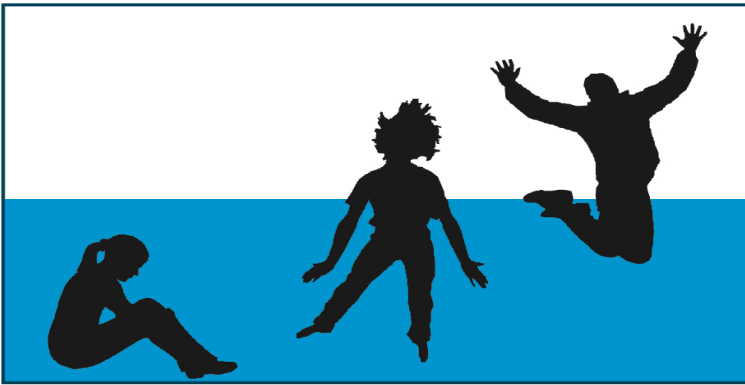


Positive Mental Health for Youth with Mental Illness: From Understanding to Intervention



RESILIENT YOUTH RESEARCH GROUP



Margaret N. Lumley Ph.D. C.Psych, Associate Professor
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Positive Clinical Psychology (Wood & Tarrier, 2010)

Negative, deficit-based bias in clinical psychology

Need to foster research and practice that considers **positive processes, characteristics** and **outcomes** for youth with mental illness

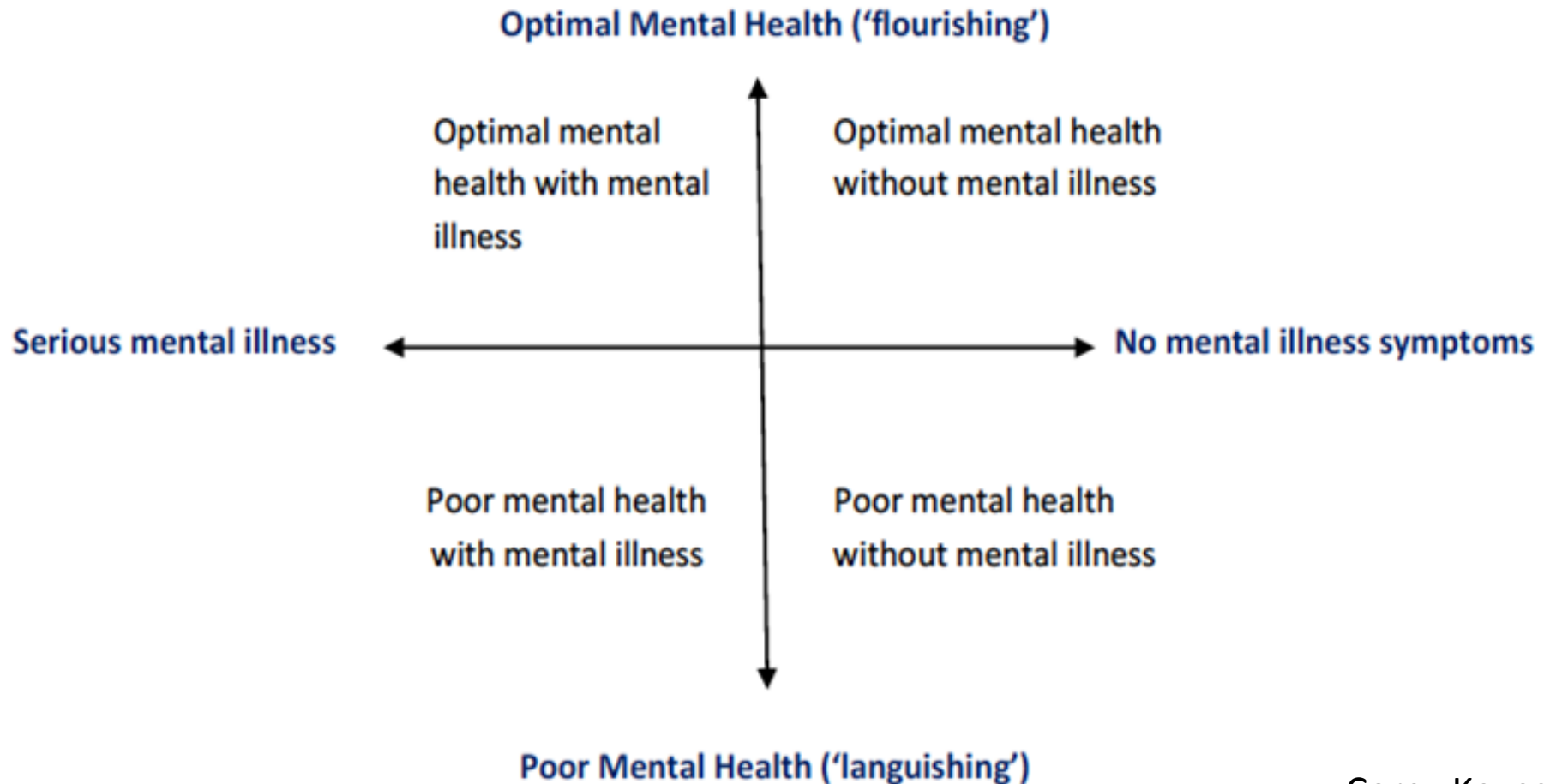
In a balanced fashion...

Positive Mental Health: It is a positive sense of **emotional** and **spiritual** well being that respects the importance of culture, equity, social justice, interconnections and personal dignity.

Public Health Agency of Canada , 2006

Complete Wellbeing

Importance of Promoting Flourishing



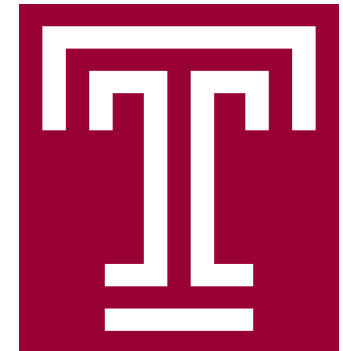
Exploring Positive Outcomes for Youth with Bipolar Spectrum Disorder



Brae Anne McArthur, Ph.D., R.Psych

Postdoctoral Fellow

Temple University



Pediatric Bipolar Disorder

- Symptoms significantly hinder psychosocial functioning and impede normal childhood development (Geller et al., 2000)
- 33 - 50 % attempt suicide, 15 - 20% suicide mortality (Gonda et al., 2012)
- Greater comorbidity, severity, and overall more negative prognosis (e.g., greater likelihood of relapse).

Current Study

- Pilot study to examine how parenting context variables relate to positive functioning in youth who received a BSD diagnosis at a tertiary care facility
- How does parenting context relate to positive emotional and cognitive functioning

Positive Psychology



- This study aimed to better understand positive characteristics and outcomes for youth with BSD, as well as examining how parenting relates to positive outcomes
 - ***Life Satisfaction***- One's judgment that his/her life is a "good life" (Diener, 1984)
 - ***Resiliency***- Beliefs about being able to adaptively cope when faced with adversity (Wagnild & Young, 1993)
 - ***Positive Schemas***- mental frameworks that are used to interpret, categorize, and evaluate one's experiences (Schmidt et al., 2007; Keyfitz et al., 2013)

Participants

Time 1:

- 150 families with a female ($n = 51$) or male ($n = 99$) youth aged 5 - 16 years ($M = 9.84$, $SD = 2.78$)
 - 39% ($n = 59$) met criteria for a BSD diagnosis

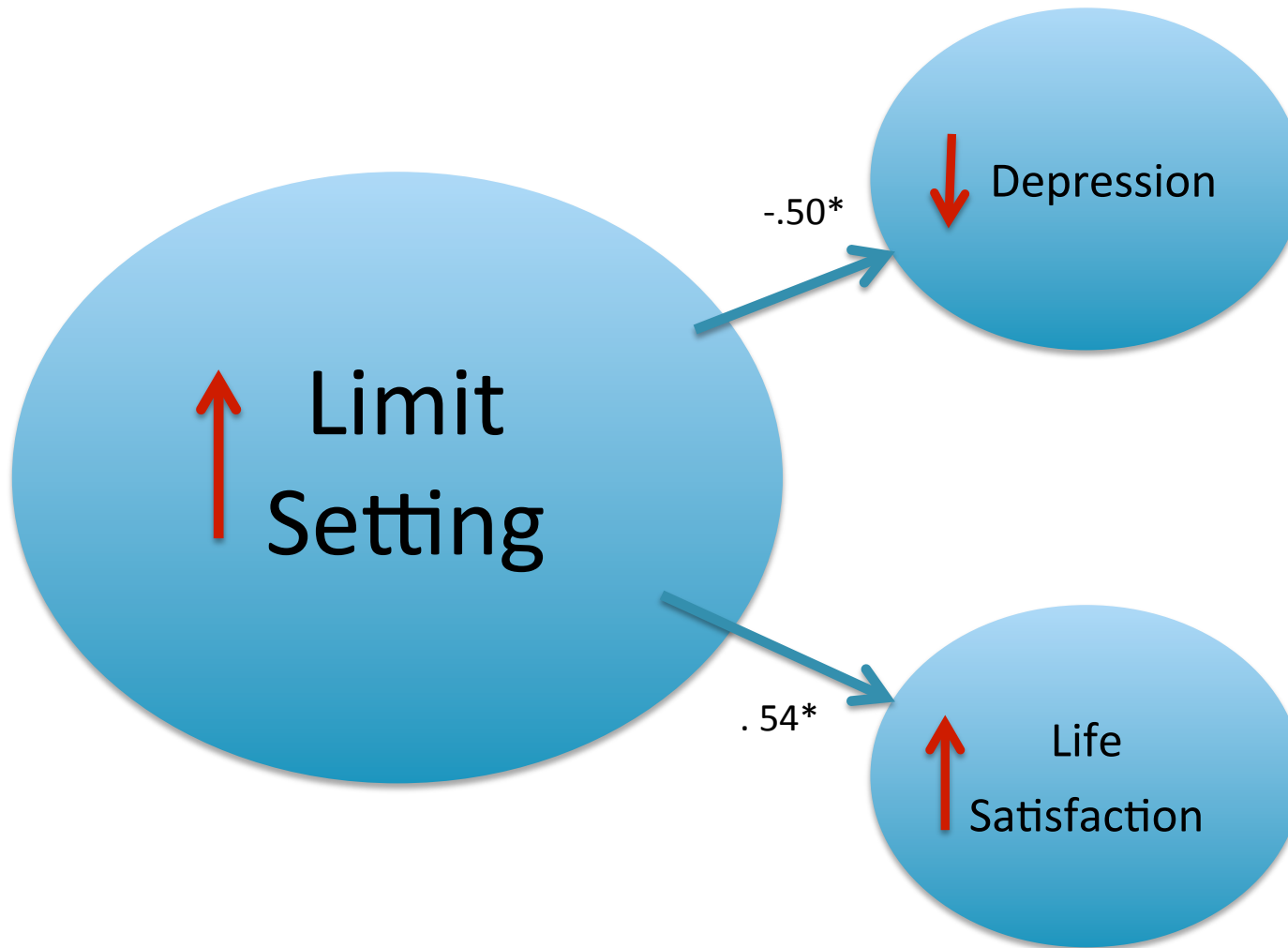
Time 2:

