Thrive: A Youth Theatre Program to Promote Mental Health and Reduce Stigma

Jocelyn Wynnychuk, Dr. Anomi Bearden, Dr. Greg Wells, Albertus Koett, Amy Erlandson

Red Deer Polytechnic

Abstract

Evidence has shown that adolescent mental health has been declining over time, with a growing number of adolescents reporting high levels of loneliness and poor mental health and with more youth receiving professional diagnoses of mood and anxiety disorders. Considering the onset of most mental illnesses occurs during the adolescent years, and that these mental illnesses can cause lifelong difficulties if left unaddressed, there is a clear need for community programs which support adolescent well-being. Thrive is a proposed referral-based program for adolescents dealing with depression and/or anxiety that is designed to teach coping skills, reduce mental health stigma, and provide youth with a vital source of social support by pairing evidence-based curriculums with theatre games and exercises. Additionally, the program will incorporate an element of cross-age mentorship in which the adolescent participants design and deliver a workshop based on what they have learned to local elementary classes. In this paper, a large body of research is reviewed, which supports the use of theatre for enhancing the well-being of adolescents, building a strong case as to why this proposed program will be beneficial for youth in the community.

Keywords: Adolescent well-being, Theatre, Arts-based, Cross-Age Mentorship

Thrive: A Youth Theatre Program to Promote Mental Health and Reduce Stigma

Youth mental health has been steadily declining across time, an issue that was accelerated during the COVID-19 pandemic and has become a pressing societal issue (Cost et al., 2022; Malla et al., 2018). The Canadian Mental Health Association (2025a) states that approximately 20 percent of individuals under the age of 25 experience a mental illness. Youth are reporting concerning rates of loneliness, low life satisfaction, depression, and anxiety (Cosma et al., 2023; Cost et al., 2022; Craig et al., 2023; Malla et al., 2018; Marquez & Long, 2021; Twenge et al., 2021). In a recent study, current high school students were found to have significantly higher depressive symptoms and social anxiety than teens from the previous generation (Borg et al., 2025). This deterioration also appears to be occurring rapidly, as significant increases in Canadian adolescents reporting poor self-rated mental health and professionally diagnosed mood and anxiety disorders were found between 2011 and 2018 (Weins et al., 2020). This pattern can also be seen globally (Cosma et al., 2023; Marquez & Long, 2021). This issue is of particular concern not only because of its devastating impact in the present, but because mental health issues in adolescence often persist into adulthood and can cause lifelong difficulties (Mulraney et al., 2021). As most mental health issues have an age of onset in adolescence or young adulthood (McGrath, 2023; Solmi et al., 2022), there is a clear need to intervene early (Mulraney et al., 2021; Singh et al., 2022). Early intervention is crucial as it can prevent symptoms from worsening (Liljeholm et al., 2020; Mulraney et al., 2021). Additionally, as Eichstedt and colleagues (2024) note, long wait lists are a prevalent issue for anyone seeking mental health

care, including for adolescents. As such, the Alberta Government has made efforts to restructure the health care system in order to allow individuals to receive care more promptly (Government of Alberta, 2024). Group approaches have been suggested as being an efficient strategy for reducing wait times, as they allow more individuals to be seen at once (Eichstedt et al., 2024). Moreover, preventative approaches that address symptoms early on can help to reduce strain on health services and can prevent mental health issues from worsening (Singh et al., 2022).

Interventions that utilize principles from the theatre industry may be a particularly promising means of promoting well-being among youth. In addition to the many known benefits that arts-based interventions bring (Gaiha et al., 2021), the role playing exercises and improvisation of theatre based approaches provide a unique opportunity for youth to explore new aspects of their identity in a safe environment (Elliot & Dingwall, 2017). As adolescence is a crucial period for identity formation (Branji et al., 2021), theatre practices may be particularly salient throughout this developmental period. Furthermore, the golden rule of improvisation, “yes, and…”, which requires the actors to embrace and add on to the ideas that their scene partners present can create a sense of unconditional positive regard (Bermant, 2013). This can help the actors to feel confident in their decisions and to act without fear of failure (Bermant, 2013). Finally, interventions which utilize theatre in a group environment can act as a vital source of social support for youth (Chan et al., 2023; Joronen et al., 2013; Orkibi et al., 2017).

Developed by Tree House Youth Theatre, Thrive is a proposed program aimed at supporting adolescent mental health, reducing stigma, and providing youth with valuable life skills (Tree House Youth Theatre, 2025). The program is designed to support adolescents who are experiencing anxiety and/or depression by teaching positive coping strategies and resilience

using evidence-based curriculum, with these skills being taught and reinforced through theatre games and exercises. Free of charge to the participants, Thrive will provide youth in the community with a safe environment for creative expression and mental health education, while building a sense of belonging and acceptance amongst peers. In the first phase of the program, participants will engage in four months of weekly workshops. Each workshop will focus on a specific lesson and will be led by trained facilitators. To demonstrate and reinforce these lessons, the facilitators will lead the youth through different theatre exercises that are adapted to fit within the framework of the curriculum. Participants will learn to manage stress and worries, how to calm themselves and find relaxation, how to build compassion for themselves and others, and more. For example, a session may begin with a quick lesson about reframing negative thoughts to be more balanced. To elaborate on this skill, the group will play an improvisation game in which they break into partners and take turns expressing a fictional negative or limiting thought. The partner will respond by saying “yes, and …” and reframing the thought into something more constructive or positive. An interaction may involve one partner saying “I think I'm going to fail this exam” with the partner responding “yes, and if you do, it doesn’t mean you’re a bad student, and maybe we can study together for the next one”. In this example, the participants will be practicing cognitive reframing in a low stakes setting, while also learning about the art of improvisation.

In the final weeks of Thrive, the participants will develop an educational workshop based on the skills they have learned and deliver this workshop to local elementary school classes. In the final session of Thrive, the teens will also present the workshop that they have prepared to their parents or guardians. This will be done to promote open communication about mental

health amongst families and encourage the teens to continue to practice the skills they've learned in the program. In the travelling phase of Thrive, the teen participants become mental health advocates and act as positive role models for the younger children. This is a mutually beneficial process, as the elementary students will be positively influenced and the teens will be given a sense of responsibility and confidence in being role models. Both the initial and the second phase of Thrive will serve to reduce stigma surrounding mental health. In this way, not only does Thrive benefit the adolescents who are referred to the program but also the broader community. Through the preventative approach of Thrive, the program will address mental health issues early on, teaching adolescents positive coping skills that they can continue on to use throughout their lives.

Literature Review

Youth Theatre for Mental Health

Theatre techniques and principles have been employed in a variety of formats and with diverse populations, including children, immigrants and refugees, older adults, and veterans (Fernandez-Aguayo & Pino-Juste, 2018). Programs which seek to use theatre techniques to as a means of promoting mental health have shown particularly positive results (Anichebe et al., 2024; Felsman et al., 2019; Hylton et al., 2019; Krueger et al., 2019; Munjuluri et al., 2020). Research examining the efficacy of theatre programs for adult patients at mental health clinics have demonstrated efficacy in reducing depression and anxiety symptoms (Krueger et al., 2017) and have been perceived positively by the participants (Moran & Alon, 2011; Ørjasæter et al., 2017). Participants for these programs have noted that performing in front of others enhanced

their self-esteem and that being given the chance to be an actor helped them to feel as though they were more than their mental illness (Moran & Alon, 2011; Ørjasæter et al., 2017).

