

Effects of three Prophylactic Interventions on Middle-Schoolers' Mental Health

A Pilot Study in a French Context

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• Arising mental disorders and premisses Kessler et al., 2005; Léon et al., 2021; Solmi et al., 2022







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- Average tendencies for a decreasing wellbeing Booker et al., 2018; González-Carrasco et al., 2017; Léon et al., 2021; Li et al., 2024





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- Average tendencies for a decreasing wellbeing Booker et al., 2018; González-Carrasco et al., 2017; Léon et al., 2021; Li et al., 2024
- Negative impact on functioning and development Dooley et al., 2015; Hoff et al., 2017; Swan & Kendall, 2016















Reactive adaptation coping with daily stressors

Richardson et al., 2021; Zimmer-Gembeck & Skinner, 2016













Reactive adaptation coping with daily stressors Richardson et al., 2021; Zimmer-Gembeck & Skinner, 2016



Proactive adaptation pursuing meaningful objectives

Biggs et al., 2017; Romer et al., 2021; Supervía et al., 2023







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The rise of mental health prophylaxis in research and public policies preventing difficulties **and** promoting wellbeing





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Positive effects following universal, school-based prophylactic interventions Dray et al., 2017; Martínez-García, 2022







The rise of mental health prophylaxis in research and public policies *preventing difficulties* **and** *promoting wellbeing*

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Limited resources stifling implementation and dissemination

Fazel et al., 2014 ; Martin & Arcand, 2005



The rise of mental health prophylaxis in research and public policies *preventing difficulties* **and** *promoting wellbeing*

Positive effects following universal, school-based prophylactic interventions *Dray et al., 2017; Martínez-García, 2022*





A lack of evidence-based interventions and validation studies in France



Limited resources stifling implementation and dissemination

Fazel et al., 2014 ; Martin & Arcand, 2005



To develop 3 prophylactic interventions, each targeting either

reactive, proactive or interpersonal adaptation





To develop 3 prophylactic interventions, each targeting either



To deliver the interventions in French middle schools











To develop 3 prophylactic interventions, each targeting either

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To deliver the interventions in French middle schools

To assess their effects on clinical, processual & user-experience measures through a four-arm randomized controlled trial



argeting either ptation





To develop 3 prophylactic interventions, each targeting either

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To deliver the interventions in French middle schools

To assess their effects on clinical, processual & user-experience measures through a four-arm randomized controlled trial

See the open-access protocol article at :

Vaillant-Coindard et al. (2024). Effects of three prophylactic interventions on French middle-schoolers' mental health : protocol for a randomized controlled trial. *BMC Psychology*, 12(1). https://doi.org/10.1186/s40359-024-01723-8



argeting either ptation



The interventions : AdOptimism Courses General features



3x 1h weekly sessions

Sessions' format :

- 1. Introduction : whole-group brainstorming
- 2. Tools' application on fictional situations
- 3. Individual activities
- 4. Conclusion : whole-group brainstorming

+ 1 booster session one month later







Session 1. Psychoscop

Session 2. Coping Strategies, Stratest, Positive strategies

Session 3. Bis Strategies, Positive strategies







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STRATAID

LOOKING FOR POSITIVE STUFF

- What's going to go right this week?
- What went right this week?

NUGGETS OF GOLD

3 things, moments, feelings that I really enjoyed today

THANKS...

- 3 things I' grateful for
- 3 people I'd like to thank for



Today/this week, I'm proud of...







Session 1. Macro & microbjectives, Steps to take

Session 2. Strengths & Resources, Helpful & Positive Strategies







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ENGAGE

WHAT I'VE 4 C. HW

PROGRESS I'VE MADE



Session 2. Strengths & Resources, Helpful & Positive Strategies

Session 3. Red lights & Obstacles, Green lights & Bis itinerary, Positive strategies

BENERITS

CHANGE







Session 1. Mirrored-Psychoscop

Session 2. Assertive strategies, Stratest, Positive Strategies

Session 3. Bis strategies, Conflict-solving & Positive strategies



- π





Session 1. Mirrored-Psychoscop

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MIRRORED-PSYCHOSCOP CONSEQUENCES





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INTERACT

Session 1. Mirrored-Psychoscop 70

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INTERACT

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The interventions : AdOptimism Courses Additional content

- A repertoire of local resources
- A personal workbook
- A dedicated website

https://parcours-adoptimisme.unimes.fr/

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Sample

context

participants



- 2 urban middle-schools 1 secular public school 1 religious private school
- Southern France
- Mixed socioeconomic & cultural backgrounds





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- 162 consenting students
 - 3rd middle-school year
 - •~13y
 - 45.6 %