- 18 female ($n = 11$) and male ($n = 7$) youth aged 8 to 18 years ($M = 13.00$, $SD = 3.01$) and their guardians

Measures

Measures – Time 1	
Family Functioning	Parent Child Relationship Inventory (Gerard, 1994)
Measures – Time 2	
Mood & Emotional Functioning	BDI ; CMRS
Family Functioning	Child Report of Parenting Behaviour- CRPBI (Schludermann et al., 1988)
Positive Schema Content	Positive Schema Questionnaire (Keyfitz et al., 2013)
Resilience	The Resiliency Scale (Wagnild & Young, 1993)
Life Satisfaction	Brief Multidimensional Students' life Satisfaction Scale (Huebner, 1994)

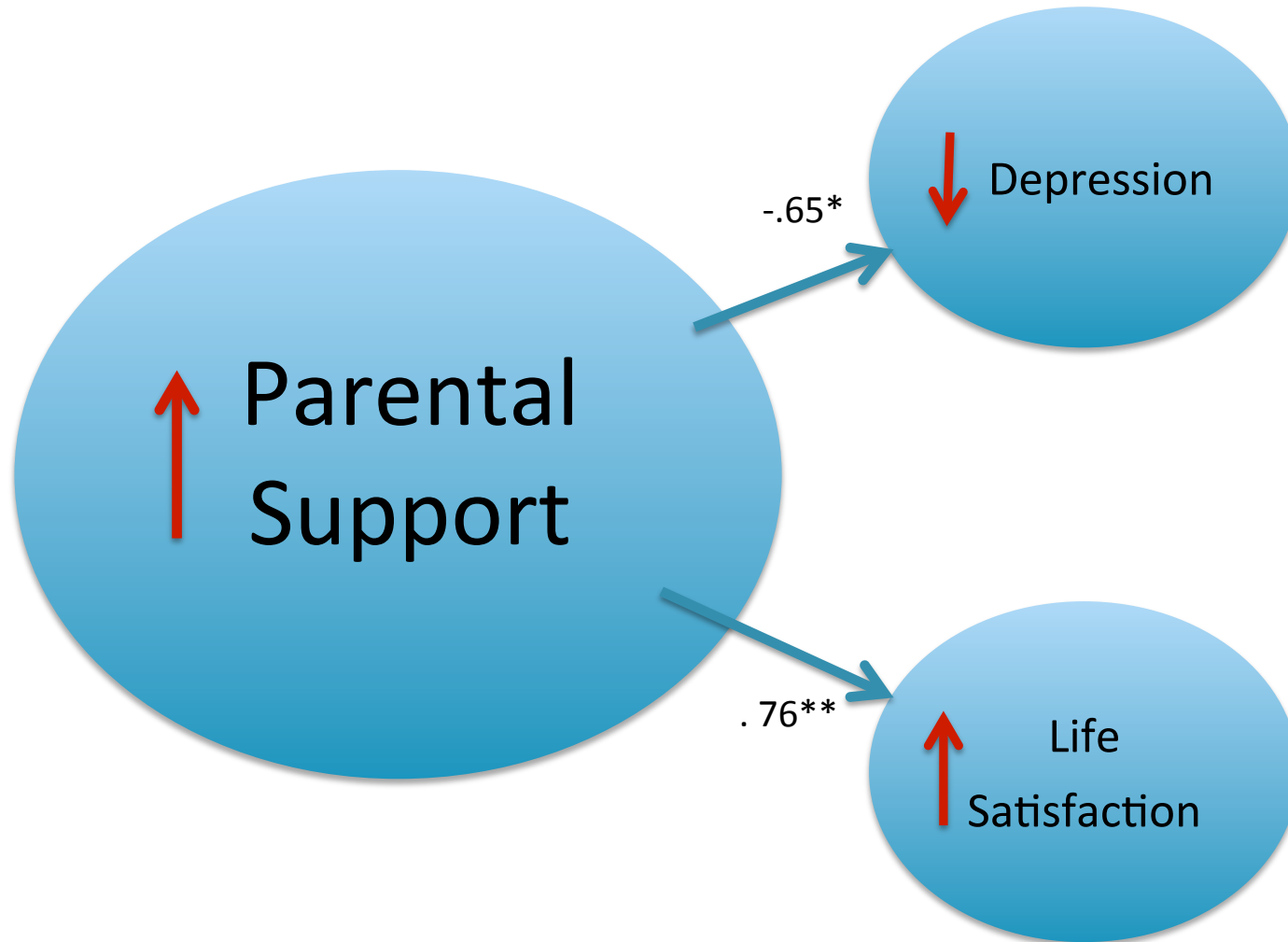
Longitudinal Aspects of Parenting



Note: * $P \leq .05$; ** $P \leq .01$

(McArthur, Lumley, & Braimoh, Under Review)

