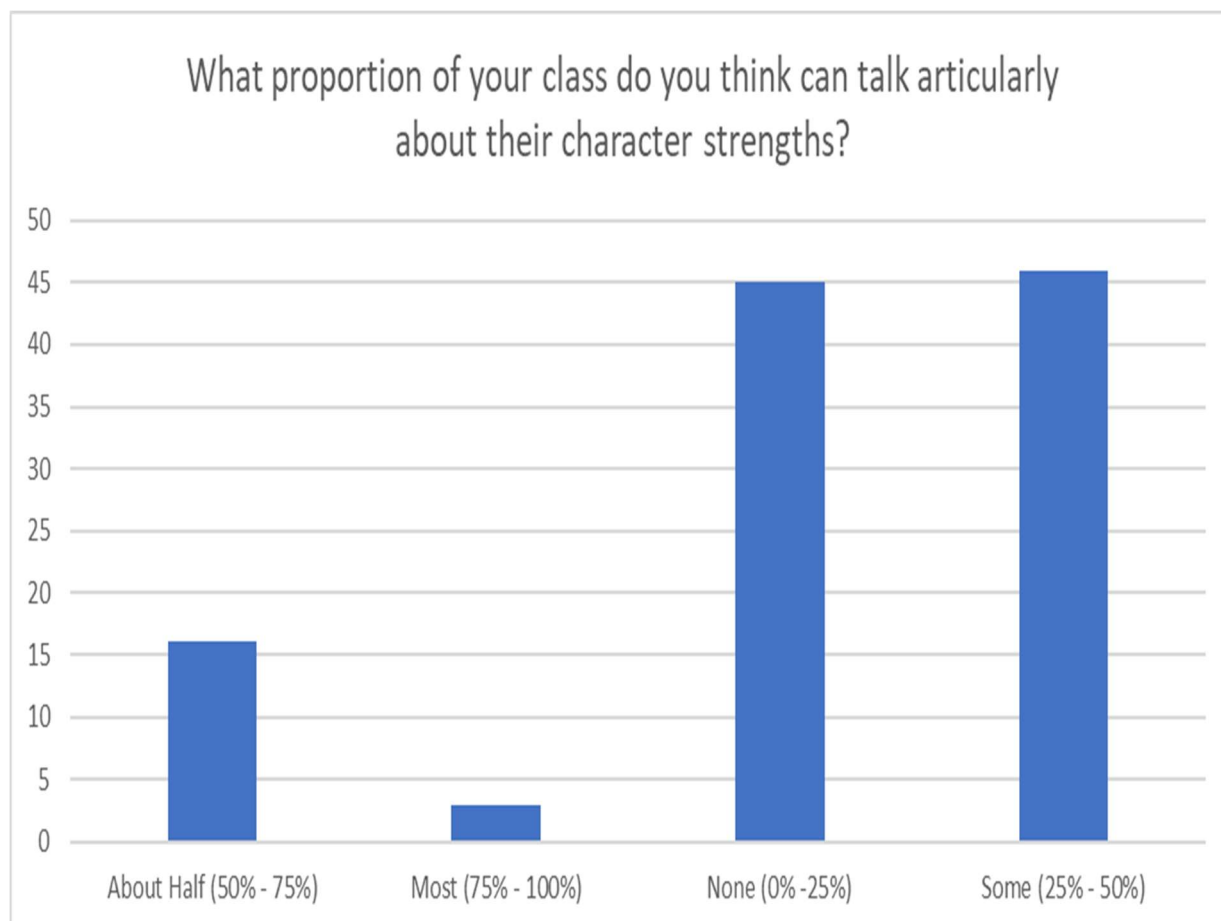


Figure 8 - Character Strengths 21-22

It was clear, however, when you looked at the feedback from the pulse survey after myHappyMind had been taught that most cohorts said could now talk about their character strengths (see figure 9).

