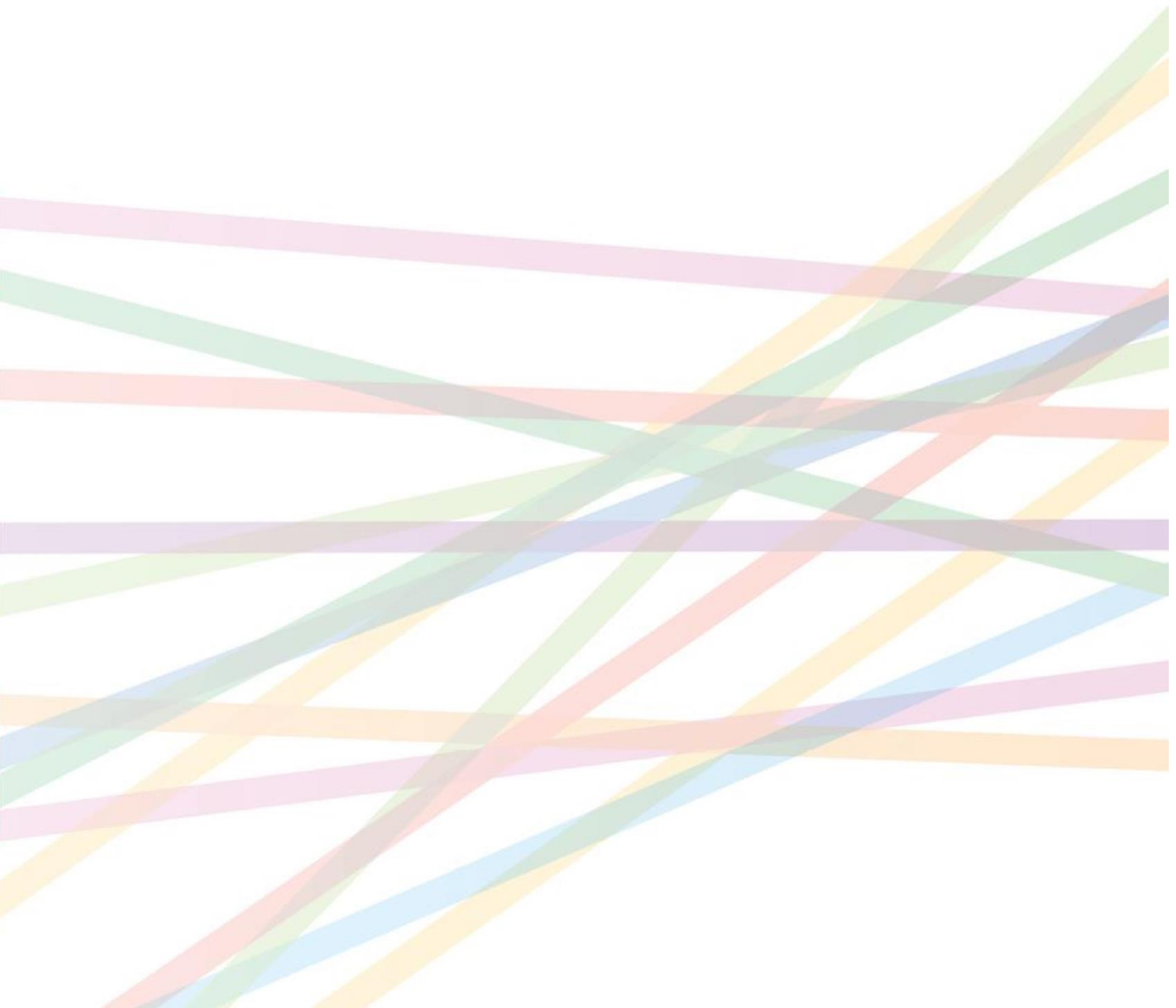REPORT ON THE EVALUATION OF THE "GO-TO EDUCATOR" TRAINING IN THE PROVINCE OF NOVA SCOTIA: A RETROSPECTIVE ANALYSIS OF ITS VALUE AND UTILITY AS REPORTED BY PARTICIPANTS ONE TO TWO YEARS AFTER EXPOSURE

