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2020

Let's Talk in the Classroom(LTIC)

Case Study

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Knowledge into Action

Action into Knowledge

School Mental Health Ontario | Santé mentale en milieu scolaire Ontario | Western Centre for School Mental Health

Contents

Executive Summary

The Let's Talk in the Classroom (LTIC) Guide provides Grade 7 and 8 teachers with training and support to implement three mental health-related lessons successfully with students. The overall goal of the Guide is to increase teachers' confidence in, and reduce worries associated with, teaching mental health-related topics.

LTIC development

Let's Talk in the Classroom Guide (the Guide) was co-developed by team members from Western University, School Mental Health Ontario (SMH-ON), Bell Let's Talk, Media Smart, and Kid's Help Phone.

LTIC research

Initial findings revealed that educators who used the resource demonstrated:

- Significant improvement in confidence in bringing conversations about mental health into the classroom
- Decreased worries associated with bringing conversations about mental health into the classroom

Lessons learned about a co-development process and partnerships

Key lessons about successful co-development partnerships include the following:

- Include all relevant parties at the development table, especially with initial partnerships.
- Keep the focus, vision, and outcomes of the collaboration at the forefront of meetings.
- Indicate clear roles and responsibilities for all involved.
- Facilitate ongoing meetings/communication channels to provide updates, particularly when multiple organizations are collaborating.
- Include users, such as teachers and teacher federations, from the outset to encourage buy-in, support resource sharing, and sustain uptake among key audiences.

Lessons learned from teachers' feedback

Teachers reported that they:

- Enjoyed the content of the materials and the multiple delivery formats.
- Preferred to choose the components of the Guide that were most interesting or useful to them.
- Had mixed experiences with the discussion forum.
- Wanted more time to complete the Guide.
- Worried about how to fit these lessons into an already overwhelming curriculum.

Lessons learned about research

We learned about the following best practices for this type of research:

- Engage teachers in developing research tools
- Encourage multi-level buy-in to increase sample size (i.e., board, school, and individual teacher levels)
- Recognize potential volunteer bias
- Acknowledge that teachers need flexibility, but inconsistent participation can present challenges when analyzing the data and drawing conclusions .
- Begin the engagement process early (i.e., reaching out to boards, schools, and individual teachers to garner interest) as research ethic processes can be lengthy.

Lessons learned about planning for implementation

- Teachers have limited time to commit to additional projects in the classroom.
- Flexible timelines and a variety of training material formats are essential.

Next Steps

The lessons learned about partnerships and implementation are critical when considering a national launch of the *Let's Talk* resource. A few next steps include:

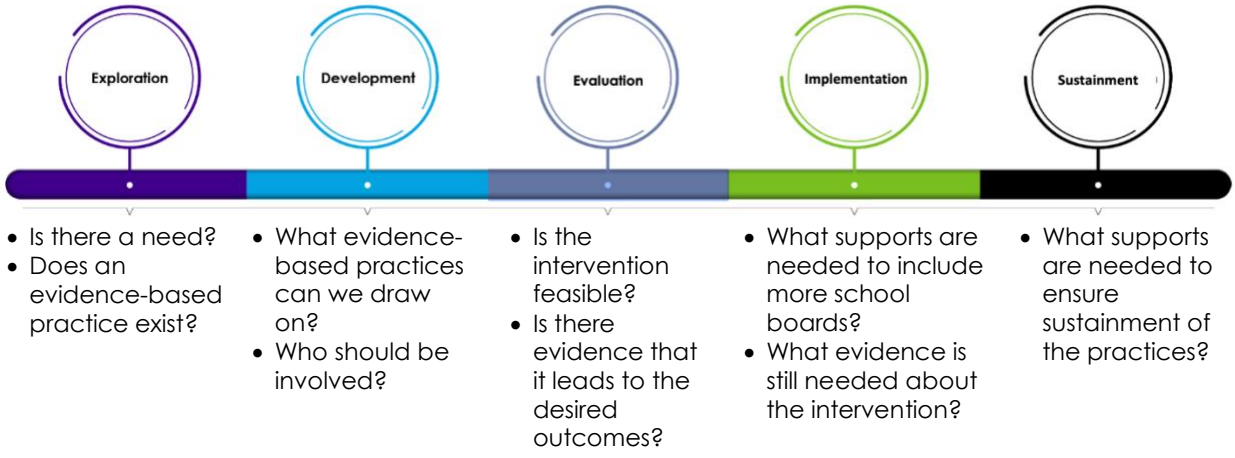
- Simplifying access to the resource (removing logistical barriers),
- Prioritizing time in the curriculum for mental health education, and
- Developing an implementation companion guide for those interested in using this innovative resource for 7 and 8th grade students across the country.

