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Research Article

The Efficacy of Psycho-Spiritual Mental Health Education for Improving the Well-Being and Perceptions of School Climate for Students At-Risk for School Failure

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Abstract
This preliminary study investigates the efficacy of the SPARK Mentoring Program, a mental health education intervention grounded the psycho-spiritual Principles of Universal Mind, Consciousness, and Thought for improving the well-being and perceptions for school climate of students at-risk for school failure. Students at-risk for academic failure were assigned to a treatment group (n= 75), and a waitlist comparison group (n= 34). Pre-and post-intervention, participants in both groups completed the Warwick-Edinburgh Mental Well-Being Scale, the Acceptance component of the Difficulties in Emotional Regulation Scale, and the Social and Emotional Learning, High Expectations, Caring Adults, and Peer Climate components of the Alaska School Climate and Connectedness Survey. Compared to the control group, students receiving this intervention (thirteen 45–60-minute sessions during regular school hours) reported improved mental health evidenced by a significant increase in mental well-being, state of mind, and hope for the future, and improved perceptions of school climate evidenced by a significant increase in conflict resolution, valuing academic success, and relational trust with teachers, peers, and school community.

Keywords:
Mental health • School climate • Three Principles/Innate Health • Relational trust • Academic failure

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The Efficacy of Psycho-Spiritual Mental Health Education for Improving the Well-Being and Perceptions of School Climate for Students At-Risk for School Failure

Mental health and positive perceptions of school climate (or SC) are particularly important for students at-risk for school failure (Cohen, McCabe, Michelli, & Pickeral, 2009). Regarding SC, considerable research (e.g., Berkowitz, Astor, Moore, & Benbenishty, 2016) shows that students at risk for school failure (hereafter students-at-risk) who report positive perceptions of their SC are less likely to be overcome by negative influences and risk factors that can impede academic success and promote drop-out and other problem behaviors. Several independent reviews of SC research (e.g., Clifford, Menon, Cohen & Hornung, 2012; Haggerty, Elgin & Woodley, 2011; Thapa, Cohen, Guffey & D'Alessandro, 2013) conclude that positive perceptions of SC by students at-risk are associated with several beneficial outcomes including improved academic achievement and graduation rates, and decreased delinquency, drug use, truancy, and drop-out. Furthermore, students-at-risk who report positive perceptions of their SC have fewer discipline referrals (Luiselli, Putnam, Handler, & Feinberg, 2005), fewer harassment events and bullying incidents (Attar-Schwartz, 2009), fewer suspensions and expulsions (Lee, Gregory, Cornell, & Fan, 2011), less fighting and antisocial behavior (Eliot, Cornell, Gregory, & Fan, 2011), higher attendance and graduation rates (Allensworth & Easton, 2007), and heightened relational trust with school peers, school staff, and the school community (Adelmen & Taylor, 2010). Berkowitz, Astor, Moore, and Benbenishty (2016) concluded that positive perceptions of SC by students at risk can reduce achievement gaps among students of different socioeconomic backgrounds and between students with stronger and weaker academic abilities.

Considerable research shows that perceptions of SC for students at-risk are tightly intertwined with their mental well-being (Maras, Weston, Blacksmith & Brophy, 2015; Way, Reddy & Rhodes, 2007). The consensus of this research is that students who report positive perceptions of their SC also report higher levels of mental well-being, self-efficacy, resilience, creativity, satisfaction, and hope for the future (Kasen, Cohen, Chen, Johnson & Crawford, 2009; Liu, 2012; Lucarelli et. al., 2014; Walters, Cross, & Shaw, 2010; Wang, Selman, Dishion, & Stormshak, 2010; White, La Salle, Ashby & Meyers, 2014). Furthermore, positive views of SC by students-at-risk are consistently associated with lower levels of mental stress, depression, and anxiety (White, La Salle, Ashby & Meyers, 2014).

The robust positive relationship between SC perceptions and mental health for students at-risk is well-documented. However, the direction of this relationship remains unclear. The prevailing view appears to be that the mental health of students at-risk is affected by the climate at their schools. This view has spawned a plethora of packages, programs, therapies, and techniques designed to "build" or construct more

positive SC's from the "outside-in" (Kelley, Alexander, & Pransky, 2017a; Marshall, 2005). On the other hand, Kohoulet, Dehghani, and Kohoulet (2015) stated, "… instead of students' mental health being affected by school climate, the situation may be reversed, such that students with poor mental health are more likely to have negative perceptions of their school climate" (p. 3). Put another way, students with good mental health may be more likely to have positive perceptions of their SC. This "inside-out" view suggests that if the mental health of students at-risk improves their perceptions of SC will become more positive. In the preliminary study that follows, we test this speculation by exposing students at-risk to mental health education grounded in the psycho-spiritual principles of Universal Mind, Consciousness, and Thought or The Three Principles/Innate Health (Kelley, 2008, 2011; Pransky & Kelley, 2014; Kelley, Pettit, Pransky, & Sedgeman, 2019).