Outcome measures



- **HADS** : anxiety & depressive symptoms
- WSAS-Y-SR : functional impairment
- MHC-SF : wellbeing

+ **USER EXPERIENCE** questionnaire appreciation - acceptability - utility - usability

- **CFS** : coping flexibility
- **Brief-COPE** : coping strategies
- WAM-C/a : committed actions
- **GSES** : general self-efficacy
- **AFQ**: assertiveness







Outcome measures



Mental health outcomes

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Processual outcomes



Outcome measures



Mental health outcomes P

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	Int	ervention groups	Control	group	Post-test between-group comparisons
depressive symptoms	-4.0 %	<i>p</i> = .004, <i>rrb</i> = .41	-1.0 %	p = .59	p = .15
anxiety symptoms	+0.1 %	p = .75	-0.2 %	p = .90	p = .25
functional impairment	- 2.4 %	p = .19	+ 2.2 %	p = .54	p = .004, rrb = .28
wellbeing	+ 1.6 %	p = .91	- 3.1 %	p = .39	p = .16
					13





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Table 1. Within- and between-group comparisons depending on clinical outcomes (%).

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Group-level processual outcomes

	Intervent	tion groups	Contro	lgroup	Post-test between- group comparisons
coping flexibility	7 + 4.7 %	<i>p</i> = .01, <i>rrb</i> = -0.36	7 + 4.5 %	p = .17	p = .42
active coping	+ 4.7 %	p = .07	+ 0.6 %	p = .94	p = .66
disengagement) - 3.4 %	p = .14	+ 2.9 %	p = .34	p = .34
substance use					
self-efficacy					
assertiveness					







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substance use	+ 2.9 %	<i>p</i> = . 02, <i>rrb</i> = -0.80) - 3.6 %	<i>p</i> = .03, <i>rrb</i> = .86	p = .11	
self-efficacy						
assertiveness						







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assertiveness	7 + 16.4 %	<i>p</i> < .001, <i>rrb</i> = −0.86	7 + 13.5 %	<i>p</i> < .001, <i>rrb</i> = −.074	p = .57
					14





Module-level clinical outcomes



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ADAPT



INTERACT







Module-level clinical outcomes



ENGAGE

ADAPT



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Stronger effect on **depressive symptoms** and wellbeing



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Module-level *clinical outcomes*

Stronger effect on functional impairment

ENGAGE

ADAPT

Stronger effect on functional impairment 🕥 and wellbeing 🦯

INTERACT



Stronger effect on **depressive symptoms** symptoms







Module-level clinical outcomes



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ADAPT



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Stronger effect on coping flexibility and active coping

INTERACT

Stronger effect on assertiveness









ENGAGE

ADAPT



INTERACT









ENGAGE

ADAPT









Table 3. User experience indicators depending on subscales in the intervention groups.

	Score / 100	Rates of positive evaluation (%, N = 75)
General appreciation	62.7	73.7
Perceived acceptability	61.8	56.6
Perceived utility	40.1	32.9
Perceived usability	63.9	73.7





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>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	rences betwee	en modules















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positively rated by more participants (mode scores)

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- appreciation
- acceptability
- usability







Several positive effects of Adoptimism Courses on middle -schoolers' mental health and psychological processes

Variable effects depending on module type







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Variable effects depending on module type

Toward a synergistic combination of the 3 modules







Several positive effects of Adoptimism Courses on middle -schoolers' mental health and psychological processes

Variable effects depending on module type

Toward a synergistic combination of the 3 modules to :

- effectively target a wide array of processes and mental health indicators
- optimise user-experience
- support efficient implementation and dissemination







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Thank you for your attention !





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Limits







Self-reported subjective measures:

> effects on process OR process' perception ?



Representativity issue

- small sample per condition
- lack of sociodemographic data
- no rural school included





Table 6. Improving rates on each variable in the 3 intervention groups (%)

Clinical outcomes	Control group	Intervention groups	ADAPT	ENGAGE	INTERACT
Anxiety symptoms	29,3	40,23	34,62	48,15	38,24
Depressive symptoms	29,3	49,42	46,15	40,74	58,82
Wellbeing	32,0	34,48	23,08	33,33	41,18
Functional impairment	36,0	47,13	53,85	48,15	41,18



Introduction

Method
Results
Conclusion

	Control group	Intervention groups		ADAPT	ENGAGE	INTERACT	,
active coping	22,67	36,78	34,62		37,04	38,23	
planification	25,33	35,63	38,46		18,52	47,06	
instrumental support	21,33	32,18		46,15	37,04	17,65	
emotional support	28,00	33,33		38,46	40,74	23,53	
venting	21,33	28,74		30,77	25,93	29,41	
disengagement	17,33	34,48		38,46	44,44	23,53	
distraction	26,67	37,93		50	25,93	38,23	
blame	22,67	24,138		30,78	18,52	23,53	
reinterpretation	29,33	36,78		34,61	33,33	41,18	
humor	25,33	22,99		19,23	14,81	32,35	
denial	14,67	21,84		19,23	33,33	14,71	
acceptation	14,67	34,48		38,46	33,33	32,35	
spirituality	14,67	24,14		15,38	14,81	38,23	
substance	9,33	3,45		3,85	7,41	0	

