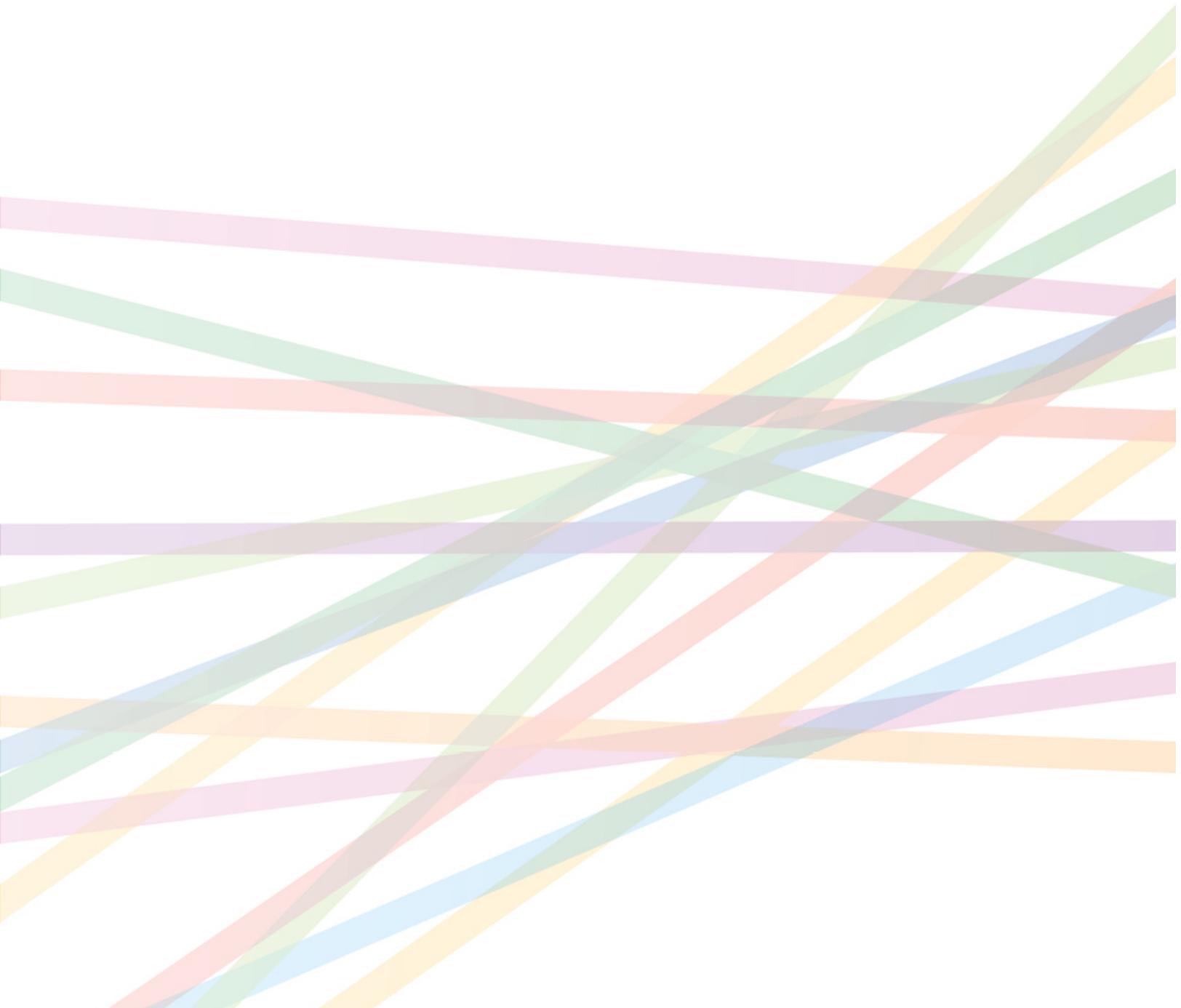




BLENDED GUIDE AND GO-TO TRAINING
PROGRAM: TRAINING THE TRAINERS

**REPORT FOR EDUCATORS – NORTH AND WEST
VANCOUVER SCHOOL DISTRICTS**





**Evaluation of the Blended Guide and Go-To Training Program
in North and West Vancouver, British Columbia: Follow-Up
Review**