The Three Principles/Innate Health

The Three Principles/Innate Health (or 3P/IH) is grounded in the work and insights of theosopher, Sydney Banks (1998, 2001, 2005) who primary prevention pioneer, Donald Klein (1988), described as follows: "... this man, without any attempt on his part to do so, had suddenly entered into a vastly different level of awareness, a form of spontaneous spiritual transformation about which William James had written in the early 1900s..." (pp. 311-312). Banks asserted that a deeper understanding of people's psychological lives can be achieved by looking beyond the realm of form in which the social sciences generally restrict their scope of inquiry. Banks asserted there are spiritual Principles that create form and he used *Universal Mind, Consciousness, and Thought* as metaphors to represent these Principles. Banks posited that these three Principles are at the source of people's psychological life experiences. Banks asserted that these Principles are fundamental truths always present and operating in the psychological realm, much as gravity exists as a principle of the physical world and is always present. The Principles Universal Mind, Consciousness, and Thought have been described in depth elsewhere (for a review see Kelley, Pransky, & Lambert, 2015; Pransky & Kelley, 2014). A brief review follows.

The Principle of Universal Mind

Banks referred to Universal Mind as "… the intelligence of all things whether in form or formless… [and asserted that] Universal Mind holds the secret to all psychological functioning" (p. 59). Banks (1998) stated:

> The Universal Mind, or the impersonal mind, is constant and unchangeable… The personal mind is in a perpetual state of change… Universal Mind and personal mind are not two minds thinking differently, but two ways of using the same mind… All humans have the ability to synchronize their personal mind with their impersonal mind to bring harmony into their lives. (p. 32)

In sum, Banks viewed Universal Mind as formless energy that powers all life; an energy of which we are all a part; an intelligent life energy that powers the other two principles—Consciousness and Thought—which all people "use" to create their psychological lives. When we say "use" these three Principles, we are not mean that people must "do something"—that tools, techniques or new beliefs are necessary. Rather, we mean that everyone continually uses these Principles to create their psychological experiences in the same way everyone uses gravity to stay anchored to Earth.

The Principle of Consciousness

Banks saw Consciousness as the ability to be conscious, to take in life, to have experience, and to be aware of that experience. Banks (1998) referred to Consciousness as "the gift of awareness" (p. 39) … [that] "… allows us to see creation*"* (p 47); "… that enables us to observe and experience the existence and the workings of the world we live in" (p.97). Banks (1998) stated, "Consciousness… allows for the recognition of form, form being the expression of Thought" (p. 39). In other words, Consciousness animates people's thinking via their physical senses forming their moment-to-moment psychological experiences.

Banks (1998) asserted further that "The gift of Consciousness combined with Mind and Thought allows us to experience life at an infinite number of levels of understanding" (p.75). Each level looks and feels very real at the time, but it is only "real" at that level of consciousness, and the level through which one sees the world can change at any moment with their next thought. The only experience people can have is their own thinking coming into their consciousness at that level and being experienced as "reality." Consciousness allows people to recognize that it is their use of the power of Thought, enlivened by the power of Consciousness, that creates their psychological lives and to view this process from a more impersonal or objective stance.

The Principle of Thought

Banks (1998) referred to Thought as "... the creative agent we use to direct us through life" (p.54) and he asserted that every person is born using the power of Thought to guide them through life. Thought stands between what happens out in the world and one's personal experience of what happens. Banks (2001) asserted, "Thought is not reality, but it is through thought that our realities are created" (ML, p. 49). Banks (1998) explained further, "Your thoughts are like an artist's brush. They create a personal picture of the reality you live in. It is we human beings that use Thought to produce such things as our feelings, moods and our overall perceptions of life" (p. 56).

Thus, Thought, as a Principle, refers to the fact that people have a power that allows them to create thoughts and to make meaning for themselves of their thoughts

(i.e., people decide the importance of their thoughts via additional thoughts). Banks (1998) emphasized that Thought does not refer to what people think (i.e., thought content) or to the products of their thoughts (e.g., beliefs, perceptions, feelings, states of mind). Rather, is it "the fact that people think" that is a human common denominator. People's thoughts, enlivened by their consciousness, become their psychological experiences. People's behavior then unfolds in exact alignment with how the Principles of Universal Mind, Consciousness, and Thought make their lives appear to them (Kelley, Pettit, Pransky, & Sedgeman, 2019; Kelley, Pransky, & Lambert, 2015a). Banks (1998) stated:

