

Improving Mental Health Literacy of High School Educators

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University of Pittsburgh, 2021

Schools are faced with addressing a range of mental health issues with their student populations. As the mental health issues of students increase, so should the responses of schools to support their needs. However, schools are woefully underprepared to meet this demand effectively. Most stand-alone programs do not help support students, because they are made outside of the system. For a school to successfully support students with mental health issues, school faculty and staff members first must become mental health literate. Evidence shows that the *Learn Mental Health Literacy* online curriculum is effective in increasing educators' mental health literacy. No literature was found that relates to a study of the *Learn Mental Health Literacy* framework being conducted in a secondary school setting in the United States. The aim of this study was to assess the benefits of using this curriculum in a secondary school setting.

The study analyzed the baseline knowledge of a high school's faculty and staff before implementation of *Learn Mental Health Literacy*. A post-test survey assessed changes in knowledge and participants' satisfaction with the online program. The participants included 18 faculty and staff from a high school in the Mid-Atlantic region of the United States. Over the course of six months, the participants volunteered to take a pre-test survey, the self-paced online professional development, and post-test surveys. Those results were analyzed to determine if the participants improved their mental health literacy. The study established that participants who took the course improved their mental health literacy. Participants also commented that they would recommend the program to a colleague and that it was easy to use. The findings from this study

may also be used as rationale for school districts to use this online training for their faculty and staff as it is online, self-paced, and free.

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Preface

This dissertation is dedicated to my family for their never-ending support. First to my parents, Joseph and Anita, for their love and support in everything I do. Thank you for always being there for me.

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1.0 Introduction to the Problem of Practice

The United States is currently experiencing a mental health crisis in our schools. As many as 20 to 25 percent of U.S. students show signs of a mental health disorder (Bains & Diallo, 2016). Unfortunately, for a variety of reasons, 80 percent of students showing signs of a disorder will not receive any intervention from any type of service (Anderson & Cardoza, 2016). Furthermore, the lack of training and resources made available to teachers who interact with their students contributes to missed opportunities for teachers to provide proactive intervention and support (Anderson & Cardoza, 2016).

Complicating the issue of the growing mental health crisis in our schools is the lack of mental health literacy of educators. Because teachers often lack basic mental health training, and the trained professionals (counselors, administrators, social workers, etc.) do not see students as often as the teachers, many students go unnoticed or undetected when noticeable changes occur (Anderson & Cardoza, 2016). Furthermore, teacher preparation programs spend little to no time training future educators in this area; therefore, it falls on the schools to formally train their staffs in mental health (Koller & Bertel, 2006). Unfortunately, there are barriers that limit opportunities to train in mental health literacy. Other priorities of school districts often get in the way, such as academic professional development for teachers. In school districts that have very few behavior problems, prioritizing mental health or social emotional learning can be low on the priority list.

The United States recognizes mental health disorders as disabilities with legislation to protect these students. Section 504 of the Rehabilitation Act of 1973 is designed to prohibit discrimination against students with disabilities by providing those individuals with

accommodations (Zirkel & Weathers, 2016). These accommodations were designed to promote equal access to education. Much like an elevator or wheelchair ramp promotes equal access to a building for a physically disabled person, schools can implement individual accommodations for mental disabilities and mental health disorders. Due to the fact that the Individuals with Disabilities Education Act (IDEA) was passed in 1975, many students with disabilities were evaluated for special education, leaving the average 504 student population around 1 percent (Zirkel & Weathers, 2016). Recent legal changes such as the Americans with Disabilities Amendments Act (ADAAA) have made Section 504 plans more accessible to students with mental health disorders. However, public schools have not changed how they evaluate or implement 504 plans for their staff or students, leaving schools at risk for litigation and students underserved.

Even with these protective plans in place, numerous studies have shown that teachers lack knowledge in mental health and mental illness. Mental health literacy is the foundation for understanding positive mental health promotion (Kutcher, Wei, & Hashish, 2016). However, to date little research has analyzed the effectiveness of professional development in creating mental health literacy for teachers. Therefore, the aim of this study is to address the following problem of practice: improving mental health literacy of high school educators. There are two goals of this study: (a) analyze the effectiveness of a professional development in the area of mental health literacy for a high school staff and (b) extend the limited body of research in secondary schools in the United States.

To understand the proposed problem of practice addressed in this dissertation, the reader needs context on the prevalence of mental health issues in the United States and why there is a disconnect between students and services. The following section offers this information.

2.0 Review of Supporting Knowledge

This scholarly review addresses the research on the prevalence of mental health disorders in K-12 schools, as well as the level of access students have to support. It will also review what mental health literacy is and why there is currently a lack of funding for mental health supports in school districts. Finally, supporting knowledge will also address the lack of a national framework for mental health in K-12 schools.

2.1 Prevalence of Mental Health Disorders

The urgent national mental health crisis in the United States is not only affecting adults but it is also affecting our children. According to Kutcher and McDougall (2009), “mental disorders collectively constitute the largest burden of disease in young people” (p. 15). Researchers estimate that as many as 20 percent of 50 million public school students show signs of a mental health disorder (Anderson & Cardoza, 2016). The National Comorbidity Survey-Adolescent Supplement (NCS-A) is a national psychiatric epidemiologic survey of adolescents aged 13 through 17; it found between 20 and 25 percent of those surveyed meet the criteria for a mental disorder (Merikangas et al., 2010). However, the same study also found that of the 1 in 4 or 1 in 5 adolescents showing signs of mental health disorders, only 20 percent receive treatment (Merikangas, et al., 2010). Assessing over 10,000 adolescents face to face, the NCS-A found that anxiety disorders were the most common condition, followed by mood disorders (Merikangas, et al., 2010). Additionally,

the study also found that a quarter of adolescents identified with a disorder were severely impaired by it (Merikangas et al., 2010). These impairments manifest themselves in a variety of ways, including academic performance.

There is also a gap between the need for mental health treatment and the amount of treatment available (Kutcher & McDougall, 2009). One-third of adolescents are receiving services, but the research suggests the adolescents receiving treatment are for more severe illnesses, leaving less recognizable symptoms of disorders untreated (Merikangas et al., 2011). According to this research, the two disorders receiving the highest service rates (any form of treatment) were attention-deficit/hyperactivity disorder (59.8 percent), followed by behavior disorders (45.4 percent). However, the same study also found that fewer than 20 percent of adolescents receive any form of treatment for anxiety, eating, or substance use disorders. On the contrary, when researchers examined mental health literacy and disorders, they found the greatest mental health problem in the United States to be anxiety, but the research also shows that most individuals do not receive or opt out of treatment even when diagnosed (Hadjimina & Furnham, 2017). Yet, Hadjimina & Furnham (2017) found “if the disorder was more commonly recognized, such as a common anxiety disorder, it was more recognized by participants” (p. 8). Without proactive treatment, students may underperform in the classroom, leading educators to believe these students cannot perform academically.

2.2 Access to Mental Health Care in Schools

Even though greater awareness exists today about mental health disorders, most secondary school students do not receive any type of care for their mental health needs. This is creating a problem of underutilization of services (Wei, Kutcher, & Szumilas, 2011). Students who have mental health disorders have health-related concerns. Poor mental health can affect social well-being and academic achievement; the healthier the student, the better the learner (Basch, 2011). Kutcher and McDougall (2009) state that “a variety of mental health problems are known to increase the risk for entry into the juvenile justice system”. Adolescents who experience mental health problems are more likely to enter the “school-to-prison” pipeline than reach graduation. This situation creates an imperative for schools to address the needs of students with mental health disorders and to provide adequate care (Kutcher & McDougall, 2009).

Compounding the problem of underutilization even more is the racial and economic disparity in mental health services. Adolescents of color are less likely to receive services for mental health disorders than their white counterparts, creating a “treatment gap” along racial lines (Merikangas et al., 2011). Along with a treatment gap, a higher ratio of students experiencing mental health disorders live in lower socioeconomic communities (Bains & Diallo, 2016). Children who live in lower socioeconomic communities are more likely to be exposed to adverse childhood experiences that can lead to the development of chronic stress and mental health disorders (Bains & Diallo, 2016). Bains & Diallo (2016) also found that children who come from poorer communities are more likely to have mental health needs that go unmet. Chances are that schools serving those students often lack resources and funds to provide supports; often mental

health programs in poorer schools is the first thing cut in budget reconciliation (Bains & Diallo, 2016).