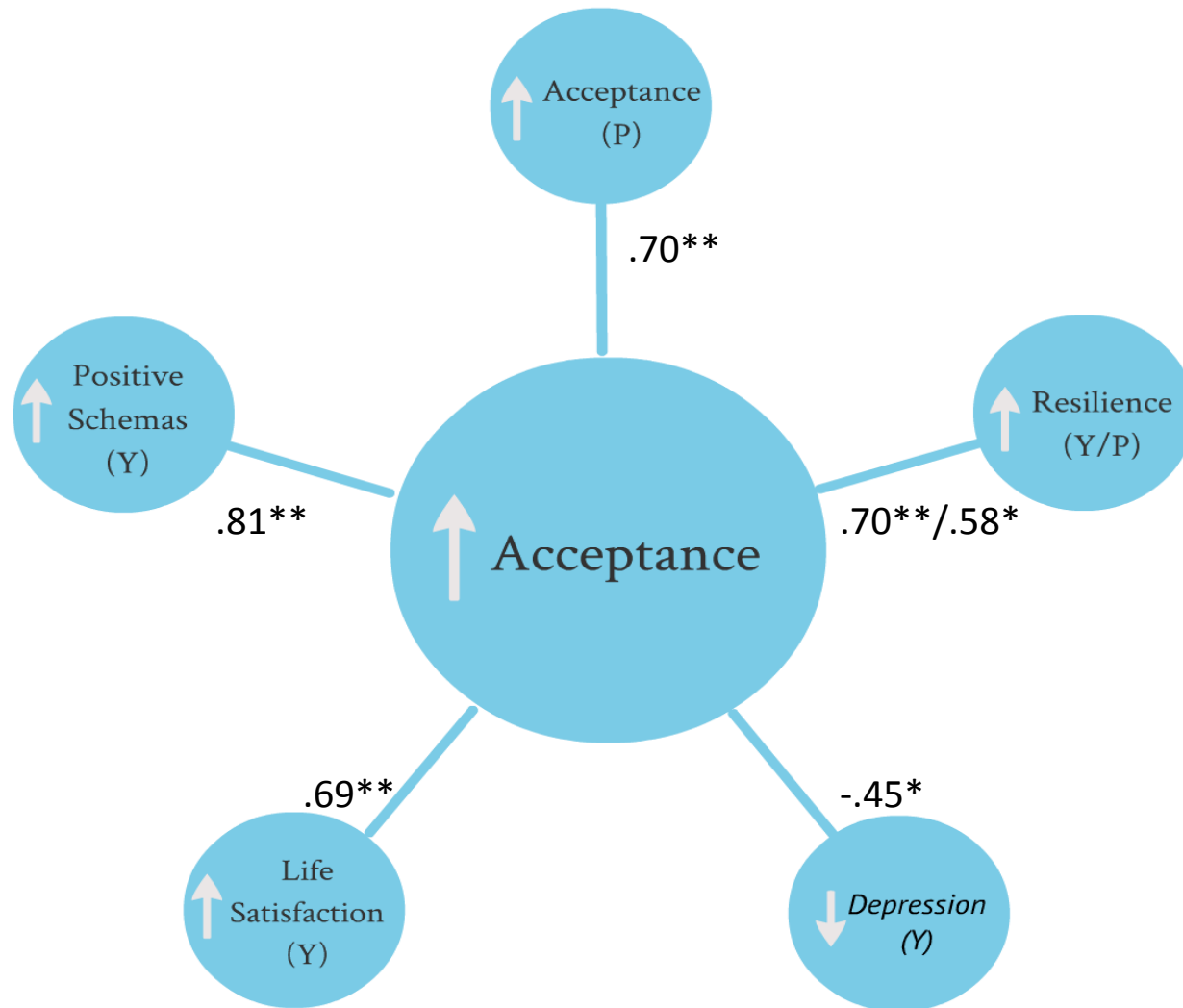
Longitudinal Aspects of Parenting



Note: * $P \leq .05$; ** $P \leq .01$

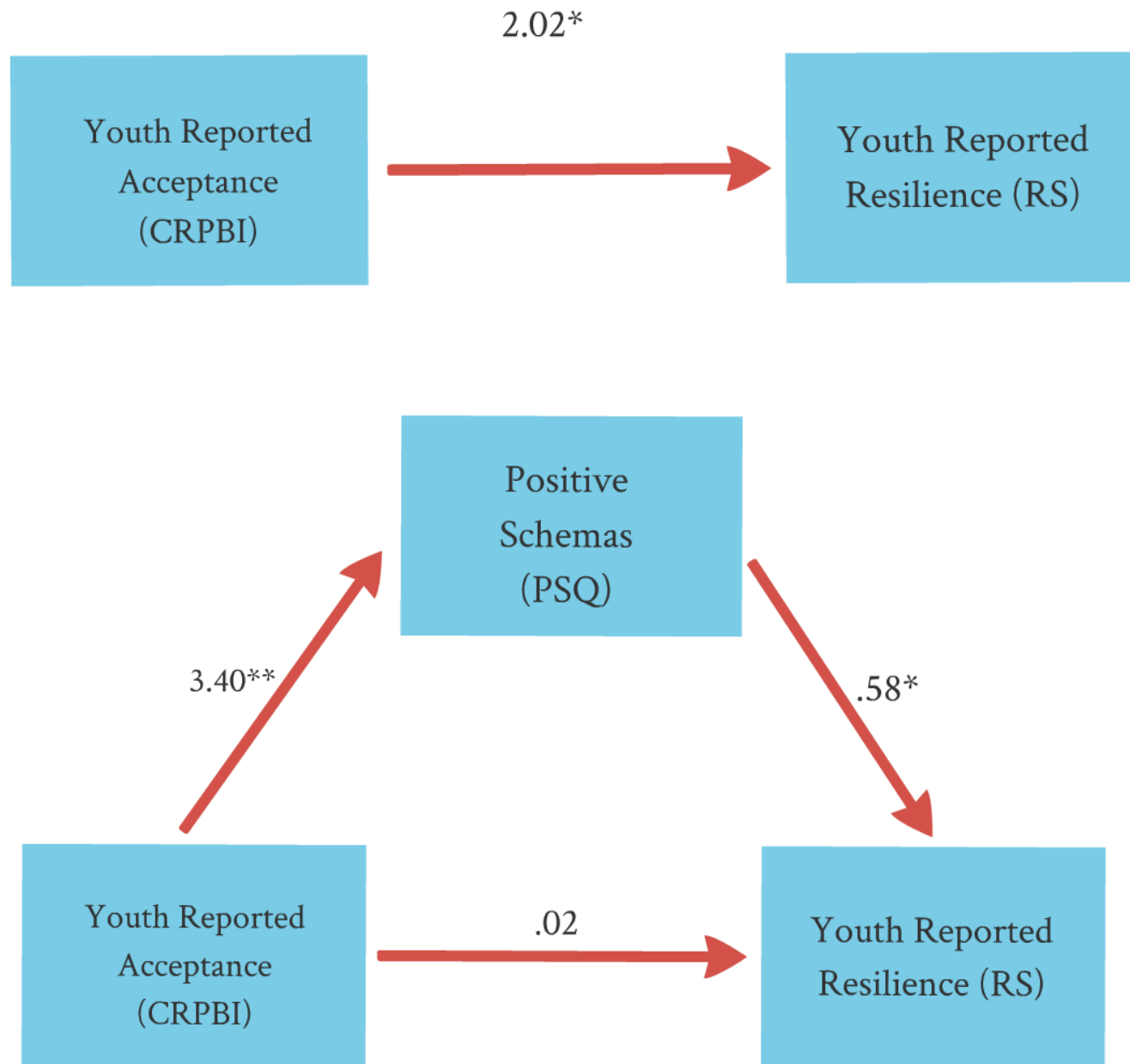
(McArthur, Lumley, & Braimoh, Under Review)

Parenting and Positive Functioning



Note: * $P \leq .05$; ** $P \leq .01$

(McArthur, Lumley, & Braimoh, Under Review)



Note: $F(2,10) = 13.54, p = .001$; * $P \leq .05$; ** $P \leq .01$

(McArthur, Lumley, & Braimoh, Under Review)

Conclusions

- Provides evidence for the relation between parenting context and positive functioning for youth with a diagnosis of BSD
- Utilized measures of parenting at the time of the child's diagnosis and prospectively predicted positive functioning
- Positive schemas acted as a significant mediator between youth reported parental acceptance and youth reported resilience

Future Research

- Follow-up with a larger sample
- Continue to explore the relation between parenting and positive schema development
 - Diverse populations
- Examine this process longitudinally to evaluate the impact of a BSD diagnosis

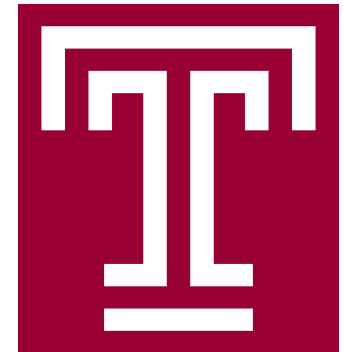


Acknowledgements

- Youth and parents who agreed to participate in this research!
- All of the members of the Resilient Youth Research Group at the University of Guelph
- Collaborators: Dr. Gani Braimoh
- Special thank you to *Dr. Margaret Lumley*
- Social Sciences and Humanities Research Council (SSHRC) Banting Postdoctoral Fellowship



RESILIENT YOUTH RESEARCH GROUP





THANK YOU

The Role of Parental Relationships and Positive Schemas amongst University Students with and without a Mental Illness

Hayley Bowers, M.A.,
Ph.D. Student, University of Guelph

Barbara Morrongiello, Scott
Maitland, Margaret Lumley



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University and Mental Illness