Let's Talk in the Classroom

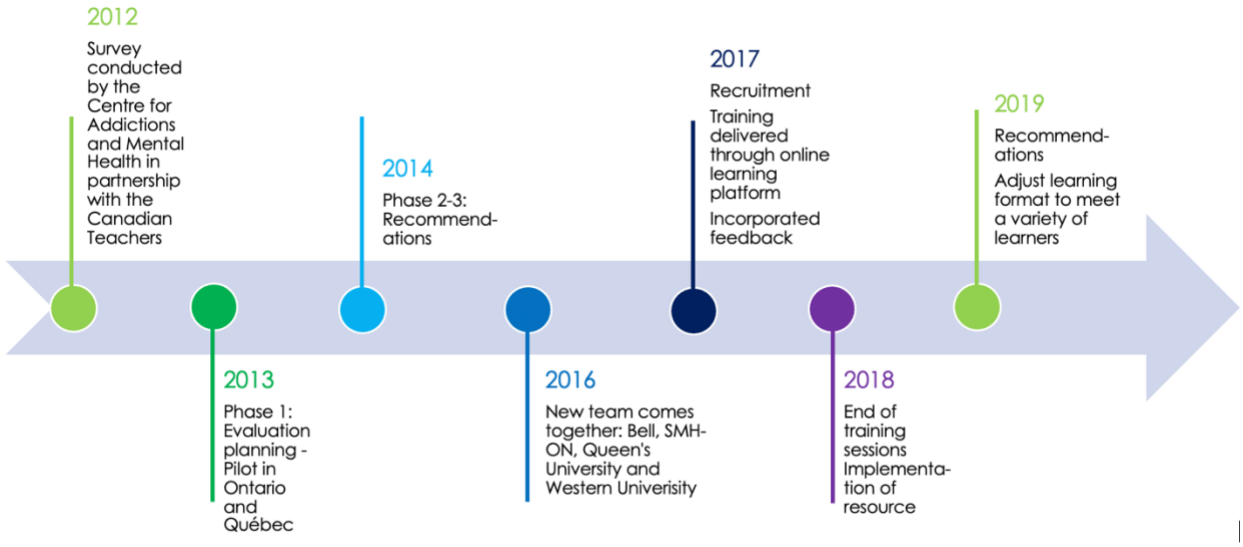
Let's Talk: Finding Reliable Mental Health Information and Resources consists of three classroom lessons that were developed by Bell Canada, Kids Help Phone, and Media Smarts to encourage students to understand mental health-related information and to increase their help-seeking behaviours. Following an initial research phase in the 2013-2014 school year, findings suggested that providing Grade 7 and 8 teachers with additional training and supports would better prepare them to bring conversations about mental health into the classroom effectively and confidently. Subsequently, the *Let's Talk in the Classroom Guide* (the Guide) was co-developed by team members from Western University, School Mental Health Ontario (SMH-ON), Bell Let's Talk, Media Smart, and Kid's Help Phone to address this recommendation.

Phases of Development and Research

This case study addresses five phases of developing and evaluating the Let's Talk in the Classroom Guide, as described below:



Timeline



Phase 1: Exploration (2012-2014)

The onset of many mental illnesses occurs during childhood or adolescence (Kessler 2005, Kessler 2007). Consequently, school-aged youth are one of the largest age groups affected by mental health issues in Canada. Because mental illness is the most significant risk factor for suicide (Weir, 2001), students must be able and willing to reach out for help. However, myths and stigma associated with the topic of mental illness often prevent youth from seeking mental health support. In 2014, only 26-34% of youth with mental illnesses reported accessing mental health services, and a third of Ontario students (grades 7-12) who needed mental health services said they did not know where to go for support (Offord Centre for Child Studies, 2014).

To help bridge this knowledge and help-seeking gap, three lessons (*Let's Talk: Finding Reliable Mental Health Information and Resources),* funded by Bell Canada, were developed and designed to be delivered by teachers in their classrooms. Lessons were designed for the grade 7 and 8 level, as this age group (12-13 years) is an ideal stage to reach youth early enough to help them develop these important skills.

The lessons were designed to be offered in a variety of classes, including Health, English, Media Arts, Social Studies, and other courses where media literacy is a part of the curriculum.

The program includes:

- A self-directed professional development presentation
- A teachers' guide
- Three lesson plans (described in the table below)

Lesson	Description

1	Authenticating Mental Health Information Online / *Pour mettre les choses au point : authentifier l'information en ligne sur la santé mentale*
2	Setting the Record Straight: Public Service Announcements on Mental Health and Illness / *Pour mettre les choses au point : messages d'intérêt public sur la santé mentale*
3	Seeking Help / *Rechercher de l'aide*

In the 2013-2014 school year, a pilot was conducted in three Ontario school boards (two English-language boards, one French-language board) and one Quebec school board (French-language). Each board was assigned one lesson to teach, but they were welcome to do all three if they wished. Across the four boards, 22 teachers and 325 students took part in all components of the study.