Table 6. Improving rateson each variable in the 3intervention groups (%)

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Table 6. Improving rates on each variable in the 3 intervention groups (%)

	Control group	Intervention groups	ADAPT	ENGAGE	INTERACT
Coping flexibility (CF)	33,33	51,72	53,85	51,85	50,00
Committed actions	38,67	37,93	46,15	33,33	35,29
General self-efficacy	37,33	31,03	30,77	37,04	26,47
Assertiveness - Expression	53,33	70,11	57,69	59,26	88,23
Assertiveness - Respect	25,33	45,98	53,85	48,12	38,23
Assertiveness	46,67	67,82	57,69	59,26	82,35





Mental health trajectories in adolescence opportunities for building resources

- Development of cognitive, affective, social abilities
- Developmental tasks as formative challenges
 - Cicchetti & Cohen, 2006; Cicchetti & Rogosch, 2002



Interplay between mental health and development

Resch & Parzer, 2021; Spessot et al., 2004; Steinberg et al., 2006

Cannard et al., 2019



Sample & Procedure













































processual outcomes





INTERACT



PBC = post-test between-group comparisons







PBC = post-test between-group comparisons







processual outcomes



instrumental support (+ 4.4 %, PBC : p = .06) n.s. : 🔎 coping flexibility (+3.3 %), 🕥 disengagement (-5.4 %)





coping flexibility (+4.7 %) active coping (+7.2 %), planification (+4.7 %)

PBC = post-test between-group comparisons









processual outcomes



instrumental support (+ 4.4 %, PBC : p = .06) n.s. : 🖊 coping flexibility (+3.3 %), 🕥 disengagement (-5.4 %)











processual outcomes



instrumental support (+ 4.4 %, PBC : p = .06) n.s. : 🖊 coping flexibility (+3.3 %), 🍾 disengagement (-5.4 %) **A** distraction (+5.0%), **A** denial (+5.5%)



coping flexibility (+6.4 %, p = .02), active coping (+9.0%, p = .05) emotional support (+5.6 %, PBC : p = .07) **planification** (-7.7 %, p = .50)



coping flexibility (+4.7 %) active coping (+7.2 %), planification (+4.7 %) emotional support (-8.5 %, PBC : p = .07)







processual outcomes

ADAPT

instrumental support (+ 4.4 %, PBC : p = .06) n.s. : 🖊 coping flexibility (+3.3 %), 🔪 disengagement (-5.4 %) **7** distraction (+5.0%), **7** denial (+5.5%) **assertiveness** (+9.9 %, p = .02)



coping flexibility (+6.4 %, p = .02), **active coping** (+9.0%, p = .05)emotional support (+5.6 %, PBC : p = .07) planification (-7.7 %, p = .50)**assertiveness** (+13.1 %, p = .001)



coping flexibility (+4.7 %) active coping (+7.2 %), planification (+4.7 %) emotional support (-8.5 %, PBC : p = .07)**assertiveness** (+ 23.4 %, *p* <.001)

PBC = post-test between-group comparisons







Clinical outcomes

Figure 1. Mean differences between T0 and T1 depending on experimental conditions(x100 magnification)



Intervention group Control group

- significant difference between T0 and T1 (p<.05) in the Intervention * or Control * group
- ***** significant difference between groups at T1



Processual outcomes

Figure 3. Mean differences between T0 and T1 depending on experimental conditions

decrease



sig. diff. between T0 and T1 (p<.05) in the Intervention * or Control * group * sig. diff. between groups at T1

increase

(*x*1000, *x*100 or *x*20 magnification)

humor

spirituality

distraction

denial

blame



Interv. gr.

Contr. gr.

substance

committed actions

self-efficacy

assertiveness



Preliminary results : *Clinical outcomes*

Figure 1. Mean differences between T0 and T1 depending on module groups (x100 magnification)



- Adapt module
- **Engage module**
- Interact module

significant difference between T0 and T1 (p<.05) in the Adapt * , Engage * , or Interact * group



Preliminary results : *Clinical outcomes*

Figure 2. Mean differences between TO and TI depending on module groups (x1000, x100 or x20 magnification)





User experience-related outcomes

Figure 5. Descriptive statistics on UX (sub)scales depending on module group







