

Training of Educators on the “Go-to” Educator Training Program at Halifax Regional School Board

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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. Therefore 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 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 evaluation of the “Go-to” *Educator Training* is determined by a 30 (true/false/do not know) and 8 likert scaled questions survey completed prior to and following the training. 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, training participants are asked to complete a workshop evaluation form consisting of likert scale scored items and opened ended comments.

This report presents the outcomes of the “Go-to” *Educator Training* delivered to educators from the Halifax Regional School Board (HRSB) in May 2012.

Participants

The one day training session was offered to a total of 134 educators at three different locations in the HRM on May 14, 17 and 18, 2012. The sessions were facilitated by Dr. Stan Kutcher and Ms. Yifeng Wei of the Sun Life Financial Chair in Adolescent Mental Health Team, of the IWK Health Centre and Dalhousie University. Of the 134 educators, 120 pre and post surveys were able to be matched for analysis and are the basis of report. The 120 educators (34

males; 85 females; 1 who did not identify) who participated in the training included teachers (70%), guidance/school counselors (17%), principals/administrators (6%), social workers (1%) and other professionals (5%) such as registered nurse practitioners, public health practitioners, and youth health care coordinators; 2% of the sample did not list their profession.

Outcomes

Educators participating 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 assure 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 of 30 (40%) of general mental health questions correctly, which improved to 21 of 30 (70%) following participation in the training program, statistically a highly significant change, $t(119) = 25.6, p < .0001$ (see Figure 1).

Educators’ attitudes towards mental illness, as measured on the Likert scored questions were revealed to be in the positive range at baseline. From a possible positive score of 56, educators’ scores ranged from 35 to 56 with an average group score of 49.9 (Standard Deviation [SD] = 4.6) prior to training. Following the training, educators’ attitudes improved, and ranged from 38 to 56 with an average group score of 51.5 (SD = 4.2). This change represented a statistically highly significant improvement in attitudes, $t(115) = 4.3, p < .0001$ as a result of the training (see Figure 2).

General Feedback

Training participants also provided feedback regarding their satisfaction with the training session. Using a six-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” participant’s average rating was 4.6/5. In response to the question “overall, I found the speaker(s) to be of high quality” as a group participant’s average rating was 4.8/5. In response to the question “overall I learned information and concepts that will be helpful to me in my work” as a

Figure 1: Mean Group Scores for Educators General Mental Health Knowledge

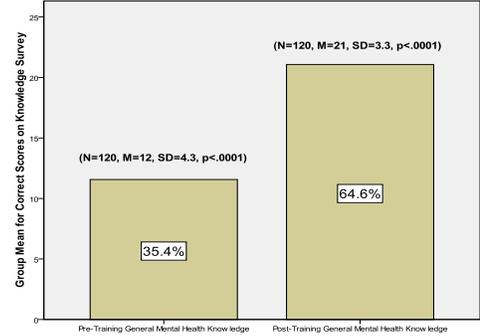
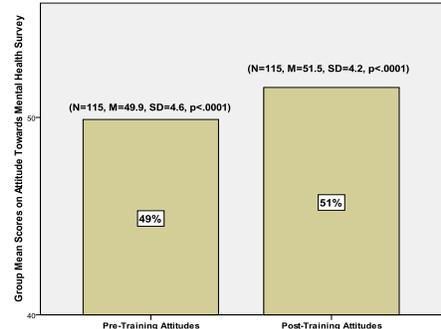
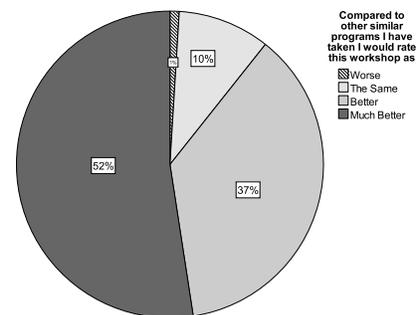


Figure 2: Mean Group Scores for Educators Attitudes Regarding Mental Illness



group participant's average rating was 4.6/5. When asked "would you recommend this workshop to [your] colleagues" as a group participant's average rating was 4.6/5. When asked to provide an overall rating for the workshop as a group participant's average rating was 4.5 out of 5. Finally, participants were asked to rate the workshop compared to similar programs they have attended in the past. The options given to rate the workshop included: much worse; worse; the same; better; and much better. As a group, participant's rated the "Go-to" Educator Training as much better (52%), better (37%), the same (10%) and worse (1%). No one chose the option of "much worse" to describe the training (see Figure 3).

Figure 3: Participant's rating of Go-to training compared to similar programs



Most participants described the training session as "very informative", "eye opening", "interesting", and "very useful information". As a group, an overwhelming amount of participants commented on the excellent quality of the speakers. The only consistent suggestion to improve the training was to offer the training over two days instead of one day. Some of the comments provided by the participants included the following:

"Great information. Thanks for recognizing that schools can be a part of the solution with proper support."

"I am so pleased that my administrator asked me to attend this PD. It was informative and well explained and helpful beyond words."

"ALL educators should have this PD!"

Discussion and conclusions

Evaluation of this "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. The training also demonstrates it is able to enhance positive attitudes towards mental illness, even in a group that on the basis of its pre-selection criteria demonstrated a largely positive perception of mental health/mental illness at baseline.

In conclusion, the positive results of the "Go-to" Educator Training with HRSB suggest that the training may be a useful intervention to help educators 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. Experiences with HRSB also enabled the program developers to refine the program and identify lessons learnt to inform future work with other school partners.

Next step/Action plan

Due to the success with HRSB, the "Go-to" Educator Training has been adopted by the Department of Education of the Province of Nova Scotia through the School Plus initiative

affiliated with the Student Services Section of the Department. It will be delivered across the Province using a train the trainer long term sustainability model during 2012 and 2013. Further program evaluation reports of these initiatives will be posted on the site: www.teenmentalhealth.org as they become available.

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.