

Feasibility of testing effectiveness of an interactive film to improve wellbeing in young people at school settings in the North of England

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Background

Adolescence is a period of heightened vulnerability for the onset of mental illness and 75% of all mental health problems are established before 18 years old^{1,2}.

The North-East and North Cumbria (NENC) Child Health and Wellbeing Network worked with local filmmakers TryLife to create an interactive film to support young people's wellbeing.

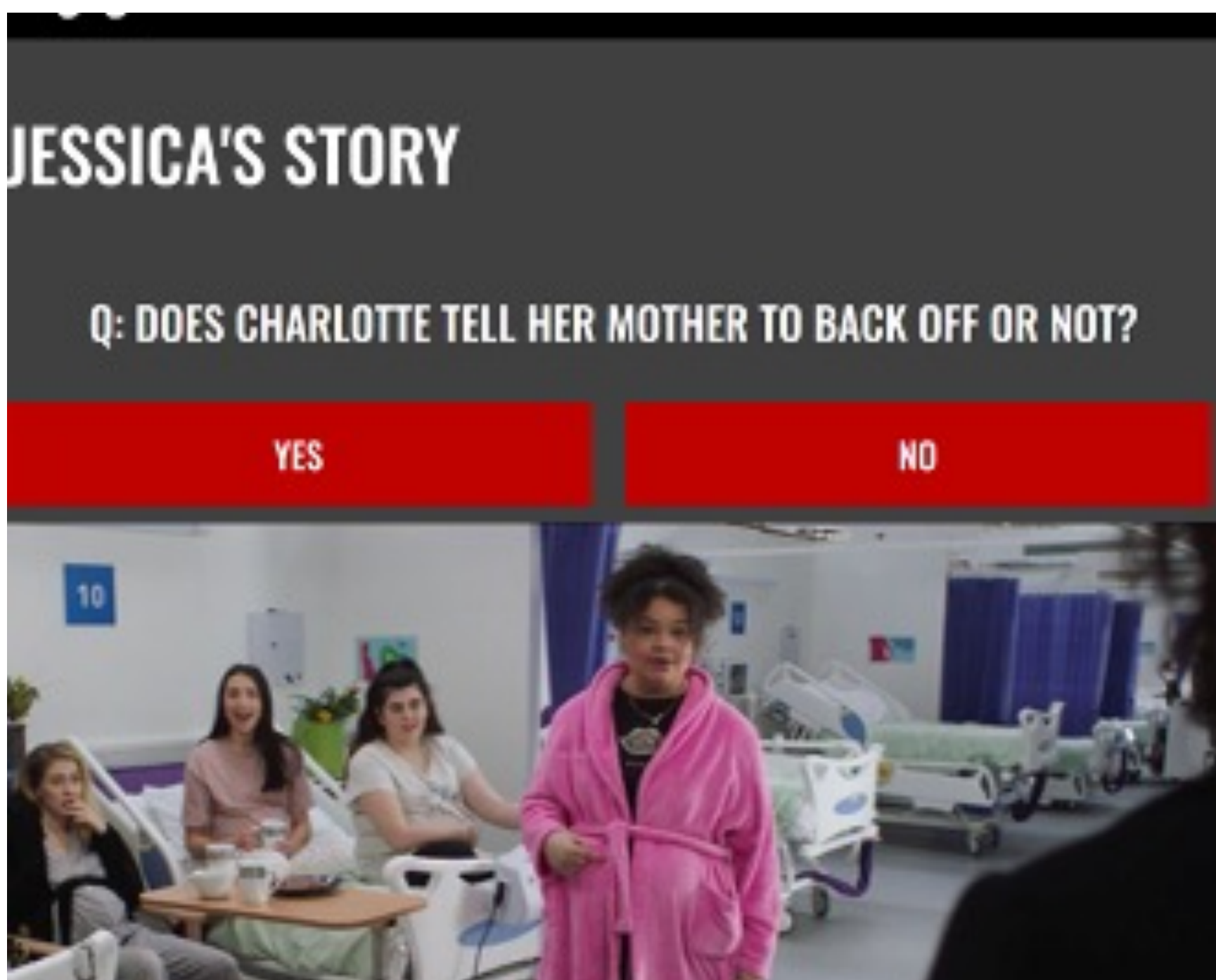
Interactive films potentially offer an accessible and cost-effective preventative tool, but there is lack of evidence evaluating effectiveness of such interventions.

