How to Build Mental Health Literate Schools/Districts/Communities

Cascading Professional Learning to Develop Effective Pathways to Care

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# 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
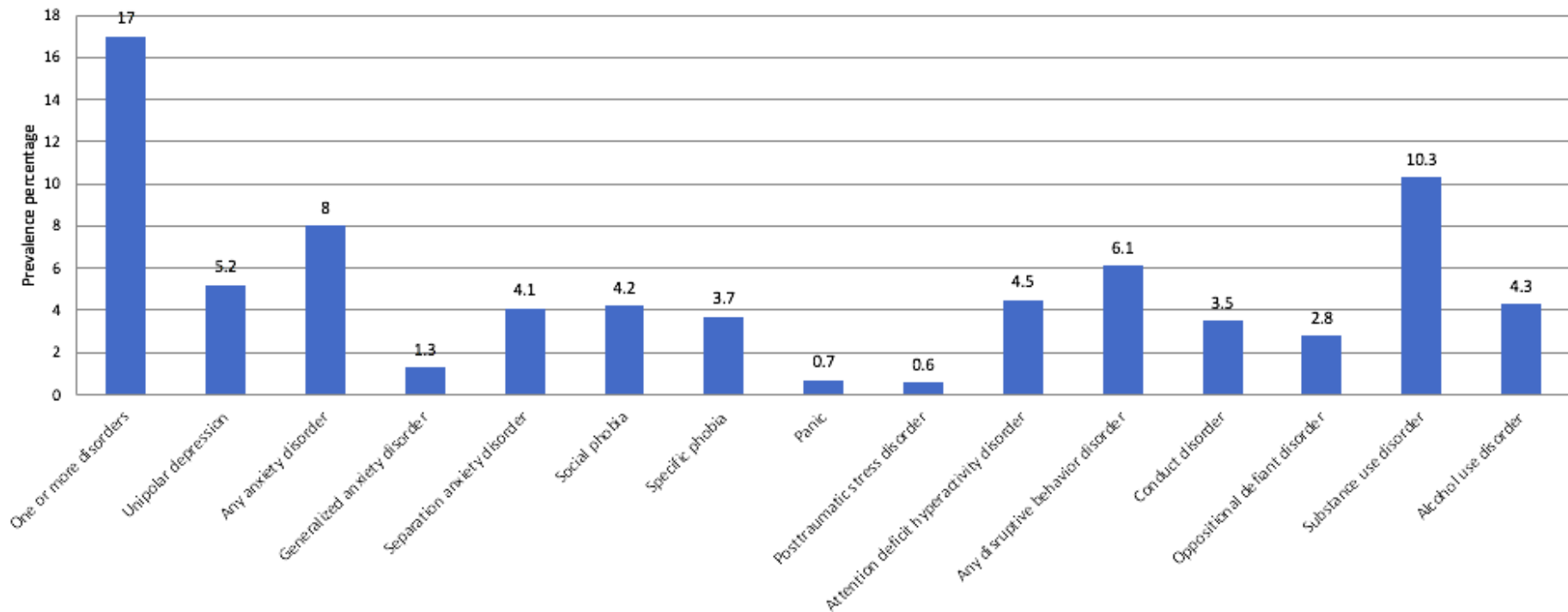
National Research Council & Institute of Medicine of the National Academies (2009). *Preventing mental, emotional, and behavioral disorders among young people.*
Polanczyk GV, Salum GA, Sugaya LS, Caye A, Rohde LA. (2015). Annual research review: A meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. *J Child Psychol Psychiatry, 56(3)*:345-65.

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
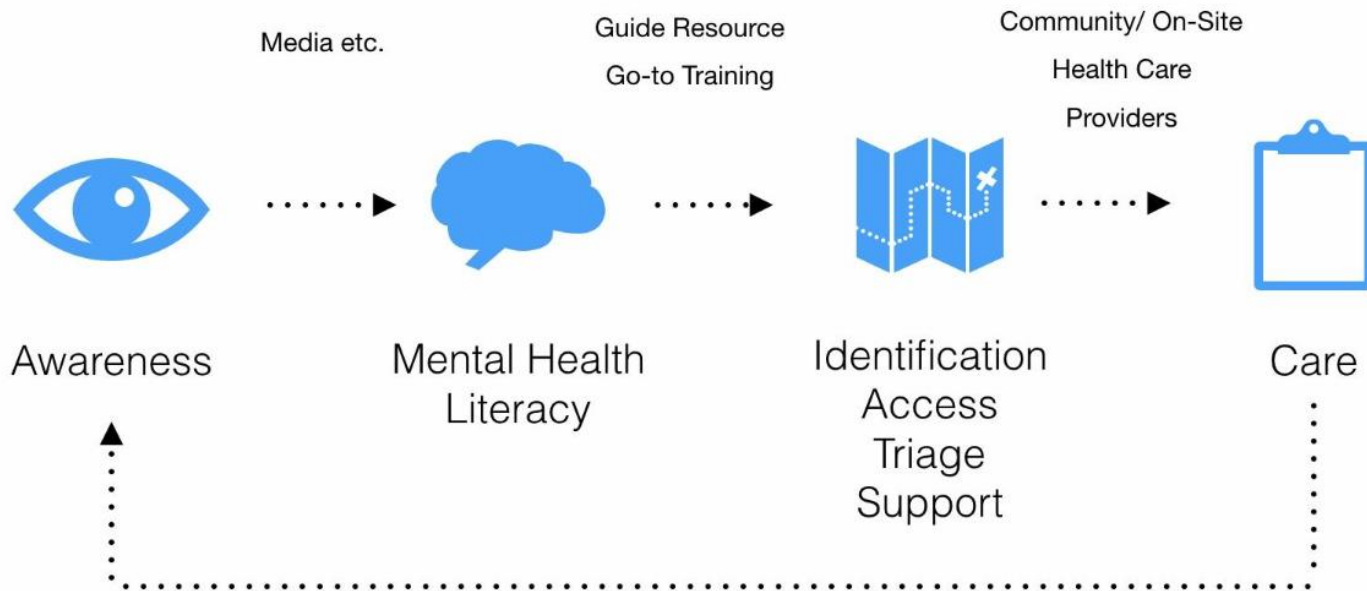
Literacy is the foundation

The Pathway Through Care

Media etc.