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March 2018

Background

The Mental Health & High School Curriculum Guide (the Guide) was developed in 2007 by Dr. Stan Kutcher, Sun Life Chair in Adolescent Mental Health in collaboration with the Canadian Mental Health Association. The second and most current edition was prepared in 2014. This resource is compliant with Provincial/Territorial curriculum and was designed to be integrated into Grade 9 or 10 classrooms by the regular classroom teacher who has ideally been introduced to the resource and its pedagogical application during a professional development session. In contrast to stand-alone mental health or anti-stigma programs, this novel approach strives to improve mental health literacy (understanding how to optimize and maintain good mental health; understanding mental disorders and their treatments; decreasing stigma; enhancing help-seeking efficacy) in students and teachers alike; utilizing familiar, education system-compatible, sustainable and inexpensive pedagogic processes by supporting the integration of the resource into existing secondary school curricula. Substantive research in Canada and internationally has demonstrated highly positive impacts of this approach on all aspects of mental health literacy.

The Go-To Educator training program was designed by Dr. Kutcher and Dr. Wei to address the need in schools for informed teacher-led identification, support, triage and referral (through student services mental health providers) of students who are likely to have a mental disorder or need mental health care. Taught to teachers and student services providers concurrently (and whenever possible, to local health and mental health care providers) this intervention has been robustly demonstrated to improve the ability of “Go-To Educators” to assist and support students with mental health needs.

Previously provided as separate training sessions, these have recently been combined into one three-day workshop. Here, master trainers from school boards or other education/health jurisdictions learn how to apply both training programs (the integrated version is called the Blended Guide and Go-To Training Program), and then use the competencies learned to scale-up the intervention in their locations, using the methods and timing best suited to their needs. This approach was designed to be easily integrated into existing education and health systems, and its successful global application attests to the value of this delivery method. This is not a program parachuted into a school or school system, it is a human resource capacity-enhancing intervention designed to be sustainable and frugally applied. All materials are freely available on-line where they can easily be accessed by educators, health care providers, students, and parents alike.

For recent publications in scientific journals related to these interventions see the reference list at the end of this report. Evaluations of previous training programs can be found at: http://teenmentalhealth.org/toolbox/?filter_category-filter=school-mental-health-reports

This report is an evaluation of Blended Guide and Go-To Training Program following the ‘train the trainer’ model described above undertaken in Vancouver, comprising of school districts 44 and 45, representing North and West Vancouver respectively. The professional development session for school-based educators was facilitated by Dr. Kutcher and Dr. Wei, and took place in two cohorts, December 5-6, and December 7-8, 2016, respectively with an additional third day on December 9th for Go-To Training.

Participants

Ninety one educators (37 males, 54 females) participated in the Program. Of the participating educators, 72 completed both pre- and post-session surveys. The group was comprised of teachers (63.74%), counsellors (14.84%), administrators (8.79%), mental health professionals (6.04%), and other professions (6.59%). School boards from the North Vancouver, West Vancouver, and Sea to Sky districts were represented. Forty eight participants (37.5% teachers, 31.25% counsellors, 12.5% mental health professionals, 12.5% administrators, and

6.25% other professions) reported having received prior mental health training ranging from district workshops to graduate degrees in counselling and psychology.

Procedure

Participants completed two surveys before and directly following the professional development session: an anonymous mental health knowledge survey, and an attitude toward mental illness survey. Mental health knowledge was measured with 30 true-false questions, and educators were asked to choose either 'true', 'false' or 'do not know'. Each correct answer received one point for a maximum total score of 30. To reduce false-correct results, educators were encouraged to choose 'do not know' rather than guessing at unknown questions, and 'do not know' choices were scored as incorrect. The assessment tool used to evaluate the Guide intervention was used in this evaluation.

Twelve 7-point Likert scale questions were included to assess attitudes toward mental illness. Answer points ranged from 'Strongly Agree' to 'Strongly Disagree' for a maximum total score of 84 points with higher scores reflecting positive attitudes toward mental illness. Completed surveys were entered into a secure database by a researcher blind to participant identities and naïve to the workshop materials and delivery. To assure anonymity, participants were asked to not provide any personal identifying information, and were asked anonymous linking questions to match pre- and post-session data. Linking questions included participants' birth month, postal code, shoe size, first pet's name, and the last two digits of the participants' phone numbers.

Follow-up surveys were completed six months after attending the training to assess retention of mental health information learned in the development session, as well as sustainability of mental health attitudes in this cohort. These surveys used the same method as the pre- and post-intervention surveys. Seven participants filled out both the pre-session and follow-up knowledge surveys, and seven filled out both the pre-session and follow-up attitudes surveys. Paired-samples t-tests were conducted on these seven knowledge and attitudes surveys.