The Intervention

TryLife's digital educational films are made by young people, for young people and are interactive, providing young people with a virtual experience of making choices and facing consequences in various life scenarios.

The particular film series that was commissioned and included in the trial was 'Jessica's story', which focused on perinatal mental health, as well as many other public health issues relevant to young people, including mental wellbeing, domestic violence, and help-seeking behaviour.

You can access the films for free: www.trylife.tv



Methods

The aim of this study was to assess the feasibility and acceptability of a randomised controlled trial of an interactive film intervention on building resilience, enhancing mental wellbeing and help-seeking attitudes for young people (14-18 years) in schools located in NENC (Table 1).

We conducted a mixed methods, three-arm cluster randomised controlled feasibility trial in 2021-2022. Semi-structured interviews with teachers (n=4) and three focus groups with students (n=20) were conducted to assess feasibility and acceptability qualitatively.

Table 1: Feasibility's Trial's Primary and Secondary outcomes

| Primary outcomes: Feasibility | Secondary Outcomes: Wellbeing |
|------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 1. Willingness of schools to participate and be randomised | 1. Mental wellbeing (Warwick Edinburgh Mental Wellbeing Scale) |
| 2. Participant recruitment, retention and consent taking | 2. Help-seeking attitudes (Attitudes Toward Seeking Professional Psychiatric Help Scale) |
| 3. Suitability of data collection tools | 3. Resilience (Connor-Davidson Resilience Scale for young adults) |
| 4. Feasibility and acceptability of the intervention | |

Outcome analysis included basic descriptive analysis for secondary outcome measures, as appropriate for feasibility testing. Single-factor (one-way) univariate analysis of variance (ANOVA) procedures were conducted, with school type as the main factor. Thematic analysis was used for the qualitative data

Trial Conditions

The schools were randomised to one of three conditions:

1. Interactive film with class teacher
2. Interactive film with youth worker support (trained in delivering film)
3. No film, normal classes (control condition)