Background

The Go-To Educator training program was designed by Dr. Stan Kutcher and Dr. Yifeng Wei to address the need for informed, educator-led identification, support, triage and referral (through collaboration with school based student services providers: such as counsellors; psychologists; mental health clinicians; SchoolsPlus facilitators) of students in Junior High and Secondary School who are likely to have a mental disorder, or are in need of mental health care. Taught to teachers and other staff in schools whom students usually "Go-To" when they have a problem and student services providers, plus whenever possible, to local health and mental health care providers, this intervention has been robustly demonstrated to improve the ability of "Go-To Educators" (those teachers that students naturally go to for help and support in their academic or personal lives) to assist and support students with mental health needs (Wei & Kutcher, 2014; Wei et al., 2015; Kutcher et al., 2015; Kutcher et al., 2016).

This evaluation is an anonymous follow-up survey of individuals who had completed the Go-To Educator program that was delivered across several school districts in Nova Scotia between 2015 and 2016.

Participants

Participants were 118 educators, guidance counsellors, and other health care and education professionals from six school boards province-wide (see Figures 1 and 2). Participants had previously completed the Go-To Educator training with Dr. Kutcher, Dr. Wei, or a Go-To Educator trainer through a master trainer from their school board.
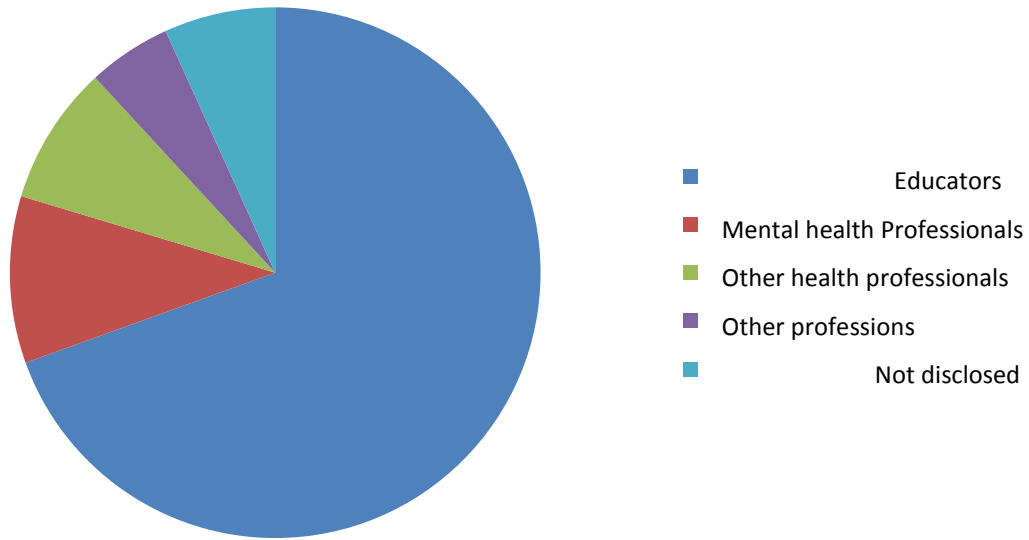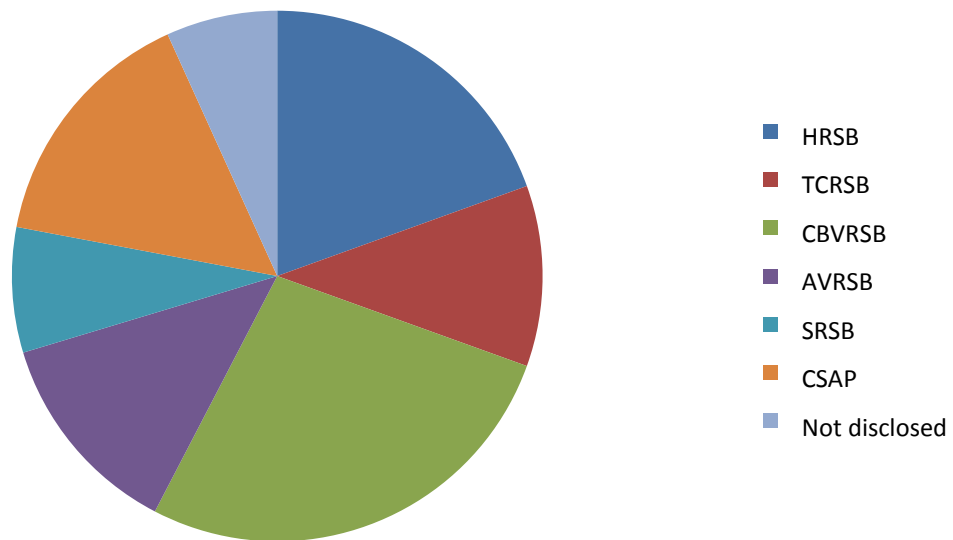
Figure 1: Participant Profession