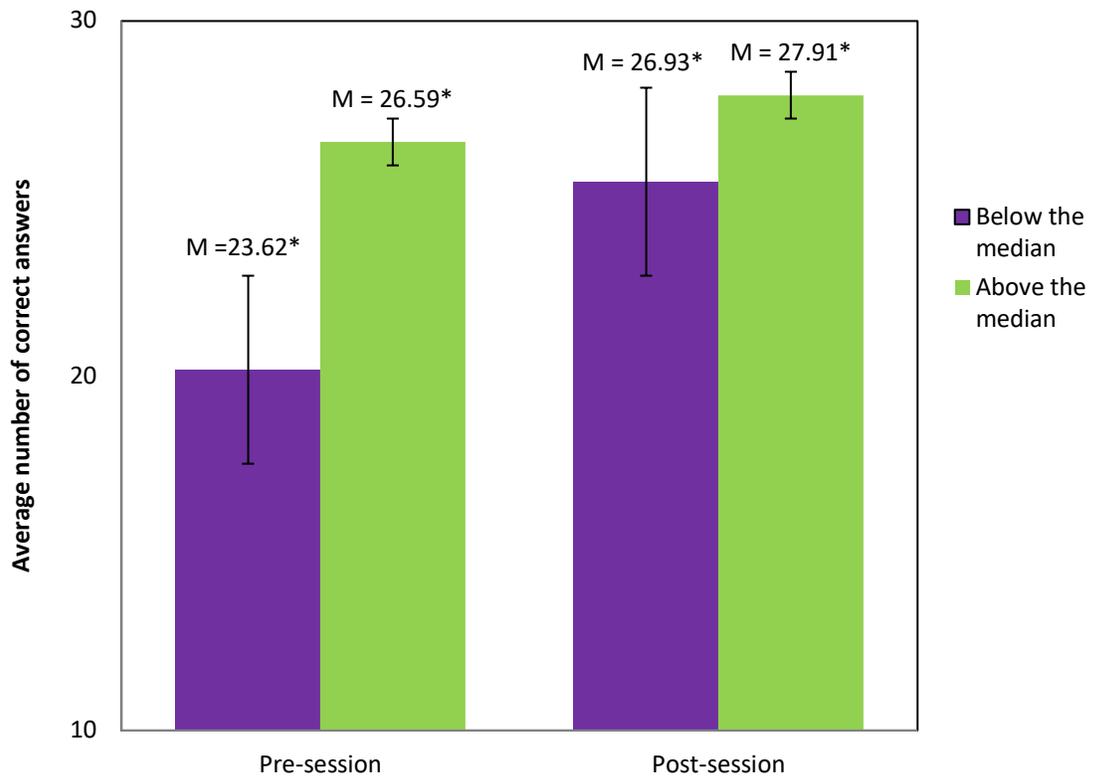
Data were analyzed using the Statistical Package for the Social Sciences (SPSS). Mental health scores and attitudes toward mental illness scores were compared between pre- and

post-session surveys using paired-samples t-tests. Pre-session scores were divided at the median to allow for further exploration into the effect of the session on participants' knowledge and attitudes toward mental illness. Changes in scores post-test for the groups above and below the median score at pre-test were studied using paired sample t-tests. All p-values were compared to a statistical significance alpha of .05, and all d-values were compared to Cohen's d effects scale (.2 = small, .5 = medium, .8 = large, 1.2 = very large).

