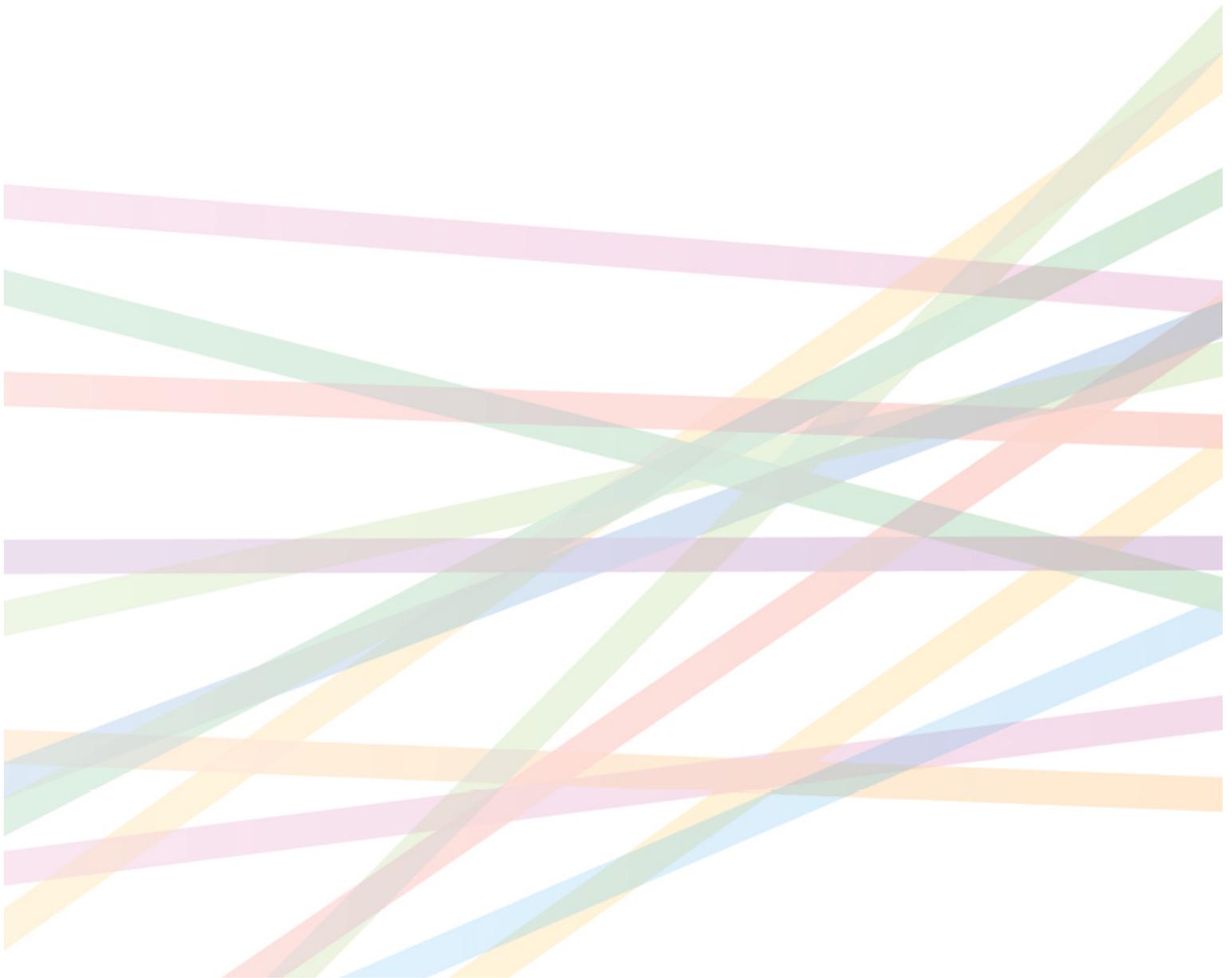




“GO TO” TEACHER TRAINING

REPORT FOR NEWFOUNDLAND



"GO TO" TEACHER TRAINING: REPORT FOR NEWFOUNDLAND

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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 one to one and a half day program depending on the training needs and it 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 usually recommended to be delivered by trainers of "go-to" educators who consist 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 a 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. Additionally, participants were asked to similarly complete 8 Likert-scaled items that assess attitudes to mental illness and people living with a mental illness. Finally, a workshop evaluation is administered to participants.

This report presents the outcomes of a modified and more intensive "Go-to" Educator Training developed and delivered by Dr. Stan Kutcher, Sun Life Financial Chair in Adolescent Mental Health, to participants who were professional school based health and human services providers with various school boards in Newfoundland. These modifications were developed based on specific

requests from these professionals and included additional focus on diagnostic and evaluation tools, treatment details and outcome measurement for common mental disorders of young people. The program was delivered in Gander, Newfoundland over a two-day period in September of 2013.

Participants

Thirty school based health and human services providers (24 female and 6 male) participated in the training: 25 guidance counselors (83.3%) and five educational psychologists (16.7%).

