How to Build Mental Health Literate Schools/Districts/Communities

Cascading Professional Learning to Develop Effective Pathways to Care

Andrew Baxter         Wendy Carr         Dave MacKenzie      Yifeng Wei
How to build mental health literate organizations

- What is mental health literacy?
- School mental health literacy: Cascading Professional Development
- Impact of mental health literacy ProD (students & inservice teachers)
- Impact of mental health literacy ProD (pre-service teachers)
What is mental health literacy?

1. Understand how to obtain and maintain good mental health

2. Understand mental disorders and their treatments

3. Decrease stigma

4. Enhance help-seeking efficacy: know where to go; when to go; what to expect when you get there; how to increase likelihood of “best available care”

Kutcher & Wei; 2014; Kutcher, Bagnell, & Wei; 2015; Kutcher, Wei, & Coniglio, 2016
Prevalence of Mental Disorders

Prevalence Estimates of Mental, Emotional and Behavioral Disorders in Young People

Conundrum in Education

Educators play a critical role in relation to student mental health.

Many educators do not feel they have adequate capacity to address student mental health needs due to their limited education in this area.

Froese-Germain & Riel, 2012
Literacy is the foundation

- Mental Health Literacy
- Health Promotion
- Treatments & Care
- Prevention
The Pathway Through Care

1. Awareness
2. Mental Health Literacy
3. Identification
   - Access
   - Triage
   - Support
4. Care

Media etc.
Guide Resource
Go-to Training
Community/ On-Site
Health Care Providers
4 Integrated Approaches to Building MHL

- Go To Educator: Faculty/Community
  - Mental Health & High School Go To & Curriculum Guide Core Training
  - Developed by: Dr. Marlo Killam MD, FRCPC, FRCNP
  - Dr. Weng Wei, Med PhD

- Curriculum Guide: Training
  - TEACH MENTAL HEALTH

- Curriculum Guide: Core training
  - MENTAL HEALTH & HIGH SCHOOL CURRICULUM GUIDE

- Parent MHL Session
  - Parent Mental Health Literacy

Educational Professionals or Service Providers
Classroom Teachers
Students Grade 7 & Up
Parents/Guardians
Mental Health Literacy

Depression is not the same as having a bad day.

OCD is not the same as being organized.

ADHD is not the same as being hyperactive.

Anxiety Disorder is not the same as feeling stressed before an exam.

PTSD is not the same thing as feeling upset.

Schizophrenia is not a split personality.

Panic Disorder is not the same thing as being afraid.

Bipolar Disorder is not the same as being moody.
Clarity is essential: “Depression”

Mental Distress

Unhappy, Disappointed, Disgruntled

Mental Problem

Demoralized, Disengaged, Disenfranchised

Mental Disorder/Illness

Depressed

Mental Health Literacy
Mental Health Curriculum Guide (the Guide)

Modules to improve mental health literacy*

1) Stigma of mental illness
2) Understanding mental health and mental illness
3) Information on specific mental illnesses
4) Experiences of mental illnesses
5) Seeking help and finding support
6) Importance of positive mental health

*Wei et al., 2013
Mental Health Literacy Pro D Strategy for Schools

Cascade Model of Implementation

Legend:
- Core Training Facilitators
- Core Trainers
- District Trainers
- School-based GoTo Educators & Curriculum Guide Implementation
Mental Health Literacy Pro D Strategy for Schools

1. Build capacity at the **provincial** level:
   • provincial steering committee oversees strategy
   • train core trainers
   • provide online ProD resource (MOOC)

2. Build capacity in **districts**: core trainers train district trainers.

3. Build capacity in **schools**: district trainers train Go-To Educators.

4. **Evaluate impact** of ProD – share results with Ministry of Education.
5. **Support system-wide professional learning**
   - provide ongoing support to core trainers
     (and by diffusion to district trainers & GoTo Educators)

6. **Evaluate processes and outcomes**
   - embed state of the art evaluations to “know” & “learn”
     “know” (quantitative) impact on key outcomes
     “learn” (qualitative) how districts achieved success & overcame barriers
Train-The-Trainer Model