2.3 Mental Health Literacy

Mental Health Literacy (MHL) derives from the Health Literacy (HL) domain (Kutcher, Wei, & Coniglio, 2016). The higher the literacy of a patient or student, the better the outcomes; in contrast, lack of health literacy often leads to poor outcomes (Kutcher, Wei, & Coniglio, 2016). Kutcher, Wei, and Coniglio (2016) explain HL as “the competencies needed by people to help obtain and maintain health and identify illness” (p. 154). The same holds true for mental health literacy, with the literate knowing the conditions and how to access care. Mental Health Literacy is the foundation for understanding positive mental health promotion (Kutcher, Wei, & Hashish, 2016). Definitions of MHL, like HL, have evolved and expanded. Kutcher, Wei, and Hashish (2016) identified the four domains of mental health literacy as: “Understanding how to obtain and maintain good mental health, understanding mental disorders and their treatments, decreasing stigma, and enabling help-seeking efficacy” (p. 155).

The lack of mental health literacy in any given community has adverse effects on community members, with mental health disorders that can result in death due to suicide (Tay, Tay, & Klainin-Yobas, 2018). Research shows that when communities have a lack of mental health literacy, treatment for mental health disorders can be delayed or not started at all (Tay, Tay, & Klainin-Yobas, 2018). It is important for school communities to have a high level of support for mental health. Higher levels of mental health literacy lead to better levels of wellness (Tay,

Tay, & Klainin-Yobas, 2018). Mental health disorders can go untreated at times because of stigmas that affect beliefs about disorders (Tay, Tay, & Klainin-Yobas, 2018). Stigmas, the non-physical barriers separating patients from services, are often the hardest barriers to remove. These social stigmas often seen in western cultures lead to significant consequences. Mental disorders collectively constitute the largest burden of disease in young people (Tay, Tay, & Klainin-Yobas, 2018). Therefore, it is imperative for stakeholders in school communities to have elevated levels of mental health literacy in order to reduce or erase stigmas around mental health disorders.

Schools are key to delivering health interventions to children in need of care because of their consistent access to students (Bains & Diallo, 2016). Because schools are a key location to deliver mental health interventions, mental health literacy needs to be a part of the equation (Bains & Diallo, 2016). The Surgeon General has designated schools as the key setting for addressing mental health problems in youth and adolescents (U.S. Department of Health and Human Services, 1999). However, educators do not understand how to effectively address mental health disorders in their schools (Andrews, McCabe, & Wideman-Johnston, 2014; Brown, Dahlbeck, & Sparkman-Barnes, 2006; Reinke, Stormont, Herman, Puri, & Goel, 2011). Recently, a study found that teachers respond well to proper mental health literacy professional development (Nelson, 2019). The findings suggest that teachers improve their ability to advocate on behalf of their students when it comes to mental health literacy through effective training (Nelson, 2019). With the lack of mental health literacy afforded to our educators, we cannot expect students to become literate on the topic as well.

2.4 Funding for Mental Health Services in Schools

Adding to the problem of limited mental health literacy, little to no additional funds have been provided to schools to promote any form of mental health services. Yet, schools are the largest provider of services for mental health needs due, in part, to the Americans with Disabilities Act (ADA) and The Americans with Disabilities Act Amendments Act (ADAAA) (Bains & Diallo, 2016). Under these laws, students with mental health disorders can be identified as having a disability, making them a protected class of students. The ADA and ADAAA specifically do not provide any additional funding for public schools; they mandate that all who receive any form of federal assistance must comply (Bains & Diallo, 2016). Despite mandates from the federal government prohibiting discrimination against students with disabilities, the lack of funding for mental health programs in schools is still problematic (Bains & Diallo, 2016).

Leaving the majority of students unidentified, under-identified, or identified without any type of care, schools are tasked with providing services to children because it is the best opportunity to access these students (Kutcher, Wei, & Hashish, 2016). Even though the school setting provides the best opportunity for access in terms of providing mental health services, coordinated services range from district to district and state to state due to funding issues (Maag & Katsiyannis, 2010). The federal government is committed to addressing students' mental health needs, yet little funding has been provided (Maag & Katsiyannis, 2010).

2.5 Lack of a National Mental Health Framework

Currently in the United States, no universal framework exists to promote mental health literacy or care in schools. The United States does have school-based health centers (SBHCs), which facilitate student mental health care within the walls of their schools (Bains & Diallo, 2016). School nurses are often the first people to recognize the problem and, under this model, school nurses can provide a much-needed intermediate in linking students with services (Bains & Diallo, 2016). An SBHC can provide comprehensive care for students who may otherwise not receive care (Bains & Diallo, 2016). SBHCs are more likely to be in lower socioeconomic inner city and urban schools (Bains & Diallo, 2016). Although these SBHCs can provide services to students with disorders, there is little research showing the effectiveness of school-based mental health services (Maag & Katsiyannis, 2010).

Because there is no national model of a framework to promote mental health literacy in the United States, Canada was examined for their strategies. Like the United States, at one time Canada did not have a national model to promote MHL (Wei, Kutcher, & Szumilas, 2011). The lack of a national model that could be tailored to meet the needs of local conditions presented Canada with a unique opportunity to implement a framework that could meet both needs (Kutcher, Wei, & Hashish, 2016; Kutcher, Wei, & Morgan, 2015; Wei, Kutcher, & Szumilas, 2011). The research found this framework effective for students of adolescent age (13-18) because adolescence is when mental health disorders present themselves at a higher rate. This developmental stage also provides the best opportunity for schools to reach students (Wei, Kutcher, & Szumilas, 2011).

Studies suggest that a framework integrated into the regular curriculum is the most effective approach to promote mental health literacy (Kutcher, Wei, & Hashish, 2016; Kutcher, Wei, & Morgan, 2015; Wei, Kutcher, & Szumilas, 2011). The research also indicates that an approach that is “school friendly” not only is cost effective but also provides a seamless integration into an education pathway (Kutcher, Wei, & Hashish, (Bains & Diallo, 2016). Stand-alone programs to address mental health literacy and treatment are ineffective as well as expensive (Wei, Kutcher, & Szumilas, 2011). Costs aside, a stand-alone program appears forced and not part of the regular curriculum (Wei, Kutcher, & Szumilas, 2011). Usually, stand-alone programs are abandoned shortly after implementation because facilitating a program creates an additional task for teachers. A streamlined approach, one which could apply to the already existing curriculum and supports, proved to be less intrusive and more effective in Canada (Wei, Kutcher, & Szumilas, 2011). Teachers are on the metaphorical front lines when it comes to early identification and intervention, thus the need for teacher training as “gatekeepers” (Wei, Kutcher, & Szumilas, 2011).

When teachers have the knowledge and skills to identify students who may have mental health concerns, early intervention is the best way to prevent a student’s mental health from declining (Kutcher, Wei, & Hashish, 2016; Kutcher, Wei, & Morgan, 2015; Wei, Kutcher, & Szumilas, 2011). However, successful application of embedding a classroom resource into the existing curriculum with the regular teacher proved to be most effective (Kutcher, Wei, & Morgan, 2015; Wei, Kutcher, & Szumilas, 2011). Even with successful application of the framework in Canada, more funding is also needed in the United States to train teachers, as well as a school commitment to the delivery of adequate care (Maag & Katsiyannis, 2010).

3.0 Theory of Improvement & Implementation Plan

3.1 Research Aims

The aim of this study was to train teachers in the *Learn Mental Health Literacy* curriculum. Currently, the district offers limited professional development on mental health for any of the staff. To meet the requirements set forth by the state, the district received a formal trauma-informed care training. However, as research has suggested, most teachers do not have background knowledge and understanding of mental health issues. Additionally, the research also suggests that teachers do not feel a sense of responsibility to address those issues because of their lack of training. Therefore, without any formal training, most teachers would not know how to recognize mental health issues and support them if they appear in students. Historically, teachers never had to address a mental health issue before, nor is there a requirement for mental health training to become a certified teacher in the state of Pennsylvania. Finally, as suggested by the research, there is a lack of a basic understanding of what mental health literacy is.

Without understanding and recognizing potential mental health issues, those issues in students will continue to go unidentified or underserved. Once literacy in mental health has been implemented, a common language to discuss solutions can be established.

3.2 Inquiry Intervention

Other buildings in the district have begun the process of implementing a Multi-Tiered System of Support (MTSS) for students with social, emotional, and behavioral needs. Prior to implementing an MTSS framework at a high school, it is important to establish a baseline of knowledge regarding mental health in adolescents (Eagle, Dowd-Eagle, Snyder, & Holtzman, 2015). It is with that understanding that I conducted my intervention

The planned intervention the high school used was the *Learn Mental Health Literacy* professional development offered by the University of British Columbia. Professional development was offered to all teachers at the high school but not required. Ideally, all members of the Student Assistance Program Team (SAP) would complete the course. The training was made available to counselors, administrators, and nurses as well as support positions. The *Learn Mental Health Literacy* curriculum is comprised of seven modules that address four unique but integrated components:

1. Understanding how to optimize and maintain good mental health,
2. Understanding mental disorders and their treatments,
3. Deceasing stigma, and
4. Increasing health-seeking efficacy.