Outcomes

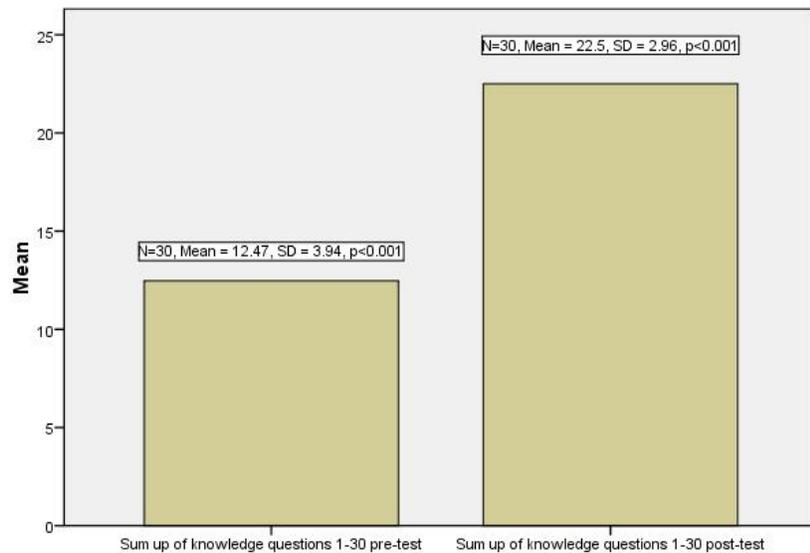
Participants in the Training Program completed anonymous knowledge assessment surveys before and after the training in order to help determine the effectiveness of the training. Surveys included 30 knowledge questions pertaining to general mental health literacy. These questions were framed as “True”, “False”, and “Do Not Know” options. Participants 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 each 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 12.47 of 30 (42%) of general mental health questions, which improved to 22.5 of 30 (75%) following participation in the training program, a statistically significant change, $t(29) = 12.15$, $p < 0.0001$ (see Figure 1). This is an extremely positive p value, demonstrating a highly significant impact of the training program. There is also an extremely high effect size ($d=2.87$),

demonstrating a significantly higher performance of participants upon receiving the training program.

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 50.72 (Standard Deviation [SD] = 3.78). Following the training, participants’ average attitude score increased to 52.07 (SD = 4.58). These results did not yield a significant difference; $t(28) = 1.53$, n.s. The attitude scores improvement produced an

Figure 1: Mean Group Scores for General Mental Health Knowledge



effect size of $d=0.32$, which indicates that the training did have a moderately positive impact on attitude changes.

Twenty-two participants provided feedback regarding their satisfaction with the training. Using a five-point scale (i.e., 0 = poor; 5= Excellent), participants responded to several questions and were invited to provide comments and suggestions. When asked “Overall, I found the workshop useful and informative” participants’ average score was 4.36 out of 5. In response to the question “Overall I found the speaker(s) to be of high quality” as a group participants’ average score was 4.5 out of 5. In response to the question “Overall I learned information and concepts that will be helpful to me in my work”, as a group, participants’ average score was 4.54. When asked “would you recommend this workshop to my colleagues” as a group participants average score was 4.36. When asked to provide an overall rating for the workshop as a group participants’ average score was 4.31 out of 5. Finally, participants were asked to rate this workshop compared to other similar workshops they have taken. Twenty three percent of respondents noted that the workshop was “much better” than similar programs while 64% stated it was “better”.

Overall, participants considered the training session to be “excellent”, “very informative” and as providing “extremely relevant information”. The participants enjoyed the speaker and thought the information learned was relevant to their work. Some representative comments from their written feedback include:

“Great presenter - heard Dr. Kutcher many times and always amazed at his level of knowledge”

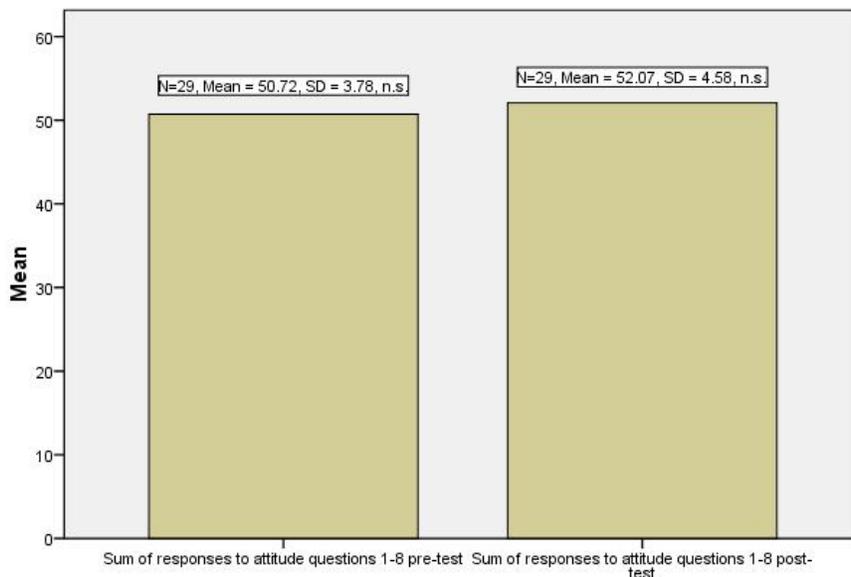
“Current knowledge of health, medical system was a bonus. His varied experiences contributed to important info for counselors”

“Love the electronic resources. A great learning experience”

“Really liked the more in-depth discussion of the science behind the disorders - what's happening in the brain. Other workshops often discuss just symptoms and interventions”

“Excellent workshop!! Very informative. Changed my thinking/provided much information. Thank you!!”

Figure 2: Mean Group Scores for Attitudes towards Mental Health



| Discussion and Conclusions

This modified version of the “Go-To” Educator training program, designed to meet needs identified by school based health and human services providers strongly and substantively improved the mental health knowledge of participants. Knowledge increase was very 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. Although participants’ attitudes toward mental illness were very positive at baseline (suggesting a ceiling effect impact on measurement), they nonetheless improved with exposure to the training program. The effect size demonstrated the moderately positive strength of this impact.

The overall highly positive results of this modified “Go-to” Educator Training with school based health and human services providers (guidance counselors and school psychologists) in Newfoundland suggests that this training program may also be useful and effective in enhancing knowledge and attitudes of similar professionals working in school systems in other parts of Canada.

| 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.