Master Trainer

Local Education Staff

Core Trainers

Local Health Staff

Go To Educator

Curriculum Guide Training

Parent MHL Session

Students

classroom lessons

help seeking

help seeking
Professions Attending The Go-To Educator ProD

- Professions Attending The Go-To Educator ProD
  - Psychologists
  - Admin Support
  - Speech Language Pathologists
  - Family School Liaisons
  - Police
  - Occupational Therapists
  - Teachers
  - School Based Nurses
  - Social Workers
  - Shared Literacy
# Numbers Trained So Far

<table>
<thead>
<tr>
<th>Training Type</th>
<th>Approximate. Participants to date</th>
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</thead>
<tbody>
<tr>
<td>Core Trainers</td>
<td>400</td>
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<tr>
<td>Go-To Educators</td>
<td>9000</td>
</tr>
<tr>
<td>Curriculum Guide Teachers</td>
<td>400</td>
</tr>
<tr>
<td>Students</td>
<td>10000</td>
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</table>
## Preliminary Cohort Findings

<table>
<thead>
<tr>
<th>Population</th>
<th>Data Processed (N)</th>
<th>Knowledge</th>
<th>Attitudes</th>
<th>Significant</th>
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<tbody>
<tr>
<td>Go -To Educators</td>
<td>1197</td>
<td>Increased*</td>
<td>Stable</td>
<td>P&lt;0.0001</td>
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<tr>
<td>Students</td>
<td>81</td>
<td>Increased*</td>
<td>Increased*</td>
<td>P&lt;0.0001</td>
</tr>
<tr>
<td>Teachers</td>
<td>200</td>
<td>Increased*</td>
<td>Increased*</td>
<td>P&lt;0.0001</td>
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</tbody>
</table>
Quasi Experimental Design

Calgary & Area Schools

Assignment

Schools With Go-To Training

Clinical Profiles of Students presenting in Tertiary Care (Outcome Measure)

School in waiting for Go-To training
Training Impacts In Health

Demographics
Clinical Profiles
System Variables
Treatment Variables
Training Impacts In Health
Training Impacts In Health

Demographics
Clinical Profiles
System Variables
Treatment Variables
Students from trained schools…

- Were younger
- More severe symptoms
- Had more harmful behaviours/thoughts towards others
Students from trained schools...

- Were less suicidal
- Stayed longer when they were admitted
- Showed improved outcomes discharge
Cost Effectiveness

- Alberta Roll out is being done with 1.6 full time equivalence and time donated in kind
- Cost for 68 school boards per year in CDN = $266,000
- Cost Per Year in USD = Not Much!
- Most expenditures on human resources
<table>
<thead>
<tr>
<th>Province</th>
<th>Study Type</th>
<th>Year</th>
<th>Participants</th>
<th>Increased Knowledge</th>
<th>Improved Attitudes</th>
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<tbody>
<tr>
<td>Nova Scotia</td>
<td>Program Evaluation</td>
<td>2012-2014</td>
<td>218 Educators</td>
<td>Yes</td>
<td>p&lt;0.0001 d=1.85</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Ontario</td>
<td>Cross-Sectional</td>
<td>2012</td>
<td>409 Students</td>
<td>Yes</td>
<td>p&lt;0.0001, d=0.51</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Program Evaluation</td>
<td>2013</td>
<td>74 Educators</td>
<td>Yes</td>
<td>p&lt;0.0001, d=0.51</td>
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<td></td>
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<td></td>
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<tr>
<td></td>
<td>Cross-Sectional</td>
<td>2014</td>
<td>175 Students</td>
<td>Yes</td>
<td>p&lt;0.0001, d=0.51</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>RCT</td>
<td>2012-2015</td>
<td>534 Students</td>
<td>Yes</td>
<td>P&lt;0.001</td>
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Impact of mental health literacy ProD (pre-service teachers)
Knowledge & Attitudes (pre-service teachers)

Help-Seeking (pre-service teachers)

Online vs In-person Pro D (pre-service teachers)
Online vs In-person Pro D (pre-service teachers)
What is the Evidence for Pre-service Teachers