This training was selected for a few reasons. First, the training is research based and can be completed online for free. This is uniquely important, more so now than ever. When the district trained everyone in trauma-informed care practices, the entire secondary staff and

then the elementary staff gathered in an auditorium for a presentation. Social distancing requirements from the pandemic made the likelihood of face-to-face faculty trainings unlikely. Most schools will turn to online professional development for their staff for the near future. The course was self-paced and could have been broken up over the course of a school year, yet the course work allows participants to dive deeper into the content than a whole group training would. Additionally, the course being of no cost to the district is also appealing because of the budget challenges most districts face from the pandemic.

Second, the curriculum was designed by Dr. Stan Kutcher. Dr. Kutcher is a leading expert in the field of mental health literacy. He has developed two frameworks for educators to use: a *Learn Mental Health Literacy* curriculum to train educators and a *Teach Mental Health Literacy* curriculum to instruct students.

Third, the curriculum has been proven effective. Dr. Kutcher and others have extensively researched the effectiveness of the program. The course has shown promising results in other countries. My study on implementing the *Learn Mental Health Literacy* curriculum could be one of the first studies done in the United States with this framework. As the training was offered through the school year, I asked participants to take my pre-test (Appendix C) and post-test (Appendix E) surveys, which allowed me to gather data on its effectiveness.

3.3 Research Questions

The following questions guided the research study:

1. What is the current baseline knowledge of school staff mental health literacy prior to taking the online modules?
2. How much knowledge have school staff gained after completing the modules?
3. What was the overall experience of participants who took the online modules?
4. What information gathered through the study can help improve professional development for the school district?

3.4 Timeline

An email was sent to the high school staff with the script introducing them to the study to go along with the training (Appendix A). Participants had the opportunity to opt out of the study and still complete the training.

Since the training was asynchronous and broken up into seven self-paced modules, the timeline was fluid for each person. However, by winter of 2020 all participants should have completed the pre-survey and begun the modules. Participants had until the spring (late March 2021) to complete all seven modules.

By the spring of 2021, all of the participants had completed all the modules and the post-test survey. They were asked if they would recommend the course to others and had an opportunity to provide feedback in terms of improvement for the course.

Table 1. Research Timeline

Time Frame	Activity
Fall of 2020	<ul style="list-style-type: none"> Introduce the <i>Learn Mental Health Literacy</i> curriculum to all high school staff

	<ul style="list-style-type: none"> • Introduce the study
Winter of 2020	<ul style="list-style-type: none"> • Selected educators complete pre-survey and start modules
Spring 2021	<ul style="list-style-type: none"> • Selected educators complete modules and complete post survey.

3.5 Participants

This study was conducted in a Mid-Atlantic public high school with members of the high school faculty. Participants included employees of the high school (teachers, counselors, para-educators, and administrators). Administrative assistants, clerical paraprofessionals, and custodians were not included in this study. The total number of participants was 18, with eight completing the pre-test, the modules, and the post-test. There was no compensation nor incentives offered to the participants for completing the study.

3.6 Measures

First, an introductory script was emailed to all potential participants describing the training and the research study (Appendix A). Then a follow up email (Appendix B) was sent to all potential participants, which included the directions for registering for the course and the pre-test survey (Appendix C). The pre-test survey first asked participants to produce a pseudonym for confidentiality and to remember it for the post-test.

The pre-test survey asked participants to rate their knowledge on the differences

between mental health issues and mental illness disorders, aspects of mental health literacy, school-based areas of support for mental health disorders, and self-care and caring for students. This information established a baseline of knowledge for mental health literacy.

The participants then completed the seven modules of the *Learn Mental Health Literacy* course at their own pace. In the spring, a post-test email was sent to participants (Appendix D). This email included a thank you with a link to the post-test (Appendix E). The post-test asked participants to rate their knowledge on the differences between mental health issues and mental illness disorders, aspects of mental health literacy, school-based areas of support for mental health disorders, and self-care and caring for students. The responses were used to establish a baseline of participant knowledge of mental health literacy.

3.7 Data Analysis

The pre-test and post-test data analysis provided valuable information on the effectiveness of the *Learn Mental Health Literacy* course. The researcher first matched pseudonyms and then scored each pre-test and post-test. Once an assigned score was given, data analysis procedures were used to measure the change in knowledge regarding the differences between mental health issues and mental illness disorders, aspects of mental health literacy, school-based areas of support for mental health disorders, and self-care and caring for students. A paired sample *t*-test analysis based on pre-test and post-test scores was used to determine if participants' knowledge improved.

3.8 Safeguards

The University of Pittsburgh Human Research Protection Office reviewed and approved this study on September 14, 2020. This study was ruled exempt as a study of education settings.

4.0 Results

This section presents and describes the findings of the study from the pre-test and post-test survey results. Specifically, the data answers the following questions that guided the research study:

1. What is the current baseline knowledge of school staff mental health literacy before taking the online modules?
2. How much knowledge have school staff gained after completing the modules?
3. What was the overall experience of participants who took the online modules?
4. What information gathered through the study can help improve professional development for the school district?

4.1 Surveys

Out of all the high school staff and faculty to whom this study was offered, 18 members of the faculty and staff participated. All 18 participants fully completed the pre-test survey. For the post-test survey, only eight surveys were submitted by participants, with seven (or 88 percent) completed. However, the one incomplete survey did not appear to have any responses selected; therefore, a sample size of seven was used for all summaries related to the post-test survey. The respondents were instructed to create pseudonyms and enter them at the start of each survey for confidentiality. After the data was gathered, the pseudonyms were matched. There were only five

valid matches that could be made with this method. Due to the lack of adequately matching pseudonyms, matched pair design analyses were not undertaken. Instead, Mann-Whitney U tests were conducted when comparing responses between pre-test surveys and post-test surveys. The data from the pre-test and post-test surveys were extracted from Qualtrics and merged into an SPSS file for quantitative analysis. Since there was a lack of matching records from pre-test surveys to post-test surveys and a limited number of responses, data were combined for the purposes of these results and answering the research questions of this study. Specifically, the first two questions were combined and will be addressed:

Research question 1: What is the current baseline knowledge of school staff mental health literacy before taking the online modules?

Research question 2: How much knowledge have school staff gained after completing the modules?

The analysis and breakdown based on the results from the pre-test and post-test surveys appear in the next section.

4.2 Perceived Understanding of Mental Health Issues vs. Mental Disorders

With the pre-test survey, the perceived understanding of the respondents varied with a nearly symmetrical distribution of responses at three. This was on a scale for level of understanding of one to five, with one being no understanding and five being complete understanding. With a nearly symmetrical distribution, the implication is that there are similar proportions of individuals perceiving themselves as knowledgeable versus individuals who see themselves as lacking

knowledge. Perceived understanding of the difference between mental health issues and mental illness disorders was significantly higher at post-test compared to pre-test ($p = .01$).

Table 2. Frequencies and Percentages of Reported Understanding of Differences between MH Issues and MI Disorders (Pre-Survey and Post-Survey)

Question	Pre-Survey (N = 18)					Post-Survey (N = 7)				
	1	2	3	4	5	1	2	3	4	5
My understanding of the differences between mental health issues and mental illness disorders	3 (16.7%)	2 (11.1%)	7 (38.9%)	4 (22.2%)	2 (11.1%)	0 (0.0%)	0 (0.0%)	1 (14.3%)	2 (28.6%)	4 (57.1%)

