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# **“GO-TO EDUCATOR TRAINING: Identification of Mental Disorders in the Secondary School Setting**

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**INTERIM REPORT FOR NOVA SCOTIA**

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## **Acknowledgements**

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## **Organizations**

Teachers Plus Credit Union

Dalhousie Medical Research Foundation



## ***“Go-to” Educator Training: Identification of Mental Disorders in the Secondary School Setting Interim Report for Nova Scotia***

### **Executive Summary**

#### **Information and Background**

Approximately 20% of young people in Canada experience a mental disorder during adolescence, with a substantial number developing recurring or chronic patterns of mental illness. Early identification and access to effective treatment can lead to substantial short and long term improvements in personal, social, civic and economic outcomes, but unfortunately, although a host of evidence-based treatments are available, many young people with a mental disorder are not identified and do not receive the treatment they need. This is due to many factors, including a lack of knowledge about mental health and mental disorders, stigma, and limited access to, or availability of, appropriate mental health care. Effectively addressing these issues includes expanding mental health literacy, of which an important component in the school setting includes enhancement and delivery of best in class mental health curriculum (see: [http://teenmentalhealth.org/images/uploads/mental\\_health\\_curriculum\\_guide\\_training\\_NS\\_final\\_July\\_25\\_2013.pdf](http://teenmentalhealth.org/images/uploads/mental_health_curriculum_guide_training_NS_final_July_25_2013.pdf); for an evaluation of this approach) and enhancing the pathway to mental health care by developing effective points of access for young people.

Schools can be an important part of the pathway to mental health care, especially at the front end of access to care, where the issues of case identification; triage, appropriate referral for care and ongoing support are able to be addressed (Wei and Kutcher, 2011) Every school has teachers, counselors and other staff to whom students naturally “go to” when they have a problem. This reality provides the base for the development and delivery of the “Go-To” Educator program.

*“Go-To” Educator Training: Identification of Mental Disorders in the Secondary School Setting* (“Go-To” Educator Training) was developed by Dr. Stan Kutcher (the Sun Life Financial Chair at Dalhousie University/IWK Health Center) to use existing capacities in order to promote early identification, triage and referral of young people with mental disorders, thus potentially leading to earlier effective interventions in community settings and the provision of ongoing mental health care support within the school setting.

#### **Overview of “Go To” Educator Training**

Developed in 2009 by Dr. Stan Kutcher, Sun Life Chair in Adolescent Mental Health, *“Go To” Educator Training* is an important component of the “Pathways to Care Model” for school mental health (Wei, Kutcher, & Szumilas, 2011). The “Pathways to Care Model” integrates schools with health care providers (primary care and specialty care) to better meet mental health care needs of young people. It is made up of components that enhance mental health literacy through education of adolescents, educators, administrators, and the larger community; and also components that initiate and help build collaborative relationships between the school setting and health care systems.

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 in talking about their problems. *“Go-To” Educator Training* focuses on training this group of educators on how to understand mental disorders in young people, to identify those who are at high risk of having a mental illness and to better communicate with health providers and parents. “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, the 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 required 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 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.

This program can complement the *Mental Health & High School Curriculum Guide*, ([http://teenmentalhealth.org/images/uploads/mental\\_health\\_curriculum\\_guide\\_training\\_NS\\_final\\_July\\_25\\_2013.pdf](http://teenmentalhealth.org/images/uploads/mental_health_curriculum_guide_training_NS_final_July_25_2013.pdf)) or can stand-alone as a training tool for schools who want to better address the mental health needs of students. The training generally takes place over the course of one day, and is ideally offered to a small group of educators (10-15), who are joined by several community health service providers. *“Go To” Educator Training* also provides for the application of a “train the trainer model,” which bolsters widespread implementation and increases the sustainability of the program provincially by embedding a trainer team into each school district. Trainer teams are comprised of educators, student services providers and health providers. Once trainers are trained they go on to provide the *“Go-To” Educator Training* to identified “Go-To” educators in each district.