Outcomes

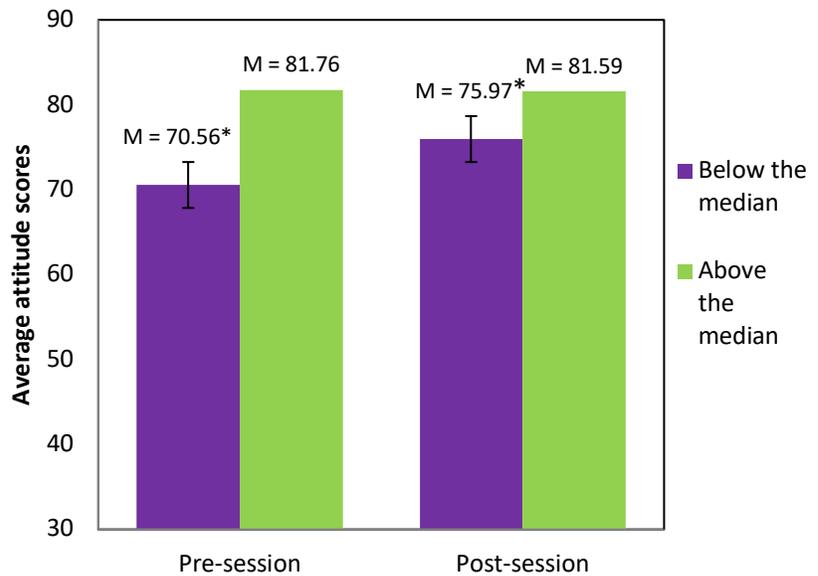
On the pre-session survey of mental health knowledge, participants averaged a score of 23.62 (standard deviation, $SD=3.36$) out of 30. This score increased to 26.93 ($SD=3.06$) during the post-session survey, demonstrating a significant and substantial increase in knowledge ($t(70) = 8.12, p < .0001; d=1.03$) (see Figure 1). The pre-session knowledge scores were then divided into two groups: those above the median score (25.00-30.00), and those below the median score (0-23.00). Participants with a score equal to the median score of 24 were removed from the median split analysis. This approach allowed for greater clarity in studying the effects of the session on participants' knowledge of mental illness. The change in knowledge scores from pre- to post-sessions was then compared by group. Participants with below-median knowledge scores on the pre-session survey presented an initial mean score of 20.17 ($SD=1.64$), and significantly and substantially improved their knowledge with an average post-session score of 25.47 ($SD=4.02; t(93)=7.24, p < .001, d=1.81$; see Figure 1). The group of participants with higher-than-median pre-session knowledge scores also demonstrated significant changes in their knowledge on the post-session survey, showing an increase from an average of 26.59 ($SD=1.26$) pre-session, to an average of 27.91 post-session ($SD=1.38; t(33)= 4.74, p < .001, d=1.00$).

Figure 1. Mental health knowledge pre- and post-session scores divided by median (M = mean, * = significant differences).

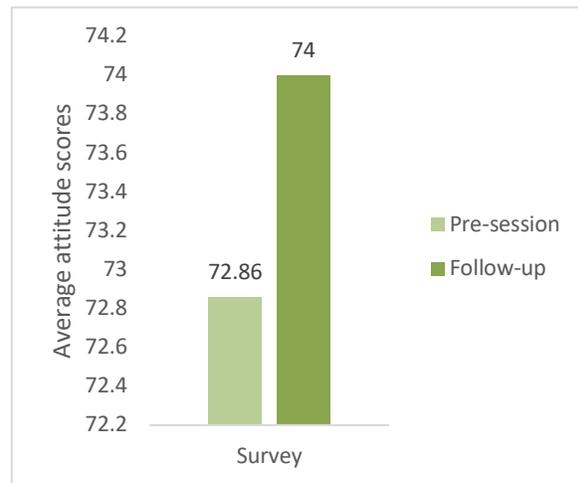
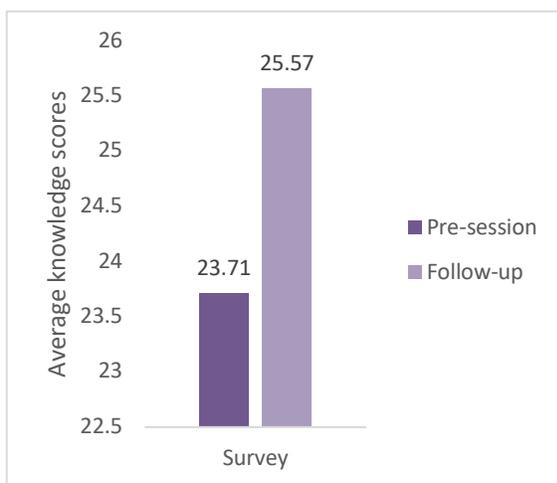


Statistical evaluation of the pre- and post-session attitude scores revealed a significant and substantial improvement ($t(69) = 2.32, p=.02, d=0.35$) from the average pre-session score of 75.94 ($SD=8.51$) out of 84 to an average of 78.53 ($SD=5.86$) out of 84. As with the knowledge scores, pre-session attitude scores were divided into sub-groups above (79.00-84.00) and below (0-77.00) the median score of 78 for further analysis. Participants with below-median attitude scores on the pre-session survey registered an initial mean score of 70.56 ($SD=9.35$), and significantly and substantially improved their attitudes toward mental illness with an average score of 75.97 ($SD=6.69; t(33)=2.62, p=.01, d=.67$) on the post-session survey (see Figure 2). Participants with higher-than-median pre-session attitude scores did not show significant changes in their attitudes towards mental illness on the post-session survey, showing a slight decrease from an average of 81.76 ($SD=2.06$) pre-session, to an average of 81.59 post-session ($SD=3.18; t(28)= 0.30, p=.77$).