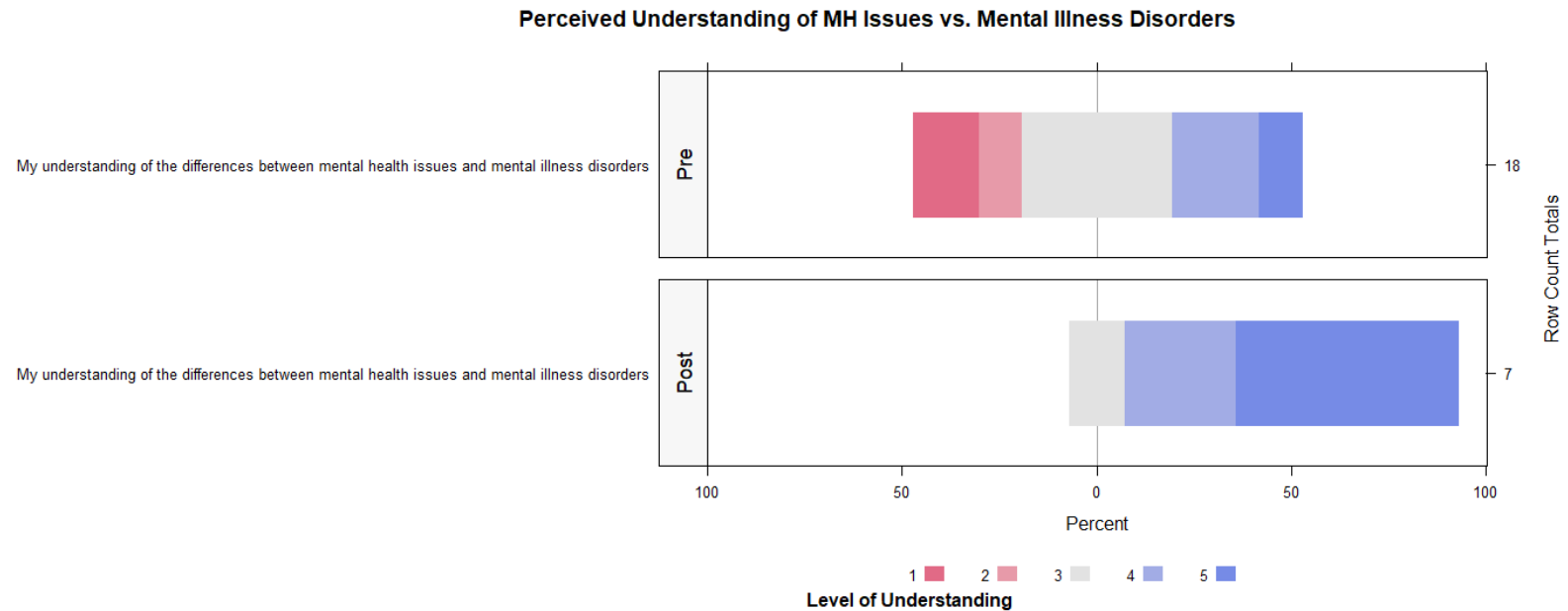


Figure 1. Diverging Bar Plots of Understanding of Difference between MH Issues and MI Disorders (Pre-Survey and Post-Survey)

4.3 Perceived Understanding of Aspects of Mental Health Literacy

For the pre-test survey, respondents' perceived understanding of the inter-relationship of health was lower. Perceived understanding of the inter-relationship of mental health states was significantly higher for the post-test survey compared to the pre-test survey ($p = .011$). Perceived understanding of the stigma surrounding mental illness was reported as generally high for both surveys and did not significantly differ ($p = .222$). Similar trends were observed for the following three areas of understanding:

1. How the brain affects mental health and mental illness disorders.
2. Treatment for mental illness disorders.
3. How educators can support students with mental illness disorders.

For each area, a small percentage of respondents rated their understanding on the lower end of the scale at the pre-test survey. At the post-test survey, this percentage decreased to 0 and the general distribution of responses appeared higher at the post-test survey compared to pre-survey. Despite similar trends, the magnitudes of differences did differ somewhat among the three areas of understanding.

1. How the brain affects mental health and mental illness disorders
 - Perceived understanding did not significantly change from pre-test survey to post-test survey ($p = .114$)
2. Treatment for mental illness disorders
 - Perceived understanding significantly increased from pre-test survey to post-test survey ($p = .045$)
3. How educators can support students with mental illness disorders

- Perceived understanding significantly increased from pre-test survey to post-test survey ($p = .041$)

Table 3. Frequencies and Percentages of Reported Understanding of Aspects of MHL (Pre-Survey and Post-Survey)

Question	Pre-Survey (N = 18)					Post-Survey (N = 7)				
	1	2	3	4	5	1	2	3	4	5
Inter-relationship of mental health states	4 (22.2%)	4 (22.2%)	7 (38.9%)	1 (5.6%)	2 (11.1%)	0 (0.0%)	0 (0.0%)	2 (28.6%)	3 (42.9%)	2 (28.6%)
Stigma surrounding mental illness	0 (0.0%)	1 (5.6%)	1 (5.6%)	10 (55.6%)	6 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (42.9%)	4 (57.1%)
How the brain affects mental health and mental illness disorders	1 (5.6%)	1 (5.6%)	9 (50.0%)	5 (27.8%)	2 (11.1%)	0 (0.0%)	0 (0.0%)	2 (28.6%)	3 (42.9%)	2 (28.6%)
Treatment for mental illness disorders	1 (5.6%)	3 (16.7%)	8 (44.4%)	5 (27.8%)	1 (5.6%)	0 (0.0%)	0 (0.0%)	2 (28.6%)	3 (42.9%)	2 (28.6%)
How educators can support students with mental illness disorders	1 (5.6%)	2 (11.1%)	8 (44.4%)	6 (33.3%)	1 (5.6%)	0 (0.0%)	0 (0.0%)	1 (14.3%)	5 (71.4%)	1 (14.3%)

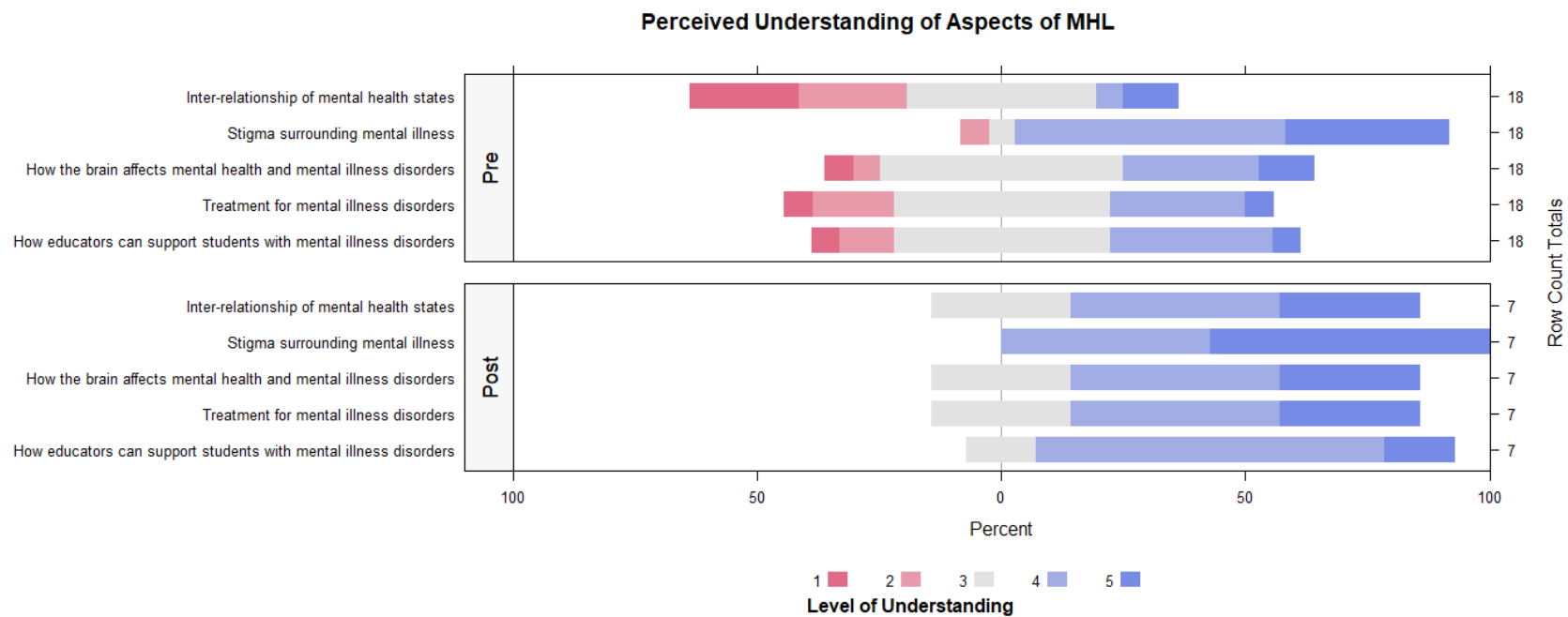


Figure 2. Diverging Bar Plots of Understanding of Aspects of MHL (Pre-Survey and Post-Survey)

4.4 Perceived Understanding of School-based Areas of Support for Students with Mental Health Disorders

During the pre-test survey, self-reported understanding of school-based areas of support varied, with roughly equal proportions of respondents rating their ratings low versus high (except for “with attendance,” for which respondents rated their understanding even lower). Similar distributions of responses were observed for each area of the post-test survey, except for “with social and emotional skills,” which had noticeably lower ratings. These responses resulted in the following significant testing results:

1. On a school-based team:
 - Perceived understanding significantly increased from pre-test survey to post-test survey ($p = .02$).
2. In the classroom:
 - Perceived understanding significantly increased from pre-test survey to post-test survey ($p = .021$).
3. With attendance:
 - Perceived understanding significantly increased from pre-test survey to post-test survey ($p = .004$).
4. With assignments:
 - Perceived understanding significantly increased from pre-test survey to post-test survey ($p = .039$).
5. During tests:

- Perceived understanding significantly increased from pre-test survey to post-test survey ($p = .012$).
6. With social and emotional skills:
- Perceived understanding did not significantly change from pre-test survey to post-test survey ($p = .214$).