- Educators
- Mental health Professionals
- Other health professionals
- Other professions
- Not disclosed

Figure 2: School Board Representation

- HRSB
- TCRSB
- CBVRSB
- AVRSB
- SRSB
- CSAP
- Not disclosed

Outcomes

Participants completed an 11-question survey (see Appendix one for survey) including a mix of Likert-scale questions, and open-ended text questions to gauge their perception of the relevance and effectiveness of Go-To Training, and how participants made use of the program in

their work. They were specifically asked to answer the questions from the framework of the impact that their training had on each of the items assessed.

Section one:

The first section of the survey addressed knowledge, comfort and help seeking as a result of their training. Participants completed a questionnaire on their level of knowledge and comfort surrounding mental health and identifying students who may have a mental disorder, and comfort with their own help-seeking. Three statements for knowledge, comfort, and helpseeking were posed, and participants responded on a 7-point Likert scale (Strongly Disagree - Strongly Agree).

Results

Knowledge

Participants' responses were overwhelmingly positive for knowledge questions with 90.2% responding either 'Agree a little', 'Agree', or 'Strongly Agree' about their knowledge of mental health and mental illness and the applicability of Go-To Training for educators. Neutral responses ('Don't Know') comprised 2.29%, and 7.52% of participants responded negatively ('Disagree a little', 'Disagree', or 'Strongly Disagree').

Comfort with student identification and support

For comfort, 84.0% of participants responded positively when asked about their increased comfort in identifying and supporting a student who may have a mental health problem or disorder, and differentiating between mental disorders and mental health problems or distress; while 5.56% of participants responded neutrally, and 10.46% responded negatively.

Comfort with personal help-seeking

Increased comfort with help-seeking, both personal, and suggesting that a friend or family member seek help, was broadly positive with 79.29% of participants responding positively, 8.74% responding neutrally, and 11.97% responding negatively.

The second set of survey questions addressed various behaviours arising as a result of their training as reported by the participants. Participants were asked to indicate any of a list of three applicable behaviours undertaken as a result of their Go-To Training. These included: personal help-seeking; family help-seeking and friend help seeking.

Results

Of the 107 participants who responded, 5.61% indicated they had personally sought help for a mental health problem or disorder, 18.69% had suggested that a family member seek help, and 23.58% had suggested a friend seek help as a result of their training experience.

Section three:

The third set of survey questions addressed participant's comfort in mental health related knowledge translation to students, peers and others as a result of their training.

Results

Participants were also asked to indicate their comfort in talking to certain groups about students' mental health problems or disorders (students, parents, administrators, etc.) as a result of Go-To Training, and to select all applicable. Seventy participants (66%) stated they were more comfortable talking to students as a result of training, 68 (64.2%) were more comfortable talking to colleagues in general, 67 (63.2%) were more comfortable talking to school administrators, and 60 (56.6%) were more comfortable talking to parents.