Keyes et al., 2012; Deberard et al., 2004; Statistics Canada, 2013

Stressors in University



Negative effects

Protective factors

Parental Relationships in Adolescence



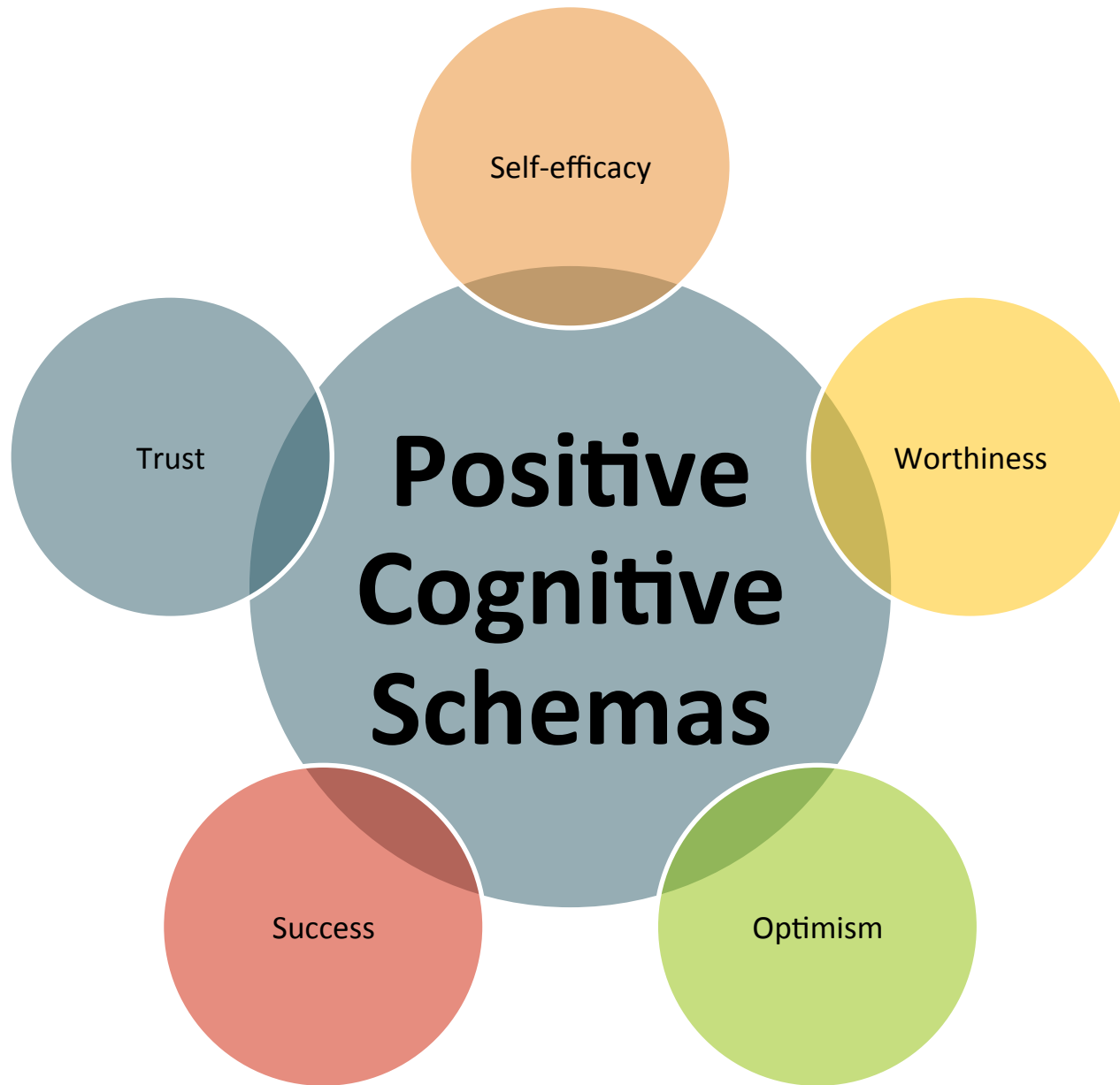
+ Parental Relationships



Positive Parental Relationships

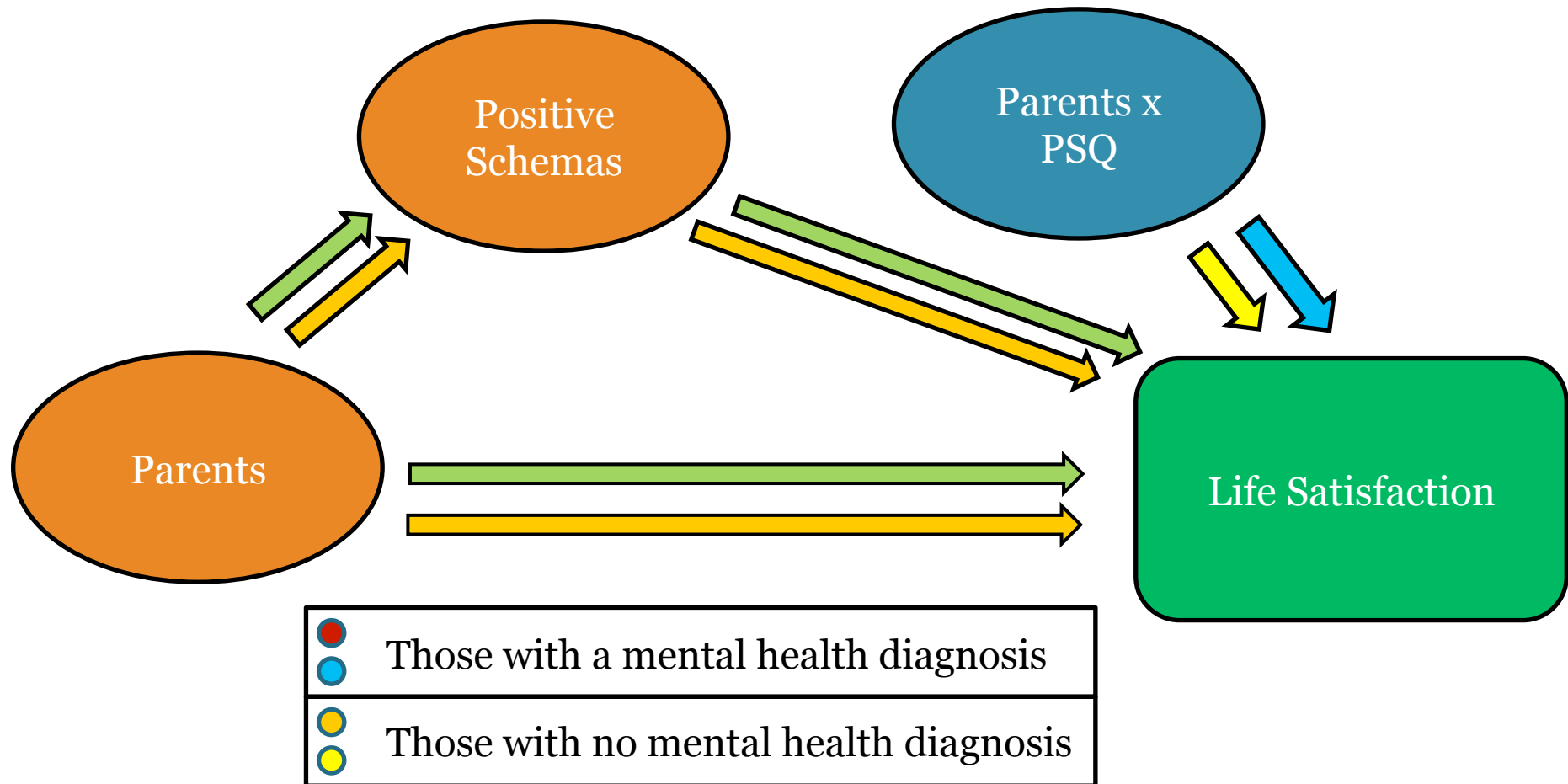
- Alienation
- Trust
- Open Communication

Armsden & Greenberg, 1985; Armsden & Greenberg, 1987



Messman-Moore & Coates, 2008; Stowkowy & Addington, 2012; Thimm, 2010

Current Study



Procedures and Material

Parent Measures:

Inventory of Peer and Parental Attachment (IPPA)($\alpha=.76$)

Mediator/ Moderator:

Positive Schema Questionnaire (PSQ) ($\alpha=.96$)

Groups:

Mental Health Questionnaire (MHQ)($\alpha=.83$)

Outcome:

Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS)($\alpha=.86$)
Domains: family, friends, living environment, school, and the self

Armsden & Greenberg, 1987 ; Gerard, 1994 ; Huebner, 1994; Keyfitz et al., 2013;
Schludermann & Schludermann, 1988

Recruitment and Participants

- 318 students aged 17-19 years ($\bar{x}=18.11$) who were part of a first year psychology course participated in this study
- 79.6% of participants were female
- 65% did not self-identify as having a mental health problem ($n=204$), however 35% did ($n=114$)




Responses to the Mental Health Questionnaire

Item	Mental Illness	Comparison
Have you ever been sad, down, blue or highly stressed and anxious for a period of at least two weeks?	93%	29%
If so, did your mood or anxiety/stress interfere with your family, friends, or school/work functioning?	90%	20%
In the past 6 months, have you visited a mental health professional	69%	8%
In the past month, have you visited a mental health professional	31%	6 %

Study Aim #1

Do parenting relations, positive schemas, and life satisfaction differ between student with and without a mental illness?

Does self-identifying with a mental illness make a difference?

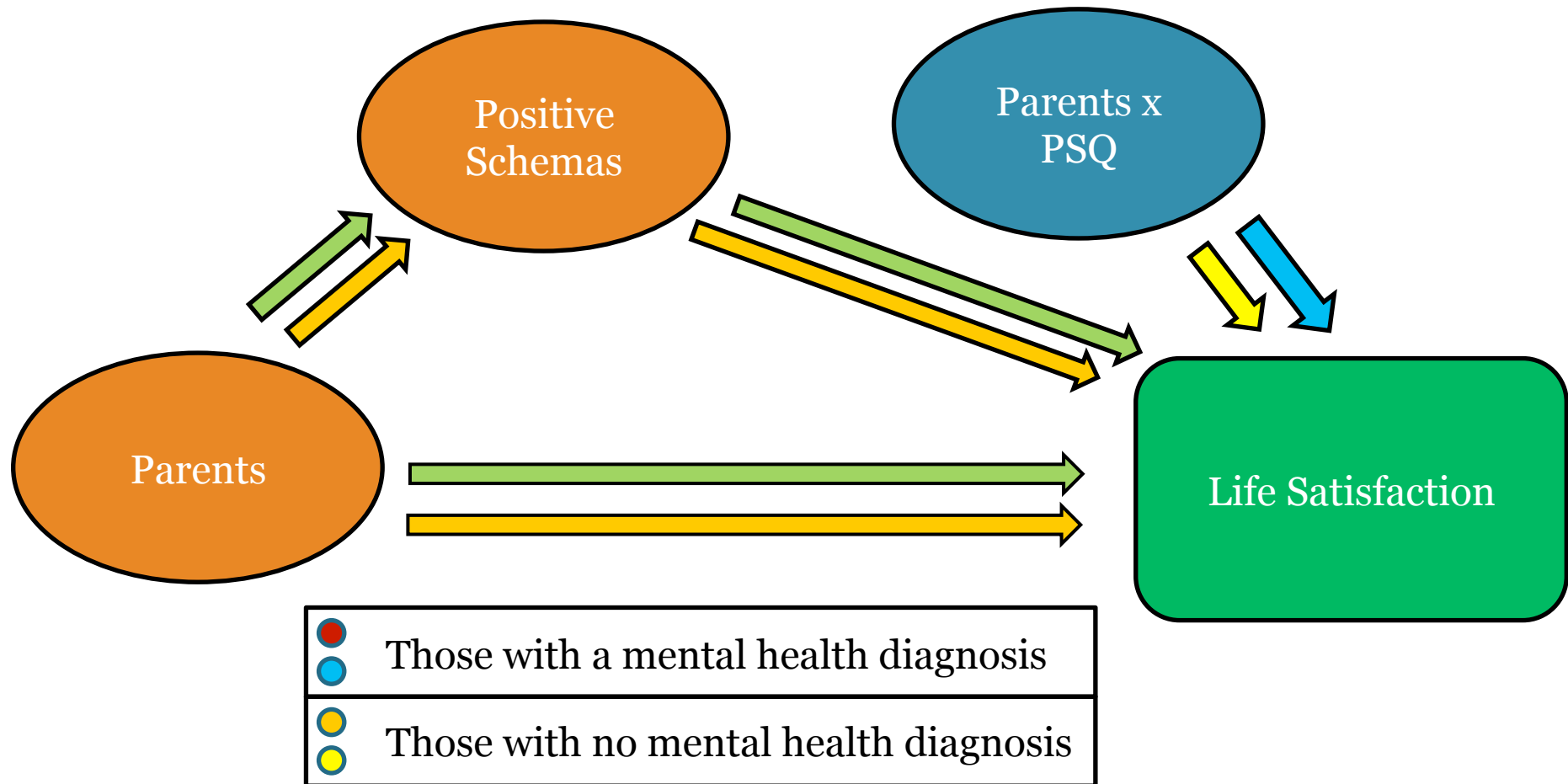
Mental Illness	Comparison group
 Perceived parenting context ($d=4.50$)	 Positive Schemas ($d=-7.02$)
	 Life Satisfaction ($d=-3.51$)

- Significant differences ($p<.001$).

Study Aim #2

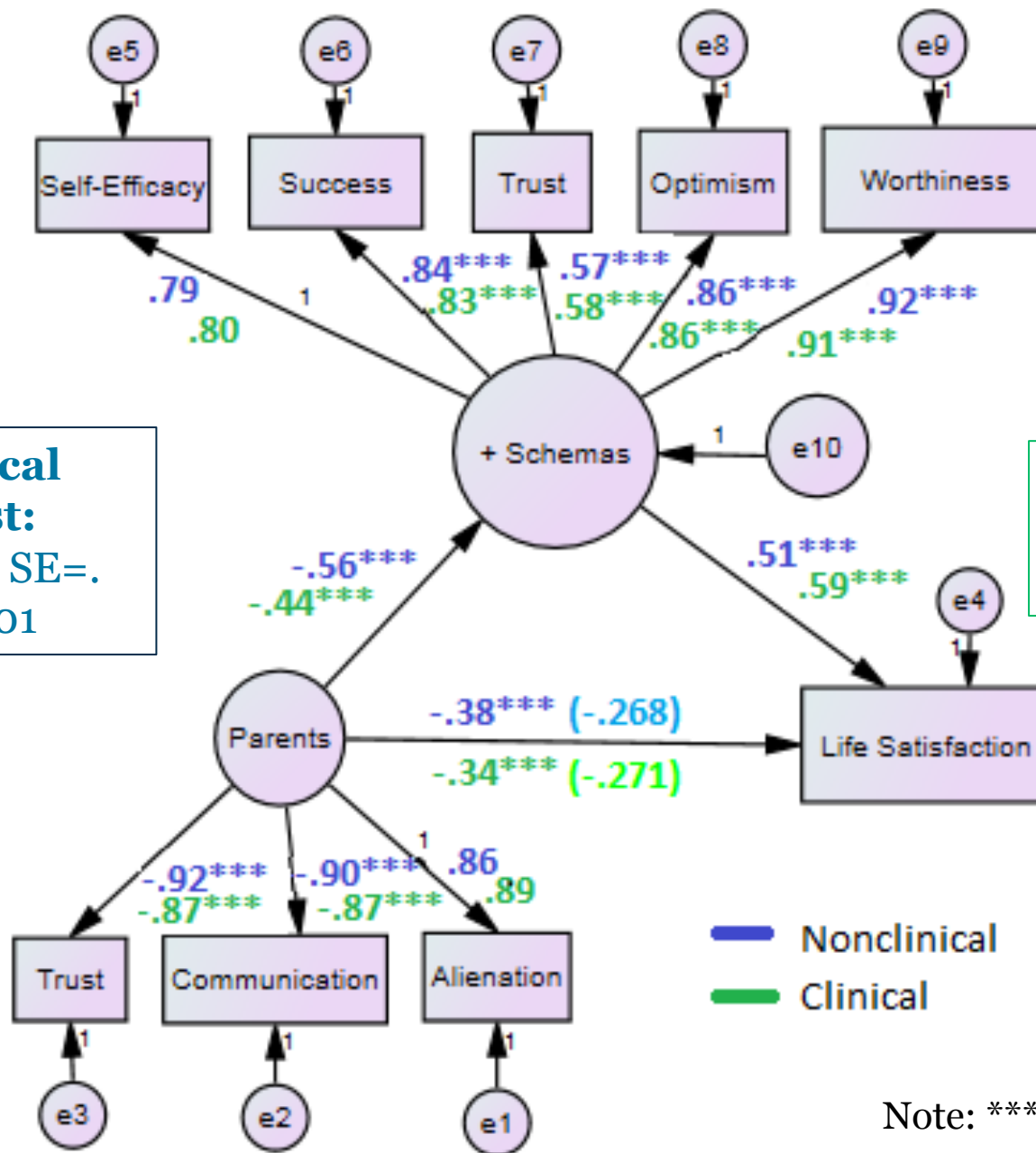
Is the pattern of relations the same
for both groups?