Guide Resource
Go-to Training

Community/ On-Site
Health Care
Providers

Awareness

Mental Health
Literacy

Identification
Access
Triage
Support

Care

4 Integrated Approaches to Building MHL
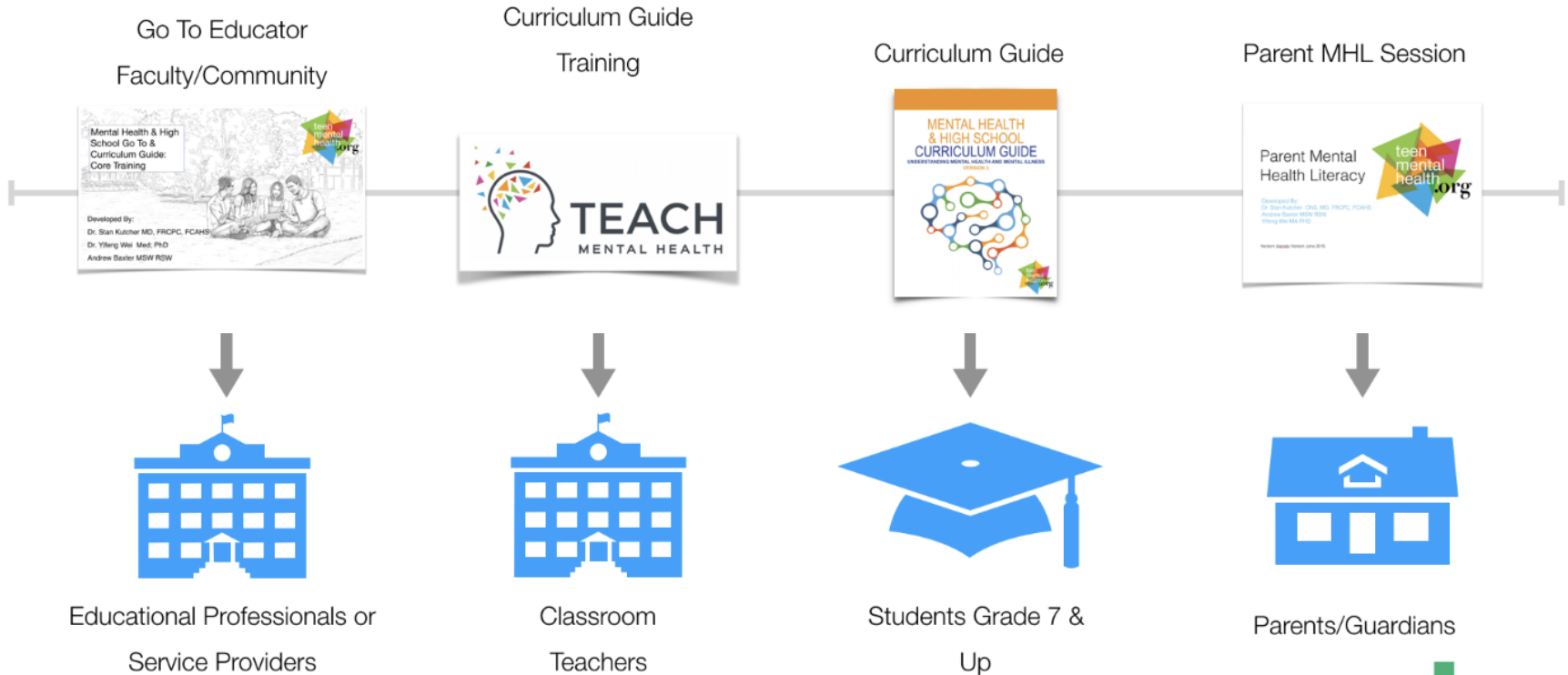
Mental Health Literacy

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.
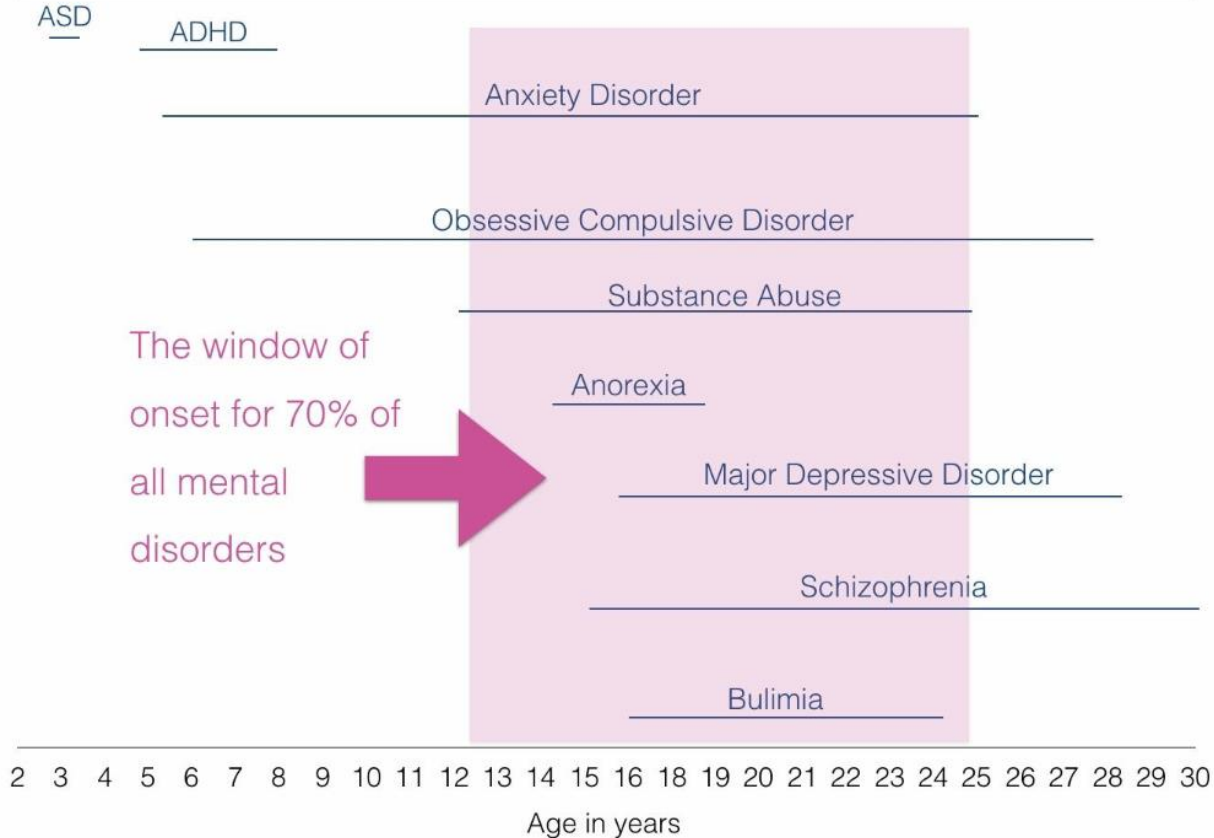
PTSD is not the same thing as feeling upset.

Schizophrenia is not a split personality.

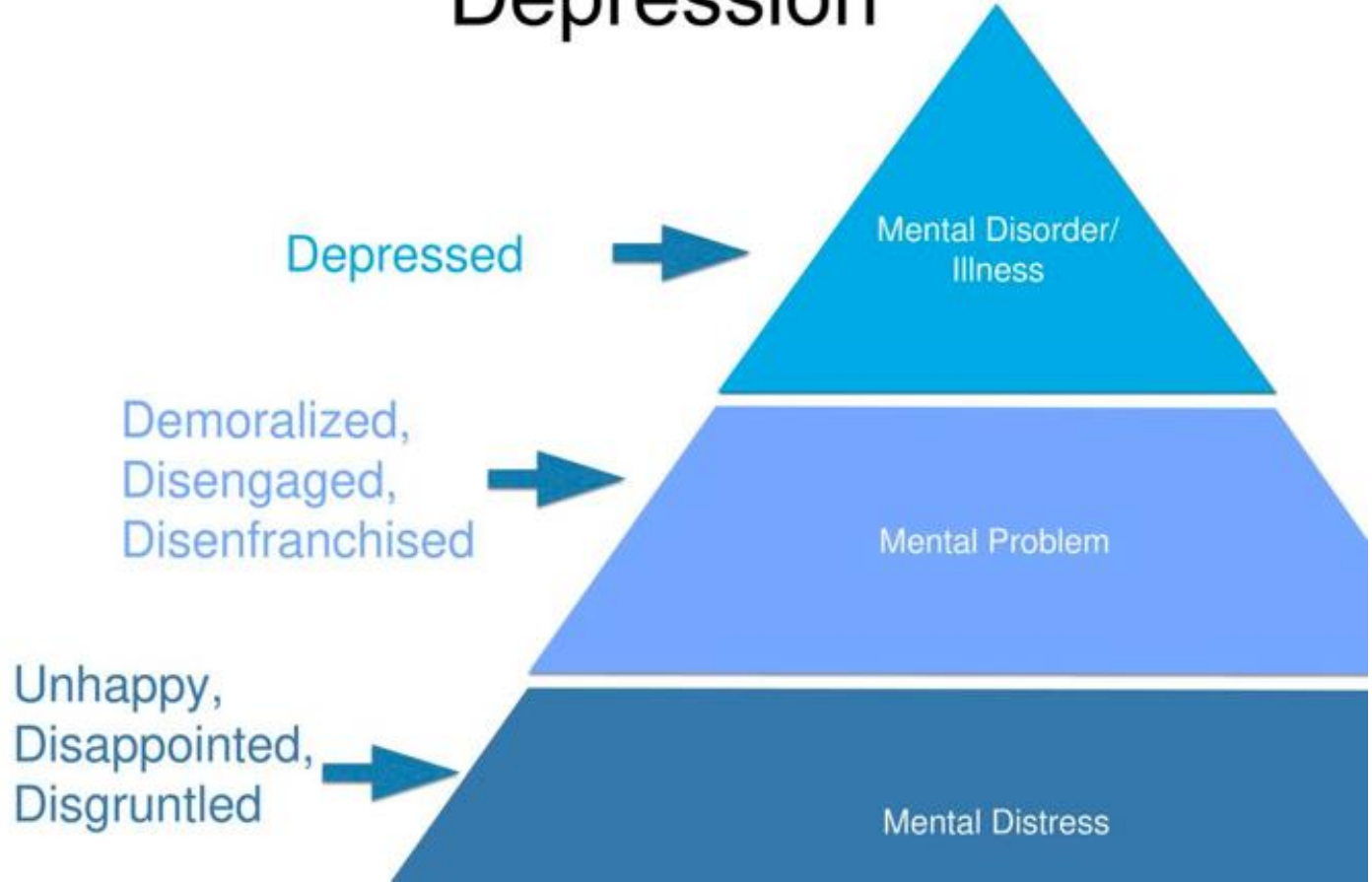Panic Disorder is not the same thing as being afraid.