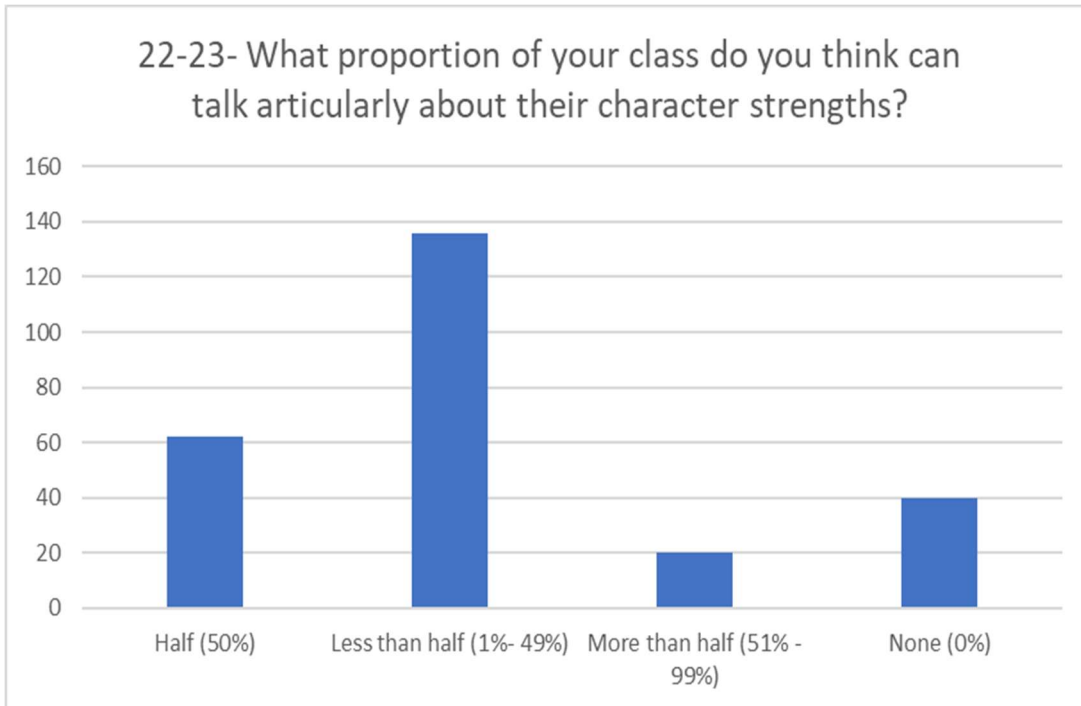


Figure 9 - Character Strengths 22-23

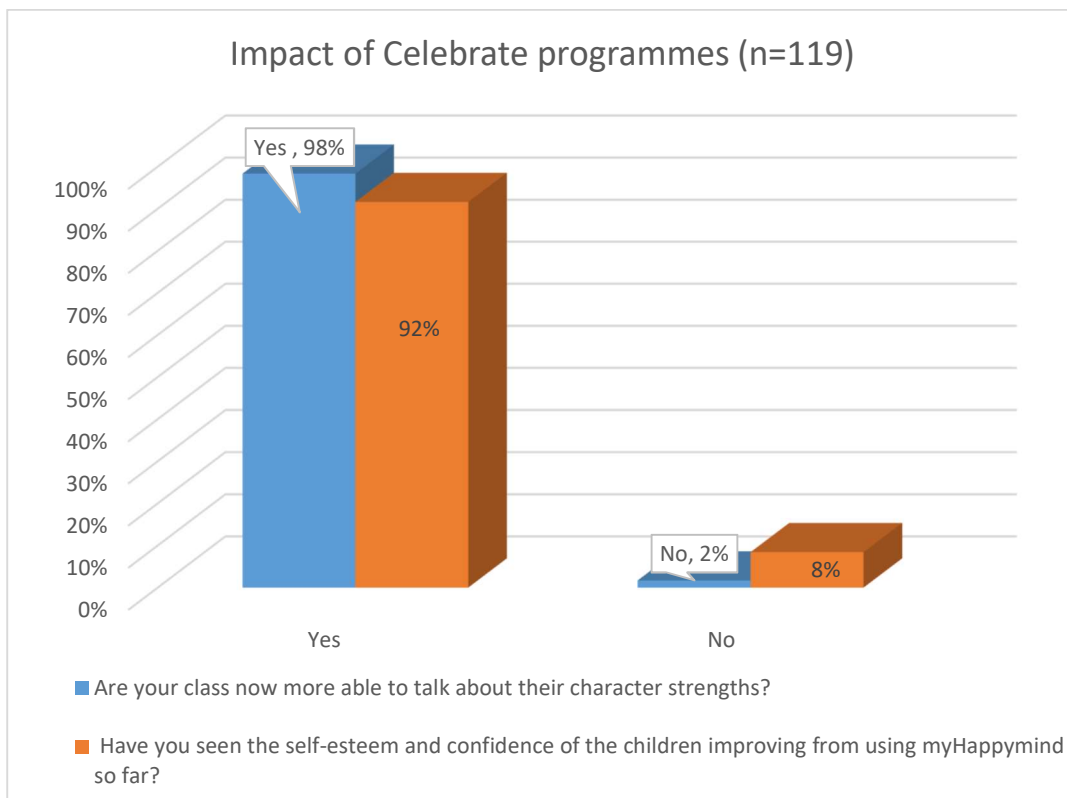


Figure 10 – Impact of Celebrate Programme

A similar picture was also seen in the Appreciate and Relate modules where a significant impact was also evidenced although not at a significant level (range 79-86% agree that pupil behaviour had been identified (see figure 11 below).

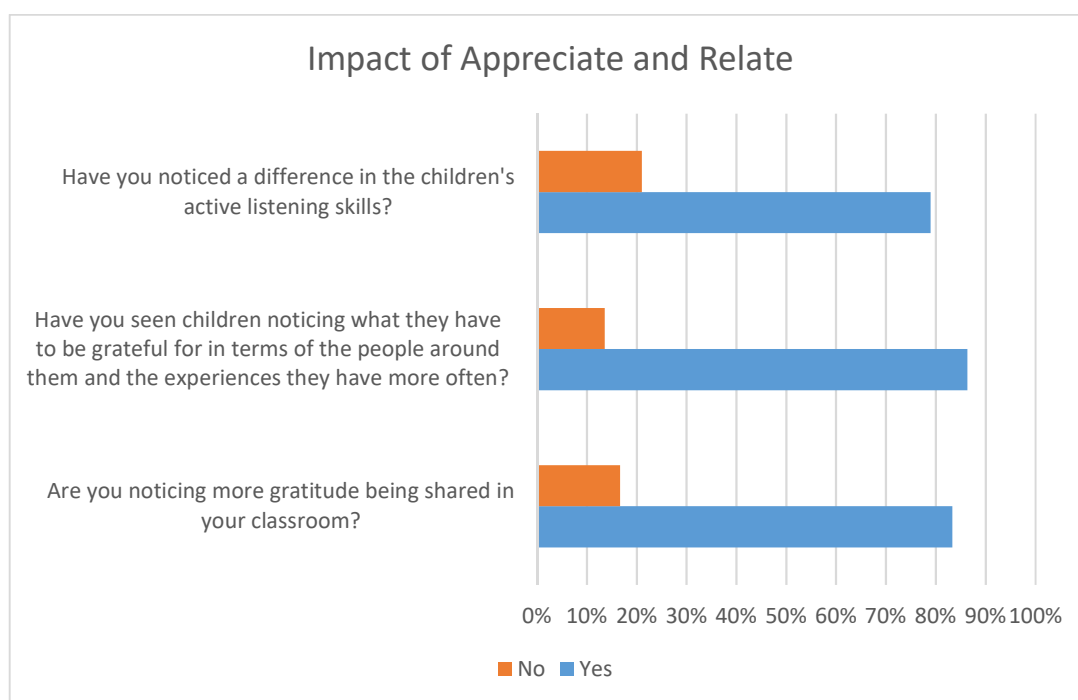


Figure 11 – Impact of Appreciate and Relate programme

What were the schools' budgets and subsequently is myHappyMind curriculum sustainable for the schools?

School	Size	Workforce	Teaching Profile	Skill Mix	Budget £(m)	Programmes 21/22	Programmes 22/23
School A	302	166	53	32%	8.83	19	37
School B	436	40	20	50%	2.43	0	17
School C	413	46	19.6	43%	2.07	0	15
School D	230	28	13.6	49%	1.46	0	14
School E	239	20.6	9.8	48%	1.24	0	12
School F	209	26.5	9.6	36%	1.09	0	12
School G	245	22.7	10.1	44%	1.33	0	12
School H	283	22.6	12.4	55%	1.43	0	11
School I	263	26.5	18.7	71%	1.50	0	11
School J	248	32	11.8	37%	1.76	0	11
School K	331	37.8	16.4	43%	2.03	0	10
School L	319	31.3	16	51%	1.81	11	4
School M	455	48.3	21.3	44%	2.63	8	7
School N	214	22.5	9.8	44%	1.39	8	7
School O	161	97.8	24.9	25%	5.35	13	0
School P	348	35.5	20.3	57%	1.79	12	5