Theatre interventions have been shown to be beneficial for adolescents as well (Anichebe et al., 2024; Corbett et al., 2019; Chan et al., 2023; Felsman et al., 2019; Hylton et al., 2019; Ioannou et al., 2020; Keightley et al., 2018). Theatre may have a unique benefit to adolescents, as it allows participants to explore different identities and take on new roles, which can aid in identity formation (Braji et al., 2021; Elliot & Dingwall, 2017; Orkibi et al., 2017). Theatre interventions for adolescents have been associated with reduced depression and anxiety symptoms (Anichebe et al., 2024; Felsman et al., 2019; Hylton et al., 2019; Ioannou et al., 2020), increased social connection (Chan et al., 2023; Corbett et al., 2019; Felsman et al., 2019; Ioannou et al., 2020; Keightley et al., 2018; Orkibi et al., 2017), and the development of important life skills (Beato et al., 2024; Chan et al., 2023; Orr, 2015; Roberts et al., 2017; Sowden et al., 2015). Simply being involved in traditional theatre (i.e., classes or after school programs not designed specifically for mental health promotion) during adolescence can have substantial benefits even when compared to other extracurriculars. In a longitudinal study, Denault and colleagues (2009) conducted a study to assess the impact that various types of extracurricular activities had on middle and high school students. In addition to measuring involvement dichotomously (yes/no), researchers also included a measure of intensity of involvement (number of hours of participation), and were able to show that youth who increased their participation in performing arts over the study period showed a decrease in their depressive symptoms, while the same could not be said for youth who participated in sports. Many suggest

that there are multiple elements of theatre which can have therapeutic value (Bermant, 2013; Keiler et al., 2024), which may explain these results.

As noted, a range of research has demonstrated that theatre interventions can improve mental health outcomes for adolescents. Interventions for youth which utilize theatre principles have been shown to promote creativity (Sowden et al., 2015), reduce loneliness and promote a sense of belonging (Chan et al., 2023; Orkibi et al., 2017), and reduce depression and anxiety symptoms (Anichebe et al., 2024; Felsman et al., 2019; Hylton et al., 2019; Ioannou et al., 2020). Delivered by the Detroit Creativity Project, The Improv Project is a school-based program which encourages thinking outside of the box to build confidence and resilience in students (The Improv Project, n.d.). Felsman and colleagues (2019) specifically sought to assess the impact that this program may have had on social anxiety, as this is a common issue for adolescents (Bandelow & Michaelis, 2015). The results of this study showed that after 10 weeks of participating in this intervention, social anxiety was significantly reduced in students who had initially screened positively for social phobia (Felsman et al. 2019). Additionally, as social anxiety decreased, social skills, hope, creative self-efficacy, comfort performing for others, and willingness to make mistakes increased.

Given that theatre involves multiple elements, there are many overlaps that exist with other types of creative arts. For example, set design involves the creation of visual art, and many theatre programs naturally integrate musical elements. Because of this, adolescents involved in theatre interventions may also gain the benefits of other arts-based therapies. Interventions using theatre principles that integrate other arts-based therapies allow youth to try a range of art-based activities and discover which element they connect with most (Beato et al., 2024; Hylton et al.,

2019). Hylton and colleagues (2019) assessed a creative arts therapy camp which involved visual art, music, and theatre-based therapy workshops. This camp was designed specifically for middle and high school students who had recently survived a school shooting. The students were given the option to try each of the workshops and then continue on with whichever type they enjoyed the most. The results of the study demonstrated that there was a significant decrease in PTSD, depression, and anxiety symptoms for those who participated in the drama therapy, while the same decreases could not be found in the music therapy group and the visual arts therapy group. These results may, in part, be due to the fact that theatre often involves multiple different forms of art. Therefore, these results demonstrate that there are unique benefits to be gained from drama therapy compared to other arts-based methods that focus more narrowly on one art form. With these benefits being found after a relatively brief intervention period (i.e., a two-week long camp), and after the group had experienced such a traumatic event, this study shows that theatre interventions can be an accessible means of intervention in times of crisis.

Similar programs have been designed specifically for individuals who have lived through other traumatic events as well, such as hurricanes (Munjuluri et al., 2020) and drastic floods (Anichebe et al., 2024). These programs may be beneficial because they can allow an individual to portray potentially traumatic experiences and re-experience them through a new light in a safe environment (Moran and Alon, 2013). Playback theatre is one form of theatre intervention which may provide therapeutic benefits because of this principle. Playback theatre involves an audience in which members take turns telling true stories from their personal lives, and a group of actors who improvise the scene that was described (International Playback Theatre Network, n.d.). This form of theatre is practiced around the world by all ages and used in multiple situations including

educational and business settings (International Playback Theatre Network, n.d.). Playback theatre often occurs in a public setting and was not designed as a form of therapy (Kowalsky et al., 2019). However, therapeutic elements can be added, and this format may be used for individuals accessing mental health care through a process called psychotherapeutic playback theatre (Kowalsky et al., 2019). In contrast to public playback theatre in which the scenes are being portrayed by a group of trained improv actors, in psychotherapeutic playback theatre, everyone in the group participates in both pieces of the process: as both actors and audience members (Kowalsky et al., 2019). This form of theatre may be helpful as it allows an individual to view their experiences through the perspective of an observer, which can help them to see their situation in a new light (Moran & Alon, 2011). Additionally, the process of storytelling is intended to evoke memories of similar experiences for other participants (Kowalsky et al., 2019). In this way, not only can playback theatre help participants to see their experiences through a new lens, but it can demonstrate to the participants that they are not alone in their struggles. Because of this, playback theatre may act as a form of group therapy for individuals who have lived through traumatic experiences. Munjuluri and colleagues (2020) conducted a study in which individuals whose homes had flooded during a hurricane participated in four weeks of playback theatre, with scenes specifically centering around their experiences in the hurricane. Following the intervention, participants showed significant decreases in PTSD and anxiety symptoms. The benefits of this process for these participants may in part be due to their shared experience. As the Thrive participants will be roughly the same age and will have been referred to the program for similar reasons, it is likely that many of the participants will be able to relate to one another. Other studies have demonstrated that playback theatre can increase participants'

self-esteem and provide them with a sense of relaxation (Moran & Alon, 2011). Not only can playback theatre be beneficial as it allows people to see their personal experiences from the perspective of an observer, but also participating in the improvising of the scenes can be beneficial as well.

The principles of improv are thought to be beneficial because they create a safe environment of unconditional positive regard for the participants (Bermant, 2013). The central tenet of improv is 'yes, and…', which means that participants are supposed to embrace the scenario that their scene partner has put forth and continue to add to it rather than diminishing their efforts and steering the scene in another direction (Bermant, 2013). This ensures that the scene runs smoothly and can create an environment where the participants feel safe to try new things and explore new ideas without fear of being disregarded (Krueger et al., 2017). Creating this environment of unconditional positive regard has been suggested to be a crucial piece of theatre interventions for youth (Keiler et al., 2024). As noted, due to this, many interventions have focused on using improvisational elements to benefit adolescents (Casteleyan et al., 2019; Chan et al., 2023; Felsman et al., 2019; Tang et al., 2020). As previously discussed, Felsman and associates (2019) assessed a program called The Improv Project, which delivers improvisational theatre classes to high schools, which resulted in significantly reduced social anxiety symptoms for the teen participants. Improv is thought to be a beneficial practice for social anxiety, as it involves exposure to an uncertain social interaction in a safe environment (Felsman et al., 2019). It is likely that the benefits gained from this program can at least in part be attributed to the nature of the exercises (Felsman et al., 2019). Another form of improvisational theatre is known as Theatresports, which is a competitive form of improv in which groups practice and then

participate in competitions in which they perform in front of a live audience, competing against other groups for points (Chan et al., 2023). Chan and colleagues (2023) conducted interviews with youth participants at a Theatresports competition to understand their perceptions of it. Participant's responses echoed the results found by Felsman and colleagues (2023) in that the youth suggested that their involvement in this theatre program improved their social skills (Chan et al., 2023). Additionally, they suggested that practicing improv taught them to come up with creative alternative solutions to life's issues, giving them a sense that negative situations are not permanent, and providing them with a sense of hope. Involvement in improv can also be conducive to the development of important life skills, as participants noted that their involvement with Theatresports helped them to build their problem-solving skills and become more adaptable. Improvisation has been shown to aid in divergent thinking ability (Sowden et al., 2015). Sowden and colleagues (2015) conducted a study in which children aged 10-11 years old participated in a brief improvisation game to understand the impacts that improvisation can have on creative thinking. The participants completed a task called the incomplete figures task in which they were asked to create a unique image from an incomplete line. The participants did different versions of this task before and after participating in the game, and their creations were scored for originality and compared to an age-matched control group. The results of the study showed that, when controlling for pretest originality scores, the intervention group produced significantly more original drawings. Similar findings were also found when children engaged in 10 minutes of a dance class in which they were encouraged to improvise their own dance moves (Sowden et al., 2015).