Over the past eighteen months (to June 2013), under the direction and leadership of the Schools Plus Program of the Department of Education and Early Childhood Development in Nova Scotia, the *“Go To” Educator Training* has been completed by over 290 participants in the Province of Nova Scotia, with highly positive results.

## **Overview of the Evaluation Process**

In order to evaluate the *“Go To” Educator Training* program, participants were asked to complete anonymous Knowledge Assessment and Attitude Surveys before and after each training session. The knowledge assessment portion of the survey included 30 knowledge questions. These questions were framed as “True”, “False”, and “Do Not Know” options. Respondents were asked to choose the “Do Not Know” option instead of guessing. The surveys 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.” 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 first pet’s name and the last two digits of their telephone number. Participants also completed an additional satisfaction questionnaire. The results of these surveys were coded and analyzed using descriptive statistics and paired samples t-tests in order to determine if a significant difference existed



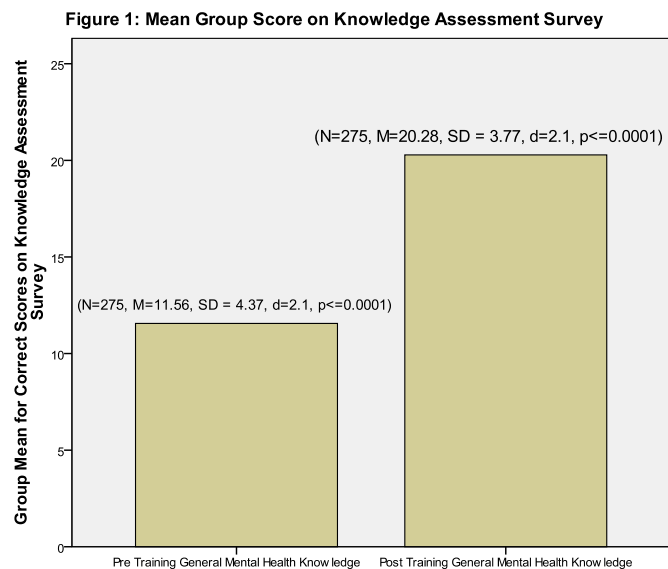
in knowledge and attitudes between pre and post surveys, and effect sizes for the training were calculated. As noted below, the results of the “Go To” Educator Training program evaluation are strongly positive. This interim report presents the outcomes of the “Go-to” Educator Training delivered to two groups: 1) “Go-To” educators (including those who became “Go-To” trainers) trained by Dr. Stan Kutcher and Mrs. Yifeng Wei; 2) educators trained by the “Go-To” trainers. .

## Province Wide Analysis of Individual “Go-To” Educators

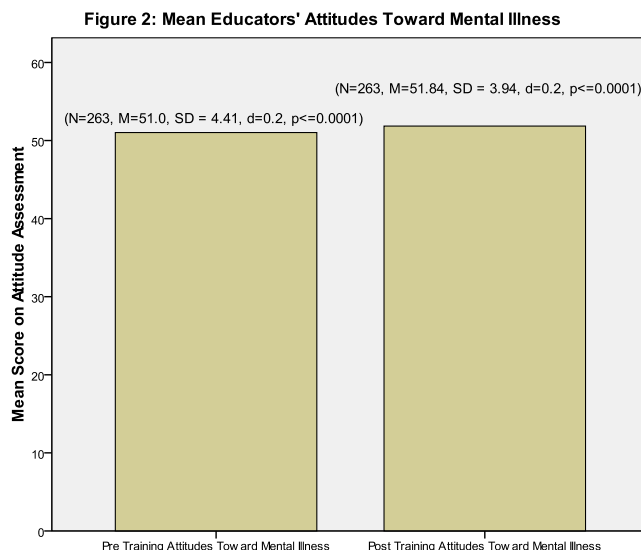
### Participants

To date, “Go To” Educator Training been offered to 295 individuals within the Province of Nova Scotia. Sessions took place between April 2012 and May 2013. Initial sessions were facilitated by Dr. Stan Kutcher and Ms. Yifeng Wei of the Sun Life Financial Chair in Adolescent Mental Health Team (Chair Team). Participants in initial sessions became “Trained Trainers” who then provided subsequent sessions in their own districts. This section reports on all individuals trained, regardless of identity.