Recommendations: Phase I

While educators were satisfied with the materials overall, the phase 1 study provided many recommendations including:

- Streamlining teacher resources (i.e., reducing reading material and keeping content concise).
- Providing more in-depth mental health-related teacher training.
- Providing a lesson explaining the implementation process for teachers.
- Building teachers' knowledge about school and community mental health professionals and how to access them.
- Simplifying mental health terminology.
- Providing engaging options for student-facing resources (e.g., videos).
- Encouraging teachers to teach all three lessons to ensure their students develop a thorough understanding of mental health resources.

In 2015, a new team came together. Their goal was to enhance the initial *Let's Talk* resource in response to teacher feedback while maintaining the core components of the content and educational messaging.

Phase 2: Development Phase I & II (2016-2017)

Offering these lessons in schools makes sense. However, a survey conducted by the Centre for Addictions and Mental Health (CAMH) and the Canadian Teacher's Federation found that most teachers who responded (96%) recognized the need for additional training on children's mental health/mental illness. In addition, more than half (54%) indicated that addressing mental illness was not considered a role of the school (Froese-Germain and Riel 2012). Teachers can play a major role in helping youth manage changes in their mental health; however, research suggests many teachers feel unprepared to broach this subject (Linden, Bird, Pandori-Chuckal, and Stuart 2018).

In response to these gaps in training for teachers, teachers' mental health literacy, and teachers' confidence in delivering mental health-related lessons, the *Let's Talk in the Classroom Guide* ("the Guide") resource was developed alongside the Let's Talk lessons. The overarching goal of the Guide was to improve teachers' confidence in bringing conversations about mental health into their classrooms.

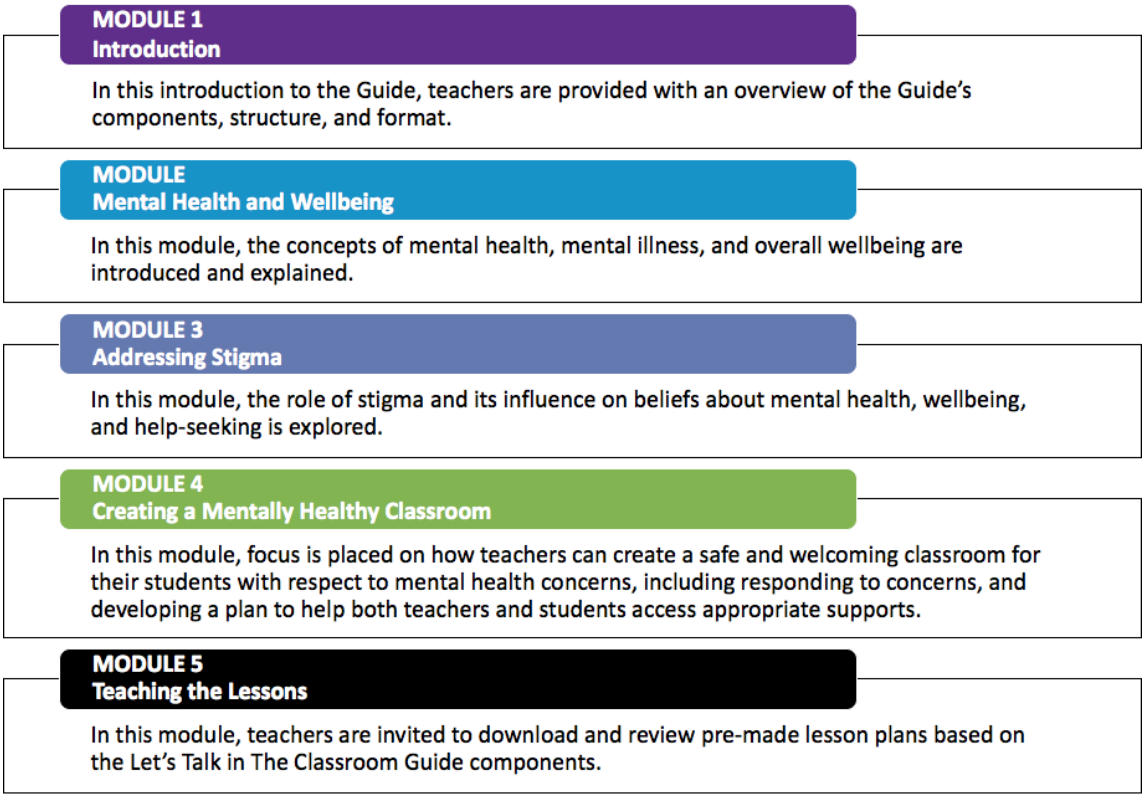
Key Point: Initial feedback from educators indicated they felt unprepared to broach the topics of mental health and mental illness with their students, and they needed more teacher supports to improve their confidence in teaching about mental health issues.