Table 4. Frequencies and Percentages of Reported Understanding of School-based Areas of Support for Students with MH Disorders (Pre-Survey and Post-Survey)

Question	Pre-Survey (N = 18)					Post-Survey (N = 7)				
	1	2	3	4	5	1	2	3	4	5
On a school-based team	2 (11.1%)	5 (27.8%)	4 (22.2%)	5 (27.8%)	2 (11.1%)	0 (0.0%)	0 (0.0%)	1 (14.3%)	3 (42.9%)	3 (42.9%)
In the classroom	0 (0.0%)	5 (27.8%)	6 (33.3%)	7 (38.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (14.3%)	5 (71.4%)	1 (14.3%)
With attendance	0 (0.0%)	6 (33.3%)	9 (50.0%)	2 (11.1%)	1 (5.6%)	0 (0.0%)	0 (0.0%)	1 (14.3%)	5 (71.4%)	1 (14.3%)
With assignments	0 (0.0%)	5 (27.8%)	7 (38.9%)	4 (22.2%)	2 (11.1%)	0 (0.0%)	0 (0.0%)	1 (14.3%)	5 (71.4%)	1 (14.3%)
During tests	0 (0.0%)	6 (33.3%)	5 (27.8%)	6 (33.3%)	1 (5.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	6 (85.7%)	1 (14.3%)
With social and emotional skills	0 (0.0%)	6 (33.3%)	6 (33.3%)	5 (27.8%)	1 (5.6%)	0 (0.0%)	0 (0.0%)	4 (57.1%)	2 (28.6%)	1 (14.3%)

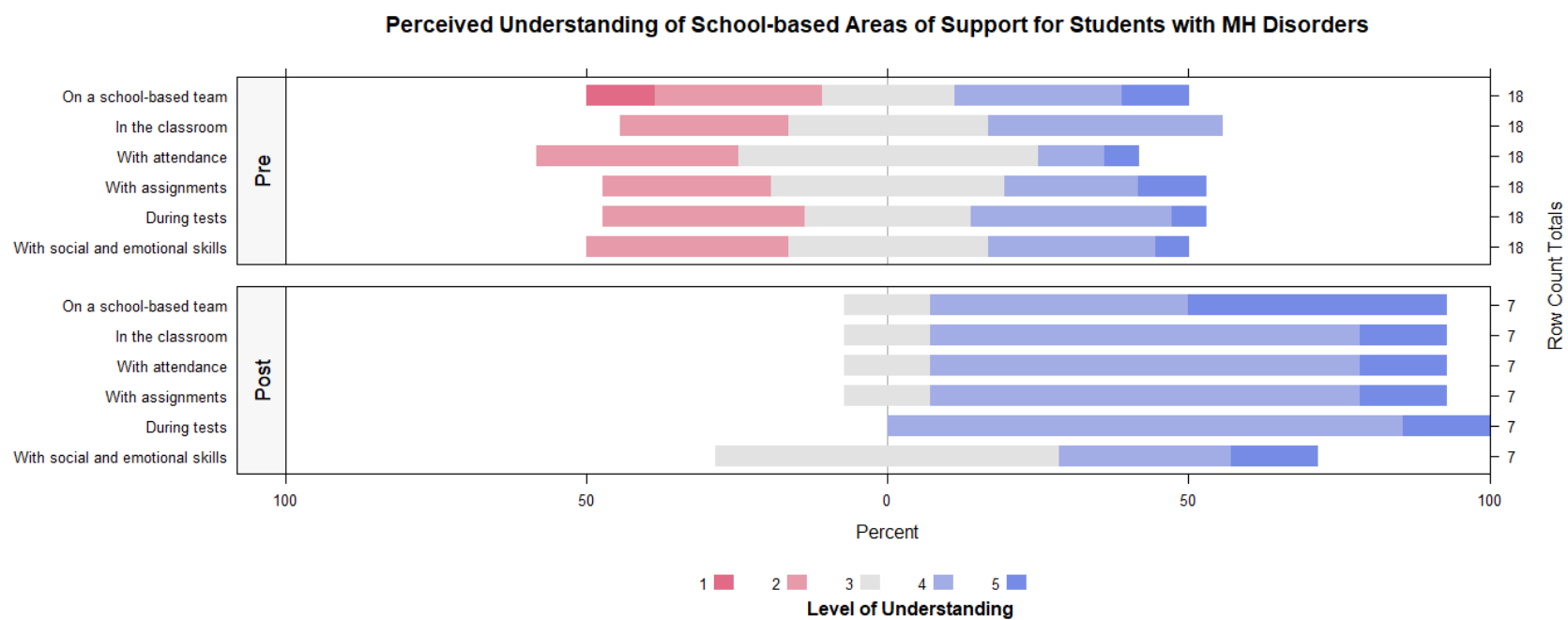


Figure 3. Diverging Bar Plots of Understanding of School-based Areas of Support for Students with MH Disorders (Pre-Survey and Post-Survey)

4.5 Perceived Understanding of Areas Affecting Self-care and Caring for Students

During the pre-test survey, perceived understanding differed among the various types of self-care areas. However, on the post-test survey, the distribution on the graph of perceived understanding is similar, with the areas of growth being different from pre-test for each area. Specifically:

1. Stress and stress response:
 - Perceived understanding did not significantly change from pre-test survey to post-test survey ($p = .059$).
2. How resilience can be supported:
 - Perceived understanding significantly increased from pre-test survey to post-test survey ($p = .008$).
3. Creating healthy school and classroom environments:
 - Perceived understanding did not significantly change from pre-test survey to post-test survey ($p = .631$).
4. Strategies to support self-care
 - Perceived understanding significantly increased from pre-test survey to post-test survey ($p = .025$).

Table 5. Frequencies and Percentages of Reported Understanding of Areas Affecting Self-care and Caring for Students (Pre-Survey and Post-Survey)

Question	Pre-Survey (N = 18)					Post-Survey (N = 7)				
	1	2	3	4	5	1	2	3	4	5
Stress and stress response	1 (5.6%)	3 (16.7%)	6 (33.3%)	7 (38.9%)	1 (5.6%)	0 (0.0%)	0 (0.0%)	1 (14.3%)	5 (71.4%)	1 (14.3%)
How resilience can be supported	1 (5.6%)	3 (16.7%)	10 (55.6%)	3 (16.7%)	1 (5.6%)	0 (0.0%)	0 (0.0%)	1 (14.3%)	5 (71.4%)	1 (14.3%)
Creating healthy school and classroom environments	1 (5.6%)	1 (5.6%)	3 (16.7%)	10 (55.6%)	3 (16.7%)	0 (0.0%)	0 (0.0%)	1 (14.3%)	5 (71.4%)	1 (14.3%)
Strategies to support self-care	2 (11.1%)	2 (11.1%)	8 (44.4%)	5 (27.8%)	1 (5.6%)	0 (0.0%)	0 (0.0%)	1 (14.3%)	5 (71.4%)	1 (14.3%)