Mediation versus Moderation



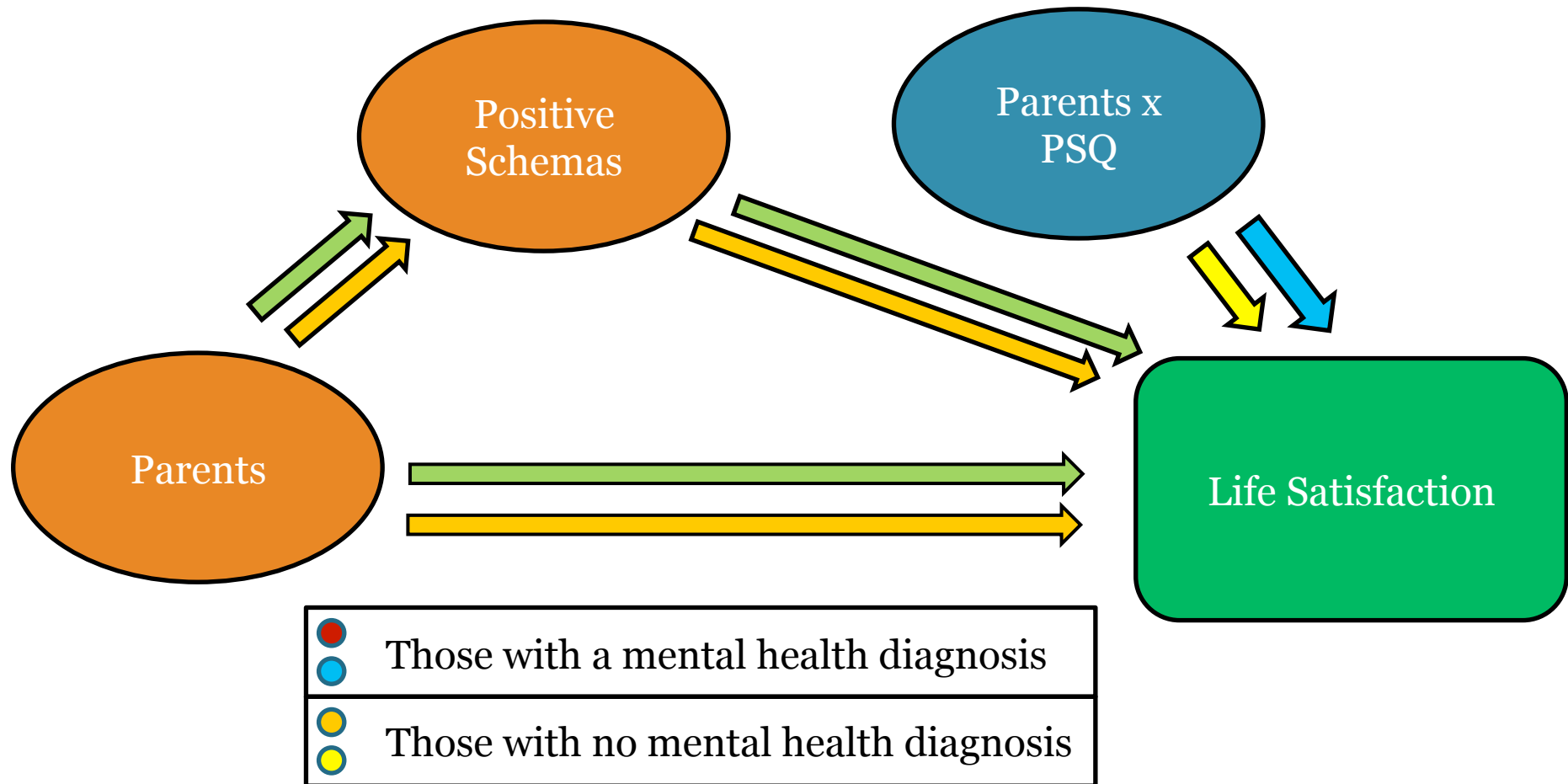
**Nonclinical
Sobel test:**
CR=-4.12, SE=.065, $p < .001$

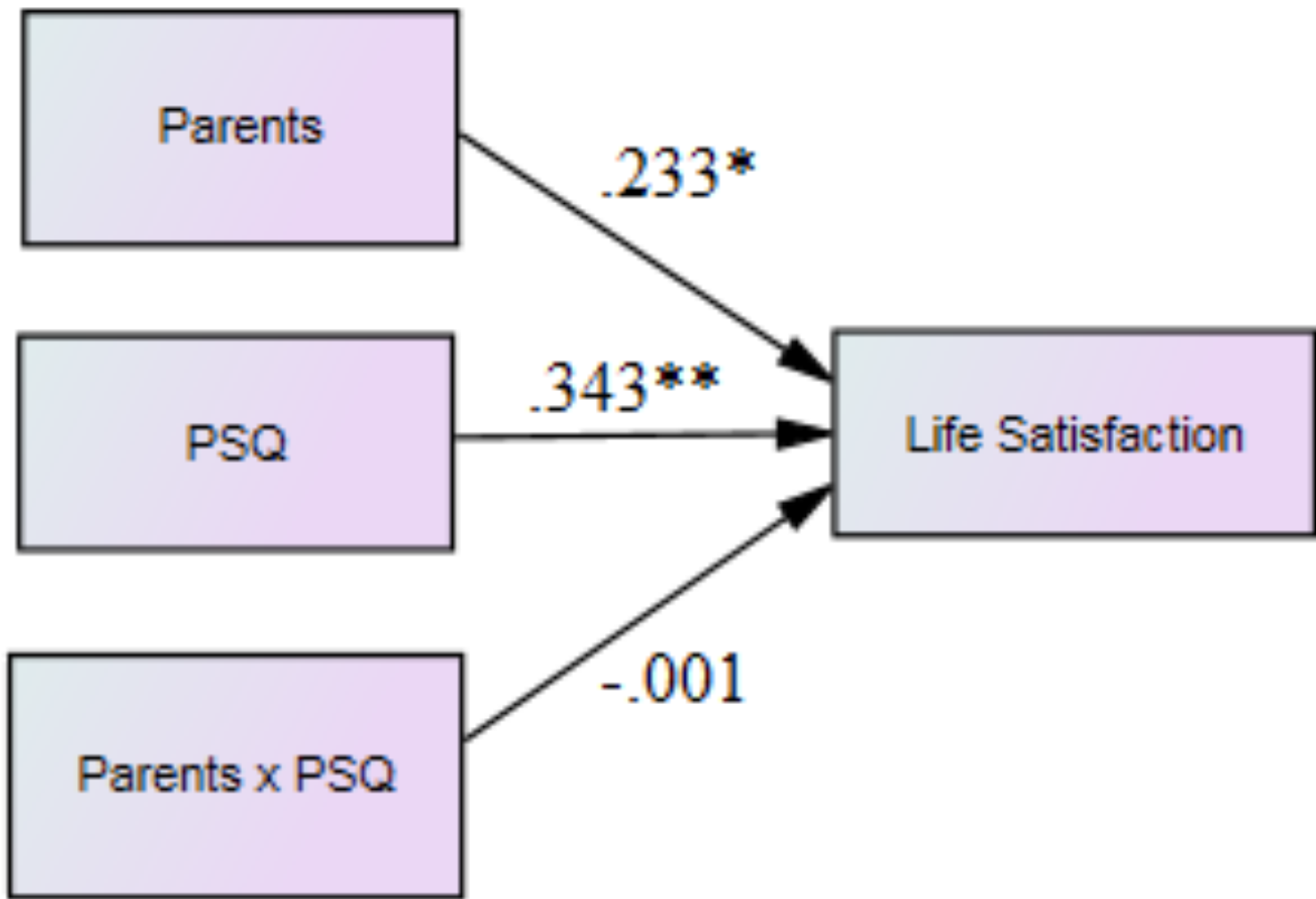
**Clinical Sobel
test:** CR=-3.50,
SE=.077, $p < .001$



Note: *** denotes a $p < .001$

The Role of Positive Schemas





Note: * (p=.01), ** (p=.001)

Differences Between Groups

- Less positive parental relations
- Less endorsement of positive schemas
- Lower levels of life satisfaction



Positive Trajectories for Youth with a Mental Illness

- Pattern of relations is the same across groups
- Parents continue to influence adjustment
- Positive schemas help explain how they do





Mechanism



Limitations:

- Lack of ethnicity data
- Lack of clinical cutoff criteria

Future research:

- Influence of additional parental factors
- Examine multiple perspectives
- Adding multiple mediators



CIHR IRSC

Canadian Institutes of
Health Research

Instituts de recherche
en santé du Canada

Thank you to:

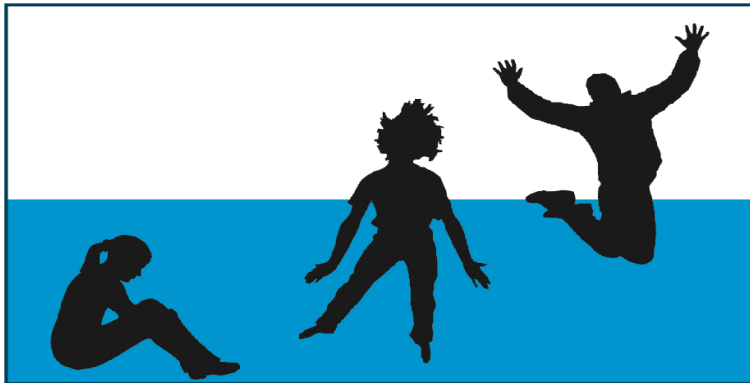
- My advisor for supporting me.
- My committee members for their feedback.
- My fellow lab members who collected the data and provided feedback as well.