Description of the LTIC Guide (Mental Health Training Resource)

The development of the Guide was a joint effort between Bell Canada, Western University, Queen's University, the Centre for Addictions and Mental Health (CAMH, Toronto), and School Mental Health Ontario (SMH-ON).

Project team members from Western University provided administration for the project. Team members from Western and SMH-ON contributed to the re-development of online materials following the initial field test. They also offered ongoing support to the participants in the program throughout the evaluation. Project team members from Queen's University developed and validated the measurement tools and conducted the program evaluation. Project team members from CAMH created and managed the online training platform, and team members from SMH-ON liaised with school boards to manage recruitment for the evaluation (Linden & Stuart, 2017).

The LTIC Guide was delivered in the following five online modules:



Project team members from CAMH developed the course on a Learning Management System (LMS) called Moodle. Since the LMS was new, CAMH needed time to set up the interface and train users. The CAMH team also refined its internal course development and implementation processes (e.g., processing and uploading content, and designing interactive learning activities) to meet the needs of Moodle. The *Let's Talk in the Classroom* project was the first project to be implemented through Moodle. These circumstances influenced the launch dates, as there were challenges in both finalizing the content (including its structure and interactivity) and working in a new learning platform (Linden & Stuart, 2017).

Phase 3: Evaluation of Guide (2017-2018)

Two evaluations of the Guide were conducted: an initial field test in 2017 and a larger, formal evaluation in 2018.

INITIAL FIELD TEST

Design

For the initial field test of the Guide, participants were randomly allocated to one of two learning conditions: (1) self-directed or (2) facilitated. Both groups received identical reading and reference materials. Participants in the facilitated group could access live discussion among participants moderated by a mental health specialist in a discussion forum. Participants in the self-directed group also had access to a mental health

specialist through an online "ask an expert" option, where questions were answered within 48 hours. We used a pre/post-test evaluation design, with teachers' confidence assessed at baseline and at follow-up (immediately before and after completing the Guide).

Measures

Project team members from Queen's University developed the Teacher's Confidence Scale – Mental Health (TCS-MH) for use in the evaluation of the Guide (Fig 1). The scale comprises 12 items. Respondents rate how confident they feel about each item on a scale from 1 (not at all confident) to 10 (extremely confident). The scale was tested and refined collaboratively with a sample of teachers prior to its use in the initial field test (Linden et al., 2018). This scale was later further refined and psychometrically tested (see Phase II for details).

Figure 1. Items on the Teacher Confidence Scale for Mental Health Content (TCS-MH)

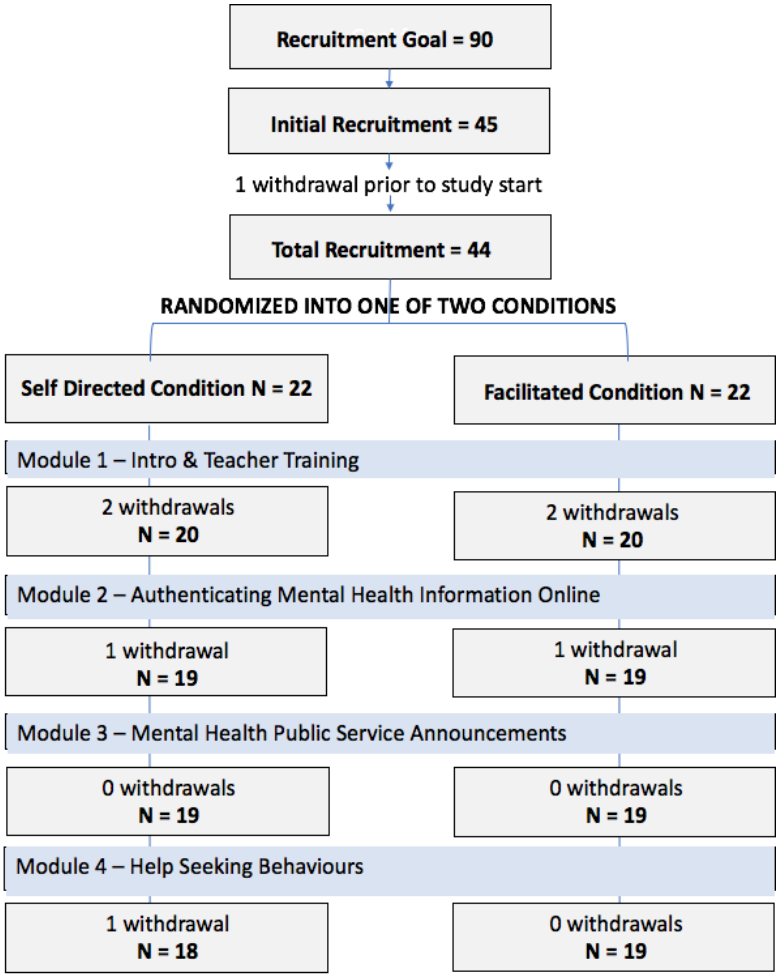
1. I can answer my students' general questions about mental health
2. I can create a mentally health classroom
3. I can advocate for the importance of learning about mental health
4. I can help my students to be more aware of their mental health
5. I can improve students' general knowledge about mental health
6. I can help students to learn to value their mental health
7. I can use students' attitudes toward mental health to create learning opportunities
8. I can teach students how to find reliable information about mental health
9. I can help to break down stereotypes about mental health
10. I can help students to learn about the negative impact of stigma
11. I can improve students' knowledge of resources available to support their mental health
12. I can improve students' ability to seek help for mental health difficulties