Bipolar Disorder is not the same as being moody.

teen mental health .org

Age of Diagnosis of Major Mental Disorders

ASD

ADHD

Anxiety Disorder

Obsessive Compulsive Disorder

Substance Abuse

The window of onset for 70% of all mental disorders

Anorexia

Major Depressive Disorder

Schizophrenia

Bulimia

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 18 19 20 21 22 23 24 25 26 27 28 29 30

Age in years

Mental Health Literacy

Clarity is essential: "Depression"

Depressed ➡ Mental Disorder/ Illness

Demoralized, Disengaged, Disenfranchised ➡ Mental Problem

Unhappy, Disappointed, Disgruntled ➡ Mental Distress

Mental Health Curriculum Guide (the Guide)
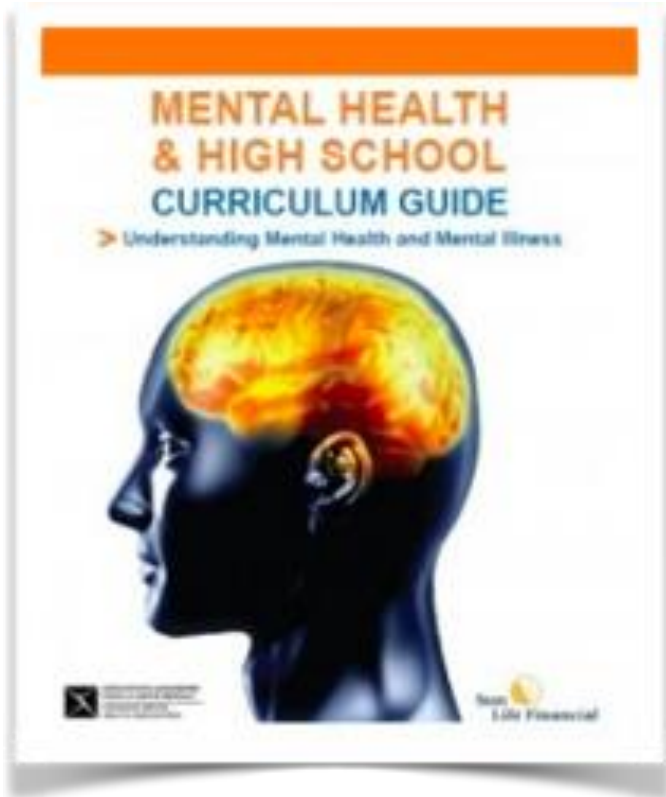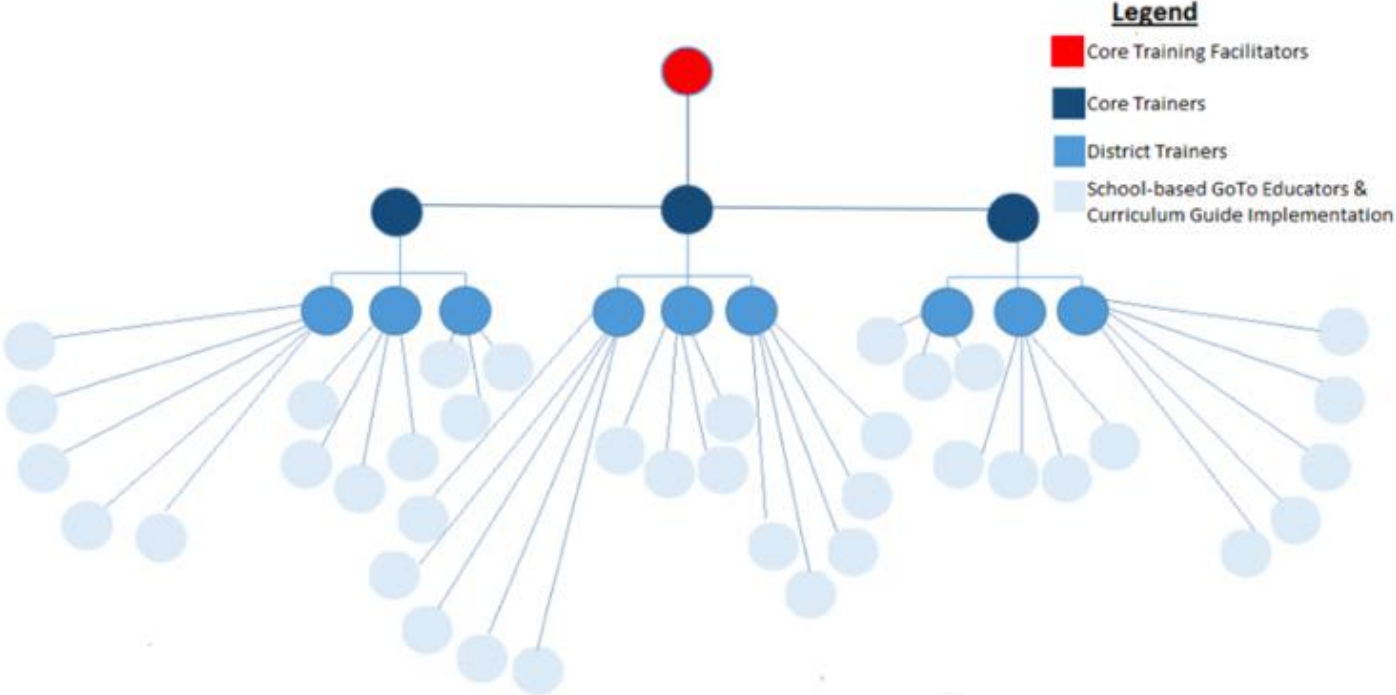
Modules to improve mental health literacy*

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.