A quasi experimental study
University of British Columbia
Faculty of Education

- Face-to-face approach (n=54)
- Online approach (n=58)
- Control group (n=50)

Pre-test → Post-test → Follow-up
# Demographics

<table>
<thead>
<tr>
<th>Gender</th>
<th>N (%)</th>
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</thead>
<tbody>
<tr>
<td>Male</td>
<td>71 (40.34)</td>
</tr>
<tr>
<td>Female</td>
<td>100 (56.82)</td>
</tr>
<tr>
<td>Non-Binary</td>
<td>5 (2.84)</td>
</tr>
<tr>
<td>Total</td>
<td>176 (100)</td>
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</table>

<table>
<thead>
<tr>
<th>Assigned Group</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>50 (30.87)</td>
</tr>
<tr>
<td>In-Person</td>
<td>54 (33.33)</td>
</tr>
<tr>
<td>Online</td>
<td>58 (35.80)</td>
</tr>
<tr>
<td>Total</td>
<td>162 (100)</td>
</tr>
</tbody>
</table>
Measures

30 knowledge items
- Factor analysis: 6 factors accounting for 64.8% variances
- Internal consistency reliability
  $\alpha = .75$ for the current sample

8 stigma items
- Factor analysis: 2 factors accounting for 50.41% variances
- Internal consistency reliability
  $\alpha = .71$ for the current sample

5 help-seeking intentions items
- Factor analysis: 1 factor accounting for 55.01% variances
- Internal consistency reliability
  $\alpha = .78$ for the current sample
## Results

<table>
<thead>
<tr>
<th></th>
<th>Pre-test and Post-test</th>
<th>Pre-test and Follow-up</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>Pre</td>
</tr>
<tr>
<td><strong>Knowledge</strong></td>
<td></td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>Control</td>
<td>43</td>
<td>17.81 (3.74)</td>
</tr>
<tr>
<td>In-Person</td>
<td>35</td>
<td>19.20 (3.89)</td>
</tr>
<tr>
<td>Online</td>
<td>42</td>
<td>16.98 (4.17)</td>
</tr>
<tr>
<td><strong>Stigma (Attitudes)</strong></td>
<td></td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>Control</td>
<td>49</td>
<td>49.04 (5.07)</td>
</tr>
<tr>
<td>In-Person</td>
<td>47</td>
<td>49.94 (4.22)</td>
</tr>
<tr>
<td>Online</td>
<td>48</td>
<td>51.06 (3.52)</td>
</tr>
<tr>
<td><strong>Help-Seeking</strong></td>
<td></td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>Control</td>
<td>48</td>
<td>28.19 (5.25)</td>
</tr>
<tr>
<td>In-Person</td>
<td>50</td>
<td>28.52 (4.50)</td>
</tr>
<tr>
<td>Online</td>
<td>49</td>
<td>29.55 (3.54)</td>
</tr>
</tbody>
</table>
Discussion

• In both face-to-face and online group, compared to controls, **significant and sustained improvement** in knowledge and attitudes occurred, with help-seeking efficacy demonstrating significant short-term improvement only.

• There were **no significant differences** between the face-to-face and online groups at any point in time.
Results

• Both online and face-to-face professional development had similarly positive impacts.

• The use of online professional education in mental health literacy using the Guide resource can be considered as a viable alternative to face-to-face interventions, thus potentially increasing the reach and ease of delivery of professional development.
Conclusion

1. Developing mental health literacy in students, teachers, administrators and others increases their knowledge, reduces stigma and enhances help-seeking and access to care.

2. In-person and online professional development, delivered in a cascading model, can have system-wide impact.

3. Free, online resources (MOOCs) support professional development.

4. This work can make a difference in achieving human life potential.
teachmentalhealth.org

Mental Health Literacy for Educators


Kutcher, S., Wei, Y., & Baxter, A. (Under review). The impact of “Go-To Educator training” on educator's knowledge about stigma towards mental illness in six Canadian provinces. *Early Intervention in Psychiatry*.