Participants also had the option to not select any of the available options, and were asked to comment on why. Of the 17 respondents who commented, six reported feeling comfortable discussing students' mental health problems or concerns prior to the training or as a result of a combination of training and other factors. One responded that they were on leave during the previous year, and one reported that more training was needed. The other

respondents made general comments about the training not directly related to their comfort level in speaking with different groups.
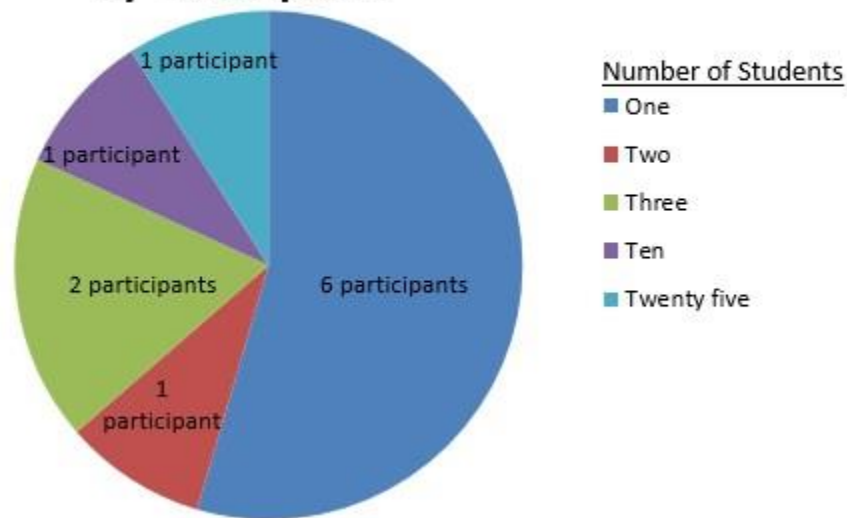
Section four:

The fourth set of questions addressed the impact of the training on participant's identification of students with a mental disorder.

Results

Participants were then asked whether they had, as a result of the training, identified any students with a mental disorder, 29 participants (39.7%) responded yes. Of those 29 participants, 11 disclosed the number of students they had identified as a result of the training, which ranged between one and 25 (see Figure 3)

Figure 3: Number of Students Identified by Participants

Section five:

Section five addressed qualitative open-ended feedback about issues that participants identified as important in their training experience.

Results

When asked to summarize the most useful learning obtained from the training, participants' responses were grouped around three themes: general knowledge of mental health problems and disorders (n=39, 61.9%), practical information on interventions and referral options (n=21, 33.3%), and stigma reduction (n=3, 4.8%). Participant comments included:

- *"The most useful learning for me was the review of the different mental illnesses"*

- *"It was helpful to learn about the types of mental disorders we see in our school, their prevalence, age of onset, etc."*

- *"…the most valuable thing is deleting the stigma that goes with a mental disorder and helping both students and staff realize this and talking…about these things that affect so many of us."*

- *"I learned about the process of referral and which agencies to contact."*

- *"What steps to follow if a student seeks help for a mental disorder or mental stress."*

Section six:

Section six addressed the issue of mental health literacy diffusion and impact on school culture, two possible secondary outcomes arising from participation in the training session.

Results

Sixty eight participants (78.2%) reported sharing what they learned from training with colleagues, most commonly through informal discussions (n=33, 55%), staff meetings (n=23, 38.3%), resource sharing (n=3, 5%), and recommending the training to colleagues (n=1, 1.7%). When asked whether the training had had an impact on their school's culture, 43 participants responded 'yes', nine responded 'no', and 66 did not respond. Comments from participants included:

• *"I think it contributes to a school culture that is more understanding and accepting of mental illness as something that is just that: an illness."*

• *"I think the training helped know there is a way to react yet there is a feeling of being under-qualified and the frustration that it still might be a long wait for support."*

• *"I think there is more watchfulness for student symptoms. Rather than perhaps shrugging off absences or moodiness or withdrawal, we watch a little closer to see if we need to intervene in some way."*