Mental Health Literacy Pro D Strategy for Schools

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

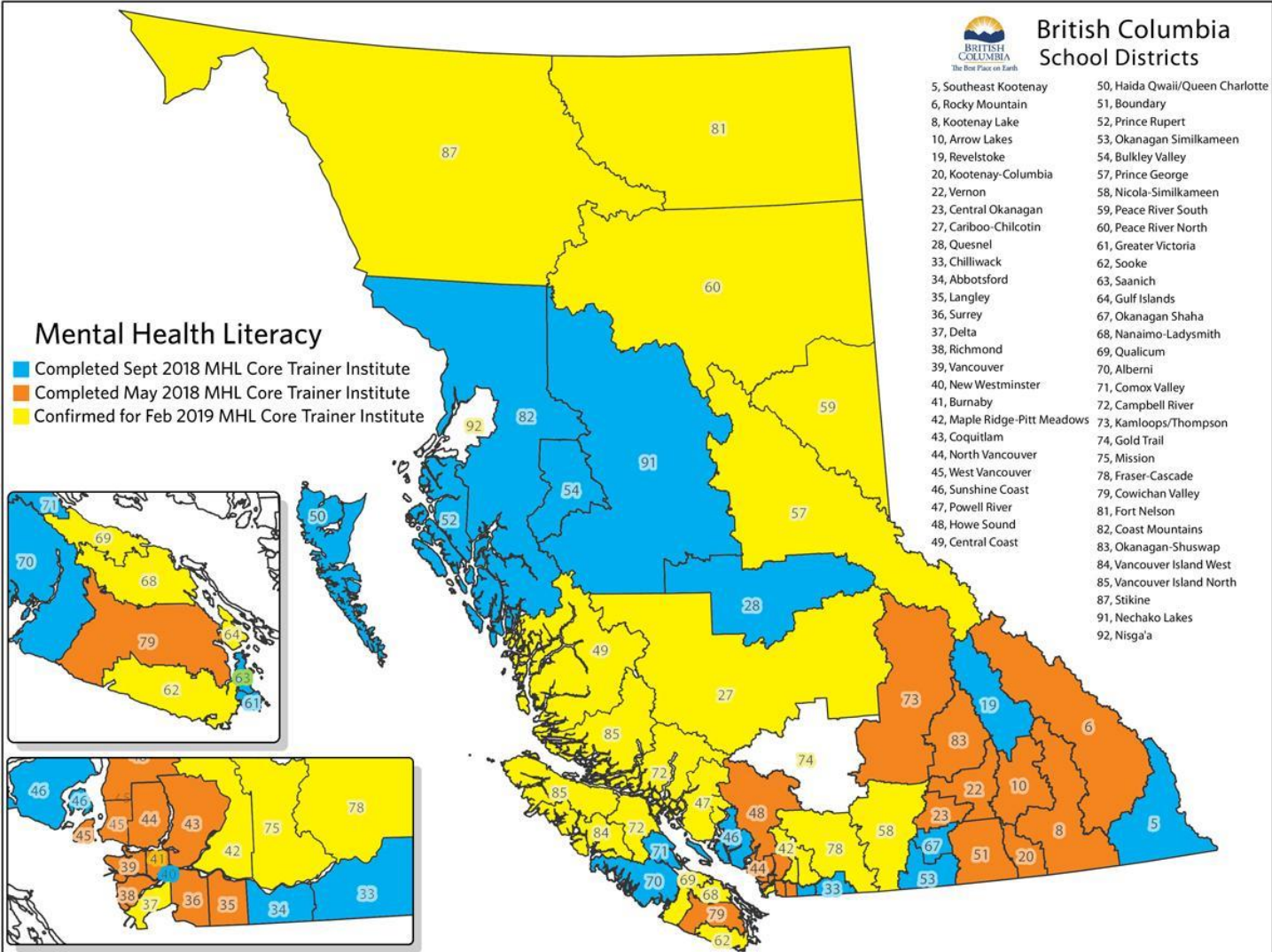   "learn" (qualitative) how districts achieved success & overcame barriers
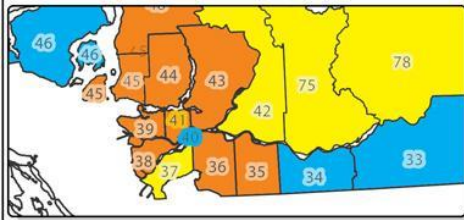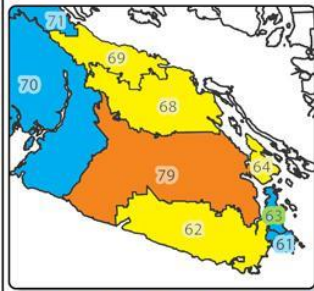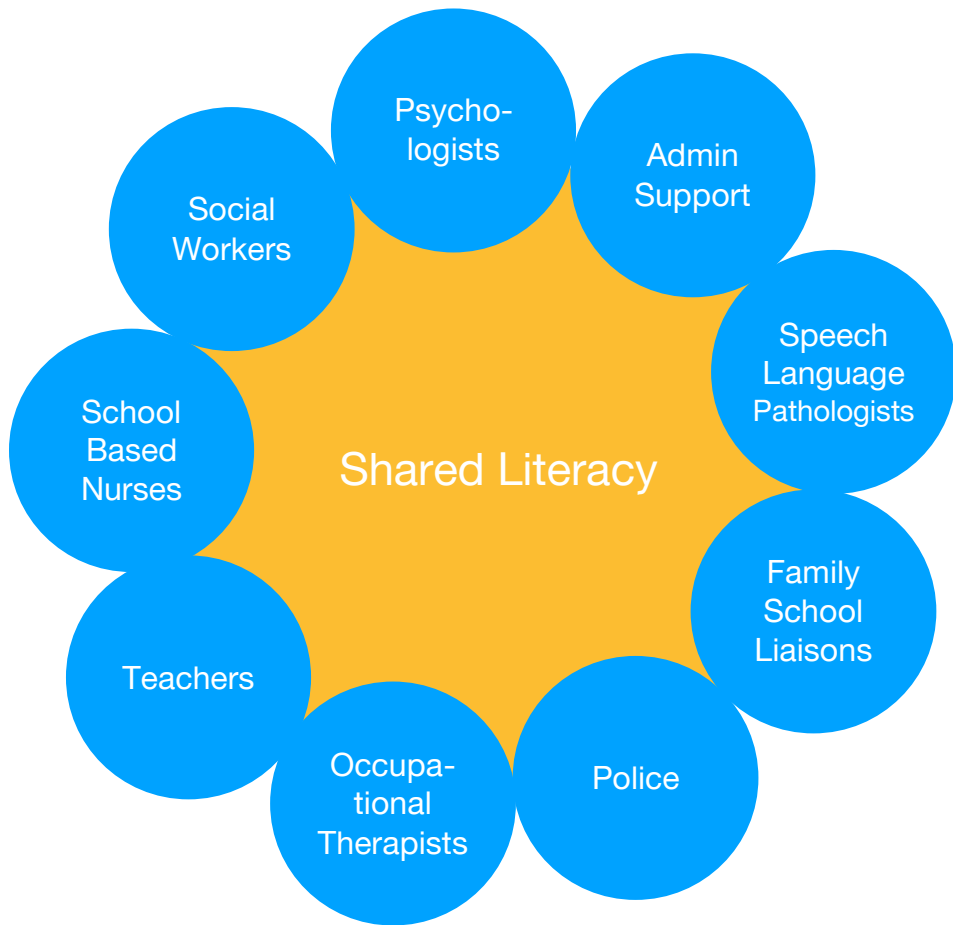
British Columbia School Districts

Mental Health Literacy

- Completed Sept 2018 MHL Core Trainer Institute
- Completed May 2018 MHL Core Trainer Institute
- Confirmed for Feb 2019 MHL Core Trainer Institute

5, Southeast Kootenay
6, Rocky Mountain
8, Kootenay Lake
10, Arrow Lakes
19, Revelstoke
20, Kootenay-Columbia
22, Vernon
23, Central Okanagan
27, Cariboo-Chilcotin
28, Quesnel
33, Chilliwack
34, Abbotsford
35, Langley
36, Surrey
37, Delta
38, Richmond
39, Vancouver
40, New Westminster
41, Burnaby
42, Maple Ridge-Pitt Meadows
43, Coquitlam
44, North Vancouver
45, West Vancouver
46, Sunshine Coast
47, Powell River
48, Howe Sound
49, Central Coast

50, Haida Qwaii/Queen Charlotte
51, Boundary
52, Prince Rupert
53, Okanagan Similkameen
54, Bulkley Valley
57, Prince George
58, Nicola-Similkameen
59, Peace River South
60, Peace River North
61, Greater Victoria
62, Sooke
63, Saanich
64, Gulf Islands
67, Okanagan Shaha
68, Nanaimo-Ladysmith
69, Qualicum
70, Alberni
71, Comox Valley
72, Campbell River
73, Kamloops/Thompson
74, Gold Trail
75, Mission
78, Fraser-Cascade
79, Cowichan Valley
81, Fort Nelson
82, Coast Mountains
83, Okanagan-Shuswap
84, Vancouver Island West
85, Vancouver Island North
87, Stikine
91, Nechako Lakes
92, Nisga'a

Train-The-Trainer Model

Master Trainer

Local Education Staff → Core Trainers ← Local Health Staff

Go To Educator

Curriculum Guide Training

Parent MHL Session

classroom lessons

help seeking — Students — help seeking

Psycho-logists

Social Workers

Admin Support

School Based Nurses

Speech Language Pathologists

Shared Literacy

Teachers

Family School Liaisons

Occupa-tional Therapists

Police

Professions Attending The Go-To Educator ProD

Numbers Trained So Far

Training Type	Aproximate. Participants to date
Core Trainers	400
Go-To Educators	9000
Curriculum Guide Teachers	400
Students	10000

Preliminary Cohort Findings

Population	Data Processed (N)	Knowledge	Attitudes	Significant
Go -To Educators	1197	Increased*	Stable	P<0.0001
Students	81	Increased*	Increased*	P<0.0001
Teachers	200	Increased*	Increased*	P<0.0001