PSCYHOLOGY 1400

Mental Health and Wellbeing Credit Course

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CHANGING LIVES
IMPROVING LIFE



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Dept. of Psychology
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RESILIENT YOUTH RESEARCH GROUP

Course Development

- Joint project including Student Accessibility Services, Student Life, Dept. of Psychology
- Modeled on extant course for students with learning disabilities
- Careful consultation during development process: mental health advisors, Director of Student Accessibility Services, mental health professionals and students with mental health challenges

OVERARCHING GOALS

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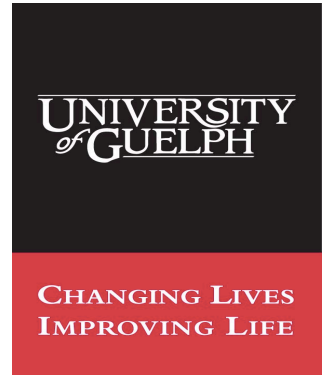
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IMPROVING LIFE

To promote **both scholarly and applied understanding and enhancement** of mental health and wellbeing for undergraduate students experiencing mental illness on campus.

Decrease self-stigma, and increase positive coping

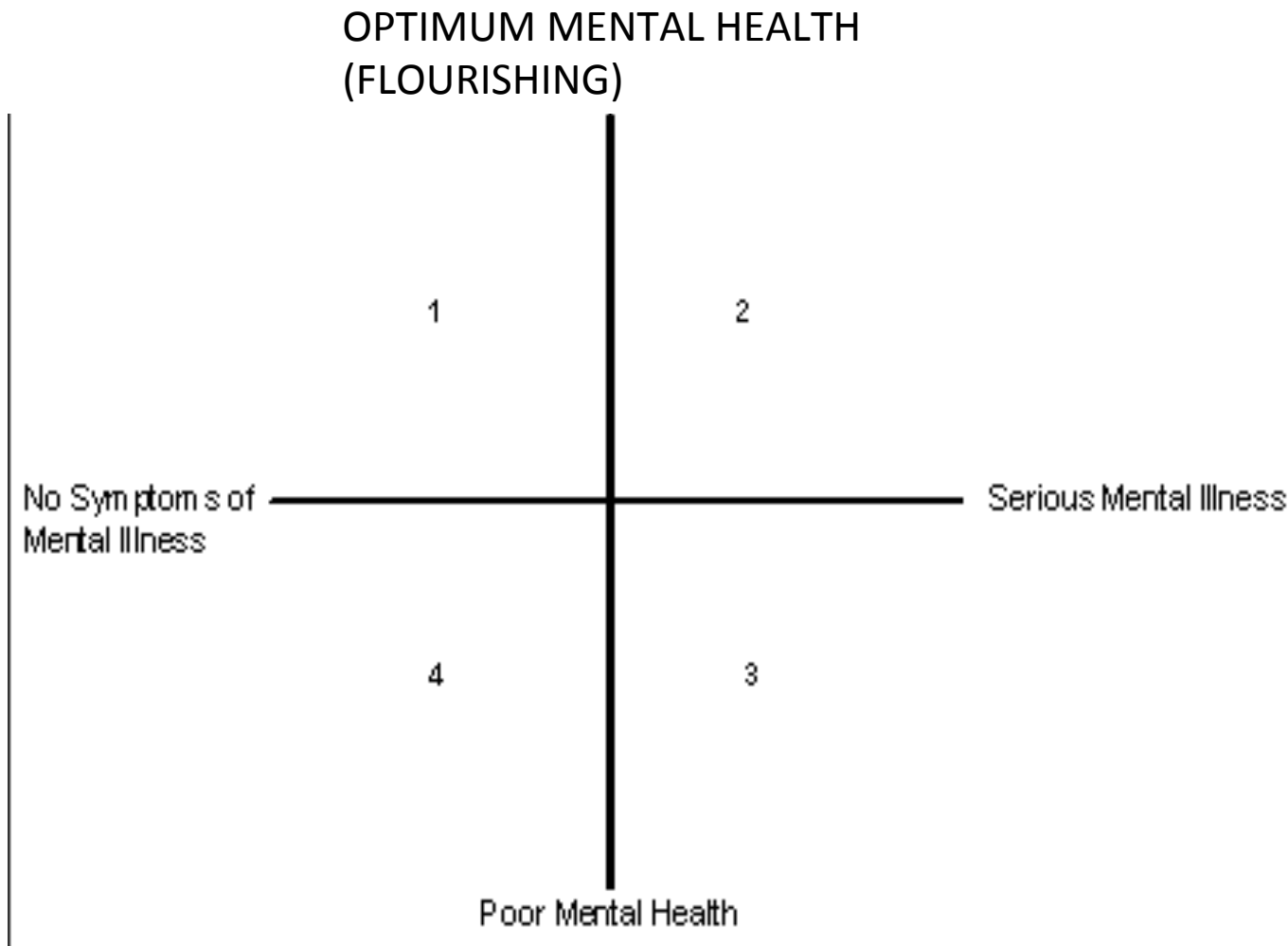
To provide an additional opportunity to **orient students to important supports** available on campus, in the community and online.

How is this course is different from therapy or other mental health supports?



1. ***It is evaluative***
2. Earn a credit!
3. Greater education focus
4. Different levels of disclosure (not a place for working through most challenging issues)
5. Potentially a greater focus on mental health promotion – positive mental health

Framework for Course: Dual Continuum Model



PERMA

Introducing a Theory of Well-Being

P

**Positive
Emotions**

E

Engagement

R

**Positive
Relationships**

M

Meaning

A

Accomplishment

The VIA Character Strengths

WISDOM

CREATIVITY

- Originality
- Adaptive
- Ingenuity

CURIOSITY

- Interest
- Novelty-Seeking
- Exploration
- Openness

JUDGMENT

- Critical Thinking
- Thinking Things Through
- Open-mindedness

LOVE OF LEARNING

- Mastering New Skills & Topics
- Systematically Adding to Knowledge

PERSPECTIVE

- Wisdom
- Providing Wise Counsel
- Taking the Big Picture View

COURAGE

BRAVERY

- Valor
- Not Shrinking from Fear
- Speaking Up for What's Right

PERSEVERANCE

- Persistence
- Industry
- Finishing What One Starts

HONESTY

- Authenticity
- Integrity

ZEST

- Vitality
- Enthusiasm
- Vigor
- Energy
- Feeling Alive



HUMANITY

LOVE

- Both Loving and Being Loved
- Valuing Close Relations with Others

KINDNESS

- Generosity
- Nurturance
- Care & Compassion
- Altruism
- "Niceness"



SOCIAL INTELLIGENCE

- Aware of the Motives/Feelings of Self/Others
- Knowing what Makes Other People Tick

JUSTICE

TEAMWORK

- Citizenship
- Social Responsibility
- Loyalty



FAIRNESS

- Just
- Not Letting Feelings Bias Decisions About Others

LEADERSHIP

- Organizing Group Activities
- Encouraging a Group to Get Things Done

TEMPERANCE



FORGIVENESS

- Mercy
- Accepting Others' Shortcomings
- Giving People a Second Chance

HUMILITY

- Modesty
- Letting One's Accomplishments Speak for Themselves

PRUDENCE

- Careful
- Cautious
- Not Taking Undue Risks

SELF-REGULATION

- Self-Control
- Disciplined
- Managing Impulses & Emotions

TRANSCENDENCE

APPRECIATION OF BEAUTY & EXCELLENCE

- Awe
- Wonder
- Elevation

GRATITUDE

- Thankful for the Good
- Expressing Thanks
- Feeling Blessed

HOPE

- Optimism
- Future-Mindedness
- Future Orientation

HUMOR

- Playfulness
- Bringing Smiles to Others
- Lighthearted

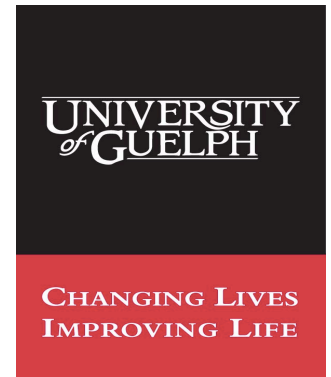
SPIRITUALITY

- Religiousness
- Faith
- Purpose
- Meaning



**Being of Service to Others, Making a Difference,
Appreciating Nature, Loving Others and Being Loved,
Recreation, Athletics, Family Life, Courage, Work and
Career, Laughter, Intelligence & Curiosity, Being
Productive, Solitude and Reflection Time**

PSYCHOLOGY 1400: Mental Health and Well-being



52 Students completed pilot versions of this course in two sections offered in 2014/2015

Course has been offered again in Winter 2016 and is **now slated as a regular offering** funded by Student Accessibility Services

Now significant wait list for class!