> There is nothing in the world that can come to pass without Thought and Consciousness… there would be no reality without Consciousness and Thought… Consciousness gives our five senses the ability to react to life: our seeing, our smelling, our touching…This is what brings it all] to life. But it can't come in by itself. It has to have a thought… Our thoughts in turn create our character, our behavior, and the behavior of all humanity. (p. 43)

Innate Mental Health

Banks (1998) further asserted that mental health is people's most natural state and is readily available to anyone whenever the personal mind quiets. In other words, when the personal mind quiets, the default setting of mental health engages. This mental health includes a non-self-conscious state of mind, unconditional feelings of self-esteem, an absence of insecurity, a capacity for insight and creativity, an unforced enjoyment of learning and natural curiosity (i.e., learning without "thinking about" learning), and an interest in others and in exploration of the world (Mills-Naim & Mills, 2014). According to Banks, regardless of their current circumstances, mental status, and prior socialization, everyone has the same built-in predisposition for mental health and will exhibit this health whenever the personal mind quiets from maladaptive personal thought (e.g., worry, rumination, over-analyzing). Finally, Banks asserted that people's feelings are a barometer of the quality of their thinking, and mental well-being in the moment; reliably informing them whether they are operating from their innate health or overriding it with their own disordered personal thinking.

Mental Health Education

Banks asserted that when people have sufficient insight regarding the way the Principles of Universal Mind, Consciousness and Thought manifest within everyone to create their psychological lives, their mental health will improve. According to Banks, sufficient insight regarding the nature of these Principles is the only intervention necessary—no skills, no techniques, no new beliefs—only sufficient insight regarding the operation of these Principles, particularly the Principle of Thought. Even when techniques (e.g., meditation) are used, the change always comes from within via a quiet mind and healthy feelings such as well-being, gratitude, and

hope that naturally unfold. As such, 3P/IH mental health education is not about helping people change their thoughts; it is about helping people realize that when their thoughts change, their feelings, perceptions, and state of mind also change. Nor is this education meant to help people find techniques or strategies to quiet the mind; it is about helping people realize that when the personal mind quiets, mental well-being and more positive perceptions of their existing circumstances surface.

The authors have observed that students at-risk do not often realize the distinction between what is happening in the outside world and their personal experience of it, or the meaning they make of it via their own personal thinking. These students do not typically recognize that their own thinking is the source of their psychological experiences. Rather, these students often confuse the source of their psychological experiences with what is happening "out there"—within outside reality. A student's anger is coming from a fellow student, a teacher, a parent. The very next day, however, the same student might respond differently to the very same people, because his/her thoughts have changed (Mills-Naim & Mills, 2014).

We posit that students at risk can be assisted to recognize, in the moment, that what they experience is their own thinking made to appear real via their consciousness. If these students do not realize this fact, they will typically take their unhealthy personal thoughts to heart and often act on whatever "reality" these thoughts manifest. On the other hand, if these students realize what they are doing, they will be less likely to view the effects of these thoughts as "the truth" or the way things really are.

We have also observed that students at-risk do not often realize the resource of innate mental health available to them via a quiet mind. Thus, these students tend to chronically obscure this health via innocently misusing of the power of Thought (Kelley, Pettit, Pransky, & Sedgeman, 2019; Kelley, Pettit, Sedgeman, & Pransky, 2020). However, these students can be assisted to notice what they experience when their personal minds quiet down. They can be assisted to recognize that mental well-being and common sense are always available to them and that only their disordered personal thoughts—taken to heart—can obscure this innate health. Finally, students at-risk do not often realize they have an internal gauge that will reliably inform them when their personal thinking is disordered—*their feelings* (Kelley, Pransky, & Lambert, 2016a). This means that using the signal of a negative or discomforting feeling these students can allow their personal minds to quiet and their innate well-being and common sense to surface.

Supportive Research

Considerable preliminary research exists in support the efficacy of 3P/IH mental health education for improving the mental health and behavior of a variety of