Quasi Experimental Design
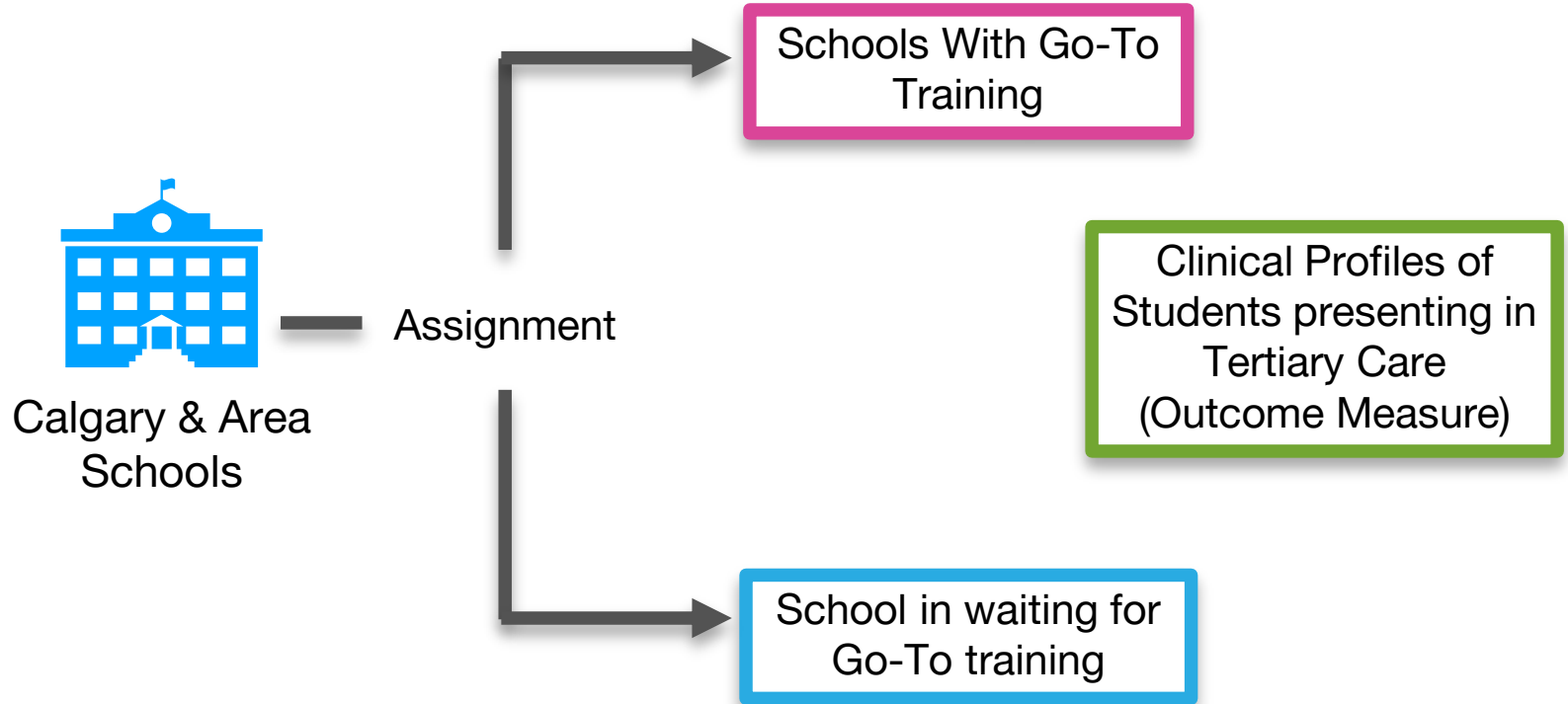
Training Impacts In Health
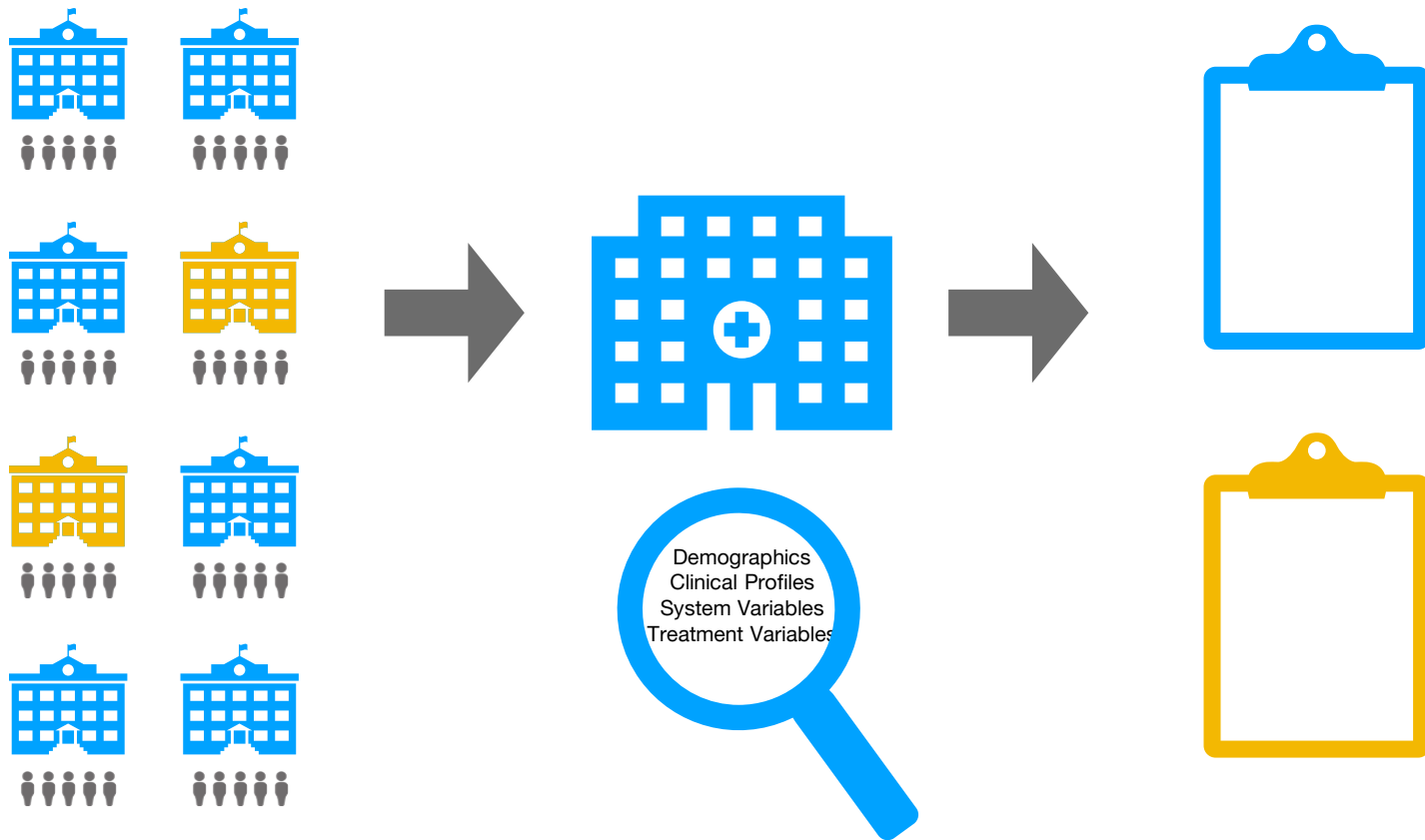
Demographics
Clinical Profiles
System Variables
Treatment Variables

Training Impacts In Health

Demographics
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Training Impacts In Health