Figure 12 – Profile of top 33% school users

Looking at the profiles of the heaviest users of myHappyMind programmes in both 2021-22 and 22-23, the team could not identify any pattern associated with school finances that either encouraged or inhibited adoption. School sizes varied from a special school with a high budget (School 0) number on role 161 but with the significant non-teaching workforce to a large academy with a high-level budget committed to the programme due to the high workforce need (School A). The team noted however that of the 6 schools who commissioned the programme in 2021-22 over 80% (n=5) continued with programmes in 22-23 with only the specialist school with small staffing numbers having no further cohorts. It would be useful to confirm the extent that this was related to the high staff satisfaction and small staffing size with follow up interviews however this was not possible in the timeframes associated with this review scope.

With the school budgets ranging however from £1.09m to £8.83m the landscape suggests that the programme offered by myHappyMind is both affordable and with the positive impacts identified above, a useful adjunct to the school's curricula offer.

Alongside this study, Health Innovation Manchester also commissioned a review of the Return on Investment of the innovation, which found that for every £1 spent £1.97 gross fiscal savings are generated resulting in savings to the NHS of £9.385m over 5 years (Kumar, 2023).

[What is the curricular impact on students, teachers, and parents?](#)

In addition to the quantitative feedback provided on the myHappyMind programme, additional positive qualitative feedback was garnered from educators, parents and students, which highlighted significant impact and influence on both the classroom environment as well as the individual student and their well-being.

This feedback gathered during the period of 2021-2023, forms a comprehensive narrative showcasing the positive reception across the Meet Your Brain, Celebrate, Appreciate and Relate module data reviewed. Most feedback consisted of educators, 75%, with 15% from students and 10% from parents. This narrative explores the impact the curriculum has had upon children from the perspective of teachers, whilst also

incorporating some remarks and testimonials from students and parents. Key words have also been presented in the form of a word cloud highlighting the impact on the brain, character strengths as well as techniques such as happy breathing (See figure 13).



Figure 13 – Word cloud of key feedback narrative.

The myHappyMind programme, deployed in the various schools across the Local Authority, has been greeted with considerable excitement and enthusiasm, as reported from the feedback received. Staff and students reported eagerness to progress through the modules being keen to learn and implement the new lessons and techniques. One technique that has received widespread acclaim was 'Happy Breathing.' Teachers noted that students relished the sessions, using them as a chance to decompress and recharge from their busy days - a moment that has been affectionately termed a 'brain break.'

Furthermore, the benefits extended beyond the school setting, with parents reporting that children use these techniques at home to calm down after a "bustling day" at school. Among the transformations observed, the autonomous use of "Happy Breathing"

technique by students was cited as a notable positive change. For example, a playground altercation was reported where a boy recognised his lack of control and committed to using *“Happy Breathing”* next time to prevent losing his temper. Similarly, another child who often required extra attention in class was seen using finger breathing to help him calm down when reprimanded by the teacher.

This feedback underscores the positive perspective on the effectiveness and transformative power of the myHappyMind programme, evidencing that it has not only taught students new techniques to manage stress but has also fostered their ability to independently apply these strategies when faced with difficult situations.

A re-occurring response from staff was the awareness of what COVID-19 has had upon the children’s mental health, consistent with the findings of the Children’s Commissioner (2022) review of children’s mental health. A parental testimonial stated that their daughter’s mental health was declining due to the frequency of national lockdowns, however, they were able to use the myHappyMind programme’s techniques and their science-focused approach to support and teach her coping mechanisms understanding why she reacted the way she did to certain situations so leading her to be less anxious and less reactive. The science-focused approach that the programme offers allowed the children to have a more in-depth understanding of their emotions and why they act and react the way that they do. In doing this, the students have gained an understanding of how the brain, neurons and amygdala all play a part in their behaviour and emotions. A teacher stated that, “the students have gained such an understanding of the brain, its workings and coping mechanisms that they have begun to support other students in their class with their issues, reminding them why it logically happens and recommending which techniques to use, I heard a child in class tell another child, *“It’s okay, your amygdala is just controlling your brain at the moment, just use happy breathing and you’ll feel better”*”.