As discussed, theatre principles can be helpful methods for improving the mental health of adolescents, specifically for symptoms of depression, anxiety, and PTSD. Many interventions are also targeted towards specific groups of adolescents to help in other domains as well. This includes adolescents at clinical risk for psychosis (Tang et al., 2020), incarcerated youth (Palidofsky & Stolbach, 2012), and youth in the custody of child protective services (Cesar & Decker, 2020). Because theatre interventions can be beneficial for youth across many domains, and specifically because of the social benefits that can be gained, many theatre programs have been specifically targeted towards neurodivergent youth. For example, a non-profit organization called SENSE theatre aims to enhance the social competence of children, adolescents, and adults who have Autism Spectrum Disorder (ASD; SENSE theatre, n.d.). Research has demonstrated the efficacy of this program (Corbett et al., 2019; Ioannou et al., 2020). Ioannou and associates (2020) demonstrated that children and adolescents enrolled in the program displayed lower trait anxiety and engaged in more group play than those in a waitlist control group. Another study showed similar results and demonstrated that youth with ASD who took part in the program showed significantly improved verbal theory of mind compared to the waitlist control group (Corbett et al., 2019). This means that these youth became better able to infer, understand, and explain the thoughts, feelings, and ideas of others (Corbett et al., 2019). Similarly, in a qualitative study on an intensive theatre program for adolescents with fetal alcohol spectrum disorder, feedback from the youth, their caregivers, and the program facilitators suggested that the youth increased in their confidence throughout the program (Keightley et al., 2018). The caregivers and facilitators also noted that relational bonds that were created amongst the adolescents, and that the youths' emotional awareness increased throughout the program, which

aided in their communication not only with each other, but with the facilitators as well (Keightley et al., 2018). Overall, these results demonstrate that theatre interventions can act as promising avenues for the promotion of social communication and engagement, specifically for neurodivergent youth, but for all youth as well.

Theatre-based activities can also provide unique benefits to youth that other interventions may not feature. Acting involves an individual stepping into a new role and portraying a character that may have markedly different traits than the actor. This may give a youth who is struggling an opportunity to briefly escape the troubles of their day-to-day life. Elliot and Dingwall (2017) discussed this idea when studying a referral-based drama program for at-risk teens. Many of the teens in this program expressed in interviews that they often felt as though they frequently had roles prescribed to them that they did not wish to be attached to (i.e., the stereotype of the "troubled teen"). When discussing what they valued about the program, many participants noted that acting gave them the opportunity to be viewed by others, and in turn, view themselves as something new. Some participants also noted that the ability to play a role allowed them to explore personal issues and emotions in a safer way, giving them a space to safely express their vulnerability. Responses from participants in another study mirrored these (Ørjasæter et al., 2017). Patients at a mental health clinic who participated in a theatre workshop noted that the experience allowed them to step into a new role and hold multiple identities, rather than being singularly defined by their identity as someone with a mental illness (Ørjasæter et al., 2017). As adolescence is a key period for identity development (Branji et al., 2021), the chance to, even momentarily, portray a character with different personality traits will allow the teens to try out different roles in a safe environment. Many activities practiced in Thrive may allow the

participants to experience some of the same benefits that were found by Elliot and Dingwall (2017) and Ørjasæter and colleagues (2017). In Erikson's Psychosocial Theory of Development, adolescence is a period in which the individual seeks to discover their identity by exploring different values and roles (Berk & Roberts, 2008). Thrive will provide participants with multiple opportunities to explore these roles, and will therefore contribute to their development through this period. As the target demographic for Thrive is older adolescents (i.e., 15-17 years-old), the participants will also be transitioning into the next phase of development, which is intimacy versus isolation (Berk & Roberts, 2008). Thrive will provide participants with a space to build connections with one another, and as the program goes on, the activities that the group partakes in will lead to the creation of deeper bonds amongst the participants.

Social Connection

While providing education and a safe space for teens to explore ideas related to mental health, Thrive will also provide its participants with a space to meet new people and build new relationships. Many of the activities done in Thrive will help to build trust and create bonds among the participants and with the program facilitators. For instance, while learning about kindness, the group may play a game in which the participants stand in a circle, and each player takes turns stepping into the centre and acting as a character of their choice. After a short period of acting as this character, the group will give the character a genuine compliment. For example, if a teen steps into a circle and acts as a police officer, the group may tell the actor that they are brave, strong, or that they are doing a great job in protecting the community. The actor will then step back into the circle, and the group will continue to play the game until each of the participants has had the chance to portray their character. Although these compliments will be

given to a fictional character the teen created, in a sense, the teen will be receiving praise for their portrayal of that character. This will help to build the young actor's confidence and help to create an environment where each participant supports one another. Additionally, to further create a sense of safety amongst the group, a practice of giving and receiving permission to act before beginning a scene will be implemented. This will allow participants to more deeply engage with the emotions of a scene, and to explore the situation put forth without feeling overtly vulnerable. For example, two participants may explicitly state their permission to act to one another before beginning a scene where there is an argument or a disagreement occurring. Taking the time to make this acknowledgment prior to beginning the scene allows both actors to more comfortably portray the anger that comes along with the situation. Building a safe environment is vital as it will allow the participants to form deeper connections with one another. This is imperative, as adolescence is considered by some to be a sensitive period for social processing, meaning that a lack of meaningful social connections during this time can have lasting impacts (Balkemore & Mills, 2014). Considering rates of social anxiety and loneliness are increasing in adolescents across time (Borg et al., 2025; Twenge et al., 2021), well-being initiatives for youth such as Thrive, that build social skills and provide adolescents with positive peer relationships are essential.

Social support is crucial for adolescent well-being as it can build resilience (van Harmelen et al., 2017), defend against mental health issues (Finan et al., 2018), and can even promote academic success (Zhang et al., 2024). While social support from multiple different sources is important (Mendonca & Simoes, 2019), support from peers may be uniquely important for adolescent's well-being. Social support from peers has been found to predict lower

levels of depressive symptoms during adolescence (Finan et al., 2018). Some research may even suggest that this support is even more important than support from family, as van Harmelen and associates (2017) found that while both family support and friendship support was related to current resilient functioning among adolescents, only friendship support was related to later resilient functioning. Conversely, a lack of social support can have damaging effects on adolescent mental health (Cost et al., 2022). For example, Cost and colleagues (2022) found major deteriorations in mental health among adolescents during the COVID-19 pandemic and determined that these decreases were strongly associated with social isolation. With all of this in mind, it is likely that the group element of Thrive will greatly contribute to the benefits that the teens will reap from the program.