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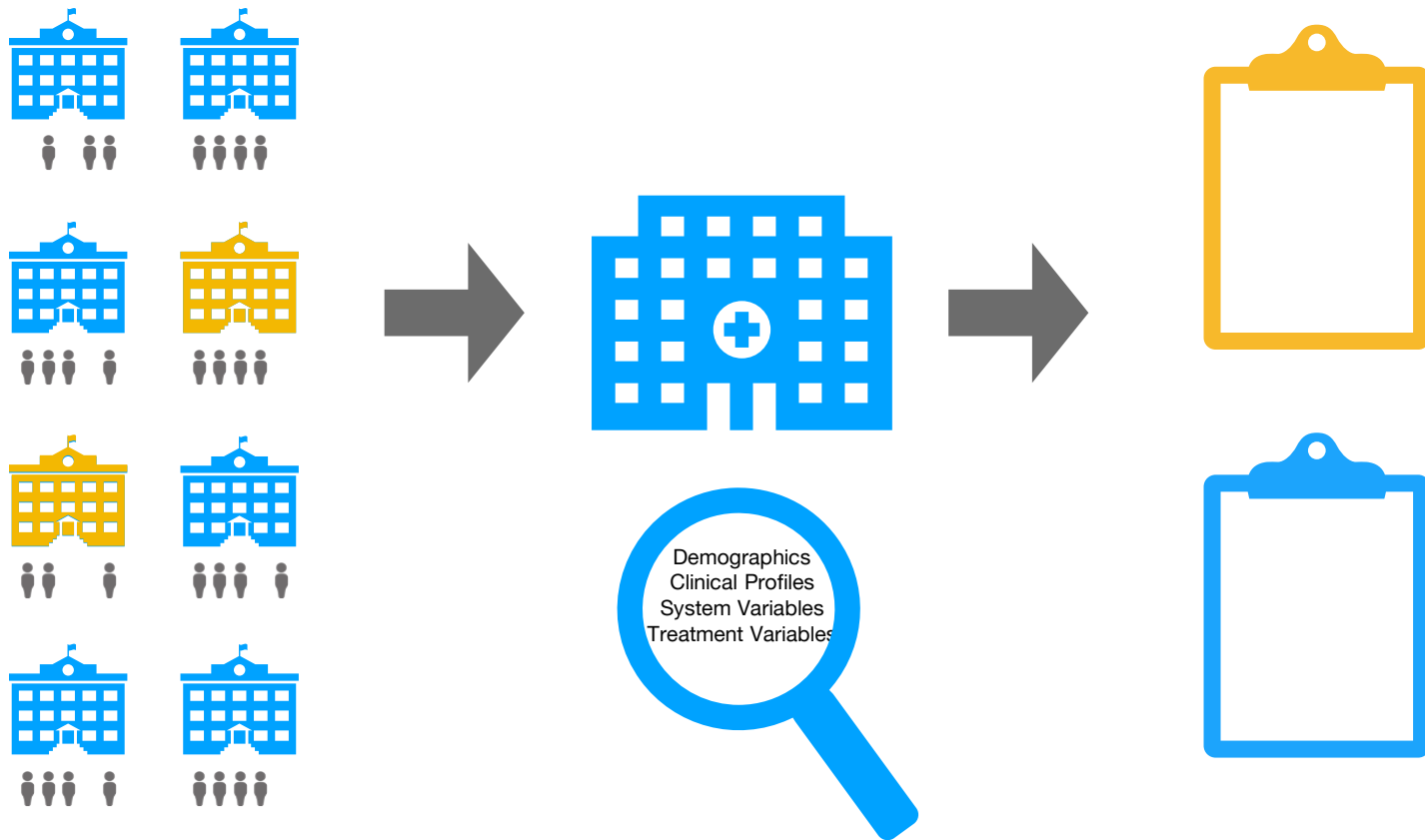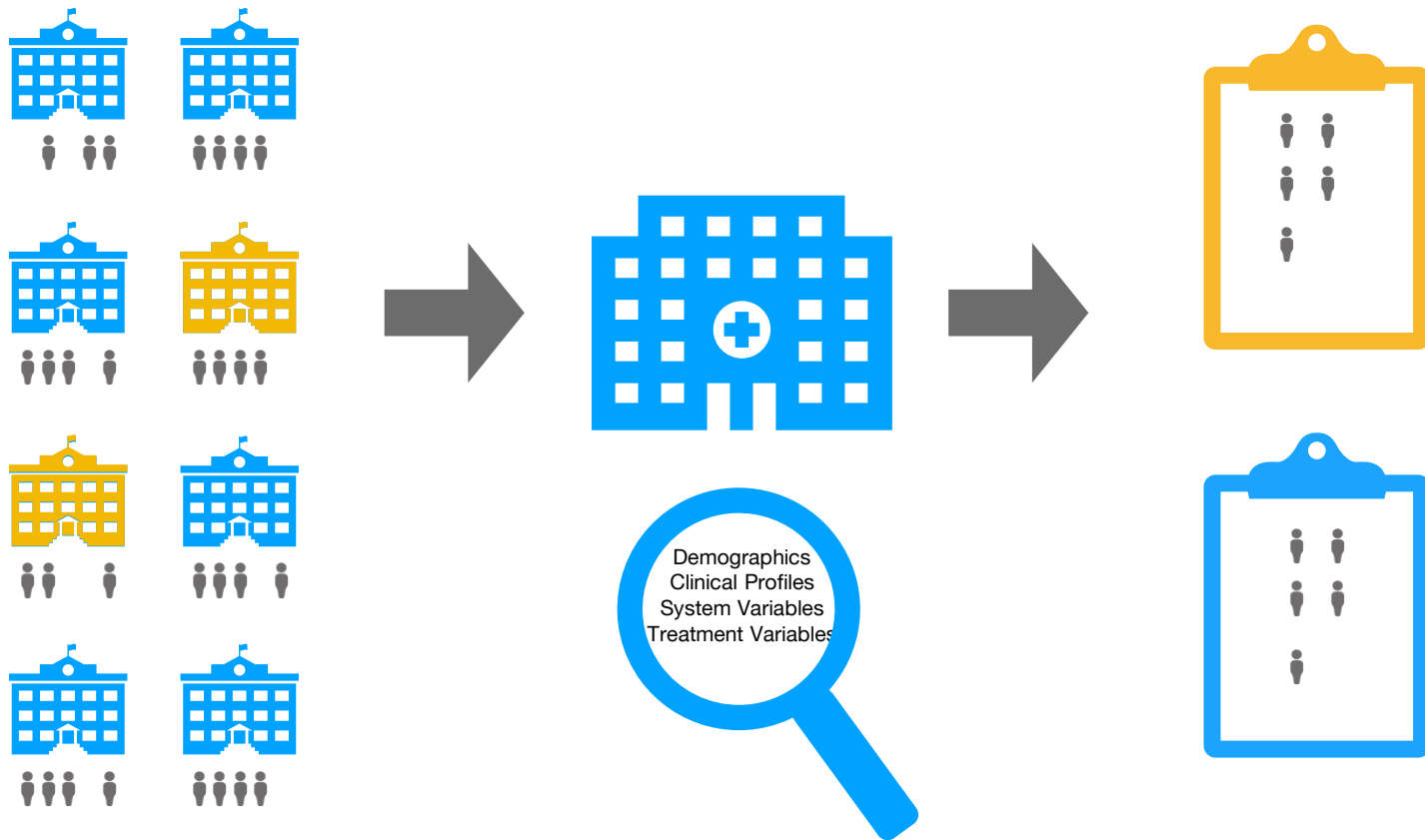
Students from trained schools…

- 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

# Evidence for In-Service Teachers – Face-to-Face Approach

Province	Study Type	Year	Participants	Increased Knowledge		Improved Attiudes	
Nova Scotia	Program Evaluation	2012-2014	218 Educators	Yes	$p<0.0001$ $d=1.85$	Yes	$p<0.0001$ $d=0.51$
Ontario	Cross-Sectional	2012	409 Students	Yes	$p<0.001$ $d=0.9$: $p<0.001*$ $d=0.73*$	Yes	$p<0.001$, $d=0.25$; $p<0.007*$ $d=0.18*$
	Program Evaluation	2013	74 Educators	Yes	$p<0.001$ $d=1.48$	Yes	$p<0.03$, $d=1.26$
	Cross-Sectional	2014	175 Students	Yes	$p<.0001$, $d=1.11$; $p<0.001*$ $d=0.91*$	Yes	$p<0.001$ $d=0.66$; $p<0.001*$ $d=0.52*$
	RCT	2012-2015	534 Students	Yes	$P<.001$	Yes	$P<.001$

Impact of mental health literacy ProD (pre-service teachers)