One of the main benefits of the programme according to staff is the ability to use these techniques with the children to foster a calm and positive classroom environment, subsequently enabling children to enhance their academic focus.

Children were reported as saying *“It helps to calm me down”, “It has taught me what to do if I get mad and now, I know not to react”* and *“I remember the strategies when I am worried or anxious”*. Similarly, other techniques have also been shown to have a significant impact such as the *‘Glitter jar’*, which supported educators to help the students to have a visual representation of their emotions by using the chaos of the swirling glitter. Yet, as they observed the glitter begin to slow and settle, they were able to associate it with feelings of calmness and relaxation.

Many parents gave support and encouragement towards the programme and stated that they saw an overall improvement in their child’s mental health and happiness due to the programme, as well as reporting that their children told them about the information and techniques that they have learnt with one parent saying *“Their year 5 child has been doing additional research into it at home”*. Overall, the comments suggest that parents appreciate the strategies taught in the programme and have observed dramatic improvements in their child’s ability to settle, unwind, and regulate emotions.

In summary, the qualitative data suggests that teachers, students, and parents confirmed the success, impact and influence that the programme has had. It has effectively taught students’ beneficial techniques and enhanced their mental well-being and resilience. The techniques taught to the students were reported as effective and easily retainable, leading to these techniques being independently applied outside of the programmes. The techniques have also proven effective in aiding the children in managing their emotions and have resulted in improvements in classroom environments and academic focus. Parents have also appreciated the significant improvements in their child’s mental well-being and happiness due to their child’s participation.

In conclusion, the qualitative data supported the position that the programme equipped students with a comprehensive understanding of their brain, emotions, and feelings and effective, long-lasting and retainable strategies for creating and maintaining a positive and healthy mental outlook.

What does the competitor market look like?

To review the current the market the team explored the following options:

- Exhibitors at the schools and academies show
- Those identified on devolved education departments as exemplars
- School governor networks

The team identified eight businesses operating in the space as potential competitors:

- BoingBoing Academic Resilience Approach
- EdPsychEd - RISE
- Edsential
- Equoo
- Healthbox
- Motional
- Rest Easy
- Trauma Informed Schools UK

Some of the devolved administrations, signposted to specific tools and resources that teaching staff could use as free downloads (EfS, 2023; GoW, 2023). This, however, does not necessarily associate with the productive application of these tools nor does it imply an understanding of how to integrate them within the curricula. In addition, they do not appear to offer the same combination of a Parent App, Staff Wellbeing programme and a fully prepared programme from Early Years to Year 6 that myHappyMind does.

Not all the programmes published their pricing structures, but the range identified per whole school per programme was identified as £499+VAT per 100 children with up to 30 users to £1550+ VAT. One provider offered a two- year pricing structure to embed offer in school of £1350 +VAT (£675 pa). It must be noted that for one provider each part of the offer had a separate price structure £100 for 2 day workshop for teachers to £800 + VAT for a 12 person half day workshop.

Some providers therefore offered specific training to schools from £900-£1550 (+VAT) to run workshops and certificates with up to 6 sessions supported by programme specific resources (Free to £10 per booklet). Two providers offered only an online app-based training programme however the pricing structure was not accessible to the team.

This variation of offer indicates that the myHappyMind five stage approach is positioned favourably for the mixed economy of school and local government procurement approaches.

Additional or unintended consequence

In reviewing the programme for this local authority and the SME the team considered both the quantitative and qualitative data available for any unintended consequences outside the scope of the review. No reportable items were found.

In recognition however of the earlier work of Tyson et al. (2009) which identified the impact of similar programmes on the mental health of teachers and noting one teacher reported a positive impact for themselves in terms of enjoyment "*I have been enjoying the course as have my class.*". It would be useful for the company to explore this further in both their baseline and pulse surveys.

Conclusion

The enterprise, myHappyMind, whole school approach appears to be, from the data provided, an effective school-based approach to both developing positive behaviours that strengthen pupil mental health, resilience, and wellbeing consistent with the expectations of current UK education and health policy. This was evident in the pre and post intervention pulse survey data which saw significant changes in pupil behaviours in dealing with stressful events, active participation and listening in the classroom, being grateful for people and experience rather than "stuff" and address their social and emotional needs.