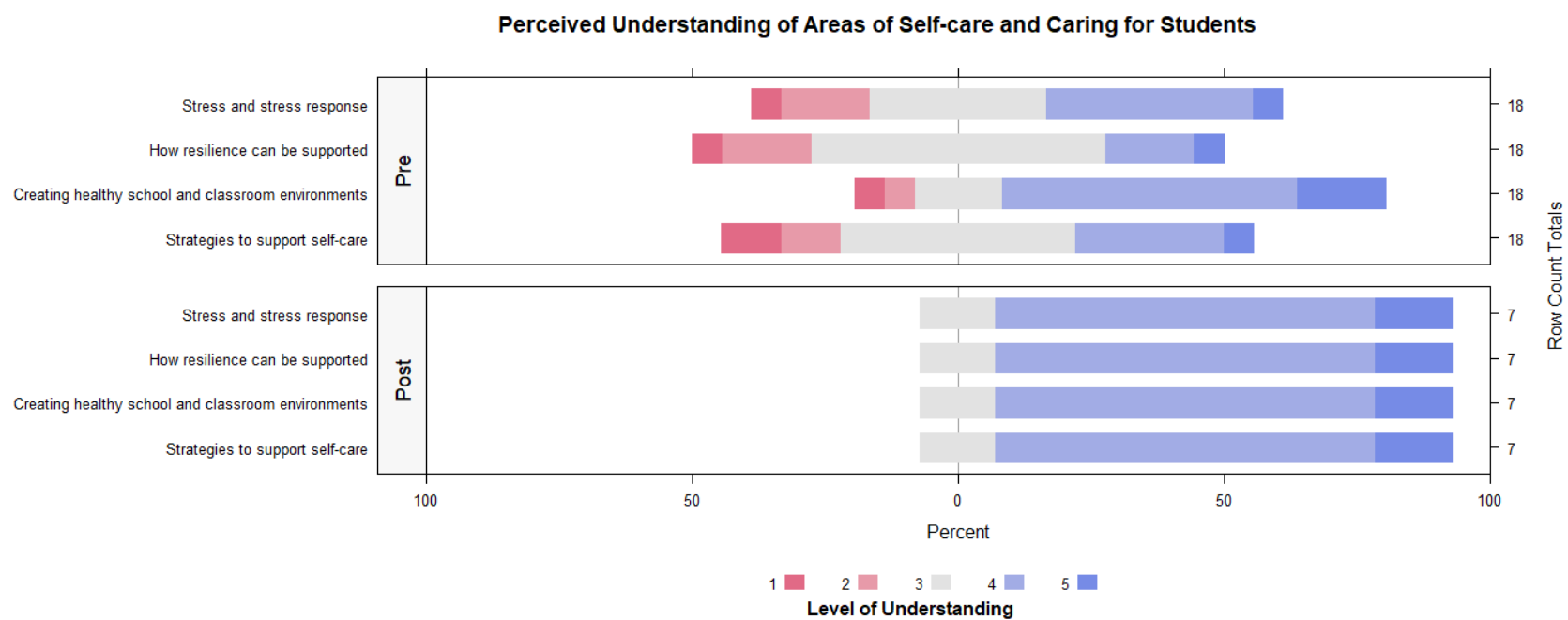


Figure 4. Diverging Bar Plots of Understanding of Areas Affecting Self-care and Caring for Students (Pre-Survey and Post-Survey)

4.6 What Was the Overall Experience of Participants Who Took the Online Modules?

The question aligned to this research question was asked on the post-survey in two ways: First, participants were asked, Would you recommend this training to a colleague?

Table 6. Frequencies and Percentages of Reported Understanding of Recommending the training to a colleague (Pre-Survey and Post-Survey)

Post-Survey (N = 8)				
1	2	3	4	5
0 (0.0%)	0 (0.0%)	1 (12.5%)	2 (37.5%)	4 (50%)

Only eight participants answered the question about recommending the training for a colleague. Out of the eight, four (50 percent) of the participants who took the post-test survey would highly recommend the training to their colleagues. No participants ranked their recommendation under a three, indicating that all who took the training and completed the post-test survey had a positive reaction to it and would recommend the training to a colleague. To clarify, the eighth respondent only partially filled out their post-test survey.

Second, although the last research question on the post-test survey focused on providing information for improving professional development opportunities for the school district, only two participants provided feedback that would relate to their overall experience.

One participant on the post-test said:

Thank you for creating a course that sheds a deeper insight on such a sensitive matter. As an older teacher...many years removed from college, this is an important aspect of Professional Development. Teachers are being asked to take on more roles in the classroom, especially in areas working with students with IEPs, 504's, and now those

dealing with the mental impact of COVID. I feel that we are all in need of training like this to meet the current and future needs of our students and even our own needs.

Another participant of the post-test said:

I found this to be informative. I liked that I was able to open/download and save for later some of the materials.

4.7 Information for Future Professional Development

Out of the eight surveys filled out for the post-test survey and seven fully completed, only one provided feedback that could help improve professional development offerings for the school district. One participant suggested:

Perhaps a check-in with others to discuss the material after a given number of modules to make it more interactive if that would be appropriate for the PD.

5.0 Discussion

As many as 20 percent to 25 percent of students show signs of a mental health disorder in the United States (Brains & Diallo). Yet, 80 percent of those students will not receive any type of treatment or support, creating a silent epidemic (Anderson & Cardoza, 2016). Without proper teacher training, these issues continue to go unnoticed. Studies suggest that mental disorders are the largest burden of disease for young people aged 13 to 17 (Kutcher & McDougall, 2009). Yet gaps exist in schools between students in need of treatment and students who receive treatment (2009). Even when schools have systems in place, many of these services go unused or underutilized (Wei, Kutcher, & Szmilas, 2011). Teachers and other staff who work with students every day are the keys to linking students to services. An increase in teacher literacy regarding mental health will benefit students by bridging the gap between need and services. Therefore, a free online and evidence-based professional development for teachers and mental health literacy was chosen for this study.

This study attempted to measure the effectiveness of the *Learn Mental Health Literacy* online course as professional development for high school faculty and staff. Additionally, this study also aimed to assess the extent of high school faculty and staff's background knowledge on mental health literacy, measure their overall experience with the professional development, and gain information to guide the district for future professional development in the subject area. With the implementation of the professional development, this study looked for gains made in the high school faculty and staff's baseline knowledge of mental health literacy.

5.1 Baseline Knowledge of School Staff on Mental Health Literacy

The first research question investigated the current baseline knowledge of the district's high school faculty and staff regarding mental health literacy. As suggested by the research, educators do not know how to effectively address the mental health needs of their students (Andrews, McCabe, & Wideman-Johnston, 2014). The pre-test survey showed that participants' initial knowledge regarding the differences between mental health issues and mental illness disorders varied. Some participants indicated little to no understanding, while others indicated they had some understanding. Statistically, a nearly symmetrical distribution of individuals perceived themselves as knowledgeable versus not knowledgeable. An important note to the pre-test survey is that 18 participants completed this survey before taking the professional development voluntarily. With only seven participants completing the professional development and the post-test survey, the data showed significant gains were made in differentiating between mental health issues and disorders.

5.2 Knowledge of Mental Health Literacy Obtained

The next research question was used to determine how much knowledge the high school faculty and staff gained after completing the online professional development modules. The findings aligned with a similar study in which Nelson (2019) found that teachers improved their mental health literacy through effective training. Overall, the high school faculty and staff increased their perceived understanding of different aspects of mental health literacy, their

perceived understanding of school-based areas of support for students with mental health disorders, and their perceived understanding of areas affecting self-care and caring for students.

Specifically, the faculty and staff's perceived understanding of different aspects of mental health literacy increased in *inter-relationship of mental health states, how the brain affects mental health and mental illness disorders, treatment for mental illness disorders, and how educators can support students with mental illness disorders*. However, when it came to *stigma surrounding mental illness*, perceived understanding did not significantly increase or change. This finding indicated that most of the faculty and staff who took this voluntary professional development were already aware of the stigma surrounding mental health illnesses. The research has shown that such stigmas in Western cultures create a non-physical barrier to connecting a patient to services for mental health disorders (Tay, Tay, & Kalinin-Yobas, 2018). Establishing that faculty and staff may already know that there is a social stigma when it comes to mental health removes some of the non-physical barriers when it involves educating faculty and staff.

With regard to the perceived understanding of school-based areas of support for students with mental health disorders, the faculty and staff made significant gains from the pre-test survey to the post-test survey in acknowledging their understanding of school supports *on a school-based team, in the classroom, with attendance, with assignments, and during tests*. However, this study did not address whether those faculty and staff knew how to connect students to the available services of the high school. The research suggests there is an underutilization of the existing supports in secondary schools (Wei, Kutcher, & Sznilas, 2011). One area where participants' perceived understanding did not increase from the pre-test to the post-test survey was regarding *social and emotional skills*. This result could be due to previous professional development programs offered to the faculty and staff on social and emotional learning.

Finally, the perceived understanding of faculty and staff in areas affecting *self-care and caring for students* had mixed results. The perceived understanding of *how resilience can be supported* and *strategies to support self-care* increased from the pre-test survey to the post-test survey. However, the perceived understanding of *stress and stress response* and *creating healthy school and classroom environments* did not increase significantly from the pre-test to post-test survey.

5.3 Overall Experience of Participants Who Took the Modules

The participants provided feedback on their overall experience by answering a question on the post-test survey regarding whether they would recommend this training to a colleague. With 87.5percent of respondents recommending this training to a colleague, those who completed the training appeared to find the information useful and relevant to their practice. Additionally, through written responses gathered from two participants on the open feedback section of the post-test survey, a similar sentiment can be seen. One participant stated, *“I found this to be informative. I liked that I was able to open/download and save for later some of the material.”* This response would indicate the usefulness of having a self-paced online module full of downloadable resources. Additionally, another participant indicated that all the staff would benefit from this training: *“I feel that we are all in need of training like this to meet the current and future needs of our students and even our own need.”* This information would be useful to share with district leaders for the upcoming school year. Given the recent development with the COVID-19 pandemic and the disruption to life and the school day throughout most of the 2020-2021 school year, the district

could view this as an opportunity to provide more professional development on the topic of mental health to the faculty and staff.