In total, 275 participants completed surveys before and after training, which constitute the data report. The 275 individuals (209 females; 62 males, and 4 who did identify) who participated in the training included 168 teachers (61.1%), 31 Guidance Counsellors (11.3%), 19 Principals or Administrators (6.9%), 17 Social Workers (6.2%) 3 Schools Plus Health Clinicians (1.1%) and 20 who indicated “Other” for their profession (7.3%). Seven further participants did not indicate their profession (2.6%).



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### Outcomes

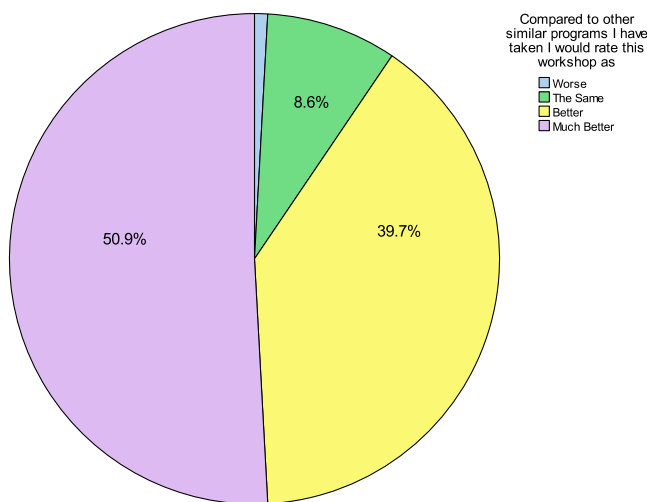
Outcomes of the knowledge assessment survey revealed that prior to the training, the group correctly answered an average of 11.56 of 30 (39%) of general mental health questions, which improved to 20.28 of 30 (67%) following participation in the training program, a statistically significant change,  $t(274) = 33.78$ ,  $p < .0001$ ,  $d = 2.1$  (see Figure 1). The effect size for this analysis (2.1) exceeded Cohen's (1988) convention for a large effect size (0.8).

Participants' attitudes towards mental illness, as measured on the Likert scored questions were highly positive at baseline, and remained so after the training. From a possible positive score of 56, the average group attitude score before training was 51. Following the training, participants' average attitude score increased to 51.84, a statistically significant change,  $t(262) = 3.97$ ,  $p < 0.0001$ ,  $d = 0.2$  (See Figure 2). The effect size for this analysis corresponds to Cohen's (1988) convention for a small effect size (0.2). The modest increase in attitudes for these workshops can likely be attributed to a ceiling effect, in that attitude measures were already extremely positive at baseline.

Training participants also provided feedback regarding their satisfaction with the training sessions. In total, 129 participants completed the satisfaction survey. Using a six-point scale (i.e., 0 = poor; 5 = excellent), participants responded to seven 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 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 "Worse" (0.9%), "The Same" (8.6%), Better (39.7%), and "Much Better" (50.9%) (see Figure 3). Many participants described the training session as "excellent", "interesting", and "very useful."