As mentioned, theatre programs can and have been used for promoting the growth of social competencies in both neurodivergent and neurotypical youth (Corbett et al., 2019; Elliot & Dingwall, 2017; Felsman et al., 2019; Ioannou et al., 2020; Keightley et al., 2018). For instance, in the previously discussed program, SENSE Theatre, Corbett and colleagues (2019) found that youth participants with autism improved in their ability to understand the thoughts and feelings of others. This improved ability may help these youth to feel more confident in social situations, as this program also led to participants engaging in more cooperative play (Corbett et al., 2019; Ioannou et al., 2020). A theatre program such as this one may improve social skills because it gives the youth an opportunity to practice these skills, rather than simply learning about them (Corbett et al., 2019). Improving these social skills can allow adolescents to feel more confident in social situations (Elliot & Dingwall, 2017), which will allow them to build deeper bonds. Theatre programs which feature very similar elements to Thrive (i.e., improvisation, role playing,

and collaborative storytelling) have been found to reduce social anxiety symptoms for adolescents who screened positively for social phobia (Felsman et al., 2019). Even programs that don't specifically seek to build social skills can help adolescents to create positive relationships with their peers (Chan et al., 2023). For example, adolescents taking part in a competitive improv program noted that being a part of the group helped them to build lasting bonds and gave them a sense of belonging, with this being the most prominent theme from the interviews (Chan et al., 2023). Other qualitative studies corroborate these findings as well, with participants of theatre programs saying that their involvement gave them increased confidence in social interactions and that the program acted as a source of social support (Diba & d'Oliviera, 2015; Elliot & Dingwall, 2017). Quantitative data supports this as well (Joronen et al., 2012). Joronen and associates (2012) assessed a drama-based intervention in schools to understand its impact on social relationships and instances of bullying. The results evidenced that students who participated in at least nine classes of the intervention rated their relationships in the classroom as being significantly improved following their participation, while a control group showed no significant improvements. Additionally, the intervention group displayed a significant reduction in reports of bullying victimization, suggesting that this intervention may have caused the teens to treat one another more compassionately (Joronen et al., 2012).

As mentioned, support from multiple sources is extremely important for adolescent well-being (Mendonca & Simoes, 2019). This means that while the support that the participants receive from each other is vital, the support they receive from the program facilitators will also play a large role. For teens, having a non-parental adult figure in their life who is supportive can be extremely beneficial (Sterrett et al., 2011; Zimmerman et al., 2002). For example, adolescents

who report having positive adult figures in their life have been shown to display less deviant behavior and have more positive beliefs about school, including both the importance of school itself, and a belief in themself to do well (Zimmerman et al., 2002). In Thrive, the program facilitators will be there to guide the participants through each lesson. In this role, the facilitators will have the responsibility of creating a space where the participants feel safe to express themselves and their ideas. When the facilitators embrace and welcome these ideas, this will hopefully build trust, which will in turn make the teens feel more comfortable in fully engaging in some of the more vulnerable activities. Additionally, each session will begin with a weekly check-in, in which the facilitators will ask the group questions about how their week has been, and how they have implemented the lessons they've learned in Thrive into their daily lives. This will further help to create a sense of cohesion among the group and will give the teens the feeling that someone really cares about them.

Finally, the community engagement phase of Thrive will help to promote social connection. As will be discussed shortly, this phase of Thrive will involve a form of cross-age mentorship in which the teen participants will be making connections with younger students. Cross-age mentorship programs can promote a sense of connectedness in both the mentor and the mentees (Karcher, 2005; Smith & Holloman, 2013). Throughout each phase of Thrive, adolescent participants will be given the chance to build social connections. This includes with peers of the same age, with positive adult role models, and with younger children for whom they can act as role models for.

Community Engagement

As noted, after spending many weeks learning, the youth in the program will then move on to a community engagement phase in which they deliver a workshop to elementary school classes (fourth and fifth grade) in the community. Thrive participants will be split into smaller groups of four to five participants, with each group visiting only one elementary class. This will be done so that the workshop can be presented to multiple elementary classes without taking too much time away from the teens regular schooling. The workshop will be designed by the teens during the final month of the program. Here, the adolescents will act as mental health advocates as they demonstrate the power that freely discussing mental health can have to their younger peers. This phase of Thrive is intended to provide the younger kids with positive role models, give the adolescents a sense of pride and responsibility through this new role, and overall, reduce the stigma surrounding mental health by encouraging an open dialogue. Additionally, in the final session of Thrive before traveling to the schools, the teens will present the workshop to their parents or guardians. This will be done with the intention to promote healthy communication about mental health amongst the families. This workshop will also be beneficial as it will allow the teens to solidify the knowledge they've gained from their time in Thrive and put the positive coping skills they have learned into practice.

Knowledge Retention Through Teaching

By teaching what they have learnt, not only are the Thrive participants sharing their knowledge with others, but they will be solidifying the knowledge for themselves. Teaching material to others has been demonstrated to help individuals to retain knowledge and understand lessons in a more meaningful way (Fiorella & Mayer, 2016; Hoogerheide et al., 2016; Koh et al., 2017). The way that the material is taught also impacts the degree to which it helps with learning.

For example, Koh and colleagues (2017) conducted an experiment in which participants were asked to study a lesson on the auditory phenomenon known as The Doppler Effect. Participants were then asked to teach the material in a video lecture, with some participants teaching the material from memory and some using a pre-written script. Participants returned a week later to take a test on the Doppler Effect to assess how much of the information was retained. The participants who taught the material from their memory significantly outperformed those who taught the material following a script. Teaching recently learnt material without the use of notes requires the teacher to actively recall the information that they have just learnt (Koh et al., 2017), which is a learning technique with a large body of research supporting its efficacy (Karpicke & Grimaldi, 2012). The verbal explanation of information may also play a role, as a similar experiment conducted by Hoogerheide and associates (2016) found higher knowledge retention for participants who verbally explained a concept than for participants who provided a written explanation. While they are delivering the workshop, participants will be freely recalling and verbally explaining the material they learnt throughout the whole program, meaning that they will solidify their understanding of the concepts.

Both the design and preparation and the workshop itself will allow the teens to deepen and reaffirm their knowledge, meaning that it may lead to more long-term benefits compared to if they had simply learned the information. In addition to the importance of teaching for learning, the physical movement that will come along with learning and teaching the material may help Thrive participants to understand the content on a deeper level. Fiorella and Mayer (2016) describe enacting as a form of learning which involves coordinating movement with the material being learned to help elaborate and understand on a deeper level. Movement is thought to aid in

learning by helping to reduce some of the cognitive demands that are associated with solely verbal explanations, allowing for a deeper level of information processing (Fiorella & Mayer, 2016). Throughout the learning phase of Thrive, various activities will be used that will incorporate movement and help the teens to better understand what they are learning. For example, participants may play a game called Pass the Movement which involves participants standing in a circle and copying the movement of the person before them. To take this game a step further, participants may be asked to portray certain emotions through their movements. As the game continues, this will allow the participants to see how each person may portray and experience the same emotion in different ways. This can conclude with a discussion of how the emotion is understood and articulated differently by different people. A game like this will help participants develop their emotional awareness while the movement will also help participants to better understand what they are learning. An activity such as this may be incorporated into the workshop and could help to engage the elementary students, allowing them to also gain these benefits and making the visit more memorable.

Open Communication Between Parents and Adolescents

As mentioned, before delivering the workshop to the elementary schools, the teens will present it to their parents or guardians. This will be done to promote open communication regarding mental health between parent and teen. The amount and type (i.e., positive or negative) of communication between parent and child is thought to play a large role in adolescent mental health (Acuña & Kataoka, 2017; Finan et al., 2018; Zapf et al., 2024). Higher levels of communication between a parent and an adolescent have been found to be related to declining levels of depressive symptoms as the adolescent transitions into emerging adulthood (Finan et

al., 2018). Similarly, problematic family communication has been shown to be related to more severe PTSD symptoms, whereas open family communication has a protective effect against PTSD symptoms (Acuña & Kataoka, 2017). Regardless of how the adolescent's current communication with their parents is, this piece of Thrive will provide them with an opportunity to showcase what they have been learning and could act as a catalyst for a deeper discussion of mental health between parent and teen. This may have a ripple effect in which each member of the family becomes more comfortable discussing the topic and, in this way, this piece of Thrive acts to help reduce mental health related stigma in the community at large.