Sample Size and Recruitment

Mental Health Leads (MHLs) from SMH-ON approached school boards to facilitate recruitment. Because of unanticipated delays in getting the LMS ready for the field test, MHLs experienced some recruitment challenges. Despite active canvasing by SMH-ON partners, recruitment numbers were ultimately less than required to conduct statistical analyses (Linden & Stuart, 2017). A total of n = 45 teachers were recruited from the London and Chatham area.

Unfortunately, the timing of the field test was pushed closer to the end of the school year and several individual participants withdrew (both formally and informally) over the course of the study (see Figure 2).

Figure 2. Participation Flow Chart for Phase I Field Test



Results and Limitations

Due to low survey completion rates, program withdrawals, and difficulty matching records, the research team was unable to conduct quantitative analyses beyond basic descriptive statistics (i.e., responses to each item on the confidence scale and demographic characteristics of the sample). However, the rich qualitative data from participants helped the project team determine next steps for the second phase of the evaluation of the Guide (Linden et al., 2018). Importantly, the researchers identified a second, important facet of teachers' confidence. Teachers were asked if, after completing the Guide, there was anything that still concerned them when bringing conversations about mental health into the classroom. Their responses illustrated the concept of "worry". In response, the team developed a second scale with items derived from teachers' feedback. The following section outlines additional detail on this tool.

Key Point: A second component of confidence emerged from teachers' responses – worries associated with the "what ifs" of bringing conversations about mental health into the classroom setting. In response, the team developed a second instrument to measure this construct.

PHASE II - PROGRAM EVALUATION

Design

During the second phase of the evaluation, the research team revised the Guide materials and implementation strategies using feedback from phase I. In Phase II, the study occurred much earlier in the school year to encourage participation and survey compliance. Once again, MHLs approached school boards with recruitment invitations.

We used a pre/post-test evaluation design to assess teachers' confidence and worries about bringing conversations about mental health into the classroom at baseline and at follow-up (immediately before and after completing the Guide). Two overarching goals guided this evaluation: (1) improving teachers' confidence and reduce teachers worries associated with bringing conversations about mental health into the classroom; and (2) improving teachers' knowledge of common mental health issues that arise during childhood and how best to support students.

Measures

In addition to the Teacher's Confidence Scale – Mental Health (TCS-MH), the team added the What Worries Me Scale (WWMS) to further evaluate the effectiveness of the Guide (Fig 3). The WWMS comprises 11 items, with respondents asked to rate the degree to which they worry about each item happening on a scale from 1 (not at all worried) to 10 (extremely worried). Both scales underwent thorough psychometric testing and refinement before the Phase II evaluation. Exploratory Factor Analysis supported a single factor solution for both scales with all factor loadings >0.65 based on the Kaiser criterion, analysis of the scree plots and parallel analyses. Both scales demonstrated strong internal consistency (TCS-MH $\alpha = 0.96$; WWMS $\alpha = 0.93$). A moderate correlation coefficient between the tools ($r = -0.30$, $p < 0.01$) suggested separate, but related, constructs. Further details on the development, refinement, and validation of these tools have been published elsewhere (Linden and Stuart 2019). Both scales, along with demographic questions, were embedded in online surveys within the online learning platform for participants to complete upon registration (pre-test) and after completing the Guide (post-test).