5.4 Information Gathered Through the Study to Help Improve PD for the District

Finally, the last research question sought information on how to improve professional development for the school district. Another open-ended question on the post-test survey aimed to allow participants to provide feedback on how the district could improve training going forward. One participant suggested, *“Perhaps a check-in with others to discuss the material after a given number of modules to make it more interactive if that would be appropriate for the PD.”* Originally, the district planned school-wide training on Mental Health Literacy provided in sections over the year. There was designated time for discussion and clarification on the modules with professionals from the school. However, due to the COVID-19 pandemic, the district was unable to run the usual slate of professional development offerings throughout the school year.

5.5 Limitations of This Study

This study, like most studies, had its limitations. First, this study began in the fall of the 2020-2021 school year. At the time, the school districts, like many others in the region, state, and nation were faced with the challenge of keeping the school open with the ongoing COVID-19 pandemic. The district was implementing a new model of instruction to accommodate social distancing requirements, which kept up to half of the student body learning remotely at home on

selected days. In this model, teachers had to plan to teach in person and online simultaneously. The increased workload could have contributed to lower-than-expected participation on pre-test surveys, voluntary professional development, and the post-test survey. A voluntary professional development might have been a burden during the school year.

Moreover, the school district switched its instructional models multiple times throughout the COVID-19 pandemic. From the fall of 2020 to the spring of 2021, the district switched instruction delivery modalities due to the increase and decrease of COVID-19 cases locally. The changing schedule might have also caused a lack of continuity, therefore disrupting progress on a linear professional development program.

Another limitation to the study included the online and voluntary components of the training. Having only to communicate via email throughout the study proved challenging, as it limited clarifying questions that might have been asked in a face-to-face setting. Being face-to-face might have increased participation in this study. Before the most recent school year, most professional developments were done in person in a large group setting.

Lastly, the unequal number of participants from pre-test survey to post-test survey, combined with the failure to match pseudonyms on the post-test survey limited deeper analysis of the data for the study. Due to these factors, some conclusions are more difficult to draw. However, the data that was captured from this study showed statistically significant changes in key areas from pre-test survey to post-test survey.

5.6 Implications for Future Research

The literature review revealed no studies on the curriculum used in conjunction with high school educators in the United States. Therefore, there is an opportunity for additional research. In future studies, all district faculty and staff should be included as participants to increase educators' overall mental health literacy. It is important to also connect resources to different school personnel as knowledge and understanding on this topic vary.

In terms of methodology, future studies should also weigh anonymity versus the use of pseudonyms. In this study we adopted pseudonyms to ensure participants' anonymity. However, some participants did not recall their pseudonyms from the pre-test survey to the post-test survey. Future researchers may want to consider how best to recall participant pseudonyms. For example, one strategy would be to offer a syntax for the pseudonym such as the first two numbers of their driver's license and the first two letters of their street.

The two specific suggestions from participants in this study for future professional development were: (a) give it to all the staff because everyone would benefit, and (b) allow time and structure to digest the material and ask follow-up questions if needed. Future researchers should incorporate these suggestions when implementing the course.

5.7 Implications for Practice

Koller (2006) suggested that schools are left with the task of formally training their staff in the areas of mental health. Yet, this study was the district's first faculty and staff professional

development offering involving mental health literacy. The study found that there is a wide range of baseline knowledge regarding mental health literacy and that the professional development helped faculty and staff gain a better understanding.

The researcher encourages school districts and other educational training programs, such as teaching preparation programs in colleges and universities, to use this professional development in the future. A school district can easily integrate the online professional development modules with their onboarding process and/or their continuing education offerings for professional development. Furthermore, since the research shows that most colleges and universities do not address mental health in their programs, these modules could prove to be a valuable addition at the higher education level as well.

With the COVID-19 pandemic continuing to affect education practices for a second year, many education stakeholders have expressed concerns about the growing mental health issues seen in students. Though these issues were present before the pandemic, the disruption to the “traditional” education environment has brought these issues more into focus. As districts prepare for the next school year, they may want to investigate professional development opportunities for mental health knowledge. This study shows that the *Learn Mental Health Literacy* can be an effective, no-cost professional development for educators to gain a mutual understanding regarding mental health literacy.

5.8 Note to the Reader

The study began and concluded during the COVID-19 pandemic school year of 2020-2021. The researcher as well as all the members of the faculty and staff where this study was conducted experienced a multitude of changes and disruptions to the school day, making the completion of a long study difficult. These disruptions also showed why having flexible asynchronous training for districts is positive, since faculty and staff can find time to complete the modules outside of the traditional structure of the workday. It is also an example of why districts should act in offering professional development on the topic of mental health.

5.9 Conclusion

Students' mental health can be seen as an overwhelming challenge for school districts to address. Many districts lack the time and the resources to implement adequate professional development for their faculty and staff. Often, the professional development is a one-time training to cover state requirements. With the current crisis in schools regarding student mental health issues, districts should pursue more comprehensive solutions to support students by offering quality professional development for their faculty and staff.

Without state mandates and funding, however, there is little incentive for districts to shift rapidly to meet the demand. Rather, a patchwork framework exists from district to district for how to handle mental health training and issues. Furthermore, with the uncertainty surrounding the

conclusion of the COVID-19 pandemic, school districts are faced with the task of providing new professional development offerings without putting additional strains on their budgets.

School district leaders must incorporate programming to increase the mental health literacy of their faculty and staff to better support students' needs. Since educators' baseline knowledge of mental health literacy often varies, it would be beneficial to mandate the professional development offered in this study as a foundation for planning school-wide systems of support for mental health issues. Given the volume of issues adolescents and teens currently face, the current system does not meet the needs of students.

Now more than ever, schools must approach student mental health holistically and urgently. This involves all members of the educational setting, including teachers increasing their mental health literacy to better serve students. The situation is especially critical in secondary schools because some mental health disorders first appear during adolescence. Even when mental health disorders have been identified and recognized through 504 plans and IEPs, educators without mental health literacy are compromised in their ability to support students.

In conclusion, until schools make mental health literacy a priority, countless U.S. youth will struggle both academically and psychologically. Even during a global pandemic, this study showed that it is possible to address educators' mental health literacy. Every school district could benefit from providing this professional development in mental health literacy for their faculty and staff.

Appendix A Introductory Script

██████ Faculty,

As some of you know, I am a doctoral student in the School of Education with the University of Pittsburgh. I have long been interested in helping educators have a better understanding students' mental health. For my dissertation study, I am inviting you to participate in a new professional development online course. Our Superintendent has approved this course and my study. This online course is completely voluntary and not required as part of your job responsibilities.

The mental health literacy program has proven very helpful to thousands of educators in Canada. This course has been designed specifically for K-12 educators. Therefore, the purpose of this research study, entitled "Mental Health Literacy Training for High School Educators" is to research the effectiveness of the online course with you. Your feedback will help guide the next steps and trainings to support teachers and students.

Prior to taking the on-line MHL modules, you will receive a survey about your understanding of mental health topics. After you complete the on-line modules, you will receive another survey. Each survey should take no more than fifteen minutes. Your participation in the surveys is voluntary and you may stop at any time. Completing or not completing the surveys will not affect your Act 48 hours for professional development.

There is an infrequent risk of breach of confidentiality. The surveys will not include any identifiable information about you. You will select a pseudonym for the pre and post assessment. Survey results will be kept in password-protected files. There are no direct benefits to you. There will be no payments for your participation in this study. Because I will not know your identity, if you begin a survey and opt out, your data up to that point will continue to be used.

Soon you will receive an email from me with the pre-test survey link and directions with how to access the course. In the spring I will send you another email with the post-test link. I am conducting the study, and you can reach me at ██████████ or at my office number ██████████ if you have any questions.

Thank you in advance,

Joseph P. Sebestyen
Doctoral Student
University of Pittsburgh
School of Education

Appendix B Pre-Test Email

As you may recall you received an email from me a few weeks ago telling you about my doctoral study. I hope you can find time over the next four months to take part in this online course, which I believe will be helpful to you. Before you begin the module please kindly take this short pretest.

The link to the pre-test survey is here: LINK

Please write down your pseudonym so you remember it for the post test.

1. After taking the survey you can visit: <https://pdce.educ.ubc.ca/learn-mental-health-literacy/>



LEARN

Learn Mental Health Literacy

Building Your Mental Health Literacy

National surveys report that about 70% of Canadian teachers identify a need for more knowledge about mental health and mental illness, yet most Faculties of Education do not have a comprehensive mental health literacy curriculum resource.

This online, self-paced resource addresses that gap. Pre-service and current teachers can take this 7-module course in its entirety or simply the modules they are most interested in. Faculties of Education are welcome to use these resources to support their course and/or discussions on mental health in the same way.