Cross-Age Mentorship and Positive Role Models

By having the teen participants present to local elementary students, Thrive is incorporating an element of cross-age mentorship. Cross-age mentorship typically involves a supportive relationship being built between two youth who have an age difference of at least two years, but are within the same generation (Burton et al., 2022). A widely known example of a cross-age mentorship program is the international non-profit organization Big Brothers Big Sisters (Big Brothers Big Sisters, 2024). This program involves older adolescents or adults building close relationships with younger adolescents or children who may benefit from having a positive figure in their life (Big Brothers Big Sisters, 2024). Evaluated cross-age mentorship programs have been shown to produce a number of positive outcomes, both for the mentor and the mentee, including academic benefits (Herrera et al., 2011; Jenner et al., 2023), increases in connectedness (Jenner et al., 2023; Karcher, 2005, 2009), and the development of important life skills (Jones et al., 2023; Smith, 2011; Smith & Holloman, 2013). Jenner and associates (2023) found that students transitioning from middle to high school who received mentoring from senior

high school students ended up achieving significantly higher grade point averages than students who did not receive mentoring. Students who received this mentoring also tended to receive fewer disciplinary infractions than students who had not been mentored (Jenner et al., 2023). Mentorship programs may also help students to develop a greater sense of self-efficacy, as students have shown more positive perceptions of their academic abilities (Herrera et al., 2011) and greater intention to attend post-secondary (Jenner et al., 2023) following being a mentee.

Benefits to be gained from cross-age mentorship go beyond academics as well. Mentorship programs have been shown to promote decision making skills, encourage growth mindsets, and increase connectedness to parents (Jenner et al., 2023; Karcher, 2005). There has also been evidence that mentorship programs can be used to teach important life skills, and that teens can act as effective mentors for a wide range of ages (Humphrey & Olivier, 2014; Smith, 2011; Smith & Holloman, 2013). Smith (2011) conducted a pilot study on a program which used teen mentors to teach a health curriculum called Just for Kids to elementary school students. In this program, teenage mentors paired off with elementary school children to deliver a curriculum which promoted healthy eating habits and physical activity (Smith, 2011). The teens received training to deliver the information in a way that focused on increasing knowledge, building self-efficacy, and improving attitudes surrounding health behaviors (Smith, 2011). The students who had received this mentoring showed significant increases in their nutritional knowledge and in intentions to eat healthfully, with students who had not been mentored showing no improvements (Smith, 2011).

Evidence has also shown that teaching information in this way can be just as--if not more--effective than teaching information in a traditional classroom setting (Smith & Holloman,

2013). A follow up study on the *Just for Kids* program was conducted in which a group learning the curriculum from teen mentors was compared to a group being taught the curriculum from an adult teacher in a typical classroom. After eight weeks, the children who had been mentored by the teens showed significant increases in physical activity and intention to eat healthfully while the children who were taught in the traditional classroom did not. These results not only demonstrate that cross-age mentorship programs can be effective in teaching important lifestyle habits, but that the children may hold more value in health information coming from a teen just a few years older than them compared to when that information comes from an adult. Other research has demonstrated that with proper training, teenagers can be trusted to successfully mentor children as young as pre-school aged to achieve tangible benefits like improved communication and language skills (Humphrey & Olivier, 2014). Although this is a different age demographic than the teenage Thrive participants would be working with, it demonstrates that given appropriate preparation, youth can be trusted with the responsibility of working with a younger population, and that they can make real impacts. While the community engagement portion of Thrive would not be occurring over multiple weeks as the *Just for Kids* program was, this research shows that younger children give credence to health information coming from older peers, and that delivering the information in this way can be even more effective than if their teachers were to teach the same lesson. Based in Vygotsky's Sociocultural Theory of Development, Rogoff (2003) defines the term guided participation, which is a term that explains the collaborative process of learning. As opposed to Vygotsky's more specific process of scaffolding, guided participation does not require explicit instruction, but instead refers to a more broad process of individuals with less experience learning through a shared activity with a more

experienced counterpart (Berk & Roberts, 2008; Rogoff, 2003). As the Thrive teens work with the elementary students, they will be engaging in guided participation.

Although research specifically regarding the experiences of mentorship programs for the mentor is scarce in comparison to research regarding the experiences of the mentees, mentors do stand to gain a number of benefits. These are often similar to the benefits that the mentees gain. For instance, Karcher (2009) found that teens who served as mentors for fourth and fifth grade students had significantly increased feelings of connectedness over the course of a school year, while teens who did not serve as mentors did not. They also showed significant increases in self-esteem, again, while the control group did not. Other research taking a qualitative approach sheds light on the perceptions of mentors and the value that they have felt their work has had. St. Vil and Angel (2018) interviewed young adult men who served as mentors for middle-school boys in a program called The Brotherhood. Many of the volunteer mentors in this program made note that they had had pasts that were similar to the boys that they were mentoring, and so they felt as though their mentoring was a form of giving back to the community, and that they found joy in being the positive role model that they would have needed at the time. These responses also noted that they felt as though their involvement and the program in general created a sense of community. While mentorship relationships are often thought of as opportunities for children or youth to learn from their mentors, it is also important to note that mentors often can learn from their mentees as well. Jones and associates (2023) interviewed non-Black mentors who had worked with Black youth, not only to determine the perceived benefits of the mentoring in general, but to understand how the cross-race aspect played a role. Mentors noted that they found meaning in being exposed to different values, interests, and perspectives, and explained how

these gave them an opportunity for personal growth. Mentors also noted that the relationships they formed encouraged self-reflection and gave them a greater sense of social awareness regarding race-related issues.

The community engagement phase of Thrive does differ from the typical conceptualization of a cross-age mentorship program. Cross-age mentorship programs usually involve a personal relationship being built between a younger and an older adolescent and therefore involves multiple meetings over the course of months or years, whereas this phase of Thrive would occur in a singular session. Despite this important difference, the demonstrated benefits of cross-age mentorship, and other notable features of the way this portion of Thrive is designed, still make a strong case for why this phase of Thrive will be valuable for both the teens and the elementary students.

The narrow age gap may be advantageous because the elementary students may view the teens as their peers rather than seeing them as a separate age group. In adolescence, peer perceptions become increasingly important, and as a result, adolescents become greatly susceptible to peer influence (Hofmans & van den Bos, 2022). This can cause youth to engage in risky behaviors like alcohol or drug use (Hahlbeck & Vito, 2022; Vito et al., 2019). On the other hand, peers can also have a positive influence on one another. For example, peer influence can cause adolescents to engage in more physical activity (Lawler et al., 2020). With the narrow age gap between the Thrive participants and the elementary students, some of the positive effects of peer influence may be incorporated here. Adolescents are also more likely to follow the behaviors of those who they perceive to have more social status than them (Hofmans & van den Bos, 2022). Because of the slight age gap, the elementary students may perceive the Thrive teens

as having a higher social status than them and therefore may be more likely to follow their advice. Similarly, adolescents are also more likely to follow the behaviors of those who they perceive to have high expertise (Hofmans & van den Bos, 2022). Because the teens will have just undergone weeks of learning about mental health, the elementary students may perceive the teens to have a high degree of expertise, meaning that they will be more likely to follow in their footsteps.

Cross-age mentorship programs may vary greatly in the format in which they are delivered (i.e., duration, setting, specific population being mentored, etc.). One way in which programs differ is in the outcomes that they are trying to achieve. Some programs aim to teach a specific curriculum, such as the previously discussed program Just for Kids (Smith, 2011; Smith & Holloman, 2013) while other programs may instead more generally focus on relationship building. While the importance of building a positive relationship between mentor and mentee should not be dismissed, programs that target specific outcomes may be more beneficial for child mentees (Christensen et al., 2020). Christensen and colleagues (2020) conducted a meta-analysis comparing targeted versus non-targeted mentorship programs and found that targeted programs tended to produce larger effect sizes. As this phase of Thrive will be specifically focused on teaching coping skills and dismantling the stigma surrounding mental health, this could be considered a targeted approach. Moreover, the fact that targeted approaches produce stronger effects than more relationship-based ones, provides support as to why this phase of Thrive will be advantageous even in the brief encounter.