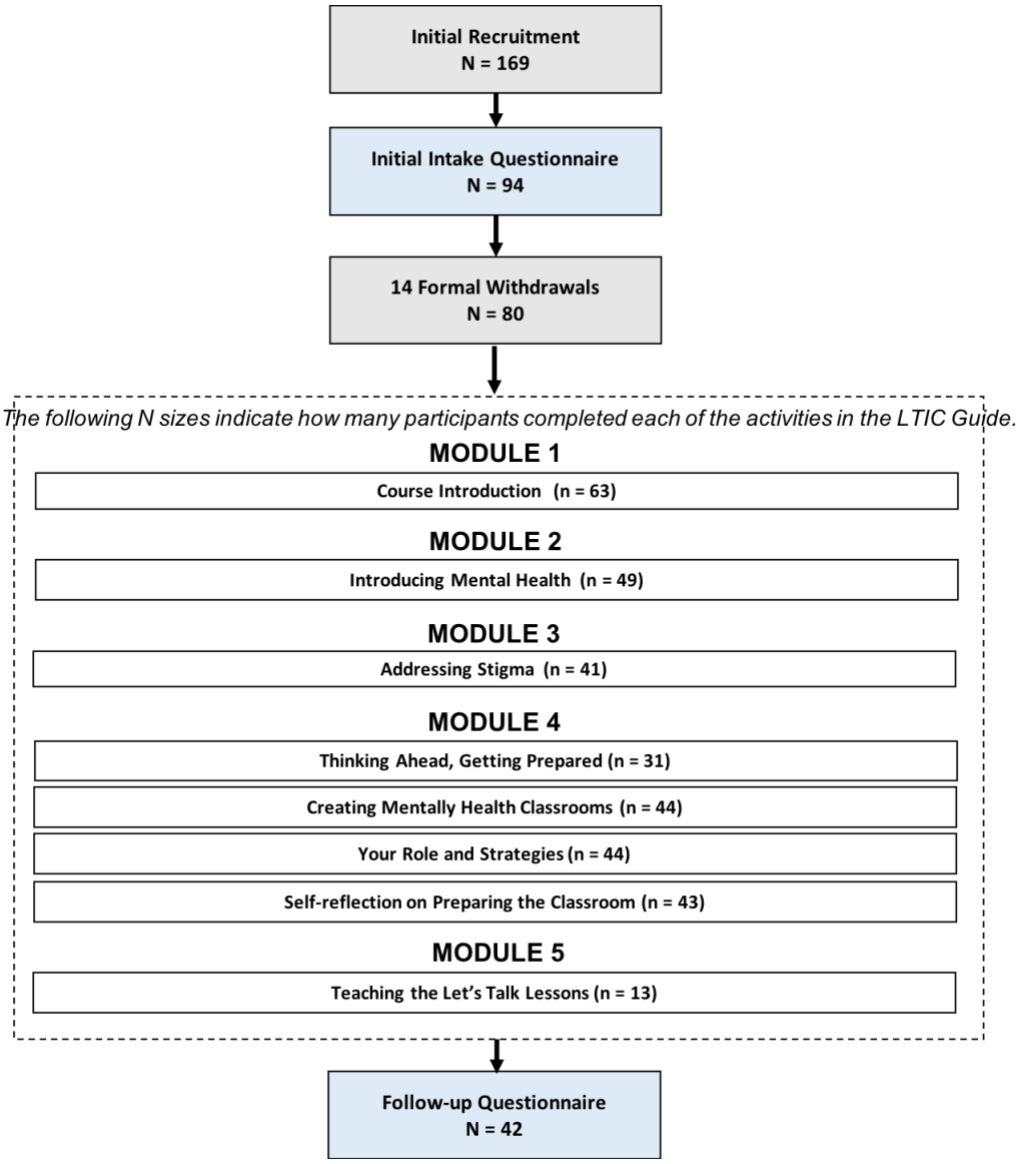
Figure 3. Items on the What Worries Me Scale (WWMS)

1. I worry I will trigger an emotional reaction in a student with a mental health difficulty
2. I worry I will cause a student to identify with a mental illness that they do not have
3. I worry I will do more damage than good
4. I worry I will glamorize mental illness
5. I worry I will single out a student who does have a mental health difficulty
6. I worry I will say the wrong thing
7. I worry I will answer a question incorrectly
8. I worry I will be seen as the "expert"
9. I worry I will overstep my boundaries
10. I worry I will see something as a small problem when really it's a big problem
11. I worry I will be unable to help a student

Sample Size and Recruitment

Approximately 169 teachers signed up to participate: however, only just over half (n = 94) officially registered to use the Guide by completing the pre-test questionnaire. Before the study began, 14 participants formally withdrew by letting the study team know they did not have time to participate. There was also a gradual drop-off in participation over the school year. The team originally planned a longer-term follow up at the end of the school year, but due to lack of participation, there was not enough data to analyze.