• *"Nothing was done at the school level after the training."*

• *"There are many children who are suffering, and the more school personnel who are not closed off, the more willing children will be to talk."*

• *"I think that a one-off day is insufficient to create real change. We need communication channels to be established and to remain open."*

• *"I believe having access to SchoolsPlus within our building is a tremendous positive for our students and staff. In my opinion, it is the most helpful agency in addressing the needs of the students that has been implemented since I began teaching. It is a wonderful, collaborative effort that everyone benefits from in a positive manner."*

• *"I say not because one session is not enough and sending one or two teachers is not enough. It is a start but ALL staff must be in-serviced and awareness campaigns MUST be INTEGRAL parts of the daily routine or atmosphere of the schools."*

Section seven:

Section seven provided an open-ended opportunity for participants to suggest improvements to their training based on their professional experience since their training. It also asked for participant's advice on whether the training should or should not be made more widely available.

Results

When asked for recommendations to improve Go-To Training, participants' responses were grouped into four categories: the need for follow-up or refresher sessions (n=27, 47.4%), requests for more detail on specific topics (n=13, 22.8%), the need for a longer initial training session (n=10, 7.3%), and the need for more staff to receive the training (n=7, 12.3%).

The final question asked participants whether all teachers in their school should have the opportunity to access Go-To Educator Training. Seventy eight (83%) participants responded 'yes', five (5.3%) responded 'no', and 11 (11.7%) responded 'no opinion'.

Summary

This retrospective anonymous survey of over 100 "Go-To Educator" training participants conducted between one and two years post their training experience provides a useful overview of the value of the "Go-To Educator" training from the perspective of how educators found its impact on their professional and personal lives. This type of analysis is not a satisfaction result but instead paints a picture of how useful the training has been to the participants based on their day-to-day use of what they were exposed to. Thus, this provides us with a robust analysis of the practical impact of the "Go-To Educator" training as determined by educators so exposed.

Overall, the findings are highly positive and robust in all dimensions measured. However, not only did respondents report that their knowledge improved, but respondents reported a strong impact of the training on multiple aspects of their professional roles, including: greater comfort in case identification; better mental health related knowledge translation abilities; increased numbers of students with mental health care needs identified. Of additional interest were reports of robust secondary impacts, including: improved self, family and friend help-seeking; improved mental health literacy dissemination and impact on school culture.

Most participants advised that the "Go-To Educator" training be made widely available and some useful suggestions for improving the experience (including: longer initial training session; booster sessions; additional topics) were made.

Limitations

The information collected was based on an anonymous retrospective self-report survey and not on a prospective controlled trial.

References

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Wei, Y. & Kutcher, S. (2014). Innovations in practice: "Go-To" educator training on the mental health competencies of educators in the secondary school setting: a program evaluation. *Child and Adolescent Mental Health, 19* (3), 219-222.

Wei, Y., Kutcher, S., Blackwood, A., Glover, D., Weaver, C., MacKay, A., Bruce, V., Whynacht, A., Alshazly, F., Shea, M. (2015). A collaborative and sustainable approach to address mental health promotion and early identification in schools in the Canadian province of Nova Scotia and beyond. In Kutcher, S., Wei, Y., & Weist, M. (Eds.), *School Mental Health for Adolescents: Global Opportunities and Challenges*. UK: Cambridge University Press.

Submitted by:

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Appendix 1

Survey on the Implementation of the Go-To Educator Training Program in Nova Scotia

This survey was developed to gain your perspectives of the Go-To Educator Training program (GTET) which Dr. Stan Kutcher developed and delivered in Nova Scotia, in collaboration with the SchoolsPlus initiative of the Nova Scotia Department of Education and Early Childhood Development. We have contacted you to complete this follow-up survey because we understand that you have received the GTET directly from Dr. Kutcher or from a "go-to" educator trainer through your school board. The information collected from the survey will be evaluated to help us improve the program, to better serve your needs as a "go-to" educator. Your responses are confidential. Data is confidential and no individual data will be presented nor provided to any individual, institution or organization. Data analysis will be provided to SchoolsPlus and the Department of Education and Early Childhood Development and results of the evaluation will be posted on the website www.teenmentalhealth.org and may be presented in the public domain.