Figure 2. Professional development session effects on attitude toward mental illness scores comparing those above and below the median pre-session attitude score



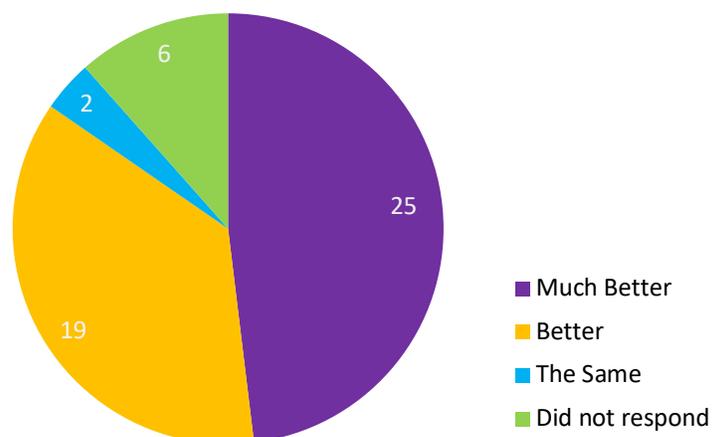
Evaluation of the pre-session and follow-up knowledge scores revealed a significant and substantial improvement in mental health knowledge at the follow-up stage $t(6) = 3.122$, $p=.021$, $d=.64$. This result is statistically significant and robust (medium effect size). The average pre-session score of 23.71 (SD= 3.35) increased to 25.57 (SD= 2.37) out of a possible 30 knowledge questions for the follow-up survey. Conversely, attitudes scores did not reveal a significant change $t(6) = .374$, $p=.721$. Pre-session scores had a starting average of 72.86 (86.74% correct, $SD=6.09$) and increased to an average of 74 (SD=10.69) out of a possible 84 attitude questions.



Evaluation Summary

Following the second day of training, 52 participants completed School Mental Health Workshop Evaluation Forms. The evaluation comprised seven five-point Likert-scale questions pertaining to the workshop’s content, relevance, and delivery (0 = poor; 5 = Excellent), and one five-point text-based Likert question (Much worse-Much better); as well as two text fields for comments and suggestions for improvement. Participants returned an overall mean score of 35.68 ($SD=5.06$) out of a possible 40 points. When asked “Overall, I found the workshop useful and informative” participants’ average score was 4.67 out of 5. In response to the question “Overall I found the speaker(s) to be of high quality”, the average participant score was 4.69 out of 5. In response to the question “Overall I learned information and concepts that will be helpful to me in my work”, the participants’ average score was 4.59. When asked “would you recommend this workshop to my colleagues”, the participants’ average score was 4.52. When asked to provide an overall rating for the workshop, participants’ average score was 4.62 out of 5. Finally, participants were asked to rate this workshop compared to other similar workshops they have taken. Twenty-five participants rated the program as much better (54.35%), 19 participants rated the program as better (41.30%), two participants rated the program as the same (4.35%) compared to other similar programs, and six did not answer the question (see Figure 3).

Figure 3. Participant responses to evaluation question 8 (“Compared to other similar programs I have taken I would rate this workshop”)



An overwhelming majority of participants expressed enthusiasm and appreciation for the workshop, and many commented that the content and the speakers were “excellent”. Many commented that they are glad the material is being implemented, and they feel prepared and motivated to use it. Some of the highlights of their feedback include the following:

“I appreciate the level of education, quality of information and humourous, low-key delivery style. Totally engaging - loved it!”

“Thank you so much! I have a much better grasp on how to speak about MH literacy, how to support others to share their literacy and I really enjoyed the challenge of thinking “smarter” about how powerful our language is. Stan's anecdotes and metaphors are excellent - I think in pictures so it was very useful!”