Outline Overview

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CHANGING LIVES
IMPROVING LIFE

CENTRAL GOALS:

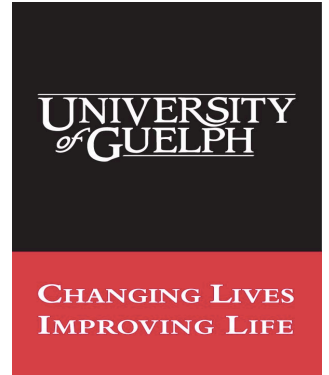
- ✓ Increase positive mental health
- ✓ Gain self-relevant knowledge and coping strategies
- ✓ Decrease self-stigma
- ✓ Increase academic self-efficacy

Major Assignments:

1. Individual Learning and Wellbeing Plan
2. Final Presentation/Project on Mental Health

Note: Syllabus available upon request

Example Assignments



Mock Exam Questions

Hypothetical Advocacy Email

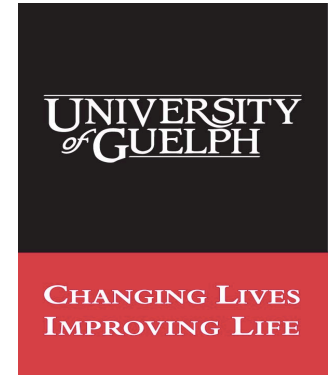
Mental Health Website Critique

Understanding Personal Strengths

Compassionate Letter to Self

Dialogue with a Peer

PROGRAM EVALUATION



45 PARTICIPANTS

Age range: 17-25 years, plus two mature students

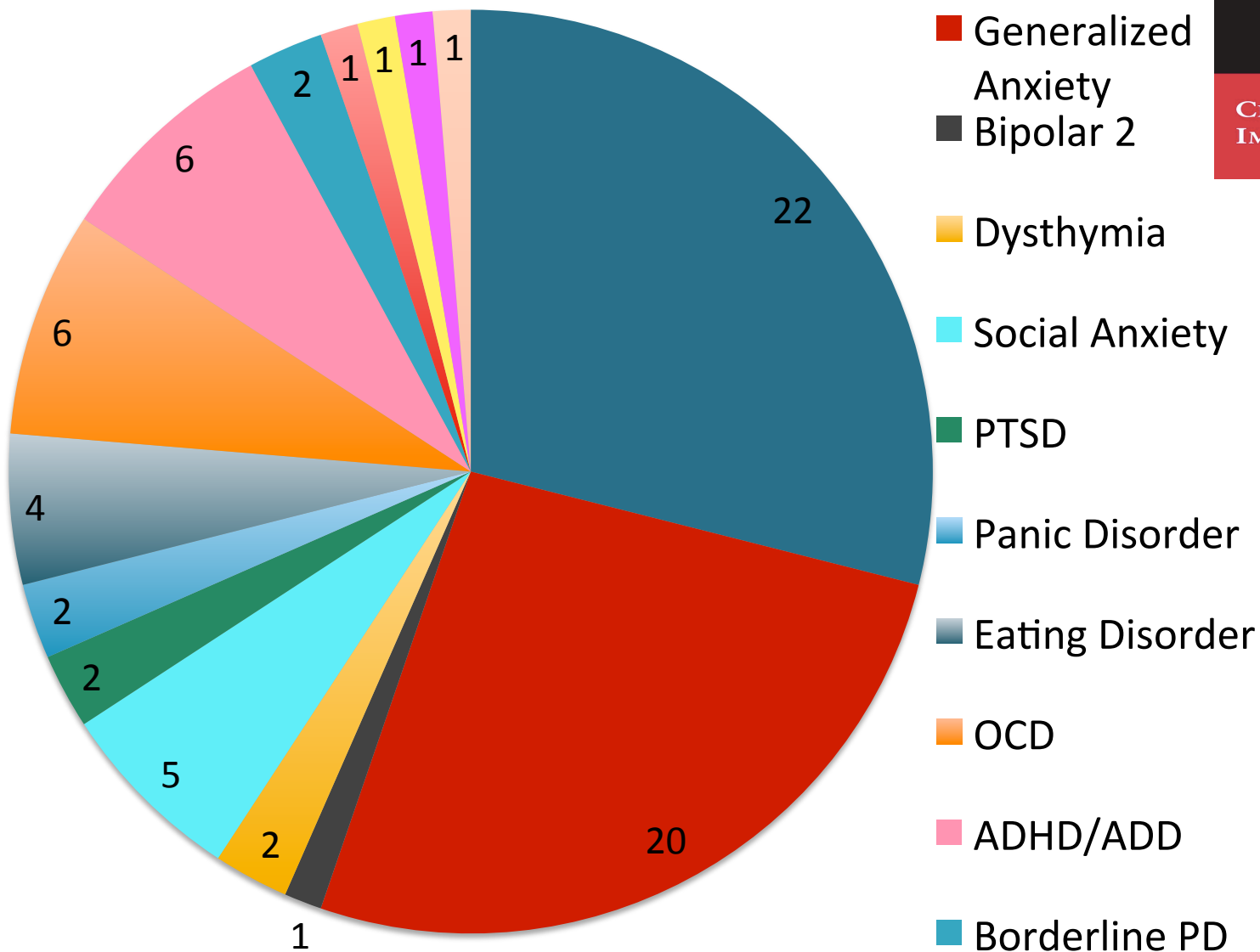
46% in first year, remainder upper year

90% had taken psychoactive medication

36% had been hospitalized with their MHC

96% reported a DSM diagnosis

Diagnoses



METHOD

Time 1 – First Class Time 2- Last Class

Quantitative & Qualitative approach

Participation was voluntary, participants received \$10 for their time

RESEARCH QUESTIONS

Would participating in the class be associated with:

- 1 Improvements in student wellbeing (positive self-concept, resilience, mood, life satisfaction)?
- 2 Improvements in coping strategies, including accessing needed resources?
- 3 Reductions in self-stigma?
- 4 Improvements in academic self-efficacy?

RESULTS

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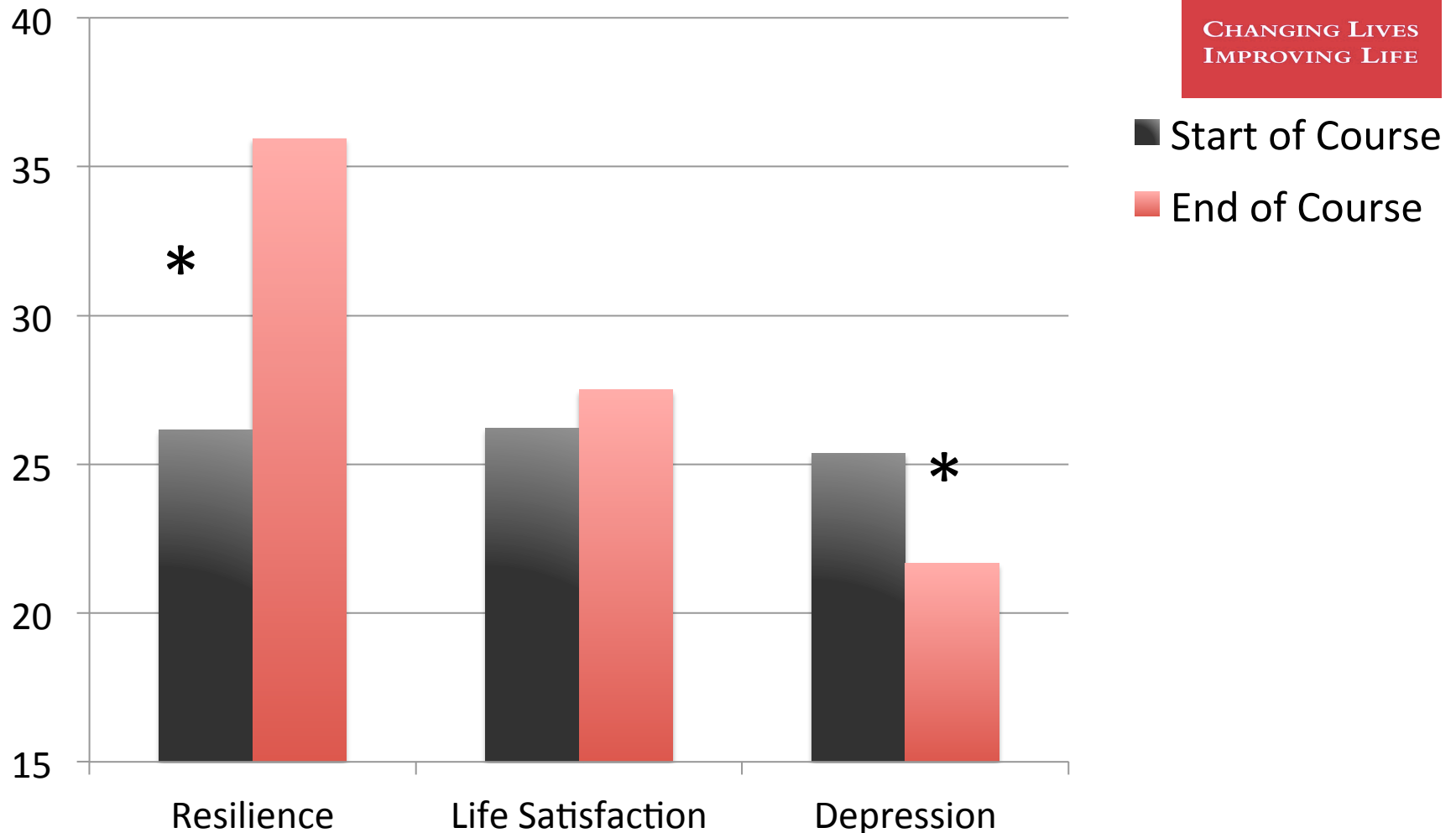
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“This course had a great impact on me. This is because it helped me learn coping strategies and I felt like I belonged. I feel I fit in with the other students in the course and everything we did in the course was relatable. My marks in other courses were higher this semester because of the things I learned in PSYCH 1400. I loved the course and the instructor. The assignments really helped me develop and I can see improvements in me. Thank you for offering this course.”