Figure 4. Participation Flow Chart for Phase II Program Evaluation



Summary of Findings from Evaluation

Intended Outcomes

Despite the large number of withdrawals, the evaluation team was able to statistically analyse changes in primary outcomes between pre- and post-tests. Results demonstrated statistically significant changes in teachers' confidence (improvement) and worries (reduced). Changes in confidence were clearer than the more modest changes observed in worries scores. This difference is expected, as many of the "worries" revolved around the unpredictability or "what ifs" associated with bringing conversations about mental health into the classroom. We hypothesize that many of

these worries are likely to improve substantially as experience with mental health conversations with students increases.

Unexpected Outcomes

We acknowledge that the sample in this evaluation was strongly influenced by volunteer bias. The majority of teachers who participated had previous experience with mental illness (themselves, a friend, family member, or student having experienced a mental illness), or had taught about mental illness previously. Overall, teachers who participated had a pre-existing vested interest in bringing conversations about mental health into the classroom. As a result, we expected to see modest change, if any, in the outcomes of interest. Nonetheless, we found statistically significant change in measures of confidence and worries, demonstrating the strength of the LTIC Guide. It is possible that observed changes may differ among more diverse populations of educators. Given that previous research has shown short-term education can improve knowledge and attitudes (specifically with respect to mental illness-related stigma), teachers with less initial education in the topic may experience greater improvements on the teacher confidence scale in particular. As the worries scale contains more "what ifs" and unknowns, more modest changes may be observed.

In addition to measuring overall change in both outcomes, we also observed that some participants' worries scores actually *increased*. These participants were typically those who had very high confidence ratings at the pre-test time point, suggesting that with additional education gained from participation in the Guide, these teachers may have realized that mental health is more complicated than they originally thought (i.e., normalizing expectations).

Finally, despite positive qualitative reviews of the Guide content and modules, the final module (teaching the Let's Talk lessons) saw the least participation. As a result, we were unable to evaluate the value of the lessons statistically or qualitatively. Although we have little data, we speculate that the lack of participation in this module may have been due to teachers preferring to teach their own lessons, rather than following a prescribed lesson plan.

Key Point: In addition to the Guide contributing to improved teachers' confidence and reduced worries, evidence suggests the Guide can normalize teachers' expectations regarding complexities in mental health.

Key Point: Teachers appeared to be less interested in the pre-formed "Let's Talk Lesson Plans", perhaps indicating a preference for developing their own (speculation only).

Phase 4: Year 3 Implementation Considerations prior to launch (2019+)

Supporting the launch of the resource a collaborative process
In May 2019, School Mental Health Ontario reached out to their partners at Bell Canada to inquire about next steps related to the *Let's Talk* resource. Bell Canada indicated their interest in launching the resource in Ontario to start.

To prepare for a Fall 2019 launch, Bell, CAMH, and SMH-ON came together as a small working team. Together, they:

- Revised and synthesised the content of the Guide.
- Translated the Guide on the Moodle platform into French.
- Incorporated images and graphic design to add visual appeal.
- Removed asynchronistic components.
- Created an alternative version of the Guide to meet the different learning needs of teachers and to address connectivity issues that can occur in remote areas of the province (i.e., an interactive pdf booklet).

The team updated the SMH-ON implementation coaches as they finalised the resources. The coaches were responsible for supporting all 72 school boards and school authorities in the province. Updates included:

- Information about the resource
- When the resource would be ready
- How to access the resource (CAMH supported this component through their Moodle learning platform and their store – the Guide was provided for free), and
- Coaches' roles and responsibilities (e.g., supporting boards in planning, sharing, and taking up the resource).

The Guide was launch in November 2019, during a provincial SMH-ON mental health leadership meeting. A printed copy was offered to all participants (roughly 140 people). After the meeting, MHLs received a follow up email including a flyer on how to access different options of the resource and a few implementation suggestions.

In this phase we learned about difficulties in accessing the resource in large numbers. To launch and integrate the resource across a school board, the MHL provided the resource to each participant and offered an implementation plan to support uptake. However, the CAMH store can only provide one copy per user, so limited access created a logistical barrier.

Despite this challenge, since the November 2019 launch the *Let's Talk* resource has been accessed in its various formats as follows:

- Self-enrolled in the online course: 113 English & 19 French
- Ordered a print copy: 59 English & 9 French
- Downloaded the PDF version: 410 English & 28 French
- Accessed the online interactive e-book: 3040 English & 197 French

These numbers reinforce the need for a variety of learning formats and the importance of easy access to the resource.

Phase 5: Sustainment

Lessons Learned

Over the course of exploring, developing, implementing, and evaluating the LTIC resource, clinicians, researchers, and other stakeholders have identified key lessons described below.