Mentoring relationships that occur more naturally, or instances in which a child or adolescent has a positive figure to look up to (i.e., a role model), also demonstrate how this one-

time interaction will be beneficial. Research has shown that having a positive role model in adolescence tends to be correlated with more favourable outcomes (Atif et al., 2022; Hurd et al., 2009). Having a role model in adolescence has been shown to have a protective effect against both externalizing and internalizing behaviors, to promote favorable school outcomes and prevent risky behavior (Atif et al., 2022; Hurd et al., 2009). Of importance, these benefits may not be reliant on the role model being someone who the adolescent regularly interacts with. Atif and associates (2022) found that simply having a role model was associated with higher confidence and higher happiness levels, more interest in education, and engagement in safer behaviors. Interestingly no differences were found for these outcomes between adolescents who identified their role model as being someone they regularly interact with (i.e., family member or same-age peer) versus someone they may have never even met (i.e., celebrity or public figure). These results highlight how powerful having any positive figure can be for an adolescent and further underscore the benefit of the community engagement phase of Thrive.

Ultimately, the community engagement phase of Thrive will positively contribute to the teens' experience in the program by causing them to think more deeply about the material they've learned, by reinforcing their knowledge, by giving them an opportunity to act as positive role models, and by encouraging open communication about mental health among their families. This phase of Thrive will also be a significant contribution to the broader community, as the children will see teens boldly speaking about a topic that is often shied away from. Even in the form of a brief, one-time encounter, there is strong reason to believe that this interaction will have a powerful impact on both the teens and the children.

Reducing Stigma Through Education and Theatre

The immediate goal of Thrive is to help adolescents in the community to learn coping skills to help manage depression and/or anxiety symptoms. A secondary goal and a consequence of this is a reduction of stigma surrounding mental health. This will occur both through the initial phase of Thrive, by providing adolescents with a safe space where they can discuss mental health with their peers, and in the second phase of Thrive in which they relay this message to the younger generation. Stigma involves multiple components including labelling, stereotyping, exclusion, status loss, and discrimination (Link & Phelan, 2001). As it relates to mental health, stigma may cause someone to believe that a person with a mental health issue is weak, a burden on society, that they lack control, that they are likely to be violent, or many other harmful attributions (Putman, 2008). When internalized, these harmful beliefs may cause an individual with a mental health issue to avoid seeking help (Clement et al., 2015; Finnigan et al., 2022; Sheikhan et al., 2023). When an individual with a mental illness does seek help, stigma may also limit or impair the quality of care that they receive (Link & Phelan, 2001; Sheikhan et al., 2023). In recent years, there has been a large effort to reduce mental health stigma (e.g., Canadian Mental Health Association, 2025b; Government of Canada, 2020). The Mental Health Commission of Canada (2020) reports that 60% of people with a mental illness said that they would not seek help because they feared being labelled. Concerningly, they also noted that approximately 40% of parents stated that they wouldn't tell anyone, including their doctor, about their child experiencing a mental health issue. Although many suggest that the conversation regarding mental health has become more open in recent years, it is still a pervasive issue with very real impacts.

Although many suggest that attitudes have improved in recent years, stigma surrounding mental health persists, and research indicates that the change in the prevalence of stigma over time is complex, and that the improvements that do exist are limited (Bradbury, 2020; Pescosolido et al., 2021). For example, research has shown that while there have been improvements in attitudes toward depression over time, there have also been worsening attitudes towards other mental health issues such as schizophrenia and alcohol dependence (Pescosolido et al., 2021; Schomeris et al., 2022). Thus, despite improvement in some areas, the stagnation or even regression in other areas shows that there is still much work to be done in reducing mental health related stigma. Moreover, while it is commonly believed that the younger generations have become more accepting of mental illness, research demonstrates that adolescents may actually hold more harmful beliefs towards mental illness than adults (Bradbury, 2020). Bradbury (2020) compared a sample of 16- to 18-year-olds to a sample of adults over the age of 40 and found that the teen sample held more stigmatized beliefs. These results may suggest that individuals become more accepting of others that differ from them as they age. As noted, adolescents are particularly susceptible to peer influence (Hofmans & van den Bos, 2022), which may also explain these findings (Bradbury, 2020). Adolescents may feel an increased pressure to appear as part of the group and may have a greater fear of being labelled, leading them to hold negative beliefs towards individuals with mental illnesses (Bradbury, 2020).

Stigma has serious consequences for individuals experiencing mental health issues, both in their lived experiences and in the quality of care they receive (Sheikhan et al., 2023). It is well-documented that stigma is a barrier to individuals seeking mental health care (Clement et al., 2015; Finnigan et al., 2022; Mental Health Commission of Canada, 2020; Sheikhan et al.,

2023). In a systematic review, Clement and colleagues (2015) determined that stigma was one of the most pervasive barriers for individuals of all ages seeking mental health care. Qualitative research further illuminates the impact stigma has for individuals with mental health issues and can showcase adolescents' perspectives of how stigma has affected them. Sheikhan and associates (2023) conducted focus groups with adolescents who had lived experience with mental health issues to understand how harmful beliefs have impacted their experiences seeking care. The participants explained how for many of them, negative beliefs about people with mental illnesses and a fear of being labelled or viewed differently caused them to delay getting the help they needed. A prominent issue that appeared was a worry over not being considered 'sick enough'. For many adolescents, this idea created feelings of self-doubt and occasionally even resulted in being denied treatment if their symptoms did not match the stereotype of a person with a mental illness. The feelings expressed by youth in this study mirror responses from youth in other studies as well (e.g., Finnigan et al., 2022). Mental health stigma not only has harsh implications for the way that individuals view themselves but has worrying implications for the level of care they may receive. This demonstrates that further work is needed to make tangible changes in reducing mental health related stigma and supports how necessary community programs such as Thrive are. Further, stigma can result in a lack of knowledge of existing resources, creating an additional barrier to receiving care. Many adolescents noted that they were not aware of the resources that were available to them, so even if they did wish to seek treatment, they did not know where to access it (Sheikhan et al., 2023). Through Thrive, and specifically through the community engagement phase, the elementary students will be shown

that there are resources available to them, which may make them feel more empowered in seeking help in the future if they need to.

There have been many interventions, including nationwide campaigns (e.g., Canadian Mental Health Association, 2025) which have aimed to reduce mental health related stigma. In a review of research on these interventions, Thornicroft and colleagues (2016) noted that most of these interventions focus on providing education about mental health or focus on building social contact between people with and without mental health issues. In this review, both these types of interventions were found to be effective in creating positive attitude change in the short-term, but with less evidence of these interventions having lasting impacts. Because the group of Thrive participants will be educating the elementary students, and because they will be doing so with their lived experience of mental health issues, the community engagement phase of Thrive may act as a combination of both types of interventions. The use of arts-based principals, including theatre, may also be helpful additions to interventions aiming to educate and reduce stigma associated with mental health (Beato et al., 2024; Gaiha et al., 2021; Pitre et al., 2007; Roberts et al., 2007). Researched interventions have been shown to increase knowledge, improve attitudes, and make participants feel more comfortable being close to individuals with mental illnesses (Beato et al., 2024; Pitre et al., 2007; Roberts et al., 2007). Furthermore, these interventions have also led individuals to suggest that they would be more likely to seek professional help for their mental health (Roberts et al. 2007). Gaiha and associates (2021) conducted a review of arts-based initiatives to reduce mental health stigma, and although they note that interventions which utilize multiple art forms may be more impactful, they also note the breadth of research that has been done on programs which specifically use theatre. This research has shown consistent

benefits over the last 20 years (Beato et al., 2024; Pitre et al., 2007; Roberts et al., 2007; Yotis et al., 2017).