Figure 3: Go-To Educator Training Compared to Other Similar Programs

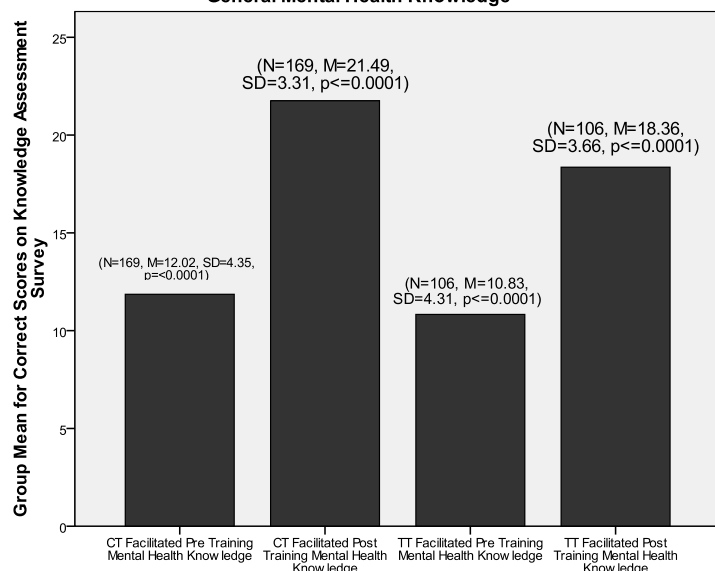


### Evaluation of Train-the-Trainer Model

"Go To" Educator Training is also applied using a train-the-trainer model, in which participants receive additional training from Dr. Kutcher and Ms. Wei and go on and become trainers of other educators within their home districts. Evaluation of this model was done by comparing the effectiveness of Chair Team (CT) and Trained Trainer (TT) facilitated workshops for improving participants' general mental health knowledge and attitudes toward mental illness. The knowledge and attitude assessment surveys were the same for all participants (described above), so direct comparisons are possible.

## Outcomes

**Figure 4: Chair Team vs. Trained Trainer Facilitated Workshop Effects on General Mental Health Knowledge**

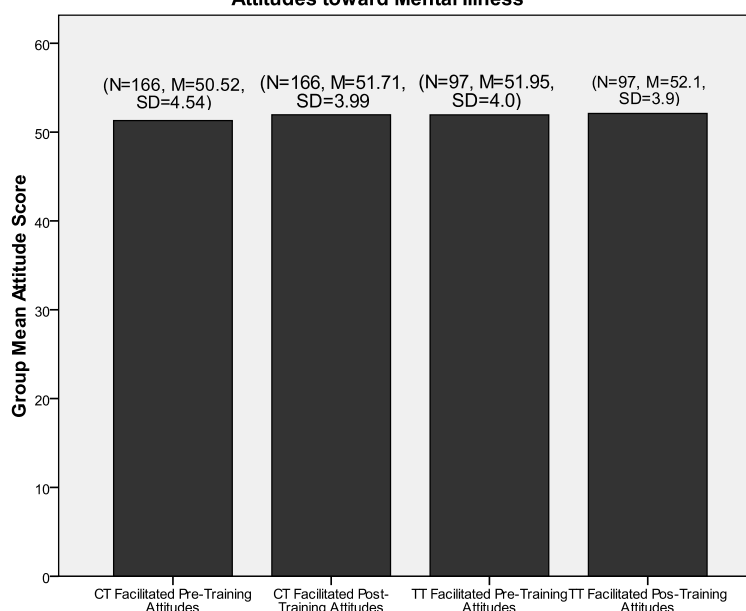


answered an average of 10.83 of 30 (36%) of general mental health questions, which improved to 18.36 of 30 (61%) following participation in the training program, a statistically significant change,  $t(105) = 17.18$ ,  $p < .0001$ ,  $d = 1.9$  (see Figure 4). The effect size for this analysis (1.9) exceeded Cohen's (1988) convention for a large effect size (0.8). In summary, both groups experienced a highly significant increase in knowledge scores, and the effect size of the training was large for both groups, which indicates that training provided by both the Chair Team and by Trained Trainers is highly effective for increasing the mental health knowledge of participants.