While you are not under any obligation to complete and return this survey we hope that you will do so, in order that we can improve the GTET in the future.

If you have not received the GTET training please accept our apologies for being in touch and please do not complete this survey.

1. Please tell us which school board you work with

    _____Halifax Regional School Board_____

2. Please indicate your professional category (please check as many as you apply):

    ☐   Classroom teacher

    ☐   Education administrator

    ☐   School social worker

    ☐   School psychologist

    ☐   School guidance counselor

    ☐   Student Support Worker

☐   SchoolsPlus staff

☐ School mental health clinician ☐

Youth health centre coordinator

Other (give profession): _____

3. Please read the statements below and check the box that you think best applies.

	Strongly Disagree	Disagree	Disagree a little	Not sure	Agree a little	Agree	Strongly Agree
a. The content of the GTET is appropriate to address educators' understanding of youth mental health							
b. As a result of taking the GTET, my knowledge about mental health and mental illness has improved.							
c. As a result of taking the GTET, I am more comfortable in being able to differentiate a mental disorder from a mental health problem or mental distress.							

d. As a result of taking GTET, I am more confident in being able to identify a student who may have a mental health problem or mental disorder							
e. As a result of taking GTET, I have gained a better understanding about how to help students access appropriate mental health care in my community							
f. As a result of taking the GTET, I am more comfortable in supporting a student who may have a mental health problem or mental disorder							
g. As a result of taking the GTET, I am more comfortable personally seeking help if I am concerned about my own mental health							
h. As a result of taking the GTET, I am more comfortable about suggesting a friend seek help for a mental health							

problem or mental disorder						
i. As a result of taking GTET, I am more comfortable suggesting a family member seek help for a mental health problem or mental disorder.						

4. As a result of taking the GTET, I fulfilled the following behaviors (Please check all that apply):

☐ I personally sought help for a mental health problem or mental disorder.

☐ I suggested a family member seek help for a mental health problem or mental

disorder.

☐ I suggested a friend seek help for a mental health problem or mental disorder.

5. As a result of GTET, I am more comfortable talking to the following people about students' potential mental health problems or disorders (Please check all that apply):

☐ Students

☐ Parents

☐ School administrators

☐ Student service providers

☐   Mental health care providers

☐   My work colleagues in general

☐   Non work peers or friends

☐   My family in general

If none of the above, please specify why:

_____
_____
_____
_____
_____
_____
_____
_____

6. As a result of taking the GTET, have you identified any students with a mental disorder? If so, how many? Has the number increased compared to before you took the GTET?

_____
_____Unknown, but I have made students referrals to the appropriate professionals with possible mental health concerns to be further investigated._____

_____
_____
_____
___

7. What was the most useful learning that you obtained from GTET? _To be able to distinguish a mental health problem from a mental health disorder_____

_____

_

_____
_____

_____

_____
_____

8. Did you share what you learned from the GTET with your colleagues? If yes, how so?

_____

___Yes, I have had the opportunity to provide GTET to my colleagues in general._____

_____
_____
_____
____
_____

9. Do you think that having you and your colleagues take the GTET impact your school culture? If so, how?

_____

_____Yes, it has provided me and some of my colleagues with the awareness and knowledge about mental health problems and diseases and where to seek help or make the appropriate referrals._____

_____
_____

_____
_____

_

10. What are your recommendations for improvement of the GTET?

_____
_____
_____
_____
_____
_____
_____

11. Do you think all the teachers in your school should have the opportunity to access the GTET? Yes, for the awareness and knowledge.

☐ Yes ☐ No

☐ No opinion

If you are willing to have a follow-up conversation on particular questions or issues, please provide your phone number or any other contacts here:

_____

Thank you for your participation!