Beato and colleagues (2024) assessed an intervention called WeARTolerance which delivered psychoeducational workshops paired with arts-based activities to reduce mental health stigma in adolescent and young adult participants. The intervention itself involved four days in which participants completed the psychoeducational workshops in the morning, followed by the completion of different arts-based activities in the afternoon. The arts-based activities included theatre, cinema, music, and visual arts and were added to reinforce what the participants had learned in the morning sessions. While each session focused on something different, sessions often included discussions of acceptance and the promotion of open dialogue regarding mental health. The researchers found that this intervention was effective in educating participants, as knowledge surrounding mental health issues was improved following the program, and these increases were maintained at a six-month follow-up. Participants also developed a greater willingness to be close with and were less nervous around people with mental health problems, demonstrating that attitudes regarding people with mental health issues were improved. Although this program used multiple art forms rather than just theatre exercises, the format of this program is similar to Thrive. Each session of Thrive will include lessons that teach a skill or coping strategy, with each of these lessons being reinforced through a game or exercise. For example, while teaching a lesson about how music can be used to improve one's mood, the facilitators may guide the participants through an activity where the actors improvise a short scene and have music playing in the background that dictates the mood of the scene. While other theatre programs may not explicitly state that they aim to reduce stigma, simply speaking about mental

health related issues may make participants feel more comfortable with the topic. Additionally, participating in theatre may provide individuals with mental health issues with an outlet (Ørjasæter et al., 2017). In a qualitative study of a theatre workshop for patients in a mental health clinic, participants explained how the opportunity to practice the theatre gave them a space where they felt like a whole person, free from the stigma that was associated with their mental illness (Ørjasæter et al., 2017).

While teaching vital coping skills, the initial phase of Thrive will be helping to reduce the internalized stigma that the adolescent participants may experience. By showing the participants that they are not alone in their struggles and by providing them with a space where they can feel comfortable speaking about their mental health, Thrive will be empowering teens to become mental health advocates. After spending months learning and preparing to share their knowledge, the participants will be amply prepared to transition into the community engagement phase. Furthermore, receiving a strong message of anti-stigma at an early age may help the elementary students also grow into mental health advocates. During this phase, the Thrive participants will be creating positive change in their community which will give them a sense of responsibility and will help develop their leadership abilities.

Applicable Skills Gained Through Theatre

As the participants will be referred to Thrive to help manage anxiety and/or depression symptoms, providing coping skills for these issues will be of the utmost importance. Although it will not be the main focus of the program, other applicable life skills will be taught through the games and activities as well, with the principles of theatre contributing greatly to these lessons. Thrive teens will be learning to embrace different viewpoints and support others' ideas through

improv exercises. They will also be learning to work collaboratively and to apply what they have learnt as they develop the workshop. Additionally, as the teens deliver the workshop to their parents and later to the elementary classes, they will be developing their public speaking skills and learning how to communicate ideas to various audiences. These skills will be vital for the teens to build as they continue into school and enter the workforce. In this way Thrive will also be preparing its participants for their future endeavors.

Communication and public speaking

There are many ways that theatre exercises and principles are used for specific purposes. One popular way that theatre may be used is for developing communication skills (Datskiv, 2024; Fahmy et al., 2021; Neilson & Reeves, 2019; Phelps et al., 2021). Specifically, theatre exercises such as role playing and improv have been used in foreign language classes (Datskiv, 2024). Incorporating these activities can build confidence and comfortability with speaking a new language and can also teach important public speaking skills such as eye-contact and appropriate body language (Datskiv, 2024). Another common way in which these activities may be used for building communicative competence is with healthcare professionals (Neilson & Reeves, 2019; Phelps et al., 2021). For instance, Neilson and Reeves (2019) assessed the impact of a workshop which incorporated role play and re-enactments to help prepare nursing students to work in pediatric end of life care. The students said that participating in the workshop improved their ability to speak about death, dying, and bereavement, and gave them a greater sense of confidence for the future when they would have to put these skills into practice. Specifically, students mentioned that the innovative approach of the workshop helped with their learning. Other programs have used similar exercises to strengthen participants' communicative

competence. Fahmy and colleagues (2021) found that women who took part in theatre games and exercises found increased confidence in speaking in front of others and that the classes helped them to believe that what they had to say was worthwhile. Even theatre programs which don't expressly focus on building communication skills can still help participants to develop these abilities. Participants have noted that performing in front of crowds through theater has helped them to develop their public speaking skills and has given them a greater sense of self-confidence (Chan et al., 2023).

Teamwork and Cooperation

Through Thrive the participants will develop important cooperative skills and learn to work as a team. Many argue that theatre is one of the most collaborative art forms (Gray et al., 2024). A traditional theatrical performance requires actors, directors, set designers, and more, with the performance requiring that all these individuals all work together towards a common goal (i.e., the performance; Gray et al., 2024). Theatre programs for adolescents have been shown to have promising benefits for promoting teamwork (Chan et al., 2023; Karatas, 2011; Tang et al., 2020; Ulusoy et al., 2023). As noted, there are several social benefits for youth participating in theatre, which can help to develop their ability to work as part of a team. For example, adolescents who participated in a competitive theatre program have reflected on how they felt that being a part of the group taught them the value of teamwork (Chan et al., 2023). Additionally, as previously addressed, theatre programs have been found to promote more collaborative play for adolescents with ASD (Corbett et al., 2019; Ioannou et al., 2020). Since ASD typically involves impairments in social interactions (APA, 2022), this demonstrates how powerful theatre practices can be for young people.

While merely working with others in a theatre production can help to develop the ability to work well with others, some exercises more directly aim to build these skills. Orr (2015) explains an exercise which builds the ability to work with others known as an ‘activating scene’. Here, participants are asked to improvise a scene in which one actor plays a protagonist and another plays an antagonist, with one of these characters always attempting to get something from the other. While the scene can be played out in any way that the actors choose, the intention is that the protagonist will always fail to get what they want. After the short scene finishes, the group breaks for a discussion in which everyone is encouraged to think of different strategies that the protagonist could have used. The group then weighs the pros and cons of each of the solutions, and if an audience member wishes to, they can take one of the actors' places and act out the scene again using one of the new strategies. This activity would challenge the group to cooperate to come up with possible solutions to a problem -- a skill that is necessary in any shared work (Orr, 2015). While there was no evaluation tied to this program, other research has demonstrated the benefit that theatre practices can have for problem solving. Karatas (2011) studied a ten-week long theatre intervention with adolescents and found that it resulted in improved conflict resolution skills, with decreases in aggression and increases in problem solving abilities.

Many of the exercises and games that will be done in Thrive will incorporate teamwork in some way. The workshop that will be delivered to the elementary students will require that the teens work together to figure out how to best deliver the information to a younger audience. The workshop will be developed largely independently, with a small amount of guidance from the program facilitators. This will allow the teens to rely on one another and incorporate each other’s

ideas, all while working towards a common goal. Nearly each piece of Thrive will require the participants to work together in some way. For instance, each session will also include a short break mid-way through for a quick snack and each week the participants will work together to prepare the snack. While this is a small element, it will further help to develop the participants abilities to work with other people. Additionally, the end of each session will feature a short check-out session in which the group will debrief about what they have learned and discuss how they plan to continue using the skills throughout the upcoming week. During this time, the participants will be sharing their thoughts and giving each other ideas for other ways they can practice their skills.

Discussion

With adolescent mental health declining over time, and with the detrimental life long impacts that can occur when adolescent ill mental health is not cared for, programs that seek to support individuals through this period are essential (Borg et al., 2019; Cosma et al., 2023; Cost et al., 2022; Craig et al., 2023; Malla et al., 2018; Marquez & Long, 2021; Mulraney et al., 2021). Interventions using theatre principles appear to be a promising means for reducing depression and anxiety symptoms, promoting positive coping skills, and building important social bonds among youth (Anichebe et al., 2024; Beato et al., 2024; Chan et al., 2023; Corbett et al., 2019; Elliot & Dingwall, 2017; Felsman et al., 2019; Hylton et al., 2019; Ioannou et al., 2020; Joronen et al., 2012; Keightley et al., 2018; Orkibi et al., 2017). By teaching important coping skills, by making meaningful steps toward reducing mental health stigma in the community, and by being a strong source of social support for the participants, Thrive stands to make immense positive contributions in the lives of adolescents in the community.