Attitudes of participants in all workshops were highly positive at baseline. Participants from CT facilitated workshops averaged a pre-training group attitude score of 50.5 out of 56. Following the training, the average attitude score increased to 51.71, a statistically significant change,  $t(165) = 3.79$ ,  $p < 0.0001$ ,  $d = 0.3$ . The effect size for this analysis exceeds Cohen's (1988) convention for a small effect size (0.2). Participants from the TT workshops averaged a group attitude score before training of 51.95 out of 56. Following the training, participants from the TT

"Go-To" Educator Training has been offered to 169 participants by the Chair Team and 106 participants by Trained Trainers, to date. Outcomes of the knowledge assessment survey revealed that prior to training, participants of the CT facilitated workshops correctly answered an average of 12.02 of 30 (40%) of general mental health questions, which improved to 21.49 of 30 (72%) following participation in the training program, a statistically significant change,  $t(168) = 31.1$ ,  $p < .0001$ ,  $d = 2.4$ . The effect size for this analysis (2.4) exceeded Cohen's (1988) convention for a large effect size (0.8). Participants from the Trained Trainer facilitated workshops correctly

**Figure 5: Chair Team vs. Trained Trainer Facilitated Workshops Effect on Attitudes toward Mental Illness**







workshops average attitude score was 52.1 (See Figure 5). Although this does not represent a statistically significant improvement, it is likely that this can be explained by the occurrence of a ceiling effect, in that participant attitudes were extremely high at baseline measurement. Although it is difficult to measure change in attitudes due to a ceiling effect in this cohort of participants, the analysis demonstrates that CT and TT facilitated workshops have had a similar effect on attitudes at the time of this interim report. As sample size increases for both the CT and TT cohorts following future workshops, increased statistical power will likely yield statistically significant changes in these domains.

Overall, analyses indicate that both CT and TT facilitated workshops are highly effective for improving general mental health knowledge, and are also associated with substantial improvements in attitudes toward mental illness. These results demonstrate that the train-the-trainer model employed within the *“Go To” Educator* training model is an effective way to increase the implementation and sustainability of the program.

## Conclusions and Next Steps

Evaluation of *“Go-to” Educator Training* demonstrates that this training program is helpful in significantly improving educators’ knowledge about and capacity to learn how to identify adolescents with mental health problems or disorders and how to link them with appropriate services for help. The program also significantly improved educators’ attitudes toward mental illness. The “train-the-trainer” approach of the *“Go-To” Educator Training* model has also been demonstrated to be an effective way to deliver training in a simple and potentially sustainable manner. In conclusion, the positive results of *“Go-to” Educator Training* in Nova Scotia suggest that the training 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 to meeting needs of young people along the pathway to mental health care. Over the coming months, the Chair Team plans to continue to work with SchoolsPlus, supported by the Student Services Division at the Nova Scotia Department of Education and Early Childhood Development, to advance *“Go-to” Educator Training* by training more school support staff in the province’s eight school boards. The positive results reported herein indicate that this training is a valuable tool for Nova Scotia’s secondary education environment, and also argues for its usefulness in other jurisdictions.





## Appendix: Interim Nova Scotia “Go To” Training Program Evaluation Results

### Halifax Regional School Board: Round 1

The first round of “Go To” *Educator Training* at HRSB involved three separate workshops offered on May 14<sup>th</sup>, 17<sup>th</sup>, and 18<sup>th</sup>, 2012. The training was facilitated by Dr. Stan Kutcher and Ms. Yifeng Wei of the Chair Team, and involved 134 educators in total. Of these, 120 completed pre- and post- training surveys, which were the basis of the analysis. 70% of the participants were teachers, while 17% were guidance counsellors, 6% were principals or administrators, 1% were social workers, and 5% worked in “Other” professions.

Outcomes of the knowledge assessment survey reveal that prior to the training, teachers correctly answered an average of 35.4% of general mental health questions correctly, which improved to 64.6% following participation in the training program, a highly statistically significant change  $t(119) = 25.6, p < .0001, d=2.3$ . The effect size for the knowledge analysis (2.3) was found to exceed Cohen’s (1988) convention for a large effect ( $d=0.80$ ).