client types. For example, Kelley, Mills, and Shuford (2005) reported that learning challenged students receiving 3P/IH showed a significant improvement in reading level, self-esteem, and grade point average. Sedgeman and Sarwari (2006) reported that HIV-positive patients receiving 3P/IH showed a significant reduction in stress and anxiety which was sustained at follow-up. Bannergee, Howard, and Mansheim (2010) reported that women in residential substance abuse treatment receiving 3P/IH showed significant positive outcomes regarding substance use, criminal justice involvement, employment, housing, adverse effects of substance use, and psychological wellbeing. Halcón, Robertson, and Monsen (2010) reported that Somali and Ethiopian women refugees receiving 3P/IH showed a significant decrease in posttraumatic stress symptoms. Kelley (2011) reported that adult prisoners on probation receiving 3P/IH showed a significant improvement in mental well-being and mindfulness. Kelley, Pransky, and Lambert (2015a) reported that adults exposed to 3P/IH showed a significant improvement in nonattachment and regulating negative emotions, and a significant reduction in rumination, depression, and anxiety. Kelley, Pransky, and Lambert (2015b) reported that as adult's understanding of 3P/IH increased, their dependence on techniques (e.g., meditation) to experience mindfulness decreased, and their ability to maintain well-being during negative states of mind increased. Kelley, Pransky, and Lambert (2016a) reported that adults receiving 3P/IH showed a significant improvement in hedonic well-being, eudiamonic well-being, social well-being, and overall mental health. Kelley, Pransky, and Lambert (2016b) reported that adults exposed to 3P/IH showed a significant improvement in mindful attention, mindful acceptance, flow, and flourishing mental health. Reece-Evans and Pevalin (2017) reported a significant increase in mental well-being for students and staff in a U.K. school receiving 3P/IH that was maintained at follow-up. Kelley, Alexander, and Pransky (2017a) reported that compared with a waitlist control group, children and adolescents receiving 3P/IH showed a significant improvement in resilience, and participants at highest risk showed a significant decrease in risky behavior. Kelley, Hollows, Savard, and Pransky (2017) reported that compared with a control group, male residents in an English prison receiving 3P/IH showed a significant improvement in well-being, purpose in life, and prison behavior, and a significant decrease in anxiety and anger. Robertson, Halcon, and Hoffman (2018) examined the effects of culturally adapted 3P/IH on coping and mental health outcomes for Somali refugee women post-resettlement and reported a significant decrease in depression as well as a significant improvement in several dimensions of coping. Kelley, Hollows, and Savard (2019) reported that compared to a control group, male prison residents receiving intensive 3P/IH reported a significant increase in mental well-being and purpose in life, and a significant decrease in depression, anxiety, and anger which were either maintained or significantly improved at follow-up. El-Mokadem, DiMarko, Kelley and Duffield (2020) reported that compared with a waitlist control

group, participants diagnosed with chronic fatigue syndrome receiving 3P/IH education reported a significant increase in psychological and physical well-being and a significant decrease in depression, anxiety, fatigue, and pain interference. The study that follows is the first to test the efficacy of SPARK 3P/IH-based mental health education for improving the mental health and perceptions of SC for students at-risk for school failure.

The Present Study

Hypotheses

Following exposure to SPARK mental health education, the authors predict that participants will report improved mental health. We used the following hypotheses to test this prediction:

Hypothesis 1: Compared with the control group, students receiving SPARK will show a significant increase in mental wellbeing.

Hypothesis 2: Compared with the control group, students receiving SPARK will show a significant improvement in state of mind.

Hypothesis 3: Compared with the control group, students receiving SPARK will show a significant increase in hope for the future.

We also predict that following exposure to SPARK, participants will report improved perceptions of SC. The Centers for Disease Control and Prevention (2009) and several prominent school climate researchers (e.g., Shetgiri et al., 2015) report that students' perceptions of school climate routinely show a positive relationship with "resolution of interpersonal conflict" and "value placed on academic success." Thus, we used the following hypotheses to test this prediction:

Hypothesis 4: Compared with the control group, students receiving SPARK will show a significant improvement in conflict resolution.

Hypothesis 5: Compared with the control group, students receiving SPARK will show a significant increase in valuing academic success.

Another consensus of school climate research is that students' perceptions of school climate consistently show a robust positive association with relational trust. (e.g., Dewit, Karioja, & Shain, 2011; Krane, Karlson, Ness, & Kim, 2016; McLaughlin & Clark, 2010; Thapa, Cohen, Guffy, & D'Alessandro 2013). In other words, on average, students with positive perceptions of school climate also report more warm, respectful, supportive connections with members of the school community (e.g., peers, teachers, parents). Thus, we used the following hypotheses

to test this prediction:

Hypothesis 6: Compared with the control group, students receiving SPARK will show a significant increase in relational trust with teachers.

Hypothesis 7: Compared with the control group, students receiving SPARK will show a significant increase in relational trust with school peers.

Hypothesis 8: Compared with the control group, students receiving SPARK will show a significant increase in relational trust with the school community.

Method

Participants

This study was approved by an internal review board and informed consent to participate was obtained from all study participants and their caregivers. Five schools in lower income urban neighborhoods in Hillsborough County, Florida agreed to participate in the study. Administrators at each school informed their students and students' caregivers of the availability of the SPARK program and emphasized that participation was voluntary. 109 students agreed to participate. All participants were identified by their schools as at-risk for academic failure based on poor grades, overdue or incomplete homework assignments, truancy, and disruptive classroom behaviors (e.g., profanity, fighting). Participants' grade levels ranged from 8 through 12. Participants' ages ranged from 12 to 19 years. The mean age of the participants was 14.81, with a standard deviation of 1.34. Sixty-eight percent reported as female and 32% as male. Approximately 86% reported as Black or Latinx, and 14% as White.

