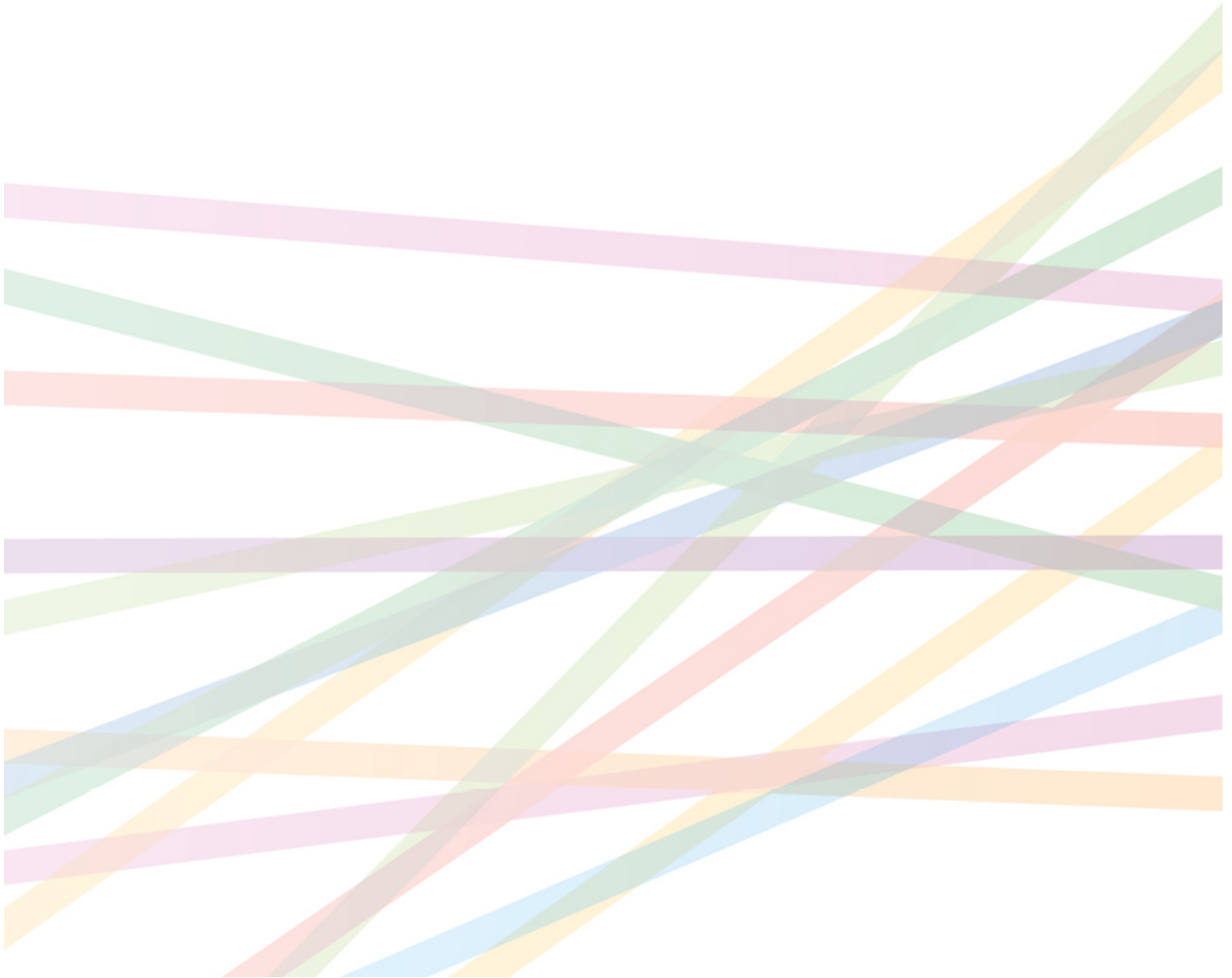




“GO TO” TEACHER TRAINING

REPORT FOR THE CALGARY AREA



"GO TO" TEACHER TRAINING: REPORT FOR THE CALGARY AREA

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| Background

The "Go-to" Educator Training: Identification of Mental Disorders in the Secondary School Setting ("Go-to" Educator Training) was developed in 2009 by Dr. Stan Kutcher, Sun Life Chair in Adolescent Mental Health. It is an important component of the "Pathways to Care Model" (Wei, Kutcher & Szumilas, 2011), which integrates schools with health care providers to better meet mental health care needs of young people. The "Go-to" component of this model is based on the observation that in each school, there are educators with whom students form good relationships, naturally go to for help, and feel comfortable talking about their problems. Providing training to this group of educators in how to recognize mental disorders can be expected to substantively promote early identification of mental health problems and mental disorders, thus potentially leading to earlier effective interventions and the provision of ongoing support within the school setting to those so identified. These "go-to" educators can include subject teachers, student service providers (such as guidance counselors, psychologists, social workers, nurses, etc.), principals and other staff members. At these training sessions, these education sector professionals are joined by appropriate health and mental health providers working in the local communities. The objective of the "Go-to" Educator Training is to equip these "go-to" educators with the information necessary to identify mental health problems and mental disorders in their students and learn the actions necessary to facilitate referrals to appropriate health and mental health resources within the school or community. It is a single day program that provides training in the identification and support of young people experiencing mental health problems/mental disorders. It also links the "go-to" educators with student service providers in their own institutions, thus increasing the likelihood that students who are identified as in need of mental health support will move more seamlessly into appropriate care opportunities.

The program is delivered by a "Go-To Educators Trainers Team" of selected educators, health and mental health providers and student services providers under the leadership and remit of local education and health authorities. Trainers selected by local authorities receive the one and half day training program.