Participants’ attitudes toward mental illness were found to be positive at baseline. From a possible positive score of 56, teachers averaged a score of 49.9 prior to training. Following training, teachers’ attitudes averaged 51.5. This change represented a highly statistically significant improvement in attitudes,  $t(115) = 4.3, p < .0001, d=0.4$ . The effect size for the attitude analysis (0.4) was found to exceed Cohen’s (1988) convention for a small effect ( $d=0.20$ ). Satisfaction survey results were also very positive, with 52% of participants rating the training as “Much Better” than other similar workshops they have taken, 37% of participants rating it “Better,” 10% rating it as “The same,” and 1% rating it as “Worse.”

### Halifax Regional School Board Round 2

The second round of the “Go To” *Educator Training* at HRSB was offered during the last week of May, 2013, and was facilitated by trainers who received the workshop in 2012. In total, 93 educators participated in the second round of workshops. Of these, 90 completed pre- and post-training surveys, which were the basis of the analysis. The participants included 75 teachers (83.3%), three guidance counselors (3.3%) ten principals/administrators (11.1%), and two participants who simply stated “other” as profession (2.2%).

Outcomes of the knowledge assessment survey revealed that prior to the training, the group correctly answered an average of 10.36 of 30 (35 %) of general mental health questions, which improved to 18.31 of 30 (61%) following participation in the training program, a statistically significant change,  $t(89) = 16.83, p < .0001, d=2.0$ . The effect size for the knowledge analysis (2.0) was found to exceed Cohen’s (1988) convention for a large effect ( $d=0.80$ ). Participants’ attitudes towards mental illness, as measured on the Likert scored questions were highly positive at baseline, and remained so after the training. From a possible positive score of 56, the average group attitude score before training was 52. Following the training, participants’ average attitude score remained at 52. Given the extremely high baseline measurement of attitudes, it is likely that the lack of attitude change in this cohort of participants can be attributed to the occurrence of a ceiling effect. Satisfaction surveys were not administered to this cohort of participants.



### Tri-County Regional School Board

*“Go To” Educator Training* was offered to 6 participants from the TCRSB on April 18<sup>th</sup>, 2012. The workshop was facilitated by trainers who had received *Go-To Educator Training* from members of the Chair Team in 2010. Participants included three teachers (50%), two psychologists (33.3%), and one who simply stated “Other” for profession (16.7%).

Outcomes of the knowledge assessment survey revealed that prior to the training, the group correctly answered an average of 17.17 out of 30 (57%) general mental health questions, which improved to 24.83 of 30 (83%) following participation in the training program, a statistically significant change,  $t(5)=3.28$   $p=0.006$ ,  $d=2.2$ . The effect size for the knowledge analysis (2.2) exceeds Cohen’s (1988) convention for a large effect size (0.8). Participants’ attitudes towards mental illness, as measured on the Likert scored questions, were highly positive at baseline, and remained so after the training. From a possible positive score of 56, the average group attitude score before training was 55. Following the training, participants’ average attitude score increased to 56. Although this does not represent a statistically significant change, it is likely that this can be attributed to the occurrence of a ceiling effect given the extremely high baseline measure of participant attitudes. Satisfaction surveys were not administered to this cohort of participants.

### Nova Scotia Department of Education Round 1

*“Go To” Educator Training* was offered to 35 participants recruited by the Nova Scotia Department of Education on November 13<sup>th</sup>, 2012. The session was facilitated by Dr. Stan Kutcher and Ms. Yifeng Wei of the Chair Team. Participants included 11 Social Workers (31.4%), 5 teachers (14.3%), 5 guidance counsellors (14.3), 4 psychologists (11.4%), and 10 participants who indicated “Other” for profession (28.6%).