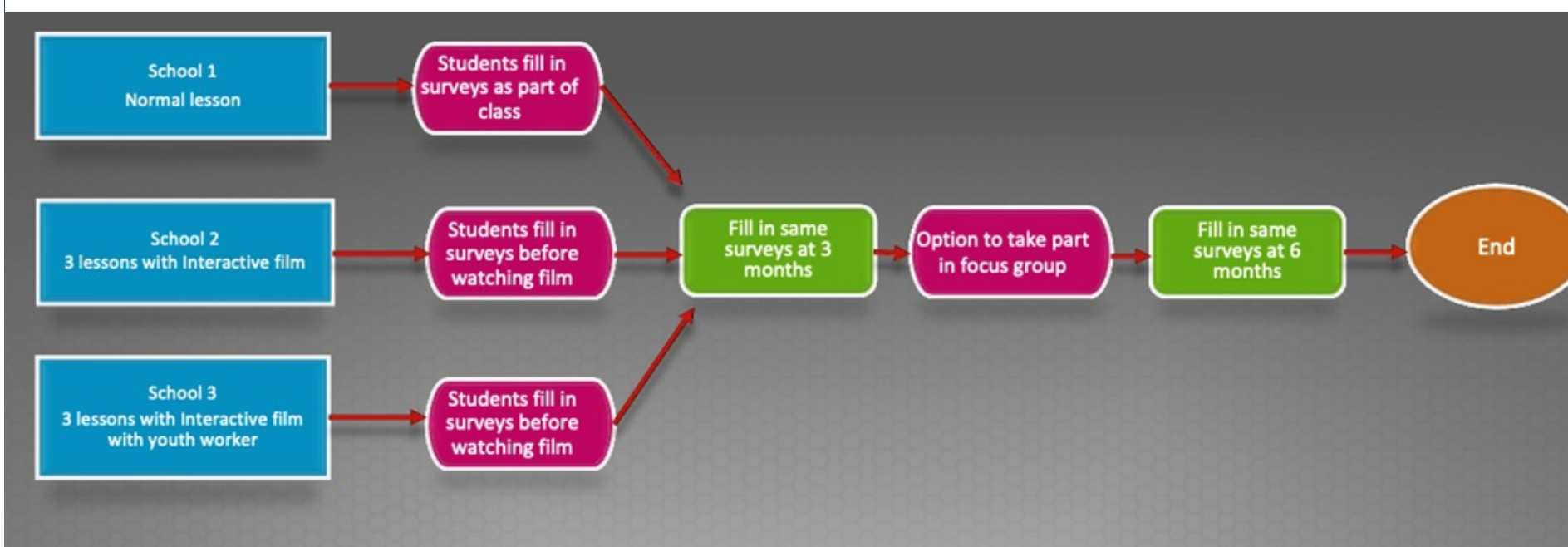


Figure 1- Trial flow diagram

Results

Feasibility of the trial was assessed across four main parameters:

1. Willingness of schools to participate and be randomised

Seven schools were directly contacted by telephone or email. Three schools, based in Newcastle, Durham and Middlesbrough, were recruited between May 2021 and October 2021 with year 10 and year 12 participating in the study. Qualitative interviews with teachers (n=4) and three focus groups with students (n=20) revealed they believed the project was worth participating in and randomisation was accepted by all.

"Yes I would take part again, I think, as long as schools see the value, and in this situation, the value was the topic, I think, was something very crucial and relevant in education at the moment" (teacher)

2. Participant recruitment, retention and consent taking

The original recruitment target was 120 participants per school; in each school 48% was achieved.

Retention rates declined by 20% from baseline (n=172) to 3 months follow-up (n=138) but were subsequently practically maintained (a net drop of 1%) at 6 months (n=136).