The evaluation of the "Go-to" Educator Training is determined by a survey comprised of 30 true/false/do not know questions which participants complete both prior to and following the training session. These questions assess the educators' knowledge regarding signs, symptoms, causes and onset of mental disorders in addition to tools and techniques used in the assessment of mental disorders in young people. Participants are similarly asked to complete an 8-Likert scaled questionnaire that assesses attitudes to mental illness and people living with a mental illness. Additionally, participants are asked to complete a workshop evaluation form.

This report presents the outcomes of the "Go-to" Educator Training delivered by Dr. Stan Kutcher, Sun Life Financial Chair in Adolescent Mental Health, and Mitch Shea, team member of the Sun Life

Financial Chair in Adolescent Mental Health, to participants from a session conducted with the Calgary school boards in October 2013.

| Participants

A series of training sessions was offered during the first week of October 2013 to a total of 25 participants recruited by the Calgary school boards. Of these 25 educators, 23 surveys were able to be matched, and are the subject of this report. The 23 educators (all female) who participated in the training included eight psychologists or mental health workers, six teachers, two guidance counselors, one social worker, four consultants (including behavior consultants), one researcher and one project manager.

| Outcomes

Participants in the “Go-to” Educator Training completed anonymous knowledge assessment surveys before and after the training in order to help determine the effectiveness of the training. Surveys included 30 knowledge questions pertaining to general mental health literacy. These questions were framed as “True”, “False”, and “Do Not Know” options. Educators were instructed to use the “Do Not Know” option rather than guessing. The survey also included eight questions examining attitudes related to mental illness. These questions were measured with a 7 point Likert Scale, ranging from “strongly disagree” to “strongly agree.” A total positive attitude score out of 56 is calculated from this measure. To ensure anonymity, participants were asked not to provide any identifying information. In order to link participants’ responses between the pre-training and post-training surveys, anonymous linking questions were asked, such as their month of birth, mother’s first name, and postal code.

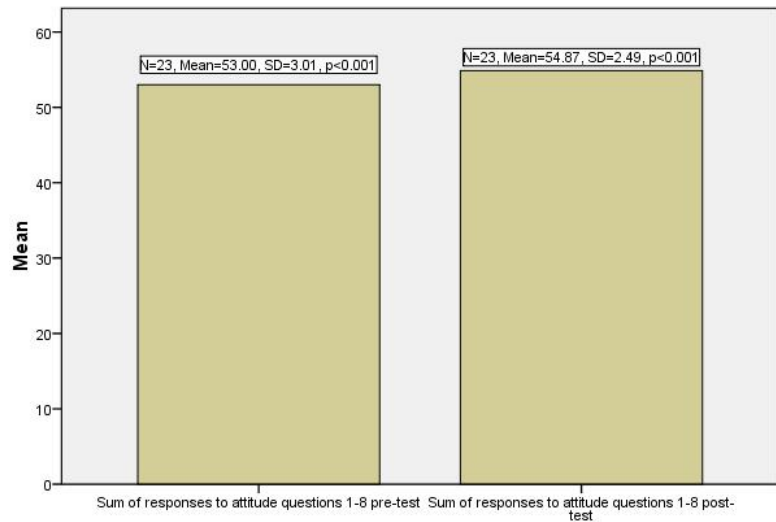
Outcomes of the knowledge assessment survey revealed that prior to the training, the group correctly answered an average of 13.7 of 30 (46 %) of general mental health questions, which improved to 24.8 of 30 (83%) following participation in the training program, a statistically significant change, $t(22) = 11.07, p < 0.0001$ (see Figure 1). This is an extremely positive p value, demonstrating a highly significant impact of the training program. The effect size was $d=2.9$. This is an extremely high effect size, demonstrating a highly substantive impact of the training program.

Figure 1: Mean Group Scores for General Mental Health Knowledge



Participants' attitudes towards mental illness, as measured on the Likert scored questions were highly positive at baseline, yet improved after the training. From a possible positive score of 56, the average group attitude score before training was 53 (Standard Deviation [SD] = 3.01). Following the training, the participants' average attitude score increased to 54.87 (SD = 2.49). These results yielded a very significant difference; $t(22) = 3.89$, $p < 0.001$. This is an extremely positive p value, demonstrating a highly significant impact of the training program. The effect size, $d = 0.68$ is relatively high, demonstrating a substantive impact of the training program.

Figure 2: Mean Group Scores for Attitudes Regarding Mental Illness



Discussion and Conclusions

The “Go-to” educator program strongly improved the mental health knowledge of participants. Evaluation of the “Go-to” Educator Training demonstrates that this training program is helpful in significantly improving educators' capacity to learn how to identify adolescents with mental health problems or disorders and how to link them with appropriate services for help. Knowledge increase was highly significant and the effect size (a measure of substantive impact) was extremely high.

The “Go-to” Educator Training also had strongly positive impact on decreasing stigma. Participants' attitudes toward mental illness were very positive at baseline but nonetheless increased significantly with participation in the training program. The effect size demonstrated the strength of this impact.

The highly positive results of the “Go-to” Educator Training with members of the Calgary area school boards suggest that this program may be a useful intervention to help those working in junior high and secondary schools identify youth who demonstrate mental health problems and disorders in the school setting and learn how to link them to appropriate care providers. Thus, the school setting becomes part of the solution along the pathway to mental health care.

References

Wei, Y., Kutcher, S., & Szumilas, M. (2011). Comprehensive school mental health: an integrated “school-based pathway to care” model for Canadian secondary school. *McGill Journal of Education*, 46(2), 213-230.