The myHappyMind programme is a good adjunct to the wider health and education priorities of the local commissioning footprint of the NHS and is aligned with the local investment priorities.

The SME running the programme do not appear to be an outlier in cost to the current marketplace, and they offer a breadth of service not evident in many of their competitors, suggesting value for money.

It is apparent that, when considering the myHappyMind programme through both the quantitative (impact of cohorts) and qualitative data (feedback and competitor analysis), the SME offer is both scalable and affordable to other local education authorities.

Recommendations

With the company also offering targeted cohorts outside of the school system, and with a recognised association between school attendance with emotional wellbeing (Arslan, 2018), mental health literacy (Bjornsen et al., 2019) and school culture (Cross & Lester, 2015); further value may be found by analysing this non-school-based data and mapping it against local General Practice profiles. This could demonstrate further alignment with the wider Integrated Care Board (ICB) and NHS priorities.

The company to also explore further the impact on teachers of their offer by modification of both their base line and pulse surveys..

References

Anna Freud National Centre for Children and Families (2023) Mentally Healthy Schools. <https://mentallyhealthyschools.org.uk/getting-started/primary> Accessed 18/4/23 Accessed 14/4/23

Arslan, G. (2018). Understanding the association between school belonging and emotional health in adolescents. *International Journal of Educational Psychology*, 7(1), 21-41.

Bjørnsen, H. N., Espnes, G. A., Eilertsen, M. E. B., Ringdal, R., & Moksnes, U. K. (2019). The relationship between positive mental health literacy and mental well-being among adolescents: implications for school health services. *The Journal of School Nursing*, 35(2), 107-116.

Centre for Mental Health (2021) Children & Young People Mental Health Sheet Fact Sheet at <https://www.centreformentalhealth.org.uk/fact-sheet-children-and-young-peoples-mental-health> Accessed 17/5/23

Children's Commissioner. (2022). Children's Mental Health Services 2020/21 at <https://www.childrenscommissioner.gov.uk/resource/briefing-on-childrens-mental-health-services-2020-2021/> Accessed 18/4/2023

Children's Commissioner (2023) Children's Mental Health Services 2021-22 <https://www.childrenscommissioner.gov.uk/resource/29751/> Accessed 21/5/2023

Cross, D.& Lester, L., (2015). The relationship between school climate and mental and emotional wellbeing over the transition from primary to secondary school. *Psychology of Well-being*, 5, 1-15.

Department of Education. (2018). Mental health and wellbeing provision in schools.at <https://www.gov.uk/government/publications/mental-health-and-wellbeing-provision-in-schools> accessed 7/4/23

Department of Education. (2020). Relationships Education, Relationships and Sex Education (RSE) and Health Education, Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers. <https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education> Accessed 7/4/23

Department of Education. (2023). Schools Financial Benchmarking Data at <https://schools-financial-benchmarking.service.gov.uk/> Accessed 3 June 2023

Department of Education [Northern Ireland] (2023) Emotional Health and Wellbeing at <https://www.education-ni.gov.uk/articles/emotional-health-and-wellbeing> Accessed 30 June 2023

Education for Scotland [EfS] (2023) Developing a positive whole school ethos and culture: relationships, learning and behaviour at <https://www.gov.scot/publications/developing-positive-whole-school-ethos-culture-relationships-learning-behaviour/> Accessed 30 June 2023

Fore, H, H., & Hijazi, Z. (2020). COVID-19 is hurting children's mental health. Here are 3 ways we can help. <https://www.weforum.org/agenda/2020/05/covid-19-is-hurting-childrens-mental-health/>. Accessed on the 18/4/23

Government of Wales [GoW], (2023) Hwb – Resources at <https://hwb.gov.wales/repository/discovery?sort=recent&catalogs=7d39d8fc-2113-4d57-ba93-cdd105cc4bb4&categories=6dd7f7c6-df54-4c36-bff8-2472c921d5aa&strict=1> Accessed 24 May 2023

Health and Care Act (2022) at <https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted> Accessed 30 June 2023

Kara, B., Morris, R., Brown, A., Wigglesworth, P., Kania, J., Hart, A., ... & Eryigit-Madzwamuse, S. (2021). Bounce forward: A school-based prevention programme for building resilience in a socioeconomically disadvantaged context. *Frontiers in Psychiatry*, 11, 599669.