Lessons learned about a co-development process and partnerships

- Include all relevant parties at the development table, especially with initial partnerships.
- Keep the focus, vision and outcomes of the collaboration at the forefront of meetings.
- Indicate clear roles and responsibilities for all involved.
- Facilitate ongoing meetings and communication channels to provide updates, particularly when multiple organizations are collaborating.
- Include users, such as teachers and teacher federations, from the outset to encourage buy-in, support resource sharing, and sustain uptake among key audiences.

Lessons learned from teachers' feedback

Materials and Resources were Well Received
Teachers enjoyed the content of the materials and resources, as well as the multiple formats in which they were delivered (reading, video, other multimedia, mini-quizzes).

Pick and Choose My Options
Teachers preferred to choose the components of the Guide that were most interesting or useful to them. Many said they liked the flexibility of the Guide.

Mixed Response to Discussion Forum
While many teachers enjoyed sharing their experiences with other teachers on the discussion forum (asynchronistic learning), others did not find the forum as useful as the other Guide components.

More Time Requested
Many teachers enjoyed the Guide materials but would have liked to have more time to complete everything. Although the evaluation placed some constraints on the time to complete the Guide, such challenges are likely to persist due to curriculum related time challenges .

Fitting it All In
While many teachers expressed enthusiasm about the mental health related lesson plans, they worried about how to find time to fit these lessons into a demanding curriculum.

Lessons learned about research

Engaging teachers in the development of research tools is important
The Teacher Confidence Scale for Mental Health Content (TCS-MH) aimed to assess confidence in teaching about mental health-related topics. Items on this scale assessed teachers' ability to learn new content and develop a strategy to educate their students on the subject. Teachers are well trained to educate students, so it makes sense to see substantial change on this scale.

In contrast, the What Worries Me Scale (WWMS) aimed to assess worries associated with teaching about mental health-related topics, with items on this scale capturing concerns surrounding less controllable aspects of teaching about mental health topics. Worries included potentialities such as inadvertently singling out a student with a mental illness or being unable to help a student who discloses a mental health-related issue.

The construct of "worry" as measured by the WWMS was only revealed when the evaluation team invited teachers to share their concerns about teaching mental health topics. This finding highlights the importance of engaging teachers in the development of research tools as co-developers and collaborators.

Sample size can limit a study; multi-level buy in is necessary
Over 150 teachers registered to participate in the evaluation of the Guide, but only 94 completed the first survey (a baseline assessment of confidence). Many withdrawals over the course of the program led to a final sample of 42 teachers at follow up (47% of the initial sample). The reduced sample size limits statistical analyses. As a result, we recommend over-recruitment at the outset to prevent inadequate power due to attrition. We strongly encourage multi-level buy-in at the school board, individual school, and teacher level to increase sample size.

Recognizing volunteer bias is crucial
Evaluators must consider the potential for volunteer bias in participants. In this project, teachers were invested in the topic, which means the observed changes could vary when applied to teachers who are perhaps less interested or willing to learn and teach about mental health.

Flexibility can hinder research protocol
Although flexibility is essential for teachers participating in the project, lack of structure can interfere with research protocol. For example, some teachers completed all components of the Guide, but many did not. We saw the smallest amount of participation in the final module (teaching the Let's Talk lessons). We speculate that lack of participation in this module may be due to teachers preferring to teach their own lessons, rather than following a prescribed lesson plan. However, we have no data to effectively support this speculation.

Early engagement process

Beginning the engagement process early (i.e., reaching out to boards, schools, and individual teachers to garner interest) is essential, especially as research ethics processes can be lengthy.

Lessons learned about planning for implementation

Teachers have limited time for additional projects
Teachers have a limited amount of time to commit to additional projects in the classroom.

Flexibility is essential
Flexibility around timelines and materials is essential. The first pilot test of this project showed that after a long day of work, teachers did not want to read additional training material. Instead, they asked for some of the material to be shortened and to be more multimedia-based in general. Their feedback was incorporated in the second iteration, which led to better uptake and engagement.

Teachers also indicated they would prefer to work through modules in a non-linear way. Being able to work non-linearly meant they could access modules that were most important or most interesting first then use other modules for review.

Next Steps

Lessons learned about partnerships and implementation are critical as Bell considers launching the *Let's Talk* resource nationally. A few next steps include:

- simplifying access to the resource (removing logistical barriers),
- prioritizing time in the curriculum for mental health education, and
- developing an implementation companion guide for those interested in using this innovative resource for 7 and 8th grade students across the country.

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Additional Resources:

Bell Let's Talk Toolkit

https://letstalk.bell.ca/en/toolkit

LTIC Resources

https://www.csmh.uwo.ca/research/lets-talk-in-the-classroom.html

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Partners: