Background

The Mental Health & High School Curriculum Guide (Mental Health Curriculum Guide) was developed by Dr. Stan Kutcher, Sun Life Chair in Adolescent Mental Health in collaboration with the Canadian Mental Health Association. Designed to be usually embedded in grade nine or ten curriculum its objective is to enhance mental health knowledge and reduce stigma among students and teachers. To support the curriculum a one day training session developed by Dr. Kutcher and Ms. Yifeng Wei of the Sun Life Financial Chair Team is offered to teachers who will implement the Mental Health Curriculum within their classrooms. The training addresses the concepts of mental health, the mental disorders that typically onset in adolescence, stigma and where to seek help for mental health problems/disorders. The training also reviews the six modules of the Mental Health Curriculum, supplementary educational resources and teaching strategies pertaining to school-based mental health. The objective of the training is to improve teachers’ knowledge of the Mental Health Curriculum Guide and its contents, and enhance positive attitudes towards mental illness and those who are living with mental disorders. This report presents the outcome of Mental Health Curriculum Guide delivered to teachers from the Halifax Regional School Board (HRSB), Province of Nova Scotia in January 2013.

Participants

In preparation for implementing the Mental Health Curriculum Guide within classes in the HRSB, a session was provided to Grade 9 Healthy Living course teachers. This one day training session was provided to 29 teachers from the HRSB on January 29, 2013. The session was conducted by Dr. Stan Kutcher, the Sun Life Financial Chair in Adolescent Mental Health, of the IWK Health Centre and Dalhousie University. The 29 educators (10 male; 19 female) mostly taught Grade 9 Healthy Living, as well as other junior high school classes such as Science, Math, Resource, Social Studies, French and English. The session focused on the basic concepts of mental health and mental disorders, a review of the six modules of the Mental Health Curriculum Guide, and discussions of teaching strategies.

Outcomes
Participants in the Mental Health Curriculum Guide training completed anonymous knowledge assessment surveys before and after the training in order to help determine the effectiveness of the training. The surveys included 30 knowledge questions, 22 pertaining to general mental health literacy and 8 related specifically to the Curriculum. These questions were framed as “True”, “False”, and “Do Not Know” options. Participants were instructed to use this “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 was calculated. 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. Participants also completed an additional satisfaction questionnaire allowing them to provide qualitative feedback regarding their satisfaction level and satisfaction with the training.

Outcomes of the knowledge assessment survey reveal that prior to the training, as a group the educators correctly answered an average of 23 of 30 (77%) of mental health questions correctly, which improved to 27 of 30 (90%) following participation in the training program, which is a statistically significant change $t(28) = 6.97, p < .0001$ (see Figure 1).

Teachers’ attitudes towards mental illness were found to be positive at baseline. From a possible positive score of 56, educator scores ranged from 42 to 56 with an average group score of 50 (Standard Deviation [SD] = 4.1) prior to training. Following training, educators’ attitudes ranged from 47 to 56 with an average group score of 53 (SD = 3.1). This change represented a statistically significant improvement in attitudes, $t(28) = 4.3, p < .0001$ (see Figure 2).

Training participants also provided feedback regarding their satisfaction with the training. 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” participants’ average score was 4.80. In response to the question “Overall I found the speaker(s)
to be of high quality” as a group participants’ average score was 4.92. 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 4.76. When asked “would you recommend this workshop to my colleagues” as a group participants average score was 4.84. When asked to provide an overall rating for the workshop as a group participants’ average score was 4.80 out of 5. Finally, participants were asked to rate this workshop compared to other similar workshops they have taken. The options given were “Much Worse”, “Worse”, “The Same”, “Better” and “Much Better.” As a group, the participants rated the workshop as “The Same” (9%), “Better” (41%) and “Much Better” (50%) (see Figure 3).

Most participants considered the training session as “excellent”, “very interesting” and “very informative”. The participants enjoyed the speakers and thought the information learned was relevant to their work. Some of the highlights of their feedback include the following:

- **So much relevant information and excellent resources made this workshop invaluable!**
- **Excellent presentation of complicated material in an easy to understand, accessible manner**
- **I found this session extremely informative and interesting. The time flew by. I would be very interested in attending similar sessions in the future**
- **I truly appreciate all of the resources. I feel I wasn’t simply told to be better, but shown how to teach mental health better. I wish all outcomes were addressed in this manner. Thank you. Very interesting information and useful resources**
- **Very informative! The websites and resources provided can be easily integrated and adapted for students with various learning needs and challenges**

**Discussion and conclusions**

Evaluation of the teacher training on the Mental Health & High School Curriculum Guide at the Halifax Regional School Board (HRSB), demonstrates that such training is helpful to significantly improve educators knowledge regarding the Mental Health Curriculum Guide and its contents, significantly increase knowledge regarding mental health and mental illness, and significantly enhance positive attitudes towards mental illness. This finding extends a previous program evaluation in a different cohort of Grade 9 teachers of the HRSB that showed similarly positive results ([http://teenmentalhealth.org/resources/entries/mental-health-high-school-curriculum-training-executive-summary-evaluation](http://teenmentalhealth.org/resources/entries/mental-health-high-school-curriculum-training-executive-summary-evaluation)). Thus, the effectiveness of improving mental health knowledge and decreasing stigma in Grade 9 teachers previously found was replicated.

In conclusion, the Mental Health Curriculum Guide training of teachers at the HRSB showed significant positive results in all domains, suggesting that they are better prepared to deliver the Mental Health Curriculum Guide training to Grade 9 Healthy Living students. This helps to set a strong foundation for HRSB to work with the Sun Life Financial Chair in Adolescent Mental Health Group to promote youth mental health along the school-based pathway to care.

**Next step/Action plan**
To facilitate the implementation of the Mental Health Curriculum Guide, HRSB decided to apply a Trainers model so that future training on the Mental Health Curriculum Guide could be provided by teachers and other educators from the HRSB to support teachers new to the Healthy Living course in upcoming years. This is expected to create a sustainable “in house” capacity that when linked to continued support from the Chair team (including: consultation pertaining to content and questions arising from the delivery of the training program; supplementary educational resources). Additionally, the HRSB is continuing its collaboration with the Chair team to prepare school support staff with the “Go-to” educator training so that they are able to provide appropriate help when students seek help for their mental health problems, and further link students with health providers if needed. The “Go-to” educator training will be conducted through the School Plus project supported by the Nova Scotia Department of Education Student Services Division.