Knowledge & Attitudes (pre-service teachers)
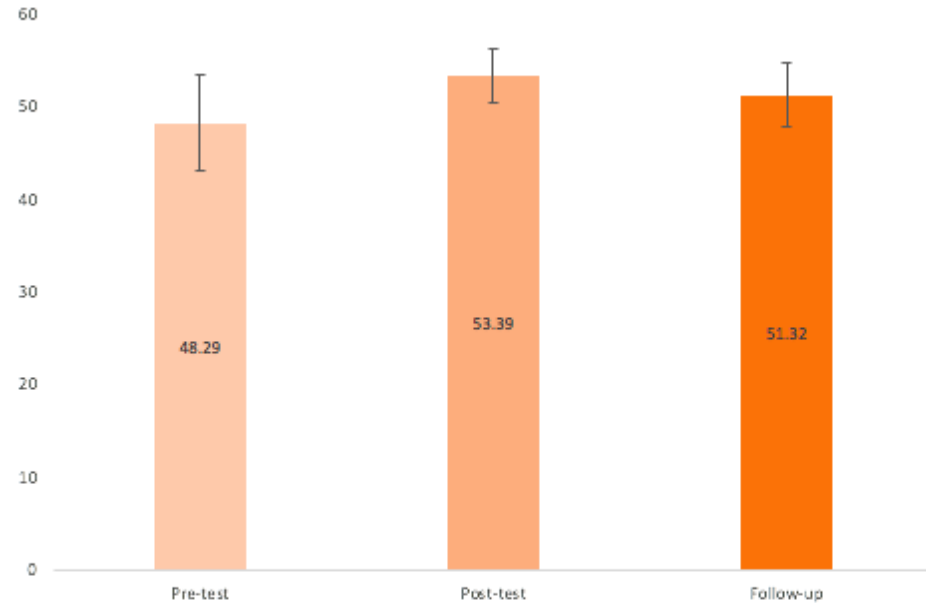
BC Preservice Teachers' Knowledge Scores Across Time
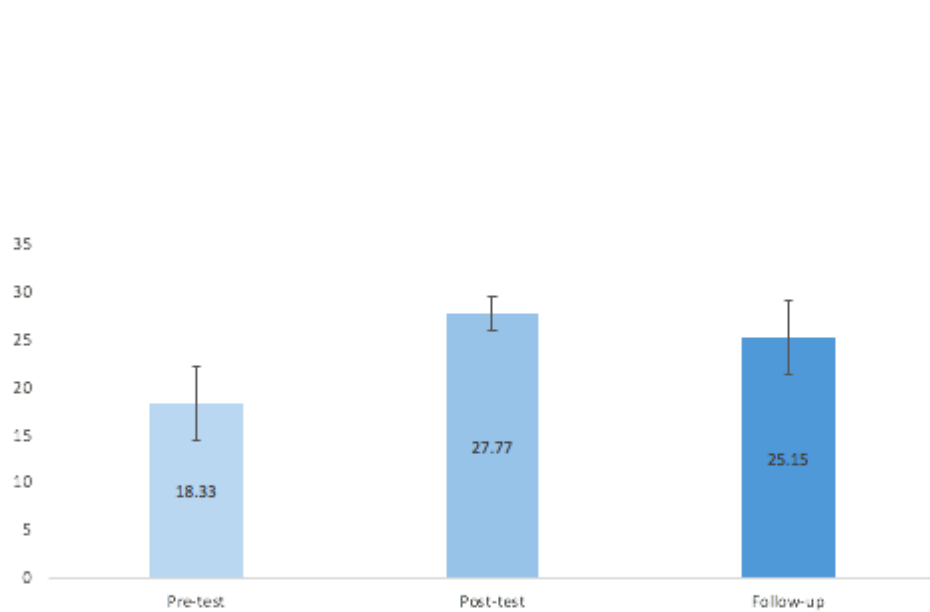
Pre-session/Post-session: *p*<.000*, *d*=3.1
Pre-session/Follow-up: *p*=.000*, *d*=1.74

BC Preservice Teachers' Attitudes/Stigma Scores Across Time

Pre-session/Post-session: *p*<.000*, *d*=1.18
Pre-session/Follow-up: *p*=.002*, *d*=0.68

Carr, W., Wei, Y., Kutcher, S., Heffernan, A. (2017). Preparing for the Classroom: Mental Health Knowledge Improvement and Stigma Reduction and their Retention with Enhanced Help-seeking Efficacy in Canadian Pre-Service Schools. *Canadian Journal of School Psychology*.

Help-Seeking (pre-service teachers)

BC Preservice Teachers' Help-Seeking Over time
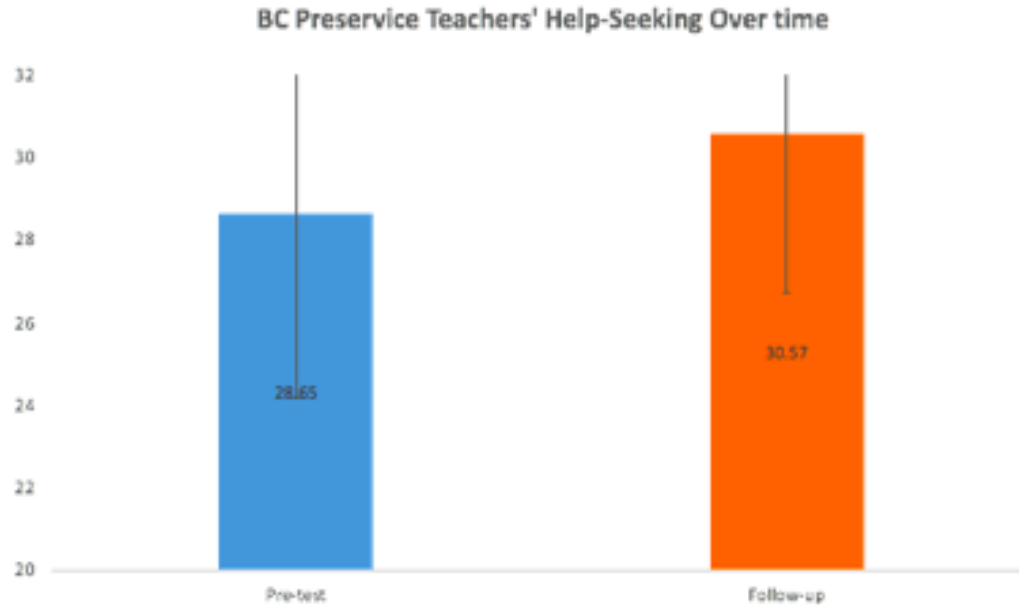
Pre-session/Follow=up: p=0.001*, d= 0.46

Carr, W., Wei, Y., Kutcher, S., Heffernan, A. (2017). Preparing for the Classroom: Mental Health Knowledge Improvement and Stigma Reduction and their Retention with Enhanced Help-seeking Efficacy in Canadian Pre-Service Schools. *Canadian Journal of School Psychology*.

Online vs In-person Pro D (pre-service teachers)