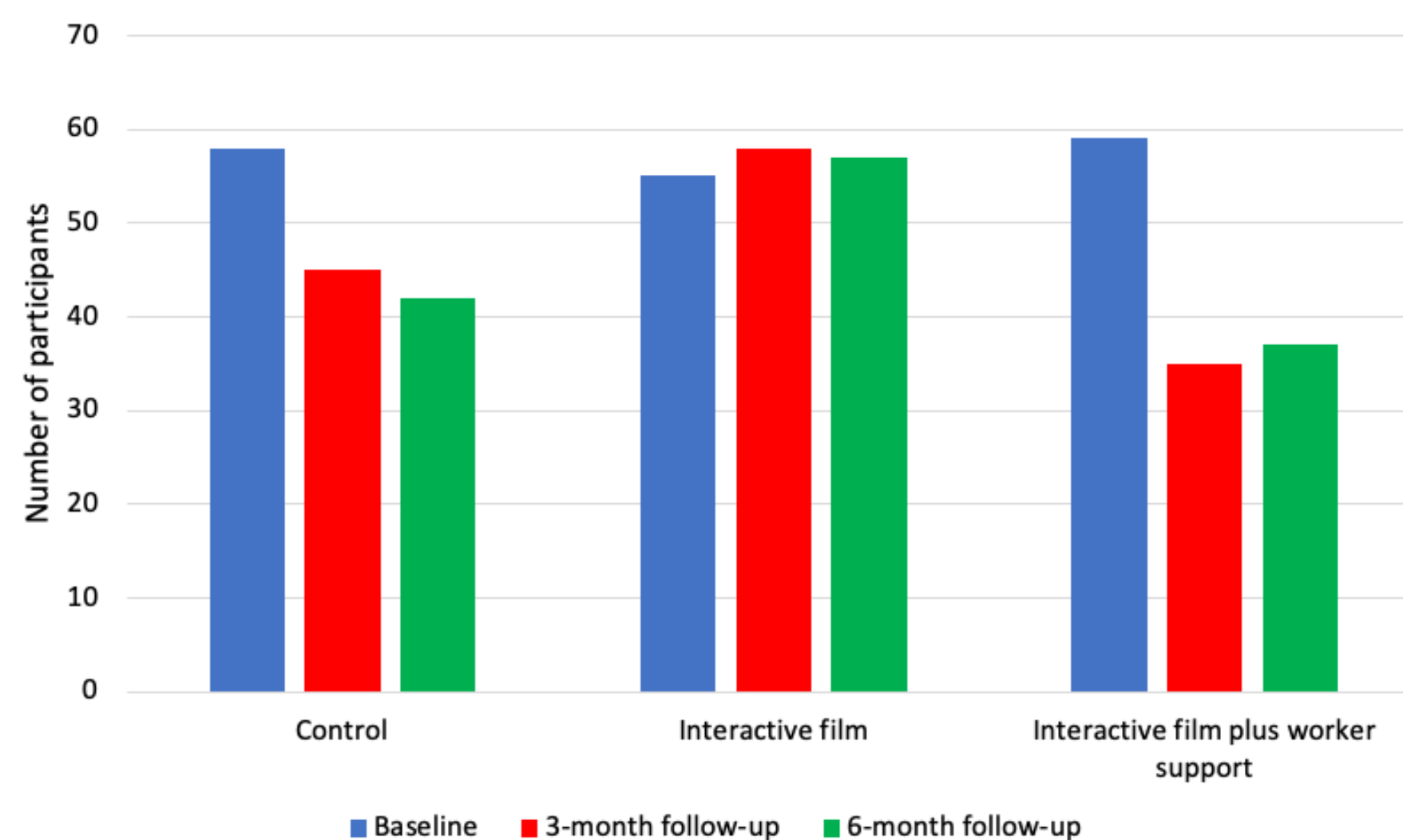


Figure 2-Number of participants per timepoint, by condition

Qualitative data suggested that participants were aware that participation was voluntary. Some students shared they were sufficiently informed, although others expressed in hindsight, they were not really sure what they were saying yes to, what the content of the film would be, and what would be involved.

3. Suitability of data collection tools

Response rates achieved for all three surveys implemented in the study were high, with full participation by over 95% of participants, with few missing data.

The qualitative data suggested that surveys and data collection methods were overall acceptable to both teachers and students. However, some participants questioned how relevant the surveys were in relation to the film.

"None of them taken long so they're alright" (student Y10)

"I don't think they were relevant to the film" (student Y12)

4. Feasibility and acceptability of the intervention

One-way ANOVAs revealed no evidence for a significant different (at the 5% significance level) between groups at 3- and 6-months wellbeing, resilience or help-seeking attitudes.

At baseline, the majority of participants (95.9%) had not heard of TryLife and almost all participants had not watched 'Jessica's story' (98.8%).

Qualitative data showed that the delivery of the intervention was seen as a straightforward process. The main obstacle to the delivery of the intervention was reported as a lack of access in the school to technology required to show the film.

The intervention's content was well-received by teachers and students. The interactive elements and the discussions were enjoyed by young people. It was also noted that the film aligned with the curriculum and raised awareness about teenage pregnancy-related issues. Some students recognised connections to other topics like mental health, relationships, and domestic abuse, although not everyone saw their relevance.

"I think the interactive element was good and it added a bit more to it that just sitting and watching 10 videos back-to-back. It allowed a bit of discussion in between and I think they felt quite involved" (teacher)

Conclusion

Findings indicate the feasibility and acceptability of a definitive trial, despite challenges like Covid-related disruptions. The mixed methods approach proved valuable, with qualitative data providing essential context to quantitative results that did not fully capture the trial's challenges.

Conducting a school-based RCT is possible but challenging, requiring clear communication with schools. Improvements in recruitment and data collection focus are needed for a definitive trial.

Although not the primary outcome of the feasibility trial, the intervention's effectiveness could not be determined, possibly due to the small sample size. Limited awareness of the film company TryLife and low pre-study exposure suggest untapped potential for interactive films as educational tools. Both teachers and students liked the interactive film, showing promise for school use, but effectiveness testing using the most suitable focus and data collection methods, remains crucial.

References

1. The Children's Society (2018) Mental health statistics in the UK. Available from: <https://www.childrenssociety.org.uk/news-and-blogs/our-blog/mental-health-statistics>
2. WHO (2020). Coming of age- Adolescent health. Available from: <https://www.who.int/health-topics/adolescents/coming-of-age-adolescent-health>