The 7 Modules:

- Module 1: Introduction & Background
- Module 2: Stigma & Mental Health
- Module 3: Human Brain Development
- Module 4: Understanding Mental Health, Mental Illness & Related Issues in Young People
- Module 5: What is Treatment?
- Module 6: Seeking Help & Providing Support
- Module 7: Caring for Students & Ourselves

Participation in this online course is **FREE**.

[Register Now!](#)

TEACH MENTAL HEALTH
teachmentalhealth.org

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[View our flyer!](#)

Contacts:
PDCE Mental Health
Professional Development & Community Engagement,
TEACH/LEARN Mental Health Literacy
604.822.2013
mh.educ@ubc.ca

UBC PDCE
UBC_PDCE
Enhance your #MentalHealth

2. You must first Register for the **free course:** <https://payportal.pdce.educ.ubc.ca/learn-mental-health-registration/>

LEARN Mental Health Literacy – Registration Form

Registration for the LEARN Mental Health Literacy MOOC.

Thank you for registering for the LEARN Mental Health Literacy online course. You can get started with the course right away by following these steps. They will also be emailed to you:

1. Go to the [UBCxOnline Registration Portal](#) and click "ENROLL IN LEARN".
2. Create your account on UBCxOnline by completing the form (using the same email used in your registration with PDCE), or sign in if you already have one.
3. After creating your account, you must verify your email address. Click the link you will be sent by email.
4. Now that you have created and activated your account, you will be able to access the course from your UBCxOnline dashboard. Log in to UBCxOnline directly at ubcxonline.exl.ubc.ca using your email address (not username). If you cannot log in, confirm you have verified your email address by clicking the link sent by email.

If you registered for a certificate of completion, you will receive it by email within two weeks of successful completion of the course. If you have any questions or concerns about this course, please send an email to mh.edu@ubc.ca.

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3. Next go to: <https://ubcxonline.exl.ubc.ca/courses/course-v1:UBCxOnline+LEARN+2020/about>

ABOUT THIS COURSE

This course is designed for teacher candidates currently in Faculties of Education and for educators currently working in schools including teachers, administrators and other specialized roles, e.g. Resource or Learning Support Teachers, or anyone who wishes to build their mental health literacy.

Developed by education and mental health professionals, this seven module (8 to 10 hours) course will provide you with a foundation of mental health literacy, including effective strategies to use in your educational settings and in your own life.

- Module 1: Introduction and Background
- Module 2: Stigma and Mental Illness
- Module 3: Human Brain Development
- Module 4: Understanding Mental Health, Mental Illness and Related Issues in Young People
- Module 5: What is Treatment for a Mental Disorder and How do we Know What is Likely to Work?
- Module 6: Seeking Help and Providing Support
- Module 7: Caring for Students and Ourselves



Course Number	LEARN
Classes Start	Oct 7, 2019
Estimated Effort	8-10 Hours

4. Click on View Course:

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Learn Mental Health Literacy

[Resume Course](#)

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October 7, 2019

Hide

Welcome to *Learn Mental Health Literacy*! Please click on **Course** at the top of this page to begin. On the left-hand course menu, you will see all seven modules. Begin anywhere you would like.

Each module contains one or two self-assessments. In order to receive a certificate of completion, you must complete them all with an overall average of 80%. Review your [Progress](#) for more information.

We hope you have a great learning experience!


Need help from course staff?

Email us at mh.educ@ubc.ca with any questions.

Important Course Dates

Today is Aug 17, 2020 20:08 EDT

Upgrade!



Questions? Learn more about [Verified Certificates!](#)

And Click on Start/Resume Course!

There are seven modules that you may take at your own pace. You do not have to take the assessments at the end of each module. In a few months I will send you an email with the post-survey follow up. If you have any questions, please email me.

Sincerely,

Joe Sebestyen

Appendix C Pre-Test

8/11/2020

Edit Survey | Qualtrics Survey Software

MHL Pre-Test

Survey

Actions

Distributions

Data & Analysis

Reports

MHL Pre-Test

iQ Score: Fair

▼ Default Question Block

Block Options ▼

Intro



Thank you for participating in this study. Please take a few moments to answer questions regarding your understanding of mental health literacy (MHL) and concepts with which it is associated.

Q7



Write your pseudonym (research nickname to keep you anonymous) here. Then enter it into your phone so you can use it on the post-test, too!

Page Break

Q1



For the question below, please rate your understanding of the differences between mental health issues and mental illness disorders where 1 is No Understanding and 5 is Completely Understand:

Mental Health Issues and Disorders

No Understanding	2	Neutral	4	Complete Understanding
1		3		5

My understanding of the differences between mental health issues and mental illness disorders

☐ ☐ ☐ ☐ ☐

Q2



For the question below, please rate your understanding of each of the following aspects of mental health literacy (MHL) s where 1 is No Understanding and 5 is Completely Understand:

	Mental Health Literacy				
	No Understanding 1	2	Neutral 3	4	Complete Understanding 5
Inter-relationship of mental health states	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stigma surrounding mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How the brain affects mental health and mental illness disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment for mental illness disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How educators can support students with mental illness disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q3



For each of the following school-based areas, an educator can support a student with mental health disorders. Please rate your understanding of each support, where 1 is No Understanding and 5 is Completely Understand:

	Supports for students				
	No Understanding 1	2	Neutral 3	4	Complete Understanding 5
On a school-based team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With social and emotional skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q4



For the question below, please rate your understanding of each of the listed areas affecting self-care and caring for students, where 1 is No Understanding and 5 is Completely Understand:

	Self-care and Caring for Students				
	No Understanding 1	2	Neutral 3	4	Complete Understanding 5
Stress and stress response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How resilience can be supported	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating healthy school and classroom environments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategies to support self-care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5



Please share how you learned about mental health topics prior to this course. You may check more than one answer.

- ☐ Undergraduate course(s)
- ☐ Graduate course(s)
- ☐ Self-directed learning (on-line course, reading about it or watching videos or tv)
- ☐ Professional development through my school
- ☐ I really haven't had training yet
- ☐ Other

[Add Block](#)


End of Survey

[Survey Termination Options...](#)

Appendix D Post-Test Email

Thank you again for taking the Learn Mental Healthy Literacy Professional development courses and agreeing to be a part of this research study. Your feedback is vital in developing the next steps and helping to get this right.

Please find the post-test survey here: [LINK](#)

If you have any questions, please email me.

Sincerely,

Joe Sebestyen

Appendix E Post Test

8/11/2020

Edit Survey | Qualtrics Survey Software

MHL Post-Test

ProjectsContactsLibr

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iQ Score: Fair

▼ Default Question Block

Block Options ▼

■

Intro

Thank you again for participating in this study. Please take a few moments to answer questions regarding your understanding of mental health literacy (MHL) and concepts with which it is associated.

■

Intro

Please write your pseudonym (research nickname to keep you anonymous) from the pre-test here. If you don't remember, it should be stored in your phone.

Page Break

■

Q1

For the question below, please rate your understanding of the differences between mental health issues and mental illness disorders where 1 is No Understanding and 5 is Completely Understand:

Mental Health Issues and Disorders

No Understanding 12Neutral 34Complete Understanding 5

My understanding of the differences between mental health issues and mental illness disorders

☐☐☐☐☐

Page Break

22

Q2



For the question below, please rate your understanding of each of the following aspects of mental health literacy (MHL) s where 1 is No Understanding and 5 is Completely Understand:

	Mental Health Literacy				
	No Understanding 1	2	Neutral 3	4	Complete Understanding 5
Inter-relationship of mental health states	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stigma surrounding mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How the brain affects mental health and mental illness disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment for mental illness disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How educators can support students with mental illness disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q3



For each of the following school-based areas, an educator can support a student with mental health disorders. Please rate your understanding of each support, where 1 is No Understanding and 5 is Completely Understand:

	Supports for students				
	No Understanding 1	2	Neutral 3	4	Complete Understanding 5
On a school-based team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With social and emotional skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

■ Q4 For the question below, please rate your understanding of each of the listed areas affecting self-care and caring for students, where 1 is No Understanding and 5 is Completely Understand:



Self-care and Caring for Students

	No Understanding 1	2	Neutral 3	4	Complete Understanding 5
Stress and stress response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How resilience can be supported	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating healthy school and classroom environments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategies to support self-care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

■ Q5 Would you recommend this training to a colleague?



1-Not Recommend

2

3

4

5- Highly Recommend

☐

☐

☐

☐

☐

Page Break

■ Q6 Thank you for your time and your participation in this survey. Feel free to share your ideas here so we can improve this professional development for others. Your feedback is important to getting this right!



[Add Block](#)



End of Survey

[Survey Termination Options...](#)

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