Knowledge

	Pre-Session	Post-Session
Control	17.81	17.81
In-Person	19.39	25.91
Online	17	25.07
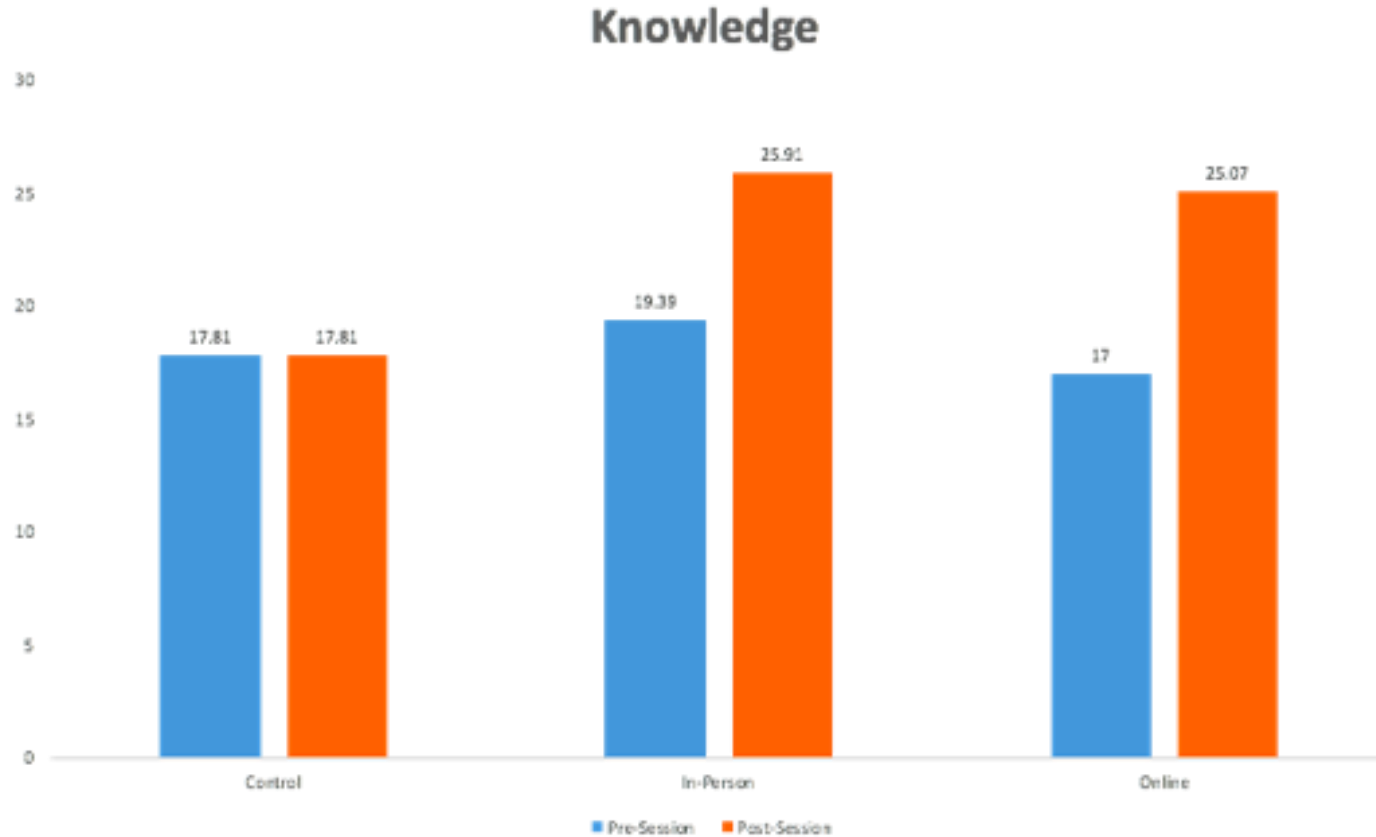
Online vs In-person Pro D (pre-service teachers)
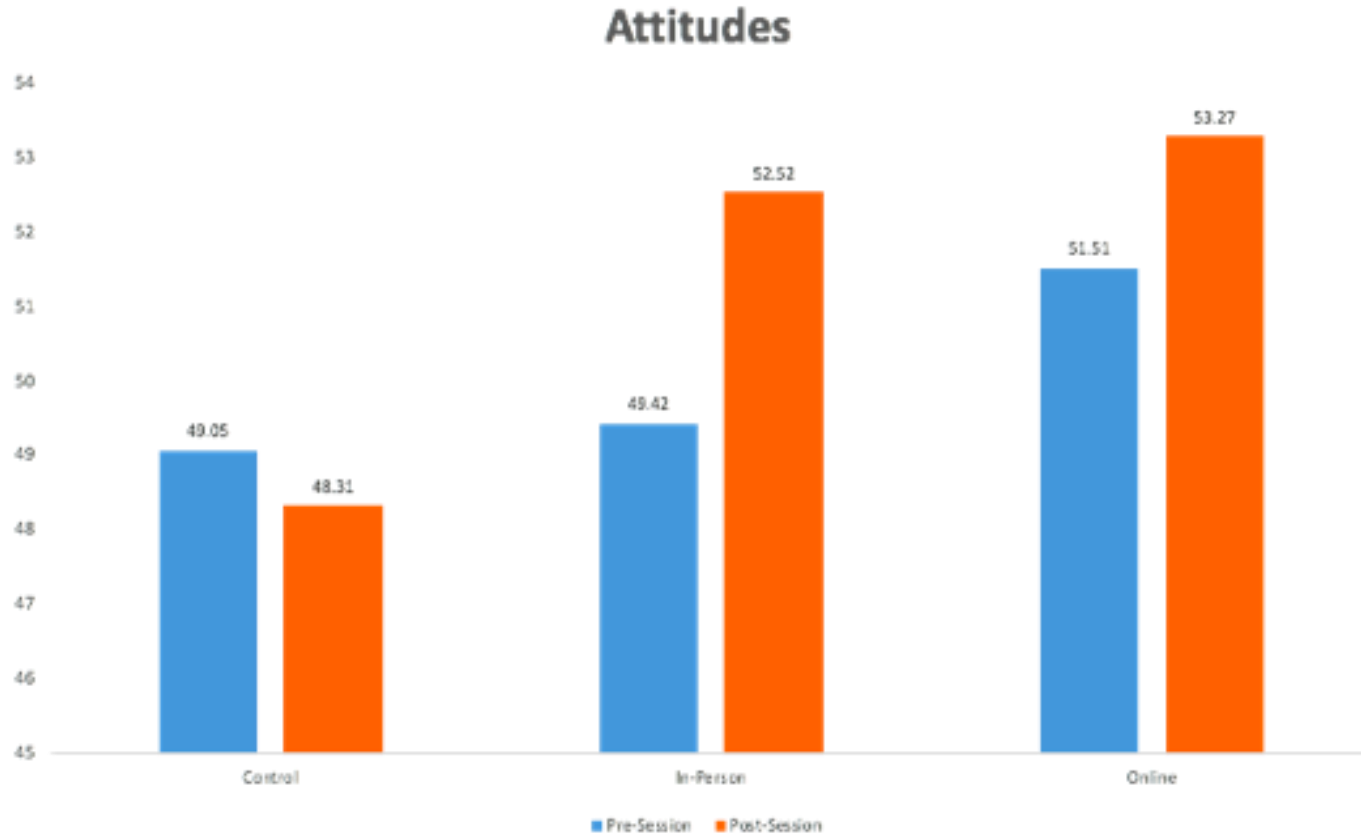
What is the Evidence for Pre-service Teachers

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)
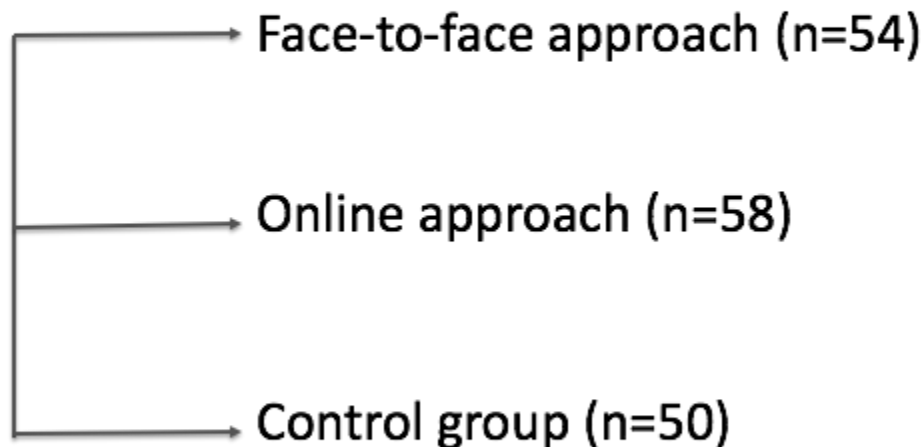
Pre-test ⟶ Post-test ⟶ Follow-up

Demographics

	N (%)
Gender	
Male	71(40.34)
Female	100(56.82)
Non-Binary	5(2.84)
Total	176 (100)
Assigned Group	
Control	50 (30.87)
In-Person	54 (33.33)
Online	58 (35.80)
Total	162 (100)

Measures

30 knowledge items

- Factor analysis:
6 factors accounting for 64.8% variances
- Internal consistency reliability

α=.75 for the current sample

8 stigma items

- Factor analysis:
2 factors accounting for 50.41% variances
- Internal consistency reliability

α=.71 for the current sample

5 help-seeking intentions items

- Factor analysis:
1 factor accounting for 55.01% variances
- Internal consistency reliability

α=.78 for the current sample

Results

	n	Pre	Post	F	p	n	Pre	Follow-Up	F	p
		Mean (SD)					Mean (SD)			
Knowledge										
Control	43	17.81 (3.74)	17.79 (3.57)	(2, 117) 156.83	.000	13	18.23 (3.32)	19.92 (3.48)	(2, 79) 9.95	.000
In-Person	35	19.20 (3.89)	25.69 (2.54)			31	19.07 (3.55)	24.23 (3.39)		
Online	42	16.98 (4.17)	25.02 (2.16)			38	16.42 (4.12)	23.00 (3.72)		
Stigma (Attitudes)										
Control	49	49.04 (5.07)	48.37 (5.44)	(2, 141) 25.27	.000	15	50.57 (4.99)	48.60 (6.15)	(2, 95) 7.65	.001
In-Person	47	49.94 (4.22)	52.72 (3.36)			38	49.36 (4.33)	51.34 (3.89)		
Online	48	51.06 (3.52)	52.92 (3.70)			45	50.86 (3.59)	52.91 (3.52)		
Help-Seeking										
Control	48	28.19 (5.25)	28.17 (5.41)	(2, 144) 12.82	.000	14	28.79 (5.61)	28.79 (4.93)	(2, 99) .559	.012
In-Person	50	28.52 (4.50)	30.72 (3.48)			40	28.45 (4.45)	29.35 (3.36)		
Online	49	29.55 (3.54)	30.92 (3.11)			48	29.64 (3.45)	30.23 (3.84)		

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

LEARN   TEACH

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