“The main reason for rating #8 “much better” is its strong basis in evidence-based and scientific practices. Really appreciated the level of expertise, the quality of the program, and the volume and sophistication of the content as opposed to simplistic or ‘dumbed down’ material that we too-often encounter in the education P.D. field. ALSO really appreciated the proclivity to challenge pseudo-science and ideas not backed with credible evidence, etc. Very valuable, very well done. Cheers.”

“Information was very helpful and eye opening”

“Excellent workshop. I found it very informative and useful to my practice. I appreciated the thorough overview of mental illness disorders and the support material and lesson ideas. ”

“Great presentation, very informative good for all teachers!”

“One of the best training sessions I have participated in as a professional.”

“Lots of info - excited to get going on this”

Suggestions for improvement included the following:

“More focus on the materials and how to use rather than theory would help”

“Slightly too much time was spent responding to questions that should be posed to the district.”

“More interaction or chances for movement my only challenge was sitting for so long.”

“I can usually handle a lecture-style approach, but I need more frequent breaks.”

“include notes for the PPT slides for presentations”

“As a teacher, it seemed to drift off the topic of “how to teach” the content towards philosophical ideals from time to time.”

“Perhaps a little more group interaction”

Overall, the evaluations indicated a predominantly positive experience with the program in addition to the previously detailed positive outcomes on mental health knowledge and attitudes toward mental illness. This offers further support for the implementation of this training with educators in North and West Vancouver, as well as implications for educators in the province of British Columbia.

Discussion

The results of this evaluation clearly demonstrate the benefits of the Blended Guide and Go-To Training Program for educators’ general knowledge and attitudes toward mental illness. Both knowledge and attitude scores showed statistically significant ($p < .0001$; $p = .02$, respectively) as well as statistically substantial ($d = 1.03$; $d = .35$, respectively) improvements following the intervention. Strikingly, educators who returned below-median attitude scores during the pre-session assessment showed dramatic significant and substantial improvements in post-session attitude scores ($t(33) = 2.62$, $p = .01$, $d = .67$). Participants whose pre-session attitude scores were above the median did not significantly alter their attitudes during the training, illustrating a “ceiling effect” for those who already have positive attitudes toward mental illness. For educators who present less positive attitudes initially, participation in the professional development session results in significant and substantial improvement.

This evaluation illustrates the significant positive changes in the enhancement of North and West Vancouver district educators’ knowledge and attitudes toward mental illness achieved using an educationally appropriate and inexpensive classroom-ready, student- and teacher-focused mental health literacy enhancement intervention that draws on participants’ existing pedagogical expertise. This result is consistent with evaluations conducted in other Canadian provinces (Kutcher, Wei, & Morgan, 2015; McLuckie, Kutcher, Wei, & Weaver, 2014; Kutcher, Wei, McLuckie, & Bullock, 2013; Kutcher & Wei, 2013; Kutcher, Bagnell, & Wei, 2015;

Wei, Kutcher, Hine, & Mackay, 2014, see

http://teenmentalhealth.org/toolbox/?filter_category-filter=school-mental-health-reports for School of Mental Health reports from Nova Scotia, Ontario, and Calgary, Alberta) and further demonstrates the suitability of this approach as an effective intervention that can be used to improve mental health literacy of educators, and enhance their competencies to identify and support students in need of mental health care in North Vancouver and West Vancouver school districts, and potentially across the province.

The outcomes of the follow-up evaluation demonstrate the sustainability of the Blended Guide and Go-To Training Program on educators' mental health knowledge. Educators' mental health knowledge scores were significantly higher six months after attending the professional development session, suggesting that participants retained the knowledge they learned during the development session. On the contrary, the educators' attitude scores, while numerically higher, did not change in a statistically significant manner. This may be due to the fact that participants' attitude scores were already high at baseline, creating a ceiling effect; thus, not allowing for a significant improvement in attitude scores during the six months post-session. Further, there were only seven participants matched for analysis between pre-test and follow-up, suggesting these results may not be best representative of the educators who have received this professional development.

The results presented in this report suggest that the application of this intervention that blended Mental Health & High School Curriculum Guide and Go-To Educator training would be a useful and important component to school mental health education in North and West Vancouver, as well as the province of British Columbia. Thus, providing a long-lasting, effective approach to mental health literacy in BC schools has the potential to benefit both students and teachers alike, and enhance the link between education and health to address student mental health needs, using evidence based approaches in a systematic and collaborative manner.

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