Changes in Overall Wellbeing

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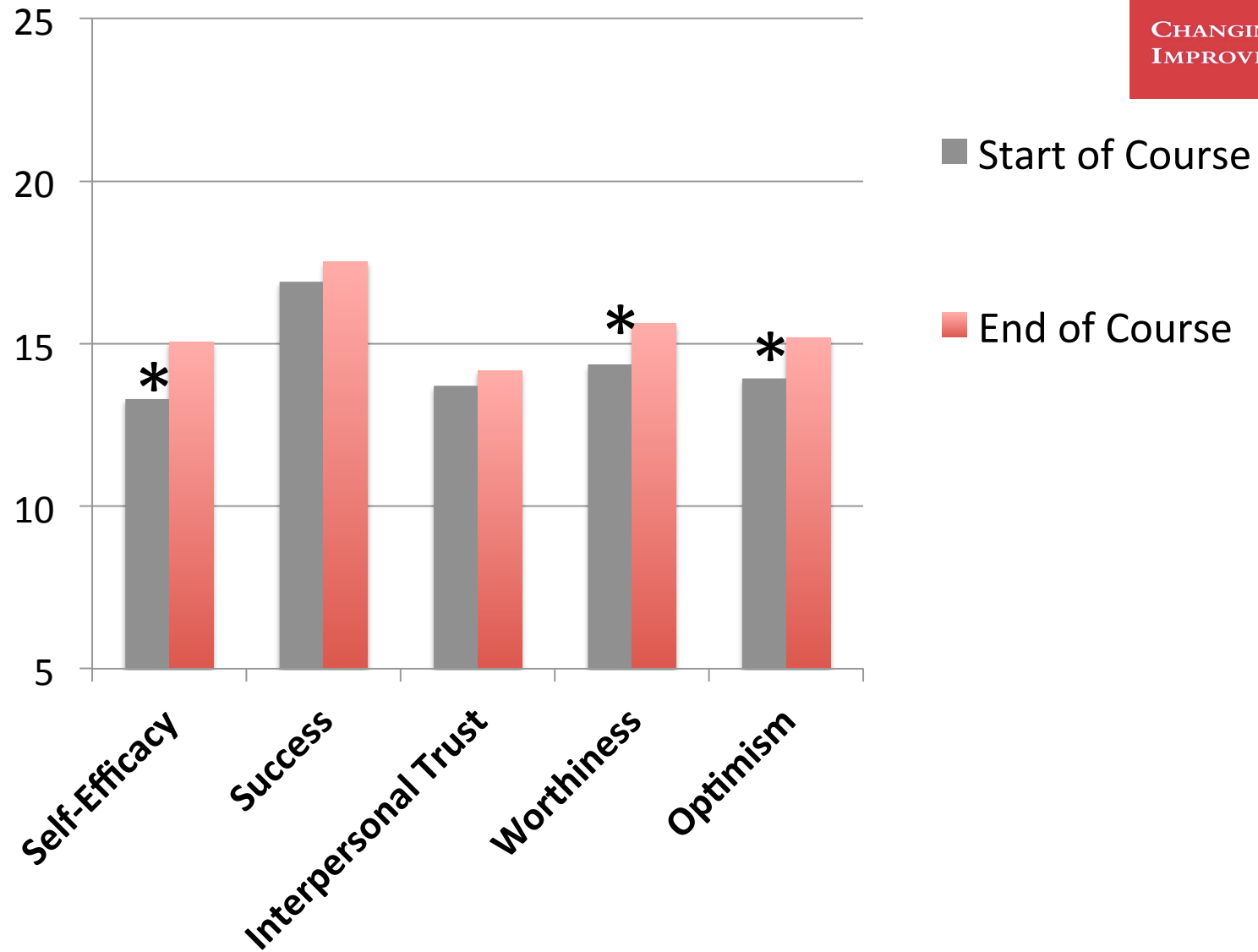
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Changes in Positive Self-Schemas

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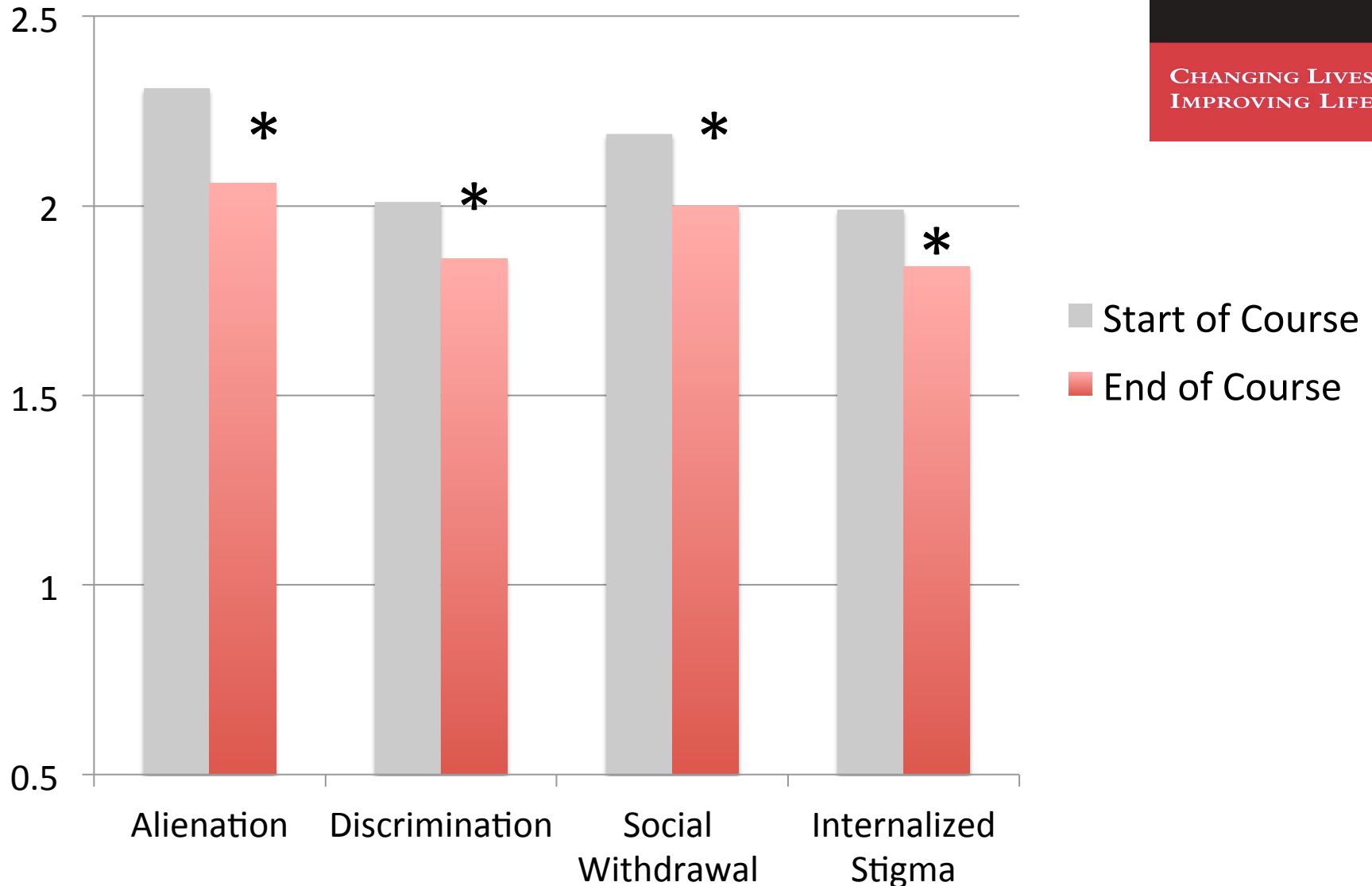
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Changes in Internalized Stigma

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Changes in Adaptive Coping



Qualitative Analysis

THEME: Sense of Belonging and Stigma Reduction

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*“Allowed me to open up and accept who I am –
Made me feel like I wasn't alone - Felt welcome and
comfortable”*

*“One thing I found reassuring was to be able to attend
a class that had some base level of understanding
between everyone involved. Seeing as we all deal with
some kind of challenge to our mental health, the
environment was non-judgmental in that regard and I
was able to openly discuss any challenges with the
instructor.”*

*“The small class size and the pass/fail approach helped
me feel comfortable, I didn't have to feel judged.”*

THEME: Academic Self-Efficacy

“This course encouraged me to put my mental health as a priority throughout the semester by learning new coping strategies and tools. The pass/fail nature of the course helped me to focus on my mental health without increasing my anxiety.”

“This course helped me find coping strategies that helped for me. It also got me talking more when we did the small group activities, which is what I’ve struggled with.”

“You can’t grade peoples’ opinions or struggles. The fact that this class was not graded gave me the confidence to participate and read the book everyday because I knew I was learning on my own past. I could ask questions and write about the questions based on my personal opinion. The class not being graded gave me the confidence to ask question on my own terms and not make them general.”

THEME: Personal Development

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CHANGING LIVES
IMPROVING LIFE

“This course has provided me with the opportunity to learn about mental health and how to cope and better understand how to be a successful student. The small class size allowed for easy discussion and the pass/fail aspect took a lot of stress off my shoulders.”

How has this course impacted you? “- Improved well-being - Learned new coping techniques - Looked at good parts of life rather than focusing on bad parts - Goal was to improve knowledge and have better mindset, rather than get good grades.”

“This course gave me insight to many different options available to learn coping strategies. It also allowed me to meet many people on campus that also struggle with mental health.”

“Helped me to clearly recognize my strengths, as well as things I need to work on in order to cope with stress in my academic and personal life”

CHALLENGES

Attendance: a chronic struggle for some – understandable given nature of MHCs

Assignment completion – finding appropriate accommodation while maintaining integrity of course

Even though most predicted major issues with over-disclosure and triggering did not become an issue for this class

TAKE HOME MESSAGES

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Outcome data point to gains in areas of wellbeing, reductions of stigma and improved coping

Hearing in their own words what this course meant to the students has been quite powerful.

University of Guelph is planning to offer PSYC 1400 in Winter 2017

Would love to see this course offered at more institutions!

Acknowledgements

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GUELPH STUDENTS FOR PARTICIPING IN THIS PILOT AND GIVING OF THEIR TIME FOR THE RESEARCH – YOU WERE INSPIRING!

MENTAL HEALTH ADVISORS AT UOFG INCLUDING: WENDY WALSH, MELISSA BEACOM, SUE HAHN, PATTY MARROW AND DIRECTOR BRUNO MANCINI FOR HIS UNFLAGGING SUPPORT OF THIS PROJECT

PHD STUDENT SOPHIA FANOURGIAKIS – FOR STEPPING UP TO TEACH THIS COURSE WHEN NEEDED AND FOR YOUR LOVELY WORK WITH THE STUDENTS

ALL THE CONTRIBUTORS TO THE COURSE CONTENT INCLUDING PHD STUDENTS SOPHIA FANOURGIAKIS AND CHANTAL REGIS AND ALL THE WONDERFUL GUEST SPEAKERS



CENTRE FOR INNOVATION IN
Campus Mental Health