Outcomes of the knowledge assessment survey revealed that prior to the training, the group correctly answered an average of 12.06 out of 30 (40%) general mental health questions, which improved to 22.11 of 30 (74%) following participation in the training program, a statistically significant change,  $t(34)=8.78$ ,  $p<0.0001$ ,  $d=2.9$ . The effect size for the knowledge analysis (2.9) exceeds Cohen’s (1988) convention for a large effect size (0.8). Participants’ attitudes towards mental illness, as measured on the Likert scored questions, were highly positive at baseline, and remained so after the training. From a possible positive score of 56, the average group attitude score before training was 52. Following the training, participants’ average attitude score remained at 52. Given the extremely high baseline measurement of attitudes, it is likely that the lack of attitude change in this cohort of participants can be attributed to the occurrence of a ceiling effect. Satisfaction surveys were not administered to this cohort of participants.

### Nova Scotia Department of Education Round 2

*“Go To” Educator Training* was offered to 14 participants recruited by the Nova Scotia Student Services Branch of the Nova Scotia Department of Education and Early Childhood Development on March 5<sup>th</sup> and 6<sup>th</sup>, 2013. The sessions were facilitated by Dr. Stan Kutcher of the Chair Team, and involved one teacher (7.1%), one guidance counselor (7.1%) one principal/administrator (7.1%), five



social workers (35.7%), two SchoolsPlus Mental Health Clinicians (14.3%), two psychologists (14.3%), one Registered Nurse (7.1%) and one participant who simply stated “other” for profession (7.1%).

Outcomes of the knowledge assessment survey revealed that prior to the training, the group correctly answered an average of 15.8 of 30 (53%) of general mental health questions, which improved to 23.5 of 30 (78%) following participation in the training program, a statistically significant change,  $t(13) = 8.83$ ,  $p < .0001$ ,  $d = 2.1$ . The effect size for the knowledge analysis (2.1) was found to exceed Cohen’s (1988) convention for a large effect ( $d = 0.80$ ). Participants’ attitudes towards mental illness, as measured on the Likert scored questions were highly positive at baseline, and remained so after the training. From a possible positive score of 56, the average group attitude score before training was 52. Following the training, participants’ average attitude score remained at 52. Given the extremely high baseline measurement of attitudes, it is likely that the lack of attitude change in this cohort of participants can be attributed to the occurrence of a ceiling effect. Satisfaction with the program was very high. As a group, participants rated the “Go-to” Educator Training as Much Better (35.7%), and Better (57.1%). One participant did not answer this question (7.1%).

#### Conseil Scolaire Acadien Provincial (CSAP) and EcolesPlus

“Go To” Educator Training was offered for EcolesPlus educators and guidance counsellors from CSAP on March 26<sup>th</sup>, 2013. The session was facilitated by Go-To Trainers Denise Bourque and Darcey Maillet, who had previously completed the Go-To Educator train-the-trainer sessions provided by Dr. Stan Kutcher of the Chair Team. Of the 13 total participants, 10 completed surveys before and after the training, which constitute the basis for these analyses. Participants included two guidance counselors (20%) one principal/administrator (10%), one SchoolsPlus Mental Health Clinician (10%), and six who did not identify their professions (60%).

Outcomes of the knowledge assessment survey revealed that prior to the training, the group correctly answered an average of 11.3 of 30 (38%) of general mental health questions correctly, which improved to 15.1 of 30 (50%) following participation in the training program, a statistically significant change,  $t(10) = 4.81$ ,  $p < .001$ ,  $d = 1.1$ . The effect size for the knowledge analysis (1.1) was found to exceed Cohen’s (1988) convention for a large effect ( $d = 0.80$ ).

Participants’ attitudes towards mental illness, as measured on the Likert scored questions were in the positive range at baseline, and remained so after the training. From a possible positive score of 56, the average group attitude score before training was 48. Following the training, participants’ average attitude score was 50. Although this does not represent a statistically significant change in attitudes, the lack of significance can likely be explained by the occurrence of a ceiling effect, as participant attitudes were very positive at baseline measurement. Satisfaction surveys were not administered to this cohort of participants.