The use of theatre to enhance well-being has also been practiced for other groups as well. For example, a large body of research supports the efficacy of theatre programs for older adults (Bassis et al., 2023; Keisari et al., 2022, 2024; Morse et al., 2018; Sharkiya et al., 2024). These programs have been shown to increase playfulness, improve mood, and improve depressive symptoms (Bassis et al., 2023; Keisari et al., 2022; Sharkiya et al., 2024). Although they may be used for a different demographic, these programs are often very similar to and mirror the benefits of theatre programs for adolescents. For example, Keisari and colleagues (2022) studied a drama therapy group for older adults that utilized playback theatre. These classes involved the older adults reflecting on life experiences and seeing them played out before them by other participants. This is done to help participants find a sense of meaning and gain perspective (Keisari et al., 2022). From this program the participants showed increases in self-acceptance, personal growth, and life satisfaction. Similarly to programs with adolescents, many of these programs provide the older adult participants with social support and help to build deeper relationships with others (Keisari et al., 2022; Morse et al., 2018).

Because theatre programs such as Thrive are not designed as a therapy, but have therapeutic benefit, they may therefore circumvent some of the barriers that surround more traditional mental health care (Moran & Alon, 2011). Although some research has suggested minor societal improvements in attitudes toward mental illness (Pescosolido et al., 2021; Schomeris et al., 2022), this stigma still acts as a major barrier to individuals accessing mental health care (Finnigan et al., 2022; Sheikhan et al., 2023). Reaching adolescents through something they may find interesting and fun such as theatre and using it as a way to incorporate mental health lessons will hopefully reduce this barrier. Another major barrier to seeking help is

the expensive cost that often comes along with accessing care (Radez et al., 2021). Thrive will be entirely free of cost to participants who are referred to the program. This will be possible as the sessions themselves will require limited materials and because space to run the sessions will be generously donated by other community programs. Additionally, as Thrive will be psychoeducational, it is designed with the intention to teach participants skills that they can continue to utilize after the program has concluded. With this, the goal will be that teens will leave Thrive with a toolkit of skills to manage their depression and/or anxiety symptoms moving forward.

Most programs run on different timelines, with some involving weekly, shorter sessions over the course of many months (e.g., Orkibi et al., 2017; Roberts et al., 2017; Rousseau et al., 2015), and others more intensive, longer sessions occurring over a much shorter period (e.g., Beato et al., 2024; Caesar & Decker, 2020; Hylton et al., 2019; Keightley et al., 2018). Research differs as to what has been found to be most effective. For example, while some shorter programs have found null results (Bornmann & Crossman, 2011; Casteleyn, 2019), a program called Thera-prov, which involved four weeks of two-hour sessions per week showed promising benefits (Krueger et al., 2017). Joronen and colleagues (2012) shed light onto what may be needed as a sufficient dosage for making meaningful change for adolescents. The researchers compared classes taking part in drama lessons that addressed the topics of bullying, friendship, and supporting others to a control group of students of the same age. While one of the groups studied only participated in four hour-and-a-half-long classes, and showed insignificant results, another group that participated in nine classes showed significant improvements in social relationships, suggesting that dosage is important to consider in order to achieve desired results

(Joronen et al., 2012). Although this doesn't give an exact answer as to the minimum dosage required, these results do bode well for Thrive, as Thrive will involve a longer participation period.

The previously discussed program The Improv Project, which Felsman and associates (2019) found to have various positive outcomes, most closely resembles the vision of Thrive. In The Improv Project, each weekly session features a different lesson that fosters creativity, builds confidence, and teaches socioemotional and life skills (Felsman et al., 2019). Similarly, in Thrive, each week will focus on a different skill based on the evidence-based curriculums. This will include teaching various skills to manage anxiety including breathing techniques, grounding exercises, and progressive muscle relaxation. Lessons may also focus on easy to build positive emotions which may include gratitude exercises, practicing positive affirmations, and goal setting. As is common in many mental health interventions, Thrive will incorporate weekly homework assignments that will challenge participants to put what they've learned into practice. These homework assignments may directly incorporate information that has been learned in a Thrive session (e.g., make a plan for when to practice breathing exercises throughout the week), or they may be an encouragement to try out a new healthy lifestyle habit (e.g., practice sleep hygiene by removing devices from the bedroom and following a consistent sleep schedule). Many other theatre programs have done the same (Krueger et al., 2017; Tang et al., 2020).

While Thrive will mirror existing theatre programs in some ways, it will also have a number of unique elements. Namely, the evidence-based curriculums that lessons are designed around and the community engagement phase distinguish Thrive from similar theatre-based programs and strengthen it further. Each session of Thrive is designed around a lesson from these

curriculums, with theatre games being adapted to fit into each lesson, meaning that well-being is placed at the centre of each session. Additionally, the community engagement phase takes Thrive a step beyond the benefits that similar programs offer.

Several recommendations for Thrive can be made based on similar existing programs. An interesting feature of many programs which Thrive does not yet plan to incorporate is the inclusion of peer facilitators. Some programs have chosen to invite specific youth into the workshops who are included with the intention of being a positive influence on the other participants (e.g., Corbett et al., 2019; Elliot & Dingwall, 2017; Ioannou et al., 2020). For example, this occurred in a theatre program that was specifically geared toward youth who were identified as being vulnerable or at-risk for various reasons including being young carers or displaying behavioral issues (Elliot & Dingwall, 2017). This program chose to recruit adolescents from an existing non-intervention theatre program to take part in the sessions with these youth being chosen to be peer mentors because the facilitators believed that they would be a positive influence on the at-risk participants. The peer mentors participated in the program in the same way as the other youth and were there to simply act as role models for the other adolescents. Similarly, the previously discussed program SENSE theatre, which specifically works with children and adolescents with ASD, chooses to include neurotypical teens into their program (Ioannou et al., 2020). These teens receive training in working with individuals with ASD and act as peer mentors for the participants. This is done with the goal of providing the youth with ASD with models of social competence which they can emulate. As Thrive develops over time, the incorporation of a peer mentor to these programs may be a helpful consideration. As the organization behind Thrive runs various other youth theatre programs that are not

specifically focused on managing mental health symptoms, there may be youth who the facilitators believe will positively impact the Thrive participants that could be invited to the Thrive sessions.

Although there is a large and diverse body of research regarding theatre programs, there is still a need for more rigorous research methods in the area (Feniger-Schaal & Orkibi, 2020; Krueger et al., 2017). Since Thrive is unique from many other programs, as it becomes more established over time, evaluation of the program would meaningfully contribute to the literature on youth theatre for mental health. Additionally, evaluation of the program would allow Thrive to adjust the program as needed to ensure that the participants are receiving the best care possible. A mixed methods approach may be best suited for this evaluation as it would provide quantifiable data of how the program impacts depression and anxiety symptoms and would allow the teens to directly give their unique perspectives on the experience. Evaluations should be sure to include elements that not only assess the impact for the teen participants, but also for the elementary students who receive the workshop.

Conclusion

As adolescent mental health has been declining across time, social programs to support individuals through this important developmental period are imperative. Theatre programs can offer youth unique benefits as they provide a creative outlet, allow the exploration of roles, and provide youth with an invaluable source of social skills and support. The proposed referral-based program Thrive will act as a preventative approach to supporting adolescents in the community who have been displaying depression and/or anxiety symptoms. By utilizing evidence-based curriculums, Thrive will provide youth in the community with an arsenal of coping skills to help

manage their symptoms moving forward. Not only will Thrive help the teenage participants by teaching valuable mental health information but Thrive will also be a vital source of social support for the teens. Furthermore, Thrive will act to reduce mental health stigma in the community at large, as the teens in the program will deliver a workshop designed on what they've learned in the program to local elementary classes. This will be mutually beneficial as the elementary students will be given positive role models, and the teens will gain a sense of confidence and responsibility from this important role. Finally, the teens will also be valuable life skills that will be transferable to their future endeavors. Taking all of this into consideration, it is clear that Thrive will be immensely beneficial for youth in the community.

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