Research Groups

A treatment group was formed containing 75 students from three of the five participating schools. A waitlist control group was formed containing 34 students from the other two schools. For the treatment group, 64% reported as female and 36% as male. For the control group, 79% reported as female and 21% as male. There was no significant difference between the groups on gender ($\chi^2 = 2.35$, degrees of freedom, 2, $p = .31$). For the treatment group, the age range was 12-19 years, and the mean age was 14.67, with a standard deviation of 1.35. For the comparison group the age range was 13-18 years and the mean age was 15.25, with a standard deviation of 1.26. Based on an independent t-test, there was no significant difference in age between the two groups. For the treatment group, 84% reported as Black or Latinx, and 16% reported as White. For the control group, 92% reported as Black and Latinx, and 8% reported as White. There was no significant difference between the groups on race or ethnicity ($\chi^2 = 0.88$, degrees of freedom, 2, $p = .35$).

Intervention

The three Principles-based mental health education intervention is called SPARK—an acronym for "Speak to the Potential, Ability, and Resilience inside every Kid." SPARK was facilitated by two instructors each with several years of experience teaching this understanding to middle school and high school students. SPARK classes met weekly for 45-60 minutes during regular school hours for 13 consecutive weeks. Classes were held in regular classrooms at participating schools during regular school hours. Each SPARK class contained between 7 and 17 students. The average attendance of participants was 87%, or approximately 11.5 of the 13 sessions. All 75 treatment participants completed a minimum of 7 SPARK classes.

The SPARK curriculum is comprised of the following core lessons: overview and introduction; principles behind your life and finding your SPARK; the power of Thought; your personal guide to decision making; community engagement; how state of mind influences judgment and reasoning; surviving mood swings; finding success in the midst of stress, feeling fear and insecurity without fear and insecurity; the inside-out nature of self-esteem; separate realities; cultivating meaningful relationships; dating and healthy relationships; mentoring and leading from the inside-out; bully prevention from the inside-out; academic success; college and career readiness; financial stability; parenting from the inside-out; creating the life designed for you; and graduation.

In the SPARK classes, stories, metaphors, symbols, videos, group activities, discussions, and games are used to introduce participants to the Principles of Universal Mind, Consciousness, and Thought and to help them grasp the way these Principles manifest within everyone. For example, the metaphor of the sun and clouds is used to represent how a student's innate mental health (i.e., the sun) can become obscured by her/his disordered personal thoughts (i.e., the clouds) and, like the sun, this health is always available whenever the personal mind quiets. Also, the metaphor of a tea bag being converted into tea by hot water is used to illustrate how thought is made to appear real via consciousness. SPARK instructors also assist students to recognize that mental health does not mean people feel good all the time; that people's feelings, perceptions, and states of mind change as their thinking changes. Students are further assisted to realize that the sensory manifestations of their thinking cannot damage or hurt them no matter how extreme, painful or insecure they feel, and that their innate well-being and common sense will resurface whenever the personal mind quiets.

Measures

Warwick-Edinburgh Mental Well-Being Scale-Short Form (WEMWBS-SF; Tennant et. al., 2007). The WEMWBS-SF comprises 7 items measuring mental well-being. The WEMWBS has good psychometric properties (Stewart-Brown et. al., 2009). Tennant and associates (2007) examined the relationship between the WEMWBS

and other measures of mental well-being and mental ill-health and reported relatively high correlations with the other wellbeing measures (correlations ≥ 0.7), and moderate negative correlations with the measures of mental ill-health. Responses are made on a 5-point Likert scale ranging from 1 (none of the time) to 5 (all the time). A sample item is, "I have been feeling useful". Item responses are summed for a total WEMWBS-SF score.

Difficulties in Emotional Regulation Scale (DERS; Gratz & Roemer, 2004). The DERS has 36-items that assess six components of emotional regulation. DERS subscale scores have been found to have high internal consistency within both clinical (e.g., Gratz et al., 2008), and non-clinical populations (Gratz & Roemer, 2004). To measure "state of mind" we used the DERS-Non-Acceptance of Emotional Responses Scale which contains six items that measure people's ability to maintain well-being during unpleasant states of mind. A sample item is, "When I'm upset, I feel guilty for feeling that way." Items are measured on a 5-point Likert scale (1 = almost never; to 5 = almost always). Item responses are summed to obtain a total DERS-Acceptance score.

Alaska School Climate and Connectedness Survey (ASCCS; American Institutes for Research & Association of Alaska School Boards, 2006). The ASCCS measures eight areas shown to have a strong relationship with SC. To measure "hope for the future" we used six items from the ASCCS Social and Emotional Learning component. A sample item is, "Setting goals for myself." To measure "conflict resolution" we used six additional items from the ASCCS Social and Emotional Learning component. A sample item is, "Respecting a classmate's opinions during a disagreement". To measure "valuing academic success" we used six items from the ASCCS High Expectations component. A sample item is, "I try hard to do well in school." To measure "relational trust with teachers" we used five items from the ASCCS Caring Adults component. A sample item is "My teachers treat me with respect." To measure **"**relational trust with peers" we used five items from the ASCCS Peer Climate component. A sample item is, "Students in this school help each other, even if they are not friends." To measure "relational trust with the school community" we used five items from the ASCCS Parent and Community Involvement component. A sample item is, "This school is a welcoming place for families like mine". Item responses are summed to obtain a total score for each ASCCS component.

Treatment participants completed the study's measures at pretest at the start of their first SPARK session and at posttest at the end of their final SPARK session. During comparable time periods, control participants completed the study's measures pre and post. During the duration of the study, all participants continued to participate in regular school classes and activities.

Results

The descriptive statistics for the pre-test and post-test outcome measures of state of mind, mental wellbeing, hope for the future, conflict resolution, valuing academic success, and relational trust with teachers, peers, and school community are presented in Table 1. The distribution of the variables was checked, and statistical tests were conducted that showed that the variables had a normal distribution. In addition, the Cronbach's alpha values, a measure of internal reliability for the index outcome variables, were higher than .70.

In Table 1, the mean and standard deviations for the outcome variables are presented for the entire group, the treatment group, and the control/comparison group. In addition, t-test values, using the independent t-test, are presented for the outcome variables to determine if there was a difference between the two groups on the pre-test and post-test for the outcome areas. Except for three outcome measures, there was no statistically significant difference ($p \leq .05$) between the treatment group and the control/comparison group on the pre-test results. However, for valuing academic success, connection with teachers, and connection with the school community, the treatment group was higher on the pre-test as compared with the control group. Regarding the post tests, for mental well-being, hope for the future,

Table 1.
Descriptive Statistics for Pre-Test and Post-Test Outcome Measures and Independent T-Test Results

Outcome	All Participants		Treatment Group		Control/ Comparison Group		
	Mean	SDev	Mean	SDev	Mean	Sdev	T-Test Value
Value Academic Success pre-test	27.19	3.61	27.60	3.50	25.92	3.73	2.02*
Value Academic Success post-test	27.10	3.45	27.89	2.55	24.62	4.61	3.31**
Hope for the Future pre-test	26.09	3.81	26.32	3.69	25.37	4.17	1.06
Hope for the Future post-test	26.53	3.55	27.29	3.11	24.12	3.80	4.11**
State of Mind pre-test	17.11	3.33	17.21	3.65	16.79	2.13	0.70
State of Mind post-test	17.57	3.47	17.89	3.57	16.54	2.99	1.68
Mental Wellbeing pre-test	22.64	3.70	22.84	3.63	22.04	3.93	0.92
Mental Wellbeing post-test	24.11	3.55	24.92	2.87	21.58	4.30	3.55**
Conflict Resolution pre-test	24.05	3.82	24.17	3.87	23.67	3.69	0.57
Conflict Resolution post-test	24.67	3.61	25.55	2.89	21.92	4.26	3.90**
Connect with Teachers pre-test	19.72	3.24	20.23	3.23	18.12	2.75	2.87**
Connect with Teachers post-test	20.07	3.41	20.75	3.04	17.95	3.69	3.70**
Connect with Community pre-test	19.29	3.44	19.52	3.47	18.58	3.30	1.16
Connect with Community post-test	19.64	3.28	20.20	3.08	17.92	3.33	3.09**
Connect with Peers pre-test	20.06	3.28	20.19	3.33	19.67	3.13	0.67
Connect with Peers post-test	21.05	2.92	21.55	2.42	19.50	3.78	2.50**

Note. Sdev stands for standard deviation. The total number of the participants was 109, with 75 in the treatment group and 34 in the control/comparison group. The Independent T-Test values are for the differences between the treatment group and the control comparison group. The Levene's Test of Equality of Variances was used and if statistically significant at $p \leq .05$, the t value reported is the one for equal variances are not assumed.
* $p \leq .05$ ** $p \leq .01$

valuing academic success, conflict resolution, and connection with peers, there were statistically significant differences between the two groups. Based on the t-tests, those in the treatment group scored statistically higher than those in the comparison group

Table 2.
Analysis of Covariance (ANCOVA) for the Outcome Variables Controlling for Pre-Test Scores, Gender, Age, and Race

Outcome	Variables	Mean Square	F Value	Partial Eta-Squared
Value Academic Success	Gender	32.62	3.94*	.04
	Age	0.38	0.05	.00
	Race	7.81	0.94	.01
	Pre-Test	127.55	15.41**	.14
	Group	124.90	15.08**	.14
Hope for the Future	Gender	9.06	0.93	.01
	Age	5.77	0.59	.01
	Race	4.43	0.46	.01
	Pre-Test	117.00	12.04**	.12
	Group	124.96	12.86**	.12
State of Mind	Gender	0.51	0.05	.00
	Age	33.44	3.32	.04
	Race	9.18	0.91	.01
	Pre-Test	193.44	19.20**	.17
	Group	47.35	4.70*	.05
Mental Wellbeing	Gender	16.87	1.69	.02
	Age	34.64	3.47	.04
	Race	2.16	0.22	.00
	Pre-Test	76.52	7.66**	.08
	Group	127.15	12.74**	.12
	Gender	2.25	0.24	.00
Conflict Resolution	Age	28.69	3.08	.03
	Race	3.12	0.34	.00
	Pre-Test	151.55	16.28**	.15
	Group	144.10	15.47**	.14
Connect with Teachers	Gender	5.94	0.64	.01
	Age	0.39	0.04	.00
	Race	18.24	1.98	.02
	Pre-Test	122.45	13.29**	.12
	Group	47.94	5.20*	.05
Connect with Community	Gender	0.03	0.00	.00
	Age	5.73	0.65	.01
	Race	7.69	0.88	.001
	Pre-Test	131.10	14.94**	.14
	Group	69.71	7.95**	.08
Connect with Peers	Gender	10.99	1.51	.02
	Age	33.35	4.60**	.05
	Race	0.32	0.04	.00
	Pre-Test	57.48	7.92**	.08
	Group	42.28	5.83**	.06

Note. The number of participants in the waitlist control group was 34, and the number of participants in the experimental group was 75. * $p \leq .05$ ** $p \leq .01$

on the post-test for each of these the outcome areas. While treatment participants scored higher than comparison group on the post-test for state of mind, the difference between the two groups was not statistically significant at $p \leq .05$.

Analysis of covariance (ANCOVA) was used to determine if there were significant differences between the comparison group and treatment group on the eight post-test outcome measures while controlling for gender, age, race, and pre-test scores. These results are presented in Table 2. There were significant differences between the treatment group and comparison group on all eight post-test outcome measures even when controlling for gender, age, race, and pre-test scores. The treatment group was significantly higher on each post-test outcome measure as compared to the control group. Thus, it is concluded that each of the study's hypotheses is supported.

Discussion

The prevailing view of school climate researchers is that the mental health of students at-risk is substantially affected by the climate at their schools. The authors speculated that the situation may be the reverse—that, on average, if the mental well-being of these students improves their perceptions of their SC will also improve. This study tested this speculation by assessing the efficacy of SPARK 3P/IH-based mental health education for improving the mental well-being and perceptions of school climate for students at-risk for school failure. The results appear to support each of our hypotheses as follows:

Mental Health

Hypotheses 1, 2, and 3 were supported. Compared with the waitlist comparison group, students receiving SPARK reported improved mental health evidenced by a significant increase in mental wellbeing, state of mind, and hope for the future. These results were expected because, on average, when students realize the inextricable connection between their thinking and their experience, the way they relate to their maladaptive personal thinking and its discomforting effects begins to shift. They become less likely to believe and identify with the content or negative effects of this thinking (e.g., insecure feelings, distorted perceptions, low moods), and less inclined to view their unhealthy personal thoughts as "the truth," and to act on them. They begin to realize that these maladaptive personal thoughts have no power over them unless they think they do. They also realize they have "free will" to choose what thoughts to honor, entertain, and act on, and what thoughts to "take with a grain of salt" and allow to pass through.

Heightened hope for the future reported by these students is particularly noteworthy as considerable research shows a robust association between low hope for the future

and school failure, addiction problems, and deviant behavior, and between high hope for the future and faith, love, health, and happiness, and less depression, anxiety, drug/alcohol use, boredom proneness, and fighting (Martin, McKinnen, Johnson, & Rohsenow, 2011; Melton & Schulenberg, 2007; Schulenberg, Hutzell, Nassif, & Rogina, 2008; Shetgiri et al., 2015).

Perceptions of School Climate

Hypotheses 4 and 5 were also supported. Compared with the control group, students receiving SPARK showed improved perceptions of their school climate reflected by a significant increase in valuing academic success, and conflict resolution. These findings were expected because when students grasp sufficient understanding of how the power of Thought creates their (and everyone else's) psychological experiences from the "inside-out," the grip of their disordered personal thoughts begins to loosen and, in turn, they start to experience hope for the future and value in succeeding academically that were previously obscured by their conditioned personal thoughts. When students realize the connection between their thinking and their psychological experiences, they are less likely to relate to their thoughts, feelings, and perceptions as "the reality" or "the truth." Rather, they are more likely to "see" these experiences as "separate personal realities" created by their own thinking and made to appear real, in the moment, by their own consciousness. Thus, they are less likely to become gripped by these discomforting experiences, and to act on them. Also, they begin to take the biased judgments and negative behaviors of others less personally and see more sensible ways to avoid and resolve interpersonal conflicts (Shetgiri et al., 2015).

Hypotheses 6, 7 and 8 were also supported. Compared with the control group, students receiving SPARK showed improved perceptions of their SC evidenced by a significant increase in connection with teachers, peers, and the school community. These findings were expected because when students have sufficient understanding of how their psychological experiences are created, they realize that their (and everyone else's) feelings, perceptions, and states of mind are products of their own thoughts; not products of external circumstances, adverse life events, or how others treat them. In turn, their inclination to blame other people and external conditions for their psychological experiences lessens, and their ability to trust and form stronger affective bonds with others in the school community increases. These findings are noteworthy because considerable research (e.g., Byrk, Sebring, Allensworth, Luppescu, & Easton, 2010; Comer, Haynes, Joyner, & Ben-Avie, 1996; Malloy, 1998; Meier; 1995; Thapa, Cohen, & D'Alessandro, 2013) shows that relational trust is routinely associated with positive perceptions of school climate. Sedgeman (2005) stated:

> When people realize the one-to-one connection between thought and experience, they gain perspective on life. Changes in their experience of reality no longer look as though they were

> randomly caused by outside events or forces… Seeing the emergence of experience from thought appears to bring people peace of mind, no matter what they are thinking. Understanding Principles gives the power of experience to the person, not to life events. (p. 3)

Implications for the School Community

There is substantial evidence from several decades of research that mental well-being and positive perceptions of school climate are routinely associated with improved academic achievement and heightened social and emotional development of students, particularly students at-risk for school failure and other health damaging behaviors (e.g., drug use, delinquency). The authors posit, however, that absent sufficient recognition that thought is the formulator of people's every psychological experience, schools will continue to focus mainly on external strategies to improve their students' well-being and school climate perceptions. This "outside-in" approach may help quiet the minds of many students and temporarily release their innate well-being. In our view, however, "renting" improved well-being pales in comparison to "owning" this health via realizing how to allow the Principle of Thought to operate in one's own best interest (Kelley, Pransky & Lambert, 2015b).

We have observed that when students (and other school community members) are exposed to mental health education grounded in the Principles of Mind, Consciousness, and Thought and, in turn, grasp sufficient understanding of the thought-experience connection, and the availability of innate well-being via a quiet mind, their mental well-being and school climate perceptions naturally improve. Students begin learning with more spontaneity and creativity via an enhanced capacity for insight. Students and teachers become more receptive to change and feel less compelled to defend their ingrained beliefs. Teachers take the unhealthy states of mind of their students less personally. Students' minds begin to relax, and the grip of their typical or habitual thinking begins to loosen so they are more open to new perspectives. Sedgeman (2005) stated, "Once people understand the thought-experience connection and realize how to re-access a healthy state of mind, they can sustain day-to-day peace of mind, wisdom, and well-being regardless of circumstances" (p. 47).

Limitations

This is a single exploratory study and additional research is needed to see if the findings can be replicated. Research among different students at-risk for school failure and at different schools in a wide array of regions should be undertaken to see if the results are consistent across different settings or are contextual and situational. Also, the number of participants studied could be larger, particularly for the comparison group. Furthermore, participants were not randomly assigned to experimental groups, and future studies should do so. Another limitation is that we did not conduct analyses to account for the nesting

of participants within schools, and while participants' schools did not report any efforts to improve their school climate during the duration of the study, it is difficult to know if changes impacting school climate were made during that time. For example, teachers may have implemented additional reward systems or merely increased their implementation of existing strategies. Also, there may have been other school related events like school dances, parties, or perhaps negative events. Further research is also needed to determine the duration of the effects of SPARK. Many interventions have impressive short-term results, but null or inconsequential long-term results. It could be that follow-up education is needed to ensure that the self-reported positive changes are sustained. Finally, future studies should include other outcome factors, such as grades, drop-out rates, school rule violations, and other mental health measures (e.g., self-control).

Conclusion

This study evaluated the efficacy of SPARK 3P/IH-based mental health education for improving the mental health and the perceptions of school climate for students at-risk for school failure. The findings appear to support each of our hypotheses. Compared with the waitlist comparison group, students at-risk receiving SPARK reported improved mental health evidenced by a significant increase in mental well-being, state of mind, and hope for the future. Furthermore, compared with the control group, students at-risk receiving SPARK showed improved perceptions of SC evidenced by significant improvements in conflict resolution, valuing academic success, and relational trust with teachers, peers, and the school community. While more research is needed to test the efficacy of SPARK for improving the mental health and perceptions of SC for students at-risk for academic failure, these preliminary findings appear to warrant attention from education and mental health researchers and practitioners.

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