Kumar E (2023) myHappyMind Cost Benefit Analysis results Health Innovation Manchester

Loades, M. E., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., & Crawley, E. (2020). Rapid systematic review: the impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *Journal of the American Academy of Child & Adolescent Psychiatry*, 59(11), 1218-1239.

myHappyMind (2022) *Impact data 2018-2019* myHappyMind

NHS England (2019) NHS Mental Health Implementation Plan 2019/20 – 2023/24 at <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf> Accessed 22/4/23

NHS England (2022) Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey at <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey> Accessed 15/5/23

National Institute for Clinical Excellence (2022) Guideline NG 223- Social, emotional and mental wellbeing in primary and secondary education at <https://www.nice.org.uk/guidance/ng223/chapter/Recommendations#whole-school-approach> Accessed 21/4/23

Office for Health Improvement & Disparities (2016) Health behaviours in young people at <https://fingertips.phe.org.uk/profile/child-health-profiles/supporting-information/health-behaviours> Accessed 14/5/23

Office for Health Improvement & Disparities (2023) Fingertips Public Health Dashboard at <https://fingertips.phe.org.uk/profile/mh-jsna/data#page/1/gid/1938133409/pat/159/par/K02000001/ati/15/are/E92000001/yr/1/cid/4/tbm/1> Accessed 14/5/23

Panchal, U., Salazar de Pablo, G., Franco, M., Moreno, C., Parellada, M., Arango, C., & Fusar-Poli, P. (2021). The impact of COVID-19 lockdown on child and adolescent mental health: systematic review. *European child & adolescent psychiatry*, 1-27.

Public Health England (2014) Building children and young people's resilience in schools at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/355766/Review2_Resilience_in_schools_health_inequalities.pdf Accessed 14/4/23

Stapley, E., Town, R., Yoon, Y., Lereya, S. T., Farr, J., Turner, J., & Deighton, J. (2022). A mixed methods evaluation of a peer mentoring intervention in a UK school setting: Perspectives from mentees and mentors. *Children and Youth Services Review*, 132, 106327.

Treadaway, M. (2017). Long-Term Disadvantage Part Two: How do Pipworth Primary and Sheffield Park Academy do so Well for their Disadvantaged Pupils? at <https://ffteducationdatalab.org.uk/2017/07/long-term-disadvantage-part-two-how-do-pipworth-primary-and-sheffield-park-academy-do-so-well-for-their-disadvantaged-pupils/> Accessed 22/4/23

Tyson, O., Roberts, C. M., & Kane, R. (2009). Can implementation of a resilience program for primary school children enhance the mental health of teachers?. *Journal of Psychologists and Counsellors in Schools*, 19(2), 116-130.

UK Government (2023) The Hewitt Review: an independent review of integrated care systems at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148568/the-hewitt-review.pdf Accessed 30 June 2023

Waite, P., & Pearcey, S., & Shum, A., & Raw, J, A, L., & Patalay, P., & Creswell, C. (2021). How did the mental health symptoms of children and adolescents change over early lockdown during the COVID-19 pandemic in the UK? <https://acamh.onlinelibrary.wiley.com/doi/full/10.1111/jcv2.12009>. Accessed on the 18/4/23

World Health Organization. (2005). *Child and adolescent mental health policies and plans*. World Health Organization. <https://apps.who.int/iris/handle/10665/43068>

World Health Organisation. (2021). Mental Health of Adolescents.
<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>. Accessed on the 18/4/23

Zhang L, Zhang D, Fang J, Wan Y, Tao F, Sun Y. Assessment of Mental Health of Chinese Primary School Students Before and After School Closing and Opening During the COVID-19 Pandemic. *JAMA Network Open*.2020;3(9)

Glossary

AHSN	Academic Health Science Network
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CYPMHS	Children and Young People's Mental Health Services
DfE/DoE	Department for/of Education
EfS	Education for Scotland
ERDF	European Regional Development Fund
GoW	Government of Wales
GP	General Practitioner
ICB	Integrated Care Board
ICS	Intergrated Care System
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
OHID	Office for Health Inequalities and Disparities
PHE	Public Health England
RSE	Relationships and Sexual Education
RWV	Real World Validation
SME	Small and Medium Size Enterprises
UK	United Kingdom

Appendices

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